Falls JSNA

A review of falls across Cheshire East
August 2023

Full report

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Cheshire East
Council

Contents

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Introduction

One in three people aged over 65, and over half of people aged 80+, experience at least one fall each year. Falls have also been cited as the most common cause of death from injury in people aged 65+.[1]

Consequences can involve **fracture, pain, greater fear of falling, social isolation, frailty and increased use of services** such as hospital and social care (including residential care).[2,3]

The UK **cost of fragility fractures was estimated at £4.4bn**. Hip fractures make up circa £2bn of this sum.[2] PHE calculated the estimated mean cost of a serious fall (requiring medical or social care support) to be **£4,174** for their 'Return on Investment Tool'.[4] In addition to falls potentially resulting in the need for social care, if an unpaid carer falls there may be additional social care impacts for those who they are caring for (see carers JSNA).

As such, preventing falls is an important challenge both for local authorities and the NHS.

1. Todd, C., & Skelton, DA. (2004). What are the main risk factors for falls amongst older people and what are the most effective interventions to prevent these falls? How should interventions to prevent falls be implemented? (WHO/HEN Report). World Health Organization.
2. Public Health England. (2017). Falls and Fracture Consensus Statement. https://www.gov.uk/government/publications/falls-and-fractures-consensus-statement
3. Parry S, Finch T, Deary V. (2013) How should we manage fear of falling in older adults living in the community? British Medical Journal. 2013;346(7912):36.
4. Public Health England. (2018). A Return on Investment Tool for the Assessment of Falls Prevention Programmes for Older People Living in the Community. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/679856/A_return_on_investment_tool_for_falls_prevention_programmes.pdf

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What is a fall?

A fall can be defined as:

"An event which causes a person to, unintentionally, rest on the ground or lower level, and is not a result of a major intrinsic event (such as a stroke) or overwhelming hazard."[1]

1. Office for Health Improvement and Disparities (OHID). (2022a). Falls: applying All Our Health. Retrieved 01 November, 2022, from https://www.gov.uk/government/publications/falls-applying-all-our-health/falls-applying-all-our-health

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Aims and objectives

The aim of this JSNA is to investigate the issue of falls in Cheshire East. It will identify recommendations to be implemented to reduce the number of falls and reduce health inequalities.

Its objectives include:

- To provide comprehensive analysis on the issue of falls which will look into the wider determinants of health, demographics, deprivation, protected characteristics, and ill-health
- Identify gaps in service provision
- Look into present and future need associated with falls
- Research best practice relating to falls interventions
- Inform commissioning intentions

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What is a JSNA?

- Joint Strategic Needs Assessments (JSNAs) are assessments of the current and future health and social care needs of the local community. These are needs that could be met by the local authority, the NHS (National Health Service) or the VCFSE (Voluntary, Community, Faith, and Social Enterprise).
- This review was undertaken through joint working between:
  - Cheshire East Council Public Health and Commissioning teams
  - The NHS Integrated Care Board

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Who will we focus on in our falls JSNA?

The population that will be assessed are people aged 65 and over who are a Cheshire East resident.

Using Office for National Statistics [ONS] Mid-2020 population estimates, this represents 89,148 people.[1]

This population has been chosen because approximately one third of the over 65's are predicted to fall at least once a year, and this rises to nearly half for the over 80's.[2]

1. Office for National Statistics, Mid-2020 Ward based Population Estimates. Ward-level population estimates (Experimental Statistics) - Office for National Statistics (ons.gov.uk) [accessed 30th June 2023]
2. Office for Health Improvement and Disparities (OHID). (2022a). Falls: applying All Our Health. Retrieved 01 November, 2022, from https://www.gov.uk/government/publications/falls-applying-all-our-health/falls-applying-all-our-health

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Overview of need

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Overview of falls in the community

Falls are a significant health and wellbeing issue for our residents in Cheshire East:

- **Cheshire East has an older population compared to England**, nearly a quarter of our population is 65 and over (23%) with areas in the north of the borough having a higher older population.[1]

- In **2020, there were estimated to be around 24,000 falls in Cheshire East** (equating to approximately one fall for every four people aged 65 years and older) and the numbers could increase to nearly 35,000 by 2040.[2]

  - Falls in males aged 80 and over are projected to increase the most at 80% in this same time period.[2]

1. Office for National Statistics, Mid-2020 Ward based Population Estimates. Ward-level population estimates (Experimental Statistics) - Office for National Statistics (ons.gov.uk) [Accessed 30th June 2023]
2. Institute of Public Care, Projecting Older People Population Information Service (POPPI), 2022. [Accessed 13 May 2023].

