

Decision Maker: HEALTH AND WELLBEING BOARD

Date: 29th March 2018

Title: FALLS TASK AND FINISH GROUP INTERIM REPORT

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Ward: Borough-wide

1. Summary

- 1.1 This paper presents an interim report of the Falls Task and Finish Group, convened to ensure that falls prevention work in Bromley is meeting the evidence based standards as described by NICE (Quality Standard 86).
- 1.2 The interim report covers what we know to date about falls epidemiology in the borough in, our evaluation approach going forward, a timetable for delivery and early indications of areas requiring further exploration.
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2. Reason for Report going to Health and Wellbeing Board

- 2.1 A proposal for a falls task and finish group was put forward to the February 2018 Health and Wellbeing Board meeting. It was agreed that an interim report, updating the Health and Wellbeing Board and approach and progress, would be presented at the March 2018 meeting.
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3. **SPECIFIC ACTION REQUIRED BY HEALTH AND WELLBEING BOARD AND ITS CONSTITUENT PARTNER ORGANISATIONS**

None. This report is for information.

Please note partners and organisations involved in this project in the interim report.

Health & Wellbeing Strategy

1. Related priority: Falls prevention supports a health and well-being theme of the strategy to improve the quality of life and well-being of those with specific needs.

Financial

Not applicable at this stage.

Supporting Public Health Outcome Indicator(s)

The following Public Health Outcome Indicators are supported through this work:

- 2.24 Emergency hospital admissions due to falls in people aged 65 and over
 - 4.14 Hip fractures in people aged 65 and over
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4. COMMENTARY

4.1 Falls Prevention System Review: Interim Report

This interim report aims to provide the Bromley Health and Well-being Board with information on the approach to the service review in addition to information on what we know to date. This takes place by covering the following:

- The importance of focusing on falls prevention in Bromley.
- What we know in terms of falls occurrence in Bromley and what makes a difference in terms of falls prevention.
- The services and pathways in place to support falls prevention.
- The role of a Task and Finish group to drive the system review.
- The system review approach with reporting timetable and framework for delivery.
- A stakeholder engagement log with interim findings.

4.2 Why are we focusing on falls prevention?

- 4.3 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 (estimated at 8,577 people in Bromley¹). Bromley's population is relatively old in comparison to other London boroughs. In terms of future need, the population aged 65 or over is expected to increase by 42% (82,500) by 2035ⁱ. This will increase the overall number of falls for older people.
- 4.4 Many falls have serious consequences including distress, pain, injury, loss of confidence, loss of independence and premature deathⁱⁱ. Most falls do not result in serious injury, but approximately one in five falls require medical attentionⁱⁱⁱ. In addition, recurrent falls are estimated to occur in 60-70% of people who fall^{iv}.
- 4.5 Each year, approximately 5% of older people living in the community who fall experience a fracture or need hospitalisation^{vi}. The most common significant injuries due to falls are fractures, most commonly of the hip and femur, with it estimated that approximately 95% of hip fractures occur as a result of falls^{vii}.
- 4.6 This is an important area for prevention as there is a good evidence base that certain interventions when delivered consistently and effectively can prevent some falls, improving health outcomes and quality of life for older people and savings to health and care services^{viii}.

¹ 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>

5. What we know to date: data analysis and the evidence base

5.1 Analysis of data

5.2 Routine data analysed at this stage includes:

- Emergency hospital admission data due to fall injuries – 65 years plus
- Hip fractures in people aged 65 years plus
- London Ambulance Service falls dispatch data to residential homes and public settings
- London Ambulance Service falls dispatch data for GPs practices and care homes

5.3 **Key themes** from the data include:

- a) In general, Bromley's rates for emergency hospital admissions for falls are below the national and London average. However, when focusing on absolute numbers, Bromley is the second highest London borough for this indicator (owing to the large number of older people in its population).
- b) The highest emergency hospital admission rate is for the 80 plus age group, where it is close to the regional and national rate. The data shows an increase in the rate of men being admitted to hospital as a result of falls since 2010/11 in Bromley.
- c) Bromley's hip fracture rates for the over 65 years plus (another falls indicator) has been decreasing over the past four years. Its rate is lower than the national rate, but higher than the London rate for men and women.
- d) 20% of the London Ambulance Service (LAS) call out workload in Bromley appears to be falls related incidents (excluding falls from height). There is a slight increase in call outs for falls over the past two years (March 2015 to March 2017) and the majority of call falls outs result in referral to hospital (approximately 60%). Bromley wards with a higher proportion of older people tend to have a higher number of LAS fall incident call outs.
- e) It is harder to establish how many LAS call out incidents relate to falls in terms of attending GP or care home settings. From the data available, they are approximately responsible for 45% and 11% of call outs respectively. Further data for care homes is currently being obtained to help improve this analysis, including which care homes have the greatest number of call outs.

