Merton's Older People's Falls Prevention Strategy 2015-2018

Merton's aim is to achieve a reduction in preventable falls and ensure effective treatment and rehabilitation for those who have fallen

MertonVision

The Wimbledon Guild
Support from the heart of the community

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St George's University Hospitals NHS
NHS Foundation Trust

NHS
Merton Clinical Commissioning Group

London Ambulance Service NHS
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Merton & Morden Guild of Social Service
Registered Charity No: 206143

NHS
Sutton and Merton Community Services
The Falls Prevention Service

Foreword

Many falls are preventable and can no longer be misconstrued as an inevitable consequence of the ageing process. Falls are costly, can be fatal, devastating and contribute substantially to morbidity and mortality in the older population. There are four main causes of falls in older people; a lack of strength and balance including osteoporosis, trips and hazards, poor vision and polypharmacy. The stakeholders represented in this strategy envision a Merton where:

- Older people know how they can prevent falls
- If they fall or receive a diagnosis of osteoporosis, they know how to seek help
- Have a prompt and appropriate response including access to specialist services where indicated.

This strategy focuses on ensuring that older people are aware of the risk of falls and of poor bone health, keeping older people physically active, proactively identifying those at risk of falls, and improving outcomes for those with fractured hips. This strategy should be read in conjunction with the Falls Prevention Health Needs Assessment (FHNA) 2015 published by London Borough of Merton (LBM) Public Health for epidemiological data on falls prevalence, incidence and outcomes in Merton. The strategy has been developed in partnership with the NHS, the London Ambulance Service (LAS), and the third sector. It takes into account existing strategies, initiatives and details the steps we need to take collectively to ensure that we provide effective, person-centred falls prevention as well as a robust systematic approach at a population level to prevent and reduce falls in Merton. The Merton Falls Prevention Task and Finish (T&F) Group and the Merton Model Group have agreed this Strategy. The members of the T&F group who contributed to this strategy are detailed in Appendix A.

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1. INTRODUCTION

This strategy focuses on preventing falls, reducing the number of falls, and reducing the severity of harm caused by falls among older people at a population level. This is not a strategy for a clinical condition but a strategy on how the stakeholders are going to collectively contribute to the issue of preventing falls in older Merton residents who may or may not have presented to any statutory or non-statutory organisation. Falls are multifactorial in nature and have numerous causes ranging from intrinsic risk factors such as age, gender, previous falls, muscle weakness, gait and balance problems to extrinsic risk factors such as dim lighting, slippery surfaces, and improper use of assistive devices or obstacles. Due to the multifactorial nature of falls, a multipronged approach will be adopted by a number of organisations in Merton to reduce preventable falls as no one intervention or organisation holds the key to preventing falls. This strategy outlines a pragmatic response to the issue of falls having obtained a baseline through a comprehensive Falls Prevention Health Needs Assessment (FHNA) 2014/15 carried out by LBM Public Health.

2. BACKGROUND

The Merton Older People's Falls Prevention Strategy (FPS) 2015-2018 builds on significant progress already made towards developing an effective response to the issue of falls within the London Borough of Merton. Falls can have a serious impact on both the quality of life of older people and on health and social care costs. They can undermine the independence of older people, cause multiple Accident and Emergency (A&E) attendances, inpatient stays and increase the level of social care services provided. They are a significant public health problem and one that is expected to increase as the population ages. The proportion of people aged 65 and over in Merton is predicted to grow by 14.7% (from 24,723 to 28,357) in the next 10 years and the projected numbers of older people who will experience a fall will increase considerably. There will be an increased demand on health and social care resources as a direct consequence of falls. The table below shows the estimated number of older people in Merton who will experience a fall.

Table 1: ESTIMATED NUMBER OF OLDER PEOPLE IN MERTON WHO WILL EXPERIENCE A FALL 2015

	(2015) Merton population aged 65 years and over	(2015) Merton population aged 75 and over years
Merton population	25,175*	11,887*
Age UK range for proportion of older people who experience a fall[1]	28–35%	32–45%
Estimated older people who experience a fall in Merton	Using the lower limit: 7049 Using the upper limit: 8811	Using the lower limit: 3804 Using the upper limit: 5349

***** Source: GLA (Ward: 2015 round capped SHLAA-based population projections)

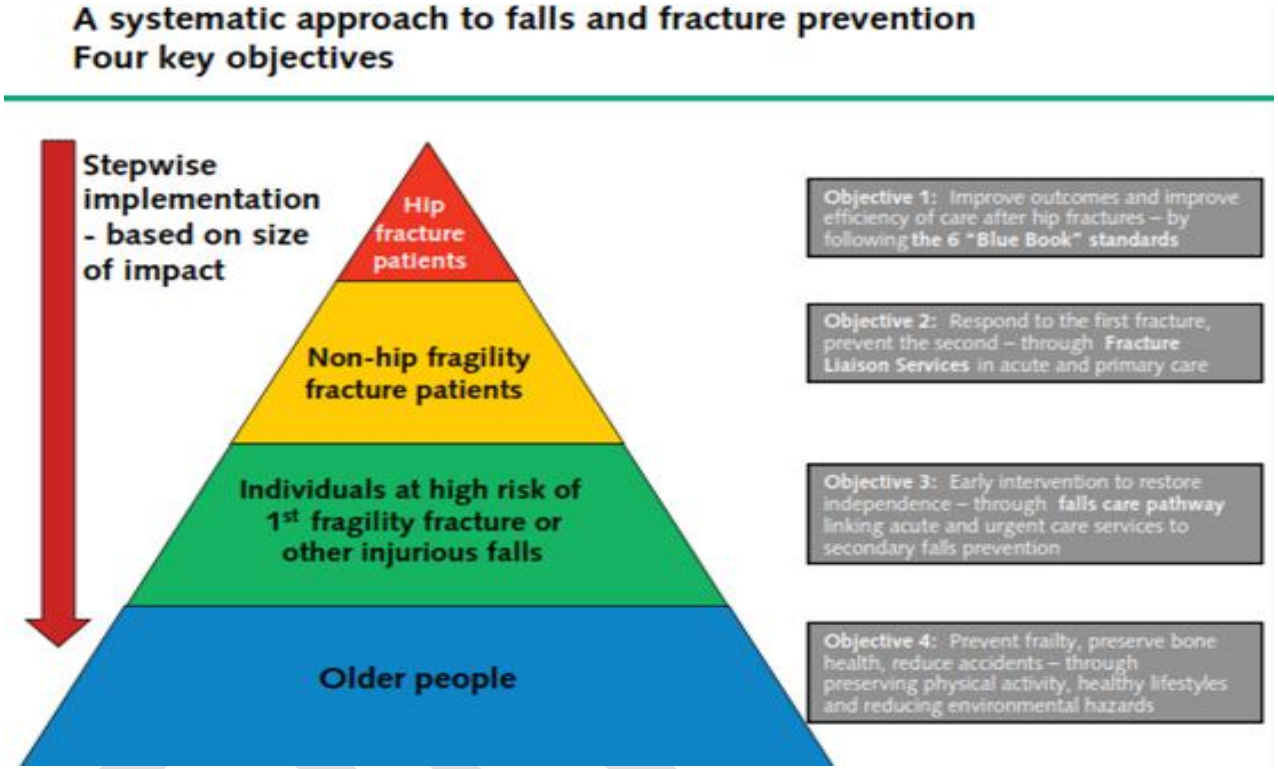
Appendix B shows the injuries due to fall in Merton and comparators. (The age standardised rate of emergency hospital admissions for injuries due to falls in males and females aged 65 and over for Merton and Comparators in 2012/13 extracted from the Falls Health Needs Assessment)

