Health and Wellbeing Board

4 July 2018

Falls Prevention Strategy 2018-2021

Report of Denise Elliott, Interim Head of Commissioning, Durham County Council and Joanne Todd, Associate Director of Nursing, Patient Safety and Governance, County Durham and Darlington NHS Foundation Trust

Purpose of Report

1. To inform Health and Wellbeing Board (HWB) of the Falls Prevention Strategy for 2018-2021 and associated work, actions and outcomes.

Background

2. The 2016-19 Performance Report, tabled at HWB on 26 July 2017, highlighted a dip in performance in County Durham relating to falls and injuries in the over 65's and hip fractures in the over 65's.

3. The report showed that the rate of emergency hospital admissions for falls and injuries in persons aged 65 and over per 100,000 population was 2,239 for 2015/16, which was higher than the national rate for the same period and an increase from the rate in 2014/15 at 2,183. In addition, the rate of hip fractures in persons aged 65 and over per 100,000 population was 655 for 2015/16, higher than the national rate for the same period and an increase from the rate for 2014/15 of 615. (A summary and update of this information can be found at paragraph 12.)

4. The Performance Report stated that The Joint Commissioning Group were to address these issues and provide a report to HWB in 2018.

National Context

5. The World Health Organization (WHO) define a fall as 'An event which results in a person coming to rest inadvertently on the ground or floor or other lower level' (WHO, 2017). Falls are the second leading cause of accidental or unintentional injury deaths worldwide (WHO, 2017). 1 in 3 people aged over 65 will fall every year equating to more than 3 million falls per year. The rate increases to nearly 1 in 2 for community dwelling adults over 80 (Chartered Society Physiotherapy, 2014).

6. Falls can occur as a result of several different health problems some of which include postural hypotension, medications, poor eye sight and long term conditions including Parkinson's disease and Dementia. Environmental factors are also to be taken into consideration when determining cause of falls such as long clothing, trip hazards (rugs, pets and clutter), inappropriate footwear and not using appropriate walking aids and equipment.

7. Falls lead to physical injuries ranging from cuts and bruises to fractures and head injuries. 5% of falls in older people in the community result in hospital admission and 10-25% of falls in nursing homes and hospital result in a fracture. Falls can also lead to adverse psychosocial outcomes contributing to loss of confidence and independence. Falls can also be a sign of underlying health issues or frailty.

8. Hip fracture is one of the most serious consequences of falls in the elderly. There is also significant morbidity with only 50% returning to their previous level of mobility and 10-20% being discharged to nursing or residential care.

9. Falls in England lead to 255,000 emergency hospital admissions per annum and are estimated to cost the NHS £2.3 billion a year.

10. Evidence suggests that the number of falls can be reduced by up to 30% through development of a multi-agency falls pathways focusing on early identification and prevention and multi-factorial assessment and intervention for people at high risk of falling.

Local Context

11. A query from Durham County Council's (DCC) Adult and Health Social Services Information Database (SSID) in May 2018 shows 1,620 out of a total of 10,153 service users as currently having a fall detector. This equates to 16% of service users known to Adult Social Care.

12. Figures for the performance indicators outlined in paragraph 3 above show an improvement for 2016/17 in relation to hip fractures in people aged 65 and over but a small decline for 2017/18. A summary of the information is highlighted in the table below with complete information for 2010/11 – 2016/17 set out at Appendix 2. NB: some 2017/18 information is not yet available.

Hip fractures in people aged 65 and over per 100,000 population

Previous data	Latest Data	National Average	North East Average	Direction of Travel
615 (2014/15)	**655** (2015/16)	589 (2015/16)	679 (2015/16)	⇧
655 (2015/16)	**622** (2016/17)	575 (2016/17)	643 (2016/17)	⇩
622 (2016/17)	**656*** (2017/18)	Not yet known (2017/18)	655* (2017/18)	⇧

*Data covers where a patient is registered with or resident with a CCG in County Durham or in the North East, rather than resident population only

13. A table outlining County Durham's position in relation to emergency admissions due to falls regionally for 2016/17 is at Appendix 3. The table below shows a summary of the information and highlights a decrease in performance from 2015/16 to 2016/17 but an improvement from 2016/17 to 2017/18).

Emergency hospital admissions due to falls in people aged 65 and over per 100,000 population

Previous data	Latest Data	National Average	North East Average	Direction of Travel
2,183 (2014/15)	**2,239** (2015/16)	2,169 (2015/16)	2,257 (2015/16)	⇧
2,239 (2015/16)	**2,347** (2016/17)	2,114 (2016/17)	2,264 (2016/17)	⇧
2,347 (2016/17)	**2,136*** (2017/18)	Not yet known (2017/18)	2,057* (2017/18)	⇩

*Data covers where a patient is registered with or resident with a CCG in County Durham or in the North East, rather than resident population only

Falls Strategy

14. A joint Falls Strategy for 2018-21 has been developed with County Durham and Darlington NHS Foundation Trust (CDDFT) acting as the lead on this initiative (see Appendix 4). The strategy is in the process of being rolled out across the County. A stakeholder event will be held later this year to cascade the key messages from both the strategy and the action plan, which is currently in development.

15. Partner agencies, including DCC, have agreed that they will adopt the aims and objectives of the strategy to maintain consistent messages across the County and to strive to achieve common goals. In addition, a Falls Task Group (a sub-group of the AHS and Health Joint Commissioning Group with senior representatives from stakeholder organisations) will facilitate development, planning and implementation of the community element of the Falls Strategy action plan. (See Terms of Reference at Appendix 5).

16. The strategy sets out how partners will reduce falls in older people and address known gaps in local services. The Teams Around Patients (TAPs) model will play a critical role in this work. The strategy is aligned with current NICE guidelines, the National Falls Prevention Coordination Group / Public Health England Falls and Fractures consensus statement and the Department of Health National Service Framework for Older People.

17. The aims of the strategy are outlined below:

- Ensure that the population understand what they can do to age well and reduce their risk of falls
- Prevent frailty, promote bone health and reduce falls and injuries
- Early intervention to restore independence
- Respond to the first fracture and prevent the second
- Improve patient outcomes and increase efficiency of care after hip fracture
- An aspiration to create a “fall free” County Durham & Darlington.

