MANCHESTER JOINT STRATEGIC NEEDS ASSESSMENT

ADULTS AND OLDER PEOPLE

CHAPTER: Healthy Lifestyles

TOPIC: Falls

WHY IS THIS TOPIC IMPORTANT?

Falls are commonly defined as "inadvertently coming to rest on the ground, the floor or other lower level objects, such as furniture" (British Geriatric Society 2001). Although not all falls can be avoided, falls are often a consequence of other things going wrong, or changing for an individual.

Falls have a significant adverse impact on the confidence of older people affected by them and, and in turn, can lead to individuals losing their confidence. This will prevent policymakers achieving their objectives of prolonging the period of time that people can remain in their homes. The loss of independence can result in people prematurely entering long term care when, with the right support, they could have remained in their own homes. Helping older people to remain living independently in their own homes has been a long standing policy objective of the Department of Health in England and has been reflected in the renewed emphasis on preventative care. (WRVS)

The World Health Organization (WHO) states that approximately 28-35% of people 65 and over fall each year. This figure increases to 32-42% for those aged over 70 years of age. Approximately 30-50% of people living in residential care fall each year and 40% of that group experience recurrent falls. Furthermore, the WHO states that more than 50% of injury related hospital admissions amongst people aged 65 and over are caused by falls. The major underlying causes for falls-related hospital admissions are hip fracture, traumatic brain injuries and upper limb injuries.

Falls should not be considered a normal or inevitable part of ageing. Some falls can be a simple trip or accident, with an identifiable cause and no physical injury. But it must be recognised that falls often represent a major turning point in an individual's life, reducing confidence, increasing anxiety and leading them to rely upon others for support - even in the absence of physical injury. There may be a very negative impact on quality of life, for example, not leaving the house and social isolation. Falls, and the risk of falling, is a major reason for older people requiring long term care either in their own homes, or in a residential setting.

Work on falls prevention in older people addresses Strategic Priority 8 of the Health and Wellbeing Strategy ('Enabling Older People to Keep Well and Live Independently in Their Community').

Falls are the largest cause of emergency hospital admissions for older people, and significantly impact on long term outcomes, e.g. being a major precipitant of people moving from their own home to long-term nursing or residential care (Department of Health, 2012).

The highest risk of falls is in those aged 65 and above and it is estimated that about 30% people (2.5 million) aged 65 and above living at home and about 50% of people aged 80 and above living at home or in residential care will experience an episode of fall at least once a year (National Institute for Health and Clinical Excellence, 2015). Falls that results in injury can be very serious - approximately 1 in 20 older people living in the community experience a fracture or need hospitalisation after a fall. Falls and fractures in those aged 65 and above account for over 4 million bed days per year in England alone, at an estimated cost of £2 billion (Royal College of Physicians, 2011).

The National Institute for Health and Clinical Excellence (NICE) has produced a quality standard that covers assessment after a fall and preventing further falls (secondary prevention) in older people living in the community and during a hospital stay. The standard is designed to drive measurable improvements in the 3 dimensions of quality – patient safety, patient experience and clinical effectiveness (National Institute for Health and Clinical Excellence, 2015).

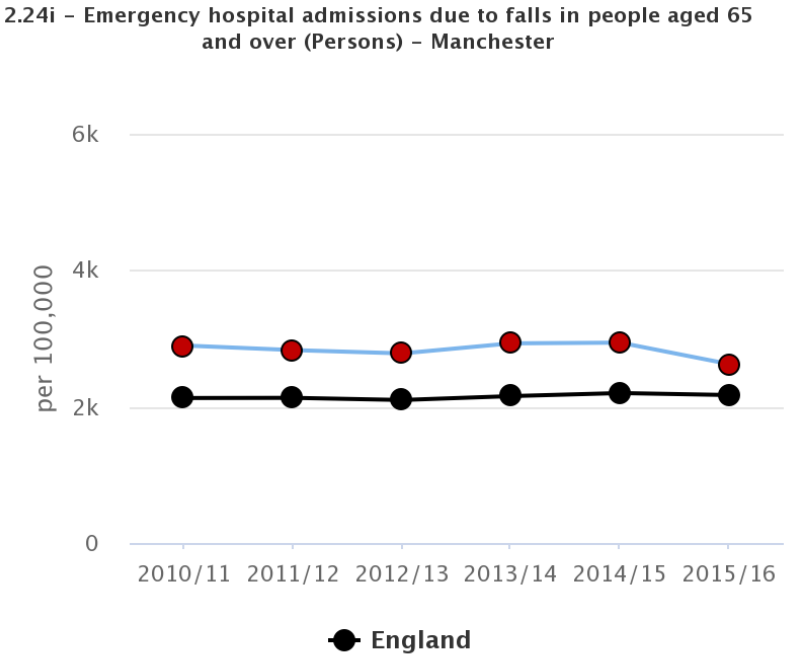
A measure that reflects the success of services in preventing falls will give an indication of how the NHS, public health and social care are working together to tackle issues locally (Department of Health, 2012).