3. THE STRATEGIC VISION

The approach adopted for this plan is based on the Department of Health (DH) guidance on a systematic approach at a population level for falls and fracture prevention which proposes targeting four groups; all older people (aged 65 and over), individuals identified as at risk of fragility fractures, non-hip fragility fracture patients and hip fracture patients. Fracture of the hip is associated with higher costs and mortality than fractures of other sites. Research shows that only one in three sufferers return to their former levels of independence. The sequelae to hip fractures includes hospitalisation, is fatal in 20% of cases and permanently disables 50% of those affected. Only 30% of patients fully recover . Evidence base for hip fracture care shows that prompt effective multi-disciplinary management can improve quality and at the same time reduce costs. The DH approach to falls prevention is illustrated below:

[1] Age UK, Later Life in the United Kingdom, November 2014.
http://www.ageuk.org.uk/Documents/EN-GB/Factsheets/Later_Life_UK_factsheet.pdf?dtrk=true

FIGURE 1: DEPARTMENT OF HEALTH GUIDANCE ON A SYSTEMATIC APPROACH AT A POPULATION LEVEL FOR FALLS AND FRACTURE PREVENTION[2]



*The Blue Book[3] (mentioned in objective 1)

[2] Falls and Fractures: Effective Interventions in Health and Social Care, July 2009 http://webarchive.nationalarchives.gov.uk/20130107105354/http:/www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@pg/documents/digitalasset/dh_109122.pdf

[3] In 2007, the British Orthopaedic Association (BOA) and British Geriatrics Society (BGS) published the second edition of the Blue Book on care of patients with fragility fracture. **British Orthopaedic Association, British Geriatrics Society.** The care of patients with fragility fracture 2007.

3.1. The aims of the fall prevention strategy is that all older people at risk of falling and sustaining fractures and injuries have equitable access and:

- Know of this risk and what they can do to minimise it
- Are supported by health and social care and voluntary staff to minimise the risk
- Receive timely good quality assessment, treatment and care should they sustain an injury or fracture through falling
- Are offered rehabilitation to achieve their pre-fall level of functioning and wellbeing

3.2. The key stages to reducing falls incorporate:

- Using population approaches to the prevention of falls, such as the promotion of healthy lifestyles, diet and exercise
- Working with people to modify the risk factors using interventions such as improving their nutrition, sight, gait, balance, environment, management of medicines and eliminating hazards around the home
- Ensuring that once individuals at high risk of falls or fractures are identified, evidence-based measures are taken to address them such as bone-sparing therapy and effective exercise that builds on strength and balance
- Providng effective treatment to minimise the risk of falls and injury, and address underlying risk factors
- Ensuring that falls and falls prevention, fracture and fracture prevention become everyone's business i.e. shared ownership of the issue of falls prevention in health, social care, the local authority and voluntary sector organisations.

4. THE KEY CHALLENGES OF THIS STRATEGY

The three challenges to reducing preventable falls in Merton are:

1: Keeping older people physically active
We want Merton to be a borough in which as an older person it is easy to find and participate in activities that are meaningful, help to build muscle strength, balance and gait at whatever level of mobility you are.

2: Proactively identifying those at risk of falls, with previous falls & fragility fractures and ensuring appropriate interventions
We want all health, social care and voluntary sector providers who come into contact with older people to actively participate in identifying those at risk of falls and know where to signpost them in order for them to proactively take steps to reduce their risk of falling thereby, ***making every contact count*** . We want Merton to be a place where best practice is the quality standard when it comes to the management of falls, fragility fractures and osteoporosis as well as the place where ***we stop at one fracture and make the first fracture the last***.

3: Improving outcomes for those with fractured hips
We want Merton to be a place where when older people find themselves in the situation of having sustained a hip fracture, they receive effective treatment and rehabilitation in order to return to their former level of independence and usual place of residence. We want Merton to be a place where hip fracture management is in line with or exceeds National Institute of Clinical Excellence (NICE) quality standards

Challenge 1: Keeping older people fit and healthy

The Department of Health best practice guidance on a systematic approach at a population level for falls and fracture prevention lists keeping older people fit and healthy as an evidence-based intervention that reduces falls in a population[4]. Furthermore, at the heart of any evidence based rehabilitation and preventative strategies for those at risk of falling (or who have fallen) lies promoting physical activity (exercise) as it has a role in primary, secondary and tertiary prevention of falls. Exercise and activities that improve muscle strength have

[4] Falls and Fractures: Effective Interventions in Health and Social Care, July 2009
http://webarchive.nationalarchives.gov.uk/20130107105354/http:/www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@pg/documents/digitalasset/dh_109122.pdf

been proven extremely effective in reducing falls; exercise has been shown to be highly effective at enabling older people to maintain independence, stay steady and reduce balance problems. Falls are often caused by many risk factors (multifactorial) therefore; keeping older people fit can not only contribute to the overall health and well-being of older people in Merton but also contribute to preventing falls.

The best practice principle of falls prevention exercise is to counter the effects of muscle deterioration, focussing on strengthening leg and ankle muscles. Balance impairment and muscle weakness are the most prevalent risk factors for falls and therapeutic exercise is the most effective component of a multifactorial intervention. Therefore, in order to reduce preventable falls in Merton physical activity will be encouraged and promoted and facilities will be in place to enable older people to participate in meaningful physical activity. Age UK[5], lists the OTAGO Exercise Programme, Tai Chi, Moving for Better Balance, FaME (Falls Management Exercise) and Postural Stability Instructor (PSI) as evidence-based exercise interventions for falls prevention.