18. The Falls Strategy sets out key priorities for the next three years, explains why they have been chosen and outlines plans for improvement in each area. It also sets out plans to provide staff with the tools, techniques, training and methods which will be used to help staff identify and implement improvements in their areas of work.

19. The impact of the strategy will be measured by a year on year reduction in people being admitted to hospital with a fractured neck or femur and a reduction of people falling whilst in a hospital, at home or in a care home.

Recent and Ongoing Work

North East Ambulance Service (NEAS)

20. Falls Training for Care Homes within County Durham has been delivered by NEAS in late 2017/18 and in 2018/19. In 2017/18 58 homes accessed the training and 124 staff were trained. Additional funding from the Improved Better Care Fund (iBCF)[1] has been identified for further training from quarter 2, 2018-19 and Care Homes that have had high levels of 999 calls and / or have not already accessed the training will be targeted specifically.

Durham County Council

21. During 2017, a DCC Adult and Health Services (AHS) working group reviewed the process for referrals for falls detectors and also undertook reviews of service user's with falls detectors to ensure that understanding the reasons for the falls and measures to prevent such falls were consistently considered by operational staff. This focus on prevention was in line with the Care Act. The new processes were approved by DCC Adult Care Management Team (ACMT) and are now implemented.

22. Care Connect, DCC's community alarm service, has been funded also through iBCF, to provide a falls service to people who meet the following criteria:

    - Are resident in County Durham
    - Are over 65
    - Have fallen but the fall is considered by NEAS to be a 'non-injury' fall

23. All calls are triaged by NEAS and where the above criteria is met, a referral is made to Care Connect who then respond. If, on arrival, Care Connect staff are of the view an injury has been sustained they will call NEAS.

24. Using figures provided by NEAS and a similar scheme in South Tyneside, the funding for the Care Connect service has been based on 230 referrals annually. This is being monitored and if it is exceeded there is the ability to secure additional funding.

25. Information collated by Care Connect for 2017/18 regarding falls where Care Connect Responder staff have attended (with or without NEAS staff also in attendance) is outlined in the table overleaf.

[1] The BCF is the national programme, through which local areas agree how to spend a local pooled budget in accordance with the programme's national requirements. The pooled budget is made up of CCG funding as well as local government grants, of which one is the Improved Better Care Fund (iBCF). The iBCF was first announced in the 2015 Spending Review, and is paid as a direct grant to local government, with a condition that it is pooled into the local BCF plan.

	Q1	Q2	Q3	Q4	Total
No of falls attended by mobile warden	1831	1743	1935	1092	6601
No of falls where ambulance response required	78	115	135	347	675

26. Information provided by Care Connect for the non-injury falls service with NEAS is reported in the table below. The figures are currently lower than predicted although the service is in its very early stages.

Start date	**Thursday 21 June 2018**
Number of calls to end April	31
Number of calls where person was already in receipt of Care Connect service	3
Number of calls where person not known to Care Connect	28
Number of customers who came onto the Care Connect service as a result of NEAS call	3

Culture and Sport

27. Community Exercise Class programmes and Ways to Wellbeing programmes delivered across the county. In addition, all DCC gyms offer at least 2-3 gentle circuit classes and 1 or 2 yoga/Pilates sessions.

Public Health

28. Safe and Wellbeing Visits – this joint initiative has been evaluated by Teesside University, the results of which will be discussed by the Public Health Senior Management Team at a joint session with colleagues from Durham and Darlington Fire and Rescue Service.

29. Wellbeing 4 Life service – although the W4L service does not have any specific falls prevention programmes in place, group work/sessions will be targeted at people with long term conditions; and the usual interventions of supporting people to be more active, eat well, and be the correct weight will all help towards improvements in stability, core strength, and flexibility.

30. Healthy Living Pharmacies – falls prevention work is not currently part of the local priorities for HLPs to focus on in 2018/19, however, this quality award is reviewed on an annual basis and falls prevention work could become one of the local priorities in 2019/20.

<u>County Durham and Darlington Foundation Trust (CDDFT)</u>

31. With regards to community falls services currently available within CDDFT for County Durham there are services covering the North Durham and Durham Dales Easington and Sedgefield (DDES) localities. The teams work out of four bases: Chester-le-Street Hospital and Shotley Bridge Hospital covering Durham, Chester-le-Street and Derwentside localities (a Falls Team within the Community Rehabilitation Service) and Healthworks, Peterlee and Bishop Auckland Hospital covering DDES (a stand-alone Community Falls service).

32. There are occupational therapists, physiotherapists, assistant practitioners and rehab assistants in each team. Easington team also have podiatry support with a lead nurse in post managing DDES locality.

33. Significant investment in falls from the iBCF has enabled substantial remodelling, revision and strengthening of the falls pathway.

Tees, Esk Wear Valley NHS Foundation Trust (TEWV)

34. TEWV Falls Developments
    - TEWV has an established Falls Executive Group
    - Trustwide all inpatients deemed at a risk of falls are commenced on the Falls Clinical Link Pathway (CLiP)
    - In mental health services for older people (MHSOP) all patients admitted to the ward have the falls decision tool completed. If they are deemed to be at risk of falls they are commenced on the Falls CLiP.
    - MHSOP have developed the Frailty CLiP; falls is one of the five frailty syndromes. This has been piloted within MHSOP with plans for full roll out currently being finalised. The new process requires all admissions to MHSOP wards to have a falls baseline visual assessment completed. All patients will then be commenced on the Frailty CLiP with the outcome being the development of an intervention plan to manage their frailty. The Frailty CLiP is going to be considered at the Falls Executive Group for its relevance to the other specialities.
    - MSHOP complete a yearly falls inpatient audit
    - MHSOP complete an annual Fracture Neck of Femur case review

County Durham and Darlington Fire and Rescue Service

35. A falls assessment is conducted by Fire and Rescue Service staff as part of their Safe and Wellbeing Visits (see example questionnaire below).

