

Steady Steps to Staying Active for Life

A Falls and Bone Health Strategy for Swindon

Introduction

Falls and fall-related injuries are a common and serious problem for older people. Each year 30% of over-65's experience one or more falls. About 50% of people aged over 80 fall each year. Between 10 and 25% of such fallers will sustain a serious injury. After a first fall people have a 66% chance of having another fall within a year.

Close to 95% of all hip fractures are caused by falls. 80% of people who break a hip are unable to shop, garden or climb stairs a year after a fracture, with implications for both health and social care need. It is estimated that in the UK it costs £6m per day in hospital and social care costs for hip fracture alone.

As well as physical impacts 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.

People can fall at any age, however the risk increases as people get older. In Swindon there are 33,000 people aged 65 and over and based on national estimates 11,360 people will fall each year with 4,900 falling twice. In 2015/16 there were 1757 admissions to hospital in Swindon due to falls for people aged 50 and over.

Reducing the risk of falling and effectively supporting people who do fall is a priority for Swindon and requires a multi-agency approach. This strategy aims to promote mobility and independence for people by reducing the number and the impact of harmful falls in Swindon. However it also recognises that falls will happen and that preventative work should not be at the expense of limiting mobility and reducing independence. The focus of the strategy is on developing strength and balance and good bone health throughout people's lifetime, supporting people who do fall in a timely and effective way, and to learn from when falls do occur to constantly improve services and information.

The strategy has been developed and is owned by the Swindon Falls and Bone Health Collaborative; a partnership of key organisations in Swindon who have come together to deliver the recommendations of the Swindon falls and bone health Joint Strategic Needs Assessment and improve quality of life for people living in Swindon.

A mapping exercise undertaken by the Swindon Falls and Bone Health Collaborative 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 the transition between services.

Impact, Aims and Objectives

As a result of the strategy there will be:

- Support for people to age well, develop strength and balance throughout their life;

- Early and effective identification of people at risk of a fall and early intervention to support them;
- A good pathway for people who do fall including preventing future fractures, increasing awareness of the services available and ensuring that treatment doesn't increase risk by reducing mobility when people are in hospital or residential care. This will require inter-agency working to ensure that all Trusts and agencies work together and refer to one another appropriately to avoid fractures and reduce prevalence of falls.
- Training and support for the workforce recognising the Making Every Contact Count (MECC) model that everyone has a role in this. MECC is about taking every opportunity to have a conversation to improve health.

The Swindon Falls and Bone Health Strategy aims to:

- Promote mobility, independence and improved quality of life for older people;
- Promote balance and strength as an integral part of ageing well;
- Prevent avoidable falls and reduce the number of hospital admissions due to a fall;
- Improve outcomes for people who have sustained a fracture.

The outcome measures against which the strategy will be assessed are:

- Number of fractured neck of femurs;
- Number of admissions to hospital for falls over 65 years;
- Number of inpatient falls;
- Number of people accessing evidence based preventative exercise and strength and balance classes;
- Number of care homes accessing training.

Quality Improvement

The Swindon Falls and Bone Health Collaborative will primarily utilise quality improvement (QI) methodology to identify and implement improvements across the falls pathway. QI is not just a method or model, but more an approach to personal or organisational learning, development and improvement. QI can be defined as the application of a systematic approach that uses scientific techniques to improve quality. There are a range of tools and approaches that fit under the QI title, but they all support the concept of a cycle of improvement which involve problem definition and diagnosis, tests of change, data collection and analysis, implementation and evaluation.

Further information on quality improvement can be found at:

<http://www.weahsn.net/news/1663/>

Key components of the strategy

In order to deliver the aims of the strategy we will focus on the following areas.

1. Early interventions to maintain independence and reduce the risk of falls

Preventing falls through earlier and more effective coordinated interventions in the community will improve the quality of life of individuals and families and reduce demand on health and social care services. We will therefore aim to:

- Enable the public of Swindon and Shrivenham to access relevant information about what they can do to maintain good bone health and improve their strength and balance throughout the lifecourse;
- Raise the awareness that falls are not an inevitable part of ageing;
- Promote the risk factors for falls including obstacles at home, alcohol, and other health conditions;
- Promote physical activity at all ages as part of the Get Swindon Active Strategy;
- Promote a healthy diet and, maintaining a healthy weight as part of the Swindon Healthy Weight strategy;
- Promote Vitamin D supplementation for those at greatest risk of deficiency;
- Equip service providers with the knowledge and skills to both reduce risk and manage patients through the falls pathways;
- Encourage patients at risk to have regular medication reviews;
- Offer or signpost to a range of evidence based preventative exercise and strength and balance classes e.g. Tai Chi and dance;
- Establish systems and processes for voluntary and community sectors to identify people at risk of falling and effectively refer them into the falls pathway;
- Provide community-based services to support safety at home.

