

8. OLDER PEOPLE

8.2.1 Falls

Falls and the fear of falling can seriously impact on the quality of life of older people. In addition to physical injury, they can lead to social isolation, reductions in mobility and independence and increased need for institutional care. One in three people over the age of 65, and one in two of those over 80 fall each year.¹

Falls and associated fractures occur regularly in the community, home and hospital. Hospital and community health service providers and the ambulance service all play a crucial part in the delivery of comprehensive care pathways for falls and fractures. As the proportion of older people in the population grows, the number of falls will increase. There is good evidence for the effectiveness and cost effectiveness of falls prevention interventions.

Falls are the largest cause of emergency hospital admissions for older people, and significantly impact on long term outcomes, for example, a major reason of people moving from their own home to long term nursing or residential care.

Hospital admissions have been used as a proxy for the prevalence of falls injuries. However, these are only the tip of the iceberg in relation to health and wellbeing burden of falls. Inpatient hospital admission are a proportion of falls incidents, more may present to accident and emergency and GPs, not all of which will lead to hospital admission.

The highest risk of falls is in those aged 65+ and above and it is estimated that about 30% of people (2.5 million) aged 65 and over living at home and about 50% of people aged 80 and over living at home or in residential care will experience an episode of fall at least once a year. Falls that result in injury can be very serious – approximately 1 in 20 older people living in the community experience a fracture or need hospitalisation after a fall. Falls and fractures in those aged 65 and over account for over 4 million bed days in England alone, at an estimated cost of £2 billion².

People fall for many reasons and active people sometimes fall.³ Falls become an issue however, when they:

- Occur doing ordinary and necessary activities

¹ NHS Confederation (2012) *Briefing Issue 234*

² Public Health Outcomes Framework Definition 2013/14 – www.phoutcomes.info

³ Department of Health (2009) *Falls and Fractures: Effective Interventions in Health and Social Care*. DH

- Induce fear of falling, which restricts activity and leads to loss of independence
- Keep happening i.e. recurring falls
- Cause injuries

Common risk factors include occurrence of a previous fall, gait and balance problems, muscle weakness, cognitive impairment (for example, from dementia or delirium), multiple medications (e.g. sedating drugs), visual impairment, fainting and acute medical illness. Recurrent falls can result from a combination of factors such as conditions like arthritis, stroke, Parkinson's disease, age-related frailty and long term cardio-respiratory conditions, leading to loss of strength, balance and coordination. External factors can contribute to falls, such as poor or cold housing, or behavioural issues such as excessive alcohol consumption.

8.2.2 Information about falls

Current position - Buckinghamshire

- There are currently more than 96,800 people aged over 65 living in Buckinghamshire and more than 26,800 aged over 80 years⁴.
- It is estimated that approximately 30,000 people aged over 65 years will fall each year⁵ with a higher number of women falling than men.
- Emergency admissions with a diagnosis of a fall⁶ in Buckinghamshire in 2014/15 numbered 2,370 in people aged 65 and over (rate of 2,467 per 100,000 population).
- Injuries due to falls in older people age 65 and over⁷ in Buckinghamshire 2014/15 numbered 1,825 with a rate of 1,928 per 100,000 which is better than the South East average of 2,086 and the England average of 2,125 per 100,000. This has remained statistically better when compared to the benchmark over the last five single years of data.
- Hip fractures (fractured neck of femur)⁸ in people aged 65 and over in Buckinghamshire in 2014/15, numbered 532 with a rate of 534 per 100,000 population, which is statistically similar to the South East rate of 560 and

⁴ ONS mid year estimates 2015

⁵ Ibid Department of Health (2009)

⁶ Emergency admission rate due to falls per 100,000 population in persons aged 65+. SUS Admitted Patient Care Minimum Dataset. Population Data LSOA11 based on small area population estimates 2002 – 2013.

⁷ Public Health Outcomes Framework 2013/14- www.phoutcome.info. Emergency admissions for falls injuries classified by primary diagnosis code ICD10, code S00-T89 and external cause code ICD10, code W00-W19 and an emergency admission code. This indicator only counts falls that have been coded in the cause field and injuries in primary diagnosis field. There are incidences where falls and injuries are coded in secondary diagnosis fields. So injuries alone will be an underestimation of falls resulting in injuries in Buckinghamshire.