THE MANCHESTER PICTURE

The Manchester picture: data

The prevention of falls amongst our older population is also major issue for Manchester. The city rates poorly against national averages in terms of a range of falls-related outcomes, including hospital admissions and mortality.

The age-sex standardised rate of emergency hospital admissions for injuries due to falls in persons aged 65+ per 100,000 population for Manchester is significantly higher (i.e. worse) than the rate for England as a whole.

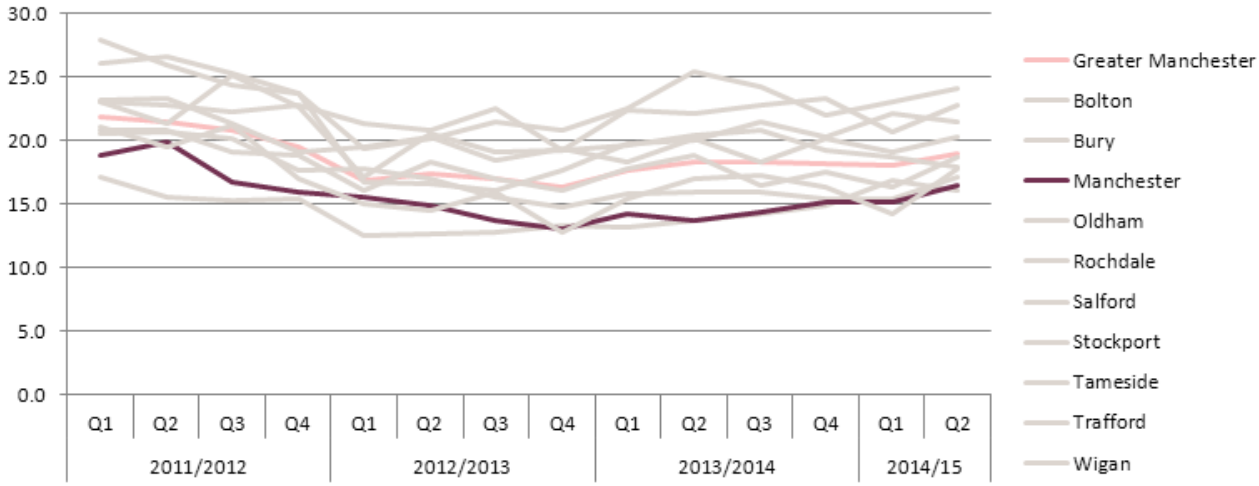


There are gender differences in this indicator. Overall, the rate of emergency hospital admissions due to falls is higher in females than in males. However, the gap between the rate in Manchester and that for England as a whole is greater for men than for women.

The rate of emergency hospital admissions due to falls increases with age, with the rate being higher in those aged 80 and over than those aged 65-79 years. There is also a difference by age in the rate of emergency hospital admissions for injuries due to falls per 100,000 population, with a greater gap between the Manchester and North West and England rates for those aged 65-79 years of age than for those aged 80+.

Historic data shows that of the Greater Manchester Local Authorities, Manchester has had a lower than average rate of admissions for falls per 10,000 population.

