



SCOTTISH EXECUTIVE

Health Department

Directorate of Nursing, Midwifery and Allied Health Professionals
Directorate of Primary Care and Community Care

Dear Colleague

DELIVERY FRAMEWORK FOR ADULT REHABILITATION PREVENTION OF FALLS IN OLDER PEOPLE

Delivery Framework for Adult Rehabilitation

1. The attached [Delivery Framework for Adult Rehabilitation](#) is a specific commitment from *Delivering for Health*. The Framework will provide strategic support and direction to NHS and local authorities to underpin the necessary transformational change in service provision at the heart of *Delivering for Health*.

2. The Framework focuses on the rehabilitation needs of older people, people with long term conditions and vocational rehabilitation and is explicitly linked to existing work streams of anticipatory care, unscheduled care, planned care, self managed care and the management of all long term conditions. The Framework will impact in key areas such as the prevention of unnecessary admissions, better identification and management of the 'at risk' population, safe early discharge, the prevention of dependency on care services and the health benefits of returning to work. The Framework is also integral to the implementation of the Strategy for Community Hospitals and Shifting the Balance of Care.

3. The Framework outlines new models for delivery of rehabilitation services and has a list of recommendations for implementation these will be supported by a National Implementation group and local rehabilitation co-ordinators. Funding of these posts will be through the Scottish Executive Health Department and the Scottish Executive Education Department. Details of funding arrangements will follow in due course.

21 February 2007

Addresses

For action

Chief Executives, NHS Boards
General Managers, CHPs
Medical Directors
Directors of Nursing
AHP Leads

For information

Chief Executives, Local Authorities
Directors of Social Work/Chief Social
Work Officers
Joint Future Managers
Directors of Housing
Voluntary/professional organisations
Chief Executive, NHS 24
Chief Executive, Scottish Ambulance
Service
Chief Executive, NHS Education
Scotland
Chief Executive, NHS Health
Scotland
Chief Executive, NHS Quality
Improvement Scotland
Chief Executive, Care Commission
Royal Colleges

Inquiries to:

Sarah Mitchell
Room GE06
St Andrew's House
EDINBURGH EH1 3DG

Tel: 0131-244 5679

Email:

Sarah.Mitchell@scotland.gsi.gov.uk

Fax: 0131-244 2853



4. Implementation of these recommendations will require Health Boards and local authorities to:
- transform their rehabilitation services to put rehabilitation at the heart of service delivery;
 - adopt a whole systems approach to rehabilitation services;
 - give greater priority to rehabilitation services if they are to improve outcomes for their population as expected in *Delivering for Health, Changing Lives* and *Joint Future*;
 - reflect evolving outcomes measures for community care (and any consequent targets) that impact on rehabilitation.
5. In tandem with the development of the *Delivery Framework for Adult Rehabilitation*, national work has been undertaken to address a focused approach to the prevention of falls. This work has resulted in clear recommendations from the Falls Working Group which is entirely complimentary and is fully underpinned by the recommendations of the Framework.

Prevention of Falls in Older People

6. The rest of this letter and Annexes A-C outline a framework to enable falls prevention initiatives to be developed and progressed across Scotland, in the context of *Joint Future, Delivering for Health* and the establishment of Community Health Partnerships (CHPs) within single healthcare systems.
7. Community Health Partnerships play a significant role in the planning and provision of NHS and local authority services for older people in local communities. They are ideally placed to liaise with other agencies at a locality level to deliver integrated services.
8. The Scottish Executive convened a Falls Working Group, which first met in April. Its remit was to consider how best to raise the profile of, and progress work on, falls and falls prevention in Scotland by producing advice for Community Health Partnerships and others. The Working Group had a wide ranging membership drawn from various parts of the NHS, local authorities (social work and housing), NHS Health Scotland, Age Concern Scotland, Help the Aged, the National Osteoporosis Society and the Scottish Executive.
9. There is strong evidence, based on quality research, that up to 30% of falls in community-dwelling older people can be prevented through comprehensive multidisciplinary assessment. Clear evidence-based guidelines for falls prevention strategies have been produced by the National Institute for Clinical Excellence and jointly by the American and British Geriatric Societies. Implementing these guidelines help to meet the aspirations of *Delivering for Health* i.e. supporting people who wish to remain at home, avoiding unnecessary hospital admission, and minimising delayed discharges.
10. Management of falls in older people in hospital and care homes must be considered through best practice guidelines, ensuring falls and their prevention are addressed through falls risk assessment and risk management strategies implemented by staff.