5.4 How can we make a difference? The evidence base

5.5 The below summarises the evidence base in terms of preventing the occurrence and impact of falls:

a. Understanding risk factors

There are a number of known risk factors for falling. Individual risk factors include muscle weakness, poor balance, visual impairment, polypharmacy, low BMI, visual impairment and specific conditions (such as arthritis, diabetes, depression, cardiovascular and neurological causes, Benign paroxysmal positional vertigo (BPPV),

high alcohol consumption etc.)^{ix} External risk factors include hazards in the environment, including the home and outdoors.

b. Routinely identifying people vulnerable to falling and referring to appropriate intervention(s)

Literature agrees that routine identification of those most vulnerable to falling allows interventions to be targeted to best effect^x. NICE recommends that risk of falls should be assessed at least once per year in all people aged 65 or over^{xi}. This can be through active case finding, for example home visits, assessments in care home settings etc. Those over 65 who fall and attend A&E and those involved in ambulance call-outs who are not transferred to hospital have both been identified opportunistically as high-risk groups where appropriate intervention has been shown in randomised controlled studies substantially to reduce both subsequent falls, hospital admissions and health and social care costs compared with controls over subsequent 12-month follow-up.

c. Development of a multifactorial intervention.

Evidence shows that risk assessment followed by appropriate interventions for falls prevention (also known as a multifactorial intervention) reduced the rate of falls by 24%^{xii}. A systematic and individualised approach to assessment and intervention is needed, including a careful diagnostic review and corresponding tailored intervention, commonly within the context of a defined specialist falls service^{xiii}, involving appropriate partnership working between primary care and clinical gerontology. In addition to addressing specific causes, referral for strength and balance training, home hazard assessment and safety interventions, vision assessment and medication review are all common components of the multidisciplinary response required.

5.6 Falls prevention services in the borough

5.7 These services will be described in more detail as part of the review but are summarised below to give an indication of what is available to patients at risk of falls in the borough in addition to where risk assessments take place. These services also link to each other, for example a Fracture Liaison Nurse based at the PRUH works closely with the Bromley Falls and Fracture Prevention Service.

5.8 Bromley Falls and Fracture Prevention Service

5.9 Bromley's Falls Service is run by Bromley Healthcare and can be referred into by health and social care professionals. It provides support for people who have fallen or are identified at risk of falling, involving a risk assessment and multifactorial care plan. Clinics operate across the borough and assessment can take place in a person's home if required.

5.10 Integrated Care Networks:

a) Frailty pathway

This includes a 38 bed facility at Orpington hospital, with input from medical, nursing, therapy and social staff and voluntary services. The unit helps prepare patients to leave hospital and move back to independent living. A consultant Gerontology hotline for GPs allows patients to be admitted directly to these wards.

b) The Proactive Care Pathway

Began in October 2016 and supports patients on a monthly basis to be identified on the basis of where they need more preventative help. Trigger signs may include deteriorating nutrition, mental health needs and/ or a recent history of falls. A community matron assesses the patient (including for fall risk) then develops a care plan, discussed at a Multidisciplinary Team meeting (MDTs). The Pathway includes a Memorandum of Understanding between secondary care, primary care and voluntary sector services and is being evaluated by the Health Innovation Network.

5.11 Bromley Council Community Occupational Therapy Service

5.12 Referral to this service takes place through the adult early intervention centre. The Occupational Therapy team will undertake a falls assessment and can provide advice, low cost equipment and can refer for more intensive support if required (such as to the Bromley Falls and Fracture Prevention Service).

5.13 What will be achieved through a Task and Finish Group?

5.14 The purpose of the Falls Task and Finish Group is to consider falls prevention work in Bromley against the evidence based standards as described by NICE (QS86). This includes assessing how well collaboration is taking place across primary, community (including care homes) and secondary healthcare services and social care providers.

