

HEALTH AND WELLBEING BOARD

16 January 2024

HIP FRACTURES AND FALLS PREVENTION

Report of the Portfolio Holder for Adults and Health

Strategic Aim:	All	
Exempt Information	N/A	
Cabinet Member(s) Responsible:	Councillor D Ellison, Portfolio Holder for Adults and Health	
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Ward Councillors	N/A	

DECISION RECOMMENDATIONS

That the Committee:

1. Notes the content of the report
2. Notes the content of the 'Understanding Hip Fracture Data' report and the 'LLR Falls Steering Group – Collective Ambition Statement and Objectives.'
3. Consider any further commissioning needs or approaches in respect of falls prevention.

1 PURPOSE OF THE REPORT

- 1.1 Provide the Health and Wellbeing Board (HWB) with the outcome of a 7- month project evaluating hip fractures in the Rutland population and the Falls Prevention offer.

2 BACKGROUND AND MAIN CONSIDERATIONS

- 2.1 Public Health data taken from the Fingertips dashboard in 2022 showed Rutland as performing poorly regarding hip fracture resulting from falls. Whilst acknowledging a time lag on this data (2020-21), it appeared both very concerning and contradictory with anecdotal experience of the Rutland therapy service. Therefore, it was agreed with the HWB that a 6- month project would be undertaken by the Principal

Occupational Therapists (OTs), to collect and analyse data and clarify the falls prevention services which are in place in Rutland. The project was increased to 7 months to gain more meaningful data.

3 UNDERSTANDING HIP FRACTURE DATA REPORT

3.1 Appendix A is a report completed by the Rutland Principal OTs. Data was collected from social care and health professionals.

3.2 Highlights of the report

Patients admitted to hospital with a hip fracture incur a cost of £400 - £3600 per patient plus the additional cost of surgery and ongoing outpatient care.

16 fractures were recorded over the 7 months with 12 of these classed as 'anticipated falls' where people had falls risk factors present, and 4 of these classed as 'accidental', occurring due to environmental hazards.

The location of most falls occurred in the person's own home. A relatively small number occurred in care homes, which is significantly lower than the national average of 19%. This is indicative of the success of the Rutland Personalised Falls Prevention strategy where support on falls prevention methods is provided by therapists to care homes. Also of note, is that only 3 of the 10 people who fell in their own home were due to environmental factors, the remaining number living with a risk(s) of falling, where falls are more difficult to prevent.

3.3 Current Falls Offer

The following list demonstrates the breath of services which are in place with the aim of preventing falls or reducing the impact from injury:

- Reablement
- Housing MOT
- Active Rutland
- Care Technology
- Health and Prevention Grant
- Raizer chair falls recovery
- Falls Recovery Service
- Referral Falls Clinic

3.5 Summary of Themes

The data identifies the falls prevention work in the community and care settings is effective. Where preventative intervention is possible for accidental falls, we achieve good reablement outcomes (100%) This level of outcome effectiveness lessens the likelihood of reoccurrence.

Unfortunately, not all falls are preventable especially where declining cognition and poor health outcomes are the cause and the fall a symptom of these conditions. We will continue to work with our health partners to strengthen our compensatory offer in this area.

4 ICB

4.1 The Integration and Transformation Manager from the ICB shared information on the Leicester, Leicestershire and Rutland (LLR) Falls Steering Group. See appendix B. The Steering Group is attended by a Rutland Principal OT.

4.2 The collective mission statement is:

We aim to work in partnership across health, social and voluntary care to improve the health and wellbeing of people at risk of or affected by falls living in the place they call home. We will develop a plan for and take action to ensure the system is equipped to deliver an effective, accessible and equitable falls prevention and management offer across LLR.

5 CONSULTATION

5.1 To deliver the project, the Principal OTs consulted with stakeholders from hospital and community services, from the local authority and health.

6 ALTERNATIVE OPTIONS

6.1 Although the range of services has been shown to be having a positive impact on falls prevention effectiveness, the HWB is asked to consider whether any additional commissioning or projects are required to further enhance falls prevention work or approaches which minimise injury when falls do occur.

7 FINANCIAL IMPLICATIONS

7.1 As stated in the report, there is a significant financial cost to the System of hip fractures due to hospital stays. As per point 6 above, consideration could be given to whether additional services would assist with reducing this cost, albeit it is very difficult to prevent all falls.

8 LEGAL AND GOVERNANCE CONSIDERATIONS

8.1 N/A

9 DATA PROTECTION IMPLICATIONS

9.1 All data has been anonymised

10 EQUALITY IMPACT ASSESSMENT

10.1 N/A

11 COMMUNITY SAFETY IMPLICATIONS

11.1 No community safety issues

12 HEALTH AND WELLBEING IMPLICATIONS

12.1 A hip fracture can have a significantly detrimental effect on a person's physical and emotional wellbeing. It is important therefore important to address the issue of falls leading to hip fractures.

13 CONCLUSION AND SUMMARY OF REASONS FOR THE RECOMMENDATIONS

- 13.1 It is recommended that the HWB note the contents of the report and the appendices and consider whether any further work is required and whether additional commissioning or projects are necessary.

14 BACKGROUND PAPERS

- 14.1 There are no additional background papers

15 APPENDICES

- 15.1 Appendix A Understanding Hip Fracture Data Rutland
- 15.2 Appendix B LLR Falls Steering Group – Collective Ambition Statement and Objectives

A Large Print or Braille Version of this Report is available upon request – Contact 01572 722577.