

Falls Prevention

A Framework for Kent

Presentation to the Health and Wellbeing Board

17 July 2013

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Introduction

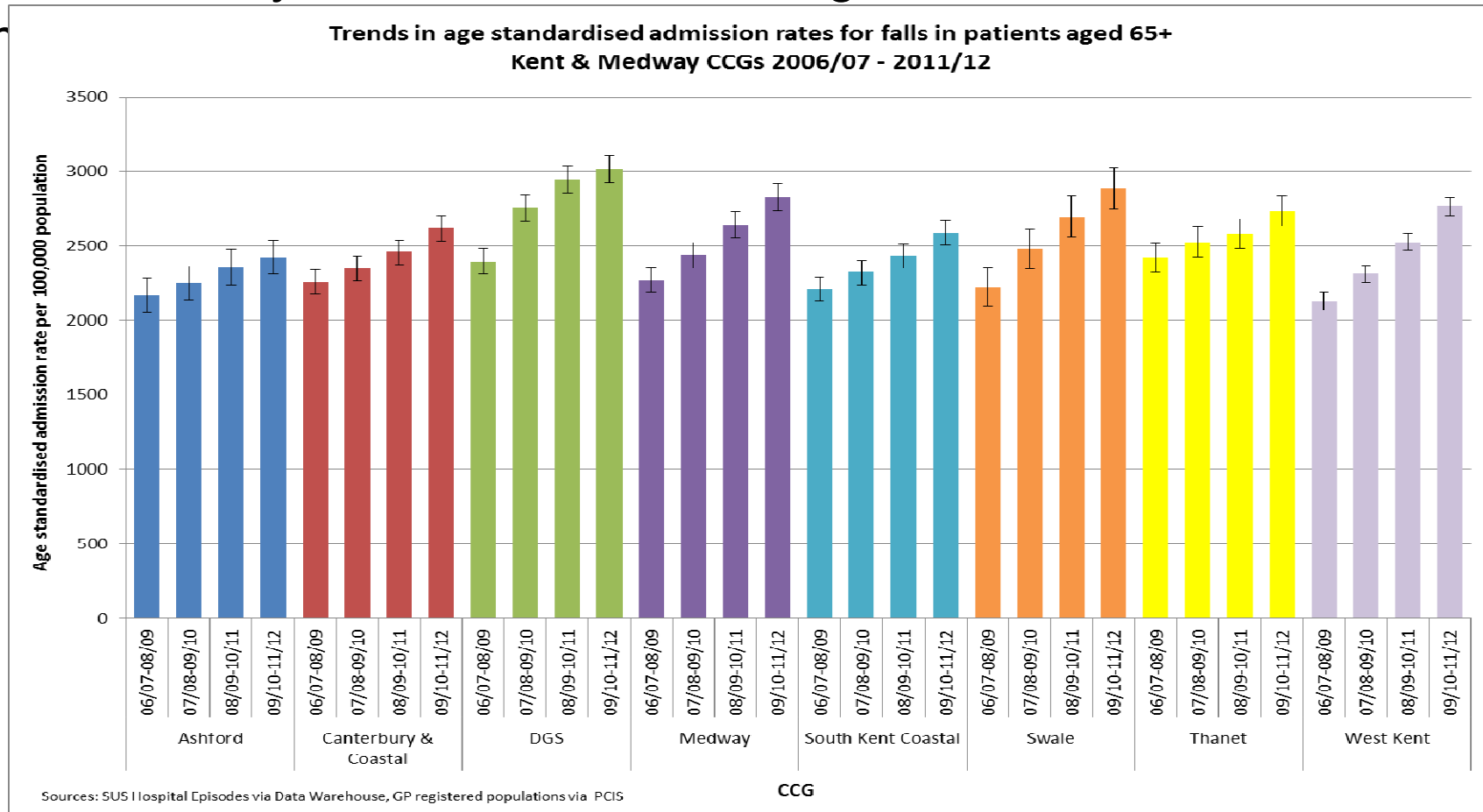
- Falls as an issue : Case for Action
- Evidence Base
- Proposed framework
- Opportunities for Joint working - Public Health, Adult Social Care, Area Team, CCGs, District Councils and other Housing providers

Case for Action

- Falls is still on the increase (Kent outlier)
- Lack of service coordination both at commissioning and at provision level resulting in gaps affecting delivery of evidence base pathway
- Demographics: Aging population
- Need of cost efficiency: use existing resources more effectively.

