

Cheshire East Falls Prevention Strategy 2019-2021

Foreword

Every year older people in Cheshire East fall and injure themselves, sometimes severely. Often the fall results in the person needing to stay in hospital and can permanently reduce their physical and mental health and wellbeing. Sometimes these falls could have been prevented, or the repercussions of the fall reduced with timely intervention.

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In addition to the personal consequences of falling, treating people who have fallen can be very expensive for the local health and social care community.

The dual importance of falls prevention has been recognised by both the Council and Clinical Commissioning Groups who have prioritised reducing the number of falls and associated hospital admissions in older people within Cheshire East.

People aged 65 and older have the highest risk of falling. Therefore, for the purpose of this strategy, older people are defined as aged 65 and over.

The strategy also applies to adults identified to be at a higher risk of falling.

The key stakeholders who make up the membership of the Falls Prevention Group, are committed to ensuring that all older people who live in Cheshire East have access to high quality falls prevention services, irrespective of their condition or where they live.

This high-level falls prevention strategy, therefore outlines the system wide approach to falls prevention that will be taken within Cheshire East over the next three years (2019-21).

Introduction

A fall is defined as an unintentional loss of balance resulting in coming to rest on the floor, the ground, or an object below knee level. A fall is distinguished from a collapse that occurs as a result of an acute medical problem such as acute arrhythmia, a transient ischaemic attack or vertigo (NICE Quality Standard 86, 2015).

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Reducing the incidence of and injuries sustained from falls in the borough, has been identified as a key priority by Cheshire East's Health and Wellbeing Board. Within Cheshire East's Health and Wellbeing Strategy 2018-2021, the key strategic priorities for falls prevention are to:

- Reduce the number of older people who fall and are admitted to hospital

Falls and fractures amongst older people, (the majority of which are as a result of a fall), are significant public health issues. Falls are costly to the individual, the NHS and the social care system. The human cost of falling includes distress, pain, injury, loss of confidence, loss of independence and even death.

Although everyone is at risk of a fall, people over the age of 65 have the highest risk of falling. Losing confidence and subsequent loss of independence are major results of someone having a fall; often, this results in the person being admitted into either residential or nursing care, or becoming isolated within their own home.

Aims

The primary aims of this strategy are therefore to:

- Reduce the numbers of serious injuries that result from a fall
- Reduce the numbers of falls that affect older people and those at higher risk of falling
- Commission an integrated, evidenced-based, falls prevention pathway across Cheshire East
- Reduce the fear of falling among older people

This strategy acknowledges the critical role that many organisations have to play in this area, reflecting the multifactorial causes of falls and the holistic approach that is necessary to reduce them.

Older people are central to this strategy. They are in a great position themselves to contribute to falls prevention work; for example by having regular medication reviews, checking their home environment for potential hazards that could result in a fall, arranging regular eye check-ups and by taking regular exercise to improve their strength and balance. This strategy will therefore ensure that those at higher risk of falls and their carers understand how to reduce the risk of falling.

Vision

"Working together to reduce falls and promote independence"

This vision provides the borough-wide direction for commissioning, service planning and delivery and will be implemented by the Cheshire East Falls Prevention Group. This Group consists of representatives from relevant local stakeholders. The Falls Prevention Group will report progress to Cheshire East's Health and Wellbeing Board regarding the effective delivery of the strategy in the coming three years.

This strategy reinforces the need to continue to strengthen partnerships to ensure a whole system approach. It is underpinned by the same key principles and approaches to improving health and wellbeing as outlined

in Cheshire East's Health and Wellbeing Strategy 2018-21. For example, the organisations implementing the strategy will take account of the considerable variations in general health and wellbeing between the most affluent and most deprived parts of the borough. Furthermore, it builds on the information contained in Cheshire East's Joint Strategic Needs Assessment and uses analysis from the Public Health Profile for Cheshire East.

The strategy supports the work of other key local documents including Cheshire East Council's Corporate Plan; and the Strategic Plan of Eastern Cheshire Clinical Commissioning Group and the Central Cheshire Operational Plan (for South Cheshire and Vale Royal Clinical Commissioning Group).

The strategy applies to people aged 65 and over within Cheshire East and those adults identified to be at a higher risk of falling. This includes people residing at home or in residential care.

Outcomes

The intended outcomes of this strategy are to reduce injury rates from falls in the over 65's and adults identified to be at a higher risk of falling in Cheshire East by:

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- Identifying those likely to have a fall
 - Helping those likely to fall in order to prevent falls
 - Working effectively with people who have fallen to help reduce the likelihood that they will fall again
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Background

National Position

Falls and fall-related injuries are a common and serious problem for older people, particularly those who have underlying conditions:

- Falls are a major cause of disability and the leading cause of death resulting from injury in people aged 75 and older in the UK
- People aged 65 and older have the highest risk of falling. Around 30% of adults over the age of 65 and living at home will experience at least one fall a year - this is approximately 2.5 million people in England. This rises to 50% of adults aged over 80, who are either at home, or in residential care
- Every year, approximately 5% of older people living in the community who fall experience a fracture, or require hospitalisation
- In 2010, falls and fractures in people aged 65 and over accounted for over 4 million hospital bed days each year in England

Local Position

In 2016/17, in Cheshire East, there were 2,058 hospital admissions for people aged 65 and over, with an injury related to a fall. This figure is significantly higher than the average admission rate for England. Two thirds (70%) of all admissions were in people aged over 80. Falls in the over 80's were more likely to result in a fractured neck of femur, accounting for over 25% of falls in this age group, compared to 21% in those aged 65-79.

Costs

The human cost of falling includes distress, pain, injury, loss of confidence, loss of independence, social isolation and even death. Falling also affects the family members and carers of people who fall.

