Swindon
Joint Strategic Needs Assessment

Profile of Falls and Bone Health in Swindon

February 2014

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Where to find more information

Further information 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

SWINDON JOINT STRATEGIC NEEDS ASSESSMENT
PROFILE OF FALLS AND BONE HEALTH IN SWINDON

1. SCOPE AND PURPOSE OF THIS BRIEFING

The aim of this briefing is to describe the epidemiology of 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. It has been prepared in response to a request from the Director of Public Health.

2. INTRODUCTION

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 (NICE 2013, DH 2009).

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 (Age UK 2012). Falls are estimated to cost the NHS and Social Care more than £2.3 billion per year (NICE 2013).

In Swindon which has around 30,000 people aged over 65 it can be estimated that:

- 10,000 will fall each year
- 4000 will fall twice or more
- 1500 will call the ambulance service
- 1500 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
- 6600 people per year who fall should receive a falls assessment
- 3300 will require a brief screening of gait and balance.

(Estimates based on modelling from Department of Health Falls and fractures: Effective interventions in health and social care (DH 2009).

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. 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 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.

3. CONTEXT

3.1 National Policy Context

Falls and bone health is a national government priority; the Public Health Outcomes Framework (DH 2012) includes national indicators for injuries due to falls in people aged 65 and over and the NHS Outcomes Framework includes indicators about the proportion of fragility fracture patients recovering to their previous levels of mobility/walking ability (DH 2011). There are also links between falls prevention and the Adult Social Care Outcomes Framework (DH 2013) particularly in relation to Domain 1 (Enhancing the quality of life for people with care and support needs) and Domain 2 (Delaying and reducing the need for care and support).

There have been a number of national policy and strategy documents related to falls and bone health published by the Department of Health, the National Institute for Health and Care Excellence (NICE) and national professional bodies such as the Royal College of Physicians.

National Policy and Strategy Documents

- The assessment and prevention of falls in older people, NICE Clinical Guidelines CG191 (2013).
- Public Health Outcomes Framework 2013 to 2016, Public Health England (2013).
- Adult Social Care Outcomes Framework 2013 to 2014, Department of Health (2013).
- Breaking Through: Building Better Falls and Fracture Services in England, Age UK and National Osteoporosis Society (2012).
- NHS Outcomes Framework 2013 to 2014, Department of Health 2012.
- Falls prevention: new approaches to integrated falls prevention services, NHS Confederation (2012).
- Implementing FallSafe care bundles to reduce inpatients falls, Royal College of Physicians (2012).
- National Audit of Falls and Bone Health in Older People. Royal College of Physicians (2011).
- Stop falling: start saving lives and money, Age UK (2010),
- Falls and fractures: effective interventions in health and social care, Department of Health (2009).
- *The Care of Patients with Fragility Fracture*, British Orthopaedic Association and British Geriatrics Society (2007).
- The assessment and prevention of falls in older people, NICE Clinical Guidance 21 (2004).

3.2 Local Policy Context

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.

The most recent Swindon Falls & Bone Health Strategy was published in 2010 (NHS Swindon 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 including the abolition of Primary Care Trusts on 31st March 2013 and the move of Public Health to Local Authorities and much of local NHS commissioning to GP led Clinical Commissioning Groups and the NHS England Area Team for Bath, Gloucestershire, Swindon And Wiltshire.

There is a range of hospital and community based interventions and services provided in Swindon aimed at prevention, assessment and management of falls in older people. The main health care providers in Swindon are Great Western Hospitals NHS Foundation Trust and SEQOL. In 2012 Great Western Hospitals NHS Foundation Trust published a Falls Prevention Strategy (GWH 2012) which sets out the Trust's plan to implement Royal College of Physicians FallSafe care bundles to reduce inpatients and prevent and reduce falls in Acute and Community Services. SEQOL have also developed internal guidelines and care pathways for the prevention and management of falls. Other services also have an important role to play in falls prevention and caring for older people who fall, particularly those in Social care.

There is no current Swindon Falls and Bone Health Strategy which draws all this work together in to an overarching strategy. In contrast Wiltshire Council leads a Falls and Bone Health Strategy (Wiltshire Council 2012) for the whole county which is overseen by the Wiltshire Falls and Bone Health Strategic Group. This is relevant to Swindon as a number of the service providers and stakeholders involved also play an important role in services in Swindon. This document provides a baseline data and makes recommendations for producing a strategy.

4. FALL AND FRACTURE PREVENTION INTERVENTIONS

4.1 Falls Prevention

The Department of Health publication *Falls and fractures: Effective interventions in health and social care* (DH 2009) describes fall and fracture prevention interventions to achieve four objectives. The publication lists these objectives in priority order in terms of impact and evidence-base, although they each have a role for different risk groups and in fact the size of the population which might be reached by objective 4 is by far the largest.

- Objective 1: Improve patient outcomes and improve efficiency of care after hip fractures through compliance with core standards.
- Objective 2: respond to a first fracture and prevent the second – through fracture liaison services in acute and primary care settings.
- Objective 3: early intervention to restore independence – through falls care pathways, linking acute and urgent care services to secondary prevention of further falls and injuries.
- Objective 4: Prevent frailty, promote bone health and reduce accidents – through encouraging physical activity and healthy lifestyle, and reducing unnecessary environmental hazards.

