Falls prevention NICE National Institute for Health and Care Excellence

Stakeholder engagement – deadline for comments 17:00 on 13/04/2016
email: QStopicengagement@nice.org.uk

	Please read the checklist for submitting comments at the end of this form. We cannot accept forms that are not filled in correctly or arrive after the deadline. We would like to hear your views on these questions: 1. What are the **key areas for quality improvement** that you would want to see covered by this quality standard? Please **prioritise up to 5 areas** which you consider as having the greatest potential to improve the quality of care. Please state the specific aspects of care or service delivery that should be addressed, including the actions that you feel would most improve quality. 2. You may also wish to highlight any areas of practice that might be considered as emergent, are only currently being done by a minority of providers but which have the potential to be widely adopted and drive improvements in the longer term. Please note, these areas should be underpinned by NICE or NICE-accredited guidance
Organisation name – Stakeholder or respondent (if you are responding as an individual rather than a registered stakeholder please leave blank):	**Care and Repair England**
Disclosure Please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry.	**None**
Name of person completing form:	**Jane Minter**
Supporting the quality standard - Would your organisation like to express an interest in formally supporting this quality standard? More information.	**[Yes/No]**
Type	[for office use only]

Key area for quality improvement	Why is this important?	Why is this a key area for quality improvement? Evidence or information that care in the suggested key areas for quality improvement is poor or variable and requires improvement?	Supporting information If available, any national data sources that collect data relating to your suggested key areas for quality improvement? Do not paste other tables into this table, as your comments could get lost – type directly into this table.
Separately list each key area for quality improvement that you would want to see covered by this quality standard. **EXAMPLE:** **Pulmonary rehabilitation for chronic obstructive pulmonary disease (COPD)**	EXAMPLE: There is good evidence that appropriate and effective pulmonary rehabilitation can drive significant improvements in the quality of life and health status of people with COPD. Pulmonary rehabilitation is recommended within NICE guidance. Rehabilitation should be considered at all stages of disease progression when symptoms and disability are present. The threshold for referral would usually be breathlessness equivalent to MRC dyspnoea grade 3, based on the NICE guideline.	EXAMPLE: The National Audit for COPD found that the number of areas offering pulmonary rehabilitation has increased in the last three years and although many people are offered referral, the quality of pulmonary rehabilitation and its availability is still limited in the UK. Individual programmes differ in the precise exercises used, are of different duration, involve variable amounts of home exercise and have different referral criteria.	EXAMPLE: Please see the Royal College of Physicians national COPD audit which highlights findings of data collection for quality indicators relating to pulmonary rehabilitation. http://www.rcplondon.ac.uk/resources/chronic-obstructive-pulmonary-disease-audit

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Key area for quality improvement 1 Developing standards for tackling housing disrepair and adaptation as an essential part of preventing a first fall for older people	The homes that people live in significantly impact on their wellbeing. Older people spend more time in their homes than any other age group. Good housing helps older people to stay warm, safe and healthy. Most older people live in what is called 'mainstream' or 'general needs' housing (as opposed to specialist housing or residential care), and most own their homes. Home adaptations and repairs can improve the quality of life for people as they age, helping them to feel more confident and in control of their daily activities, can help to prevent falls, and can prevent or delay a move into residential care. The broader impact of poor housing on health is clear.	*Please note the reports identified here are covered in the right hand column as supporting information* Statistics from the Building Research Establishment (BRE), in our report *Off the Radar*, (set out in the first left hand column) identify that there are still many older people living in poor housing and hence at risk of a first fall due to a Cat 1 hazard. A recent report from the Local Government Ombudsmen Service, *Making a House a Home,* identified some delays to the Disabled Facilities Grant process by local councils that has meant difficulties for people wanting to adapt their homes. Whilst not widespread these delays need to be tackled to ensure work is undertaken as soon as practically possible. There is also good practice in adaptations delivery which we highlight below. It is important to ensure the best options are available for all to prevent falls including adaptations.	The cost of poor housing to the NHS, Simon Nicol, Mike Roys, Helen Garrett, BRE, 2015 Off the Radar: Housing Disrepair and Health impact in later life, Care and Repair England, 2016 Making a house a home: Local Authorities and disabled adaptations: Focus report: learning lessons from complaints from Local Government Ombudsman (LGO), 2016 Heywood, FS & Turner, L, Better outcomes, lower costs: implications for health and social care budgets of investment in housing adaptations, improvement and equipment – a review of the evidence, Office for Disability Issues, University of Bristol and Department for Work and Pensions, 2007 University of Warwick, London School of Hygiene and Tropical Medicine, Office of the Deputy Prime Minister Statistical evidence to support the Housing Health and Safety Rating System volume II – summary of results. Office of the Deputy Prime Minister, London, 2003 Making the Case First Stop Advice: the evidence for integrated, impartial information and advice about housing and care for older people, Kevin Cooper, Care and Repair England and EAC FirstStop, 2015

