

Draft Swindon Joint Strategic Needs Assessment **Profile of Falls and Bone Health in Swindon 2016**

Scope and purpose of this JSNA Profile

The aim of this profile 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 provides an update to the previous Falls and Bone Health Profile 2014 and will inform the work of the Swindon Falls and Bone Health Collaborative.

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 and about 50% of people aged over 80 fall. Between 10 and 25% of such fallers will sustain a serious injury (NICE 2013, DH 2009). After a first fall people have a 66% chance of having another fall within a year.

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 33,000 people aged over 65 it can be estimated that:

- 11365 will fall each year
- 4900 will fall twice or more
- 1600 will call the ambulance service
- 1600 fallers will attend an accident and emergency (A&E) department or minor injuries unit (MIU)
- 730 will sustain a fracture
- 260 will sustain a fracture to the hip
- 7300 people per year who fall should receive a falls assessment
- 3600 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, local authorities and the voluntary sector. It is not the preserve of one agency as the consequences of a fall and resultant fragility fracture cut across all local organisations working with older people. In Swindon a multi-agency Falls and Bone Health Collaborative has been

established to deliver the recommendations of this Profile and prevent avoidable falls and improve quality of life for people living in Swindon.

CONTEXT

National Policy Context

Falls and bone health is a national government priority; the Public Health Outcomes Framework (PHE 2016) includes national indicators for admissions to hospital for injuries due to falls in people aged 65 and over and also admissions due to hip fractures. The NHS Outcomes Framework includes indicators about the proportion of fragility fracture patients recovering to their previous levels of mobility/walking ability (HSCIC). There are also links between falls prevention and the Adult Social Care Outcomes Framework (DH 2013).

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).

Local Policy Context

Falls prevention is a 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.

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.

In 2015 a Swindon Falls and Bone Health Collaborative was established with membership including NHS Swindon CCG, Swindon Borough Council, South Western Ambulance Service Foundation Trust, Dorset and Wiltshire Fire Service, Great Western Hospital Foundation Trust, SEQOL and Age UK. A new strategy will be overseen by this group.

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, for example Swindon Borough Council which includes Social Care, the Homeline service, Health Improvement teams and the Safe and Warm service.

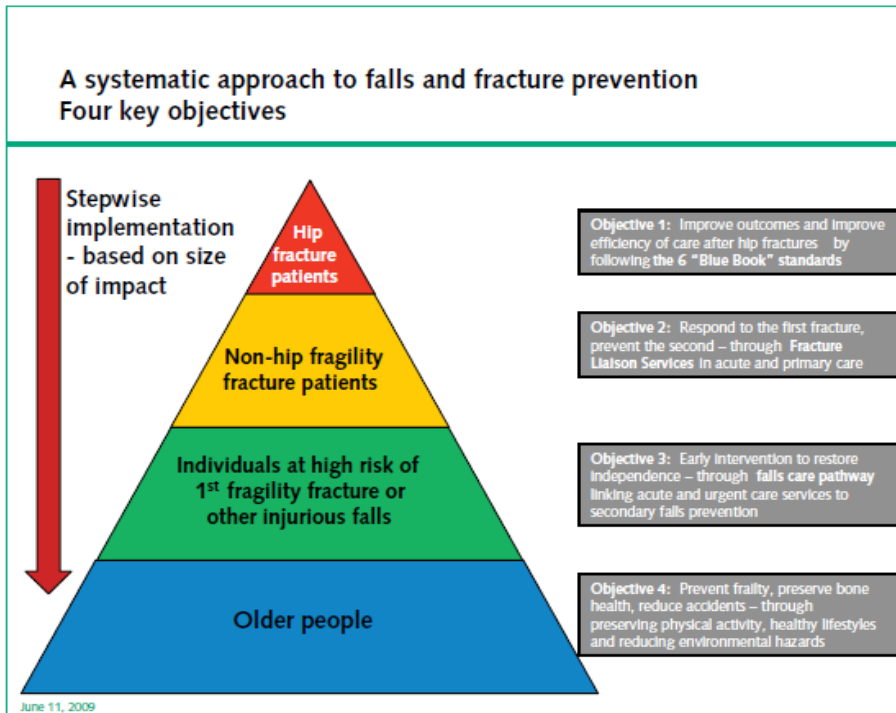
FALL AND FRACTURE PREVENTION INTERVENTIONS

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 surgery 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)



It is recognised that prevention is a key part of any falls pathway and in particular exercise has been proven to be extremely effective in reducing falls and plays an important role in primary and secondary prevention. Multi-component group exercise sessions which include balance and muscle strengthening reduce the risk of falls but home-based exercises are also effective. Videogame based exercises are also being evaluated for their ability to reduce falls in older people.

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

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.

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

FALLS AND FRACTURES – RISK FACTORS AND IMPACT

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). A recent State of the Art Review on falls prevention in the British Medical Journal identified the following common risk factors for falls in older people in the community:

- Previous falls
- Fear of falling
- Balance problems
- Gait and mobility problems
- Pain
- Drugs
- Cardiovascular conditions
- Cognitive impairment
- Urinary incontinence
- Stroke or diabetes.

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 1 in 3 and for a hip fracture 1 in 5.

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.