ASAR Falls Data trend based on Clinical Commissioning Groups (CCG)

In the last six years there has been significant increase in falls am

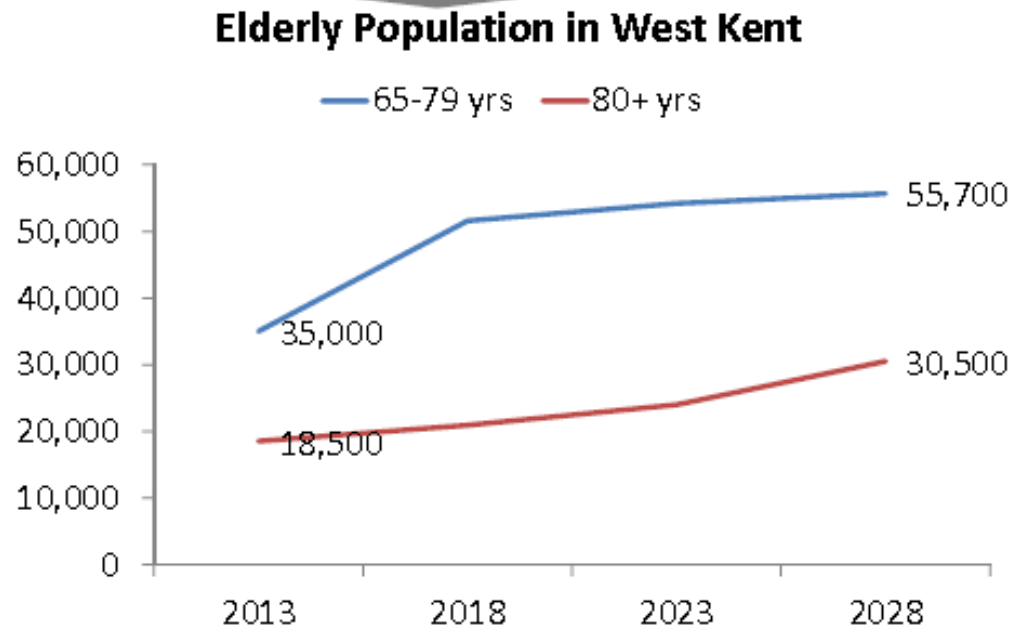


Falls are common in the elderly

- Those over 65: **one in three** will fall each year
- Those over 80: **one in two** will fall each year



