

# Service and Community Impact Assessment (SCIA)

## Front Sheet:

### Directorate and Service Area:

Social & Community Services, Strategic Commissioning

### What is being assessed:

The option to stop council funding for the Falls Service

### Responsible owner / senior officer:

Kate Terroni, Deputy Director Joint Commissioning

### Date of assessment:

August 2015

### Summary of judgement:

The council is considering an option to stop funding the Falls Service as this is a non-statutory service which does not significantly contribute to prevention savings in the council's budgets. The service aims to reduce the incidence of falls amongst older people, and to maintain independence and improve the quality of life of those who fall or who are at risk of falling. It carries out approximately 2,500 specialist falls assessments each year alongside a range of other work, including prevention education and support, and ongoing support to people who fall. If the council ceases to fund the Falls Service, the service may have to reduce its capacity in line with the reduced funding or find funding from another source. The falls service is jointly funded and this option only refers to that portion of funding provided by the council.

A reduction in service level is likely to adversely impact upon people who currently use the service, who will need to find alternative sources of support to meet some or all of their needs. Carers who are positively impacted by the support it provides to the people they care for, would also be adversely impacted.

Current service users will be offered an assessment (under the Care Act 2014 national eligibility criteria) to determine whether they have eligible social care needs. People who take up an assessment and have eligible needs will be able to access support from the council to meet them. Those who do not have eligible needs will be

provided with tailored information and advice on other sources of support and how to prevent their needs from developing further. The council's prevention, core adult social care and carers support options will need to be able to meet a diverse range of needs, including those of people who fall and are at risk of falling and their carers. However, it needs to be acknowledged that this could only go some way towards mitigating the impact of this proposal, as these options would not be able to provide the specialist support the current service offers.

There is a risk that the reduction in specialist support for people who fall or are at risk of falling will result in people's needs escalating, impacting on their ability to maintain their independence and wellbeing and potentially resulting in them becoming unwell and needing to be admitted to hospital. Responsibility for managing the health aspects of support for people who fall or are at risk of falling rests with health services. Close work with NHS partners will be needed to manage the implementation of this proposal and to monitor and mitigate the impact on people who fall, their carers and the wider health and social care system. This may include incorporating falls prevention work into other rehabilitation and reablement services.

The majority of people benefiting from this service are over 65, the majority of whom are likely to be women. Carers indirectly benefiting from this service are also likely to be older women.

If service levels reduce in line with the reduction in funding, this proposal is likely to adversely impact upon the current provider of the service and its staff. This risk will be mitigated by the fact that the current employer is a large local health service provider which may be able to redeploy staff to other services, and by the robust employment market in Oxfordshire. There is also likely to be a short-term impact on council staff and who will need to assist with transition planning; this may require some initial additional resource. Other council budgets are likely to be impacted, as the council finds alternative ways to meet the needs of those assessed as eligible.

## **Detail of Assessment:**

### **Purpose of assessment:**

This assessment considers the impact of an option to stop funding the Falls Service as this is a non-statutory council service which does not significantly contribute to prevention savings in the council's budgets. If taken forward, this option would release an estimated £270,000 in savings for the council from 2017/18.

This assessment is being carried out to ensure that the council considers the impact of these proposed changes on different clients, especially those who share a protected characteristic under the Equality Act 2010.

Section 149 of the Equality Act 2010 ("the 2010 Act") imposes a duty on the Council to give due regard to three needs in exercising its functions. This

proposal is such a function. The three needs are:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic, and those who do not.

Complying with section 149 may involve treating some people more favourably than others, but only to the extent that that does not amount to conduct which is otherwise unlawful under the new Act.

The need to advance equality of opportunity involves having due regard to the need to:

- remove or minimise disadvantages which are connected to a relevant protected characteristic and which are suffered by persons who share that characteristic,
- take steps to meet the needs of persons who share a relevant protected characteristic and which are different from the needs other people, and
- encourage those who share a relevant characteristic to take part in public life or in any other activity in which participation by such people is disproportionately low.
- take steps to meet the needs of disabled people which are different from the needs of people who are not disabled and include steps to take account of a person's disabilities.