Slips, Trips and Falls:			
The slips, trips and falls section should be completed if anyone in the household is over 65. If under 65 and concerns are identified a referral should still be made but supporting information is necessary.			
Has anyone in the household fallen within the last 12 months? (If the answer is no, move to consent and circle N/A).		YES	NO
If yes, how many times? ……	Approx. date of last fall (mm/yyyy): …		
(Note: if the resident has experienced 2 falls within the last 12 months a referral is recommended)			
Please enter the full name, i.e. Mr John Smith and date of birth (dd/mm/yyyy) of the person who has fallen: …… … ……			
Has the above named person had any blackouts or loss of consciousness in the past year which may have caused a fall?		YES	NO
Is the above named person taking medication which makes them feel drowsy?		YES	NO
Does the above named person suffer from dizziness?		YES	
Does the above named person use a walking aid?		YES	NO
Has the above named person had a stroke or been diagnosed with Parkinson's disease?		YES	NO
Can the above named person rise from a dining chair without using their arms to push up?		YES	NO
Has consent been given to make a referral to Health Partners?	N/A	YES	NO

36. A referral will be sent to the Falls Team if YES is answered to both the first and last questions. Number of referrals for the last two years is outlined below:

	Slips, Trips & Falls Referrals
2016/17	**454**
2017/18	**180**

Conclusion

37. Extensive work is being undertaken throughout the county to improve rates of falls and the injuries most common to falls. While performance indicators remain relatively stable it is acknowledged that the Falls Strategy is not yet embedded so some outcomes are likely to improve in the medium term. Some areas of work are in their infancy and should also impact on outcomes positively in the medium term.

38. The Falls Strategy will provide a strategic direction upon which all partner agencies can focus and work together to achieve common goals. Partners have recognised and agreed that falls are a critical issue for the health and social care economy and resources should be directed to improve falls performance and outcomes

Recommendations

39. Members of the Health and Wellbeing board are recommended to:

    a. Note the contents of this report and recognise the work being undertaken across the county led by the Joint Commissioning Group.

    b. Note that the Falls Task Group will facilitate development, planning and implementation of the community element of the Joint Falls Strategy action plan.

    c. Adopt the Joint Falls Strategy and receive updates on the action plan.

Contact: Neil Jarvis, Interim Strategic Commissioning Manager, Tel: 03000 265683

Appendix 1: Implications

Finance – Funds from the iBCF are in place to support falls initiatives.

Staffing – No issues.

Risk – Risk to CCG and LA finances if falls initiatives to not improve performance on falls and fractures.

Equality and Diversity – None.

Accommodation – None.

Crime and Disorder – None.

Human Rights – None.

Consultation – An event will be held later this year to publicise the Falls Strategy 2018-21.

Procurement – No issues at present,

Equality Act – N/A

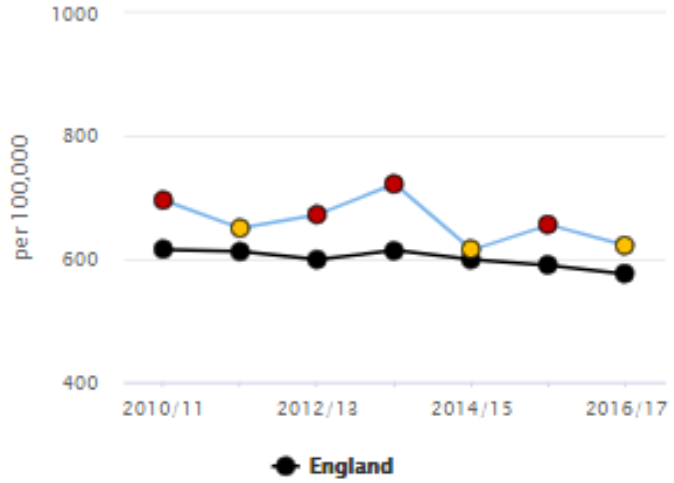
Legal Implications – No issues at present.

Appendix 2

4.14i - Hip fractures in people aged 65 and over (Persons) County Durham

Directly standardised rate - per 100,000

Export chart as image Show confidence intervals



Recent trend: –

Period		Count	Value	Lower CI	Upper CI	North East	England
2010/11	●	598	696	640	755	683	615
2011/12	●	572	650	597	706	673	612
2012/13	●	617	672	620	728	665	599
2013/14	●	665	722	668	780	688	614
2014/15	●	589	615	566	667	655	599
2015/16	●	633	655	605	709	679	589
2016/17	●	614	622	573	673	643	575

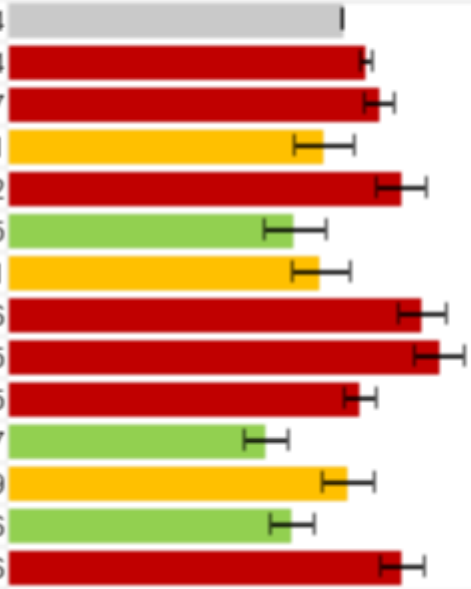
Source: Hospital Episode Statistics (HES), NHS Digital for the respective financial year, England. Hospital Episode Statistics (HES) Copyright © 2017, Re-used with the permission of NHS Digital. All rights reserved. Local Authority estimates of resident population, Office for National Statistics (ONS) Unrounded mid-year population estimates produced by ONS and supplied to the Public Health England