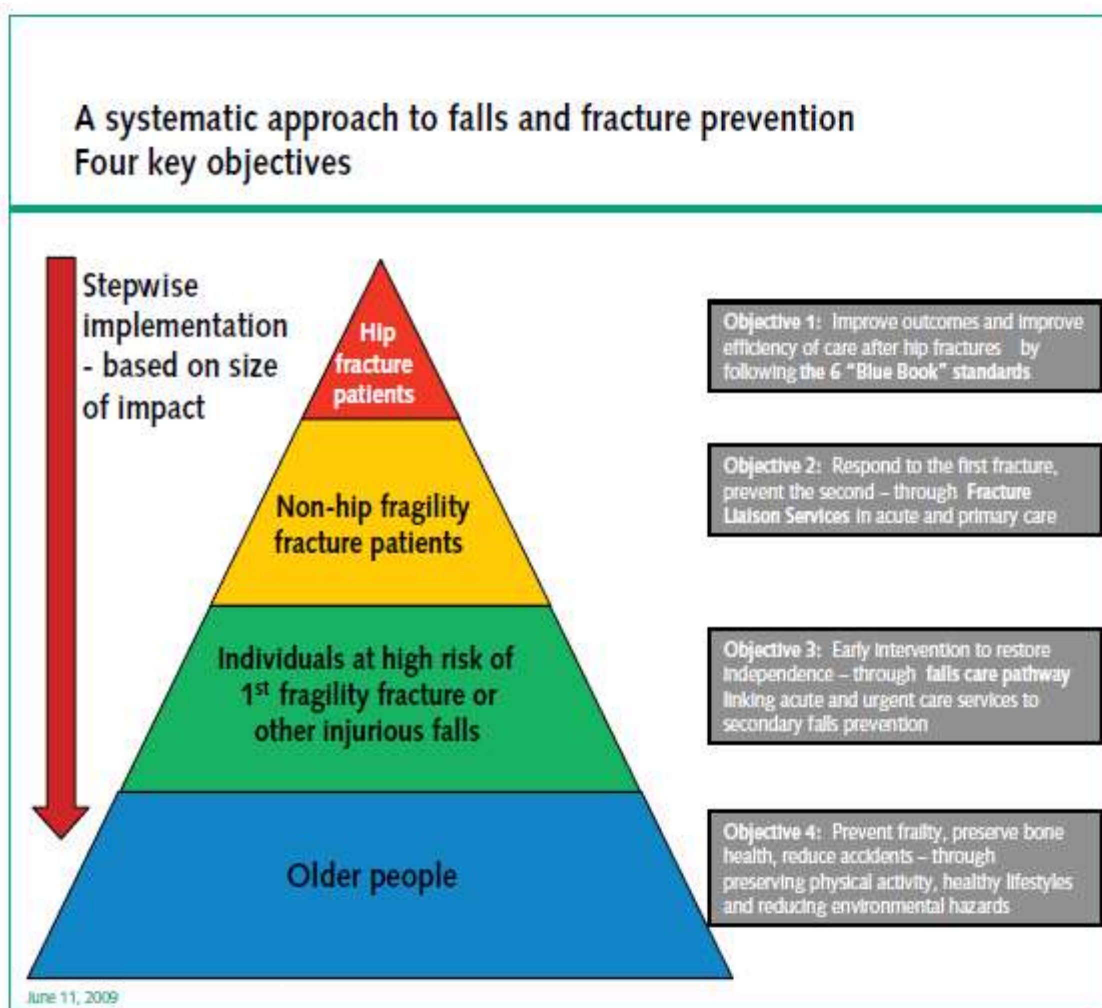

Figure 1: A Systematic Approach to Falls and Fracture Prevention.
Source: Falls and fractures: Effective interventions in health and social care, Department of Health

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.

For example, exercise has been proven to be extremely effective in reducing falls and plays an important role in primary and secondary prevention.

Type of exercise	Falls prevention?	Details
Tai Chi, dancing, gardening	**Yes** – Primary	Reduces risk of falls and is appropriate for younger-older adults (with only mild deficits of strength and balance) who have not experienced a fall.
Otago and Postural Stability (FaME/PSI) programmes	**Yes** – Secondary	Each exercise programme has been shown to prevent falls by as much as 35 per cent and 54 per cent respectively. Appropriate for older people at high risk of falls.
Chair-based	**No**	A modified evidence-based intervention, working towards reducing falls risk. Appropriate for those unable to exercise in a standing position, with or without support. Participants should be supported to progress according to their ability with the ultimate goal of building up to a level where they can take part in standing exercise and progress to an evidence-based programme for secondary prevention of falls.
Nordic walking, yoga	**No**	No evidence to support effectiveness in preventing falls though does help to maintain strength and balance (risk) and contribute to reducing risk in younger, fitter older adults or those not considered at risk.

Figure 2: Examples of evidence-based physical activity programmes (Age UK)

There are NICE Guidelines for the assessment and prevention of falls in older people (NICE 2013). NICE identifies ten key priorities for preventing falls in older people.

