

Healthwatch Herefordshire

Falls Prevention & Social Isolation Herefordshire

2020

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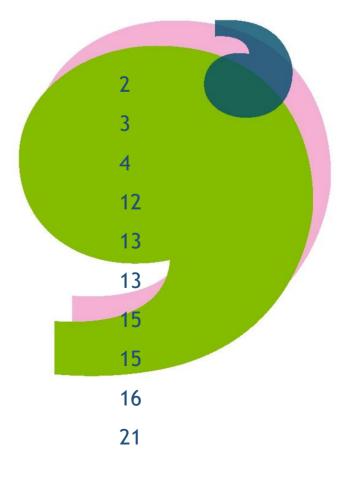
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Introduction

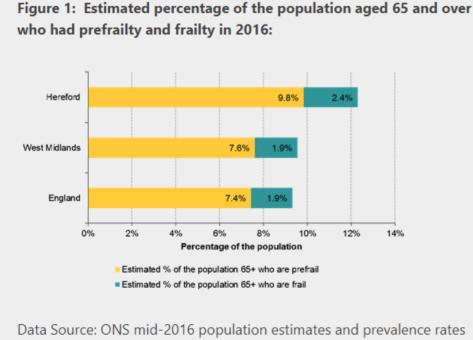
In 2019, the public voted for the topic of 'Prevention'. Following consultation with the local public health team, we asked if there was a particular area of health prevention that they would like more public opinion on. From this, Falls Prevention & Social Isolation was highlighted as a specific area to focus on.

"It is estimated that 4600 older people with frailty are living in the community in Herefordshire and this is expected to increase 28% by 2025 to around 5900. There is also estimated to be around 18,600 with prefrailty living in the community in Herefordshire."

"The prevalence of frailty increases with age with 4% of those aged 65 - 69 estimated to be frail, rising to 26% among those aged 85 and over" (Understanding.herefordshire.gov.uk/ageing-well/frailty-falls-and-fractures/)

With an ageing population in Herefordshire, this is an important topic to cover as the consequences of falls and social isolation goes on to have a negative impact on many areas, which could be physical, psychological or both and lead to consequences such as admission to hospital, disability or admission to a residential or nursing home.

The diagram below describes the need for Herefordshire to focus on this topic. It also highlights the percentage of people who have prefrailty and may be able to access support in order reduce the risk of reaching or delaying the frailty stage.



published by Collard et al.

There are lots of services in place that can help the public to prepare themselves in reducing the risk of having a fall and the aim of this project was to discuss with

members of the public about what they thought about the topic and their experience of falls in the past; had they taken measures to help to reduce the risk of a fall as well their thoughts on social isolation.

Engagement

Working with Herefordshire public health team, a survey of questions was created (Appendix 1) with a list of targeted groups and individuals to approach.

The target audience were :

- Over 65's
- Carers over 65
- Men over 65
- People in rural areas
- Geographical spread within each Primary Care Network (PCN)
- People receiving care (Residential Care or Domicillary Care)

We aimed to target this audience through the following reach :

- 5 Care Homes (5 surveys in each)
- Home care Agencies (5 agencies per PCN area)
- Patient Participation Groups (PPG's) (10 surveys per PPG)
- Supported living providers
- Carers Trust for all
- Men over 65 through our Men's Health project
- Additional engagement community groups

Organisations within the above areas were approached and informed about the project and the majority of places were given paper surveys with freepost envelopes so that staff members could distribute them to clients for them to complete and send back to the Healthwatch team.

In some organisations, the online link for the survey was emailed out to clients on their database, for example, the Herefordshire carers database of carers as well as the database of carers on the shred lives scheme).

The Healthwatch team promoted the survey online using social media and this was especially the case following the start of the Covid-19 pandemic.

The main areas that wasn't engaged with as much it was originally planned was the care home sector, which again, was significantly impacted with the pandemic, although we managed to get engagement with residents from one residential home before the impact of the lockdown.

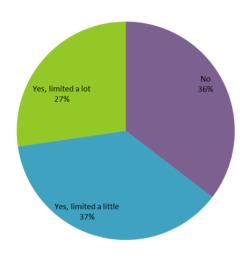
172 surveys were completed in total.

A full list organisations of where the project was promoted can be found in Appendix 2.

