

CHESHIRE EAST COUNCIL – EQUALITY IMPACT ASSESSMENT

# EQUALITY IMPACT ASSESSMENT

## Falls Prevention Strategy Consultation

### VERSION CONTROL

Date	Version	Author	Description of Changes
04.01.23	0.1	Sharon Brissett	
06.01.23	0.2	Sharon Brissett	Comments Phil Christian
7.07.23	0.3	Sharon Brissett	

## CHESHIRE EAST COUNCIL –EQUALITY IMPACT ASSESSMENT

Stage 1 Description: Fact finding (about your policy / service /

Department	People Directorate		Lead officer responsible for assessment		Sharon Brissett	
Service	<b>Commissioning</b>		Other members of team undertaking assessment		Nik Darwin	
Date	06.06.23		V 0.02			
Type of document (mark as appropriate)	Strategy x	Plan	Function	Policy	Procedure	Service
Is this a new/ existing/ revision of an existing document (please mark as appropriate)	New		Existing		Revision x	
Title and subject of the impact assessment (include a brief description of the aims, outcomes, operational issues as appropriate and how it fits in with the wider aims of the organisation)  Please attach a copy of the strategy/ plan/ function/ policy/ procedure/ service	<p><b>Falls Prevention Strategy</b></p> <p>The Falls Prevention Strategy (2022 – 2025) aims to reduce the risk and severity of falls for people at risk in Cheshire East. This includes people aged 65+ and those with relevant medical conditions. The Strategy has been endorsed by Members of the Falls Prevention Group who are committed to working to reduce the impact of this health issue. The Strategy also outlines the system wide approach to falls prevention that will take place in Cheshire East during the next three year period.</p> <p>The aims of the Falls Prevention Strategy are:</p> <ul style="list-style-type: none"> <li>Identify those at risk of falling</li> </ul>					

	<ul style="list-style-type: none"> <li>• Help individuals at risk through the provision of evidence-based services and support</li> <li>• Assist individuals who do fall to reduce the risk of this recurring in the future</li> </ul> <p>To note:</p> <p>No single organisation can tackle these alone, so the intention is to work together as a place to deliver this, thus making best use of local knowledge, expertise and assets.</p> <p><i>Local context</i></p> <p>During 2020/21 there were 2,255 hospital admissions for falls for those aged 65+. Around two thirds of these admissions were people aged over 80, and around a quarter related to hip fractures. The exact numbers of people based on an estimate on the Cheshire East population is that there were 23,982 falls locally in 2020 (source POPPI).</p> <p>Following public consultation and engagement with groups and stakeholders who represent those who share one or more protected characteristics a report and revised Falls Prevention Strategy will be taken to Adults &amp; Health Committee to seek approval to implement the final Falls Prevention Strategy.</p>
<p><b>The Who are the main stakeholders, and have they been engaged with? (e.g. general public, employees, Councillors, partners, specific audiences, residents)</b></p>	<p>Initial engagement has taken place with the Cheshire East Falls Prevention Group, whose stakeholders include representatives from health, hospital trusts, commissioning, Healthwatch Cheshire East, and communities' team.</p> <p>The main stakeholders are:</p> <ul style="list-style-type: none"> <li>• Older people</li> <li>• Older people groups</li> <li>• Healthwatch Cheshire East</li> <li>• Occupational Therapists</li> <li>• Physiotherapists</li> <li>• GP's</li> <li>• Pharmacies via Pharmacy Council</li> </ul>

	<ul style="list-style-type: none"> <li>• Community and Hospitals (Care Communities &amp; Acute Trusts)</li> <li>• Adult Social Care</li> <li>• One You (including stand strong attendees)</li> <li>• Other professionals</li> <li>• Members of the public</li> </ul>
<b>Consultation/ involvement carried out</b>	Initial consultation and engagement via the Cheshire East Falls Prevention Group
<b>What consultation method(s) did you use?</b>	<p>A range of consultation methods have been undertaken, these include the following:</p> <ul style="list-style-type: none"> <li>• Face to face meeting (older people group/stand strong classes)</li> <li>• Cheshire East Falls Prevention Group</li> <li>• Survey – professionals and service users</li> <li>• Adult Social Care Operational</li> <li>• Healthwatch Cheshire East</li> </ul>