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 Tai Chi and gardening 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.

This paper describes key elements of service provision in Swindon, and identifies gaps where NICE Guidance is not fully met. Appendix A provides further mapping of current services to NICE Guidelines.

4.2 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.

5. FALLS AND FRACTURES – RISK FACTORS AND IMPACT

5.1 Risk Factors

Falls are not an inevitable consequence of old age; rather they are nearly always due to one or more underlying risk factors (DH 2009). 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 (notably sedating drugs, with a significant link to people with dementia),
- visual impairment,

- mobility impairment
- fainting and acute medical illness
- alcohol consumption
- foot problems
- urinary incontinence
- fear of falling

Recurrent falls are often a manifestation of impaired postural stability. This can result from a combination of factors such as conditions like arthritis, stroke or Parkinson's disease, age-related frailty and long-term cardio-respiratory conditions leading to loss of strength, balance and concentration or insight.

External factors can also contribute to falls.

Risk factors include:

- poor or cold housing
- poor footwear
- home hazards

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. 25% of women 80 years or older have osteoporosis. For a woman over 50 her lifetime risk of a vertebral fracture is 1in 3 and for a hip fracture 1 in 5.

5.2 Impact of Falls and Fractures

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 (NICE 2013).

Consequences include:

- psychological problems, for example, a fear of falling and loss of confidence in being able to move about safely
- loss of mobility, leading to social isolation and depression
- increase in dependency and disability
- hypothermia
- pressure-related injury infection.

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 (DH 2009). Indeed, fractures of any kind can require a care package for most older people to support them at home.

6. FALLS AND FRACTURES IN SWINDON – WHO IS AFFECTED?

6.1 Older People in Swindon

The population size of Swindon Borough (which includes the urban areas of Swindon and surrounding villages and rural areas) was 209,156 at the time of the 2011 census with similar numbers of men (104,600) and women (104,500). Swindon's population is younger than average however, a large number of older people live in Borough; 28,700 people (14.2%) are aged 65, including 13,700 aged 75 years or more (6.8%) and 4,100 (2%) over 85 years.

Swindon's population has increased by 12% since 2001, more than either the South West (7.0%) or England (6.3%) as a whole and is expected to continue to grow; the population is forecast to rise by about 5% by mid-year 2015 and by about 15% by mid-year 2022 (ONS 2011). As the population ages it is expected that Swindon will have substantially more older people in the future with predictions of up to a quarter more by 2020.

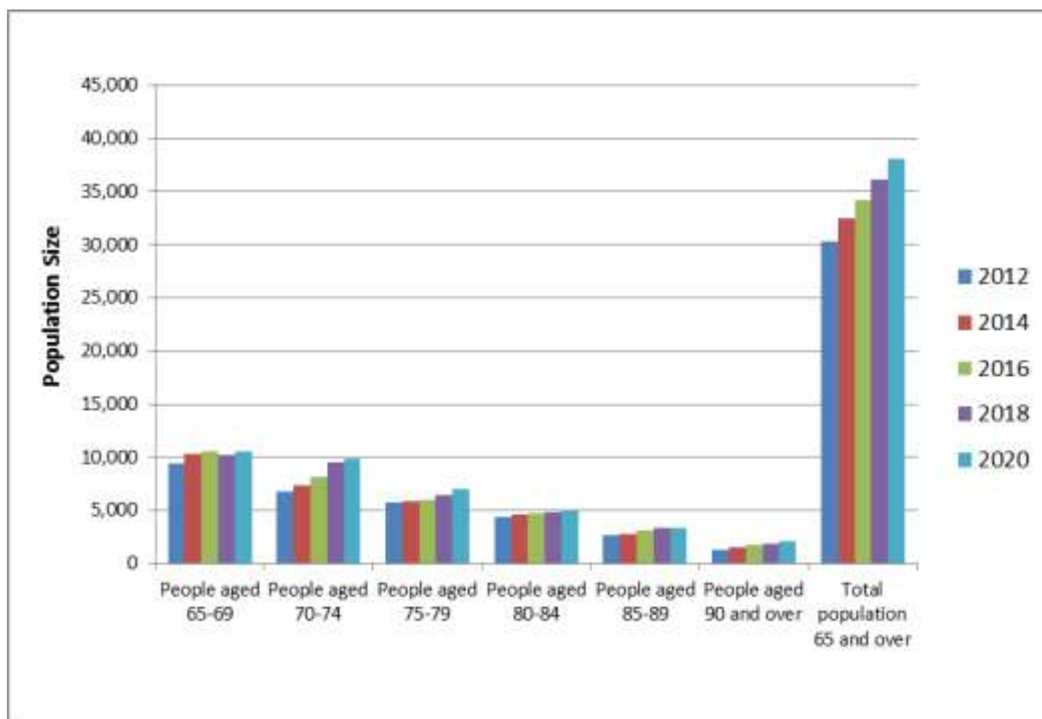

Figure 3: Projected increase in Swindon population aged 65 and over from 2012 to 2020
Source: Projecting Older People Population Information System (POPPI)

6.2 Falls and fractures in Swindon- the size of the problem

Information about falls is available mainly through health service data. However, a large number of older people who fall do not contact a health service, and it is very difficult to obtain data about falls from Primary Care therefore the information below represents just a small proportion of all those older people who fall in Swindon every year.

