

**By:** Graham Gibbens, Cabinet Member, Adult Social Care and Public Health  
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**To:** Adult Social Care and Health Cabinet Committee

**Date:** 11<sup>th</sup> July 2014

**Subject:** Tendering for Postural Stability Classes

**Classification:** Unrestricted

### **Summary**

Programmes to reduce falls in older people are a key priority for Kent Public Health, particularly because fall rates are comparatively high across the County. Evidence suggests that a course of Postural Stability classes are effective in improving balance and confidence, and in strengthening muscles, and therefore reduce the rate of falls in vulnerable groups.

This paper provides information about the process undertaken to procure community based postural stability classes across the County, to ensure a consistent and equitable service.

Members of the Committee are asked to:

- a) Endorse the commissioning approach and service model outlined in the paper.

### **Introduction**

1.1 The purpose of this paper is to outline the joint Public Health and Social Care proposals to commission a series of evidence based postural stability classes across Kent to reduce risk of falls among older people in Kent.

## **2 Background**

2.1. Falls and fractures among older people are significant public health issues and represent substantial costs for the health and social care system<sup>1</sup>. In July 2013, the Kent Health Wellbeing Board approved proposals to establish a consistent and effective framework for preventing falls across Kent. The framework is illustrated at Appendix A. The falls framework is at different stages of implementation across CCGs and there is varying levels of service provision in different areas of the county.

2.2. A key component of the falls framework is the provision of evidence based 36-week postural stability classes in the community. The current provision is commissioned by Public Health and Social Care and is delivered by a range of providers including Kent Community Health Trust and voluntary sector providers.

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<sup>1</sup> Kent Health & Wellbeing Board Paper, 17 July 2013

- 2.3. The provision is inconsistent across the county and in most areas only offers a shorter duration (12 week) course rather than the recommended 36-week programme. The contracts and grant agreements for the current services are also due to expire in September 2014.
- 2.4. This paper outlines proposals for jointly commissioning a more comprehensive range of 36-week courses across the county to enable the agreed falls framework to operate effectively leading to fewer falls related admissions to hospital and residential / nursing care.

### **3 Commissioning Approach**

- 3.1. Public Health and Social Care commissioners have agreed a clear service specification for postural stability classes in Kent. The specification is based upon NICE guidance<sup>2</sup> and best practice for classes and has been informed by the Equality Impact Assessment for the service. The high level service outcomes are listed at Appendix B. The classes will need to operate in a changing environment as the wider falls framework develops.
- 3.2. Public Health, Social Care, CCGs and other partners are working collaboratively to ensure integration at local level. Key initiatives relating to the wider falls framework include:
  - a) Wider use of screening tools by agencies who may have contact with older people at risk of falls (e.g. Fire and Rescue Service, Alcohol Advice and Information Services)
  - b) Expansion or consolidation of falls rehabilitation services in all CCG areas
  - c) Delivery of Identification and Brief Advice within postural stability classes for to reduce alcohol related falls among increasing risk and higher risk drinkers
- 3.3. A recent market engagement exercise identified a broad level of interest from NHS providers and providers in the voluntary and community sector. This wider context and relatively diverse market has required a careful consideration of the most suitable commissioning approach. The commissioning approach must be:
  - a) flexible and scalable – must allow for additional capacity to be commissioned to meet future increases in demand
  - b) accessible to a wide range of providers including small, voluntary sector providers
  - c) good value for money.
- 3.4. The Falls and Postural Stability Steering Group considered a range of commissioning options. A summary options appraisal is included at Appendix C. The Steering Group selected the Dynamic Purchasing System (DPS) as a preferred commissioning approach with caveats on minimum contract length and effective operation of an independent referral service.

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<sup>2</sup> NICE CG161 Falls: assessment and prevention of falls in older people

- 3.5. The DPS will allow Public Health and Social Care to commission a block of postural stability classes on a 2-year contract to offer the minimum coverage across the county but will also allow for additional classes to be commissioned as the framework develops further to create demand for additional classes.
- 3.6. The DPS will operate as an approved provider list as all providers will have been assessed to ensure they meet the minimum requirements. Approved providers will be invited to tender a price for a specified class, or range of classes when the need is identified. The DPS is also flexible so new providers can join as the market develops.
- 3.7. Public Health intends to invite tenders for the service in Autumn 2014 and will award contracts to successful providers, following this process. .

#### **4 Service Model**

- 4.1. The commissioning approach outlined above may lead to postural stability classes being delivered by different providers in different locations. In order to reduce the risk of service fragmentation and confusion among service users and referrers, Public Health will commission the KCC Access to Resources Team (ART) to act as a central referral point for any partner agency seeking make a client referral for postural stability.
- 4.2. The information governance and data requirement for Better Care Fund (such as the NHS no's.) will be included as part of this.