### Stage 2 Initial Screening

<b>Who is affected and what evidence have you considered to arrive at this analysis? (This may or may not include the stakeholders listed above)</b>	<p>The Falls Prevention Strategy applies to people aged 65 and over within Cheshire East, as well as younger adults whose medical conditions increase falls risk.</p> <p>This is evidenced in the World Health Organisation (WHO) report global report on falls prevention in older people, and the Cheshire East Joint Strategic Need Assessment (JSNA) falls chapter. Other sources include the Government applying the 'All Our Health' report. <a href="https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/442227/Falls_applying_All_Our_Health_-_GOV.UK.pdf">Falls: applying All Our Health - GOV.UK</a> (<a href="http://www.gov.uk">www.gov.uk</a>)</p>
<b>Who is intended to benefit and how</b>	The Falls Prevention Strategy aims to reduce the risk and severity of falls for people at risk in Cheshire East, this includes people aged 65+ and those with relevant medical conditions and/or those who have experienced a fall.

<b>Could there be a different impact or outcome for some groups?</b>		Some groups may experience a higher negative impact than others if there was limited access to prevention initiatives and support available. Differing impacts are detailed in the sections below.							
<b>Does it include making decisions based on individual characteristics, needs or circumstances?</b>		As no single organisation can tackle falls prevention alone, the intention is to work together as a place to deliver the Falls Prevention Strategy making best use of local knowledge, expertise and assets, thereby supporting people at risk of falling and/or those who have fallen.							
<b>Are relations between different groups or communities likely to be affected? (eg will it favour one particular group or deny opportunities for others?)</b>		People aged 65+ and those with relevant medical conditions who are at risk of a fall.							
<b>Is there any specific targeted action to promote equality? Is there a history of unequal outcomes (do you have enough evidence to prove otherwise)?</b>		As noted above							
Age	X			Marriage & civil partnership			Religion & belief		
Disability	X			Pregnancy & maternity			Sex		
Gender reassignment				Race			Sexual orientation		

Stage 3 Evidence

<b>What evidence do you have to support your findings? (quantitative and qualitative) Please provide additional information that you wish to include as appendices to this document, i.e., graphs, tables, charts</b>		<b>Level of Risk (High, Medium or Low)</b>
<b>Age</b>	A key risk factor for those who fall is age. This is referenced in the JSNA section on falls. The strategy and accompanying action plan includes specific actions to support people in older age groups.	<b>Medium / high</b>
<b>Marriage &amp; civil partnership</b>	No impacts were highlighted during the consultation or in the joint strategic needs assessment for falls on this protected characteristic. As such, the impact of the strategy is deemed neutral on this protected characteristic	<b>N/A</b>
<b>Religion</b>	No impacts were highlighted during the consultation or in the joint strategic needs assessment for falls on this protected characteristic. As such, the impact of the strategy is deemed neutral on this protected characteristic	<b>N/A</b>
<b>Disability</b>	A person at greater risk of a fall may include those who have a visual impairment, gait and balance difficulties, age related muscle weakness, those who are in receipt of more than 4 medications, including those with hypertension. These are referenced in the Joint Strategic Needs Assessment – Falls chapter. Whilst age is a key risk factor for falls, it was highlighted during the consultation that conditions e.g. dementia and Parkinson's can affect the balance of those who are aged less than 65.	<b>Medium/high</b>
<b>Pregnancy &amp; maternity</b>	No impacts were highlighted during the consultation or in the joint strategic needs assessment for falls on this protected characteristic. As such, the impact of the strategy is deemed neutral on this protected characteristic	<b>N/A</b>
<b>Sex</b>	No impacts were highlighted during the consultation or in the joint strategic needs assessment for falls on this protected characteristic. As such, the impact of the strategy is deemed neutral on this protected characteristic	<b>N/A</b>
<b>Gender Reassignment</b>	No impacts were highlighted during the consultation or in the joint strategic needs assessment for falls on this protected characteristic. As such, the impact of the strategy is deemed neutral on this protected characteristic	<b>N/A</b>

<b>Race</b>	No impacts were highlighted during the consultation or in the joint strategic needs assessment for falls on this protected characteristic. As such, the impact of the strategy is deemed neutral on this protected characteristic	<b>N/A</b>
<b>Sexual Orientation</b>	No impacts were highlighted during the consultation or in the joint strategic needs assessment for falls on this protected characteristic. As such, the impact of the strategy is deemed neutral on this protected characteristic	<b>N/A</b>