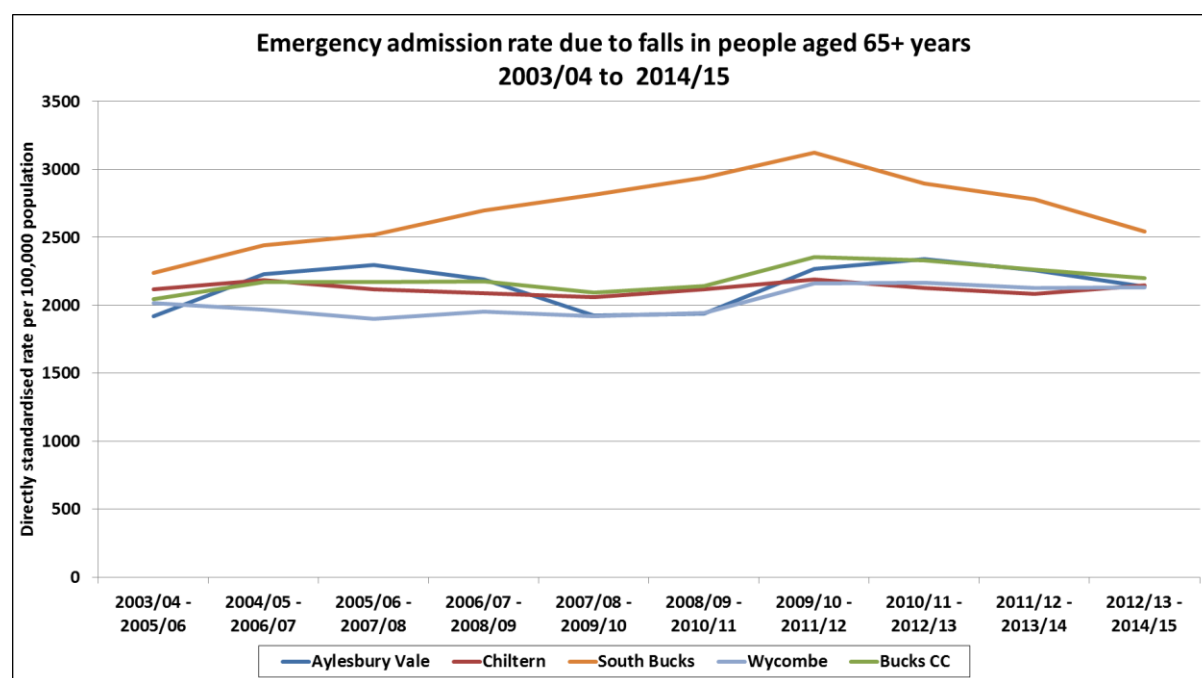
⁸ Public Health Outcomes Framework 2015 <http://www.phoutcomes.info/public-health-outcomes-framework>

England rate of 571 per 100,000. Hip fractures have remained statistically similar over the last four single years of data.

- Emergency call outs for falls related incidents from South Central Ambulance Service (SCAS) show a total of 7,445 emergency calls outs for falls related incidents in 2014/15. 4,183 call outs for 'falls' were in people aged 65 and over recoded for Aylesbury Vale and Chiltern CCGs in 2014/15. 2,085 of these falls related call outs in the 65+ population were seen, treated and conveyed to a hospital.⁹

Figure 1 show trends in emergency admissions due to falls in those aged 65+ and over (3 year rolling averages) by local authorities in Buckinghamshire from 2003/06 to 2012/15. By district council area, South Bucks residents had the steepest rise from 2003/04 to 2011/12 and this is now starting to show a decline.

Figure 1 Emergency admission rates due to falls in people aged 65+ years 2003/04 to 2014/15



Source: Admissions data: SUS Admitted Patient Care (APC) Minimum Data Set (MDS) Population data: ONS LSOA11 based Small Area Population Estimates (SAPE), 2002-2014

Figures 2 and 3 show the emergency admissions where a patient is recorded as having had a fall for people aged 65 years and over by deprivation quintile. The rate of emergency admissions for falls is lowest in the least deprived quintile (Q1) and highest in the most deprived quintile (Q5).

