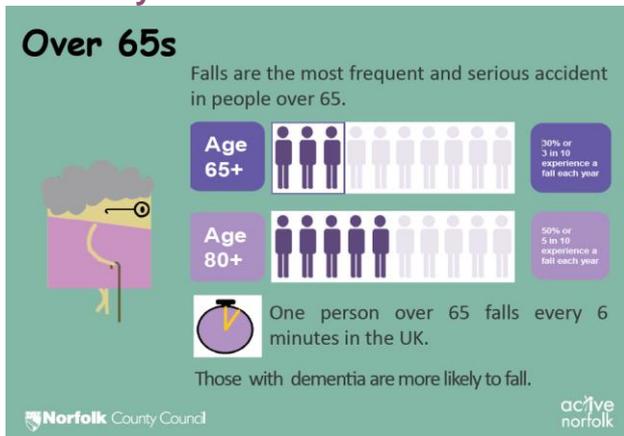


Falls and Falls Prevention

Introduction

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 can destroy confidence, increase isolation, reduce independence and significantly impact on long-term outcomes.

Summary



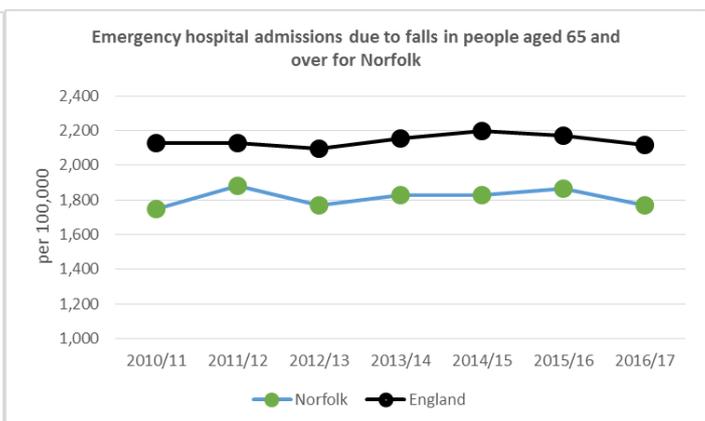
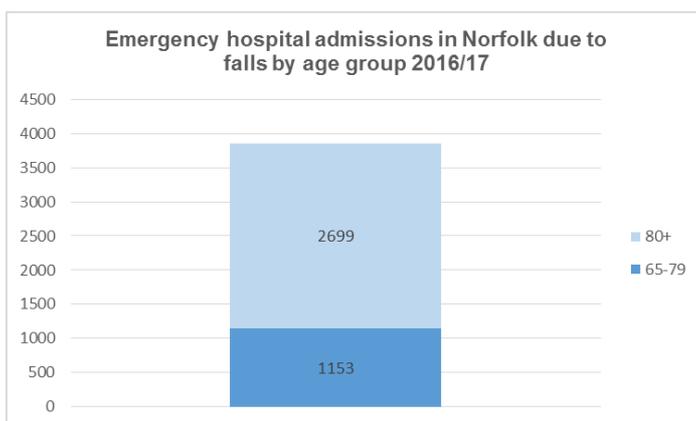
Medical reasons for older people falling include chronic health conditions, conditions that can affect balance, physical impairments, cognitive impairments, multiple medications. Also environmental reasons such as uneven or slippery floors, stairs and reaching for objects. Almost half of all women and one in six men experience a painful and disabling fragility fracture in later life and people with Osteoporosis are more likely to suffer a fracture if they fall.

Most fractures affect the pelvis, wrist, upper arm or hip.

Fracture of the neck of femur or hip can be the consequence of a fall, often resulting in a reduction in general mobility and an increased need for help and support.

The resulting costs are the equivalent of 1% of the NHS budget each year.¹ Norfolk does not have unusually high rates of fractures in older people, or high rates of fall-related mortality, but numbers of incidents appear to be increasing along with increasing the size of the older population.