Challenge 2: Identifying those at risk of falls and ensuring early intervention

The main advantages of an effective case finding process are that it can be quickly applied, and repeated at regular intervals. The FHNA identified the need for improved case finding in Primary care and the community. Measures have already started being implemented to increase case finding and roll out standardised case finding in Merton. A multifactorial falls risk screening process identifies those at risk of falling and sustaining a fragility fracture and then guided and tailored intervention can take place. Early intervention prevents further falls and the restoration and retaining of functioning following a fall.

We know the risk factors to falling i.e. visual impairments, living alone, taking many medications at the same time, cognitive impairment, environmental hazards, dementia, osteoporosis etc. We know from the Falls Health Needs assessment that in Merton many older people fall at home and that more women than men falls therefore our action plan is Merton specific and targeted to our community. Research shows that an individual who has suffered an osteoporotic fracture is twice as likely to suffer a fracture in the future if no diagnosis of osteoporosis has been made and appropriate treatment provided. Approximately half of all people who have had one osteoporotic fracture will have another, with the risk of additional fractures increasing with each new broken bone[6]. We also know that hip fractures tend to be preceded by other fractures and therefore these previous fractures represent an opportunity to prevent hip fractures, which often represent a major turning point in the life of an older person.

[5] The programme was designed specifically to prevent falls. It consists of a set of leg muscle strengthening and balance retraining exercises progressing in difficulty, and a walking plan.

[6] International Osteoporosis Foundation : Stop at One www.iofbonehealth.org

Our challenge in Mertonis that more people at risk of falls are identified before they have sustained a fall, injury or fracture and there is a strategic shift from reactive intervention (that is taking measures once an older person has started falling) to proactive identification. We want Merton to be a borough that proactively finds older people at risk of falling and takes action before they sustain serious injury. Therefore, we want Merton to be a place where we ***"stop at one fracture"*** and make use of opportunities such that they trigger referral for appropriate intervention.

Challenge 3: Improving outcomes for those with fractured hips

Fractured hip is often used as a proxy for the level of falls and can indicate the need for preventative measures[7]. Hip fracture is associated with higher cost and mortality than fractures of other sites and often represents a major turning point in the life of a person therefore, our strategy aims to ensure that hip fracture management for Merton residents continues to be delivered in line with National Institute of Clinical Excellence (NICE) guidelines on the management of hip fracture in adults (CG124)[8] and as many residents as possible return to their own homes following hospitalisations for a fractured hip.

[7] World Health Organisation (WHO) WHO Global Report on Falls Prevention in Older Age 2007, http://www.who.int/ageing/publications/Falls_prevention7March.pdf
[8] National Institute of Clinical Excellence https://www.nice.org.uk/guidance/cg124

5. WHAT WE KNOW ABOUT FALLS IN MERTON

The Falls Prevention Health Needs Assessment (FHNA) revealed a number of Merton specific trends in relation to falls and these include:

5.1. **The need for a joined up strategic and proactive approach to preventing falls and the existence of falls "hotspots".**

The FHNA identified that there were specific areas in Merton where the issue of older people falling was greater than other areas and these were labelled "falls hotspots". Wards were deemed falls hotspots because they had a higher rate of falls-related A&E attendances in older people compared to referrals into the Community falls Prevention Service in 2013 respectively. Additionally, the two wards that had a higher rate of older people living alone were also included as hot spots. These are shown in the table below. Appendix C shows the ward rate of falls related A&E attendance in people aged 65 and above in 2013.

TABLE 2: MERTON FALLS "HOT SPOTS"[9]

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

The FHNA found:

- There was a higher rate of falls-related A&E attendance in the east compared to the west
- There was a higher rate of ambulance call outs in the east compared to the west
- There was a higher rate of referrals to the Sutton and Merton Falls Prevention Service (SMCS FPS) in the west compared to the east of Merton.
- There is marked variation from ward to ward in referrals rates to the SMCS FPS
- The rate of falls–related emergency admissions in older women in Merton is almost double that of men
- Most people fall at home in Merton
- Mortality from falls rates are higher in men compared to women even though men do not fall as often as women

[9] These are the areas in Merton with higher rates of falls related A&E attendance in people aged 65 and over or wards with higher rates of older people living alone. Source: Merton Falls Health Needs Assessment 2014/15

- The mortality from falls rate in women is higher than most geographical neighbours and all the statistically similar boroughs[10]
- In Merton there were an estimated 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[11]
- The total cost of falls to Merton CCG in 2013/14 is £3,320,388.00[12]; this does not include the costs to LBM social care residential long-term care. The actual number of hip fractures in Merton 2012/13 was 135[13]. The cost of a hip fracture excluding residential care is estimated to be £5,393; if the patient goes into residential care for a year the cost increases significantly to £37,893. If the patient requires nursing care the costs increase further[14]
- The consultations with service userts revealed that older people are not always aware of the various falls prevention services that are available

5.2. Particular areas for Improvement in Merton

- Merton's rate of older people (those aged 65 and above) with emergency hospital admissions for falls injuries
- Merton's rate of older women (those aged 65 and above) being admitted to hospital for falls related injuries
- Injuries due to falls in people aged 80 and above

[10] 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 (namely Ealing, Harrow, Barnet, Hounslow and Redbridge) which is a cluster of boroughs that been classified into clusters based on similar characteristicshttp://www.ons.gov.uk/ons/guide-method/geography/products/area-classifications/ns-area-classifications/index/cluster-summaries/health-areas/index.html

[11] Using the Chartered Society of Physiotherapy (CSP) economic model

[12] Chartered Society of Physiotherapy (CSP) economic model

[13] Public Health Outcomes Framework (PHOF) , Emergency admissions for fractured neck of femur classified by primary diagnosis code (ICD10 S72.0 Fracture of neck of femur; S72.1 Pertrochanteric fracture and S72.2 Subtrochanteric fracture) and an emergency admission method

[14] Falls Prevention Health Needs Assessment 2015. LBM Public Health

6. THE CURRENT MERTON FALLS PREVENTION LANDSCAPE

At the heart of falls prevention lies promoting physical activity and active ageing in Merton. There are three levels of prevention i.e. Primary, Secondary and Tertiary.

- **PRIMARY PREVENTION** is predominantly concerned with keeping older people fit and healthy
- **SECONDARY PREVENTION** is principally concerned with preventing further falls, identifying those with previous falls and fragility fractures and ensuring risk factors are addressed;
- **TERTIARY PREVENTION** is concerned with managing the complications of falls to prevent disability and aid rehabilitation.

