Harrow Falls Needs Assessment 2023

Contents

Tables:

Figures

Authors

Anna Kirk – Public Health Strategist, Harrow Council
Susan Willacy - Public Health Specialist Trainee, Harrow Council
Seb Baugh – Public Health Consultant, Harrow Council
Ayo Adekoya - Associate Director for Integration, Harrow Borough-based Partnership

Contributors

Sandy Miller – Principal Information Analyst, Public Health, Harrow Council
Patrick Simon –Apprentice Information Analyst, Public Health, Harrow Council

With thanks for their contributions to the qualitative research to –

Harrow Carers Association
St Pauls Church, South Harrow
The Sangat Centre, Harrow
Justyna Kacka, Social Prescribing Link Worker, Healthsense PCN, Harrow
Harrow Community Falls Service, Central London Community Healthcare
Harrow Bedded Care Network and Peter Singh, Head of Service Adults, Harrow Council
Faithlyn Isaacs, Acting Adaptation Service Manager, Harrow Council
Dr Hannah Bundock, GP, Healthsense PCN
Ursula Abiodun, Falls Clinical Nurse Specialist, Older People and Dementia Services, London North West University Healthcare NHS Trust
Paul Gleeson, Harrow Borough Commander, Fire and Rescue Service

Falls Needs Assessment Steering Group:

The group has overseen the development of the scope, and monitored and approved the recommendations and promotion of the report. The membership is as follows;

Anna Kirk – Public Health, Harrow Council
Susan Willacy - Public Health, Harrow Council
Seb Baugh – Public Health Harrow Council
Peter Singh, Adults Services, Harrow Council
Shaun Riley – Adult Social Care, Harrow Council
Hina Shah – Harrow Community Falls Team, Central London Community Healthcare Trust (CLCH)
Dawn Sines – Age UK Harrow
Alex Buckmire/Rachel Wright – Voluntary Action Harrow

Executive Summary

The aims of this Needs Assessment were;

- to assess the current provision of falls services in Harrow, and user experiences of this
- to review the current needs of the population in terms of falls, including falls primary, secondary and tertiary prevention
- to assess current need, including unmet and unrecognised need and look to the future to assess future needs
- to make recommendations to improve the pathway to prevent and treat the occurrence of falls in the Harrow population which will inform commissioning intentions

Falls are a significant problem which can have devastating effects on the individual's quality of life, resulting in high levels of both morbidity and mortality. They can also cause significant pressure on health and social care systems.

Falls are far more common in the elderly and frail, and Harrow, like many areas within the UK has an aging population. Furthermore, Harrow had a significantly higher rate of falls requiring emergency admission than that of both London and England.

Falls have been listed as a priority globally, nationally and locally and this needs assessment aims to provide important intelligence to describe the local need and current services for Falls to future inform both prevention and management.

The Community Falls Service provided in Harrow by Central London Community Healthcare NHS Trust and performs a multiagency assessment on those referred in, most commonly from the acute services after a significant fall.

Access to primary prevention of falls in Harrow has been found to has been found to be limited. Primary care and Public Health are working on a Postural Stability Instruction intervention which provides systematic falls prevention in the borough by identifying those as risk of falls and providing early intervention in a targeted way. The appetite was high for increasing awareness of ways to prevent falls in the community in both professionals and residents.

Summary findings

The need and projected need in Harrow:

- Harrow has higher than London and National rates of falls requiring hospital admissions. With women over 80 years old 22% are more likely to be admitted with falls that their male counterparts. Women in the borough also have a lower Healthy Life Expectancy than men and are more likely to fracture their hip after a fall. This is important when considering preventative services.
- The predicted number falls for Harrow indicates nearly a 50% increase by 2040. Predicted hospital admissions related to falls for Harrow in 2040 show a 52% increase. This equates to an estimated 16,000 falls and 2,000 hospital admissions. As noted below the costs of these run into the thousands per person in medical costs alone and therefore even preventing a small number would equate to a significant saving.

Services following a fall:

- The Harrow Falls service has good capacity and sees patients usually within 1-2 weeks of referral. It has a multi-disciplinary team including physiotherapists, occupational therapists and a medical consultant for the medical reviews. The service sees only those who have presented for medical treatment following a fall.
- The qualitative research undertaken with groups +65 reported the majority of residents who had fallen had either not reported, or had not been referred to falls specific services.

Prevention of falls occurring;

- The qualitative research reported the offer in Harrow of interventions in the community that prevent falls such as; tai chi or strength and balance classes is patchy. This appears to be worse since the Coronavirus Pandemic, when some services previously available had changed or stopped.
- The majority of qualitative participants reported they did not participate in prevention activities.
- Nearly all residents spoken to had not had falls prevention raised by professionals during appointments on their health or care. NICE guidance CG161 recommends people in contact with healthcare professionals should be asked routinely whether they have fallen in the past year and asked about the frequency, context and characteristics of the falls[1]
- There was low awareness of services to improve strength and balance among professionals providing services and with residents.

- There is motivation in the community for preventing falls, with many residents' keen to take part in activities that would make them feel steadier on their feet and prevent falls.
- Harrow community sector venues such a 'Warm hubs' have potential for supporting awareness and interventions on falls. Many Harrow residents were engaged with their local community sector hubs for support and social groups which provide a potential resource to promote health and wellbeing across the borough.
- Northwick Park Hospital has a Falls Clinical Nurse Specialist who leads work to prevent falls through established processes and governance
- Primary Care in Harrow are unlikely to complete Multi Factorial Falls Risk Assessments due to time constraints however GPs will refer patients to the Falls service if they feel there is a need.
- There is limited knowledge of services to prevent falls among acute and primary care services. Falls are not routinely recorded in social care case recording systems. Pathways to these services should consider quick and easy coding and referral mechanisms.
- Harrow Fire and Rescue service complete over 33 Home Fire Visits each month and encounter issue related to falls such as hoarding.

This needs assessment also highlighted;

- Care homes had large numbers of falls and high numbers of ambulance call outs due to falls and this is a potential area for preventative action. Preventative work is already in place either via the Falls Service or from the care homes themselves, however coordination of this could be improved.
- Practical considerations are crucial when reducing the barriers to prevention interventions; location and transport were described by participants as major motivators for the over 65 cohort to engage with a programme
- Barriers to engagement reported by the research included visual, hearing or language barriers. Consideration of cultural aspects may be important also such as single gender classes.

As a result of the above we have made the following recommendations, which will require integration across primary and secondary health and care, including NHS, Harrow Council services and the community and voluntary sector.

Recommendations

(The partner agency leading on each recommendation is suggested in brackets following the recommendation and where there is no agency this will be discussed at the Falls Needs Assessment Steering group)

Overarching

1. A strategic falls partnership should be developed including membership from:

- Borough Based Partnership
- Harrow Council Public Health
- North London Hospital NHS Trust
- Harrow Community Falls service – Central London Community NHS Health Trust
- Adult Social Care
- Age UK
- Harrow Carers
- Harrow PCNs
- Community Pharmacy
- A representation from personalised care eg. Social prescribing
- A representation from care settings providers

The remit of this group should be to ensure the dissemination of this report to a wide range of stakeholders to be decided by the steering group, delivery of these recommendations and develop a falls strategy including a specified falls pathway.

2. Clear governance of this group and the resulting responsibilities for work on falls should be established and the alignment with the Frailty workstream should be considered.

Prevention of falls

3. A Harrow falls pathway should be developed using the WHO Falls Task Force (2022) Risk Stratification tool as an evidence framework and NICE guidelines. The pathway should identify patients at most risk of falls and these should be offered targeted falls prevention such as postural stability instruction using learnings from the Harrow Falls prevention pilot results.

4. To ensure there is an equitable and evidenced based prevention offer in Harrow the recommendation is to develop a proposal to increase capacity for free or low cost evidenced based strength and balance training for people identified at risk of falling.

The recommendation is that opportunities are spread equitably across the borough and are effectively promoted among all our target communities.

Within this consideration should be given to the following barriers reported by the research;

a. To ensure opportunities are on a choice of days to reduce barrier for people with caring responsibilities
b. To use of existing settings that residents know and are accustomed to travelling to such as warm hubs or community centres
c. To combine and emphasise in promotion of sessions the social aspect and the education element
d. To consider further barriers observed: transport to the venues, language, hearing, visual exercises, male and female options.

5. To work with stakeholders to embed workforce capacity in frontline services such as social care, primary care, housing, fire service, community pharmacy to ensure staff are;

- aware of a 'Harrow falls gold standard' to ask all older people if they have fallen or have a fear of falling

- equipped with the skills and information to raise the risk of a fall and effectively promote falls prevention services; so that residents over 65 are regularly asked if they have fallen or have a fear of falling. This should be considered as part of the Making Every Contact Count programme

6. To develop one accessible source of information for everyone to access to improve awareness of services to prevent falls and ways to stay active which highlight free and low cost options, options for low mobility and people with disabilities, and also emphasises the positive social benefits of group sessions (Public Health)

7. A Harrow 'Falls communication plan' should be developed which sets out a multi-agency approach and uses innovative channels of media to reach carers and families of older people to promote falls prevention. As part of this plan literature should be developed with stakeholders to provide clear advice on how to prevent falls in the home and what to do if you have one. (Falls Strategy Group)

8. Northwick Park Hospital should approve the proposed policy to include Falls Prevention in the Trust induction and through a partnership with Harrow Public Health team also promote access to community based Strength and Balance opportunities as part of the Falls Prevention policy (London North West University Hospital Trust).

9. To develop a local guide including best practice and guidance to ensure effective and systematic prevention of falls in Harrow care homes and consider collaboration with falls team to create standard offer including a review of discharge procedures following a fall.

10. To work with frontline services such as social care to improve the reporting of people at risk of falls or who have fallen so that the pathway to preventing falls can be implemented and recorded.

Treatment following a fall

11. To complete a review current Community Falls Service provision model and include;
- outcomes measures and systematic recording of outcomes
- the model of provision against clinical guidelines including allowing longer treatment periods and therefore increased capacity for prevention of further falls and training.

12. A plan to improve the recording and collation of falls possibly using WSIC to be developed and monitored by the falls strategic group to enhance intelligence around when people in Harrow have falls, and provide accurate needs based intelligence for service design and provision.

1. Introduction

Falls and fractures in older people are often preventable and doing so prevents significant burden of ill health to individuals and the local and national health services.

Falls are defined by the World Health Organisation (WHO)as: coming to rest on the floor or lower level, not due to an intrinsic event such as a stroke, or due to major hazard. The causes of falls are usually multifactorial. Common factors in falls include:

- Musculoskeletal problems
- Balance Issues
- Visual problems
- Polypharmacy
- Medical conditions
- Environmental conditionals (hazards in the home or when walking) [2]

In the UK hip fractures alone account for 1.8 million hospital bed days and £1.1 billion in hospital costs every year[2] , with one in 45 hospital beds in England is estimated to be occupied by patients recovering from hip operations[3]. The risk of serious injury is influenced by factors such as bone health (and specifically Osteoporosis), frailty and other comorbidities. Osteoporosis can lead to fragility fractures, meaning a fracture from a force which would not cause a break in healthy bone. The total annual cost of fragility fractures to the UK has been estimated at £4.4 billion which includes £1.1 billion for social care; hip fractures account for around £2 billion of this sum[i].

Osteoporosis is more common as people get older and in older women. This is also a potentially treatable/preventable condition if diagnosed, with medications such as calcium and bisphosphonates.

Harrows over 65 population as of 2021 is 40,200 (17.65) as per most recent census data (ONS data). Those over 65 have a 30% chance of falling but this increases to 50% for those over 80 falling at least once a year[1]. The over 65 population is projected to grow by 40% over the next 20 years so accordingly the falls numbers are likely to increase.