Swindon Homeline

Homeline is Swindon Borough Council's telephone community alarm system, which helps elderly and vulnerable people living in the community. The service is available to anyone living in the Borough of Swindon. It operates 365 days a year, 24 hours a day. 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 when appropriate. The service responds to around 1800 fallers a year, of whom less than 13% require an ambulance. 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.

Ambulance Service Data

Falls are the most common reason for 999 calls and account for 20-25% of ambulance service 999 activities (NHS Confederation 2012). A recent 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 area. Most falls which the ambulance service attends happen at home (Wiltshire audit 68%), or in a residential care home (16%). Less than half of patients are taken to an Emergency Department; the majority are treated by ambulance staff at the scene. One of the challenges that this presents is that many of these patients are not referred for further health care support as ambulance service staff do not have the systems in place to do this. This is discussed further in later sections.

Hospital Data

There are an estimated 1500 attendances for falls in people aged older than 65 at the Great Western Hospital Emergency Department each year. Between February 2012 and March 2013 1619 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 (1710 per 100,000) Swindon residents over the age of 65 years being admitted to hospital in 2010/11. However as can be seen from the Public Health Outcomes Framework indicators (DH 2012) in

Figure 4 below rates in those over the age of 80 years are significantly higher than the England average.

Health improvement		Period	Local value	Eng. value	Eng. lowest	Range	Eng. highest
2.24i	Injuries due to falls in people aged 65 and over (Persons)	2011/12	1,710	1,665	1,070		2,985
2.24i	Injuries due to falls in people aged 65 and over (males/females) - Male	2011/12	1,405	1,302	704		2,535
2.24i	Injuries due to falls in people aged 65 and over (males/females) - Female	2011/12	2,016	2,028	1,298		3,713
2.24ii	Injuries due to falls in people aged 65 and over - aged 65-79	2011/12	859	941	545		1,726
2.24iii	Injuries due to falls in people aged 65 and over - aged 80+	2011/12	5,542	4,924	2,892		8,965

Figure 4: Age-sex standardised rate of emergency hospital admissions for injuries due to falls in persons age 65+ per 100,000 population. Source: Public Health Outcomes Framework

Of those admitted to hospital around 180 are admitted or fractured neck of femur each year. Rates in Swindon have not been significantly higher than those in England as a whole over recent years.

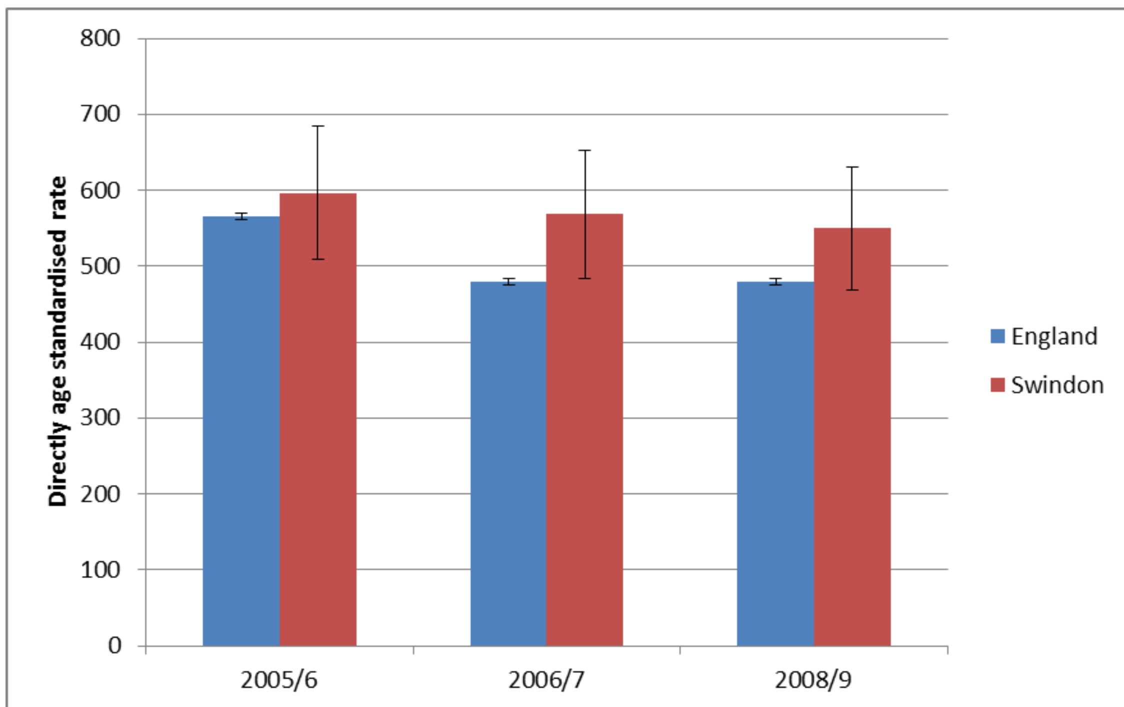

Figure 5: Directly age standardised hospital admissions for fractured neck of femur in the elderly per 100,000. Source: Health and Social Care Information Centre.

