

Merton Falls Health Needs Assessment



Health Needs Assessment 2014/15
Public Health Merton
London Borough of Merton

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1. Executive Summary

Background

The Falls Health Needs Assessment (FHNA) was commissioned as part of the Merton Model workstream of the Merton CCG Better Care Fund for the purpose of analysing current and future falls prevention needs, identifying health inequalities and providing information for the development of a falls prevention pathway (from reactive intervention to proactive management). The FHNA will also inform the Merton CCG Falls Prevention Strategy.

Aims, objectives and methodology

The FHNA aims to:

- Describe the size and nature of the issue of falls in Merton in the 65 and over age group
- Describe the nature and extent of health inequalities in both uptake of and access to Falls Prevention Services (FPS)
- Identify evidence-based interventions and best practice for falls prevention in older people in the community
- Describe current health and social care provision and how this compares with best practice interventions
- Identify gaps in service provision and make recommendations about how to address them particularly in relation to reducing health inequalities

The FHNA includes an in-depth data analysis of epidemiological data, consultations with services users, service providers, and a review of the literature.

Why assess needs relating to falls in older people?

Falls are a major public health problem; they are preventable, costly, deadly and can be devastating. They often are caused by the interaction of many risk factors and lead to substantial morbidity and mortality in the older population (that is those aged 65 and above). A significant number of falls are never the result of a single reason but often a complex interaction of risk factors. The more risk factors a person has, the greater their chances of falling. Intrinsic risk factors include age gender, previous falls, muscle weakness, gait and balance problems. Extrinsic risk factors include dim lighting, slippery or uneven surfaces, improper use of assistive devices and obstacles or slipping hazards. The incidence of hip fractures increases exponentially with aging.

Evidence Based Interventions and Best Practice Regarding Falls

There is evidence that the most important consideration when it comes to commissioning and delivering falls prevention exercise is that there is no 'one-size fits all' solution. Programmes must be tailored to the individual in order to be effective, which means the exercise must be pitched at the right level and enable participants to progress. The National Institute of Clinical Excellence (NICE) as best practice for falls prevention for older people in the community recommends:

- Case/risk identification, multifactorial assessment and multifactorial interventions

- The recommended evidence-based exercise interventions include OTAGO exercise programme, Tai Chi, Moving for balance, FaME (Falls Management Exercise) and Postural Stability Instructor (PSI)

The Department of Health (DH) recommends that a systematic approach to falls and fracture prevention at a population level entails having four objectives aimed at four groups namely:

- **Objective 1-** Improving outcomes for hip fracture patients
- **Objective 2-** Responding to the first fracture by preventing the second in non-hip fragility fracture patients
- **Objective 3-** Early intervention for individuals at high risk of fragility fractures and;
- **Objective 4-** Keeping older people healthy, preventing frailty and reducing accidents

The Older Population of Merton

Overall the health of people aged 65 and over in Merton is better than the England average based on proxy measures such as Disability Free Life Expectancy (DFLE) at 65. Older people make up 12.3% of the population of Merton. The proportion of people aged 65 and over in Merton is predicted to grow by 14.7% in the next 10 years in line with the outer London growth rate of older people. The increase in older people represents an increase in demand for falls prevention services as well as health and social care resources to deal with the issue of falls. Of people aged 65 and older 44% are men and 56% are women, there are more older people in the west than the east of Merton but those in the east are more deprived.

Falls Prevention Services and Initiatives in Merton

In Merton there is a specialist falls services. This is an NHS led Sutton and Merton Community Services (SMCS) Falls Prevention Service (FPS) that accepts referrals from health and social care professionals only. There are a range of fall prevention initiatives in the form of keep fit and exercise classes provided by the voluntary sector namely Age UK Merton, Merton and Morden Guild of Social Service, and Wimbledon Guild. There are two Leisure Centres (Canons and Wimbledon Leisure Centre) and a pool Morden Park Pool which all provide concessionary membership fees for people of retirement age depending on the membership. There are initiatives provided by Merton Council as part of the strategy entitled "Celebrating Age – Valuing Experience" a strategy for people aged 50 and above including increasing physical activity in older people. There is currently no overarching falls prevention pathway or strategy in Merton.

How big is the Issue of Falls in Merton?