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	The ‘one year’ cost to the NHS of treating conditions caused by poor housing is estimated at £1.4bn. The cost to the NHS in the first year treatment costs of the poorest housing among older households (55+0 is c. £624 million. (BRE 2015 *The cost of poor housing to the NHS)* Our report - *Off the Radar* - from analysis by the Building Research Establishment (BRE) identifies that: - * Some 1.2 million (21% or one in five) of households aged 65 years or over lived in a home that failed to meet the Decent Homes standard in 2012. * The vast majority (79%) of households aged 65 years or over living in a non-decent home were owner occupiers (934,000).	*Off the Radar* also identifies the decline in budgets for private sector housing repair and renewal. It argues that tackling housing disrepair has benefits for health and social care as well as for individuals in areas such as falls prevention and improved quality of life. There is good practice in some localities where financial and practical help is available for repairs work with consequent positive impact on falls prevention. Many home improvement agencies and FirstStop housing options advice services offer information and advice and support to enable older people to make the necessary changes to their homes. This support is not universally available and could be encouraged and enhanced by a Quality Standard that identifies help with repairs and adaptations and housing information and advice as an essential ingredient in first falls prevention.	PHE Falls and Fragility Population Health Care Programme http://www.healthcarepublichealth.net/falls-and-fragility-fractures.php NICE Quality Standards on Preventing Excess Winter Deaths and Illness Associated with Cold Homes, March 2016 NICE Quality Standards on Falls in Older People, March 2015

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	* The main reason for homes failing the Decent Homes standard is the presence of a Category 1 hazard. The two commonest Category 1 hazards are falls risk and excess cold. * 731,000 households aged 65 years or over lived in a home with a Category 1 hazard, 85% (619,000) in owner occupied homes. * The majority (78%) of older people with long term illness or disability living in a non-decent home are owner occupiers. There is a well evidenced link between housing conditions and falling (Heywood et al) and also analysis of how poor or unsuitable housing conditions increases the risk of falls.(University of Warwick) .	FirstStop housing options services have been evaluated, demonstrating the impact on older people's quality of life including reduced risk of falls as well as savings to health and social care by dealing with the consequences of poor and inappropriate housing. For information on Home Improvement Agencies' work on adaptations and linked repairs see https://homeadaptationsconsortium.wordpress.com/good-practice/ For general information on home improvement agencies see http://www.foundations.uk.com/ For information on First Stop advice services see http://www.firststopcareadvice.org.uk/projects/	

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	* The total number of Cat1 hazards associated with falls risk for households of 55yrs and over is 794,689 * The most common Cat1 hazards for those aged 65yrs and over were those associated with the risk of falls (368,000). Risk of falls on stairs were the most common (230,000) followed by falls on level, falls between levels, then falls associated with bathing. Whilst incidences (and seriousness of health/ care consequences) of falls increase with age, in terms of the prevention agenda and 'upstream interventions' removal of Cat1 falls hazards for all 'younger old' age groups would be beneficial.		

