

**From:** Peter Oakford, Deputy Leader and Cabinet Member for Strategic Commissioning and Public Health

Andrew Scott-Clark, Director of Public Health

**To:** Health Reform and Public Health Cabinet Committee - 27 June 2018

**Subject:** **Contract Monitoring Report – Postural Stability Services**

**Classification:** Unrestricted

**Previous Pathway:** This is the first committee to consider this report

**Future Pathway:** None

**Electoral Division:** All

**Summary:**

This report provides the Committee with an overview of the Postural Stability services that are commissioned by Kent County Council (KCC) and provides details of the purpose, performance, outcomes and value for money of the contracts.

Kent has experienced a higher than average rate of falls and hip fractures among older people. Postural Stability services are commissioned by KCC to help prevent falls and support the elderly to maintain independence, supporting KCC's Strategic Outcome "Older and vulnerable residents are safe and supported with choices to live independently". In 2017/18 KCC commissioned nine programmes for 144 people costing just over £90,000.

The commissioned services sit alongside other services funded by Clinical Commissioning Groups and are currently provided by Kent Community Health NHS Foundation Trust (KCHFT) in East Kent and Involve Kent in West Kent. Both providers demonstrate good performance and value for money through continuous market testing. The contract performs well and KCC works with the commissioned providers to continuously improve service quality and outcomes.

**Recommendation:**

The Health Reform and Public Health Cabinet Committee is asked to **NOTE** and **COMMENT** on:

- the commissioning and provision of postural stability services in Kent
- the work to improve patient experience and service efficiency.

**1. Introduction**

1.1. Kent County Council (KCC) commissions community-based postural stability classes to help prevent falls among older residents. This programme contributes to KCC's strategic outcome that "Older and vulnerable residents are safe and supported with choices to live independently".

1.2. This paper forms part of the regular contract monitoring reports for the Cabinet Committee. It provides an overview of the performance, outcomes, value for money and further direction of the postural stability services that are commissioned by KCC.

## **2. Background - why invest**

2.1. Health and social care organisations are facing unprecedented challenges and the need to focus on preventative measures through joint working has never been greater. Kent has an ageing population and over the next 10 years (to 2028) it is anticipated that the population over 65 years will increase by at least 26% (an additional 83,000 people) and over 85s will increase by 44%<sup>1</sup>. This will place further pressure on health and social care services.

2.2. The Kent-wide programme of postural stability classes was established in 2014/15 as part of the wider Kent Falls Framework with partners across public health, social care and the NHS. Many falls especially amongst the older population can be prevented by making changes to the environment (e.g. home modifications), giving advice on how to avoid a fall (e.g. changes to footwear) or/and by proving evidence-based interventions (e.g. falls prevention classes). NICE guidance also sets out the importance of identifying individuals at their first fall and putting in place effective interventions to reduce the risk of a secondary fall.

2.3. A series of postural stability classes have been commissioned by KCC in all districts in Kent since 2015/16. The classes were designed to prevent falls and support a reduction in the need for more specialist services such as reablement after a fall or social care services. Research by both the Kings Fund and Public Health England (PHE) demonstrate that postural stability classes are cost-effective and can reduce falls among older people<sup>2</sup>. Recent calculations by PHE indicated that there would be between a £1.20 and £1.28 return on investment for every £1 invested in these programmes. It also calculated that there would be of saving of between £45 and £87 to social care services for each client participating in a class<sup>3</sup>.

2.4. Previously for Kent the rates of emergency hospital admissions due to falls in people aged 65 and over, specifically the over 80s, has either been significantly worse or similar to national rates. Kent has been experiencing a decrease in these rates since 2015/16, however they remain high at 2,054 per 100,00 for those aged over 65 and 5,441 for those aged over 80.

## **3. Service overview**

3.1. The postural stability service is provided to people aged 65 or older and those aged 50-64 years who are judged by a clinician to be at higher risk of falling due to an underlying condition such as Multiple Sclerosis or Parkinson's disease.