100 falls a day among West Kent over-65s

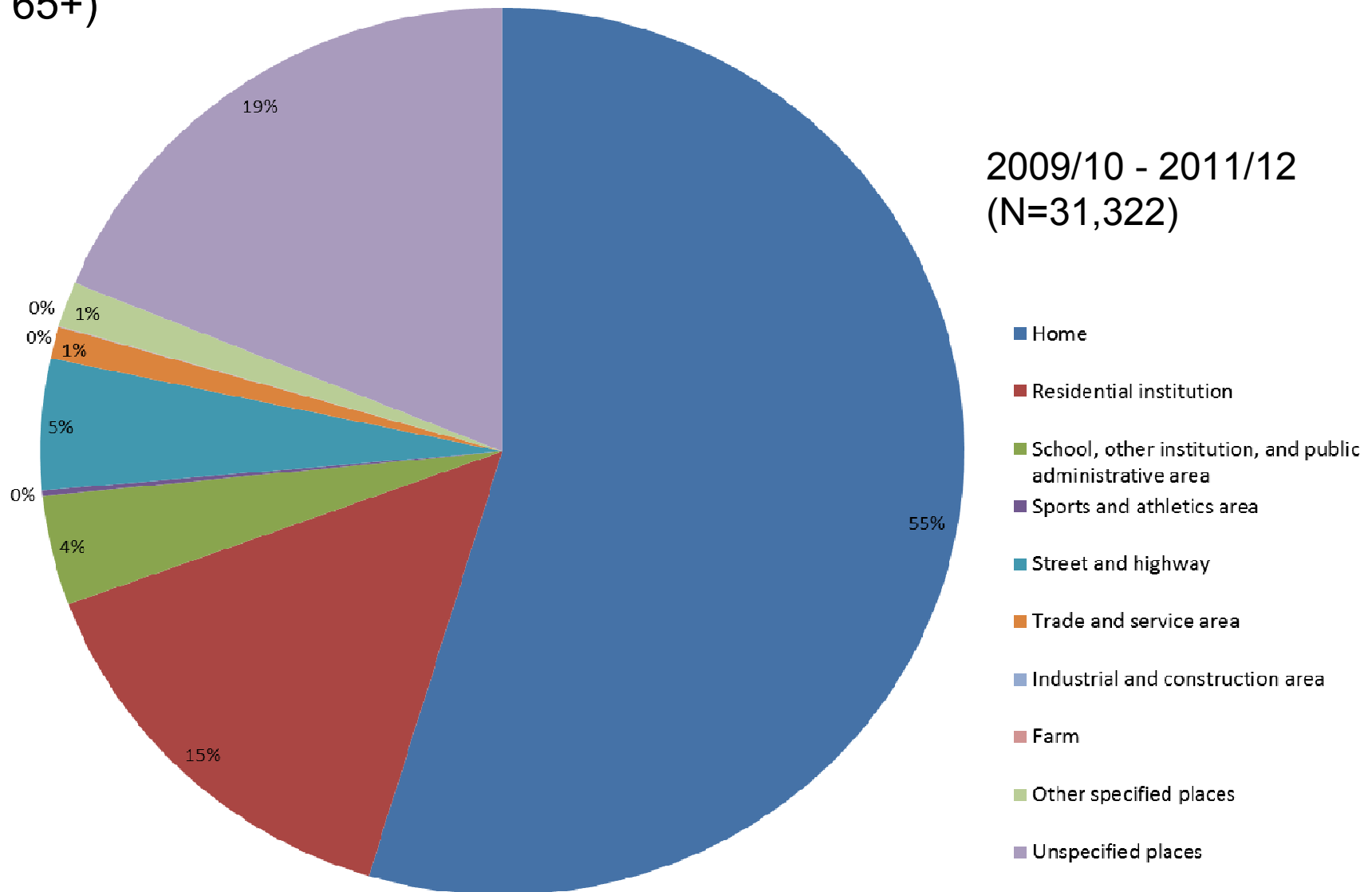


- Number of falls in West Kent in 2013 estimated at 21,000
- This could increase to 34,000 in 2028 (60% increase in 15 years)

Source: Kent County Council's housing-led Strategy Forecast (Nov 2012); Sum of Tonbridge & Malling, Tunbridge Wells and Sevenoaks