Action/Next Steps

11. In taking forward falls prevention work, the Working Group identified the following key aspects that are required to be developed. The sequential process for doing this will vary depending upon stages of existing falls developments and local structures within each area:

- NHS Boards need to have a combined falls prevention and bone health strategy, under which CHPs can develop operational implementation strategies;
- CHPs need to appoint a falls prevention lead or co-ordinator; to work alongside the rehabilitation co-ordinator;
- CHPs need to develop an operational combined falls prevention and bone health implementation strategy, working within the NHS Board strategy and any wider Community Planning strategy.

12. Where these are not already in place:

Health Boards are asked to take the lead in developing with all relevant partners a combined falls prevention and bone health strategy, by end 2007-08 (where they do not have such a strategy).

Community Health Partnerships are asked to:

- appoint a falls lead or co-ordinator with management responsibility to liaise with primary and secondary care, social work, housing, the ambulance service, community alarm services, and the voluntary and private sectors to develop a coordinated approach to falls prevention and management; and
- develop an operational combined falls prevention and bone health implementation strategy – targeted at those for whom there is evidence that effective intervention will reduce the risk of future falls and fractures

In addition for patients in hospital settings **Health Boards are asked to ensure that:**


- protocols are in place to ensure falls risk minimisation;
- a systematic process is in place for the management and prevention of falls;
- appropriate falls awareness education, support and guidance is provided to all staff, regardless of their role in the hospital, where patients may be at risk of falling;
- accurate recording and reporting of incidents, including falls, are reported through the incident reporting procedure; and
- design issues are considered in new build and refurbishments.

13. The breadth of falls prevention work involves many agencies across various professional boundaries. While the actions requested at paragraph 12 above are directed towards health bodies, local authorities have an important part to play, and robust falls and fractures management and prevention strategies are imperative for residents in care homes where the incidence of falls and fractures is high. This letter is therefore also copied to Chief Executives of local authorities and of the Care Commission.

14. Annex A sets out further information on the actions requested above, and Annexes B and C point to useful resources, information and websites.

15. This letter is available at www.show.scot.nhs.uk.

Yours sincerely



JACQUI LUNDAY
Chief Health Professions Officer



PAUL GRAY
Director of Primary and Community Care

PREVENTION OF FALLS

Falls lead or co-ordinator

Each Community Health Partnership (CHP) is asked to appoint a falls prevention and management lead or co-ordinator, who should work alongside the rehabilitation co-ordinator.

This lead officer will be responsible for the development and delivery of a coordinated, integrated falls service ensuring falls risk management and prevention is addressed within primary and secondary care, social work, housing, the ambulance service, community alarm services, and the voluntary and private sectors (e.g. Care and Repair).

Experience supports the need to have a co-ordinator to shape services, and to avoid gaps, inconsistencies and duplication of effort.

Falls prevention and management strategies

Each NHS Board is asked to take the lead in developing with all relevant partners an overarching combined falls and fracture prevention strategy. This will then allow CHPs to develop operational implementation strategies.

Each Community Health Partnership (CHP) is asked to develop a combined falls and fracture prevention strategy. This should be a systematic, long-term and integrated approach to falls risk management. As resources are limited, it should be targeted at those for whom there is evidence that effective intervention will reduce the risk of future falls and fractures.

There was a clear view in the Falls Working Group that falls prevention services should be linked operationally to bone health (osteoporosis) services.

