Lincolnshire JSNA: Falls

What do we know?

Summary

The Department of Health (DH) 2009 Falls and Fractures: Effective Interventions in Health and Social Care Model states that Falls represent a significant public health challenge, with numbers increasing at about 2% per year. Increased rates of falling, and the severity of the consequences, are associated with growing older and the rising rate of falls is expected to continue as the population ages.

In England:

- The number of people aged over 65 is due to rise by a third by 2025
- The number of people aged over 80 will double
- The number aged over 100 will increase fourfold

The model estimates that more than a third of the population aged over 65 experiences one or more falls, rising to almost a half for the population aged over 80. Of these fallers up to a quarter will sustain a serious injury.

In Lincolnshire the population aged over 65 is likely to double by 2033, and the model suggests that over 22,000 people could sustain a serious injury as a result of a fall.

Therefore, preventing people from falling is a key challenge for the NHS and local authorities in Lincolnshire. The consequences of falls cuts across all agencies working with older people and consequently the solution must be borne and supported by all agencies involved.

Facts and figures

In the financial year 2008/09 the cost of falls to NHS Lincolnshire was:

- £9.5m for 2,561 hospital admissions for falls
- 540 were for Fractured Neck of Femur at a cost of £3.6m
- 2,905 excess bed days at a cost of £557,140
- A total of 10,905 ambulance call outs for falls at a cost of £392,580

A combined cost of £10.5m

This is likely to be a conservative estimate, as falls data is under recorded in hospitals and there is no social care element included. In some cases a hip fracture will prompt entry into a care home, or at least, require a care support package to be in place to support people at home.
**Trends**

Lincolnshire population data available on Lincolnshire Research Observatory (LRO) for 2008 shows a population of 110,500 over the age of 65. This is projected to rise to 185,700 in 2018, and 256,500 by 2033, just over double the current level.

Using the DoH 2009 Falls and Fractures: Effective Interventions in Health and Social Care model that a third of over 65’s are expected to fall, this would be:

- 64,995 in 2018
- Rising to 89,775 in 2033

Applying the model further, on the projected Lincolnshire populations, up to a quarter will sustain a serious injury, this could be:

- 6,500 to 16,249 in 2018
- 8,978 to 22,444 in 2033

**Targets**

The following are overarching performance indicators:

- Reduce fractured neck of femur by 15% by 2013
- Reduce the numbers of people aged 65 and over falling for a second time by 10%, year on year, by 2013

**Performance**

NHS Lincolnshire, Lincolnshire Community Health Service NHS Trust (LCHSNHST) and United Lincolnshire Hospitals Trust (ULHT) have reported to the [Royal College of Physicians (RCoP) National Falls and Bone Health Audit in Older People 2010](#). The final report which will contain key indicator data compared to the national data is due to be published in May 2011.
What is this telling us?

Summary

Falls prevention has been a priority for Lincolnshire for a number of years and having now established a clear strategy, including a service model and pathway it is anticipated that the new Consortia will concentrate on the delivery of a consistent approach to managing those at risk of falling.

There is recognition that this issue does not 'stand alone' but is integral to service delivery, particularly for all those working in a community and primary care environment managing those individual within a frailty pathway.

The Integrated Falls Pathway is based on guideline objectives in the DOH (2009) Falls and Fractures: Effective Interventions in Health and Social Care.

- 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.

Areas of development which remain outstanding are:

- To ensure an effective pathway between hospital care when an individual is admitted with an initial fracture but is deemed at risk of a subsequent fracture, and their GP to ensure on-going monitoring and where appropriate treatment.
- To ensure Primary Care consistently and pro-actively identifies those at risk of falling and ensures appropriate action is taken to mitigate that risk.
- To evaluate the current falls prevention service and to enhance as necessary across the county.

Local views

The following organisations are represented on the county Falls Steering Group which was established in June 2009:

- NHS Lincolnshire
- Lincolnshire County Council Adult Social Care
- Primary Care Providers – GPs, Pharmacy
East Midlands Ambulance Service
Voluntary Services – AgeUK as pAsCaL
Lincolnshire Community Health Services NHS Trust
Lincolnshire Partnership Foundation NHS Trust

All of the above were actively involved in the development of the Falls model of care and pathway.

