BRIEFING TO PVFM

Emergency Admissions with Injuries due to Falls in the Over 65s

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What the issue is:
In Oldham each year an estimated 9,900 people aged over 65 will fall at least once, of which over 4,300 will be over 80 years of age. Falls are associated with significant morbidity and mortality and have long-term impacts on quality of life. Falls are the largest cause of emergency hospital admissions for older people and the resulting loss of independence frequently precipitates the need for domiciliary care or admission to a care home. Falls are costly not only to the health and social care economy but to the individual and their family.

The corporate performance report includes an indicator on the number of hospital admissions due to an injury resulting from a fall in the over 65s. The current performance in Oldham was reported in a recent performance report as being below the 2014/15 target of 2,400.

It should be noted that there is up to a two year time delay in data from Public Health England (PHE). So the data currently being reported in performance reports is for 2012/13 not as labelled on CorVu as 2014/15.

However, crude data obtained from the Clinical Commissioning Group (CCG) does suggest that admissions due to injuries from falls in the over 65 continues to increase slightly and given the devastating health and wellbeing impact on people who fall we should be taking steps to reduce as many preventable falls as we can irrespective of whether or not we are ‘on target’.

This paper:
- Summarises the health burden due to falls in the elderly
- Compares the number of admissions due to injuries as a result of a fall in the elderly in Oldham to the North West and England and looks at trends over time
- Notes some of the limitations of the use of hospital admissions as an indicator of success for preventing falls
- Notes the risk factors for falls and discusses possible reasons why we have more admissions from injuries due to falls in Oldham compared to the English average
- Notes services in place to help to prevent falls and support older people who have fallen
- Makes recommendations for additional actions that the Council should consider taking, with partner agencies, to help to prevent falls.
Emergency Admissions with Injuries due to Falls in the Over 65s

1. Background
Falls are associated with significant morbidity and mortality and have long-term impacts on quality of life. Preventing falls is thus a priority within the Ageing Well theme of the Oldham Health and Wellbeing Strategy and a cross cutting theme in the Oldham Better Care Fund plan.

The corporate performance report includes an indicator on the number of hospital admissions due to an injury resulting from a fall in the over 65s. This indicator is included in the national Public Health Outcome Framework.

The current performance in Oldham has been noted in performance reports as being below target, with a Directly Standardised admission Rate (DSR) per 100,000 population of 2,516 quoted against a target of 2,400.

It should be noted however that the latest available data from Public Health England for the DSR is for 2012/13 and not for 2014/15. This has not been made clear on CorVu. There is thus a timing mismatch between the availability of data and the current target and we will not know for a further 18 months to 2 years whether we have met this years target.

This paper:
- Summarises the health burden due to falls in the elderly
- Compares number of admissions due to injuries as a result of a fall in the elderly in Oldham to the North West and Oldham and looks at trends over time
- Notes some of the limitations of use of hospital admissions as an indicator of success for preventing falls
- Notes the risk factors for falls and discusses possible reasons why we have more admissions from injuries due to falls in Oldham compared to the English average
- Notes services in place to help to prevent falls
- Makes recommendations for additional actions that the Council should consider taking, with partner agencies, to help to prevent falls.

2. Impact of falls
NICE estimates that 30% of people aged over 65 and 50% of the over 80s fall at least once each year.¹ This suggests that each year in Oldham an estimated 9,900 people over 65 will fall at least once, of which 4,345 will be over 80 years of age.

Falls are the largest cause of emergency hospital admissions for older people and are estimated to cost the NHS more than £2.3 billion per year.¹ After a fall, an older person has a 50 per cent probability of having their mobility seriously impaired and a 10 per cent probability of dying within a year.² In 2006 it was estimated that 14,000 people die from a hip fracture each year.

As well as falls being a frequent cause of A&E attendances and hospital admission, they also affect the wider physical and mental wellbeing of individuals. Falls destroy confidence, increase isolation and reduce independence, with around 1 in 10 older people who fall becoming afraid to leave their homes in case they fall again.² This can impact on the lives of those around them, with family members regularly becoming informal carers. The loss of independence also frequently precipitates the need for domiciliary care or admission to a care home.

Falls are thus costly not only to the health and social care economy but to the individual and their family.

3. Emergency admissions due to injuries from falls in the over 65s
The number of emergency admissions in Oldham in those aged over 65 due to injuries that have resulted from a fall is increasing slightly each year (chart one). In 2013/14 there were 923 emergency admissions – an average of 2.5 per day.

