



**REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 29 MAY 2018**  
**REPORT ON: FALLS PERFORMANCE**  
**REPORT BY: CHIEF FINANCE OFFICER**  
**REPORT NO: PAC32-2018**

**1.0 PURPOSE OF REPORT**

The purpose of this report is to provide assurance that an in-depth analysis of falls related hospital admissions in Dundee has been provided to relevant professionals and groups in order to support improvements.

**2.0 RECOMMENDATIONS**

It is recommended that the Performance & Audit Committee (PAC):

- 2.1 Notes the contents of this report and the analysis of falls related hospital admissions (section 5.0 of this report and appendix 1).
- 2.2 Notes the current activity to reduce falls related hospital admissions, prevent incidences of falls and support people who have fallen or who are at risk of a fall (section 6.0 of this report).
- 2.3 Notes the future priority areas (section 8.0 of this report).

**3.0 FINANCIAL IMPLICATIONS**

None.

**4.0 BACKGROUND INFORMATION**

- 4.1 National Health and Wellbeing Indicator 16 is “Falls rate per 1,000 of >65 population”. The focus of this indicator is the number of falls that occur in the population (aged 65 plus). The indicator is measured using data gathered by Information Services Division (ISD).
- 4.2 This indicator is monitored in the Quarterly Performance Report and was included in the Q3 report (Report number PAC15-2017, presented to the PAC meeting on 19 July 2017) and the Annual Performance Report (Report number DIJB29-2017, presented to the IJB Meeting held on 29 August 2017). Both reports highlighted the particularly high rate of hospital admissions within the Dundee population of people aged 65+ as a result of a fall.
- 4.3 In 2016/17 Dundee had a rate of 26.0 hospital admissions as a result of a fall per 1,000 people aged 65+. Benchmarking with other Partnerships shows that Dundee had the 2<sup>nd</sup> highest falls rate in Scotland and was significantly higher than the Scottish rate of 21.7 admissions as a result of a fall per 1,000 people aged 65+. An analysis of falls admissions was presented to the PAC held on 12 September 2017 (PAC26-2017), with the PAC requesting a further detailed analysis of falls in Dundee.
- 4.4 Falls can have a significant impact on an older person's independence and quality of life, impeding a person's mobility and confidence. However, falls are not an inevitable consequence of old age. Well-organised services, delivering recommended and evidence based practices can prevent many falls and fractures in older people in a community setting. Rehabilitation services are key to preventing repeat falls. In addition, the safety of a person's immediate

environment as well as a review of their prescribed medicines are important alongside a multifactorial assessment including; eyesight, footwear, foot condition, bone health, nutrition, continence, daily activities and cognition. For every £1 invested in physiotherapy rehabilitation into falls services, £4 is saved across health and social care services (Chartered Society of Physiotherapy).

- 4.5 A recently published economic evaluation provided an estimate of the cost to health and social care services in Scotland of managing the consequences of falls is in excess of £470 million and without intervention is set to rise over the next decade as our population ages and the proportion with multi-morbidity and polypharmacy (service users in receipt of multiple drugs to treat conditions) grows.

## **5.0 WHAT THE DATA IS TELLING US**

- 5.1 At 2017/18 Q2 Dundee had the 2<sup>nd</sup> highest fall admission rate compared to the other 32 partnerships in Scotland.
- 5.2 As at 2017/18 Q3, the West End had the highest fall admission rate with 38 admissions per 1,000 population aged 65+. The Ferry had the lowest fall admission rate with 22 admissions per 1,000 population aged 65+. Overall, Dundee has seen an increase in fall admission rate from 24.5 in 2015/16 Q2 to 28.3 in 2017/18 Q3.
- 5.3 As at 2017/18 Q3, the East End and the West End had the highest fall admission rates where the fall occurred in the home with 22 admissions per 1,000 population aged 65+. The Ferry had the lowest fall admission rate with 12 admissions per 1,000 population aged 65+.
- 5.4 As at 2017/18 Q3, the West End had the highest fall admission rate where the fall occurred outside the home with 16 admissions per 1,000 population aged 65+. Strathmartine had the lowest fall admission rate with 9 admissions per 1,000 population aged 65+.
- 5.5 The number of monthly fall admissions in Dundee, where a fall occurred in the home, has not seen any significant changes. The number of monthly fall admissions in Dundee, where a fall occurred outside the home or place of work, saw a significant increase in December 2017 which may be attributable to weather conditions.
- 5.6 The gap between fall admission rates of people who live in the most deprived (quintile 1) and the least deprived (quintile 5) has increased since 2014/15 Q4. In 2014/15 Q4, the fall admission rate for the people who live in the most deprived areas was 25% higher than the least deprived and this increased to 37% in 2017/18 Q3.
- 5.7 The gap between fall admission rates, where a fall occurred in the home, in the most deprived and the least deprived areas has also increased since 2014/15 Q4. In 2014/15 Q4, the admission rate where a fall occurred in the home in the most deprived areas was 25% higher than the admission rate where a fall occurred in the least deprived areas and this increased to 27% in 2017/18 Q3.
- 5.8 The gap between fall admission rates, where a fall occurred outside the home or place of work, in the most deprived and the least deprived areas has seen a sharp increase since 2016/17 Q3. In 2014/15 Q4, the fall admission rate for people who live in the most deprived areas was 24% higher than for people who live in least deprived areas and this increased to 59% in 2017/18 Q3.
- 5.9 The number of people living with a community alarm, as a rate per 1,000 65+ population, decreased in Dundee from 30 in 2015/16 to 26 in 2017/18 (a decrease of 16%). Only Coldside saw an increase in the number of people living with a community alarm from 29 per 1,000 65+ population in 2015/16 to 33 in 2016/17. Strathmartine, the Ferry and the West End had the lowest rates in 2016/17 with between 20 and 22 per 1,000 65+ population.
- 5.10 In 2016/17 there were 330 people who experienced a single fall admission, 45 people who experienced two fall admissions and 17 people who experience three or more falls admissions.