Mortality Data

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). The number of deaths in Swindon is very low and the rates therefore fluctuate significantly, however in Figure 6 it can be seen that mortality rates from falls are increasing across England, the South West and Swindon. This is most likely due to the growing older population.

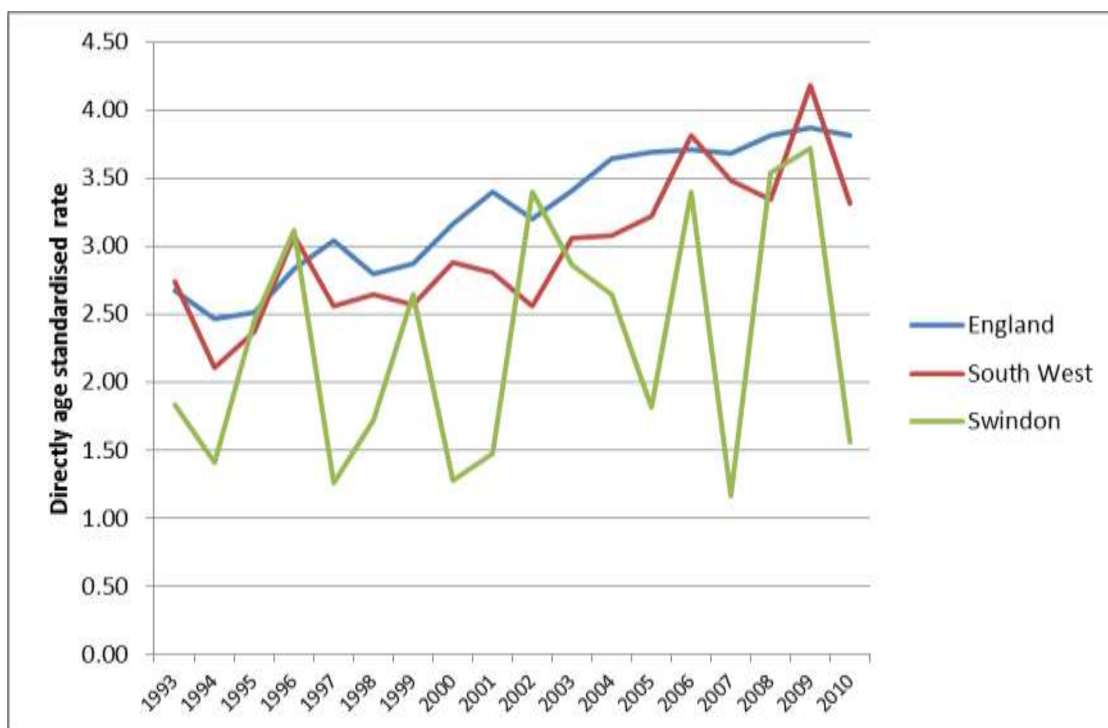

Figure 6: Mortality from accidental falls: directly standardised rate, all ages, annual trend. Source: Health and Social Care Information Centre

6.3 Future Projections

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 Figure 7 & Figure 8 below.

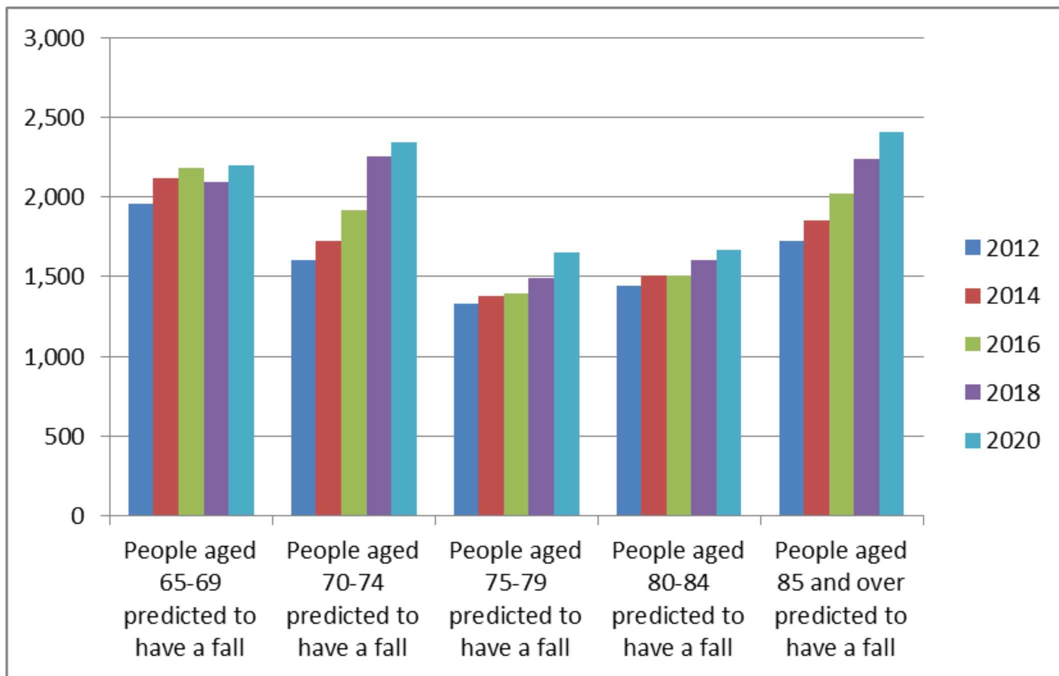

Figure 7: People aged 65 and over predicted have a fall, by age and gender, projected to 2020. Source: Projecting Older People Population Information System (POPPI)

