

North Tyneside

Joint strategic needs assessment

Falls

September 2024



North
Tyneside
Council

1. Introduction

A fall is defined as an event which causes a person to, unintentionally, rest on the ground or other lower level. It is distinguished from a collapse that occurs as a result of an acute medical problem (1). Falls can occur in a wide range of settings including homes, healthcare facilities and public spaces. The highest risk of falls is in those aged 65 and above. About 30% of people aged over 65 and about 50% of people aged over 80 fall at least once a year (2).

Falls are both high volume and costly for healthcare services. They account for around 40% of all ambulance call-outs to the homes of people over 65 (3). In 2022/23, across England, there were 209,989 emergency hospital admissions due to falls (4). The average cost of a hospital stay for a fall admission is estimated to be around £4,088 (5). In around 5% of cases a fall leads to a fracture (6). The total cost of fragility fractures to the UK has been estimated at £4.4bn which includes £1.1 billion for social care; with hip fractures accounting for around £2 billion of this sum (2).

Experiencing a fall can have significant impacts on an individual's short- and long-term health outcomes. Falling may lead to pain, injury, and even mortality. Even when falls do not result in physical injury, they can cause older people to become fearful of falling, with consequent restrictions on daily activities and the onset of functional decline (7). Falls prevention is therefore vitally important for maintaining the health, wellbeing and independence of older people across society.

2. Key issues

- **High prevalence:** Between 2020–2023 North Tyneside consistently ranked as having the highest rate of emergency admissions to hospital due to falls in people aged over 65 across England.
- **Projected to rise:** Based on population growth projections, it can be confidently predicted that the prevalence of falls in adults aged over 65 will increase.
- **Diagnosing the problem too late:** For too many older people, falls prevention advice and support is only commenced once they have been admitted to hospital with a fall.
- **Inequalities exist:** Both locally and nationally, women and those living in the most deprived deciles are at greater risk of falling compared to men and those in the least deprived deciles.
- **Pressure on services:** With falls related healthcare needs expected to increase in future, there are concerns as to the ability of already stretched health and social care services to cope with increased demands.
- **Older people aren't active enough:** Far too many older people are at risk of falls owing to physical inactivity. Increasing activity levels amongst older people is essential if we want to reduce the prevalence of falls.

3. High level priorities

The case for prioritising falls prevention is clear. Falls are generally caused by preventable risk factors, which if minimised, would not only greatly reduce health and social care costs but also improve the quality of life of individuals most at risk of falls. Preventing falls requires a multifaceted approach, involving population health strategies such as promoting physical activity, ensuring safe environments and optimising healthcare systems to identify and manage fall risks among individuals.

A) Prioritise exercise programmes as a fall prevention strategy

Exercise programmes, particularly strength and balance programmes, are the most effective intervention to reduce both the risk and rate of falls amongst older people. Moreover, they have wide reaching physical, mental and social health benefits beyond that of falls prevention e.g. reductions in fragility fractures via strengthening of bones and muscles, improved weight management, multiple cardiovascular benefits, and often reduced feelings of loneliness and isolation if delivered in groups. Hence, in a resource limited setting the case for exercise programmes couldn't be stronger. A prioritisation of exercise programmes for older adults would alone promote each of the three key areas identified in the North Tyneside ageing well strategy: being healthy, being active, being connected.

Considerations:

- *Agencies and service providers across North Tyneside should work together to develop standardised, evidence-based exercise programmes and seek to ensure equitable access across the local authority region.*

B) Increase attempts to identify older people at risk of falls

Far too many people are identified as being at risk after being admitted to hospital with a fall. Falls tend to lead to deconditioning either through injury, fear of falling or both, increasing the risk of falling even more. The most effective approach to falls prevention is to identify and support individuals at risk of falling before they fall.

Considerations:

- *Healthcare professionals to be given training on identifying individuals at risk of falling. Once identified, individuals should be offered self-referral to exercise programmes, and a 'multifactorial risk assessment' delivered by primary care teams.*
- *For individuals deemed at high risk of falling it would be good practice to have a home hazard assessment carried out by occupational therapists.*

C) Improve detection and treatment of osteoporosis

No matter the extend of falls prevention work, it is inevitable falls will continue to occur amongst the older population. It is therefore important to also consider how to minimise the impact and burden of falls when they occur. Osteoporosis increases the risk of fractures following a fall yet is often undiagnosed until after a fracture occurs. Intensifying efforts to identify, and adequately treat, osteoporosis would represent a relatively simple and cost-effective approach to reducing the risk of fractures following a fall.