The need to foster good relations between different groups involves having due regard to the need to tackle prejudice and promote understanding.

These protected characteristics are:

- age
- disability
- gender reassignment
- pregnancy and maternity
- race – this includes ethnic or national origins, colour or nationality
- religion or belief – this includes lack of belief
- sex
- sexual orientation
- marriage and civil partnership

## **Social Value**

Under the Public Services (Social Value Act) 2012 the Council also has an obligation to consider how the procurement of services contracts with a life value of more than £173,934<sup>11</sup> might improve the economic, social, and environmental well-being of the area affected by the proposed contract, and how it might act to secure this improvement. However, it is best practice to consider social value for all types of

<sup>11</sup> [EC Procurement Threshold for Services](#)

contracts, service delivery decisions and new/updated policies. In this context, 'policy' is a general term that could include a strategy, project or contract.

### **Context / Background:**

The Falls Service is commissioned by Oxfordshire Clinical Commissioning Group and provided by Oxford Health NHS Foundation Trust. It is jointly funded by the Council and Oxfordshire Clinical Commissioning Group (the council contribution for 2015/16 is £273,052).

The service aims to reduce the incidence of falls amongst older people, and to maintain independence and improve the quality of life of those who fall or who are at risk of falling. It is available to older people living in Oxfordshire or those registered with an Oxfordshire GP.

By doing this it aims to reduce avoidable admissions to hospital and prevent people from becoming unwell. It works to achieve this by:

- Carrying out falls prevention education and healthy aging promotion in the areas associated with falls – to the general public, those who care for older people and health and social care professionals
- Undertaking specialist assessments and delivering management plans for those people who have fallen; to diagnose the cause and prevent subsequent falls; to work closely with patients, carers, consultants, GP's, therapists and social care.
- Being an active and co-ordinated component of the falls care pathway for the care of fallers in the older population across the health and social care providers.
- Being a specialist resource in falls prevention and to actively manage fallers for the health and social care professionals within Oxfordshire
- Supervising the delivery of balance and safety classes carried out by health and social care teams, to ensure equity of access and delivery with agreed outcomes and standards of quality
- Working with a range of providers to support the development of evidence based exercise classes in a variety of settings for the older person to prevent falls and promote improved strength and balance
- Working with care homes in Oxfordshire to reduce the incidence of falls and injury

### **Proposals:**

The option being considered is for the council to stop funding the Falls Service as this is a non-statutory council service which does not significantly contribute to savings in the council's other budgets. It is likely that there is some benefit to social care in preventing escalation of people's needs but this is difficult to quantify. If taken forward, this option would release an estimated £270,000 per annum in savings for the council from 2017/18.

If the council ceases funding for the Falls Service, the service may have to reduce its capacity in line with the reduced funding or find funding from another source.

### **Evidence / Intelligence:**

Approximately 2,500 specialist falls assessments are carried out each year.

A report to the Health Overview and Scrutiny Committee in September 2013 reported the following in relation to the Falls Service:

- In 2012/13 a total of 2,308 falls assessments and treatment plans in patients' homes, in clinics and in care homes were undertaken, plus 1,939 non-conveyed fallers assessments in the previous 21 months
- A total of 89 people were supported through home based exercise programs in 2012/13
- 1,391 individual health and social care practitioners, private providers and the general public received education and training in 2012/13
- Daily support was provided to the community and older people's mental health wards
- 461 people attended exercise groups and the service was represented at 11 information fairs providing health and wellbeing advice to community groups in 2012/13
- Integrated delivery with the Fracture Prevention Service is part of the existing support pathway

The 2012 patient survey reported that 95% of people using the service rated it a very good or excellent service.

A County Council commissioned study about improving falls and fracture services in the South Central and South Coast regions in 2011/12 made the following statements about Oxfordshire's service:

- The falls prevention service in Oxfordshire is well-grounded in research evidence and their leadership is keeping up-to-date with the most recent research and alternative models that exist across the country.
- The number of assessments carried out by Oxfordshire is approximately three times more than its neighbour, Buckinghamshire (2,246 against 730).
- Oxfordshire's service provides exercise classes that are based on research evidence of what works for people with falls. The outcomes of the classes are evaluated and demonstrate significant improvement for the patients, consistent with the research evidence of the effectiveness of these classes.