Harrow had over 1000 admissions due to falls in 2020-2021, and 175 hip fractures (most of these notably over the age of 80). National data shows mortality following a hip fracture is high about 10% of people with a hip fracture die within 1 month, and about one third within 12 months[4]. The costs associated with hip fractures are high, with hospital costs along averaging £13000 in the year after fracture, which doesn't consider those costs of the wider medical and social care[5].

A study by the king's fund looking at the wider costs of falls noted although the acute costs such as hospital and acute community care do move back to baseline over the year after a fall, the higher post fall social care costs remain long-term, reflecting the more intensive care which is often required as a consequence of a fall[6]. Only a minority of those who have fallen will completely regain their pre fall abilities and a quarter will need long term care[3].

Falls reduction services, such as those including exercises, have shown benefit in preventing and reducing falls[7]. National Institute of Clinical Excellence (NICE) guidance advised that all over 65-year-olds who fall and are admitted to hospital should be offered multifactorial assessment during their stay, and offered assessment of their community based falls. The service is provided Harrow Falls Service (CLCH) based at Northwick park. Similarly, those presenting with balance or gait problems should be offered a similar assessment routinely. Older people in contact with healthcare should be routinely asked about falls[8].

2. Policy Context

2.1 Global

United Nations and WHO

The United Nations (UN) General Assembly declared 2021–2030 the UN Decade of Healthy Ageing and asked World Health Organisation (WHO) to lead the implementation. The UN Decade of Healthy Ageing (2021–2030) seeks to reduce health inequities and improve the lives of older people. This includes reducing falls and they have updated guidance on falls prevention and response in the form of step safe guidance. The WHO was asked to lead on implementation of this[9].

Via this they are focusing on 4 key areas:

1. Age friendly environments
2. Combatting agism
3. Integrated care
4. Long term care

The WHO estimates 684,000 fatal falls occur each year, making it the second most common type of unintentional injury deaths worldwide and £37 million falls are estimated to occur which require medical attention[10].

They recommend prevention via:

- Gait, balance and functional training
- Tai Chi
- Home assessment and modifications
- Reduction or withdrawal of psychotropic drugs
- Multifactorial interventions (individual fall-risk assessments followed by tailored interventions and referrals to address identified risks)
- Vitamin D supplements for those who are Vitamin D deficient

The WHO have also created the step safely package to guide on prevention of falls across all ages[11].

World Falls Taskforce

The World Falls Task Force published their guidance on falls in 2022. This was a collaboration of experts across 39 different countries. This focused heavily on prevention recommending:

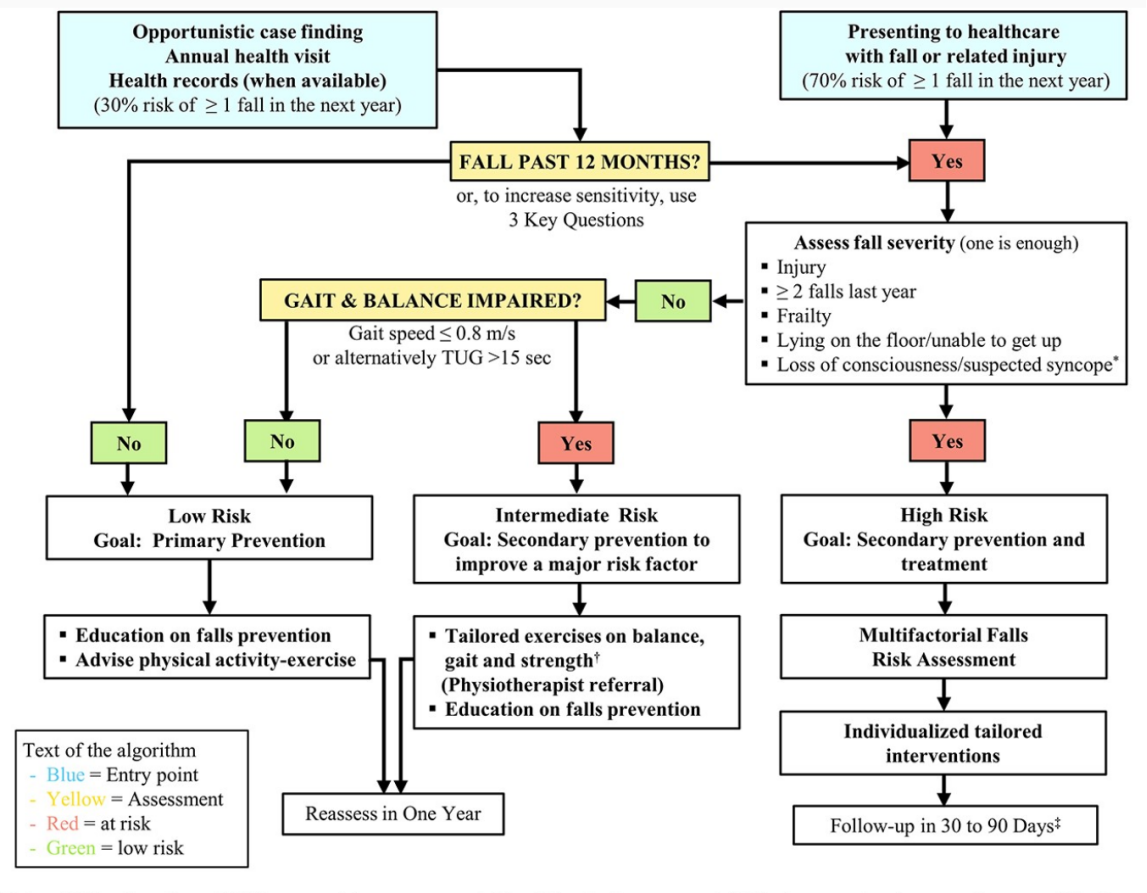
- All older adults should be advised on falls prevention and physical activity.
- Opportunistic case finding for falls risk is recommended for community-dwelling older adults.
- In care homes and hospital settings all older adults should be considered as high risk
- Those considered at high risk should be offered a comprehensive multifactorial falls risk assessment.

There guidelines recommend stratifying your older age population into

- Those at low risk of falls who should be offered education and exercise for falls prevention
- Those of moderate risk who should be offered targeted exercise or a physiotherapist referral in order to improve balance and muscle strength
- Those considered high risk should be offered a multifactorial falls risk assessment

The risk stratification recommended is as the diagram below;

Figure 1 Diagram showing WHO recommended risk stratification of community older adults for falls. [12]



2.2 National

The National Falls Prevention Coordination Group (NFPCG) is made up of organisations involved in the prevention of falls, care for falls-related injuries and the promotion of healthy ageing. It was created with the aim of coordinating and supporting falls prevention activity in England and first met in 2016. They recommended a number of similar items for local areas to improve their Falls prevention;

- promote healthy ageing across the different stages of the life course
- optimise the reach of evidence-based case finding and risk assessment
- an appropriate response attending people who have fallen

- ensure that local approaches to improve poor or inappropriate housing prevention and promote healthy ageing
- be able to demonstrate actions to reduce risk in high-risk health and residential care environments
- provide fracture liaison services in line with clinical standards including access to effective falls interventions when necessary
- have a strategic lead and governance body with oversight and assurance of falls, bone health and related areas including frailty and multimorbidity[13]

Falls: applying All Our Health: Office for Health Improvement and Disparities (OHID) guidance was published in February 2022 and based on the above recommendations advised[2]:

- *For front line health and care professionals*
  i. Asking and actively looking for falls risks
  ii. Understand local referral pathways
  iii. Supporting health aging including reducing risk factors for falls
  iv. Provide up to date information on falls
- *Community health and specialist services*
  i. Considering their role in primary falls prevention and encourage healthy activity and diet
  ii. Develop community links
  iii. Ensure inpatient care in line with national standards.
- Senior or strategic leaders should be aware of interventions at population level
  i. Understanding local population demographics and service provision
  ii. Influence relevant parties to ensure falls prevention is a priority.
  iii. Promote physical activity and strength and balance exercises
  iv. Ensuring alignment of appropriate services

2.3 National Institute of Clinical Excellence (NICE) guidance on the treatment and prevention of falls

NICE-Falls in older people Quality standard 2015[14]:

This covers the prevention of falls and assessment after a fall in people aged 65 or over and was updated in 2017. These quality standards enable stakeholders, including commissioners and providers, to benchmark their services against the evidence based standards. This is designed to ensure those who have fallen or at risk of fallen are treated to the highest available standards. The NICE recommendations mirror OHID and WHO guidance.

NICE: Falls in older people: assessing risk and prevention; Clinical guideline [CG161][1]

NICE clinical guideline CG161 covers assessment of fall risk and interventions to prevent falls in people aged 65 and over. It aims to reduce the risk and incidence of falls and the associated distress, pain, injury, loss of confidence, loss of independence and mortality. The guidelines are for healthcare professionals or anyone working with people at risk of falls.

CG161 includes recommendations on:

- Case risk and identification-older people in contact with health professionals should be routinely asked about falls, and those in contact with older people should be educated about falls risk and prevention
- Strength and balance training for those at risk of falls
- Promotion of falls prevention programmes and ensuring these are designed to enhance participation by local residents
- multifactorial risk assessment of older people who present for medical attention because of a fall, or report recurrent falls in the past year
- multifactorial interventions to prevent falls in older people who live in the community
- multifactorial risk assessment of older peoples' risk of falling during a hospital stay
- multifactorial interventions to prevent falls in inpatients at risk of falling

2.4 Best practice

Fire and Rescue pilot - Hull

Partners involved: Hull CCG, Humberside Fire & Rescue, Yorkshire Ambulance Service, Hull City Council and City Health Care Partnership (current community services provider) A team of 10 firefighters were selected received clinical training from healthcare experts ranging from paramedics, occupational therapists and physiotherapists. The team also received a higher level of safeguarding training and safety awareness. Due to the success of the trial scheme the team has

since been commissioned and is still in operation today. Quantitative impact has been difficult to size because of the way that falls are recorded in health datasets, but the following outcomes have been observed locally:

1. Reduced number of people requiring A&E attendance because of a fall
2. Reduced number of admissions avoided because of rapid response, and not having a long lie
3. Increased follow up from the therapy falls team
4. Better patient experience for those who have had a fall[15]

2.5 Regional

Greater London Authority

A report commissions by the Greater London Authority on Older Londoners and the London plan, acknowledging that older Londoners are the fastest growing demographic. This highlighted Falls as an issue, particularly with confidence and impacting mobility. They focused mainly on structural issues such as housing and ensuring spaces are safe and considering appropriate housing adaptations when needed[16].

Harrow -Health and Wellbeing strategy 2022-2030

In Harrow's current Health and Wellbeing strategy[17] 'Age Well and promoting healthy aging is one of the key focus areas. Falls were identified as priorities within this as part of creating a frailty model for those at highest risk of poor outcomes. Monitoring hip fractures and those remaining at home after hospital discharge were identified of indicators for this pathway, both important to falls and their management. Work has already begun on a Falls prevention pilot using a population health targeted approach discussed in detail below.

3. Aims and scope of Falls Needs Assessment

3.1 Scope

This health needs assessment aims to identify the current rates of falls in Harrow and estimate the unmet need present, as well as look at projections for future need. We will review the current falls provision, and with reference to best practice and other regional examples. With both stakeholder and user engagement we hope to better understand the experiences of those requiring services and how this can be improved. Furthermore, we will look to make recommendations for both preventative and services and falls care provision.

