

REPORT TO: Health and Wellbeing Board
DATE: 5th July 2017
REPORTING OFFICER: Director of Adult Social Services
SUBJECT: Falls update
PORTFOLIO: Health and Wellbeing
WARDS: Borough wide

1.0 PURPOSE OF REPORT

1.1 To present the Health and Wellbeing Board with an update of the Falls Service in Halton and the work undertaken to date in line with the Halton Falls Strategy 2013 – 2018.

2.0 RECOMMENDATION: That the contents of the report be noted

3.0 SUPPORTING INFORMATION

3.1 The Halton Falls Strategy

3.1.1 In 2012 a review was undertaken to look at the falls service in Halton. This work was conducted by a multi-agency steering group and it became clear from very early on that services linked to falls were fragmented and there was no overarching vision. In addition to this fragmentation; overall performance was significantly worse than the national average, for example the hip fracture rate in people over 65 in Halton was 750 per 100,000, and the National average was 674 per 100,000. At this point it was agreed that a new falls strategy was required for Halton for the period 2013 – 2018.

The strategy focused on key objectives which included :

- To develop an integrated falls pathway for Halton
- To develop a prevention of falls pathway for Halton
- To develop a package of workforce training
- To develop an awareness raising campaign with both the public and professionals
- To improve partnership working across all agencies involved and improve governance arrangements to support falls.

3.1.2 The Falls Strategy was underpinned by a robust action plan which was agreed by all partners to drive the implementation of key objectives and to deliver evidence based, efficient, high quality services.

3.1.3 To date many key actions identified in the plan have been fully implemented and although performance is still below the national average in a number of areas there has been a significant decrease in the gap as illustrated in section 3 (performance). This links in with the key strategic priorities for falls prevention in Halton, which are to reduce:

- Emergency hospital admissions for injuries due to a fall (65+)
- Emergency hospital admissions due to fracture of neck of femur (65+)

3.2 **Progress against falls strategy action plan.**

3.2.1 ***Falls Pathways – Treatment/Prevention***

In order to develop an integrated falls pathway a multi-agency implementation group was established involving all key stakeholders and service user representatives. Access to treatment services and the patient journey was reviewed in order to streamline processes and to release capacity within the system. As an outcome of the review the FRAT (Falls Risk Assessment Tool) has been embedded into frontline practice across the Health and Social Care system including primary care (social workers, IAT, Complex care, hospital discharge teams, district nursing and intermediate care assessments) and is now part of the SAQ on Care First. To date there has been an increase in the usage of FRAT by at least 20%.

As a result of this work the number of people accessing the falls service has increased three-fold from 2011/2012 baseline (223 per annum to 750+ per annum). This number includes a rise in the number of people referred post fall from hospital into the falls prevention service.

The Falls Prevention Pathway has seen the development of the 'Age Well programme' which positions itself at both ends of the falls continuum i.e. as part of the treatment pathway for somebody who has fallen or as an initial entry point for those who are at risk of falling. The 'Age Well' programme currently delivers six classes per week on a rolling programme with a review every 15 weeks up to 45 weeks in total for each client. To date over 200 people have accessed the programme with 92% of clients showing improvements in strength, balance and gait at 3rd review. Recent developments have seen the integration of Sure Start to Later Life and SCIP workers at first & final review to address frailty & social engagement aspects for clients.

3.2.2 ***Workforce training and awareness raising***

As part of the 'Age Well Programme' a comprehensive package of training emerged from a successful 'Living Well' pilot in 2014/5. The pilot work focussed on skilling up community staff to use screening tools to identify people aged 75 + in the community at risk of memory

loss, falls or loneliness. Clinical pathways are used to identify the uptake of the screening.

A wide range of teams were contacted across Halton particularly those who have front line community staff i.e. Wellbeing Enterprises, library services, domiciliary care, day care, residential care, local housing trusts, Bridge Builders, Age UK, Dementia Action Alliance members, SCIP workers & transport Services. To date over 80 delegates have been trained across 6 training sessions. 2 more are planned and booked up to end of July 2017.

3.2.3 *Development of an awareness raising campaign with both the public and professionals*

As part of the 'Age Well' programme a campaign was developed to change public and professional perception of falls services including rebranding of promotional resources in line with recommendations by 'Later Life' training. Over the last three years numerous community wide events have been undertaken including three borough wide events to mark Falls Prevention Awareness week.

Over the last 12 months the 'Age Well' team have developed and delivered structured community awareness raising sessions to 24 community groups i.e. luncheon clubs, support groups etc., engaging 234 local residents.

3.2.4 *Improved partnership working and governance*

Integral to the progression of this work has been the establishment of a partnership group which has adopted a multiagency approach to improving falls provision in Halton. The improvement of governance and reporting arrangements across this group has supported this agenda.

