



Let's keep moving

Preventing older people falling in Birmingham



A report from Overview & Scrutiny





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Preface

By Councillor Susan Barnett

Chair of the Health and Social Care Overview and Scrutiny Committee



It is good news that people are living longer and we have a thriving and active older adult population in Birmingham. I want as many people as possible in this City to stay happy, healthy and active for as long as possible.

The Health and Social Care Overview and Scrutiny Committee have heard that too many older people in Birmingham are falling, injuring themselves and requiring care. We therefore agreed to focus our second Committee inquiry on the important issue of falls prevention.

Most of us will know someone who has fallen and the devastating impact this can have on someone's life. I have seen first hand how a fall has changed a person, resulting in ongoing pain and injury, a fear of falling and reduced mobility and independence. In the current economic climate it is vital that we look at ways of improving the quality of life of older people and reduce the growing demands on health and social care services.

We were pleased that so many individuals wished to give evidence to this inquiry and I would like to thank them for their time and input. It is evident that there is plenty of good practice in Birmingham, particularly in local hospitals and we would like to see this focussed falls prevention work maintained and developed across Birmingham.

My Committee are keen for the Cabinet Member for Health and Wellbeing to take forward our recommendations and champion the role of the City Council's Public Health Falls Prevention Service in reducing the number of falls in Birmingham. We welcome the ambitions of the Birmingham and Solihull Frail Elderly Programme Board in developing a City wide falls and fracture prevention strategy and the support from the third sector for this.

Our recommendations not only focus on the development of a City wide approach to falls prevention but also encourage individuals to reduce their own risk of falling as they grow older. As you read this report I therefore challenge you to consider your own lifestyle and what you might do differently now and in the future to reduce your likelihood of falling in later life. Together, "Let's keep moving" to reduce the potentially devastating impact of falls in the future!

Councillor Susan Barnett



Summary

Birmingham is in the top 25% of local authorities for people falling and injuring themselves who are aged 65-79 and has higher than the average rate of falls related emergency admissions in England. In spite of these worrying statistics we were pleased to find the commitment of organisations in this City to the Falls Prevention Agenda.

It was clear from the many pieces of written evidence and presentations to the inquiry that there is a significant amount of work being undertaken aimed at reducing people being harmed from falls. We were particularly impressed by the focussed work of the acute hospitals in successfully reducing harm and to see that best practice is now being embedded.

We have had the opportunity to explore activities provided in the City that encourage older people to live more independent and active lives, reducing their risk of falling. The development of a Falls Prevention Service over the last few years has been positive in providing advice to older people on falls prevention strategies and minimising the risks of older people falling in their own homes.

As the inquiry progressed, it became evident that although good practice exists, there has been, up until now, no holistic approach to falls prevention work in the City and services are not provided consistently. We were disappointed to find the lack of information available for older people to find out about how they can prevent themselves from falling. The inquiry heard how simple measures such as increasing vitamin D intake, having your eyes tested regularly, reducing trip hazards in the home, wearing appropriate footwear, undertaking exercise and getting medication checked can reduce injuries from falls, but there was no reassurance that this message is getting out consistently to the older population of Birmingham.

The Committee advocates a pan Birmingham City wide falls prevention strategy and we were pleased to find out that Birmingham and Solihull Frail Elderly Programme Board are at the early stages of developing such a strategy. The Committee are keen that the recommendations identified within this inquiry are drawn upon in the development of the City wide Falls and Fracture Prevention Strategy. We feel that it is of key importance;

- For clear falls pathways to be developed in the City so that people, wherever they live, can expect a high level of falls prevention support and have access to the right services at the right time and the right place to meet their needs.
- That people are encouraged to help reduce their own risks of falls through better and consistent marketing and availability of services that provide advice and encourage greater mobility.
- That those living with dementia and/or living or staying in care settings also have their risk of falling minimised.
- For partners across the City to gather information about the risk of falls, the number of falls that they have identified and the outcomes of these falls so that best practice can be developed to minimise the numbers of people falling in this City and services can be targeted appropriately.



Summary of Recommendations

	Recommendation	Responsibility	Completion Date
Developing a City Wide approach to Falls Prevention			
R01	That the Birmingham and Solihull Frail Elderly Programme Board report progress towards a pan Birmingham Falls and Fracture Prevention Strategy which includes details of future funding arrangements.	Birmingham and Solihull Frail Elderly Programme Board	December 2013
R02	That the Birmingham and Solihull Frail Elderly Programme Board develops a Directory of Falls Prevention Services for professionals. This should detail city-wide falls prevention pathways and council, health, third sector and private sector services.	Birmingham and Solihull Frail Elderly Programme Board	December 2013
R03	That the Council's Local Services Directorate works with Birmingham and Solihull Frail Elderly Programme Board and the Third Sector to identify suitable exercise classes in the City, including those provided by the third sector, collate information and market these activities to older people at Leisure Centres, GP surgeries and through the Falls Prevention Service.	Cabinet Member for Health and Wellbeing and District Chairs	December 2013
R04	That services are developed so that no matter where older people live in the City, specialist postural stability groups and community health falls rehabilitation services are available and that transport to these activities is considered as part of any offer.	Cabinet Member for Health and Wellbeing and District Chairs	December 2013
R05	That the three Birmingham Clinical Commissioning Groups report to the Health and Wellbeing Board how GPs in Birmingham are taking forward the Falls Pathways approach outlined by Birmingham and Solihull Frail Elderly Programme Board.	Cabinet Member for Health and Wellbeing in his capacity as Chair of Health & Wellbeing Board	December 2013
Encouraging self help			
R06	That the Director of Public Health co-ordinates a Falls Prevention awareness raising campaign which signposts to the Falls Prevention Service and promotes: - Regular eye tests. - Good nail care. - The reduction of hazards in the home. - Good diet. - Exercise opportunities for older people.	Cabinet Member for Health and Wellbeing	December 2013
R07	That a joint partnership arrangement with the NHS is	Cabinet Member for	December 2013



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	developed to define: - The scope and remit of the Falls Prevention Service going forward. - How the team fits into falls prevention pathways. - Future sustainable pooled funding for the service.	Health and Wellbeing in his capacity as Chair of Health & Wellbeing Board and Clinical Commissioning Groups	
R08	That the Falls Prevention Service is remodelled so that it can: - Respond effectively to increased referrals from GPs, community health workers and other professionals. - Work with third sector organisations to provide peer mentoring opportunities. - Offer support to older people with a social care package.	Birmingham and Solihull Frail Elderly Programme Board	June 2014
R09	That the Highways Services Team investigates the success of the Snow Champions scheme and reports this to the Scrutiny Committee.	District Chairs and Cabinet Member for Green, Safe and SMART City	September 2013
Improving care to prevent falls			
R10	That the City Council's Adults and Communities Commissioning Team: - Works with the Birmingham and Solihull Frail Elderly Programme Board to amend commissioning contracts to include must do's and should do's around falls prevention, for example the need for regular eye checks and trained activity co-ordinators. - Shares best practice examples of falls prevention activity in Birmingham with providers. - Monitors take up of falls prevention training and use of the draft ISTUMBLE protocol.	Birmingham and Solihull Frail Elderly Programme Board	December 2013
R11	That as part of Falls Prevention assessments and care management, a toe nail care plan is advised and people are signposted to appropriate nail services.	Birmingham and Solihull Frail Elderly Programme Board	December 2013
R12	That consideration is given to how best dementia care and falls prevention strategies can be brought together so that additional efforts are put in place to reduce the risk of people with dementia falling in care, hospital and at home.	Cabinet Member for Health and Wellbeing in his capacity as Chair of Health & Wellbeing Board	December 2013
Data collection and sharing			
R13	That as part of the pan Birmingham Falls and Fracture Prevention Strategy, data protection issues are addressed so that agencies can record and share numbers of falls, the reasons for these falls and the outcomes of them so that	Birmingham and Solihull Frail Elderly Programme Board	December 2013



	service planning can be based around accurate, comprehensive and up to date information.		
R14	That representatives from the Clinical Commissioning Groups and Birmingham NHS Provider Trusts share information with the Council's Highways Services to contribute to decisions about the prioritisation of pavements for gritting.	Clinical Commissioning Groups and Chief Executives of Birmingham NHS Provider Trusts	September 2013
Tracking the implementation of recommendations			
R15	An assessment of progress should be presented to Scrutiny. Outcomes to be tracked to be agreed between OSC and HWBB	Cabinet Member for Health and Wellbeing	December 2013