The table below shows the services and initiatives in Merton that provide Primary, Secondary and Tertiary falls prevention. ***A service can carry out more than one function i.e. secondary and tertiary prevention** for example a Fracture Liaison Service (FLS) can prevent further falls while also managing the complications of a falls, therefore the categories of prevention are not mutually exclusive**.***

TABLE 3: PRIMARY, SECONDARY AND TERTIARY PREVENTION SERVICES AND INITIATIVES IN MERTON

THE MERTON FALLS PREVENTION LANDSCAPE IN TERMS OF
 	
1. PRIMARY
 	
2. SECONDARY AND;
 	
3. TERTIARY PREVENTION SERVICE AND INITIATIVES AVAILABLE
 	
N.B. Some services provide both primary and
	PRIMARY PREVENTION - predominantly concerned with keeping older people fit and health. Services in Merton include:
	
	• Keep fit classes provided by voluntary sector providers namely:
	  ○ Wimbledon Guild of Service
	  ○ Age UK Merton
	  ○ MertonVision
	  ○ The Merton & Morden Guild of Social Service
	• London Borough of Merton has a Strategy for older people[15]
	• The Adult Social Care Ageing Well Programme (funds voluntary sector organisations to provide various exercise classes)
	• Canons and Wimbledon Leisure Centre
	• Morden Park Pool
	• London Borough of Merton (LBM) Environment and Regeneration managing environmental hazards and new housing

[15] Celebrating Age – Valuing Experience, (launched 10 September 2007) http://www.merton.gov.uk/pdfcelebrating_age-3.pdf

secondary prevention, and secondary and tertiary prevention. The categories are not mutually exclusive	**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: • The NHS service- Sutton and Merton Community Services (SMCS) Falls Prevention Service (FPS) • LBM Reablement Team • St George's, St Helier and Kingston Hospital Fracture Liaison Services (FLS) • General Practice Osteoporosis Quality and Outcomes Framework • SMCS Community Rehabilitation Team (CRT) • HARI (Holistic Assessment and Rapid Investigation) • MASCOT Telecare • London Ambulance Service (LAS) • Age UK Merton Podiatry and Handyperson Service • LBM Environment and Regeneration
	TERTIARY PREVENTION is concerned with managing the complications of falls to prevent disability and aid rehabilitation. Services available to Merton Residents include • 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 (Community Rehabilitation Team) • SMCS FPS (Falls Prevention Service) • HARI (Holistic Assessment, Rapid Investigation) • CNTT (Community Neurological Therapy Team)

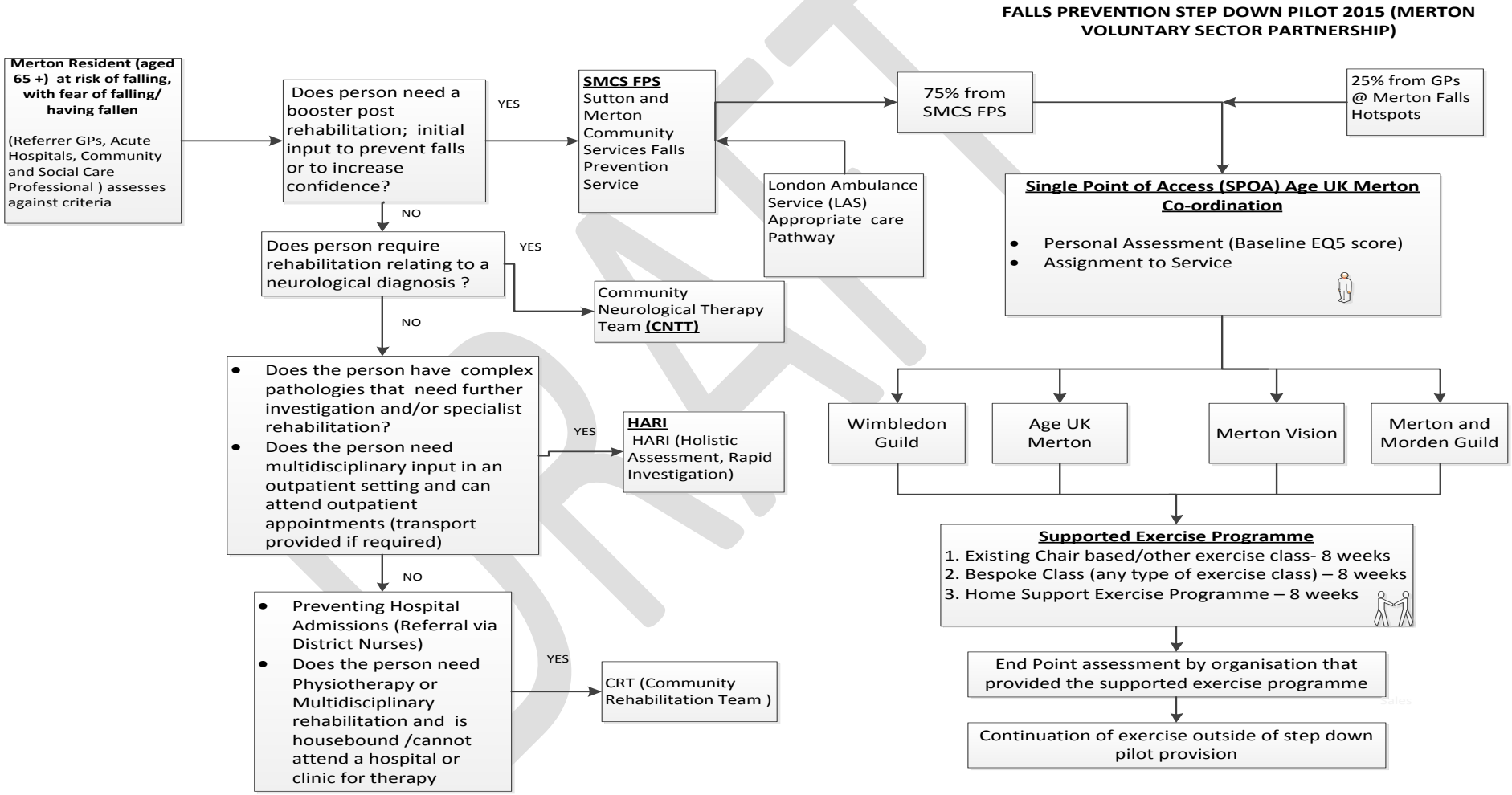
7. THE CURRENT MERTON COMMUNITY FALLS PREVENTION PATHWAY

The NICE best practice pathway[16] for assessment and prevention of falls in older people in the community has five key elements, which are case/risk identification; multifactorial falls risk assessment, multifactorial interventions, encouraging participation in falls prevention programmes, education and information. As a fall is an incident and not a clinical condition the NICE falls prevention pathway is about guidance on what functions to have in place to reduce falls in older people and not mapping the patient journey. Therefore, the Community Falls Prevention pathway below is not about mapping the patient journey per se but is about mapping what we have in place for falls prevention in the community. It should also be noted that the Merton pathway is in the process of evolving with new links being developed with new services such as the HARI (Holistic Assessment and Rapid Investigation) and the Community Crisis team therefore this this is the pathway as at September 2015. Figure 3 below shows the Merton Community pathway.