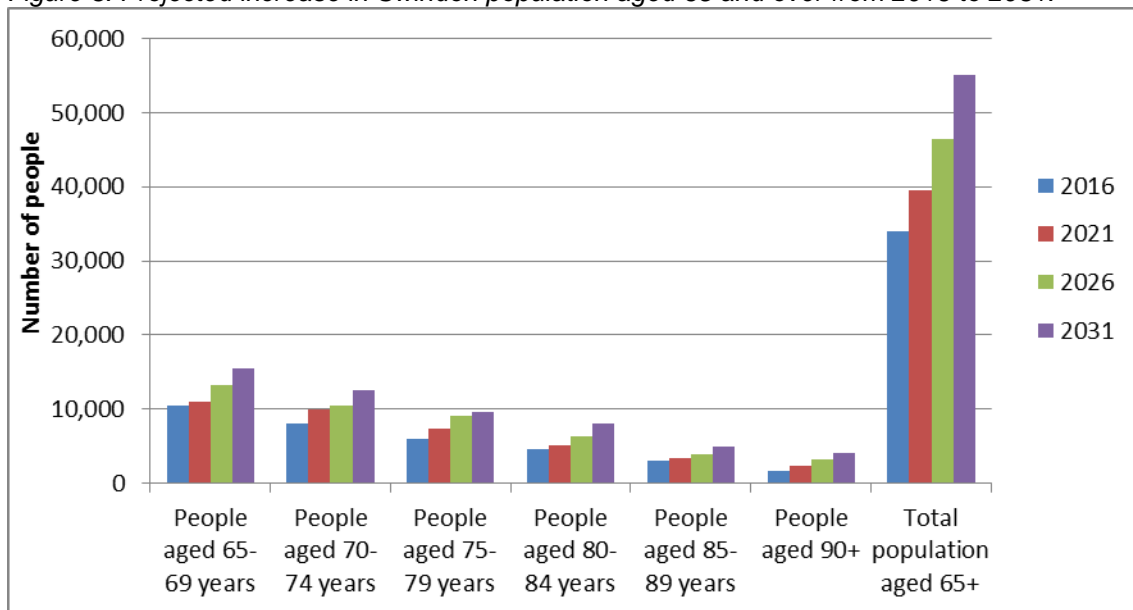
FALLS AND FRACTURES IN SWINDON – WHO IS AFFECTED?

Older People in Swindon

The population size of Swindon Borough (which includes the urban areas of Swindon and surrounding villages and rural areas) was 215,799 for the 2014 mid-year estimates with similar numbers of men (107,565) and women (108,234). Swindon's population is younger than average however, a large number of older people live in Borough; 32,237 people (15%) are aged over 65, including 14,664 aged 75 years or more (6.8%) and 4,181 (1.9%) over 85 years.

The population of Swindon by mid-2011 was estimated to be 209,700, an increase of approximately 29,600 persons from 2001 representing a growth rate of 16%, the highest in the South West and is expected to continue to grow. These projections estimate that Swindon's population could increase to 240,000 persons by 2021 and 265,400 by 2031, equivalent to growth of approximately 14% from 2011 to 2021, and a further 10% from 2021 to 2031. The largest increase in persons is projected to be in the 65 to 74 year age group, a total of 12,900 additional persons by 2031. However, the 85 years and over age group will have the largest growth rate at approximately 136%. (SBC 2014-2016)

Figure 3. Projected increase in Swindon population aged 65 and over from 2016 to 2031.



Source: Projecting Older People Population Information System (POPPI) applied to Swindon Borough Council policy led population projections.

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.

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). From data provided by the South West Ambulance Service, in the Swindon area, 1 in 10 calls received in 2015 were as a result of a fall. However, it must be noted this may be an underestimation due to the way a call is logged, for example if the cause was unknown the call may be logged as a head injury rather than a fall. On average 10 calls a day have the categorization of a fall. Less than half (44.2%) of the calls responded to resulted in the patient being taken to the Emergency Department with a similar number of patients (44.8%) being assessed/treated at the scene. For the patients treated at the scene, ambulance crews will not usually notify the GP if the reason for the fall was mechanical or no particular illness or injury identified. This may mean an opportunity for early intervention for patients who have fallen may be missed. In the cases where the crews did identify an underlying illness or injury for the fall, a referral can be made via the GP professional line, or in the case of out of hours, to the GAP medical service via SEQOL. Swindon

CCG have recently engaged with SWAS with an invitation to a working group that has a focus on prevention and support in the home for non-injury or repeated fallers.

Over the last year (Apr 2015 to Mar 2016) there were just over 1700 attendances for falls in people aged over 65 years at the Great Western Hospital Emergency Department. This equates to 16% of all attendances to the emergency department for this age group. In this time period, around 1000 people (61%) arrived by ambulance, the second most popular method of transport was by private vehicle. Around half of attendances for falls result in an admission to hospital.

SEQOL

SEQOL are commissioned by Swindon CCG and SBC to provide assessment and support services for people who have fallen. There are multiple teams within SEQOL, However the teams that provide the most assessments are the Community Intermediate Care Team and the Swindon Intermediate Care Centre. For the period Apr 2015 to Dec 2015 (three quarters of the financial year) there were 1439 people who had contact with SEQOL which were labelled with a 'falls' code. In this group of people, the same person can have multiple contacts within SEQOL. There were 745 people recorded as having a falls risk assessment scorecard complete, 304 people had a falls assessment and 416 people had a multidisciplinary team falls assessment and within these categories 109 people were recorded as having all three of these particular type of contacts. A third of people in contact with SEQOL in this time period were recorded as having recurrent falls.

Hospital Data

In 2015/16 there were 1757 admissions for falls and 151 for fractured neck of femur (NoF) for people aged 50 and over. This is an increase year on year for falls but a decrease on fractured NoF.

Figure 4: Admissions to hospital Source: Swindon CCG

Falls:

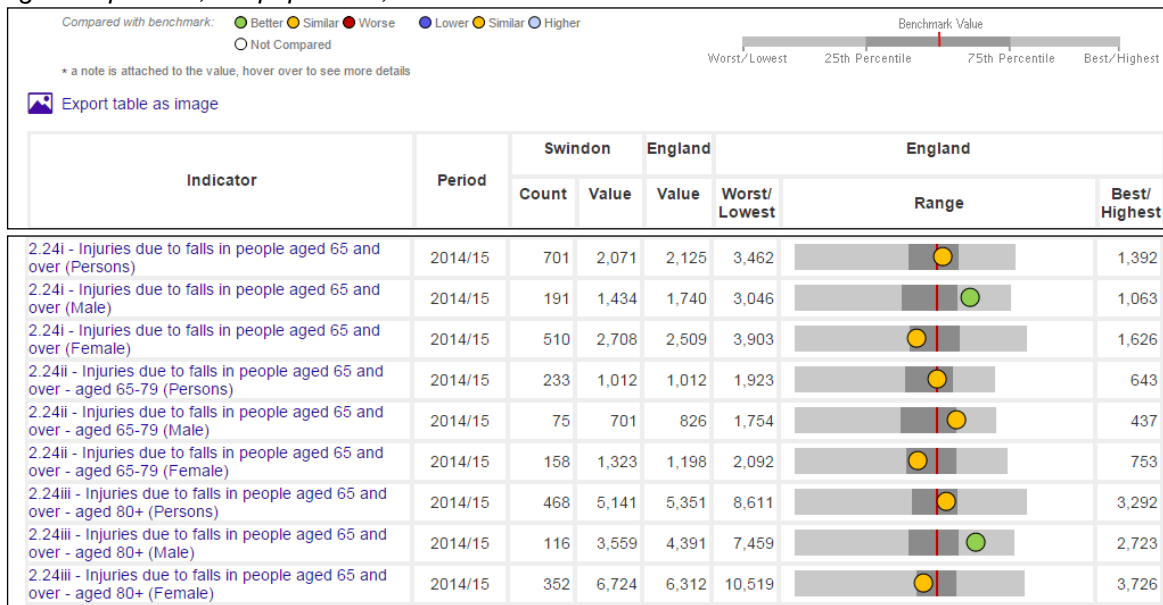
Age	2013/14	2014/15	2015/16
50-64	155	148	185
65+	1235	1371	1572
50+ Total	1390	1519	1757

Fractured NoF:

Age	2013/14	2014/15	2015/16
50-64	17	11	17
65+	186	163	134
Grand Total	203	174	151

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 701 (2071 per 100,000) Swindon residents over the age of 65 years being admitted to hospital in 2014/15 as can be seen from the Public Health Outcomes Framework indicators (PHE 2016) in Figure 5 below.

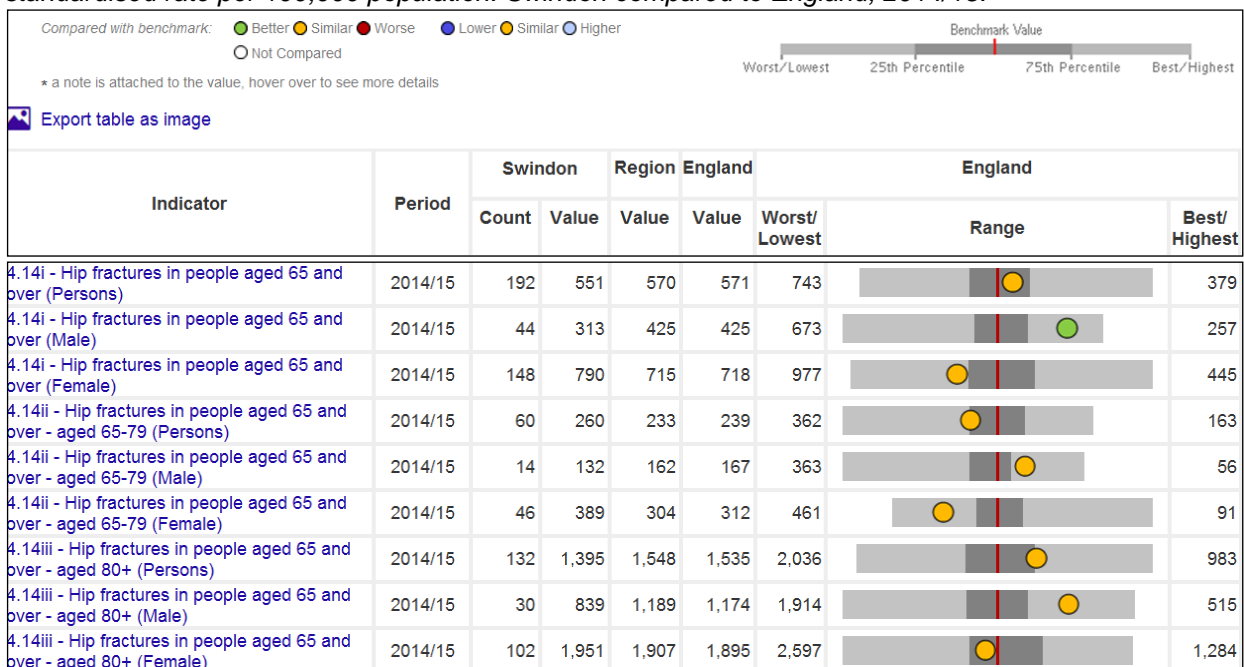
Figure 5. Age-sex standardised rate of emergency hospital admissions for injuries due to falls in persons age 65+ per 100,000 population, 2014/15



Source: Public Health Outcomes Framework

Figure 6 focuses on hip fractures and shows how this rate is split between gender and age groups for the year 2014/15. The markers that are further to the right of these bars have lower and therefore better rates. Swindon is similar to the England rate for all indicators apart from one, males that are over 65 in total.

Figure 6. Indicators for hip fracture admissions to hospital in people aged 65 and over, directly standardised rate per 100,000 population. Swindon compared to England, 2014/15.



Source: Public Health Outcomes Framework

The Falls and Fragility Fracture Audit Programme is commissioned by the Healthcare Quality Improvement Partnership (HQIP) and produced an inpatient falls audit in 2015. The audit had an organisational aspect and a clinical aspect. The outcome of the organisation audit was that many organisations had falls prevention policies and most policies included all the main areas of falls prevention. However, for many of these areas there was no association between what the policies included and the

assessments that a patient received once they were admitted to hospital, as shown by the clinical audit data. (FFFAP 2015)

The clinical audit collected data on whether patients had been assessed for all the risk factors of falls identified by NICE CG161 and whether there had been appropriate interventions to prevent falls. The group felt some risks were particularly indicative of good practice and achievable aims for quality improvement. These were chosen by the multidisciplinary advisory group for the audit, which includes patient representation. These seven key indicators are shown in the table below.

