

# **AGENDA MANAGEMENT SHEET**

**Name of Committee**

**Cabinet**

**Date of Committee**

**28 May 2009**

**Report Title**

**Scrutiny Review of Falls Prevention:  
Report of the Chair of the Health OSC**

**Summary**

This report outlines the findings and recommendations of a joint review undertaken by the Health OSC and the Adult and Community Services OSC to look into falls prevention services across Warwickshire.

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No.

**Would the recommended  
decision be contrary to the  
Budget and Policy  
Framework?**

**Background papers**

None

## **CONSULTATION ALREADY UNDERTAKEN:-**

Details to be specified

Other Committees

☒ Health OSC on 22/04/09

Local Member(s)

☒ N/A

Other Elected Members

☒ Cllr Jerry Roodhouse, Cllr Frank McCarney

Cabinet Member

☒ Cllr Colin Hayfield, Cllr Bob Stevens & Cllr Martin Heatley

Chief Executive

☐

Legal

☒ Jane Pollard

Finance

☐

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Other Strategic Directors

☒ Graeme Betts, David Carter and Paul Galland

- |                          |                          |       |
|--------------------------|--------------------------|-------|
| District Councils        | <input type="checkbox"/> | ..... |
| Health Authority         | <input type="checkbox"/> | ..... |
| Police                   | <input type="checkbox"/> | ..... |
| Other Bodies/Individuals | <input type="checkbox"/> | ..... |

***FINAL DECISION Yes***

***SUGGESTED NEXT STEPS:***

Details to be specified

- |  |                          |       |
|--|--------------------------|-------|
| Further consideration by<br>this Committee | <input type="checkbox"/> | ..... |
| To Council                                 | <input type="checkbox"/> | ..... |
| To Cabinet                                 | <input type="checkbox"/> | ..... |
| To an O & S Committee                      | <input type="checkbox"/> | ..... |
| To an Area Committee                       | <input type="checkbox"/> | ..... |
| Further Consultation                       | <input type="checkbox"/> | ..... |

## **Agenda No**

**Cabinet – 28 May 2009.**

### **Scrutiny Review of Falls Prevention**

#### **Report of the Chair of the Health Overview and Scrutiny Committee**

##### **Recommendation**

That Cabinet agrees for implementation the recommendations of the Falls Prevention Scrutiny Review which are applicable to WCC.

## **1. Introduction**

- 1.1 On 9 April 2008, the Health Overview and Scrutiny Committee resolved to conduct an in-depth scrutiny review of falls prevention services in Warwickshire on a joint basis with the Adult and Community Services Overview and Scrutiny Committee. A joint panel comprising five elected Members from across the two Committees, chaired by Councillor Knapman, was duly formed to carry out this review. The attached report outlines the findings and recommendations of the panel, which were endorsed by the Health Overview and Scrutiny Committee on 22 April 2009. Cabinet is asked to agree for implementation those which specifically relate to Warwickshire County Council.

## **2. Recommendations**

- 2.1 For ease of reference, the panel's recommendations are given below:
- (1) NHS Warwickshire allocates appropriate funding to deliver the Warwickshire Falls and Bone Health Strategy 2008-12. Priority should be given to the expansion and development of the South Warwickshire Specialist Falls Service into the rest of the County, and the appointment of a strategic Falls and Bone Health Coordinator.
  - (2) NHS Warwickshire and the Strategic Director of Adult, Health and Community Services work together to develop and coordinate the provision of information on falls prevention and the services available to Warwickshire's residents. Information should be made available in a variety of formats and in a variety community locations.

- (3) The Strategic Director of Adult, Health and Community Services carries out a feasibility study into the provision of support with customer transport to appointments and programmes delivered by the Specialist Falls Service. The results of the study should be reported back to the Committee within six months.
- (4) The Strategic Director of Adult, Health and Community Services carries out an evaluative study into the use of Telecare (e.g. Wander Guard) in its residential care homes, and the promotion of this type of technology to partners in the independent care sector. The results of the study should be reported back to the Committee within six months with particular reference to falls prevention.
- (5) The Strategic Director of Environment and Economy continues to give priority to the maintenance of pavements and roads in the main footfall areas, in support of the falls prevention agenda and the achievement of Warwickshire's LAA target. A publicity campaign should be delivered to inform residents of the mechanisms through which they can report a fault to the Authority.
- (6) NHS Warwickshire and the Strategic Director of Adult, Health and Community Services work together to establish and lead a multi-disciplinary strategic falls group / forum through which good practice and training in the prevention and management of falls can be shared. The group should include relevant health and social care professionals from the acute trusts, community hospitals, residential and nursing care homes, home care agencies, the Ambulance Service, the voluntary sector, and any others considered appropriate. Actions taken to implement this recommendation should be reported back to the Committee within six months.
- (7) Progress against the recommendations be reported back to the Committee on a six-monthly basis.

CLLR JERRY ROODHOUSE  
Chair of the Health Overview  
and Scrutiny Committee

Shire Hall  
Warwick

22 April 2009

# Falls Prevention Scrutiny Review

## Report of the Falls Prevention Scrutiny Panel

### April 2009

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## Acknowledgements

The panel would like to thank all those who have contributed to this scrutiny review. A wealth of information has been gathered without which this exercise would not have been possible. The panel would also like to thank the County Council officers involved in supporting the panel's activity and pulling together the following report.

## List of Abbreviations

CSCI	Commission for Social Care Inspection
GEH	George Eliot Hospital
LAA	Local Area Agreement
NPSA	National Patient Safety Agency
NHS	National Health Service
NICE	National Institute for Clinical Excellence
PCT	Primary Care Trust
PHILLIS	Promoting Health and Independence through Low Level Integrated Support
UHCW	University Hospital Coventry and Warwickshire
WRVS	Women's Royal Voluntary Service

# 1. Introduction

- 1.1 Falls are a major cause of disability and mortality for older people in the UK. However, research estimates that up to 30% of falls can be prevented if local health and social care communities work together effectively to address falls and their impact.
- 1.2 In April 2008, the Health Overview and Scrutiny Committee and the Adult and Community Services Overview and Scrutiny Committee resolved to establish a joint panel to look into the topic of falls prevention and make recommendations which would lead to improvements in the services provided across Warwickshire.
- 1.3 Members of the panel were:
  - Councillor Jose Compton
  - Councillor Anne Forwood
  - Councillor Nina Knapman (Chair)
  - Councillor Sue Main
  - Councillor Raj Randev
- 1.4 This report summarises the evidence gathered by the panel and outlines a set of recommendations which it believes are necessary to improve the provision and access to falls prevention services in the County.
- 1.5 The panel concluded that whilst high-quality initiatives in support of the falls prevention agenda exist across Warwickshire, services are fragmented, with limited provision in the north of the County.
- 1.6 For ease of reference, the panel's recommendations are detailed below:
  - (1) NHS Warwickshire allocates appropriate funding to deliver the Warwickshire Falls and Bone Health Strategy 2008-12. Priority should be given to the expansion and development of the South Warwickshire Specialist Falls Service into the rest of the County, and the appointment of a strategic Falls and Bone Health Coordinator.
  - (2) NHS Warwickshire and the Strategic Director of Adult, Health and Community Services work together to develop and coordinate the provision of information on falls prevention and the services available to Warwickshire's residents. Information should be made available in a variety of formats and in a variety community locations.
  - (3) The Strategic Director of Adult, Health and Community Services carries out a feasibility study into the provision of support with customer transport to appointments and programmes delivered by the

Specialist Falls Service. The results of the study should be reported back to the Committee within six months.

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- (5) The Strategic Director of Environment and Economy continues to give priority to the maintenance of pavements and roads in the main footfall areas, in support of the falls prevention agenda and the achievement of Warwickshire's LAA target. A publicity campaign should be delivered to inform residents of the mechanisms through which they can report a fault to the Authority.
- (6) NHS Warwickshire and the Strategic Director of Adult, Health and Community Services work together to establish and lead a multi-disciplinary strategic falls group / forum through which good practice and training in the prevention and management of falls can be shared. The group should include relevant health and social care professionals from the acute trusts, community hospitals, residential and nursing care homes, home care agencies, the Ambulance Service, the voluntary sector, and any others considered appropriate. Actions taken to implement this recommendation should be reported back to the Committee within six months.
- (7) Progress against the recommendations be reported back to the Committee on a six-monthly basis.

