

Home Accident Prevention Draft Strategy Consultation

**Consultation response submitted to the
Department of Health, Social Services and Public Safety
By The Commissioner for Older People for Northern Ireland**

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Written evidence submitted by the Commissioner for Older People **for Northern Ireland**

Summary

The Commissioner for Older People for Northern Ireland (the “Commissioner”) welcomes the draft proposals for a new 10-year Home Accident Prevention Draft Strategy.

Older people will be impacted by issues arising from the draft proposals for a new Home Accident Prevention Strategy (the “draft Strategy”) not least because the Department of Health and Social Services and Public Safety’s Transforming Your Care¹ programme of strategic change in Health and Social Care in Northern Ireland prioritises and envisions a society where all adults should be able to choose to remain in their own homes for as long as is possible- this will only be feasible where it is safe for them to do so and where both preventative and supportive services are available and properly resourced.

Based on current projections from the Northern Ireland Statistical Research Agency, by the year 2025, in Northern Ireland, the number of people aged 65 years and over will increase by around 42% from 260,000 to 370,000². Falls prevention in Northern Ireland is therefore very important given the growing ageing population and the number of risk factors associated with falls in older people.

Falls can cause pain and distress for older people often requiring hospital admission. Fear of falling may reduce the confidence of older people and may lead to them becoming less independently mobile and more socially isolated. The Commissioner is of the view that consultation on the draft proposals should, therefore, include the full participation of older people including those whose voices are traditionally not heard and should monitor the equality and human rights impact of its proposals on older people as well as the other s.75 groups.

¹ Transforming Your Care- A Review of Health and Social Care in Northern Ireland, 2011, Department of Health and Social Services and Public Safety

² NISRA 2013

Education about home safety in general and advice and support relating to falls prevention in particular must be integral to the draft Strategy. According to the World Health Organisation³ the promotion of physical activity and exercise for all ages will improve health generally and should also lower the risk of falls and fall related injuries in older people.

Consistency of theme and purpose is essential including a “read across” with the many other governmental and other community and voluntary policies and strategies in place dealing with home accident prevention and healthy living in general. This should include (but not be limited to) the Department of Health, Social Services and Public Safety’s programmes “Transforming Your Care”⁴ and “Who Cares?”⁵ and the “Fit And Well- Changing Lives 2012-2022” Public Health Strategic Framework Consultation.

By way of further example, the Commissioner chaired the Ageing Strategy Advisory Group which recently provided advice to enable Government to develop a policy direction for a draft Active Ageing Draft Strategy 2014 - 2020 in Northern Ireland. The Commissioner, in her consultation response to the draft Active Ageing Strategy, highlighted the importance of protection for vulnerable older people and the need for increased public confidence in the care and treatment of older people.

In addition to the human and emotional aspect, reducing home accidents can also lead to significant financial cost savings related directly to health and social care services. Indeed, the cost of accidental injuries is also shared with other public sector services and agencies including the police, fire and ambulance services. Supervision during care recovery can often involve the cost of respite or domiciliary care support for older people or increased pressure on their family and carers who in turn may have to take time off from paid work.

To be truly effective, the draft Strategy must enable data collection in relation to accident information. It is essential for a minimum data set to be agreed and for a central service for collection, analysis and dissemination of such data to be established. This should ensure that baseline data can be established and actual change can be measured throughout the term of the draft Strategy. Where there are

³ World Health Report 2007, World Health Organisation, 2007, p.15

⁴ Transforming Your Care- A Review of Health and Social Care in Northern Ireland, 2011, Department of Health, Social Services and Public Safety

⁵ Who Cares? The Future of Adult Care and Support in Northern Ireland, 2013, Department of Health and Social Services and Public Safety

measures which span different departments and different timeframes clarity around timely monitoring and review of objectives and measures should be set out from the outset.

The Commissioner is also of the view that consideration should be given to having a specific draft Strategy in place to target the important issue of falls in older people.