1 NICE Falls: assessment and prevention of falls in older people, June 2013, NICE clinical guideline
2 Age UK, Falls Prevention Exercise – following the evidence, 2013
To compare the number of people over 65 being admitted in Oldham with elsewhere we need to standardise for differences in the age and sex profiles of the populations. To do this we use the Directly Standardised Rate – the DSR per 100,000 population.

In 2012/13 the rate of emergency admissions from injuries due to a fall in the over 65s was significantly higher in Oldham compared to the English average – 25% higher for all over 65s, 30% higher for the 65 – 79 year olds and 14% higher for the over 80s.

Over the three year period 2010/11 to 2012/13, the rate of admissions has remained stable in England, but increased slightly in Oldham (chart two).

Chart 2 Age Sex Standardised (DSR) rates of emergency hospital admissions due to injuries from falls - Oldham and England, 2010/11 to 2012/13

Compared to other areas in the North West, Oldham ranked 10th highest out of the 17 local authority areas in 2012/13 and was significantly worse than the North West average.

Chart 3 Age Sex Standardised (DSR) rates of emergency admissions due to injuries from falls 2012/13 in the North West
Although our emergency admissions due to injuries from a fall are higher than the national average, the same is not due to fractures of the hip. In the three years 2010/11 to 2012/13, the age-sex standardised rate of emergency admissions for fractured neck of femur in persons aged 65 and over per 100,000 population was either similar to or lower than the English average (table one).

<table>
<thead>
<tr>
<th>Period</th>
<th>Significance</th>
<th>Count</th>
<th>DSR</th>
<th>North West DSR</th>
<th>England DSR</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010/11</td>
<td>(same as England)</td>
<td>193</td>
<td>541</td>
<td>583</td>
<td>580</td>
</tr>
<tr>
<td>2011/12</td>
<td>(better than England)</td>
<td>176</td>
<td>484</td>
<td>590</td>
<td>576</td>
</tr>
<tr>
<td>2012/13</td>
<td>(same as England)</td>
<td>211</td>
<td>585</td>
<td>589</td>
<td>568</td>
</tr>
</tbody>
</table>

4. Cautions in interpreting the data

The corporate performance report uses data from Public Health England’s PH Outcome Framework website:

- This data is only updated once a year and is usually one to two years out of date. The most up to date data is currently 2012/13. Therefore any recent changes to services that help to prevent falls will not be picked up and the data reported on CorVu is maligned to the year of the target which is for 2014/15.

- The data definition means that only emergency admissions in the over 65s that have been coded as both an injury and a fall are included. Where an injury has been sustained (e.g., fractured hip) it is often ‘hit and miss’ as to whether the admission is also coded as a fall. This indicator may thus miss many people who have had a fall and been injured and admitted. It is also very liable to changes in coding practice both between hospitals and over time, making comparison between hospitals and within a hospital over time difficult.

- Public Health England uses the indicator as ‘a measure which reflects the success of services in preventing falls’. However, it is only measuring falls that have resulted in both admission and injury. Most people who fall will not be admitted and many people admitted following a fall will not have sustained, or been coded as, having had an injury. The indicator is therefore only measuring the ‘tip of the iceberg’.

5. Why might the rates of admissions due to injuries from falls be higher in Oldham?

Falls are not an inevitable consequence of old age but there are a wide range of risk factors for why older people may fall. These can be divided into underlying medical or environmental factors (table two). In many cases, it is not simply one, but a combination of these risks. For example an elderly person who has cataracts and difficult walking following a stroke may fall while trying to put out their heavy wheely bin over poorly repaired pavements in a poorly lit area.
Possible explanations as to why we have high rates of admissions from injuries due to falls in Oldham may include:

a. Artefact

It could just be that our Acute Hospital Trusts are better at documenting and coding when an injury has arisen due to a fall. This is possible and the fact that one of the commonest severe injuries in the elderly that happens after a fall (fractured hip) shows no increase in rate compared to England when looked at separately could support this hypothesis. However, as shown below there are many reasons why we could expect to have higher than average numbers of falls and why these may result in admission to hospital and we should be taking steps to reduce as many preventable falls as we can due to the devastating impact that they have on the person and their family.

b. Truly higher number of people falling and having falls that require hospitalisation

i) Ill health

- We have generally higher levels of poor ill health in Oldham compared to nationally with many people living with significant long term conditions that may predispose to falls (eg strokes and heart disease).

