



## CAMBRIDGE LOCAL HEALTH PARTNERSHIP

**Date:** Thursday, 29 January 2015  
**Time:** 12.00 pm  
**Venue:** Committee Room 2 - Guildhall  
**Contact:** Graham Saint **Direct Dial:** 01223 457013

### AGENDA

**1 Apologies**

**2 Public Questions**

This is an opportunity for members of the public to ask a question or make a statement to the Partnership. Please refer to the Public Participation section at the end of this agenda.

**3 Minutes and Matters Arising** (*Pages 7 - 12*)

To approve the minutes of the meeting held on 23rd October 2014

**4 Falls Prevention: Opportunities for Partnership Working** (*Pages 13 - 44*)

Jackie Riglin, Falls Prevention Therapy Lead for Cambridge Community Services, will talk about local falls prevention work and opportunities for further partnership working.

Members looked in detail at two PHOF indicators for Cambridge at the last meeting - injuries due to falls in people aged 65 and over and hip fractures in people aged 65 and over - that were significantly higher for Cambridge than the national average and asked to look at this matter further.

A paper was taken to Cambridgeshire Health Committee on 15 January 2014 setting out a proposed public health investment in falls prevention services. At a local level the City Council has helped support the Forever Active charity that runs fall's prevention classes, including mobility sessions, with small grants and is supporting the new arrangement for a Handy

Person service.

## **5 Developing and Anti-Poverty Strategy for Cambridge (Pages 45 - 58)**

George Owers, Executive Councillor for Finance and Resources for the City Council, will give an overview of the Council's developing anti-poverty strategy, setting out some of the initial priorities for action, and invite partners to contribute to the consultation about it, which can be found at:

<https://www.cambridge.gov.uk/anti-poverty-strategy-consultation>

A paper showing the actions relating to the "reducing the links between poor health and poverty" section of the draft strategy and the consultation questions is attached.

## **6 Updates**

### **Health and Wellbeing Board (HWB)**

The **15 January 2015**

There will be an opportunity for the partnership to discuss issues arising from this meeting.

Link to agenda for the HWB:

<http://www2.cambridgeshire.gov.uk/CommitteeMinutes/Committees/Meeting.aspx?meetingID=941>

### **Health Committee**

The **15 January 2015**

There will be an opportunity for the partnership to discuss issues arising from this meeting.

Link to agenda for Cambridgeshire's Health Committee:

<http://www2.cambridgeshire.gov.uk/CommitteeMinutes/Committees/Meeting.aspx?meetingID=883>

## **7 Developing Local Actions**

Councillor Tim Moore will provide an update about the Citizens Advice Bureau Outreach project at East Barnwell Medical Practice, on behalf of Cambridge Citizens Advice Bureau.

## **8 Pressures on Our Local Health Care System**

A discussion about the pressures on our local health care system: views from members about the situation.

## **9 Date of Next Meeting**

## Information for the Public

### Location

The meeting is in the Guildhall on the Market Square (CB2 3QJ).

Between 9 a.m. and 5 p.m. the building is accessible via Peas Hill, Guildhall Street and the Market Square entrances.

After 5 p.m. access is via the Peas Hill entrance.

All the meeting rooms (Committee Room 1, Committee 2 and the Council Chamber) are on the first floor, and are accessible via lifts or stairs.

### Public Participation

Some meetings may have parts that will be closed to the public, but the reasons for excluding the press and public will be given.

Most meetings have an opportunity for members of the public to ask questions or make statements.

To ask a question or make a statement please notify the Committee Manager (details listed on the front of the agenda) prior to the deadline.

- For questions and/or statements regarding items on the published agenda, the deadline is the start of the meeting.
- For questions and/or statements regarding items NOT on the published agenda, the deadline is 10 a.m. the day before the meeting.

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Further information about speaking at a City Council

meeting can be found at;

<https://www.cambridge.gov.uk/speaking-at-committee-meetings>

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**Fire Alarm**

In the event of the fire alarm sounding please follow the instructions of Cambridge City Council staff.

**Facilities for disabled people**

Level access to the Guildhall is via Peas Hill.

A loop system is available in Committee Room 1, Committee Room 2 and the Council Chamber.

Accessible toilets are available on the ground and first floor.

Meeting papers are available in large print and other formats on request prior to the meeting.

For further assistance please contact Democratic Services on 01223 457013 or [democratic.services@cambridge.gov.uk](mailto:democratic.services@cambridge.gov.uk).

**Queries on reports**

If you have a question or query regarding a committee report please contact the officer listed at the end of relevant report or Democratic Services on 01223 457013 or [democratic.services@cambridge.gov.uk](mailto:democratic.services@cambridge.gov.uk).

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<http://www.moderngov.co.uk/our-solutions/tablet-app-paperless-meetings>

## **CAMBRIDGE LOCAL HEALTH PARTNERSHIP**

23 October 2014

12.00 - 1.45 pm

Present

Cllr. Peter Roberts

Cllr. Tim Moore

Cllr. Joan Whitehead

Tom Dutton: CATCH Local Commissioning Group

Rachel Harmer: GP Representative of Cam.Health/CATCH

Wendy Quarry: Joint Strategic Needs Assessment lead of Cambridgeshire  
Public Health

Elizabeth Locke: Healthwatch Cambridgeshire

Jill Eastment: Public Health Analyst, Cambridgeshire County Council

Graham Saint: Strategy Officer, Cambridge City Council;

Jas Lally: Head of Refuse and Environment, Cambridge City Council;

Kate Parker: Cambridgeshire County Council, Public Health

Frances Swann, Housing Support Manager, Cambridge City Council

Jo Dicks: Team manager, Refuse and Environment

Toni Birkin: Committee Manager

### **FOR THE INFORMATION OF THE COUNCIL**

#### **14/27/CLHP Apologies**

Apologies were received from Liz Robin, Antoinette Jackson, and Mark Freeman.

#### **14/28/CLHP Public Questions**

There were no public questions.

#### **14/29/CLHP Minutes and Matters Arising**

The minutes for the meeting of the 3<sup>rd</sup> July 2014 were agreed as a correct record.

#### **14/30/CLHP Joint Strategic Needs Assessment Presentation**

The Partnership received a presentation from Wendy Quarry, the Joint Strategic Needs Assessments (JSNAs) lead for Cambridgeshire Public Health

regarding JSNAs for, Carers, Older People's Mental Health 2014 and Primary Prevention of Ill Health in Older People 2014.

The Committee made the following comments in response to the presentation:

- i. The inclusion of air quality and transport as the subject of future JSNAs was welcomed.
- ii. Suggested that transport was not just an issue for rural communities.
- iii. Endorsed the initiatives involving Carers and suggested they were an undervalued resource.

In response to Members of the Committee Wendy made the following statements:

- iv. A scoping and strategic planning summit of key players involved with the production of JSNAs was planned to improve service linkages and assist cost effective interventions.
- v. A forward work plan was being developed and suggestions from the Partnership for themes for additional JSNAs would be helpful.

The Partnership welcomed the work done on the JSNAs and looked forward to progress reports at a later date.

#### **14/31/CLHP      Review of Selected Public Health Outcome Framework Indicators**

The Partnership received a report and a presentation from Jill Eastment, Public Health Analyst of Cambridgeshire County Council regarding the issues identified by members from the Public Health Outcomes Framework. She highlighted the following points:

- i. The data for falls and hip fractures did not break down numbers sufficiently to see where the falls were occurring (home environment or in the street) or patients who lived in care homes.
- ii. An ongoing study is looking at seasonal variations and comparing neighbouring authorities.
- iii. There were variation across the city wards but they were not statistically significant.
- iv. She highlighted the high number of those aged 80 and over living in Cambridge which was higher than the national average.
- v. More work was underway on a Falls Prevention Strategy.
- vi. Basic information on fuel poverty was included.

The Partnership made the following comments on response to the report:



- vii. Councillor Roberts welcomed the report and stated that Cambridge City Council was looking at ways that social housing and open spaces could be improved to aid falls prevention work.
- viii. The Partnership noted that the fuel poverty mapping did not match other patterns of deprivation across the wards. It was suggested that there were a number of asset rich, cash poor, older people living in large, hard to heat, houses in affluent wards, which could be the reason for the variation.

In response to questions from the Partnership Jill Eastman stated the following:

- ix. Older City Council tenants had highlighted footpaths as a high priority but the data on where falls occurred was not easy to access.
- x. Fuel poverty estimations were based on the age of the property and the data was unclear and not up to date.

Jill Eastman undertook to circulate her presentation to the Partnership.

Kate Parker gave the Partnership an update on the Winter Warmth campaign. "Winter Health Packs", that have information about keeping well in the winter months and local support services, will be used to launch the campaign in October. These have been developed and provided by Public Health to GP practices for distribution to vulnerable patients when they attend for their flu vaccinations. Jas Lally suggested that City homes could promote this work.

Councillor Roberts undertook to forward the presentation findings about falls and footpaths to Councillor Blencowe to see if there were any opportunities for pavement improvements.

### **14/32/CLHP      Updates from the Health and Wellbeing Board**

The partnership noted the updates from the Health and Wellbeing Board as detailed in the agenda.

The meeting of the 11 September of the Health and Wellbeing Board had raised concerns over future funding cuts.

The meeting of the 2 October had looked at on-going issues and highlighted the following:

- i. The prevalence of Mental Health issues and dual diagnosis.
- ii. The role of carers and how best to support them.

- iii. Transport links to health facilities and alternative access solutions, against a backdrop of cuts.
- iv. The good work achieved regarding the improvements in Autism diagnosis but fears of diagnosis creep.
- v. The impact of further NHS re-organisation on services.
- vi. Funding for CCG commissioning strategies.

#### **14/33/CLHP      Developing Local Actions**

The Partnership received a report from Jo Dicks, Cambridge City Council lead officer for action on energy. Work on utility poverty was at an early stage of development. Early evidence supported the links between, low income, cold homes and poor health. It was noted that a quarter Cambridge households had an income of under £15,000 per annum.

Energy bills were related to property efficiency and how occupants used the property. Once areas of poverty had been defined, targeted action would follow. Social housing was generally of a good standard. However, private rented properties had not enjoyed the same level of energy efficiency upgrades. Also, there were thought to be high numbers of older, vulnerable owner occupiers living in properties they could not afford to upgrade.

A Fuel and Poverty Action Plan was being developed and it should be in place by the end of December. The scope for interventions would be from the low level, such as replacement light bulbs, to a large scale retrofit. Some contribution would be required from the householder. Clear referral pathways from health groups were under consideration. Funding options were being explored for longer-term work.

In response to questions from the Partnership Jo Dicks stated the following:

- i. Initially, simple solutions to utility poverty would be explored.
- ii. Contacts with care providers would be looked at later on.
- iii. There were insulation solutions available for solid wall properties in conservation areas.

#### **14/34/CLHP      Progress on Outstanding Actions**

The Partnership received an update from Rachel Talbot regarding the discussions of the last meeting concerning outreach work, by the Citizens Advice Bureau in East Barnwell GP surgery.

A one year, pilot project was proposed. Staff would be on site for three days a week and would offer advice to patients with the aim of saving GP time which is currently used to offer non-medical services and providing a better service. The time saved would be monitored.

The partnership discussed adding a social tariff to water charges and Jo Dicks agreed to discuss this with Councillor Owers.

The face to face service would offer financial advice, early intervention for debt issues, and education on fuel spending. GP at the surgery welcomed the initiative. The results of the pilot would be monitored and it was hoped it would demonstrate an economic as well as a social value.

The Partnership discussed various ways of providing robust data from the pilot. Suggestions included the following:

- i. Measure against similar work done in Rotherham.
- ii. Invite a research university to monitor the work (Cambridge University, Essex University, Norwich University)
- iii. Invite Councillor Herbert, Councillor Johnson or Councillor Owers to suggest suitable university contacts.

Jas Lally undertook to arrange bring people together outside the meeting to agree a way forward.

#### **14/35/CLHP      Date of Next Meeting**

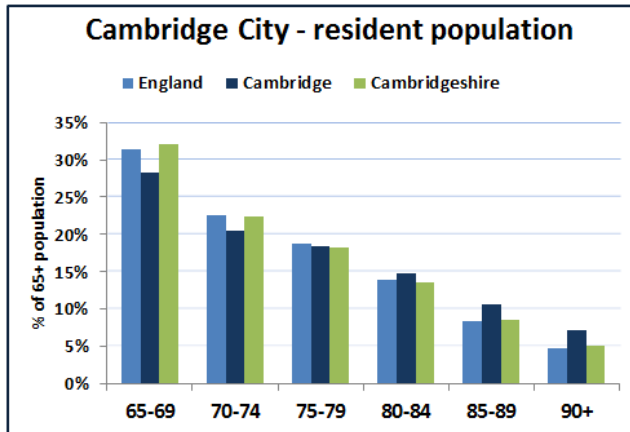
The Committee noted the date of the next meeting: 29<sup>th</sup> January 2015.

