

**Wiltshire Council**

**Cabinet**

**19 June 2012**

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**Subject: Falls and Bone Health Strategy**

**Cabinet member: Councillor Keith Humphries, Public Health & Protection Services**

**Key Decision: No**

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**Executive Summary**

To provide an overview of the updated Wiltshire Falls and Bone Health Strategy.

**Proposal**

**That Cabinet :**

- a) notes this update of the strategy and
- b) agrees the key areas for action.

**Reason for Proposal**

The Falls and Bone Health Strategy is crucial to enable a reduction in falls and falls related injuries. This strategy is an update of the Wiltshire Falls and Bone Health Strategy which was published in 2009. It is expected that the 2012 strategy will remain valid for two years.

**Maggie Rae**

**Corporate Director of Public Health and Public Protection**

## **Wiltshire Council**

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### **Purpose of Report**

1. The purpose of this paper is to update the Cabinet on the Wiltshire Falls and Bone Health Strategy and the five key areas for action.

### **Background**

#### National

2. As people get older they may fall more often for a variety of reasons, including problems with balance, poor vision, and dementia. Up to 1 in 3 people aged 65 or over fall per year. It may not be possible to prevent falls completely, but people who tend to fall frequently may be enabled to fall less often.
3. Around 40-60% of falls lead to injuries, with 5% causing fractures. There are other serious consequences of falling;
  - Fear of falling,
  - Loss of confidence,
  - Loss of mobility which can lead to social isolation and depression,
  - Loss of independence,
  - Disability.These can lead to increased dependency on carers and services.
4. Nationally the incidence of falls is currently increasing by 2% each year. As England has an ageing population unless action is taken it is likely that this rate will continue to rise.

#### Local

5. In Wiltshire in 2010/11 there were 3,054 admissions as a result of a fall per 100,000 people aged over 65. This means on average every day there were seven emergency admissions for falls in people aged 65 or over. There has been a 34% increase in admissions to hospital as a result of a fall in people aged over 65 between 2003/04 and 2010/11

6. 541 people aged 65 or over who lived in Wiltshire suffered a hip fracture in 2010/11. Hip fractures in this age group cost around £3.2 million in hospital costs. This does not include costs to the patient or social care.
7. Older people with osteoporosis are particularly at risk from falling, as osteoporosis is a condition where bones become fragile and break more easily. An estimated 20,000 post-menopausal women in Wiltshire have osteoporosis.

#### Falls prevention

8. To reduce falls and fractures it is important that:
  - Those who have fallen or may fall are identified.
  - An individual person's risk of falling is assessed.
  - The treatment plan takes into account all an individual person's falls risks. Those at risk of falling are encouraged to take part in falls prevention programmes.
  - Those with osteoporosis should be treated appropriately.
9. There are a wide range of services available in Wiltshire to prevent falls and fractures and to treat those who have fallen or fractured. In order to ensure effective provision for falls and bone health services across health and social care in Wiltshire the Kaiser Pyramid of Care model is used. This is a template for care used to identify groups and define the level of management appropriate for each group. For falls prevention it adopts a model of universal, targeted and specialist services for falls, fractures and osteoporosis.

#### **Main Considerations for the Council**

10. The main aims of the Falls and Bone Health Strategy are to:
  - Improve falls and fracture services used by Wiltshire residents and ensure that services respond to the needs of older people,
  - Halt the rising number of falls and related injuries experienced by older people each year,
  - Meet local and national targets on falls and fracture prevention
  - Support older people to access a wide range of community resources.
11. The Wiltshire strategy action plan has been developed using national and local information on falls, fractures and osteoporosis. This encompasses the results of the 2010 Royal College of Physicians falls and bone health audit. The audit gives detailed information on areas that Wiltshire performed well in and areas that need strengthening in Wiltshire in relation to falls, fractures and bone health.
12. In addition consultation with key stakeholders has developed the priority areas for local action. The Falls and Bone Health Strategy will be launched for public consultation during falls awareness week (18<sup>th</sup>-22<sup>nd</sup> June).

#### **There are five priority areas for local action:**

- **Update the falls and osteoporosis care pathways for use across Wiltshire.**

13. The aim of updating the pathways is to; increase the number of patients screened for falls or increased falls risk, increase the proportion of people who have had a fracture, fall or are at increased risk of falls having multifactorial falls risk assessment and to increase the proportion of patients who have had a fracture or fall being assessed for their need for treatment to prevent osteoporotic fractures.
- **Make sure an individual person's risk of falling is assessed and people have access to evidence-based treatments.**
14. In studies multifactorial falls assessment and interventions for known fallers or those with identified risk factors show a significant 14% reduction in the proportion of fallers in the intervention group. Strength and balance training in a targeted population show a significant 20% reduction in the number of people falling and a significant 33% reduction in the number of people sustaining a fall with an injury.
- **Make sure an individual person's risk of osteoporosis is assessment and suitable treatment started.**
15. Appropriate treatment for osteoporosis decreases the number of fragility fractures, including hip fractures, wrist fractures and vertebral fractures.
- **Maintain improvement of hospitals in the management of hip fractures.**
16. Best-practice care for those who have suffered a hip fracture decreases the morbidity and mortality associated with hip fractures, including their need for increased social care.
- **Raise awareness of osteoporosis and falls with older people, their carers, staff who work with them and other health care providers. Including the promotion of healthy lifestyles.**
17. Improved awareness of falls and bone health can assist people to take actions themselves to decrease their risk of falls and fractures. These include simple actions such as having you eye sight checked, staying active and having a healthy diet.