⁹ South Central Ambulance Service (SCAS) 2014/15 data. NB: There were 2087 entries for falls on the SCAS system with no record of age on the system.

Figure 2 Emergency admission rate due to falls in people aged 65+, Buckinghamshire least and most deprived population quintiles, Buckinghamshire, 2003/04 to 2014/15

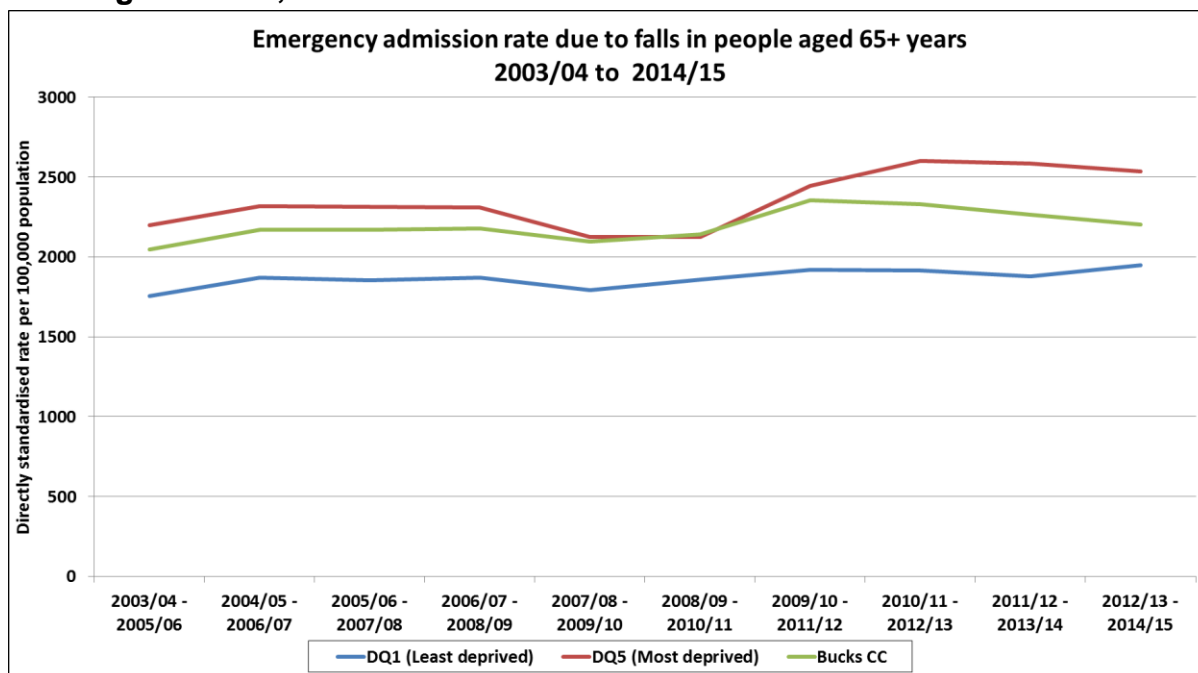
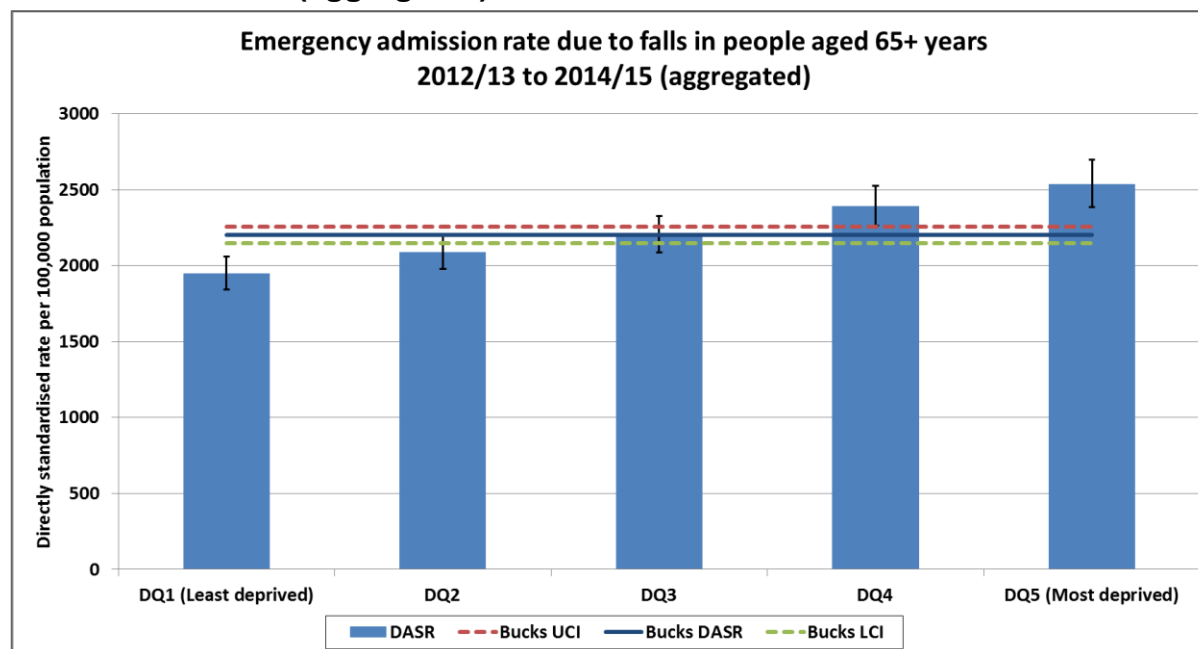