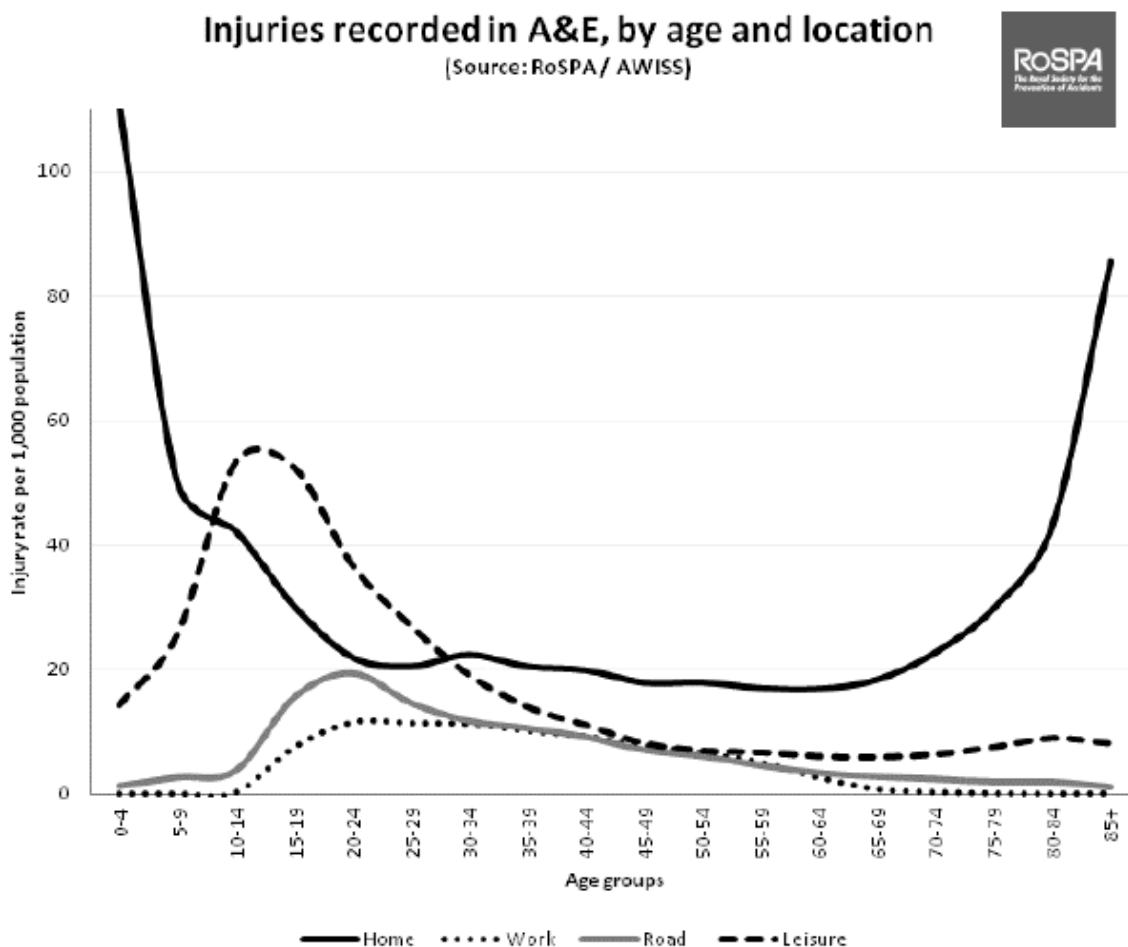


1 Introduction

1.1 Why we looked at Falls and Older People

The risk of falling when you are older

- 1.1.1 We have all experienced a fall at some point in our lives and know that it can be an unpleasant experience. In early childhood falling is normal but for most of us the risk of falling in adulthood declines, that is until we get older.
- 1.1.2 The Royal Society for the Prevention of Accidents (RoSPA) shared with the inquiry this graph which highlights the significant increase in the rate of injuries in those people over the age of 65, the vast majority of which occur at home and are as a result of a fall.





- 1.1.3 Falling is a big risk for older people. In 2009/10 there were 24,000 emergency inpatient admissions in the West Midlands with a diagnosis of 'fall' for people aged 65 and over, which equates to 3% of the West Midlands resident population aged 65 and over. For those aged 85 and over this increases to 10,700 emergency inpatient admissions, 9% of the West Midlands resident population aged 85 and over.

The implications of a fall in older age

- 1.1.4 The implications of a fall when you are older are often more serious and costly than taking a similar fall in your earlier years. The Department of Health estimates that approximately 45% of people aged over 80 who live in the community will fall each year and 10-25% of these people sustain a serious injury.
- 1.1.5 A strategic group called Birmingham and Solihull Frail Elderly Programme Board has been set up to bring Health and Social Care services together to examine the pressures on services as a result of an ageing population. The Board is exploring the ability of services to meet outcomes whilst maintaining financial stability. As part of this work the Board has identified the impact of falls on older people, reporting that 20% of hip fracture patients die within one year of the fracture and 50% lose their ability to live independently.
- 1.1.6 Even if someone is not seriously injured by a fall, a fall in older adulthood can still be life changing. Outcomes often include reduced mobility, lost confidence and subsequent loneliness, isolation and diminished lifestyle. Committee Members and Inquiry Witnesses shared the experiences of people who they knew who had struggled with the fear of falling following a fall. Committee Members discussed the impact of a fall on their friends/relatives and on a person's confidence in leaving their home.
- 1.1.7 Not only does the impact of a fall have a high personal cost it can also create high demand on services for example serious injuries such as a fractured neck of femur are not only incredibly painful for the individual but also costly to treat. According to NICE Clinical Guidelines published in 2011, about 70,000 to 75,000 hip fractures occur each year and the annual cost (including medical and social care) for all UK hip fracture cases is about £2 billion.
- 1.1.8 We heard evidence that a third of those who were independent before a hip fracture will lose their independence and require full time care. Some of those who fall can no longer live independently and will require care. According to the Report of the Commission on Funding of Care and Support, published in 2011, the government currently spends £14.5 billion p.a. on adult social care in England. Just over half of this is on services for older people.

Rates of falls related admissions compared to other areas

- 1.1.9 The 2012 Birmingham Joint Strategic Summary Needs analysis reported that the City has higher rates of falls related admissions than the national average, which is a similar picture



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to that reported in 2009. Whilst the England average for injuries due to falls in 2010/11 was 1,642 per 100,000 population, in Birmingham this was much higher at 1,908 per 100,000 population. **Birmingham is in the top 25% of local authorities for people falling who are aged 65-79.**

Impact of falls in Birmingham

1.1.10 The inquiry received written evidence which stated that in the south of Birmingham alone it is estimated that there are 18,000 falls per year of people aged over 65 years. High rates of falls contribute to the increasing demands on health and social care services in Birmingham. For example, the University Birmingham Hospitals NHS Foundation Trust stated that 15% of admissions to the Queen Elizabeth Hospital are falls related and West Midlands Ambulance Service NHS Foundation Trust evidence showed that 11.2% of all calls from the Birmingham area that they receive are falls related, the majority of which are in relation to older people.

1.1.11 The following table shows a summary of the number of Birmingham fall related calls to West Midlands Ambulance Service NHS Foundation Trust broken down by the age of the patient. As you can see from the table, the majority of calls received are in relation to patients over the age of 50.

Age Range of Fallers 2012

Age Band	No Value	0-9	10-19	20-29	30-39	40-49	50-59	60-69	70-79	80-89	90-99	100-109	110-119
Number of calls	1242	1585	1090	1208	1011	1417	1788	2626	4481	8614	4139	131	2
Percentage	4.2%	5.3%	3.7%	4.1%	3.4%	4.8%	6.1%	9.0%	15.3%	29.4%	14.1%	0.4%	0.0%

1.1.12 Birmingham and Solihull Frail Elderly Programme Board reported to the Committee that in 2010/11, the cost of an emergency admission in the West Midlands for hip fracture was £5,192, with additional costs for rehabilitation and long term care.

1.1.13 Her Majesty's Coroner for the City of Birmingham and the Borough of Solihull discussed with the Chair of the Committee the high numbers of deaths that are investigated that have occurred as a result of a fall. Unlike other Coroners, the Coroner for Birmingham and Solihull does not categorise a death resulting from a fall as a result of natural causes. He would instead explore the reasons why someone has fallen and died, including where someone has died post operatively. The Coroner and Deputy Coroner wish to highlight that falls in this City, particularly those that have resulted in death following a fractured neck of femur are not inevitable. They are keen to see any existing complacency around this issue challenged and measures put in place to prevent these deaths.



Future increasing costs of falls in Birmingham

- 1.1.14 It was reported to the inquiry that between 2006-2016 it is likely that Birmingham will see a 24% increase locally in the numbers of people aged 65 and over, this equates to an additional 8,500 people aged over 65 across Birmingham and Solihull. This has enormous potential cost implications for Health and Social Care services.
- 1.1.15 It was also reported to the inquiry that the most wealthy and healthy older people leave Birmingham when they retire, resulting in the City's population of older people overall being poorer, more isolated and less healthy compared to populations elsewhere. This possibly contributes to the higher rates of falls in older people in Birmingham compared to other areas adding to the pressure on Birmingham's social care budget.
- 1.1.16 In 2012/13, 11% of the City Council's budget, £384 million was spent on Adults and Communities Services, however with an anticipated reduction of over £600 million in available funding for Council services by 2016/17 there is pressure on all City Council budgets. Unfortunately this reduction in funding is at a time where demand for support is increasing with the pressure of an ageing population. Addressing the high numbers of falls in Birmingham is therefore essential. If successful it will not only help individuals to live well and avoid injury but also alleviate the growing pressures on both health and social care budgets.

1.2 Aim of this Inquiry

- 1.2.1 Statistics paint a grim picture of the increased risks to our lives from falls as we age, but throughout our evidence gathering sessions we heard many positive examples of simple, often low cost, actions that can effectively reduce the risk of older people falling, delay the first fall or prevent a repeat fall. We were impressed by the work undertaken by third sector organisations, Birmingham Community Healthcare NHS Trust, West Midlands Fire Service, West Midlands Ambulance Service NHS Foundation Trust and the City Council's Falls Prevention Service in preventing and responding to falls that occur in the community. The inquiry also heard detailed evidence from the NHS Provider Trusts on the intensive work that they have undertaken in hospital settings in reducing the risk of harm to patients from falling. This will be discussed in more detail within this report.
- 1.2.2 We aim to use this inquiry as an opportunity to identify and raise the profile of falls prevention activity in the City and encourage people who may be at risk of a fall in the not so distant future to start taking action now. Although preventing all falls is an impossible task, it is evident that taking a few simple, low cost actions can reduce the number of older people falling and suffering harm as a consequence. **If services can work together in Birmingham to reduce the number of people who fall, this will not only improve the lives of many older people in this City, but also reduce the potential spiralling costs of a growing older population to the public purse.**



2 Actions to Prevent Falls

2.1 An Active Healthy Lifestyle

Why older people should exercise

- 2.1.1 We can all do something now to help prevent us falling in the future. We know that physical exercise and a good diet are important in maintaining a healthy body and mind and this should be maintained into older age. Evidence presented to the inquiry highlighted that inactivity currently costs the NHS an estimated £1.06 billion annually in direct costs.
- 2.1.2 The Department of Health's 2011 Physical Activity Guidelines states that older adults should aim to be active daily and those at risk of falls should incorporate physical activity to improve balance and co-ordination on at least two days per week. All older adults should minimise the amount of time spent being sedentary (sitting) for extended periods.