Headlines



In Norfolk in 2016/17 there were 3,852 people aged over 65 who were admitted to hospital in an emergency with injuries due to falls, or 1,769 per 100,000 residents; but this is still well below the national average (2,114 per 100,000) and just below the regional average (1,975 per 100,000)². Emergency admissions due to fall-related injury are an issue that disproportionately affects women with the rate for 65-79 year old females, in 2016/17 being 940 per 100,000 female residents and only 593 for males. This is likely to be due to Osteoporosis

¹ National Hip Fracture Database Annual report 2016. <http://web1.crownaudit.org/Report2016/NHFD2016Report.pdf> (accessed 19/10/16)

² Public Health Outcomes Framework, Injuries due to falls in people aged 65 and over.

<https://fingertips.phe.org.uk/search/emergency%20admissions#page/4/gid/1/pat/6/par/E12000006/ati/102/are/E10000020/iid/22401/age/27/sex/4>

(thinning and weakening of the bones), which primarily affects older women as a result of the hormonal changes that occur following the menopause.

In 2016/17 1,233 people in Norfolk suffered a fractured neck of femur or broken hip (566 per 100,000 population) similar to the rate for England (575 per 100,000).³

Hip fractures can have long-term consequences with only one in three sufferers return to their former levels of independence, and one in three ends 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. Apart from the health care costs of treating a fracture neck of femur and its complications in secondary and primary care, there are also additional social care implications such as increased need for support and care in the community and adaptations in the physical environment.

Falls in care homes could be almost three times that of older people living in the community.

Influences on Health and Wellbeing

Falling and the fear of falling impact on the daily life of many older people, increasing isolation, reduction in independence, psychological wellbeing and physical health due to lack of exercise, reduced social contacts and poorer due to inability to attend such activities as social events, shopping and medical services.

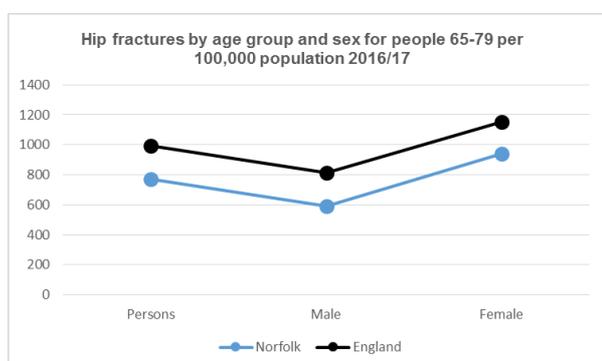
Fractures are painful and upsetting including a fractured hip can result in the requirement for an operation and several weeks in hospital (the average length of stay in 2016 was 21.6 days) and in rehabilitation, often a long-term consequence being a reduction in general mobility and an increased need for help and support. On average 17% of people were discharged with the need for ongoing NHS care. The resulting costs are the equivalent of 1% of the NHS budget each year.⁴

Social, environmental, population context

There are many reasons why older people are more likely to have a fall:

- Chronic health conditions, such as heart disease and low blood pressure (hypotension), which can cause dizziness and a brief loss of consciousness.
- Conditions that can affect balance, such as labyrinthitis (inflammation of the delicate structure deep inside the ear known as the labyrinth).
- Physical impairments, such as poor vision or muscle weakness.
- Cognitive impairments, such as dementia.
- Multiple medications (notably sedating drugs, with a significant link to people with dementia).

Along with medical reasons there are environmental causes such as stairs, wet or polished floors, rugs and carpets not properly secure and reaching for storage such as high shelves.



Most fractures in older people occur because of a fall from standing height, which cause '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.