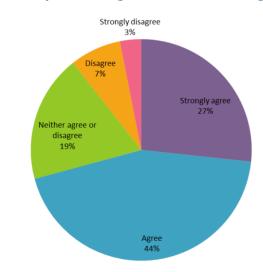
Key Findings

Following analysis of all the data collected from the survey results, the questions/results below represent the key findings from the engagement.

- Respondents were aged between 61 and 101 with the responses coming from a good geographical spread from across the county.
- Q6.Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months? This includes problems related to old age

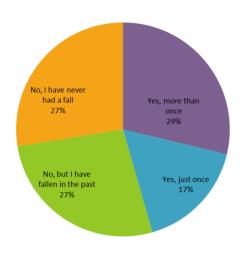


• Q8.Experiencing a fall is something I am concerned about :



A high proportion of respondents reported they are very worried (27%) or worried (44%) about falling highlighting that people are aware of the problem, but not whether they know the steps they can take to help to reduce the risk of falling.

• Q9.Have you fallen in the last 12 months?



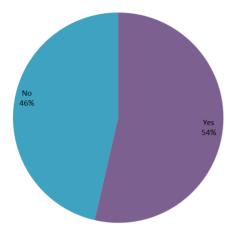
This shows that 73% of respondents have fallen at least once at some point and therefore could be at higher risk of falling again in the future.

• Q10.Where did you fall?

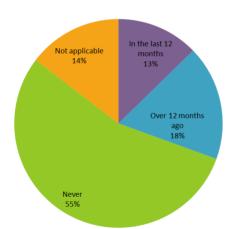
Value	Percent	Count
At my home (i.e. in my house or garden)	60.5%	72
Outside my home (i.e. in the community)	26.9%	32
Both	12.6%	15

60% of falls occurred at home or in the garden highlighting a need to focus on how improvements can be made to the home environment to reduce the risk of falling.

• Q12.If Yes, did you tell anyone about it? (e.g. GP / health or social care professional / family / friends



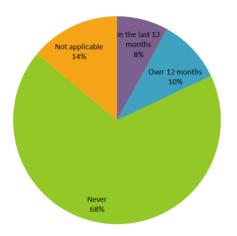
This result was interesting as with 46% of respondents saying that they did not tell anyone that they had fallen, it means that there is a high proportion of people that are more than likely not seeking help to find ways of reducing the risk of them falling again. It is also interesting to look at the reasons why someone may not choose to tell anyone. Is it fear of what they may be told or fear of changes that may be put in place for them? Whatever the reason may be, more public awareness on the topic and what steps can be put in place to reduce the risk of falls could encourage people to take steps themselves and be less fearful.



• Q14. Have you had a home safety check?

55% of respondents said that they had never had a home safety check. This result again highlighted a need for public awareness. This result could be about fear of what may change if they had a home safety check, but it also may just be that they are not aware that these can be accessed. The fire service carry out home safety check and would like to see more people taking part in this scheme, so again public awareness that these services are available and how they help in reducing the risk of falling could help improve the lives of many in the county.

• Q16.Have you had a falls risk assessment done with a GP / other health professional?

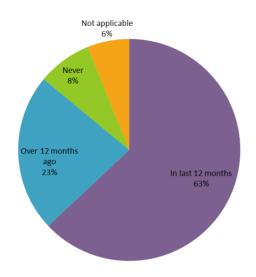


68% of people have never had a falls assessment done by a GP or health professional. GP's and health professionals are starting to use the Rockwood scale on a more regular basis, so this is something that could naturally increase in the future, however it is worth highlighting the present results as this is where patients can be identified at an early stage if they are within the pre-frailty stage or further beyond and be directed to the help and support that they need.

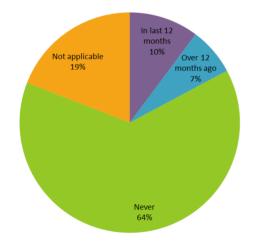
- Never 1% Over 12 months ago 25% In last 12 months 74%
- Q18.Have you had an eye test?

74% of respondents said that they had had an eye test in the last 12 months. This result was very positive showing that a high proportion of people are regularly getting checked to help eliminate this area of health being a risk factor in falling.

• Q19.Have you had a medication review with your GP / pharmacist?

