



Draft Scrutiny Review of Falls Prevention

Report
March 2013

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1.0 PURPOSE OF THE REPORT

The purpose of the report, as outlined in the initial topic brief (at *Annex 1*) is to:

- Examine the effectiveness of the current pathways for assessments and appropriate interventions for those at risk of falls in Halton
- An understanding of the work undertaken by the Falls Prevention Service and the benefits their interventions can bring to those at risk.
- An understanding of the role that partner agencies including the fire services and the third sector have in helping prevent falls.
- Consider national best and evidenced based practice in relation to pathways for assessment and appropriate interventions for those at risk of falls.
- Consider ways to continue to make improvements to services, thus enabling Halton to reduce admission rates to Hospital as a result of a fall.
- Examine the quality of care someone receives if they do have a fall.

2.0 STRUCTURE OF THE REPORT

This report is structured with an introduction, a brief summary of the methodology followed by evidence, analysis with findings/conclusions and recommendations. The annexes include the topic brief, methodology detail and an action plan to capture the recommendations from the scrutiny review.

3.0 INTRODUCTION

3.1 Reason the scrutiny review was commissioned

Falls are a leading cause of mortality due to injury amongst older people aged 65 and over. They also contribute to the life expectancy gap between Halton and England. People who have been admitted to hospital following a fall are at increased risk of falling again in the next 12 months, experiencing loss of confidence and fear of falling, and of losing their independence through entering a residential care home.

The risk of falling increases with age, particularly in those 65 and over. 35% of over 65s are at risk of falling each year, rising to 45% of people aged 80 and over. Between 10- 25% of those people who fall will sustain a serious injury. Between 22% and 60% of older people suffer injuries from falls, 10-15% suffer serious injuries from falls, 2-6% suffer fractures and 0.2 – 1.5% suffer hip fractures.

Regardless of the outcome, falls are associated with a loss of confidence, and a subsequent restriction in physical activity which leads to a further loss of capability and bone density. This increases the risk of another fall and also the likelihood of entering residential care.

Nationally the number of people aged over 65 is due to rise by a third by 2025, which is associated with increased incidence of falls of 2% per year. In Halton the number of people aged 85 plus is projected to increase, and this is the most vulnerable group.

(Source : Halton Joint Strategic Needs Assessment)

3.2 Policy and Performance Boards

This report was commissioned as a scrutiny working group for the Health Policy and Performance Board.

3.3 Membership of the Scrutiny Working Group

Membership of the Scrutiny Working Group included:

Members	Officers
Cllr Ellen Cargill (Chair) Cllr Joan Lowe Cllr Margaret Horabin Cllr Geoff Zygadlo Cllr Pamela Wallace Cllr Sandra Baker Cllr Pauline Sinnott	Damian Nolan – Divisional Manager for Intermediate Care Emma Sutton-Thompson – Principal Policy Officer

4.0 Methodology Summary

This scrutiny review was conducted through a number of means:

- Monthly meetings of the scrutiny review topic group;
- Presentations by various key members of staff (detail of the presentations can be found in *Annex 2*);
- Provision of information; and
- Service-user consultation.

5.0 Evidence (summary of evidence gathered) and Analysis with findings/conclusions

5.1 Falls Prevention Awareness

The first meeting of the Falls Prevention Scrutiny Review Topic Group took place on 20th June 2012. Rosina Price, Nurse Specialist from the Falls Prevention team attended and gave a presentation about Falls Prevention Awareness. The presentation covered: local and national statistics, reasons why people fall, the prevention of falls, Accident Prevention Exercise (APEX), other related services, falls pathway in Halton, referral criteria and assessments. Rosina mentioned that the team follow the National Institute for Health and Clinical Excellence (NICE) guidelines.

Conclusion

The presentation was very detailed and comprehensive and gave the topic group a good understanding of the topic and areas to look into further.

Recommendations:

- (i) Bone density/diet hand-outs to be made available/distributed as widely as possible.**
- (ii) Leaflets or small examples of housing equipment that is available to be located at doctor's surgeries so that people know what they can expect.**
- (iii) Use of the TV facilities at doctor's surgeries for use with publicity regarding Falls Prevention.**
- (iv) Promote the fact that people can self-refer to the Rapid Access and Rehabilitation Service (RARS) team.**

5.2 Data and Monitoring of Falls

Throughout the review, data and the monitoring of falls arose. The topic group wanted to find out how falls are monitored across the various agencies.

During the August meeting of the topic group, Rosina Price, Nurse Specialist from the Falls Prevention team explained that Bridgewater were implementing an updated IT system for monitoring activity called PARIS in January 2013. Potentially, this system could be used internally to record more information for falls monitoring.

