Health Needs Assessment

Executive Summary

Falls Prevention in Norfolk

By: Claire Gummerson, Advanced Public Health Information Officer

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Norfolk Public Health
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Why is falls an issue for Norfolk and Waveney?

Falls are a major public health issue facing older people. Falls represent the most frequent and serious type of accident in people aged 65 and over, they are the main cause of disability and the leading cause of death from injury among people aged over 75. Falls destroy confidence, increase isolation and reduce independence and significantly impact on long-term outcomes.

Norfolk does not have unusually high *rates* of fractures in older people, or high *rates* fall-related mortality, but *numbers* of incidents appear to be increasing along with the size of the older population. Norfolk has an aging population and therefore falls will be an increasingly important issue.

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. Research suggests that almost half of all women and one in six men experience a painful and disabling fragility fracture in later life.

In Norfolk in 2011/12 there were 3,644 people aged over 65 who were admitted to hospital with injuries due to falls. Between 2010/11 and 2011/12 the directly standardised rate (DSR) increased from 1,345 per 100,000 residents to 1,454 per 100,000 residents; but this is still well below the national average and just below the regional average.

Fall-related injury is an issue that disproportionately affects women with the rate for females being 1,842 DSR per 100,000 residents and only 1,066 for males. This is likely to be due to osteoporosis (thinning and weakening of the bones), which primarily affects older women because of as a result of the hormonal changes that occur following the menopause (and can also develop in men).

A common and serious outcome of a fall is fractured neck of femur (broken hip). In 2011/12 1,200 people in Norfolk suffered this debilitating injury. Hip fractures can have long-term consequences with only one in three sufferers return to their former levels of independence, and one in three end up leaving their own home and moving to long-term care. Hip fractures are almost as common and costly as strokes and the incidence is rising.

Falls are estimated to cost Norfolk and Waveney health and social care services around £19 million every year (and this does not include a number of unknown costs such as GP time treating people who have fallen).

What can we do to reduce falls?

Overall, supervised exercise has the strongest evidence for primary falls prevention for older people, but it must incorporate adequate intensity and duration of strength and balance training.

GPs and other professionals should regularly speak to older people about their experience of falls, and ask whether they feel at risk. Patients presenting for medical attention following a fall or who give a history of recurrent falls should be offered a multifactorial falls risk assessment (including vision assessment, bone health assessment and medication review). There is a very strong evidence base for the efficacy of multifactorial intervention programmes that include strength and balance training and home hazard assessment/intervention.

There are a number of health and care pathways through which people who would benefit from a multifactorial falls intervention could be identified, these should be investigated thoroughly in all parts of the county to ensure a joined up approach to addressing falls.

Local actions to address the issue of falls

Falls prevention services in Norfolk and Waveney are currently provided by two organisational bodies. East Coast Community Healthcare (ECCH) provides services for Great Yarmouth and Waveney and Norfolk Community Health and Care (NCHC) are the provider for the rest of Norfolk. In both of these organisations falls assessments and prevention interventions are carried out by integrated teams, made up of community occupational therapists and physiotherapists with links to social care. There is not a specific, stand alone, 'falls prevention service'. Commissioners are advised to recognise importance of Falls Prevention services and commit to ensuring consistency of funding for the services in the future, for the whole county.

There are a wide variety of exercise classes, groups and initiatives across Norfolk that are suitable for older people to help increase physical activity.

Norfolk County Council (NCC) provides a wide range of assistive technologies to eligible people (determined through social care assessment) including personal alarms, falls detectors and a 'prompting service' where people are reminded to take medication by telephone calls.

National studies have identified that the rate of falls in care homes is almost three times that of older people living in the community. Care homes generally have a concentration of older people with a previous history of falls or who are at risk of falling. Both organisations providing Falls Prevention Services in Norfolk report working closely with *some* care homes to address this issue.

The ambulance service report that responding to older people who have fallen makes up 15% of ambulance call outs, this equate to around 880 ambulance visits a month in Norfolk (excluding Great Yarmouth). SWIFT and Night Owls is a 24-hour service that provides help, support and reassurance to those with an urgent, unplanned need at home but do not need the emergency services, and they also spend a large proportion of their time helping people who have fallen (31% of calls, around 280 visits a month).

The three acute hospitals in Norfolk provide services to people who have suffered injuries due to falls. The Norfolk and Norwich University Hospital (NNUH) and Queen Elizabeth Hospital (QEH) in King's Lynn both run fracture clinics led by a consultant, the James Paget Hospital (JPH) does not have a falls clinic (making the JPH unusual as nationally 82% of hospitals do have a falls clinic). Many hip fracture patients will also be cared for by Community Hospitals during their rehabilitation. A significant number of falls also happen in hospitals (on average 231 a month in NNUH) and all hospitals monitor and work to reduce the number of inpatient falls.

There are plenty of ways people can reduce their risk of falling (e.g. home hazard reduction, strength and balance training) and effective public awareness campaigns can support this. The care pathways and services exist but awareness among professionals may be inconsistent, and therefore promotion also needs to be aimed at professionals to ensure assessments and interventions are provided as appropriate.

There is a 'Falls Prevention Steering Group' co-ordinated by Norfolk County Council (NCC) Public Health, which meets regularly to discuss falls prevention at a countywide level; this is supported by a group in each of the Clinical Commissioning Group (CCG) localities and is attended by a wide

range of partners across health, social care, district councils, healthcare providers and voluntary sector organisations.

Conclusion

Promoting regular physical activity is probably the most powerful intervention on a population level and the priority for should be to increase access and uptake. Multifactorial Falls Assessments are essential in providing appropriate care to some people experiencing falls and as such consistency of funding for the services in the future should be assured.