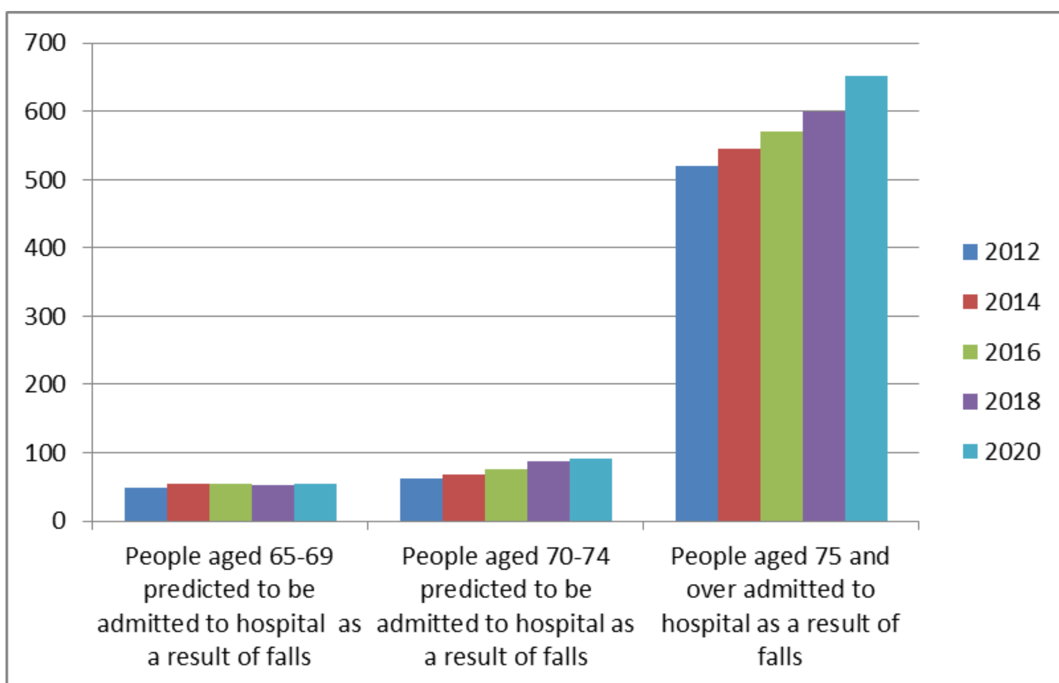

Figure 8: People aged 65 and over predicted to be admitted to hospital as a result of falls, by age, projected to 2020. Source Projecting Older People Population Information System (POPPI)

7. Estimated Cost of Falls in Swindon

Figure 9 below shows the estimated cost of falls in Swindon. 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. The estimated cost is just over £5m

INTERVENTION	ESTIMATED NUMBER IN SWINDON	UNIT COST	COST IN SWINDON
Ambulance call-outs for falls	1500	£230 National Schedule of Reference Costs 2011–12 – NHS trusts and NHS foundation trusts. Currency code ASS02: See and treat and convey.	£345,000
Fall injuries treated in and Emergency Department	1500	£128 Average NHS Tariff 2013-14	£192,000
Hospital admissions for injuries due to falls (excluding hip fracture)	320	£2795 NHS Tariff 2013-14	£89,4400
Hospital admissions for hip fracture	180	£6666 NHS Tariff 2013-14	£1,199,880
Acute phase rehabilitation after hip fracture	180	£5433 NHS Tariff 2013-14	£977,940
Care home admission following a fall	45	£31,057.52 2011/12 statutory return PSSEX1: average gross annual expenditure per person on supporting older people in nursing care (including funded nursing care income)	£1,397588
TOTAL			**£5,006,808**

Figure 9: Estimated Cost of Falls in Swindon

8. WHAT SERVICES DO PEOPLE USE?

There is a large evidence base and NICE Guidelines for fall and fracture prevention. 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.

Patients who attend or are admitted to secondary care because of a fall are screened in a weekly hourly meeting by a consultant and falls avoidance nurse, and then triaged into different pathways including falls clinic appointment, community therapy or primary care. A recent audit of referrals (Maini, Ipe 2013) found that of those patients triaged 21% were offered a falls clinic appointment, 59% were referred to the GP to assess and 15% were referred to community rehab team.

- **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

The service has carried out regular evaluation and is received well by those who are referred. However, capacity is limited and there can be a long wait (up to 12 weeks) for physiotherapy assessment and for attendance at a balance and safety group. There are no alternative services outside Primary Care available during this waiting period.

In 2012 the service completed 258 multi-factorial assessments; this is low compared to the numbers of people who are falling. Of those assessed follow-up was good; 74 attended

the balance and safety group and 108 people completed the Otago exercise programme. Another 62 were prescribed individual exercise programmes.