3.2 Aims

1. Identify the numbers of falls in Harrow, both receiving care or remaining unreported at best estimate
2. Look at the associated morbidity and mortality associated with this (i.e. injuries/hip fractures)
3. Review current falls service provision and use
4. Review current prevention model and access
5. Identify projected need in the next 10-20 years
6. Gain qualitative data from users of and providers of services to treat and prevent falls on their experiences of the pathway
7. Collate data and state conclusions
8. Review current guidelines and best practice to inform recommendations
9. Make recommendations with key stakeholder input
10. Develop a plan to disseminate findings to stakeholders
11. Look at implementation across provider partners

4. Methods

4.1 Quantitative data:

A range of both routine data and Harrow specific falls data have been gathered to create a picture of the need and the sources are as follows;

1. OHID data on Harrow population, Hip fractures, osteoporosis, emergency admissions, life expectancy, healthy life, projected populations expectancy
2. Data from Harrow Community Falls service usage and capacity
3. Care home falls data
4. Data on LAS calls due to falls in care homes and conveyances to hospital
5. Projecting Older People Population Information System POPPI data on falls/projected falls
6. Whole System Integrated Care data
7. Acute trust data
8. Data from a recent Falls prevention pilot of risk factors and falling

4.2 Qualitative data collection:

The views and experiences of potential service users (those +65), their relatives and carers, and professionals who are involved in the prevention and management of falls was sought using mixed methods of focus groups and interviews. A pragmatic approach was adopted to gather the information with the authors of this report attending groups such as warm hubs and professional networks to gather informal focus groups to collect information using a series of questions and prompts. For more detail on the approach and results please see section 8.

5 Need in Harrow

5.1 Population at risk of falling

NICE have defined people at risk of falling as:

- all people aged 65 or over;
- people aged 50 to 64 who are admitted to hospital and are judged to be at higher risk of falling due to an underlying condition.

Based on the 2019 mid-year census population estimates, Harrow has a population of 251,160. Table 1 shows the number of people aged over 65 within the borough is 39,988; 15.9% of the total population. People aged between 65 and 79 account for 70% of the population aged 65 and over. Females makes up a larger proportion of each age bracket, and this proportion increases with age.

Table 1: Population aged 65 and over across Harrow by gender[18]

Age	Male	% male	Female	% female	All
65-69	5500	47.8%	6000	52.2%	11500
70-74	4500	45.9%	5300	54.1%	9800
75-79	3300	45.2%	4000	54.8%	7300
80-84	2500	43.9%	3200	56.1%	5700
85-89	1500	41.7%	2100	58.3%	3600
90+	700	33.3%	1400	66.7%	2100

Table 2: Estimated numbers of over 65 living alone male and female and projected numbers in Harrow [19]

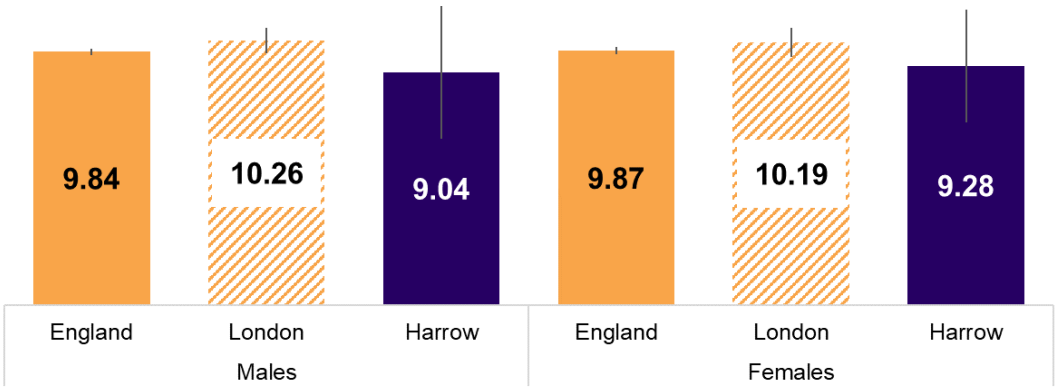
	2020	2025	2030	2035	2040
Males aged 65-74 predicted to live alone	2,060	2,260	2,500	2,600	2,620
Males aged 75 and over predicted to live alone	2,465	2,842	3,219	3,654	4,118
Females aged 65-74 predicted to live alone	3,248	3,509	3,828	4,002	3,973
Females aged 75 and over predicted to live alone	5,350	5,950	6,500	7,250	8,000
Total population aged 65-74 predicted to live alone	**5,308**	**5,769**	**6,328**	**6,602**	**6,593**
Total population aged 75 and over predicted to live alone	**7,815**	**8,792**	**9,719**	**10,904**	**12,118**

Figures may not sum due to rounding

Figure 1: Healthy life expectancy at age 65 across Harrow London, and England by Gender[20]

Looking at this data it is notable that Harrow residents at age 65 have shorter than both London wide and country wide healthy life expectancy, which is more marked in women with a difference of 3 years compared to the London average. The data below on disability free life expectancy shows a similar trend, though the differences for women appears less marked.

Figure 2: Disability free life expectancy at 65 by gender in Harrow, London and England[19].



5.2 Falls and fractures in Harrow

The data presented in this section acknowledges the met need of falls within Harrow – meaning the people who have a fall and required medical treatment. There is however an unmet need as the vast proportion of people who fall will not interact with health services directly and therefore, this information and data will not be captured in the picture presented here.

The rates of falls resulting in an emergency hospital admission are shown in figure 3 by age band and area. The 95% confidence intervals reveal that Harrow's rate is statistically higher than both England and London for all age bands. The figure also reveals the higher rate of hospitals admissions due to falls in the age band 80 and over. Within Harrow, this rate is fourfold when compared to people aged 65-79. This demonstrates the higher risk of injury and hospital admission when falling in those aged 80 and over and must be considered when planning future services.

Keeping people healthy and well at younger age will also have an impact on falls rates in those aged 80 and over. Rates are significantly higher in Harrow when compared nationally and to London. Additionally, Harrow has an aging population with the 65+ population set to increase by

42% in the next 20 years, due consideration must be given to the potential future demand on services and need within the borough.

Figure 3: Emergency hospital admissions due to falls by age band 65+, 65-79, 80 and over and total in Harrow, London and England: directly standardised rate – per 100,000 in 2020/21[19]

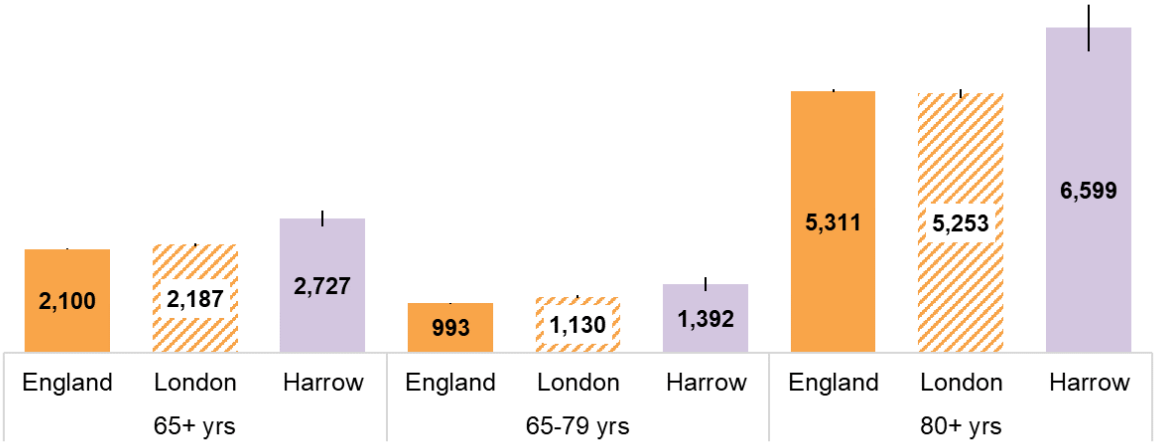
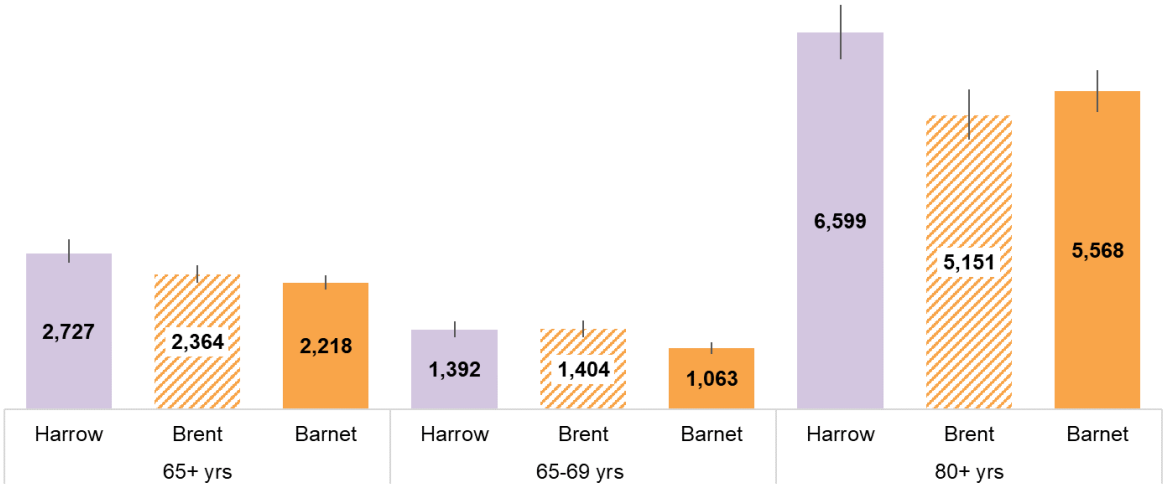


Figure 4 demonstrates the higher rates of falls experienced by our older population compared to neighbouring boroughs Brent and Barnet, particularly notable in our over 80 population where it appears to be a fifth higher than both our neighbouring boroughs.

Figure 4: Emergency hospital admissions due to falls by age band 65+, 65-79, 80 and over and total in Harrow, Brent and Barnet: directly standardised rate – per 100,000 in 2020/21[19]



When comparing emergency hospital admissions due to falls by gender, figures 5. and 7 show a statistically significant difference between male and female populations in the 65+ and 80+ age bands in Harrow. Figure 6 shows there is no difference between male and female emergency hospital admissions due to falls in the 65-79 age band. In the 65+ population, rates of emergency hospital admission due to falls is 22% higher in the female population when compared to males.