- 5.11 Of the people who experienced three or more fall admissions in 2016/17, nearly half had a home care package. This fell to around 30% for people who had experienced 1 or 2 falls.
- 5.12 Arthritis was the most common long term condition for people who experienced a fall admission in 2016/17. For those who experienced 3+ falls, around half had arthritis. Chronic heart disease and dementia were also prevalent with over a third of people who experienced multiple falls having one of these conditions.
- 5.13 The average cost to the health service of providing treatment to people who had a single fall admission in 2016/17 was £18,000 per person. This increased to £25,000 for people who had 2 fall admissions and £27,000 for those who had three or more fall admissions.
- 5.14 The average number of dispensed prescribed items in 2016/17 was 68 for people who had a single fall admission, 93 for those who had two fall admissions and 100 for those who had three or more fall admissions. This finding has prompted a further analysis to establish if poly-pharmacy is contributing to the risk of falling or if multiple prescribed items and high numbers of falls is simply an indicator of frailty.

## **6.0 CURRENT SERVICE MODEL**

### **6.1 Falls Classes**

There are currently six falls prevention classes held each week in three locations – Mackinnon Centre, Kings Cross Hospital and Royal Victoria Hospital and these classes accept both self, carer and professional referrals. These classes are organised and run by the community rehabilitation and falls team. It is intended that the location of falls classes will be reviewed in line with locality plans and neighbourhood level data about falls. These classes are supported by physiotherapists and support workers and are aimed at people who have fallen or who have a fear of falling. The classes improve strength, balance, confidence and function. Education is also provided to participants on reducing the risk of falls in the future. The evidence base behind providing classes to prevent falling states that balance and strength must be challenged in order for improvements to be seen. For this reason there are three levels which are aimed at different levels of ability and frailty. There is also an Otago based maintenance class within the community, to prevent re-referrals and recurrent falls. The current waiting list is approximately 15 weeks from referral, however following an initial assessment people are offered advice and basic exercises to prevent falls while they await their place at the class.

### **6.2 Education**

Education and falls prevention roadshows are being rolled out to established groups in the community in collaboration with other services within the Dundee Health and Social Care Partnership. In addition to this, training has been provided to physiotherapy community staff, ambulance crews, social care response workers, medical students and care home workers.

### **6.3 Community Equipment Loan Service**

Dundee and Angus Health and Social Care Partnerships launched a new shared community equipment loan service for people with disabilities living in Dundee and Angus. The new venture is based at the Dundee Independent Living and Community Equipment Centre in Dundee and provides, delivers, installs, repairs, maintains and recycles a range of equipment to help people of all ages living in Dundee to live independently. It also provides a technical advice service and carries out risk assessments with medical and care professionals, both in-store and in people's homes.

### **6.4 Referral Pathway Redesign**

GP referrals into medicine for the elderly services are now screened by the falls service instead of by medical teams. Patients are then signposted to the most appropriate clinic (physiotherapy, occupational therapy, nurse) or medical. This has reduced the time patients wait to be seen by the most appropriate person. Previously there was a waiting time of up to 16 weeks to access the medical clinic and then referred to the multidisciplinary team. This has been reduced to 4-6 weeks for the medical clinic and 1-2 weeks for the multidisciplinary team.

### **6.5 Support in Care Homes**

The community rehabilitation team provided support to care home employees, particularly regarding the Otago falls programme. All care homes in Dundee that expressed interest in

receiving support have been provided with training to employees. There was a high uptake in training in the care homes located in Broughty Ferry. The care homes are expected to roll out training and the quality of the approach to prevent falling in care homes is expected to vary. Further work is required to ensure a sustainable model is in place across Dundee care homes.

#### **6.6 In Patients and Out Patients**

On a daily basis (Monday to Friday) physiotherapy services identify from referred patients aged 65+ who have either fallen twice in the last 12 months or who are at risk of a fall. They undertake balance, gait and strength assessments to reduce the risk of future falls. Patients are provided with strength and balance exercises, a falls booklet and referred to either the community rehabilitation team or the falls service.