Introduction

1. The office of the Commissioner for Older People for Northern Ireland is an independent public body established under the Commissioner for Older People Act (Northern Ireland) 2011.
2. The Commissioner has an extensive range of general powers and duties which provide the statutory remit for the exercise of her functions. In addition the Commissioner may provide advice or information on any matter concerning the interests of older people. Her wide ranging legal powers and duties include amongst others:
 - To promote and safeguard the interests of older people (defined as being those aged over 60 years and in exceptional cases, those aged over 50 years);
 - To keep under review the adequacy and effectiveness of law and practice relating to the interests of older people;
 - To keep under review the adequacy and effectiveness of services provided for older people by relevant authorities (defined as being local councils and organisations including health and social care trusts, education boards and private and public care homes);
 - To promote the provision of opportunities for and the elimination of discrimination against older people;
 - To review and where appropriate, investigate, advocacy, complaint, inspection and whistle-blowing arrangements of relevant authorities;
 - To assist with complaints to and against relevant authorities;
 - The power to bring, intervene in or assist in legal proceedings in respect of relevant authorities;
 - To issue guidance and make representations about any matter concerning the interests of older people.

3. The Commissioner's powers and duties are underpinned by the United Nations Principles for Older Persons (1991) which include Independence, Participation, Care, Self- fulfilment and Dignity.
4. The Commissioner welcomes the opportunity to comment to the Department of Health, Social Services and Public Safety on its draft Home Accident Prevention Strategy.

General Comments

5. The Commissioner welcomes the overall aim of the draft Strategy which is to empower all people to better understand the risks in the home and so enable them to make safe choices in order to ensure a safe home with negligible risk of unintentional injury.
6. In Northern Ireland every week two people die as a result of a home accident with the majority of these being caused by falls. Home safety checks have identified that 29% of people aged over 65 years have had an accident in their home in the preceding 12 months with 94% of these being falls⁶.
5. Older people are more vulnerable to home accidents, particularly falls, due to a range of factors including the increased likelihood of a pre-existing medical condition, impaired mobility and gait, increased sedentary behaviour and loss of muscle mass and strength, impaired cognition, visual impairment and foot problems.
6. The risk of falling increases with age with the impact of home accidents also being high as a result of older people having a lower recuperative capacity. Falls accounted for 73% of all fatal accidents to those aged over 65 years⁷.
7. Where a fall has not resulted in a serious injury, fear of falling in itself is most significant to older people and often results in reduced quality of life and wellbeing. In some cases this can lead to a fear of leaving the home and corresponding isolation and loneliness.
8. Research conducted by the Department for Public Health⁸ indicates that one third of people aged over 65 in the general public have one fall per year, with 40-60% of these falls causing injury.

⁶ Director of Public Health Annual Report 2012/ NISRA

⁷ The Royal Society for the Prevention of Accidents. Accidents to older people. RoSPA. 30 March 2012 .

⁸ Director of Public Health Annual Report 2012.

Home Accident Prevention draft Strategy - Vision and Strategic Aim

9. In principle, the Commissioner supports the establishment of a draft Home Accident Prevention Strategy for all age groups. The underlying purpose for adopting such a draft Strategy must be to set a clear defined direction with clear aims and measurable targets.
10. All organisations and agencies impacted must work collaboratively to ensure the most effective outcomes in terms of clarity of purpose, consistency of approach, experience by the public and information/ data sharing.
11. There must be recognition of and consistency between this draft Strategy and other current and proposed strategies and policies dealing directly or indirectly with safety in the home and falls prevention etc. These should be complementary where there is a common aim and purpose. In particular resourcing must be clear and well considered to ensure that all aims are achieved and unnecessary duplication is avoided.
12. Given her specific statutory remit, the Commissioner particularly welcomes the recognition in the draft Strategy that there are particular groups within society who are more vulnerable to accidents - suggested as being children aged under 5 years, the socially deprived and people aged over 65 years.
13. Whilst supportive of this recognition of older people per se, the Commissioner queries the selection of the particular age categorisation of 65 years and over. In Northern Ireland, in the Commissioner's enabling legislation, "older people" are defined as being those aged over 60 years, and in certain circumstances and at the Commissioner's discretion, this can include those aged over 50 years. The Commissioner suggests that an upper age of 60 years and over might be more appropriate given both the ageing population in Northern Ireland and to keep in line with her enabling legislation.
14. The Commissioner supports the general vision set out in the draft Strategy. The Commissioner comments on the proposed definition of "home" as set out below at paragraphs 17 – 20.
15. In terms of the Strategic Aim set out in the draft Strategy, the Commissioner welcomes the fact that all injuries and deaths are now included without being restricted by any degree of defined or perceived seriousness.
16. The Commissioner comments on the priority groups identified below at paragraphs 21 - 24.