**National and local strategies**

The Integrated Falls Pathway aims to support and deliver the outcomes within the National Service Framework for Long-term Conditions (DOH 2005)

- The new General Medical Service contract, Quality and Outcomes Framework 2010
- The NICE guidelines for the assessment and prevention of falls in older people
- The National Service Framework for Older People Standard 6 and 8 (DOH 2001)
- High Quality Care for All; NHS Next Stage Review Final report
- Our Health, Our Care, Our Say
- Commissioning for Health and Wellbeing Framework
- Shaping Health for Lincolnshire 2007
- Lincolnshire Joint Strategic Needs Analysis (LTPCT/LCC 2008)

**Current activity and services**

A Falls Prevention Service provided by AgeUK has been commissioned using Health and Wellbeing money. As mentioned earlier, this service delivers to Objective 4 of the integrated Falls pathway, and incorporates the three key areas within the Health and Wellbeing health pyramid:

- Primary care provides identification of those at risk of falling and developing osteoporosis
- There has been a national enhanced service specification to support this work and to encourage pro-active management of high risk people
- Both community and hospital services adopt the principle that ‘falls is everybody’s business’ and undertake steps to support those at risk of falling once identified

**Key inequalities**

An Equality and Diversity Impact Assessment was completed by Lincolnshire County Council, on the 28th July 2009, and anticipated the impact of adoption of the Falls pathway as being beneficial for all population groups’, especially older people and those on low incomes. The identification of
risks, sign posting to other services and benefits that may not have been accessed previously, and thereby ensures a health standard of living as outlined in the Marmot review.

In the future the adoption of a multi-stakeholder integrated pathway will support the creation and development of healthy and sustainable places and communities, by improved:

- Education and awareness of issues within the community
- Understanding by patient and carers of how to avoid falls and fractures
- Home health and safety awareness
- Ability to maintain social contacts and community activities.

Lincolnshire communities are mostly rural and being able to stay in the communities is both beneficial to the mental and financial wellbeing of the patient and their relatives, as well as the social make up of the communities themselves.

The integrated Falls pathway will also strengthen the role and impact of ill health prevention, with its emphasis on:

- Advising and initiating improved physical activity, enabling individuals to maintain independence longer
- Identifying and offering advice and support to reduce incidents of increased smoking and alcohol use
- Identifying and addressing deteriorating mental health and wellbeing and reduction in confidence
- Screening and early intervention and home assessment of living environment to prevent falls, making home more comfortable and enable households to plan ahead and make adjustments to prevent hazards occurring.

It is also acknowledged that there may be increased demand for certain services as a result of the risk assessment, for example:

- Increased demand for voluntary sector support such as AgeUK, pAsCaL and AgeUK Bridge Project.
- Increased demand for financial support to make home adaptations to reduce Falls and aid independent living.

Increase demand for maintenance and creation of new footpaths in rural locations, suitable for mobility scooter and walkers

**Key gaps in knowledge and services**

The following objectives have yet to be fully implemented:

- 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.

**Risks of not doing something**

This would maintain the status quo, such that avoidable hospital admissions would continue adding to pressures for UHLT and causing stress and anxiety to patients and their families. Loss of the opportunity to develop a valuable tool for supporting and encouraging self management, independence and all the benefits that brings for the individual and healthcare organisations. The impact of an increasing older population; rising costs and reduced funding will be felt all the more if no action is taken in this area.

**What is coming on the horizon?**

The findings from the RCoP National Falls and Bone Health Audit in Older People 2010, due to be published in May 2011, will contain key indicator data compared to the national data and could be used to determine performance indicators and targets.

The need to manage and reduce the number of falls across Lincolnshire is essential, given the increasing number of older people living in the county. If prevention is not a priority, and falls continue to rise at the currently predicted level, this will result in a significant increase in cost which in 2008-2009 was £9.5m.

**What should we be doing next?**

Monitor and evaluate the effectiveness of current services provided by the voluntary and community sector

Strengthen the role of GPs in the identification and management of high risk people.

Address medicine management issues and the impact of contra-indication and concordance of medication utilising targeted "Medication Use Reviews".