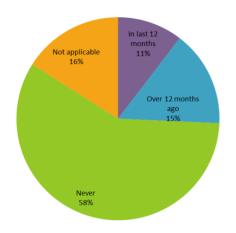


With 63% saying that they have had a medication review in the last 12 months, this is another positive result meaning that any changes in health or medication that may affect you risk of falling can be picked up on a regular basis and be addressed



• Q20.Are you prescribed medication to protect your bones?

64% of respondents said they had never been prescribed medication to protect their bones, with only 17% saying they had been prescribed the medication either in the last 12months or over 12 months ago. This results appears to be quite low and that there is an opportunity for more people to be assessed and if required, be given medication to help reduce the risk of falls happening in the future. However, when speaking with the falls prevention team, there was a suggestion that many members of the public may not be aware that they are on medication, they may have been taking the medication for a long period of time and could have forgotten what it's purposes was. This also may lead to them not taking this particular medication in the right way, for example, it should be taken 30 minutes before food or drink with a full glass of water and should be taken on the same day each week. If the medication is not taken properly then it is not effective. This led me to the conclusion that there should be some increased awareness amongst the public about medication that can protect your bones and in turn help to reduce the risk of falls occurring. With increased knowledge and awareness, the public would be able to check with their health professionals and understand more about the medication they may be taking.



• 23. Have you had any telecare installed (e.g. pendant alarm)?

With only 26% of respondents saying that they have telecare installed in the last 12months or over 12 months ago. This was quite a low percentage of people considering the age group of people that were surveyed. This could be an opportunity for more promotion of the services that are available that could help a situation from being worse if someone was to fall when they were alone.

• Q25.Are you aware of / or have you attended? Please tick all that apply

Value	Percent	Count
Postural Stability programme (strength & balance exercises)	14.0%	6
ActiveHERE classes	2.3%	1
HALO classes for older adults	20.9%	9
Other - Write In	62.8%	27

Other - Write In	Count

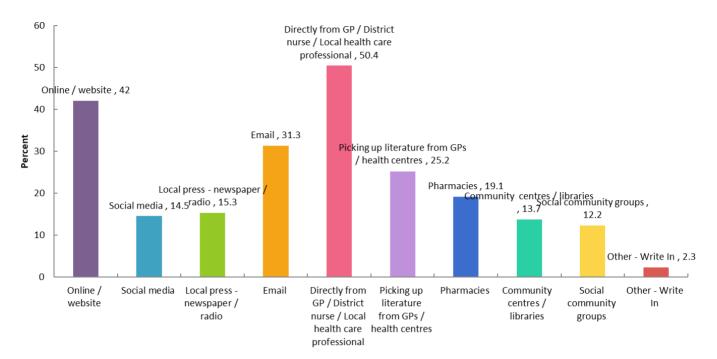
Be Strong, be steady at Physoio and Health Matters	1
Cycle regularly on exercise bike and do Pilates	1
Exercise at Ross hospital	1
Falls clinic	1
Falls clinic at hospital	1
Falls prevention.	1
Gym GP referral 12 week course and ongoing gym attendance plus regular walks (before lockdown)	1
Had a appointment at falls clinic but cancelled due to covic19	1
Keep fit in village hall	1
Leominster meeting centre	1
None	1
None	1
None of the above. Had induction at our new gym. It's now closed.	1
Not aware	1
Online exercise class	1
Pilates	1
Pilates	1
Tai chi	1
They do exercise at residential home, don't always go	1
Tichi government funded at community center	1

Weekly physio. to strengthen my legmuscles	1
Yoga class	1
classes and swimmig at Holmer Park health club (monthly paying membership)	1
no	1
none	1
only sitting exercise group on a monday- halo.	1
Totals	26

The responses to the question above was interesting as out of 172 surveys completed the response rate to this question was very low, which could indicate that a large proportion of people in a pre-frailty and frailty stage are unaware of the support and services that are currently available to support them which could have a huge impact on reducing their changes of having a falls and the implication that could follow. These support services could also play a positive role in reducing social isolation.

This result suggests that more promotion and awareness of these services could lead more people into reducing their risk of falling and improving social isolation. However, more promotion would require consultation with these services to check they have the capacity to deal with increased demand.

