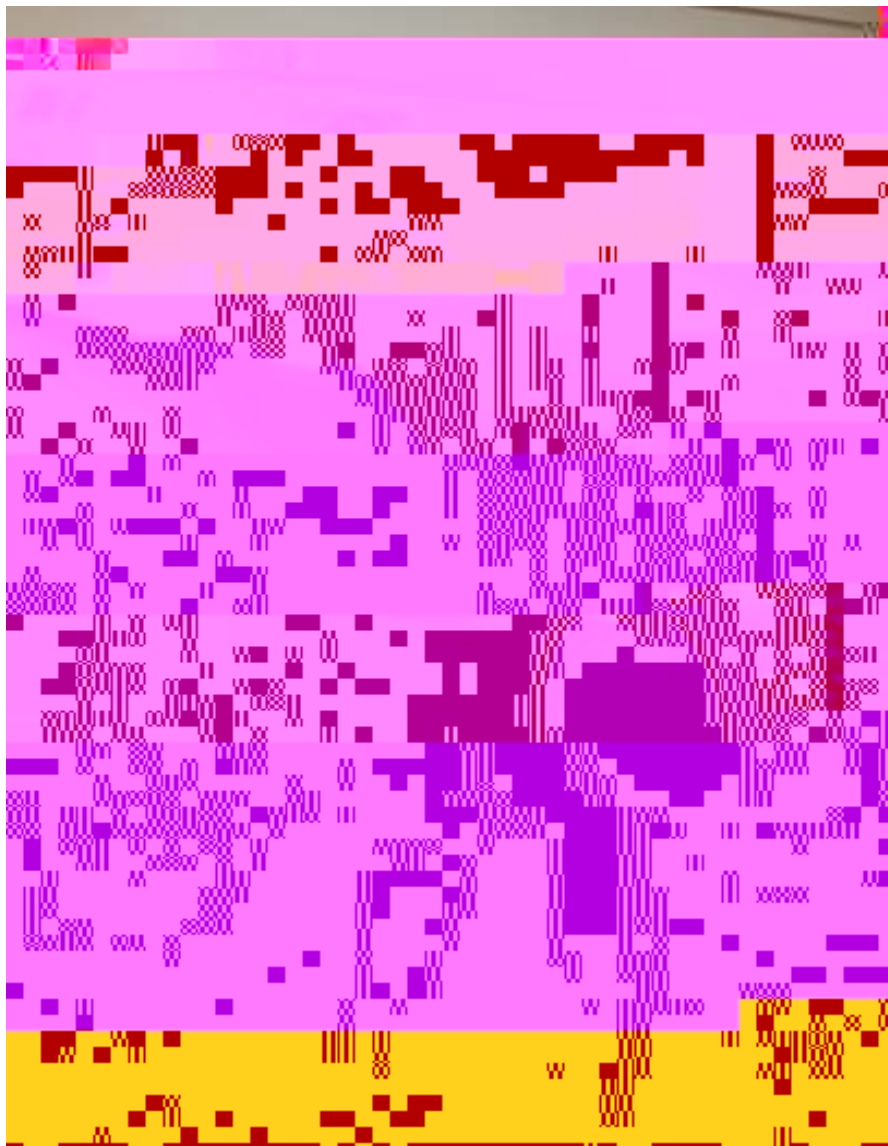


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Preventing older people falling in Birmingham



A report from Overview & Scrutiny



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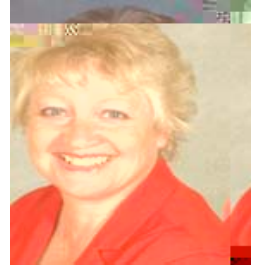
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Reports that have been

Preface

By Councillor Susan Barnett

Chair of the Health and Social Care Overview and Scrutiny Committee



It is good news that people are living longer and we have a thriving and active older adult population in Birmingham. I want as many people as possible in this City to stay happy, healthy and active for as long as possible.

The Health and Social Care Overview and Scrutiny Committee have heard that too many older people in Birmingham are falling, injuring themselves and requiring care. We therefore agreed to focus our second Committee inquiry on the important issue of falls prevention.

Most of us will know someone who has fallen and the devastating impact this can have on someone's life. I



Summary

Birmingham is in the top 25% of local authorities for people falling and injuring themselves who are aged 65-79 and has higher than the average rate of falls related emergency admissions in England. In spite of these worrying statistics we were pleased to find the commitment of organisations in this City to the Falls Prevention Agenda.