- The high levels of comorbidities may also result in people in Oldham becoming frailer younger. The fact that our DSR for admissions from injuries from falls is relative worse in the 65 – 79 year old group (30% higher) compared to the over 80s (14% higher) would support this hypothesis. This higher level of frailty could result in both more falls and more people being injured if they do fall.

ii) Poor housing and external environment

- We have a very high proportion of terrace housing in Oldham. Many older people are therefore living in homes with steep stair cases and may not have access to toilet facilities on all levels of their homes. People living in their own homes who have low incomes may also be less able to make modifications to their homes that would help to decrease their risk of falls.

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**Table two Risk factors for falling**

<table>
<thead>
<tr>
<th>Medical conditions</th>
<th>Environmental</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiac disease</td>
<td>Uneven paving</td>
</tr>
<tr>
<td>Neurological disease (e.g. Parkinsons)</td>
<td>Poor or cold housing</td>
</tr>
<tr>
<td>Musculoskeletal problems</td>
<td>Poor lighting, especially on stairs</td>
</tr>
<tr>
<td>Metabolic conditions (e.g. diabetes)</td>
<td>Poor steps and stairway design and repair</td>
</tr>
<tr>
<td>Mental health issues (e.g. dementia)</td>
<td>Lack of safety rails</td>
</tr>
<tr>
<td>Incontinence</td>
<td>Trip hazards:</td>
</tr>
<tr>
<td>Visual conditions (e.g. cataracts or glaucoma)</td>
<td>• wet, slippery or uneven floor surfaces</td>
</tr>
<tr>
<td>Balance problems</td>
<td>• clutter</td>
</tr>
<tr>
<td>Medication (e.g. side effects such as dizziness)</td>
<td>• poor footwear</td>
</tr>
<tr>
<td></td>
<td>• cables</td>
</tr>
<tr>
<td></td>
<td>• pets</td>
</tr>
<tr>
<td></td>
<td>Chairs, toilets or beds being too high, low or unstable</td>
</tr>
<tr>
<td></td>
<td>Inadequately maintained or improper use of wheelchairs</td>
</tr>
<tr>
<td></td>
<td>Unsafe or absent equipment, such as handrails</td>
</tr>
</tbody>
</table>

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- 80% of the housing stock in Oldham is in the private sector (20% is social housing managed by Registered Providers or the Council). The Private Sector House Condition Survey (2010) showed that 30.6% of total private sector housing in Oldham failed to meet the requirements of the Decent Homes Standard and rates of disrepair in Oldham at 17.2% were significantly higher than the national average of 7.3%.
- As well as poor internal conditions, the upkeep of external environment around housing (eg drives, communal areas, pavements, roads) will be important in decreasing risks of falls.
- Unlike most local authority areas, Oldham does not have a housing improvement agency or ‘care and repair’ service to support vulnerable people to maintain their own homes and external environment/gardens.
- Community equipment and disability facilities grants (for housing adaptations) have been reduced in recent years but an increase is planned in both for 2014/15.

c) Similar number of people falling but a higher proportion of those who fall being admitted to hospital
It is possible that the actual numbers of people falling is not higher than the national average but for various reasons a higher proportion of people who fall end up in hospital. The fact that our overall emergency admission rates are so much higher than England but our admission rates for fracture hip are similar to nationally, suggests that this may be a contributing factor.

Things that could be contributing to our high hospital admission rates could include:

i) Known tendency for urban populations to attend A&E more rather than seeking primary care and that a higher proportion of A&E attendances result in hospital admission.

ii) Threshold for admission by Acute Trust – Some Acute Trusts are more cautious than others and have a higher tendency to admit. This may also result from differences in internal elderly care provision eg whether A&E have access to specialist older person assessment teams within the A&E and also to their access to urgent community support such as direct referral to rapid access falls service and social care packages.

iii) Lack of, or perceived lack of, alternative pathways
Elderly care rehabilitation pathways are relatively underdeveloped in Oldham. For example:

- There is limited occupational therapy and physiotherapy input to the reablement team and social care assessment units
- We have less community rehabilitation beds compared to elsewhere
- Community equipment budgets have been reduced over the last few years
- Although the CCG has proposals for a community consultant geriatric service, this is not yet in place and of smaller scale that would be optimal
- Primary care have expressed difficulties in obtaining urgent social care packages
- Social care budgets for support for domiciliary care and care homes are under pressure
- Lack of awareness of services that are available and suboptimal interagency working
• Poor access to intermediate care for people with dementia.

