

From: Andrew Ireland, Corporate Director, Families and Social Care, KCC
Meradin Peachey, Kent Director of Public Health, KCC

To: Kent Health and Wellbeing Board, 17 July 2013

Subject: Kent Framework for Prevention and Management of Falls

Classification: Unrestricted

Summary:

This is a briefing paper providing background information to stimulate discussion around developing a 'framework' for falls prevention and management for Kent's population. A comprehensive picture across Clinical Commissioning Group (CCG) areas will be presented at the meeting. This will provide platform for further discussion and how this framework can contribute towards reducing A&E attendances, emergency admissions and need for residential care.

Recommendation(s):

The members of Kent Health and Wellbeing Board are asked to consider this report, along with the information that will be presented at the meeting.

Falls prevention and management services should be seen as an important component of integrated services with specific outcomes for reducing the falls related burden of ill health across health and social care sector.

Once agreed, the implementation of the framework should be led locally by commissioners represented at the local Integrated Commissioning Groups, reporting progress to the local Health and Wellbeing Boards.

Commissioners need to work with stakeholders (providers and voluntary sector) to identify 'at risk' population for timely intervention.

1. Introduction

Kent has an aging population, and over the next five years it is anticipated that the population over 65 years will increase by at least 15% (and by more than 20% for >85 years).

Both health and social care organisations are facing unprecedented challenges, and the need to focus on preventative and early measures through joint working has never been greater. A lot of falls especially amongst the older population can be prevented, provided at risk individuals are identified from the first fall, with infrastructure in place to prevent a second fall.

Findings from a scoping exercise in Kent suggest that the current falls prevention pathway across the health and social care system can be better coordinated. The findings also suggest there are currently gaps in the provision of appropriate

services which need addressing for effective prevention and management of falls, especially amongst older people. Therefore, falls as a public health issue should not be seen in isolation and should take into consideration a system wide approach. This methodology can help to reduce the frequency, and effectively improve the management, of falls.

Given current financial constraints across all organisations there is an urgent need to use existing resources more effectively for instance by identifying 'at risk' population across the health and social care system.

This paper therefore introduces the concept of a 'framework' for falls prevention and management, highlighting the elements that should be taken into consideration when commissioning integrated services for at risk population.

2. National and Local context

Falls and fractures are significant public health issues particularly as individuals' age, and it is estimated that one in three people aged 65+ will fall each year and one in two people aged 80+ will fall each year (NHS Confederation, April 2012)¹. The cost associated with management of falls and fractures is very high, with hip fractures costing the NHS £2 billion per year in England. It is estimated that falls account for approx. 10 to 25% of ambulance callout at £115 per call-out, (NHS Confederation).

Kent is an outlier for falls with hip fractures in the over 65s, significantly worse than the national average, (Health Profile 2012)². The last six years (2006 -2012) have seen a significant increase in the rate of falls amongst over 65s across all CCG areas (detail information will be available at the meeting).

Aside from the obvious importance to the NHS, this is of strategic importance to KCC. In June 2012, at the start of the KCC Adult Social Care Transformation Programme, the Institute of Public Care (Oxford Brookes University) were commissioned to investigate some of the reasons for social care spend. The findings from their review were similar and reinforced prevention of falls as a priority. Effective prevention and management of falls is also part of Public Health's 100 day plan.

¹http://www.nhsconfed.org/Publications/Documents/Falls_prevention_briefing

² http://www.apho.org.uk/HEALTH_PROFILES

It is well-known that the interaction of biological factors with behavioural and environmental risks increases the risk of falling. For instance the loss of muscle strength leads to a loss of function and to a higher level of frailty, which intensifies the risk of falling due to some environmental hazards. A recent study³ in Kent identified that reduced mobility and the risk of falls were the most important ('primary') factors for admissions to care homes in Kent. The study also highlighted that falls risk was the primary reason for admission to care homes for 12% of the study population and was secondary factor for 62% of those in care homes at the time. In financial terms almost 50% of the adult social care budget is currently used to fund care home placements.

Suitable accommodation also plays a major role in prevention of falls and a separate paper is available on Kent's approach, from a housing perspective, in prevention and management of falls.

3. Proposed Falls Framework: a system wide commissioning model

The falls framework is proposed following the review of falls service and is based on published evidence.

Nationally the NHS Confederation suggests that a falls prevention strategy could reduce the number of falls by up to 30% and that effective falls prevention schemes can be implemented at little cost with the involvement of professionals working in health, social care and in the community⁴. The report further suggests that prevention by one partner can create efficiencies for others and that when addressing falls and fractures, health and social care organisations should be encouraged to align their own budgets to support joined-up working in this area.

Therefore the Kent framework promotes an integrated multi-agency, multi-disciplinary service for the secondary prevention of falls and fractures and is based on a recommendation made by the Department of Health (DH 2009)⁵ for developing an Integrated Falls Service. The DH identified four main objectives:

Objective 1	improve patient outcomes and improve efficiency of care after hip fractures 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

³ The University of Kent, Personal Social Services Research Unit report (September 2012), "Admission Risk to Care Homes – Phase 1, Older People".

⁴ Falls prevention: New approaches to integrated falls prevention services (NHS Confederation: Ambulance Service Network / Community Health Services Forum, April 2012)

<http://www.nhsconfed.org/Publications/briefings/Pages/FallsPreventionNewApproaches.aspx>

⁵ Falls and fractures: *Effective interventions in health and social care*, Department of Health 2009.

The overall aim of the proposed 'framework' is to focus on objectives 2 and 3, and improve the quality of life for Kent residents (particularly over 65yrs of age).

The 'framework' also covers the entire spectrum across a range of stakeholders including acute trusts, community health trusts, CCGs, adult social services, district authorities and voluntary organisations (Figure 1).