It is difficult to give an exact number of total falls that occur in Merton in a year as some go unreported, and falls are captured in different health and social care systems as different things i.e. in some cases only the injury and not the fall is coded. Therefore, various proxies are used to gauge the incidence such as hospital admissions and fractures. Hip fractures are often used as a proxy measure for falls as they are associated with higher cost and mortality than fractures of other sites. Projecting Older People Population Information (POPPI) estimates that that a total of 6579 falls occurred among older people in Merton in 2014. The Chartered Society of Physiotherapy (CSP) gives a conservative estimate of a total of 2714 falls that occurred during 2013/14 of which 1272 were mild and required no treatment, 1103 were moderate and required a GP appointment or outpatient attendance and 339 were severe and required an inpatient admission or care home referral. Modelled prevalence

based on the Age UK model bring the estimated number of falls in Merton to at least 6922 and this estimate is closer to the POPPI estimate. Using CSP modelled falls prevalence in Merton it is estimated that falls cost the CCG and Local Authority in excess of £3.3 million pounds.

Key points:

Where Merton is doing well:

- Merton's rate of emergency admissions for a broken hip in 2012/13 is the 13th lowest of 32 CCGs in London
- The rate for Merton residents who return to their usual place of residence following admission for a hip fracture (a proxy measure for availability and quality of community care and home-support services) is not significantly different to the London and England rate and similar to most of the comparators¹

Where Merton is not doing so well:

- The falls-related mortality rate in the people aged 75 and older for both men and women is second highest to all the 11 comparators²
- Merton is slightly below the national average in terms of the osteoporosis QOF indicator on the percentage of patients aged between 50 and 74 years, with a fragility fracture, in whom osteoporosis is confirmed on DXA³ scan, who are currently treated with an appropriate bone-sparing agent
- The Merton rate for admissions into care homes (a proxy measure for delaying dependence and preventing frailty) is higher than similar local authorities⁴ and the London rate. A lower rate is desirable. Delaying dependence and preventing frailty is part of a systematic approach to prevent falls at a population level
- Merton has a significantly higher rate of older people, older women and those aged 80 and above being admitted to hospital for falls related injuries compared to the England average
- The mortality rate from falls in women is higher than most geographical neighbours and all the statistically similar boroughs (actual numbers are very small; so caution should be observed when making inferences from the falls-related mortality data)

Other local trends in falls:

1. A significant majority of falls occur at home in Merton and such falls have been progressively increasing from 2009 to 2013

¹ Merton Comparators are a Geographical neighbouring boroughs i.e. South West London (SWL) boroughs namely: Wandsworth, Croydon, Sutton, Kingston and Richmond and the ONS Statistical cluster which is a cluster of boroughs that been classified into clusters based on similar characteristics <http://www.ons.gov.uk/ons/guide-method/geography/products/area-classifications/ns-area-classifications/index/cluster-summaries/health-areas/index.html>

³ A DEXA scan is a special type of X-ray that measures bone mineral density (BMD).DEXA stands for "dual energy X-ray absorptiometry". This type of scan is also often known as DXA, or "dual X-ray absorptiometry". It's also sometimes referred to as a bone density scan or a bone densitometry scan

⁴ The ASCOF develops a list of similar Local Authorities. Comparable local authorities are selected according to the Chartered Institute of Public Finance and Accountancy (CIPFA) Nearest Neighbour Model, which identifies similarities between authorities based upon a range of socio-economic and demographic indicators. Further information about the Nearest Neighbour Model can be found on the CIPFA website <http://www.cipfastats.net/resources/nearestneighbours/>

2. The second frequent location of falls is on the street or highway suggesting that at a population level environmental risk factors play a key role
3. The third frequent location of falls is in care homes and residential institutions suggesting that any falls prevention strategy would need to incorporate tackling falls in these settings

Key points for health inequalities:

There is an east and west divide

- a. There is a higher rate of older people being referred to the SMCS FPS in the west when compared to the rate of older people being referred to the SMCS FPS
- b. There is a higher rate of people attending A&E for a fall from the east part of Merton when compared to the west part of Merton
- c. In the east of Merton 7 out of 10 wards have a higher rate of falls related A&E attendances in 2013 when compared to the ward rate for referrals into the FPS in 2013. On the other hand in the west of Merton only 2 out of 10 wards have a higher rate of falls related A&E attendances when compared to the ward rate for referrals into the FPS in 2013
- d. More men in the east make a fall- related ambulance call out than the west
- e. All the above point suggest that there is greater need for fall prevention input in the East of Merton

Gender differences

- a. There are more women (in terms of population numbers) than men. There are 13,740 women as opposed to 10,983 men aged 65 and over in Merton. There is a higher prevalence of osteoporosis in women than in men therefore there is a greater need for falls prevention services for women in Merton
- b. There is a higher rate of falls in women than men shown by a higher rate of women than men who presented to A&E for falls between 2011-2013
- c. Abbey, Raynes Park, Merton Park and Dundonald are the only wards with a higher rate of men falling to women
- d. The rate of men falling in East Merton is higher than the rate of men falling in west Merton