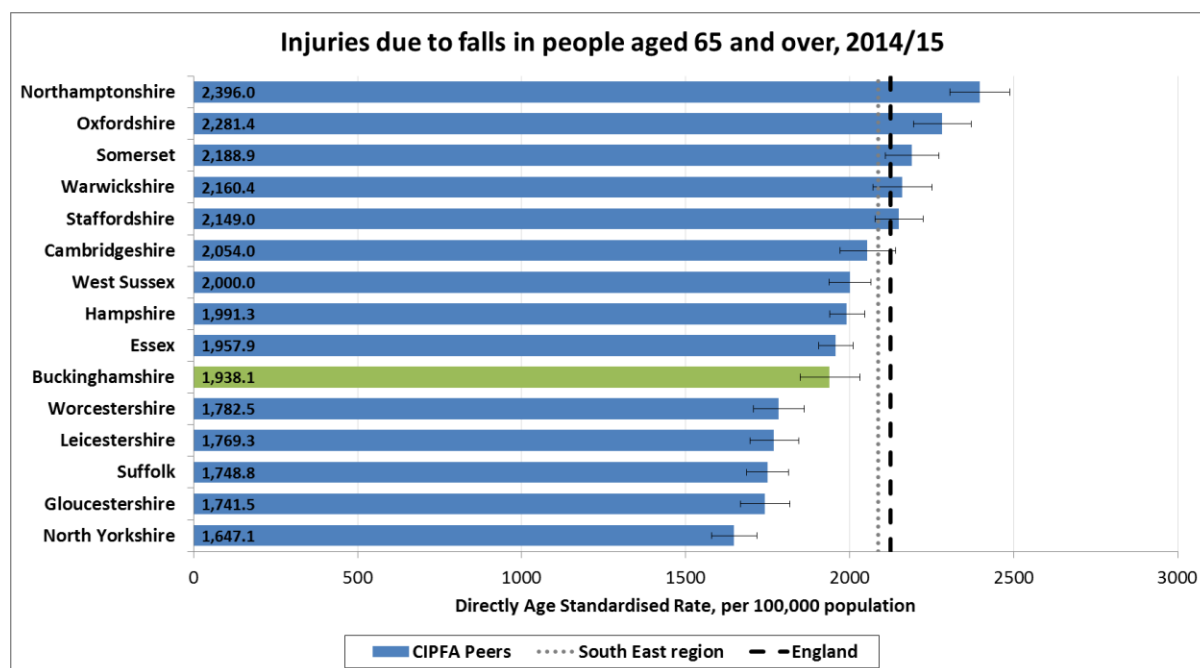
Figure 3 Emergency admission rate due to falls in people aged 65+ years 2012/13 to 2014/15 (aggregated)