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The impacts of falling

Falls can have serious implications for continued health and wellbeing, with significant impacts on health and social care services (see figure to the right).

In addition, there is a higher risk of death following a fractured neck of femur, with sadly one in every three people dying within 12 months of the fracture[5].

Deaths[4]	45	2%
Falls admissions[3]	2,300	31%
Falls ambulance responses[2]	7,400	31%
Estimated falls[1]	24,000	
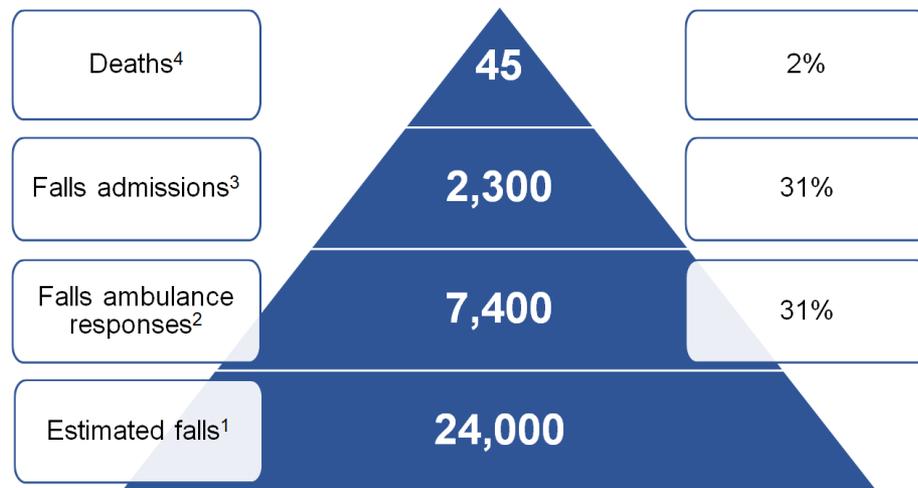
1. Institute of Public Care, Projecting Older People Population Information (POPPI) Service – 2020 Estimates. 2022. (Accessed 22 November 2022).
2. North West Ambulance Service – 2018/19 Data, sent to Senior Commissioning Manager, Cheshire East Council.
3. Office for Health Improvement and Disparities. Public health profiles. 2023 https://fingertips.phe.org.uk © Crown copyright 2022. Emergency hospital admissions due to falls – people aged 65 and over. (Accessed 19 April 2023).
4. Produced by Cheshire East Public Health Intelligence from Office for National Statistics: Annual Mortality Extracts 2016-2021.
5. National Institute for Health and Care Excellence (NICE). (2013). Falls in older people: assessing risk and prevention. CG161. https://www.nice.org.uk/Guidance/CG161. (Accessed 9 December 2022).

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Overview of hospital admissions relating to falls

Falls have major impacts on our health care services across Cheshire East

- Overall, **Cheshire East has higher rates of hospital admissions for falls** in older people than the England average.[1]

    - The number of hospital admissions for falls increased by nearly 600 between 2011/12 and 2021/22.

    - Around two-thirds (67%) of falls hospital admissions are in adults aged 80 and over.

    - Falls hospital admissions are higher in females than males.

- This is a **persistent but not worsening trend**, however, the absolute number of falls admissions is expected to increase over the coming years in view of the ageing population.[2]

- Cheshire East has a **similar rate of hip fractures** compared to England.[1]

- The **average length of stay** in hospital admissions for **falls is also getting longer** and is now 10 days in those aged 65 years and older and 12 days in those aged 80 years and over.[3]

- The **cost of falls** related hospital admissions has **increased** by around **£3.5m between 2019/20 and 2021/22.**[3]

1. Office for Health Improvement & Disparities. Public Health Profiles. [Accessed 19 April 2023] https://fingertips.phe.org.uk © Crown copyright 2023
2. Institute of Public Care, Projecting Older People Population Information Service (POPPI), 2022. [Accessed 13 May 2023].
3. Cheshire Place ICB, Business Intelligence Team taken from 'Falls' application utilising hospital SUS data. Received 18th January 2023.

