Argyll and Bute Community Planning Partnership

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OBAN, LORN AND THE ISLES COMMUNITY PLANNING GROUP

27th of April 2017

Agenda Item [*for office use*]

Community Management and Prevention of Falls

Summary

As people age they are more likely have to fall. Around one third of people aged over 65 and half of people aged over 80 will have a fall annually with some having serious consequences. Whether or not an injury is sustained, a fall can be a 'tipping point' in a person's life, triggering a downward spiral of loss of confidence, inactivity, isolation and dependence. The National Falls Prevention programme has been supported by the Scottish Government since 2010 and Argyll and Bute Partnership have been working to introduce the national minimum standards set out in **The Prevention and Management of Falls in the Community. A Framework for Action for Scotland 2014-16.**

There are many things that can reduce a person's risk and this is different for everyone. One key thing that can reduce a person's risk of falling is a strength and balance exercise programme. A big challenge is for communities to understand that falls can be prevented through individuals investing in physical activity to reduce risk and minimise injury.

1. Purpose

Inform group members of the work going on in prevention and management of falls in older people. Provide a brief update on the evidence of what works and outline the Framework for Action.

Community Planning Groups can recognise falls as a public health issue. We are able to anticipate falls and reduce risk and harm through coordinated preventative strategies including exercise.

2. Recommendations

Implementation of the National Framework for Action takes place across all localities in the 4 stages described in the appendix.

3. Background

The Scottish Government implemented a National Falls Programme in 2010 and has supported Health and Social Care Partnerships to adopt a systematic, integrated, co-ordinated and person centred approach to falls and fracture prevention outlined in **The Prevention and Management of Falls in the Community. A Framework for Action for Scotland 2014-16.** The Framework focuses on falls prevention and management and fracture prevention for older people living in the community. Underpinned by evidence from research and knowledge and experience gained by the falls prevention community in Scotland and elsewhere over the last four years, the Framework identifies and describes key actions for health and social care services at each of the four stages of the pathway. These actions represent the minimum standard of care an older person should expect to receive regardless of where and when they present to statutory services. At points throughout the pathway, statutory services will work with third and independent sector partners to deliver the actions described.

A significant section of the Framework focuses on screening and assessment. We need to identify people who may benefit from support, and then provide individualised care. However, assessment and screening will not prevent falls in the absence of safe, effective and person centred support and interventions.

Each area in Argyll and Bute was supported to undertake a self assessment with partners against the national minimum standards and came up with a local action plan. These are reviewed on an ongoing basis. Partners working with Health and Social care Partnerships to support this work include the Care Inspectorate, Technology Enabled Care Programme, Telehealth and Telecare, NHS24, NHS Education for Scotland, RRHEAL, the National Osteoporosis Society, the Scottish Ambulance Service and Scottish Fire and Rescue Service and the Living Well in Communities Programme.

When people become unsteady their families and friends may encourage them to 'stay safe' by restricting their movement. This is the worst possible thing for an older person as they quickly lose strength and confidence and their risk of falls increases. Identifying people who have had a fall and raising awareness of the things that make a difference is key.

