Potential Scrutiny Review into Falls

Overview

At least a third of people over 65 years of age living in the community fall each year, with significant implications for their health and utilization of health services. Injury and mortality caused by falls is significant as are the consequences of a fear of falling.

Falls are a major cause of disability and the leading cause of mortality resulting from injury in people aged over 75 in the UK.

Over 400,000 older people in England attend Accident and Emergency following an accident and up to 14,000 die annually in the UK as a result of an osteoporotic hip fracture. 20% of older people who sustain a hip fracture die within 4 months and 30% within a year.

Hip fractures also result in an annual cost to the NHS of £1.7b for England. Of this 45% of the cost is for acute care, 50% for social care and long term hospitalization and 5% for drugs and follow up.

It is clear that Falls are a significant issue for older people, with increased risks as people age. Older People are likely to have a range of conditions associated with ageing which make them vulnerable and more likely to enter acute hospital care. The effects of falling are exacerbated by problems with bone strength which can mean that older people are more likely to suffer a hip fracture following a fall. This can have a significant impact on mobility and the likelihood of requiring significant care and support, including a risk of needing residential or nursing care. In addition, even minor falls affect self confidence and the ability to remain independent and self caring, particularly where this is combined with other poor health and or long term conditions.

Recovering full functioning following a hip fracture is a lengthy process and many people will require significant rehabilitation and sometimes long term care, either at home or in residential or nursing care. For older people there is a significant risk of further fractures or complications.

Barking and Dagenham as an area has additional risk factors such as those of deprivation with the Borough being in the top 7% most deprived Boroughs within England and 46th in terms of income deprivation (JSNA 2012/13).

Barking and Dagenham was also highlighted as being one of only two boroughs in London that was significantly worse than the England average for all of the indicators relating to health.
Appendix C


Low levels of physical activity are a significant risk factor for ill health, contribute to health inequality, and are linked to Falls. For example, regular physical activity reduces the risk of falls and accidents (especially in older people) by improving bone health and maintaining strength, co-ordination, cognitive functioning and balance (JSNA 2012/13). A number of services such as exercise on prescription and active aging can positive reduce risk alongside practical interventions such as addressing trip hazards and improving vision.

For women in particular, it is important to recognize potential problems with bone density in middle age, 50, as there is evidence that treatment given early on can go some way to preventing problems in later life. Early diagnosis, before the problem becomes apparent is key.

As well as providing early diagnosis and effective treatment and rehabilitation for the consequences of frailty, treatment of hip fractures, there is also some evidence that other initiatives aimed at prevention can have an impact in the numbers of people who may require treatment and care. For example encouraging people to remain active, and engage in some form of physical exercise means they are less likely to suffer from problems associated with frailty, where conversely people who have experienced a fall are more likely to stay indoors because they are fearful of another fall.

Prevention can usefully focus on making sure the home environment is well lit and uncluttered. In addition a number of services such as ‘exercise on prescription’ and ‘active ageing’ can positively reduce risk alongside practical interventions such as addressing trip hazards and improving vision. One of the micro providers locally has developed a service “Whole Body Therapy” The therapy service incorporating deep tissue massage, holistic massage, strengthening and stretching techniques, postural assessments and advice on health and wellbeing for older people predominantly either in the home or community settings.

Work is currently underway to better understand the range of services that are involved with dealing with Falls.

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<th>Performance/Evidence</th>
<th>Falls are a significant reason for admission to hospital and are therefore significant in our shared attempts to better manage acute admissions to and capacity of. As well as being painful and requiring major surgery, hip fractures are devastating as one third of people die within a year and a high proportion (41%) never return to their own home. (JSNA 2012/13). Specific falls prevention services which improve balance and strength can decrease falls by more than half (55%) if at least all fragility fractures were prevented in the Borough this would save £270,000 (JSNA 201/13).</th>
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In BHR in 2011/12 4442 admissions to hospital were as a result of falls across Barking and Dagenham, Havering and Redbridge.
In terms of usage of non acute beds 48% of reasons for admission were identified as falls.
In non-acute beds 66% of admissions due to falls were women with an average age for women of 87 and 83 for men. 87% were previously living in their own homes.
Alongside people living in their own homes it is important that we take steps to reduce admissions to acute care from care homes which from recent audit activity undertaken by the hospital, remains a significant issue. (BHRUT 2012).

| **Policy and legislation issues** | Frail Older people are a key group in their projected increase in numbers nationally and their usage of Health and Social Care Services. Developments such as the Care Act broaden responsibilities to Carers, enhanced provision of information and advice, personalization and market shaping and new funding reforms- engaging with people at an earlier point in their support journey.

The delivery of the Better Care Fund has nationally placed additional emphasis upon local areas steps to reduce admissions to hospital – this being the only area of performance to which performance related funding is now attached. NHS England have been clear that a 3.5% reduction in current admission rates will be expected in plans due to be re-submitted on the 19th September. Reducing levels of falls locally will therefore play its part in achieving this target. |

| **Areas of potential enquiry** | As referred to above there is already a significant work programme established to review and improve services for older people under the umbrella of “Frailty”, of which Falls is a key priority and there is a significant amount of data available.

Areas of potential enquiry by the Committee could be to:
- Enquire about the extent to which primary care, GPs, are successful in diagnosing and treating people in middle age with bone density problems
- Hear evidence from local surgeons about the success rate of treatment for hip fractures, particularly in older people
- Ask about the extent to which physiotherapy and other services are available for people to help them regain functioning
- Ask patients about their experiences of recovering from a hip fracture
- Enquire about the range of initiatives to help people avoid falls around their home, sloppy slippers, lighting etc.
- Enquire about the range of aids and adaptations available to help people remain independent in their own home if they have lost some mobility or functioning. |