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<sup>1</sup> <http://www.kent.gov.uk/about-the-council/information-and-data/Facts-and-figures-about-Kent/population-and-census#tab-3>, accessed 11<sup>th</sup> June 2018

<sup>2</sup> Exploring the system-wide costs of falls in older people in Torbay, <https://www.kingsfund.org.uk/publications/exploring-system-wide-costs-falls-older-people-torbay>, accessed 22<sup>th</sup> June 2018

PHE cost effectiveness resources <https://www.gov.uk/government/publications/falls-prevention-cost-effective-commissioning>, accessed 11<sup>th</sup> June 2018

<sup>3</sup> PHE cost effectiveness resources <https://www.gov.uk/government/publications/falls-prevention-cost-effective-commissioning>, accessed 11<sup>th</sup> June 2018

3.2. The service is aimed at people who are at highest risk of having a fall and sustaining an osteoporotic fracture. The service aims to achieve the following outcomes:

- improved balance strength, mobility and confidence leading to reduced risk (reduction) of falling;
- increased knowledge and awareness of causes of (injury from) falls, and the benefits of exercise and good nutrition;
- a reduction in acute hospital admissions due to falls prevention;
- older people living longer in their own home;
- older people to stay independent.

3.3. The services are currently delivered via two providers which are Involve Kent in West Kent and Kent Community Health Foundation Trust (KCHFT) in East Kent. KCC and KCHFT have now entered into a partnership arrangement which supports the Sustainability and Transformation plan and maximises limited resources. KCHFT will continue to deliver this service in East Kent as part of this partnership until otherwise agreed.

3.4. The classes are group exercise classes which are chair based and work on progression across 36 weeks. The content is built on evidence-based standards and exercises, Appendix A provides an overview of the class structure. Involve Kent have also produced a film which provides insight into the class structure and objectives. The film can be accessed at: <https://www.youtube.com/watch?v=Jrk5pB2gjV4> (Falls Prevention commences at 14 minutes 52 seconds.)

3.5. The service forms part of the preventative element of the overall falls prevention pathway in Kent linking in with NHS services.

#### **4. Service costs**

4.1 Since 2014, KCC has commissioned postural stability classes through the Public Health Dynamic Purchasing System (DPS) which has enabled a quick response to changes in demand for classes, whilst securing the best possible price for each new class and testing the provider market.

4.2 KCC has spent £412,000 on 76 classes benefitting 1,043 people. The average cost of a 36-week postural stability class is approximately £5,421 for a class of around 16 clients, although the actual cost varies depending on location, cost of room hire, and travel costs. Providers who are commissioned to provide more than one class will also provide a discount to reflect efficiencies and economies of scale.

4.3 The spend in 2017/18 was £92,000 which funded nine classes benefitting 144 clients.

#### **5. Does the contract perform well?**

5.1. Service KPIs - The contract is monitored by the Public Health team on a quarterly basis to provide assurance that the contract is performing well, and quality standards are met. The KPIs are split into three key areas; activity, quality and outcomes, which are set out below.

5.1.1 **Activity** – Table 1 below demonstrates that providers delivered all nine classes commissioned during 2017/18 and had on average 16 clients per class, this meets class size requirements to maintain best value for money and quality for the clients.

Table 1: Service activity data for 2017/18

KPI	Metric	Target	Performance	RAG
1	No. of classes provided	Demand led	9 of 9	Aim met
2	No. of clients who start a programme	Min of 16 per class	144	Target met

5.1.2 **Quality** - It is expected that the client class will fluctuate, and the provider is expected to maintain at least 10 clients on average per week within the classes; this takes into account the existing commitments of those attending over a prolonged period of time, for example hospital appointments. Table 2 illustrates an average of 13.6 clients per class at six weeks and represents 94% of clients.

In addition, the service has high rates of satisfaction reported across providers of between 95% and 98%<sup>4</sup>. Providers also complete a digital quality return on a quarterly basis to ensure compliance with the public health digital indicators. This includes reporting on staff vacancies, policies and procedures, mandatory training, DBS checks etc.