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	This is highlighted in the Quality Standard topic overview and would certainly be beneficial for those people identified as high risk in the 50 – 64 age group as suggested. The NICE Quality Standard on *Preventing Excess Winter Deaths and Illness Associated with Cold Homes* identifes the link betweeen cold homes and falls.		

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	To quote the Standard ‘Cold homes and poor housing conditions have been linked with a range of health problems in children and young people, including respiratory health, growth and long-term health. In older people, cold temperatures increase the risk of heart attack, stroke and circulatory problems, respiratory disease, flu and hospital admission. They also lower strength and dexterity, leading to an increase in the likelihood of falls and accidental injuries.’ The NICE Quality Standard on *Falls in Older People* also sets a Quality Standard (6) on home hazard assessment and intervention recognising the link between home circumstances and falls risk.		

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	This Standard states that ‘adapting or modifying the home environment is an effective way of reducing the risk of falls for older people living in the community.’ Whilst this standard (which expects a home hazard assessment) applies following a hospital admission we would propose that this undertaken to prevent a first fall so that modifications and repairs are undertaken. A first fall can be prevented by including a focus in this Quality Standard on fixing/ modifying the home environment /dealing with home hazards for older people. It is important because a poor home environment contributes to falls risks and affects many older households.		

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	The right home environment needs to be free from hazards, safe from harm and promote a sense of security. Items such as poor lighting, rugs, stairs, floors, cold rooms and steps can all increase the risk of a first fall.		
Additional developmental areas of emergent practice	Care and Repair England has been looking at how to stimulate fresh research on the impact of housing interventions in health and care, including falls prevention, bringing together researchers and key stakeholders to work on projects that have practical application. The project is called Catch 22. See http://careandrepair-england.org.uk/?page_id=205 Work already developing in this field includes the cost/ benefits of adaptations, use of RCT (random controlled trials) in relation to adaptations services, the impact of falls prevention and housing decision making. We would be happy to share and discuss this work with NICE if that would be helpful in developing this Quality Standard. We would also draw attention to the planned programme of the Centre for Ageing Better which aims to share and apply evidence to help people age better http://www.ageing-better.org.uk/our-work/topics/ In its own topic list it has identified homes and neighbourhoods as being critical to enabling people to remain independent and has set an agenda in this area – http://www.ageing-better.org.uk/our-work/topics/feel-in-control/#neighbourhood One action being undertaken is an evidence review on the role of home adaptations in improving later life. This work is in development and we have been involved in producing the brief for the review scope. This will be helpful to NICE in gathering more robust evidence on housing interventions on the impact of adaptations on falls prevention (Note the evidence review scope is due for publication on Thursday 14 April 2016)		

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Checklist for submitting comments

- Use this form and submit it as a Word document (not a PDF).
- Complete the disclosure about links with, or funding from, the tobacco industry.
- Combine all comments from your organisation into 1 response. We cannot accept more than 1 response from each organisation.
- Do not paste other tables into this table – type directly into the table.
- Underline and highlight any confidential information or other material that you do not wish to be made public.
- Do not include medical information about yourself or another person from which you or the person could be identified.
- Spell out any abbreviations you use
- Please provide concise supporting information for each key area. Provide reference to examples from the published or grey literature such as national, regional or local reports of variation in care, audits, surveys, confidential enquiries, uptake reports and evaluations such as impact of NICE guidance recommendations
- For copyright reasons, do not include attachments of **published** material such as research articles, letters or leaflets. However, if you give us the full citation, we will obtain our own copy
- Attachments of unpublished reports, local reports / documents are permissible. If you wish to provide academic in confidence material i.e. written but not yet published, or commercial in confidence i.e. internal documentation, highlight this using the highlighter function in Word.

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