The topic group also looked at information from the Joint Strategic Needs Assessment (JSNA). The JSNA is a means by which Primary Care Trusts and Local Authorities describe the future of health and wellbeing needs of local populations and the strategic direction of

service delivery to meet these needs. Information from the JSNA regarding falls in the borough was used initially to identify the need for this scrutiny review, as described in 3.1.

Following the topic group meeting in October, a request was submitted to the Halton Clinical Commissioning Group for data regarding falls related to A&E attendances and Emergency Admissions in the over 65s to local hospitals, broken down into quarterly information so that seasonal variations could be noted (Annex 3).

Within the A&E dataset provided by the Trusts falls are not readily identified as a reason for attendance, instead it is mainly recorded as diagnosis such as 'head injury' or 'sprain' instead. This makes it very difficult to identify falls. The inpatient information includes a diagnosis specifically related to falls and is shown within the spreadsheet.

Conclusion

It is clear from the evidence gathered that due to the way that statistical information is recorded, information regarding hospital admissions due to falls is difficult to quantify.

Recommendation:

- (i) Regular statistical reports from the CCG regarding falls related to A&E attendances and Emergency Admissions to be presented at the Health PPB under Quarterly Monitoring.***

5.3 Funding and Pooled Budgets

During the topic group meeting in August, Chris Durr, Assistant Warden Manager and Kerry Smith, Warden from Halton's Warden Service attended the meeting and gave a presentation regarding the Warden Service in Halton. Chris explained that the service currently has 1993 people on the community alarm system and of these, 263 people have additional chair and bed sensors. The presentation included a demonstration of the cushion that is used by the Wardens when assisting people to get up from a fall.

Conclusion

The topic group were very impressed with the Warden Service that is available in Halton.

Recommendation:

- (i) Look into a wider pooled budget as the Warden Service contributes to a reduction in hospital admissions.**

5.4 Quality Assurance

During the September topic group meeting, Benitta Kay, Contracts Officer from the Quality Assurance Team (QAT) attended. Benitta distributed a question and answer sheet detailing contract management of falls in care homes and talked through each section. Podiatry arose during this session and Benitta mentioned that the majority of people in their contracted providers pay up to £17 per session for podiatry instead of using the NHS, due to either long waiting times on the NHS, or the person preferring to use the podiatrist they previously used when they lived at home.

It was noted that some care homes might do less activity with people because of the risk of falls and Dr Lyon stated that by doing exercise the residents would actually reduce the risk of falling. Benitta confirmed that the Quality Assurance Team needs to work positively with providers to encourage the use of exercise.

Benitta discussed a new contract and specification for residential/nursing homes that is currently being developed to be implemented in April 2013.

Conclusion

With there being a new contract and specification being developed for implementation in April 2013, this could be a good opportunity to improve falls monitoring and include something specific about falls into the contract.

Recommendations:

- (i) Suggest that the QAT team add an item onto their monitoring checklist for residential and nursing homes regarding the use of exercise;**
- (ii) Add access to telecare and a falls risk assessment element to the new contract for residential/nursing homes;**
- (iii) Add a question to the questionnaire to homes regarding the Age UK DVD about accessing podiatrist services; and**
- (iv) Put together a list of podiatrists in the Halton area and distribute to homes to increase their choice.**

5.5 Service User Consultation

As part of the scrutiny review the topic group consulted with service users who had experience of Halton's Falls Prevention Service. On 26th November, three service users and their carers attended the topic group meeting to talk about their experiences.

Mr B and Mrs H both wanted to praise the work of the Falls Prevention team as they had received very positive experiences that had improved their mobility and confidence. Mr B had been into hospital for a planned admission and on discharge had been given good information. Following this, Mr B's doctor then signposted him to the Falls Prevention team.

Mr O had fallen at home and not received a great service throughout the stages of his care. On discharge from hospital Mr O was not given a package of care or signposted to other services. A relative had given Mr O the number for Halton's Rapid Access and Rehabilitation Service who then arranged a short-term package of care.

All three service-users now attend an APEX exercise class once a week through the Falls Prevention Service that they thoroughly enjoy and benefit from. Mr B invited the Topic Group members to visit one of the APEX exercise classes so they could see it for themselves.

Conclusion

Experiences were mixed regarding wider health care and other agencies, but very positive regarding Halton's Falls Prevention Service.

