Swindon's Joint Strategic Needs Assessment

JSNA Bulletin: Falls and Bone Health

Key Points

- **The JSNA provides evidence to help us understand the current picture regarding falls and bone health in Swindon and make recommendations for future work to prevent falls in older people.**
- **Falls and fall-related injuries are a common and serious problem for older people. Each year 30% of over-65s experience one or more falls. About 50% of people aged over 80 fall each year.**
- **A fall can result in distress, pain, injury, loss of confidence, loss of independence, the need to move to residential care, and in some cases can be fatal.**
- **Most falls occur in the home; however incidence rates for falls in nursing homes and hospitals are two to three times greater than in the community and complication rates are also considerably higher.**
- **Those with osteoporosis (bone weakness) are at particularly high risk of bone fracture as a result of a fall.**
- **The estimated cost of falls in Swindon is just over £5m.**
- **Falls are not an inevitable consequence of old age. Falls should be considered a symptom rather than a diagnosis, so that when someone is known to fall frequently or be at risk of falls, effort should be made to find the cause or causes.**
- **Complete prevention of falls among older people would be impossible and undesirable to achieve because of the restriction that would have to be placed on an individual's activity and autonomy. An acceptable balance between prevention and living with risk is needed.**
- **Preventing falls requires a multi-agency approach. All local organisations working with older people have a role to play in reducing the number of falls locally.**
- **The JSNA makes six recommendations for future work to prevent falls in older people in Swindon – these are set out on pages 7 & 8.**

What is Joint Strategic Needs Assessment?

Joint Strategic Needs Assessment (JSNA) helps us to understand:

- what we know about the current health and wellbeing needs of local people;
- how their needs are being met;
- what we think their future needs are likely to be; and
- how their needs can be best met.

The JSNA process involves many different partners and is overseen by Swindon's Health and Wellbeing Board.

Understanding Swindon's changing population, the factors that affect health and wellbeing, the town's assets and the implications for future services are vital in setting priorities and planning future services.

The Falls and Bone Health JSNA

The aim of this briefing is to describe the current picture with regard to falls in Swindon; provide a summary of current falls and bone health strategies and services; and make recommendations for future work to prevent falls in older people in Swindon.

Falls and fall-related injuries are a common and serious problem for older people. Each year 30% of over-65s experience one or more falls. About 50% of people aged over 80 fall each year. Between 10 and 25% of such fallers will sustain a serious injury.

The human cost of falling includes distress, pain, injury, loss of confidence, loss of independence and mortality. Falling also affects the family members and carers of people who fall. A fall can hasten a move into

residential care; after a hip fracture 50% of people can no longer live independently. Nationally, falls are estimated to cost the NHS and Social Care more than £2.3 billion per year.

Falls are not an inevitable consequence of old age; falls should be considered a symptom rather than a diagnosis, so that when a patient presents with a history of falls, effort should be made to find the cause or causes.

Preventing older people from falling is a key challenge for the NHS and local authorities. It is not the preserve of one agency as the consequences of a fall and resultant fragility fracture cut across all local agencies working with older people. All local organisations working with older people, including statutory and voluntary service providers are a part of the solution and must be supported to understand their contribution to reducing the number of falls locally.

Complete prevention of falls among older people would be impossible and undesirable to achieve because of the restriction that would have to be placed on an individual's activity and autonomy. An acceptable balance between prevention and living with risk is needed.

This needs assessment found that there are a number of services in Swindon contributing to the prevention of falls in older people and to supporting those who do fall to regain their mobility and independence. There is however more that could be done to prevent falls and osteoporosis, and to ensure that all those older people reporting a fall or considered at risk of falling receive appropriate interventions for their need which reduce their risk of falling or being injured because of a fall. In order to achieve this opportunities for multi-agency approaches to commissioning should be sought to ensure that there is a clear evidence based falls and fracture care pathway in Swindon.

How many people are affected by falls?