Source: Admissions data: SUS Admitted Patient Care (APC) Minimum Data Set (MDS) Population data: ONS LSOA11 based Small Area Population Estimates (SAPE), 2002-2014

Figure 4 shows injuries due to falls in people aged 65+ (Public Health Outcomes Indicator) and over in 2014/15¹⁰ using a directly age standardised rate per 100,000 population and compares Buckinghamshire with similar local authorities. Buckinghamshire is ranked 6th out of 15 similar local authorities with a rate of 1,938.1 per 100,000 (1st is the best performing). North Yorkshire is the best performing local authority with 1,647.1 injuries due to falls per 100,000 people aged 65 and over and Northamptonshire the worst with a rate of 2,396.0 per 100,000.

Figure 4 Injuries due to falls in people aged 65 and over, 2014/15

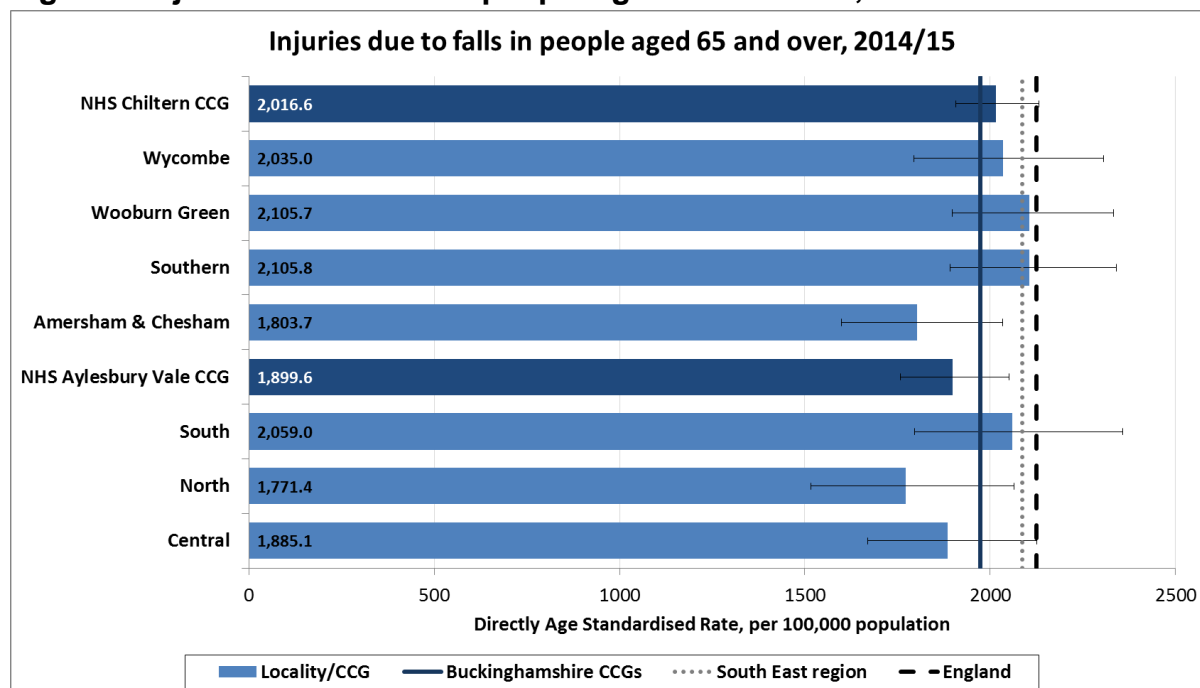


Source: Public Health Outcomes Framework 2014/15

Figure 5 below show injuries due to falls in people aged 65+ and over in 2013/14 using a directly standardised rate per 100,000 population and compares Clinical Commissioning Group (CCG) localities. It shows that the Southern Locality (Chiltern CCG) has the highest rate of injuries due to falls in people aged 65+ (2277.7 per 100,000); higher than the England average out of the seven CCG localities.