Definition of a “home”

17. The Commissioner notes that currently the draft Strategy defines a “home” as excluding residential institutions such as nursing homes or prisons, or temporary accommodation such as a hotel, boarding house or hospital. The explanation provided is that these categories of residential setting are already governed by separate regulations to manage both environmental and in some cases behavioural risks.
18. The Commissioner is concerned that the exclusion of residential institutions, particularly including but not limited to, nursing and residential homes, may lead to inconsistency of approach and cause confusion among the general population. It is the Commissioner’s view that there should be certainty that, regardless of the locality or temporariness of the stay, that all people should be provided with the same assurances regarding their physical wellbeing and safety.
19. The Commissioner is concerned that treating certain residential settings differently could cause confusion and the perception of duality in the general public and also that there is the potential for “gaps” to be inadvertently created in the practical application of the draft Strategy depending upon whether a residential service is deemed to fall within or outwith the remit.
20. It is the Commissioner’s view that a strong message needs to be communicated that all residential settings should be subject to the aims and objectives of the draft Strategy. Where there are already other regulations etc in place in respect of other settings or facilities, there should be “read across” to ensure consistency of message and to avoid duplication of approach and resourcing.

Priority Groups

21. The Commissioner welcomes that the draft Strategy is aimed at the entire population of Northern Ireland.
22. The Commissioner notes the rationale behind the identification of certain priority groups within the draft Strategy - being the under 5s, the socially deprived and older people aged over 65 years.
23. The Commissioner welcomes the extension of the draft Strategy to particularly include the socially disadvantaged.
24. The Commissioner has commented on the choice of the upper age limit of 65 years and above in paragraph 13.

Priority Issues for Focus

25. The Commissioner notes the rationale behind the identification of the priority issues for focus.
26. The Commissioner, based on her statutory jurisdiction for older people, particularly welcomes the priority focus being placed upon the issue of falls. The Commissioner notes that there is no overall draft Strategy specifically for older people in relation to falls, rather the issue of falls, is contained within the “Home Accident” remit and represents just one type of accident which occurs in the home for people of all ages, including older people.
27. Given the seriousness of the issue for older people, the Commissioner would recommend that consideration be given to producing a draft Strategy specifically for Older People and falls.

Objectives and Strategic Priorities as a basis for action

28. It is noted that an implementation plan to accompany the draft Strategy is to be developed by the Public Health Agency. This will be a key document and should be as comprehensive as possible.
29. It is imperative in supporting the objectives and strategic priorities that there is effective collaborative partnership working between all impacted agencies and organisations including Government departments, statutory, independent, and voluntary and community sectors.
30. Processes and overlap of work should be streamlined where possible between all such impacted organisations to ensure that resources are used in the most effective way and that data collection is also prioritised.

Raising public awareness of home accident prevention

31. Raising awareness of safety in the home and providing support and information sources will be key. The communication of these messages will require careful planning by the Department. Inter agency advertising campaigns may ensure that the message is provided to as wide an audience as possible.
32. Promotion of appropriate exercise and early intervention/ preventative measures can reduce gait and balance problems in older people and in turn can increase self confidence and emotional and psychological well being. Public awareness campaigns should highlight both the importance of exercise for older people and of seeking physical support and assistance at an early stage. Much of this is already in place and provided by the Health and Social Care Teams at individual HSC Trust level, for example, through Promoting Wellbeing teams and Home Safety Officers.

General Practitioners and Social Care Teams in the community will also be key in raising awareness.

33. Steps must be taken to ensure clarity of message to all and in particular to ensure that older people are provided with sufficient information, in a suitable format, to inform their understanding of the issues and where they can obtain advice and support should they need it / in the event of a change of circumstances.
34. Consideration must be given to how best to engage with those harder to reach people, particularly older people living on their own and older people living in rural areas.

Monitoring and Assessment of Draft Strategy

35. The Commissioner is of the view that measurable and relevant targets must be set. It is vital that targets and indicators be set throughout the draft Strategy so that progress can be effectively measured.
36. Clarity in terms of resources and funding for the draft Strategy is essential. It is not clear from the proposals where the resources will come from. Will there be a new resource provided or will the draft Strategy be resourced from monies already allocated? Where there are multi- agencies involved, how will the resources be shared?

Equality Impact

37. It is the Commissioner's view that a full Equality Impact Assessment should be completed given the impact of the proposed draft Strategy in relation to all s.75 groups.

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