CS/12/30
Health & Wellbeing Scrutiny Committee
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FALLS AND FRACTURE PREVENTION

A review by the Health & Wellbeing Scrutiny Committee, November 2012

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Chairman's introduction

On behalf of Devon County Council's Health & Wellbeing Scrutiny Committee I am delighted to publish this report. It follows a succinct and comprehensive review of the policy and position regarding falls and fracture prevention in Devon. The review was carried out as a one-off exercise on 26 October 2012 in the format of two round table discussions with health and social care professionals and elected members focussing on the two broad themes falls prevention and falls intervention.

I would like to thank all those who participated in the process, for their time and effort and continued commitment to helping to shape this review and its recommendations.

A joint Devon County Council and NHS Devon strategic framework for falls and bone health was being prepared and finalised as a parallel and separate exercise to the scrutiny review being carried out. The scrutiny review came about after elected members had raised concerns about

- limited resources of specialised physiotherapy and occupational therapy,
- access to services in rural areas,
- the quality of building design to reduce trip hazards and the
- rehabilitation for people who have suffered falls.

Approximately one third of people aged 65 and over, and half of the over 85s, will fall in any one year in Devon. Out of those who fall, a significant proportion will fall two times or more, end up in accident and emergency departments or fracture bones (see graphic on page 4), so it is vitally important that we as a County Council and we as a health and social care community are having these discussions in order to commission and deliver services which are targeted, evidence-based, integrated and, most importantly, provide the best possible outcomes for patients and the population as a whole.

Conducting this piece of work has been very worthwhile and has engaged a number of interested parties. We have been able to look at the issues involved in depth and it has been wonderful to see such a high level of dedication and enthusiasm from everyone involved.

County Councillor Debo Sellis
Scrutiny Review Chairman
Vice Chairman of the Health & Wellbeing Scrutiny Committee

Review approach

On 15 June 2012, the Health & Wellbeing Scrutiny Committee reviewed a report on the policy and position regarding falls and fracture prevention. The Committee agreed to host a one-day review in order to facilitate detailed analysis, scrutiny and discussion of this issue after the elected members had raised a few concerns.

This review was held on 26 October 2012 and involved **participants** from commissioning, provider, public health, occupational therapy, physiotherapy, urgent care, nursing and housing backgrounds:

- Representatives from social care commissioning and social care reablement, Devon County Council
- Public Health consultant, NHS Devon, Plymouth & Torbay
- Health improvement expert covering Northern Devon, NHS Devon
- Occupational therapy representatives from Devon County Council, Torbay and Southern Devon Health and Care NHS Trust, Teign Housing and Westcountry Housing
- Physiotherapy and occupational therapy representative from the Northern Devon Healthcare NHS Trust
- Urgent care commissioning expert from the South Devon & Torbay Shadow Clinical Commissioning Group
- Fracture liaison nurse, South Devon Healthcare NHS Foundation Trust
- Private sector housing representatives from Teignbridge District Council and Torridge District Council

A cross-committee representation of eleven County Councillors also contributed to the review.

The following **written material** was taken into consideration in the preparation of the event and for information excerpts on the day:

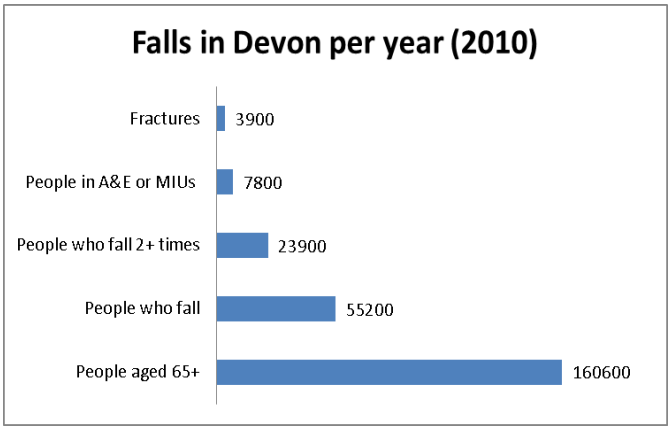
- Age UK (2012): Breaking Through: Building Better Falls and Fracture Services in England
- Devon County Council and NHS Devon (2012): Draft strategic framework for falls and bone health, including draft outcomes framework for falls and bone health and draft delivery model
- Devon County Council and NHS Devon (2012): Reducing Falls and Preventing Fractures, report to the Health & Wellbeing Scrutiny Committee on 15 June 2012
- Devon County Council and NHS Devon (2011): Devon Prevention Strategy. Promoting Independence and Wellbeing 2011-13
- Department of Health (2009): Falls and Fractures: Effective Interventions in Health and Social Care
- Department of Health (2009): Falls and Fractures: Exercise Training to Prevent Falls
- Department of Health (2012): Breastfeeding data downloads, available on http://transparency.dh.gov.uk/2012/06/26/breastfeeding-data-downloads/