Development of these services and enhancing integrated working/care will be a focus of the Better Care Fund and supported by the Oldham Urgent Care and Long Term Condition Alliance.

We noted above that for individual patients that many risk factors often combine to result in a fall that requires admission. The same is likely to be the case at an Oldham level, with a combination of all of the above factors likely to be contributing to why we have a high rate of hospital admissions due to injuries from falls in the over 65s.

6. Steps being taken to decrease falls in Oldham residents

A Falls and Osteoporosis Needs Assessment (box one) was undertaken by the Public Health team in 2012/13 which looked at the clinical pathways for falls and osteoporosis prevention.

<table>
<thead>
<tr>
<th>Box one  Head Line Recommendations from the Oldham Falls and Osteoporosis Needs Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Increase the identification of people who have fallen or are at risk of falls or osteoporosis and improve the referral pathways into the falls/osteoporosis assessment service</td>
</tr>
<tr>
<td>2. Commission one comprehensive, community based, multidisciplinary falls and osteoporosis service, which delivers care in line with the NICE clinical guidelines for falls and osteoporosis, and has sufficient capacity to have a population health impact</td>
</tr>
<tr>
<td>3. Work with care homes, intermediate care, respite care and day care settings to reduce falls and fall-related fractures</td>
</tr>
</tbody>
</table>

Table three outlines services already in place to help to decrease falls and prevent admissions.

Table three Services in Place in Oldham to Help to Reduce Falls or Admissions to Hospital Following a Fall

| a) Specialist falls prevention service | • Oldham Clinical Commissioning Group (CCG) has invested nearly £300k new funding in an enhanced multidisciplinary falls pathway which commenced in January 2014. The new service:  
• Has greater capacity and a multidisciplinary team  
• Is delivered by interagency working across Pennine Acute Hospital Trust, Pennine Care NHS Foundation Trust (PCFT), Age UK Oldham and Oldham Community Leisure  
• Provides multifactorial assessments and personally tailored interventions for people who have fallen or are at high risk of falling in line with NICE guidelines  
• Can take referrals direct from North West Ambulance Service (NWAS) and review patients within 24 – 48 hours  
• Provides falls prevention training for, and prevention work in, care homes and training for other health and social care staff |
| b) Community falls awareness | • Community falls awareness activities are delivered by Age UK and PCFT as part of their falls prevention service contracts. |
| c) Falls screening and training in Primary Care | • The CCG is considering commissioning GP practices to screen all over 75s for risk of falls each year  
• Falls training will be given to all GP practices after Christmas. |
| d) PCFT Rapid Response Service | • PCFT are commissioned by CCG to deliver a multidisciplinary rapid response service, including out of hours provision  
• Can provide immediate allied health provisional (OT and physio) and nursing support to people who have fallen pending referral to specialist falls service. |
| e) Oldham Care and Support Response Service | • Commissioned by the Council  
• Will 'pick people up' who have fallen and seek medical advice where appropriate. |
| f) Alternative to convoy | • CCG commissioned service from NWAS and Go to Doc (out of hours provider). Commenced Oct 2014.  
• Urgent GP review of patients who have called 999 but been assessed by the paramedics as not requiring urgent hospital admission.  
• Should help to prevent who have fallen but who do not have serious injuries to remain at home. |
| g) Intermediate care and reablement services | • Are commissioned from PCFT and Oldham Care and Support. |
| h) Community occupational therapy and community equipment | • Jointly commissioned by CCG and Council  
• In response to Council budget challenges, community equipment budget has decreased in recent years. It is now included in Better Care Fund and an increase compared to last year of £200k has been agreed for 2014/15  
• New post of Community Equipment Coordinator to be appointed |
| i) Disabled Facilities Grant (DFGs) | • Received by Councils as an un-ring fenced capital grant. From 2015/16 included in the Better Care Fund (BCF). Budget had been decreasing but will start to rise as part of BCF: 2013/14: £749,717, 2014/15: £771,382, 2015/16: £925,000. Other funding from e.g. RPs, client contributions to expensive works  
• Statutory duty to provide DFGs remains. Applications cannot be refused because of insufficient funds, provided that the council considers the adaptation is necessary and appropriate to meet the disabled applicant’s needs and reasonable and practicable in relation to the property  
• Teams involved:  
  • Community occupational therapists – employed by Pennine Care NHS Foundation Trust - assess the persons needs  
  • Equipment & Adaptations team – employed by Oldham Care & Support - assess the property & oversee the process  
  • Age UK – undertake minor works for the Council in private rented/owner occupied etc |
| j) Extra care supported housing | • New service commissioned by the Council, includes rapid access to step up care within the persons home for two weeks  
• This could help to prevent people living in the extra care supporting housing schemes to be looked after at home following a fall. |
| k) Registered Housing Providers | • Registered Housing Providers provide home maintenance and support for their residents |
| l) Fire safety checks | • GM Fire Safety Officers have an awareness of fall risks |
m) Warm homes
• The Council and CCG have a joint warm homes initiative