Considerations:

- *A joint strategic needs assessment should be carried out for osteoporosis*

4. Who is at risk

Having a fall can happen to anyone, however, as people get older, they are more likely to fall over. This is because the prevalence of many falls risk factors increase as people grow older. Risk factors can be divided into intrinsic and extrinsic categories (Table 1). Falls generally occur due to the interplay of multiple risk factors.

Table 1- Examples of intrinsic and extrinsic risk factors for falls

Intrinsic	Extrinsic
Frailty	Environmental hazards
Poor strength & balance	Poor fitting footwear
Visual impairment	Winter weather
Cognitive disturbances	Polypharmacy
Low blood pressure	Excess alcohol use
MSK conditions e.g. arthritis	
Neuro-disabilities	

In addition to identifying risk factors for sustaining a fall, it is also worth considering factors which increase the risk of poor health outcomes following a fall. For example, osteoporosis is associated with a greater risk of sustaining a fracture following a fall. Fragility fractures represent a significant burden associated with falls and can result in prolonged hospitalisation, de-conditioning and even mortality (8).

Inequalities

The risk of falls can also be indirectly influenced by factors such as gender and deprivation status. In England, women are more likely to be admitted to hospital with a fall compared with men (Figure 1). Similarly, those in the most deprived decile are more likely to be admitted to hospital with a fall compared with those in the least deprived decile (Figure 2).

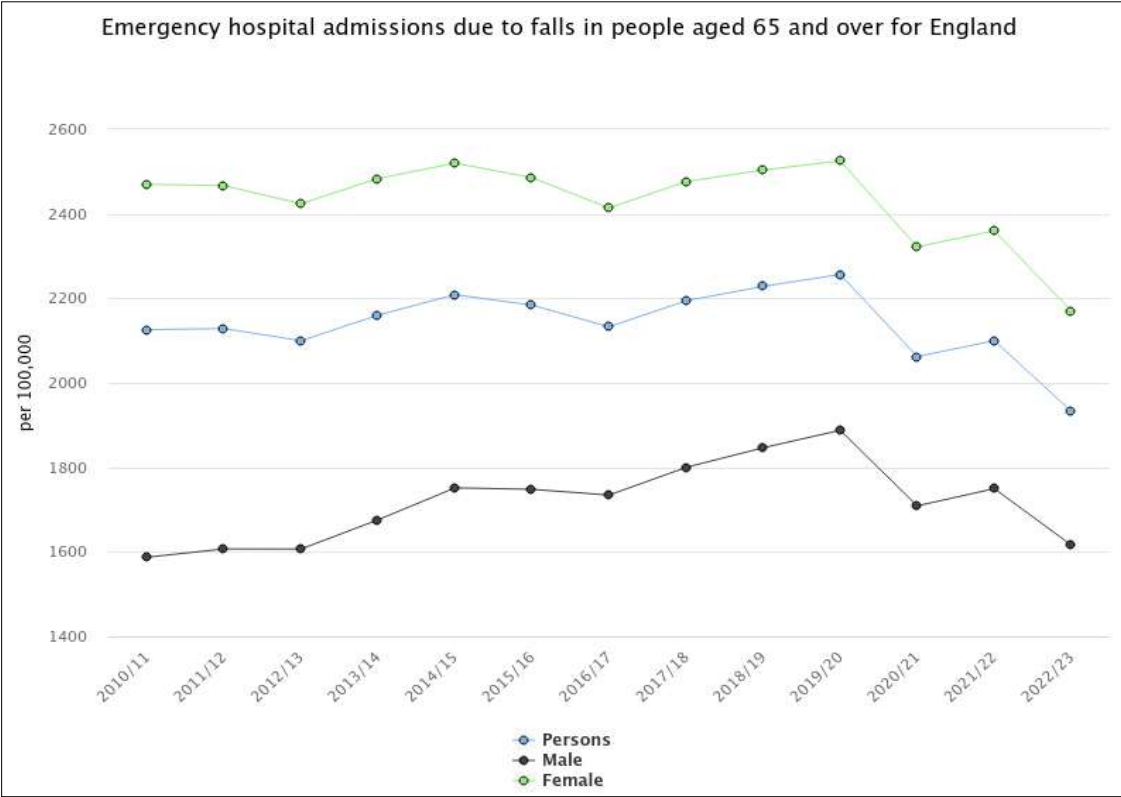


Figure 1- Trend of emergency hospital admissions due to falls in people aged 65 and over for England, shown for males, females and the England average (persons). Data source: OHID Fingertips.

