

January
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Falls among older people aged over 65 - Key facts & priorities for community prevention in BCP

WHY ARE FALLS IN OLDER PEOPLE A PARTICULAR ISSUE FOR BCP?

- The incidence of falls related injury places a huge burden on the health service and has wider ramifications for quality of life. Fractures are common and may lead to reduced mobility and increased mortality.
- **BCP all have large older populations, with a higher proportion of older people than the national average.** In BCP this population group will see a higher than average rate of growth.
- **BCP had almost 2.5 thousand falls-related emergency hospital admissions among older people aged 65 or over during 2016/17:** 1,037 in Bournemouth; 406 in Christchurch; and 887 in Poole.
- **The rate of emergency hospital admissions for falls and incidence of hip fractures is significantly worse than the national average.** These are based on age standardised rates so the higher numbers of older people living in these areas has already been accounted for.
- Falls in BCP are a **particular issue for those aged over 80.**
- Recent trends show **rates of falls related emergency hospital admissions are increasing.** This is evident for 2015/16 and 2016/17.
- However, falls are not an inevitable consequence of old age; they are nearly always due to one or more underlying risks. Recognising and modifying these risk factors is crucial in preventing falls and injuries.

Additional info on falls trends & characteristics for BCP can be found on the BCP Falls Dashboard [here](#)

WHERE SHOULD OUR FOCUS FOR PREVENTION BE?

Risks factors for falls in older people



Personal & behavioural factors

- Older age - especially 80+
- Lack of exercise
- Poor diet & hydration
- Excess alcohol intake
- Inappropriate footwear