Falls are estimated to cost the NHS more than £2.3 billion per year. This cost is likely to be proportionately similar for Local Authorities, either through an increased demand on both short and long term social care, or through commissioning Third Sector services to provide care for the older person who has fallen and their carers.

In 2016/17, there were 493 hospital admissions for hip fractures in people aged 65 and over in Cheshire East equating to hospital costs of £2,831,792 or £5,744 per patient. If all admissions were conveyed to hospital by ambulance; the cost would be a further £113,390 or £230 per call-out.

Assets

We recognise that there are a number of initiatives and groups that currently take place within our communities and other settings that support older people to remain both physically and socially active and thereby reduce the risk of falling. This strategy will therefore seek to build on such assets and ensure that they form a central part of a falls prevention pathway.

Early Help

Early help and prevention are central to implementation of this strategy. This means giving support to individuals at risk at an early stage, before they experience a significant fall.

Areas of action for the next three years

We believe that service users and those with lived experience of falls are integral to the development and delivery of the Strategy. In order to deliver the strategic priorities for falls prevention in Cheshire East the following broad actions will be delivered.

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1. Involving the public in the implementation of the strategy, for example:

- a) Through the formal involvement of Healthwatch on the Falls Prevention Group
- b) By all falls prevention services routinely obtaining the views of the people who have used them about their experiences and learning from their feedback
- c) Through engagement with older people including survey work

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2. Looking to ensure value for money is obtained across services. For example by:

- a) Reviewing current investment in falls prevention in terms of impact and effectiveness against National Institute for Health and Care Excellence (NICE) Guidance and Quality Standards
- b) Investing money in prevention and early intervention that will save money across health and social care systems in the longer term

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3. Commissioning and developing borough-wide appropriate, evidenced based services which are both individually and collectively successful in reducing the likelihood of at risk people falling and injuring themselves.

For example, ensuring those at risk of falling and injuring themselves are able to:

- a) Access a formal risk assessment from an appropriate qualified professional
- b) Be able to access falls specific exercise classes that can improve their posture, balance and muscle strength
- c) Be provided with a home environment check to reduce the likelihood of them falling
- d) Access assistive technology and a falls response service (where appropriate) which can help safeguard them at home.
- e) Access community equipment which can reduce their risk of falling

4. The Falls Prevention Group will:

- a) Continue to develop opportunities to work collaboratively, to ensure that all available data and evidence-based practice is used to inform future falls prevention commissioning across the whole of Cheshire East
- b) Ensure people know how to access the services they need and that it is easy for them to do so by undertaking a pathway review of current falls prevention services. The review will identify any gaps in provision and better understand how people access and navigate current services. This will ensure that everyone receives the services they need in a timely manner
- c) Develop a Communications Plan to improve public awareness of the importance of falls prevention to their general health and wellbeing
- d) Ensure that service users and their families and carers are integral to the delivery of this strategy
- e) Engage with Cheshire East Council's Highways Department to explore potential areas for joint action
- f) Establish agreed, clear lines of accountability for monitoring the delivery of the strategy

5. Utilise the experience and expertise of the Third Sector by:

- a) Incorporating evidence-based research and best practice from national and local Third Sector organisations into Cheshire East Council's detailed service development considerations
 - b) Using Third Sector networks and links to maximise the involvement of service users and carers
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6. All professionals will be pro-active in identifying people at risk of falls. For example GPs and other relevant professionals will:

- a) Use their records to identify people at the highest risk of falling and refer them to appropriate services so that they can be offered person-centred falls prevention advice and support
 - b) Ensure people receive regular reviews of their medications to help limit the likelihood of a fall
 - c) Ensure people with weak or fragile bones are offered treatment in line with national guidelines to help limit the likelihood of serious injury to people should they fall
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7. Ensuring local authority, health and third party colleagues take account of the importance of falls prevention within their strategic plans. For example, to ensure:

- a) All relevant community services are appropriately included in the care and support of people who have injured themselves as the result of a fall, when they are discharged from hospital
 - b) Housing design and lighting facilities are appropriate for people with reduced mobility or vision
 - c) Housing adaptations are completed as quickly as possible
 - d) Home safety checks are undertaken and subsequent recommendations are delivered
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8. Ensuring all health and social care professionals have access to appropriate basic yet high quality training and education regarding effective falls prevention approaches.



How will we know and ensure we are making a difference?

This strategy will be implemented through the Falls Prevention Group who will agree clear lines of accountability for monitoring and delivering the Strategy. An action plan will support the detailed delivery of this strategy over the 2019 to 2022 timeframe. The action plan lists all the actions required to actively improve falls prevention in Cheshire East and to ensure this improvement will continue sustainably.

Public Health Outcomes Framework

- 2.24 Emergency hospital admissions for injuries due to falls in people aged 65 and over
- 2.24 Emergency hospital admissions for injuries due to falls in people aged 65 and over – aged 80+
- 4.14 Emergency hospital admissions for fractured neck of femur in people aged 65 and over
- 4.14 Emergency hospital admissions for fractured neck of femur in people aged 65 and over – aged 80+

For each area of focus, achievable objectives and targets will be set with appropriate timescales and clear organisational accountability. Progress against these objectives and targets will be continuously reviewed and updated by the Falls Prevention Group. This process will ensure that falls prevention continues to reflect and develop in line with public and stakeholder needs and wishes and reported back to the Health and Wellbeing Board.

All this work will collectively contribute to Cheshire East's improved performance against the following national indicators contained within the Public Health Outcomes Framework.

A number of sub-outcomes will also be used for monitoring performance, for example:

- A reduction in the number of other fractures as a result of a fall
- The reduction in the number of inpatient falls
- The reduction in the number of falls-related deaths