3.3 Impact on Performance

3.3.1 The tables in appendix 1 illustrate the Halton performance over a Six year period from 2010. Although the overall performance is above both the North West and the National average the gap is closing. The following are the headlines from the current performance:

- Emergency admissions rate for injurious falls in those aged 65+ (Appendix 1 table 1) have decreased in Halton by 22%, this compares to the National average which has seen an increase of 2% rise over the same period.
- Emergency admissions rate for injurious falls in males aged 65+ (table 2) have decreased in Halton by 27.6%, this compares to the National average which has seen an increase of 8.5% over the same period.
- Emergency admissions rate for injurious falls in females aged 65+

(table 3) have decreased in Halton by 18.5%, this compares to the National average which has seen an increase of 1.00% over the same period.

- Emergency hospital admissions rate for injurious falls for persons 65-79 (table 4) have decreased in Halton by 23.5% whereas they have reduced by 3% across England.
- Emergency hospital admissions rate due to fractured neck of femur 65+, (table 5) this measure does fluctuate as the actual numbers of fractures is relatively small; however the current rate is in line with the national average.
- Hip fractures in 80+ (tables 6) are also in line with national average, but they can also show some degree of fluctuation.

3.5 Summary and recommendations

In summary progress has been made in a number of areas in line with the key priorities to reduce emergency hospital admissions for injuries due to a fall (65+) and emergency hospital admissions due to fracture of neck of femur (65+). However work needs to continue to close the gap and to reduce the numbers of people who fall in Halton.

The following recommendations will support work in this area.

1. Continuation of the falls steering group with representation from all key partners from Halton Borough Council, Halton CCG, Secondary Care and Third Sector. Membership to also include residential and domiciliary care providers with the view to incorporating falls prevention into contracting arrangements for care providers moving forward.
2. Via the steering group review and update the falls action plan and monitor performance in order to drive continual improvement.
3. We will look into the potential for bone health to be included as part of the prevention element of the strategy. There is strong evidence that bone health and specific exercise programmes that improve balance, muscle strengthening and bone loading are effective interventions that need to start early to reduce the risk of falls in later life.
4. In partnership with the CCG look to explore the potential need for a "Fracture Liaison Service" in the future.
5. To continue to work across primary care to increase referrals into the falls prevention programme, particularly with practices with high incidence of falls.
6. As referrals increase and participation rates grow it is important that we identify suitable exit routes out of main stream services that continue to progress clients and allow maintenance of independence. Therefore a particular focus needs to be on the identification and involvement of external partners that can provide options to people exiting the service.
7. To continue to expand the health professional training in relation

to FRAT and to see where health professionals can intervene rather than referring to falls specialist nurse, thus releasing further capacity for more complex cases.

5.0 POLICY IMPLICATIONS

5.1 There are no policy implications.

6.0 RISK ANALYSIS

6.1 Continuation of services and implementation of recommendations are required to ensure continued improvement in falls performance to reduce the amount of people that fall in Halton year on year.

7.0 EQUALITY & DIVERSITY ISSUES

7.1 There are no Equality and Diversity issues.

Emergency admissions for injuries due to falls in those aged 65+

Directly Age-Sex Standardised Rate per 100,000 population

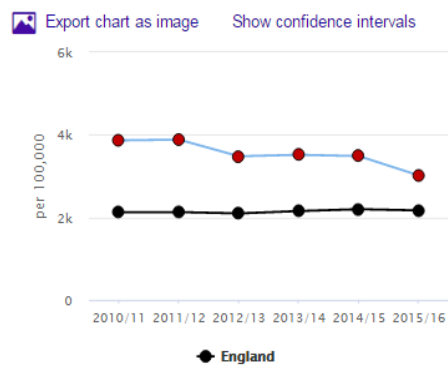
Source: Public Health Outcomes Framework

Table 1

2.24i - Emergency hospital admissions due to falls in people aged 65 and over (Persons)

Halton

Directly standardised rate - per 100,000



Export chart as image Show confidence intervals Compared with benchmark Better Similar Worse

Recent trend: -

Period	Count	Value	Lower CI	Upper CI	North West	England
2010/11	625	3,865	3,560	4,189	2,516	2,126
2011/12	667	3,884	3,590	4,195	2,453	2,128
2012/13	624	3,480	3,210	3,768	2,376	2,097
2013/14	637	3,516	3,244	3,805	2,393	2,154
2014/15	649	3,484	3,217	3,768	2,547	2,199
2015/16	574	3,016	2,770	3,278	2,452	2,169