The meeting ended at 1.45 pm

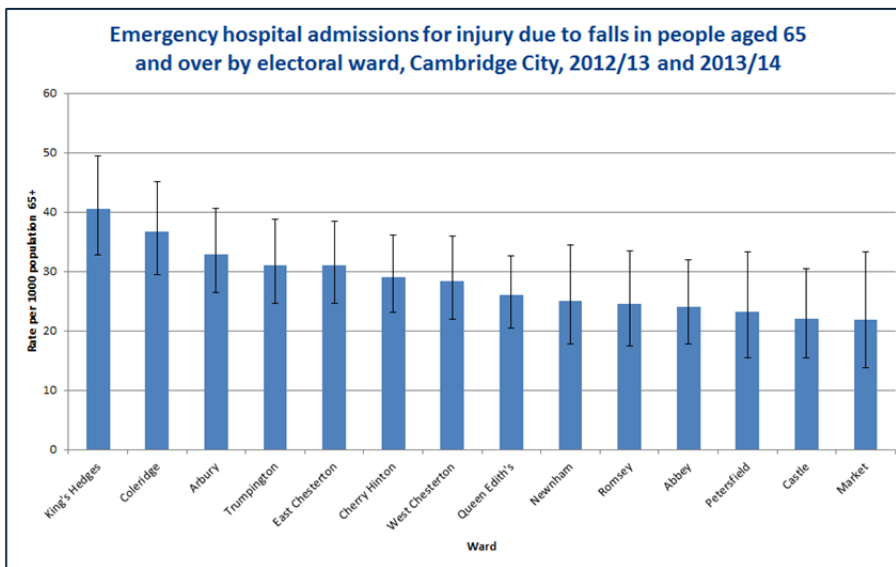
**CHAIR**

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## Extract from presentation to CLHP on 23 October 2014

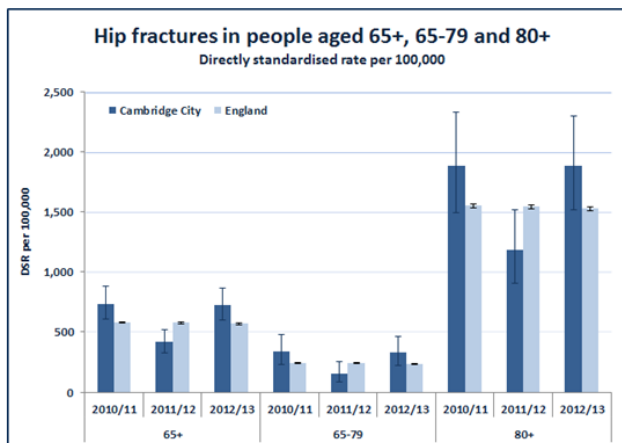


- Cambridge City has a higher proportion of the older population in the age groups over 80 years than both England as a whole and Cambridgeshire



Source: Inpatient Commissioning Data Set (CDS). Primary diagnosis code for Injury (ICD 10 S00-T19) with falls code (W00-W18) anywhere in diagnostic string. Error bars represent 95% confidence intervals (CI). CCC Research Group ward population estimates.

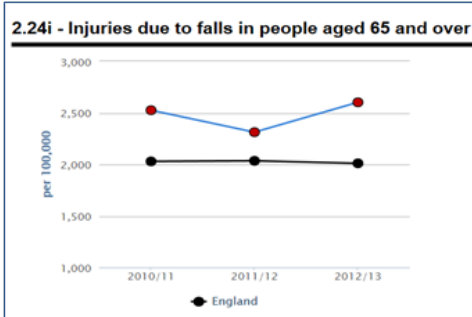
## Fracture of the hip in people aged 65 and over



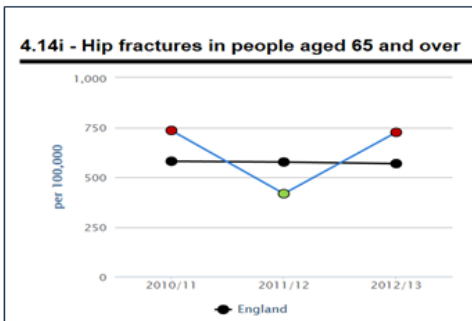
Source: Public Health England (PHE) Primary diagnosis ICD 10 S72.0, S72.1, S72.2.

- Around 130 hospital admissions per year in Cambridge City
- 75% in over 80s
- 68% in women
- Estimate of c30% from care homes
- More than 93% are coded as having experienced a fall

# Injuries due to falls and hip fractures in people aged 65 and over

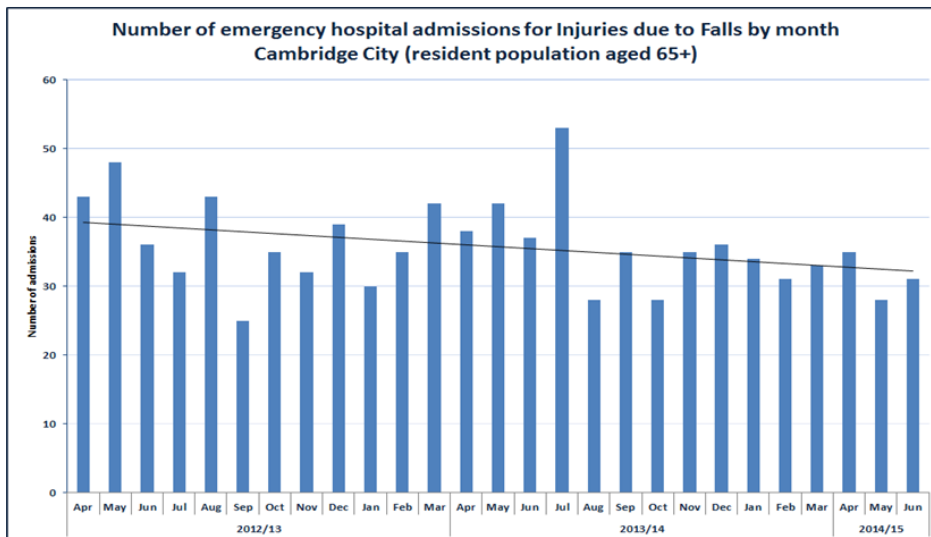


- Injuries due to falls: rates consistently higher than England average



- In 2012/13 rate of hip fractures in Cambridge City was significantly higher than the England average though this has varied over time

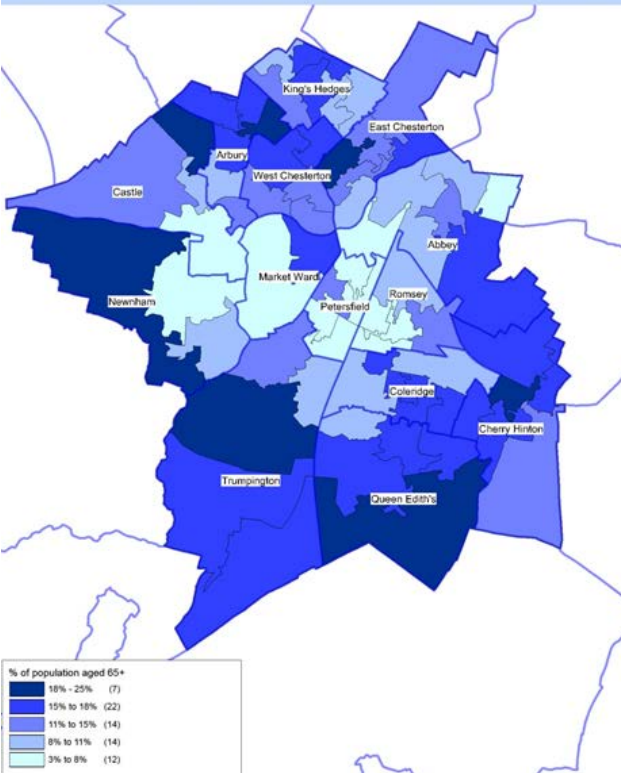
## Seasonality?



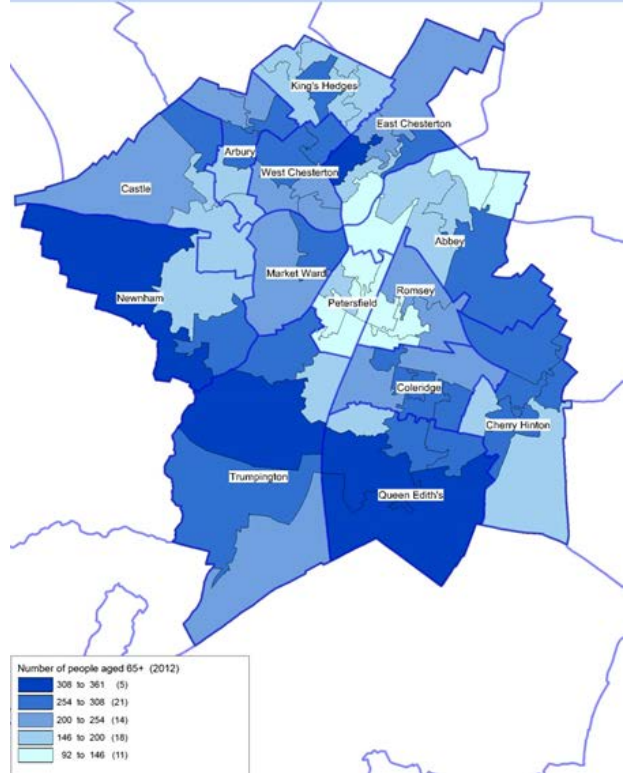
Source: Inpatient Commissioning Data Set (CDS). Primary diagnosis code for Injury (ICD 10 S00-T19) with falls code (W00-W18) anywhere in diagnostic string. Note that there is little evidence of seasonal variation in these data although the trend over time appears to be downward.

# Distribution of Older People in Cambridge

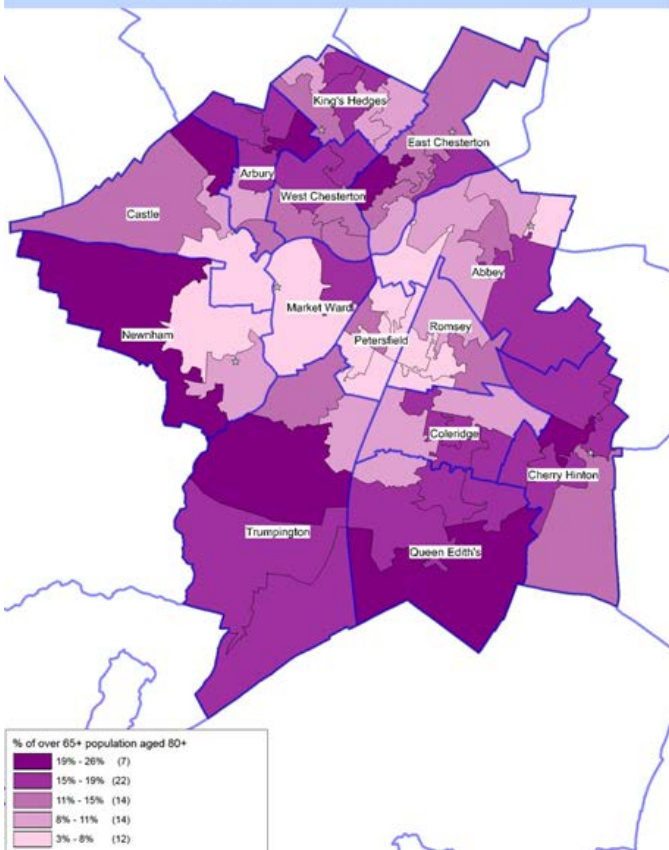
Cambridge City : Population aged 65+ (2012)  
Proportion of population aged 65+ (Source: ONS LSOA population estimates)



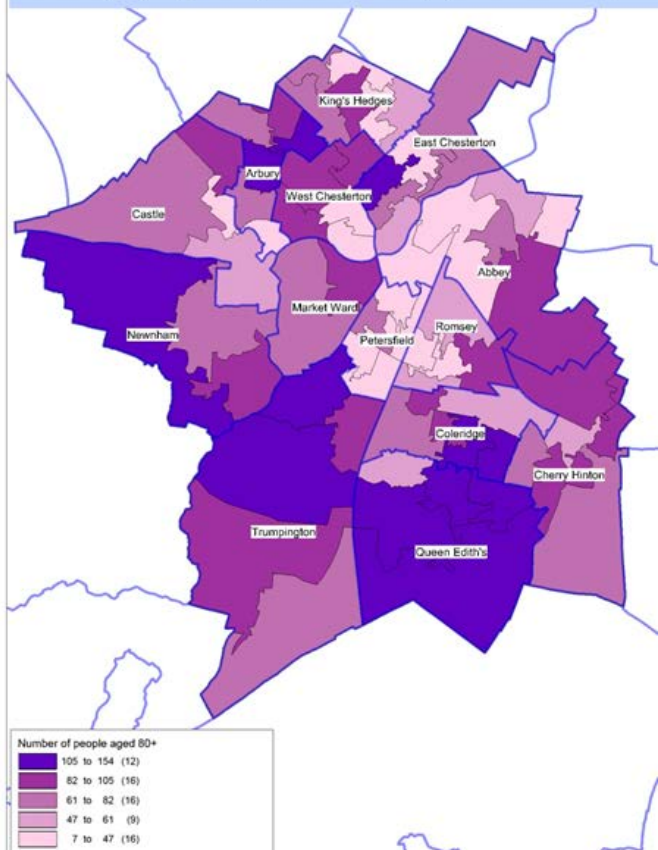
Cambridge City : Population aged 65+ (2012)  
Number of people (Source: ONS LSOA population estimates)



Cambridge City : Population aged 80+ (2012)  
% of 65+ pop'n aged 80+ (Source: ONS LSOA population estimates)



Cambridge City : Population aged 80+ (2012)  
Number of people aged 80+ (Source: ONS LSOA population estimates)



If you have any concerns about this service or suggestions for improvements, contact our Patient Advice and Liaison Service on Freephone 0800 013 2511 or email: [ccspals@ccs.nhs.uk](mailto:ccspals@ccs.nhs.uk)

For free, confidential health advice and information 24 hours a day, 365 days a year contact NHS Direct on 0845 46 47 or via [www.nhsdirect.nhs.uk](http://www.nhsdirect.nhs.uk)

If you need this information in a different format such as in large print or on audio tape, or in a different language please contact Cambridgeshire Community Services NHS Trust Communications Team on 01480 308216 or via email at: [ccscommunications@ccs.nhs.uk](mailto:ccscommunications@ccs.nhs.uk)

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**Portuguese:** Se precisar desta informação em formato diferente, tal como impressão em letra grande, cassete áudio ou noutra língua, por favor contacte o *Cambridgeshire Community Services NHS Trust* (Trust NHS dos Serviços Comunitários de Cambridgeshire), através do telefone 01480 308216, ou envie um e-mail para: [ccscommunications@ccs.nhs.uk](mailto:ccscommunications@ccs.nhs.uk)

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#### Bengali

আপনি যদি এ তথ্য অন্য কোন আকারে (ফরম্যাট) যেমন: বড় অক্ষর বা অডিও টেপ, বা অন্য কোন ভাষাতে পেতে চান তাহলে দয়া করে 'ক্যামব্রিজশায়ার কমিউনিটি সার্ভিসেস্ এন্ এইচ এস্ ট্রাস্ট' এর নিকট 01480 308216 নম্বরে ফোন করে বা [ccscommunications@ccs.nhs.uk](mailto:ccscommunications@ccs.nhs.uk) ঠিকানায় ই-মেইল করে যোগাযোগ করুন।

**Turkish:** Eğer bu bilginin kendi dilinizde çevirisini (ya da daha büyük harflerle baskısını veya kasete kayıtlı halini) isterseniz, lütfen Cambridge Bölgesi Kamu Hizmetleri Ulusal Sağlık Hizmeti Birimini (Cambridgeshire Community Services NHS Trust) 01480 308216 no'lu telefon numarasından arayın veya [ccscommunications@ccs.nhs.uk](mailto:ccscommunications@ccs.nhs.uk) adresine e-mail gönderin.