Figure 5: Emergency hospital admissions due to falls by gender in people aged 65 and over in Harrow: directly standardised rate – per 100,000 in 2021/22[19]

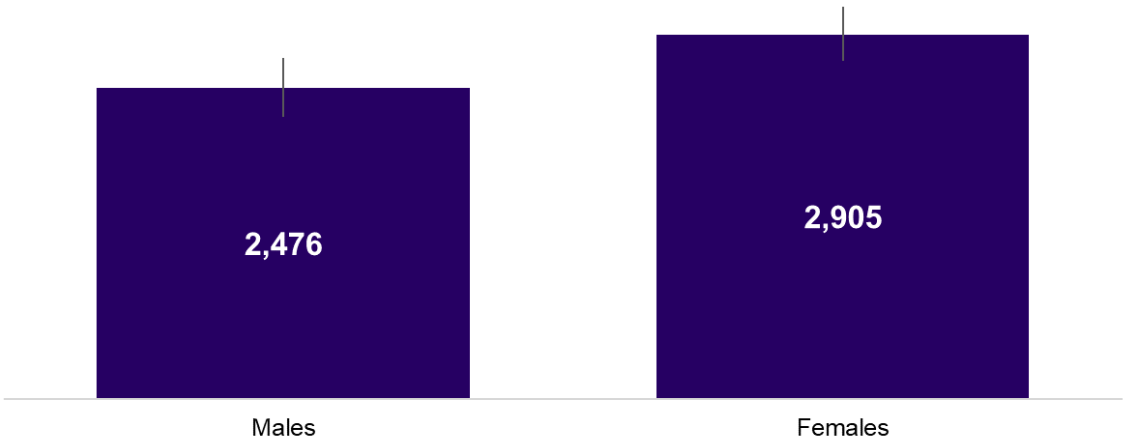


Figure 6: Emergency hospital admissions due to falls by gender in people aged 65-79 in Harrow, directly standardised rate – per 100,000 in 2021/22[19]

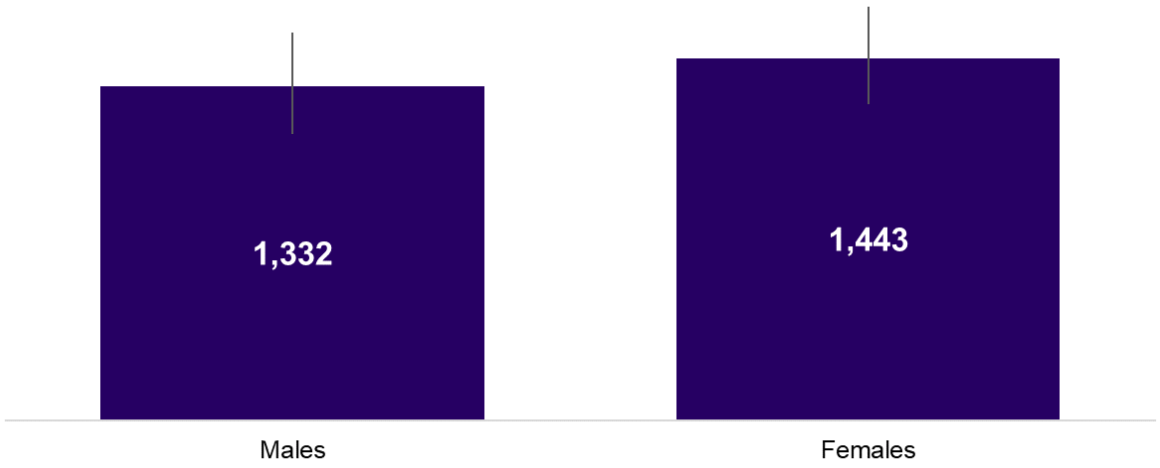


Figure 7: Emergency hospital admissions due to falls by gender in people aged 80 and over in Harrow, directly standardised rate – per 100,000 in 2021/22[19]

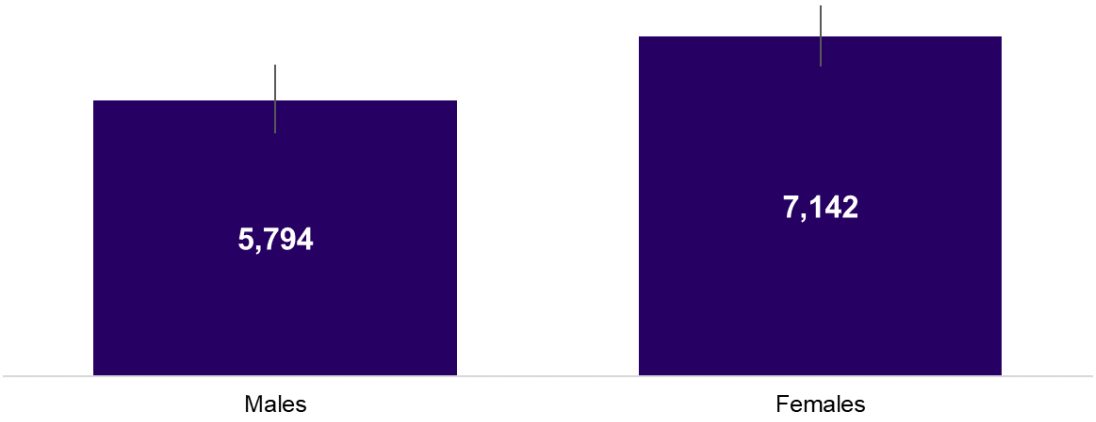


Figure 8: Emergency Hospital admissions due to falls age 65 and over in Harrow compared with England from 2010-2021- directly standardised rate per 100000[19]

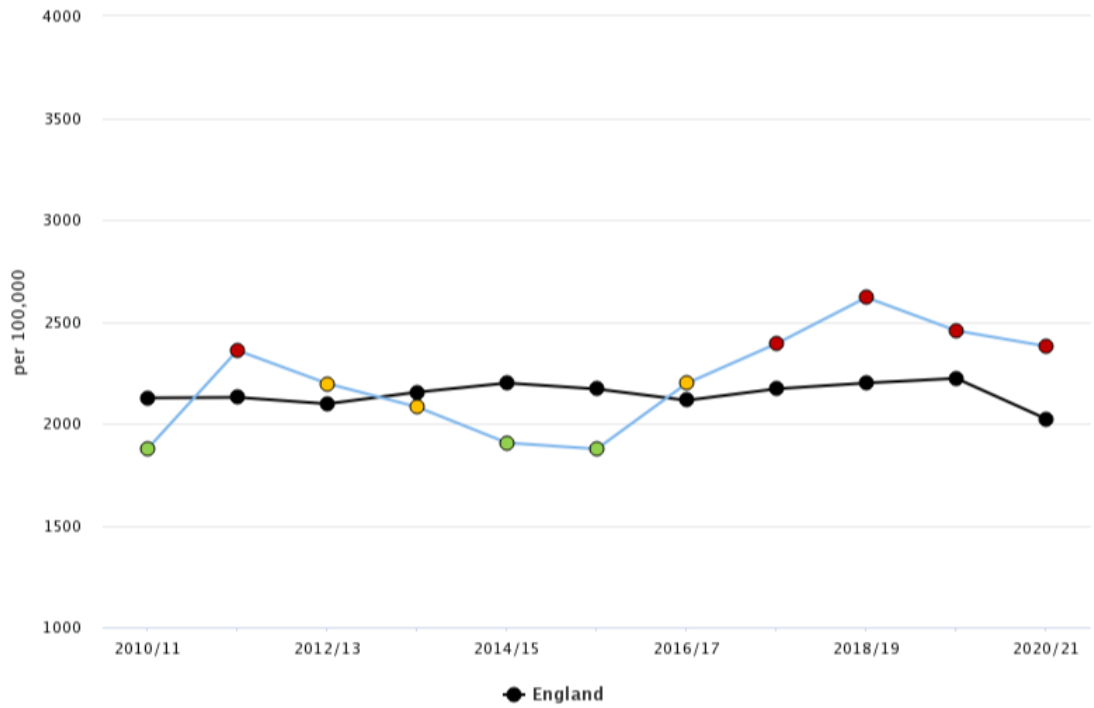


Figure 8 shows the trend of admissions per 100000 appears largely stable, and while slightly higher than the England average, seems to be broadly following a similar pattern in the last 5 years with a slight downtrend. That being said the population has increased so in absolute numbers these are climbing, which will put pressure on services unless they are expanding at a similar rate.

5.3 Hip fractures

The rate of hip fractures in Harrow is significantly lower than England rates, in all age bands, as seen in figure 9.

When comparing this data to London, figure 10, Harrow rates are lower again in all age bands.

Figure 9: Rate of hip fractures in people aged 65 and over, 65-79 and 80+ in Harrow with England as a benchmark; directly standardised rate – per 100,000 in 2021/22[19]

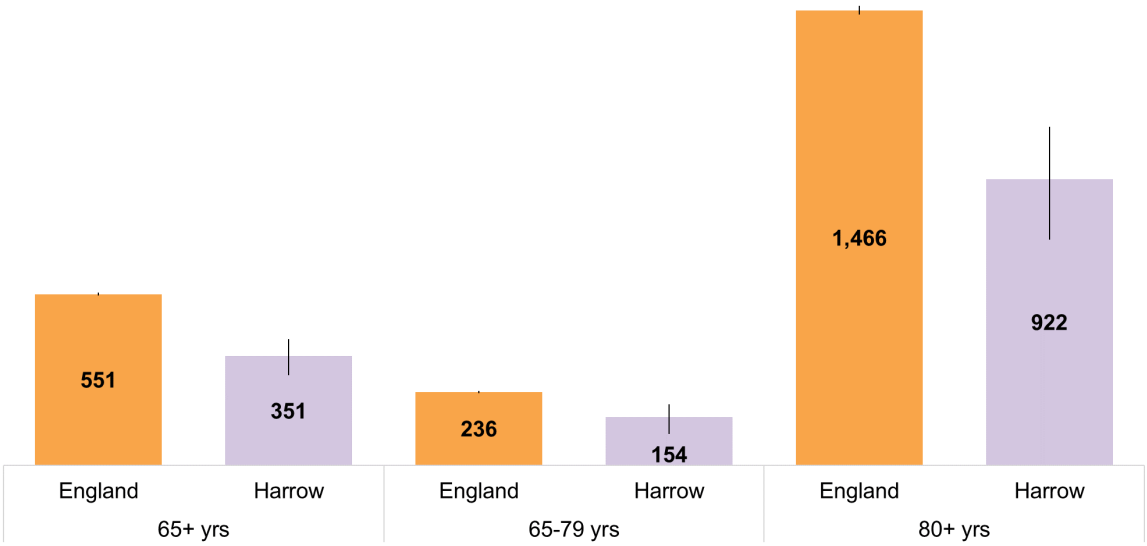


Figure 10: Rate of hip fractures in people aged 65 and over, 65-79 and 80+ in Harrow with London as a benchmark; directly standardised rate – per 100,000 in 2020/21[19]

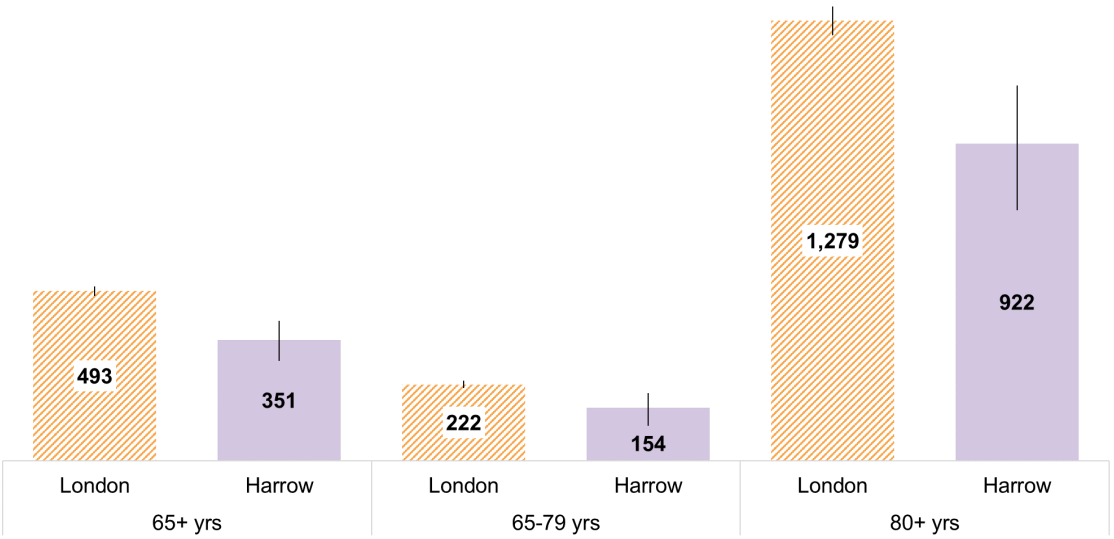


Figure 11 shows the trend for hip fractures for males and females aged 65 and over from 2010 to 2020/21. The trend lines tend to match each other's trends over time with a consistent difference over the ten-year period. However, in 2020/21 there was a narrowing of the difference between the two rates. This led to a difference that was not significant between the two genders in 2020/21 – figure 12. However, the year before, there was a significant difference between male and female hip fracture rates. The impact of covid restrictions may well have an impact on these figures. Females notably have a third higher rate of hip fractures compared to their male counterparts.

