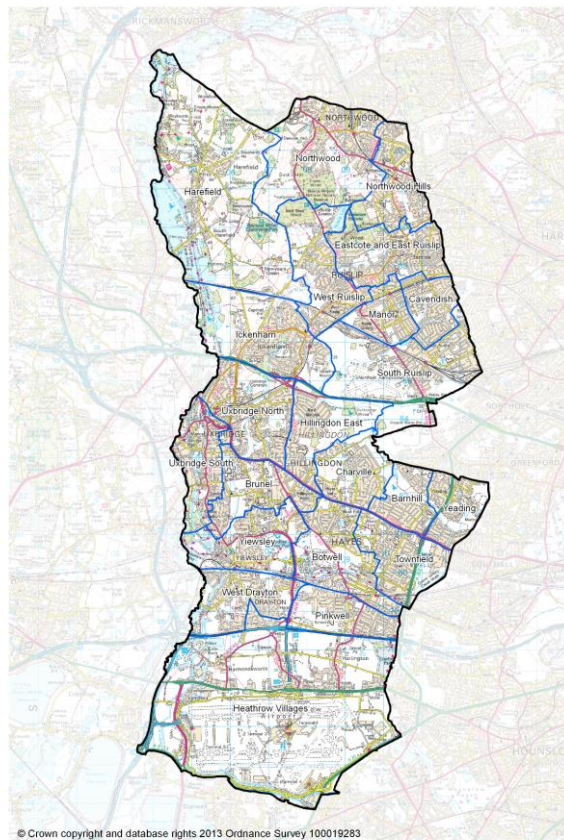


JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) FALLS IN THOSE AGED 65+



HILLINGDON
LONDON



**Business Performance Team
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Introduction to falls

Falls are the commonest cause of accidental injury in older people and the commonest cause of accidental death in the 75+ population. Having fallen is the commonest reason for older people to attend the A&E and for being admitted to hospital. The King's Fund state that falls account for 40 percent of all ambulance call outs to the homes of those aged over 65, and are a leading cause of older people's use of hospital beds.

Falls are the largest cause of emergency hospital admissions for older people, and significantly impact on long term outcomes (eg being a major cause of people moving from their own home to long-term nursing or residential care), Department of Health (2012), Improving outcomes and supporting transparency Part 2: summary technical specifications of public health indicators.

The consequences of a fall may be:

- physical (discomfort / pain, hypothermia, pressure related injury, infection, serious injury, inability to look after oneself, long term disability)
- social (loss of independence, loss of social contacts, loss of home, move to residential care, financial costs of help/care/hospital, decreased quality of life, changes to daily routine)
- psychological (loss of confidence, fear of falling, distress, anxiety, embarrassment).

Falling, therefore, has a serious impact on quality of life and health of older people and on health and social care costs.

The economic costs to the NHS and local government associated with the management of unintentional falls is considerable, about half of which is associated with inpatient fracture management and almost as much with long term care provision (Scuffham P et al, 2003).

Although anyone can fall – children, those who work at height, those who undertake high risk activities or sporting activities (ie athletics), and those whose functional ability is severely hampered by illness, medication or alcohol - the most vulnerable group are those aged over 65, and this JSNA report will focus on this group.

Around one in three people over 65 and one in two people over 80 fall at least once each year (source: The Kings Fund, September 2013, 'what are the real costs of falls and fractures?').

A number of risk factors are usually associated with falls such as **health factors** (cognitive impairment, balance and gait, history of stroke) and **environmental factors** (loose rugs / trailing wires around the home, inappropriate footwear or improper use of assistive devices).