• Q26.How would you prefer to find information about preventing falls in Herefordshire? Please tick all that apply



This graph highlights the responses about the ways in which the public would be happy to receive information. The favourite way to receive information was directly from a GP or health professional, but it was interesting to see the second highest scoring method was online or on a website, which is positive for organisations and health professionals who can use the online methods as an effective way to communicate with the public.

Challenges with Engagements

The Covid-19 pandemic has occurred half way through this project and has therefore had obvious effects on the outcomes. There was a plan in place to visit and gather feedback from many more residential and care home residents, however, this wasn't able to happen. The plan was also to get more feedback from isolated groups and more residents in independent living accommodation.

During the engagement process, we did find some challenges with reaching isolated members of the public through care agencies. Whilst some care agencies were very supportive of the work and it was clear from the survey where the information had been passed on and the survey was completed, there were other areas where the information hadn't been passed on. Some agencies reported that many of their clients were suffering from dementia and therefore wouldn't be able to complete the survey. This highlighted a further risk to falls and being socially isolated and whether more targeted work needs to be looked at to reach this group of individuals. There was also an issue that with some care agencies, the care workers would not have time to do there normal duties and also pass on the information about this survey or assist clients in completing and therefore highlights that there is still work to be done in order to reach those that are completely isolated.

Conclusion

The main conclusions that have been drawn from this survey is that a high proportion of people in the over 65 age bracket are worried to some degree of falling and the implications of what that would mean.

Although falls are reported to be happening at home and in the community, there is a higher percentage that occur at home. There are lots of services available to help members of the community in the prevention of falls, but a lot of services are not known by the public until they experience a fall (and even then people may not be aware of the all the services available to help them). The public need to start to become made aware of them sooner, highlighting the need for more promotion and awareness of services at the prevention stage.

During this project, we spoke to the community falls prevention service who outlined how they support people who have had a fall or people may be worried about a fall. Of all the people that get a referral to the service, there is approximately a 50 % uptake, which seems to highlight that there is members of the public that are in the category of needing to put measures in place to reduce the risk of falls happening in the future. The team commented that they are likely not to have the capacity to deal with everyone if there was a 100% uptake, but this potentially highlights a need for the public to have more awareness on this subject and what can be put in place to help them, for example, things to be placed in their home and eliminating things that increase the risk of a fall occurring.

The research highlighted in the introduction along with the results of the survey point towards a high level of people that are over 65 being in the pre-frailty stage and therefore if more can be done at this stage, particularly by the public themselves (if they have the correct knowledge and awareness), there is better chance of reducing the risk of falls that leads on to many other negative consequences or at the very least, delaying the point of reaching this stage.

Recommendations

After analysing the findings from this survey, the following 7 recommendations have been made for providers to consider.

- More promotion across organisations of the home safety checks that are available. The survey reported that people receive home safety checks from a number of sources eg Occupational therapy. A minority of people reported they had had a home safety check from the fire service, however the fire service are welcoming more people to use their service, therefore if more promotion of what home safety checks are available across organisations, more uptake could reduce the incidents of falls.
- Consider the development of a simple self-assessment of hazards in the home and garden that could contribute to falls. This could be a tool that could be

used widely by the public at the pre-frailty stage before they reach the point of needing services. It could raise awareness of falls at an early stage in life so that people can take steps themselves to reduce the risk.

- More awareness around medication that protects your bones this is medication that needs to be taken under certain conditions (eg 30 mins before eating or drinking) and if this is not adhered to then medication is not effective. If more of this particular medication was used in the right way, this could be another factor in reducing the risk of falls.
- More promotion and awareness across organisations and services of existing services that could really help in preventing falls. Many people surveyed had not heard of services such as the healthy lifestyle trainer team and strength and balance classes. These services could play a huge role in improving many aspects of health & wellbeing as well as reducing the risk of falls. However, its needs to be considered whether these teams have capacity to take on more clients.
- Promote simple tops tips of what people can do in a pre-frality state to prevent falls eg. Simple exercises. The survey highlighted that the worry of falling is something that concerns a high proportion of people and therefore any help with simple changes that could reduce the risk is likely to be welcomed by the public.
- Consider more resources and information to be communicated via online avenues. This is a non-expensive and efficient communication route to reach people and this survey shows that a high proportion of people would be happy to receive information in this way.
- Consider more work to target people with dementia who are socially isolated and at further risk of falls. After engaging with many care agencies to help distribute this survey to clients, there were a number of agencies that said it wouldn't be possible as many clients had dementia. This may mean that people with dementia are at higher risk of falling as they are haven't got the awareness of support that can be put in place to lower the risk of falling.