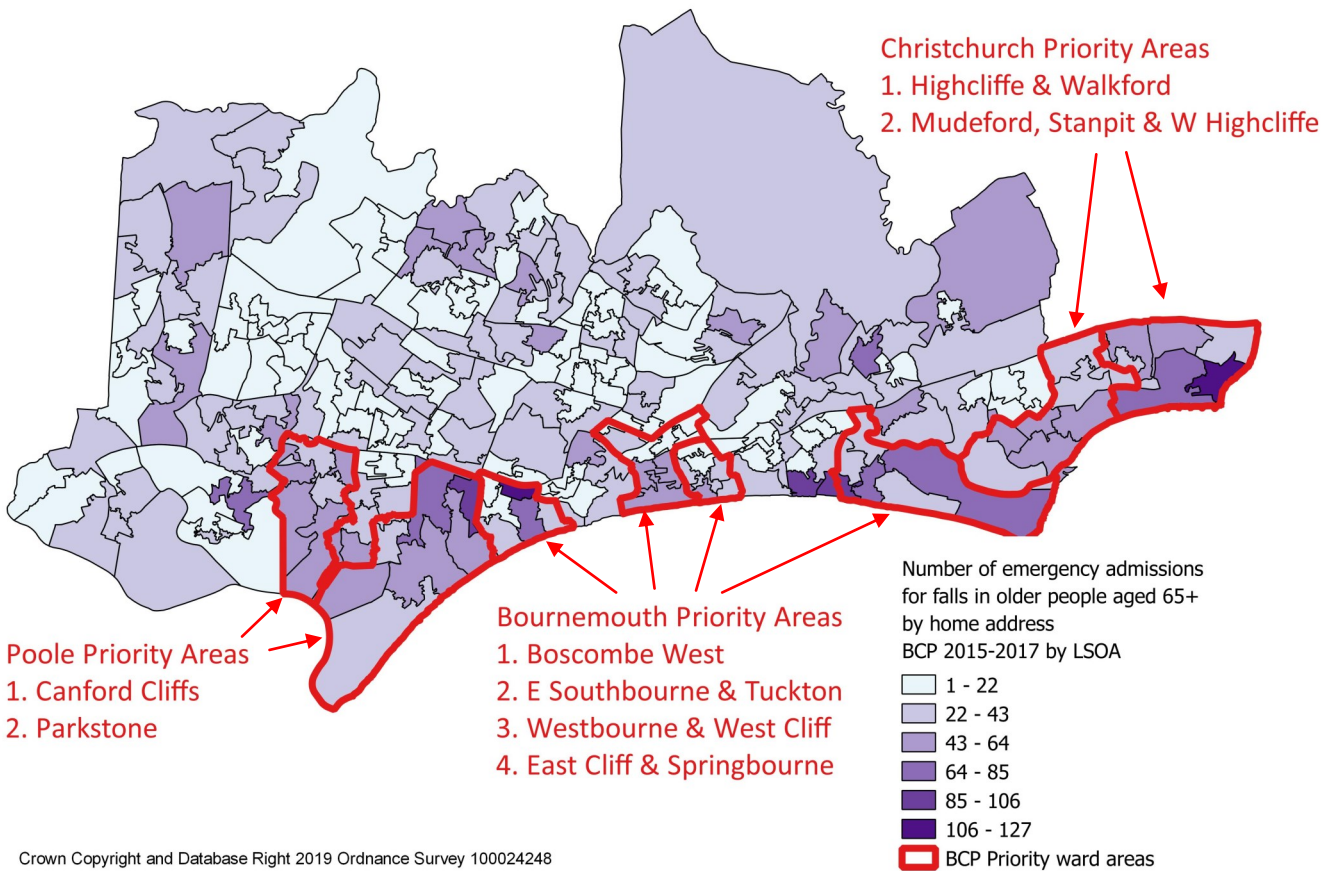
Health & disability

- Cognitive impairment
- Sensory impairment
- Mobility issues
- Incontinence
- Frailty

External/ other drivers

- Unsafe environments - home & external hazards
- Built environment - poor building design
- Polypharmacy
- History of falls

Priority areas for falls prevention in BCP



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*The priority areas shown above are the wards with the highest number and rates of emergency admissions for falls. Note these are based on the new ward boundaries established for the new BCP Authority

WARD FOCUS ON FALLS INDICATORS FOR OLDER PEOPLE (NUMBER)

By number	Rank of FALLS count (1 = highest count)	NUMBER of emergency admissions for FALLS in older people aged 65 or over	Number of older people aged 65+	Number of older people aged 80+	Single person households aged 65+	HH living in Flat, maisonette or apartment	Number of people with long term illness or disability where day to day activities limited a lot	Number of people with self reported bad / very bad health	Number of people providing high intensity care (20+ hours)	Number of HH in private rented housing
East Southbourne & Tuckton	1	346	2895	997	873	1725	818	494	320	808
Highcliffe & Walkford	2	324	4483	1612	1,293	1437	1170	648	487	444
Mudford, Stanpit & West Highcliffe	3	314	3662	1137	993	714	927	511	456	459
Canford Cliffs	4	305	4007	1548	1,129	3789	958	505	326	921
Westbourne & West Cliff	5	301	2781	1151	1,056	5802	1037	642	266	2380
Kinson	6	292	3584	1098	1,160	1521	2049	1410	934	695
Muscliff & Strouden Park	7	273	3307	993	1,038	1079	1588	1017	695	876
Parkstone	8	263	2574	831	878	2234	763	450	275	1121
Commons	9	250	2806	910	688	615	898	543	384	363
East Cliff & Springbourne	10	246	2549	858	967	5982	1348	909	404	3413
Alderney & Bourne Valley	11	240	3129	803	837	1015	1496	978	791	922
Talbot & Branksome Woods	12	239	2832	886	791	3372	1067	660	361	1751
Poole Town	13	237	2761	974	1,000	3506	1192	808	435	1479
Broadstone	14	234	3246	1151	721	360	719	400	373	215
Hamworthy	15	212	2628	680	667	1419	1124	761	533	995
Bearwood & Merley	16	210	3638	923	699	407	960	619	534	482
Newtown & Heatherlands	17	202	2831	695	1,006	1829	1524	1023	677	1261
West Southbourne	18	199	2252	775	620	2337	1060	621	393	1193
Oakdale	19	192	2483	715	652	625	862	521	393	420
Redhill & Northbourne	20	186	2102	621	564	616	810	495	380	531
Penn Hill	21	176	2204	658	606	1615	754	449	266	992
Boscombe West	22	173	1381	442	575	5557	1206	897	248	3367
Christchurch Town	23	172	2631	863	837	1558	764	491	335	743
Bournemouth Central	24	164	1763	633	852	5946	778	505	186	2850
Burton & Grange	25	163	2027	547	553	853	870	559	393	312
Littledown & Iford	26	163	2096	579	484	909	650	437	330	662
Wallisdown & Winton West	27	159	1909	553	557	1122	860	587	340	906
Creekmoor	28	154	1980	592	554	269	738	437	375	402
Canford Heath	29	131	2452	561	558	923	938	652	507	764
Queen's Park	30	130	1655	470	427	2100	683	433	272	1467
Boscombe East & Pokesdown	31	120	1590	427	476	2793	752	534	335	1685
Moordown	32	117	1502	421	495	944	612	408	307	732
Winton East	33	63	1000	244	317	1571	552	379	240	1670