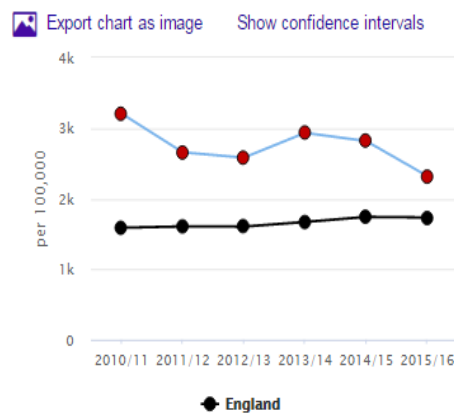
Source: Hospital Episode Statistics (HES), NHS Digital for the respective financial year, England. Hospital Episode Statistics (HES) Copyright © 2016, Re-used with the permission of NHS Digital. All rights reserved. Local Authority estimates of resident population, Office for National Statistics (ONS) Unrounded mid-year population estimates produced by ONS and supplied to the Public Health England

Table 2

2.24i - Emergency hospital admissions due to falls in people aged 65 and over (Male)

Halton

Directly standardised rate - per 100,000



Export chart as image Show confidence intervals Compared with benchmark Better Similar Worse

Recent trend: -

Period	Count	Value	Lower CI	Upper CI	North West	England
2010/11	201	3,207	2,737	3,729	1,915	1,587
2011/12	187	2,658	2,262	3,098	1,870	1,607
2012/13	195	2,582	2,209	2,997	1,851	1,604
2013/14	212	2,933	2,525	3,385	1,885	1,670
2014/15	216	2,817	2,430	3,246	2,057	1,742
2015/16	180	2,321	1,972	2,710	1,980	1,733

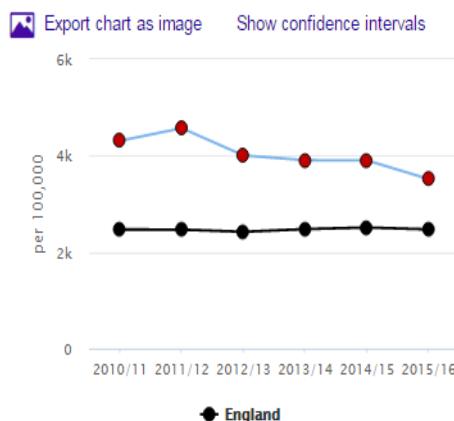
Source: Hospital Episode Statistics (HES), NHS Digital for the respective financial year, England. Hospital Episode Statistics (HES) Copyright © 2016, Re-used with the permission of NHS Digital. All rights reserved. Local Authority estimates of resident population, Office for National Statistics (ONS) Unrounded mid-year population estimates produced by ONS and supplied to the Public Health England

Table 3

2.24i - Emergency hospital admissions due to falls in people aged 65 and over (Female)

Halton

Directly standardised rate - per 100,000



Export chart as image Show confidence intervals Compared with benchmark Better Similar Worse

Recent trend: -

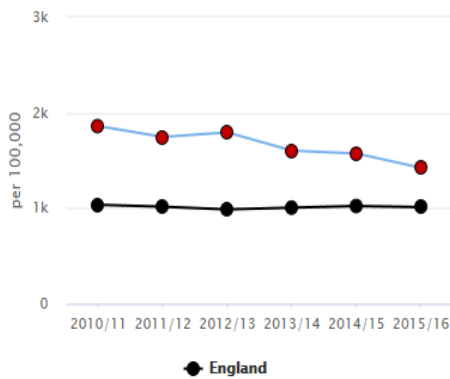
Period	Count	Value	Lower CI	Upper CI	North West	England
2010/11	424	4,309	3,905	4,743	2,885	2,470
2011/12	480	4,570	4,169	4,999	2,815	2,467
2012/13	429	4,005	3,634	4,404	2,708	2,421
2013/14	425	3,907	3,543	4,298	2,724	2,477
2014/15	433	3,903	3,542	4,290	2,874	2,510
2015/16	394	3,515	3,174	3,882	2,769	2,471

Source: Hospital Episode Statistics (HES), NHS Digital for the respective financial year, England. Hospital Episode Statistics (HES) Copyright © 2016, Re-used with the permission of NHS Digital. All rights reserved. Local Authority estimates of resident population, Office for National Statistics (ONS) Unrounded mid-year population estimates produced by ONS and supplied to the Public Health England

2.24ii - Emergency hospital admissions due to falls in people aged 65 and over - aged 65-79 (Persons) Halton

Directly standardised rate - per 100,000

Export chart as image Show confidence intervals



Recent trend: -

Period	Count	Value	Lower CI	Upper CI	North West	England
2010/11	250	1,861	1,637	2,106	1,307	1,038
2011/12	240	1,747	1,533	1,983	1,236	1,017
2012/13	253	1,795	1,580	2,032	1,174	989
2013/14	239	1,604	1,406	1,823	1,164	1,007
2014/15	240	1,574	1,380	1,788	1,234	1,024
2015/16	223	1,424	1,241	1,627	1,206	1,012