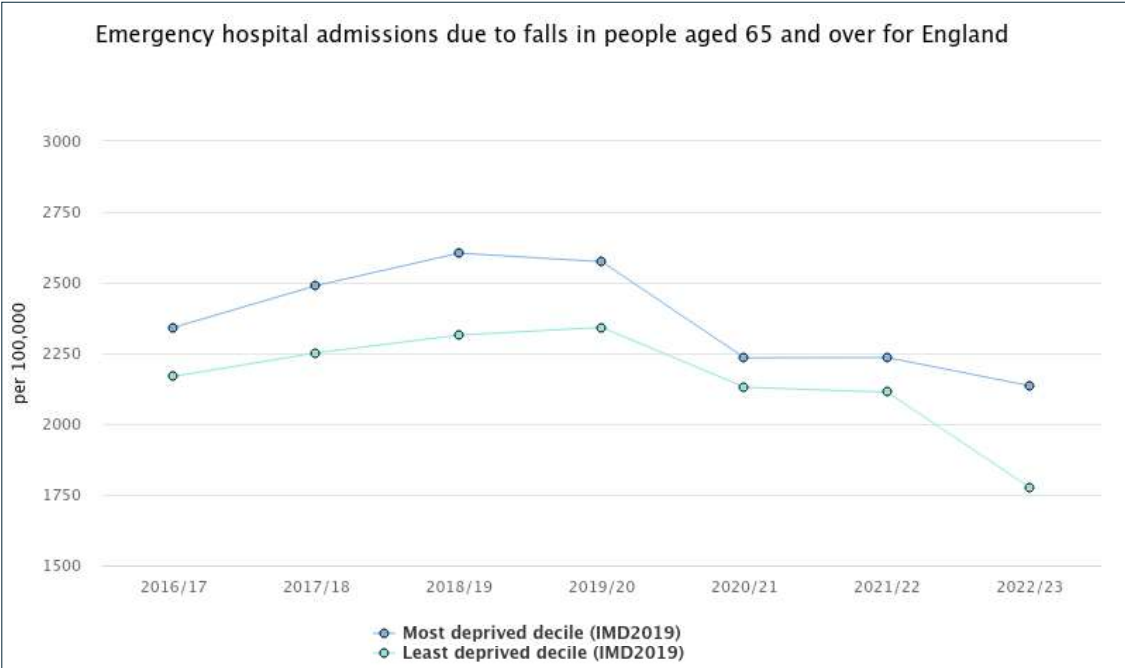


Figure 2- Trend of emergency hospital admissions due to falls in people aged 65 and over for England, shown for the most and least deprived deciles. Data source: OHID Fingertips.

5. Level of need

Between 2020–2023 North Tyneside consistently ranked as having the highest rate of emergency admissions to hospital due to falls in people aged over 65 across England (9). In 2023 there were 1,345 emergency admissions due to falls for people aged 65 and over in North Tyneside. The standardised rate of 3,130 per 100,000 for North Tyneside is significantly worse than the England average of 1,933 per 100,000 (Figure 3).

