

Portsmouth and South East Hampshire District

FALLS PREVENTION STRATEGY

Falls are a major cause of disability and the leading cause of mortality due to injury in older people aged 75 and over. One in 3 people over the age of 65 fall each year and in 2004, 544 older people resident in the Portsmouth and South East Hampshire district were admitted to hospital with a fractured hip sustained as a result of a fall. Of this number, 70% were admitted from home.

This strategy provides a plan for partnership working to reduce the incidence and effects of falls in older people resident in the Portsmouth and South East Hampshire health economy.

The aim of the strategy:

To address key priorities for reducing falls amongst people over 65 years by delivering action to tackle the causes and consequences of falling in hospital, care homes, individual homes and in the community.

Though older people are regarded as those over 65 years old, it is recognised that in order to prevent falls and injury from falls, particularly osteoporosis, lifestyle measures should be considered at all ages.

The need to work with people from all cultures and religious backgrounds is recognised and specific work will be required to ensure the needs of the different groups are understood and addressed.

National Service Framework for Older People 2001

Standard 6 Falls:

- The NHS, working in partnership with councils, takes action to prevent falls and reduce resultant fractures and other injuries in their population of older people.
- Older people who have fallen receive effective treatment and rehabilitation and, with their carers, receive advice on prevention through a specialised falls service.

Actions:

Every health and social service should, in partnership with councils, review the local system for falls, including

- measures for the prevention of falls,
- identifying those at risk and minimising this risk,
- improving the care of those who have fallen, including rehabilitation
- continuing care for those whose falls have longer term consequences.

Every health system should, in partnership with councils agree and implement local priorities to reduce the incidence of falls, and to reduce the impact which a fall can have on health, well-being and independence including appropriate interventions and advice to prevent osteoporotic fracture.

Current situation:

Partnership working is central to the NSF approach and a variety of partnerships have been developed between the NHS Trusts for Portsmouth, Fareham and Gosport and East Hampshire and their respective local councils.

The development of the District Falls Strategy Group (DFSG) has brought focus and coherence across the three Primary Care Trust's (PCT's) and Portsmouth Hospitals Trust (PHT). With a diversity of needs across the District, local implementation teams (LIT) have been established to identify and work on actions particular to each area.

Whilst it is deemed appropriate to have a district strategy, with overarching guiding aims, it is important that each locality/area formulates their own local action plan. This will be based on local needs, consultation, resources and service providers, and each area plan will form a part of the district strategy. There may of course be some district-wide joint actions.

Targets:

In the government's document 'National Target " Saving Lives" – Our Healthier Nation"(1999) there are specific targets related to the health of older people:

- reduce the death rate from accidents by at least one fifth by 2010
- reduce the rate of serious injury from accidents by at least one tenth by 2010

Robust data collection will provide the base against which to demonstrate the effectiveness of falls prevention, treatment and rehabilitation.

Strategic Objectives:

These will form the basis of the local area falls prevention action plans.

- Improve collection/analysis of falls data
- Create a safer 'home' environment for older people living in their own homes, sheltered housing and/or residential/nursing care
- Ensure systems are in place for the assessment and management of vulnerable patients at risk of falls in hospital settings.

- Ensure that systems for improving the safety of medication in relation to preventing falls include appropriate review of administration, efficacy and concordance.
- Encourage active healthy living amongst older people, including issues such as mobility, diet and nutrition, smoking, and blood pressure.
- Ensure service providers, older people and their carers have access to relevant falls prevention information
- Reduce the rate of specific injuries associated with falling

The action plan should include the following essential elements:

- Evidence based interventions
- Structures that facilitate joint working
- Commitment from each key agency to implementing the falls prevention action plans
- Clear measures to monitor and evaluate local interventions
- Regular dissemination of the outcomes of falls initiatives to key strategic organisations

The way forward:

1. To summarise all current falls prevention activities/successes/structures/partnerships in each locality
2. To identify all partners and potential partners
3. Agree Strategic objectives, gain commitment and develop a locality action plan.
4. Localities report back to District Falls Strategy group bi-annually.

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With thanks to Kirklees Falls Prevention Strategy group.