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Adult and Health Committee

24th July 2023

Cheshire East Falls Prevention Strategy

Report of: Helen Charlesworth-May, Executive Director of People

Report Reference No: AH/08/2023-24

Ward(s) Affected: All

Purpose of Report

- 1 This report provides a summary of the work that has taken place to develop the new Cheshire East falls prevention strategy 2023-2026. In addition, it seeks approval for this strategy to be adopted and to be circulated to the Health and Wellbeing Board for information.

Executive Summary

- 2 Falls are a significant public health issue with a substantial proportion of residents aged 65 and over falling each year. A fall can have severe health impacts on the individual such as a fracture, soft tissue damage or even death. Consequently, it can also lead to increased usage of health and social care services including residential care.
- 3 A new falls prevention strategy has been developed to tackle this complex issue. This has the vision of, “preventing and reducing the impact of falls to enable people in Cheshire East to live independently for longer”.
- 4 The strategy aims to build on work conducted to date. This includes; the commissioning of strength and balance classes, recruitment of falls coordinators; and promotion of the issue of falls (such as via an annual falls awareness week).
- 5 The approach meets the corporate plan aim of being a Local Authority that, “empowers and cares about people”. As part of this it addresses the priority of reducing, “...reliance on long-term care”.

RECOMMENDATIONS

The Adult and Health Committee is recommended to:

1. Endorse the adoption of the new Cheshire East Falls Prevention Strategy
2. Approve the report being circulated to the Health and Wellbeing Board

Background

- 6 Falls are a significant problem in Cheshire East with around 2,275 people aged 65 and over undergoing an emergency admission to hospital each year as a result of this issue. On a wider basis, it is estimated that one in three people fall each year ¹. Cheshire East has 89,148 residents within this age group ².
- 7 The consequences of falling can be significant. These can include fracture, pain, greater fear of falling, social isolation, frailty and increased use of health and social care services (including residential care) ³.
- 8 However, falls are a complex health challenge to tackle with over one hundred risk factors identified as potential causes of falls. These include: age; medication; medical conditions; fear of falling and having a visual impairment ⁴. There is also some national and local evidence of a relationship between falls and deprivation ⁵. This means a multi-faceted approach is needed.
- 9 A new falls prevention strategy has been developed to address this challenge. This has the vision of “preventing and reducing the impact of falls to enable people in Cheshire East to live independently for longer”. This is accompanied by a series of aims which are: to identify those at

¹ NICE. Falls in older people: assessing risk and prevention: NICE; 2013 [Available from: <https://www.nice.org.uk/guidance/cg161/chapter/1-Recommendations>.]

² OSN, Population estimates for the UK, England and Wales, Scotland and Northern Ireland - Office for National Statistics

³ Institute of Medicine (US) Division of Health Promotion and Disease Prevention; Berg RL, Cassells JS, editors, Washington (DC): National Academies Press (US); 1992., <https://www.ncbi.nlm.nih.gov/books/NBK235613/>

⁴ Epidemiology, Deandrea S, Lucenteforte E, Bravi F, Foschi R, La Vecchia C, Negri E. Risk factors for falls in community-dwelling older people: a systematic review and meta-analysis; 2010 Sep;21(5):658-68. doi: 10.1097/EDE.0b013e3181e89905

⁵ WHO, Chris J. Todd and Claire Ballinger and Sarah H. Whitehead, Reviews of socio-demographic factors related to falls and environmental interventions to prevent falls amongst older people living in the community, 2007

risk of falling; help individuals at risk through the provision of evidence-based services and support; and to assist individuals who do fall to reduce the risk of this recurring in the future.