There are identified hotspots and areas of greater need

- a. Abbey ward and Figges' Marsh were the wards with the highest rates of falls-related A&E attendances in older people in 2013
- b. The table below shows the areas that had a higher rate of falls-related A&E attendances in older people compared to referrals into the FPS in 2013 respectively. The table also includes wards with the higher rates of older people living alone. These are therefore deemed to be the areas of greater need:

East Merton Wards	West Merton Wards
Graveney Lavender Cricket Green Colliers Wood Longthorn Pollards and Figges' Marsh Abbey ⁵	Lower Morden Village Hillside ⁶

There is considerable variation between wards (health inequalities between wards)

- a. The rate of falls-related ambulance call outs varies markedly between wards
- b. The referral rates of Merton residents into the Sutton and Merton Falls Prevention Service also varies markedly between some neighbouring wards with similar concentrations of older people which suggests inconsistency of access opportunities

Other areas relating to health inequalities

- a. It was not possible to determine if there was proportionate ethnic representation in terms of accessing the SMCS FPS because the numbers were small and any rates would have been skewed
- b. The incidence of falls is higher in white women than other ethnic groups
- c. There is no correlation between deprivation and A&E attendances for falls suggesting that risk factors such as (living alone and gender) have a stronger association to A&E attendance than deprivation

Key findings from consultations with Service users

Three broad themes that emerged from consultations with service users were:

- Service users' understanding of the determinants of falls
- The Merton falls pathway
- Barriers to accessing falls prevention services

Service users' understanding of the determinants of falls

- There was generally good understanding of the determinants of falls in the older people of Merton attending falls prevention services across Merton
- Environmental risk factors were seen as the most influential risk factor to falls. There was a felt need for rigorous control of environmental hazards that lead to falls such as clearer or even paths and pavements and the availability of public seating or benches for elderly people to rest when they are out and about. This is in spite of the data showing that a greater number of older people in Merton fall at home than other locations.

The Merton Falls Prevention Approach

- There currently is no Merton Falls Prevention Pathway. There are elements of primary prevention being carried out by voluntary sector organisations, there is a specialist falls prevention service and a Fracture Liaison Service (FLS) but older people are not always

⁵ Ward with higher rates of older people living alone

⁶ Wards with higher rates of older people living alone

aware of the various Falls prevention services that are available in Merton which is a possible reason for the inconsistent access

- The case-finding approach (of people at risk of falls and in need of falls prevention interventions) is not proactive enough as often the triggers for referral are falls
- There was positive feedback on the quality of existing falls prevention services from those who had accessed the services. Where negative feelings were expressed, they tended to relate to a desire for longer access to falls prevention classes and the need for “step down” services following the conclusion of the allocated sessions in the specialist falls prevention service
- The provision of a comprehensive range of services that identify individuals at the earliest possible opportunity and provide on-going support beyond the prescribed length of current services was identified as the most pressing issue among service users
- The need for a greater focus on primary prevention and a more strategic approach to case-finding was also expressed by service users

Barriers to accessing falls prevention initiatives

- Transport issues such as the unavailability of subsidised taxis and varying levels of reliability on dial-a-ride were cited as barriers to accessing fall prevention initiatives/ services
- Reduced mobility and isolation for house bound patients was also cited as a potential barrier to accessing services
- Psychological barriers including the acceptance of falls as an inevitable part of aging and variation in motivation to participate in health seeking behaviour were also cited as barriers to accessing fall prevention initiatives i.e. the falls primary falls prevention services provided by Voluntary sector organisations

Key Findings from consultations with Service Providers

The overarching themes that emerged from the interviews were:

- Primary prevention and shared ownership of the issue of falls
- The referral process into the SMCS FPS
- Collaborative working and true integration

Primary prevention and shared ownership of the issue of falls

- Providers identified a pressing need for more collaborative working across sectors to facilitate a whole systems approach to falls prevention. This approach would serve to raise the profile of falls as a priority among professionals who have contact with the older population and would increase opportunities both for case finding and referral between services. Primary prevention would also entail robust health promotion and encouraging physical activity among older people
- There is insufficient case finding particularly in Primary Care with only 30% of referrals into SMCS FPS coming from General Practitioners (GPs) whereas in neighbouring boroughs such as Wandsworth referrals from GPs are 60%

The referral process into the SMCS FPS (the specialist falls service)

- Barriers to accessing the SMCS FPS cited include the lack of a self – referral route, and the referral forms being “complicated and requiring a considerable amount of falls risk assessment at the point of referral”