Physical activity classes for older adults in Birmingham

- 2.1.3 We heard examples of the types of leisure activities available in the City. Currently there are no Council leisure service initiatives specifically commissioned to prevent falls in older people however activities that appeal to older people such as swimming, short mat bowls, table tennis, 50+ exercise classes, community walks, indoor bowls, yoga, tai chi, easy gym, aqua classes and keep fit are all on offer. At some of the local leisure centres there are also gentle exercise facilities and equipment to help older and/or less physically able people to undertake exercise. Older people are also often active in the City's parks through their involvement in the various Friends of Parks Groups and regular activity such as walking a dog.
- 2.1.4 Committee Members are aware of many activities commissioned by the City Council to support the general health and wellbeing of older people. Many of which can also improve balance, mobility and co-ordination, reducing the risk of someone falling and providing an opportunity for older people to meet one another and socialise. Activities include ball room dancing, tea dances and line dancing.
- 2.1.5 Committee Members shared with the inquiry details of the activities that they know are available at sheltered housing complexes, extra care villages and in the local community. These activities include indoor bowls, dancing, darts and rambling, all of which encourage people to remain active and avoid long periods of sitting.
- 2.1.6 A number of third sector organisations such as the Birmingham Area Support Group of the National Osteoporosis Society provide gentle exercise classes suited to older, less active people which offer a range of movements to suit varying levels of individual ability. The classes are specifically targeted at less physically able people to help them improve their



balance, strength and mobility and to help to prevent them from falling. These groups charge participants £4 per 1.5 hour session to cover room hire. Those who submitted evidence to the inquiry reported that people are generally willing to pay this to take part in an activity that they enjoy. What can be more challenging however is travelling to the class. In the Birmingham area the older persons' free bus pass usually covers the travel cost for the individual but **sometimes the cost of transport and arranging this can be prohibitive. (R04)**

- 2.1.7 Although not run by the City Council, the Council's Care Centres are renting rooms to instructors who run Tai Chi classes for the local older adult population. The Kenrick Care Centre in Harborne for example, runs classes to encourage older people to enjoy gentle exercise and stay active. The classes not only improve balance, muscle tone, range of joint movement and therefore hopefully reduce the risk of falls, but they also improve general fitness and sense of wellbeing. Such classes are very well attended and popular. There are many similar Tai Chi classes running throughout the City. A Committee Member also reported to the inquiry details of an allotment and gardening club that has been developed at the Norman Power Centre. These types of group activities not only encourage greater mobility but also have the advantage of bringing people together, reducing social isolation.
- 2.1.8 The City Council's Adults and Communities Directorate's Falls Prevention Service refers people to a number of organisations to provide activities to get older people moving. These activities include tea dances which are run by a number of voluntary organisations and are held in different areas in the City.
- 2.1.9 Midland Heart in written evidence to the inquiry explained how their 'Magic Moments' service provides activities for older people such as theatre trips, events, intergenerational activities and individual opportunities for older people to help them stay socially engaged and active.
- 2.1.10 Birmingham Community Healthcare NHS Trust discussed how they commission specialist services to reduce the volume and severity of injuries among elderly people as a result of falls. As well as treating people in their home environment with interventions such as physiotherapy, providing therapy exercise and walking classes at intermediate Care Centres, the Trust also signposts people to classes such as Tai Chi where they are available.

2.2 Identifying Hazards in the Home

The risks

- 2.2.1 The majority of older people's falls take place at home. Age UK have a national 'Make your home 'Falls – Free' campaign as they have identified that the home or environmental risk factors play a role in about half of falls.



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- 2.2.2 The design of new purpose Care Centres and extra care villages that provide accommodation for older people, now aims to try to minimise the risk of falls. Midland Heart described how they design their buildings to include the use of level flooring, slip resistant surfaces, Rhino strips to assist those in wheel chairs, adequate numbers of lifts, handrails on either side of the stairs, good lighting, safe furniture positioning, sockets at hip level, accessible pathways into the garden and perimeter slabbing to assist in safe window cleaning.

Services provided by the Council's Falls Prevention Service

- 2.2.3 The Citywide Falls Prevention Service provides free advice and support to people living in the community in Birmingham who are over the age of fifty, have fallen, who are at risk of or are worried about falling, particularly targeting people who have mobility problems, sight problems, those who live alone, are on a high number of medications, or have a long-term condition and do not have a Social Care package in place. People can contact the service directly to find out about and access the support on offer or can be referred to the service by other agencies such as West Midlands Fire Service, health providers and community groups.
- 2.2.4 Falls Prevention Co-ordinators discuss with individuals how they can live safely and independently at home by making simple and low cost changes such as using appropriate equipment like bath mats, grabbers and long handled pick up devices which are supplied free of charge by the falls service. Where someone would benefit from small works such as grab rails or making pathways safer these are identified by co-ordinators and the work is then undertaken free of charge through the service's dedicated Handy Person Scheme. The Falls Prevention Service also provides benefits advice and support as part of its delivery service model. It also puts people in touch with other organisations via the co-ordinators who can also organise a range of different services which can promote the well-being and independence of local residents. These could include equipment they can use in the home, eye tests carried out in the home, information on exercise classes and social activities, benefit reviews and free fire home safety checks.

Handyperson services

- 2.2.5 Currently the Falls Prevention Service refers individuals who need any equipment installed in their homes to a service which is commissioned by the Council from an external contractor to provide small one off improvements and simple repairs to the homes of residents aged 50 and above who have been judged to be at high risk of falling. The service is provided free of charge on a one off basis.
- 2.2.6 Jobs undertaken by the service include the installation of grab rails, the fitting of curtain poles, the putting up of curtains, addressing loose carpeting and flooring, fitting stair rails, fixing uneven pathways to allow access from the front and rear of house, fitting/changing



light bulb holders and light bulbs, fitting key clamps to allow access into house and cutting back shrubbery on pathway to allow access to and from the house.

- 2.2.7 Between April 2012 and January 2013 the service assisted 511 individuals. The Committee heard first hand from workers about the impact of relatively cheap interventions on people's lives. By providing people with the improvements and repairs to support their mobility needs effectively, people become more confident to live an active fulfilled lifestyle. The average cost per assist is £96 and the most expensive around £350.
- 2.2.8 In evidence to the inquiry, representatives talked about the possible expansion of their service. Currently the service receives referrals from the City Council's Falls Prevention Service and undertakes private work which has to be paid for by the individual. The Committee is also aware of other handyman schemes in the City that could potentially expand their service.

West Midlands Fire Service's work with vulnerable people

- 2.2.9 The Committee met representatives from West Midlands Fire Service. Each year the Fire Service deliver over 7000 free home safety checks, 1,300 of these have been generated by services such as the Falls Prevention Service. Crews look for potential trip hazards; ask about mobility issues and whether occupants would have difficulty escaping a fire due to any visual impairment. The Fire Service will engage with individuals to reduce their fire risk and will ensure smoke alarms for example are installed and working. By February 2013, over 300 vulnerable individuals had also been supported by specially trained officers.
- 2.2.10 As people recognise the role of the Fire Service and trust the advice that they are given, officers from West Midlands Fire Service successfully access people's homes and advise people about falls prevention.
- 2.2.11 The Committee Members were impressed by West Midlands Fire Service's commitment to partnership working. Where appropriate a Vulnerable Person's Officer will refer individuals to the Falls Prevention Service to get the correct support. The Fire Service are currently training another 36 Vulnerable Person's Officers to deal with the increasing demand.

The important role of the third sector & peer mentoring

- 2.2.12 The Committee heard how third sector organisations such as Home from Hospital Care are supporting older people to recognise potential fall hazards in their own home and signposting them to appropriate support. Other organisations such as Agewell discussed the benefits of peer mentoring which encourages older people to become volunteers and to work with their peers to raise awareness of potential falls hazards in the home. This was felt to be important as it is often difficult for professionals and family members to try to amend embedded behaviour and spreading the message via word of mouth can be very effective. Those volunteering with older people and **offering peer support and befriending on a more regular, long term basis, can often be more successful in**



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encouraging the older person to remove hazards such as cluttered surfaces than a paid professional or family member. (R08)

Majority of falls take place at home

- 2.2.13 Age UK website states that every five hours an older person is killed by an accidental fall in the home; this is the equivalent to 1,500 people dying every year. Over 300,000 older people are so seriously injured by a fall in their home that they require hospital treatment.
- 2.2.14 Although by far the majority of injuries in the over 65's occur at home (please refer to the chart at 1.1.2), at the outset of the inquiry Members expressed concerns about the number of people who fall and injure themselves whilst out and about. Representatives from the Council's Highways Services Team and Amey, the Service Provider managing and maintaining highways on behalf of the Council, gave evidence to the inquiry about the work undertaken to keep the City's pavements safe.
- 2.2.15 The inquiry heard how pavements are routinely inspected and repaired where necessary and there is a clear responsibility for the Council and Amey to work together to keep pavements safe. Despite this, the law recognises that it would be unreasonable to expect there to be no snow or ice on the network and therefore prioritisation has to take place in respect of winter maintenance operations in order to discharge the City Council's statutory duty to maintain the public highway under the Highways Act 1980.
- 2.2.16 From June 2010 – December 2012, the Council received 1096 claims in relation to pavements, 27 of which were related to winter maintenance. Although it is recognised that the majority of people who fall do not take legal action so there are potentially many more falls than reported, with limited resources Highways Services cannot expand current snow and ice clearance services.
- 2.2.17 In evidence to the inquiry representatives suggested that they could explore the model that Sandwell Council are using to encourage members of the public to clear snow and ice on pavements by distributing **'Snow Champion' kits to volunteers living near hospitals, doctors surgeries and health centres. (R09)** The Highways team also discussed how they had previously **met with NHS representatives which enabled them to find out more about where people are falling and injuring themselves and therefore to prioritise areas for gritting. (R14)** Optimisation of existing routes may be possible but additional routes would require additional funding beyond that set aside as part of the existing contract payment mechanism. The Committee are keen to see that all services are as prepared as possible for wintry weather and plans are in place to combat any issues.