## 2. Background

### ***National Context:***

- 2.1 Falls present a huge problem for the health and independence of older people. In the United Kingdom (UK), 28–33% of the population over 65 years, and 32–42% of the population over 75 years will fall each year<sup>1</sup>. The associated mortality and morbidity from a fall is high. As well as physical injury, falls can lead to longer term problems such as disability, fear of falling and loss of independence. The commonest serious injury from a fall is a hip fracture. This affects approximately 60,000 people per year in the UK, costs the National Health Service (NHS) approximately £1.7 billion and results in up to 14,000 deaths. The prevention of falls in older people is therefore an increasingly important focus of health policy in the UK, particularly in the context of an ageing population.

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<sup>1</sup> Royal College of Physicians (2008): Older peoples' experiences of falls and bone health services.



- 2.2 In the UK, the Government has responded to this agenda through a number of targeted policy initiatives. The first initiative was the National Service Framework for Older People published in 2001. This required all local health and social services to have an integrated falls service in place by April 2005. Clinical guidance from the National Institute for Clinical Excellence (NICE) was subsequently published in 2004. This makes a series of recommendations on the assessment and prevention of falls in older people.
- 2.3 In March 2009, the Royal College of Physicians published its second national audit of the organisation of services provided to older people for falls prevention and bone health. It concluded that, despite modest improvements, opportunities to prevent recurrent falls and fractures are being missed, commissioning is patchy and many clinical services are not adhering to NICE guidelines in relation to the treatments for preventing falls and fractures. The report makes a series of recommendations both for Primary Care Organisations and the Department of Health.
- 2.4 The reasons why people fall are diverse. They include balance impairment, muscle weakness, excessive or suboptimal medication use and environmental hazards<sup>2</sup>. Falls are also intrinsically linked with bone health and osteoporosis hence this review makes significant reference to this particular health problem.

***Local Context:***

- 2.5 It is difficult to accurately estimate the number of people who fall each year as many will do so without requiring or seeking medical attention. However, there are some figures collected which give us an idea of the scale of the problem. According to national figures (based on population data from the 2001 census) approximately 24,500 people, over the age of 65, fall each year in Warwickshire<sup>3</sup>. Data from the ambulance service recorded that 8,309 calls were made to the emergency services for falls across Warwickshire in 2007/08. Of these 47% were transferred to secondary care facilities<sup>4</sup>.

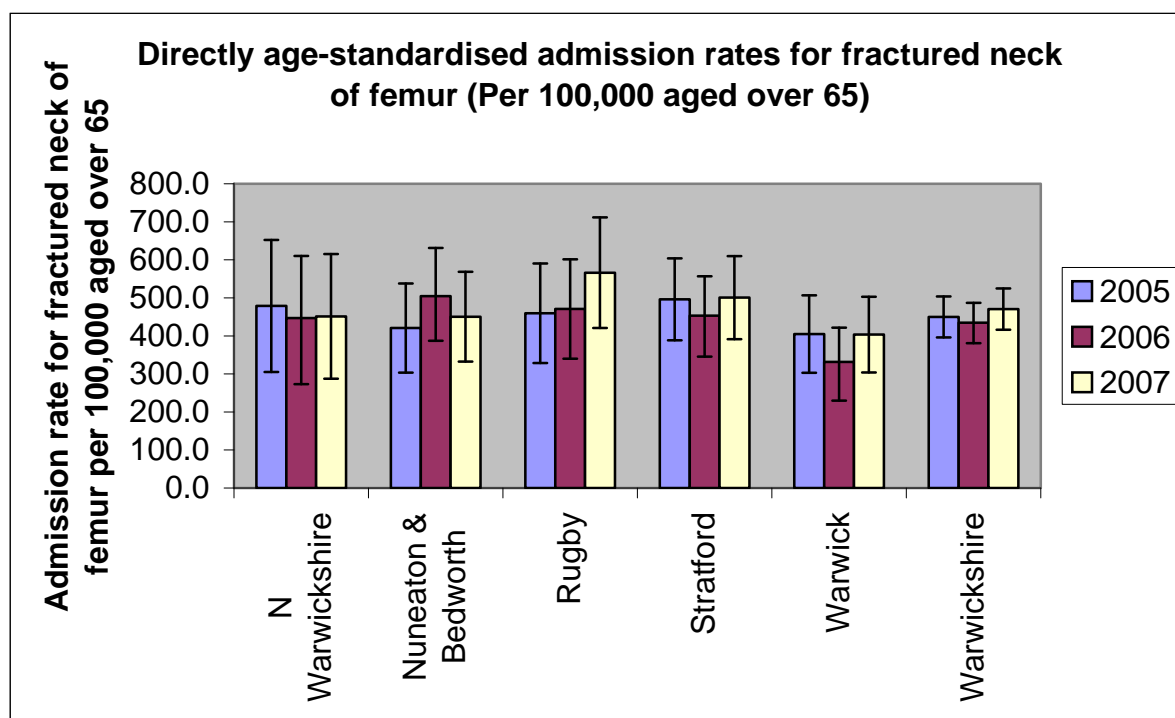
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<sup>2</sup> NICE guidelines for the NHS on the assessment and prevention of falls in older people (2004)

<sup>3</sup> Extracted from the draft Warwickshire Falls and Bone Health Strategy 2008-2012

<sup>4</sup> Secondary care is defined as "treatment by specialists to whom a patient has been referred by primary care providers"

- 2.6 The chart below shows trends in admissions for fractured neck of femur in over 65's in Warwickshire between 2005 and 2007<sup>5</sup>:



- 2.7 Warwickshire PCT spent £4,028,444 on acute inpatient admissions for fractured neck of femur in 2007/8.
- 2.8 Warwickshire's Local Area Agreement (LAA) for 2008-2011 includes a new target to "reduce the number of older people who fall". The target is to reduce the 2007 admission rate for fractured neck of femur in people aged over 65 in Warwickshire by 10% by 2010/2011.

### 3. Scope of the Review

- 3.1 The panel was tasked with establishing a picture of how health and social care organisations in Warwickshire are implementing the national and local priority of preventing falls in older people. This would enable the panel to reach a set of conclusions and recommendations accordingly. The full scope of the review is attached at Appendix A of the report. The panel's key objectives were agreed as follows:
- (1) To promote equity of access;
  - (2) To highlight areas for improvement;
  - (3) To provide a robust, evidence-based report with practical and achievable recommendations that can be implemented; and
  - (4) To make efficiency savings across health and social care as a consequence of preventing falls from occurring.

<sup>5</sup> Source: NHS Warwickshire – Contract Minimum Data Set

## 4. Methodology

- 4.1 In order to meet the objectives of the review, the panel held a series of meetings between August 2008 and March 2009 to consider and scrutinise evidence from a variety of service providers and key stakeholders. Below is a list of those who have contributed to the review:
- Adult, Health and Community Services Directorate – Ruth Bell, Tracy Brown, Denise Cross and Julie Humphries
  - Age Concern Warwickshire – Jayne Longfield
  - Countywide Older People's Forum – Brenda Hardy
  - Environment and Economy Directorate – Pete Samwell
  - George Eliot Hospital NHS Trust – Alison Draper and Liz Watson
  - Independent Domiciliary Care Association – John Dunster
  - NHS Warwickshire – Samantha Edwards, Nadia Lewis, Helen King, Terry Leather, Jenni Spence and Nicole Woodyatte
  - Nuneaton and Bedworth Healthy Living Network – Sonya Johnson
  - Residential Homes Association – Mike Leyland
  - South Warwickshire General Hospitals NHS Trust – Helen Walton
  - University Hospital Coventry and Warwickshire NHS Trust – Philip Hards
  - University of Warwick – Professor Sallie Lamb
  - West Midlands Ambulance Service NHS Trust – Mark Farthing
  - Wolverhampton PCT – Harm Gordijn and Saskia Poller
- 4.2 Other scrutiny methods included desktop research on both local and national initiatives to prevent falls, and a visit to Wolverhampton Falls Prevention Service to consider how other authorities are implementing the National Service Framework for Older People.
- 4.3 The panel's findings are divided into four sections: (1) falls prevention in the community; (2) falls prevention in acute settings; (3) best practice; and (4) an academic perspective.
- 4.4 The panel also considered the draft Warwickshire Falls and Bone Health Strategy 2008-12, as part of its work. The panel's conclusions on this document are available in section 9 of the report.
- 4.5 Whilst every effort has been made to grasp a broad understanding of the falls prevention agenda, the panel acknowledges that a time-limited scrutiny review cannot cover every aspect or consult every stakeholder. Nevertheless, the panel is confident that its recommendations will deliver improvements to the provision and access to falls prevention services in Warwickshire.