Collaborative working and true integration

- As falls are the result of the interaction of multiple risk factors, the issue of falls prevention needs to be “de-medicalised” and a joint and integrated approach needs to be taken by the CCG and the Local Authority to promote physical activity among older people, to provide health promotion and preventing frailty and accidents (Objective 4 of the DH systematic approach to fall prevention at a population level)
- There is a need to strengthen links with the Fracture Liaison Service (FLS) that provides an opportunity for secondary prevention and avoiding the next fracture; particularly for those with fragility non- hip fractures which tend to precede hip fractures

See the following tables below:

- The Merton Falls Prevention Landscape and ;
- Falls Prevention Standards and Guidance, Merton Gaps and Recommendations

THE MERTON FALLS PREVENTION LANDSCAPE

<p>THE MERTON FALLS PREVENTION LANDSCAPE IN TERMS OF</p>	<p>PRIMARY PREVENTION - predominantly concerned with keeping older people fit and health. Services in Merton include:</p>
<p>1. PRIMARY</p> <p>2. SECONDARY AND;</p> <p>3. TERTIARY PREVENTION SERVICE AND INITIATIVES AVAILABLE</p>	<ul style="list-style-type: none"> • Keep fit classes provided by voluntary sector providers namely: <ul style="list-style-type: none"> ○ Wimbledon Guild of Service ○ Age UK Merton ○ Merton Vision ○ The Merton & Morden Guild of Social Service • MASCOT Telecare • London Borough OF Merton has a Strategy for older people • The Adult Social Care Ageing Well Programme • Canons and Wimbledon Leisure Centre • Morden Park Pool
<p>N.B. Some services provide both primary and secondary prevention, and secondary and tertiary prevention. The categories are not mutually exclusive</p>	<p>SECONDARY PREVENTION is principally concerned with preventing further falls, identifying those with previous falls and fragility fractures and ensuring risk factors are addressed. Services and initiatives in Merton include:</p>
	<ul style="list-style-type: none"> • The NHS specialist service- Sutton and Merton Community Services (SMCS) Falls Prevention Service (FPS) • MILES: Merton Independent Living and Engagement Service • St George’s, St Helier and Kingston Hospital Fracture Liaison Services • General Practice Osteoporosis Quality and Outcomes Framework • SMCS Community Rehabilitation Team (CRT) • The Older People’s Assessment and Rehabilitation Service (OPARS) soon to be HARI-(Holistic Assessment and Rapid Investigations
	<p>TERTIARY PREVENTION is concerned with managing the complications of falls to prevent disability and aid rehabilitation. Services available to Merton Residents include</p> <ul style="list-style-type: none"> • St. George’s fracture services, (Epsom and St. Helier South West London Elective Orthopaedic Centre) and Kingston Hospital fracture services • The above 3 Acute trusts’ Orthogeriatric services for older with hip fractures • SMCS CRT • SMCS FRS • SMCS OPARS

FALLS PREVENTION STANDARDS AND GUIDANCE, MERTON GAPS AND RECOMMENDATIONS

STANDARDS AND GUIDANCE PERTAINING TO	GAPS IN MERTON IN RELATION TO	HEALTH AND SOCIAL CARE RECOMMENDATIONS
<ol style="list-style-type: none"> 1. A POPULATION APPROACH TO FALLS PREVENTION AND; 2. FALLS PREVENTION FOR OLDER PEOPLE IN THE COMMUNITY 	<ol style="list-style-type: none"> 1. A STRATEGIC/WHOLE SYSTEMS APPROACH TO FALLS PREVENTION 2. GAPS IN SERVICES THAT ALREADY EXIST 3. SPECIFIC AREAS FOR IMPROVEMENT IN MERTON 	
<p>A population approach to falls prevention</p> <p>Falls and Fractures: Effective Interventions in Health and Social Care (Department of Health provides commissioning best practice). The guidelines state that a systematic approach at a population level for falls and fracture prevention entails the following four objectives:</p> <ol style="list-style-type: none"> 1. Improving outcomes for hip fracture patients 2. Responding to the first fracture by preventing the second in non-hip fracture fragility patients 3. Early intervention for high risk individuals at high risk of fragility fractures and; 4. Keeping older people healthy, preventing frailty and reducing accidents <p>At the heart of any integrated Falls Prevention strategy lies promoting physical</p>	<p>Gaps in the strategic/whole systems approach to falls prevention</p> <ol style="list-style-type: none"> 1. There is currently no integrated falls prevention pathway in Merton. While there are elements of (primary, secondary and tertiary) falls prevention, there is no comprehensive falls care pathway showing where each of the services fall along the pathway 2. There is a gap in collaborative working and stronger links across the services that provide elements of falls prevention 3. There is a gap in a focus on proactive prevention and early detection 	<p>Consider developing an integrated, comprehensive falls prevention pathway in Merton this would include the following steps:</p> <p>Step 1 – Ensure the existence of the function of overarching co-ordinator of falls prevention across health and social care</p> <p>Step 2 –Consider developing a directory of all available primary ,secondary and tertiary falls prevention services(i.e. all keep fit classes provided by the voluntary sector)</p> <p>Step 3 – Consider quality assuring and providing training for the primary falls prevention initiatives provided by primary care as well as bringing them under one banner of “Merton Falls Prevention”</p>