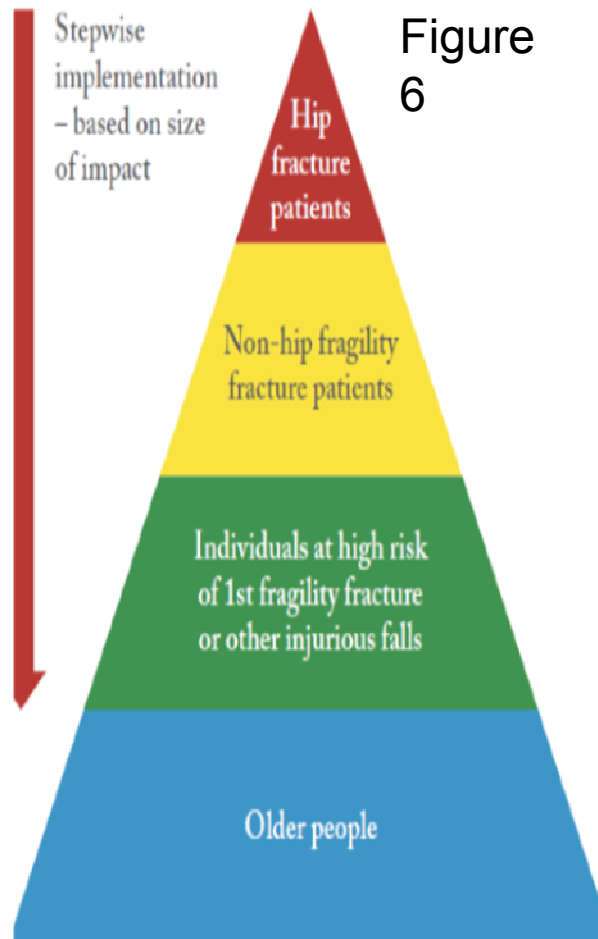


Falls admissions by place of occurrence and CCGs in Kent and Medway (Age 65+)



Four Objectives for Developing an Integrated Falls Service (DoH 2001)

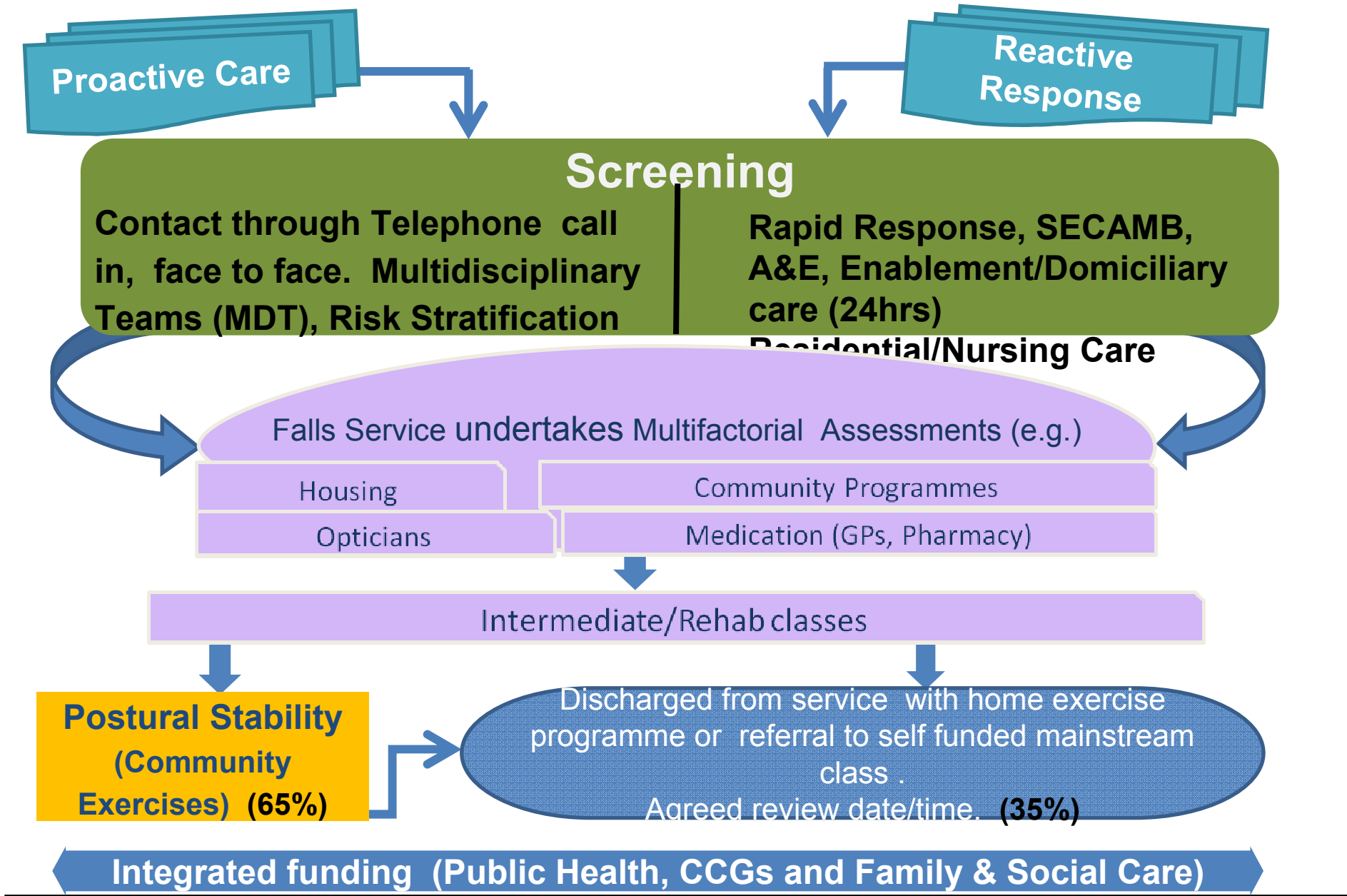
- ✓ Objective 1: Improve patient outcomes and improve efficiency of care after hip fractures through compliance with core standards.
- ✓ Objective 2: respond to a first fracture and prevent the second – through fracture liaison services in acute and primary care settings.