Source: Hospital Episode Statistics (HES), NHS Digital for the respective financial year, England. Hospital Episode Statistics (HES) Copyright © 2016, Re-used with the permission of NHS Digital. All rights reserved. Local Authority estimates of resident population, Office for National Statistics (ONS) Unrounded mid-year population estimates produced by ONS and supplied to the Public Health England

Emergency admissions for fractured neck of femur in those aged 65+ Directly Age-Sex Standardised Rate per 100,000 population

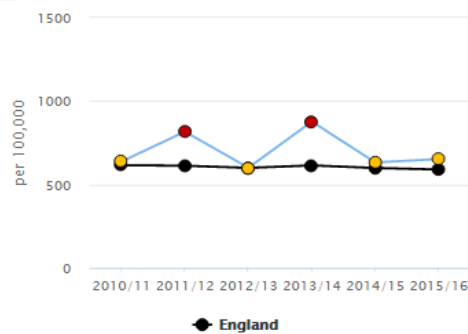
Source: Public Health Outcomes Framework

Table 5

4.14i - Hip fractures in people aged 65 and over (Persons) Halton

Directly standardised rate - per 100,000

Export chart as image Show confidence intervals



Recent trend: -

Period	Count	Value	Lower CI	Upper CI	North West	England
2010/11	107	637	520	773	623	615
2011/12	141	816	685	965	633	612
2012/13	107	600	491	727	625	599
2013/14	156	877	742	1,028	631	614
2014/15	120	632	522	758	629	599
2015/16	125	652	541	779	618	589

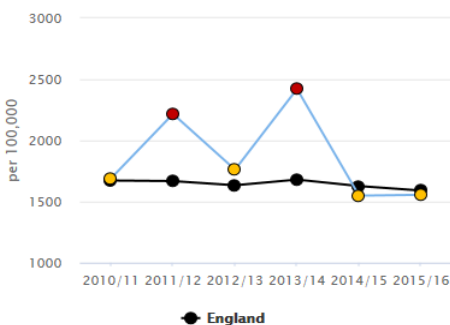
Source: Hospital Episode Statistics (HES), NHS Digital for the respective financial year, England. Hospital Episode Statistics (HES) Copyright © 2016, Re-used with the permission of NHS Digital. All rights reserved. Local Authority estimates of resident population, Office for National Statistics (ONS) Unrounded mid-year population estimates produced by ONS and supplied to the Public Health England

Table 6

4.14iii - Hip fractures in people aged 65 and over - aged 80+ (Persons) Halton

Directly standardised rate - per 100,000

Export chart as image Show confidence intervals



Recent trend: -

Period	Count	Value	Lower CI	Upper CI	North West	England
2010/11	70	1,690	1,307	2,149	1,623	1,673
2011/12	96	2,217	1,788	2,716	1,684	1,668
2012/13	79	1,761	1,389	2,201	1,669	1,634
2013/14	105	2,421	1,974	2,938	1,680	1,680
2014/15	71	1,549	1,204	1,961	1,684	1,627
2015/16	71	1,556	1,209	1,970	1,619	1,591

Source: Hospital Episode Statistics (HES), NHS Digital for the respective financial year, England. Hospital Episode Statistics (HES) Copyright © 2016, Re-used with the permission of NHS Digital. All rights reserved. Local Authority estimates of resident population, Office for National Statistics (ONS) Unrounded mid-year population estimates produced by ONS and supplied to the Public Health England

Falls Case Study

Appendix 2

A fall took away my confidence and I was frightened to go anywhere – now I've got my life back!

A Widnes lady said she went from a “busy, happy, family person” to a shell of herself after having a fall, until a GP put her in touch with the local Falls Prevention service delivered by HBC's Health Improvement Team.

Anne from Widnes told us “I had two and a half years of hell and was in and out of hospital. I had one fall, which then led to another and another as I became unsteady on my feet. No one seemed to know why I was falling or how they could help me. The injuries turned into other ailments and before I knew it I had lost all my confidence and didn't want to go anywhere. I stopped holidays, outings; anything that required me to walk anywhere, I was scared.”

Anne's husband explained how they had been an active couple, always out and about and how he watched his wonderful wife disappear into someone unrecognisable. Then finally a GP put them in contact with the local Falls Service “Anne's GP told us about a Falls Prevention class that could help to build Anne's confidence on her feet and build her strength to help her become steady again”

This was the beginning of the future for Anne and Joe, Anne said “I finally feel like I am up and running again, I have met lovely new people and haven't had a fall since I joined the class. We have even booked a little coach holiday this summer. I have got my life back again, it's wonderful.” Anne went on to say “I want everyone to know about the classes as they are brilliant, I am so grateful.