

Appendix 1

Foreword

Every year older people in Cheshire East fall and injure themselves, sometimes severely. Often the fall results in the person needing to stay in hospital and can permanently reduce their physical and mental health and wellbeing. Sometimes these falls could have been prevented, or the repercussions of the fall reduced with timely intervention.

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This 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.

This Strategy is endorsed by Members of the Falls Prevention Group who are committed to reducing the impact of this health issue. It outlines the system wide approach to falls prevention that will be taken within Cheshire East over the next three years (2023-25).

Introduction

A fall can result in distress, pain and injury for the individual and even death in severe cases. In the longer term, it can also result in both a loss of confidence and loss of independence; for instance, through admission into residential care or due to social isolation.

Falls are also expensive for the health and social care system. This is not least because of the need to treat individuals admitted to hospital, for instance, due to a fracture. The total annual cost of fragility fractures to the UK has been estimated at £4.4 billion

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Prioritising falls

Falls prevention work has been established as a priority in the following local documents:

- The Cheshire East Council Corporate Plan ²
- The Health and Wellbeing Strategy ³

It also connects with the:

- Living Well for Longer Plan.

Fall - definition

A fall is defined by the World Health Organization as, “an event which results in a person coming to rest inadvertently on the ground or floor or other lower level.” A distinction is sometimes made between this and a fall caused by a major medical event, such as a stroke.

Vision

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"To prevent and reduce the impact of falls to enable people in Cheshire East to live independently for longer."

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This vision provides the borough-wide direction for commissioning, service planning and delivery and will be implemented by the Cheshire East Falls Prevention Group. This Group consists of representatives from relevant local stakeholders such as Health, the Local Authority and the Voluntary and Community Sector. The Falls Prevention Group will report progress to Cheshire East Partnership Board over the next 3 years.

The strategy applies to people aged 65 and over within Cheshire East as well as younger adults whose medical conditions increase falls risk.

Aims

The aims of this strategy are to:

- Identify those at risk of falling
- Help individuals at risk through the provision of evidence-based services and support
- Assist individuals who do fall to reduce the risk of this recurring in the future

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.

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Background

There were 2,275 hospital admissions for falls in 2021/22 in those aged 65+ within the Cheshire East place. This is worse than the average admission rate in the North West. Around two thirds of these admissions were in people aged over 80, and around a quarter related to hip fractures. The exact numbers of people who fall who do not need hospital treatment is unknown but an estimate based on the Cheshire East population makeup is that there were 23,982 falls locally in 2020.

Priorities for action for the next three years

The following priorities seek to deliver the vision and the aims within this strategy. These build on the achievements in the previous falls strategy (see Appendix 1) and also align with NICE guidance⁴ and the wider evidence base.

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1. Involve the public in the implementation of the strategy, for example:
 - a) Through the formal involvement of Healthwatch on the Falls Prevention Group
 - b) By all falls prevention services routinely obtaining the views of the people who have used them about their experiences and learning from this feedback
 - c) Through engagement with older people including survey work

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2. Continue to commission and develop borough-wide evidenced based services which reduce the likelihood of falls and their severity

For example, ensuring those at risk of falling and injuring themselves are able to:

- a) Access a formal risk assessment from an appropriate qualified professional
- b) Access falls specific exercise classes that can improve their posture, balance and muscle strength

- c) Be provided with a home hazard check to reduce the likelihood of them falling
- d) Access assistive technology and a falls response service which can help safeguard them at home
- e) Access community equipment which can also reduce their risk of falling
- f) Those in care homes, are provided with additional support to reduce the risk of falls within this setting.

3. Communicate the issue of falls to professionals and the public

- a) Produce an updated Communications Plan to improve public awareness of the importance of falls prevention to their general health and wellbeing. This will have an annual falls awareness week as its focus.
- b) Use the falls prevention group as a means of promoting falls initiatives
- c) Ensure professionals discuss the issue of falls with those at risk and refer onto appropriate services
- d) Ensure that falls prevention classes and physical activity are promoted via partnership work

4. Produce updated intelligence to help inform commissioning/delivery approaches

- a) Refresh the JSNA to ensure that it takes account of new data
- b) Continuously monitor local progress by use of a falls dashboard

5. Ensure local authority, health and third-party colleagues take account of the importance of falls prevention within their strategic plans, so that:

- a) Any new relevant strategy and plan takes account of the issue of falls
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How will we know and ensure we are making a difference?

An action plan will be developed from the 5 priority areas. Progress on this will be monitored via the Cheshire East falls prevention group.

In addition to this, the following key indicators from the Public Health Outcomes Framework will also be used to help measure success.

Public Health Outcomes Framework

- 2.24 Emergency hospital admissions for injuries due to falls in people aged 65 and over
- 2.24 Emergency hospital admissions for injuries due to falls in people aged 65 and over – aged 80+
- 4.14 Emergency hospital admissions for fractured neck of femur in people aged 65 and over
- 4.14 Emergency hospital admissions for fractured neck of femur in people aged 65 and over – aged 80+

Other indicators may also be utilised where relevant, for instance, the number of multifactorial risk assessments conducted in the community.

Appendix 1: Actions Completed 2019-2023

- Produced a falls Joint Strategic Needs Assessment which captures data and evidence in a single place
- Mapping completed of falls related services
- Commissioned and promoted local strength and balance classes to reduce the risk of falling for Cheshire East residents
- Commissioned a refreshed Assistive Technology service which provides falls pick up support. This includes enhanced support for people discharged from hospital.
- Produced and distributed a falls prevention leaflet and video to advise older people on how they can reduce their risk of falling
- Held a falls prevention weeks within Cheshire East to promote the issue of falls.
- A Cheshire East falls prevention group has met regularly to share knowledge and implement actions.

References

¹ Guidance: Applying All Our Health, OHID, February 2022, www.gov.uk/government/publications/falls-applying-all-our-health/falls-applying-all-our-health#:~:text=unaddressed%20fall%20hazards%20in%20the,2%20billion%20of%20this%20sum

² Cheshire East Council Corporate Plan 2021-25, www.cheshireeast.gov.uk/council_and_democracy/your_council/council_finance_and_governance/corporate-plan.aspx

³ Cheshire East Health and Wellbeing Strategy 2023-28, www.cheshireeast.gov.uk/pdf/council-and-democracy/health-and-wellbeing-board/joint-health-wellbeing.pdf

⁴ Nice Guidelines Clinical Guideline 161, www.nice.org.uk/guidance/cg161, 2013