

Wigan Strategy for the Prevention and Management of Falls and Bone Health

February 2022 (Final)

2022-2025



Introduction

The aim of Health and Social Care services and their partners is to work together to enable the population of Wigan to enjoy health, independence, wellbeing and quality of life. Falls or the fear of falling can significantly impact people's ability to have active and meaningful lives, and have repercussions for family, friends, NHS, and Social Care systems.

Falls can be devastating. Some falls can result in serious injury, such as hip fracture or serious head injuries, and these injuries can result in death. All falls, even those which do not result in injury, can be distressing and cause anxiety to patients, as well as to relatives, carers and staff. Falls can affect patients' physical function, confidence, independence and quality of life. Falls are also costly to the NHS: the annual total cost to the NHS alone from falls is estimated by the National Institute for Clinical Excellence (NICE) as £2.3 billion (NICE, 2013).

People aged 65 and older and people over 50 years with underlying conditions are considered to be at an increased risk of falling: 30% of people older than 65 and 50% of people older than 80 fall at least once a year, (NICE, 2013).

The causes of falls are complex and multifactorial in nature and there are many risk factors which are contributory to falls. A history of falls in the past year is the single most important risk factor for falls and is a predictor of further falls (NICE, 2013). Other risk factors include reduced strength, balance and gait, side effects of medications, underlying medical conditions, such as dementia, Parkinson's disease and previous strokes, continence issues, postural hypotension, fear of falling, cognitive impairment, delirium, infection, impaired vision or hearing, poor footwear or foot care and environmental factors such as slippery floors and trip hazards.

However, falls are not inevitable as we age, and many falls and fractures can be prevented, particularly if a system wide approach to identification, prevention and management of falls is in place. Evidence based multifactorial assessment and interventions completed by specialist trained staff, which are tailored to the individual in a holistic way, has the potential to reduce falls by 20-30% (NICE, 2013, RCP, 2015). Falls are everybody's business, and many professions, services and organisations can contribute to managing and preventing them in partnership with the individual and their family or carers.

Scope

This strategy describes Wigan's overarching approach to Falls prevention, management and bone health promotion and builds on the integrated model. The Strategy acknowledges the critical role that many organisations have to play in this area, reflecting the multifactorial causes of falls and the holistic approach that is necessary to reduce them. It therefore draws on evidence-based approaches and specialist knowledge and learning available within Wigan.

This approach has been developed with a range of relevant stakeholders across the NHS, Social Care, Primary Care Services, North West Ambulance Service and wider community organisations. The accompanying guide clarifies the operational detail for relevant professionals and partners.

Strategic Vision

“A person who has fallen or is at risk of falls and fractures has timely, coordinated and effective evidence-based assessment and interventions to ensure they are able to have healthy, meaningful and independent lives.”

Strategic Aims & Objectives

Aim 1: Promote healthy ageing, awareness of falls prevention and reduce the fear of falling among older people

- Using population approaches to the prevention of falls, such as the promotion of healthy lifestyles, diet and exercise.
- Work closely with colleagues to ensure timely medication reviews and adjustments are completed.
- Work with people to modify the risk factors within their immediate environment reducing hazards around the home.
- Raise awareness amongst health and social care professionals and educate the public of the importance of physical activity for muscle and bone strengthen across the life course through social marketing and provision of holistic information.

Aim 2: Improve identification of those likely to fall

- All health and social care services will recognise the responsibility they have to identify people at risk of falls and have the appropriate training in place.
- Introduce the use of standardised screening tool to be used by frontline health and social care staff in contact with adults to identify those at risk of falling.
- Ensure people are asked about falls routinely.

Aim 3: To prevent avoidable falls and reduce the number of hospital admissions for a fall

- Falls prevention training and development made available for all appropriate services.
- Work proactively with residential, nursing and extra care providers to improve patient falls policies and procedures, and to reduce unnecessary use of emergency services following a fall.

- Ensure timely access to equipment, assistive technologies that supports individuals to maintain their independence, safety, and wellbeing.

Aim 4: To provide integrated, evidence-based falls prevention and bone health pathways

- Implement the integrated falls care pathway across the Borough to deliver evidence based, multi-factorial assessments and interventions that are standardised across the borough
- Develop quality assurance process to ensure that minimum quality standards of care are delivered by appropriately qualified staff.

Aim 5: To improve the experience, health and wellbeing outcomes for older people and their family and carers

- See people as assets and recognise their contributions throughout care and support planning- ensuring their voice is heard
- Ensure the voice of family members and carers are also captured within assessments.
- Continue to collect case studies to understand how people experience the falls pathway and use these to improve practice.
- Ensure people and those at risk of falling are represented on the relevant strategic planning groups to ensure they have an opportunity to inform future strategy and practice.