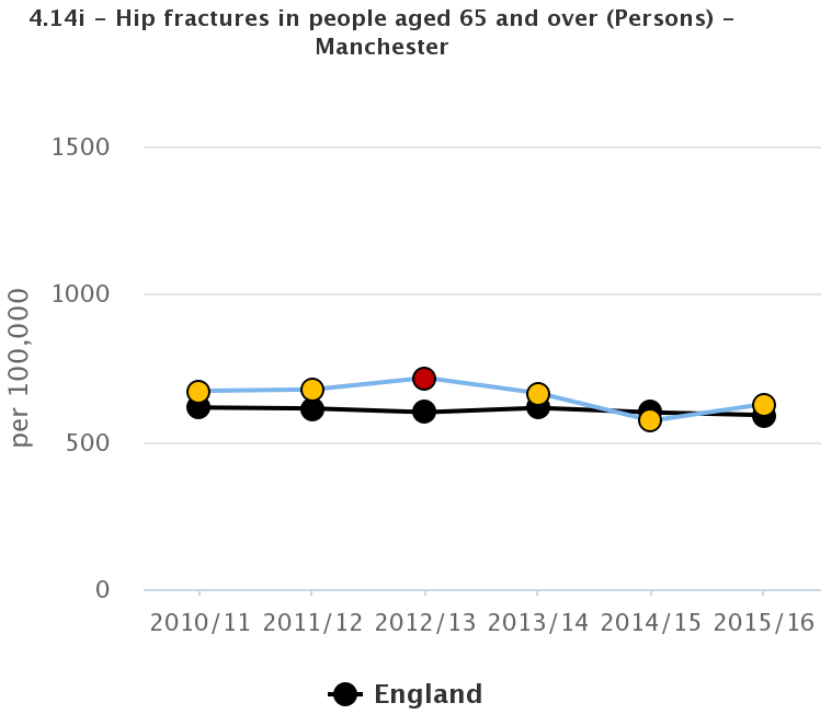
Number of Admissions for Falls per 10,000 population (Rate) by GM Authority



Source: Greater Manchester Commissioning Support Unit, 2016

For an older person, one of the most serious outcomes of a fall is a broken hip (fractured neck of femur). Hip fracture is a debilitating condition with only one in three sufferers return to their former levels of independence. One in three ends up leaving their own home and moving to long-term care.

The chart below shows the age standardised rate of emergency admissions for fractured neck of femur in those aged 65 and over per 100,000 population in Manchester.



In the most recent period (2015/16), there were 310 emergency admissions to hospital as a result of a hip fracture among Manchester residents – an age standardised rate of 627 per 100,000. This compares with the England average of 589 per 100,000. Historic trends show the rate of emergency admissions for hip fracture have remained above the England average, although not significantly so.

The rate of emergency admissions for hip fracture is higher in women (724 per 100,000) than in men (504 per 100,000). The rate also increases with age, rising from 334 per 100,000 in persons aged 65-79 years to 1,478 in persons aged 80 and over. In both age groups, the rate is higher in women than in men.

Available data suggests that older people in Manchester are particularly vulnerable to injuries suffered as a result of an accidental fall. It may be that more people fall in Manchester than would be expected, but also it is possible that underlying health issues (for example bone health) could contribute to falls being more injurious than they might otherwise be. It is hard to quantify the numbers of older people who do have a fall, as many are unreported and those who do report to various services will be recorded and coded according to the injury or the condition that the person has, e.g. a fracture, or other physical illness such as a urinary tract infection. We are working hard, alongside partners, to improve the data that we get.