2.3 Good Personal Care

Toe Nail Care

- 2.3.1 A significant factor impacting on poor mobility in the elderly is poor toe nail care. Cutting toe nails may become difficult due to an inability to reach toes, problems with eyesight, poor co-ordination or simply forgetting to do so. Uncut nails lead to discomfort and poorly fitting footwear which in turn can affect balance and increase the risks of trips and falls.
- 2.3.2 Birmingham City Council Home Care which was set up as a result of an NHS initiative to reduce falls due to poorly kept toe nails that didn't warrant a podiatrist, provides short term 6 week care packages to around 3000 service users each year, half of which have been discharged from hospital. They informed the inquiry that in the service's experience **those worst affected by long toe nails are often those who have been discharged from hospital after a long stay. (R11)**
- 2.3.3 Cutting toe nails is not always straightforward and it is important that individuals are trained to do this so that they don't exacerbate existing medical conditions such as diabetes. Recently fifteen of the City Council's Home Care staff underwent a 12 week course to become accredited nail carers. From February 2013 new service users have been screened to see if they would benefit from nail care and then offered one free nail care session. Service users are also supplied with clippers and a nail file and information about who provides accredited nail care in their area so that they can purchase it for themselves in the future.
- 2.3.4 A Committee Member shared with the inquiry details of Birmingham Nail Care The service encourages people to train and register as independent Nail Carers and their website, www.bhamnailcare.co.uk, assists people to identify registered Nail Carers in their area. Nail Carers provide basic, routine foot and nail care/nail cutting services to those who cannot undertake this task themselves. They visit people in their own homes and some also provide the service in community settings. When they are first visited, clients buy from their Nail Carer a basic set of instruments (usually at a cost of £7) and are then charged on average £10 for each session. Nail Carers are trained to refer individuals to NHS Podiatry services if someone has 'high risk' foot problems and requires a more specialist service however they can cut the nails of patients with diabetes who do not have complications following receipt of a GP's referral.
- 2.3.5 Organisations such as the City Council's Falls Prevention Service, Home from Hospital Care and Agewell discussed how they refer individuals to nail services to ensure that feet can remain pain free, encouraging safe mobility.



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Poor Eyesight

- 2.3.6 Another important consideration for individuals in preventing falls is ensuring timely treatment of eye conditions. In evidence to the inquiry, the Royal National Institute of Blind People (RNIB) estimates that there are approximately 25,860 people living with sight loss in Birmingham, over 75% being over the age of 65. The organisation predicts that 38,465 people aged 65 or over in Birmingham will have a fall attributable to their visual impairment in 2015 and 247 of these falls will result in hospital admission. In 1999 it was estimated that falls attributable to visual impairment costs £127 million to the NHS and in long-term institutional care costs.
- 2.3.7 The four leading causes of sight loss in the UK are age related macular degeneration (7,294 people affected in Birmingham), cataract (approximately 7,884 people affected in Birmingham), glaucoma (8,952 mean estimate of those affected in Birmingham) and diabetic retinopathy. Sight loss is clearly a significant factor in older people falling, however if conditions are detected early enough and with the right treatment, the RNIB reported that over 50% of sight loss can be avoided. It is essential that conditions are picked up early as once sight loss has occurred it is often irreversible.
- 2.3.8 **It is vital that people are aware of the early signs of sight loss conditions and have regular eye examinations (R06).** The inquiry heard how the City Council's Falls Prevention Service asks people about their vision and makes referrals to an optometrist who can visit people in their own homes to undertake eye examinations.
- 2.3.9 Action for Blind People provided information to the inquiry about how they support and empower blind or partially sighted people to live more independent lives through a variety of tailored programmes. In the first three quarters of 2012/13, the Birmingham team supported 830 blind and partially sighted people. Action also has Eye Clinic Liaison Officers based in over 30 hospital eye clinics across England and from April – September 2012 provided information and advice, including on how to prevent falls, to 7,765 people, 75% of whom were 65 years old or above. The organisation informed the inquiry that later in the year a programme entitled 'Living with Sight Loss' will be rolled out which will offer timely, community based, half day, 6-8 week courses to support people with sight loss with practical life skills. Included in this programme would be work to reduce falls and hospital admissions.

Regular Medication Reviews

- 2.3.10 Many older people take a cocktail of medications each day to control different medical conditions. Committee Members themselves have had experiences of where medications have clashed with one another and resulted in poor balance and dizziness, increasing the likelihood of a fall. It is important that medication is reviewed often.



- 2.3.11 Regular medication reviews for people over 65 on more than one medication are important. Birmingham Falls Prevention Service actively tries to identify if people take four or more medications and may therefore be at increased risk of a fall. Falls Co-ordinators advise people to talk to their GP, nurse or local pharmacist to request that all medications are reviewed.

2.4 Preventing Falls in Hospital Settings

The risk of falling in hospital

- 2.4.1 The inquiry understands that staying in a new, unfamiliar environment, when suffering from a particular medical complaint and/or having dementia or being on strong pain relief can cause disorientation. Within a hospital setting, when people are unwell, some people will always fall. It is recognised however that the number of falls and the harm caused by a fall can be effectively reduced in hospitals. The University Hospitals Birmingham NHS Foundation Trust highlighted to the inquiry that the best evidenced trials have demonstrated around a 20% reduction in falls in hospital settings and we heard lots of examples of good practice and interventions that have been introduced in hospitals to reduce falls in recent years.

Interventions to reduce the risks of falling in hospital

- 2.4.2 The NHS provider trusts who gave evidence to the inquiry have all identified that falls in hospital put people at risk of harm and have introduced risk assessments and interventions to reduce the numbers of people falling. The Royal Orthopaedic Hospital NHS Foundation Trust, which mainly takes planned admissions, discussed how in 2009, they started to focus on Falls Prevention after discovering that there was insufficient information regarding falls. Falls weren't considered in care plans, there were no falls care protocols, there was no training strategy for falls prevention and managing falls and there was no benchmarking of the number of falls. There was a similar story at all the Trusts we spoke to but the Committee welcomed the fact that the Trusts have all now responded to this and introduced mandatory training, invested in equipment and focussed on learning from falls.
- 2.4.3 The Trusts who contributed to the inquiry had seen a significant reduction in falls over the past three years as a result of their focussed falls prevention work, however they all reported that the year on year reduction in falls was beginning to plateau. Despite this they were keen to maintain the work that had already been undertaken and build on it to lower the numbers of people harmed in hospital due to a fall. A range of examples of what some acute hospitals in Birmingham are doing were referred to in evidence. Some of these have been included below.
- 2.4.4 The University Hospitals Birmingham NHS Foundation Trust now use hi-lo beds (adjustable height beds to make it easier for people to get in and out), transfer aids for patients to



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assist with mobility and post falls equipment to assist with the safe retrieval of patients when they have fallen. A Trust wide steering group has been set up to look at trends and use research such as that in the chart below to identify the best approaches in reducing falls and to develop an evidence based Falls Prevention Strategy. Using information like this they now provide patients with appropriate slippers on a social needs basis if someone has poor or no slippers as there is clear evidence that appropriate footwear reduces falls in hospital settings. Following a patient fall, the patient is identified to a Falls Prevention Team and checks are then made to ensure that all falls prevention interventions are in place. The patient and family are also given information about the incident so that everyone can learn from what has occurred.

- 2.4.5 The use of assistive technology has had some mixed results and Trust representatives stated that although it can have its uses, other interventions can be more effective and therefore assistive technology should not be solely relied upon to reduce falls in hospital and community settings.
- 2.4.6 The Royal Orthopaedic Hospital NHS Foundation Trust reported that in 2010//11 around 50% of qualified nurses and 52% of non qualified nurses had received falls training, however by 2011-13 this had increased to 71% of qualified nurses and 85% of non qualified nurses, demonstrating their commitment to reducing falls. The Trust now plans to introduce measures such as enhancing hydration as it is often the case that people are not taking sufficient fluids before surgery and are therefore very dehydrated following surgery, encouraging patients not to starve for longer than advised before they go into hospital for an operation and trialling anti-embolism stockings which have grip strips on them. The Trust will also ask people to bring into hospital footwear and clothing suitable for early mobilisation as people are often keen to get out of bed post operatively and test out the effectiveness of the operation in improving their mobility. The Trust will also be introducing referrals to specialist services for falls management pre-operatively or following the identification of increased risk post operatively and have invited a patient and physician representative to join the working group on the issue.
- 2.4.7 Sandwell and West Birmingham Hospitals NHS Trust have focussed on trying to find out why people fall and then addressing this. Patient stories have been presented to the Trust's Board to raise the profile of falls, the impact of them both on the individual and in terms of financial costs and how they can be avoided. The Trust consistently achieves above 90% of patients risk assessed for falls and there is an internal target to reduce falls by 10%. The Trust is aiming to achieve 95% harm free care by developing more integrated working with Health and Social Care in the community, investing in equipment and focussing on dementia and the environment.



2.5 Healthcare in the Community

The work of Birmingham Community Healthcare NHS Trust

- 2.5.1 Birmingham Community Healthcare NHS Trust provides community and specialist NHS services across Birmingham and the West Midlands. Services are delivered in people's homes, primary care premises and community inpatient facilities. The Trust provides specialist rehabilitation services and has also commissioned a number of services to reduce the volume and severity of injuries among elderly people as a result of falls.

Access to rehabilitation services post fall

- 2.5.2 In the East and North of Birmingham, a team of nurses, physiotherapists and occupational therapists offer specialist assessment, treatment and support in the home of service users and also link to group therapy sessions at the Anne Marie Howes and Perry Tree rehabilitation day units. In the Heart of Birmingham area, assessment is carried out by a team of nurses who then refer to physiotherapy and occupational therapy assessment and treatment if required. Treatment may include Tai Chi and rehabilitation groups. In the south of the City a multidisciplinary outpatient clinic at Moseley Hall Hospital provides falls prevention services, along with services provided at day units and intermediate care centres.
- 2.5.3 The inquiry heard about the benefits of intermediate care beds in providing rehabilitation opportunities. As rehabilitation helps to ensure early safe discharge from hospital and encourages re-ablement, places are in high demand. Currently there is an uneven spread of access to rehabilitation services across the City due to previous commissioning arrangements, but the Committee was interested to hear that there is now the **opportunity to examine a more consistent offer across the City and to expand day rehabilitation services as the three Birmingham Primary Care Trusts have been replaced by Clinical Commissioning Groups who intend to work together to commission services. (R04)**

Care in people's own homes

- 2.5.4 Community nurses deliver services to patients in their own homes and as part of this advise patients on falls prevention and develop individual care plans which take falls prevention into account. Social care staff and families are then deliverers of care and are expected to implement falls prevention strategies.
- 2.5.5 Birmingham Community Healthcare NHS Trust recognises that it is important to encourage independence and give patients privacy, dignity and mobility. Although these activities may increase the risk of falls, the Trust aims for harm free care and have therefore worked hard to dispel the myth that falling is an inevitable risk for their patients and introduce best practice around falls prevention.