Response from Stakeholder

Stephen Vickers, Director for Adults and Communities, Herefordshire Council:

'Over the next 12 months Herefordshire Council will be working closely with partners from across the health and social care system to review the existing falls service offer. The work will aim to ensure that health, social care and the wider community sector work together to support Herefordshire residents to receive the highest level of support possible to prevent and manage the risk of falls.

Healthwatch's Falls Prevention and Social Isolation Report identifies a number of key findings and recommendations, which have informed our project approach and assisted in identifying focus areas. For example, 'a high proportion of respondents reported they were very worried (27%) or worried (44%) about falling, highlighting that people are aware of the problem, but not whether they know the steps they can take to help to reduce the risk of falling'. A key objective of the Falls project is to develop a proactive community offer to support Falls Prevention - including increased and accessible support available in communities - to ensure that advice and support is easily accessible.

This is an exciting opportunity and we look forward to working with Health Watch Herefordshire to deliver this project'.

Acknowledgements

Healthwatch would like to thank all of the people who took part in the project and engagement sessions that this report is based on. We would also like to thank all of the organisations who helped to make that possible.

Disclaimer

The views expressed in this report are representative of 172 participants.

The results have come from completed surveys through a number of different avenues including receiving them from organisations that deliver domillicary care; surveys handed out at social groups; through email distribution to carers as well as many other methods that can be seen in the engagement section.

The views may not be representative of other Herefordshire service users but are authentic independently gathered views.

It is hoped that commissioners and providers of services and communities will consider the views, celebrate and share good practice and respond to patient concerns by finding ways to improve practice where necessary.

Please tell us if you have used these recommendations so we know how this work has made a difference.

Appendix 1

Fall Prevention & Social Isolation

1.1 Demographic:

Q1.	What is y	our ger	nder?			Male		Fema	le 🗆	Other 🗆
Q2. What was your age at your last birthday?										
Q3.	Q3. What is your home postcode:									
Q4. What GP surgery are you registered with?										
•••••		•••••						••••••		
Q5. How often have you visited the GP surgery in the last 12 months?										
□ 1	□ 2	□ 3	□ 4	□ 5	□ 6	□ 7	□ 8	□ 9	□ 10	□ 10+

Q6 Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months? This includes problems related to old age

 \square No

 $\hfill\square$ Yes, limited a little

 $\hfill\square$ Yes, limited a lot

Q7. Do you look after, or give help or support to family members, friends, neighbours of others because of either:

- Long term physical or mental ill-health/ disability?
- Problems related to old age

□ No □ Yes, 1-19 hours a week □ Yes, 20-49 hours a week □ Yes, 50+ hours a week

1.2 Falls History:

Q9. Experiencing a fall is something I am concerned about:

```
□ Strongly agree □ Agree □ Neither agree or disagree □ Disagree □ Strongly Disagree
```

Q10. Have you fallen in the last 12 months?

 \square Yes, more than once \square Yes, Just once \square No, but I have fallen in the past \square No, I have never had a fall

Q11. Where did you fall?

□At my home, i.e in my house or garden □ Outside my home, i.e in the community

Q12. If you have fallen more than once, have you fallen repeatedly in one place?

□ Yes □ No

Q12a) If Yes, Did you tell anyone about it? E.g GP/ health or social care professional/ family/ friends

□ Yes □ No

Q12b) If Yes, where did you fall?

1.3 Falls Prevention

Below are some things that have shown to reduce the risk of falls - have you done any of the below?

Q13. Have you had a home safety check?						
In last 12 months 🗆	Over 12 months ago 🗆	Never 🗆	N/A □			

Q13a) If Yes, who did the check and what changes were made to your home?