Appendix 3

2.24i - Emergency hospital admissions due to falls in people aged 65 and over

2016/17 — Directly standardised rate - per 100,000

Area	Count	Value	95% Lower CI	95% Upper CI
England	210,553	2,114	2,105	2,123
North East region	11,188	2,264	2,222	2,307
County Durham	2,326	2,347	2,252	2,445
Darlington	419	1,991	1,804	2,192
Gateshead	956	2,482	2,327	2,646
Hartlepool	313	1,805	1,609	2,018
Middlesbrough	433	1,971	1,788	2,168
Newcastle upon Tyne	1,148	2,616	2,466	2,773
North Tyneside	1,088	2,725	2,564	2,892
Northumberland	1,588	2,225	2,117	2,338
Redcar and Cleveland	462	1,627	1,481	1,783
South Tyneside	634	2,149	1,984	2,324
Stockton-on-Tees	602	1,796	1,655	1,947
Sunderland	1,219	2,486	2,346	2,632



Appendix 4

County Durham and Darlington Foundation Trust Falls Strategy 2018-2021

quality matters

NHS
County Durham and Darlington
NHS Foundation Trust

Falls Prevention Strategy 2018-2021

Contents

Forward by Noel Scanlon, Executive Director of Nursing

NHS
North Durham Clinical Commissioning Group
Durham Dales, Easington and Sedgefield Clinical Commissioning Group
Darlington Clinical Commissioning Group

NHS
North East Ambulance Service
NHS Foundation Trust

Durham County Council

DARLINGTON BOROUGH COUNCIL

County Durham Integrated care partnership

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quality matters

NHS
County Durham and Darlington
NHS Foundation Trust

Foreword

From our Director of Nursing

Falls have a dramatic impact on individuals, families and the health and social care system. Falls rates in County Durham & Darlington have plateaued compared with other areas, however the frequency of harm, fracture and head injury has spiked sharply at the start of 2017/18. There are on average of 110-150 people over 65 who fall in hospital each month which costs an average of £4.6 million each year. This doesn't include the cost of social care or money that families pay for care or the unnecessary physical and emotional suffering that a fall can cause for the person and their family. NHS Improvement have calculated the delivery of all contemporary evidence based falls prevention strategies could save the NHS 25% of these costs, £1.15 million.

Falling is not an inevitable part of growing old and can be prevented by organisations and the public working together. County Durham & Darlington NHS Foundation Trust partners with Health, Social Care, Private and Voluntary Organisations, North Durham CCG, Durham Dales and Sedgefield CCG, Darlington CCG, County Durham and Darlington GPs organised in Teams around patients (TAPs), Durham County and Darlington Borough Councils and The North East Ambulance Service. We are committed to working together to support people to age well in County Durham & Darlington to not only to live longer but to extend their lives in good health and maintain functional ability and independence.

The impact of the strategy will be measured by a year on year reduction in people being admitted with a fractured neck of femur and a reduction of people falling whilst in Hospital, home, Nursing or Care Homes. Together we aim to:

- Ensure that the population understand what they can do to age well and reduce their risk of falls.
- Prevent frailty, promote bone health and reduce falls and injuries
- Early intervention to restore independence
- Respond to the first fracture and prevent the second
- Improve patient outcomes and increase efficiency of care after hip fracture

Together we aspire to create a "fall free" County Durham & Darlington.

This strategy sets out how County Durham & Darlington NHS Foundation trust will through the vehicle of Teams around patients reduce falls in older people and address known gaps in local services. The strategy is in line with current NICE guidelines, the National Falls Prevention Coordination Group / Public health England Falls and Fractures consensus statement and the Department of Health National Service Framework for Older People.

This strategy was produced in consultation with national, regional and local stake holders with thanks to NHS Improvement, NHS England and the National Osteoporosis Charity.

I commend it to you.

Noel Scanlon
Executive Director of Nursing, County Durham & Darlington NHS Foundation Trust

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1.1 Introduction

Welcome to the Trust's Falls Strategy for 2018-2021. Here, we have set out our key priorities for the next three years, why they have been chosen and our plans for improvement in each area. It also sets out how we will provide our staff with the tools, techniques, training and methods which we will use to help staff identify and implement improvements in their areas of work.

1.2 National falls overview

The World Health Organization define a fall as *'An event which results in a person coming to rest inadvertently on the ground or floor or other lower level'* (WHO, 2017). Falls can lead to both fatal and none fatal injuries. Falls are the second leading cause of accidental or unintentional injury deaths worldwide (WHO, 2017). **1 in 3** people aged over 65 will fall every year equating to more than **3 million** falls per year. The rate increases to nearly 1 in 2 for community dwelling adults over 80 (CSP, 2014).

Falls have a significant psychological effect on our patients which often effects mobility, ability to carry out activities of daily living, confidence and general quality of life. These can all lead to a decrease of independence and increased isolation in the elderly population.

Falls can be as a result of several different health problems. Some of which include postural hypotension, medications, poor eye sight, long term conditions, Including: CVA, Parkinson's Disease, MS, Dementia. Environmental factors are also to be taken into consideration when determining cause of falls such as long clothing, trip hazards (rugs, pets, clutter), inappropriate footwear and not using appropriate walking aids and equipment.

Falls and related injuries are a significant problem for older people. Falls are common - 30% of over 65's and 50% of over 80's will have at least one fall in a year. Falls lead to physical injuries ranging from cuts and bruises to fractures and head injuries. 5% of falls in older people in the community result in hospital admission, 10-25% of falls in nursing homes and hospital result in a fracture. Falls can also lead to adverse psychosocial outcomes contributing to loss of confidence and independence. Falls can also be a sign of underlying health issues or frailty.

Falls in England lead to 255,000 emergency hospital admission per annum and are estimated to cost the NHS £2.3 billion a year.2 In North Tyneside 1461 patients aged over 65 were admitted due to falls in 2016/17 at a cost of £4.7 million and this figure is increasing. We are a national and regional outlier for falls.

Hip fracture is one of the most serious consequences of falls in the elderly. Hip fracture mortality is 10% at one month and 30% at one year. There is also significant morbidity with only 50% returning to their previous level of mobility and 10 – 20% of patients being discharged to nursing or residential care.3

Osteoporosis is a common condition affecting 2% of the population at 50 and 25% at 80 years of age. Osteoporosis increases bone fragility and propensity to fracture. 180,000 fracture per year in England and Wales are as a result of osteoporosis and 14,000 deaths result from osteoporotic hip fractures. Medical costs from fragility fracture are estimated at 1.8 Billion per year and this is projected to rise. Treatment can reduce the risk of fragility fracture and its complications. (NICE CG146).