Recommendation:

- (i) ***Topic Group members to attend/observe an APEX exercise class.***

5.6 Communication

Communication is a subject that appeared throughout the scrutiny review, both positively and negatively. The service-users that were consulted with were all very positive about communication once they had been put into contact with the Falls Prevention team, although experiences varied in establishing that link in the first place. Communication needs to be strengthened with signposting at the discharge from hospital point, as well as from GPs.

During the September Topic Group meeting, Dr Lyon, Clinical Lead from the Clinical Commissioning Group attended. A discussion regarding the communication links between GPs and the Falls Prevention team took place and it was agreed that communication in this area could be improved.

The topic group also had a discussion about sharing information and the difficulties that present around sharing information across agencies in terms of confidentiality and Caldicott.

Documentation regarding the Discharge Policy and Policy for the Reduction and Management of Patient Falls was received from St Helens and Knowsley Teaching Hospitals NHS Trust. During the Topic Group meeting of 20th February 2013, the group looked through the documents and commented on how thorough and comprehensive they were. At the same meeting, Alison Lynch, Associate Director of Nursing Corporate Nursing for Warrington and Halton hospitals attended. Alison talked through the systems and processes that they have in place regarding Falls Prevention and the Discharge and Transfer Policy which is currently under review.

Conclusion

The service user consultation highlighted that hospital discharge arrangements can play a pivotal part in falls prevention. Having a positive discharge from hospital with the right package of care and signposting to other services can help contribute to a speedy recovery to full health, whereas, receiving a negative discharge from hospital can potentially prolong the recovery time. This discussion raised the question does there need to be a future scrutiny review topic focussed purely on Hospital Discharges.

Receiving the documentation regarding the Discharge Policy and Policy for the Reduction and Management of Patient Falls from St Helens and Knowsley Teaching Hospitals NHS Trust showed the topic group that policies and procedures are in place. It was useful for the topic group to meet with Alison Lynch, Associate Director of Nursing Corporate Nursing for Warrington and Halton hospitals and hear first-hand how they are implementing initiatives to reduce the number of falls in hospitals.

Recommendations:

- (i) Communication between the Falls Prevention team and GPs are strengthened;**
- (ii) Write out to hospitals to ask what their hospital discharge policy is and how they monitor it; and**
- (iii) Consider a future scrutiny review topic to be Hospital Discharges.**

5.7 Health and Wellbeing

During the October Topic Group meeting an Age UK DVD entitled "Be Strong, Be Steady" was discussed. The DVD contains a programme of chair-based and standing exercises devised specially for older people. If done regularly, the exercises will strengthen muscles, increase

flexibility and improve balance, all of which can reduce the risk of a fall. The programme is introduced by people who describe the important role exercise plays in their lives and how enjoyable it can be.

The group discussed previous health and wellbeing events that had taken place in the borough and agreed that these were valuable.

Conclusion

The group watched some of the DVD and thought it would be useful to ask a sample of homes/schemes for their feedback regarding the use of the DVD. The group also concluded that it would be useful to consider re-establishing an annual health and wellbeing event that would benefit people in the borough.

Recommendations:

- (i) The CCG and Halton Borough Council to consider organising an annual health and wellbeing event at the stadium;**
- (ii) Evaluation of Age UK exercise DVD “Be Strong, Be Steady” by staff and service users at Dorset Gardens, Oakmeadow, Victoria Court and Beechcroft; and**
- (iii) If (ii) is positive, create a Halton version of an exercise DVD involving Halton residents to be widely distributed to community group/residential/nursing homes.**

5.8 Joint Review of the Falls Prevention Team and National Guidance

The main national guidance documentation for Falls Prevention is the NICE guidance “Falls: the assessment and prevention of falls in older people”. The guidance contains key priorities for implementation and research recommendations. This was circulated to the topic group at the beginning of the scrutiny review and discussed throughout.

During the last meeting of the scrutiny review topic group Damian Nolan updated the topic group on the joint review of the Falls Prevention Service that is being carried out by HBC and the Clinical Commissioning Group. They are using the national guidance to review against and identify any gaps in provision. **As part of this work, a revised Falls Strategy will be developed, including an implementation plan containing the recommendations.**

Lisa Taylor, Health Improvement Manager, attended the Health Policy and Performance Board in January 2013 and gave a presentation about the joint review of the Falls Prevention Service.

Conclusion

Working towards the national guidance and identifying any gaps in service in comparison to the national guidance is a positive way forward in improving the falls prevention service.

Recommendation:

- (i) Keep abreast of the recommendations from the joint review of the Falls Prevention Service with a bi-annual progress report to the Health PPB.***

5.9 Winter Pressures

The topic group discussed the increase in falls over the winter months and actions that could alleviate this. Gritting and the availability of grit in grit bins came up as a big issue for the borough.