The Falls & Bone Health Lead has also worked with other community health practitioners within SEQOL to increase awareness and skills relating to falls and falls prevention, particularly in District Nurses, and to improve internal practices/pathways so that those under the care of the service are identified and assessed appropriately.

- **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.

In 2012-13 the service identified 1,428 people who required some kind of falls prevention intervention. 426 (30%) had a fall in the last 12 months and 1,343 (94%) were at risk of a fall because of a specific health condition or a recent stay in hospital. 489 (34%) of the households were passed to Care & Repair to be offered small home adaptations and 32 households had falls prevention measures installed following referral from the Safe & Warm programme, with a further 106 having falls prevention measures installed following referral from the Hospital Discharge Scheme also run by Care & Repair. The measures through both referral routes were funded through Safe & Warm to the value of £12,349

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.

9. OLDER PEOPLE'S PERSPECTIVES ON FALLS

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.

A study by Age UK (2004) found that many older people are resistant to advice about preventing falls. There were a number of reasons for this:

- Some consider it relevant only to people older and frailer than themselves.
- Some people reject the idea that they are at risk, either because they are genuinely confident (sometimes over-confident) of their capabilities, or because they feel that to accept that they are 'at risk' may stigmatise them as old and frail.
- 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.
- Others accept that they are at risk and that falls prevention measures may work, but think the downside of taking the measures would outweigh the potential benefits.

10. CONCLUSION AND RECOMMENDATIONS

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.

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APPENDIX A – MAPPING OF NICE GUIDELINES TO SERVICE PROVISION IN SWINDON

NICE RECOMMENDATION	CURRENT PROVISION IN SWINDON	RECOMMENDATIONS FOR FURTHER ACTION
1. Case/risk identification		
Older people in contact with healthcare professionals should be asked routinely whether they have fallen in the past year and asked about the frequency, context and characteristics of the fall/s.	This is difficult to measure. SEQOL have documentation and training in place to ensure that all staff consider risk assessment for falls. It is more difficult to know about whether risk assessment is routine in Primary Care.	Training and awareness raising for Primary Care staff. Design and distribution of resources to support Primary Care staff to undertake risk assessment and ensure appropriate advice and where relevant referrals are made.
Older people 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. (Tests of balance and gait commonly used in the UK are detailed in section 3.3 of the full guideline.)	This is difficult to measure. SEQOL have documentation and training in place to ensure that all staff consider risk assessment for falls. It is more difficult to know about activity in Primary Care.	Training and awareness raising for Primary Care staff. Design and distribution of resources to support Primary Care staff to undertake risk assessment and ensure appropriate advice and where relevant referrals are made.
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. This assessment should be performed by a healthcare professional with appropriate skills and experience, normally in the setting of a specialist falls service. This assessment should be part of an individualised, multifactorial intervention.	Multifactorial falls risk assessment undertaken by GWH specialist falls clinic and SEQOL community falls service.. Not all those who present for medical attention or report recurrent falls are referred in to services for risk assessment. In particular repeat fallers attended to by the ambulance service or Homeline are not directly referred. Those who attend the Emergency Department but are not admitted may also be missed.	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. Explore ways to increase training and capacity to enable more multifactorial falls risk assessment to be undertaken in Primary Care.

NICE RECOMMENDATION	CURRENT PROVISION IN SWINDON	RECOMMENDATIONS FOR FURTHER ACTION
Multifactorial assessment may include the following: • identification of falls history assessment of gait, balance and mobility, and muscle weakness • assessment of osteoporosis risk • assessment of the older person's perceived functional ability and fear relating to falling • assessment of visual impairment • assessment of cognitive impairment and neurological examination • assessment of urinary incontinence • assessment of home hazards • cardiovascular examination and medication review.		
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. In successful multifactorial intervention programmes the following specific components are common (against a background of the general diagnosis and management of causes and recognised risk factors): • strength and balance training • home hazard assessment and intervention • vision assessment and referral • medication review with modification/withdrawal.	Multifactorial interventions provided by GWH specialist falls clinic and SEQOL community falls service. Not all those who present for medical attention or report recurrent falls are referred in to services for risk assessment. In particular repeat fallers attended to by the ambulance service or Homeline are not directly referred. Those who attend the Emergency Department but are not admitted might also be missed.	Explore further ways to ensure that all those seeking treatment (from GP or ED) for injurious fall are consistently being offered appropriate follow up. Identify ways to increase community capacity for interventions; explore links with Community Navigators and Primary Care.
Following treatment for an injurious fall, older people should be offered a multidisciplinary assessment to identify and address future risk and individualised intervention aimed at promoting independence and improving physical and psychological function.	SEQOL community nursing team use a falls care plan for patients identified as having a fall on the safety thermometer or if presenting with fall related injuries.	