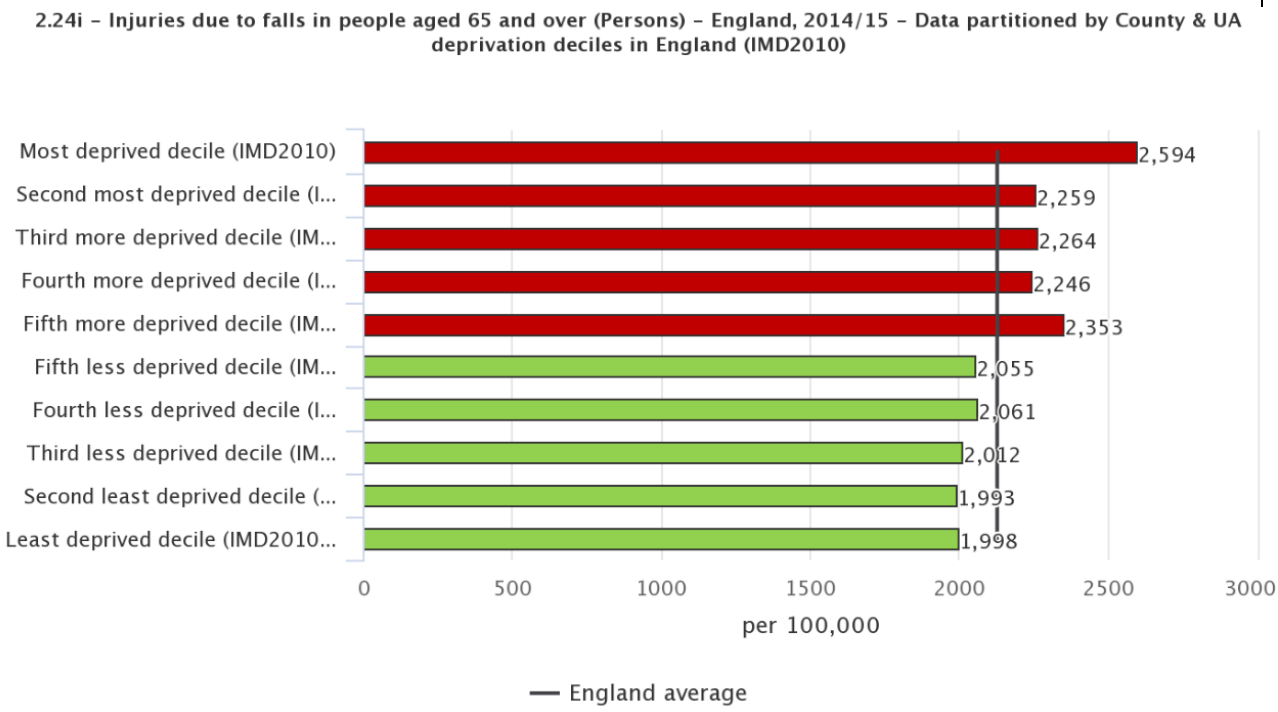
Over 60% of older people admitted to hospital as a result of an accidental fall arrive at hospital via Accident and Emergency (A&E) departments and are admitted as an emergency. Falls in older people therefore make a major contribution to the above average rates of non-elective (i.e. emergency) admissions to hospital and non-elective bed days and A&E (type 1) attendances/ 4 hour performance in people aged 65 and over in Manchester. (North West Utilisation Management Unit).

Data collected by the Trauma and Injury Intelligence Group (TIIG) at Liverpool John Moores University shows that, in the six months from April 2016 to March 2017, there were 2,966 A&E attendances recorded as relating to falls in Greater Manchester for