Table 2: Service quality KPI data for 2017/18

KPI	Metric	Target	Performance	RAG
3	No. of clients who continue at 6 weeks	Min of 10 per class	136	Above target
4	Client satisfaction	90% are satisfied or very satisfied with the service	95% to 98%	Above target

5.1.3 **Outcomes** – Outcomes are monitored at 12, 24 and 36 weeks using the three measures set out in Table 4. These assessments are called “timed up and go”, “completing a four-point stand” (4PS) and “a chair stand”. During 2017/18, performance against target was achieved in all but one measure at 24 weeks in the 4PS which was just below target at 76%. By 36 weeks this was above expected levels. This is set out in table 4.

Table 4: Service performance outcome data for 2017/18

KPI	Time period	% of client maintained or Improved their TUAG score from last assessment		% of client participants maintained or improved their 4PS score from last assessment		% of clients maintained or improved their chair stand score from last assessment	
		Target	Actual	Target	Actual	Target	Actual
5	12 weeks	80%	90%	75%	77%	80%	81%
6	24 weeks	80%	89%	80%	76%	78%	87%
7	36 weeks - completion	87%	94%	87%	90%	87%	96%

5.2 In addition to improvements in mobility, public health is concerned with the wider determinants of health which contribute to overall physical and mental wellbeing. Clients are asked if they feel more confident as a result of attending the course and

<sup>4</sup> Data from 6-month period from November 2017- February 2018

82% of those surveyed at the end of the 36-week period report an increase in confidence. Providers receive qualitative feedback from patients which demonstrates how the service also contributes to key KCC outcomes such as reducing social isolation, improved wellbeing and living independently. Some examples can be found below:

*“Many participants establish friendship groups and carry on in other local exercise activities beyond the life of the class.*

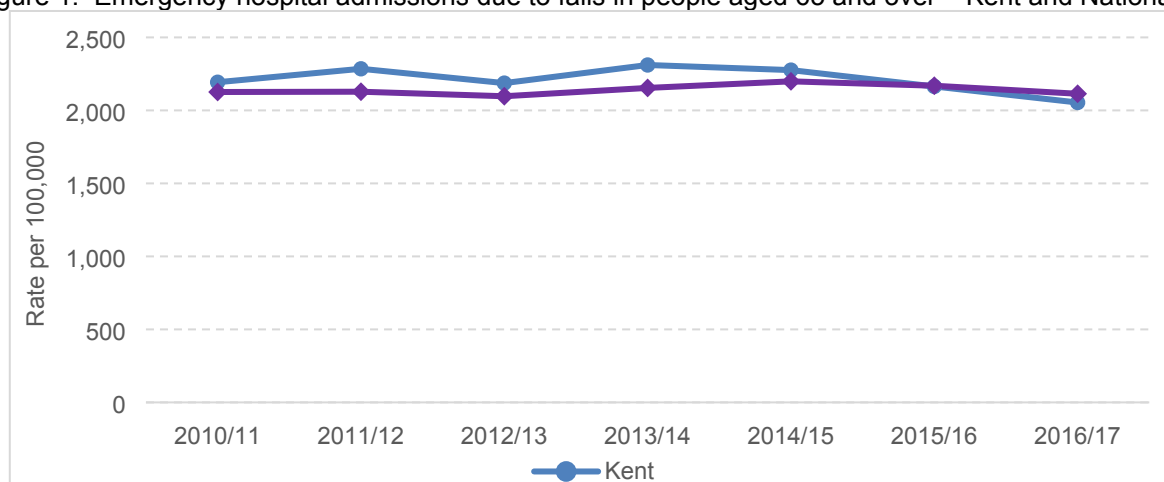
*“A number have self-reported that they now able to get on a bus and/or complete shopping trips that previously they would have been unable to undertake.*

*“A number using mobility aids such as walking sticks, have reported reduced or no longer needing to use these in some cases”*

**5.3 Value for money** – Procuring services through the Dynamic Purchasing System has allowed KCC to test the market extensively and streamline the purchase process to gain best value for money. Using the figures set out in section 4 of this paper the cost per class is £5,421, which equates to £395 per client attending or all 36 sessions or just under £11 per week. To maximise the funding available the service also uses volunteer transport schemes, community venues and asks participants for a contribution for refreshments that are offered after class. This optional element is well attended and support a reduction in social isolation and an opportunity to talk to clients about other health messages that support them to stay well (e.g. nutrition or hydration).