5.15 Objectives of the group are to:

- To evaluate existing prevention services against good practice guidelines, using NICE Quality Statements introduced in 2017 as a guide whilst also taking into account the working arrangements for the local area. The Quality Statements are as follows:

Statement 1: Older People are asked about falls when they have routine assessments and reviews with health and social care practitioners, and if they present at hospital.

Statement 2: Older people at risk of falling are offered a multifactorial falls risk assessment.

Statement 3: Older people assessed at being at increased risk of falling have an individualised multifactorial intervention.

- Help describe the current system that is in place in terms of falls prevention, leading to potential recommendations for areas for improved collaborative working and/ or investment.

- 5.16 The review focuses on falls amongst older people (aged 65 years old and above) taking place outside of a hospital setting. A fall is defined as an unintentional or unexpected loss of balance resulting in coming to rest on the ground or an object below knee level.
- 5.17 The Task and Finish Group is a time limited group that will meet to agree and discuss the draft report and its recommendations in May 2018, with smaller group meetings taking place before May. This acknowledges the diary challenges in organising large group meetings in a short time scale.
- 5.18 The group is also made up of two tiers: a strategic oversight group and an operational group. This uses the different individuals involved across sectors in a time efficient way in addition to supporting discussions around collaboration at an operational level.
- 5.19 The chair oversees the group, working with the Bromley public health team which provides a leadership and coordination role.
- 5.20 The group will close on completion of the task, which is anticipated to be at the end of May 2018.
- 5.21 A summary of the structure of the group is provided below:

Strategic group

Key role: Review evidence from the evaluation and agree any additional actions required to help meet current guidance. This includes agreeing final recommendations for the report.

Membership:

Professor Cameron Swift (Chair)

Dr Nada Lemic, Director of Public Health, Bromley Council

Dr Ruchira Paranjape, Principal Clinical Director, Bromley Clinical Commissioning Group

Dr Aza Abdullah, Consultant Physician, Princess Royal University Hospital

Sonia Colwill, Director of Quality, Governance and Patient Safety, Bromley Clinical Commissioning Group

Graham MacKenzie, Director of Integration and Transformation, Bromley Clinical Commissioning Group (tbc)

Operational group

Key role: Help draw together the final report including input into the report recommendations to put forward to the strategic group. This includes discussing best approaches for collaborative working.

Membership:

Katherine Rowlands, Falls Coordinator, Bromley Healthcare
Leah Bancroft, Senior Occupational Therapist, Bromley Council
Wendy Norman, Head of Contract Compliance and Monitoring, Bromley Council
Katherine Gausden, Lead Falls Practitioner, PRUH and Orpington Hospital
Debbie Hutchinson, Director of Nursing, Kings College Hospital
Jenni Gilbert, Quality Manager, Bromley CCG

Both groups will seek the views of additional expert stakeholders where relevant that can provide intelligence in terms of current or future falls prevention work.

Assessment of current falls work through an evaluation framework based on NICE quality standards

Evaluation frameworks have been developed for each service involved in falls prevention work to provide a systematic approach to discussions with different stakeholders. These are based on the NICE quality standards.

Intelligence gathered when completing the evaluation frameworks are helping to inform a stakeholder action log – see Appendix A.

Reporting framework and timetable for delivery

Tasks	Deadline	Next steps
1. Initial scoping work including desk top review of evidence and analysis of routine data sources, in addition to consultation with Falls Expert Professor Cameron Swift.	8 February 2018	Verbal update provided to the Health and Well-being Board
2. Meetings with key service sector leads to help <ul style="list-style-type: none">- Review services to date- Identify membership of a strategic group- Identify membership of an operations group	Feb to March 2018	
3. Interim report produced for the Health and Well-being Board, covering: <ul style="list-style-type: none">- A short needs assessment on falls in Bromley.- The approach to a falls prevention system review.- Any expected outcomes that can be reported at this stage.	20 March 2018	Discussion at the Health and Well-being Board on 29/3/18.