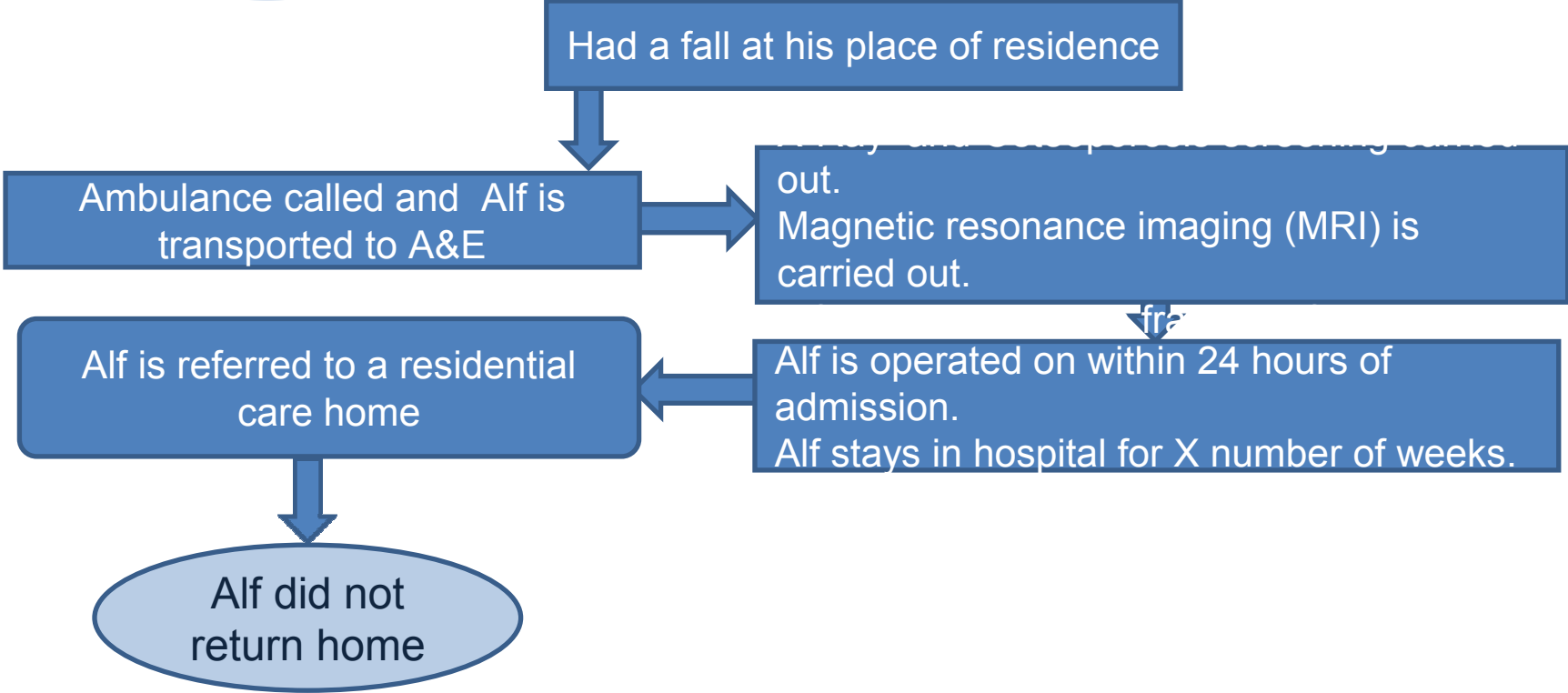


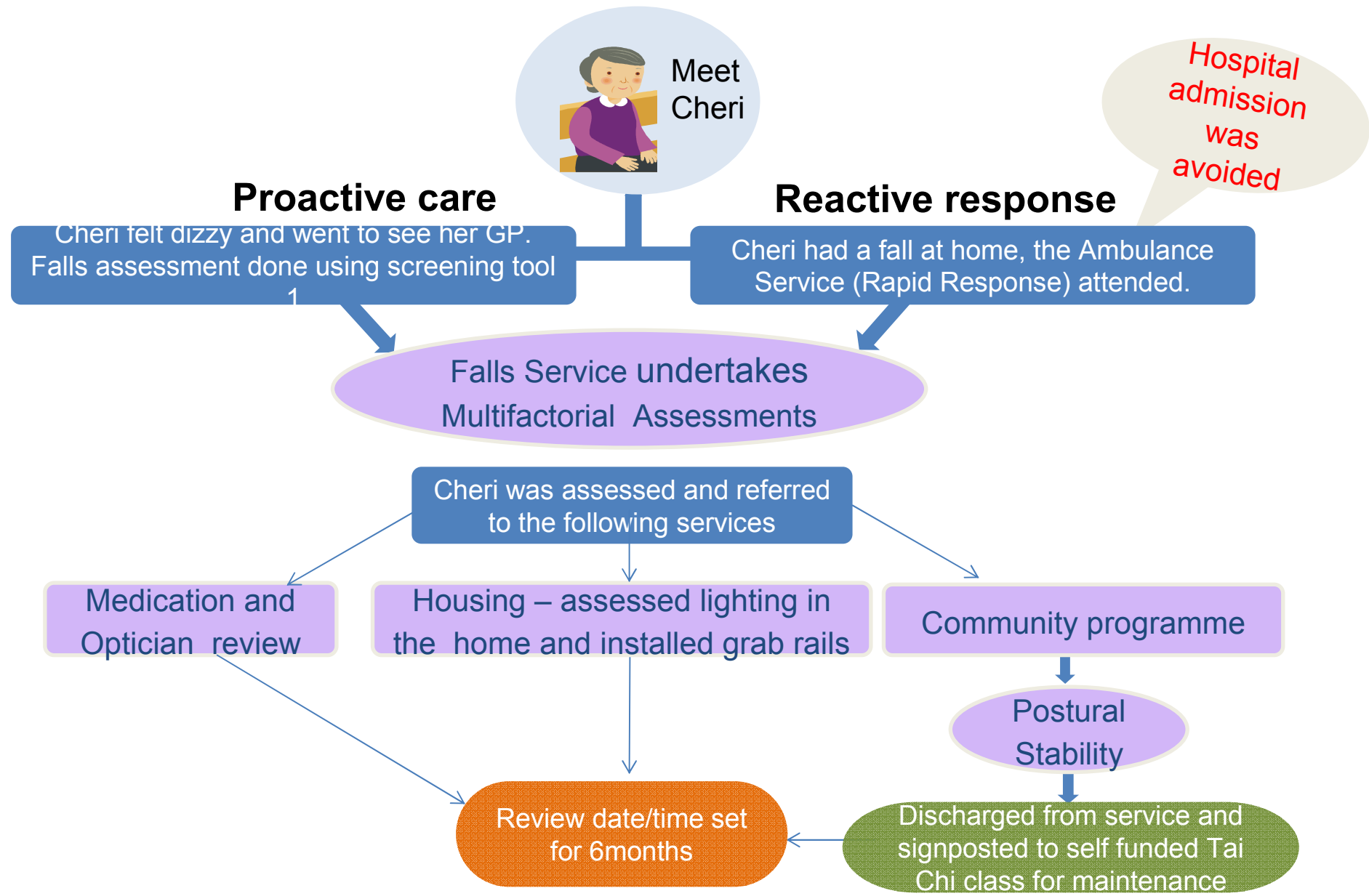
- ✓ Objective 3: early intervention to restore independence – through falls care pathways, linking acute and urgent care services to secondary prevention of further falls and injuries.
- ✓ Objective 4: Prevent frailty, promote bone health and reduce accidents – through encouraging physical activity and healthy lifestyle, and reducing unnecessary environmental hazards.