Clinical audit key indicators:

- Assessed for the presence or absence of delirium
- Measurement of lying and standing blood pressure
- An assessment for medications that increase fall risk
- Any assessment of vision
- Appropriate mobility aid in reach
- Continence or toileting care plan
- Call bell in sight and in reach of patient

Figure 7. Results for Clinical Audit section of National Audit of Inpatient Falls, for The Great Western Hospital NHS Trust, 2015

	Delirium	Blood pressure	Medication review	Visual impairment	Walking aids	Continence CP	Call bell
Great Western Hospital	15.0%	16.7%	61.9%	32.0%	75.0%	75.0%	73.1%

Outcomes: 80-100% 50-79% 0-49%

Source: FFFAP Audit report 2015

Figure 8. Falls resulting in harm and rate of falls per occupied bed day (OBD) across the South West, 2015

	Falls resulting in moderate/severe harm or death per 1,000 OBDs	Falls per 1,000 OBDs
National average	0.19	6.63
Dorset County Hospital NHS Foundation Trust	0.07	5.38
Gloucestershire Hospitals NHS Foundation Trust	0.08	7.17
Great Western Hospitals NHS Foundation Trust	0.19	8.33
North Bristol NHS Trust	0.33	7.03
Northern Devon Healthcare NHS Trust	0.16	9.23
Plymouth Hospitals NHS Trust	0.2	6.25
Poole Hospital NHS Foundation Trust	0.15	5.74
Royal Cornwall Hospitals NHS Trust	0.11	7.01
Royal Devon and Exeter NHS Foundation Trust	0.15	7.44
Royal United Hospitals Bath NHS Foundation Trust	0.08	5.73
Salisbury NHS Foundation Trust	0.25	7.34
South Devon Healthcare NHS Foundation Trust	0.06	3.93
Taunton and Somerset NHS Foundation Trust	0.1	6.31
The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust	0.19	8.96
University Hospitals Bristol NHS Foundation Trust	0.15	6.08

Weston Area Health NHS Trust	0.14	7.93
Yeovil District Hospital NHS Foundation Trust	0.16	9.19

Source: FFFAP Audit report 2015

The FFFAP audit report suggests that clinical staff and hospital managers should review the total number of falls and the number of falls with an outcome of harm per 1,000 OBDs. In GWH, the falls rate is above the national average and so it is recommended that the hospital review where these falls are taking place to see whether certain clinical areas seem to be having particular difficulty keeping their patients safe. Generally there are hot spots due to the nature of the patients, e.g. care of older people, general medicine and respiratory/thoracic medicine, among others. The risks and therefore the strategies have to be adapted to the particular problems in each area, but generally identifying delirium is a key factor.

The FFFAP also produce an annual report. This report has performance indicators for each hospital, see figure 9 and 10 below.

Figure 9. FFFAP Results (1)

South West

	Hospital code	Number of cases submitted	Admitted to orthopaedic ward within 4 hours (%)	Mental test score recorded on admission (%)	Perioperative medical assessment (%)	Mobilised out of bed on the day after surgery (Q5 16–9) (%)	Received falls assessment (Q5 16–11) (%)	Received bone health assessment (Q5 16–12) (%)	Met all the criteria for best practice tariff (%)
Royal United Hospital, Bath	BAT	535	54.0	100.0	99.4	19.9	99.8	99.8	74.0
Bristol Royal Infirmary	BRI	306	23.3	99.7	94.1	80.6	99.6	99.6	71.3
Cheltenham General Hospital	CHG	225	72.0	99.6	93.3	72.8	99.5	99.5	54.8
Southmead Hospital, Bristol	FRY	440	20.1	99.3	92.3	92.0	100.0	100.0	83.4
Gloucestershire Royal Hospital, Gloucester	GLO	417	50.2	97.8	90.9	46.6	99.2	98.6	55.4
Musgrove Park Hospital, Taunton	MPH	426	83.0	94.4	93.0	64.5	99.7	99.5	67.0
North Devon District Hospital, Barnstaple	NDD	261	76.7	81.2	62.5	75.8	98.3	99.2	44.1
Poole General Hospital	PGH	963	57.4	99.5	99.8	98.6	100.0	99.5	81.4
Derriford Hospital, Plymouth	PLY	484	53.4	99.2	97.9	90.6	99.6	99.6	77.5
The Great Western Hospital, Swindon	PMS	418	33.7	97.8	95.5	81.3	99.7	100.0	76.1
The Royal Cornwall Hospital, Trisley	RCH	606	68.6	98.5	95.4	48.0	99.8	99.3	66.1
Royal Devon & Exeter Hospital, Exeter	RDE	606	58.0	99.0	98.0	82.9	99.8	99.6	72.3
Salisbury District Hospital	SAL	274	64.0	99.6	96.0	98.6	99.6	98.8	81.1
Torbay District General Hospital	TOR	471	17.7	98.9	98.3	82.5	99.8	99.8	67.2
Dorset County Hospital, Dorchester	WDH	303	71.9	99.0	89.8	99.1	100.0	98.6	77.3
Weston General Hospital, Weston-super-Mare	WGH	304	39.5	98.7	74.3	69.4	89.6	94.2	49.2
Yeovil District Hospital	YEO	264	38.8	98.5	65.9	45.5	90.1	94.6	40.5
South West (Average)		7,303	51.9	97.7	90.4	73.5	98.5	98.8	67.0
Overall (Average)		64,102	46.1	94.5	85.3	73.3	96.1	96.5	63.3

Quartile (national)	Colour grading
Top 25 %	Green
2nd quartile	Yellow
3rd quartile	Orange
Lowest 25 %	Red

Source: FFFAP Annual report 2015

GWH score highly in the top 25% of hospitals for the proportion of patients that received a perioperative medical assessment. GWH also score highly, 2nd quartile, for the proportion of patients mobilised out of bed the day after surgery. This indicator is important as a delay in the start of rehabilitation can reflect problems such as management of pain, transfusion or fluid management in the perioperative period, or difficulties in providing appropriate physiotherapist assessment or nursing help to patients who are well enough to get up. However, GWH is placed in the 3rd quartile with only a third (33.7%) of patients being admitted to an orthopaedic ward within 4 hours.