In Swindon of the 30,000 people aged over 65 it can be estimated that:

- 10,000 will fall each year
- 4,000 will fall twice or more
- 1,500 will call the ambulance service
- 1,500 fallers will attend an accident and emergency (A&E) department or minor injuries unit (MIU)
- 730 will sustain a fracture
- 180 will sustain a fracture to the hip
- 90 will no longer be able to live independently as a result of their hip fracture
- 45 will be admitted to a care home
- 6,600 people per year who fall should receive a falls assessment
- 3,300 will require a brief screening of gait and balance.

The estimated cost of falls in Swindon is just over £5m. This includes a range of costs to health and social care for which information is readily available. However, there are a number of additional costs that it was not possible to include such as the cost of treating falls within Primary Care, community rehabilitation services, and the cost of Homeline.

Further information about falls is available through health and care data.

Most falls occur in the home; however incidence rates for falls in nursing homes and hospitals are two to three times greater than in the community and complication rates are also considerably higher.

Falls are the most common reason for 999 calls and account for 20-25% of ambulance service 999 activities nationally. An audit carried out by the South Western Ambulance Service found that the service attends an average of 38 cases of fall per day in the Wiltshire and Swindon area – almost 14,000 a year.

Homeline, a telephone community alarm system, which helps elderly and vulnerable people living in the community responds to around 1,800 fallers a year, of whom less than 13% require an ambulance.

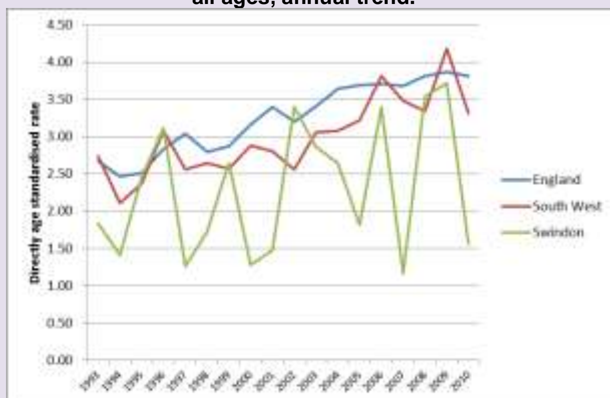
There are an estimated 1,500 attendances for falls in people aged older than 65 at the Great

Western Hospital Emergency Department each year. Between February 2012 and March 2013 1,619 people over the age of 65 attended because of a fall; 61% (998) arrived by ambulance. 826 (51%) of all patients were admitted to hospital.

Age-sex standardised rate of emergency hospital admissions for injuries due to falls in those aged 65 and over in Swindon are mostly similar to the national average with approximately 500 (1,710 per 100,000) Swindon residents over the age of 65 years being admitted to hospital in 2010/11. However rates in those over the age of 80 years are significantly higher than the England average (5,542 per 100,000).

Falls can be fatal. On average 5 people in Swindon die each year as a direct result of a fall (this figure includes all ages, however older people are known to be the most vulnerable). Because the number of deaths in Swindon is low mortality rates fluctuate significantly, however as can be seen in the figure below rates are increasing across England, the South West and Swindon. This is most likely due to the growing older population.

Mortality from accidental falls: directly standardised rate, all ages, annual trend.



Source: Health and Social Care Information Centre

Risk factors for falls and fractures

Falls are not an inevitable consequence of old age; rather they are nearly always due to one or more underlying risk. Recognising and modifying these risk factors is crucial in preventing falls and injuries.

Common risk factors include:

- occurrence of a previous fall,
- gait and balance problems,
- muscle weakness,
- cognitive impairment – for example from dementia or delirium,
- multiple medications
- visual impairment,
- mobility impairment
- fainting and acute medical illness
- alcohol consumption
- foot problems
- urinary incontinence
- fear of falling

External factors can also contribute to falls.

Risk factors include:

- poor or cold housing
- poor footwear
- home hazards

Those with osteoporosis (bone weakness) are at particularly high risk of bone fracture as a result of a falls.