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Overview of variation in hospital admissions

Our data suggest that rates of falls vary by time and place:

- Ambulance data suggests that there is a marginal increase in falls in the summer months and that falls rise from 8am and peak between 10am and 12pm (noon), before slowly declining up until 1am.[1]

- There are particular challenges in our 80 and over age group[2,3]

  - Nantwich, SMASH and Middlewood Primary Care Networks (PCNs) in terms of crude rates of falls admissions

  - Crewe East, Crewe Central, Broken Cross and Upton, Congleton East, Mobberley, Nantwich South and Stapeley, and Poynton West and Adlington for hip fracture admissions.[4]

1. North West Ambulance Service – 2018/19 Data, sent to Senior Commissioning Manager, Cheshire East Council
2. Office for Health Improvement and Disparities. Public health profiles. 2023 https://fingertips.phe.org.uk © Crown copyright 2022. Emergency hospital admissions due to falls in persons 65 years and over. (Accessed 19 April 2023).
3. Office for National Statistics, Mid-2020 Ward based Population Estimates. Ward-level population estimates (Experimental Statistics) - Office for National Statistics (ons.gov.uk) (Accessed 30th June 2023)
4. Office for Health Improvement and Disparities. Public health profiles. 2023 https://fingertips.phe.org.uk © Crown copyright 2022. Emergency hospital admissions for hip fracture in persons 65 years and over. (Accessed 05 May 2023).

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Overview of factors that increase residents' risk of falling (1 of 2)

There are a variety of risk factors that can increasing the chance of falling or of having a fracture after a fall. These include:- alcohol consumption; medications; vision problems; osteoporosis; smoking; long term health conditions; gait and muscle strength; balance issues; environmental hazards, such as housing; and fear of falling.

- We see a higher prevalence of osteoporosis across most of Cheshire East, increasing the chance of fractures from falls.[1]

- Alcohol consumption is a risk factor for falls and there are higher rates of admission episodes for alcohol-specific conditions in Cheshire East compared to the England average[2,3] – please see finding of the Substance Misuse JSNA.

- Smoking is also an important risk factor for hip fracture[4] - please see findings of the Smoking JSNA once completed.

1. Office for Health Improvement & Disparities. QOF Prevalence -50yrs+ crude rate (2021/22) Public Health Profiles. [Accessed 10 January 2023] https://fingertips.phe.org.uk/profile/general-practice/data#page/3/gid/2000009/pat/66/par/nE38000233/ati/204/are/U88623/iid/90443/age/239/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1 © Crown copyright 2022
2. Source: Office for Health Improvement & Disparities. Public Health Profiles. [Accessed: 19 June 2023] https://fingertips.phe.org.uk © Crown copyright 2023
3. National Health Service. (2021). Falls. Retrieved 23 November, 2022, from https://www.nhs.uk/conditions/falls/
4. Marks R. (2010). Hip fracture epidemiological trends, outcomes, and risk factors, 1970-2009. International journal of general medicine, 3, 1–17.

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Overview of factors that increase residents' risk of falling (2 of 2)

- The estimated numbers of adults aged 65 and over with dementia and those who are unable to manage at least one mobility activity are projected to increase by 61% and 51% by 2040.[1]

- Cheshire East Council contracts Millbrook to deliver an Assistive Technology service.

- Community equipment can be obtained from the Local Authority via an Occupational Therapy (OT) Assessment. Alternatively, this also takes place via OTs based within hospitals or physiotherapists to facilitate discharge. In both cases, the service is delivered by Millbrook.

- Wards with the highest levels of fall hazards in homes are in the more urban locations of Macclesfield Central, Crewe South, and Crewe Central.[2]

1. Institute of Public Care, Projecting Older People Population Information Service. 2022. (Accessed 13 May 2023).
2. BRE Integrated Dwelling Level Housing Stock Modelling and Database for Cheshire East Council, April 2019.

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There are **some effective evidence-based interventions to prevent falls** – these include Otago and Falls Management Exercise (FaME). Evidence also suggests[1,2]:

- Six to 12 month long interventions were most effective[3].

- Effects of interventions last between 12 to 24 months[3].