CHPs need to consider in the first instance how wide a falls prevention and management strategy should be. There are 3 areas of responsibility:

- the **community** perspective – e.g., strength and balance exercise opportunities for older people at risk of falls through community care and leisure and recreation services; pavements, lighting, and making sure public areas are safe.
- the **individual** perspective – e.g. a multidisciplinary assessment including
 - review and modification of medication, comprehensive specialist medical review including assessment of postural hypotension, cardiovascular disorders, vision, nutrition, continence, foot care.
 - home hazard assessment e.g. loose carpets, uneven flooring or steps, trailing flexes, badly positioned furniture, and the need for handrails and grab handles in the home.
- the **day care centre, care home and hospital** perspective – e.g. staff training; and analysis of falls to see if they are caused by medication side effects, unrecognized medical problems, visual impairment or environmental factors like poor lighting,

changes in colour or pattern of flooring, poor design in bathrooms and toilets and lifts, and poor handrails, stairs and steps.

At one end of the spectrum, community development approaches have a role to play in the future of falls prevention work, working in a multidisciplinary and multiagency fashion across boundaries to provide seamless care. There may be opportunities to work through a Community Safety Partnership or a Healthy Communities Collaborative to tackle the wider agenda, reaching into housing, care and repair, environmental health, and leisure and recreation issues. It is important to ensure that with a wider agenda, work does not become unfocussed.

At the other end of the spectrum, to target services only at those who are most at risk (e.g. those who have fallen) leaves out the wider aspects that make a significant difference in preventing falls and injury.

Resources are limited, and all falls prevention and management work and strategies should be based on evidence that demonstrates what works. The evidence base is set out in a multiplicity of published papers on many aspects of falls prevention and management. The Working Group decided not to repeat this, but to reference useful resources and web-sites – see the 2 annexes.

As part of a strategy, every Health Board or CHP area should consider developing a **care pathway** for falls so that everyone understands what is available at the different points on the pathway, including from other agencies (social work, housing etc). It is fundamental to map the care pathway and to make information about services available to everyone who needs them.

In developing falls prevention services there needs to be a co-ordinated approach so that services are integrated e.g. across agency and professional boundaries, and involving the wide range of agencies that have contributions to make.

Community of Practice for Falls

NHS QIS (Practice Development Unit) in collaboration with NHS Health Scotland and NES Knowledge Services will undertake a programme of work in relation to falls focusing on the key themes to emerge from scoping work undertaken in 2006:

- awareness raising
- evidence in relation to effectiveness
- assessment and intervention
- use of data and outcome tools
- interagency sharing of best practice across Scotland

The work will be taken forward by a full time falls co-ordinator who will link with the CHP falls leads and the rehabilitation co-ordinators to ensure that the programme of work on falls reflects the needs of practitioners and services in driving forward service improvements.

If you require further information in relation to this work please contact Michelle Richmond on 0141 225 6995 or michelle.richmond@nhshealthquality.org

RESOURCES

NHS Health Scotland

- *Taking Positive Steps to Avoid Trips and Falls* – a booklet (reprinted 2005) and video (2003): this video and booklet pack is designed to help older people at risk of falling and their families to understand the risk factors and preventive measures.
- *Lets Get Moving* (new 2005) – a resource pack with booklet, video or DVD designed to promote physical activity in older people.
- *Step Up to Safety* (2000) – information for older people on how to use the stairs safely. This notes that every year over one million people suffer a non-fatal injury when they fall in the home, with nearly a third of these falls happening on the stairs. Some of those who fall, especially older people, will lose their confidence, be badly injured or may often experience long term loss of independence as a result.

The leaflet is designed to give practical advice and simple steps to reduce the risk of falling on stairs.

- *Eat Well, Stay Active* (1997) – a colour booklet explaining why it is important for older people to think about their nutrition, with information on shopping, useful aids, keeping active and independent.

Help the Aged

- *Staying Steady* (May 2005) – a 16 page leaflet endorsed by the British Geriatrics Society with sections on practical advice, improving your strength and balance, checking your eyesight, managing your medicines, checking your home environment, looking after your feet, dealing with anxiety about falling, help from the NHS, community alarms and what to do if you fall.