Figure 10. FFFAP Results (2)

South West

	Hospital code	Number of cases submitted	Case ascertainment (%)	Acute LOS (days)	Overall hospital LOS (days)	Return to original residence within 30 days (%)	Reoperation within 30 days (%)	Developed a pressure ulcer after presenting with hip fracture (%)	Unknown pressure ulcers (%)	Hip fractures which were sustained as an inpatient (%)
Royal United Hospital, Bath	BAT	535	88.7	14.7	14.9	60.3	2.1	0.2	0.0	2.1
Bristol Royal Infirmary	BRI	306	81.6	19.1	25.5	48.1	4.9	2.6	0.0	6.5
Cheltenham General Hospital	CHG	225	76.3	13.2	13.6	42.4	0.0	0.9	0.0	5.3
Southmead Hospital, Bristol	FRY	440	90.7	19.4	23.4	58.6	2.3	5.9	0.2	7.0
Gloucestershire Royal Hospital, Gloucester	GLO	417	91.0	17.5	17.6	55.5	0.5	1.9	0.0	3.6
Musgrove Park Hospital, Taunton	MPH	426	100.5	13.5	13.8	62.4	1.7	0.8	56.5	3.3
North Devon District Hospital, Barnstaple	NDD	261	87.0	10.3	19.1	64.0	2.2	2.9	0.8	5.0
Poole General Hospital	PGH	963	112.2	11.9	11.9	53.5	1.1	1.8	0.0	2.8
Derriford Hospital, Plymouth	PLY	484	78.1	12.7	13.1	46.9	0.4	0.4	3.5	7.6
The Great Western Hospital, Swindon	PMS	418	94.8	12.8	15.7	63.2	1.8	1.9	0.5	2.2
The Royal Cornwall Hospital, Triliske	RCH	606	92.4	10.8	12.4	32.3	0.0	1.4	0.0	3.6
Royal Devon & Exeter Hospital, Exeter	RDE	606	100.8	11.7	13.8	54.1	2.8	1.4	0.2	4.0
Salisbury District Hospital	SAL	274	92.3	19.9	20.8	63.9	2.4	1.6	0.4	4.0
Torbay District General Hospital	TOR	471	104.0	8.4	8.6	40.8	0.4	1.8	5.1	2.5
Dorset County Hospital, Dorchester	WDH	303	101.0	12.2	12.8	44.3	1.4	0.0	0.0	3.6
Weston General Hospital, Weston-super-Mare	WGH	304	91.0	15.6	19.9	58.3	0.0	2.5	0.0	1.6
Yeovil District Hospital	YEO	264	83.8	16.8	18.0	50.5	0.0	3.7	0.0	3.0
South West (Average)		7,303	92.1	14.2	16.2	52.9	1.4	1.9	3.9	4.0
Overall (Average)		64,102	93.5	15.7	20.3	53.7	1.1	2.8	3.3	4.3

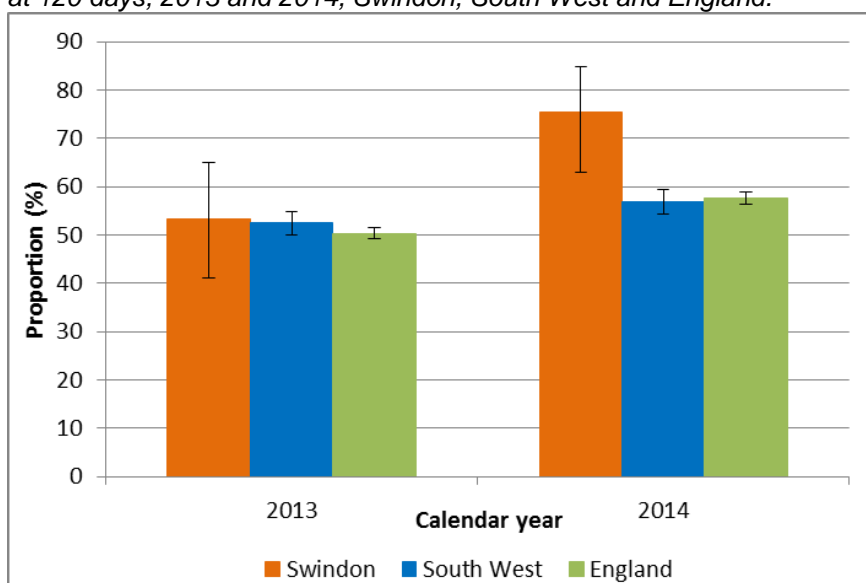
Quartile (national)	Colour grading
Top 25 %	
2nd quartile	
3rd quartile	
Lowest 25 %	

Source: FFFAP Annual Report 2015.

For the length of stay, mobility and reablement measures, GWH scores highly. It is placed in the top 25% nationally and is the only hospital in the South West to do so.

This data on reablement is reflected in figure 11 below. Although the numbers are smaller for Swindon (which is accounted for in the wide confidence intervals), the proportion of people in Swindon recovering to their previous level of mobility is better than the South West and England averages.

Figure 11. Hip fracture: Proportion of patients recovering to their previous levels of mobility/walking ability at 120 days, 2013 and 2014, Swindon, South West and England.