## Cambridgeshire Falls Prevention Service

Here to promote healthy active ageing and give practical advice on simple things you can do to stay steady on your feet so that you can continue to live safely at home

For Older Adults

Providing a lifetime of care





Here to promote healthy active ageing and give practical advice on simple things you can do to stay steady on your feet so that you can continue to live safely at home

### Some facts about falls

Falls represent the most frequent and serious type of accident in older adults. They can cause injury, destroy confidence, increase isolation and reduce independence.

but the good news is .....

Falls are not an inevitable part of getting older. The risk of falling does increase with age and those who have already had a fall are more likely to fall in the future **but**.....

- There are things you can do to prevent falls
- There are ways to get your confidence back
- Independence can be restored



### For further information about this service contact:

Cambridgeshire Falls Prevention Service  
Chesterton Medical Centre  
35 Union Lane,  
Cambridge  
CB4 1PX

Tel: 01223 883710

© Cambridgeshire Community Services NHS Trust  
Tel: 01480 308216  
Email: [ccscommunications@ccs.nhs.uk](mailto:ccscommunications@ccs.nhs.uk)  
Website: [www.cambscommunityservices.nhs.uk](http://www.cambscommunityservices.nhs.uk)

Code: AS/FPS/LFT/0229 - V1

Date of Production: August 2010

Date of Review: August 2013

**3) The Falls Prevention Medical Clinic** – there are two clinics:

- Brookfields Hospital, Cambridge
- Princess of Wales Hospital, Ely.

You are most likely to be referred to one of these clinics by either your GP or the Emergency Department at Addenbrooke's Hospital, if you had more than two falls in the past six months and/or it is thought there may be medical conditions contributing to your risk of falls.

At the clinic you will see a senior doctor who will complete a medical falls risk assessment, which will take about an hour.

In addition, the doctor will assess the risk of you having fragile bones (Osteoporosis) and you may be referred to Addenbrooke's Hospital for a Bone Density Scan.

If you have not had a general falls risk assessment completed you may be referred onto the Falls Prevention Team.

**How can the local Falls Prevention Service help older people stay steady on their feet and reduce the risk of falls and injuries from falls?**

Evidence suggests that falls can be reduced by 50% when an individual's risks of falling are assessed and action taken on them.

So, if you have had a fall and/or have lost confidence with your balance or walking, you will be offered a **falls risk assessment** in your home, carried out by a healthcare professional with special falls prevention training.

This is to try and work out what is making you more likely to fall, taking into account anything you feel would be helpful.

Afterwards the healthcare professional will devise an **individual action plan** with your consent, to reduce your risk of future falls.

These might include:

- Having your eyesight tested
- Asking your GP/pharmacist to look at your medicines to see if they need changing
- Having your home checked for hazards
- Strength and balance training to improve mobility and steadiness.



## What are the different parts of the service you might come into contact with?

### 1) The Integrated Health and Social Care Locality Teams – which include:

- District Nurses
- Community Occupational Therapists, and,
- Physiotherapists

who are all trained to complete a falls risk assessment.

Many of the therapists are also trained to deliver home exercise programmes for improving strength and balance.

These teams work closely with staff at Addenbrooke's Hospital, helping both to avoid admissions to and enable early discharge from hospital.

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### 2) The Falls Prevention Team – a team of specialist therapists and clinical exercise specialists, whose role is to:

- Complete falls risk assessments in those with either multiple medical conditions and/or risks for falling.
- Lead group exercise programmes for improving strength, balance and confidence.
- Support staff in the Locality teams.



FOREVER

# Active

**Forever Active Coordinator**

tel: 07432 480105

email: [enquiries@forever-active.org.uk](mailto:enquiries@forever-active.org.uk)

All information about the programme  
can be found on our website:

[www.forever-active.org.uk](http://www.forever-active.org.uk)

FOREVER

# Active

January – December 2015



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The affordable health club for the  
over 50s and those returning to a more  
active lifestyle in Cambridgeshire

[www.forever-active.org.uk](http://www.forever-active.org.uk)

[www.forever-active.org.uk](http://www.forever-active.org.uk)

# FOREVER Active

## Why should I attend a Forever Active session?

There are many health benefits to be gained from being active. There is strong evidence to suggest that regular exercise and activity can help us as we get older, especially with conditions such as diabetes, asthma, high blood pressure, arthritis and osteoporosis, as well as improving our mental health and helping with sleep patterns and overall wellbeing.

For the majority of people, the sessions promoted within this brochure will help improve their health and well-being. If you haven't exercised for a while, or have a medical condition, it is advisable that you consult with a Health Professional before attending a session for the first time.

## Contact us

### Forever Active Coordinator

email: [enquiries@forever-active.org.uk](mailto:enquiries@forever-active.org.uk)  
tel: 07432 480105

(Voicemails are checked every weekday so if we're not able to answer your call please leave a message and we will contact you within 48 hours. Alternatively you can send us an email or take a look on our website.)

Up-to-date information about our classes and other activities can be found on our website:

[www.forever-active.org.uk](http://www.forever-active.org.uk)

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## Information for Participants

### What is Forever Active?

Forever Active Forum Ltd is a not-for-profit organisation, with an objective of offering a variety of physical activities for the over 50s and those wanting to return to a more active lifestyle. We strive to make our sessions accessible to everybody and take great care to ensure they are delivered by instructors fully trained and qualified in their field.

Forever Active achieved complete independence from Cambridge City Council in 2013, thanks to its success and as a result of a committed group of volunteers. In 2014, the voluntary committee have strived and work hard to maintain and develop a City-wide programme of activities, with contributions from partners including Cambridge City Council and Chesterton Sports Centre.

We have applied for registration as a charity, which will help us even more in our future development (by enabling us to apply for a wider range of grants, as well as gift-aid subscription from you, our members) and maintaining the standards of its delivery.

### What exercise / activity should I be doing?

National recommendations from the Department of Health state that, as we get older, in order to get the health benefits of being active we should do the following:

- Aim to be active daily and try to



do at least 2.5 hours of moderate intensity activity a week. You can easily reach your aim by attending Forever Active classes and activities.

- Do exercises to improve the strength of our muscles and bones.
- Do exercises to help improve our balance and coordination.

All our classes include exercises to help you achieve the above. All the staff working on the Forever Active programme are qualified up to a minimum of Level 2 on the Register of Exercise Professionals and have attended additional 50+ training workshops which focus on training staff on safe and effective exercises for the over 50 age group – so you will be in the best hands!

If you're unsure which class to attend after looking through the brochure, please call the Instructor or Coordinator for further information.

### What to do before attending a Forever Active session:

- 1 If it's your first time attending, please call the Instructor or Coordinator to confirm details of the session.
- 2 For some classes it is advisable to pre-book – these sessions are marked **B** in the brochure.
- 3 We advise wearing something comfortable for your session and suitable footwear such as trainers. Please bring a drink along with you to stay hydrated, and don't eat anything for at least one hour before exercise. Participants with asthma or angina must bring their inhaler/GTN spray to the session.
- 4 The Instructor will ask you to complete a pre-exercise medical form prior to your first session; this would only be used in the event of an emergency. All information will remain strictly confidential.
- 5 Most classes run for 50 minutes to allow set up and clearing away within an hour – it is important to arrive on time and leave promptly.

### Forever Active Forum Membership Scheme

All sessions are 'pay as you go', but you have the opportunity to become

a Forever Active Forum Member and receive discounted sessions. Members also receive a quarterly newsletter and regular updates including notification of class changes and cancellations.

Membership will become compulsory in September 2015, but you can join now, no need to wait until then. A membership form can be found on page 15 of this brochure.

As a member you will also be entitled to join us at our Forum meetings, to have a say in what we do and how we are run.

And here is what some of our members say about Forever Active:

*"Affordable, friendly and fun!"*  
(Ann Lucas)

*"A lifeline! Makes such a difference both to mind and body. Modified to suit any ability and temperament, the classes help to keep one active and happy. Thank you so much!"*  
(Nicola Schiannini)

*"A godsend. Don't know where I'd be without it (actually I do: still crippled from back injury, crawling up the stairs on hands and knees...). And fantastic, lovely teachers. Thank you."*  
(Shayne Mitchell)

All the information in this brochure is correct at the time of going to print but some details may change. Our website is kept up-to-date, so please check it for the latest news or – if you don't use the internet – you can phone our helpline on 07432 480105.

# Mobility Classes

These classes are suitable if you have any sort of mobility problem. The exercises taught are proven to help with one's strength and balance and to help with conditions such as arthritis, osteoporosis and other age related medical conditions.

### Key to the classes:

#### Level 1 Chair Based

These sessions are all seated with no standing exercises and take place within sheltered housing schemes.

#### Level 2 Chair Based +

Predominantly seated, but will include some optional standing exercises.

#### Level 3 Strength & Balance

Mainly strength and balance exercises with some seated strength work.

#### Level 4 Strength & Balance +

A mixture of seated, standing and floor based exercises.

### NEW All in 1 Mobility

Mobility class that incorporates all levels, starting seated and progressing through to more advanced balance and strength exercises. The class is in 4 sections, so you can stop at any time if you feel the exercises are becoming too challenging. Then when you're ready you'll be able to progress from one level to the next.

### Cost of sessions:




All classes cost £3.50 per session for members and for only £15 for the year you can become a Forever Active Forum member saving you 30% on the full price of every class! The non member rate for classes is £5.00. Please see the back of the brochure for a membership form.

It's recommended that you contact us before attending your first class so we can let the Instructor know to expect you.

**Contact:** Forever Active enquiries, enquiries@forever-active.org.uk 07432 480105.



**Symbols for classes:**

-  Free tea / coffee
-  Refreshments can be purchased
-  Booking essential

**Level 2****Barnwell Baptist Church** 

Howard Road, Cambridge, CB5 8QS  
**Tuesdays, 10.00am – 11.00am**  
 Contact: Diane Johnston, 01223 237252 /  
 Anne Johnson, 01223 232160

**Seated T'ai Chi**

Lichfield Hall, Lichfield Road, CB1 3SL  
**Thursdays, 11.30am – 12.30pm**  
 Contact: Mike Tabrett, 01223 503390  
 It is advisable to contact Mike before attending  
 to see if there is space in the class.

**St Paul's**

Hills Road, Cambridge, CB2 1JP  
**Thursdays, 11.00am – 12.00 noon**  
 Contact: Forever Active enquiries, 07432  
 480105, enquiries@forever-active.org.uk

**Level 3****Arbury Community Centre** 

Campkin Road, Cambridge, CB4 2LD  
**Mondays, 1.30pm – 2.30pm**  
 Contact: Forever Active enquiries, 07432  
 480105, enquiries@forever-active.org.uk

**Newnham Scout Hut**

Chedworth Street, Cambridge, CB3 9JF  
**Tuesdays, 11.30am – 12.30pm**  
 Contact: Forever Active enquiries, 07432  
 480105, enquiries@forever-active.org.uk

**Lichfield Hall**

Lichfield Road, Cambridge, CB1 3SL  
**Wednesdays, 11.00am – 12.00 noon,**  
 Contact: Forever Active enquiries, 07432  
 480105, enquiries@forever-active.org.uk

**St Matthew's Church**

St Matthew's Street, Cambridge, CB1 2LT  
**Wednesdays, 10.40am – 11.40am**  
 Contact: Forever Active enquiries, 07432  
 480105, enquiries@forever-active.org.uk

**Castle Street**

Castle Street Methodist Church, CB3 0AH  
**Wednesdays, 12.00 noon – 1.00pm**  
 Contact: Forever Active enquiries, 07432  
 480105, enquiries@forever-active.org.uk

**The Meadows** 

The Meadows Community Centre,  
 St Catharine's Road, Kings Hedges, CB4 3XJ  
**Wednesdays, 1.30pm – 2.30pm**  
 Contact: Jenny James, 01223 510715

**Trumpington Village Hall**

High Street, Trumpington, CB2 9HZ  
**Fridays, 10.45am – 11.45am**  
 Contact: Forever Active enquiries, 07432  
 480105, enquiries@forever-active.org.uk

**Arbury – T'ai Chi**

Church of the Good Shepherd, Mansel Way, CB4 2ET  
**Fridays, 2.00pm – 3.00pm**  
 A mixture of standing and seated exercises  
 Contact: Mike Tabrett, 01223 503390  
 It is advisable to contact Mike before attending  
 to see if there is space in the class.

**Level 4****The Meadows** 

The Meadows Community Centre,  
 St Catharine's Road, Kings Hedges, CB4 3XJ  
**Tuesdays, 12.15pm – 1.15pm**  
 Marlene Sharpe-Westwood, 01223 571431

**Barnwell Baptist Church** 

Howard Road, Cambridge CB5 8QS  
**Wednesdays, 1.00pm – 2.00pm**  
 Contact: Sabrina Marengi, 07788 413172

**Hills Road**

Hills Road Sports Centre, Purbeck Road, CB2 8PF  
**Thursdays, 11.15am – 12.15pm**  
 Marlene Sharpe-Westwood, 01223 571431

**All in 1 Mobility****NEW Barnwell Baptist Church** 

Howard Road, Cambridge, CB5 8QS  
**Wednesdays, 3.00pm – 4.30pm**  
 Contact: Sabrina Marengi, 07788 413172

**NEW Arbury Community Centre**

Campkin Road, Cambridge, CB4 2LD  
**Thursdays, 11.30am – 1.00pm**  
 Contact: Sabrina Marengi, 07788 413172

**Worried about your balance or falling?**

The local Falls Prevention service in Cambridge City is there to support you if you have a mobility problem or are worried about falling. It offers both practical advice and exercise resources that will help you maintain your independence.