### **Environmental and climate change considerations**

18. An increase in the number of patients being assessed and requiring interventions for falls may lead to additional travel by patients or healthcare professionals. However additional interventions should lead to a reduction in the rising number of falls and fracture hospital attendances. Additional treatment for osteoporosis should also lead to a reduction in fractures and hospital attendances.

### **Equalities Impact of the Proposal**

19. As the risk of falls and fractures increases as people get older, any work to prevent falls and fractures necessarily requires a focus on those aged over 50.
20. The strategy's key areas for action aim to improve equity of access to falls services.

## **Risk Assessment**

21. If any of the five priority areas are not agreed there is a risk that falls and fractures will continue to increase in Wiltshire. This could result in serious consequences, both physical and psychological, for affected residents and their families. In addition to bruising, fractures, and in some cases, death, a fall can destroy confidence, increase isolation and reduce independence. Another risk relates to the increase in health and social care costs associated with any increase in levels of falls and fractures.

## **Financial Implications**

22. The strategy will be delivered within the current financial position. There are no known financial implications. The responsibility of Public Health will transfer to Local Authorities from April 2013. Although details are still being finalised at a national and local level, the indication on funding levels for Wiltshire is that the ring-fenced grant in 2013/14 should be sufficient to cover planned activities within Public Health, thus covering the life of the strategy.

## **Legal Implications**

### **Potential Interface with Health and Social Care Act 2012**

Section 193 – Health and Well Being boards “HWB” are to be established in every unitary local authority.

Shadow boards should be in place prior to this statutory duty to establish a health and well being board commencing in April 2013.

There are two main statutory duties of the HWB which are:-

- a) Section 191 – Assessing the needs of the local population. HWB’s are therefore to prepare a joint strategic needs assessment.
  
- b) Section 192 – Co-ordinate commissioning of health and social care services and therefore have a joint health and well being strategy. Health and social care commissioners must have regard to this.

The Wiltshire “Falls and Bone Health Strategy” therefore follows the principals of the recent legislation.

### **Equality Impact Assessment**

The unified public sector equality duty is now contained within the Equality Act 2010 which came into force on 5<sup>th</sup> April 2011.

Section 149 of this legislation expressly contains the public sector equality duty which replaces and augments the previous public sector equality duties contained in section 76A of the Sex Discrimination Act 1975, section 71 of the Race Relations Act 1976 and section 49A of the Disability Discrimination Act 1995.

*Section 149 Equality Act explicitly states*

*“(1) A public authority must in the exercise of its functions, have due regard to the need to*

- (a) Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;*
- (b) Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;*

*(c) Foster good relations between persons who share a relevant protected characteristic and persons who do not share it*

*(2) A person who is not a public authority but who exercises public functions must, in the exercise of those functions, have due regard to matters mentioned in subsection (1)*

*(3) Having due regard to the need to advance equality of opportunity between persons who share a relevant characteristic and persons who do not share it involves having due regard, in particular, to the need to –*

*(a) remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic*

*(b) take steps to meet the needs of persons who share a relevant characteristic that are different from the needs of persons who do not share it;*

*(c) encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is proportionately low.*

*(4) The steps involved in meeting the needs of disabled persons that are different from the needs of persons who are not disabled include, in particular, steps to take account of disabled person's disabilities.*

*(5) Having due regard to the need to foster good relations between persons who share a relevant protected characteristic and persons who do not share it involves having due regard in particular to the need to-*

*(a) tackle prejudice and*

*(b) promote understanding*

*(6) Compliance with the duties in this section may involve treating some persons more favourably than others but that it is not to be taken as permitting conduct that would otherwise be prohibited by or under this Act.*

*(7) The relevant protected characteristics are – age; disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation.*

*(8) A reference to conduct that is prohibited by or under this Act includes a reference to (a) a breach of an equality clause or rule (b) a breach of non – discrimination rule.*

### Conclusion

Therefore the public sector duty has three primary limbs the need to

(a) Eliminate discrimination

(b) Advance equality of opportunity

(c) Foster good relations between those sharing or not sharing protected characteristics

The equality of opportunity limb at (b) above includes (i) removal of disadvantage from particular groups (ii) meeting the needs of particular groups (iii) encouraging under represented groups to participate in public life.

The fostering good relations limb encompasses (a) tackling prejudice and (b) promoting understanding e.g. an example of this is contained in the strategy paper on Page 26 it states that a particular action is “*Staff training and public awareness of the risk and protective factors for falls and osteoporosis with older people...*”

The Strategy has due regard to its statutory duties as outlined above at section 149 (3) and (5) of the Equalities Act 2010.

The local authority has paid due regard in substance to its equalities duties under the Equality Act 2010 by focusing on a group with a protected characteristic i.e. age and or disability with the Wiltshire Falls and Bone Health Strategy.

I can see no reason for a further equalities impact assessment since the logic of the Strategy means performance of the public sector equality duty was integral to its outcome and Cabinet should therefore be advised to approve the updated strategy and key areas for action.

### **Options Considered**

23. Local data and evidence were used to generate the key actions along with consultation with key stakeholders.

### **Conclusions**

24. Cabinet is asked to note this update the strategy and agree the key areas for action.

**Maggie Rae**  
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### **Background Papers**

The following unpublished documents have been relied on in the preparation of this report: Wiltshire Falls and Bone Health Strategy 2012-14 (see appendix A)

### **Appendices**

Appendix A: Wiltshire Falls and Bone Health Strategy 2012-14.

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