The impact of falls

Although most falls do not result in serious injury the consequences for an individual of falling or of not being able to get up after a fall can be life changing, and in many cases life threatening for older people

Fragility fractures are the commonest significant injury resulting from falls and are often the first sign clinical sign of osteoporosis which can remain undiagnosed for many years. The most common are hip or femur fractures, but other serious injuries that can occur include skull fracture, head injury, subdural haematoma (bleeding on the brain following a head injury), other fractures and soft-tissue injuries.

Falling can precipitate loss of confidence, the need for regular social care support at home, or even admission to a care home. Fractures of the hip require major surgery and inpatient care in acute and often rehabilitation settings, ongoing recuperation and support at home from NHS community health and social care teams. The additional direct cost to commissioners for hip fractures alone is estimated to be £10,000 to the NHS. In addition, hip fractures are the event that prompts entry to a care home in up to 10% of cases. Indeed, fractures of any kind can require a care package for most older people to support them at home.

Older people's perspectives on falls

Wide consultation with older people to collect qualitative data was beyond the scope of this JSNA. However, stakeholders and some older people were asked about views on falls and published evidence reviewed.

Some older people are fearful of falling, but they are most concerned about loss of mobility and independence. Yet older people can be resistant to lifestyle advice linked to the theme of 'falls', as the word has connotations for many of getting frail, and losing their pride in being upright and independent.
Some people reject the idea that they are at risk and some consider advice relevant only to people older and frailer than themselves. Some people who have fallen do not accept that they are likely to do so again (and could therefore benefit from advice) because they attribute their falls to momentary inattention or illness rather than to a persisting vulnerability. Other people accept that they are at risk of falling but feel nothing can be done about it and that it is an inevitable part of ageing.

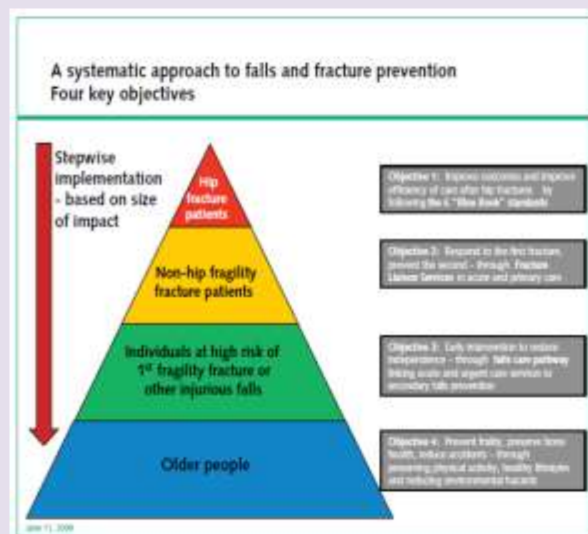
Understanding older people's perspectives on falls is important for getting the message right both in individual conversations with patients and with wider public health campaigns.

Prevention of falls

The Department of Health publication *Falls and fractures: Effective interventions in health and social care* describes fall and fracture prevention interventions as targeting four different levels based on the size of the population impact. The publication lists these objectives in priority order in terms of impact and evidence-base.

Objective 1 focusses on improving care for those who fall and fracture a hip and whilst important is beyond the scope of this JSNA.

The other objectives are more prevention focussed and include; responding to a first fracture and preventing the second through diagnosis and treatment of osteoporosis, ideally through a fracture liaison service; early intervention to restore independence through falls care pathways; and encouraging physical activity and healthy lifestyle, and reducing environmental hazards which might result in a slip or trip to prevent frailty, promote bone health and reduce accidents.



Source: Department of Health

Service provision in Swindon (and much of the rest of the country) tends to focus on those who fall and as a result require medical attention; however as can be seen from the model above prevention and early intervention might reach more people and thus have a significant impact on the number of people falling.

There are NICE Guidelines for the assessment and prevention of falls in older people which highlight ten key priorities:

1. **Case/risk identification**
   Older people in contact with healthcare professionals should be asked routinely whether they have fallen in the past year and those reporting a fall or considered at risk of falling should be observed for balance and gait deficits and considered for their ability to benefit from interventions to improve strength and balance.