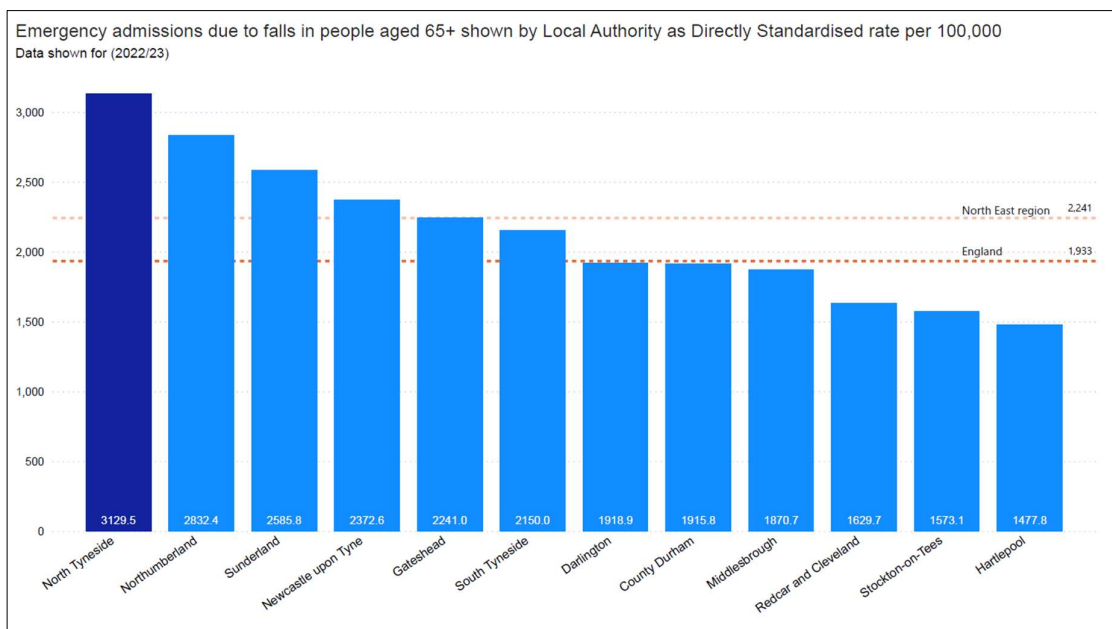


Figure 3 - Emergency admissions due to falls in people aged 65+ shown by local authorities across the Northeast region, 2022/23. Data source: HES.

Inequalities

Mirroring the national picture, in North Tyneside women are more likely than men to be admitted to hospital with a fall (Figure 4). Similarly, those in the most deprived deciles are more likely to be admitted to hospital with a fall compared with those in the least deprived deciles (Figure 5). The risk of falling increases with advancing age with the greatest risk of falling in those aged 90+ (Figure 6).

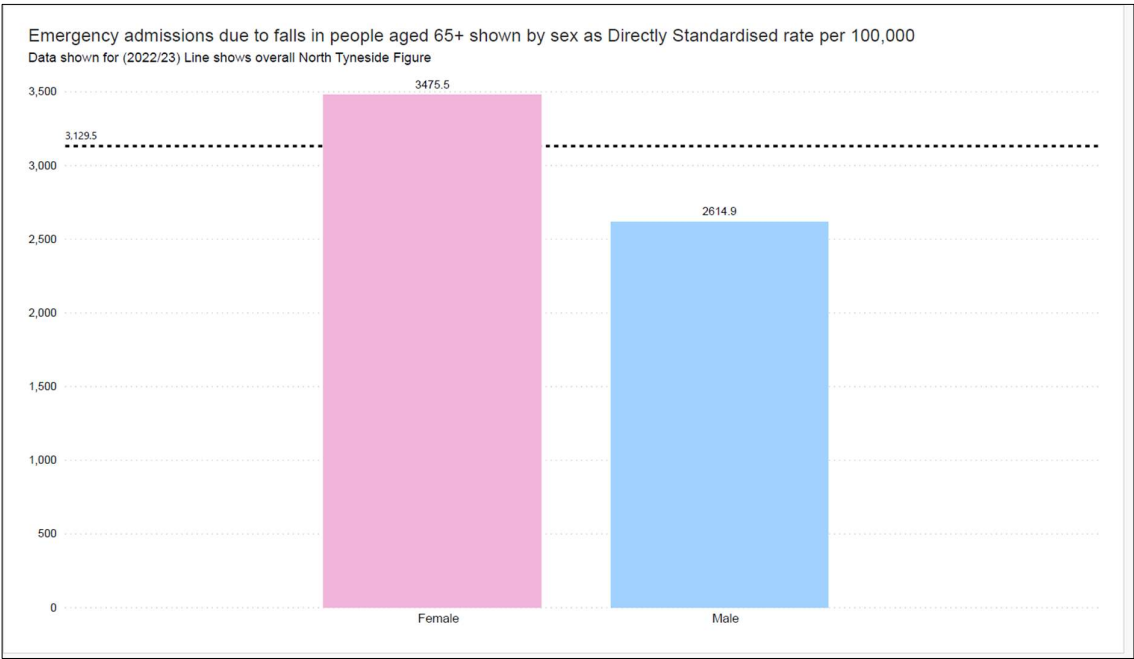


Figure 4- Comparison of emergency admissions due to falls between women and men aged over 65 in North Tyneside. Data source: HES.