It was clear from the many pieces of written evidence and presentations to the inquiry that there is a significant amount of work being undertaken aimed at reducing people being harmed from falls. We were particularly impressed by the focussed work of the acute hospitals in successfully reducing harm and to see that best practice is now being embedded.

We have had the opportunity to explore activities provided in the City that encourage older people to live more independent and active lives, reducing their risk of falling. The development of a Falls Prevention Service over the last few years has been positive in providing advice to older people on falls prevention strategies and minimising the risks of older people falling in their own homes.

As the inquiry progressed, it became evident that although good practice exists, there has been, up until now, no holistic approach to falls prevention work in the City and services are not provided consistently. We were disappointed to find the lack of information available for older people to find out about how they can prevent themselves from falling. The inquiry heard how simple measures such as increasing vitamin D intake, having your eyes tested regularly, reducing trip hazards in the home, wearing appropriate footwear, undertaking exercise and getting medication checked can reduce injuries from falls, but there was no reassurance that this message is getting out consistently to the older population of Birmingham.

The Committee advocates a pan Birmingham City wide falls prevention strategy and we were pleased to find out that Birmingham and Solihull Frail Elderly Programme Board are at the early stages of developing such a strategy. The Committee are keen that the recommendations identified within this inquiry are drawn upon in the development of the City wide Falls and Fracture Prevention Strategy. We feel that it is of key importance;

- For clear falls pathways to be developed in the City so that people, wherever they live, can expect a high level of falls prevention support and have access to the right services at the right time and the right place to meet their needs.
- That people are encouraged to help reduce their own risks of falls through better and consistent marketing and availability of services that provide advice and encourage greater mobility.
- That those living with dementia and/or living or staying in care settings also have their risk of falling minimised.
- For partners across the City to gather information about the risk of falls, the number of falls that they have identified and the outcomes of these falls so that best practice can be developed to minimise the numbers of people falling in this City and services can be targeted appropriately.

Summary of Recommendations

	Recommendation	Responsibility	Completion Date
Developing a City Wide approach to Falls Prevention			
R01	That the Birmingham and Solihull Frail Elderly Programme Board report progress towards a pan Birmingham Falls and Fracture Prevention Strategy which includes details of future funding arrangements.	Birmingham and Solihull Frail Elderly	



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developed to define:

- The scope and remit of the Falls Prevention Service going

	service planning can be based around accurate, comprehensive and up to date information.		
R14	That representatives from the Clinical Commissioning Groups and Birmingham NHS Provider Trusts share information with the Council's Highways Services to contribute to decisions about the prioritisation of pavements for gritting.	Clinical Commissioning Groups and Chief Executives of Birmingham NHS Provider Trusts	September 2013
Tracking the implementation of recommendations			
R15	An assessment of progress should be presented to Scrutiny. Outcomes to be tracked to be agreed between OSC and HWBB	Cabinet Member for Health and Wellbeing	December 2013

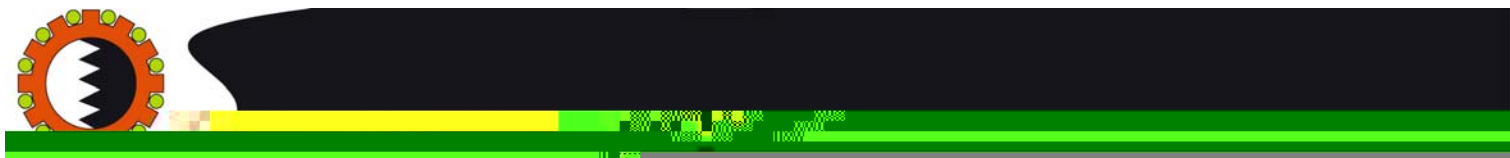


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- 1.1.3 Falling is a big risk for older people. In 2009/10 there were 24,000 emergency inpatient admissions in the West Midlands with a diagnosis of 'fall' for people aged 65 and over, which equates to 3% of the West Midlands resident population aged 65 and over. For those aged 85 and over this increases to 10,700 emergency inpatient admissions, 9% of the West Midlands resident population aged 85 and over.