The key principles underpinning this strategy:

- Falls are everybody's business, and everyone has a key role in their prevention.
- At each contact people in the community are asked **if they have fallen or are at increased risk of falling** and are transferred to the most appropriate service using the **Falls Conversation** document as guidance.
- For all community staff who has had specialist Falls training, should ask if the person has fallen in the last 12 months or do, they feel they are at increased risk of falling; if so, complete the **Falls Multifactorial risk reduction assessment and interventions**.
- Every person admitted to A&E, or the hospital should have a **Falls risk reduction assessment and actions completed and re-assessed in a timely manner as clinically required and referred for specialist Falls Multifactorial assessment and interventions on discharge**.
- All learning from incidents that cause moderate or severe harm in the hospital, will be reviewed, investigated, action plans developed, implemented, and completed and lessons learned will be disseminated.

- People have access to integrated and timely pathways, whether they have just fallen or are deemed at risk of falls.
- People have access to falls prevention information and a wide range of activities to help them to remain active and enjoy life.
- People's health, Independence and wellbeing are enhanced as a result of the intervention they receive and the activities and opportunities available to them.
- People's aspirations and life goals are known and given high priority and focus.
- People are treated at home or locally where appropriate and are enabled to remain at home for as long as possible
- The approach to falls prevention is known and understood and is consistent across the system
- The workforce is trained, knowledgeable and proactive and use falls evidence-based assessments and interventions.

Background

Falls definition

"A fall is defined as an unintentional or unexpected loss of balance resulting in coming to rest on the floor, the ground, or an object below knee level" (NICE, 2013).

National Position and Policy Context

- Falls and falls-related injuries have a significant impact on the individual, health and social care services as per NICE guidance 2013
- Falls are a major cause of disability and leading cause of death resulting from injury in people aged over 75 years in the UK
- 1 in 3 people over 65's & 1 in 2 over 80s fall yearly in the community
- Older people living in care homes are three times more likely to fall than older people living in the community
- Between 10% and 25% of people who fall will have a serious injury
- Fear of falling is the most common fear amongst older people
- 10% of ambulance calls are due to falls
- 300,000 fragility fractures occur per year in UK

Greater Manchester (GM) position

The incidences of falls related admissions in Greater Manchester are above the national average. In response to this, a GM target has been set to reduce the numbers over 5 years (2016-2021). See appendix 1 for details (page 10). The strategy in Wigan is aligned to the GM aim and regular feedback is provided. This work has since been replaced with the report (appendix 2) which focuses on the prevention of falls and enablement of reconditioning for GM residents who have been affected by the pandemic. It builds on earlier work undertaken in partnership with the University of Manchester’s Healthy Ageing Research Group and Greater Sport supporting GM Moving, which was focussed on improving strength and balance from mid through to later life.

Wigan position

Wigan population was 330,700 in 2020 with the highest Northwest growth in people aged 65 + and those aged 75-79 and 80-84 years. It is projected that the size of the under-65 population in Wigan Borough will remain static during the next 15 years. Whereas the over 65 population will continue to increase in size along with the over 85 population projected to double during the same period. Every year older people across the Borough fall and injure themselves, sometimes severely. Often the fall results in the person needing to stay in hospital and can permanently reduce their physical and mental health and wellbeing. Sometimes these falls could have been prevented, or the repercussions of the fall reduced with timely intervention.

- Wigan is an outlier for admissions of people aged 65 with an injury due to falls
- Wigan ranked 10th out of 10 areas in GM (2017-2021)
- Wigan had the lowest Preventable Mortality from falls in Greater Manchester at 14.8, which puts us in line with the National average (2018/2019)

Year	Number of hospital admissions over 50yrs due to falls	% Had fractured	% #NOF	% Died as a result
2018/19	2557	43.6	32.4	4.02
2019/20	2666	42.5	32.1	5.2
2020/21	2957	37.9	31.9	5.37

It is recognised that there are a number of falls related services and ongoing initiatives in place within the Wigan borough. This strategy seeks to coordinate and build on the good practice and assets already in place.

Care homes

There are currently 52 care homes across 26 different providers operating in Wigan, providing 2216 beds. All but one care home is operated privately. The scale of homes is also varied, with the largest providing 180 beds and the smallest providing 10 beds. There is absolute commitment from Wigan Council to continue to develop a high-quality Care Home market which delivers excellent, kind and compassionate care that places the person at its heart, helping people to connect with each other, their families and their local community.