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- 2.5.6 Patients are monitored every month and a Falls Reference Group receives data about falls, explores the lessons learnt from them and co-ordinates rapid improvement in practice. As a result of this work there has been a review of all falls documentation for the Trust, there is now a falls link nurse in every team, the patient's environment is now reviewed for falls hazards and there are agreed targets and expectations for teams to meet.
- 2.5.7 The Trust is developing an early warning system to identify when people are at increased risk of falling in their own homes. This includes looking at early determinants of health changes for example dehydration and water infection. The Trust are hoping to develop a traffic light system to alert patients, carers and homecare staff to any increased risk of falling so that all can work together to reduce this risk by, for example, encouraging the patient to drink more water.

Using assistive technology

- 2.5.8 As reported in 2.4.5 there is mixed success from the use of assistive technology in preventing falls. In some cases the technology can cause added distress to the patient as they become agitated. For example seat sensors that alarm or vibrate when a person moves or gets up can cause confusion for older people with dementia. Sensors like this also depend on a member of staff getting to a person in time to prevent them falling which may not always be possible. The Trust reported that they sometimes find training people to move more safely and get up slowly has greater effect than the use of assistive technology.
- 2.5.9 Midland Heart provided a case study of how they have used assistive technology to keep customers safe. For example, they were able to identify that one customer was regularly falling in the early hours of the morning as she was using an alarm pendant that she wears to call for assistance when she fell. As a result her care plan was reviewed and as well as wearing the pendant a member of staff also visits her in the night when she is likely to get up to provide assistance. Midland Heart also discussed how they use technology such as door sensors, falls sensors and pill dispensers to assist people to stay safe.

2.6 Preventing Falls in Residential Homes

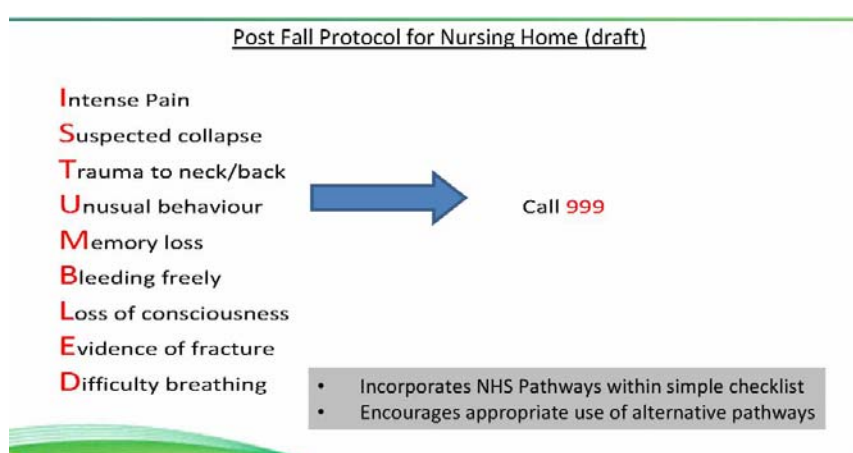
The numbers of falls

- 2.6.1 West Midlands Ambulance Service NHS Foundation Trust stated in evidence to the inquiry that they receive a high volume of calls from residential care home properties. In 2012, around 5%, or 1,817 of Birmingham calls to the Trust, were from Birmingham properties with nursing, residential and care home in their address. To respond to the high volume of calls that occur as a result of a fall, including those which occur in residential homes, the Trust have introduced a dedicated two person crewed Falls Car which responds to these calls. The car includes equipment aids such as lifting aids and is used by Paramedics who



are Falls Risk Assessment trained and can refer patients to other agencies for falls prevention support.

- 2.6.2 In 43% of all Birmingham calls to West Midlands Ambulance Service NHS Foundation Trust, patients are not transferred to hospital. In residential homes in particular those who fall, often do not need transferring to hospital, but staff need assistance in moving them and/or identifying if emergency healthcare is required and therefore call an ambulance to mitigate any concerns. Under an initiative by the Frail Elderly Board Falls and Fracture Prevention Programme a short life working group was set up bringing West Midlands Ambulance Service NHS Foundation Trust, University Hospitals Birmingham NHS Foundation Trust and Solihull Falls Specialist Nurses together to produce guidance for piloting in all care homes. The result was **a draft ISTUMBLE Post Fall Protocol for use in all care homes (R10)**. The ISTUMBLE acronym is a process which staff will follow to assist them to identify whether it is appropriate or not to call 999 for an ambulance following a resident's fall. Although the guidance is still in draft form, the plan is for it to be piloted in five residential homes which will also be provided with inflatable lifting devices to use with people showing no apparent signs of injury. If it works well, it will be rolled out to a further 25 residential homes to use.



Monitoring falls prevention activity

- 2.6.3 All residents should have individual care plans addressing their personal needs. The Care Quality Commission (CQC) stated that they would expect to see safe, personalised care, treatment and support in care homes. Care settings are required to give full consideration to the impact of any illness or reduced mobility whilst also demonstrating measures that respect the right of the individual to be independent. This is sometimes a difficult balance to achieve and risk assessments have to be undertaken and constantly reviewed to ensure that appropriate interventions are in place and are effective.
- 2.6.4 Unlike in other areas, in Birmingham and Solihull all falls that result in death have to be reported to the Coroner and detailed investigations are undertaken to record and find out



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exactly what has happened. Investigation Officers gather information and may also visit settings to identify if there are any concerns. The Coroner expects to find that records are up to date and complete and by investigating falls fully it is hoped that care settings, including hospitals in Birmingham and Solihull do not become complacent and continue to be pro-active in preventing falls and meeting guidelines.

- 2.6.5 In written evidence to the inquiry the RNIB stated that individuals living in residential homes with dementia often stop receiving regular ophthalmologic examinations or using correct prescribed spectacles increasing their risk of falls. The CQC in evidence to the inquiry stated that they would expect to find that records are up to date and accurately reflect changes in health or treatment which would place a person at higher risk of falls, however **the inquiry are keen to emphasise the importance of regular specialist eye checks for those with dementia and other residents living within residential settings. (R10)**

Commissioning safe care

- 2.6.6 Although the City Council's Adults and Communities Directorate no longer provides many care placements directly, it does commission care for Birmingham's citizens from external providers. The inquiry heard that the Directorate has falls prevention written into their commissioning contracts and that providers are required to return self assessment questionnaires quarterly which are then validated against other information such as CQC visit information and complaints information.
- 2.6.7 The CQC and the Council's Adults and Communities Commissioning Team meet every two months and have frequent contact with one another to exchange relevant information. If any concerns are raised, providers will be notified and improvements are expected to be carried out. If improvements are not undertaken the Council can suspend the contract they have with that home. As moving older people is often traumatic for them and as there are limited placements available in the City, Commissioners are reluctant to move service users from their homes but will do so if performance continues to be poor and people are at risk.
- 2.6.8 Commissioners identified that the personalisation agenda does sometimes come at a cost as enabling people to move around and be active rather than having to remain in their chair or bed may increase the risk of a fall and commissioners do take this into consideration. They did suggest however that in some cases a lack of assistive technology in care settings may contribute to an increased risk of falls.
- 2.6.9 **The inquiry felt that there may be the opportunity for Commissioners to examine best practice in residential homes in preventing falls and include this in commissioning contracts. (R10)** For example, it has been highlighted that simple measures such as changing the main hot meal times from lunchtime to teatime can reduce falls. This is thought to occur as residents who eat a hot meal in the evening are more settled at night and therefore are less likely to get up in the dark when staff are not



observing them. Evidence was presented to the inquiry that often people, particularly Asian people, lack Vitamin D, which increases their risk of injury from a fall. Residents should therefore have the opportunity to go outside or sit in a bright environment such as a conservatory for around 20 minutes each day, exposing their arms, legs and/or face to sunlight.

Staff training

- 2.6.10 The University Hospitals Birmingham NHS Foundation Trust discussed the successful education and training programme that they had undertaken with residential and nursing homes to reduce falls. The Trust are working with the Royal College of Physicians Board in producing a guidance document 'Fall Safe' and electronic learning packages for care homes as well as participating in frailty research. The Trust discussed the **varying degree of commitment of residential and nursing homes to attending falls prevention training and putting in place mechanisms to reduce falls. (R10)**
- 2.6.11 The inquiry learnt that the role of activity co-ordinators in residential settings has proved particularly significant as, enthusiastic, committed co-ordinators can minimise risk factors by motivating residents to take part in activities during the day. This approach is particularly useful for those with dementia who Birmingham Community Healthcare NHS Trust identified as at increased risk of falling with an estimated 68% of those who fall and fracture also having the condition.
- 2.6.12 People with dementia can become agitated and prone to moving around, increasing their risk of falling. One example that the inquiry heard was that by replicating activities that people did in their younger years, for example waiting for a bus, preparing food or even doing a simple plumbing task, the likelihood of a fall can be reduced as people are less agitated. It was however reported to the inquiry by University Hospitals Birmingham NHS Foundation Trust that **the skills and the time that activity co-ordinators have to provide and plan activities in residential settings vary dramatically. (R10)**

3 Limitations of current provision

3.1 Strategic Co-ordination

Why a Strategy is required

- 3.1.1 All those who contributed evidence to the inquiry identified that with an ageing population, **the prevalence of falls is a chronic issue that requires a strategic approach with the involvement of all local stakeholders. (R01)** We heard that for a time a member of staff at the University Hospitals Birmingham NHS Foundation Trust had led a well regarded South Birmingham Falls Prevention Group bringing together falls prevention services in the south of the City, but this group had since disbanded. The Committee



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Chairman also identified that there had been a falls group in Stechford but this had also disbanded. Throughout the course of the inquiry we found no evidence of an existing comprehensive pan-Birmingham approach to falls.