Conclusion

The topic group concluded that due to the positive effect of gritting in terms of falls prevention, consideration should be given to a pooled budget with the CCG for the purchase of grit over the winter months.

Recommendation:

- (i) Consideration be given to the use of a pooled budget with the CCG for the purchase of grit over the winter months.***

6.0 Overall Conclusion

This scrutiny review has been both a successful and a worthwhile exercise in terms of covering all the outputs and outcomes from the initial topic brief and gaining a thorough knowledge of Falls Prevention in Halton.

It is clear from the scrutiny review that the work of the Warden Service is contributing to a reduction in admission rates to hospital as a result of a fall.

The scrutiny review identified that the quality of care someone receives if they do have a fall in Halton is very good. Service users that were consulted as part of the scrutiny review were keen to praise the work of the Falls Prevention Service and, in particular, how much the APEX exercise classes have improved their confidence and quality of life in general.

It is recognised that although the scrutiny review of Falls Prevention has been very positive, improvements could be made in certain areas. Recommendations for further improvement that have been identified from this scrutiny review have been arranged into an Action Plan at Annex 5 for ease of reference and monitoring.

TOPIC BRIEF

Topic Title:	Falls Prevention
Officer Lead:	Damian Nolan – Divisional Manager, Intermediate Care
Planned start date:	June 2012
Target PPB Meeting:	March 2013

Topic Description and scope:

A review of the Falls Prevention Service to ensure that there is an effective multi agency approach to addressing the causes of falling and that the treatment and rehabilitation service in place is effective, thus ensuring that those who have fallen can continue to live healthy, safe lives with increased independence.

Why this topic was chosen:

Falls are a leading cause of mortality due to injury amongst older people aged 65 and over. They also contribute to the life expectancy gap between Halton and England. People who have been admitted to hospital following a fall are at increased risk of falling again in the next 12 months, experiencing loss of confidence and fear of falling, and of losing their independence through entering a residential care home.

The risk of falling increases with age, particularly in those 65 and over, as shown the table below.

Age Group	Risk of Falling each year
Over 65s	35%
Over 80s	45%

Between 10- 25% of these people who fall will sustain a serious injury. The table below shows the severity of injury.

Percentage of Older People	Severity of injury
22% - 60%	Suffer an injury
10% – 15%	Suffer a serious injury
2% - 6%	Suffer a fracture
0.2% - 1.5%	Suffer a hip fracture

Regardless of the outcome, falls are associated with a loss of confidence, and a subsequent restriction in physical activity which leads to a further loss of capacity and bone density. This increases the risk of another fall and also the likelihood of entering residential care

Nationally the number of people aged over 65 is due to rise by a third by 2025, which

is associated with increased incidence of falls of 2% per year. In Halton the number of people aged 85 plus is projected to increase, and this is the most vulnerable group. (Source : Halton Joint Strategic Needs Assessment)

Key outputs and outcomes sought:

- Examine the effectiveness of the current pathways for assessments and appropriate interventions for those at risk of falls in Halton
- An understanding of the work undertaken by the Falls Prevention Service and the benefits their interventions can bring to those at risk.
- An understanding of the role that partner agencies have in helping prevent falls.
- Consider national best and evidenced based practice in relation to pathways for assessment and appropriate interventions for those at risk of falls.
- Consider ways to continue to make improvements to services, thus enabling Halton to reduce admission rates to Hospital as a result of a fall.
- Examine the quality of care someone receives if they do have a fall.

Which of Halton's 5 strategic priorities this topic addresses and the key objectives and improvement targets it will help to achieve:

A Healthy Halton

- Healthy and Active Lifestyles - Improve the future health prospects of Halton residents, particularly children, through encouraging and providing opportunities to lead healthier and physically active lifestyles.
- Good Public Health - Providing services and facilities to maintain and promote good public health and well-being.
- Intervention and Prevention - Working with service users to provide services focussed around intervention and prevention and where this is not possible, helping people to manage the effects of long term conditions.
- Maintaining Individual Independence - Providing services and facilities to maintain the independence and well-being of vulnerable people and those with complex care needs within our community.

Nature of expected/desired PPB input:

Member led scrutiny review of Falls Prevention.

Preferred mode of operation:

- Review of the NICE (National Institute for Health and Clinical Excellence) guidance related to Falls Prevention and how this is applied within Halton.
- Meetings with/presentations from relevant officers within the Council/Health Services and partner agencies (including the work of the High Impact Falls Working Group) to examine current practices regarding falls prevention.
- Presentation from the Falls Prevention Service regarding the aims of their

service, support/interventions they offer to those at risk.