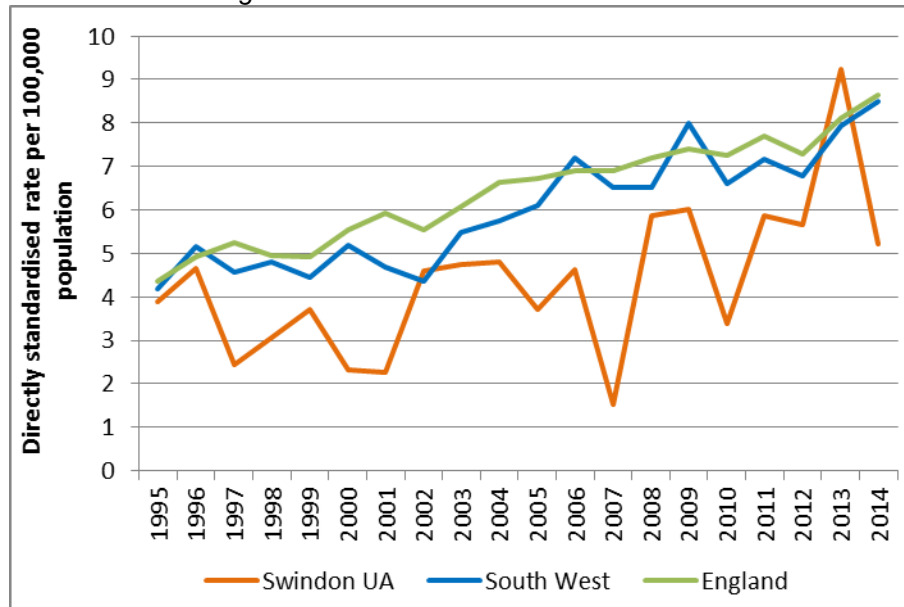


Source: Health and Social Care Information Centre, Indicator P01766

Mortality Data

Falls can be fatal. Over the last 10 years, on average 8 people 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 12 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 12. Mortality from accidental falls: directly standardised rate, all ages, annual trend, Swindon, South West and England 1995 to 2014.



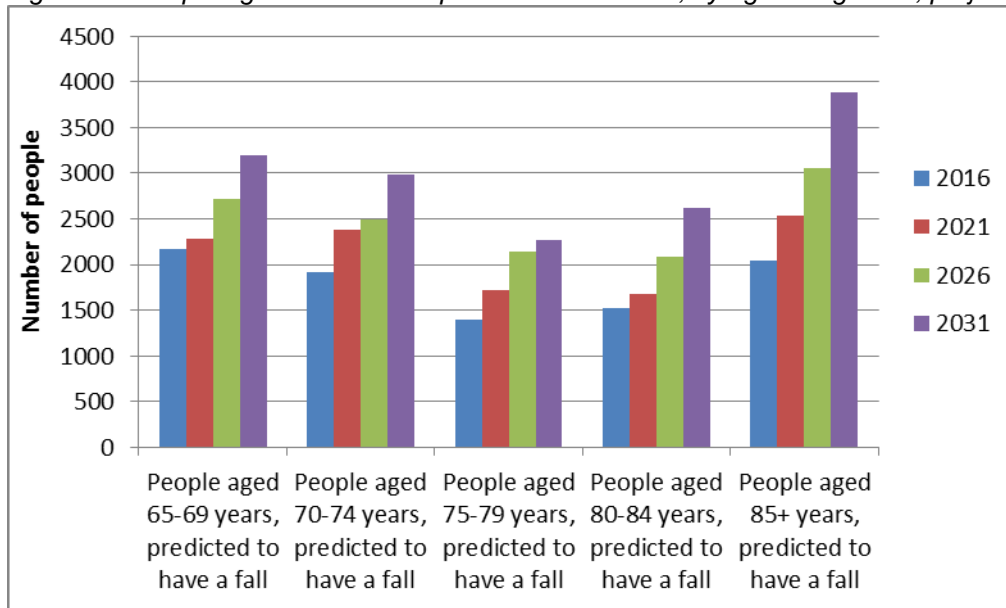
Source: Health and Social Care Information Centre, Indicator P00088

The age and frailty of hip fracture patients mean that up to a third will die within a year of the hip fracture. Only half of the deaths occurring within a few months of hip fracture can be directly attributed to the injury, hospitalisation and surgery – but patients, their families and carers often recognise the impact of hip fracture in precipitating or complicating a patient's final illness. (FFFAP Annual report supplement 2015)

Future Projections

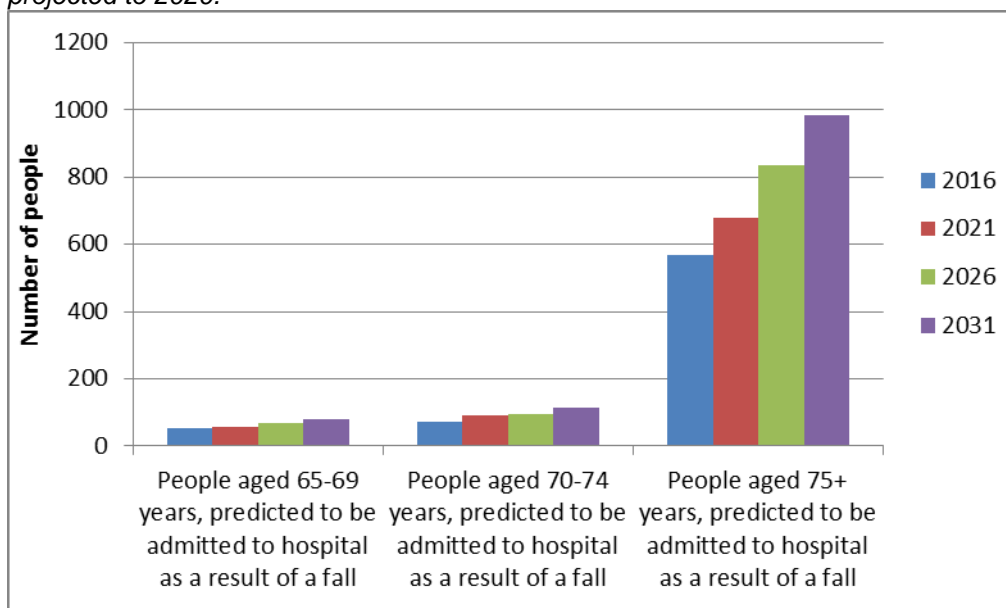
As the number of older people living in Swindon increases the number of those over the age of 65 falling is predicted to increase from around 9000 in 2016 to 15,000 in 2031. The number admitted to hospital because of a fall is also predicted to increase as can be seen in 13 and 14 below.