Evidence suggests that the number of falls can be reduced by up to 30% through development of a multi-agency falls pathway focussing on early identification and prevention, and multi-factorial assessment and intervention for people at high risk of falling. There is good evidence that a range of interventions can reduce falls and consequent injuries and also provide good return on investment.

1.3 Vision

County Durham and Darlington Foundation Trust aims to work collaboratively to reduce the number of falls and falls with harm experienced in the trust by 30% in three years.

1.4 Key Priorities

1. Education, awareness and training around fall prevention amongst the workforce and wider community.	2. Improved partnership working between community and acute services to streamline services.	3. Increased accuracy of identifying those at risk of falls.	4. Map out and develop a clear pathway for falls and fragility services in acute and community settings.

This strategy supports the delivery of our strategic aims, with the relevant aims linked to quality matters priorities.

In the last three years, the Trust has achieved a considerable amount as summarised below in the prevention of falls and falls with harm.

1.5 Achievements

- Dedicated and motivated falls Multidisciplinary team focussed on reducing falls and falls with harm in acute hospitals and community hospitals by 10% every year over three years.
- Monitoring of safe staffing levels are good.
- Risk Assessments and patient roundings - targeted approach.
- Access to Mental Health Liaison Services are good and consistent.
- Patients who require 1:1 or cohorting are provided with this service
- Recruitment of Multidisciplinary Falls Lead post.
- University Hospital North Durham (UHND) Ward 5 red Zimmer frames pilot underway and results are being collated. Positive results/outcomes will encourage wider availability.
- Falling star intervention strategy underway and evaluation ongoing. Positive outcomes for patients will encourage shared best practice across trust.
- Implementation of Fallsafe on Ward 14 UHND – audit and evaluation to follow and good outcomes to be shared trust wide.

2.0 Strategic context

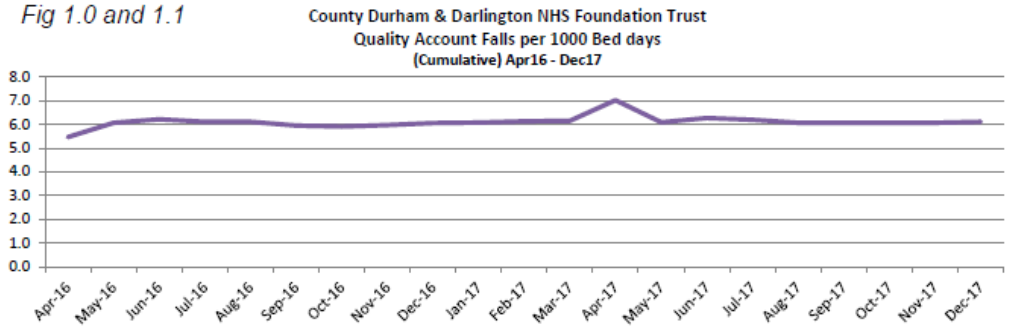
This strategy has been developed in the context of a significant change and challenge across health and social care sectors. It is more important than ever we work together to intervene earlier and prevent future demands on our health and social care services in order to deliver an effective and efficient service.

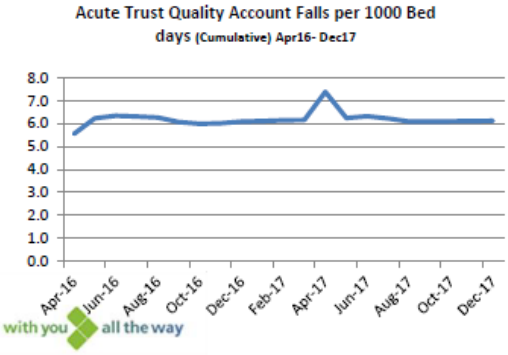
2.1 Why is it important to us?

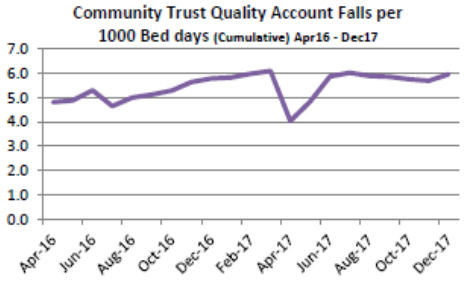
Patient falls are the single most common safety incidents experienced by the Trust, we have not yet reduced falls in our acute hospitals within national benchmarks and we continue to see incidents of harm from falls. Reducing the incident of falls and mitigating the risk of injury are therefore integral to minimising harm.

Falls have a dramatic effect on the individual, families and the public purse; this matters to us all. County Durham and Darlington NHS Foundation Trust (CDDFT) have seen an increase in falls with harm, and falls resulting in death. Since April 2017, we have had a significant increase in the incidences of falls within the hospital setting, see fig 1.0 and 1.1

Fig 1.0 and 1.1







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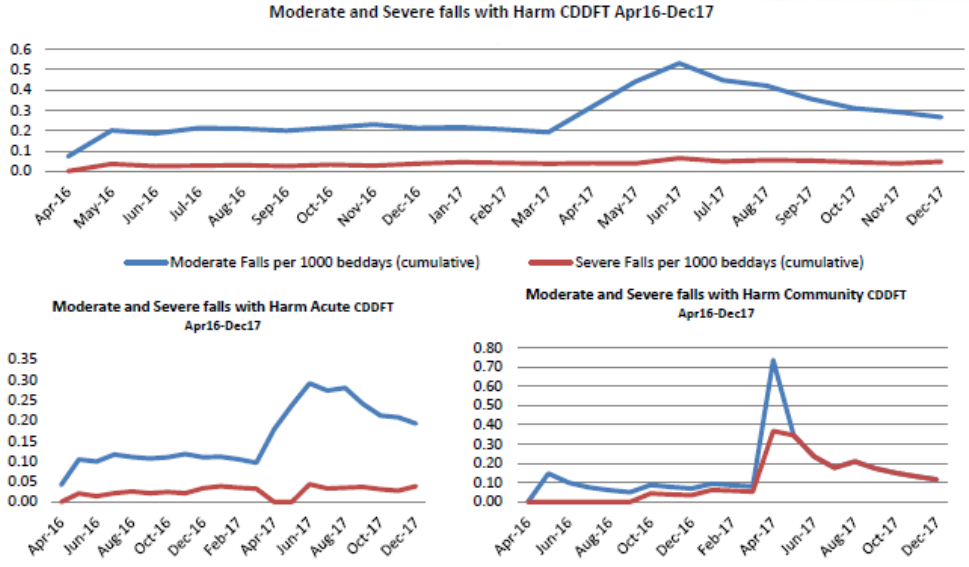

- Although CDDFT ranks third lowest in the North East for falls with harm, and features as the best performing trust in the North East in the National Falls audit (Fig. 2) we feel more could be done to improve standards and to reach the national benchmark over the next three years.