The implications of a fall in older age

- 1.1.4 The implications of a fall when you are older are often more serious and costly than taking a similar fall in your earlier years. The Department of Health estimates that approximately 45% of people aged over 80 who live in the community will fall each year and 10-25% of these people sustain a serious injury.
- 1.1.5 A strategic group called Birmingham and Solihull Frail Elderly Programme Board has been set up to bring Health and Social Care services together to examine the pressures on services as a result of an ageing population. The Board is exploring the ability of services to



Future increasing costs of falls in Birmingham

- 1.1.14 It was reported to the inquiry that between 2006-2016 it is likely that Birmingham will see a 24% increase locally in the numbers of people aged 65 and over, this equates to an additional 8,500 people aged over 65 across Birmingham and Solihull. This has enormous potential cost implications for Health and Social Care services.
- 1.1.15 It was also reported to the inquiry that the most wealthy and healthy older people leave Birmingham when they retire, resulting in the City's population of older people overall being poorer, more isolated and less healthy compared to populations elsewhere. This possibly contributes to the higher rates of falls in older people in Birmingham compared to other areas adding to the pressure on Birmingham's social care budget.
- 1.1.16 In 2012/13, 11% of the City Council's budget, £384 million was spent on Adults and Communities Services, however with an anticipated reduction of over £600 million in available funding for Council services by 2016/17 there is pressure on all City Council



2 Actions to Prevent Falls

2.1 An Active Healthy Lifestyle

Why older people should exercise

- 2.1.1 We can all do something now to help prevent us falling in the future. We know that physical exercise and a good diet are important in maintaining a healthy body and mind and this should be maintained into older age. Evidence presented to the inquiry highlighted that inactivity currently costs the NHS an estimated £1.06 billion annually in direct costs.
- 2.1.2 The Department of Health's 2011 Physical Activity Guidelines states that older adults should aim to be active daily and those at risk of falls should incorporate physical activity to improve balance and co-ordination on at least two days per week. All older adults should minimise the amount of time spent being sedentary (sitting) for extended periods.

Physical activity classes for older adults in Birmingham

- 2.1.3

balance, strength and mobility and to help to prevent them from falling. These groups charge participants £4 per 1.5 hour session to cover room hire. Those who submitted evidence to the inquiry reported that people are generally willing to pay this to take part in an activity that they enjoy. What can be more challenging however is travelling to the class. In the Birmingham area the older persons' free bus pass usually covers the travel cost for the individual but **sometimes the cost of transport and arranging this can be prohibitive. (R04)**

- 2.1.7 Although not run by the City Council, the Council's Care Centres are renting rooms to instructors who run Tai Chi classes for the local older adult population. The Kenrick Care Centre in Harborne for example, runs classes to encourage older people to enjoy gentle exercise and stay active. The classes not only improve balance, muscle tone, range of joint movement and therefore hopefully reduce the risk of falls, but they also improve general fitness and sense of wellbeing. Such classes are very well attended and popular. There are many similar Tai Chi classes running throughout the City. A Committee Member also reported to the inquiry details of an allotment and gardening club that has been developed at the Norman Power Centre. These types of group activities not only encourage greater mobility but also have the advantage of bringing people together, reducing social isolation.
- 2.1.8 The City Council's Adults and Communities Directorate's Falls Prevention Service refers people to a number of organisations to provide activities to get older people moving. These activities include tea dances which are run by a number of voluntary organisations and are held in different areas in the City.
- 2.1.9 Midland Heart in written evidence to the inquiry explained how their 'Magic Moments' service provides activities for older people such as theatre trips, events, intergenerational activities and individual opportunities for older people to help them stay socially engaged and active.
- 2.1.10 Birmingham Community Healthcare NHS Trust discussed how they commission specialist services to reduce the volume and severity of injuries among elderly people as a result of falls. As well as treating people in their home environment with interventions such as physiotherapy, providing therapy exercise and walking classes at intermediate Care Centres, the Trust also signposts people to classes such as Tai Chi where they are available.

2.2 Identifying Hazards in the Home

The risks

- 2.2.1 The majority of older people's falls take place at home. Age UK have a national 'Make your




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- 2.2.2 The design of new purpose Care Centres and extra care villages that provide accommodation for older people, now aims to try to minimise the risk of falls. Midland Heart described how they design their buildings to include the use of level flooring, slip resistant surfaces, Rhino strips to assist those in wheel chairs, adequate numbers of lifts, handrails on either side of the stairs, good lighting, safe furniture positioning, sockets at hip level, accessible pathways into the garden and perimeter slabbing to assist in safe window cleaning.

Services provided by the Council's Falls Prevention Service

- 2.2.3 The Citywide Falls Prevention Service provides free advice and support to people living in the community in Birmingham who are over the age of fifty, have fallen, who are at risk of or are worried about falling, particularly targeting people who have mobility problems, sight problems, those who live alone, are on a high number of medications, or have a history of falls.



light bulb holders and light bulbs, fitting key clamps to allow access into house and cutting back shrubbery on pathway to allow access to and from the house.