Contact: Simon Hanna: 01223 885070 or [simon.hanna@nhs.net](mailto:simon.hanna@nhs.net)



*"There is much research evidence to show that the right sort of exercise is very effective in keeping people steady on their feet as they get older and preventing falls. As Falls Prevention Therapy Lead for Cambridgeshire Community Services NHS Trust I am responsible for the exercise referral pathway both in and outside the NHS. Forever Active make this possible in a number of ways:*

*Their class leaders are trained to deliver the correct exercises alongside health care professionals in order to ensure everyone is delivering safe and effective classes for participants.*

*The NHS staff working as part of the Falls Prevention Service who train these delivering evidence based exercise for preventing falls monitor all staff they have trained on a regular basis to ensure they continue to be safe and effective. This means NHS staff can be confident to refer patients onto Forever Active classes once discharged from health services.*

*Forever Active class leaders are able to refer participants into the NHS quickly should they deteriorate and need additional support. I follow up these referrals which are always appropriate and because received in a timely manner I can nearly always rectify the problem enabling them to remain active and independent in their home environment.*

*The relationship we have with Forever Active is invaluable both to the NHS and the many older adults who attend and enjoy their classes, knowing they are in safe hands"*

(Jackie Riglin, Falls Prevention Therapy Lead, Clinical Specialist Physiotherapist, Falls Prevention Service, Cambridgeshire Community Services)

*"The class has helped my weight and diabetes"*

(Jennifer Rayment)

*"Good for the body, mind and soul and good fun socially."*

(Alison Sayward)

*"I always feel happy when I've done the class and my Instructor is the best ever."*

(Bonny Buck)

*"Out teacher is inspirational. She gets me back in touch with myself and makes me feel human."*

(Peter C)





## Sessions for the active 50+

These level 5 classes are ideal if you'd like to take part in more active exercise and sport sessions. Recommended if you're able to undertake standing exercises.

### Cost of sessions:

Cost for all classes is £3.50 per session for members and for only £15 for the year you can become a Forever Active Forum member saving you 30% on the full price of every class! The non member rate for classes is £5.00. Please see the back of the brochure for a membership form.

It's recommended that you contact us before attending your first class so we can let the Instructor know to expect you.

Contact: Forever Active Coordinator, 07432 480105  
enquiries@forever-active.org.uk

*"Forever Active is a great way to keep fit while having fun and making new friends. There is such a good variety of activities and all the tutors are professional and encouraging in the classes I attend. We are very lucky to have such a facility in Cambridge, particularly after retirement"*

(Sheila Roberts)

### Symbols for classes:



Free tea / coffee



Refreshments can be purchased



Booking essential



## Active 50+ Exercise Classes

### Aqua Aerobics

A workout for people of all fitness levels using the natural resistance of the water. You do not need to be able to swim.

### Chesterton Sports Centre

Gilbert Road, CB4 3NY

**Mondays, 2.30pm – 3.15pm**

**Wednesdays, 2.00pm – 2.45pm**

Contact: Chesterton Sports Centre, 01223 576110

### Exercise to Music

All-round, total body workout to improve fitness, coordination, strength and flexibility to great music!

*"Joining my Forever Active 'Exercise to Music' class was the best decision I have made. I have been going to the class for three years. I always look forward to it and I continuously leave the class with the feel good factor. The class is fast paced, active, fun and gets every part of your body moving. Our teacher is kind, charismatic and helpful. You can go to her with any questions and nothing is too much bother, she is always happy to*

*help. Aside from my love of the class, it has benefited and improved my balance and I have met some lovely people with whom I get to socialise each week"*

(Sylvia Ellis)

### Arbury Community Centre

Campkin Road, Cambridge CB4 2LD

**Mondays 3.15pm – 4.15pm**

Contact: Sabrina Marengi, 07788 413172

### Kelsey Kerridge

Queen Anne Terrace, Cambridge CB1 1NA

**Tuesdays, 9.45am – 10.45am**

Contact: Carrie Holbrook, 01480 217883 or carrie.holbrook@btinternet.com

### Chesterton Bowls Club

Logan's Way, CB4 1BL

**Wednesdays, 6.00pm – 7.00pm**

Contact: Joules Kyle, 07707 351828

### Trumpington Village Hall

High Street, Trumpington, CB2 9HZ

**Fridays, 9.30am – 10.30am**

Contact: Forever Active enquiries, 07432 480105, enquiries@forever-active.org.uk

### The Meadows

The Meadows Community Centre,

St Catharine's Road, Kings Hedges, CB4 3XJ

**Fridays, 12.00 noon – 1.00pm**

Contact: Marlene Sharpe-Westwood, 01223 571431



### Latin Workout

This Latin infused workout promises to be a fun workout with great music. This is a ladies only session and isn't recommended if you've had a knee or hip replacement.

### Arbury Community Centre

Campkin Road, CB4 2LD

**Thursdays, 10.00am – 11.00am**

Contact: Sabrina Marengi, 07788 413172

*"Just watching our instructor, who is so energetic and loves Salsa, is an inspiration. The class makes me feel so much better."*

(Janet Witting)

### Line Dancing

Learn fun line dancing sequences at these weekly classes. Promises to get your heart rate up whilst having a giggle at the same time! Please note this class isn't recommended if you've had a knee or hip replacement.

### Cherry Hinton

St Andrews Church, Cherry Hinton, CB1 9NE

**Mondays 2.00pm – 2.30pm, beginners**

**Mondays 2.30pm – 3.30pm, improvers**

Contact: Margaret, 07934 621233



## Pilates

Strengthens weak areas and stretched tight muscles, enhancing good posture and correct body alignment.

*"I have been going for 8 years to Forever Active. It has made me fitter, stronger, good balance. The instructors have been great, in training and advising us."*

(Rosh Hunt)

## Chesterton Sports Centre

Gilbert Road, CB4 3NY

**Mondays 12.00 – 12.50pm, beginners**  
**1.00 – 1.50pm, improvers**  
**Tuesdays 11.05 – 11.55pm, advanced**  
**1.30 – 2.20pm, improvers**

Contact: Chesterton Sports Centre,  
 01223 576110

## Trumpington Pavilion

Paget Road, Trumpington, CB2 9JF

**Mondays, 11.15am – 12.15pm**  
 Contact: Jo Simcock-Sims,  
 josimcock@newbodypilates.co.uk

## East Barnwell Centre

East Barnwell Community Centre,  
 Newmarket Road, CB5 8RS

**Wednesdays, 10.30am – 11.30am**  
**Saturdays, 11.00am – 12.00 noon**  
 Contact: Fay Durrant, 07977 583535

## St Andrews Church Centre

High Street, Cherry Hinton, CB1 9LR

**Wednesdays, 11.30am – 12.30pm**

Starting Wednesday 25th February

Contact: Disa Bennett, 07798 754029

*"Forever Active classes always brighten my day. I feel energised, not only by the exercise, but by the social interaction with the instructor and other class members."*

(Brenda Wright)

## T'ai Chi

Simple exercises to help understand core principles of posture, breathing and coordination to be able to move and balance more easily.

## East Barnwell Centre

East Barnwell Community Centre,  
 Newmarket Road, CB5 8RS

**Thursdays, 3.30pm – 4.30pm**

Contact: Mike Tabrett, 01223 503390

## Tap Dancing

For beginners to improvers, all the basics steps will be taught, Tap is great for improving bone health and strength as well as fitness levels and coordination.

## Netherhall Sports Centre

Queen Edith's Way, CB1 8NN

**Tuesdays, 4.00pm – 5.00pm**

Contact: Marlene Sharpe-Westwood,  
 01223 571431

*"A lifeline! Makes such a difference both to mind and body. Modified to suit any ability and temperament, these classes help to keep one active and happy. Thank you so so much."*

(Nicola Schiannini)

## Yoga

Relax your body and mind whilst improving your strength and flexibility through a series of postures.

*"Forever Active enables older people to keep fit, stay supple and keep the joints moving – and get the benefits of social interaction. I recommend them highly and particularly enjoy Yoga and Strength & Balance. The instructors are equipped to deal with older age groups and adapt exercises to suit people of all abilities"*

(Susan Edwards)

## Trumpington Village Hall

High Street, Trumpington, CB2 9HZ

**Tuesdays, 10.00am – 11.00am**

Contact: Sabrina Marengi, 07788 413172

## Chesterton Sports

Chesterton Sports Centre, Gilbert Rd, CB4 3NY

**Fridays 11.10am – 12.00pm**

Contact: Chesterton Sports Centre,  
 01223 576110

## Active 50+ Sport Sessions

The Forever Active sport sessions are for all abilities, it doesn't matter if you haven't tried the sport before, everyone is welcome!

## Badminton & Table Tennis

### Chesterton Sports Centre

Gilbert Road, CB4 3NY

**Thursdays 12.30pm – 1.30pm**

Contact: Chesterton Sports Centre,  
 01223 576110

## Golf

These sessions are held at Cambridge Lakes Golf Course. Each session comprises a round (or two!) of golf and a tea or coffee. Introductory lessons are available by arrangement.

### Cambridge Lakes Golf Course

Trumpington Road, Cambridge CB2 8FA

**Wednesdays 9.30am – 1.00pm**

£7.00 Forever Active members / £8 non members (including equipment hire)  
 Contact: Bob Barnes, 01223 324242



COMING SOON:

## Yoga For Golfers

After a popular first course, a second course is being planned.

To register your interest or for further information please email enquiries@forever-active.org.uk

### Tennis & Badminton

#### David Lloyd Health Club

Coldham's Lane, CB1 3LH

Wednesdays 10.00am – 12.00noon

Contact: Forever Active enquiries, 07432

480105, enquiries@forever-active.org.uk

### Rowing

Exercise and enjoy the fresh air and river scenery.

#### River Cam

Colindale Colleges Boathouse, Logan's Way

Mondays 11.00am – 1.00pm

£30 for initial 6 weeks

Contact: Kate Merrington, 01223 363386

### Short Mat Bowls

#### Trumpington Village Hall

High Street, Trumpington, CB2 9HZ

Thursdays 10.00am – 11.30am

Contact: Forever Active enquiries, 07432

480105, enquiries@forever-active.org.uk

*"I now do four exercise classes a week. Pilates and Yoga have greatly improved my balance, strength, posture and range of movement. Exercise to Music and Latin Workout have given me extra stamina as well as improving my co-ordination, responses and memory as a result of learning sequences.*

*Our instructors are very good and professional. They are very friendly and are always concerned for our wellbeing, giving alternative exercises if there are any we cannot do.*

*I have also gained socially, interacting with the other class members and have made many friends through the classes.*

(Joan Aliwell)

## Nordic Walking

These sessions are great to work the upper body muscles, improve posture and burn more calories than normal walking. Session details vary depending on the time of year. For further information please contact:

Fay Durrant: 079775 83535

Oliver Gynn: 07947 835522

Please note: Forever Active does not organise these sessions directly but works in partnership with the instructors to promote the sessions they lead for the 50+ age group.

# Forever Active Forum Membership Form

For more information about Forever Active Forum Membership see page 4.

Name:

Date of birth:

Address:

Postcode:

Telephone:

Mobile:

Email:

Membership Card Number:  (previous members only)

Classes which you attend

Class:  Day:  Venue:

Class:  Day:  Venue:

Class:  Day:  Venue:

Signed:  Date:

Forever Active Forum Ltd is currently applying for Charity Status. Once this is achieved you will be able to gift aid your membership subscription if you are a tax-payer. Please tick the relevant box below:

I wish to gift aid my Forever Active membership subscription

I do not wish to gift aid my Forever Active membership subscription:

Please return this form with the correct fee to:

Forever Active Forum Ltd, PO Box 974, Cambridge, CB24 9XG

The annual membership fee is £15.00. Payment can be made by cheque payable to 'Forever Active Forum Ltd'.

Once your membership application has been processed you will be sent your membership card in the post.



## FALLS IN CAMBRIDGESHIRE: DRAFT BUSINESS CASE

## BACKGROUND

A fall is defined as an unplanned descent to the floor with or without injury to the patient.<sup>1</sup> Across the United Kingdom and Europe, falls account for a significant number of deaths, hospital admissions and fractures in the elderly population. There is strong evidence that up to 30% of falls in older people living at home can be prevented through both population and targeted intervention.<sup>2</sup>

Falls in older people are not purely random events but can be predicted by assessing a number of risk factors:<sup>3 4 5</sup>

- Chronic health conditions such as heart disease and low blood pressure (hypotension) which can cause dizziness and a brief loss of consciousness
- Conditions that affect balance
- Physical impairments such as poor vision or muscle weakness
- Cognitive impairments such as dementia
- Multiple medications (notably sedating drugs)

Some of these risk factors (e.g. reduced muscle strength and impaired balance and gait) can be modified using exercise, whereas others (e.g. poor vision, psychoactive medication use) require different intervention approaches. Exercise can be used as a stand-alone falls prevention intervention or as a component of a multifaceted program. Multifaceted interventions can prevent falls in the general community, in those at greater risk of falls, and in residential care facilities.<sup>6</sup>

The majority of fractures in older people occur as a result of a fall from standing height. These are low trauma fragility fractures commonly affecting the pelvis, wrist, upper arm or hip. Almost half of all women and one in six men experience a painful and disabling fragility fracture in later life.<sup>7</sup> Furthermore there is evidence that the fear of falling has an impact on quality of life for both people who fall and their carers. For example, a recent study identified that fear of falling was common in people following a hip fracture and significantly associated with activity avoidance, disability and affected the lives of those recovering. Some patients were physically incapacitated by fear of falling.<sup>8</sup>

Falls are therefore a significant preventable cause of ill health, and of hospitalisation and social care requirements in older people. The prevention of falls can be categorised as primary (preventing a fall

<sup>1</sup> National Database of Nursing Quality Indicators (2011).

<sup>2</sup> McClure RJ et al (2005). Population-based interventions for the prevention of fall-related injuries in older people. Cochrane Database of Systematic Reviews 2005, Issue 1. Art. No: CD004441. DOI:10.1002/14651858.CD004441.pub2.

<sup>3</sup> Clinical Guideline 21. Falls: The Assessment and Prevention of Falls in Older People. London, UK: National Institute for Clinical Excellence, 2004.

<sup>4</sup> Ganz DA, Bao Y, Shekelle PG et al. Will my patient fall? JAMA 2007;297:77–86.

<sup>5</sup> Gillespie LD, Gillespie WJ, Robertson MC et al. Interventions for preventing falls in elderly people. Cochrane Database Syst Rev 2003;Issue 4.

<sup>6</sup> Gillespie LD, Gillespie WJ, Robertson MC et al. Interventions for preventing falls in elderly people. Cochrane Database Syst Rev 2003;Issue 4.

<sup>7</sup> Department of Health (2009) Falls and Fractures: Effective interventions in health and social care.