In January 2017, the Care Home Support and Development Board was formed. The Board brings together senior leaders from across health and social care and leads a programme of transformation which seeks to place Care Homes as a key contributor to the Healthy Wigan Partnership, achieving a step change where Care Homes are repositioned as vital and vibrant community assets.

The enhanced health offer to care homes includes GP's being aligned to care homes, creating further opportunities to build meaningful relationships between primary care and care home settings. The availability of the Community Response Team has supported care homes to meet the needs of their residents in the home, avoiding the need for a hospital admission. All care homes across Wigan have been supported to adopt the Nursing and Residential Triage tool (NaRT) in partnership with the North West Ambulance Service to ensure that individuals receive the correct emergency support at the right time and in the right place. Care Homes are now also operating under the Trusted Assessor model with WWL to support timely discharge from hospital back into the care home.

Within the Falls and Bone Health strategic model, all people who live in care homes who required falls multifactorial assessment and intervention, Physiotherapy and / or Occupational Therapy are seen by the Specialist Falls & FLS team, who provide specialist assessment, interventions and provide staff training and ongoing support, working closely with the Quality Improvement team in the Council and other partners.

How will we know we are making a difference?

We will be part of a whole system strategic approach to falls prevention and bone health, collaborating across seamless care pathways with other health and care agencies. As a result of this strategy there is expected to be:

- ✓ Greater awareness of falls prevention across the health, social care and the third sectors
- ✓ Increase in the identification of adults at risk of experiencing a first time or recurrent falls
- ✓ Comprehensive holistic assessment that supports falls risk reduction
- ✓ Analyse incidents of falls, plan improvements required and share learning
- ✓ Decrease in the number of non-elective falls-related hospital admissions and A&E attendances

All this work will collectively contribute to Wigan’s performance regarding the following national indicators, published within the Public Health Outcomes Framework:

- Injury rates due to falls in people aged 65 and over
- Deaths from unintentional falls

The overall aim is for Wigan to have above national average performance in these areas. In order to know if Wigan’s approach is success, a range of tools and information are needed to gather information on the impact of this strategy upon people, staff and organisations. A system wide approach necessitates the ability to combine data from different organisations and from peoples’ experience and stories and for this information to be presented in a measurable, integrated falls performance dashboard. Initial strategy outcomes and their possible measures are detailed below.

Table 1 Outcome measures

	Measurement
Pathways Early identification of people at increased risk of falls, clear, integrated, timely pathways are in place where, people have access to falls prevention assessment, interventions, information & activities.	Number of Falls Conversations &/or Falls Multifactorial Assessments (MFA) by volume of assessments undertaken per level in Community Number of referrals via established Community levels by volume, Rapid, Complex, Active, Self-care & Preventions services.
	Number of referrals via established Community levels by volume, Rapid, Complex, Active, Self-care & Preventions services.
	Falls Assessments & Interventions are evidence based
	Shared Learning (all levels provide 1/4ly case studies/story which is shared in Falls improvement groups (minutes shared)
Training The approach to falls prevention strategy is known & is consistent across the system, having a trained knowledgeable & proactive workforce using evidence-based falls prevention approaches & provision.	Number of staff trained on the Falls Conversation (as required).
	Number of staff completed training on falls Multifactorial assessment & interventions.
	Feedback on staff training via surveys
People People are treated locally & are enabled to remain at home for as long as possible. Their health, Independence & wellbeing are enhanced as a result of the interventions.	Outcome measures of assessment & intervention (Therapy measures/ QoL surveys)
	Friends & family feedback

	Volume & type of formal support adaption & equipment for care package in place for people as a result of falls or at risk of falls (Council data only)
	Percentage of people where unnecessary use of health & social care services has reduced (council data only)
Hospital All inpatients received evidence based Multifactorial risk reduction assessment & interventions to prevent harm & are referred on discharge to the appropriate level of care in the community.	Volume in Reduction in hospital admission due to falls & Fractures
	Admission avoidance following a fall (NWAS/CRT/ other Community services via S1)
	Inpatient, increase in compliance by staff in completing the Falls Risk Reduction plan in a timely manner & re-assessing as required, via Matrons Quality Assurance audit.
	Reduction of moderate & severe harm from an inpatient fall
	Learning shared, resulting from Falls Panel reviews