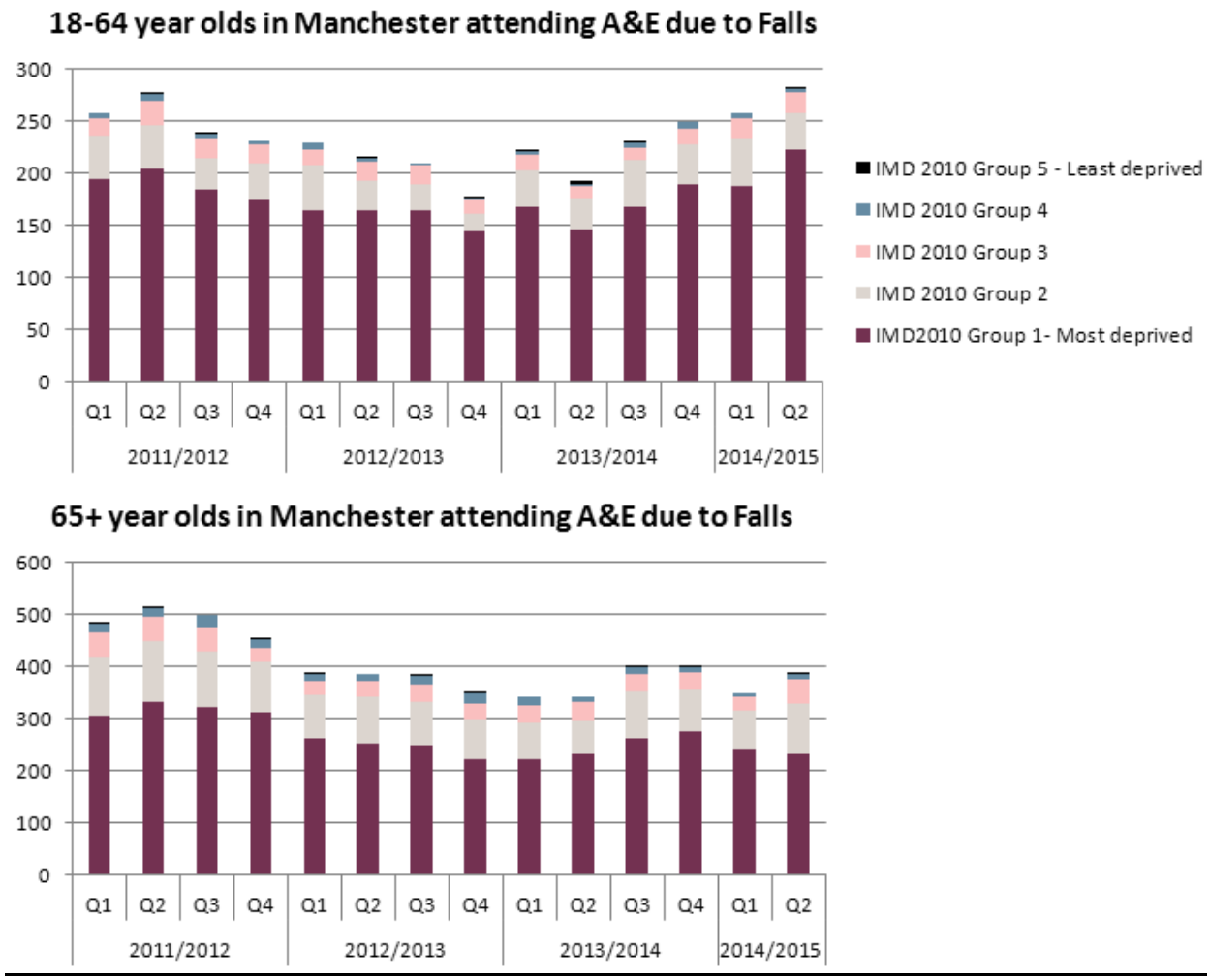
Manchester residents – please note that Manchester Royal Infirmary does not record where the attendance is as the result of a fall. Over half of these attendances were at North Manchester General Hospital's A&E department (57%), with a further 39% attending Wythenshawe Hospital. The gender breakdown of people attending was 45% Male and 55% Female, and 37% were aged 60+. Most falls were recorded as occurring in the person's own home (63%), and 31% of attendees arrived by ambulance. Only 18.7% of attendances required admission to the hospital. (Source: Trauma and Injury Intelligence Group (TIIG), Liverpool John Moores University, 2016).

There are over 200 known causes of falls and in some cases, a number of these risk factors will interact, resulting in a fall. Falls can have "intrinsic" causes i.e. something related to the health of the individual, or "extrinsic" causes e.g. something about the person's environment, their medication, or even footwear. However, falls *are* a Public Health Issue. In most cases, when an older person falls, it is not simply an inevitable accident. Falls often occur because of poor environment, or because of a temporary or long term health issue. These health issues may be an accumulation of poor health over the life course and therefore in areas like Manchester, where there are greater health inequalities, those inequalities are amplified in older age.

National data on falls and deprivation indicates that people in more deprived areas are more likely to experience injuries due to falls compared to less deprived areas. This is likely to be the case within Manchester, with people living in more deprived wards of the city experiencing greater incidence of injuries due to falls, although there is no data available at ward level to evidence this. Residents of more deprived wards are likely to experience more of the factors that can contribute to falls, such as poor health, poor nutrition, poor housing and other social and environmental issues.