¹⁰ This indicator only counts falls that have been coded in the cause field and injuries in primary diagnosis field. There are incidences where falls and injuries are coded in secondary diagnosis fields. So using figure 2 alone will be an underestimation of falls resulting injuries.

Figure 5 Injuries due to falls in people aged 65 and over, 2014/15



Source: Comparator data: Public Health Outcomes Framework (PHOF), Local data: SUS Admitted Patient Care (APC) Minimum Data Set (MDS), Population data: Mid-year (October) GP Registered List Size

The Public Health Outcomes Indicator shows a total of 532 (numbers) hip fractures (neck of femur) for those aged 65+ years and over in Buckinghamshire in 2014/15. The majority of fractures in older people that occur as a result of a fall affect the hip, wrist, upper arm or pelvis. For many older people a hip fracture is the event that forces them to move into residential care. Deaths after hip fracture are common, with around a third of people suffering a hip fracture dying within a year.

8.2.3 Demand

In Buckinghamshire, the number of people aged over 65 is expected to rise by 44% by 2025. A significant rise in falls and associated fractures is therefore likely without further falls prevention initiatives.

In 2015, around 10,700 of Buckinghamshire residents are estimated to be frail elderly meaning those with more than one long term condition that needs assistance with activities of daily living (approximately 11% of the elderly population).

By 2020 the estimated frail elderly population is expected to rise to 12,000. Evidence shows that the frail elderly population is 3 times more likely to end up in hospital compared to the non-frail elderly population aged 65 and over.

Around 42% of the elderly population are considered to be pre frail which equates to around 45,000 pre frail older people in Buckinghamshire by 2020 compared to 40,000 in 2015.

8.2.4 Horizon scanning

As the proportion of older people in the population grows, the number of falls will increase. There is good evidence for the effectiveness and cost effectiveness of falls prevention interventions. This should be key component of integrated services across health and social care and take a multi-agency approach across the clinical commissioning groups, social care and public health with a wider reference point to other key providers such as leisure providers, district councils, the community and voluntary sector and early prevention programmes on ageing well and initiatives such as Active Bucks. The key components according to NICE guidance, of an evidence based falls service should be a multifactorial assessment, and a 36 week exercise programme in the community.

8.2.5 Public views

Local views and public engagement

Working with older people and their carers in Buckinghamshire involves an Older People's Partnership Board, Older People Champions' Forum, Buckinghamshire 50 Plus Forum, network of Older People Action Groups (OPAGs) and the Dignity in Care agenda.

In Buckinghamshire, most of the public engagement work informed by local champions has emphasised the benefits of improving strength and balance and becoming more active, with the following raised by older people: maintaining independence, social isolation, safety in the home, keeping active and dangers in the built environment such as uneven pavements and poor street lighting.

Telling the story two very different experiences from fallers.....

Iris

Iris was 85 years and had walked all her life. She tripped up a kerb and sustained a wrist fracture. She was treated for the wrist fracture but did not receive a falls assessment or confidence building. After 3 months she no longer walked outdoors and after 6 months only walked around her flat accompanied. After 1 year, she moved into an extra care facility elsewhere in the country where she fell and fractured her hip. Sadly Iris died aged 90, after spending her last months in a nursing home.

Doreen

Doreen was 83 years of age and attended the falls service referred by the local accident and emergency department after a fall. She received a multi-factorial assessment, provided with a wheeled frame and taught to use plus, how to access the rest of her house safely. At 1 week she was managing well without the frame, 2 weeks had progressed to using walking sticks and at 4 weeks was mobilising well and able to attend the local Better Balance exercise class in the Day Opportunities Centre where she did a 12 week exercise programme to improve her balance, strength and co-ordination. Doreen was able to also socialise with others who had experience a falls and enjoyed social time with health education sessions on nutrition and home safety after the exercise class.

Stay Steady, Stay Strong!

Buckinghamshire County Council and the two Clinical Commissioning Groups, local leisure providers and the district councils are committed to keeping "Bucks Active" in particular, all those aged 50+ and over by promoting strength and balance activities such as dancing, Tai Chi - not only to prevent falls, but to avoid repeated falling and any loss of independence and mobility.

Angie Blackmore
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