<sup>8</sup> Jellesmark A et al. Fear of falling and changed functional ability following hip fracture among community dwelling elderly people. Disability & Rehabilitation (2012).

in those who have not yet had a fall) or secondary (reducing the likelihood of subsequent falls). Further information about the role of physical activity in the primary prevention of falls in older people is detailed in Chapter 4 of the 2014 JSNA 'Primary Prevention of Ill Health in Older People'.<sup>9</sup> Well organised services, based on national standards and evidence-based guidelines can prevent future falls, and reduce death and disability from fractures.<sup>10</sup>

## AIMS AND OBJECTIVES

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The overarching aim of the proposed business case is to improve the effectiveness of falls prevention in Cambridgeshire by investing in a system overview, enhancing existing services, and informing planning of new services and integrated pathways. Effective falls prevention results in improved health and wellbeing outcomes for older people and reduced pressure and costs for health and social care services.

To achieve this aim, the following key objectives have been identified:

1. Realisation of a system- level overview of falls prevention
  - Providing intelligence to inform the development of an integrated strategy and pathways for falls prevention .
2. Development of a County-wide systematic approach to falls prevention
  - Ensuring equity of core provision
  - Tailored to local community needs
3. Greater engagement by community services, third sector partners, housing and district council partners, and the wider health and social care workforce with older people to facilitate increased physical activity and to reduce falls
  - Establishing new channels for health promotion, timely interventions and referrals to falls prevention services
  - Supporting older adults to increase and sustain appropriate levels of physical activity
4. Establish a targeted focus on approaches to prevent falls in people aged 75+
  - Ensuring an increased proportion of people 75+ are supported to be more physically active
  - Increasing emphasis on falls prevention communication through community and primary health services
  - Ensuring referral to falls assessment and prevention services for those at higher risk of falling

## DEMOGRAPHIC CASE

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### Demography

Table 1 shows population forecasts for the Cambridgeshire population aged 65 and over. The number of older people aged 65 and over is expected to increase by over 40,000 people by 2028, a 34% change. In people aged 75 and over, an additional 31,300 people, a change of 59% is expected. Amongst the oldest old, the number of people aged 90 years and over is forecast to nearly double in the next 15 years.

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<sup>9</sup> Available at: <http://www.cambridgeshireinsight.org.uk/primary-prevention-ill-health-older-people2014>

<sup>10</sup> Royal College of Physicians. Falling standards, broken promises. Report of the national audit of falls and bone health in older people 2010. Available at: [http://www.rcplondon.ac.uk/sites/default/files/national\\_report.pdf](http://www.rcplondon.ac.uk/sites/default/files/national_report.pdf)

**Table 1: Cambridgeshire population forecasts, mid 2012 based, number and estimated % change, people aged 65 years and over**

Age	2012	2016	2020	2024	2028	Change 2016-28
65-69	32,980	36,790	33,930	35,930	40,700	11%
70-74	23,480	28,400	34,960	32,700	33,810	19%
75-79	19,120	20,940	24,890	31,980	30,590	46%
80-84	14,790	15,540	17,760	20,080	26,760	72%
85-89	9,170	10,300	11,400	13,150	14,770	43%
90+	5,230	6,710	8,470	10,310	12,670	89%
65+	104,780	118,690	131,400	144,150	159,300	34%
60+	141,460	153,370	168,960	187,090	205,950	34%
All ages	627,200	655,390	703,180	735,010	756,670	15%

Source: CCC RP&T mid 2012 population forecasts (rounded)

### Age distribution and outcome of fall

Hip fractures remain the most serious consequence of a fall and the most common cause of accident related death in older people. In 2013/14 in Cambridgeshire there were 2,132 people aged 65 and over who were admitted to hospital as an emergency with injuries due to falls and 604 people aged 65 and over admitted with a fracture of the hip.

Figures 1, 2 and 3 show rates of emergency admission for injuries due to falls and for fracture of the hip for Cambridgeshire residents between 2010/11 and 2012/13. Rates are generally higher in women than in men and increase substantially with age. Rates in Cambridgeshire as a whole are similar to the national average. Within Cambridgeshire, Cambridge City has rates that are statistically significantly higher than other districts and the national average (data not shown) for injuries due to falls.

**Figure 1:**

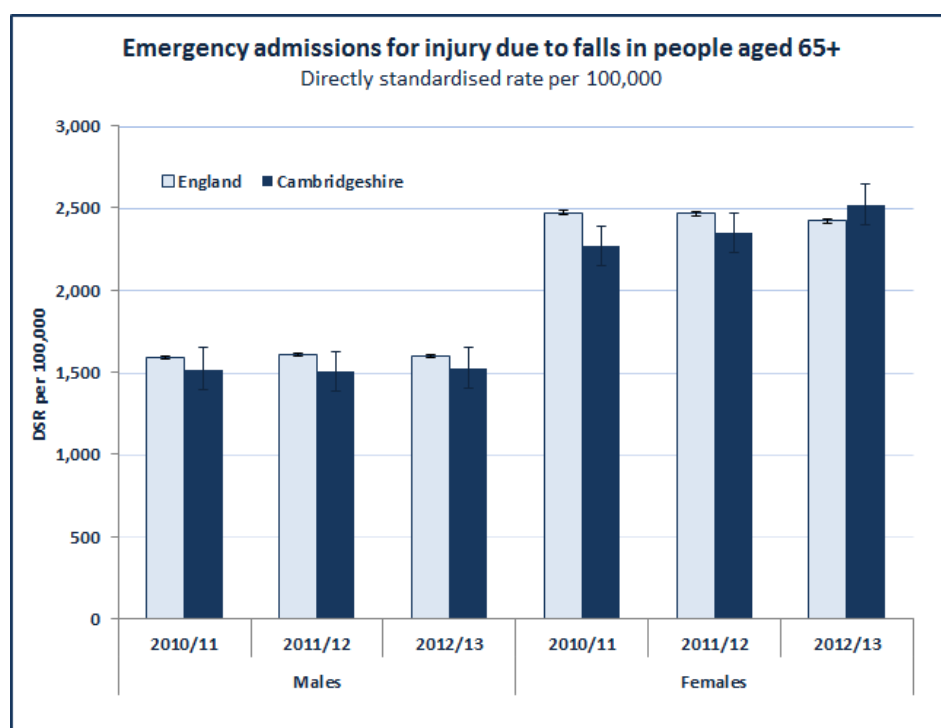
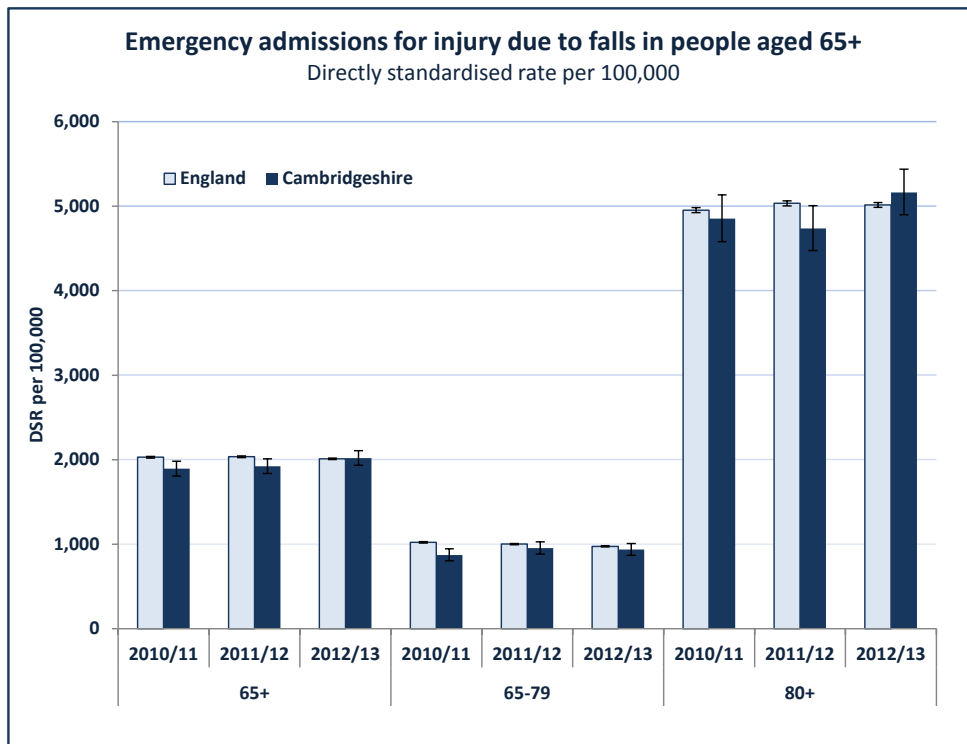
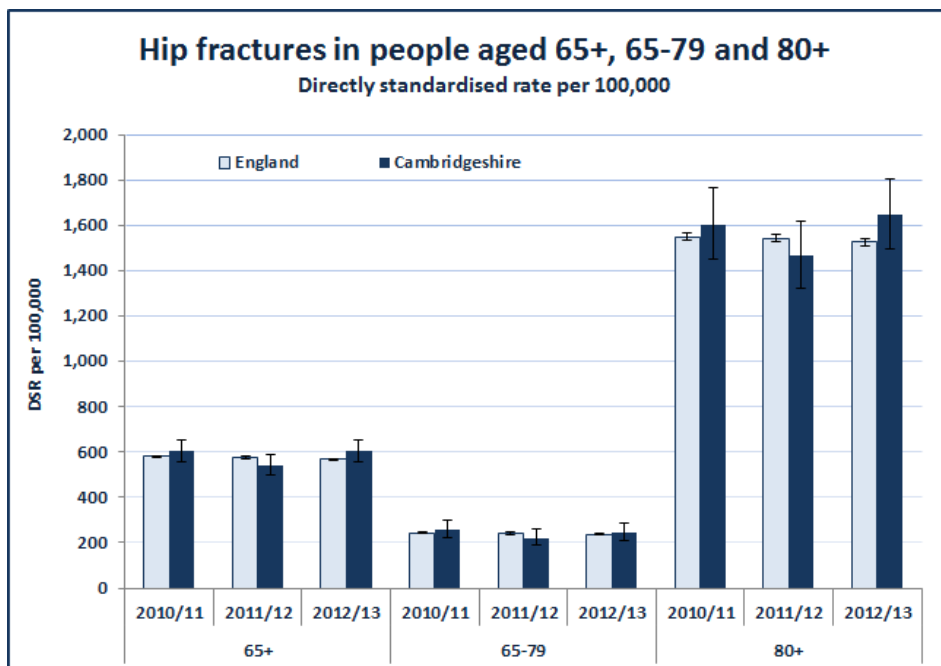


Figure 2:



Source: Public Health England (PHE) Fingertips <http://www.phoutcomes.info/>  
Primary diagnosis code for Injury (ICD 10 S00-T19) with falls code (W00-W19) anywhere in diagnostic string.

Figure 3:



Source: Public Health England (PHE) Fingertips <http://www.phoutcomes.info/>  
Primary diagnosis ICD 10 S72.0, S72.1, S72.2.

Falls are the commonest cause of accidental injury in older people and the commonest cause of accidental death in the population aged 75 and over in the UK. In more active and younger people, wrist fractures are more common whereas in those over 75, hip fractures predominate and the need for particularly long-term care increases. From the above data it is clear that in Cambridgeshire the impact of falls is disproportionately greater in those aged 80 years and above which accentuates the case for preventive interventions targeted at age-bands preceding the rise in incidence of hip fractures and frailty.

## STRATEGIC CASE

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There are local assets in Cambridgeshire addressing both population-wide prevention of falls among older people, and early intervention services for individuals at high risk of falling. These assets include locally developed services commissioned by health, district council, housing and other sector partners, such as:

- Falls services (multifactorial assessments and interventions)
- Physical activity classes for falls prevention in the community
- Falls response initiatives, for example the Acute Geriatric Intervention Service in Greater Cambridge
- Home improvement and handyperson schemes
- Falls prevention coordination work in hospital and residential settings
- Work by Local Health Partnerships which have prioritised falls prevention

However there is little data available on the outcomes or quality of these services, and the adoption and practice of evidence based interventions. There are indications of variation in the quality and comprehensiveness of provision across the county, for example access to community exercise opportunities may be limited in some areas. There is currently no agreed Cambridgeshire model or service specification for a falls service, which might ensure consistency and reduce the potential for inequalities in access. In addition, there is no overarching agreed falls prevention pathway, with a resultant lack of system overview and integration to drive quality improvements and inform service development.

The announcement of the new provider for services for Older People and Community Services (OPACS) across the county and the development of new service design models, for example at neighbourhood team level, provides a timely opportunity to implement systematic approaches to integration and collaboration across local authority, primary and community services as well as acute hospitals. Preventing falls, reducing emergency admissions and costs associated with falls are clear priorities across services providing care for older people; so joined-up strategies and integration across service levels would be of mutual benefit.

## SERVICE UTILISATION AND ECONOMIC CASE

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### **Estimated costs of falls and hip fractures in Cambridgeshire**

In 2013, results were published from a Scottish study which aimed to estimate the costs for health and social care services in managing older people in the community who fall.<sup>11</sup> The study used predominantly national databases and cost of illness methodologies and the authors noted that costs, while specific to Scotland, were anticipated to generalise to other parts of the UK. The study found that 34% of people aged 65 years and over living in the community fall at least once a year and 20%

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<sup>11</sup> Craig J, Murray A, Mitchell S et al. The high cost to health and social care of managing falls in older adults living in the community in Scotland. *Scottish Medical Journal* 2013;58(4):198-203. Available at: <http://scm.sagepub.com/content/58/4/198>.



of these people contacted a medical service for assistance. Applying the results from the Scottish study to local population figures for Cambridgeshire, we can estimate the costs of falls across health and social care (Table 3).

In Cambridgeshire, this level of falls would result in over 4,000 GP attendances, nearly 5,000 ambulance call outs, and more than 6,300 A&E attendances resulting in over 2,600 inpatient admissions in 2016. The associated costs are high and estimated to be over £57 million with 60% of costs incurred by social care, mainly providing long term care following hospital discharge. [Note: The paper describing the study does not make clear what proportion of these social care costs are re-charged to individuals, and public health are contacting the study authors to establish this]. Details of the costings used are available in the original paper and briefly described below.<sup>12</sup> Costings used in the paper are conservative estimates compared to social care costs in Cambridgeshire, for example the costs of providing residential care per week.