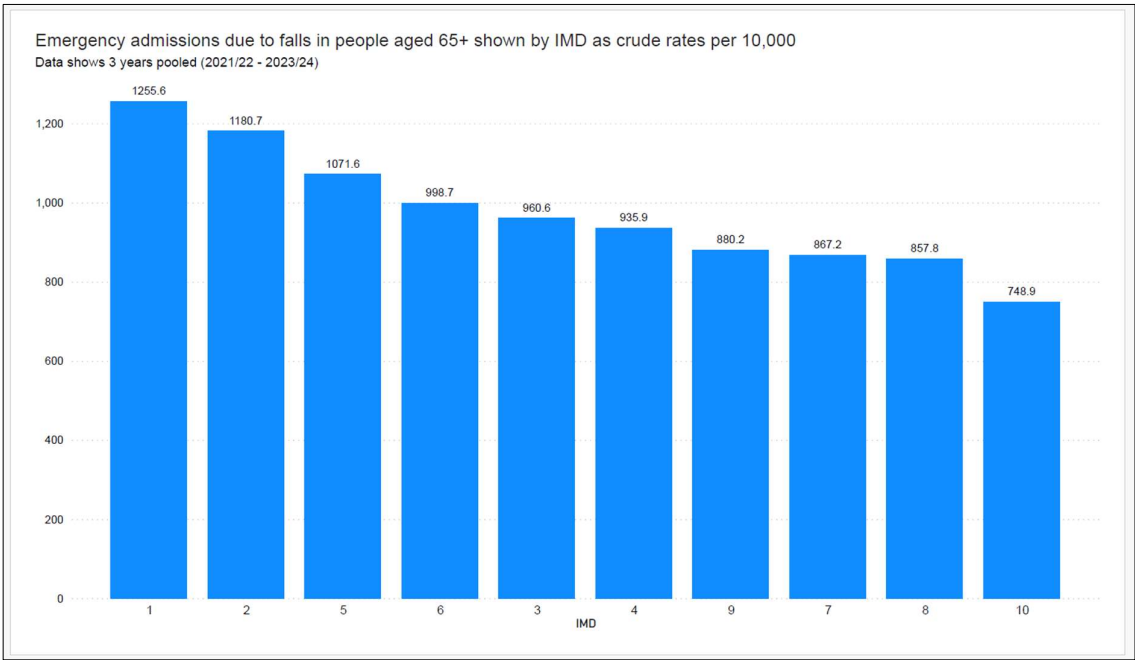


Figure 5- Comparison of emergency admissions to hospital due to falls in those aged 65+ in North Tyneside, based on IMD (Index of Multiple Deprivation) deciles. Data source: HES.