*Note these data are based on the new ward boundaries established for the new BCP Authority

WARD* FOCUS ON FALLS INDICATORS FOR OLDER PEOPLE (RATES)

By percent	Rank of FALLS count (1 = highest count)	Emergency admissions for FALLS in older people aged 65 or over RATE PER 1000 aged 65+	% people aged 65+	% people aged 80+	% HH single person households aged 65+	% HH living in Flat, maisonette or apartment: Purpose-built block of flats or tenement	% Long term illness or disability where day to day activities limited a lot	% Self reported bad / very bad health	% Provides high intensity care (20+ hours)	% HH in private rented housing
	Boscombe West	1	125.3	13	4	10	99	12	9	2
East Southbourne & Tuckton	2	119.5	33	11	21	39	10	6	4	20
Westbourne & West Cliff	3	108.2	25	10	18	93	10	6	3	42
Parkstone	4	102.2	24	8	18	44	8	4	3	23
East Cliff & Springbourne	5	96.5	15	5	13	76	9	6	3	46
Bournemouth Central	6	93.0	12	4	15	97	7	5	2	50
Commons	7	89.1	28	9	17	15	9	6	4	9
Redhill & Northbourne	8	88.5	22	6	14	15	9	5	4	13
West Southbourne	9	88.4	21	7	14	50	10	6	4	27
Poole Town	10	85.8	21	7	18	56	10	7	4	26
Mudford, Stanpit & West Highcliffe	11	85.7	38	12	22	15	10	5	5	10
Talbot & Branksome Woods	12	84.4	21	6	13	56	8	5	3	29
Wallisdown & Winton West	13	83.3	18	5	13	26	8	6	3	22
Muscliff & Strouden Park	14	82.6	19	6	15	15	10	6	4	13
Kinson	15	81.5	21	6	16	21	12	8	6	10
Hamworthy	16	80.7	19	5	12	25	9	6	4	18
Burton & Grange	17	80.4	21	6	15	21	10	6	4	8
Penn Hill	18	79.9	19	6	13	33	7	4	2	21
Queen's Park	19	78.5	15	4	10	46	6	4	3	33
Moordown	20	77.9	14	4	12	23	6	4	3	18
Creekmoor	21	77.8	22	7	14	7	8	5	4	10
Littledown & Iford	22	77.8	21	6	12	22	7	4	3	16
Oakdale	23	77.3	23	7	15	14	8	5	4	10
Alderney & Bourne Valley	24	76.7	19	5	13	15	9	6	5	14
Canford Cliffs	25	76.1	42	16	24	65	10	5	3	19
Boscombe East & Pokesdown	26	75.5	14	4	10	56	7	5	3	35
Highcliffe & Walkford	27	72.3	45	16	27	28	12	7	5	9
Broadstone	28	72.1	31	11	17	8	7	4	4	5
Newtown & Heatherlands	29	71.4	16	4	14	25	9	6	4	18
Christchurch Town	30	65.4	25	8	19	32	8	5	3	17
Winton East	31	63.0	9	2	8	38	5	3	2	41
Bearwood & Merley	32	57.7	27	7	13	7	7	5	4	9
Canford Heath	33	53.4	17	4	10	16	7	5	4	13

*Note these data are based on the new ward boundaries established for the new BCP Au-

PRIORITIES FOR FALLS PREVENTION IN THE COMMUNITY

Evidence around falls prevention is broad and shows different impacts for different groups. Below is a summary of the key risk factors shown above and evidence on interventions for tackling them in the broader community. These relate specifically to Objective 1 of the Dorset ICS Falls Plan 2019-21 'Prevent frailty, promote bone health and reduce injuries through encouraging physical activity and healthy lifestyle and reducing unnecessary environmental hazards'. It is also worth considering attitudes and perceptions, as there could be a communications strand to the prevention work that challenges misconceptions such as falls being an inevitable part of ageing, or fear of falling causing individuals to withdraw from being active members of society.