<p>Falls prevention for older people in the community</p> <p>NICE Assessment and Prevention of Falls in Older People (Guidance 161) states that a best practice pathway includes:</p> <ul style="list-style-type: none"> i. Case/risk identification ii. Multifactorial assessment iii. Multifactorial interventions iv. Evidence-based exercise interventions include OTAGO exercise programme, Tai Chi, Moving for balance, FaME (Falls Management Exercise)/Postural Stability Instructor (PSI) 	<p>Gaps in services that already exist</p> <ol style="list-style-type: none"> 1. There is no directory of available primary and secondary falls prevention services 2. There is no overarching lead function of an individual or service responsible for falls prevention across health and social care 3. There is marked variation between wards in terms of referral rates to the SMCS FPS, A&E attendance for falls and falls-related ambulance call outs 4. There is no method for the London Ambulance Service (LAS) to refer directly to the SMCS FPS 5. There is no self-referral route into the SMCS FPS 6. There are no links between pharmacies (to provide Medicine Use Reviews MURs) and the primary falls prevention services provided by the voluntary sector. <p>Specific areas for improvement in Merton</p> <p>1. The areas with greater need in Merton in terms of access to the SMC FPS and Variation in falls- related A&E attendance are:</p> <table border="1" data-bbox="734 1118 1070 1343"> <thead> <tr> <th>East Merton Wards</th> <th>West Merton Wards</th> </tr> </thead> <tbody> <tr> <td>Graveney</td> <td>Lower</td> </tr> <tr> <td>Lavender</td> <td>Morden</td> </tr> <tr> <td>Cricket</td> <td>Wimbledon</td> </tr> </tbody> </table>	East Merton Wards	West Merton Wards	Graveney	Lower	Lavender	Morden	Cricket	Wimbledon	<p>Consider incorporating specific measures in the Falls Prevention Strategy to address the areas requiring improvement that have been identified through the needs assessment namely :</p> <ul style="list-style-type: none"> - The rates of older women and those aged over 80 and above being admitted into hospital - The falls-related mortality in women and men as we - Robust tackling of hazards in the home as that is the most frequent location of falls in Merton - Robust tackling of hazards in the environment as that is the second most frequent location of falls as well as tackling of falls in Care and residential institutions in Merton as this is the third most frequent location of falls in Merton - Consider incorporating into the Falls Prevention Strategy an approach to reduce the variation between wards in terms of referrals into SMCS FPS, falls-Related A&E attendance, and falls-related ambulance calls out <p>Consider making the following changes to the services that currently exist:</p> <ul style="list-style-type: none"> - Allowing self referrals into the SMCS FPS to enable a more proactive approach to identifying those at risk of falls - Simplifying the referral form to the SMCS FPS to remove the barrier to some providers referring patients into the FPS and enabling direct referrals from the London Ambulance Service (LAS) to the SMCS FPS - Consider engaging with GPs to ensure continued improvement of the nationally reported osteoporosis QOF outcomes, to increase case finding particularly in the Merton hotspots and areas of higher need highlighted by the needs assessment <p>Consider adopting simple and consistent falls screening questions</p>
East Merton Wards	West Merton Wards									
Graveney	Lower									
Lavender	Morden									
Cricket	Wimbledon									

	<p>Green Colliers Wood Longthorn Pollards and Figges' Marsh Abbey</p>	<p>Village Hillside Trinity</p>		<p>that can be asked across health and social</p> <p>Consider quality assuring the current falls prevention initiatives provided by the voluntary sector and providing training to ensure they provide evidence based weight bearing exercises, furthermore bringing them under the barrier of “ Merton Falls Prevention” to ensure a consistent approach to falls prevention across Merton</p> <p>Consider embarking on a targeted opportunistic fracture risk assessment programme for all over 50s in Merton with Osteoporosis. (The costs of such a programme are in Appendix F) Costs can be reduced for such a programme by focusing on women over 65 and Men over 75 with osteoporosis.</p>
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