Agreed and signed by:

PPB chair

Officer

Date

Date

DRAFT

METHODOLOGY DETAIL**a) Presentations**

The following officers gave presentations as part of this scrutiny review:

Name of officer	Title of Presentation
Rosina Price, Nurse Specialist, Falls Prevention Team and Damian Nolan, Divisional Manager Intermediate Care	Introduction to Falls Prevention
John Coburn, Physiotherapist and Julie Reilly Physiotherapist	Physiotherapist input into the Falls Prevention Team
Chris Durr, Assistant Warden Manager and Kerry Smith, Warden	The Warden Service
Dr David Lyon, Clinical Lead, Halton Clinical Commissioning Group	
Benitta Kay, Contracts Officer, Quality Assurance Team	Contract Management of falls in care homes

Statistics from the CCG re: admissions to hospital due to a fall

Attached as a separate Excel document

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Annex 4

Documents Considered including National Best Practice

National Institute for Health and Clinical Excellence (NICE) “Falls: the assessment and prevention of falls in older people”.

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**FALLS PREVENTION SCRUTINY REVIEW
ACTION PLAN**

ANNEX 5

Action No.	Action	Responsible person	Timescale	Progress
1	Bone density/diet hand-outs to be made available/distributed as widely as possible.	Rosina Price, Falls Prevention Team	June 2013	
2	Leaflets or small examples of housing equipment that is available for purchase to be located at doctor's surgeries so that people know what they can expect.	Rosina Price, Falls Prevention Team	June 2013	
3	Use of the TV facilities at doctor's surgeries for use with publicity regarding Falls Prevention.	Jo O'Brien, Senior Commissioning Manager, CCG	September 2013	
4	Promote the fact that people can self-refer to the RARS team for physiotherapy.	Jackie Johnson, Principal Manager, RARS	June 2013	
5	Regular statistical reports from the CCG regarding falls related to A&E admissions and Emergency Admissions to be presented at the Health PPB under Quarterly Monitoring.	Simon Banks, CCG	Quarterly	
6	Look into a wider pooled budget as the community Warden Service contributes to a reduction in hospital admissions.	Sue Wallace-Bonner, Operational Director	September 2013	
7	Suggest that the Quality Assurance Team add an item onto their monitoring checklist for residential and nursing homes regarding the use of exercise.	Benitta Kay, Quality Assurance Team	June 2013	
8	Add access to telecare and a falls risk	Benitta Kay, Quality	June 2013	

	assessment element to the new contract for residential/nursing homes.	Assurance Team		
9	Add a question to the questionnaire to homes regarding the Age UK exercise DVD about accessing podiatrist services.	Emma Sutton-Thompson	February 2013	Completed
10	Put together a list of podiatrists in the Halton area and distribute to homes to increase their choice.	Julie Griffiths, Service Manager, Podiatry	September 2013	
11	Topic group members to attend/observe an APEX exercise class.	Topic group members	February 2013	Representatives from the Topic Group attended the Castlefields APEX exercise class on 19 th February 2013.
12	Links between the Falls Prevention team and GPs to be strengthened.	Rosina Price, Falls Prevention Team	September 2013	
13	Write out to hospitals to ask what their hospital discharge policy is and how they monitor it.	Emma Sutton-Thompson	January 2013	Received documents from St Helens and Knowsley Teaching Hospitals NHS Trust. Had discussions with Associate Director of Nursing Corporate Nursing for Warrington and Halton hospitals.
14	Consider a future scrutiny review topic to be Hospital Discharges.	Health PPB		
15	CCG and HBC to consider organising an annual health and wellbeing event at the stadium.	CCG and HBC	September 2013	
16	Evaluation of Age UK exercise DVD "Be Strong, Be Steady" by staff and service users	Damian Nolan/Emma	April/May 2013	

	at Dorset Gardens, Oakmeadow, Victoria Court and Beechcroft.	Sutton-Thompson		
17	If Action 16 is positive, create a Halton version of an exercise DVD involving Halton residents to be widely distributed to community groups/residential/nursing homes.	Damian Nolan/Emma Sutton-Thompson	December 2013	
18	Keep abreast of the recommendations from the joint review of the Falls Prevention Service with bi-annual progress reports to the Health PPB.	Damian Nolan, Divisional Manager	Bi-annual	
19	Consideration be given to a pooled budget with the CCG for the purchase of grit over the winter months.	Sue Wallace-Bonner, Operational Director	September 2013	