## 5. Findings – Falls Prevention in the Community

- 5.1 This section of the report focuses on the evidence gathered in relation to how organisations in the public, private and voluntary sectors seek to prevent falls from occurring in the community.
- 5.2 The key services available were identified as:
- South Warwickshire Specialist Falls Service;
  - Age Concern Warwickshire's Falls Advice and Activity Programme;
  - Warwickshire County Council's PHILLIS service;
  - Nuneaton and Bedworth Healthy Living Network;
  - Rugby Intermediate Care Team<sup>6</sup>; and
  - The Falls Clinics at George Eliot Hospital and University Hospital Coventry and Warwickshire.
- 5.4 Contributions to the review were also received from the Residential Care Homes Association; the Independent Domiciliary Care Association; the West Midlands Ambulance Service NHS Trust; and the County Council's Transport and Highways Division.
- 5.5 In summary, the panel's key conclusions drawn from the evidence provided are as follows:
- (1) Health and social care authorities in Warwickshire are not fully meeting the National Service Framework for Older People. Only the south of the County (Stratford and Warwick districts) benefits from an integrated specialist falls service. The north of the County (North Warwickshire, Nuneaton and Bedworth and Rugby) is covered by only a limited range of initiatives.
  - (2) The South Warwickshire Specialist Falls Service is providing an excellent service to customers in that area. It follows NICE guidelines regarding the assessment and prevention of falls, and feedback from customers illustrates that the initiative is proving successful. NHS Warwickshire should allocate funding to expand the Specialist Falls Service into the north of the County as a matter of priority.
  - (3) Services provided by the voluntary sector – including Age Concern Warwickshire and the Nuneaton and Bedworth Healthy Living Network – are effectively supporting the falls prevention agenda in Warwickshire. They play an important role, particularly in the north of the County where specialist services are limited.
  - (4) Promoting social inclusion has emerged as a key factor in preventing falls as it contributes to maintaining a person's independence and well-being.

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<sup>6</sup> Rugby Intermediate Care Team was not available to contribute to the review on this occasion.

- (5) A single integrated falls service for the whole of Warwickshire would support efforts by the Ambulance Service to help deal with people who fall in the community and free up staff to deal with other emergencies. The current disparity is unhelpful when considering to whom it is best to refer a patient.
- (6) Repairs to pavements and highways in high footfall areas should remain a high priority for the County Council's Transport and Highways Division in the context of preventing falls and the achievement of Warwickshire's LAA target.
- (7) Support and advice on falls prevention and the services available to vulnerable people should include independent sector care agencies.

### ***The Evidence***

## **5.6 NHS Warwickshire: South Warwickshire Specialist Falls Service**

5.6.1 NHS Warwickshire's key service in relation to falls prevention is the South Warwickshire Specialist Falls Service. The Specialist Falls Service is a community outpatient's service available for those registered with a South Warwickshire GP<sup>7</sup>, aged 18 and over. It was established in 2006 by the former South Warwickshire Primary Care Trust (PCT). North Warwickshire and Rugby PCTs did not invest into specialist falls services prior to the merger of the three trusts, hence provision is only available in the south of the County at present. Key points from the presentation were as follows:

- (1) The Specialist Falls Team comprises a falls co-ordinator, a physiotherapist, a nurse and an occupational therapist. This provides a good mix of skills and training.
- (2) The aims and objectives of the Specialist Falls Service are to:
  - Reduce total fractured neck of femurs admitted at A&E following a fall;
  - Reduce avoidable falls in the elderly population in South Warwickshire;
  - Improve access to falls prevention information and programmes;
  - Improve mobility / activity levels for older people; and
  - Increase individual and community engagement towards reducing falls.
- (3) 95% of referrals to the Team are received from GPs via an electronic referral system. Most patients are over the age of 65 and are female.

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<sup>7</sup> The Specialist Falls Service is not currently available in Alcester.

- (4) Patients receive an in-depth assessment from the Team to identify the reason for their fall and the most appropriate intervention.
- (5) The Team follows a 'falls pathway' (attached at Appendix B) which directs patients to four levels of care according to their needs.
- (6) Patients may be offered a place on a seven-week 'Making Strides' programme, if this is considered the most appropriate intervention. This is most suitable for those in need of an intense period of support usually on discharge from hospital or residential care. It consists of the following elements:
  - Group exercise to improve balance and strength;
  - Group discussion about strategies for preventing falls;
  - Learning how to get up from the floor safely;
  - A home exercise programme tailored to the individual's needs;
  - A review and follow-up at three-monthly intervals for twelve months; and
  - Advice about other agencies available in the community to maintain and continue progress.
- (7) There is a transport service available for patients attending group sessions organised by the Specialist Falls Service.
- (8) 85% of patients of the Making Strides programme achieve their goals within the seven-week period.
- (9) The Team works closely with existing services e.g. West Midlands Ambulance Service, Age Concern, Adult Social Care, the Acute Trust, and community hospitals, to offer a co-ordinated and comprehensive pathway.
- (10) With regards to the West Midlands Ambulance Service, a pilot project is starting in January 2009, for three months, which will enable paramedics to make referrals direct to the service.
- (11) The Team also provides specialist falls advice and support to other services, including residential care homes.
- (12) The Specialist Falls Service has been running now for three years and has received very positive feedback from patients. Patient satisfaction surveys have shown that 73% felt an increase in confidence (4% partial); 76% reported improved mobility (23% partial); and 85% felt fully involved in their own goal setting.
- (13) At present the Service is only available in south Warwickshire but NHS Warwickshire hopes to extend it to cover the whole of the County. This ambition is identified within the Warwickshire Falls and Bone Health Draft Strategy 2008-12 but no funding has yet been allocated to deliver it.

- 5.6.2 The panel was impressed by the Specialist Falls Service but concerned that provision is only available in the south of the County. The panel, through the Health Overview and Scrutiny Committee, wrote to NHS Warwickshire in November 2008 to ask that appropriate funds be allocated to expand the service. However, a response was received stating that at present no commitment could be given to this due to the financial position of the Trust.

## 5.7 Age Concern

- 5.7.1 Age Concern plays a significant role in helping to prevent falls. It delivers a community-based preventative programme to those at risk of falling and those who have fallen but do not have serious medical conditions. The key points from the presentation were as follows:

- (1) Age Concern runs a Falls Advice and Activity Programme. This is a six-week rolling programme consisting of two hour sessions delivered in local community venues. Sessions cover all aspects of reducing the risks of falls whilst aiming to develop a volunteer-led sustainable group which will continue to meet after the six-week period.
- (2) The sessions include preventative themed talks, a mobility exercise programme and social networking time. The health talks are compliant with NICE guidelines and cover topics such as:
  - Managing medicines;
  - Keeping active;
  - Home safety;
  - Eating well; and
  - Osteoporosis and arthritis care.
- (3) The service adds value by signposting to other internal and external services, such as Care and Repair, Home Safety Checks, Gardening, Pharmacy, and Screening programmes. Participants are also encouraged to share their experiences and socialise with one another to help reduce social isolation.
- (4) Referrals to the programme can be made at anytime by agencies, carers or individuals themselves.
- (5) The six-week programme is evaluated on completion. Participants almost without exception state that they have enjoyed the sessions and have taken at least one action to reduce their risk of falling. This will range from diet and exercise to home safety checks or choice of footwear. The programme has successfully linked with the 'Sloppy Slippers'<sup>8</sup> initiative.