- Healthcare Quality Improvement Partnership (2012): Falls & Bone Health Audit: Exercise programmes successful but lack evidence base (news release)
- Lang, Iain (2010): Brief Review of Evidence on Falls and Bone Health
- National Institute of Clinical Excellence (2004): Falls. The Assessment and Prevention of Falls in Older People
- National Obesity Observatory (2011): Child Obesity Statistics for PCT Clusters
- National Osteoporosis Society (2010): South West Falls, Hip Fractures and Bone Health review
- NHS Information Centre for Health and Social Care (2012): Statistics on Obesity, Physical Activity and Diet: England 2012
- Royal College of Physicians (2011): National Audit of Falls and Bone Health in Older People
- Royal College of Physicians (2010): Falling Standards, Broken Promises: Report of the National Audit of Falls and Bone Health in Older People

Participants on the day were split into two groups debating the two broad themes prevention and intervention, i.e. how the rate of occurring falls and fractures can be reduced as well as how targeted, evidence-based, integrated interventions and treatment can be provided to improve the recovery from falls and fragility fractures.

Findings

Recent analysis (Lang 2010) estimated that of Devon's 160,600 people aged 65 and older it is expected that in one year:



- 55,200 will fall (i.e. one in three over 65s; one in two over 85s)
- 23,900 will fall twice or more,
- 7,800 fallers will attend Accident & Emergency (A&E) or Minor Injuries Units (MIU), and a similar number will call an ambulance,
- 3,900 will have a fracture, and of these 1,280 will have a hip fracture. 50% of those with a hip fracture will never regain their former level of function.

These figures illustrate how sizeable the rate of older people suffering from falls and fractures is in Devon. In order to reduce the number of older people falling, better preventative measures are necessary, and services need to be targeted, evidence-based and integrated in order to achieve the best possible outcomes for patients.

Prevention

The effective prevention of falls should not start when a person reaches a certain age. Improving people's bone and overall health as well as their fitness throughout their lifecycles in a holistic way is important in the prevention of falls. Lifestyle choices throughout people's lives can impact on their bone health and their risk of falling. For example, only approximately half of babies are breastfed at 6-8 weeks after birth in Devon, approximately one in six children aged 10-11 in Devon are obese and only approximately 17% of adults participate in sports in Devon, a figure which is rated middle to high according to the NHS Information Centre for Health and Social Care. All of these factors can impact on a person's risk of falling later on in life.

Q1 One question the review participants asked themselves was how **the risk of fragility fractures can be reduced by improving bone health throughout people's lifecycles**, e.g. by improving bone health in under 25s.

Supporting people in leading healthy and balanced lifestyles from as early an age as possible seems paramount in promoting health in people of all ages, and can help reduce their risk of falling in later life. Early learning providers and schools play a crucial role in shaping people's attitudes and behaviours regarding healthy lifestyles.

Recommendation 1: Review how public health promote bone health through various initiatives, e.g. breastfeeding campaigns, healthy eating initiatives or exercise programmes, especially in early learning settings and schools.

Existing aims in Devon as part of the draft framework for falls and bone health include preventing frailty, promoting bone health and reducing accidents through encouraging physical activity, healthy lifestyles and reducing environmental hazards. Delegates on the day suggested that occupational therapists could be involved in developing housing plans, in order to ensure that potential fall hazards were factored out of building designs and that the design enables people to remain living independently in their homes as their mobility declines.

It was suggested on the day that campaigns focused on the whole population rather than individuals are beneficial in improving knowledge about an issue, e.g. the F.A.S.T. stroke campaign or the breast cancer campaign. A campaign on falls could improve knowledge, attitudes and behaviours towards the control of inappropriate medication, promotion of physical and mental activity, better nutrition, appropriate footwear etc via, for example:

- brochures, posters, television radio and community displays,
- policy development,
- engagement with local health professionals and shared ownership between professionals, patients and the public, with joint responsibility for determining priority issues and ways to tackle them,
- home visits.