The key findings and recommendations (see below) identified in this needs assessment will be considered by the Falls Steering and Reference Groups. This will inform the development of strategy and plans to ultimately ensure that effective care pathways are available to those in Norfolk who have fallen and to prevent falls in the future.

Recommendations

Awareness
(Recommendations 1, 5, 6, 8, 27, 28, 29)

Older people, their carers, family members and all people working with older people (professional and volunteers) need to be aware of:

- The causes of falls
- The significant physical and psychological impacts a fall can have
- What an older person can do themselves to reduce their risk of falls
- What services are available to help (in particular NCHC & ECCH Falls Assessments) to prevent falls, and how to access them

The Norfolk Falls Prevention Steering Group should co-ordinate awareness raising activity and a central source of information/resources about falls prevention. This work should be supported locally by the Falls Reference groups in each CCG area.

Awareness campaign topics that are particularly important are:
1) Bone health and osteoporosis
2) Strength and balance exercise (emphasising positive messages about staying active).

Training
(Recommendations 5, 6)

It is the responsibility of all agencies and providers to ensure that relevant staff and volunteers are appropriately trained to identify people at risk of falling and refer to appropriate services; as such all organisations should audit their training needs in terms of falls.

All organisations should give consideration to how falls prevention is approached in:

- Induction training
- Competency Frameworks
- Continuous Professional Development

Exercise
(Recommendations 9, 11, 12)

Evidence shows that exercise can reduce the risk of falling and that some exercises are more effective than others. Therefore:

- People should be given the tools to carry out appropriate, evidence based exercises in their own home.
- People should be supported to easily access information about what exercise groups are available locally
- Local exercise groups should be supported to provide appropriate, evidence based exercises (e.g. Otago)
- All groups of older people should be given the tools to do some appropriate, evidence based exercise in their group

Commissioning Falls Prevention
(Recommendations 7, 10, 20, 21)

Commissioners are advised to recognise importance of a service that provides multifactorial falls assessments and co-ordinates preventative interventions, which is in line with best practice and

national guidance. Commissioners should commit to ensuring there is consistent funding for these services and that they cover the whole county in an equitable manner.

Commissioners should ensure falls prevention is highlighted in relevant service specifications (including the need to identify and provide preventative services to people who fall and/or are at risk of falling).

All Acute Trusts & Community Services should ensure they have:
• A falls policy
• A falls prevention strategy
• Screening processes to identify high risk patients and residents

The Norfolk Public Health Falls Data Dashboard should be used to assess levels of activity in relation to falls and to investigate whether health and care pathways are operating as expected.

Data and Information
(Recommendations 22, 25, 26)
Continue to collect and monitor data on falls from a range of sources (the Norfolk Public Health Falls Data Dashboard) and update on a regular basis.

Consider ways to explore the views and experiences of older people in Norfolk to support this need assessment and to ensure that services are developed in line with service user's views.

Ensure that the issue of falls is well understood by ensuring it is covered in the Joint Strategic Needs Assessment (JSNA), the Director of Public Health's Report and the Public Health Performance Dashboard.

Partnership groups, governance and monitoring of falls
(Recommendations 17, 18, 23, 24)
Maintain and develop the multi-agency county level 'Norfolk Falls Prevention Steering Group', and 'Falls Prevention Reference Groups' (or equivalent) in each CCG locality.

The county level Falls Prevention Steering Group and locality reference groups should investigate each health and care pathway (see Appendix 1 for examples) thoroughly in each locality to ensure a joined up approach to addressing falls, and that opportunities for early intervention are being identified.

These groups may wish to focus particularly on how to identify people requiring low level interventions, and what is available to support the primary prevention of falls – aiming *to reduce the risk of falling before they happen* or before falls become serious.

Dementia pathways and the specific needs of people with dementia need to be considered when developing falls prevention interventions and services – and equally falls prevention advice and interventions needs to be considered for people diagnosed with dementia.

The Falls Steering and Reference groups should consider how to increase the visibility of the issue of falls in the wider County Council and District Councils, and to identify opportunities for joint working to reduce falls (particularly looking at falls prevention *outside* the home in terms of pavements, planning, clearing snow and ice etc.)

Care homes
(Recommendations 13-16)
Commissioners of NHS and social care services should incorporate falls and falls prevention as a key quality indicator or outcome in monitoring provider services. This would be supported by introducing a standardised way of recording and for reporting falls in carehomes.

Care homes should be encouraged to complete the NHS Good Practice Self-Assessment Resource.[1]

Review the outcomes of the Harm Free Care pilot study that are relevant to falls prevention and implement as appropriate.

Acute Services
(Recommendation 19)
Commissioners of acute services should consider introducing Fracture Liaison Services and Falls Clinics (as advocated by the British Geriatrics Society and the British Orthopaedic Association) to ensure that all patients with fragility fractures are assessed by specially trained staff.

Prescribing
(Recommendations 2 and 3)
Pharmacists, GPs and other healthcare professionals have a role to play in preventing falls by ensuring older people receive regular medication reviews that take into account the negative impact of polypharmacy, and follow best practice prescribing guidelines such as those cited in the NICE Guideline 76 “Medicines adherence”.

Where people are prescribed bone sparing agents it is important to ensure that they are taking their prescription. Clinicians and carers should regularly review whether people prescribed these drugs are using them appropriately, and to ensure that they are aware of why they are taking them.

Contact Information

For more information please contact:

Claire Gummerson

Advanced Public Health Information Officer
Norfolk County Council Public Health
01603 638474
Claire.gummerson@norfolk.gov.uk

[1] NHS Scotland (2011) *Managing Falls and Fractures for Older People in Carehomes: Good practice self assessment resource.* NHS Scotland.