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<sup>8</sup> Sloppy Slippers programmes enable older people to swap their slippers for more appropriate footwear for use in the home at a small cost.

- (6) Delivery of the programme is countywide. It is promoted to where older people reside both in managed and independent accommodation. Age Concern Warwickshire has developed over 50 social and exercise clubs and societies to support continuing work across the County, resulting in a wide awareness of the programme. It also has specific contracts with Warwick District Council to run a Physical Activity for Life programme in sheltered care and residential homes, and the Healthy Living Network in Nuneaton and Bedworth where Age Concern Warwickshire has been responsible for delivery of the specific community falls programme.
- (7) Age Concern Warwickshire widely promotes its services and is extending this through parish magazines, parish councils and the internet.
- (8) Age Concern would welcome a single point of access for falls services across Warwickshire as this would provide a consistent approach. However, it should be recognised that community prevention targets non fallers who would not already be in the system. Currently, Age Concern Warwickshire has strong links with the Specialist Falls Service, George Elliot Falls Clinic, and North Warwickshire Borough Council.

5.7.2 The panel was of the view that the programme delivered by Age Concern effectively complements the falls prevention work carried out by NHS Warwickshire. Its activity in the north of the County, where limited falls services exist, is particularly important. This does not detract from the panel's view, however, that the Specialist Falls Service available in south Warwickshire should be expanded into the north to provide consistency across the whole County.

## **5.8 PHILLIS**

5.8.1 The panel heard from the County Council's PHILLIS (Promoting Health and Independence through Low Level Integrated Support) service in relation to how it contributes to the falls prevention agenda in Warwickshire. PHILLIS is a countywide service for those aged 50 and over. Whilst PHILLIS does not provide direct support in relation to falls prevention, it does signpost customers to other agencies such as the South Warwickshire Specialist Falls Service, Age Concern's Falls Advice and Activity Programme, Aids and Adaptations, Sloppy Slippers initiatives and Home Safety Checks.

## **5.9 Nuneaton and Bedworth Healthy Living Network**

5.9.1 Nuneaton and Bedworth Healthy Living Network is a voluntary sector organisation. Every Wednesday, it delivers a health and well-being programme at the Newtown Centre in Nuneaton, which contributes to the



falls prevention agenda. The key points from the presentation were as follows:

- (1) The health and well-being programme is aimed at keeping people mobile, of a healthy weight, educated, safe and socialised. Activities covered in the programme include:
  - Foot care;
  - Pilates – to encourage good posture and balance;
  - Talks on falls prevention delivered by Age Concern;
  - Dance for Health provided by the County Arts Service;
  - Lunch – provided by WRVS;
  - Weight busters sessions;
  - Line dancing;
  - Arts and crafts; and
  - Indian head massages.
- (2) The programme also has regular attendance from other service providers including PHILLIS, Pharmacy, Affordable Warmth, and the Fire Service. As a consequence, sessions are very popular with between 30-60 people attending each week.
- (3) On the first visit to the centre all activities are free, subsequently people pay £1 for an exercise class and £3 for a massage. The Healthy Living Network targets the most disadvantaged people in the area.
- (4) The Healthy Living Network has links with the Falls Clinic at George Eliot Hospital and with GPs in the local community.
- (5) Funding has recently been allocated to invest in a Sloppy Slippers project at the centre starting in January 2009.

## **5.10 The Falls Clinic at George Eliot Hospital, Nuneaton**

5.10.1 Whilst the north of the County does not currently benefit from a specialist falls service, there is some provision at the George Eliot Hospital (GEH) in Nuneaton in the form of a Falls Clinic for community outpatients. The Falls Clinic operates from the rehabilitation unit of the hospital but is only available one morning a week due to limited resources. The key points from the presentation on the Falls Clinic at GEH were as follows:

- (1) The Falls Clinic comprises a physiotherapist, plus some administration and consultancy support provided from within existing hospital staff.
- (2) Patients are referred to the Clinic if they suffer two or more falls or have one fall and a series of near misses. Referrals can be made by any health or social services team, including residential homes.

- (3) Due to limited resources, the Clinic does not accept referrals for alcohol-related falls or neurological-related falls, such as those associated with dementia.
- (4) The physiotherapist undertakes an assessment of the patient, which looks at medication, blood pressure, walking ability/balance, fluid intake, etc.
- (5) Each assessment takes approximately one hour which means that the Clinic is very limited in the number of patients it can see (approx 4-5 per week). The waiting list for an appointment can be up to six weeks.
- (6) Each assessment is reviewed by the consultant following which a letter is sent to the patient's GP informing them of the outcome and any required follow-up.
- (7) Because of the limited capacity of the Clinic, GEH does not advertise its' services.
- (8) Staff would like additional resources to deliver the falls service in residential care homes and to train others in how best to deal with falls.

## **5.11 The Falls Clinic at University Hospital Coventry and Warwickshire**

5.11.1 Like GEH, University Hospital Coventry and Warwickshire (UHCW) NHS Trust, operates a Falls Clinic from within the rehabilitation unit of the hospital for community outpatients. The following points were noted from the presentation:

- (1) There are three falls beds located within the Falls Clinic specifically for those with a falling problem.
- (2) The Clinic is nurse/consultant-led rather than physio-led as in the case of GEH. The service is therefore diagnostic with referrals made back to other services as appropriate.
- (3) Carers are encouraged to attend sessions held in the rehab unit.
- (4) The catchment area for the Clinic covers Coventry, Rugby, Nuneaton and Bedworth, as well as extending into Leicestershire.

## **5.12 The Residential Care Homes Association and Independent Domiciliary Care Association**

5.12.1 The Residential Care Homes Association made the following points in relation to how independent care homes manage and prevent falls:

- (1) All care homes carry out a falls analysis as part of their admission risk assessment. These are inspected by CSCI (Commission for Social Care Inspection<sup>9</sup>) as part of the customer's care programme.
  - (2) Over the past 7-8 years there have been various initiatives started involving care homes, particularly from the George Eliot Hospital (which also included the Ambulance Service) and in some cases useful visits from the trust were carried out. However, changes in staffing and PCT structure meant that many initiatives came to an end.
  - (3) If a new initiative is proposed then it needs to be co-ordinated countywide and have complete commitment to seeing it through with responsibility firmly planted in someone's hands.
- 5.12.2 The panel noted a letter from a Warwickshire resident highlighting a number of concerns on the subject of falls in care homes. The key concern surrounds how risk assessments are undertaken and resultant actions followed up. The panel is of the view that care homes would benefit from increased support with managing and preventing customer falls.
- 5.12.3 The Independent Domiciliary Care Association made the following points in relation to how independent home care agencies manage and prevent customer falls:
- (1) Home care staff are able to deal with the environmental causes of slips and trips. They are trained to identify risks and remove them (subject to the customer's consent) e.g. an old newspaper on the floor.
  - (2) If a customer falls, an ambulance is called and their family and social services are informed. It was noted that in some cases, customers do not want their family informed so as not to worry them. Carers have to respect their wishes in these circumstances.
  - (3) The decision to remove the fifteen-minute visit for social services customers may have been detrimental to the falls prevention agenda. In some cases a short visit is needed to prompt a customer to take their medication and check that they are OK. There is no longer any flexibility in the contract to do this.
- 5.12.3 The panel noted that Warwickshire County Council is now offering the Telecare service to vulnerable customers in the home, which reduces the need for frequent visits. Telecare provides a range of home safety products, such as falls detectors and bed occupancy sensors, which are designed to promote independent living and safety. If an incident is detected or a customer is in difficulty the system sends an alert through to a communication centre which responds accordingly.

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<sup>9</sup> From 1 April 2009, CSCI will join with the Healthcare Commission to become the Care Quality Commission.