**Table 2: Estimated number and cost of fall related events, Cambridgeshire 2016, based on Scottish study estimates applied to Cambridgeshire population**

Clinical event		Number	Cost per event	Total cost (2016)	Total percentage
Population aged 65+		118,685			
Total people falling	34% of population	40,203			
Of whom serious	7% of population	8,041			
GP attendances	51% of serious falls	4,082	£36	£146,961	0.3
Ambulance callouts	61% of serious falls	4,934	£257	£1,268,074	2.2
A&E attendances	80% of serious falls	6,398	£101	£646,154	1.1
Inpatient admissions	35% of A&E attendances	2,261			
Falls (non hip fractures)	69% of admissions	1,560	£7,406	£11,556,457	20.1
Hip fracture	31% of admissions	701	£14,528	£10,184,962	17.7
Discharge falls					
Home	64%	1,000	£1,776	£1,776,408	3.1
Residential: short term	21%	333	£8,406	£2,802,992	4.9
Long term	15%	227	£65,942	£14,951,491	25.9
Discharge fractures					
Home	34%	240	£1,776	£425,506	0.7
Residential: short term	47%	327	£8,406	£2,746,470	4.8
Long term	19%	135	£65,942	£8,885,228	15.4
Re-admissions	7% of admissions	163	£7,406	£1,205,962	2.1
Mortality at one year	12% of admissions	279	£3,703	£1,033,682	1.8
<b>Total cost</b>				<b>£57,630,349</b>	<b>100</b>

Source: CCC RP&T 2012 based forecasts (Costs and estimates modelled using Craig et al<sup>11</sup>). Provisional results. Total percentage differs to published figures due to rounding.

<sup>12</sup> Social care costs in this study are predominantly associated with hospital discharge. At discharge all patients were assumed to have a shared assessment by a social care worker and community. For those going directly home, a care package comprising a GP visit and eight weeks of 'low cost' care including home care and healthcare was assumed. For those discharged into a care setting two costs were assumed – those able to return home by 120 days, and costs for those remaining in residential care for average length of stay of 27 months. (reference 11)

### Local Impact on social care utilisation

During 2013/14, as part of Thematic Review work, CCC officers conducted a project to identify 'triggers' of adult social care need. 152 records of service users from the Older People and Hospital key teams were reviewed. Falls were identified as a trigger for social care need but the project was not set up to assess this specifically, and it is acknowledged that the sample size for Older People teams is insufficient for sub-set analysis. These local results are therefore indicative – and likely to be an under-estimate of the impact of falls on social care utilisation and costs. The finding from the 'triggers' work suggested that 12.5% of older people came into service in 2012/13 as a direct result of a fall. Applying this figure of 12.5% to the total Older People intake in one year (1,850 people) gives an estimate of 231 people (with a likely range of 93 to 370 people based on 95% margin of error), as shown in Table 4. This is much lower than the estimates of social care usage from the Scottish study, although the number of hospital admissions for falls and hip fractures in Cambridgeshire are similar to the Scottish model. It is likely that this reflects local factors in Cambridgeshire such as a higher proportion of 'self-funders' who purchase their own care services or residential placements, and possibly higher levels of support provided by the voluntary sector for people discharged home from hospital.

**Table 3: Estimate of new Older People intake into Adult Social Care as direct result of a Fall**

	Number	Notes
Total new Older People intake in year	1,850	From RAP A7 (assessments), average of 2012-13 and 2013-14
Estimate of new intake as direct result of a fall	231	12.5% of review of Older People records (n=152)
Lower estimate of new intake as a direct result of a fall	93	If 5.01% of intake were triggered by fall
Upper estimate of new intake as a direct result of a fall	370	If 19.99% of intake were triggered by fall

Source: Cambridgeshire County Council, Thematic Reviews 2013-14. Triggers' of adult social care need. Draft report v1.

Further preliminary modelling work has been carried out by Adult Social Care officers to investigate the number of new entrants to social care that would need to be reached by an effective falls prevention intervention to reduce social care utilisation costs. The average service user cost of £10,483 calculated for Cambridgeshire is a crude average of the total budget and total number of service users in one year. If 49 cases were avoided, a saving of over £510,000 could be made.

An additional caveat to this approach is that falls are likely to be only one of the triggers for intake to social care, as new entrants may have multiple conditions and limitations that affect their social care need, such as dementia, which has not been adjusted for. Thorough mapping and system analysis work, as advocated in this business case, could provide additional useful information to inform future targeted interventions which achieve the highest reduction in social care cost.

## POTENTIAL OPTIONS FOR INTERVENTION: EVIDENCE REVIEW

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### Interventions and approach

On a population/public health basis, encouraging physical activity and the provision of exercise sessions as part of a wider campaign including literature, medication reviews and environmental changes has been shown to decrease fall related injuries. One large population approach trial, over 10 years, has seen a reduction in fracture rate by advocating increased physical activity and other

lifestyle changes.<sup>13</sup> The 'Greater Glasgow and Clyde' falls prevention programme has evidence of actual realised savings, the only UK model to have such evidence. Over a 10 year period the service has achieved a reduction in falls in the home of 32%, a reduction of falls in residential institutions of 27% and a reduction of falls in the street of almost 40%.<sup>14</sup>

### Evidence of cost saving/effectiveness

Table 5 below demonstrates the impact of conservative estimates of reduction of falls on costs by applying a 10% and 15% reduction in falls to the costings in the Scottish study model. At a population level, the potential cost reductions are substantial as shown in Table 5. Using the 10% reduction results in a reduction of nearly £6 million of which costs related to social care (based on services following hospital discharge) total over £3 million. However it is important to note that the local work described on the previous page indicated a lower level of social care costs in Cambridgeshire than the Scottish model, and it is likely that in Cambridgeshire a considerable proportion of the social care costs outlined in table 5 would be self-funded by individuals rather than by the County Council.

**Table 5: Potential cost savings in Cambridgeshire across health and social care from 10% and 15% reduction in falls related events, using the Scottish study model**

Clinical event		Total cost (2016)	Estimated cost savings from % reduction	
			-10%	-15%
Population aged 65+				
Total people falling	34% of population			
Of whom serious	7% of population			
GP attendances	51% of serious falls	£146,961	-£14,696	-£22,044
Ambulance callouts	61% of serious falls	£1,268,074	-£126,807	-£190,211
A&E attendances	80% of serious falls	£646,154	-£64,615	-£96,923
Inpatient admissions	35% of A&E attendances			
Falls (non hip fractures)	69% of admissions	£11,556,457	-£1,155,646	-£1,733,469
Hip fracture	31% of admissions	£10,184,962	-£1,018,496	-£1,527,744
Discharge falls				
Home	64%	£1,776,408	-£177,641	-£266,461
Residential: short term	21%	£2,802,992	-£280,299	-£420,449
Long term	15%	£14,951,491	-£1,495,149	-£2,242,724
Discharge fractures				
Home	34%	£425,506	-£42,551	-£63,826
Residential: short term	47%	£2,746,470	-£274,647	-£411,971
Long term	19%	£8,885,228	-£888,523	-£1,332,784
Re-admissions	7% of admissions	£1,205,962	-£120,596	-£180,894
Mortality at one year	12% of admissions	£1,033,682	-£103,368	-£155,052
<b>Total cost</b>		<b>£57,630,349</b>	<b>-£5,763,035</b>	<b>-£8,644,552</b>

Source: CCC RP&T 2012 based forecasts (Costs and estimates modelled using Craig et al<sup>15</sup>).

<sup>13</sup> McClure RJ, Turner C, Peel N et al Population-based interventions for the prevention of fall related injuries in older people. Cochrane Database of Systematic Reviews 2005, Issue 1. Art. No.: CD004441. DOI: 10.1002/14651858.CD004441.pub2.

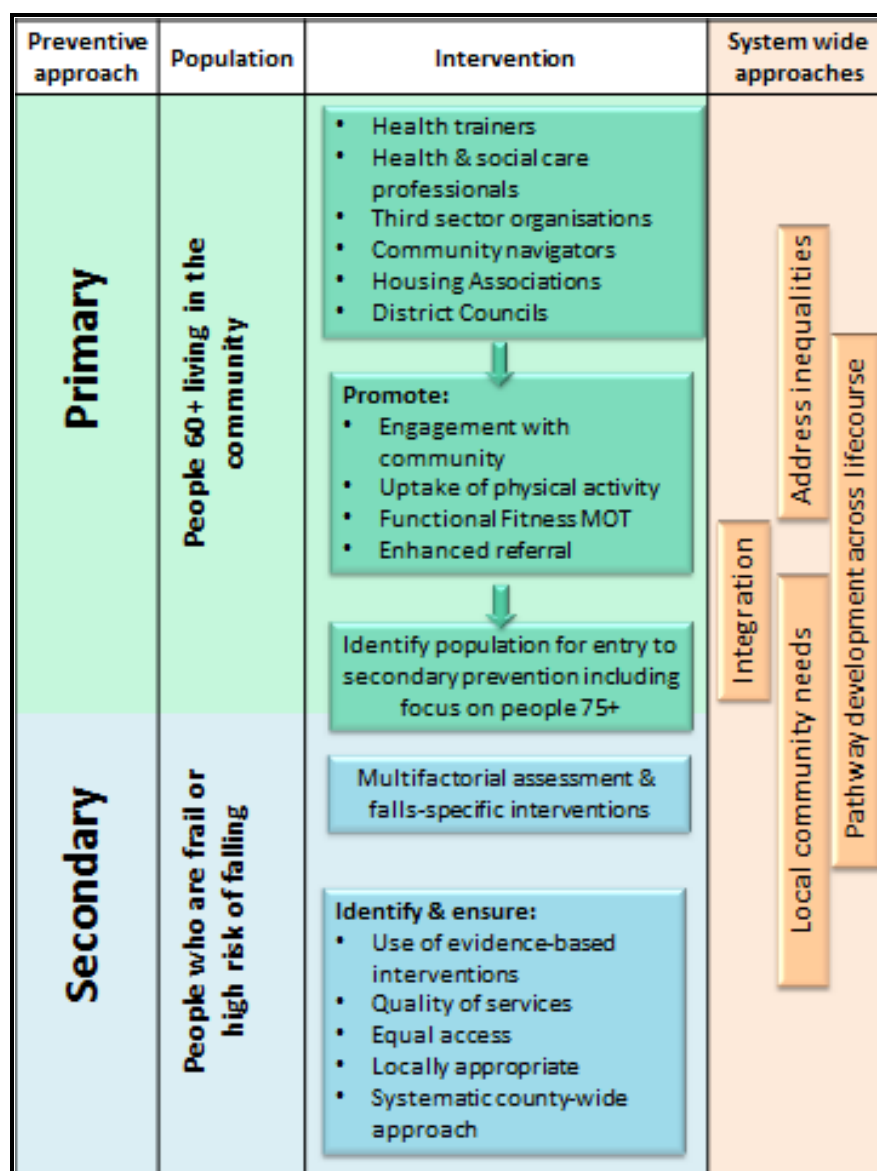
<sup>14</sup> Greater Glasgow and Clyde Falls Prevention and Osteoporosis Services. Available at: <http://www.nhsggc.org.uk/CONTENT/default.asp?page=s1361>

<sup>15</sup> Craig J, Murray A, Mitchell S et al. The high cost to health and social care of managing falls in older adults living in the community in Scotland. Scottish Medical Journal 2013;58(4):198-203. Available at: <http://scm.sagepub.com/content/58/4/198>.

## PROPOSED MODEL

It is anticipated that targeted evidence based interventions can reduce falls and fracture rate by up to 30% (specific programmes for improving strength and balance have demonstrated reductions in risk of falling by as much as 55% in high-risk groups)<sup>16</sup> and that much can be achieved by redesign and coordination of existing services. The prevention of falls requires the active engagement of many individuals, including the multiple disciplines and teams involved in caring for people who fall. To ensure co-ordination, high-quality prevention requires an organisational culture and operational practices that promote teamwork and communication, as well as individual expertise. Therefore, improvement in falls prevention requires a system focus to make the necessary changes. Figure 4 provides a schematic overview of these key interventions to improve falls prevention work locally.

**Figure 4: Interventions and approaches to prevent falls**



<sup>16</sup> P. A. Logan et al (2010). Community Falls Prevention for People Who Call an Emergency Ambulance after a Fall: Randomised Controlled Trial. *BMJ*; 340: c2102.

The focus of the proposed model is on individuals in the community aged 75 and over due to the disproportionate number of falls in those over 80 years. By targeting this group it is anticipated that earlier access to support, referral and engagement in physical activity groups and interventions will be more effective and the impact of prevention will be greater. This approach has also been advocated by stakeholders currently providing community falls prevention services who report that many referrals are received when the patient has reduced ability to benefit from interventions due to frailty, disability and illness. However the model also aims to promote public health approaches to improving physical fitness in people 60 years and over. The economic evidence available makes the case for investment in physical activity across the population for the prevention of falls, and the demonstrable value in establishing gold standard falls prevention services.

With the resource available for Cambridgeshire, and within the local context, this business case proposes an investment to strengthen access and participation in physical activity using existing infrastructure and services, and an investment to increase the numbers benefitting from evidence-based falls prevention assessments and interventions. Initial scoping work has emphasised that there are local services in place, but not all of those at-risk are benefitting from these services, and interventions are not always accessed at an early stage where there is greater potential benefit. A community engagement approach provides an opportunity to address both these objectives, including identifying people at risk who are not in contact with health and social care services.

The proposed model includes five key components identified for investments, which are described below in detail, namely:

- Mapping, gap analysis and quality assurance
- Community engagement via Health Trainers
- Awareness raising with professionals
- Evaluation
- Further investment following system mapping to pump prime falls interventions

### **Mapping, gap analysis and quality assurance**

Falls prevention work is shared across multiple agencies and partners, due to the multifaceted risk factors that contribute to falls and the services and interventions that have an impact on the primary and secondary prevention of falls.<sup>17</sup>

The process of systematically mapping needs and the provision of appropriate services and interventions will require allocated investment – and is proposed as a primary and fundamental action within this business case. This would be undertaken in detail to map out the services available, and to analyse the gaps in provision and opportunities to assure quality. There are nationally available tools available for quality assurance. For example NICE has developed a baseline assessment tool, and clinical audit tools to accompany the Clinical Guideline 161 on Falls: Older People living in the community, 2013.<sup>18</sup> The resource is budgeted as a human resource for the mapping work to be undertaken by a fixed term post over the first year of the enhanced falls work service. This could alternatively be contracted as piece of system mapping research which would have the advantage of buying-in a range of skills from an external agency to take a running start, with potentially more

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<sup>17</sup> For further information see chapter 5 on falls prevention in the 2013 JSNA on Prevention of Ill Health in Older People, available at: <http://www.cambridgeshireinsight.org.uk/joint-strategic-needs-assessment/current-jsna-reports/prevention-ill-health-older-people-2013>. Further updated needs assessments on falls prevention will be posted on Cambridgeshire Insight.