Governance

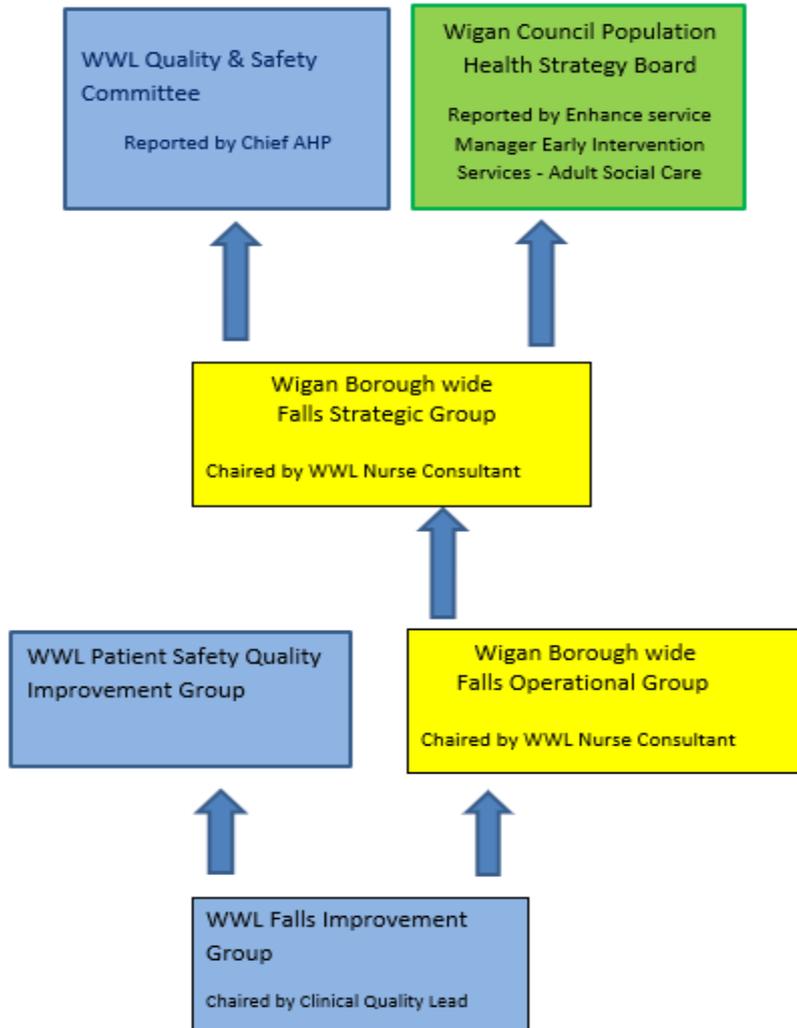
This strategy will be implemented and managed as a programme of work through the Falls Prevention Strategy and Implementation Group, supported by a multi-agency Operational Group. An Implementation Plan will be developed to detail how the strategy will be delivered; listing all the actions required actively improving falls prevention and bone health across the Borough and ensuring this improvement will continue sustainably. Progress against strategic objectives and operational targets will be continuously reviewed and reported into the Population Health Strategy Board, the Care Home Reform Board and the Inpatient Harm Free and Falls Improvement Group as and when appropriate.

The following resources have been put in place to enable the implementation and monitoring of the strategy:

1. A falls expert to lead the strategy and contribute their knowledge, research and clinical expertise
2. A multi-agency Falls Strategic group that meets quarterly to oversee and monitor the implementation and performance of the strategy and support the falls lead.
3. A multi-agency operational group responsible for developing and implementing the falls pathways, tools, communication and workforce plans, with inpatient Falls Improvement Group.

4. Development of a system wide falls performance dashboard to enable monitoring the outcomes of the strategy.

The governance structure for implementation and monitoring the falls strategy is detailed below:



Appendix 1 Greater Manchester case for change



Falls and fracture
Case for Change.pdf

Appendix 2 Greater Manchester Falls Prevention



GM Falls Prevention
Delivering Integratic

References

CMO (2019) UK Chief Medical Officers' Physical Activity Guidelines

<https://www.gov.uk/government/publications/physical-activity-guidelines-uk-chief-medical-officers-report>

NICE (2013) National Institute for Clinical Excellence Clinical Guidance 161: Clinical practice guideline for the assessment and prevention of falls in older people. DH

<https://www.nice.org.uk/guidance/cg161/evidence/falls-full-guidance-190033741>

National Audit Office NHS Ambulance Services April 2018

<https://www.nao.org.uk/wp-content/uploads/2017/01/NHS-Ambulance-Services.pdf>

NHS Expenditure paper April 2018

<https://researchbriefings.parliament.uk/ResearchBriefing/Summary/SN00724>

NHS Right Care Falls and Fragility Fractures Pathway

(2017) <https://www.england.nhs.uk/rightcare/products/pathways/falls-and-fragility-fractures-pathway/>