- 3.1.2 As a result of a lack of a City wide, multi agency strategy towards falls there is not always a joined-up holistic approach to individuals who have experienced a fall or those who are at risk of a fall. For example Birmingham Community Healthcare NHS Trust reported that Homecare and Community nursing staff do not have the opportunity to talk to one another face to face so sometimes do not focus on the holistic needs of the individual and instead stick to a task orientated approach in attending to an individuals needs. More opportunities for joint training and falls prevention awareness materials targeted at both healthcare and social care professionals would therefore be useful to address gaps in health and social care. As referred to in 2.5.7 the Trust are developing ways of improving communications between professionals, however if there was a common approach across Birmingham and a strategy that brought together all agencies this would increase the drive for all services to take a holistic patient centred approach in preventing falls.
- 3.1.3 It is clear that agencies need to work together closely to address gaps in current service provision, raise awareness of falls prevention activities and identify appropriate pathways of care for those who have fallen and are at risk of repeat falls. All evidence pointed to the need for a City Wide Strategy, informed by the Joint Strategic Needs Assessment, that identifies the roles and responsibilities of all services and how people can access help for falls prevention.
- 3.1.4 Any strategy that is developed needs to include the third sector and other agencies such as West Midlands Fire Service. It has become evident to the inquiry that both the NHS and Adult Social Care Services commission third sector activity which contributes to the prevention of falls. Other organisations also contribute to falls prevention work in the City but there is no mapping of what is on offer. There are no clear funding opportunities for the expansion of successful services, there is a lack of consistent referral routes between services, there is no single point of access to services and there is limited communication of what is available. Links need to be developed across agencies so that all can focus on falls prevention and a common best practice falls prevention offer can be delivered across the City.

Early work to develop a strategy

- 3.1.5 The inquiry heard in February 2013 that the Birmingham and Solihull Frail Elderly Programme Board was at the early stages of developing a City wide multi-agency Falls and Fracture Prevention Strategy. The inquiry heard how the Board had set up a city wide Falls Steering Group to collect evidence of local needs and best practice which is now funded to implement a holistic programme of work. **The inquiry heard that it was anticipated that a Joint Strategy for fracture and falls prevention would be developed during 2013-14 (R01).**



- 3.1.6 As part of the strategy the Board has a number of objectives to complete as part of the NHS Quality, Innovation, Productivity and Prevention (QIPP) Programme. The QIPP Programme is about exploring opportunities to transform services to improve the quality of care in the NHS whilst also contributing to £20billion of efficiency savings by 2014-15, which will be reinvested in frontline care.
- 3.1.7 Key priorities for the Falls and Fracture Prevention Programme include;
- Refreshing the Falls Pathways so that there is locally agreed multidisciplinary and multi-agency practice around falls which reflects best practice for the specific needs of older people who may be at risk. Pathways should include the sequence and timing of interventions by health and social care and other professionals and agencies working with older people.
 - The introduction of Fracture Liaison Services in the acute hospitals
 - GPs will identify at risk patients over the age of 65 and improve their care management reducing their risk of falls
 - An even spread of community health services and clarity of the role of community health services.
 - The introduction of consistent fall and fracture risk assessment tools for use across the City.
 - The expansion of the Council's Falls Prevention Service
 - Good availability of community based lifestyle services
 - Dedicated attention to care homes

3.2 Lack of Specialist Falls Prevention Services

Lack of consistency in services offered

- 3.2.1 Acute hospitals have worked hard to reduce the number of falls within the hospital setting but after discharge from hospital, there is a lack of consistency in the community health services provided in the City.
- 3.2.2 Birmingham Community Healthcare NHS Trust described how they are providing different rehabilitation and long term services in different areas of the City as a result of previous disjointed commissioning arrangements. **The inquiry heard that there is a need to look at the different models in place, identify best practice and develop a service based with a single point of access. (R02)**
- 3.2.3 Birmingham and Solihull Frail Elderly Programme Board have suggested that clearer triggers for referrals to each type of service should be developed ensuring that the right



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people have access to the right services at the right time. All professionals should actively try to identify those at risk of a fall and refer them onto the appropriate services.

Access to Rehabilitation

- 3.2.4 Opportunities for rehabilitation are beneficial as they can reduce the cost to the public purse in the long run by giving people the skills and confidence to continue to live safely and independently, however the inquiry have heard that there are a lack of these services in the City and those which are provided are not available in every part of the City.
- 3.2.5 Specialist intermediate care beds and rehabilitation day units are beneficial in encouraging re-ablement and reducing delayed transfers of care from hospital settings. The inquiry heard how all of the intermediate care units had high occupancy levels and fast turnovers and it is unlikely that there will ever be enough places to meet demand.
- 3.2.6 The Birmingham and Solihull Frail Elderly Programme Board have suggested that **specialist Community Health Falls Services should be expanded** to satisfy levels of unmet need that may be identified if there were consistently applied triggers for referral and if all were using every opportunity to identify at risk individuals. The inquiry has heard that there is **a big opportunity for the expansion of specialist community health services that support rehabilitation at home and in day units. (R04)**

Fracture Liaison Service in Hospitals

- 3.2.7 The University Hospitals Birmingham NHS Foundation Trust and representatives from Birmingham and Solihull Frail Elderly Programme Board discussed **the benefits of Fracture Liaison Services in acute hospitals**. The Board have identified funding for one year for the acute hospitals in Birmingham and Solihull to develop these services so that comprehensive falls risk and fracture risk assessments are undertaken on 95% of over 65s treated by the hospital for low impact fracture. Fracture Liaison Services will also be responsible for developing risk reduction strategies for patients which will then be communicated to GPs.
- 3.2.8 The University Hospitals Birmingham NHS Foundation Trust discussed the benefits of Fracture Liaison Services. People are approached by Fracture Liaison Services when they are most motivated to make the changes required to reduce their risk of future fractures as they are still receiving active treatment for a fracture. The inquiry heard that there is strong evidence that Fracture Liaison Clinics are the most effective means of reducing low impact fragility fractures and fractured neck of femur in particular.

Postural Stability Classes

- 3.2.9 Birmingham and Solihull Frail Elderly Programme Board have identified that **there needs to be wider access to activities such as gentle exercise classes in the community to fill the gap between physiotherapy and keep fit classes. (R03)**



- 3.2.10 The inquiry learnt that some specialist postural stability classes are available in the City. However there was no evidence of a consistent City wide pathway for those individuals living in Birmingham who have experienced a fall and need to regain their confidence and mobility.

3.3 Enhancing the Role of GPs in Falls Prevention Management

A consistent approach to patients at risk of falling

- 3.3.1 There is no standard, city wide approach for GPs to take once they have been notified that one of their registered patients has fallen or when they have diagnosed a patient with a condition which may increase their risk of falling for example due to poor mobility, visibility or dementia.
- 3.3.2 There is no consistent approach for GPs to take for the routine referral of people at risk of harm onto other services that can screen them for conditions such as osteoporosis, provide information to them about hazards in the home, provide access to postural stability classes and advise on how they can reduce their own risk of falling.

Work going forward

- 3.3.3 Birmingham and Solihull Frail Elderly Programme Board have identified that **GPs need to take the lead in falls prevention work. (R05)** In Dudley where all GPs have a clear falls screening process to complete and are paid for undertaking this and referring people on to the Dudley Community Falls Service.
- 3.3.4 Although agencies have a responsibility to work together to get the falls prevention self help message across consistently to all older people in Birmingham, GPs are uniquely placed to engage with those at risk of a fall and refer them onto other agencies to get appropriate support. The inquiry heard how GPs can take action to reduce risks such as optimising the use of bone health medication, especially Calcium, Vitamin D and Bisphosphonates and give advice on diet, access to sunlight and weight bearing exercise.
- 3.3.5 The Board reported to the inquiry that the risk of fragility fracture increases 2-5 fold following a prior fracture. In addition despite the fact that appropriate drugs can reduce fracture risk by 40%, the Board reported that only 19% of patients in Birmingham with a fracture are actually prescribed them.
- 3.3.6 From April 2013, **as part of the Board's Falls Pathway approach, GPs will be asked to undertake a number of activities to help reduce falls in the City. (R05)** Activities include;
- Identifying annually at least 1% of their patients who are over the age of 65 for a falls or fracture risk assessment.



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- Recording the findings of their risk assessment on a falls/fragility risk assessment and the osteoporosis register.
- Recording their plan to minimise risk.
- Reviewing patients on a regular basis.

3.3.7 From April 2013 GPs will be invited to

- Refer patients to the City Council's Falls Prevention Service
- Refer patients to other health services for more specialist prevention
- Implement recommendations that acute hospital Fracture Liaison Services send to them for those patients who have experienced a fracture.

3.4 Responding to Falls In Residential Homes

- 3.4.1 It is important that the response to a fall is appropriate. As we have heard currently there are high numbers of falls in residential homes that West Midlands Ambulance Service NHS Foundation Trust are called out to. Birmingham and Solihull Frail Elderly Programme Board wish to reduce the number of call outs to residential homes by 20% over the next five years and have suggested a number of risk reduction strategies which are detailed below to achieve this.
- 3.4.2 The Board are intending to pilot the use of inflatable lifting devices to assist staff in safely picking up non injured people from the floor in 30 homes across Birmingham and Solihull, rather than having to resort to calling ambulance personnel to do this safely.
- 3.4.3 Although the inquiry heard that the City Council had included falls prevention information in their commissioning contracts, the Board suggested to the inquiry that **'must do's' and 'should do's' should also be inserted into the Council's contracts to clarify expectations around issues such as falls prevention and provide a mechanism for enforcement. (R10)**
- 3.4.4 Training of care staff on falls awareness and risk reduction is highlighted by the Board. Included within this the Board have suggested **that NHS guidelines for residential home staff to assess fallers for apparent injury to reduce avoidable ambulance callouts should be developed. (R10)**

3.5 Access to Falls Prevention Advice and Services

The City Council's Falls Prevention Service

- 3.5.1 The Falls Prevention Service has been operational since 2009. It is the only service in the city where individuals requiring low level falls prevention interventions can be referred to and signposted to appropriate organisations to get the services they need to reduce their likelihood of falling. Referrals are received from a range of partners including fire service,



third sector partners, GPs and primary care staff, benefits advice workers and housing colleagues.