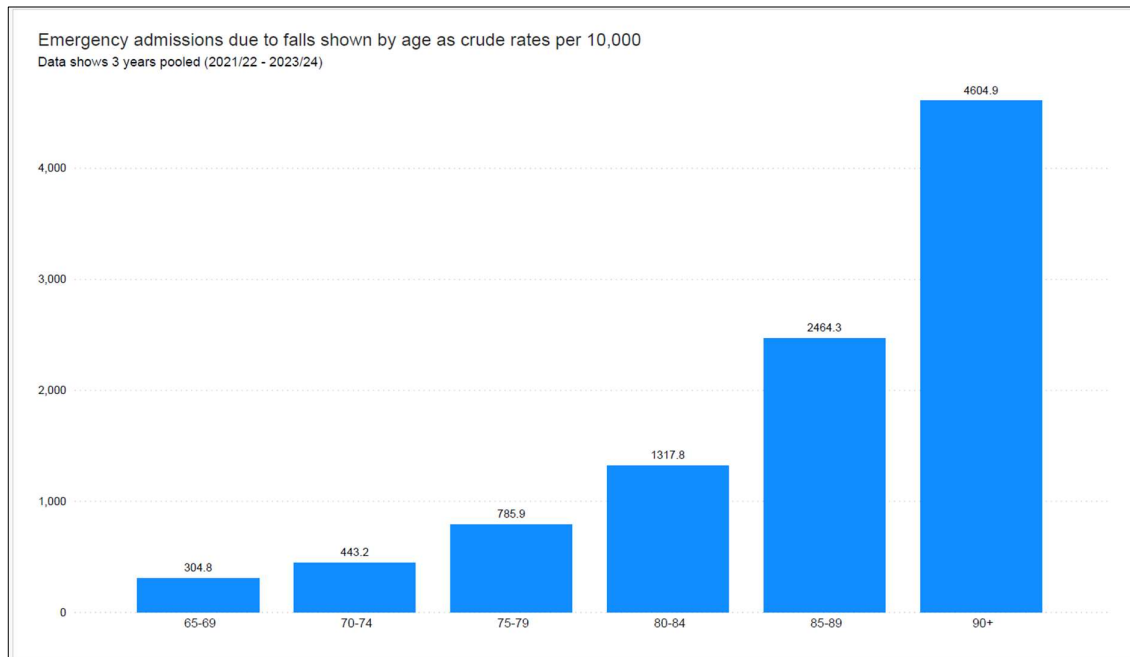


Figure 6- Comparison of emergency admissions due to falls based on different age categories of North Tyneside residents. Data source: HES.

6. Unmet needs

There is no standardised way of identifying older people at risk of falling, meaning older people in the community who are at risk of falls are potentially not receiving falls prevention advice and/or support. Currently, most older people enter falls prevention programmes after they have fallen, by which time it may be too late to avoid serious consequences, for instance, half of those with hip fracture never regain their previous level of functioning (10).

A significant unmet need is therefore people who are at risk of falling who would benefit from falls prevention interventions e.g. exercise programmes, who aren't identified as being at risk, and are therefore not offered any support.

Falls prevention requires a holistic approach, and therefore the lack of provision/access to one of many falls' prevention services could represent an unmet need. Examples of unmet need in the context of falls prevention may

include:

- Limited occupational therapy capacity to meet demands (11).
- Significant osteoporosis treatment gaps i.e. inadequate identification and treatment of osteoporosis (12).
- Unaddressed falls hazards in the home (13).
- Limited capacity for the provision of exercise classes for older people (14).
- Prolonged referral times for old age memory clinic reviews (15)

7. Projected need and demand

Ageing population

Based on 2021 census data, the Office for National Statistics population estimates for 2022 predicted there were around 12.7 million people aged over 65 in the UK, equivalent to 19% of the population. By 2072 this number could rise to 22.1 million people, which would represent 27% of the projected population. The number of people aged 80 and over is the fastest growing segment of the population and is set to double to over 6 million over the next 40 years (16).

In 2022, the percentage of people aged 65 and over in North Tyneside was estimated to be 20.8% (17), a figure which will only increase if projected population estimates are accurate. Given the risk of falling increases with advancing age, an increase in falls related demands on healthcare services can be confidently predicted in line with an ageing population.

Increasing prevalence of multimorbidity

Not only are people living longer but also the duration of time people will spend living with major illness/s, including obesity and type 2 diabetes, is also expected to increase (18,19). Both obesity and type 2 diabetes increase the risk of falling in older adults (20,21). The impact of advancing age, compounded by the rise in multimorbidity, will likely result in an increased prevalence of falls amongst older adults.

Physical inactivity

The proportion of adults who are physically inactive decreases with age. The Sport England Active Lives Adult Survey 2022–23 report showed only 43% of adults over 75 are active (i.e. achieve at least 150 minutes of moderate intensity activity per week), compared with over 60% for adults aged between 35–74. Lack of exercise is a major contributory factor to frailty and loss of function (22), and as a result increases the risk of falls. Whilst we may not know how active older people will be in the future, if there were to be a trend of decreasing activity levels amongst older adults, say due to the increased prevalence of chronic health conditions, that could potentially further exacerbate the prevalence of falls.

8. Community assets and services

There are multiple services available to residents in North Tyneside who have fallen and/or are identified as being at risk of falling:

- Primary care workload e.g. medication reviews, frailty reviews, etc.
- Tyne Health Care plus multidisciplinary frailty team
- Elderly care consultant-led falls clinics
- Care call- council community alarm services

- Community reablement teams
- Immediate care and rehab beds
- Community nurse assessments
- Exercise programmes
 - Age UK strength and balance classes
 - Active North Tyneside fitness programmes
 - Living well North Tyneside initiatives

9. Evidence for interventions

NICE guidelines for assessing falls risk and falls prevention in older people

highlight the following as key strategies:

- **Case/risk identification:** Older people in contact with healthcare professionals should be asked routinely whether they have fallen in the past year.
- **Multifactorial falls risk assessment:** Should be offered to all older people who present for medical attention because of a fall or report recurrent falls in the past year.
- **Multifactorial interventions:** Should be offered to all older people identified as being at increased risk of falling. This should include strength and balance training, home hazard assessment and intervention, visual assessment, medication review with modification/withdrawal.