- 2.2.7 Between April 2012 and January 2013 the service assisted 511 individuals. The Committee heard first hand from workers about the impact of relatively cheap interventions on people's lives. By providing people with the improvements and repairs to support their mobility needs effectively, people become more confident to live an active fulfilled lifestyle. The average cost per assist is £96 and the most expensive around £350.
- 2.2.8 In evidence to the inquiry, representatives talked about the possible expansion of their service. Currently the service receives referrals from the City Council's Falls Prevention Service and undertakes private work which has to be paid for by the individual. The Committee is also aware of other handyman schemes in the City that could potentially expand their service.

West Midlands Fire Service's work with vulnerable people

- 2.2.9 The Committee met representatives from West Midlands Fire Service. Each year the Fire Service deliver over 7000 free home safety checks, 1,300 of these have been generated by services such as the Falls Prevention Service. Crews look for potential trip hazards; ask about mobility issues and whether occupants would have difficulty escaping a fire due to any visual impairment. The Fire Service will engage with individuals to reduce their fire risk



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encouraging the older person to remove hazards such as cluttered surfaces than a paid professional or family member. (R08)

Majority of falls take place at home

2.2.13 Age UK website states that every five hours an older person is killed by an accidental fall in the home; this is the equivalent to 1,500 people dying every year. Over 300,000 older

2.3 Good Personal Care

Toe Nail Care

- 2.3.1 A significant factor impacting on poor mobility in the elderly is poor toe nail care. Cutting toe nails may become difficult due to an inability to reach toes, problems with eyesight, poor co-ordination or simply forgetting to do so. Uncut nails lead to discomfort and poorly fitting footwear which in turn can affect balance and increase the risks of trips and falls.
- 2.3.2 Birmingham City Council Home Care which was set up as a result of an NHS initiative to reduce falls due to poorly kept toe nails that didn't warrant a podiatrist, provides short term 6 week care packages to around 3000 service users each year, half of which have been discharged from hospital. They informed the inquiry that in the service's experience **those worst affected by long toe nails are often those who have been discharged from hospital after a long stay. (R11)**
- 2.3.3 Cutting toe nails is not always straightforward and it is important that individuals are trained to do this so that they don't exacerbate existing medical conditions such as diabetes. Recently fifteen of the City Council's Home Care staff underwent a 12 week course to become accredited nail carers. From February 2013 new service users have been screened to see if they would benefit from nail care and then offered one free nail care session. Service users are also supplied with clippers and a nail file and information about who provides accredited nail care in their area so that they can purchase it for themselves in the future.
- 2.3.4 A Committee Member shared with the inquiry details of Birmingham Nail Care The service encourages people to train and register as independent Nail Carers and their website, www.bhamnailcare.co.uk, assists people to identify registered Nail Carers in their area. Nail Carers provide basic, routine foot and nail care/nail cutting services to those who cannot undertake this task themselves. They visit people in their own homes and some also provide the service in community settings. When they are first visited, clients buy from their Nail Carer a basic set of instruments (usually at a cost of £7) and are then charged on average £10 for each session. Nail Carers are trained to refer individuals to NHS Podiatry services if someone has 'high risk' foot problems and requires a more specialist service however they can cut the nails of patients with diabetes who do not have complications



Poor Eyesight

- 2.3.6 Another important consideration for individuals in preventing falls is ensuring timely treatment of eye conditions. In evidence to the inquiry, the Royal National Institute of Blind People (RNIB) estimates that there are approximately 25,860 people living with sight loss in Birmingham, over 75% being over the age of 65. The organisation predicts that 38,465 people aged 65 or over in Birmingham will have a fall attributable to their visual impairment in 2015 and 247 of these falls will result in hospital admission. In 1999 it was estimated that falls attributable to visual impairment costs £127 million to the NHS and in long-term institutional care costs.
- 2.3.7 The four leading causes of sight loss in the UK are age related macular degeneration (7,294 people affected in Birmingham), cataract (approximately 7,884 people affected in Birmingham), glaucoma (8,952 mean estimate of those affected in Birmingham) and diabetic retinopathy. Sight loss is clearly a significant factor in older people falling, however

- 2.3.11 Regular medication reviews for people over 65 on more than one medication are important. Birmingham Falls Prevention Service actively tries to identify if people take four or more medications and may therefore be at increased risk of a fall. Falls Co-ordinators advise people to talk to their GP, nurse or local pharmacist to request that all medications are reviewed.