- 3.5.2 The service provides advice to people and encourages access to services such as chiropody services and community groups but also organises appointments for people with the home optometrist, the adaptations service, WM Fire Service for a safety check and the benefits advice service. The model aims at preventing the first fall.
- 3.5.3 In 2012 when the service was fully functioning there were four falls prevention co-ordinators, who ran outreach sessions at day centres, community groups, sheltered housing schemes, GP surgeries and even shopping centres to identify appropriate services to refer people onto and also made contact with individuals who would benefit from the support of the service.
- 3.5.4 The model is based on a risk stratification and algorithm, based on social determinants of health. The funding for the service has relied on temporary Section 256 monies (i.e. adult social care funding transferred from the NHS) which ended in March 2013. The service has been very cost effective to run, at around £280,000 per annum, compared to the potential savings it produces to health and social care services and the outcomes for individuals.
- 3.5.5 By February 2013, the Falls Prevention Service had assisted 3,404 individuals. As a result of this assistance it has been calculated that care packages have been avoided for approximately 2,950 weeks, saving **£1.229 million** in adult social care costs. This saving excludes savings to NHS budgets.
- 3.5.6 There are other advantages of encouraging older people living independently in the community to access the Falls Prevention Service, for example in the period 1st April 2012 – 31st January 2013, a total of 1,138 benefits reviews were carried out by the Benefit Advice Team following initial assessments by the Falls Prevention Service. Total benefit generated was **£950,477** for 2012/13 up to and including January 2013. With additional money in their pockets older people can afford to take part in activities that reduce risk of a fall, provide the opportunity to socialise, improve health and wellbeing, minimise dependency and contribute to the local economy.
- 3.5.7 Despite the popularity of the service and its successes, due to concerns about funding beyond March 2013, the inquiry learnt that by February 2013, the majority of staff had left the service. In late February the Committee welcomed the news that Public Health funding for the service would be extended for one year and Birmingham and Solihull Frail Elderly Programme Board confirmed that they would match fund the service.

Expanding the Falls Prevention Service

- 3.5.8 The inquiry heard how the Falls Prevention Service is seen as a critical pathway and GPs beyond April 2013 are being geared up to refer patients to a service. The Committee



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welcomed the recognition of the importance of a Falls Prevention Service, however were disappointed to find that funding for the existing service is only guaranteed until the end of March 2014. In addition match funding for the service is intended only to widen the eligible client group that the service can assist, to include those with a care package and repeat referrals, but does not fund the ongoing delivery of the service.

- 3.5.9 The Committee have concerns that repeatedly offering the service to the same individuals will limit the amount of time co-ordinators will have to identify and respond to new referrals. In addition repeatedly offering a service to the same individuals may work against the service's intention of promoting self help. However Members could also see the advantages of revisiting service users six months after they have received assistance to identify if there is any other support that they would benefit from and to evaluate the support that they had already received.

Limiting funding to 12 months

- 3.5.10 Although the Committee welcomed additional funding for the service, there are significant concerns about the practicalities of trying to take a service forward which only has finances guaranteed for 12 months.
- 3.5.11 Falls Prevention Co-ordinators need time to build up their contacts and expertise in working with partners and engaging with older adults. In reality recruiting and training co-ordinators takes time and limiting funding to such a short period may mean that by January 2014, the same situation that has arisen this year will repeat itself, with Co-ordinators leaving the service to find work that is guaranteed beyond March 2014.
- 3.5.12 We feel that it is risky to raise the profile of the service amongst organisations who refer to the service and to members of the public and include it in a city wide strategic falls prevention pathway if the service cannot be maintained. The Council should not raise the expectation of outside bodies and older people in Birmingham if the service cannot be sustained, but at the same time the service needs to promote itself to reach potential clients over the next 12 months to achieve its aim of reducing falls. **It is critical therefore that future sustainable funding for this service is identified and secured. (R07)**

Other Falls Prevention Service model

- 3.5.13 RoSPA reported to the inquiry that the Falls Prevention Service at Dudley Council had proved very successful in reducing falls with a 38% reduction in A&E attendances in the over 65 age group and savings of approximately £3million. Scrutiny Officers had the opportunity to meet the manager of the Dudley Community Falls Service and explore the factors behind the success of the service. A case study is included within this report.
- 3.5.14 The Dudley Community Falls Service has been running for approximately ten years and there are now clear falls prevention pathways of care and strong partnership working



across agencies in the borough. Until recently funding was provided through a pooled NHS and local authority budget but since the demise of the PCT responsibility for the budget has now moved to a Service Level Agreement between adult social care and public health with some input from the CCG representing the interests of GP commissioners. Although managed by Council staff, the service is very much run by the NHS and Council in partnership. Although ongoing investment for the service is required, the savings to services and the improved outcomes for individuals are so significant that the service is viewed as an essential part of the area's falls prevention strategy and is well embedded in Falls Prevention pathways. The service is currently undergoing a review to further integrate the falls and syncope clinic with the community service, with a single point of access and triage in the community setting. The details of this are not yet finalised.

- 3.5.15 The Dudley Community Falls Service is aimed at people over the age of 65. The Service is primarily a prevention service and therefore does not take referrals for those with moderate to severe dementia or severe uncontrolled neurological/medical conditions such as Parkinson disease as there are more specialist services available to support these individuals. The Falls Service will however, unlike the Birmingham Falls Prevention Service, support clients who have a social care package in place.
- 3.5.16 The Falls Service works closely with health services and there are specialist falls prevention clinics to refer people to who need testing for medical conditions that may increase their likelihood of falling (see 3.5.14 re the redesign and closer integration of the service). The model of Dudley Community Falls Service differs from the Birmingham model as Co-ordinators do not have to focus their efforts so much on attending community groups to identify clients who would benefit from the advice of the service, as they receive referrals from GPs, social workers, individuals and other professionals.
- 3.5.17 The Dudley Community Falls Service not only offers advice and refers people on to other organisations for support, but also provides support such as 20 week postural stability exercise classes for individuals referred via falls advisors or directly through therapy services.



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CASE STUDY – DUDLEY COMMUNITY FALLS SERVICE

The model

- The service is jointly funded by NHS (public health) and adult social care and is provided through a formal partnership arrangement.
- There is 1 Manager, 1.5 FTE administrative staff, 2 FTE community advisors, 1 FTE Exercise Programme Co-ordinator and a 0.5 FTE Handyman.
- 3 Postural Stability Instructors and 1 Postural Stability Instructor Assistant are hired on a sessional basis as and when required. As part of the review there are also plans to provide support from a senior nurse to assist in the triage of referrals for half a day each week.
- GPs and Social Workers send the majority of referrals to the team although other services also make referrals and individuals can self refer.
- The service works with older adults, including individuals who already have a Social Care package and are living in the community. They do **not** take referrals for individuals who have moderate to severe dementia or health needs such as Parkinson's disease.
- Approximately 1,300 referrals to the services are received each year.

Example pathway

1. GP completes risk assessment form which prompts him/her to look at issues such as checking urine for infection. Once complete the form is sent to the Falls Team for triaging.
2. A telephone interview is conducted over the phone with the individual. If the issue is a medical issue then the individual is referred to a Falls Clinic for tests etc to be undertaken.
3. An advisor sees the individual at home and asks them why they fell, explores reasons why etc
4. An advisor ensures appropriate falls prevention actions are undertaken. Advice is provided about falls prevention for example the importance of good hydration. Occupational Therapy colleagues may be asked to undertake an assessment. Where appropriate individuals are invited to join a 20 week postural stability programme run by the service.
5. Letter sent to GP with details of action taken.
6. 6 weeks later the service user is contacted and a review is undertaken over the phone by the person who visited them.
7. After 3 months, the service user is asked if they have fallen again, if they were satisfied with the service and if they now feel safe.

Bespoke postural stability programmes

- The Falls Service provides 20 week bespoke postural stability programmes.
- These programmes help individuals increase their strength, balance and confidence.
- The sessions take place for one hour which is followed by a break which is then followed by a talk on how to reduce the risk of a fall. People are transported to and from the weekly sessions for free.
- The classes are for sixteen people and are supported by two specially trained instructors and an additional assistant. They are free for the first 12 weeks and following that a £3 contribution is requested.
- A drop in session for individuals to join who have completed the 20 week course is being developed.

The outcomes

In 09/10 there were 250 hip fractures, in 11/12 there were 204, a reduction of over 18%.
In 09/10 there were 116 colles (wrist) fractures in 11/12 there were 75, a reduction of over 35%.



3.6 Marketing & Mapping Falls Prevention Services

Falls Prevention publicity

- 3.6.1 RoSPA reported that 75-85% of people do not report that they have fallen. In addition only 5-10% of falls result in injury. It is likely therefore that many people who fall do not seek help in preventing future more serious falls and are not identified as being at risk by professionals before significant injury occurs.
- 3.6.2 Although we have heard that older people who fall often lose their confidence, there are no clear awareness raising campaigns locally about how people can prevent themselves falling or what services they can contact for support. In giving evidence to the inquiry the representative from Birmingham and Solihull Frail Elderly Programme Board acknowledged this and considered that **Public Health which is now within the City Council, would be the most appropriate service to co-ordinate a City-wide publicity campaign on falls. (R06)** The inquiry could find no evidence of an existing Falls Prevention Campaign through the radio, local papers and posters, which gives people advice on preventing falls and directs them to where they could get support.
- 3.6.3 RoSPA reported that it was developing a Falls Prevention film that would be available for organisations across the country to use to highlight the risk of falling to older people and ways in which they could reduce this risk. Avenues for displaying the film will need to be discussed to identify how it could be best used in Birmingham to raise the profile of falls prevention.