Information could also be placed on websites which people who live and work in rural areas visit frequently, e.g. Defra.

Recommendation 2: Write to Devon MPs asking them to support a national campaign to promote the falls prevention agenda.

Delegates also suggested raising awareness of the risk of falling among people of working age, e.g. in pre-retirement courses, covering the above themes.

Recommendation 3: Devon County Council to include information on falls and fracture prevention in pre-retirement courses.

A second question the review sought to answer was how **appropriate assessments for all patients at risk of fragility fractures** can be ensured in order to maintain or restore their independence.

Q2

As part of the draft framework for falls and bone health, implementing risk screening and triaging tools for use by providers including ambulance services, care homes and social care providers is a key priority, as is promoting multi-factorial assessments for people at significant risk of falling, leading to either advice and support e.g. links to cardiac rehabilitation or diabetes support, or to referrals to evidence-based interventions to reduce their risk of falling.

The Northern Devon Healthcare NHS Trust, for example, routinely assesses patients' risk of falling who are aged 65 and over. Patients under the age of 65 are screened if they suffer from a long-term condition. The Trust uses the Cryer screening tool (adapted from C Cryer and S Patel 2002) which consists of five questions and can trigger e.g. medical reviews or referrals to the complex care teams, physiotherapy, occupational therapy, community rehabilitation teams or nurses. The use of screening

tools should be extended to GP practices where reviews of patients' medication could be undertaken in order to control the prescription of inappropriate medication which might increase the risk of a person falling.

Recommendation 4: Establish consistent assessment procedures across the county in primary and secondary care for people who present to services and make results available to health and social care providers.

Significant further work is required to improve assessment procedures for people who do not present to a health or social care professional. Participants on the day suggested computer-based tools for people to self-assess their risks in the community which can help them to take ownership of their circumstances. These short self-assessments, e.g. ADL self care, could be completed by the person themselves, by family members or volunteers in various locations, including post offices, shops or libraries, or remotely in case an individual has no social network in the area where they live. Self-assessment tools currently on the market can be tailored towards local services so people at risk can easily implement the results and suggestions, which could range from moving furniture in the home to seeing a GP or having a medical review. Self-assessment tools can widen access for people who are not known to services and provide a viable solution for screening and educating larger parts of the population on their risk of falling.

As a final word on prevention, the Health and Wellbeing Scrutiny Committee would like to urge District Colleagues to explore ways in which more funding may be accessed or made available both for Disabled facilities and housing renewal work. It is the opinion of the committee that funding on these preventative measures may help to prevent falls.

Recommendation 5: Commission appropriate self-assessment tools and ensure local availability across the county.

Intervention

Once a person has fallen, it is vital that the patient experiences targeted, integrated and timely interventions. For example, the outcomes for patients significantly worsen if they lie for an hour or more following a fall, e.g. if they are not able to raise an alarm and are waiting to be discovered.

Q3

A third question which was explored during the review was how **targeted, evidence-based interventions and treatment can be ensured in order to improve recovery** from falls and fragility fractures.

Feedback from healthcare professionals on the day suggested that assessments and referrals from secondary care following an injury-related fall or fracture were critical. Although screening and follow-up procedures differ in acute hospitals in Devon, once a person presents with a fall, referrals to e.g. occupational therapy, physiotherapy, complex care teams, nurses or rehabilitation following assessments should be followed up consistently. Evidence suggests that people being discharged from hospital following an injury-related fall or fracture are not always picked up and appropriately referred for treatment and interventions.

Recommendation 6: Develop effective measures to ensure that all patients who have suffered from a fall-related injury or fracture are assessed prior to or shortly after discharge from hospital.

The draft strategic framework for falls and bone health also promotes the development of fracture liaison services and the availability of the falls and bone health pathway, which provides guidance and signposting to appropriate support and interventions, to clinicians, patients, carers and voluntary groups all over Devon.

Recommendation 7: Ensure a consistent pathway of care available to health and social care practitioners and voluntary sector organisations which signpost people to appropriate treatment services and support.

However, in primary care and community settings an injury-related fall may not be picked up by services and appropriate procedures and support triggered. And although access to community-based services should be improved, there are currently no dedicated resources because the level of need is unknown. Furthermore, providing consistent access to services remains challenging in rural Devon in relation to geographical distances and the number of health and social care professionals operating in localities.