### **5.13 West Midlands Ambulance Service NHS Trust**

5.13.1 As mentioned earlier in the report 8,309 emergency calls were received for falls (all ages) across Warwickshire in 2007/08. Of these, 47% were transferred to secondary care facilities. The West Midlands Ambulance Service NHS Trust made the following points on the issue of falls and the Trust's experience of how they are dealt with:

- (1) The Trust has 45 Emergency Care Practitioners, or paramedics, operating in Warwickshire.
- (2) The Trust would prefer a single point of access to falls services – each area currently has a different system of dealing with fallers.
- (3) The Trust provides out of hours visits to fallers where appropriate.
- (4) Some patients refuse to go to hospital if they suffer a fall as they are worried that they may not return home. In these cases, paramedics cannot force people to go into hospital but will alert social services if they have concerns about an individual's ability to cope.
- (5) The Trust uses an electronic system to record patients' details which can then be transmitted to both the hospital and to the patient's GP.
- (6) Some patients are not treated quickly after a fall as they don't always wear their lifeline pendants.

### **5.14 Warwickshire County Council Transport and Highways Division**

5.14.1 Uneven pavements and roads can be a major cause of falls in the community. To establish the scale of the problem in Warwickshire, the panel received the following information on the number of insurance claims made against the County Council following a fall caused by an uneven pavement or highway:

- (1) The County Council receives approximately 115 insurance claims each year for pavement and highway falls across Warwickshire.
- (2) Over the past few years, the number of claims received in relation to pavement falls has shown a declining trend. Claims relating to highway falls have increased due to an increase in carriageway potholes.
- (3) Most claims relating to falls occur in town centre locations and shopping areas. As a result the Division ensures that town centre walking routes are checked each month for defects.
- (4) Payments and provision (provision is the amount set aside for unsettled claims) varies between about £300k and £500k a year.

- (5) The Transport and Highways Division has prioritised pavement repairs over recent years to help reduce the numbers of incidents occurring.
- (6) It was noted that utility companies are not liable for claims but they do have a duty to reinstate pavements and highways to their previous standard when any works are completed.

## 6. Findings – Falls Prevention in Acute Settings

- 6.1 This section of the report focuses on the evidence provided by the acute trusts on how falls are prevented and managed within hospital settings.
- 6.2 Over 200,000 falls were reported to the National Patient Safety Agency (NPSA) in 2005/06<sup>10</sup>. The NPSA estimates that every year over 530 patients fracture a hip following a fall in hospital, and a further 440 patients sustain other fractures. In an average 800-bed acute hospital trust, there will be around 24 falls every week, and over 1,260 falls every year. The associated healthcare costs are estimated at a minimum of £92,000 per year for the average acute trust. Although the majority of falls reported result in no harm, even falls without injury can be upsetting and lead to a loss of confidence, increased length of stay and an increased likelihood of discharge to a residential or nursing home care.
- 6.3 Warwickshire is served by the following three acute trusts:
  - George Eliot Hospital NHS Trust;
  - South Warwickshire General Hospitals NHS Trust; and
  - University Hospital Coventry and Warwickshire.
- 6.4 In summary, the panel's key conclusions are as follows:
  - (1) Falls in hospitals can occur as a result of a number of factors including poor mobility, confusion, environmental hazards, and medication.
  - (2) The three acute trusts are now placing significant focus on preventing falls due to a growing awareness of the health, and thus the financial, implications they can have on the NHS. This is a welcome development.
  - (3) The time of the day in which most falls occur is different across the trusts. This may be due to staffing arrangements and / or the types of interventions that the trusts employ.
  - (4) Interventions employed by the acute trusts include the use of Wander Guard/Sensor Care technology to sense when a patient moves from their bed or chair; falls risk assessments; increased staff training; ward champions for falls; use of low profile beds; and working with patients

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<sup>10</sup> NHS National Patient Safety Agency: Slips, trips and falls in hospital (2007)

to reduce their risk of falling. Information sharing and good practice should be better shared between the three trusts to further improve the service and reduce the likelihood of falls at all times of the day.

- (5) Wander Guard/Sensor Care technology appears to be a particularly effective method of preventing falls or at least getting to a patient quickly if they do fall. Similar technology is available in the home through the County Council's Telecare service, however, its usage should also be explored by other services, such as residential care homes.

### ***The Evidence***

## **6.5 George Eliot Hospital NHS Trust**

6.5.1 George Eliot Hospital (GEH) NHS Trust provided the following information in relation to how falls are prevented and managed within the acute hospital:

- (1) GEH is placing an increased emphasis on falls prevention. Activity includes raising awareness of policy, incident analysis and staff training.
- (2) There were 933 inpatient falls recorded last year. The previous year's figures were 893. The Trust believes that this increase was as a result of the increased awareness of falls amongst staff.
- (3) The Trust's starting point to addressing the issue was an audit which was carried out to identify compliance with risk assessments and levels of staff awareness. The audit revealed that both areas were low and therefore set out to raise them. Already there is some evidence of improvement.
- (4) The risk assessment form and core care plans used by staff were reviewed and updated last year. The risk assessment is evidence based and is in line with the assessment tool used across the whole of the county.
- (5) Performance is monitored on a monthly basis. The system is used to highlight wards that are experiencing high numbers of falls. All staff are made aware of the results via the hospital intranet to encourage best practice. Figures are also reported to the Patient Safety Group.
- (6) The ongoing education and training of staff is considered very important. Complacency is not accepted.
- (7) A link nurse for falls is identified on each ward to champion the issue.

- (8) Work on falls reduction was linked to a “productive ward” initiative. This involved streamlining staff activity so that more time could be spent on patient care.
- (9) Reviews of medication are regularly carried out – particularly for those patients on more than four types of medication.
- (10) The Trust has found that there are increased numbers of falls occur between 10.30pm to 11.00pm and 2.30am to 3.30am. Wards are encouraged to review their patterns of work and normal routines to improve observation and support for high risk patients during these times. Some areas have successfully implemented a ‘twilight shift’ in order to increase the staffing levels over particularly susceptible times.
- (11) Lower height beds have been introduced as a falls prevention measure for specific groups of patients.
- (12) The Trust now has a DEXA scanner for screening patients for osteoporosis. 16-20 people are being screened each day.
- (13) On discharge from hospital, GPs are notified of any changes to a patient’s medication which may increase their risk of falling. Certain groups of medicines can increase the risk of falls – these include diuretics, sedatives and medicine for blood pressure.
- (14) The Trust recently concluded a trial of ‘Sensor Care’ technology which uses beepers to attract the attention of nurses when patients move from their chair or bed. The trial had been successful and the Trust is committed to purchasing the equipment on a permanent basis.

## **6.6 South Warwickshire General Hospitals Trust**

6.6.1 South Warwickshire General Hospitals NHS Trust provided the following information in relation to how falls are dealt with in their acute facilities:

- (1) 849 inpatient falls were recorded in 2008, compared to 779 in 2007.
- (2) The majority of falls occur in the daytime when patients are most active. Those most affected are over the age of 80.
- (3) There are many reasons for falls in hospitals, including poor mobility, confusion and environmental hazards. Falls frequently occur when patients get up to move. These are not always known about by staff.
- (4) A multi-agency falls prevention group has been established to lead improvements in patient safety. The group has developed guidelines for the prevention and management of falls across the Trust.

- (5) Staff training to raise awareness of falls is considered of upmost important. A training programme is in place from induction.
- (6) All patients over the age of 65 receive a falls risk assessment and may be referred to occupational health, or other services, depending on the level of risk identified. The National Patient Safety Agency is very supportive of the risk assessment approach.
- (7) If a patient does fall in hospital they are asked to complete a form and keep a diary, from which a care plan is then devised.
- (8) The Trust uses 'Wander Guard' technology which alerts staff when a patient attempts to move out of their bed or chair. This is a popular and effective system.
- (9) Staff also make sure that patients are supported with getting to the toilet regularly so that they are less likely to get up in the night.
- (10) The Trust monitors the numbers of falls and compares the figures against the interventions made.
- (11) The total cost of falls to the Trust has been estimated as £380,064. However, the figure is likely to be a lot higher than this.
- (12) Effective intervention could reduce the number of falls by 18% generating a saving of £68,411. Whilst 18% may seem a small reduction there is a limit to what can practically be changed. The biggest change could be achieved by changing people's habits and way of life.