2.4 Preventing Falls in Hospital Settings

The risk of falling in hospital

- 2.4.1 The inquiry understands that staying in a new, unfamiliar environment, when suffering from a particular medical complaint and/or having dementia or being on strong pain relief can cause disorientation. Within a hospital setting, when people are unwell, some people will always fall. It is recognised however that the number of falls and the harm caused by a fall can be effectively reduced in hospitals. The University Hospitals Birmingham NHS Foundation Trust highlighted to the inquiry that the best evidenced trials have demonstrated around a 20% reduction in falls in hospital settings and we heard lots of examples of good practice and interventions that have been introduced in hospitals to reduce falls in recent years.

Interventions to reduce the risks of falling in hospital

- 2.4.2 The NHS provider trusts who gave evidence to the inquiry have all identified that falls in hospital put people at risk of harm and have introduced risk assessments and interventions to reduce the numbers of people falling. The Royal Orthopaedic Hospital NHS Foundation Trust, which mainly takes planned admissions, discussed how in 2009, they started to focus on Falls Prevention after discovering that there was insufficient information regarding falls. Falls weren't considered in care plans, there were no falls care protocols, there was no training strategy for falls prevention and managing falls and there was no benchmarking of the number of falls. There was a similar story at all the Trusts we spoke to but the Committee welcomed the fact that the Trusts have all now responded to this and introduced mandatory training, invested in equipment and focussed on learning from falls.
- 2.4.3 The Trusts who contributed to the inquiry had seen a significant reduction in falls over the past three years as a result of their focussed falls prevention work, however they all reported that the year on year reduction in falls was beginning to plateau. Despite this they were keen to maintain the work that had already been undertaken and build on it to lower the numbers of people harmed in hospital due to a fall. A range of examples of what some acute hospitals in Birmingham are doing were referred to in evidence. Some of these have been included below.
- 2.4.4 The University Hospitals Birmingham NHS Foundation Trust now use hi-lo beds (adjustable height beds to make it easier for people to get in and out), transfer aids for patients to



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assist with mobility and post falls equipment to assist with the safe retrieval of patients when they have fallen. A Trust wide steering group has been set up to look at trends and use research such as that in the chart below to identify the best approaches in reducing falls and to develop an evidence based Falls Prevention Strategy. Using information like this they now provide patients with appropriate slippers on a social needs basis if someone has poor or no slippers as there is clear evidence that appropriate footwear reduces falls in hospital settings. Following a patient fall, the patient is identified to a Falls Prevention Team and checks are then made to ensure that all falls prevention interventions are in place. The patient and family are also given information about the incident so that everyone can learn from what has occurred.

- 2.4.5 The use of assistive technology has had some mixed results and Trust representatives stated that although it can have its uses, other interventions can be more effective and therefore assistive technology should not be solely relied upon to reduce falls in hospital and community settings.
- 2.4.6 The Royal Orthopaedic Hospital NHS Foundation Trust reported that in 2010//11 around 50% of qualified nurses and 52% of non qualified nurses had received falls training, however by 2011-13 this had increased to 71% of qualified nurses and 85% of non qualified nurses, demonstrating their commitment to reducing falls. The Trust now plans to introduce measures such as enhancing hydration as it is often the case that people are not taking sufficient fluids before surgery and are therefore very dehydrated following surgery, encouraging patients not to starve for longer than advised before they go into hospital for an operation and trialling anti-embolism stockings which have grip strips on them. The Trust will also ask people to bring into hospital footwear and clothing suitable for early mobilisation as people are often keen to get out of bed post operatively and test out the effectiveness of the operation in improving their mobility. The Trust will also be introducing referrals to specialist services for falls management pre-operatively or following the identification of increased risk post operatively and have invited a patient and physician representative to join the working group on the issue.
- 2.4.7 Sandwell and West Birmingham Hospitals NHS Trust have focussed on trying to find out why people fall and then addressing this. Patient stories have been presented to the Trust's Board to raise the profile of falls, the impact of them both on the individual and in terms of financial costs and how they can be avoided. The Trust consistently achieves above 90% of patients risk assessed for falls and there is an internal target to reduce falls by 10%. The Trust is aiming to achieve 95% harm free care by developing more integrated working with Health and Social Care in the community, investing in equipment and focussing on dementia and the environment.