Conclusions from a Cochrane systematic review reported that; there is strong evidence that certain exercise programmes and home safety interventions are effective in both reducing the risk of and rate of falls amongst older people (23).

- **Group exercise classes** reduced the rate of falls by 29% and the risk of falling by 15%.
- **Home-based exercise** reduced the rate of falls by 32% and the risk of falls by 22%.
- **Home safety interventions** reduce rate of falls by 19% and risk of falling by 12%.

More recent systematic reviews have confirmed the Cochrane findings that exercise programmes are the most effective intervention for preventing falls in older adults, especially strength and balance exercise programmes (24,25).

10. Views of population

Falls prevention advice

A survey commissioned by Age UK has found that millions of older people are worried about falling over, with 4.3 million (36%) saying it topped their list of concerns. Older people living on their own were most worried about falling (26). Fear of falling can lead to general loss of confidence, social isolation and avoidance of activities, and therefore has the potential to result in increasing frailty and risk of further falls (27).

It is clear there is an unmet need in terms of adequate support and advice if vast numbers of older people fear falling. Focus groups of older people, aged 66–91, have highlighted traditional falls prevention advice is often viewed as common sense, only necessary for more disabled individuals and at times patronising (10).

Older people reject the designation of “at risk of falling” due to a perceived association with dependency and incompetence. The negative association is a barrier to engaging at-risk populations with falls prevention interventions (28).

Older people are motivated to participate in strength and balance training by a wide range of perceived benefits including improved mood, independence and not just reduction of falling risk (10,29). Promoting a positive attitude towards living well encourages older people to engage in healthy, risk reducing behaviours (28). Messaging around reducing falls risk should therefore focus on the positive benefits of improving strength and balance if it is to be better received over well-meaning, but potentially patronising, traditional falls prevention advice (10,29). Such an approach could result in improved outcomes for people at risk of falls.

Individuals perceived ability to exercise

In 2022, less than 50% of adults aged 16 years and over felt they had the ability to exercise. The percentage decreased with age, reducing to less than 20% for the over 75s (Figure 7).

The proportion strongly agreeing to the statement that ‘I feel I have the ability to be physically active) (November 2018-2022)

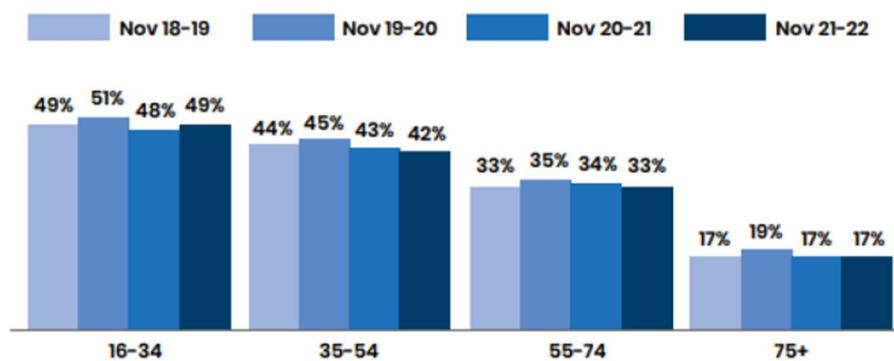


Figure 7- Individuals perceived ability to exercise depending on age category. Data source: Sport England Active Lives Adult Survey 2021-22 report.

11. Additional needs assessments required

There is argument to be made for a needs assessment around osteoporosis given the significant danger of fragility fractures following a fall. Research conducted in 2013 estimated the treatment gap (i.e. the number of people who are eligible for a treatment who do not receive it) for osteoporosis is 54% for women in the UK (12). This is particularly relevant given the Quality Outcomes Framework (QOF) removed the osteoporosis treatment indicator in 2019, meaning the treatment gap is likely to have widened further (30).

It would also be sensible to undertake a needs assessment looking at physical activity in older people, given the strong links between physical fitness and reduced risk of falling.

12. Key contacts

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