<sup>18</sup> Available at: <http://www.nice.org.uk/guidance/cg161/resources>

perceived neutrality when engaging with stakeholders. The outcomes of the system mapping component would include:

- Detailed mapping and records of all services and interventions by public and third sector organisations relevant to the preventing falls in Cambridgeshire
- Application of gold standard principles and other benchmarking tools to review the quality of services and interventions
- Identification of gaps and opportunities for further integration, investment and improvements
- Basis for potential county-wide falls prevention strategy.

It is anticipated that the mapping process will highlight the work that has been undertaken by Local Health Partnerships which have prioritised falls prevention. The mapping process will build on work completed locally to date, to provide a view across the county. The use of findings from the mapping work to develop and improve the effectiveness of services will include discussion and coordination with local partners, including Local Health Partnerships, to ensure changes are appropriate to local contexts.

### **Community engagement via Health Trainers**

The proposed approach is to focus on raising awareness of the general public of the importance and role of physical activity for older people (to prevent falls and protect against other health outcomes), to support behaviour change of individuals and communities, to increase demand and take up of community physical activity classes including strength and balance, and increase timely referrals into local falls services by utilising Health Trainers, volunteers and existing service infrastructure.

Individuals who fall in the community are frequently not known to health or local authority services. The risk of falling increases with age and often individuals will not have received assessment or intervention to reduce the risks of falling. A significant proportion of the population at-risk of falls are not participating in physical activity or accessing services that may provide support. For example; as described in the JSNA on Primary Prevention of Ill Health in Older People<sup>19</sup>, the 2012 Health Survey for England<sup>20</sup> identified that the proportion of older adults nationally meeting physical activity recommendations was:

- 57% of men and 52% of women aged 65-74 years.
- 43% of men and 21% of women aged 75-84 years.
- 11% of men and 7% of women aged 85+ years.

Therefore there is a case to be made for increased investment in community engagement and supporting behaviour change to improve participation in physical activity. Health Trainers have been identified as a group of health workers with particular skills in supporting behaviour change that could be applied to falls prevention work.

In Cambridgeshire the current Health Trainer Service focuses on 20% most deprived areas where a Health Trainer is attached to the GP practices. They have therefore developed strong links with the primary care teams and patients registered at those practices, particularly in identifying vulnerable individuals that may benefit from support. The Service has Community Development Workers, who develop links with partner agencies across health, voluntary sector and community services, and work directly with community members. The Health Trainers provide one-to-one support for individuals and

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<sup>19</sup> Available at: <http://www.cambridgeshireinsight.org.uk/primary-prevention-ill-health-older-people2014>

<sup>20</sup> British Heart Foundation National Centre (2014): Current levels of physical activity in older adults. Loughborough University.

facilitate group work in the community, placing them in an ideal position to play a fundamental role in the education, engagement and management of older people at risk of falling.

Investment in the Cambridgeshire Health Trainers Service is proposed to increase their responsibility for falls prevention as it would offer significant benefits and opportunities:

- Health Trainers already have a remit of working within the most deprived and complex communities and individuals and the skills to engage with those who may not be engaging with other health professionals, including those who are normally regarded as hard to reach, de-motivated or non-compliant.
- Health Trainers have up-to-date Motivational Interviewing training and they use techniques based on psychological evidence and theories to help people change behaviours that are known to cause ill-health. This would bring useful skills to falls prevention at an individual level.
- The Health Trainer service includes both the provision of individual lifestyle support, but also a responsibility for community development activities to support healthier lifestyles, with established links with local communities,
- Analysis of the current Health Trainer Service referrals indicates increasing numbers of referrals from GPs and practice nurses of people aged 65 years and over for support with lifestyle and health behaviour change, demonstrating a demand from primary care for primary prevention of ill health in older people in Cambridgeshire.
- The enhancement of an existing Health Trainer Service would mean that this work can pick up from a running start in the first year of delivery, building on provision that is already established in the most deprived parts of Cambridgeshire.
- Qualitative evidence notes that older people do not like the terms 'falls' and 'falling' and 'preventing falls', and may not consider their risk of falling, or describe any unsteadiness, trips and slips in those terms.<sup>21</sup> Anecdotal information from local falls services describes referrals of people whose mobility and risk of falling is very high and would have benefited from more timely intervention. The Health Trainers work across the lifespan and across the population, and may be able to engage particularly with those who would be reluctant to discuss their balance and strength with health professionals, or to access a 'falls service'.

This would also be a timely approach as lifestyle services, including the provision of Health Trainer Services in Cambridgeshire are currently being re-tendered, with their capacity to be extended across Cambridgeshire. There is an opportunity to build in enhanced responsibility for outreach to increase engagement in falls prevention activities, alongside other service developments.

It is therefore proposed that:

- 1) All health trainers have an increased remit for falls prevention
  - Including screening for risk of falls in individual appointments
  - Supporting behaviour change for increased physical activity
  - Making appropriate signposts and referrals for additional support
- 2) Health trainer falls champions are identified (1 for each local area/locality) to continue to raise the profile and need for falls prevention
  - Falls champions might be particularly tasked with the responsibility for identifying those aged 75 years and over with a known risk factor for falls, providing them with

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<sup>21</sup> Yardley L., et al. Older people's views of advice about falls prevention: a qualitative study. Health Educ. Res. (2006) 21 (4): 508-517.

support in participating in physical activity, and where appropriate, referring to falls service

- 3) The Health Trainer Service becomes responsible for a detailed programme of community engagement on falls prevention, particularly in raising awareness among local communities and identifying individuals who would benefit from support. A possible approach for this would be to undertake the 'Functional Fitness MOT' training developed by the British Heart Foundation National Centre in Loughborough and roll out Functional Fitness MOT events to target groups, to provide personalised information to participants on the benefits of physical activity for their health and independence.<sup>22</sup> Other organisations are developing resources to promote physical activity among older people that could be used as an alternative for community engagement.
- 4) The community engagement activity by Health Trainers incorporates fostering strong partnerships with local day centres and day services, and services for older people. These services are well-placed in engaging with older people, encouraging and facilitating participation in physical activity, and preventing falls, including addressing the fear of falling. The Health Trainer Service will provide support on falls prevention within these settings, and within further services or health and social care community settings as identified.
- 5) The Health Trainer Service will maintain detailed records on their individual and community level interventions towards falls prevention and the outcomes achieved by the Service, and these details will be captured within their reporting mechanisms to Commissioners.

### **Awareness-raising with professionals**

One component of the proposed model is to increase the number of people benefitting from evidence-based falls assessment and intervention services already available in Cambridgeshire. Promoting falls prevention and physical activity among older people is everyone's responsibility. The generic model creates the opportunities for everyday patient pathways to trigger a falls risk assessment and signposting.

While some appropriate referral routes are well established, it would be advantageous to increase the profile of falls prevention work across social and health care, voluntary sector organisations, local advocacy groups, housing professionals and the wider workforce who interact with older residents in Cambridgeshire. This would also include those working in fitness settings; recent training for exercise professionals highlighted that many are unfamiliar with CMO's guidelines for physical activity and how they apply to older people.<sup>23</sup> Furthermore, staff working in direct contact with older people, for example those working in day services may not have had routine training or recent promotion of their role in falls prevention.

Therefore a thorough programme of training and awareness-raising among the wider workforce is proposed with the following objectives for each participant:

- Increased knowledge of the scale of falls as a problem across Cambridgeshire and the detrimental impact of injurious falls
- Increased understanding of evidence-base on effectiveness of falls prevention

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<sup>22</sup> Further information on this 'Functional Fitness MOT' approach is available in the Impact assessment report: <http://www.bhfactive.org.uk/older-adults-training-and-events-item/489/index.html>

<sup>23</sup> This is a finding reported in the Impact assessment report for the 'Functional Fitness MOT' approach, available at: <http://www.bhfactive.org.uk/older-adults-training-and-events-item/489/index.html>



- Increased understanding of common risk factors for falls and things to look out for
- Increased familiarity with using a very short question prompt (4Q) to screen for those at higher risk
- Increased confidence in making referrals to the falls services, and identifying any remedial interventions e.g. small home adaptations, that could be immediately recommended and expedited to reduce risk

## Evaluation

The impact of this investment must be measured, and a protected sum has been allocated for evaluation purposes. This evaluation would be conducted by an external research agency or organisation, to explore the impact of the proposed model on the anticipated outcomes. Indicators for successful outcomes of falls service have been developed in other areas and can be adapted for Cambridgeshire.<sup>24</sup> The proposed model includes system mapping and overview with capacity for further targeted investments. The evaluation would offer insight as to whether the model has been effective, and explore any improved outcomes directly attributable to specific components, which would inform future service developments.

## Further investment following service mapping to pump prime falls interventions

In fulfilling the aim of increasing the effectiveness of falls prevention work, it is likely that there will initially be increased demands on local services. This would be the result of the identification of increased numbers of people who would benefit from measures to reduce their risk of falls, through the awareness-raising and health trainer activities. It is proposed that funds are set aside to pump prime surge capacity to meet this demand where necessary and ensure those identified receive appropriate interventions.

A funding allocation is also set aside to pump prime expenditure following the detailed system mapping, when key gaps in the system are identified. In particular it is anticipated that there will be some inequity in provision across the county, and opportunities for improvements in the use of evidence-based interventions, which will require further investment in services.

In recognition of the multitude of stakeholders involved in falls prevention work, the mapping and funding of capacity gaps will be informed by further strategic discussions across Cambridgeshire statutory and voluntary sector partners, including discussion of falls prevention work with the Cambridgeshire Executive Partnership Board. A detailed report will be provided to the Health Committee with proposals for year 2, in light of findings and achievements in the first year of delivery.

## BUDGET AND ESTIMATED COSTS

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<sup>24</sup> <http://www.bridgewater.nhs.uk/wp-content/uploads/2014/10/Falls-Services-Draft-Indicators.pdf>

Table 6 outlines the associated costs of the proposed model described above.

**Table 6: Estimated costs of proposed intervention across years 1 and 2**

<b>Component</b>	<b>Year 1 £</b>	<b>Year 2 £</b>	<b>Total £</b>
<i>Mapping, gap analysis and quality assurance</i>	£50,000		£50,000
<i>Community engagement via Health Trainers</i>	£75,000	£75,000	£150,000
<i>Awareness raising with professionals</i>	£25,000	£25,000	£50,000
<i>Evaluation</i>		£50,000	£50,000
	TOTAL ALLOCATED		£300,000
<i>Pump priming of falls prevention services to meet demand from increased referrals, and address identified gaps in service</i>	£150,000	£150,000	£300,000
	BUDGET TOTAL		£600,000
			Funding:
			non-recurrent

## EXPECTED OUTCOMES

The proposed model described above has been designed to achieve the overarching aim of improving the effectiveness of falls prevention in Cambridgeshire. The model makes use of existing service infrastructure and assets across the County which will ensure sustainability and facilitate integration across services. The proposed model would be developed together with ongoing service redesigns, currently been undertaken at a community level across the County, and enable a whole systems approach to falls prevention across providers and sectors.

There are a range of measurable indicators that can be used to capture the anticipated outcomes of this work, specifically including, but not limited to:

- Increased levels of physical activity in older people
  - Numbers of older people fulfilling physical activity guidelines
    - Specifically including increased levels in the population 75+
- Increased referral rates to support increased uptake and benefit from falls interventions
  - Referrals to the falls service from a wider range of professional groups
  - Numbers of people participating in falls-specific physical activity classes
- Increased engagement by Health Trainers with individuals and groups
  - Health Trainer activity and reporting mechanisms
- Reduction in emergency hospital admissions for injury due to falls and for fractured neck of femur in people aged 65 and over (Public Health Outcomes Framework indicators)
- Establishing a robust baseline for the numbers of new entrants to Adult Social Care as a result of a fall, and monitoring the impact of the new service model.

Further detail on the impact of implementation will be captured through a thorough evaluation of the model in year 2. The investment in this proposed business case, alongside commitments to existing services, provide a strong platform for further collaborative development of an integrated pathway, and co-ordination across the health and social care system to reduce falls. The activities in this proposal are designed to complement the interventions and services commissioned and provided by partners and stakeholders across the system, to increase the overall effectiveness of falls prevention work in Cambridgeshire.

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## Health and Wellbeing related actions extracted from the draft Anti-Poverty Strategy for Cambridge

### 4. Reducing the link between poor health and poverty

Physical and mental health - As the evidence set out at 6.0 above demonstrates, there is a close relationship between low incomes and poor health. We will take action to help improve the health of people on low incomes, ranging from: providing targeted sports development activities to offering 50% discounts on entry to City Council owned swimming and sports facilities for people on means-tested benefits; from supporting outreach advice work for people with mental health issues associated with low income and debt, to working with partners to promote cooking skills and greater understanding of nutrition and healthy eating for people on low incomes.