Data and evidence from this report will be used to inform the development of this proposal, including more recent data on the incidence of falls amongst the overall population.

## **Alternatives considered / rejected:**

The alternative to this option is that the council continues to fund the Falls Service. As central government funding to the council is reduced, the council needs to make significant savings to meet budgetary pressures. This option is part of a broader picture of savings options that aim to reduce the council's spend without affecting statutory services.

## **Impact Assessment:**

Identify any potential impacts of the policy or proposed service change on the population as a whole, or on particular groups. It might be helpful to think about the largest impacts or the key parts of the policy or proposed service change first, identifying any risks and actions, before thinking in more detail about particular groups, staff, other Council services, providers etc.

It is worth remembering that 'impact' can mean many things, and can be positive as well as negative. It could for example relate to access to services, the health and wellbeing of individuals or communities, the sustainability of supplier business models, or the training needs of staff.

We assess the impact of decisions on any relevant community, but with particular emphasis on:

- Groups that share the nine protected characteristics
  - age
  - disability
  - gender reassignment
  - pregnancy and maternity
  - race – this includes ethnic or national origins, colour or nationality
  - religion or belief – this includes lack of belief
  - sex
  - sexual orientation
  - marriage and civil partnership
- Rural communities
- Areas of deprivation

We also assess the impact on:

- Staff
- Other council services
- Other providers of council services
- Any other element which is relevant to the policy or proposed service change
- How it might improve the economic, social, and environmental of the area affected by the contract **if** the Public Services (Social Value) Act 2012 applies

For every community or group that you identify a potential impact you should discuss this in detail, using evidence (from data, consultation etc) where possible to support

your judgements. You should then highlight any mitigating actions you will take to either lessen the impact, or to address any gaps in understanding you have identified.

If you have not identified an impact on particular groups, staff, other Council services, providers etc you should indicate this to demonstrate you have considered it.

**Impact on Individuals and Communities:**

The impact of this option will depend on the outcome of reducing the council’s contribution: whether activity is reduced in line with the reduction in funding or whether an alternative source of funding is secured. This initial assessment considers what the impact would be if the reduction in funding did result in a reduction in service.

***People who fall or at risk of falling, and their carers***

<b>AGE, DISABILITY</b>	
<b><i>Impact</i></b>	<b><i>Mitigation</i></b>
A reduction in service level is likely to adversely impact upon people who fall who currently use the service. They may need to find alternative sources of support to meet some or all of their needs.	Current service users will be offered an assessment (under the Care Act 2014 national eligibility criteria) to determine whether they have eligible social care needs. People who take up an assessment and are assessed as having eligible needs will be able to access support from the council to meet them. Those who do not have eligible needs will be provided with tailored information and advice on other sources of support and how to prevent needs from developing.
Older people in Oxfordshire are likely to be at greater risk of falling, adversely impacting on their ability to maintain their independence and wellbeing.	The development of this proposal will need to involve an assessment of other options available that could support people at risk of falling, including the use of equipment and information and advice. However, these other options could only go some way to mitigate the impact of this proposal as they would not be able to provide the range of specialist falls prevention work the current service offers.
People at risk of falling may be unable to access the right support, ultimately leading to them becoming unwell and needing to go into hospital.	Managing the health implications of support for people who fall or are at risk of falling rests with health services. Close work with NHS partners will be needed to manage the implementation of this proposal and to monitor and mitigate the impact.
If alternative options/proposed mitigations are unable to effectively	Carers are also entitled to an assessment of their own needs. People who take up an assessment and are assessed as having eligible needs will be able to

support people at risk of falling, it could adversely affect their carers.	access support from the council to meet them.
--	---

**Considerations relating to protected characteristics, rural and deprived areas**

The majority of people benefiting from this service are over 65, the majority of whom are likely to be women. Carers indirectly benefiting from this service are also likely to be older women.

In developing mitigations, the needs of various areas of Oxfordshire will need to be taken into account. This includes ensuring that any alternative options are available across the county, including in harder-to-reach rural areas and areas with fewer resources, particularly volunteering capacity.