4.	<p>Further data analysis to help understand trends and variability in service delivery, including:</p> <ul style="list-style-type: none"> - Referral rates to the Bromley Falls and Fracture Prevention service, analysed by time trend and by referral route. - Emergency admission data in terms of subsequent patient pathway. - London Ambulance Service call outs to care homes. <p>This will be accompanied by discussions with key stakeholders to draw up recommendations for action.</p>	March to April 2018	
5.	<p>Group meeting of Falls Prevention Task and Finish Group.</p> <ul style="list-style-type: none"> - Review evaluation work - Agree any recommendations for action and how best to take these forward. 	May 2018	
5.	<p>Final report to present to the Bromley Health and Well-being Board.</p>		7 June 2018 (tbc) HWWB Board

6. IMPACT ON VULNERABLE PEOPLE AND CHILDREN

- 6.1 This work will support the routine identification of older people with a recent history of falls in order to take preventative action.

7. FINANCIAL IMPLICATIONS

- 7.1 Any recommended initiatives as a result of the review will be subject to appropriate business case preparations and approvals at the appropriate stage.

8. IMPLICATIONS FOR OTHER GOVERNANCE ARRANGEMENTS, BOARDS AND PARTNERSHIP ARRANGEMENTS, INCLUDING ANY POLICY AND FINANCIAL CHANGES, REQUIRED TO PROCESS THE ITEM

- 8.1 This project provides a focus for joint working between the London Borough of Bromley and Bromley Clinical Commissioning Group.

Non-Applicable Sections:	Legal implications, Comment from the Director of Author Organisation
Background Documents: (Access via Contact Officer)	Not Applicable.

Bromley Falls Prevention Task and Finish Group - Stakeholder engagement action log

March 2018

Partner area	Key Findings	Actions	Who's involved?	Outcome measure(s)
Bromley primary care	<p>Falls risk assessment supported by primary care electronic system (Emis).</p> <p>The Proactive care pathway (working across Bromley)]supports patients on a regular basis to be identified where they need more preventative help, including questions on falls. This then leads to a holistic assessment of the patients across different services.</p> <p>Secondary care can play an important role in helping identify patients that require a multidisciplinary team (MDT) assessment, for example by highlighting this need on discharge notes.</p>	<p>Assess if there is variability amongst Bromley GP practices in terms of making referrals to the falls prevention service.</p> <p>Help build awareness amongst secondary care practitioners of the different referral points in place in the borough that can support more complex patients.</p>	Dr Ruchira Paranjape, Principal Clinical Lead, Bromley Clinical Commissioning Group	<p>Consistent GP referral rates to community falls service.</p> <p>Secondary care helping case find patients requiring MDT support.</p>

<p>Bromley secondary care</p>	<p>It may be useful to further examine if the PRUH emergency department is sufficiently 'falls aware'.</p> <p>May also be useful to build awareness in the NHS Trust of which community services are available to refer to in terms of concerns regarding falls and complex needs.</p>	<p>Further exploration as to how people who present at the emergency department are assessed for falls risk, for example is there a falls proforma in place and/ or a falls register? Emergency admission falls data that can be analysed in terms of patient pathways?</p> <p>Look at falls prevention services referral data in terms of where referrals are coming from in relation to secondary care.</p>	<p>Dr Aza Abdulla,</p>	<p>Referral rates to falls prevention services from different parts of the Trust and in line with expected rates.</p> <p>Secondary care helping identify patients requiring holistic assessment.</p>
<p>Bromley CCG – Quality</p>	<p>Service provider reports highlight:</p> <ul style="list-style-type: none"> - Concern by secondary care that there are many re-admissions for patients with recurrent falls. - Bromley Healthcare has developed a falls audit tool in line with NICE guidelines, with an audit on prevention and assessment of risk of falls due for reporting. 	<p>Follow up re admission concerns with secondary care.</p> <p>Enquire about status of falls audit.</p> <p>Look at commission standards for falls prevention against NICE guidance.</p>	<p>Jenni Gilbert, Quality Manager, Bromley Clinical Commissioning Group</p> <p>Sonia Colville, Clinical Commissioning Group</p>	<p>CCG commissioning specification is in line with NICE recommendations/ best practice evidence.</p>