..... Q14. Have you had a falls risk assessment done with a GP/other? In last 12 months 🗆 Over 12 months ago Never 🗆 N/A 🗆 Q14a) If Yes, who did the assessment? Q15. Have you had an eye test? In last 12 months Over 12 months ago Never \square $N/A \square$ Q16. Have you had a medication review with your GP/ pharmacist? In last 12 months Over 12 months ago N/A □ Never \square Q17. Are you prescribed medication to protect your bones? In last 12 months Over 12 months ago Never 🗆 $N/A \square$ Q18. Do you do physical activity to strengthen your muscles and help with your balance? In last 12 months Over 12 months ago Never \square $N/A \square$ Q19. Have you had any foot care with a podiatrist? Never \square In last 12 months Over 12 months ago $N/A \square$ Q20. Have you had any telecare installed (e.g pendant alarm)? In last 12 months Over 12 months ago N/A □ Never \square Q21. Do you think that any of these made an impact on your risk of falling?

.....

Q22. Are you aware of/ or have you attended? Please tick all that apply

- Balanced Lives (run by Action for Elders)
- Postural Stability programme (strength & balance exercises)
- □ ActiveHERE classes
- HALO classes for older adults

Q23. How would you prefer to find information about preventing falls in Herefordshire? Please tick all that apply

- Online / Website
- □ Social media
- □ Local press- newspaper/ radio
- 🗆 Email
- Directly from GP/ District nurse/ Local health care professional
- D Picking up literature from GPs/ health centres
- Pharmacies
- Community centres/ libraries
- □ Social community groups

1.4 Living at Home

Q24. Do you live?

□ Alone □ Other		□ With family	With partner/ spouse		
Q25. Are you a? Home owner Other 	□Tenant	Residential / Care ho	ome \Box Supported housing \Box		

Q26. Can you access shops within easy walking access of your home?

□ Yes □ No

Q27. Do you have any of these in your home? Please tick whichever apply

- $\hfill\square$ Your home is a bungalow or you live on the ground floor
- Your home has stairs to the front and/ or back door
- Your home has an over bath shower
- □ Your home has a step in shower cubicle
- Your home has a polished hard floor
- □ Your home has a loose rug on the floor

Q28. Do you have neighbours/ family/ friends who you can rely on for support living nearby to your home?

□ Yes □ No

1.5 Social Isolation

Q29. How often in the last 2 weeks have you spent time with family or friends who don't live in the same house as you?

□ Every day □ most days □ few days □ never

1.6 Loneliness

Q30. How often do you feel left out?

Often Some of the time Hardly ever Never
 Q31. How often do you feel isolated from others?
 Often Some of the time Hardly ever Never
 Q32. How often do you feel lonely?
 Often Some of the time Occasionally Hardly ever Never

1.7 Participation in Community

Q33. Do you access the following in your community? (please tick whichever apply)

- physical activity classes
- □ social events
- community centres/ libraries
- \Box social clubs
- □ volunteering groups

Q34. In the last 12 months how often have you volunteered informally or formally in an organization or group?

Once a week or more
 A few times a month
 Monthly
 A few times a year
 Rarely
 Never

Q35. What would enable you to get more	•	
community?		
•••••••••••••••••••••••••••••••••••••••		 ••

Appendix 2

List of Engagements

Care Agencies

Mortimer Homecare Agincare Clover carers Suncare Kington Hands Care Agency Ashfield Care Altogether Care Abelia Care Services Limited Service for Independent Living Katherine Harriet

Homefirst

Assessment & Enablement Officer in the city team given surveys & freepost envelopes to distribute to clients

Supported Living

Henfford Gardens The Rose Gardens

Residential Homes

Hampten House Bupa Care Home The Trusted Assessors were given surveys & freepost envelopes to distribute to clients

Neighbourhood Schemes / Community Groups

Walford Community Scheme Age UK Ross Age UK Shop Leominster Yarpole Community Group Pontrilas Café Orcop Lunch group The Welsh Club - Bingo group The Richmond Club - Bingo club

Carers Groups

Leominster Carers group Email with survey link sent to all on the Shared Lives scheme Email sent to all on Herefordshire Carers database

Additional Engagements

Ledbury Health Group The fire and rescue service home safety check team Social Prescribing & Healthy Lifestyle trainer Team had surveys to distribute to clients Promoted at the Common conditions & Awareness Event (Frailty & Wellbeing) Frailty workshops The Falls Prevention Team