Ingredients for developing evidence based Framework

- The overall aim
 - Improve the quality of life for Kent residents
 - Reducing the rate of A&E attendances , Emergency admissions and residential care admissions
 - Covers the entire spectrum across a range of stakeholders
 - Uses Multifactorial assessment and has multifactorial intervention involving:
 - Acute and Community health trust
 - GPs and CCGs,
 - Adult Social Services and District Councils
 - Housing
 - Voluntary organisations
 - ~~SECAMB~~
 - Service Users
-







Housing and Falls Prevention

- Services and pathways for falls prevention do not necessarily include the home environment and medical professionals are not always aware of the services offered by housing professionals
- Falls is one of the main hazards that is considered when Private Sector Housing Officers assess a property and assistance can be given to remove this hazard so that falls are prevented from occurring or recurring
- Some housing conditions which contribute to falls are:
 - **Poor lighting**
 - **Worn stairs, internally and externally**
 - **Trip hazards**
 - **Difficulties getting in or out of baths**
 - **Excess cold**

Recommendations -JPPB

- Housing services are integrated into falls referral pathways
- Housing Association sheltered schemes are used for postural stability classes both for residents and the wider community
- A resourced two way referral process be developed between health and housing for those identified most at risk
- Consider additional funding opportunities for adaptations where a rapid response is required
- Develop an evaluative framework for demonstrating effectiveness and cost savings across Health and Social Care system.

Conclusion

All partners in the health and care system have a role to play in reducing incidence of falls.

- Falls are preventable and management at individual level should be linked with other levers in the system such as Directly Enhanced Services (DES) for risk stratification.
- Falls management requires a system wide working approach with all relevant stakeholders including the third sector.
- Evidence shows that multi factorial intervention including participation in Postural Stability programme helps in reducing falls.

Recommendations

- CCGs with the Area Team and KCC to consider their local data and develop joint business cases for commissioning integrated falls management and prevention services.
 - Work with the GPs to improve proactive identification of 'at risk' populations on prevention and treatment of falls, including those in residential care .
 - Adults Social care and Public Health to work with districts to align community based services (through leisure centre) with commissioned pathway.
 - Support workforce training & market development as required
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Next Steps

- Understand falls issues in
 - Residential care
 - Acute / hospital environments
- Develop implementation plans with each CCG (dependant on Board approval of the framework)
- Agree timelines and process of monitoring and feedback to the Board on progress.

Video Link

Postural stability class and feedback from participants



<http://youtu.be/GZ35ll0Q5Ug>

Acknowledgement

Karen Shaw, Public Health Practitioner, Public Health, KCC

Abraham George, Consultant/Assistant Director, Public Health, KCC

Sarah Spencer, Senior Analyst, Kent & Medway Public Health
Observatory (KMPHO)

Navdeep Mandair, Commissioning Officer, Families & Social Care, KCC

Lesley Clay, Joint Planning Manager, Kent Joint Policy and Planning
Board

References

Department of Health, Health Profile 2012

Department of Health, The National Service Framework for Older People (2001)

Falls & Fractures, Effective Interventions in Health and Social Care, Department of Health

Joint Strategic Needs Assessment, Kent & Medway Public Health Observatory

NHS Confederation, Briefing 234 Falls Prevention (2012)

National Institute for Clinical Excellence, Assessment and prevention of falls in older people (2013)