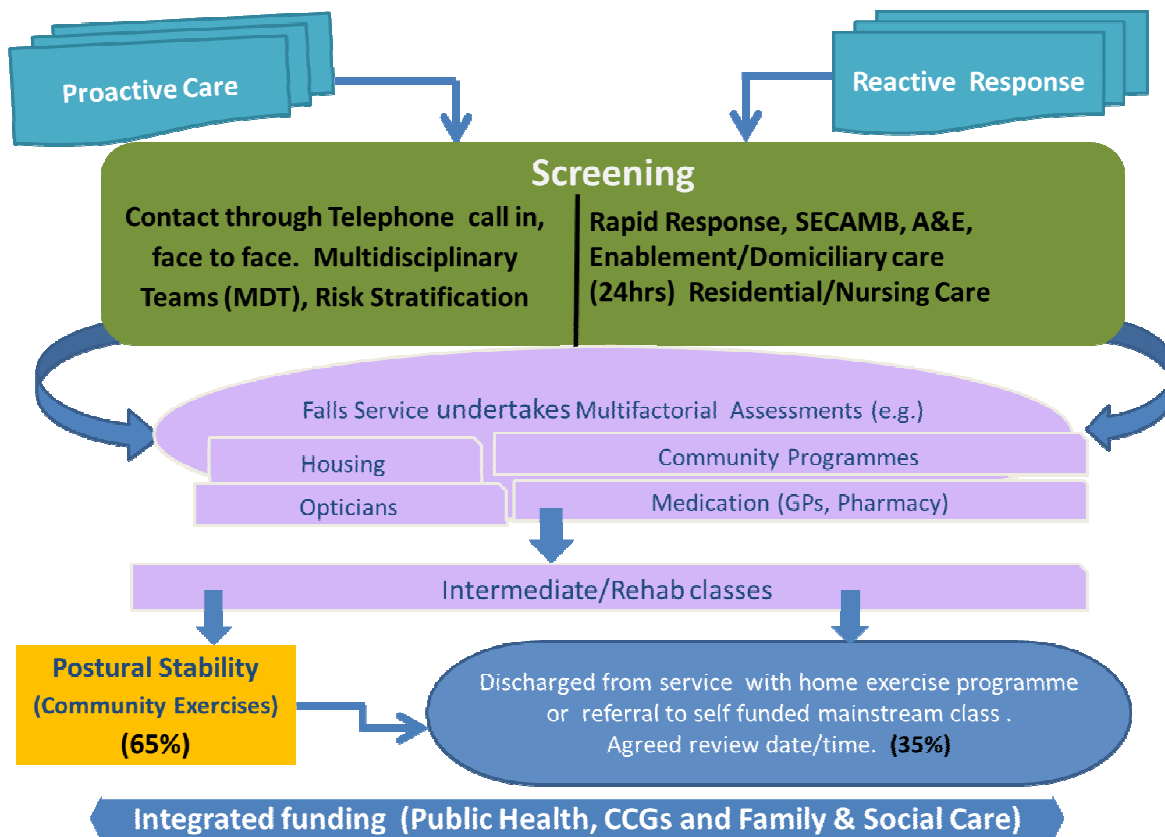
Considering the guidance from NICE and the National Service Framework, the framework recommends following interventions, which if undertaken in a systematic way will prove beneficial at a population level. These include:

1. Screening of adults who are at a higher risk of falls
2. Integrated multi-disciplinary assessment for the secondary prevention of falls and fractures
3. Use of standardised Multifactorial Falls Assessment and Evaluation tool across Kent
4. Availability of community based postural stability exercise classes
5. Follow on community support for on-going maintenance closer to home

These interventions should be available as a "core offer" for the population of Kent if we are to see a reduction in the number of falls related hospital admissions and reductions in numbers of older people living in residential care as a result of falls. KCC and all CCGs are urged to consider the adoption of the framework and implementation at a local level in order to achieve these outcomes. The 'integrated' falls management services in each area should be based on best practice, using a Multidisciplinary Team approach involving trained therapists, geriatricians and social workers.

The model proposes that the 'at risk' person is identified irrespective of their place of residence and receive agreed interventions. However, the location of intervention is based on the reasons that the individual person is 'at risk' for, and takes into consideration the individual needs, for instance an intervention such as exercise programme can be provided in a community or care home setting.

Figure 1



4. Conclusions

The Kent Health and Wellbeing Strategy (2012) highlighted prevention and management of falls as an important issue requiring action from all partners across the health and social care system.

The joint falls prevention and management framework developed between Public Health, Families and Social Care and CCGs should provide system wide approach to ensure that Kent achieves the right outcomes for older people who fall or are at risk of falling.

5. Recommendation(s):

The members of Kent Health and Wellbeing Board are asked to consider this report, along with the information that will be presented at the meeting.

Falls prevention and management services should be seen as an important component of integrated services with specific outcomes for reducing the falls related burden of ill health across health and social care sector.

Once agreed, the implementation of the framework should be led locally by commissioners represented at the local Integrated Commissioning Groups, reporting progress to the local Health and Wellbeing Boards.

Commissioners need to work with stakeholders (providers and voluntary sector) to identify 'at risk' population for timely intervention.

6. Contact details

Report Author

Malti Varshney, Consultant in Public Health, KCC, Malti.varshney@kent.gov.uk

James Lampert, Commissioning Manager, Strategic Commissioning, Families and Social Care, KCC, James.Lampert@kent.gov.uk

Karen Shaw, Public Health Practitioner, KCC, Karen.shaw@kent.gov.uk

Director Lead: Meradin Peachey, Director of Public Health

Meradin.peachey@kent.gov.uk