Figure 11: Rate of hip fractures in people aged 65 and over by gender, trend from 2010/11 to 2020/21, directly standardised rate – per 100,000[19]

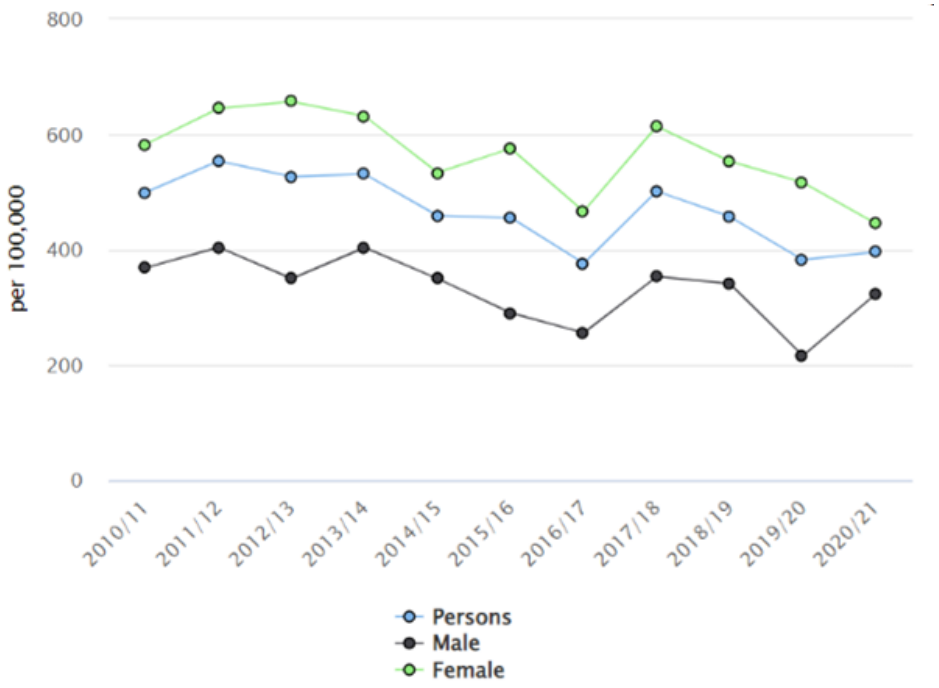


Figure 12: Rate of hip fractures in people aged 65 and over by gender, directly standardised rate – per 100,000 in 2021/22[19]

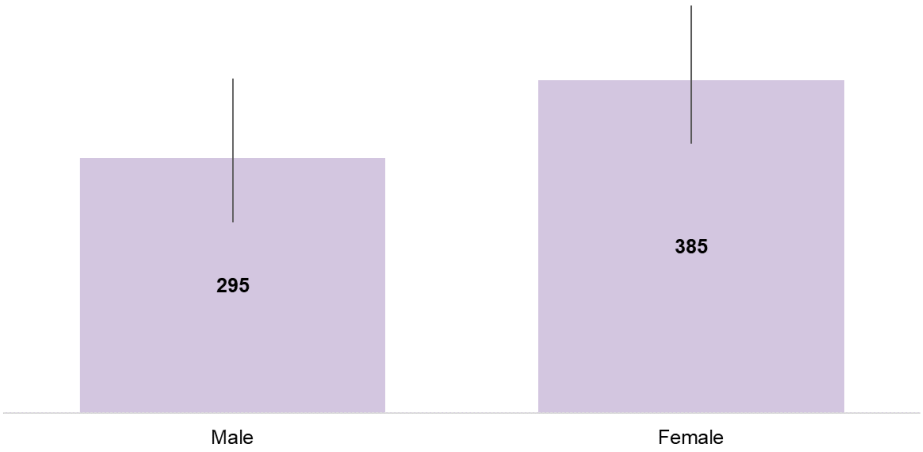


Figure 13 shows the trend for hip fractures for males and females aged 65 to 79 from 2010 to 2020/21. This reveals less of a difference between the two cohorts throughout the trend. Over that time period there are only two occasions that there is a significant difference between the male and female rates - 2012/13 and 2019/20.

Figure 13: Rate of hip fractures in people aged 65-79 by gender, trend from 2010/11 to 2020/21, directly standardised rate – per 100,000[19]

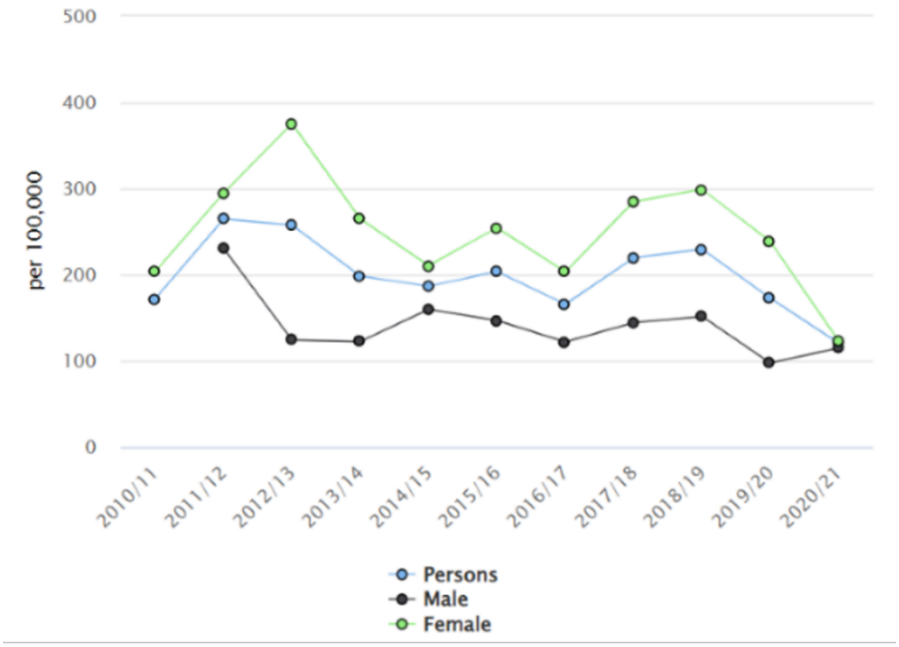
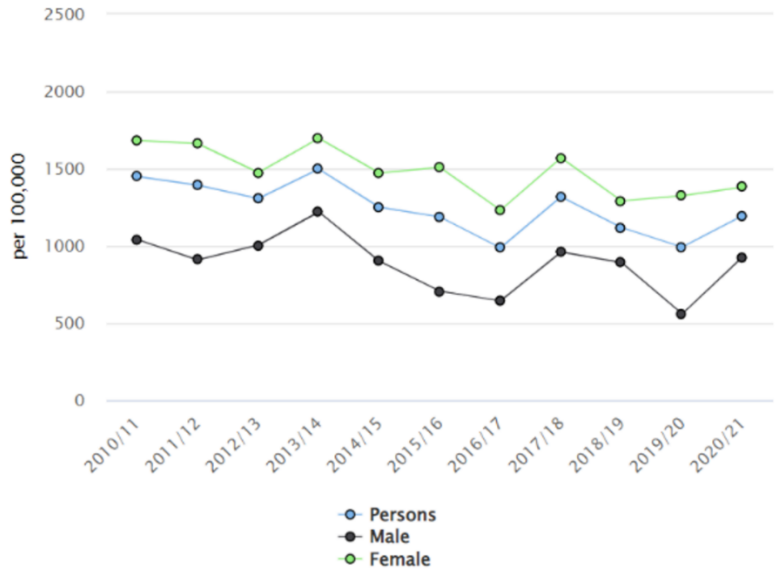


Figure 14 shows the trend for hip fractures for males and females aged 80 and over from 2010 to 2020/21. As might be expected, rates reveal this is the age group with the highest rates of fractures when compared to 65+ and 65-79. When comparing male vs female in this age band, there is

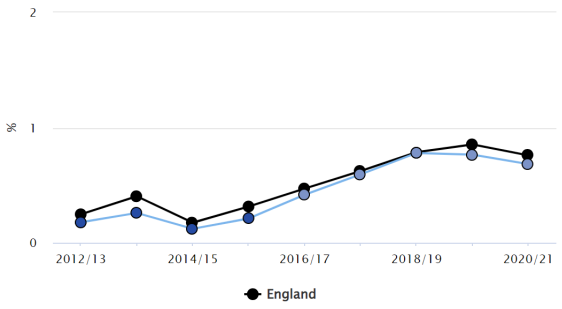
consistently a significant difference between the genders. Females frequently having rates twice that of males.

Figure 14: Rate of hip fractures in people aged 80 and over by gender, trend from 2010/11 to 2020/21, directly standardised rate – per 100,000[19]



5.4 Osteoporosis

Figure 15: Rate of Osteoporosis in Harrow compared with London and England 2012-2021[21]



Recent trend: Increasing

Period		Harrow Count	Value	95% Lower CI	95% Upper CI	London	England
2012/13		128	0.2%*	0.1%	0.2%	0.2%*	0.2%
2013/14		189	0.3%*	0.2%	0.3%	0.3%*	0.4%
2014/15		90	0.1%*	0.1%	0.1%	0.2%*	0.2%
2015/16		164	0.2%*	0.2%	0.2%	0.3%*	0.3%
2016/17		330	0.4%*	0.4%	0.5%	0.3%*	0.5%
2017/18		473	0.6%	0.5%	0.6%	0.4%	0.6%
2018/19		633	0.8%	0.7%	0.8%	0.5%*	0.8%*
2019/20		633	0.8%	0.7%	0.8%	0.5%	0.9%
2020/21		571	0.7%	0.6%	0.7%	0.5%*	0.8%

Source: Quality and Outcomes Framework (QOF), NHS Digital

Looking at the data above in figure 16, Harrows Osteoporosis rates are in line with London and England trend and rising at a similar rate. It is worth noting the London population is usually younger than that of England overall which may explain the slightly lower rates of Osteoporosis.

5.5 Falls in Care Homes

It is a challenge to capture falls in care homes as records are not linked to NHS records and many falls do not require medical input. An audit was completed of ambulance service call outs made from

Harrow care homes in 6 months April-September 2022. This reported 35 call outs during this period for falls and this is likely an underestimate of the number of falls as not all falls require an ambulance.

The care homes do however keep up to date records on the number of falls in their premises– four care home responded to the request for information and reported 42 falls in the last 12 months from a total capacity of 87 residents.

This data indicates there are high numbers of falls in care homes, not unexpectedly, and as discussed further down creates an opportunity for prevention.

5.6 Admissions at Northwick Park hospital

The below table shows the admissions at Northwick Park Hospital for which a fall was coded as the primary and secondary reason for requiring treatment. The data shows a consistent trend each month. These again represent a significant underestimate as only those admitted would be coded, and coding variation means some falls will remain unrecorded on this system .

Table 4 shows the number of falls in inpatients recorded during the same period.

Table 3: Admissions with Falls coded at Northwick Park 2022

Year	Month	Admissions
2022	Jan	254
2022	Feb	239
2022	Mar	270
2022	Apr	256
2022	May	259
2022	Jun	232
2022	Jul	259
2022	Aug	264
2022	Sep	265
2022	Oct	285
2022	Nov	248
2022	Dec	178
Total		3009

Table 4: Falls in inpatients in Northwick Park 2022

Year	Month	Inpatient falls

2022	Jan	160
2022	Feb	129
2022	Mar	174
2022	Apr	125
2022	May	130
2022	Jun	149
2022	Jul	164
2022	Aug	164
2022	Sep	159
2022	Oct	152
2022	Nov	143
2022	Dec	147
Total		1958

This highlights the high number of inpatients falls, which when considering the much smaller cohort of patients indicates a significant area of concern, and may need a specific tailored response due to the unusual circumstances which cause the fall, for example confusion acute illness, and new environment.