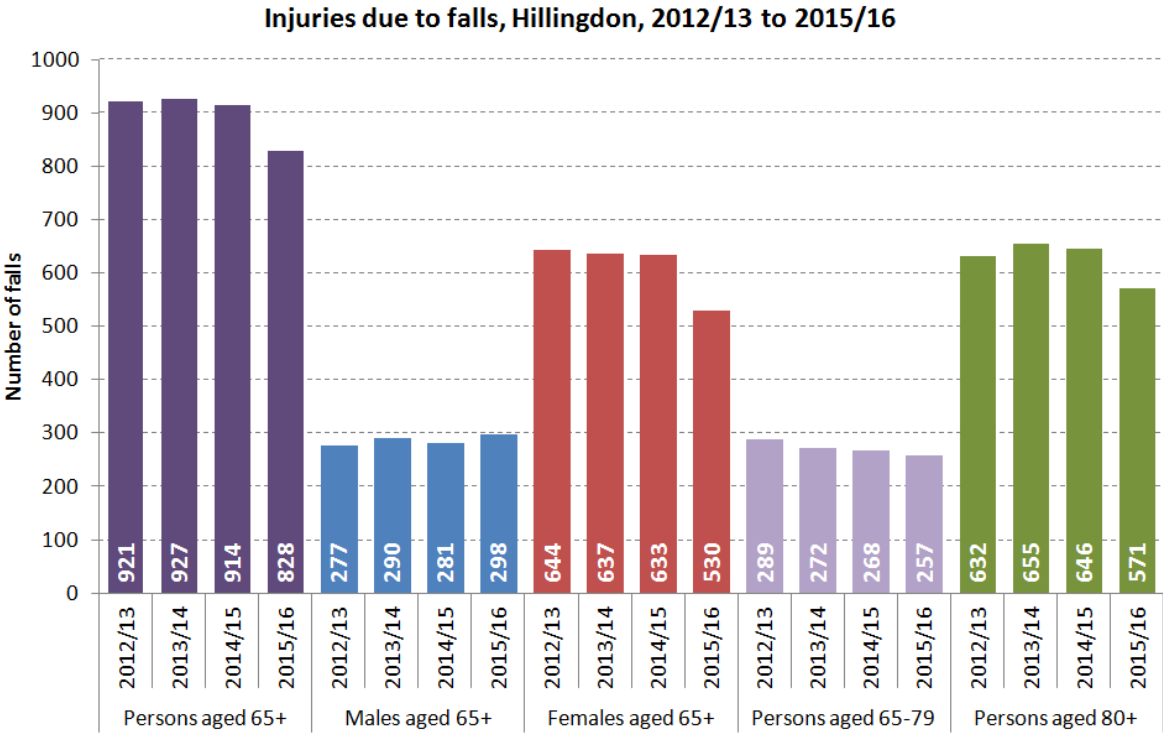
Data Source:

Hospital data used in this report has been taken from the Public Health Outcome Framework, 2015/16 (last updated May 2016), indicators 2.4i – 2.4iii and 4.14i – 4.14iii. Hospital admissions have been used as a proxy of the prevalence of falls injuries, but these are only the tip of the iceberg in relation to the health and well-being burden of falls. Inpatient hospital admissions are a proportion of falls incidents, more may present to A&E and GPs, not all of which will lead to hospital admission. This indicator uses primary diagnosis of injuries only and may result in lower values in comparison to using all diagnoses. This indicator has sub indicators for ages 65-79 and 80+.

Falls in Hillingdon

In 2015/16 there were 828 emergency hospital admissions for injuries due to falls in Hillingdon’s residents aged over 65 (298 in males and 530 in females). Of these, 257 were in the 65-79 age group, and 571 were in the 80+ age group. The chart below shows the number of hospital admissions from falls since 2012/13:

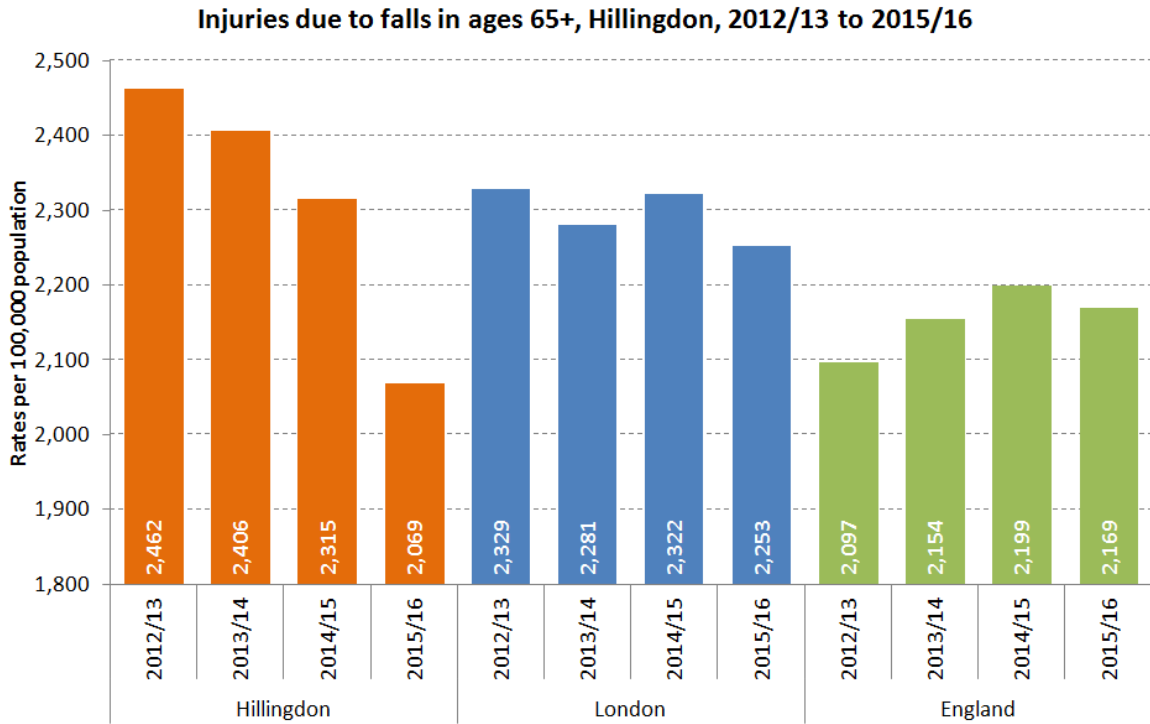
Figure 1



Source: Public Health Outcomes Framework

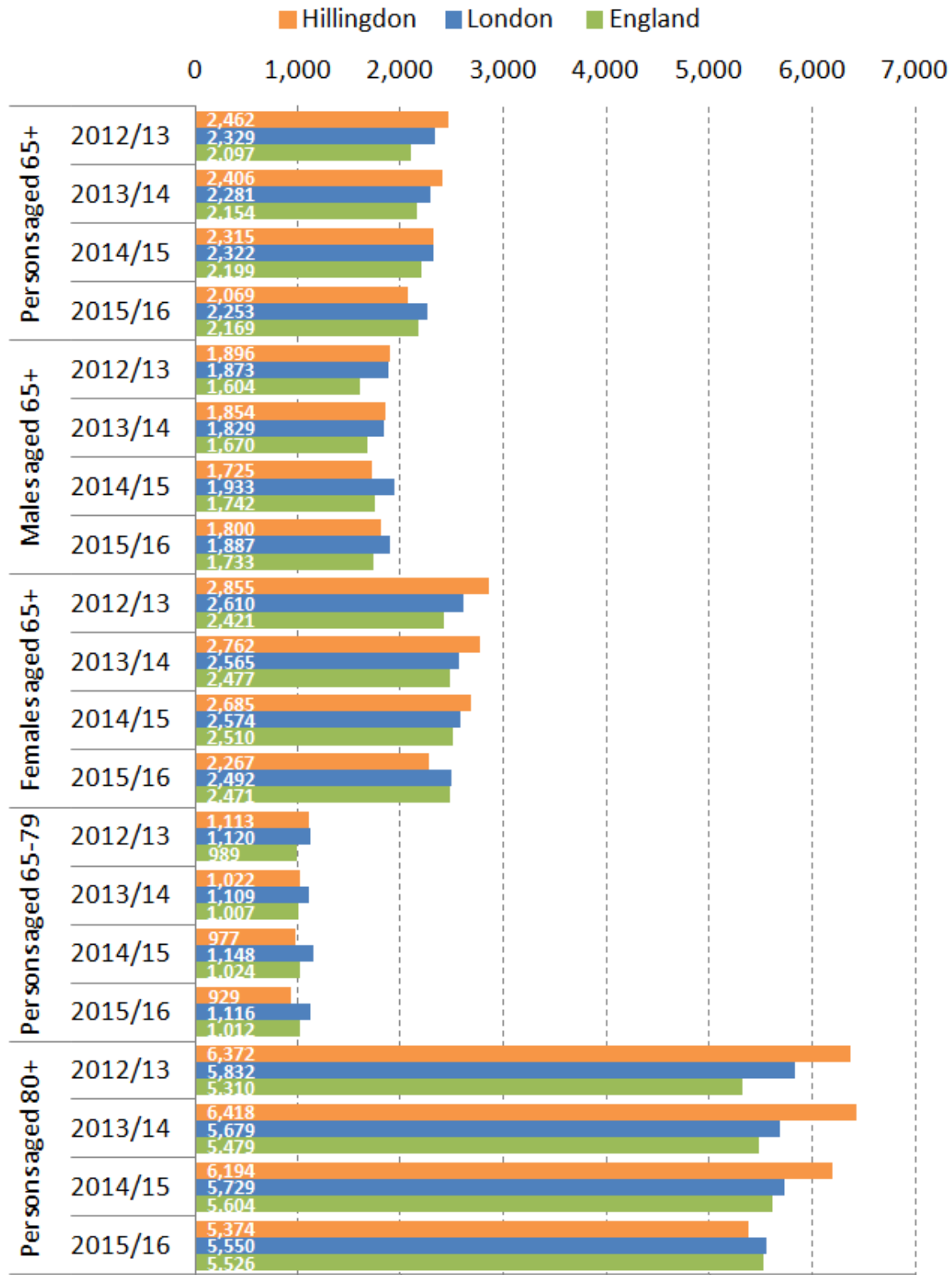
Hillingdon's injuries from falls rate per 100,000 is now lower than both London and England, a change from recent years where it peaked in 2012/13. Hillingdon's rates have continued to drop since 2013/14; London's since 2011/12, and England's rates have risen until last year, where it has since fallen:

Figure 2

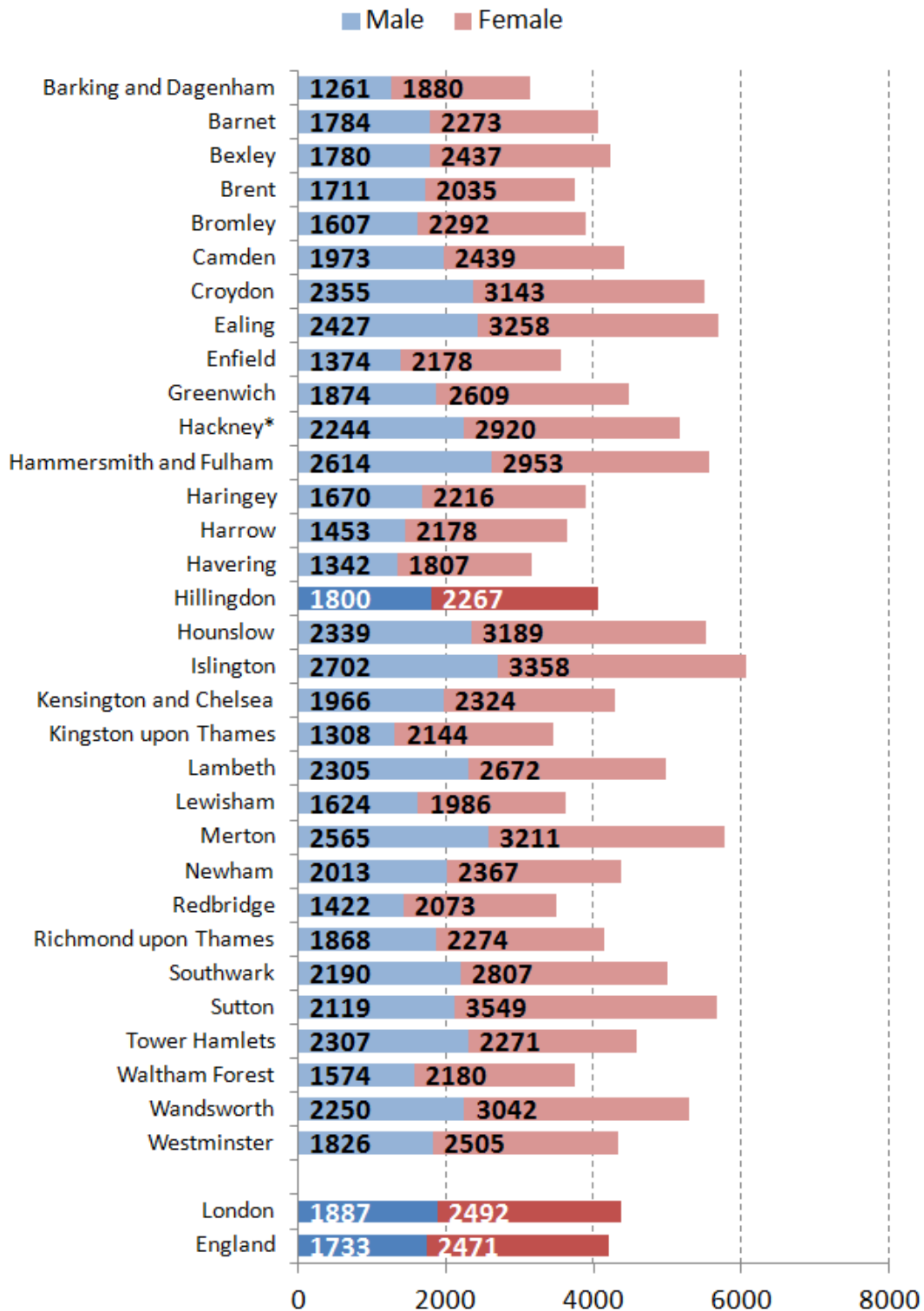


Source: Public Health Outcomes Framework

Emergency hospital admissions for injuries due to falls in Hillingdon, London and England, rates per 100,000 - 2012/13 to 2015/16



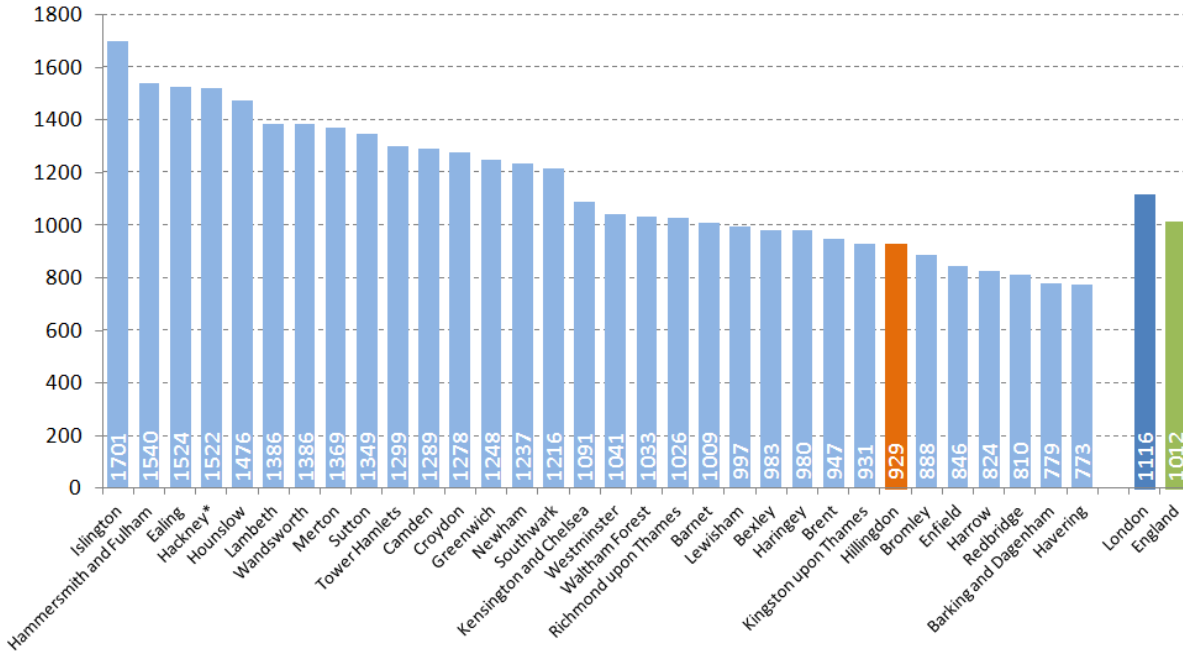
Injuries due to falls in males/females aged 65+, 2015/16 rates per 100,000 of the population



*value for Hackney and City of London combined

Source: Public Health Outcomes Framework

Injuries due to falls in people aged 65-79, 2015/16 rates per 100,000 of the population