Risk	Intervention	Existing Work	Potential role for falls group
Exercise	<p>For the wider population taking part in regular moderate physical activity will have a protective impact against falls. Exercise will help to maintain weight, improve balance and contribute towards healthy bones, muscles and joints. This becomes even more valuable for those with a history of falls or with balance or gait deficiencies.</p> <p>More specific falls prevention programmes for people who have already fallen have shown good outcomes including the use of tai chi type exercises and group based classes rather than home based activities.</p>	<p>Active Ageing Programme targeting inactive 55-65 year olds</p> <p>LiveWell Dorset supporting adults to be more active</p> <p>Physiotherapy review and DHUFT exploring evidence for different exercise schemes</p>	<p>Promote work of existing programmes to encourage more older adults to be physically active and improve their strength, balance and flexibility.</p>
Diet & hydration	<p>Maintaining weight within normal range in mid to older age has been shown to be protective against falling and essential to healthy ageing. Adequate intake of protein, calcium, essential vitamins and water are required. Where deficiencies do exist weakness can lead to falls, increased risk of injury and reduced recovery.</p> <p>There is evidence around calcium and vitamin D supplementation in those with low bone density.</p>	<p>LiveWell Dorset supporting adults to maintain a healthy body weight</p> <p>Dorset Malnutrition programme</p> <p>Wessex AHSN Malnutrition and Hydration work</p>	<p>Promote work of existing programmes to encourage more older adults to maintain a healthy weight</p> <p>Encouraging adoption of malnutrition prevention work in Poole</p> <p>Explore benefits of hydration work</p>
Alcohol	<p>Use of excessive alcohol has been shown to be a risk factor in falls, particularly consumption of 14 or more drinks per week. Encouraging moderate alcohol consumption can help to reduce falls</p>	<p>LiveWell Dorset supporting people to reduce their alcohol consumption</p>	<p>Promote work of existing programmes to encourage more older adults to consume alcohol within safe levels</p>

PRIORITIES FOR FALLS PREVENTION IN THE COMMUNITY CONTINUED

Risk	Intervention	Existing Work	Potential role for falls group
Visual impairment	Eyesight and visual aids can affect balance and perception of hazards. There is some available evidence for having regular visual checks to prevent falls.		Visual Impairment
Home hazards	<p>Assessing risks and making adaptations in the home environment can help reduce falls. Post hospital treatment for falls, a home assessment is recommended</p> <p>Hazards may be obvious such as rugs or poor lighting but can also be linked to risk-taking behaviour such as climbing ladders or standing on chairs</p> <p>Poor fitting shoes can also contribute towards falls, walking in socks only or slippers without a sole increased the risk of slipping indoors</p>	<p>DWFRS Safe and Well Service</p> <p>Slipper fitting</p>	<p>Promote work of existing programmes</p> <p>Make connections with fire service around falls</p>
External hazards	Age friendly design in the public environment is critical to avoid falls for older adults	Unknown	Explore what could be done to make the 'external' environment more protective against falls
Polypharmacy	<p>It is more common to take multiple medication with age. Polypharmacy is linked to falls for many reasons; some drugs or combinations of drugs can increase the risk of falls, the body becomes less able to metabolize medication with age and the taking of drugs in the prescribed way is dependent on the individual</p> <p>Medication review and modification can help, the withdrawal of some fall risk inducing drugs also has some impact</p>	<p>Wessex AHSN 'MO' programme</p> <p>Poole GP's work on frailty is taking polypharmacy into account</p>	Potential project around encouraging medication reviews