- Evidence on the link between sedentary behaviour and falls is limited.

- More research is required into exergames and their effectiveness[4,5].

1. National Institute for Health and Care Excellence. (2013). Falls in older people: assessing risk and prevention. CG161. https://www.nice.org.uk/Guidance/CG161. (Accessed 9 December 2022).
2. Iliffe, S. et al (2014). Multicentre cluster randomised trial comparing a community group exercise programme and home-based exercise with usual care for people aged 65 years and over in primary care.
3. Finnegan, S., Seers, K., & Bruce, J. (2018). Long-term follow-up of exercise interventions aimed at preventing falls in older people living in the community: a systematic review and meta-analysis. Physiotherapy, 105(2). https://doi.org/10.1016/j.physio.2018.09.002
4. Alhasan Hammad. (2022). Exergames as a rehabilitation modality to improve postural control and risk of falls in frail and pre-frail older adults.
5. Alhasan, H., Alshehri, M., Fong, D., & Wheeler, P. (2020). The effect of exergames on balance and falls in frail older adult: a systematic review. Physiotherapy, 107, e132.

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Physical activity is recommended for older adults and has a number of health benefits:

- Including reductions in hip fractures, as well as depression, cardiovascular disease, diabetes and dementia, for example.[1]

- Nationally, we see that levels of physical activity drop off after the age of 74 years.[2]

- Locally, less than half of adults achieve the Chief Medical Officer (CMO) recommendations for regular muscle strengthening exercise.[2]

- Evidence of physical activities effectiveness in relation to falls prevention is limited. Strength and balance classes are known to be effective.[3]

1. Office for Health Improvement and Disparities. (2022). Physical activity: applying All Our Health. Guidance. Available from: Physical activity: applying All Our Health - Gov.uk (www.gov.uk). (Accessed: 16 May 2023).
2. Sport England. Active Lives Survey. Adult data. Available from: Active Lives | Adult Data (sportengland.org) (Accessed 12 January 2023). © Sport England 2023
3. Sherrington, C., Fairhall, N., Kwok, W. et al. (2020). Evidence on physical activity and falls prevention for people aged 65+ years: systematic review to inform the WHO guidelines on physical activity and sedentary behaviour. *Int J Behav Nutr Phys Act* 17, 144. (2020). https://doi.org/10.1186/s12966-020-01041-3

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Overview of local insights and falls prevention services in Cheshire East

There is support available for those that fall or are at risk of falling across Cheshire East

- **Cheshire East Council commission evidence-based falls prevention classes** through One You Cheshire East.

  - Attendees from three engagement sessions reported a positive impact on their strength and balance, and they are now less fearful of falling[1].

  - Attendees also found that the classes were helpful in reducing their social isolation[1].

- There are **considerably more falls, and therefore opportunities for future falls prevention than there is capacity within formal falls prevention services**.

- **Local insights** and literature suggests that **many people that fall are reluctant to seek help** and they **do not see themselves as being at risk of falling.**[2,3]

1. Public Health and Commissioning, local insights gathered via attending 3 Stand Strong classes in Cheshire East during early 2023
2. Public Health and Commissioning, local insights gathered via attending 6 older people groups (including the three Stand Strong classes above) within Cheshire East during early 2023.
3. Gardiner, S., Glogowska, M., Stoddart, C., Pendlebury, S., Lasserson, D., & Jackson, D. (2017). Older people's experiences of falling and perceived risk of falls in the community: A narrative synthesis of qualitative research. International Journal of Older People Nursing, 12(4), e12151. https://doi.org/10.1111/opn.12151

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Summary of key trends in falls by protected characteristic