5.7 Adult Social Care

It is not possible to routinely identify people using social care who have had a fall, are at risk of falls, or have been referral to the Community Falls service, and as result we cannot draw any conclusions on this cohort of residents. A search of the free text information recorded during the 'three conversation model' approach is being undertaken and the results of this will be available in April 2023.

5.8 People at risk of falls in Harrow

Using a risk stratification approach to the Whole System Integrated Care dataset people with 3 or more risk factors of a fall were identified. This group was then analysed to compared their characteristics with the borough wide over 65s population ascertain if there were any demographic associations with an increased risk of falls. The findings indicate:

- Asian ethnicity is associated with a greater risk of falls while Black or Black British appears to be slightly protective in this cohort, with 12.6% versus 9.6% of the population respectively having 2 or more risk factors.

Figure 16: Patients with 2 or more risk factors by ethnicity (%)

- Female sex is also linked to higher numbers of risk factors with 13.3 compared with only 8.9 of the male population. This would be consistent with the higher levels of those risk factors in women generally.

Figure 17*: Patients with two or more risk factors by sex.*

- Deprivation did not have a clear relationship with risk factors for falls when analysed. This may be a true finding or relating to the sample size or other potential confounders such as healthcare seeking behaviour differences.

6 Projected Need in Harrow

A higher proportion of the population is aged 65 or over in Harrow when compared to the rest of London. It is essential to understand the future need and projected demand to ensure that services within Harrow are able to plan and are fit for purpose. Projecting both the future demography and predicted falls facilitates this process to ensure there is a thorough understanding of future need.

Figure 18 shows a projection of the population aged 65 and over by age band to 2040. This shows a 40% increase in the population aged 65+ during that time – an extra 17,000 people automatically at risk of falling due to their age. All age bands are set to increase to 2040, however, the most notable increases are in older age band. The 90 and over age band is set to almost double during that period until 2040. In the over 80s it is almost a 60% increase in people.

Figure 19 shows the predicted number falls for Harrow by age band until 2040. Just under a 50% increase by 2040. Figure 18 shows predicted hospital admissions related to falls for Harrow by age band, from 2020 to 2040. A 52% increase during that time period.

Given one in two persons aged over 80 has a fall every year, these predictions and estimates have significant ramifications for the future of services, prevention and both primary and secondary care.

Figure 18*: Population projections for Harrow in people aged 65 and over, from 2020 to 2040*[18]

	2020	2025		2030		2035		2040	
Age group	**Population**	**Population**	**% change**	**Population**	**% change**	**Population**	**% change**	**Population**	**% change**
65-69	11,500	13,000	13%	13,800	20%	13,900	21%	13,900	21%
70-74	10,000	10,500	5%	11,900	19%	12,700	27%	12,900	29%
75-79	7,200	8,800	22%	9,300	29%	10,500	46%	11,400	58%
80-84	5,800	6,000	3%	7,300	26%	7,700	33%	8,800	52%
85-89	3,800	4,100	8%	4,300	13%	5,300	39%	5,700	50%
90+	2,300	2,800	22%	3,200	39%	3,500	52%	4,300	87%
65+	40,600	45,200	11%	49,800	23%	53,600	32%	57,000	40%

Figure 19*: Predicted falls for Harrow by age band, from 2020 to 2040*[18]

Age group	2020	2025	2030	2035	2040
65-69	2020	2025	2030	2035	2040
70-74	2,365	2,652	2,834	2,880	2,852
75-79	2,371	2,485	2,814	3,022	3,049
80-84	1,707	2,075	2,159	2,435	2,619
80+	2,623	2,967	3,225	3,784	4,343
65+	10,957	12,107	13,415	14,665	15,732

Figure 20: Predicted hospital admissions related to falls for Harrow by age band, from 2020 to 2040[18]

Age group	2020	2025	2030	2035	2040
65-69	95	107	113	114	114
70-74	136	142	161	172	175
75-79	178	217	229	259	281
80+	927	1,005	1,153	1,293	1,465
65+	1,335	1,471	1,657	1,839	2,035

7 Current services in Harrow

7.1 Harrow services that reduce the risk of falling

The Chief Medical Officers guidelines state older adults should maintain or improve their physical function by undertaking activities aimed at improving or maintaining muscle strength, balance and flexibility on at least two days a week. These could be combined with sessions involving moderate aerobic activity or could be additional sessions aimed specifically at these components of fitness. Each week older adults should aim to accumulate at least 150 minutes of moderate intensity aerobic activity, building up gradually from current levels[22].

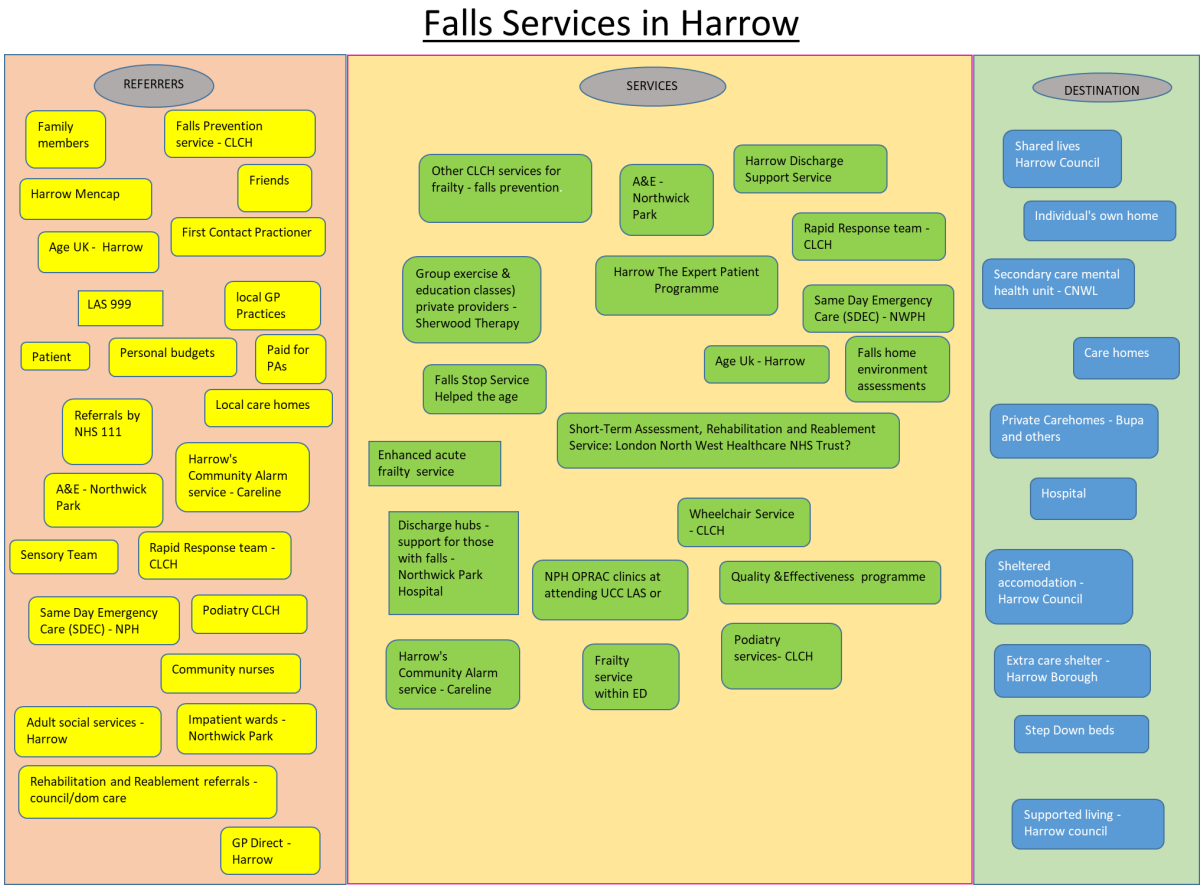
NICE guidance CG161 recommends people in contact with healthcare professionals should be asked routinely whether they have fallen in the past year and asked about the frequency, context and characteristics of the fall.

Qualitative feedback from primary care stakeholders indicated that falls risk assessment are challenging to complete due to time pressures but that clinician use their personal judgement on whether someone required falls prevention and a referral to the falls service. Findings from the qualitative research with Harrow residents in a number of community settings found that participants were not being routinely asked about fear of falling and balance.

7.2 Map of Falls Services in Harrow

The current services in Harrow are mapped as shown in figure 21 below. These services are not integrated; each operates as a standalone service with some links into other services.

Figure 21-Diagrammatic representation of falls related services in Harrow



7.3 Preventing falls at Northwick Park Hospital, London North West University Healthcare Trust (LNWHT)

As the data above notes falls in inpatient settings are high, which is partially a function of the new setting with older people often unwell which increase the falls risk.

Northwick Park Hospital has a Falls Specialist Nurse who works three days a week to builds capacity to prevent falls. Wards are identified with higher inpatients falls and receive bespoke training over four days to reduce the risk of falling. Healthcare Support Workers are trained on all wards to give advice and two leaflets (one produced by LNWHT Occupational Health Therapists and one Age UK Leaflets) which include strength and balance exercises on falls prevention at discharge. Falls champions across the trust meet bimonthly to receive information and advice on how to prevent falls to disseminate to their wards. There is a proposal being considered currently for falls prevention to be included in the LNWHT staff induction.

A Multi Factorial Risk Assessment is completed with people who has fallen in the past or if the patient or family are worried or there exist any indication they are unsteady or other signs e.g. medical conditions that put them at risk of falls. This is done in conjunction with a Bed Rail Assessment and a Care Plan is then produced based on the results.

.

7.4 Harrow Community Falls Service

A year of data reported on the Whole System Integrated Care dataset (Oct 21-Sep 22) showed that 836 individual service users were seen by the falls service. In this time the service provided 4,515 contacts (face to face or remote). The service is provided by 4.8 whole time equivalent staff members.

Figure 21 below shows the distribution of falls service users in Harrow over the period October 2021 – September by middle super output areas. Middle super output areas are a way of classifying small areas statistics and have a minimum size of 5,000 residents and 2,000 households with an average population size of 7,800. The MSOAs with the highest numbers of referrals are Stanmore.