As part of our commitment to moderate any adverse effects caused by a reduction in funding for this service, the council will work closely with colleagues in the health service to develop alternatives. There will be provision of information and advice on reducing risk and the council will endeavour to ensure that everyone who may be at risk is aware of their right to an assessment of their eligible social care needs.

**At this stage, no differential impacts have been identified on groups that share protected characteristics of age, disability, gender reassignment, pregnancy & maternity, race, religion, sex, sexual orientation, marriage & civil partnership beyond those given above.**

**Impact on Staff:**

There are no identified impacts on council staff.

**Impact on other Council services:**

<b>Impact</b>	<b>Mitigation</b>
People with eligible needs may need to have them met from other budgets.	The council can meet eligible needs in various ways, including: information and advice about options available within their communities; a range of preventative services; and providing a Personal Budget for various care and support options. The council will encourage people to think creatively about what resources they have already or can develop which they can draw upon, as well as which options will best promote their independence.
If service levels reduce in line with the reduction in funding, with reduced support for people who fall to meet their needs, and to prevent others	In developing this proposal further, the council will work with NHS partners to ensure that effective mitigations are developed which can meet the needs of people who fall and who at risk of falling and prevent them from escalating and leading to

at risk from falling, it could adversely impact upon the wider health and social care system.	increased demand on other parts of the health and social care system.
---	---

### Impact on providers:

#### ***The provider of the Falls service***

The current service is provided by Oxford Health, a large local NHS provider. The impact of this option on the future of this organisation is negligible, because this contract represents a relatively small proportion of their overall business, although there may be a risk to the provider's staff.

<b><i>Impact</i></b>	<b><i>Mitigation</i></b>
If service levels reduce in line with the reduction in funding, this proposal is likely to adversely impact upon staff currently working in the service. Some may need to seek alternative employment.	This risk will be mitigated by the fact that the current employer is a large local health service provider which may be able to redeploy staff to other services, and by the robust employment market in Oxfordshire.

#### ***Other providers across the health and social care system***

This option could affect other providers working across the health and social care system, particularly if the outcome is an escalation of needs and in particular, hospital admissions. It would also affect those providers who currently benefit from the falls prevention education and healthy ageing promotion the service currently offers across a range of organisations.

In developing this option further, the council will work with NHS partners to ensure that effective mitigations are developed which can meet the needs of people with who fall or at risk of falling and prevent them from escalating and leading to increased demand on other providers within the health and social care system.

<b><i>Impact</i></b>	<b><i>Mitigation</i></b>
If service levels reduce in line with the reduction in funding, there is likely to be a short-term impact on council staff who will need to assist with transition planning.	Depending on the options developed, there may need to be initial additional resource for transition arrangements. Comprehensive transition planning will help to mitigate the impact of any change.
If service levels reduce in line with the reduction in funding and the outcome is reduced support for people who fall and increased risk of people falling owing to the loss of specialist prevention work, it could adversely impact upon	In developing this option further, the council will work with NHS partners to ensure that effective mitigations are developed which can meet the needs of people who fall and are at risk of falling and prevent them from escalating leading to increased demand on other parts of the health and social care system (and the staff working

staff working across the health and social care system.	within it).
---	-------------

**Social Value**

*If the Public Services (Social Value) Act 2012 applies to this proposal, please summarise here how you have considered how the contract might improve the economic, social, and environmental well-being of the relevant area.*

**How might the proposal improve the economic well-being of the relevant area?**

N/A

**How might the proposal improve the environmental well-being of the relevant area?**

N/A

**Action plan:**

Action	By When	Person responsible
Decision on whether the funding will be removed as part of the broader budget proposals	February 2016	Council Members
Review and update the SCIA	March 2016	Commissioning Manager
If the proposal is agreed, develop an implementation plan, including a communications plan	March 2016	Commissioning Manager & Communications Lead

**Monitoring and review:**

**Person responsible for assessment: Commissioning Manager**

Version	Date	Notes (e.g. Initial draft, amended following consultation)
V1.0	August 2015	Initial draft