**Stage 4 Mitigation**

<b>Protected characteristics</b>	<b>Mitigating action</b> <i>Once you have assessed the impact of a policy/service, it is important to identify options and alternatives to reduce or eliminate any negative impact. Options considered could be adapting the policy or service, changing the way in which it is implemented or introducing balancing measures to reduce any negative impact. When considering each option you should think about how it will reduce any negative impact, how it might impact on other groups and how it might impact on relationships between groups and overall issues around community cohesion. You should clearly demonstrate how you have considered various options and the impact of these. You must have a detailed rationale behind decisions and a justification for those alternatives that have not been accepted.</i>	<b>How will this be monitored?</b>	<b>Officer responsible</b>	<b>Target date</b>
<b>Age</b>	<p>People aged 65+ are known to be at greater risk of falling.</p> <p>The falls action plan contains a series of actions to target this cohort. These include:</p> <ul style="list-style-type: none"> <li>• Commissioning and developing evidence-based services to support falls prevention in Cheshire East which reduce the likelihood and severity of falls amongst people who are older</li> <li>• Communicating the issue of falls to professionals and the public inc. a falls</li> </ul>	<p>Falls Prevention Group (includes representatives from key organisations)</p> <p>Commissioning – Nik Darwin / Sharon Brissett</p>	<p>Senior Commissioning Manager / Integrated Commissioning Manager /</p>	

	<p>awareness week. Communication tactics will take account of the needs of older people.</p> <ul style="list-style-type: none"> <li>• Production of updated intelligence to inform commissioning and delivery approaches including refreshing the Joint Strategic Need Assessment (JSNA) falls chapter.</li> </ul>	Health representative – John Grant	Health representative – John Grant	
<b>Marriage &amp; civil partnership</b>	N/A			
<b>Religion</b>	N/A			
<b>Disability</b>	<p>The falls action plan contains a number of actions to target this cohort. These include:</p> <ul style="list-style-type: none"> <li>• Commission and develop evidence-based services to support falls prevention in Cheshire East which reduce the likelihood and severity of falls. This will include eligibility criteria, promotion of services targeting this cohort.</li> <li>• Communicate the issues of falls to professionals and the public – this will include people with disabilities.</li> <li>• Production of updated intelligence to inform commissioning and delivery approaches including refreshing the Joint Strategic Need Assessment (JSNA) falls specific. This will include producing/reviewing intelligence related to disabilities.</li> </ul>	Falls Prevention Group (includes key stakeholders from number of organisations)	Senior Commissioning Manager / Integrated Commissioning Manager /	



<b>Pregnancy &amp; maternity</b>	N/A			
<b>Sex</b>	N/A			
<b>Gender Reassignment</b>	N/A			
<b>Race</b>	N/A			
<b>Sexual Orientation</b>	N/A			

## 5. Review and Conclusion

**Summary: provide a brief overview including impact, changes, improvement, any gaps in evidence and additional data that is needed :**

A consultation took place over a falls strategy which has been developed in order to inform the Council's approach. Impacts identified within the Falls Prevention Strategy will be measured via an action plan, 5 key priority areas for this are as follows:

Impact will be measured via an action plan that will measure the 5 key priority areas:

- Public involved in the development of the Falls Prevention Strategy
- Commission and develop evidence-based services to support falls prevention in Cheshire East which reduce the likelihood and severity of falls
- Communicate the issues of falls to professionals and the public – continuing to raise awareness and the profile of falls across Cheshire East
- Production of updated intelligence to inform commissioning and delivery approaches including refreshing the Joint Strategic Need Assessment (JSNA) falls specific
- Ensure local authority, health and third party colleagues take account of the importance of falls prevention within their strategic plans

<b>Specific actions to be taken to reduce, justify or remove any adverse impacts</b>	<b>How will this be monitored?</b>	<b>Officer responsible</b>	<b>Target date</b>
As outlined in section 4	Via the Cheshire East Falls Prevention Group	Senior Commissioning Manager / Integrated Commissioning Manager	Ongoing, key review date Oct 23
<b>Please provide details and link to full action plan for actions</b>	N/A		
<b>When will this assessment be reviewed?</b>	The assessment will be reviewed once the strategy has been discussed by Adult and Health Committee and the Health and Wellbeing Board		
<b>Are there any additional assessments that need to be undertaken in relation to this assessment?</b>	No		
<b>Lead officer sign off</b>	Sharon Brissett	<b>Date</b>	06.07.23
<b>Head of service sign off</b>	Shelley Brough	<b>Date</b>	07.07.23

**Please return to EDI Officer for publication once signed**