#### **6.7 Collaborative Working with Scottish Ambulance Service and Other Stakeholders**

Services worked together to develop a pathway for use by the Scottish Ambulance Service and this has recently been implemented to help avoid the conveyance of service users that have fallen, but are uninjured, to hospital. This involves referring directly to the falls service and the first contact, out of hours and social care response teams. Work is currently being undertaken to further develop cross-sector working and promote the importance of all these services, recognising potential falls risk to the service user and referring for assessment as appropriate. An educational falls pack has been developed for service users. The social care response team is assessing IT systems to identify patients who have increased frequency of falling and refer to the falls service. Scottish Ambulance Service, the social care response team and patients can now refer directly to the falls service. This has improved the identification of people at risk of a fall.

#### **6.8 Emergency Department (ED)**

On a daily bases the falls team receives a list of people who attended the ED following a fall. The team contacts each person by telephone and then signposts to information and refers to services which can support underlying issues such as balance, substance misuse, polypharmacy and sensory impairment. The musculoskeletal and community rehabilitation physiotherapy teams provides support to people with dischargeable injuries, such as a shoulder rotator cuff tear, or stable fracture. In addition to a telephone call, people receive a pack in the post which includes a cover letter, falls prevention booklet, self / professional / carer referral form for the falls service and also the exercise classes. The pack also includes information about DIAL – OP service which signposts to all services and classes in Dundee. This includes a range of voluntary sector supports including a morning call service to check a person is safe and well.

### **7.0 THE ENVIRONMENT – STREET LIGHTING**

7.1 The sole function of street lighting is to light the road to ensure Dundee City Council meets their duty of care to road and footpath users. This has a direct link with falls away from the home as adequate street lighting ensures that obstacles, including uneven surfaces are visible during the hours of darkness. Work has commenced on a two year programme of fitting more than 18,000 new white LED lights across Dundee at a cost of £4.8m.

### **8.0 PRIORITY AREAS FOR IMPROVEMENT**

8.1 The Tayside Falls Prevention and Management Framework 2018-2022 has recently been developed and is currently out for consultation. This provides the infrastructure to monitor progress in the community, hospital and care homes towards preventing the incidence of falls and reducing the negative effect of falling on people who fall and their carers. The Framework is organised under four stages:

Stage 1 – Supporting active ageing, health improvement and self management to reduce the risk of falls.

Stage 2 – Identifying individuals at risk of falls and / or fragility fractures.

Stage 3 – Responding to an individual who has just fallen and requires immediate assistance.

Stage 4 – Co-ordinated management including specialist assessments.

This framework will be implemented in Dundee and stage 1 will be prioritised.

8.2 In addition to the Tayside Framework, there is recognition that more still needs to be achieved at a Dundee and locality level and the following actions have been prioritised:

- recognising the need to work more efficiently within existing resources including the strengthening of links with community / voluntary groups and broader stakeholders.
- discussions with Dundee College to start a project where students are trained in Otago and then with support from the community rehabilitation team, are able to implement it within care homes.
- the implementation of a home based Otago project for patients who are unable to attend the class.

## 9.0 AREAS FOR FURTHER ANALYSIS

The Dundee Falls Service will complete an audit of all patients with more than 2 hospital admissions as a result of a fall in order to identify if they were already known to the falls service; had a multifactorial assessment and had received support from the community rehabilitation team.

## 10.0 RISK ASSESSMENT

<b>Risk 1 Description</b>	The risk of not reducing the rate of hospital admissions due to a fall could affect; outcomes for individuals and their carers and spend associated with unscheduled hospital admissions if the Partnership's performance does not improve.
<b>Risk Category</b>	Financial, Governance, Political
<b>Inherent Risk Level</b>	Likelihood 3 x Impact 5 = Risk Scoring 15
<b>Mitigating Actions</b> (including timescales and resources )	<ul style="list-style-type: none"> <li>- The in depth analysis included in this paper and appendix will be used to inform senior managers.</li> <li>- The Tayside Falls Prevention and Management Framework will provide an infrastructure to monitor progress in the community, hospital and care homes towards preventing the incidence of falls and reducing the negative effect of falling on people who fall and their carers.</li> <li>- The priority areas for improvement (section 8.0) have been developed to reduce the rate of hospital admissions as a result of a fall.</li> </ul>
<b>Residual Risk Level</b>	Likelihood 3 x Impact 3 = Risk Scoring 9
<b>Planned Risk Level</b>	Likelihood 2 x Impact 3 = Risk Scoring 6
<b>Approval recommendation</b>	The risk level should be accepted with the expectation that the mitigating actions are taken forward.

## 11.0 POLICY IMPLICATIONS

This report has been screened for any policy implications in respect of Equality Impact Assessment and Risk Management. There are no major issues.

## 12.0 CONSULTATIONS

The Chief Officer, Head of Service - Health and Community Care and the Clerk were consulted in the preparation of this report.

## 13.0 BACKGROUND PAPERS

None.

Dave Berry  
Chief Finance Officer

DATE: 8 May 2018

Lynsey Webster  
Senior Officer

Stephen Halcrow  
Local Intelligence Support Team  
ISD Scotland