#### **5 Financial Implications**

- 5.1. Public Health has committed to invest up to £453k per annum in provision of postural stability classes across Kent up to 2017/18. Public Health and Social Care are working closely to review the level of funding available and ensure alignment with joint priorities.
- 5.2. The flexibility of the DPS will mean that the core provision can be commissioned relatively quickly with additional capacity commissioned at a later date to meet local Better Care Fund objectives.

#### **6 Conclusion**

- 6.1. Falls and fractures among older people are significant public health issues and represent a substantial cost to the health and social care system. The Kent Health and Wellbeing Board have approved plans to develop a more comprehensive falls framework across Kent including provision of evidence based postural stability classes.
- 6.2. Public Health and social care have developed a new approach to commissioning the classes across in a way that will be scalable, affordable and accessible for small VCS providers. The approach will involve setting up a DPS and tendering for providers to deliver classes in line with local need. The DPS will allow additional capacity to be added as the wider framework develops and creates additional demand for postural stability classes.

#### **7 Recommendations**

7.1. Members of the Committee are asked to:

- a) Endorse the proposed commissioning approach and service model outlined in the paper.

### **Background documents**

Kent Health & Wellbeing Board Paper, 17 July 2013

Postural Stability Classes – Service Specification

Postural Stability Classes – Equality Impact Assessment

NICE clinical guideline 161 - Falls: assessment and prevention of falls in older people

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## Appendix A – Kent Falls Framework

Reduce second box & simplify



## **Appendix B – Postural Stability Classes – Draft Service Outcomes**

1. The Provider will engage with the target age group within the community (older people aged 65 and over), social care and health practitioners and other partners/local organisations to positively contribute towards the outcomes listed below:
  - improved balance strength, mobility and confidence leading to reduced risk (reduction) of falling;
  - increased knowledge & 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 and fallers referred directly to programme.
  
2. The Provider must also:
  - provide the opportunity to socialise by providing an environment that is attractive, inclusive and welcoming;
  - provide alcohol Initial Brief Advice (IBA) and screening and signpost clients to additional as appropriate;
  - signpost or refer to other relevant services or activities to address other health issues such as weight loss or isolation;
  - raise awareness of other relevant Public Health programmes;
  - liaise with GPs, Social Services and/or other carers (referrers) to ensure client attendance can be accommodated;
  - deliver and co-ordinate 3 successive programmes of Postural Stability classes for 1.5 hours per week for 36 weeks (including 15-20 minutes for information sharing and signposting other public health interventions and programmes).

## Appendix C – Commissioning Approach – Options Appraisal

Option	Advantages	Disadvantages/Risks
<p><b>a) Prime provider model –</b> Single provider operates has responsibility for ensuring provision of postural stability classes in required locations on the required dates</p>	<ul style="list-style-type: none"> <li>• Simplicity – fewer providers to contract manage</li> <li>• Commissioners will not need to spend time organising times and locations of particular classes → more time to focus on evaluation of programme</li> <li>• Allows for smaller organisations to be engaged through sub-contracting or consortium arrangements</li> <li>• Prime provider will have flexibility to source new/ alternative providers quickly, at short notice without having to follow complex procurement procedures</li> </ul>	<ul style="list-style-type: none"> <li>• Prime provider management and overhead costs will still need to be met from the postural stability budget</li> <li>• Risk that poor performance of prime provider may have knock-on effect across the county as they will be the only provider.</li> <li>• Less competition - market for prime provider is more limited than smaller scale contracts. There may only be 2 or 3 potential providers</li> </ul>
<p><b>b) Framework Agreement –</b> A range of suitably qualified providers are available to run postural stability classes in the county. Commissioners run a mini-competition or reverse auction to agree individual contracts for each 36-week programme for each location. Mini-competitions will be run 3-6 months ahead of the start of the programme to allow mobilisation time for the appointed provider.</p>	<ul style="list-style-type: none"> <li>• Increased competition – more providers available as they will not all need to provide county wide or year round coverage.</li> <li>• Public Health may benefit from lower costs/overheads of smaller organisations.</li> </ul>	<ul style="list-style-type: none"> <li>• Public Health will still have on-going responsibility for regularly inviting bids for classes every 3 months.</li> <li>• More complex contract management → potentially several different providers to contract manage</li> <li>• No provision for new providers to run classes even where they may be cheaper and/or better quality</li> </ul>
<p><b>c) Dynamic Purchasing System</b> Similar to framework agreement but allows new providers to apply to join</p>	<ul style="list-style-type: none"> <li>• Commissioners and service users able to benefit from new providers with lower costs and/or higher quality than</li> </ul>	<ul style="list-style-type: none"> <li>• Potentially complex procedure for advertising and awarding contracts – requirement to advertise each call-off contract</li> </ul>

<b>Option</b>	<b>Advantages</b>	<b>Disadvantages/Risks</b>
the pool of providers available to deliver the programmes.	providers available at the start of the programme	through EU website.