Figure 13. People aged 65 and over predicted have a fall, by age and gender, projected to 2020.



Source: Projecting Older People Population Information System (POPPI) and SBC policy led population projections.

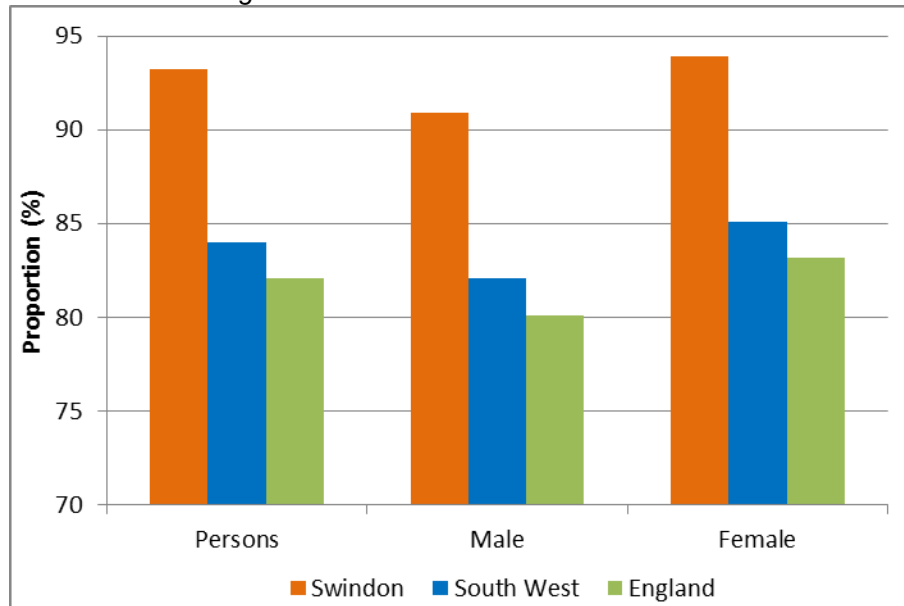
Figure 14. People aged 65 and over predicted to be admitted to hospital as a result of falls, by age, projected to 2020.



Source: Projecting Older People Population Information System (POPPI) and SBC policy led population projections

Following treatment in hospital, many people are discharged to a place for rehabilitation. As shown in figure 15 below, the proportion of people in a rehabilitation setting 91 days after discharge from hospital is higher than both the South West and England averages.

Figure 15. Proportion of people (aged 65 and over) who are at home or in extra care housing or an adult placement scheme setting 91 days after the date of their discharge from hospital, 2014-2015, Swindon, South West and England.



Source: Health and Social Care Information Centre, Indicator P01515

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.

A mapping exercise undertaken by the Swindon Falls and Bone Health Collaborative has identified that there is a wide range of existing provision in Swindon but more could be done to raise awareness between different organisations and the public of what is available and a clearer pathway is needed to look at movement between services.

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. They also offer comprehensive falls assessments which includes detailed balance and syncope assessment as well as a variety of cardio vascular investigations including tilt table testing and FRAX scoring for assessing bone health.

- **SEQOL**

SEQOL offer the following services:

- Physiotherapist assessment
- Occupational therapist assessment in patient's home
- Balance and safety group over a 12 week period with regular reviews based on the FaME exercise programme
- One to one treatment sessions as tailored to the individual either by therapist if indicated or rehabilitation assistant
- OTAGO exercise programme either home based or in clinic
- Home based exercise programme
- regular reviews for individuals with movement disorders and an on-going plan for self-management of their conditions, and being able to contact or see the therapists if they have significant physical and functional problems in between their planned reviews.
- Parkinson's Disease Booster group over an 8 week period with regular reviews

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 waits for availability.

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.

- **Avon & Wiltshire Mental Health Partnership**

AWP offer falls services to anyone under their care co-ordination. Assessment on admission to the wards and care plans in are place and physiotherapy and exercise services will offer assessment and exercises alongside tailored interventions. A falls prevention group runs for in patients at the Victoria Centre.

- **Swindon Safe and Warm**

Work to help people at risk of falls in the home has become an integral part of Safe & Warm, with the available support being developed continually. Safe & Warm now not only flags up people at risk of a fall through its promotional activities, it now provides advice and support in the form of self-help booklets combined with a funding stream for minor works to reduce the risk factors within the home. It works closely with Falls Prevention professionals within SEQOL and the Great Western Hospital to ensure a coordinated and consistent approach is maintained.

To date, 459 homes have had falls prevention related measures carried out including grab rails, ramps, half steps, securing carpets, lowering shelves and cupboards, repositioning furniture and cables etc. £33,020.30 in grant funding has been provided to fund these measures, and the clients have been identified through the Safe & Warm scheme and the Hospital Discharge scheme to date. Future referrals for help will be accepted through the local Handiperson service also.

23% of residents engaged via the doorstep assessment process were identified as being at risk of a fall in the home, with 50-60% of residents engaged with the Warm Homes Healthy People funded promotional activity being identified as at risk of a fall. These people have all now received guidance on reducing their risk of a fall, with those most at risk being contacted to see if any practical measures are required to the home. (NB this part of the scheme is no longer active)

- **Swindon Borough Council Health Improvement, Physical Activity & Inclusion Team**

The 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. They also signpost people to the wide range of community classes including yoga, tai chi and balance.

- **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 Health Improvement Team.

- **Swindon Community Navigators**

The Community Navigator team 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.

OLDER PEOPLE'S PERSPECTIVES ON FALLS

The Ageing Well JSNA will include some qualitative work looking at what would make Swindon a great place to grow old in and what some of the barriers are. Although this is not directly about falls, it will explore people's perspectives on ageing and their concerns and aspirations.