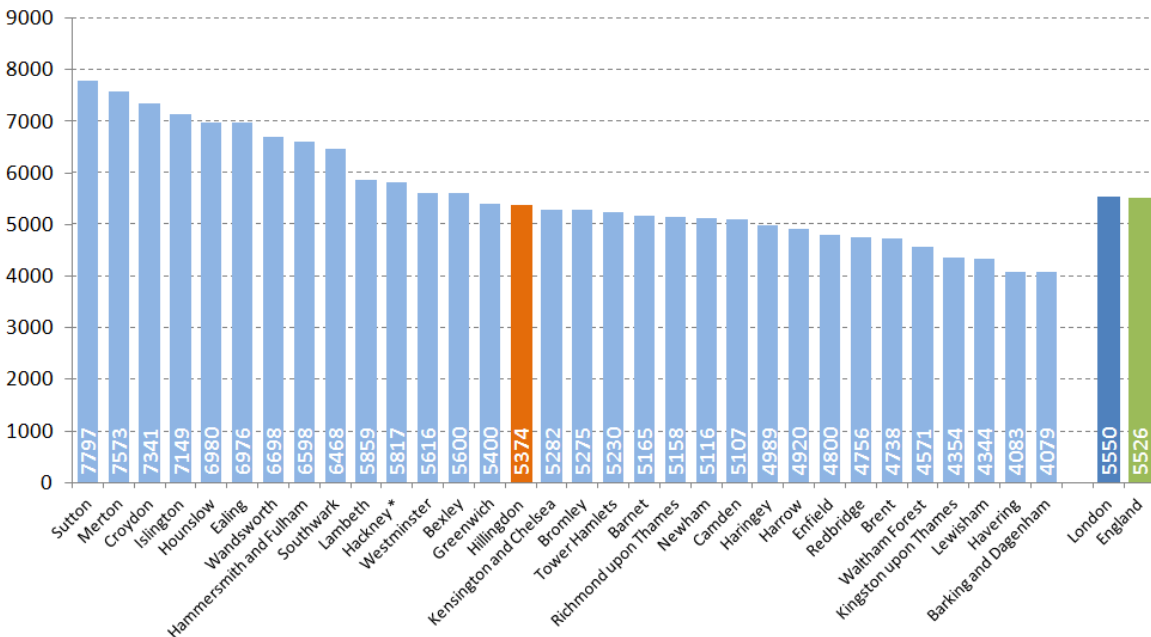


*value for Hackney and City of London combined

Source: Public Health Outcomes Framework

A person aged over 80 in Hillingdon is more likely to fall than those aged 65-79.

Injuries due to falls in people aged 80+, 2015/16 rates per 100,000 of the population