The graphs below show that there are more A&E attendances due to falls for those who are most deprived, however this is due to Manchester having high levels of deprivation.



The Manchester picture: lived experience
Providers of Manchester's Community Falls Services are required to evaluate their services and to gather feedback from patients and service users. If we do decide to make changes to services in the future, more extensive consultation will be required.

WHAT WOULD WE LIKE TO ACHIEVE?

Falls prevention work is very much about "healthy ageing". We need to develop a programme that goes beyond looking at what happened, or affected a person at the time of the fall, be that a health related (intrinsic) factor or an environmental (extrinsic) one, e.g. tripped on a rug.

We also need to focus on helping people to stay strong, active, confident and living in a good environment i.e. early prevention, as it is easier to maintain good health by staying active, than it is to regain strength and balance after it has been lost and a person becomes frail.

The importance of physical activity throughout life, such as strength and balance classes, walking, dance, swimming, gardening, tai chi, Pilates, and ball games, but especially from the age of 50 onwards, is not to be under-estimated and has become a core component of our strategy.

Each of the national outcomes frameworks (i.e. Public Health Outcomes Framework, NHS Outcomes Framework and Adult Social Care Outcomes Framework) as well as the CCG Outcomes Indicator Set contains measures focusing on falls-related outcomes. Key measures include:

- Emergency (unplanned) hospital admissions for falls injuries in people aged 65 and over (PHOF)
- Emergency (unplanned) hospital admissions for fractured neck of femur (hip fractures) in people aged 65 and over (PHOF)
- Proportion of patients aged 60 and over with a hip fracture recovering to their previous levels of mobility / walking ability at 30 and at 120 days (NHSOF and CCGOIS)
- Proportion of people aged 60 and over with hip fractures who received collaborative orthogeriatric care from admission to hospital (CCGOIS)
- Proportion of people aged 60 and over with hip fracture who receive surgery on the day of, or the day after, admission (CCGOIS)
- Proportion of people aged 60 and over with hip fracture who receive a multi-factorial risk assessment of future falls risk (CCGOIS)

Key: PHOF = Public Health Outcomes Framework; NHSOF = NHS Outcomes Framework; CCGOIS = CCG Outcomes Indicator Set.

Other measures, whilst not specifically related to falls will reflect the health and care experiences of people affected by a falls related injury e.g. health related quality of life for older people, proportion of older people aged 65 and over who were still at home 91 days after discharge from hospital into a reablement or rehabilitation service etc.

WHAT DO WE NEED TO DO TO ACHIEVE THIS?

The prevention and subsequent treatment of falls is undoubtedly a complex area and new models of working around falls must be developed in line with current guidelines and evidence bases.

NICE Quality Standards

1. The NICE Quality Standards for Falls in Older People: assessing risk and prevention (CG161, June 2013).

2. The NICE Quality Standards for Falls in Older People: assessment after a fall and preventing further falls (QS86, March 2015) has two quality standards which are of relevance to the desired outcomes for these services.

    - Quality Standard 4: Older people presenting for medical attention because of a fall have a multi-factorial risk assessment.
    - Quality Standard 5: Older people living in the community who have a known history of recurrent falls are referred for strength and balance training. (Recurrent falls is defined as two or more falls over a twelve month period.)

Evidence suggests that the best way to actively reduce falls and injuries from falls is to focus on healthy ageing (particularly physical activity for older people) and the causes of falls from the age of 50. Remaining physically active and cognitively healthy in later life will mean that people do not become frail and, if they do, it may come about much later in life. This means that it is important to focus on the wider causes of falls and ensure that there is a broader strategic focus on issues such as:

- very early prevention (including looking at the area of healthy ageing as a whole)
- exercise
- nutrition
- dementia
- visual impairment
- physiology of ageing

The 'Don't mention the 'F' word' research project, led by Professor Chris Todd at the University of Manchester, has shown that older people do not respond to messages which are on the theme of preventing falls. More positive messages, such as "staying active and healthy" are more likely to be well received and the intended outcomes realised.