Objective 4. Reducing the link between poor health and poverty			
4.1 Support Citizen's Advice Bureau to prepare a plan and to seek funding for advice sessions in East Barnwell Medical Practice. Sessions would focus on mental health issues due to low income, debt or addiction. They would will be run on a pilot basis and will be assessed to see whether the approach is suitable for extending to other practices.	Graham Saint, Corporate Strategy	Progress update to Cambridge Local Health Partnership on 23 October 2014. Implementation during early 2015.	The project is in the early stages of development and performance measures are not yet identified. However, they could include: Number of residents attending advice sessions and number of issues resolved.
4.2 Promote 50% off entry prices at Council-owned sports and swimming facilities for people receiving Means Tested Benefits and free usage of Splashpads and Paddling Pools in parks and open spaces	Ian Ross, Community, Arts and Recreation	Ongoing	Performances measures to be confirmed, but could include: Number of visits to Council-owned sports and swimming facilities where people have benefitted from 50% reduction in entry prices
4.3 Continue to provide targeted sports development work to compliment NHS services in the community e.g Exercise Referral	Ian Ross, Community, Arts and Recreation	Ongoing	Performances measures to be confirmed
4.4 Work with partners in the Cambridge Sustainable Food Network to deliver food projects focussing on cooking skills, growing produce, and information on healthy food and nutrition at neighbourhood level	Sally Roden, Community Arts and Recreation/ Frank Harrison, Refuse and Environment	Ongoing	Performances measures to be confirmed
4.5 Explore opportunities to work with partners in the Local Health Partnership to promote public health messages, particularly in relation to anti-smoking, reducing alcohol consumption and healthy eating.	Yvonne O'Donnell/ Jas Lally, Refuse and Environment	To be confirmed	Performance measures to be identified following further scoping of work on public health promotion
4.6 Work with Cambridgeshire Community Safety Partnership, Cambridge Police, Cambridgeshire County Council, NHS, the Drug and Alcohol Action Team, Cambac and city retailers and other partners to develop a voluntary code on the sale of high strength beers and ciders, which will help address anti-social-behaviour issues and reduce harmful alcohol consumption	Robert Osbourn, Refuse and Environment	Summer 2015, subject to engagement of key partners	Initial discussions with potential partners through the Alcohol Related Violent Crime Group – October 2014 Number of city retailers who adopt the proposed voluntary code on the sale of high-strength beers and ciders
4.7 Pilot new ways of working with people involved in street-based anti-social behaviour, including exploring the support available for people with medium to high needs in terms of mental health, substance misuse and alcohol issues	Lynda Kilkelly, Strategic Housing	First phase of the pilot will be completed by end of March 2015	Phase one: 12 people identified that fit the pilot criteria and individual action plans developed identifying future support needs Phase two: Reduction in anti-social behaviour incidents involving the individuals in the pilot Increase in number of individuals sustaining a tenancy or hostel accommodation
4.8 Continue to provide move on accommodation for adults recovering from mental ill health, in conjunction with the Cambridgeshire County Council and Metropolitan Housing Group	Frances Swann, City Homes	Ongoing	100% of move-on accommodation is occupied 75% or more of tenants in move-on accommodation move into independent accommodation within 3 years

### Introduction

Cambridge City Council wants to improve the standard of living for people currently experiencing poverty in the city and help alleviate issues that can lead to financial pressures on low income households. A draft strategy has been developed to do this following a review of evidence and conversations with people involved in tackling poverty in the city.

The Council now wants to hear your views on whether the draft strategy has:

- understood the nature and impact of poverty in the city correctly;
- identified objectives that will help alleviate poverty in the city;
- identified actions that will make a difference; and
- there is evidence to suggest we should be exploring any other possible courses of action or intervention.

**The Key Issues**

The draft strategy reviews evidence and identifies a number of key issues that contribute to poverty in Cambridge.

These include:

- A combination of declining wages in real terms and a high cost of living in Cambridge.
- Changes to in-work and out-of-work benefits resulting from national welfare reforms.
- Increasing numbers of residents with low incomes finding themselves in crisis situations.
- A proportion of residents working in low paid, low skilled work with limited opportunities for progression.
- Poorer educational attainment and aspirations for children and young people growing up in low income families.
- Rising house prices and private rents combined with high demand for social housing available in the city.
- Higher than average rates of fuel poverty, particularly for households in the private rented sector.
- Poorer health outcomes for those with low incomes and higher than average rates of child poverty in some areas of the city.
- A significant proportion of older people in the city living on low incomes and experiencing social isolation.
- Issues with limited access to digital media and technology for residents on low incomes.

**1. In your experience, are these the main issues concerning poverty in Cambridge?**

**Please tell us about other issues, not mentioned above, that you think are important and why you think this.**

**What we want to achieve (objectives)**

The draft strategy identifies 7 objectives that will help address the key issues contributing to poverty in the City.

These include:

- Helping people on low incomes to maximise their income and minimise their costs.
- Raising aspirations and making the move into work easier.
- Reducing the impact of poverty on children and helping low income families with the cost of raising a child.
- Reducing the link between poor health and poverty.
- Ensuring that vulnerable older people get the services that they need and reducing the social isolation they can experience.
- Helping people with high housing costs and improving the condition of people's homes.
- Working in partnership to tackle wider barriers to employment and engagement.

**2. Are these the right objectives for responding to the key issues regarding poverty in Cambridge?**

**Please tell us if you think other objectives, not mentioned above, should be added and why you think this.**



## Consultation about an Anti-Poverty Strategy for Cambridge

### **Our areas of focus for helping people on low incomes to maximise income and minimise costs**

The areas of focus for this objective include:

- Work with the Living Wage Foundation to become an accredited Living Wage employer.
- Appoint a Living Wage Coordinator to promote Living Wage accreditation for local employers.
- Continue to assist Council tenants to apply for welfare benefits and provide rent advice and debt counselling.
- Continue to support Housing Benefit and Council Tax Support claimants to receive their full entitlement and collect outstanding debts in as sensitive a manner as possible.
- Work in partnership with Jobcentre Plus, housing providers and the voluntary sector to support vulnerable benefit claimants in the transition to Universal Credit.
- Continue to fund debt advice services and signpost people with financial capability issues to the Citizen's Advice Bureau (CAB), credit unions and Money Advice Centre.
- Further support and promote credit unions in Cambridge, through holding a stakeholder event in January 2015 and exploring options for a city centre shop.
- Launch a new grants programme that assists residents living on low incomes.

### **3. Please tell us if you think these are the right areas of focus for this objective.**

**If you feel we should be looking at any new areas, please outline them in the box below and give your reasons, if possible.**

## Consultation about an Anti-Poverty Strategy for Cambridge

### **Our area of focus for helping people on low incomes to maximise income and minimise cost (continued)**

The areas of focus for this objective include:

- Provide extra promotion in Cambridge for the collective County-wide energy-switching scheme, which aims to secure cheaper energy deals for local residents.
- Put in place a Water and Energy Costs Anti-Poverty Scheme.
- Continue to provide funding for low cost furniture to people on low incomes.
- Provide an expanded programme of 'Community Clear-out Days' in the North and South of the city.
- Work with partners in the Cambridge Sustainable Food City Network to increase food recycling and reduce food waste.
- Explore with the county council options for running the Cambridgeshire Local Assistance Scheme, and consider alternative sources of funding for individuals or households in crisis situations in Cambridge if it is discontinued.
- Look at establishing a single referral scheme so that people on low incomes who contact the Council can be signposted to relevant services.

**4. Please tell us if you think these are the right areas of focus for this objective.**

**If you feel we should be looking at any new areas, please outline them in the box below and give your reasons, if possible.**

**Our areas of focus for raising aspirations and making the move into work easier**

The areas of focus for this objective include:

- Continue to invest in employment support in order to help families get off benefits and into work.
- Deliver an apprenticeship programme, which will increase the number of apprenticeship opportunities for young people in City Council services.
- Work with the county SPICE and CHS Group to roll-out the 'time-credit' scheme.
- Look at work with the Cambridge Hub and existing outreach programmes at the University of Cambridge and Anglia Ruskin University to help connect students to volunteering opportunities in local disadvantaged communities.
- Work with partners in the Greater Cambridge City Deal and the Greater Cambridge Greater Peterborough LEP to better match vocational training opportunities to local employment and business needs.
- Continue community development work in partnership with others to build the confidence of communities, including those which experience barriers to the labour market.
- Continue to fund a learning and development service for homeless people based in a partner agency.
- Continue to fund an employment worker in a partner agency with a specific remit to target those in housing need.
- Continue to fund and support events which increase community pride and cohesion, such as the Big Weekend, Chesterton Festival, Arbury Carnival and Cherry Hinton Festival.
- Continue to support an annual programme of events which celebrate diversity and promote community cohesion.

**5. Please tell us if you think these are the right areas of focus for this objective.**

**If you feel we should be looking at any new areas please outline them in the box below and give your reasons, if possible.**

## Consultation about an Anti-Poverty Strategy for Cambridge

### Our areas of focus for reducing the impact of poverty on children

The areas of focus for this objective include:

- Work with Cambridgeshire County Council to provide pre-school childcare space at Buchan Street and Ross Street Community Centres.
- Continue to provide local emergency accommodation to keep homeless children and their families within their existing school catchment area.
- Continue to provide support for school swimming, and free swimming lessons for those in most need based on referrals from teachers.
- Continue to support families with a dependent through the City Council's Local Council Tax Support scheme.
- Work in partnership with Cambridgeshire County Council to raise awareness of Free School Meals.
- Work in partnership with other organisations in Cambridge to help develop and deliver the Cambridgeshire Child Poverty Strategy.

**6. Please tell us if you think these are the right areas of focus for this objective.**

**If you feel we should be looking at any new areas, please outline them in the box below and give your reasons, if possible.**

## Consultation about an Anti-Poverty Strategy for Cambridge

### Our areas of focus for reducing the link between poor health and poverty

The areas of focus for this objective include:

- Support Citizen's Advice Bureau to find funding and run advice sessions in East Barnwell Medical Practice.
- Promote 50% off entry prices at Council-owned sports and swimming facilities for people receiving Means Tested Benefits and free usage of Splashpads and Paddling Pools in parks and open spaces.
- Continue to provide targeted sports development work to compliment NHS services in the community e.g Exercise Referral.
- Work with partners in the Cambridge Sustainable Food Network to deliver food projects focussing on cooking skills, growing produce, and information on healthy food and nutrition at neighbourhood level.
- Explore opportunities to work with partners in the Local Health Partnership to promote public health messages, such as stop smoking, reducing alcohol consumption and healthy eating.
- Work with Cambridgeshire Community Safety Partnership, city retailers and others to develop a voluntary code on the sale of high strength beers and ciders to help address anti-social-behaviour issues and reduce harmful alcohol consumption.
- Pilot new ways of working with people involved in street-based anti-social behaviour, including exploring the support available for people with medium to high needs in terms of mental health, substance misuse and alcohol issues.
- Continue to provide move on accommodation for adults recovering from mental ill health, in conjunction with the Cambridgeshire County Council and Metropolitan Housing Group.

**7. Please tell us if you think these are the right areas of focus for this objective.**

**If you feel we should be looking at any new areas, please outline them in the box below and give your reasons, if possible.**

## Consultation about an Anti-Poverty Strategy for Cambridge

### Our areas of focus for ensuring vulnerable older people get the services they need

The areas of focus for this objective include:

- Continue to provide good quality modern sheltered housing schemes for older people, which incorporate assisted bathrooms and wet rooms.
- Continue to provide a tenure neutral city-wide support service for older people, working with health and social care services and local housing associations.
- Continue to fund the Cambridgeshire Home Improvement Agency (HIA) helps elderly or vulnerable people, who have disability needs, or who are on a low income, to repair, maintain or adapt their homes.
- Improve promotion of grants and loans to older and vulnerable people with low incomes
- Continue to provide targeted sports development work to complement NHS services in the community, including work to reduce falls amongst older people.
- Work with partners and voluntary groups to develop and deliver the annual "Cambridgeshire Celebrates Age" festival, which provides a range of inclusive and accessible events.
- Continue to provide low cost activities for older people which promote activity and social cohesion e.g Tea Dances and the Mayors Day Out.
- Continue to ensure that at least 2% of new social housing is fully wheelchair accessible, with a further 8% to meet other specialist needs provided there is an identified need and appropriate support for the residents is available.
- Improve promotion of grants and loans to older and vulnerable people with low incomes and savings levels for repairs and home energy improvements to their homes.

**8. Please tell us if you think these are the right areas of focus for this objective.**

**If you feel we should be looking at any new areas, please outline them in the box below and give your reasons, if possible.**

## Consultation about an Anti-Poverty Strategy for Cambridge

### **Our areas of focus for helping people with high housing costs and improving the condition of homes**

The areas of focus for this objective include:

- Develop new homes for rent through the Council's Affordable Housing Development Programme, and ensure that rent levels are as affordable as possible.
- Work through the planning process and with Registered Providers to enable the delivery of new high quality, energy efficient homes for rent at sub-market rates.
- Continue to promote energy efficiency improvements to private landlords and homeowners through the Green Deal, and provide additional promotion of energy efficiency measures to residents in low income areas of the City.
- Continue the Town Hall Lettings scheme providing a local lettings agency to support single homeless people who do not need supported housing to move into private rented accommodation and, in so doing, freeing up spaces in supported accommodation for those who need it.
- Continue to invest in heating and energy efficiency improvements to City Council homes.
- Continue to fund a Chronically Excluded Adults service, to help people get on a more stable footing and significantly reduce the drain on public resources across sectors.
- Ensure that charges for the new handyperson service are set at a reasonable level, and that the service is accessible to those on low incomes.

**9. Please tell us if you think these are the right areas of focus for this objective.**

**If you feel we should be looking at any new areas, please outline them in the box below and give your reasons, if possible.**

## Consultation about an Anti-Poverty Strategy for Cambridge

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- Ensure that charges for the new handyperson service are set at a reasonable level, and that the service is accessible to those on low incomes.

**9. Please tell us if you think these are the right areas of focus for this objective.**

**If you feel we should be looking at any new areas, please outline them in the box below and give your reasons, if possible.**



## Consultation about an Anti-Poverty Strategy for Cambridge

### **Our areas of focus for working in partnership to tackle wider barriers to employment and engagement**

The areas of focus for this objective include:

- Measures to reduce digital exclusion through the developing City Council Digital Access Strategy, and/or through influencing the digital inclusion strand of Cambridgeshire County Council's 'Connecting Cambridgeshire' programme.
- Working with partners in the Greater Cambridge City Deal and the Greater Cambridge Greater Peterborough LEP to ensure that investment in transport infrastructure improves connectivity between key employment locations and more deprived areas of the City.

**10. Please tell us if you think these are the right areas of focus for this objective.**

**If you feel we should be looking at any new areas, please outline them in the box below and give your reasons, if possible.**

## Consultation about an Anti-Poverty Strategy for Cambridge

### Is there anything else we need to consider?

Thank you for taking the time to complete this consultation.

This online form is one of a number of ways the Council is seeking to involve local residents in preparing an Anti-Poverty Strategy for the residents of Cambridge.

If you have any other comments about the draft strategy or our approach, please provide your comments below.

We are especially interested in any case studies you may have of interventions that have proven to work, particularly in Cambridge or similar places. If you can site any case studies or examples of evidence that add weight to your suggestions, that would be much appreciated. We are aware of the need to measure our success and to use our scarce resources to bring about the best possible outcomes.

If the box below proves to be too small you can send additional material to:  
graham.saint@cambridge.gov.uk  
or by post to: to the Strategy and Partnerships team, Cambridge City Council, PO Box 700, Cambridge CB1 0JH.

**11. Please provide any additional comments here:**