N.B. Providers can refer to and from each other across the range of services available for example if the Community Rehabilitation team (CRT) believe a patient will benefit from Neurological therapy then they can refer to the CNTT but for the purpose of keeping the pathway as simple as possible we have kept the arrows going in one direction.

[16]Assessment and prevention of falls in older people , Issued: June 2013, NICE guidance number guidance.nice.org.uk/CG161 , National Institute of Clinical Excellence http://pathways.nice.org.uk/pathways/falls-in-older-people

FIGURE 2: MERTON COMMUNITY FALLS PREVENTION PATHWAY (A MAP OF THE SERVICES IN MERTON THAT CARRY OUT ELEMENTS OF FALLS PREVENTION AS AT SEPTEMBER 2015)



8. THE FALLS PREVENTION LOCAL ACTION PLAN 2015-2018

The Falls Prevention Local Action/Implementation Plan is based on the Department of Health (DH) guidance on a systematic approach at a population level for falls and fracture prevention (see Figure 1) and details how the stakeholders represented in this strategy will contribute to preventing falls in older people in Merton. The Implementation plan is based on:

- What we know about falls in Merton (the findings of the Falls Prevention Health Needs Assessment FHNA)
- The current Merton landscape in terms of services and initiatives that contribute to Primary, Secondary and Tertiary Prevention
- The vision of how we would like Merton to be i.e. a place where older people know where to go for help, are proactively identified when at risk of falls, get the appropriate treatment as well as a place where we **" stop at one fracture"**.
- Lastly, the plan is based on recognition that as falls are multifactorial in nature; the stakeholder represented can all contribute by working in partnership to make a real impact on the overarching indicators (i.e. rates of hospital admissions for injuries to falls and rates of hip fractures).

Taking the Falls Strategy Forward:

- The Falls Prevention Steering Group (FPSG) will oversee the delivery of the implementation plan
- The FPSG will report to the Merton Model Development Group (MMDG)
- The Implementation plan will be reviewed quarterly and refreshed annually
- The Plan will go live in November 2015.

ACTION	OWNER	SUCCESS INDICATOR	DEADLINE	REVIEW DATE	RAG RATING AT REVIEW & DATE
CHALLENGE 1: KEEPING OLDER PEOPLE PHYSICALLY ACTIVE **Outcome:** Uptake of Primary Falls Prevention Initiatives (i.e. exercise classes provided by the Voluntary sector) is increased					
1. LBM Public Health will work closely with Age UK Merton and partners to ensure the successful delivery of the Falls Step-down Pilot[17] / Exercise for Life Programme.	LBM Public Health and Age UK Merton and partners[18]	- At the end of the course of the Pilot project (12 months) 160 Merton residents are supported through the pilot - 120 are referred through the SMCS Falls Prevention Service - 40 are referred from GP practices in identified falls "hot spots" or from the Merton Wards identified as falls "hot spots" - LBM PH and Age UK Merton will meet for quarterly review meeting to discuss the progress of the project	**31st October 2016**	**22 January 2016**	
2. Voluntary Sector Providers carry out a Skills Audit to ascertain the level of skills and identify any training needs	Age UK Merton, MertonVision, Merton and Morden Guild, Wimbledon Guild	- The skills audit is complete and a clear "as is" picture of the level of skills is obtained - A clear picture of the training needs for evidence- based falls prevention exercises is obtained	**31st June 2016**	**22 January 2016**	
3. Social Care staff will encourage and refer clients to voluntary sector providers of exercise classes to older people	LBM Adult Social Care	- Referrals into the voluntary sector providers of exercise classes from Social Services frontline staff increase - Voluntary sector providers of exercise classes report an increase of referrals from Adult Social Care	**31st March 2017**	**22 January 2016**	

[17] The Falls Step-down Pilot is a Public Health funded project delivered by Age UK Merton and Other voluntary sector partners about providing a further 8 weeks of meaningful physical activity to older people following discharge from Community Falls Prevention service.
[18] Wimbledon Guild, MVSC, Carers Support Merton and Positive Network Centre

ACTION	OWNER	SUCCESS INDICATOR	DEADLINE	REVIEW DATE	RAG RATING AT REVIEW & DATE
4. Age UK Merton will provide training on chair-based exercise to voluntary sector partner providers to ensure good levels of staff training on evidence-based interventions.	LBM Public Health, Age UK Merton and Partners	- Thirty-two voluntary sector partner providers will receive training on chair-based exercises - LBM Public Health successfully facilitates the attendance to the training sessions of carers at Eastways Day Centres who provide exercise classes to older people	**31st March 2016**	**22 January 2016**	
5. Merton CCG will encourage and support GP engagement with voluntary sector provides of Falls Prevention exercise classes in Merton	Merton CCG	- Age UK Merton and Partners are provided opportunities to attend Locality meetings and other forums to engage with GPs	**31st March 2017**	**22 January 2016**	
6. LBM Public Health and Adult Social Care will continue to encourage a range of prevention and support initiatives for older residents in Merton (those aged 65 and over)	LBM Public Health and Adult Social Care	- The Merton Befriending Scheme (MBS) is delivered successfully (i.e.80 new clients in year 1 and 104 new clients in year 2). There are elements of the MBS that incorporate older people participating in meaningful physical activity - Adult Social Care frontline staff will ensure that falls risk screening is part of standard risk assessment after receiving training on how to use the screening tool	**1June 2016**	**22 January 2016**	

CHALLENGE 2: PROACTIVELY IDENTIFYING THOSE AT RISK OF FALLS, WITH PREVIOUS FALLS & FRAGILITY FRACTURES AND ENSURING APPROPRIATE INTERVENTIONS

Outcomes:

- The use of the Fracture Liaison Service (FLS) by community providers, Primary Care and the voluntary sector increases.
- A feasibility study is carried out on the prevalence of people diagnosed with osteoporosis compared to the expected prevalence for the population and an action plan is developed.
- A Standardised Merton Falls Screening Tool incorporating Vision testing is rolled in Adult Social Care and MASCOT.
- New residential homes meet the Lifetime home requirements; the Lifetime homes standard is a set of 16 design criteria that provide a model for building accessible and adaptable homes.
- The Age UK Handyperson scheme, which identifies and mitigates falls hazards in the home, is used to full capacity.
- Medicine Use Reviews in Community Pharmacies incorporate falls Screening and signposting to the voluntary sector, GP and Community Falls prevention Service