6.6.2 The panel was particularly impressed by the use of Wander Guard technology by both GEH NHS Trust and South Warwickshire General Hospitals Trust to help prevent falls or get to patients more quickly if they do fall. They felt that this technology could potentially be used by other services, such as residential care homes.

## **6.7 University Hospital Coventry and Warwickshire NHS Trust**

6.7.1 University Hospital Coventry and Warwickshire (UHCW) provides similar interventions to the previous two acute trusts in the prevention and management of falls. The following additional points were noted from the presentation:

- (4) UHCW started falls risk assessments and providing training to staff on a twice-yearly basis in 2007.
- (5) UHCW has a falls forum which aims to reduce the incidence of falls.



- (6) Each ward has low profile (height adjustable) beds to reduce the risk of falls when a patient gets up.
- (7) Staff spend time with patients to raise their awareness of the environment they are in so that are less likely to experience confusion and fall.
- (8) UHCW does not use Wanderguard technology at present but is keen to do so after hearing the positive experiences from GEH and South Warwickshire General Hospitals NHS Trust.
- (9) Falls advice is provided to both patients and their carers on discharge from the hospital.
- (10) UHCW works closely with the PCT and Age Concern.

## **7. Findings – Best Practice: The Wolverhampton Falls Prevention Service**

- 7.1 Through Warwickshire's participation in the West Midlands Regional Falls Group, Wolverhampton Falls Prevention Service was identified as an example of best practice in the field of preventing falls. Members of the panel therefore chose to visit the Team in action at a Sheltered Housing Scheme in Wolverhampton. Detailed notes from the visit are available at Appendix C of the report.
- 7.2 The Wolverhampton Falls Prevention Service is similar to the South Warwickshire Specialist Falls Service in terms of its staffing, its assessment method and its falls pathway. Differences exist however in terms of the range of services offered and, most significantly, the provision of transport for customers by social service. The panel's key observations from the visit were as follows:
  - (1) As well as the traditional referral mechanisms, customers can also self-refer to the Service. A leaflet comprising a freepost form is available in all GP surgeries for people to take home and complete.
  - (2) Customers are invited to attend a 'Balanced for Life' programme which over the course of four weeks provides information and advice on how people can reduce their risk of falls.
  - (3) The Service offers a 40-week postural stability exercise programme to appropriate customers, delivered in community venues. This is designed to improve balance, strength and gain confidence. Customers make significant improvements in their mobility after the 40 weeks.

- (4) Anxiety management classes are also available to help those with a fear of falling, and those experiencing dizzy spells can attend a special clinic
- (5) Transport for customers to attend courses is organised and funded by Wolverhampton's Social Services Department. This is considered vital to the success of the Service.
- (6) Promoting social inclusion is a key part of the service's ethos with social interaction encouraged at all classes. The Team also maintains a list of social groups in the area that they encourage customers to join.
- (7) The Service provides training to staff in residential care homes and delivers awareness and advice sessions to community groups on falls-related subjects. Particular emphasis is placed on raising awareness of osteoporosis.
- (8) The Service is currently working with Wolverhampton City Council's leisure services section to explore the development of exercise classes for older people. At one particular leisure centre, a gym with specialist equipment for use by older and disabled customers is now available.

## **8. Findings – An Academic Perspective**

8.1 The panel heard from Professor Sallie Lamb from Warwick University on the research she is undertaking in relation to falls prevention. The key points from the presentation were as follows:

- (1) In the USA, falls prevention services are delivered in the community by public health departments. Senior Centres have been established as part of the community and are attended by older people in both good and poor health. The centres are modern and attractive, providing a variety of things to do, including crafts and exercise classes. Customer satisfaction with the service is very high.
- (2) In Europe, provision is much more fragmented with evidence of good and poor practice everywhere. In Finland, for example, interventions had resulted in a reduction in the number of hip fractures but an increase in other types of fractures.
- (3) In the UK, clinical trials to assess the effectiveness of multi-factorial falls prevention clinics have suggested that they are less effective at reducing falls than they were 10 years ago. The indication is that the rate of reduction had fallen from 25-30% to 9%. Some clinics are not following NICE guidelines and their reach is small, amounting at the best to 2% of the population at risk. It was recognised that this research is ongoing and no conclusion has yet been reached.

- (4) Encouraging exercise is the best and easiest solution to preventing falls. People should be encouraged to attend leisure centres to undertake exercise or this could be achieved through physiotherapists attending patients' homes.
- (5) Clinicians should place a greater emphasis on exercise when considering treatments for falls.

8.2 The panel recognised that exercise was a key element of the falls prevention agenda and noted that a number of initiatives are organised in Warwickshire to encourage older people to participate in physical activity. For example, there are regular walks organised by Age Concern, Action 21, and Stratford-on-Avon District Council, in various locations across the County (see [www.whi.org.uk](http://www.whi.org.uk) for more information). However, more could be done to work with leisure services across Warwickshire to encourage the development of exercise classes and the provision of gym equipment specifically for older people.

## **9. Findings – The Draft Warwickshire Falls and Bone Health Strategy 2008-2012**

- 9.1 Drawing on the evidence and information gathered during the scrutiny exercise, the panel considered the draft Warwickshire Falls and Bone Health Strategy for 2008-12 and how effectively it meets the needs of Warwickshire's residents.
- 9.2 Developed jointly by the County Council and NHS Warwickshire, the draft strategy was available for consultation during December 2008 and March 2009. It proposes a partnership approach to reducing the incidence of falls and osteoporosis in older people and presents three key strategic objectives:
  - (1) To reduce avoidable hip fractures rates in older people by 10% by 2010/11 through developing and implementing an effective countywide Falls and Bone Health Care Pathway which is outcome focused, evidence-based and cost-effective. The pathway will be based on the Kaiser pyramid model of care used for long-term conditions.
  - (2) To promote awareness in the general population that falls and poor bone health are not an inevitable part of getting older and enable people to be active in achieving good health & well-being.
  - (3) To develop and integrate services, involved in falls prevention and treatment, the structural agencies of the Falls and Bone Health Care Pathway, by building capacity (ability) across agencies to provide effective assessment, intervention and rehabilitation of older people who have fallen and introducing a countywide Specialist Falls Service,

which will provide multi-professional co-ordinated service for high-risk fallers and co-ordinate the pathway.

9.3 The panel's key views on the draft strategy, which were fed into the consultation process, were as follows:

- (1) The panel welcomes the intention to develop and integrate falls prevention services in Warwickshire. It particularly welcomes the intention to expand the Specialist Falls Service across the whole of the County but funding must be made available to deliver this ambition.
- (2) Extending the capacity of the Specialist Falls Service to work with care homes is a positive step but should also include home care agencies. In both cases, the Service should work with both public and privately-run care agencies.
- (3) Greater emphasis should be placed on the education of young people and adults under the age of 65 to raise their awareness of the importance of exercise and a balanced diet for good bone health and reducing problems in later life.
- (4) More focus needs to be placed on the value of appropriate exercise in the prevention of falls and osteoporosis. Work should be undertaken and funding provided to develop activity programmes in the community. Work should specifically be undertaken with local leisure services to explore the development of facilities and classes specifically for older people.
- (5) Public information about the services and information available on the subject of falls prevention and bone health should be made available in a variety of formats in recognition that not everyone has access to the internet.
- (6) The strategy should make reference to related areas of work such as the obesity strategy and the physical activity strategy.
- (7) Timescales should be included against the actions identified in the strategy.
- (8) The strategy should take into account the recommendations of the recently published National Audit of the Organisation of Services for Falls Bone Health of Older People (March 2009) produced by the Royal College of Physicians.