NICE guidance states that "Older people in contact with healthcare professionals should be asked routinely whether they have fallen in the past year and asked about the frequency, context and characteristics of the fall/s. Older people 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" (NICE, 2017).

WHAT ARE WE CURRENTLY DOING?

Community Falls Services
In April 2013, the Public Health team at the City Council became the commissioner for Community Falls Services.

The purpose of the services is to reduce the impact of falls on the quality of life by preventing falls in adults aged 60 and over and minimising the risk of future falls for those people who have fallen, are at risk of falling (based on the Falls Risk Assessment Tool) or have a fear of falling. In doing this, the services aim to reduce the need for health and social care support resulting from falls. There are various threads to the service provision including assessment of need, health promotion, promotion of falls awareness, education of the population and care service providers. There are established links with care home providers and voluntary organisations e.g. Parkinson's Disease Society, ethnic elder groups. The service is provided in response to the detrimental impact and poor quality of life that falls can cause as well as, the loss of independence and the high cost of health and social care that can result from falls.

In the last two years, the profile of falls, as a serious public health challenge for older people in Manchester, has increased. Waiting lists for services continue to grow and if we consider the causes of falls in terms of accumulated health inequalities and deprivation, we cannot expect this trend to diminish. It is encouraging that Greater

Manchester Fire and Rescue Service (GMFRS) is doing a significant amount of work to support the current falls system.

A concern for Public Health for some time, has been that there was inequitable provision in terms of community falls prevention services across the city. Notably, south Manchester was poorly served. Public Health commissioners have taken action to address this and from 2016 further investment will be made by the council for falls services in south Manchester. There is also a concern that because of the number of people who fall in Manchester, the professionals in services we commission spend much of their time dealing with those people who have already fallen. Their capacity to see people at high risk of a *first* fall is reduced. Ultimately, our ability as a system to move the primary prevention of falls upstream is also challenged.

From late 2016, the Public Health Team, Providers and Clinical Commissioning Groups have been working together to remodel the community falls services. Within the resources available we will aim to have equity of provision across the city, an integrated falls pathway, including working with partners like Greater Manchester Fire and Rescue Service and a model which allows for training and sharing of good practice with health professionals who may not be falls specialists.

Rehabilitation from falls and falls prevention is heavily dependent on appropriate physical activity and in some cases, structured exercise. The NHS Physical Activity on Referral Scheme (PARS) is now part of “buzz”, Manchester’s Health and Wellbeing Service. From April 2016, the PARS team have offered Postural Stability Classes across the city. The classes are delivered by Postural Stability Instructors (PSI), who are highly trained in falls prevention. The programme is evidence based and considered to be a gold standard in falls prevention instruction internationally. Older people who have fallen, or who are at high risk of falls can be referred to the service and if accepted, would take part in a programme of around 50 weeks of specialist exercise. The classes are delivered in community venues. It is hoped that the benefits to participants, in terms of strength, balance and flexibility will be sustained long after the programme has finished and the service tries to signpost participants to community exercise to achieve this.

Manchester City Council/North Manchester CCG -
Recent MCC/CCG collaboration has been successful in commissioning a Housing Options for Older People (HOOP) worker for North Manchester, whose main role is to take referrals from health and care professionals and visit older people who are struggling in their current home, for any number of reasons. Falls are a main cause for referral and by offering assistance to people to move to more appropriate accommodation, falls are often reduced.

Age Friendly Manchester (AFM)
The Age Friendly Manchester (AFM) programme makes an important contribution to reducing falls amongst older people. The AFM Development Plan for 2014-16 sets out actions against four themes: age-friendly neighbourhoods; age-friendly services; knowledge and innovation; communication and information.

An important element of the strategic approach to addressing fall in Manchester is to work with partners, such as other Public Health Teams and CCGs across Greater Manchester, local academic institutions (e.g. University of Manchester and Manchester Metropolitan University), Public Health England (PHE), North West Ambulance Service (NWAS) and the Greater Manchester Fire and Rescue Service (GMFRS).