NICE RECOMMENDATION	CURRENT PROVISION IN SWINDON	RECOMMENDATIONS FOR FURTHER ACTION
4. Strength and balance training		
Strength and balance training is recommended. Those most likely to benefit are older people living in the community with a history of recurrent falls and/or balance and gait deficit. A muscle-strengthening and balance programme should be offered. This should be individually prescribed and monitored by an appropriately trained professional.	Community Falls Service provides Balance and Safety group which aims to reduce the risk of falls by improving a person's strength and postural stability using a range of extensive exercise programmes and education sessions. Swindon Borough Council Leisure Services also provide Balance and Safety classes as well as home based exercise and Tai Chi in community/sports centres across Swindon. No referral is required.	Extend local provision of evidence based strength and balance training; group classes and home based interventions.
5. Exercise in extended care settings		
Multifactorial interventions with an exercise component are recommended for older people in extended care settings who are at risk of falling.	There are no specially commissioned interventions or training programmes currently commissioned within Swindon.	Explore ways of extending local provision of evidence based strength and balance training through extended care settings.
6. Home hazard and safety intervention		
Older people who have received treatment in hospital following a fall should be offered a home hazard assessment and safety intervention/modifications by a suitably trained healthcare professional. Normally this should be part of discharge planning and be carried out within a timescale agreed by the patient or carer, and appropriate members of the health care team.	Safe and Warm identify some at risk of falls within the community. Assessment is part of of service offered by Community Falls Service, SEQOL – CICT provide this assessment and intervention. Other areas of SEQOL are in process of providing this.	
Home hazard assessment is shown to be effective only in conjunction with follow-up and intervention, not in isolation.	SEQOL –CICT follow up and review the intervention and it is in conjunction with other evidence based interventions Safe and Warm provide advice on home safety and are able to make referrals for the care and repair service.	Identify pathways to alert Primary Care when someone is identified through Safe and Warm as being at risk of falls.

NICE RECOMMENDATION	CURRENT PROVISION IN SWINDON	RECOMMENDATIONS FOR FURTHER ACTION
7. Psychotropic medications		
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.	GWH Medical Falls Clinic and Primary Care both have a role in medication review.	Explore whether more could be done to extend the role of pharmacists in medication review and falls prevention.
8. Cardiac pacing		
Cardiac pacing should be considered for older people with cardioinhibitory carotid sinus hypersensitivity who have experienced unexplained falls.	GWH Medical Falls Clinic	
9. Encouraging the participation of older people in falls prevention programmes		
To promote the participation of older people in falls prevention programmes the following should be considered. • Healthcare professionals involved in the assessment and prevention of falls should discuss what changes a person is willing to make to prevent falls. • Information should be relevant and available in languages other than English. • Falls prevention programmes should also address potential barriers such as low self-efficacy and fear of falling, and encourage activity change as negotiated with the participant.	SEQOL Falls programme assess fear of falling and uses patient goal setting to help people identify areas for change and motivation. SEQOL Falls programme actively promotes continued exercise and refers appropriate patients onto Swindon leisure services.	
Practitioners who are involved in developing falls prevention programmes should ensure that such programmes are flexible enough to accommodate participants' different needs and preferences and should promote the social value of such programmes.	SEQOL falls programme provides this with a number of options available to individuals .Group and home based interventions available through CICT and Health improvement Team.	Explore ways of improving access to falls prevention programmes which take account of the need for assessment by a health professional and also improve access and reduce waiting times.

NICE RECOMMENDATION	CURRENT PROVISION IN SWINDON	RECOMMENDATIONS FOR FURTHER ACTION
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.	GWH and SEQOL have developed in-house training and pathways and procedures to all clinical staff. Specific training needs are also addressed as required to ensure patients falls assessment and prevention.	Training and awareness raising for Primary Care staff. Design and distribution of resources to support Primary Care staff to undertake risk assessment and ensure appropriate advice and where relevant referrals are made.
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 • how to stay motivated if referred for falls prevention strategies that include exercise or strength and balancing components • the preventable nature of some falls • the physical and psychological benefits of modifying falls risk • where they can seek further advice and assistance • how to cope if they have a fall, including how to summon help and how to avoid a long lie.	*"Helping you to reduce the risk of falling in your home"* is published through Safe and Warm booklet to all appropriate individuals which includes this 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. This leaflet is distributed through the Safe and Warm Scheme as well as through GWH and SEQOL. SEQOL Balance & Safety groups has educational component which provides this along with the opportunity to practice getting up from the floor if appropriate.	No evaluation of this leaflet has been undertaken.

APPENDIX B – MAP OF MEDICINE FALLS PATHWAY

Background information 1

Information resources for patients and carers 2

Updates to this care map 3

Falls in elderly people 4

Presents with a fall 5

Routine elderly check-up 6

Alert features 7

Falls in the last 6-12 months 8

No falls in the last 6-12 months - review regularly 9

Alert features present - consider referral to appropriate service 10

Alert features absent 11

Record falls and bone health history 12

Refer to specialist care as appropriate 13

Assess gait and balance 14

Falls – initial classification 15

Suspected medical problem/unexplained falls 16

Recurrent falls 17

Single fall with gait/ balance problem 18

Single/isolated fall with normal gait/balance 19

Routine elderly check-up 20

Consider referral to appropriate specialist 21

Multifactorial falls risk assessment 22

Refer to specialist care as appropriate 23

Comprehensive falls and bone health history 24

Reassess fall risk after intervention 25

Clinical assessment 26

Individually tailored multifactorial interventions 27