## **10. Conclusion and Recommendations**

10.1 There is some excellent work being done both in the community and in hospitals to help prevent falls and enable the people of Warwickshire to live independently and safely. However, the panel is concerned that services

are not consistent across the whole County, with residents in the north being particularly disadvantaged.

- 10.2 The panel welcomes the development of a Warwickshire Falls and Bone Health Strategy which takes a partnership approach to preventing falls across Warwickshire and, importantly for the panel, aims to address the north-south disparity in service provision. However, the panel is strongly of the view that appropriate funding must be allocated to deliver the Strategy.
- 10.3 The panel recommends that:
- (8) NHS Warwickshire allocates appropriate funding to deliver the Warwickshire Falls and Bone Health Strategy 2008-12. Priority should be given to the expansion and development of the South Warwickshire Specialist Falls Service into the rest of the County, and the appointment of a strategic Falls and Bone Health Coordinator.
  - (9) NHS Warwickshire and the Strategic Director of Adult, Health and Community Services work together to develop and coordinate the provision of information on falls prevention and the services available to Warwickshire's residents. Information should be made available in a variety of formats and in a variety community locations.
  - (10) The Strategic Director of Adult, Health and Community Services carries out a feasibility study into the provision of support with customer transport to appointments and programmes delivered by the Specialist Falls Service. The results of the study should be reported back to the Committee within six months.
  - (11) The Strategic Director of Adult, Health and Community Services carries out an evaluative study into the use of Telecare (e.g. Wander Guard) in its residential care homes, and the promotion of this type of technology to partners in the independent care sector. The results of the study should be reported back to the Committee within six months with particular reference to falls prevention.
  - (12) The Strategic Director of Environment and Economy continues to give priority to the maintenance of pavements and roads in the main footfall areas, in support of the falls prevention agenda and the achievement of Warwickshire's LAA target. A publicity campaign should be delivered to inform residents of the mechanisms through which they can report a fault to the Authority.
  - (13) NHS Warwickshire and the Strategic Director of Adult, Health and Community Services work together to establish and lead a multi-disciplinary strategic falls group / forum through which good practice and training in the prevention and management of falls can be shared. The group should include relevant health and social care professionals from the acute trusts, community hospitals, residential and nursing care homes, home care agencies, the Ambulance Service, the

voluntary sector, and any others considered appropriate. Actions taken to implement this recommendation should be reported back to the Committee within six months.

- (14) Progress against the recommendations be reported back to the Committee on a six-monthly basis.

## Appendix A – Scope of the Review

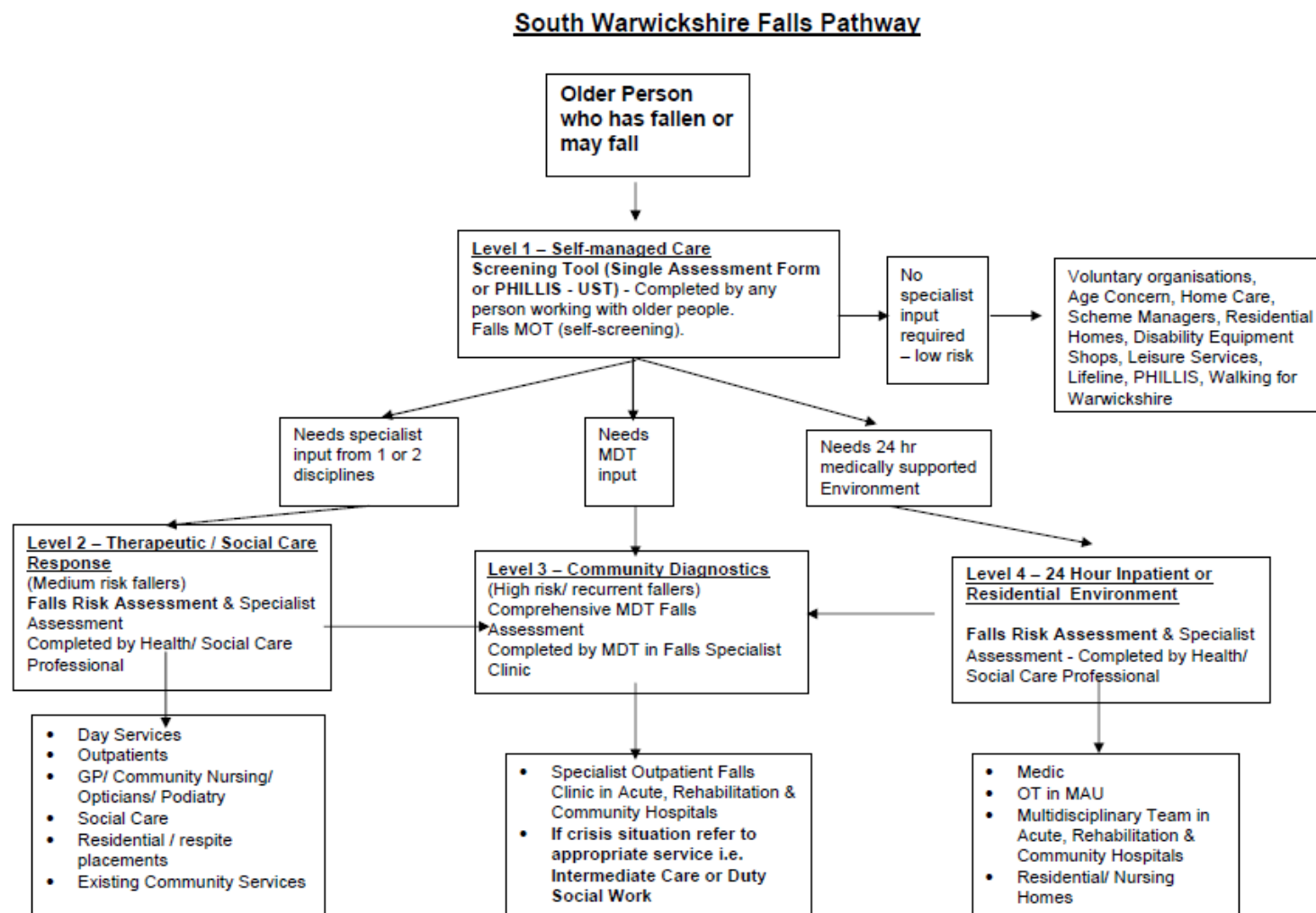
<b>Review Topic</b> (Name of review)	Falls Prevention
<b>Working Group Members</b>	Cllrs: Compton, Forwood, Knapman, Main, Randev, Roodhouse Officers: Denise Cross, Julie Humphries, Liz Bruce, Pete Samwell
<b>Key Officer Contact</b>	John Wright & Alwin McGibbon
<b>Scrutiny Officer Support</b>	Alwin McGibbon & Louise Denton
<b>Rationale</b> (key issues and/or reason for doing the review)	<ul style="list-style-type: none"> <li>➤ Support the Falls Prevention Strategy &amp; identify areas for improvement.</li> <li>➤ To identify areas of potential saving.</li> <li>➤ Help maintain independence</li> <li>➤ To promote quality of life</li> <li>➤ Opportunity for joint working with Adult, Community Services OSC &amp; Health OSC as topic covers both Health &amp; social Care</li> <li>➤ Affects a significant population</li> <li>➤ A key performance area – LAA</li> <li>➤ Supports corporate objectives – Caring for older people</li> <li>➤ Equity of access – opportunity to improve access</li> </ul>
<b>Purpose/Objective of Review</b> (specify exactly what the review should achieve)	<ul style="list-style-type: none"> <li>➤ Make efficiency savings</li> <li>➤ Promote equity of Access</li> <li>➤ Highlight areas for improvement – falls prevention across Warwickshire</li> <li>➤ To provide a robust, evidence based report with practical and achievable recommendations, which can be implemented</li> </ul>
<b>Scope of the Topic</b> (what is specifically to be included/excluded)	<p>Include</p> <ul style="list-style-type: none"> <li>➤ How information about falls prevention is communicated to those likely to be affected</li> <li>➤ Review will focus on older people 65+</li> <li>➤ Will look at the home, including care homes (internal environment) and streets (external environment)</li> <li>➤ Assess the robustness of the strategy</li> <li>➤ Look at mealtime practices in care homes – Mike Leyland (using outcomes from pilot study)</li> <li>➤ Look at shift patterns of staff in care homes</li> <li>➤ Ambulance call data</li> <li>➤ Depression &amp; how this relates to falls – Current research being conducted by University of Warwick (initial or interim report if available)</li> <li>➤ Effect of exercise on preventing falls – Sally Lamb (University of Warwick research)</li> <li>➤ Understand seasonal activities</li> <li>➤ Impact of medicines and medicine management</li> <li>➤ Best practice and benchmarking against like authorities</li> <li>➤ Falls in hospitals and care facilities</li> </ul> <p>Exclude</p> <ul style="list-style-type: none"> <li>➤ Bone Health, younger people</li> <li>➤ Training programme for care homes and other professionals</li> </ul>