n) Handyvan service
• Age UK Oldham have a small scale ‘handyman service’ to help the elderly maintain their homes

o) Exercise classes
• Oldham Community Leisure provide a range of exercise classes suitable for the over 65s that help to maintain overall levels of fitness

7. Recommendations
Falls are associated with a significant morbidity and mortality and severely impact on the persons’ life and that of their families and carers. Falls are also costly to both the NHS and Council but yet many are preventable.

Falls prevention is included within the Health and Well Being Strategy and the Better Care Fund.

Progress has been made over the last 12 months in developing the specialist falls prevention service for people who have fallen or are at risk of falling and the CCG is currently considering further actions within primary care.

Although there are a range of services that support people who have fallen or aim to help prevent falls, many are limited in capacity and have not been commissioned at the level needed to have a population impact. If we are to have the necessary step change to prevention, further work on modelling current and future need and the integration of care pathways is needed.

A concerted cross agency response is required. This will require action from several departments across the Council, including Social Care, Housing, Planning, Highways, District Partnerships, as well as partner agencies.

Recommendation one
A cross agency, multidisciplinary steering group is established to take forward the Better Care Fund objectives on reablement, intermediate care, falls and the development of elderly care pathways. Initial discussion has been held with the CCG regarding this building on the existing Urgent Care Alliance with a broadening of membership to include housing, voluntary sector, NWAS, fire service and other relevant services.

It is recommended that the Group gives high priority to:

a) Undertaking a comprehensive review of current reablement, intermediate care, rehabilitation and assessment services. In particular an assessment of the adequacy of allied health professional support to the above services is required.

b) Developing housing pathways and linking with health and social care pathways

c) Developing interface elderly care pathways with Pennine Acute Hospital NHS Trust.

d) Implementing the osteoporosis related recommendations from the falls needs assessment including reviewing the Fracture Liaison Service.

e) Referal pathway development and publicity of new/revised services.
Recommendation two
A needs assessment is undertaken that looks at the environmental factors that contribute to falls, the evidence base for actions that can be taken on these areas to prevent falls and to benchmark the Council’s services and those of others in Oldham with best practice. The review will need to take into account the aging population, the need for a step change to a proactive preventative model and consider future needs for areas such as:

a) Housing equipment and adaptations including disability facilities grants
b) Community equipment
c) Home safety checks eg linking with Fire Service
d) Home improvement agency or ‘care and repair’ service to help the vulnerable to maintain their homes. Such services commonly provide a reliable, affordable and trustworthy handyperson service offering minor general repairs, DIY, jet washing, gardening, replacing light bulbs; support with finding tradesmen and managing the budget for larger building works. They are often social enterprise schemes and expand to offer wider range of services such as befriending schemes. Such a scheme could link with fuel poverty / warmer home initiatives. The Private Sector Housing Condition Survey showed that of owner-occupiers living in non-Decent housing, 9% of households would be interested in re-mortgaging for home improvement/repair and a Council sponsored scheme for equity release. There was also owner-occupied interest in other support mechanisms such as maintenance booklets, energy efficiency advice and a small grant/handyman service. A business case for a joint investment model, such is in place for the warmer homes initiative, could be made.
e) Encouragement and support for people to release equity from their homes to undertake adaptations or to move between housing sectors to more suitable housing
f) Mapping and market development of older person’s housing options
g) External environments such as highways, pavements, driveways, communal areas
h) Links with regeneration to ensure that major environmental changes, such as town centre infrastructures, are ‘elderly friendly’

Acknowledgement: Thanks to Tim English, Principal Project Manager, Housing PFI Team and Lynda Megram, Planning and Commissioning Manager, for information regarding housing, community equipment and disabilities facilities grants.