Fig. 2

North East	Percentage score							Sparkline indicator						
Site name	Delirium	Continence CP	BP	Medication	Vision	Call bell	Mobility aid	Delirium	Continence CP	BP	Medication	Vision	Call bell	Mobility aid
Darlington Memorial Hospital	88	100	52	88	92	100	100							
Friarage Hospital	13	50	13	7	71	88	100							
James Cook University Hospital	30	40	50	52	89	64	71							
Queen Elizabeth Hospital, Gateshead	40	50	16	59	93	97	94							
The Newcastle Upon Tyne Hospitals NHS Foundation Trust	79	100	8	41	83	96	95							
South Tyneside District Hospital	31	62	57	63	32	93	100							
Sunderland Royal Hospital	79	90	56	97	43	84	85							
University Hospital of North Durham	94	67	65	69	82	100	100							
University Hospital of North Tees *	26	93	23*	72	64	100	100							

*Sites with above 50% of patients as 'not applicable' for the marked key indicator

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3.0 Building on success

The success of developing and implementing this falls prevention strategy will be dependent on the ongoing support and partnership of CDDFT, TAPs, Clinical Commissioning Groups, the voluntary sector and other specialist services. While it is recognised that Foundation Trust have the majority of specialist services to support this agenda, an integrated, co-ordinated approach via teams around patients is crucial in the prevention of falls.

3.1 As a result of this strategy there will be:

- A population who know how to reduce the risk of falls and take action.
- A team of fully trained health professionals who work collaboratively and are highly motivated to reduce the risk of falls and harms from falls.
- Earlier and more accurate identifications of those at risk and clear strategies in place to reduce this risk in an acute and community setting.
- A 10 % year on year reduction of falls and falls with harm seen in the trust.
- Improved independence levels, reduced disability and reduced fear of falling with those patient groups deemed at greater risk.
- A clear, effective and embedded pathway of health and social care services that treat people who have fallen and at risk of future falls.
- ….and as a consequence there will be fewer fractured neck of femurs.
- A decrease in patients attending hospital or being admitted as a result of a fall
- A reduction in falls in care homes and the community
- A reduction in repeated / frequent falls

3.2 Current Position – Acute Strategic Intervention

Currently in CDDFT:

- Pharmacy support to deliver Medication Reconciliation and medication review is not consistent in all areas.
- There are long waiting lists for community rehabilitation services and community hospital rehabilitation beds from the acute site.
- County Durham & Darlington lacks a falls medical specialism in multidisciplinary falls groups.
- A Multi disciplinary approach to falls prevention is required as it is everyone's business to undertake risk assessments and preventative therapy.
- Visual acuity needs to be emphasised within assessments, both hearing and sight preventative input.
- The work therapy services have completed through the falls collaborative has showcased their unique core skills that can continue to be utilised and have a positive impact on falls.
- Therapy services are currently provided based on a referral basis from admitting wards and therefore screening to prioritise the available resources is sometimes variable

Current position – community service strategic intervention

Currently:

- There are five discrete specialist community based falls services with varying referral mechanisms and varying staffing levels set up in this way due to previous commissioning arrangements (not related to population or local needs).
- There are four Hospital based falls prevention exercise programmes which have varying referral criteria and methods.
- Patients do not always received a multifactorial falls risk assessment in the community setting following a fall.
- The current falls prevention component of the essential training delivered to community staff does not address the issue of falls in the community.
- There is no clinical/medical lead for falls services in the community and no clinical link with GP services.
- There are Multiple admissions to Emergency Department following falls in residential and nursing home settings.
- There is limited access to syncope services within the trust
- Promotion of bone health across acute and community settings for all patients at risk of falling is variable.
- NICE guidelines support the inclusion of fracture risk assessment as part of each falls assessment and currently the uptake of this assessment is not consistent across all services including both acute and community.

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4.0 How we have selected and categorised priorities?

Many of our priorities are linked with our Quality Matters strategy, because we know we have more to do to deliver the very best care in those areas; others have been identified by the Board, CCG's, the voluntary sector, in consultation with front line staff, senior managers, governors and other stakeholders.

4.1 How will this be achieved?

Acute strategy

Preventing falls through earlier and more effective coordinated interventions will both improve the quality of life of individuals and families and reduce demand on health and social care services. We will therefore:

- **Build upon good working practices working one to one with patients and in cohorted bays in the acute and community hospitals; utilising the skills and support of our colleagues in mental health to reduce falls relating to delirium and cognitive impairment.**
- **Ensure documented screening for cognitive impairment or behaviour charts are completed and the implication for falls is highlighted in the falls bundle. This will be achieved by:**
  - Staff training for effective management of cohorted bays and promotion of activity boxes currently available on ward 5 to be shared trust wide.
  - Liaise closely with Mental Health colleagues about available support and input into Care of the Elderly training schedule planned.
  - Audit the screening of delirium and cognitive impairment to ensure this reflects falls care bundle.
- **Work with interested parties to educate the wider population on how to maintain good bone health and reduce the risk of falling**.
  - Through raising awareness and the development of the falls checklist questionnaire.
  - Appropriate leaflet distribution stands on wards, primary care and public buildings.
  - Utilise social media outlets to communicate risk of falls and falls prevention strategies.
- **Engage with staff workforce via effective fall training schedules in order to help identify potential fallers sooner.**
  - Develop and deliver effective training schedule which meets the needs of the patient cohort and staff workforce.