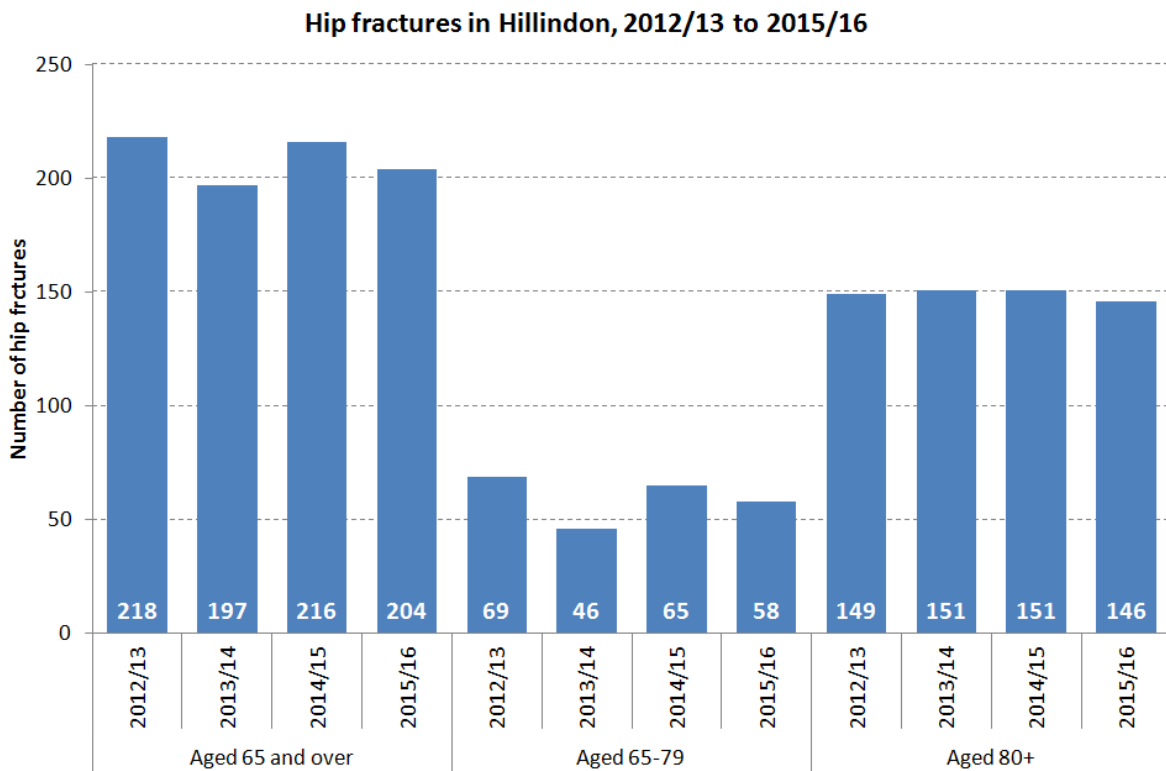


*value for Hackney and City of London combined

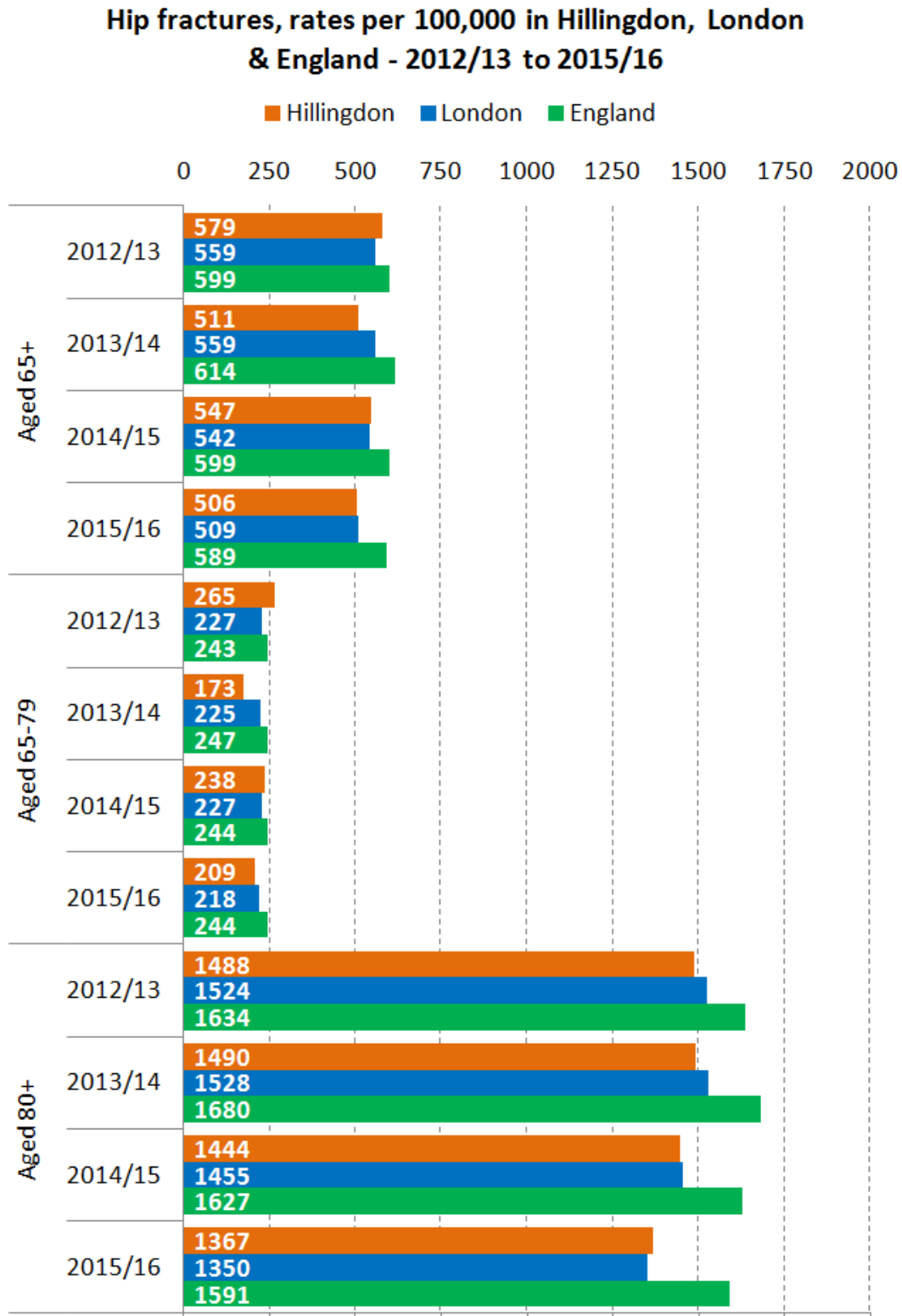
Source: Public Health Outcomes Framework