2. **Multifactorial falls risk assessment**
   Older people who present for medical attention because of a fall, or report recurrent falls in the past year, or demonstrate abnormalities of gait and/or balance should be offered a multifactorial falls risk assessment.

3. **Multifactorial interventions**
   All older people with recurrent falls or assessed as being at increased risk of falling should be considered for an individualised multifactorial intervention that includes:
   - strength and balance training

- home hazard assessment and intervention
- vision assessment and referral
- medication review with modification/withdrawal

4. **Strength and balance training**
   A muscle-strengthening and balance programme should be offered. This should be individually prescribed and monitored by an appropriately trained professional. There is evidence to support gardening and Tai Chi as effective interventions, as well as specifically designed programmes such as Otago and Postural Stability.

5. **Exercise in extended care settings**
   Multifactorial interventions with an exercise component are recommended for older people in extended care settings such as a nursing home or supported accommodation who are at risk of falling.

6. **Home hazard and safety intervention**
   Home hazard assessment is shown to be effective only in conjunction with follow-up and intervention, not in isolation.

7. **Psychotropic medication review**
   Older people on psychotropic medications should have their medication reviewed, with specialist input if appropriate, and discontinued if possible to reduce their risk of falling

8. **Cardiac pacing**
   Cardiac pacing should be considered for older people with cardioinhibitory carotid sinus hypersensitivity who have experienced unexplained falls.

9. **Encouraging the participation of older** people in falls prevention programmes
   Healthcare professionals involved in the assessment and prevention of falls should discuss what changes a person is willing to make to prevent falls.

   Falls prevention programmes should also address potential barriers such as low self-efficacy and fear of falling, language and accessibility barriers, and encourage activity change as negotiated with the participant.

10. **Education and information giving**
    All healthcare professionals dealing with patients known to be at risk of falling should develop and maintain basic professional competence in falls assessment and prevention.

    Individuals at risk of falling, and their carers, should be offered information orally and in writing about what measures they can take to prevent further falls, where they can seek further advice and assistance and how to cope if they have a fall.

Promotion of bone health and prevention of osteoporosis

Regular exercise throughout life is essential for bone health. Weight-bearing exercise and resistance exercise are particularly important in improving bone density and helping prevent osteoporosis. Adults should aim to be active daily. Over a week, activity should add up to at least 150 minutes (2½ hours) of moderate intensity activity.

Eating a healthy, balanced diet is recommended for everyone as it can help prevent osteoporosis as well as many other conditions including heart disease, diabetes and many forms of cancer. Calcium and Vitamin D are particularly important for bone health.

Giving up smoking and reducing alcohol intake may also reduce risk of osteoporosis.

There are a number of therapies and treatments available for the prevention of fragility fractures in people who are thought to be at risk, or to prevent further fractures in those who have already had one or more fragility fractures.

What services do people use?

In Swindon there is a range of services and interventions available to help prevent falls in older people, and support those who seek support after a fall. However, a large number of older people who fall do not contact a health service and so do not come in contact with these services.

There are some gaps in service provision and more could be done to co-ordinate referrals and care between different services. This could be achieved through the development of a falls pathway for Swindon, mapping local service provision to the nationally recommended Map of Medicine Falls Pathway.

Current services include:

- **Primary Care**

Whilst there are no specifically commissioned falls services in primary care in Swindon GP Practices are the primary point of contact with the NHS for most people, and therefore have essential role in identifying patients at risk of a fall and supporting those who do fall including referring on to more specialist support services.

- **Great Western Hospital**

Acute care for those who fall and a consultant led specialist medical clinic which takes referrals from Primary Care and from other areas in the hospital. The Trust has a Falls Avoidance Nurse who works to identify those at risk of falling whilst in hospital, and also to ensure that those who are admitted because of a fall are referred to appropriate community services following discharge.