Council Marketing of Falls Prevention Activities

- 3.6.4 The Adults and Communities Directorate shares information about activities for older people at www.mycareinbirmingham.org.uk. The inquiry felt that unfortunately the name of this website is not appealing to older people who view themselves as independent and not requiring care. In addition there is not a direct link to Falls Prevention on the website homepage so it might be difficult for people to find and identify appropriate support to prevent them falling. Concern was also expressed that the success of the website relies on information on it being kept up to date and marketed effectively to older people, those that work with them and those who care for them.
- 3.6.5 The Falls Prevention Service have a leaflet that details the role of the service and lists some of the services that they can put people in touch with. Falls Prevention Co-ordinators have in the past distributed these leaflets to a number of community settings and undertaken outreach work to encourage individuals to use their service. There has however been **no widespread marketing campaign encouraging people to contact the team for advice or detailing how people can help themselves to reduce their risk of falling for example by staying hydrated. (R06)**



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- 3.6.6 In the past when someone has contacted the Falls Prevention Service for specific information, for example information about local exercise classes or a handyman scheme they have been sent a tick list form which ideally they must fill out and return or discuss over the phone with a Falls Prevention Co-ordinator. Although once completed the information included in the form is helpful to identify all possible interventions, this approach may be off putting for older people as it appears that they have to share all of their personal circumstances, when actually all they want initially is a list for example of local services and activities on offer. **There is a lack of information available for those in the City who recognise that they may be at risk of a fall but are independent and want to help themselves rather than approach professionals and go through a risk assessment.(R06)**
- 3.6.7 For those who are experiencing restricted mobility or a lack of confidence moving about, finding out where to access low level physical activity is challenging. Naturally older people may approach the local leisure centre for information, but with no targeted low level exercise classes available or central marketing of physical activities for older people including those provided by the third sector, **there is nowhere for older people to find out easily what postural stability and low level exercise classes are available in their local area which meets their needs. (R03)**

Reaching the most vulnerable people

- 3.6.8 As the majority of people who fall do not report their fall, it is important for services to identify those at risk and encourage them to access support. The Committee heard how third sector organisations such as Agewell who have regular involvement with older people at risk of falling can encourage them to take action to minimise their risks. **Through activities such as peer mentoring, older people are encouraged to remain independent and healthy for as long as possible. (R08)**
- 3.6.9 Community Options Teams are based in the City Council's four Care Centres. These teams identify and support isolated older people to get involved in activities taking place at the centre and also signpost them to other services in the local community that they can access. The inquiry also heard about a new voluntary sector initiative in the Ladywood and Kingstanding Wards which is piloting Community Navigators. These Community Navigators are responsible for locating isolated at risk people and connecting them with services in the community. The pilot is in its early stages and it will be a number of years before Community Navigators will be operating on a city wide basis.
- 3.6.10 Throughout the inquiry we have heard evidence of the increased risk of falling for those people with dementia. It was reiterated that people should continue to care for those with dementia as individuals with dignity. A Committee member suggested that hospitals should find out more information about individuals with dementia that they are caring for so that they can identify with them when they are confused and can see the person as someone's



mother, or a former dinner lady etc. **Those identified as having some form of dementia should have access to specialist falls prevention services and have clear falls prevention pathways for them. (R12)**

Mapping available services

- 3.6.11 Agewell discussed how they could find out about services available in the Sandwell local authority area by their involvement in the Sandwell HUB. The Sandwell HUB brings together organisations in Sandwell from the public and voluntary sectors in providing an integrated approach to the identification of potentially "at risk" households, risk assessments, information and advice and referrals to appropriate organisations. The Inquiry were interested in the potential role of a HUB in bringing organisations together to focus on Falls Prevention work but at the time of the inquiry could find no evidence of this in Birmingham, other than the multi agency falls prevention group that used to meet in the south of the City.
- 3.6.12 It is not clear what low level or specialist services are available City wide to prevent falls. The Council's Falls Prevention Service have worked hard to contact relevant organisations to gather information, but there is no publicly available list of local activity groups, low intensity exercise classes, handyman schemes, optometrists who do home visits etc. It has been commented that health services such as community therapists did make use of handyman services and encourage people to do things such as join a gym, however it was felt that a **directory of services would be useful as there are interventions that some therapists and home care staff did not know about. (R02)**
- 3.6.13 Birmingham and Solihull Frail Elderly Programme Board are keen to encourage a strong degree of self help with people taking the initiative to access gentle exercise classes for example and falls prevention services, however there is recognition that some services are simply not available in the City and some are not provided consistently. Without mapping service on offer, it is hard to determine the availability of services, whether they could meet future demand and what services need to be invested in to ensure a consistent City wide offer.

3.7 Collecting Relevant Data

- 3.7.1 **It is important that the number of falls in the City and the impact of them are recorded so that the appropriate interventions can be put in place and funding implications and subsequent falls prevention interventions savings identified. (R13)**
- 3.7.2 RoSPA reported that hospitals are not adequately collecting information about the nature of falls with the cause of a fall in 66% of cases in people 75-84 years of age in Birmingham being recorded as not known. RoSPA identified that this information shortfall was not



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unique to Birmingham but without knowing the reasons why people are falling it becomes more difficult to develop and target the most useful falls prevention interventions. Members were informed that the CCGs have now made a start in addressing this by asking the hospitals to collect information from all people over 65 who present with injuries to be treated in A&E about whether the injuries were caused by a fall and whether the individuals concerned have had a fall in the previous 12 months.

3.8 Pooled Budgets for Health and Social Care

- 3.8.1 Cost avoidance figures are available in respect of the Falls Prevention Service but it was indicated that it was unlikely that there were figures for potential savings across the whole health and social care economy. Without identifying the potential savings across the board it is difficult to establish the extent of possible savings and the appropriate investment level to prevent falls.
- 3.8.2 The inquiry heard how some services were funded by health and some by social care and some by both. It was suggested that consideration be given to introducing a jointly funded referral pathways, for example from GPs / District Nurses to the handyperson scheme as currently this is not in place, yet the handyperson service that gave evidence to the inquiry reported that they have the ability to expand their services.
- 3.8.3 The inquiry acknowledged the third sector's potential significant role in adding value to falls prevention work, especially the National Osteoporosis Society who are very active in relation to falls prevention work in Birmingham, but there was no evidence that specific third sector falls prevention services are funded at the present time. **It is unclear how third sector organisations who contribute to falls prevention work in the City, reducing the costs to both health and social care services, can access funding to market their activities and develop their services. (R01)**
- 3.8.4 Birmingham and Solihull Frail Elderly Programme Board have identified limited 12 month funding of £811,000 for agencies to make changes to their services and test new approaches to falls prevention across Birmingham and Solihull. As part of this 12 month project, partners will be required to change their internal processes as falls prevention performance indicators will be incorporated into contracts. Providers will then need to demonstrate cost avoidance savings to justify the services continuing. Ongoing funding has not yet been identified but it is intended that long term funding for any new or extended services will come from savings made elsewhere in the system by the prevention of falls. **To ensure consistency in service provision it is suggested that future pooled funding is put in place to take successful falls prevention mechanisms forward. (R01)**
- 3.8.5 Future joint funding for the low level Falls Prevention Service should be considered as a matter of urgency. In addition there needs to be a **long term partnership agreement**



which outlines the responsibilities of the service, where it fits within falls prevention pathways and funding for the expansion of the service so that it can cope with future demand. (R07)

- 3.8.6 As Birmingham and Solihull Frail Elderly Programme Board have identified a whole systems approach is required to tackle the issue of falls prevention, long term funding needs to be identified to drive forward the strategy and ensure that a low level **Falls Prevention Service which focuses specifically on the issue can effectively be developed and marketed to meet the needs of individuals at risk of falls and health and social care services that need a clear pathway to which people can be referred to.** (R07)
- 3.8.7 The inquiry were pleased to see that Birmingham and Solihull Frail Elderly Programme Board have ambitious targets to reduce the number of falls in this City over the next two-five years which includes a 25% reduction across Birmingham and Solihull in emergency admissions due to a repeat low impact fracture within one year of a previous fracture and a 25% reduction in emergency admissions due to falls with no repeat fracture within one year of fragility fracture. We recognise however that meeting these targets will require a strategic approach which can only be achieved by the commitment of all services. **By creating a pooled budget for Falls Prevention activity in the City the strategy would become a priority for all services and have a realistic chance of implementation.** (R01)

4 Conclusions

4.1 Tracking Progress towards a Pan Birmingham Strategy

- 4.1.1 Many of the recommendations that we have identified through this inquiry should be addressed in the development of a Birmingham Falls and Fracture Prevention Strategy. We are keen to receive information about the development of the strategy and progress with implementation. **We plan to track the progress of the strategy and the recommendations within this report and will invite those responsible back to our Committee meetings so that we are reassured that the issue of falls prevention is going forward in the City.** (R15) We want to see in the near future a significant reduction in harm to individuals caused by falls and alongside this significant savings to the public purse.



Appendix A: Evidence Gathering

The Committee would like to thank all those who have taken the time to contribute to this inquiry.

Witnesses	
Presenter	Organisation
Alan Lotinga	Adults and Communities, Birmingham City Council
Alison Doyle	University Hospitals Birmingham NHS Foundation Trust
Ashley Martin	The Royal Society for the Prevention of Accidents
Avtar Singh Nagra	Eden Adaptions
Barbara Skinner	Care Quality Commission
Carl Wheeler	Eden Adaptions
Dean Thomas	West Midlands Fire Service
Debbie Talbot	Sandwell and West Birmingham Hospitals NHS Trust
Deborah Harrold	Agewell
Eddie Fellows	Amey
Jules Gregory	Adults and Communities, Birmingham City Council
Lisa Eden	Birmingham Community Healthcare NHS Foundation Trust
Lyndsey Webb	The Royal Orthopaedic NHS Foundation Trust
Nathan Hudson	West Midlands Ambulance Service NHS Foundation Trust
Paul O'Day	Highways Services, Birmingham City Council
Richard Stanton	West Midlands Fire Service
Safina Mistry	Adults and Communities, Birmingham City Council
Sarah Needham	The Royal Orthopaedic NHS Foundation Trust
Shirley Mallon,	Birmingham Cross City Clinical Commissioning Group and Birmingham and Solihull Frail Elderly Board
Steve Wise	Adults and Communities, Birmingham City Council
Dr Vijay Bathlea	Sandwell and West Birmingham Clinical Commissioning Group
Zoeta Manning	Birmingham South Central Clinical Commissioning Group

Written Evidence Submissions	
Organisation	
Action for Blind People	
Birmingham City Council Home Care Nail Care Service	
Home from Hospital Care	
Local Services Directorate, Birmingham City Council	
Midland Heart	
National Osteoporosis Society – Birmingham Area Support Group	
Royal National Institute of Blind People	
SensorCare Systems	

Officer Visits	
Individual	Organisation
Jenny Riley	Adults and Communities, Birmingham City Council
Liz Long	Dudley Community Falls Service, Dudley Metropolitan Borough Council
Eileen Boissonade	Tai Chi Class at the Kenrick Centre

Meeting with Chairman	
Individual	Organisation
Aidan Cotter	Her Majesty's Coroner for the City of Birmingham and the Borough of Solihull
John Green	Falls Prevention Service, Birmingham City Council
Karen Cheney	Local Services, Birmingham City Council
Tariq Khan	Falls Prevention Service, Birmingham City Council