**5.4 Impact** – The impact of services can be measured by using data from the Public Health Outcomes Framework. The latest available public health outcomes data indicates that there is a positive downward trend in emergency hospital admissions due to falls for those aged over 65 (Figure 1)<sup>5</sup>, this also applies to the specific age ranges within this of 65 to 79 years old and those aged over 80 years.

Figure 1: Emergency hospital admissions due to falls in people aged 65 and over – Kent and National



**5.5** In addition to the above population measure, postural stability services can also contribute to the following public health outcomes – rate of emergency admissions for hip fractures in those aged 65+ (4.14i, ii, iii) where Kent currently have similar rates to national and have shown improvements since April 2015. Health related quality of life

for older people (4.31) where Kent has a better and increasing average score than national.

5.6 As highlighted in this report, the commissioned services have also had a further impact on increasing social interactions, and this relates to the public health outcomes on Social Interaction: the percentage of adult social care users/carers who have as much social contact as they would like (1.18i, ii). This measure has fluctuated since the service was commissioned in 2015 but has seen an increase between 2016/17 and 2017/18.

## 6. Delivering ongoing service improvements

6.1. Continuous improvement is an important component of the contract monitoring arrangements for the postural stability service. The key points of learning have been incorporated into new commissioning arrangements as set out below:

- People drop out of the classes within the first few weeks and greater flexibility was needed within the service specification to allow new clients to join the programme at any point within the first 12 weeks. This maintains value for money, reduces waiting list times, improves atmosphere and quality of the sessions. This has had a positive impact on the average number of clients attending the classes delivered in 2017/18 and enabled 14 more people to replace the 16 clients who dropped out in the first 12 weeks.
- During several rounds of procurement, providers have changed venues to ensure value for money, minimise risk and increase accessibility for those attending. This has been informed by user feedback.
- KCC as the single referral point is currently under review. This was taken in-house to the Public Health team to minimise cost and avoid fragmentation. The team continues to look at other options to improve coordination in line with other service developments. These include the potential to align this function with the single point of access developing as part of the KCC Older Person's Wellbeing Service.
- KCHFT has proven that they can deliver high quality services which improve outcomes for clients at a competitive price. From July 2018, the East Kent postural stability services will therefore form part of the partnership already in place between KCC and KCHFT. This will reduce staff time needed to run procurements and reduce unnecessary spend, minimise disruption to users and support a joined-up user experience between CCG funded services (also provided by KCHFT).

## 7. Risk

7.1. The key risks for the programme are;

- **Drop out of participants** - Due to the health needs of individuals participating in the programme, people do have to withdraw from the service or are unable to start the programme after being referred. Providers have tailored their communications to ensure participants and referrers are aware of the requirements and carry out phone-based risk assessments with clients to prevent them unnecessarily being on a waiting list.
- **Low demand in some locations** - The minimum number of people starting a class needs to be 16 and, in some locations, it can take some time to accumulate sufficient referrals before the class can begin. This can result in some clients not engaging in

the service for a variety of reasons when space is available and having to remain on the waiting list for several weeks. To mitigate this, provider will conduct additional promotion in areas where demand is low and offer clients the opportunity to attend a venue at another location. (For example, Herne Bay clients could be offered the opportunity to travel to Thanet for a class.)