- 10 A number of actions have been implemented to date to address this challenge. For instance, this includes commissioning strength and balance classes; the introduction of two falls coordinators who will review practice in relation to falls and deliver multifactorial falls risk assessments; the commissioning of a falls pick-up service via the Council's Assistive Technology contract.
- 11 In addition to this, a Cheshire East falls prevention week has been promoted and a Cheshire falls booklet has been distributed to a range of locations such as sheltered housing, care homes and libraries on how falls risk can be reduced.
- 12 The strategy and actions have been steered by the Cheshire East Falls Prevention Group. This has included representation from the Integrated Care Board; East Cheshire Trust and Mid Cheshire Hospital Trust; Cheshire East Council and the Voluntary Sector.
- 13 This group would take forward the action plan which derives from the strategy (see Appendix 3. Note: this document will expand over time). This includes the following tasks: publicising the issue of falls (including a new campaign to promote the falls classes and conducting outreach work with community groups on this topic); further engagement with wider stakeholders inc. housing associations; involving the public in implementation of falls related actions (such as via a falls event which will also include gathering further views on this subject) and monitoring progress against key population health indicators.

Consultation and Engagement

- 14 The falls prevention strategy was developed via a range of measures.
- 15 Firstly, the strategy was drafted through co-production work with the Cheshire East falls prevention group. It was then further refined via a formal consultation process which took place from 16 January- 27 March 2023. This included visits to falls prevention classes and older people's groups to discuss the issue of falls with local residents. 77 people were present at these meetings.
- 16 The survey was also circulated to members of the Council's digital influence panel and published on the Council's website. In total, 28 surveys were completed on the strategy and 267 residents completed a survey also encompassing wider falls issues.

- 17 Promotion took place via emails to key stakeholders, use of social media and via third party organisations such as Healthwatch.
- 18 A specific engagement session was held with Members in March to brief on the issue of falls and work around the strategy.
- 19 Key findings from the consultation were that: 88% agreed with the strategy vision; 85% agreed with the priorities and 81% agreed with the aims.
- 20 Comments made included: that the strategy needed to encompass those aged less than 65 but at higher risk of falling; the importance of emphasising exercise in general as a way of reducing falls risk; that the issue of pavements also needed to be considered. Please see Appendix 2 for further information.

Reasons for Recommendations

- 21 Falls can have a damaging impact on the health of individuals. Consequences can include fracture, pain, greater fear of falling, and increased use of services such as hospital and social care (including residential care). The Cheshire East Falls Prevention Strategy's aims to reduce this impact via implementation of a series of evidenced based preventative actions.
- 22 Substantial work has taken place with partners and residents to ensure the strategy is informed by their experiences and concerns. This includes via face-to-face discussions with groups of older people.

Other Options Considered

1. None

Implications and Comments

Monitoring Officer/Legal

- 23 There are no legal implications from this strategy.

Section 151 Officer/Finance

- 24 There are no new financial commitments for the Council as a result of this strategy. Falls prevention related services will be managed within existing budgets.

Policy

- 25 The approach meets the aim of the Council being one which "empowers and cares about people". As part of this it addresses the priority of

reducing, “the reliance on long-term care by improving services closer to home and providing more extra care facilities, including dementia services”.

Equality, Diversity and Inclusion

- 26 The strategy has a positive impact on equality by reducing risk of ill-health and providing additional support for people with disabilities (e.g. linked to mobility or a visual impairment). An Equality Impact Assessment has been completed on this strategy (see Appendix 4).

Human Resources

- 27 N/A

Risk Management

- 6.1.1 Any risks will be reported through appropriate channels including Commissioning SMT and People’s DLT. Control of risks will take place via the Cheshire East Falls Prevention Group.

Rural Communities

- 28 Rural communities encounter their own challenges which would be addressed separately in the falls prevention action plan. For instance, roads are less likely to be gritted and it is also more complex for rurally located residents to access exercise and falls prevention classes.

Children and Young People including Cared for Children, care leavers and Children with special educational needs and disabilities (SEND)

- 29 N/A

Public Health

The strategy seeks to take preventative steps to reduce health need as well as reducing health inequalities via a vision, aims and action plan which targets areas of particular need.

Climate Change

- 30 Services commissioned as a result of the strategy will have individual reviews to ensure that they mitigate their carbon impacts. Such an approach will also be taken to marketing actions.

Access to Information

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Appendices:
Appendix 1 – Draft Cheshire East Falls Strategy
Appendix 2 – Consultation Report
Appendix 3 – Draft Action Plan
Appendix 4 – Equality Impact Assessment

Background Papers: Corporate Plan and Health and Wellbeing Strategy