ACTION	OWNER	SUCCESS INDICATOR	DEADLINE	RAG RATING at REVIEW	ACHIEVED YES/NO
7. St. George's Hospital FLS will organise Merton GP training and communication meetings to increase awareness of osteoporosis and referrals.	St. Georges Hospital Fracture liaison Service (FLS)	- GP Training is carried out by the FLS to increase awareness of osteoporosis - There will be more referrals to the FLS by Community providers, GPs and Voluntary sector providers for osteoporosis assessment and management reported by the FLS	**1 October 2016**	**22 January 2016**	
8. St. George's Hospital FLS will be opening two additional FLS clinics in order to accommodate more osteoporosis patients.	St. Georges Hospital Fracture liaison Service (FLS)	- The two additional clinics are opened and used to full capacity	**1 October 2016**	**22 January 2016**	

9. LBM Public Health will promote the uptake of Merton on the Move[19] which is a programme encouraging people of all ages to get active by walking, jogging, running or cycling	Public Health and voluntary sector partners	- 5% of the participants in Merton on the Move initiative are in the 65 and over age group.	**31st March 2016**	**22 January 2016**	
10. LBM Environment and Planning policy will continue to support the provision of community facilities such as gyms (Policy DM C1) of the Adopted Sites and Policies Plan and Policies Maps (July 2014), which facilitate keeping older people fit and healthy	LBM Environment and Planning Policy	- Policy DM C1 requirements are adhered to - Continued momentum in relation to public improvements that contribute to enable physical activity and falls prevention[20]	**31st March 2017**	**22 January 2016**	
11. The Community Falls Prevention Service will accept referrals directly from LAS and other stakeholders such as Community Prevention of Admission Team (CPAT) without the need for the referral to be generated by a GP. The pathway will continue to develop to incorporate new service developments	Community Falls Prevention Service	- The pathway into the Falls Prevention pathway continues to adapt to service developments such as HARI (Holistic Assessment and Rapid Investigation) - A Single Point of Admission (SPOA) is developed into the Community Falls Prevention and Community Rehabilitation service	**1 June 2017**	**22 January 2016**	

[19]Merton on the Move is a programme that encourages people of all ages to get active by walking, jogging, running or cycling. People can then log their activity as individuals or teams online to earn virtual badges, set personal goals or organise group activities. The initiative comes after Public Health England launched 'Everybody active, every day', an evidence-based approach to improve the nation's health through everyday activity. More information is available at https://merton.yomp.co/

[20] The Environment and Regeneration Department have carried out a number of public realm improvements throughout the borough e.g. placing benches along The Broadway and Wimbledon Hill Road. In addition, public parks are now increasingly being equipped with exercise equipment, which are free to use by members of the public (e.g. Mostyn Gardens).

12. A Merton Standardised Falls Screening Tool incorporating Vision screening is rolled out in Adult Social Care and MASCOT and Age UK Handy Person Scheme	LBM Public Health and Community Falls Prevention Service and LBM Adult Social Care	- Falls Prevention Steering group signs of the standardised Falls Screening Tool incorporating Vision testing - LBM Public Health arranges for training to LBM Adult Social Care frontline staff on the use of the tool - LBM Public Health arranges for training to MASCOT on the use of the tool - The Community Falls Prevention Service and Age UK Merton arrange for training to Handyperson scheme frontline staff	**1 October 2016**	**22 January 2016**	
ACTION	**OWNER**	**SUCCESS INDICATOR**	**DEADLINE**	**REVIEW DATE**	**RAG RATING AT REVIEW & DATE**
13. London Ambulance Service (LAS) will ensure that crews are correctly referring those identified as at risk of falls to the SMCS FPS. a. LAS will carry out a Post- Fall Audit	London Ambulance Service (LAS)	- Direct referrals are made to the Community Falls Prevention Service from LAS - LAS completes the Post-Fall Audit that this involves providing feedback to individual crew members - LAS engages with other services i.e. CPAT and HARI to refer patients identified as at risk of falling as the Community Falls Prevention Pathway evolves to a Single Point of Access (SPOA)	**1 June 2016**	**22 January 2016**	

14. Merton CCG will develop a plan to support the identification and management of osteoporosis.	MCCG	- Success indicators will be established as part of this work. They will be dependent on the CCG's ability to obtain the following: o Information regarding the actual vs expected prevalence of osteoporosis (ideally at a CCG and individual practice level).	**1 October 2016**	**22 January 2016**	
15. MertonFire brigade frontline staff will ensure that falls risk screening is part of standard risk assessment after receiving training on how to use the screening tool	London Fire Brigade Merton	- Merton Fire Brigade staff receive training on how to use the Merton Standardised Falls Screening Tool - Merton Fire brigade frontline staff signpost older people at increased risk of falls to the Age UK Merton Exercise for Life Programme and the Merton Age UK Handyman service			
CHALLENGE 3: IMPROVING OUTCOMES FOR THOSE WITH FRACTURED HIPS **Outcomes:** - Epsom and St Helier Hospital (ESTH) and St Georges Hospital fully participate in the Falls and Fragility Fracture Audit Programme (FFFAP) Audit programme's three work streams namely: National Hip Fracture Database (NHFD), Fracture Liaison Service Database (FLS-DB) and National Audit of Inpatient Falls. - People will be discharged home quicker[21] following hip fracture at ESTH and St Georges Hospital - Referrals from the Fracture Liaison Service (FLS) at St. Georges to Exercise classes provided by voluntary sector providers increase					

[21] A reduced Average Length of Stay (ALOS) from prior Audit results will measure this. The average length of stay (measured in days) provides general information about the efficiency of care delivery in hospital, and is therefore an important quality indicator, National Healthcare Quality Report, 2010 http://www.ahrq.gov/research/findings/nhqrdr/nhqr10/Chap7.html

ACTION	OWNER	SUCCESS INDICATOR	DEADLINE	REVIEW DATE	RAG RATING AT REVIEW & DATE
16. ESTH and St. Georges Trust will fully participate in the FFFAP work steams involving annual audits for the duration of the three year strategy	ESTH and St Georges Trust	- ESTH and St Georges Trust participate in the Audits o FFFAP (Falls and Fragility Fracture) Audit programme[22] o National Hip Fracture Database (NHFD)[23], o Fracture Liaison Service Database (FLS-DB)[24] and; o National Audit of Inpatient Falls[25]	**31st March 2016**	**22 January 2016**	
17. FPS will run Health Promotion talks to Community Health and Social care professionals in Merton to provide education on falls screening	Community Falls Prevention Service (FPS)	- The Falls Prevention Service will work to strengthen links with the Fracture Liaison Services at the acute Hospitals including streamlining the referral process leading to increased referrals from the FLS to the FPS	**31st March 2016**	**22 January 2016**	

[22] The Falls and Fragility Fracture Audit Programme (FFFAP) is a national clinical audit run by the Royal College of Physicians designed to audit the care that patients with fragility fractures and inpatient falls receive in hospital and to facilitate quality improvement initiatives

[23] The NHFD is a national clinical audit project designed to facilitate improvements in the quality of hip fracture care.