- **Staffing and provider stability** - Due to the dynamic nature of purchasing these services and fluctuation in levels of demand, providers have reported that finding staff to deliver additional programmes can be challenging when there is a spike in demand. To mitigate this risk KCC funded additional training to increase the number of trained instructors in Kent and maintains close dialogue with providers supporting them to plan effectively.

## 8. Conclusions

8.1. KCC has commissioned a programme of postural stability classes since 2015 which has benefitted over 1,000 residents. This service generates good outcomes for those participating in the service in both mobility, confidence, reduction in social isolation and wider health and wellbeing. Analysis of service costs indicates that the programme provides good value for money and contributes to KCC's strategic outcome for supporting older and vulnerable people. This in turn would have generated an estimated saving of between £46,935 and £90,741 to social care services<sup>6</sup>.

8.2. Future priorities for these contracts will be to ensure alignment to KCC Older Persons services and work with agencies involved in delivering or supporting elements of the falls prevention pathway such as Clinical Commissioning Groups or the fire service.

### Recommendations

The Health Reform and Public Health Cabinet Committee is asked to **NOTE** and **COMMENT** on:

- the commissioning and provision of postural stability services in Kent
- the work to improve patient experience and service efficiency.

### Background documents:

Buck et al (2013), Exploring the system-wide costs of falls in older people in Torbay, <https://www.kingsfund.org.uk/publications/exploring-system-wide-costs-falls-older-people-torbay>

Public Health England (2018), Falls prevention: cost-effective commissioning, <https://www.gov.uk/government/publications/falls-prevention-cost-effective-commissioning>

Public Health Outcomes Framework (2018), <https://fingertips.phe.org.uk/search/falls#page/4/gid/1/pat/6/par/E12000008/ati/102/are/E1000016/iid/22402/age/228/sex/4>.

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<sup>6</sup> PHE cost effectiveness resources <https://www.gov.uk/government/publications/falls-prevention-cost-effective-commissioning>, accessed 11<sup>th</sup> June 2018

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## **Appendix A – Referral process and service provision in Kent**

### Accessing postural stability services

The access route into the service is through KCC. Historically there have been three providers delivering postural stability services across Kent. KCC acts as a single referral point to co-ordinate referrals and minimise service fragmentation.

Postural stability classes run for one and a half hours a week over 36 weeks. They are located in accessible and welcoming environments. Classes are comprised of exercises to improve core strength, balance, mobility and confidence to reduce the risk of falling. This can reduce the decline of clients and their need for more intensive falls prevention services such as physiotherapists. Part of each session is also dedicated to the wider public health agenda and ensuring every contact counts. Each week there is a section on increasing awareness of other factors to improve physical and mental wellbeing through information sharing and signposting to other services and interventions.

KCC receive referrals from a range of sources including the Fire Service (on the back of their home safety checks), GPs, other healthcare professionals and self-referral. Referrals are made through the Single Point of Access held hosted by KCC and a waiting list maintained until there is sufficient demand for the service in an area. A class is then procured using the Public Health's Dynamic Purchasing system to make the process more straightforward.

Referrals are received from a range of sources Referrals are checked for completeness and to ensure clients are suitable for the service. Clients outside of the threshold are referred on to the falls prevention service in their relevant area. Once sufficient referrals are received in a specific geographic area, a class is procured in the local area. There are currently two providers in the county commissioned by the Public Health team. Involve Kent provide classes in the west of the county and Kent Community Health Foundation Trust (KCHFT) in the east of the county. There are currently nine classes running across the county.

### Service Provision

The service is delivered by appropriately qualified instructors with classes based on FaME or Otago exercises, which are proven to reduce falls significantly.

Classes are delivered in accessible locations although transport is available if required.

At the beginning of each course, clients are assessed on a number of points to assess their ability and the time it takes to stand up from sitting and walk a set distance. Progress against these objectives is monitored throughout the course with regular assessments at 12, 24 and 36 weeks.

At each session there is a group discussion to promote other wellbeing elements. This includes identification of trip hazards and assistance equipment, other local groups, relaxation techniques, referrals to appropriate services.