

# **Bromley Health and Wellbeing Board**

**Date:** Thursday 7 September 2017

**Report title:** Proposal for a falls prevention expert task and finish group

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## **1. SUMMARY**

1.1 Reducing the number of falls in older people is an important consideration for Bromley in light of the increasing proportion of older people in the borough. Falls cause a high amount of morbidity and mortality in older people in addition to early admissions to residential homes. They also result in a high level of emergency hospital admissions. Preventing falls can therefore potentially save hospital costs in addition to improving quality of life for older people.

1.2 Falls are generally not events in themselves. They are often associated with long term health conditions, for example related to the impacts of medication, and can be a sign of underlying health issues such as frailty<sup>1</sup>. They may also be associated with environmental risks. Fall prevention therefore requires a multifaceted approach.

1.2 This paper scopes a proposal for an expert task and finish group to investigate the numbers and types of falls affecting Bromley's older population, with the intention of producing a summary report with recommendations for action.

## **2. REASON FOR REPORT GOING TO HEALTH & WELLBEING BOARD**

The Health and Well Being Board is asked to review the proposal and agree the approach set out.

## **3. INTRODUCTION**

3.1 Routine data is not easily accessible at a borough level to help understand the extent of falls in the borough. The National Institute of Clinical Excellence (NICE) estimates that around a third of all people aged 65 years and over fall each year (estimated at 19,082 people in Bromley) increasing to half of those aged 80 and over in London (estimated at 8,577 people in Bromley<sup>2</sup>).

3.2 Data for the London region shows rising rates of falls in relation to indicators for emergency hospital admissions for the over 65 years old age

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<sup>1</sup> Falls and fractures consensus statement, Public Health England (2017)

<sup>2</sup> Interim 2015-based demographic projections, long term migration scenario, GLA 2017  
<https://data.london.gov.uk/dataset/interim-2015-based-population-projections/resource/af57691d-fcbf-4839-8a6c-181c1dd2f9df>

group and 65-79 years age group (with a stable rate for the over 80 years)<sup>3</sup>. The 2016 Bromley JSNA includes estimates from the RNIB on the number of older people falling owing to sight loss (estimated at around 9,487 people aged over 65 per year). It also draws attention to the risk of falls amongst people experiencing hearing loss.

## **4. PROPOSED EXPERT TASK AND FINISH GROUP**

### **4.1 GROUP COMPOSITION**

**Chair:** Professor Cameron Swift (previous Chair of the Falls Guideline Development Group at NICE) - to be approached

**Membership (provisional):**

Bromley Public Health Team

Bromley Clinical Commissioning Group (CCG)

Bromley Social Care team

Bromley Housing team

The Falls Clinic, Princess Royal University Hospital

London Ambulance Service representatives

Health watch

Bromley care home forum representative(s)

Age UK Bromley and Greenwich

Occupational Therapist representation

Safer Bromley Partnership representation

Public Health England National Falls Prevention Clinical Group

### **4.2 DRAFT ROLES FOR THE GROUP**

#### **1. Oversee falls epidemiology research for Bromley**

This research will map the extent and type of falls in the borough through:

- Accessing and analysing relevant hospital indicators including emergency admissions, non-elective bed days, A&E attendances in addition to non-emergency related hospital stays. This will also examine injury type and level of severity (for example, type of fracture and subsequent length of hospital stay).
- Where possible map hospital admissions to areas of residence to understand if the impact of falls is felt by some groups of older people more than others (for example, in areas with higher levels of deprivation). In addition identify frequent location of falls if possible, for example the frequency at home, outside and in community institutions (hospital, nursing homes). To note, this information may be unavailable.

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<sup>3</sup>Age-sex standardized rate of emergency hospital admissions for injuries due to falls in persons aged 65 years plus at 2,253 per 100,000 in London compared to the South East region at 2,137 per 100,000

<http://fingertips.phe.org.uk/search/falls#page/0/gid/1/pat/15/par/E39000018/ati/6/are/E38000023>

- Access any additional data that help understand falls in Bromley particularly in terms of falls taking place outside the hospital environment<sup>4</sup>. For example social care data, liaisons with emergency services, data from, the community alarm system, community pharmacists, care homes and Bromley's voluntary sector. Bromley's Extra Care Housing Schemes provides potential to monitor the frequency and type of falls.
- Explore any impact of seasonal changes on the number of falls in the borough, broken down by age group and gender.

## **2. Assess falls prevention work currently undertaken in the borough**

- Undertake a literature review to summarise the current evidence base in terms of fall prevention.
- Carry out interviews with service providers working to reduce falls in the borough, including:
  - understanding routine identification of those most vulnerable to falling
  - home hazard assessment and improvement programmes
  - effective links to health promotion programmes for older people (such as physical activity and smoking reduction support).
- Engagement with older people groups and carers to ensure preventative activity is carried out in a meaningful way that is appropriate for the people it is targeted at.

## **3. Production of a summary report with recommendations for action**

This report will be brought back to the Health and Well-being Board for discussion, including approaches to embedding the group's recommendations into service planning in Bromley. For example, through the care homes training programme and/ or integrated into the commissioning of preventative services with the third sector.

### **4.3 TIMESCALE**

December to May 2017

To note: This timescale aligns with when there is public health specialist trainee support to coordinate this piece of work.

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<sup>4</sup> It is estimated that around 5% of cases of a fall leads to fracture and hospitalisation. Falls and fractures consensus statement, Public Health England (2017)