<b>Indicators of Success</b> (what factors would tell you what a good review should look like)		Recommendations that are achievable Good feedback Generate Support Meet objectives set out in the scope	
<b>Specify Evidence Sources</b> (Background Information documents to look at)		Falls Prevention Strategy University of Warwick Research – Depression & Exercise Pilot Study – Care Home Meal Times	
<b>Specify Witnesses/Experts</b> (Who to see and when)		Ambulance Service John Dunster Simon Robson Pete Samwell Representatives from Pilot Study & others identified as & when necessary	
<b>Specify Site Visits</b> (where and when)		Specialist Falls Service <ul style="list-style-type: none"> <li>➤ Ellen Badger, Stratford Healthcare</li> <li>➤ Alcester</li> <li>➤ Heathcote</li> <li>➤ Possibly look at falls services outside of Warwickshire</li> </ul>	
<b>Consultation with Stakeholders</b> (who should we consult?)		Existing consultation – Falls Prevention User & Carer Groups – Marion Grimwood Age Concern – Elizabeth Featherstone Scan Possibly consult with LINK members via community voices online PCT Commissioning – Paul Maubach Public Health – Helen King North Warwickshire Borough Care GP – Commissioning Forum representatives – Francis Campbell & Corrine Khan	
<b>Level of Publicity</b> (what level is appropriate and what method should be used)		Use communications team to raise awareness of findings & recommendations of review.	
<b>Barriers/dangers/risks</b> (identify any weaknesses or potential pitfalls)		County Council Elections Duplication of existing work Members & officers – time and availability	
<b>Projected Start Date</b>	1 Aug 2008	<b>Draft Report Deadline</b>	March 2009
<b>Meeting Frequency</b>	4-6 weeks	<b>Projected Completion Date</b>	April 2009
<b>Date to evaluate impact</b>		Dependent on recommendations, 6 – 12 months from date of report	
<b>Methods of tracking / Evaluating</b>		Follow up implementation of recommendations 6 -12 months from date of report.	



## Appendix B – South Warwickshire Specialist Falls Service: Falls Pathway

Updated Nov 2007



## **Appendix C – Notes from the Visit to Wolverhampton Falls Prevention Service**

**9 March 2009**

### **Present:**

Cllr Jose Compton – Warwickshire County Council

Cllr Raj Randev – Warwickshire County Council

Louise Denton – Scrutiny Officer, Warwickshire County Council

Harm Gordijn – Coordinator, Wolverhampton Falls Prevention Service

Saskia Poller – Physiotherapist, Wolverhampton Falls Prevention Service

### About the service:

- Wolverhampton Falls Prevention Service began in 1999, initially as a research project with Wolverhampton University.
- Since then, the service has expanded and evolved, and continues to do so as new initiatives and new ways of working are discovered.
- The service is funded by Wolverhampton PCT and is supported by a multi-disciplinary team of 5 (FTE) staff, including physiotherapists and occupational therapists.
- The service is available to anyone aged 60 or over who lives within the Wolverhampton borough or has a Wolverhampton GP.
- The majority of clients are aged 80+ and are female.
- The service is not suitable for those permanently in a wheelchair.
- Referrals are not accepted for people in care homes. However, all care homes are offered free training in the management of falls.
- Any person or agency can refer to the service. Most referrals currently come from the acute trust, with whom they have a close working relationship.
- People can also self-refer to the service. A leaflet has been developed which includes a form for people to complete and post back to the team free of charge. These are available in all GP surgeries and other centres. This is a new initiative to which there has been a good response so far. 3,000 leaflets were initially printed.
- The service is also promoted in the local press.
- The team is based at West Park Hospital in Wolverhampton but treatments and courses are delivered in the community and through home visits.

### How the service works:

- Once a referral is received, the client is sent a simple questionnaire to complete regarding their falls history and general health. A home visit and

assessment is then arranged within 2 weeks of receiving the questionnaire back.

- The assessment takes approximately 1½-2 hours and covers a wide range of subjects, such as mental health, medication, osteoporosis, eyesight, hearing, health and well-being, mobility, balance and foot care. This is completed by a trained professional i.e. a physiotherapist or OT.
- The following services are offered to the client, depending on suitability:
  - Provision of equipment for the home
  - A programme of home-based exercises tailored to the individual's needs
  - The 'Balanced for Life' programme – a 4 week course of information on how to reduce the risks of falling and live as independently as possible.
  - Postural stability classes – a 40 week exercise programme
  - Anxiety management classes – for those with a fear of falling
  - Dizzy spell clinic – for those suffering with dizzy spells
- A copy of the assessment is given to the client and to the client's GP.
- If falling is associated with a client's medication, the team will raise this with the GP or the community prescription service.
- Transport for clients to attend classes or courses is organised and provided by Wolverhampton Social Services. This is vital to the success of the service.
- The service makes referrals to a range of other services including home care, day care, telecare, intermediate care, carelink, etc.
- Referrals are made to the Falls Clinic at West Park Hospital for those with multiple medical problems or those experiencing black outs or unexplained falls. This service is separate to the Falls Prevention Service.

#### Balance for Life:

- All clients (and their carers if appropriate) are invited to attend the Balance for Life education programme.
- This is a 4-week course which aims to raise clients' awareness of improvements they can make to their home, medication, benefits advice, incontinence, healthy eating and osteoporosis.
- The programme is delivered in local areas to encourage clients to maintain the friendships they have made whilst on the course.

#### Postural Stability Classes:

- Members saw a postural stability class in action at Aethelred Court Sheltered Housing Scheme. This is one of four classes held per week across Wolverhampton.
- There are usually between 8 and 15 clients in attendance at each class.
- Clients can wait for up to 6 months to join the 40-week programme.
- Classes are free of charge and consist of one hour of exercise and half an hour of socialising.

- After the 40-week programme, clients are re-assessed and can expect to see significant improvement in their mobility. The first 10 weeks of the programme are focused on confidence building.

#### Monitoring:

- After the initial assessment a further 2 visits are made to see how the client is getting on.
- Clients are asked to complete an evaluation form once they have completed the recommended course.
- Clients' progress is not monitored once they have been discharged from the service.
- Clients can be re-referred to the service if they deteriorate but they will have to join the waiting list for any programme they may require.
- Service performance is currently measured by the number of clients that they see.
- It is difficult to quantify the number of falls that have been prevented as a result of an intervention by the Falls Service.

#### Other points:

- Promoting social inclusion is a key part of the service's ethos. The team maintains a list of social groups in the area that they encourage people to join.
- The team do a number of talks to various groups when invited to raise awareness of falls and how they can be prevented.
- The team is particularly keen to raise awareness of osteoporosis.
- The service does not offer sloppy slippers
- Some funding is received through the Department for Health and Help the Aged to support the classes delivered.
- The team is working with the City Council's leisure services section to explore the development of exercise classes for older people. They have been successful in developing a gym at one particular leisure centre with specialist equipment for use by older and disabled customers. This initiative was funded by the PCT.
- Across the West Midlands region, falls coordinators meet on a regular basis to discuss policy, research and best practice in relation to falls prevention. The group is currently working with the West Midlands Ambulance Trust to help raise their awareness of falls services that exist across the region.