- Utilise clinical information systems in order to communicate fall risks effectively to staff groups during huddle meetings and discuss any previous falls using the butterfly model and safety cross
- Continue to provide sensory training to relevant staff groups through staff education programmes.
- Map out existing services for falls and disseminate information to all invested parties in the county in order to promote services and direct patients in a more timely way.
- Reduce the risk of environmental factors that can cause falls, by making staff groups aware of the risks associated with this.
  - This will be included in the falls training schedule
- Disseminate good results/outcomes of the red Zimmer Frame pilot completed on ward 5 to the wider trust
- Ensure usual or recommended walking aids are provided for use and are reachable.
- Undertake regular audits to ensure compliance with falls prevention strategies are maintained.
- Aim to implement a therapy led screening tool to identify patients at risk
- Prioritise ongoing treatment and rehabilitation working collaboratively with community services to improve waiting times for patients receiving inpatient and community based services.
- Aim to provide front of house early therapy advice and intervention in line with national guidance
- Develop therapy services both in the acute and community sites to align with NICE guidelines and care closer to home. This includes post fall multifactorial assessment and home hazard assessment for those deemed at risk of falls.

- Standardise falls sensor equipment and ensure staff are effectively trained in it's use
- Asses visual acuity as standard, updating the falls bundle as required and improve access to Ophthalmology and Optometry services
- Ensure Pharmacy services including medication reconciliation and medication review in those at risk of falls, is consistently available trust wide
- Recruit falls lead coordinators to engage and motivate staff groups to support the trust and wider community in the reduction of falls.
- Where patients complain of lower urinary tract infection symptoms such as urgency, frequency, nocturia or incontinence, ensure that the implication for falls risk is considered and reflected in the care plan.
- Ensure the call bell is within every patients reach at all times.
- Ensure provision for safely assisting patients from the floor following a fall is available to all staff groups and equipment is standardised across the trust.
- Engage with staff workforce via effective fall training schedules in order to help identify potential fallers sooner.
  - Develop and deliver effective training schedule which meets the needs of the patient cohort and staff workforce.
- Offer Ward Sisters and Charge nurses a range of tools and techniques relevant to their case mix to the reduce the risk of falling in their patient population.

5.0 Community Strategy:

Preventing falls through earlier and more effective co-ordinated interventions will both improve the quality of life of individuals and families and reduce demand on health and social care services. We will therefore:

- Promote opportunities for social prescribing and physical activity for older people through voluntary, community and other social care provision including re-ablement services

- For all fallers to be seen by the most appropriate health care professional in a timely manner.
  - Provide support for community colleagues and teams around patients (TAPs) to enable them to initiate a falls assessment when required and understand when to refer to specialist teams utilising the GP 'Severe frailty register' when indicated.

- Liaise with all five specialist falls teams in order to look at standardising referral pathways and processes ensuring each team is fit for purpose
  - Share best practice, clinical expertise and resources among community specialist falls service with regular whole team meetings to unite these small services.

- Liaise with hospital based falls prevention exercise programmes in order to ensure the locality demands are met.
  - Utilise specialist knowledge from falls community teams to map services and demand in order to provide effective sustainable falls prevention services.

- Utilise NEAS, FRS and Primary care intelligence to work collaboratively with MDTs to agree plans to support / prevent further falls including robust referral pathways to / from EDs to patients homes and care settings

- Ensure falls essential training accurately supports the community staff groups.
  - Support from specialist falls teams to input into training development and delivery alongside colleagues in the acute trust.
  - Support from learning and development required.

- Liaise with all health and social care agencies including Durham Fire and Rescue service (FRS), NEAS, independent and voluntary sector care providers and Primary care partners to develop a whole system multi-disciplinary strategy to prevent falls and promote independence.

- Promote innovations in falls prevention such as the provision of Ambulance rapid response vehicles (outside the core emergency service) which attends patients who have fallen and clinically assess, develop pathways between NEAS, TAPs, Occupational therapy and falls assessment services

- Identify a Medical consultant to provide ongoing clinical support into community based falls prevention teams, primary care and a multidisciplinary falls group including increased access or setting up local syncope services

- Recommend measurement of fracture risk assessment (FRAX) be completed by any health professional who comes into contact with a patient who has fallen.
  - Delivery of FRAX training to be added to essential training schedule and ensure staff groups are aware of the importance of fracture risk associated with falls.
- Improve referral pathways from fracture liaison service to falls service as appropriate.
  - Falls lead to coordinate and ensure appropriate referrals are made to specialist falls services.
- Identify care homes with high falls rates and provide appropriate falls training for the staff
  - This could be done with support from community staff who work into care homes on a team around the patient (TAP) level with the North East Ambulance Service (NEAS).
- Maintain strong links and connections with local groups and the North East Regional Falls group to share best practice and collaborate in achieving national objectives.
  - The Falls Lead will attend regular meetings with invested parties and stakeholders and disseminate information from these meetings into the trusts acute and community services.

6.0 Implementation and Monitoring

The strategy will be implemented and managed as a programme of work, monitored through the falls policy group and Falls Leads for the trust. The process changes which serve as adjuncts to the delivery of falls prevention and the incidence and prevalence of falls and falls associated harm will be monitored at ward, department and community team levels; published for staff, patients and visitors to observe and reviewed through the trust Clinical improvement strategy 'Quality matters' by professional and board sub committees.

6.1 How will we know if we have succeeded?

We will see year on year reductions in falls, and in incidents of injury to below national benchmarks, and positive performance compared to peers evidenced through the National Falls and Fragility audit. The trust, all wards, community teams and care groups will demonstrate high levels of compliance with our procedures (a 'blue or green' assessment) through "Quality Matters" ward audits for falls as well as monitoring the incidence and harm associated with falls in their area.

We will be part of a whole system strategic approach to falls prevention, collaborating across seamless pathways with other health and social care agencies, Durham Fire & Rescue service, independent and voluntary care providers through the vehicle of Teams around patients to promote independence, reduce harm and improve the quality of life of patients and citizens of County Durham & Darlington.