³ Public Health Outcomes Framework, Hip fractures in people aged 65 and over (Persons): <https://fingertips.phe.org.uk/search/fracture%20neck%20of%20femur#page/4/gid/1/pat/6/par/E12000006/ati/102/are/E10000020/iid/41401/age/27/sex/4>

⁴ National Hip Fracture Database Annual report 2017. <https://nhfd.co.uk/files/2017ReportFiles/NHFD-AnnualReport2017.pdf>

People with osteoporosis are more likely to suffer a fracture if they fall and can develop in men and women especially those who smoke, drink excessive amounts or take steroid medication, however women are more at risk due to hormonal changes post menopause.

People with dementia are four or five times more likely to experience falls than older people without significant cognitive impairment.⁵ Approximately 14,000 people within Norfolk are estimated to have dementia. Dementia can change physical, mental and emotional functioning, making them more at risk of falling including; confusion, disorientation, memory loss, restlessness, agitation. The physical environment can have an impact on this including signage, lighting, floor coverings and safe outside spaces.

Burden of ill health and gaps in services

Although Norfolk does not have unusually high rates of fractures in older people it does have an increasing aging population and therefore the number of falls will increase. Those residents over 65 are in the greatest proportion in Kings Lynn and West Norfolk CCG area although the highest numbers are in the Great Yarmouth CCG area.

The impact on services will affect health and social care, with increasing numbers of attendances to falls by ambulances, Norfolk Swift Response, attendance at A&E, hospital admissions for fractures and the resulting cost of care.

For the person who has fallen the result can often be distress, pain, injury, loss of confidence, loss of independence and mortality.⁶

Current services, local plans and strategies

The 'Healthy Aging Steering Group' in Norfolk includes discussions on prevention of Frailty and Falls. It is attended by Clinical Commissioning Group (CCG) localities and a wide range of partners across health, social care, district councils, healthcare providers and voluntary sector organisations.

Information on how to prevent and deal with a fall is published on the Norfolk County Council web site.⁷

Falls prevention services in Norfolk and Waveney are currently provided by East Coast Community Healthcare (ECCH) and Norfolk Community Health and Care (NCHC) completing falls assessments and prevention interventions.

There are a wide variety of exercise classes, groups and initiatives across Norfolk that are suitable for older people to help increase physical activity and improve balance, including Active Norfolk exercise and sport classes in Care Homes. Norfolk County Council (NCC) provides a wide range of assistive technologies to eligible people (determined through social care assessment).

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. Many hip fracture patients will also be cared for by Community Hospitals during their rehabilitation. A significant number of falls also happen in hospitals and all hospitals monitor and work to reduce the number of inpatient falls.

Norfolk Swift Response Service 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 (latest data estimates 31% of calls, around 280 visits a month).

⁵ Health Needs Assessment – Falls Prevention in Norfolk – April 2014. Claire Gummerson. Norfolk Public Health <https://www.norfolkinsight.org.uk/resource-health-needs-assessment-falls-prevention/>

⁶ The human cost of falls. Public health matters. Public Health England <https://publichealthmatters.blog.gov.uk/2014/07/17/the-human-cost-of-falls/>

⁷ Preventing and dealing with Falls, <https://www.norfolk.gov.uk/care-support-and-health/support-for-living-independently/making-living-at-home-easier/staying-safe/preventing-and-dealing-with-falls>

The ambulance service report that responding to older people who have fallen makes up 21% of ambulance call outs to 65+ years patients, over 27,000 per year in Norfolk (excluding Great Yarmouth), just over half of which are transported to hospital (April to October 2017).

The Early Intervention Vehicles (EIV) provide an emergency response to frail and vulnerable people across Norfolk. The crew of an EIV Senior Emergency Ambulance Technician, with a therapist from community or acute services, allows a holistic assessment of the patient needs, immediate treatment and provision of equipment allowing patients to remain at home. Onward referrals are made, if appropriate, to follow on services to ensure that patients remain at home, avoiding an unnecessary hospital visit or admission. In addition to resolving the patient's immediate needs with a view to avoid hospital admission, the EIV improves patient outcomes by promoting greater independence and mobility, and reducing deterioration and subsequent rehabilitation required.

People can reduce their risk of falling (for example 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.

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