Preventing and managing falls amongst people who are at high risk of falling.

Timely, appropriate and coordinated management may lead to reduced emergency department attendances and admissions as a result of a fall. Managing falls is important as a focus only on falls prevention can result in a risk adverse approach where people are encouraged not to move around and to be inactive. Action will include:

- Developing a robust pathway to ensure that older people who are at high risk of falling, or have fallen or sustained a fracture, receive timely and appropriate interventions;
- Effective inpatient falls policies, procedures and training for staff, in all patient settings and other nursing and care settings. This will ensure falls risk assessments are carried out and evidenced based strategies and interventions are developed so as to balance the risk of a fall with maintaining mobility and long term health;
- Working collaboratively to ensure delivery of NICE clinical guidelines and quality standards relating to falls in older people;
- Review existing arrangements and implement an appropriate care pathway and clinical protocols for use by the South West Ambulance Service (SWASFT) where the person is not acutely unwell;

- Develop effective risk stratification in primary care for people at risk of falling;
- Recognising the increased risk of falls from sight problems and hearing loss and work with the Local Optical Committee to signpost to appropriate support;
- Link to the dementia pathway to understand the increased risk and appropriate support.

Inpatient falls

People need to feel safe in hospital. However one of key things that increase people's risk of falling is reduced muscle strength and poor balance. Sitting or lying for long periods of time can make someone more likely to fall and yet a busy hospital environment means it can be difficult to support people to move as much as they should. A loss of mobility whilst in hospital can make it more difficult for people to return to their own homes and increase the need for home support or residential care.

Great Western Hospital Foundation Trust (GWHFT) have an internal falls collaborative, with the following aim:

To reduce the rate of inpatient falls and avoidable harm due to falls by April 2018

GWHFT will report on the quality improvements undertaken within the acute setting to the Swindon Falls and Bone Health Collaborative.

Improving falls and promoting strength and balance in care homes

We need to be clear why so many people need admission to hospital following a fall and work with the care homes in Swindon to reduce falls. It is clear that people with more complex needs are remaining in residential care homes and further work is needed to understand the most effective approaches to reducing risk of falls. To establish best practice we will:

- Use the data, including ambulance, GP and/or Community Nurse call outs for falls to target homes with the greatest number of falls and potential for reduction;
- Develop a sustainable approach to ensure that all staff in care homes have a fundamental understanding of falls awareness and knowledge of referral pathways for people who are at risk of falling or who have fallen;
- Promote training around maintaining strength and balance for all older people to help with preventing falls and minimising the impact when people do fall in care homes;
- Look at best practice from elsewhere including the use of technology.

Improved bone health and reduced fragility fracture

By improving bone health we can reduce the risk of fracture and further falls for those people who have already fallen. This will be achieved by:

- Exploring the development of a fracture liaison service within Swindon as part of the Sustainability and Transformation Plan (STP);
- Implementing the NICE guidance for primary and secondary prevention of fragility fracture, including osteoporosis screening and management.

Improve understanding of the prevalence and patterns of falls and injuries across Swindon and Shrivenham

- Work with partner agencies to improve data collection processes and mechanisms;
- Regularly review information and data to assess implementation of the strategy and to inform future commissioning.

Performance management and delivery of the strategy

The multi-agency Swindon Falls and Bone Health Collaborative Group will develop a detailed implementation plan and oversee the implementation process.

Implementation will be phased to take account of the work required by a number of agencies and services across the pathway, and to ensure that the pathway is built on strong foundations.

Appendix A: The 2014 Swindon Falls and Bone Health Profile: Progress to Date

In 2014 a Falls and Bone Health Profile for Swindon was written and agreed by the Swindon Health and Wellbeing Board. This has recently been updated but the recommendations are still relevant although 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.

The recommendations together with a list of progress to date are listed below:

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.

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 was launched at the Steady Steps to Staying Active for Life Event on 5th October 2016. 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 Multi-agency Communications Team work and workplace health agendas across Collaborative organisations. There was a Steady Steps to Staying Active for Life Event on 5th October 2016 which promoted this and provided people with information and an opportunity to try different activities.