2.5 Healthcare in the Community


The work of Birmingham Community Healthcare NHS Trust

2.5.1 Birmingham Community Healthcare NHS Trust provides community and specialist NHS



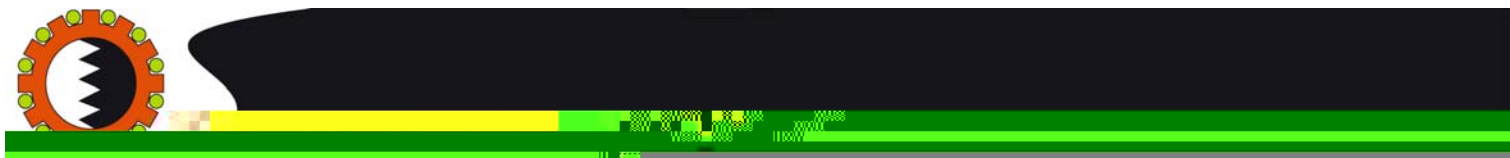
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- 2.5.6 Patients are monitored every month and a Falls Reference Group receives data about falls, explores the lessons learnt from them and co-ordinates rapid improvement in practice. As a



are Falls Risk Assessment trained and can refer patients to other agencies for falls prevention support.

- 2.6.2 In 43% of all Birmingham calls to West Midlands Ambulance Service NHS Foundation Trust, patients are not transferred to hospital. In residential homes in particular those who fall, often do not need transferring to hospital, but staff need assistance in moving them and/or identifying if emergency healthcare is required and therefore call an ambulance to mitigate any concerns. Under an initiative by the Fra





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Chairman also identified that there had been a falls group in Stechford but this had also disbanded. Throughout the course of the inquiry we found no evidence of an existing comprehensive pan-Birmingham approach to falls.

- 3.1.2 As a result of a lack of a City wide, multi agency strategy towards falls there is not always a joined-up holistic approach to individuals who have experienced a fall or those who are at risk of a fall. For example Birmingham Community Healthcare NHS Trust reported that Homecare and Community nursing staff do not have the opportunity to talk to one another face to face so sometimes do not focus on the holistic needs of the individual and instead stick to a task orientated approach in attending to an individuals needs. More opportunities for joint training and falls prevention awareness materials targeted at both healthcare and social care professionals would therefore be useful to address gaps in health and social care. As referred to in 2.5.7 the Trust are developing ways of improving communications between professionals, however if there was a common approach across Birmingham and a strategy that brought together all agencies this would increase the drive for all services to take a holistic patient centred approach in preventing falls.
- 3.1.3 It is clear that agencies need to work together closely to address gaps in current service provision, raise awareness of falls prevention activities and identify appropriate pathways of care for those who have fallen and are at risk of repeat falls. All evidence pointed to the need for a City Wide Strategy, informed by the Joint Strategic Needs Assessment, that identifies the roles and responsibilities of all services and how people can access help for falls prevention.
- 3.1.4 Any strategy that is developed needs to include the third sector and other agencies such as West Midlands Fire Service. It has become evident to the inquiry that both the NHS and Adult Social Care Services commission third sector (We (entirely) - 5 (in) - 5 (ra) - 1 (mis) - 7 (siry) 0 (i) - 7 (o) 15 (call) - 4 (tan (e e d s) - 7 (a n d) - 5 b W e s k (p

- 3.1.6 As part of the strategy the Board has a number of objectives to complete as part of the NHS Quality, Innovation, Productivity and Prevention (QIPP) Programme. The QIPP Programme is about exploring opportunities to transform services to improve the quality of care in the NHS whilst also contributing to £20billion of efficiency savings by 2014-15, which will be reinvested in frontline care.
- 3.1.7 Key priorities for the Falls and Fracture Prevention Programme include;
- Refreshing the Falls Pathways so that there is locally agreed multidisciplinary and multi-agency practice around falls which reflects best practice for the specific needs of older people who may be at risk. Pathways should include the sequence and timing of interventions by health and social care and other professionals and agencies working with older people.
 - The introduction of Fracture Liaison Services in the acute hospitals
 - GPs will identify at risk patients over the age of 65 and improve their care management reducing their risk of falls
 - An even spread of community health services and clarity of the role of community health services.
 - The introduction of consistent fall and fracture risk assessment tools for use across the City.
 - The expansion of the Council's Falls Prevention Service
 - Good availability of community based lifestyle services
 - Dedicated attention to care homes

3.2 Lack of Specialist Falls Prevention Services

Lack of consistency in services offered

- 3.2.1 Acute hospitals have worked hard to reduce the number of falls within the hospital setting but after discharge from hospital, there is a lack of consistency in the community health services provided in the City.
- 3.2.2 Birmingham Community Healthcare NHS Trust described how they are providing different rehabilitation and long term services in different areas of the City as a result of previous disjointed commissioning arrangements. **The inquiry heard that there is a need to look at the different models in place, identify best practice and develop a service based with a single point of access. (R02)**
- 3.2.3 Birmingham and Solihull Frail Elderly Programme Board have suggested that clearer triggers for referrals to each type of service should be developed ensuring that the right



people have access to the right services at the right time. All professionals should actively try to identify those at risk of a fall and refer them onto the appropriate services.