[24] The Fracture Liaison Service Database (FLS-DB) is a new national audit commissioned by HQIP (Health Quality Improvement Partnership) as part of the Falls and Fragility Fracture Audit Programme (FFFAP) for the period of 2015 – 2017. The FLS-DB consists of an Organisational Audit and a Patient Audit. **The organisational Audit** aims to profile the structures and policies of services which identify patients at risk of osteoporosis and falls (whether or not they badge themselves as an FLS) in order to create a detailed national picture of how secondary prevention is being delivered. The Organisational Audit will be completed annually by participating sites. **The patient audit** aims to measure secondary prevention based on a continuous data collection of a minimum common dataset.

[25] The National Audit of Inpatient Falls measures compliance against national standards of best practice in reducing risk of falls within acute care.

18. As the majority of falls take place in the home in Merton, LBM Environment and Planning will ensure that new residential units meet lifetime homes requirements.	LBM Environment and Planning	All new residential homes meet the Lifetime home requirements of a home that is easier to move, with a reduced need for adaptations	1 October 2016	22 January 2016	
19. LBM Public Health will join the Falls and Fracture Alliance (a joint initiative by the National Osteoporosis Society and Age UK). The Alliance will work together to prevent falls and fractures and, specifically, reduce the rate of hospital admissions for hip fractures and falls-related injuries	LBM Public Health	LBM Merton will become a member of the Falls and Fracture Alliance and participate fully in the programme	31st March 2016	22 January 2016	
20. LBM Public Health Merton will join the Public Health England (PHE) Falls and Fragility Fracture Prevention Programme	LBM Public Health	LBM Merton will be a member of the PHE Triple F Programme and participate fully	31st March 2016	22 January 2016	

SYSTEM –WIDE INDICATORS & OTHER ACTIONS TO CONTRIBUTE TO FALLS PREVENTION

We are aspiring to see a 5% improvement in the indicators below during the lifetime of this Implementation Plan.

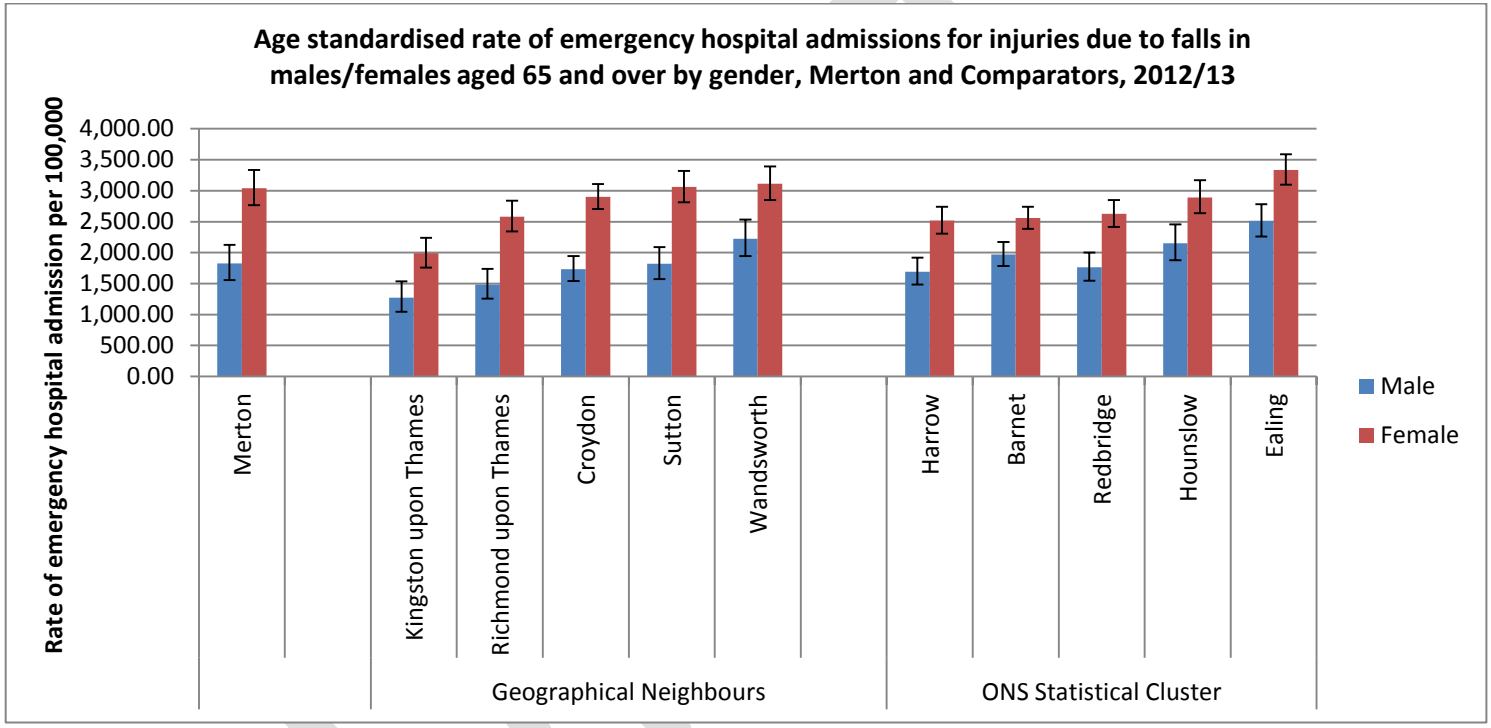
Outcomes	**Merton Baseline in 2013/14**
Reported emergency hospital admissions for injuries relating to falls in Merton decrease	Rate: 2,599 per 100,000 Count: 681 Source: Public Health Outcomes Framework (PHOF) indicator 2.24i Age-Sex standardised rate of emergency hospital admissions for injuries due to falls in persons aged 65 and over 2013/14
Rate of emergency admissions for fractured neck of femur in all older people in Merton decrease	Rate :610 per 100,000 Count :163 Source: PHOF indicator 4.14i Age-Sex standardised rate of emergency admissions for fractured neck of femur in persons aged 65 and over
Hip fractures in older women in Merton decrease	Rate: 782 per 100,00 Count :123 Source: PHOF indicator 4.14i Age-Sex standardised rate of emergency admissions for fractured neck of femur in females aged 65 and over

APPENDIX A: THE MEMBERS OF THE T&F GROUP WHO CONTRIBUTED TO THIS STRATEGY ARE:

Representative	Role	Organisation
Anne Donaghy	Falls Class Instructor	Merton and Morden Guild of Social Service
Carole Webster	Interim Chief Nurse and Director of Infection Prevention & Control	St Helier Hospital
Christine Flood	Falls Prevention Class Instructor	Independent Instructor
David Gardener	Planning Officer	Environment and Regeneration, Health Protection, London Borough of Merton (LBM)
Dr Caroline Chill	GP and Clinical Director for Older and Vulnerable Adults	Merton CCG
Fran Hibbert	Chief Officer	MertonVision
Gifty Asare-Badu	Senior Health Liaison Social Worker	London Borough of Merton Social Services
Hannah Pearson	Commissioning and Service Improvement Manager	Merton CCG
Jane Platts	Head of Social Welfare	Wimbledon Guild
Jason Morris	Local Safeguarding Lead, Emeritus Helicopter Emergency Medical Service (HEMS) Paramedic	London Ambulance Service (LAS)
Jennie Chapman and Barbara Price	Interim Chief Executive	Age UK Merton
John Dinsdale	Service User Representative	N/A
Rufaro Kausi	Senior Public Health Principal	London Borough of Merton (LBM)
Stephanie Bruggemann and Anne Whittet	Sutton and Merton Falls Prevention Service Lead	SMCS Falls Prevention Service
Wei Zhang	Fracture Liaison Nurse	St. George's Hospital, Fracture Liaison Service

APPENDIX B: RATE OF EMERGENCY HOSPITAL ADMISSIONS FOR INJURIES DUE TO FALLS IN MALES/FEMALES AGED 65 AND OVER BY GENDER, MERTON AND COMPARATORS, 2012/13

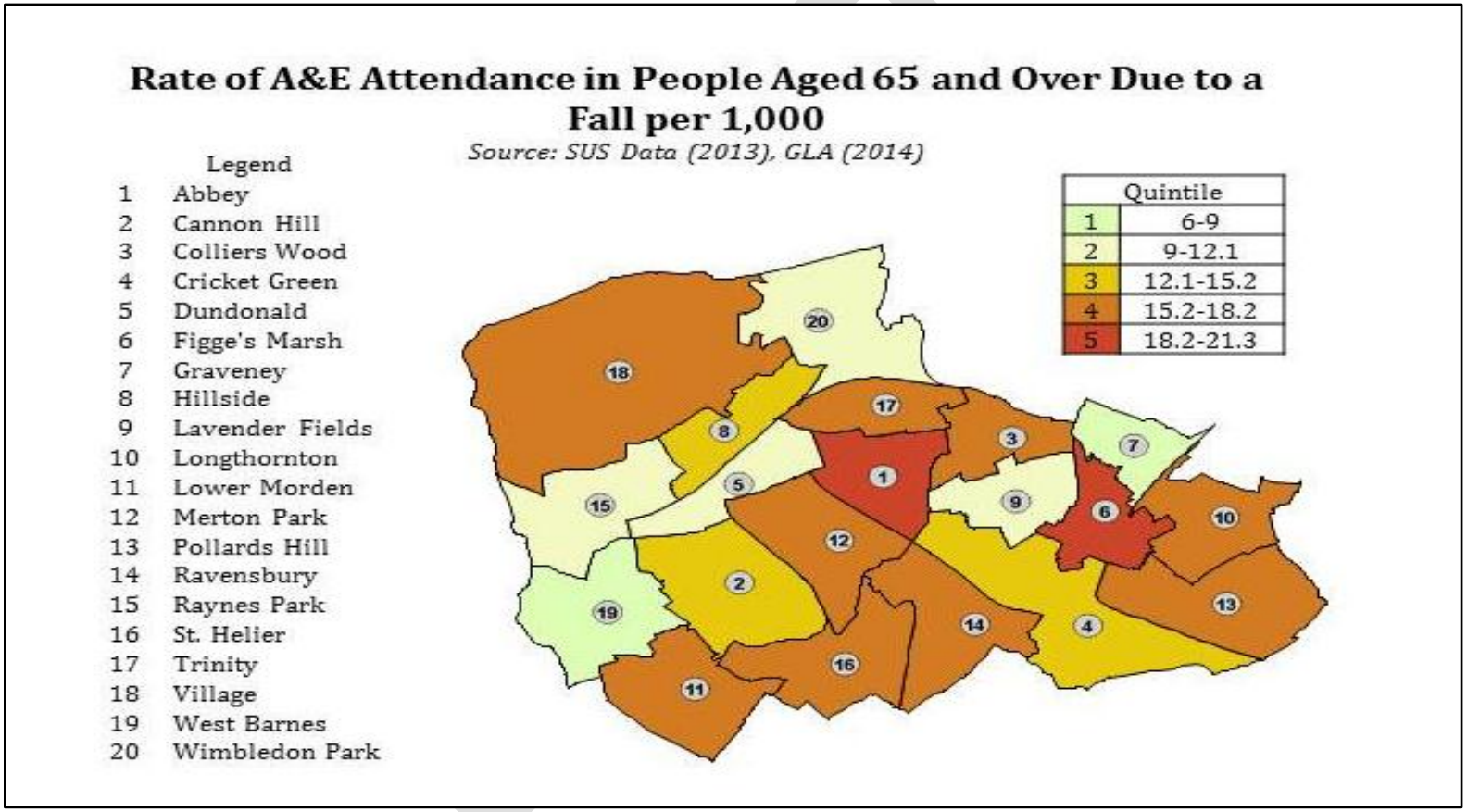
FIGURE 3: INJURIES DUE TO FALLS IN MERTON AND COMPARATORS WITH 95% CONFIDENCE INTERVALS* (Source Public Health Outcomes Framework PHOF)



* 95% **Confidence Intervals** (CI) indicate the precision with which the percentages are calculated. They also indicate the range of values in which there is a 95% likelihood that the true value for the patient population lies - the narrower the range, the more precise the calculation. The intervals are the widest for the smaller sample sizes. These are shown by the vertical lines at the top of the bar graphs. When the percentages are compared, if the CI intervals do not overlap this represents a statistically significant difference. Source: NHS Information Centre, HSCIC https://indicators.ic.nhs.uk/webview/

APPENDIX C: MERTON WARD RATES OF FALLS RELATED A&E ATTENDANCE IN PEOPLE AGED 65 AND OVER IN 2013 (extracted from The Falls Prevention Health Needs Assessment)

FIGURE 4: THE WARD RATE[26] OF FALLS-RELATED A&E ATTENDANCE IN PEOPLE AGED 65 AND OVER IN 2013



[26] **A&E Attendance Rate**: The numerator is the number of people who attended A&E with a falls-related fragility fracture on any part of the body Aged 65 and over in the ward and the denominator it the number of people aged 65 and over in that ward.