Characteristic	Description
Age	Falls are more prevalent in adults as they age with estimates that one in three adults aged 65 and over fall each year and one-half of adults aged 80 and over (Office for Health Improvement and Disparities [OHID], 2022a). Adults aged 80 and over account for two-thirds of hospital admissions for falls in Cheshire East (OHID, 2023a). In 2021/22 this correlates to a directly standardised rate of 6,242 per 100,000 for adults aged 80 and over, and 1,125 per 100,000 for adults aged 65 to 79. Individuals with osteoporosis are at an increased risk of a fracture following a fall (NHS, 2019), and this is known to affect people aged 50 and over more. Data in Cheshire East shows the following Primary Care Networks have higher rates of osteoporosis than England: Crewe Grosvenor; Crewe Eaglebridge; Congleton and Holmes Chapel; Chelford, Handforth, Alderley Edge, Wilmslow; Sandbach, Middlewich, Alsager, Scholar Green, Haslington; Nantwich and Rural; and Knutsford.
Race	No local or national level data is available which highlights the differences in the number of falls by ethnicity. One study (Cézard et al., 2020) in Scotland found that the following ethnicities had higher hospital admissions. For males these are white Irish, any mixed background and for females falls admissions are higher in the other white British, white Irish, other white and any other mixed background. This should be interpreted with caution and may not be represent the local picture in Cheshire East.
Religion	No specific evidence on religion in relation to falls was found as part of this review.
Sexual Orientation	No specific evidence on sexual orientation in relation to falls was found as part of this review.
Sex	Falls hospital admissions are higher in females than males. In 2021/22, females had a directly standardised rate of 2,764 per 100,000 compared to males which had a rate of 2,008 per 100,000 (OHID, 2023a). Additionally, it is known that women are more likely to have osteoporosis (BHOF, n.d.). We are unable to conclude whether osteoporosis is more prevalent in women in Cheshire East due to.
Marriage and Civil Partnership	No specific evidence on marriage in relation to falls was found as part of this review.
Disability	Falls are more likely in the following health groups - Fear of falling (Kim & Portillo, 2018; WHO, 2007); Gait/muscle strength (OHID, 2022a; Clynes et al., 2015; Callisaya et al., 2010); Poor balance (OHID, 2022a); Visual impairment (NHS, 2021; OHID, 2022a); Long-term health conditions such as dementia or heart disease (NHS, 2021); Medication-use of specific medications, or multiple medications (polypharmacy) (OHID, 2022a; Dhalwani et al., 2017; WHO, 2007)
Gender Reassignment	No specific evidence on gender reassignment in relation to falls was found as part of this review.
Pregnancy and Maternity	No specific evidence on pregnancy and maternity in relation to falls was found as part of this review.

Recommendations and gaps

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Recommendations

Across Cheshire East we need to:

- To explore ways to engage communities around falls and to promote falls prevention activity – including both commissioned services and through other preventative routes.
- To optimise risk factor identification and management such as sight registration, excess alcohol and osteoporosis. This includes by increased use of multifactorial risk assessments (an assessment that aims to identify an individuals risk factors for falling).
- To explore how to reduce the stigma around falls.
- To strengthen the partnership working on falls prevention and management. For example, the multi-agency falls prevention group.
- To link with other Joint Strategic Needs Assessments where relevant such as Substance Misuse, which identified an unmet need in harmful alcohol consumption.
- To ensure that the new Cheshire East Falls Prevention Strategy takes account of these findings.
- To promote appropriate physical activity amongst older people as a means of reducing falls risk.

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Recommendations (continued)

- To conduct health promotion at a population wide level around active ageing and the benefits of addressing falls risk factors.
- To investigate effective risk profiling of those aged 65+ for falls, including via use of the frailty index.
- To investigate the cost effectiveness of increased detection and management of osteoporosis to improve bone health.
- Explore whether analysing local Hospital Episode Statistics data regarding falls admissions would add new insight.
- To include data from the Cheshire Fire Service 'Safe and Well' checks, home adaptions, and to update the North West Ambulance Service (NWAS) data.
- To explore the trend in hospital admission in detail to identify what is causing falls admissions to be higher in Cheshire East.
- To evaluate the effects of the falls pilot which is conducting multifactorial assessments on community dwelling adults.

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Gaps

This JSNA has highlighted a number of gaps in relation to falls. These include:

- Gaps in knowledge – due to not knowing the true number of falls that occur which often go unreported if no medical treatment is required.

- Gaps in evidence – There is currently not enough evidence to suggest that untargeted physical activity is effective in falls prevention with more research required. Similarly, more evidence is required on the effectiveness of exergames (which combine video games and exercise such as Wii Fit) on falls prevention.

- Lack of up to date data – Due to the Quality and Outcomes Framework (QOF) removing the Osteoporosis treatment indicator, the latest available data is from 2018/19. Therefore, in time this data will become less representative of the current picture.