- **SEQOL**

SEQOL provide rehabilitation and reablement within the community to support those being discharged from hospital, and to help avoid unnecessary hospital admissions. SEQOL have a Falls & Bone Health Lead to ensure that appropriate services are provided, and a Community Intermediate Care Team (CICT) which provide a multi-disciplinary non-medical specialist multi-factorial falls risk assessment and interventions. They also provide evidence based exercise either as a group or as a home exercise programme based on the evidence based Otago programme and in-line with NICE Guidelines

- **Swindon Homeline**

Homeline is Swindon Borough Council's telephone community alarm system, which helps elderly and vulnerable people living in the community. A team of mobile wardens respond to calls for assistance, often involving and liaising with other agencies such as doctors, the police and the ambulance service. A large proportion of all calls are because of a fall. A falls risk assessment form is completed for multiple fallers and sent to the community falls team for information. However, there is currently no pathway to ensure that these fallers receive any intervention.

- **Swindon Safe and Warm**

The Safe and Warm project focusses on bringing together services for the vulnerable throughout Swindon to help them make their homes warmer and safer places to live. Services signposted and made easily accessible include home insulation, fire safety checks, income maximisation through benefit checks and ensuring residents are aware of crisis funding for the extremely vulnerable as well as practical falls prevention advice and home safety checks and adaptations to reduce the risk of falls. Funding for elements of this work is time limited.

A health information leaflet *“Helping you to reduce the risk of falling in your home”* is published through Safe and Warm which includes information about falls awareness; home hazard awareness; risk factors and risk reduction; diet and physical activity for reducing risk of falls and improving bone health; as well as local support services in Swindon.

- **Swindon Borough Council Leisure Services Health Improvement Team**

The Health Improvement Team offer Balance and Safety Classes designed specifically to help those at risk of falls by improving upper and lower body strength, mobility, co-ordination and balance. Two classes are offered each week. These are open to anyone and are promoted as a step-down following on from care provided by CICT. The service also provides a Ration Box Home Exercise in partnership with CICT which is designed to help reduce the risk of falls in the older age group, targeting those who are unable to attend group sessions.

- **Swindon Borough Council Property Adaptations**

Swindon Borough Council undertakes home adaptations for those with a disability or at high risk of falls to enable them to manage more independently for both private home owners and council housing tenants. Assessments are initially undertaken by a SEQOL Occupational Therapist.

- **Swindon Health Ambassadors**

The Health Ambassador Service provides help and support from within the community to help clients gain a healthier lifestyle. The team includes two Elder Ambassadors whose work is focussed on those over the age of 50. They offer guidance, support and motivation to make lifestyle changes such as eating more healthily, stopping smoking a becoming more physically active and are developing a role in offering home based exercise for older people in partnership with the Leisure Services Health Improvement Team.

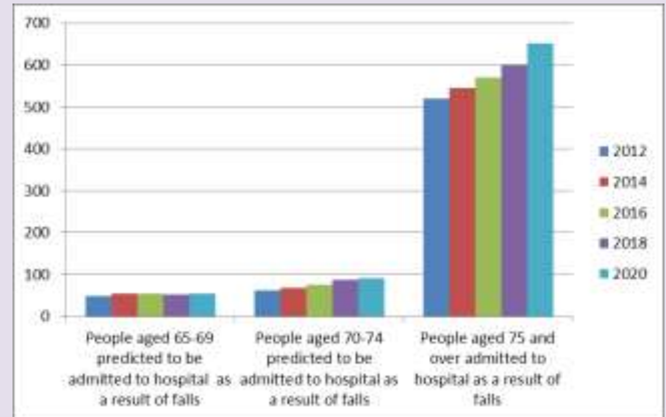
- **Swindon Community Navigators**

A pilot of a new Community Navigator role began in January 2014. The team will work with local GP Practices and the Community Matrons to support people to navigate through health, social care and voluntary sector services in Swindon to improve their well-being and quality of life and enable them to become more independent and empowered in the management of their Long Term Condition and/or circumstances. Early indications are that a number of patients have been referred for falls prevention, and the team are also developing a role in offering home based exercise.