CONCLUSION AND RECOMMENDATIONS

This profile provides an update to that originally produced in 2014. The recommendations are still relevant but progress has been made in each area. The

Swindon Falls and Bone Health Collaborative is specifically focused on delivery of the recommendations and they will shape the Strategy and work programme going forward.

To date work of the Collaborative has included reviewing existing services and developing a care pathway, development of a falls prevention booklet which will be launched at a Swindon wide event in October 2016, development of a draft falls prevention strategy and action plan, piloting exchange of information between the Homeline service and GPs, and a working group looking at frequent fallers.

The group is also looking at how risk is assessed for people at different levels of falls risk and also reviewing the services, particularly in terms of prevention, that are available to those who have not fallen but are at risk and those who have fallen without injury to reduce the risk of falling again.

In 2016, a Sustainability and Transformation Partnership was established across Swindon, Wiltshire and Bath and North East Somerset. The proactive and prevention workstream includes a focus on ageing well and delivery of a consistent approach to assessing frailty and the proposed commissioning of a fracture liaison service which is aimed at people who have fallen once to reduce future falls.

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

This work is part of the remit of the Swindon Falls and Bone Health Collaborative. A mapping exercise was undertaken by the group and a draft pathway produced. Developing this and identifying opportunities for more joined up approaches is a priority for the next six months.

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

A falls booklet has been produced and will be launched at the Steady Steps to Staying Active for Life Event on 5th October. This will replace the current Safe & Warm booklet. The Swindon Falls and Bone Health Collaborative is a forum where agencies are working together to learn from each other and develop a consistent approach.

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.

Ongoing through the work of the Swindon Falls and Bone Health Collaborative. The group is looking at how risk is assessed for people at different levels of falls risk and also reviewing the services, particularly in terms of prevention, that are available to those who have not fallen but are at risk and those who have fallen without injury to reduce the risk of falling again.

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.

A working group has looked at exchange of information between homeline and Primary Care and developed a pilot project to improve this. A working group is also looking at frequent fallers. The STP work includes developing a consistent Fracture Liaison Service across the footprint.

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.

Ongoing through the work of the Swindon Falls and Bone Health Collaborative and the redesign of the Community Health and Wellbeing Service and Live Well Swindon brand.

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.

Ongoing via the Communications Team work and workplace health agenda. There is a Steady Steps to Staying Active for Life Event on 5th October which will promote this and provide people with information and an opportunity to try different activities.

REFERENCES

Age UK 2013. Falls Prevention Exercise – following the evidence. *Age UK* (2013).

Available online at: http://www.ageuk.org.uk/Documents/EN-GB/For-professionals/Research/Falls_Prevention_Guide_2013.pdf?dtrk=true

Age UK and National Osteoporosis Society 2012. Breaking Through: Building Better Falls and Fracture Services in England, *Age UK and National Osteoporosis Society* (2012). Available online at: <http://www.nos.org.uk/document.doc?id=987>

Age UK 2004. Don't Mention the F-Word. Advice to practitioners on communicating falls prevention messages to older people. <http://www.ageuk.org.uk/Documents/EN-GB/For-professionals/Health-and-wellbeing/Falls%20prevention%20-%20Dont%20Mention%20the%20F-Word%202012.pdf?dtrk=true>

Department of Health 2013. Adult Social Care Outcomes Framework 2013 to 2014, *London: Department of Health* (2013). <https://www.gov.uk/government/publications/the-adult-social-care-outcomes-framework-2013-to-2014>

Public Health England (PHE). Public Health Outcomes Framework, Available online at: <http://www.phoutcomes.info/>

Department of Health (DH) 2011. NHS Outcomes Framework 2012-13. *London: Department of Health* (2011) Available online at: www.gov.uk/government/publications/nhs-outcomes-framework-2012-to-2013

Department of Health (DH) 2009. Falls and fractures: effective interventions in health and social care, Department of Health (2009). <http://www.slips-online.co.uk/resources/Fallsandfractures-effectiveinterventionsinhealthandsocialcare.pdf>

Falls and Fragility Fracture Audit Programme (FFFAP) 2015. National audit of inpatient falls. Audit report 2015. <http://www.hqip.org.uk/public/cms/253/625/24/82/2015-10-14-Falls%20and%20fragility%20fractures-Inpatient%20falls%202015.pdf?realName=ccKUAd.pdf>

Falls and Fragility Fracture Audit Programme (FFFAP) 2015. National hip fracture database (NHFD). Annual report 2015. <http://www.hqip.org.uk/public/cms/253/625/24/82/2015-09-10-Falls%20and%20fragility%20fractures-NHFD%20%20annual%20report2015.pdf?realName=11FKDd.pdf>

Falls and Fragility Fracture Audit Programme (FFFAP) 2015. National Hip Fracture Database (NHFD) Annual report supplement 2015. An analysis of 30-day mortality in 2014. [http://www.nhfd.co.uk/20/hipfractureR.nsf/945b5efcb3f9117580257ebb0069c820/7cf236c00475272480257f5d00307ad3/\\$FILE/NHFD%202015%20annual%20report%20supplement_WEB.PDF](http://www.nhfd.co.uk/20/hipfractureR.nsf/945b5efcb3f9117580257ebb0069c820/7cf236c00475272480257f5d00307ad3/$FILE/NHFD%202015%20annual%20report%20supplement_WEB.PDF)

National Institute of Health and Care Excellence (NICE). The assessment and prevention of falls in older people, NICE Clinical Guidelines CG191 (2013).

NHS Swindon 2010. Swindon Falls & Bone Health Strategy.

NHS Confederation 2012. Falls prevention: new approaches to integrated falls prevention services. Available online at: <http://www.nhsconfed.org/publications/briefings/pages/fallspreventionnewapproaches.aspx>

Swindon Borough Council (SBC) 2014-2016. Population projection to 2031. <http://www.swindonjsna.co.uk/Files/Files/Population-Projections-to-2031.pdf>

Vieira E, Palmer RC, Chaves PHM (2016) Prevention of falls in older people living in the community British Medical Journal 216;353:i141