<p>Bromley Occupational Therapists team</p>	<p>There is no routine means of asking or recording about falls status at the initial contact stage of the service (adult early intervention centre).</p> <p>Perception that routine assessment for risk of falls could be carried out more widely in social care.</p> <p>For OT practitioners there is no written procedure that someone needs a falls risk assessment.</p> <p>There is overlap between the OT service and the Bromley Healthcare service, which is currently being discussed between the two services.</p> <p>There is no known training in place to support asking older people about falls as part of assessments and reviews.</p>	<p>Discuss with operational group practical ways to support more consistency in terms of routine assessments, for example:</p> <ul style="list-style-type: none"> - Required fields on electronic referral and assessment forms. - Developing a falls procedure for the OT team. - Looking at what training may be required to support routine assessments of falls across relevant parts of social care (potentially provided by Bromley Healthcare?) 	<p>Leah Bancroft, Senior Occupational Therapist</p>	<p>Questions regarding recent fall history for adults over 65 years of age takes place at the adult early intervention centre prior to an OT referral.</p> <p>All relevant social care staff are aware about how to ask questions about recent falls history and how to refer into community prevention services.</p>
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<p>Bromley Care Home programme</p>	<p>Equipment is in place in care homes and extra care scheme homes to provide assistance after falls to reduce the need for external assistance (camel and elk mangers). The majority of care homes do not have physiotherapy or OT support on site.</p> <p>Need to consider how actions around care homes sits alongside the Care Home Programme Board.</p>	<p>Consider the falls review against the terms of reference for the Care Home Programme Board.</p> <p>Potential actions:</p> <ul style="list-style-type: none"> - Analyse London Ambulance Service (LAS) data with number of falls call outs per care home. - Approach care homes with a high number of falls to talk to them about what they do/ what may help in terms of prevention. - Consider how training on falls prevention can be incorporated into other regular training (such as First Aid) for care home practitioners. 	<p>Wendy Norman, Head of Contract Compliance and Monitoring, Bromley Council</p>	<p>Falls prevention system review final report to inform the roll out of the Care Home Programme Board.</p>
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END NOTES

- ⁱ Population aged 65 and over projected to 2035, POPPI, last accessed December 21, 2017, www.poppi.org.uk version 10.0
- ⁱⁱ *Interventions for preventing falls in older people living in the community*. Gillespie LD, Robertson MC, Gillespie WJ et al. 2012 (9), Cochrane Database of Systematic Reviews, p. CD007146.
- ⁱⁱⁱ *Interventions for preventing falls in older people living in the community*. Gillespie LD, Robertson MC, Gillespie WJ et al. 2012 (9), Cochrane Database of Systematic Reviews, p. CD007146.
- ^{iv} *Exercise and falls prevention in older people*. Skelton, DA. 2007; 9(1);, CME Geriatric Medicine, pp. 16-21.
- ^v **National Institute for Health & Care Excellence (NICE)**. *Costing statement. Falls: assessment and prevention of falls in older people. Clinical Guideline 161*. s.l. : National Institute for Health & Care Excellence (NICE), 2013.
- ^{vi} **National Institute for Health & Care Excellence (NICE)**.. *Falls in older people. Quality Standard 86*. s.l. : National Institute for Health & Care Excellence (NICE), 2017.
- ^{vii} **National Institute for Health & Care Excellence (NICE)**. *Costing statement. Falls: assessment and prevention of falls in older people. Clinical Guideline 161*. s.l. : National Institute for Health & Care Excellence (NICE), 2013.
- ^{viii} **Public Health England**. *Falls and fractures: consensus statement and resources pack*. London : Public Health England, 2017.
- ^{ix} **Public Health England**. *Falls and fractures: consensus statement and resources pack*. London : Public Health England, 2017.
- ^x **Public Health England**. *Falls and fractures: consensus statement and resources pack*. London : Public Health England, 2017.
- ^{xi} —. Falls - risk assessment. NICE Clinical Knowledge Summary. [Online] January 2014. [Cited: 8 February 2018.] <https://cks.nice.org.uk/falls-risk-assessment#!scenario>.
- ^{xii} Gillespie LD, Robertson MC, Gillespie WJ, Sherrington C, Gates S, Clemson LM, et al. Interventions for preventing falls in older people living in the community. In: Cochrane Database of Systematic Reviews [Internet]. John Wiley & Sons, Ltd; 2012. Available from: onlinelibrary.wiley.com/doi/10.1002/14651858.CD007146.pub3/abstract
- ^{xiii} **National Institute for Health & Care Excellence (NICE)**. *Costing statement. Falls: assessment and prevention of falls in older people. Clinical Guideline 161*. s.l. : National Institute for Health & Care Excellence (NICE), 2013.