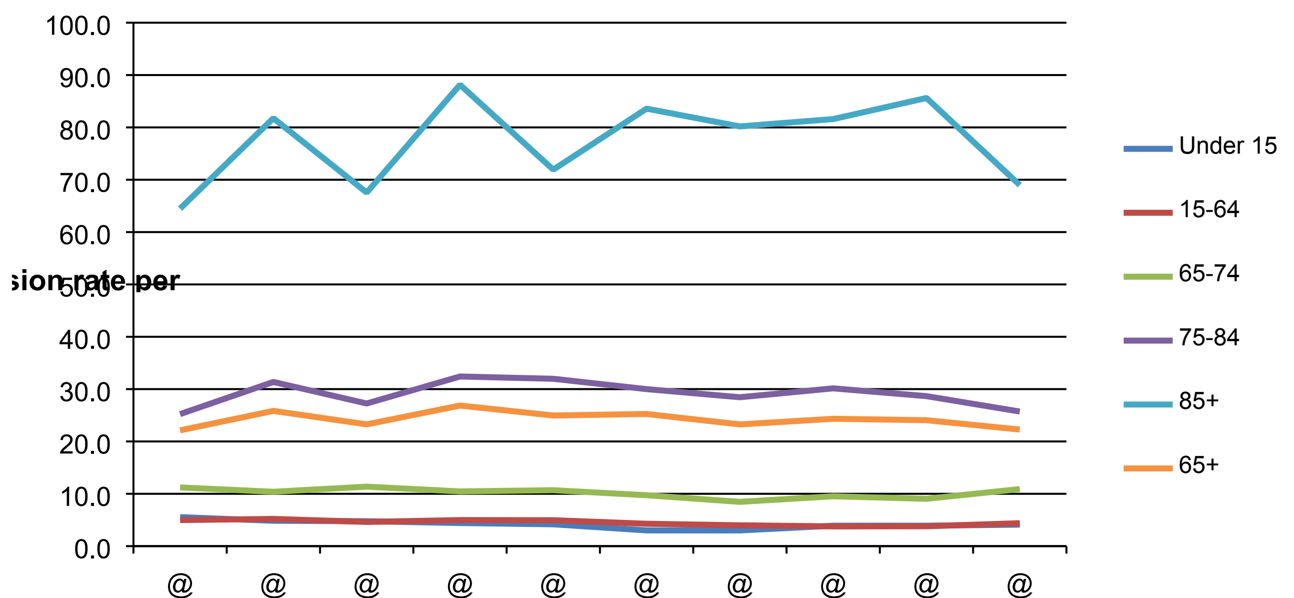
4. Detail

The cost to health and social care services of managing the consequences of falls is substantial. In Scotland, costs in 2012 were estimated at £471m. This cost is predicted to increase by 40% (due to the profile of our ageing populations) to £666m annually by 2020. In Argyll and Bute in 2014-15 the cost

of Occupied Bed Days due to falls was £ 5,889,302. We are awaiting the report for 2015- 16 and will supply it when available.

National data from ISD is promising with Argyll and Bute demonstrating a reduction in admissions for falls at a time when the older population is increasing and national data for the same period demonstrates a 3% rise.

Table 1 - Emergency hospital admissions resulting from a fall, by age group and cause of injury, year ending 31 March 2007 to 2016 Argyll and Bute



5. Conclusions

Falls are costly to older people and society. Older people often view the problem of falls as happening to those older and in poorer health than themselves. Many dislike the word ‘falls’, preferring concepts such as ‘staying steady’ or ‘remaining active’. It is important that preventative activity is carried out in a way that is meaningful to and appropriate for the people that it is targeted at.

Raising awareness of falls as a public health issue is vital to ensure

people do not view falls as an inevitable aspect of older age.

Ultimately, the key goals of healthy ageing, where older people are supported to remain mobile, have their needs met, continue to learn, develop and maintain relationships and contribute to society, are deliverable through proactive falls and fracture prevention.

6. 0 SOA Outcomes

OUTCOME 5 - PEOPLE LIVE ACTIVE, HEALTHIER AND INDEPENDENT LIVES

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Appendix
Stages of the National Framework

Stage 1

The focus for the minimum standard 2014/16 is providing easy to access information and educational materials and sign posting to relevant services to support falls prevention and management. There is a strong evidence base for the role of strength and balance exercise in preventing falls. Exercise not only reduces susceptibility to falls, but improves cardiovascular fitness, strength and physical function; reduces aspects of cognitive decline; and can improve aspects of mental wellbeing such as self-esteem and mood. A range of local, accessible physical activity and exercise opportunities designed (or modified) for older people and others at higher risk of falls are needed.

Support for self management is what services provide to encourage people to take decisions and make choices that improve their health, wellbeing and health related behaviours. A wide range of activities supported and/or provided by statutory, independent and third sector organisations contribute to supporting health improvement and self management to reduce the risk of falls and fragility fractures.

Stage 2

Older people at risk of falls are identified when in contact with health and social care and partners

- A person at risk of falls and fragility fractures is identified and this triggers appropriate intervention, or referral for appropriate intervention.
- A person is identified *either* (a) when they report a fall, or present with a fall or an injury or functional decline due to a fall, *or* (b) opportunistically when someone providing care or support asks about falls.
- There is potential for third sector organisations to support this process as they may be in regular contact with a person at risk who is not know to the statutory services.
- Opportunistic case identification links with both anticipatory care and the 'shared assessment' process.

A level 1 'conversation' aims to identify a person at risk of falling; it is not intended to determine all contributory factors or specific interventions required. Level 1 conversation postcards with Scottish Fire and Rescue Service

and the numbers to be collated. This was tested in 2 areas prior to going live and will shortly be live in all areas (concerns about team capacity however test site shows small numbers and should be manageable). There will be data for Level1 conversation and for Level2 screen. A history of falls in the past year is the single most important risk factor for falls and is a predictor of further falls. Health and social care providers who are in contact with older people across a wide range of settings should ask about whether people are worried about falling, have had a fall or are becoming unsteady. By asking questions in routine assessments and reviews about falls and their context, people at risk can be referred to, or advised to see, a healthcare professional or service that can provide interventions to reduce risk.

Older people at risk of falls are offered a Level 2 falls screen to identify risks that can be modified to reduce their risk

All community teams can carry out Level 2 falls risk screening. The screening can be carried out by any grade of staff across multiple agencies. Training has been developed and has taken place in each locality and more can be provided if required. Pathways in each locality are being embedded for Level 2 screening. Responder staff have been trained in some areas.

Stage 3 responding to someone after a fall.

Working with National Reference Group, NHS24, SAS, Highland Hub, Fire and Rescue, Police and TEC to link pathways to respond to people who have fallen but do not require to go to hospital. Data and measurements being developed nationally for monthly reporting. Training needs have been identified for staff. A single point of access is required and this is currently holding up progress.

Stage 4 specialist assessment working collaboratively and raising awareness of cross sector work.