What Does the Future Look Like?

As the number of older people living in Swindon increases the number of those over the age of 65 falling is predicted to increase from around 8000 in 2012 to 10,000 in 2020. The number admitted to hospital because of a fall is also predicted to increase as can be seen in the figure below.

People aged 65 and over predicted to be admitted to hospital as a result of falls, by age, projected to 2020



Source: Projecting Older People Population Information System (POPPI)

Alternative Scenarios

Falls prevention is a public health priority in Swindon and actions to reduce the number of older people who fall in Swindon and support those who do to regain their mobility and independence are reflected in many local strategies and services. There are however opportunities to bring this work together in a more consistent way through commissioning and development of a falls care pathway for Swindon.

More could also be done around primary prevention of falls and of osteoporosis. This should be targeted particularly at the "younger old" and have a focus on promoting healthy ageing including physical activity and other healthier lifestyle choices and raising awareness of the risk and protective factors for falls and osteoporosis as well as opportunistic identification, during visits to a healthcare professional for any reason, of postmenopausal women who are at risk of osteoporotic fragility fractures and who could benefit from drug treatment.

There is some evidence to suggest that the most effective way of preventing older people from suffering fragility fractures is a Fracture Liaison Service. There is currently no such service in Swindon. The aim of a Fracture

Liaison Service is to identify and record every patient who has had a fragility fracture and ensure that they are offered osteoporosis and falls prevention treatment where necessary. Developing such a service could lead to improvements in the co-ordination of care to ensure that every fragility fracture patient gets the treatment and care they need.

The most recent Swindon Falls & Bone Health Strategy was published in 2010. The strategy was developed jointly by Swindon Primary Care Trust and Swindon Borough Council. There have been many changes in the health and social care landscape since the publication of this strategy. Whilst creating a new strategy document alone would not lead to improvements in health outcomes for older people in Swindon bringing together partners to review the previous strategy and current commissioning arrangements, and identify new ways of working together to commission a clear evidence based falls and fracture care pathway and implement the recommendations set out in this report could bring real benefit to older people in Swindon.

Recommendations

1. Review currently commissioned services that contribute to falls prevention, and care and support of those who fall, and explore opportunities for joined-up multi-agency approaches to commissioning to ensure that there is a clear evidence based falls and fracture care pathway in Swindon.

2. Develop resources and training for health and social care professionals and the community and volunteers which promote:
   - falls and osteoporosis awareness
   - the importance of case risk assessment and case identification
   - existing falls services available in Swindon and appropriate referrals to these services

3. Explore ways to increase capacity to undertake multifactorial falls risk assessment within health care services in Swindon. This may be through the existing community falls service or within Primary Care.

4. Improve referral pathways in to community falls clinic for repeat fallers attended to by the ambulance service or Homeline including redesign of current risk assessment forms used.

5. Identify ways to extend local provision of evidence based strength and balance training through group classes and home based interventions including building links with nursing and residential care, Primary Care, Health Ambassadors and the new Community Navigators project.

6. Support national campaigns and deliver local campaigns to promote healthy ageing including physical activity and other healthier lifestyle choices and other protective factors for falls and osteoporosis; advises older people and carers on what they should do in the event of a fall or fragility fracture; advises older people and carers about risk factors for falls and fractures and the steps they can take to reduce their risk.

Where to find more information

The full Falls and Bone Health JSNA Briefing provides more information on the issues covered by this bulletin (including full references). It can be found on Swindon's JSNA website: http://www.swindon.gov.uk/sc/sc-healthmedicaladvice/jsna/Pages/sc-jsna.aspx

The website includes a range of other documents about health and wellbeing in Swindon. If you have any queries (or would like to contribute to needs assessment activities in Swindon) please contact: CBartlett@swindon.gov.uk

Acknowledgements

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This bulletin will be reviewed in February 2016