National Falls Awareness Day – provides the opportunity for everyone, including older people, local practitioners and other organisations, to highlight the good work going on in falls prevention and to celebrate success. Held every year.

Dementia Services Development Centre

The Dementia Services Development Centre has information, publications, and literature reviews on all aspects of dementia, available at www.dementia.stir.ac.uk

Department of Trade and Industry

- Booklet *Avoiding slips, trips and broken hips: Preventing accidental falls in and around the home* – information for friends, neighbours, relatives and carers of older people.

Note: In the past the DTI ran safety awareness campaigns and collected research and statistics on safety issues, causes and consequences. This work has now

ceased, but some of the resources are still available on their Safety Research page. Some of the safety awareness work is now carried out by organisations such as the

Royal Society for the Prevention of Accidents (RoSPA), the Child Accident Prevention Trust (CAPT), Help the Aged and others.

NHS Quality Improvement Scotland

Best Practice Statement published December 2005 [Working with Dependent Older People towards Promoting Movement and Physical Activity](#) has a short section (section 3) on preventing falls. Nurses in hospitals and care homes are expected to meet new quality of care benchmarks for older patients set out in the statements.

Guideline

Guideline for the Prevention of Falls in Older Persons: Journal of the American Geriatric Society, 2001. (This is highly recommended.) –

<http://www.americangeriatrics.org/products/positionpapers/Falls.pdf>

SIGN guidelines

SIGN guideline 56 *Prevention and Management of Hip Fracture in Older People* (January 2002) <http://www.sign.ac.uk/guidelines/fulltext/56/index.html> includes advice on falls prevention and Section 11 has key messages for patients. (Note: the Working Group felt some of this advice may now be dated.)

SIGN guideline 71 *Management of Osteoporosis* (June 2003)

Available at <http://www.sign.ac.uk/guidelines/fulltext/71/index.html>

National Institute for Clinical Excellence: Clinical Guideline 21 Falls

NICE *Clinical Guideline 21 Falls: The assessment and prevention of falls in older people* was published in November 2004. The guideline outlines good practice based on the best available evidence of clinical and cost effectiveness. The link to it is

<http://www.nice.org.uk/page.aspx?o=233391>

The following are also published:

- *Quick reference guide*
- *Understanding NICE guidance – information for older people, their families and carers, and the public.*

USEFUL INFORMATION & WEBSITES

Information

Falls Fragility & Fractures: A framework for the prevention of falls & fractures, 2001 –
<http://bmj.bmjournals.com/cgi/content/full/331/7509/123?ck=nck>

Let's Make Scotland More Active: A Strategy for Physical Activity -
<http://www.scotland.gov.uk/Resource/Doc/47032/0017726.pdf>

Greater Glasgow Health Board's Strategy for Osteoporosis and Falls Prevention 2006 –
http://library.nhsgg.org.uk/mediaAssets/library/nhsggc_strategy_osteoporosis_falls_prevention_2006-2010.pdf

Additional resources include a DVD/exercise booklet – Keeping Fit and Active as you get Older.

Websites

Age Concern - www.ageconcern.org.uk.

British Geriatrics Society - www.bgs.org.uk.

British Geriatrics Society – Falls & Bone Health website
www.falls-and-bone-health.org.uk.

Dementia Services Development Centre www.dementia.stir.ac.uk

Help the Aged has a lot of good material at:
<http://www.helptheaged.org.uk/en-gb/AdviceSupport/HomeSafety/FallPrevention/>

Institute of Community Health Sciences: Web/Kiosk based falls info
www.ichs.qmul.ac.uk/research/gppc/falls/index.html

[National Osteoporosis Society](http://www.nos.org.uk) at www.nos.org.uk

NHS Health Scotland www.healthscotland.com

Prevention of Falls Network Europe www.profane.eu.org

Royal Society for the Prevention of Accidents www.rosipa.org.uk.

Scottish Accident Prevention Council <http://www.sapc.org.uk/sapcleaf.pdf>