Hip fractures

Some injuries such as hip fracture are more prevalent in females due to higher levels of osteoporosis. There were an average of 217 hip fractures per year in Hillingdon residents aged over 65 since 2011/12; the chart below shows that the number of hip fractures in those aged between 65-79 fell in 2013/14 but has now increased. Hip fractures are more prevalent in those aged over 80:



Hillingdon's hip fracture rate per 100,000 of the population varies by year and increased in 2011/12 specifically in the over 80s, but has decreased in the last 2 financial years. The chart shows Hillingdon's rates in comparison to London and England:



Population Projections

This section looks at the increase in the over 65 population up to 2035. There will continue to be more females than males in this age group, who will be more likely to have a fall. The over 65 population in Hillingdon is expected to increase as follows:

Age band	2017	2018	2019	2020	2025	2030	2035
Persons aged 65+	40,500	41,100	42,000	42,800	48,400	55,300	2,300
Males aged 65+	18,500	18,900	19,400	19,800	22,800	26,300	9,600
Females aged 65+	21,900	22,100	22,600	22,900	25,700	29,400	2,700
Persons aged 65-69	11,400	11,300	11,400	11,600	13,700	15,900	6,600
Persons aged 70-74	10,000	10,400	10,700	10,900	10,800	12,700	4,800
Persons aged 75-79	7,400	7,500	7,700	7,900	10,000	9,900	11,700
Persons aged 80+	11,700	11,900	12,200	12,400	13,900	16,800	9,200
Source: 2012 based Sub National Population Projections (May 2014)							

Single Person Households aged 65+

Single Person Households	Males	Females
10,953 (10.9%)	3,632 (3.6%)	7,321 (7.3%)
Source: Census 2011, table LC1109EW - Household Composition by age by sex		

People aged 65+ in Hillingdon predicted to have a fall, projected to 2035:

Age groups predicted to have a fall	2017	2018	2019	2020	2025	2030	2035
People aged 65-69	2,324	2,301	2,342	2,360	2,816	3,272	3,413
People aged 70-74	2,364	2,485	2,532	2,579	2,545	3,022	3,499
People aged 75-79	1,726	1,726	1,791	1,818	2,324	2,316	2,711
People aged 80-84	1,962	1,993	2,027	2,058	2,154	2,773	2,770
People aged 85+	2,408	2,494	2,580	2,666	3,139	3,655	4,558
Total population aged 65+	10,784	10,999	11,272	11,481	12,978	15,038	16,951

Rates for people who report at least one fall during the last 12 months:

Age range	% males	% females
65-69	18	23
70-74	20	27
75-79	19	27
80-84	31	34
85+	43	43

Source: Projecting Older People Population Information System (POPPI) based on figures taken from Health Survey for England (2005), volume 2, table 2.1: Prevalence and number of falls in last 12 months, by age and sex. The prevalence rates have been applied to ONS population projections of the 65 and over population to give estimated numbers predicted to have fallen at least once in the last 12 months, to 2035.

People aged 65+ in Hillingdon predicted to be admitted to hospital as a result of falls, projected to 2035:

Age groups predicted to have a fall	2017	2018	2019	2020	2025	2030	2035
People aged 65-69	59	59	59	60	71	83	86
People aged 70-74	92	96	98	100	99	117	136
People aged 75+	699	714	732	747	880	986	1,137
Total population aged 65+	850	868	890	908	1050	1,186	1,360

Rates for admissions to hospital as a result of unintentional falls are as follows:

Age range	%
65-69	0.52
70-74	0.92
75+	3.68

Source: Projecting Older People Population Information System (POPPI), based on figures from a study of 647,721 A&E attendances and 204,424 admissions to hospital for fall related injuries in people aged 60 years and over. Scuffham, P et al, Incidence and Costs of Unintentional Falls in Older People in the United Kingdom, Journal of Epidemiology & Community Health, Vol 57, No 9, September 2003, pp740-744.

The prevalence rates have been applied to ONS population projections of the 65 and over population to give estimated numbers predicted to be admitted to hospital as a result of falls to 2035.