Access to Rehabilitation

- 3.2.4 Opportunities for rehabilitation are beneficial as they can reduce the cost to the public purse in the long run by giving people the skills and confidence to continue to live safely and independently, however the inquiry have heard that there are a lack of these services in the City and those which are provided are not available in every part of the City.
- 3.2.5 Specialist intermediate care beds and rehabilitation day units are beneficial in encouraging re-ablement and reducing delayed transfers of care from hospital settings. The inquiry heard how all of the intermediate care units had high occupancy levels and fast turnovers and it is unlikely that there will ever be enough places to meet demand.
- 3.2.6 The Birmingham and Solihull Frail Elderly Programme Board have suggested that **specialist Community Health Falls Services should be expanded** to satisfy levels of unmet need that may be identified if there were consistently applied triggers for referral








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welcomed the recognition of the importance of a Falls Prevention Service, however were



across agencies in the borough. Until recently funding was provided through a pooled NHS and local authority budget but since the demise of the PCT responsibility for the budget has now moved to a Service Level Agreement between adult social care and public health with some input from the CCG representing the interests of GP commissioners. Although managed by Council staff, the service is very much run by the NHS and Council in partnership. Although ongoing investment for the service is required, the savings to services and the improved outcomes for individuals are so significant that the service is viewed as an essential part of the area's falls prevention strategy and is well embedded in Falls Prevention pathways. The service is currently undergoing a review to further integrate the falls and syncope clinic with the community service, with a single point of access and triage in the community setting. The details of this are not yet finalised.

- 3.5.15 The Dudley Community Falls Service is aimed at people over the age of 65. The Service is primarily a prevention service and therefore does not take referrals for those with moderate to severe dementia or severe uncontrolled neurological/medical conditions such as Parkinson disease as there are more specialist services available to support these individuals. The Falls Service will however, unlike the Birmingham Falls Prevention Service, support clients who have a social care package in place.
- 3.5.16 The Falls Service works closely with health services and there are specialist falls prevention clinics to refer people to who need testing for medical conditions that may increase their likelihood of falling (see 3.5.14 re the redesign and closer integration of the service). The model of Dudley Community Falls Service differs from the Birmingham model as Co-ordinators do not have to focus their efforts so much on attending community groups to identify clients who would benefit from the advice of the service, as they receive referrals from GPs, social workers, individuals and other professionals.
- 3.5.17 The Dudley Community Falls Service not only offers advice and refers people on to other organisations for support, but also provides support such as 20 week postural stability exercise classes for individuals referred via falls advisors or directly through therapy services.



CASE STUDY – DUDLEY COMMUNITY FALLS SERVICE

The model

- The service is jointly funded by NHS (public health) and adult social care and is provided through a formal partnership arrangement.
- There is 1 Manager, 1.5 FTE administrative staff, 2 FTE community advisors, 1 FTE Exercise Programme Co-ordinator and a 0.5 FTE Handyman.
- 3 Postural Stability Instructors and 1 Postural Stability Instructor Assistant are hired on a sessional basis as and when required. As part of the review there are also plans to provide support from a senior nurse to assist in the triage of referrals for half a day each week.
- GPs and Social Workers send the majority of referrals to the team although other services also make referrals and individuals can self refer.
- The service works with older adults, including individuals who already have a Social Care package and are living in the community. They do **not** take referrals for individuals who have moderate to severe dementia or health needs such as Parkinson's disease.
- Approximately 1,300 referrals to the services are received each year.