Figure 22-*showing distribution of falls service users in Harrow 2021-22 per 100000 over 65 year olds*

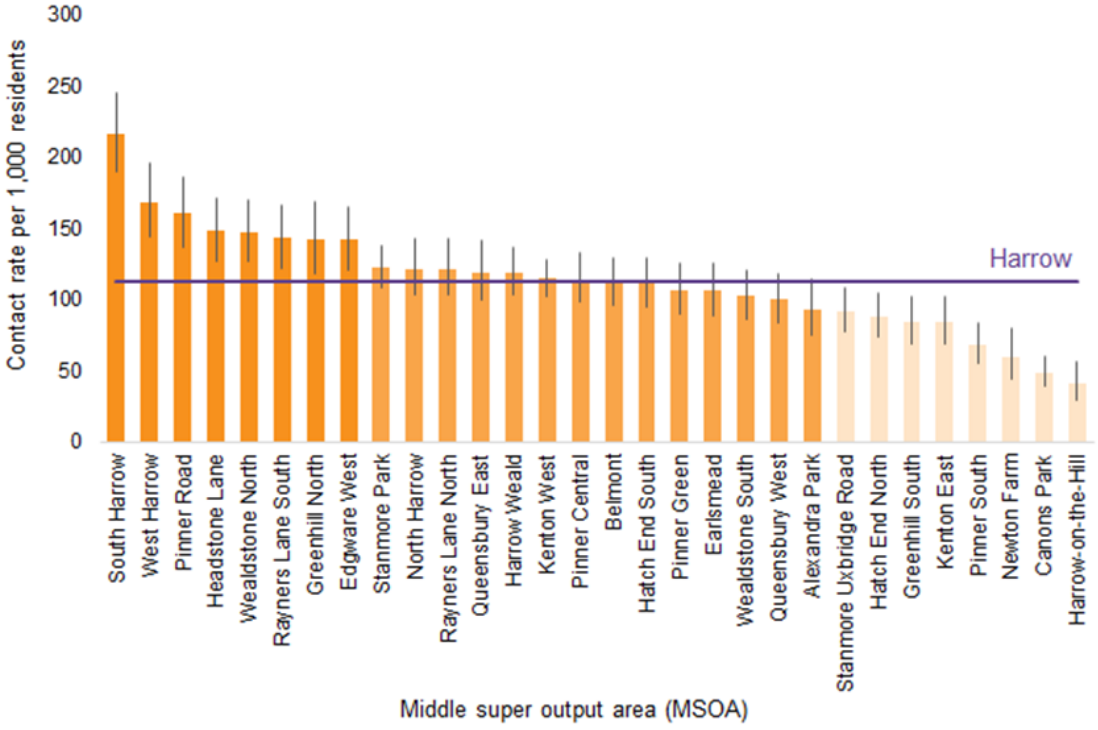
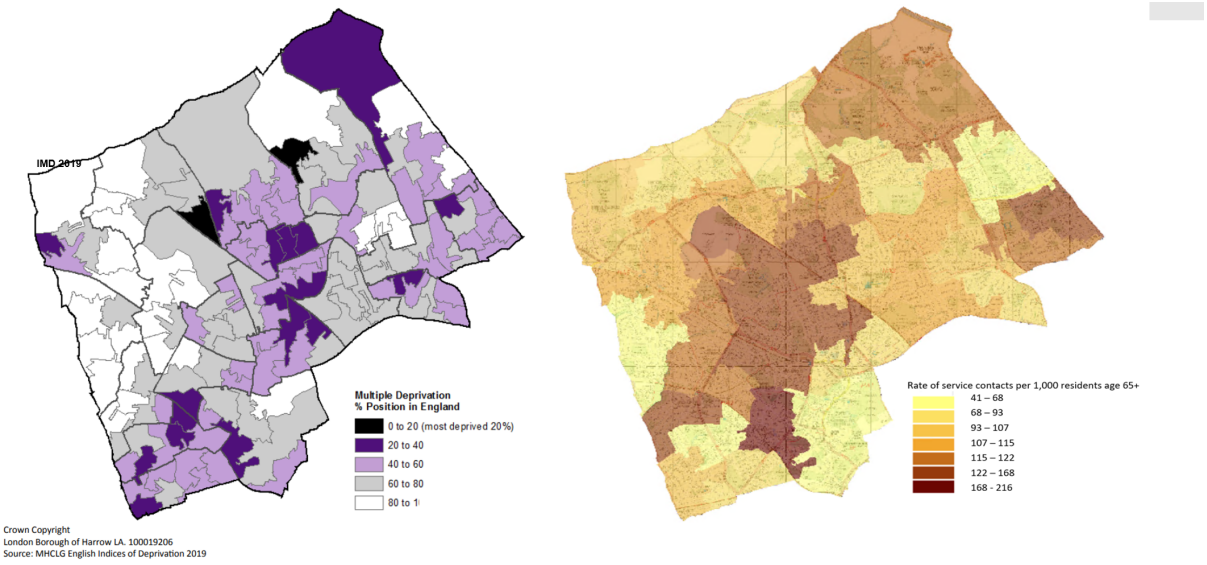


Figure 23-Maps showing rate of Falls service referrals in over 65 versus Index of Multiple deprivation and over 65 population



Note: based on postcode of residence, grouped into middle super output areas (MSOAs).

The Harrow Falls Service protocol with patients is as follows:

1. Referral received from professional (this can be any professional but largely Accident and Emergency, rapid response, Social Care or Primary Care)
2. A telephone triage-within 7 days
3. If appropriate Occupational therapy / Physiotherapy review with multi factorial assessment
4. Medical consultant review is undertaken if appropriate
5. Depending on need option of intervention of;
   -1-1 exercise support at home
   - sessions in clinic for 6 weeks (one of which is the assessment)
   - or 12-week classes
6. Occupation Therapy review including specialist equipment if assessed as needed
7. Discharge at this point, with repeat baseline assessment if appropriate

The service also offers prevention work with care homes including falls checks and training.

7.5 Harrow Falls Prevention pilot

Harrow Borough Based Partnership in conjunction with Harrow Council Public Health team and Harrow Falls Service have developed a Falls prevention pilot between November 2022 and March 2023 funded by NW London ICB and Public Health Harrow.

People in Harrow at risk of falls were identified using the Whole System Integrated Care (WSIC) database, using a risk stratification approach which identified key risk factors for falls using national guidance and in collaboration with a Geriatrician in the Harrow Community Falls Team. The risk factors included being over 65 and a series of associated long term conditions. People with 3 or more risk factors from Healthsense Primary Care Network (PCN) were initially

identified using this approach. These people were contacted on the telephone by the PCN's Social Prescribing Link Worker and using a script, offered an 8-week Postural Stability Instruction (PSI) intervention. Initially 231 people were identified from Healthsense PCN, this was then vetted by the practice themselves to remove anyone not appropriate for the intervention and the number was reduced to 205. Of these people 79 were contacted successfully and 24 took intervention. The process was subsequently opened to include patients from all PCNs in Harrow and 705 people were identified. Instead of a phone call, practices sent out a text offering the falls prevention services. As there was a low conversion rate (6%), a decision was made to make the offer open access to people with 2 or more risk factors. This identified a total of 2685 people in Harrow and practices were asked to send texts to each, to invite them to take up the service offer. There was a total capacity of 120 places on the intervention and 87 places were filled.

The intervention was commissioned from Age UK Harrow and Watford Sports Community Education Trust and was run at a series of locations in Harrow. The participants were assessed at the start and end of the course using the Falls Efficacy Scale, the Warwick Wellbeing Scale and blood pressure were monitored. Their outcomes in terms of falling and attending hospital were assessed.

8 Qualitative data

8.1 Qualitative data approach

A qualitative methodological approach was used In order to gain a greater understanding of the issues which are facing both those who are vulnerable to falling but also those who are working with those have may or have fallen. The views of potential service users, their relatives, carers and professionals who are involved in the prevention and management of falls was sought using mixed methods in order to get qualitative data regarding services and experiences that quantitative data cannot provide.

Three main groups were used for the research:

1. Those at risk of falling and therefore potential service users;
    - Residents who were over 65 attending different Harrow Warm hubs across the borough were engaged in discussion groups. Warm Hubs are a community sector initiative to provide somewhere warm for older people to come and socialise during January – March 2023.
      In total 3 Warm Hubs were visited; The Sangat Centre, St Pauls Church – South Harrow and Harrow Carers and several ad hoc discussion groups run at each hub.

2. Carers/family members
    - Focus groups were facilitated via Harrow Carers organisation sessions including their Warm Hub

3. Qualitative feedback from staff providing services to those who have fallen
    - Interviews were undertaken with professionals from the following;
      - Harrow Falls service (Central London Community Healthcare)
      - Frailty services (North West London Hospital Trust – Northwick Park Hospital)
      - Primary care
      - Social prescriber Link Worker – based in Harrow Health Sense PCN
      - Housing adaptation team – Harrow Council

In total six semi-structured interviews were undertaken to draw out common themes and experiences, and insights into where gaps and improvement may be in the current pathway. These were conducted online using MS teams to save time and capacity constraints
Six focus groups were conducted with those at risk at 3 locations, and 3 with services involved in falls prevention.

8.2 Methods

A mixed methods approach was used using;

- focus groups for those at risk of falling and their carers

- semi structured interviews for those stakeholders providing services in falls treatment and prevention

This mixed approach was adopted for pragmatic reasons as focus group allowed for many participants to take part, were fairly easy to pull together in informal groups in the community sector setting. The researchers were able to opportunistically draw groups of 8-10 into a discussion groups in the warm hubs without having the potential barriers of moving people who may have had mobility issues into separate rooms. The online interviews were pragmatic to the time constraints of the professionals providing services in the pathway.

Clear information was given verbally at the start of each research session to the participants which detailed the purpose of the data collection, what would be recorded, how the data would be collected and stored. Consent was gained verbally from everyone taking part. The sessions were recorded using note taking to allow accurate analysis and assessment of key themes and ideas.

For both focus groups and interviews a series of questions in themes were identified (please see the appendix for the list of questions, themes and prompts) and the facilitator (the authors of this needs assessment) introduced these to the group and allowed free flow of discussion using prompts where necessary to probe more detail on relevant points.

8.3 Analysis

Data from the interviews and focus group was analysed using thematic content analysis to identify common experiences, themes, priorities, and ideas. A coding methodology was used to identify most frequently occurring content and this was reviewed with each research session.

Ethical concerns

Researchers ensured participants were fully informed of the purpose behind the research interviews or groups and what this data will be used for. The participants were informed that all data will be anonymised, and consent was sought prior to any interviews, recordings or transcriptions. Participants were able to feed back to the interviewers during and after the process at any point.

Limitations

Several limitations were noted by the researchers to consider when appraising this qualitative data as follows;

1. The discussion groups were a challenge to coordinate in the Warm Hub settings as often people had low mobility and moving around the room was difficult and as a result groups were larger than ideal (ideal being 8-10) and therefore ensuring everyone got a change to speak was not always possible

2. The noise of the social Warm Hub setting compounded some participants hearing impairments and made contributing to the discussion a challenge for some people
3. The researchers were aware that participant knew that we came from 'public health' and had a preconceived idea of what we wanted to hear in the feedback which may have influenced their contributions
4. While a pragmatic approach was necessary, with sometimes one person running a focus group and taking down notes and observations

8.4 Qualitative data results

The key themes identified in the research were as follows;

1. *Transport*-This was a major theme which came out from both resident and local services. The population is understandably elderly and potentially frail. Travelling long distances, usually by public transport, is not feasible. If we want high attendance at these classes consideration of transport is key.
2. Locality-similar to the above, *the location of prevention classes* came up repeatedly, particularly in the focus groups. Many attended the local hubs and found them a great source of support, and were enthusiastic around attending classes there. However there was more reluctance with having to travel to classes if there were further away.
    a. In conjunction with this, the option of at home options were considered. Such as remote classes to allow those housebound to take part, or for example and app with videos to allow them to do in their own time.
    b. The Falls team highlighted similarly high numbers of those who have fallen require domiciliary visits and follow-up. Capacity is limited here as those take much more resource but is a very needed service.

3. *Lack of interventions-both prevention and after a fall*-The majority of people we discussed falls with had not had anyone discuss falls with them, or had any falls prevention interventions. More surprisingly the majority of the focus groups reported haven fallen, and the vast majority of those had not had any follow-up. There was a mix of those who had reported their falls, usually to their GP, or had not. Many reporting falling multiple times and no interventions had been put in place indicating a large unmet and unknown need.

Similarly, those working with the services felt there were not enough services available, particularly with prevention and duration of the offer they can provide for those who have fallen.

4. *Lack of knowledge*-again a very common theme was found, across stakeholders and residents. Everyone felt they were unaware of the local services, and there was a very keen appetite to know more. This was considered a major barrier to engaging in more services. Something as simple as a leaflet was considered useful.

5. *Exercise*-many of the residents engaged in regular exercise of various types with walking and yoga being common types. Only a few describes any form of strength and balance exercises though there was significant appetite for this.

6. *Social element incentive*-linked to the location preference many of residents mentioned the social benefit of attending the centres, and this in itself would encourage them to attend classes. The idea of educational classes possible being a part of this was brough up also.

7. *Care homes-primary concerns were around discharge* from hospital and problems with mobility that often occurred at this point. They felt better communication or a discharge checklist may improve this. Prevention wise many care homes had some form of it in place, and the falls team do some work on this but expansion and standardisation of this would be valuable.