7.0 Final Words

Preventing Falls is 'everyone's' responsibility and it is only by building upon the skills and commitment of all our staff and partners that we will achieve our aims. The Board is committed to creating the environment in which everyone can contribute fully to the achievement of fall prevention strategies.

The next three years will, as we achieve our goals, see exciting improvements which will benefit our patients, our staff and all of our stakeholders.

References

- AIHW: Bradley C (2013). Trends in hospitalisations due to falls by older people, Australia 1999–00 to 2010–11. Injury research and statistics no. 84. Cat. no. INJCAT 160. Canberra: AIHW. **Australian Institute of Health and Welfare.**
- BOA: Marsh,D. et al (2007) The Blue Book (The Care of patients with fragility fracture). London, **British Orthopaedic Association.**
- County Durham & Darlington NHS Foundation Trust (2017) Incidence of falls in Hospital and community settings. Darlington, **County Durham & Darlington NHS Foundation Trust** Information dept.
- Day,L. et al (2009)Modelling the impact costs and benefits of falls prevention measures to support policy makers and program planners. Monash, Victoria Australia, **Monash University**.
- Health foundation: Darowski, A., Healey,F. et al. (2011) Closing the Gap through Clinical Communities:The FallSafe project. London, **The Health Foundation.**
- Healey,F. et al (2013) Falls prevention in hospitals and mental health units: an extended evaluation of the FallSafe quality improvement project. *Age and Ageing* : 0: 1–7. doi: 10.1093/ageing/aft190
- Healey, F. and Scobie,S.(2007) The third report from the Patient Safety Observatory: Slips, trips and falls in hospital London, NPSA . **National Patient Safety Agency**.
- Hempel,S. et al (2012) Review of the Evidence on falls prevention in hospitals. Washington DC, RAND Heath for **The Agency for Healthcare Research and Quality**.
- Henderson, C. et al (2007) Maintaining good health for older people with dementia who experience fractured neck of femur: report for phase 2. London, Personal Social Services Research Unit, **London School of Economics and Political Science.**
- NHS Improvement (2017) The incidence and costs of in-patient falls in hospitals. Full report, summary and annexes. London, **NHS Improvement .**
- NICE (2013) Assessment and prevention of falls in older people. NICE guidance CG 161 London, NICE. **National Institute for Health and care excellence.**
- NICE (2017) Osteoporosis: assessing the risk of fragility fracture. NICE guidance CG 146 London, NICE. **National Institute for Health and care excellence.**
- RCP (2016) Falls prevention in hospital: a guide for patients, their families and carers. London, **Royal College of Physicians**.
- RCP (2016) Falls prevention in hospital: a checklist for patients, their families and carers. London, **Royal College of Physicians**.
- RCP (2017) National hip fracture database Annual report . London, **Royal College of Physicians**.
- RCP (2017) National Audit of Inpatient Falls. London, **Royal College of Physicians.**
- Sutton, A. (2014) A care bundle approach to falls prevention *Nursing Times*: 110 , 20: 21-23 doi: 14.05.14
- Tian,Y. et al (2013) Exploring the system-wide costs of falls in older people in Torbay. London, The Kings fund.
- Todd C, Skelton D. (2004) What are the main risk factors for falls among older people and what are the most effective interventions to prevent these falls? Copenhagen, **WHO Regional Office for Europe** (Health Evidence Network report; http://www.euro.who.int/document/E82552.pdf, accessed 5 October 2017).

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Appendix 5

Terms of Reference
Community Falls Task and Finish Group

Background

Falls and the injuries they produce present a significant risk to the elderly population. The evidence of the impact of timely interventions is well documented. In County Durham partners across the health and social care system are committed to reduce the number of fallers and reduce the adverse effects suffered by those who do fall through the delivery of the Falls Prevention Strategy 2018-2021.

Purpose

The purpose of this group is to:

- Share and analyse information/ intelligence regarding the incidence of falls within the community. This will include any evidence base to support and influence commissioning.
- Have oversight of current and planned initiatives for falls prevention.
- Monitor performance of falls prevention activity.
- Develop and oversee the delivery of the community strand of the Falls Prevention Strategy 2018-2021 action plan.

Out of Scope

- In patient falls

Governance

This group is a task and finish group of the Joint Commissioning Group which is, in turn, a sub-group of the Health and Wellbeing Board. Group members will report into their relevant decision making structures including:

- County Durham Joint Commissioning Group
- North Durham CCG Management Executive
- Durham Dales, Easington and Sedgefield CCG Management Executive
- County Durham and Darlington Foundation Trust
- North East Ambulance Foundation Trust

Membership

The group will be made up of:

Name	Designation	Organisation
Denise Elliott (Chair)	Head of Commissioning	Durham County Council
Neil Jarvis	Strategic Commissioning Manager	Durham County Council
Melanie Macdougall	Commissioning Policy and Planning Officer	Durham County Council
Lesley Jeavons	Director of Integration	CCG/DCC

Name	Designation	Organisation
Dave Hall	Operations Director	Durham Dales Health Federation
Craig Hay	Community Services Manager	Durham Dales Health Federation
Helen Rushbrook	Clinical Services Manager, North Locality Integrated Adult Care	County Durham and Darlington NHS Foundation Trust
Joanne Todd	Associate Director of Nursing, Patient Safety and Governance	County Durham and Darlington NHS Foundation Trust
Jane Blakey	Clinical Lead Physiotherapist MHSOP	Tees, Esk and Wear Valleys NHS Foundation Trust
Keith Wanley	Area Manager – Community Risk Management	County Durham and Darlington Fire and Rescue Service
Matthew Beattie or representative		North East Ambulance Service
Melissa Maiden	Specialist Interventions Manager – Wellbeing	REAL Services – Culture and Sport Durham County Council
Andrew Brown	Principal Physical Activity Manager	REAL Services – Culture and Sport Durham County Council
Claire Jones	Public Health Pharmacist	Durham County Council
Katie Dunstan-Smith	Public Health Intelligence Specialist	Durham County Council
Kirsty Wilkinson	Public Health Advanced Practitioner Staying Well	Durham County Council

If group members are unable to attend a representative will deputise.

Frequency of meetings
3 weekly (initially)