Example pathway

1. GP completes risk assessment form which prompts him/her to look at issues such as checking urine for infection. Once complete the form is sent to the Falls Team for triaging.
2. A telephone interview is conducted over the phone with the individual. If the issue is a medical issue then the individual is referred to a Falls Clinic for tests etc to be undertaken.
3. An advisor sees the individual at home and asks them why they fell, explores reasons why etc
4. An advisor ensures appropriate falls prevention actions are undertaken. Advice is provided about falls prevention for example the importance of good hydration. Occupational Therapy colleagues may be asked to undertake an assessment. Where appropriate individuals are invited to join a 20 week postural stability programme run by the service.
5. Letter sent to GP with details of action taken.
6. 6 weeks later the service user is contacted and a review is undertaken over the phone by the person who visited them.
7. After 3 months, the service user is asked if they have fallen again, if they were satisfied with the service and if they now feel safe.

Bespoke postural stability programmes

- The Falls Service provides 20 week bespoke postural stability programmes.
- These programmes help individuals increase their strength, balance and confidence.
- The sessions take place for one hour which is followed by a break which is then followed by a talk on how to reduce the risk of a fall. People are transported to and from the weekly sessions for free.
- The classes are for sixteen people and are supported by two specially trained instructors and an additional assistant. They are free for the first 12 weeks and following that a £3 contribution is requested.
- A drop in session for individuals to join who have completed the 20 week course is being developed.

The outcomes


In 09/10 there were 250 hip fractures, in 11/12 there were 204, a reduction of over 18%.

In 09/10 there were 116 collis (wrist) fractures in 11/12 there were 75, a reduction of over 35%.



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- 3.6.6 In the past when someone has contacted the Falls Prevention Service for specific information, for example information about local exercise classes or a handyman scheme they have been sent a tick list form which ideally they must fill out and return or discuss over the phone with a Falls Prevention Co-ordinator. Although once completed the information included in the form is helpful to identify all possible interventions, this approach may be off putting for older people as it appears that they have to share all of their personal circumstances, when actually all they want initially is a list for example of local services and activities on offer.



mother, or a former dinner lady etc. **Those identified as having some form of dementia should have access to specialist falls prevention services and have clear falls prevention pathways for them. (R12)**

Mapping available services

- 3.6.11 Agewell discussed how they could find out about services available in the Sandwell local authority082lmu6.vyhem.irn t Sandw



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Appendix A: Evidence Gathering

The Committee would like to thank all those who have taken the time to contribute to this inquiry.

Witnesses	
Presenter	Organisation
Alan Lotinga	Adults and Communities, Birmingham City Council
Alison Doyle	University Hospitals Birmingham NHS Foundation Trust
Ashley Martin	The Royal Society for the Prevention of Accidents
Avtar Singh Nagra	Eden Adaptions
Barbara Skinner	Care Quality Commission
Carl Wheeler	Eden Adaptions
Dean Thomas	West Midlands Fire Service
Debbie Talbot	Sandwell and West Birmingham Hospitals NHS Trust
Deborah Harrold	Agewell
Eddie Fellows	Amey
Jules Gregory	Adults and Communities, Birmingham City Council
Lisa Eden	Birmingham Community Healthcare NHS Foundation Trust
Lyndsey Webb	The Royal Orthopaedic NHS Foundation Trust
Nathan Hudson	West Midlands Ambulance Service NHS Foundation Trust
Paul O'Day	Highways Services, Birmingham City Council
Richard Stanton	West Midlands Fire Service
Safina Mistry	Adults and Communities, Birmingham City Council
Sarah Needham	The Royal Orthopaedic NHS Foundation Trust
Shirley Mallon,	Birmingham Cross City Clinical Commissioning Group and Birmingham and Solihull Frail Elderly Board
Steve Wise	Adults and Communities, Birmingham City Council
Dr Vijay Bathlea	Sandwell and West Birmingham Clinical Commissioning Group
Zoeta Manning	Birmingham South Central Clinical Commissioning Group

Written Evidence Submissions
Organisation
Action for Blind People
Birmingham City Council Home Care Nail Care Service
Home from Hospital Care
Local Services Directorate, Birmingham City Council
Midland Heart
National Osteoporosis Society – Birmingham Area Support Group
Royal National Institute of Blind People
SensorCare Systems

Officer Visits	
Individual	Organisation
Jenny Riley	Adults and Communities, Birmingham City Council
Liz Long	Dudley Community Falls Service, Dudley Metropolitan Borough Council
Eileen Boissonade	Tai Chi Class at the Kenrick Centre

Meeting with Chairman	
Individual	Organisation
Aidan Cotter	Her Majesty's Coroner for the City of Birmingham and the Borough of Solihull
John Green	Falls Prevention Service, Birmingham City Council
Karen Cheney	Local Services, Birmingham City Council
Tariq Khan	Falls Prevention Service, Birmingham City Council