Greater Manchester Fire and Rescue Service
Greater Manchester Fire and Rescue Service (GMFRS) began working in partnership with the NHS and Social Care in 2012 to prevent falls in people over 65. This work began as an initial pilot in Bury and Salford and following a successful independent evaluation it was agreed that all boroughs within GMFRS would incorporate falls prevention into their core prevention activity, which is now the Safe and Well visit. The expectation is that partnerships are reciprocal and that falls teams can refer their service users to GMFRS for Safe and Well visits as people at risk of falls are often at increased risk of having a fire.

During a Safe and Well visit, Fire-fighters / Community Safety Advisors offer a Falls Risk Assessment, using the Falls Risk Assessment Tool (FRAT) to anyone over the age of 65, which helps to identify any raised risk of falling and appropriate referral can then be made. At the moment each of the falls services across GM have different referral criteria. In Manchester there are three different processes:

- North Manchester require GMFRS to send the FRAT information to Clayton Health Centre
- Central Manchester have a referral form which is sent to the Central Manchester Community Falls Service
- South Manchester GMFRS send the FRAT outcomes to the person's GP

A webinar has been developed to inform GMFRS staff about our role in the 'Keep warm, stay well' public health campaign and this webinar includes falls prevention and the use of the FRAT. GMFRS also work with leisure services across GM and are able to signpost individuals to local strength and balance classes during safe and well visits.

OPPORTUNITIES FOR ACTION

Service provision and delivery
Reviews of existing falls prevention services have revealed some differences in provision across the city. Furthermore, reviews have shown some differences in terms of who can access services, referral pathways, waiting times and practices. We need to continue to work with partners to address these as a matter of priority.

Data collection
More work is needed to obtain accurate and up-to-date data about falls in Manchester. Collecting data about incidence and types of falls remains a challenge. This is because a fall is not considered a diagnosis in itself, but is a symptom, indicating that something else has changed or gone wrong. Paramedics, GPs and staff in Accident and Emergency Departments, are likely to record an injury, e.g. fracture, rather than what caused the injury. Furthermore, different hospitals and services code and record in different ways, so it is not easy to obtain a definitive picture of the true extent of falls in Manchester. The collection of data is a problem for Public Health teams nationally and is not only experienced in Manchester.

Partnership working
The establishment of Manchester Health and Care Commissioning (MHCC) on 1 April 2017 will build on what we are currently doing, bringing together the commissioning skills and expertise from MCC and the three CCGs. MHCC will work with a range of partners, including Greater Manchester Behaviour Insights Team (BIT), NICE, Public Health England, World Health Organisation, local universities and other Public Health teams across Greater Manchester.

REFERENCES AND LINKS

LINKS

British Geriatric Society
http://www.bgs.org.uk/good-practice-guides/resources/goodpractice/falls2

NICE Quality Standards for Falls in Older People: assessing risk and prevention (CG161, June 2013)
https://www.nice.org.uk/guidance/cg161/evidence/falls-full-guidance-190033741

Quality Standards for Falls in Older People: assessment after a fall and preventing further falls (QS86, March 2015)
https://www.nice.org.uk/guidance/qs86/chapter/quality-statement-2-multifactorial-risk-assessment-for-older-people-at-risk-of-falling

Trauma and Injury Intelligence Group
http://www.cph.org.uk/tiig/

University of Manchester, Faculty of Biology, Medicine and Health
'Don't mention the F word'
https://www.bmh.manchester.ac.uk/research/impact/

World Health Organisation
http://www.who.int/en/
http://www.who.int/ageing/publications/Falls_prevention7March.pdf

WRVS Falls: measuring the impact on older people
https://www.royalvoluntaryservice.org.uk/Uploads/Documents/Reports%20and%20Reviews/Falls%20report_web_v2.pdf

GUIDANCE

Department of Health (2012), improving outcomes and supporting transparency. Part2: Summary technical specifications of public health indicators. Available at:
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_132358

National Institute for Health and Clinical Excellence (2015), Falls in older people: assessment after a fall and preventing further falls. Available at:
http://www.nice.org.uk/guidance/qs86/chapter/introduction

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It is hoped that you have found this topic paper useful. If you have any comments, suggestions or have found the contents particularly helpful in your work, it would be great to hear from you.

Responses can be sent to jsna@manchester.gov.uk