

Wiltshire Council

Health Select Committee

15 November 2012

Falls and Bone Health Strategy

Executive summary

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

Proposal

The HSC is requested to:

- a) Note this update of the strategy
- b) Note the results of the public consultation for the strategy
- c) Agree 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 two year Wiltshire Falls and Bone Health Strategy which was published in 2009. It is expected that the 2012 strategy will remain valid for two years.

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Falls and Bone Health Strategy 2012-14

1. Purpose of report

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

2. Background

National

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.

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 of carers and services.

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

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.

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.

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

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.

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 in Wiltshire the Kaiser Pyramid of Care model is used. This adopts a model of universal, targeted and specialist services for falls, fractures and osteoporosis.

3. Main considerations for the committee

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.

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.

In addition, consultation with key stakeholders has developed the priority areas for local action. The Wiltshire Falls and Bone Health Strategy 2012-14 was subject to a period of public consultation between the 21st June 2012 and 13th September 2012. The consultation questionnaire contained eight questions to ascertain public opinion and help to shape the strategy. This was available electronically on the NHS Wiltshire website. In addition, paper copies were available from NHS Wiltshire communications and were circulated at a launch event.

Two organised group discussions involved a total of 22 people. The first of these groups was with Wiltshire Involvement Network (WIN) on the 21st June 2012 and involved 4 representatives. The second was with participants from the Age UK 'Fit as a Fiddle' group on 25th July 2012 and involved 18 participants.

A total of 65 people participated in the consultation. The majority (43 people) responded by completing the questionnaire. It appears that these are all individual responses and that none appear to be representing the views of a collective group or

organisation. The consultation response indicated an overall agreement for all of the aims.

There are five priority areas for local action:

a) Update the falls and osteoporosis care pathways for use across Wiltshire.

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.

b) Make sure an individual person's risk of falling is assessed and people have access to evidence-based treatments.

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.

c) Make sure an individual person's risk of osteoporosis is assessed and suitable treatment started.

Appropriate treatment for osteoporosis decreases the number of fragility fractures, including hip fractures, wrist fractures and vertebral fractures.

d) Maintain improvement of hospitals in the management of hip fractures.

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.

e) 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.

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.

The public consultation indicated clear agreement with each of these key areas. Only one respondent indicated that falls and osteoporosis pathways and raising awareness of the importance of health lifestyles were not viewed as a priority area.

It should also be noted that the consultation showed a strong emphasis on the prevention element. This needs to be fed back to the Wiltshire Falls and Bone Health Strategy Group.

4. Environmental impact of the proposal

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 a reduction in fractures and hospital attendances.

5. Equality and diversity impact of the proposal

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.

The strategy's key areas for action aim to improve equity of access to falls services.

The consultation questionnaire collated information about the demographics of the respondents. Over half of respondents stated they were over the age of 65 and 42% of respondents stated that they had a disability.

6. Risk assessment

There are no known current risks associated with this strategy.

7. Financial implications

The strategy is delivered within the current financial position. There are no known financial implications.

8. Legal implications

There are no known legal implications.

9. Options considered

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

10. Conclusion

The HSC is asked to note this update to the strategy and agree the key areas for action.

Background papers

The following unpublished documents have been relied on in the preparation of this report:

Wiltshire Falls and Bone Health Strategy 2012-14. Available online at:
<http://cms.wiltshire.gov.uk/documents/s46861/Wiltshire%20Falls%20and%20Bone%20Health%20Strategy%202012-2014.pdf>

Wiltshire Falls and Bone Health Strategy: Consultation results. Available at request.