8. *Medical review*-inability to refer patients for specialist review when deemed required-has to be sent via the GP which leads to a delay in care for the patients, and unnecessary workload transfer for General practice.

9. *Primary care* – feedback indicated coding of patient falls was not systematic in primary care and it was reported that multi factorial falls assessments were challenging to complete due to time constraints. Instead GPs use their instinct to offer personalised care to the patient they are seeing which may be a referral to the falls service if the need is evident. Referral and brief advice on strength and balance with older people was not routinely given and it was suggested that a referral and coding process using the new JOY platform would be an

effective way to bring this in. It was suggested that a one page leaflet on home exercises and the community services would be helpful. Dietetic input would be helpful as often older peoples balance is compounded if they do not eat a balanced diet and become weaker.

10. *Acute care –* There is a Falls Specialist Nurse who works 3 days a week at Northwick Park Hospital, Harrow with a remit to promote falls prevention.

    In place at Northwick Park Hospital there are;

    - established falls champions – who feedback back to their wards and meet bi monthly
    - training for staff on falls prevention and what to do if someone has a fall
    - processes and governance to highlight wards with higher falls incidence of falls for training
    - a multi factorial falls risk assessment process to assess patients
    - literature to give on discharge - Slips, Trips and Falls prevention leaflet (produced by Occupational Therapy) and Age UK Staying Steady leaflet

    Currently there is no signposting to community based strength and balance classes but knowledge of these would be useful for the specialist nurse and falls champions to promote.

11. *Social Care* – information is not recorded on social care clients in Harrow who are at risk of falling, have fallen or have been referred for falls interventions.

12. *Fire and Rescue Service* – currently the service completes at least 33 Home Fire Safety visits each month. The services reports a high level of hoarding which has potential to be a falls risk. Residents waiting for visits are prioritised based on need and can make referral to social care should they feel a person is at risk. The service also deliver information sessions at settings such as sheltered housing. The service would be happy to promote falls prevention using these initiatives.

13. Additional points made included are the *functionality of services*, *how to refer to them and the ease of doing so.*

We also noted there was a notable gender difference in both attendance to all the centres, and how many did exercise regularly and this was by far majority female, which may limit the reach of any classes/interventions based on this data.

We also felt there were a number of extra considerations we noted from the qualitative research with participants at risk of falls these included; visual and hearing limitations, language barriers, single gender opportunities which should be taken into account when planning any future services.

Both researchers noted the impressive engagement from participants and appetite for falls prevention which was clear across all partners, and is inspiring in the potential it indicates for improvement.

9 Recommendations

(The partner agency leading on the recommendation is suggested in brackets following the recommendation and where there is no agency this will be discussed at the Falls Needs Assessment Steering group)

Overarching

1. A strategic falls partnership should be developed including membership from:

- Borough Based Partnership
- Harrow Council Public Health
- North London Hospital NHS Trust
- Harrow Community Falls service – Central London Community NHS Health Trust
- Adult Social Care
- Age UK
- Harrow Carers
- Harrow PCNs
- Community Pharmacy (?)
- A representation from personalised care eg. Social prescribing
- A representation from care settings providers

The remit of this group should be to ensure the dissemination of this report to a wide range of stakeholders to be decided by the steering group, delivery of these recommendations and develop a falls strategy including a specified falls pathway.

2. Clear governance of this group and the resulting responsibilities for work on falls should be established and the alignment with the Frailty workstream should be considered.

Prevention of falls

3. A Harrow falls pathway should be developed using the WHO Falls Task Force (2022) Risk Stratification tool as an evidence framework and NICE guidelines. The pathway should identify

patients at most risk of falls and these should be offered targeted falls prevention such as postural stability instruction using learnings from the Harrow Falls prevention pilot results.

4. To ensure there is an equitable and evidenced based prevention offer in Harrow the recommendation is to develop a proposal to increase capacity for free or low cost evidenced based strength and balance training for people identified at risk of falling.

The recommendation is that opportunities are spread equitably across the borough and are effectively promoted among all our target communities.

Within this consideration should be given to the following barriers reported by the research;

e. To ensure opportunities are on a choice of days to reduce barrier for people with caring responsibilities

f. To use of existing settings that residents know and are accustomed to travelling to such as warm hubs or community centres

g. To combine and emphasise in promotion of sessions the social aspect and the education element

h. To consider further barriers observed: transport to the venues, language, hearing, visual exercises, male and female options.

5. To work with stakeholders to embed workforce capacity in frontline services such as social care, primary care, housing, fire service, community pharmacy to ensure staff are;

- aware of a 'Harrow falls gold standard' to ask all older people if they have fallen or have a fear of falling

- equipped with the skills and information to raise the risk of a fall and effectively promote falls prevention services; so that residents over 65 are regularly asked if they have fallen or have a fear of falling. This should be considered as part of the Making Every Contact Count programme

6. To develop one accessible source of information for everyone to access to improve awareness of services to prevent falls and ways to stay active which highlight free and low cost options, options for low mobility and people with disabilities, and also emphasises the positive social benefits of group sessions (Public Health)

7. A Harrow 'Falls communication plan' should be developed which sets out a multi-agency approach and uses innovative channels of media to reach carers and families of older people to promote falls prevention. As part of this plan literature should be developed with stakeholders to provide clear advice on how to prevent falls in the home and what to do if you have one. (Falls Strategy Group)

8. Northwick Park Hospital should approve the proposed policy to include Falls Prevention in the Trust induction and through a partnership with Harrow Public Health team also promote access to community based Strength and Balance opportunities as part of the Falls Prevention policy (London North West University Hospital Trust).

9. To develop a local guide including best practice and guidance to ensure effective and systematic prevention of falls in Harrow care homes and consider collaboration with falls team to create standard offer including a review of discharge procedures following a fall.

10. To work with frontline services such as social care to improve the reporting of people at risk of falls or who have fallen so that the pathway to preventing falls can be implemented and recorded.

Treatment following a fall

11. To complete a review current Community Falls Service provision model and include;
- outcomes measures and systematic recording of outcomes
- the model of provision against clinical guidelines including allowing longer treatment periods and therefore increased capacity for prevention of further falls and training.

12. A plan to improve the recording and collation of falls possibly using WSIC to be developed and monitored by the falls strategic group to enhance intelligence around when people in Harrow have falls, and provide accurate needs based intelligence for service design and provision.

10 Appendix

10.1 Themes used by the facilitators for the qualitative research

Focus groups questions and prompts for those groups at risk of falling;

Theme	Possible prompts	What we hope to gain
Current service	Have you used the current services as a result of a fall? Have you ever taken part in exercises to improve your strength and balance? Do you regularly do physical activity? Are you aware of what is available? Has anyone ever spoken to you about doing exercise? Who were they and what did they say? What makes it easy for you access these services? What makes it hard?	Insight into current service use and the experience of users and their carers.
Problems	Have you found any problems or difficulties with the current services? Would you like to access strength and balance classes? Can you describe any challenges in accessing classes in Harrow?	For those that have used the service what issues were raised
Access	Did you find the services easy to access?	Any timing, waits, travel issues. Loss to follow-up
Future options	What would be most helpful?	Range of possible options which could be implemented

Interview themes and questions used by the facilitator for staff working with people at risk of falling or providing falls pathway;

Theme	Possible prompts	What we hope to gain
Current service	Thinking about prevention of falls and treatment of falls - do you think the current pathway meets the need of patients? Are you aware of what is available to prevent a falls in Harrow? Do you routinely promote these services and the recommendation to do them twice a week? What makes it easy for people to access these services? What makes it hard?	Insight into current service provision and the experience of staff providing the service
Problems	Do you experience any problems or difficulties with the current services?	For those that have used the service what issues were raised
Access	Did you think patients find it easy to access your service?	Any timing, waits, travel issues. Loss to follow-up
Future options	What would be most helpful?	Range of possible options which could be implemented

References

[1] NICE Guideline CG161: Falls in older people: assessing risk and prevention. Accessed 13.02.2023. Available at https://www.nice.org.uk/guidance/cg161

[2] OHID: *Guidance: Falls: applying All Our Health*. 2022Accessed on 23.02.2023. Available at https://www.gov.uk/government/publications/falls-applying-all-our-health/falls-applying-all-our-health

[3] Bunning T, Dickinson R, Fagan E, Inman D, Johansen A, Judge A, Hannaford J, Liddicoat M, Wakeman R (2018) National Hip Fracture Database (NHFD) Annual Report September 2018. Healthcare Quality Improvement Partnership 2018, nhfd.co.uk

[4] NICE Hip fracture final scope July 2009. Accessed 13.01.2023 available at https://www.nice.org.uk/guidance/cg124/documents/hip-fracture-final-scope2

[5] Glynn, J. D., Hollingworth, W., Bhimjiyani, A., Ben-Shlomo, Y., & Gregson, C. L. (2020). How does deprivation influence secondary care costs after hip fracture? Osteoporosis International, 2020. https://doi.org/10.1007/s00198-020-05404-1

[6] Tian, Yang & Thompson, James & Buck, David & Sonola, Lara. (2013). Exploring the system-wide costs of falls in older people in Torbay. The King's Fund.

[7] Sherrington C, Fairhall N, Wallbank G, et al. Exercise for preventing falls in older people living in the community: an abridged Cochrane systematic review. *Br J Sports Med*. 2020;54(15):885-891. doi:10.1136/bjsports-2019-101512

[9] WHO. *WHO's work on the UN Decade of Healthy Ageing (2021–2030). 2021*. Accessed on 21.02.2023. Avaiable at https://www.who.int/initiatives/decade-of-healthy-ageing#:~:text=The%20United%20Nations%20Decade%20of,communities%20in%20which%20they%20live.

[10] WHO. *Falls Factsheet*. 2021. Accessed on 17.01.2023Available at https://www.who.int/news-room/fact-sheets/detail/falls.

[11] WHO. Step Safely: Strategies for preventing and managing falls across the life-course. 2021. Accessed on 23.02.2023. Available at Step Safely: Strategies for preventing and managing falls across the life-course (who.int)

[12] Montero-Odasso M, v. d. (2022). World guidelines for falls prevention and management for older adults: a global initiative. *Age Ageing*, 51(9):afac205. doi:10.1093/ageing/afac205.

[13] Public Health England.2017. *Falls and fracture consensus statement*. Accessed on 23.02.2023 Available at https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/586382/falls_and_fractures_consensus_statement.pdf.

[14] NICE. Falls in older people, Quality standard QS86. Accessed on 13.01.2023. Available at https://www.nice.org.uk/guidance/qs86/chapter/quality-statements

[15] Going further for winter: Community based falls response accessed on 20.3.23. Available at BW2063-falls-response-service-principles-19-october-22.pdf (england.nhs.uk)

[16] Kathleen Dunmore, Margaret Edwards, Catherine Stubbings, Sarah Ballantyne Way and Laura Welch. Older Londoners and the London plan: Looking to 2050. A report for the Greater London Authority. 2016. Available at https://www.london.gov.uk/sites/default/files/older_londoners_and_the_london_plan_march_2016.pdf

[17] Harrow council. Harrow Health and Wellbeing Strategy 2022-2030.Published 2022.

[18]Local authority comparison tool, England and Wales, Census 2021 version 2 – ONS. Available at https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/methodologies/compareagesexestimatesfromcensus2021toareaswithinenglandandwales

[19] Projecting Older People Population Information System. Available at https://www.poppi.org.uk/

[20] OHID. Public Health Profiles. Available at https://fingertips.phe.org.uk/

[21] NHS Digital. Quality and Outcomes Framework data. Available at https://digital.nhs.uk/data-and-information/data-tools-and-services/data-services/general-practice-data-hub/quality-outcomes-framework-qof

[22] Chief Medical Officer Physical Activity Guidelines 2019. Accessed on 23.02.2022. Available at https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/832868/uk-chief-medical-officers-physical-activity-guidelines.pdf