

8.2 Maintaining mobility and preventing falls

Maintaining mobility is dependent on good bone health and is central to healthy and independent ageing. This requires a systematic approach to prevention and treatment of bone disease starting in the early years.

Indicators:

Hospital admissions with hip fractures.

Whilst a number of agencies are working to reduce the number of people who fall and who suffer injury from falling, there remains a need for a more systematic approach to the prevention of fractures.

There are clear preventative actions which will improve bone density and strength, leading to reduced risk of fracture in older age. Exercise is one of the most effective ways to maintain independence and to reduce balance problems. Anything that challenges balance and improves muscle strength, particularly in the legs, can help to reduce falls i.e. walking, gardening and dancing. In addition to this, taking regular eye tests, which are free for those aged 60 or over, will help to reduce the risk of falls.

Opportunities for older people to maintain bone strength are often limited by access to transport, lack of provision, fear of going out or social isolation. Professionals have adopted approaches to 'spot' risks in the home and to address these. However, other concurrent risk factors may not be addressed if their solution is in the domain of a different agency or individual.

As those who have fallen and sustained a fracture are at the highest risk of further fractures, all actions to prevent this should be put in place for all individuals. This includes changes to the physical environment, the person's physical condition and medication.

Walsall has a higher rate of emergency admissions for fractured neck of femur compared to regionally and nationally for those aged over 80. The table shows that in 2014/15 326 Walsall older residents (>65 Years) had a Hip Fracture – 244 of these were aged over 80 Years.

Indicator	Period	Walsall		Region	England	England	
		Count	Value	Value	Value	Lowest	Highest
4.14iii - Hip fractures in people aged 65 and over - aged 80+ (Persons)	2014/15	244	1896	1597	1535	983	2036
4.14ii - Hip fractures in people aged 65 and over - aged 65-79 (Persons)	2014/15	82	226	248	239	163	362
4.14i - Hip fractures in people aged 65 and over (Persons)	2015/15	326	654	594	571	379	743

The chart below shows that the Walsall Hip Fracture Rate per 100,000 has increased from about 620 per 100,000 in 2010/11 to 654 per 100,000 in 2014/15

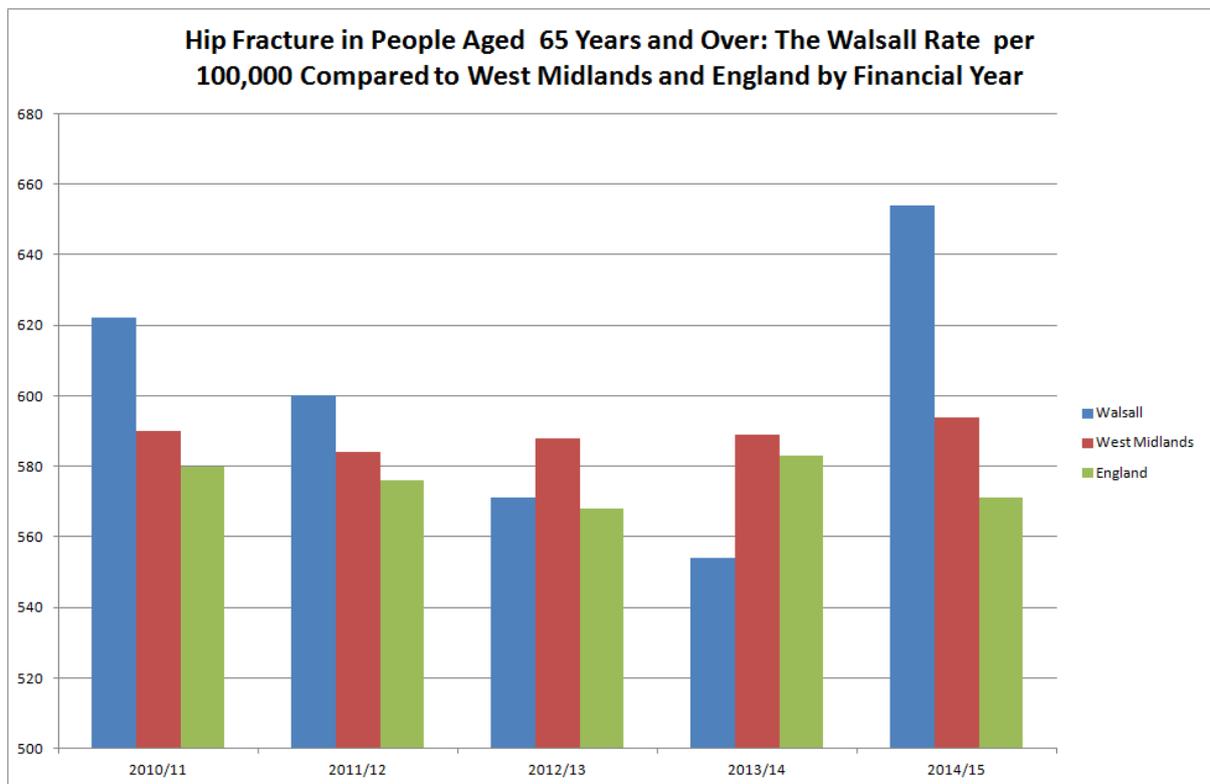


Figure 1 Age-sex standardised rate of emergency admissions for fractured neck of femur in those aged 65+ per 100,000 (Source: Public Health Outcomes Framework)

Priorities for action:

- *Focus on preventing falls through activities which improve stability, mobility, flexibility and coordination over the life course*
- *There remains a need for a more systematic approach to the prevention of fractures*
- *Hospital staff should ensure all patients seen with low impact fractures are appropriately assessed for fall and fracture risk and managed appropriately*
- *All agencies should be clear of their role in improving bone health*
- *Promotion of free eye tests for over 60s*