Recommendation 8: Scope the hidden need for formal or informal services across Devon among people who do not present to hospital with a fall or risk of falling as part of the strategic framework for falls and bone health, taking into account issues of access to support or services in rural areas.

There are also different capacities in health and social care to deal with patients and referrals from GPs remain inconsistent. One participant expressed concerns that interventions, e.g. having stair lifts fitted, very much depended on where the patients live in Devon and that even some urgent cases are not followed up due to capacity issues.

Q4 The fourth question centred on the better **integration of services between the health, social care and third sectors**.

Awareness and information-sharing about falls and risks of falling among health and social care staff is crucial, not only for recognising a patient at risk and providing appropriate interventions, but also for appropriate and helpful recording of incidents. For example, if a fall is not recorded on an electronic discharge summary by hospital staff, a GP might not be aware of his or her patient's falls history. The same applies to signposting patients to services – staff across the health, social care and third sectors need to be aware of the levels and types of service provision in their areas. Information sharing between professionals is also paramount.

Recommendation 9: Formalise the recording of falls and sharing of appropriate information between health and social care professionals by adding falls-related information to patient records and making these accessible to all professionals responsible for the care of patients.

In Torbay, for example, all health and social care staff as well as district nurses operate as one team and the fracture liaison service ensures that patients receive the right treatment. But effective information sharing also needs to flow between patients and professionals – people at risk of falling or who have fallen need to take ownership and seek the help and support they need.

Once a patient does present with a fall and is screened as being at a high risk of further falls and fall-related injury, consistent routine assessments should be triggered across services which take into account a multitude of factors. These so-called “multifactorial assessments and interventions” aim at promoting independence and improving physical and psychological function and they can include:

- identification of falls history,
- improvement of gait, balance, mobility and muscle weakness,
- osteoporosis assessment/treatment,
- assessment of perceived functional ability and fear of falling,
- assessment of visual impairment,
- assessment of cognitive impairment and neurological examination,
- incontinence assessment/treatment,
- assessment of home hazards and/or
- cardiovascular examination and medication review.

The capacity to provide services is limited within the public sector. Most interventions are time-limited and patients would benefit from more long-term solutions. Delegates on the day believed that the private or third sectors could fill this gap, providing e.g. self-help groups or social networks. For example, local falls and exercise groups based in the private and/or third sectors could be provided after treatment. Building and mapping community infrastructure and communication links across the health, social care and third sectors is necessary in order to build more community assessments and access to services. Clinical commissioning groups might be able to drive this development with their more local intelligence and remit. A single point of access might also be beneficial so people know where to turn to for help.

In a recent report by WRVS (Falls: measuring the impact on older people, published after the review day), the charity recommends new ways of involving third sector volunteer organisations in supporting older people, for example:

- befriending at home support to help people rebuild their confidence and independence, reducing the need for public sector support,
- clubs and community centres can provide exercise classes to rebuild physical strength, reducing the risk of complications or another fall,
- community transport accompanied by a volunteer can help people go out, reducing their likelihood of becoming housebound requiring further intervention.

As part of the implementation of the strategic framework for falls and bone health, commissioners should explore and develop the role of voluntary and community groups in preventing falls and fall-related injuries.

Recommendation 10: Map the community infrastructure in Devon in order to develop the role of voluntary and community groups in preventing falls and fall-related injuries.

Recommendation 11: Ask any succeeding scrutiny committee which will be formed after the elections on 2 May 2013 to keep the development of the falls and fracture prevention agenda under review.

Conclusion

The population of Devon is expanding and also changing. People are living longer. It is estimated that by 2031, over a quarter of the county's population will be aged 65 years or over. The rural nature of the county also brings challenges in making sure that everyone can access the services they need. The health, social care and third sectors will have to adapt their service models in order to be able to cope with an increasing number of older people who use services, with the same or less resources.

The members who conducted this review hope that by presenting their report and its recommendations to contribute constructively to the falls prevention agenda as well as the future development of successful interventions in Devon.

Acknowledgements

The members who have been involved in this review would like to thank all the contributors who gave their time during group discussions, for their hard work to help to shape the focus of this review, for sharing their expertise and for commenting on draft recommendations.

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County Solicitor

Electoral Divisions: All
Cabinet Members: Councillor Stuart Barker (Social Care) and Councillor Andrea Davis (Health)
Local Government Act 1972: list of Background Papers: None.

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