- Service provision – There are a higher number of people falling than people accessing services.

- Geographic variation – There are areas in Cheshire East with higher hospital admissions for falls and higher hip fractures.

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Appendices

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Appendix A: What does the data tell us?

The population of Cheshire East

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How does the age profile of Cheshire East compare with England as a whole?

The overall population of Cheshire East is 386,667 according to Mid-2020 Office for National Statistics population estimates, with 89,148 people (23.1%) aged 65 and over*. This is higher than England at 18.5%. See the table below for a comparison of Cheshire East to England.

*The 2021 Census suggests that these estimates, which are based on the previous 2011 Census, over-estimated Cheshire East's older population.

Despite this, Cheshire East still has an older population compared to England. See slide 27 for a more detailed explanation.

Cheshire East Population Comparison to England (Mid-2020)

Age group	Cheshire East	Cheshire East %	England %
65 to 79	64,551	16.7%	13.5%
80 and over	24,597	6.4%	5.0%
65 and over	**89,148**	**23.1%**	**18.5%**

Cheshire East Population Pyramid by 5-year age-band (Mid-2020)

Age composition of Cheshire East (CE) compared to England (Eng)

CE Males — CE Females — Eng Males — Eng Females

Source: Office for National Statistics, Mid-2020 Ward based Population Estimates. Ward-level population estimates (Experimental Statistics) - Office for National Statistics (ons.gov.uk) [accessed 30th June 2023]

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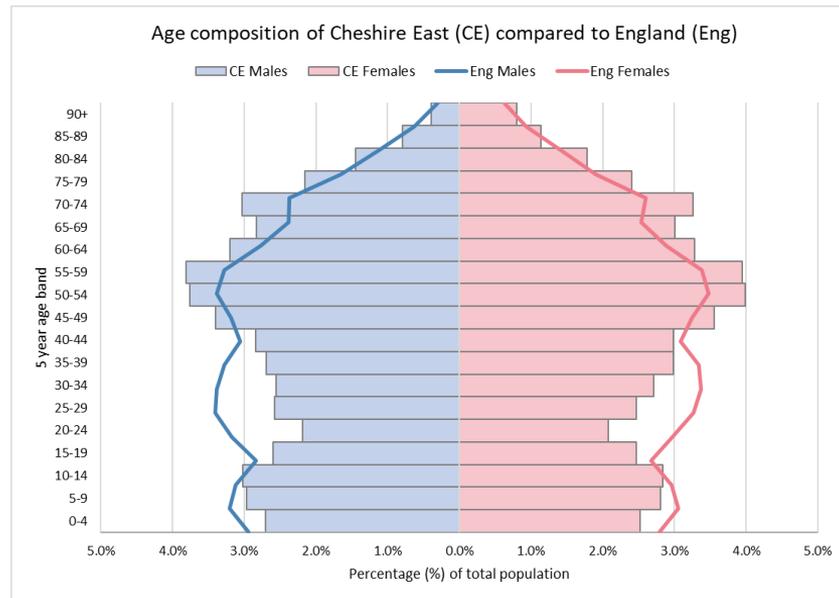
Wards with the highest proportion of older adults as a percentage of their total population

Key	Ward Name	Population aged 65+	% aged 65+
1	Crewe Central	743	10.8%
4	Crewe St Barnabas	647	11.4%
2	Crewe South	1450	11.5%
10	Leighton	590	11.7%
3	Crewe West	1722	15.9%
	Prestbury	1402	32.7%
28	Poynton East and Pott Shrigley	2453	32.6%
	Odd Rode	2577	31.3%
27	Poynton West and Adlington	2493	30.1%
	Dane Valley	2931	30.0%

Key	Ward Name	Population aged 80+	% aged 80+
10	Leighton	90	1.8%
4	Crewe St Barnabas	140	2.5%
2	Crewe South	395	3.1%
1	Crewe Central	216	3.1%
31	Wilmslow Dean Row	188	3.8%
	Mobberley	490	10.3%
32	Wilmslow East	455	10.1%
33	Alderley Edge	501	10.0%
	Prestbury	405	9.4%
28	Poynton East and Pott Shrigley	709	9.4%

There is wide variation in the proportion of the total population of Cheshire East wards made up of older adults.

The Crewe area, in particular, has a younger population (see published JSNA chapter for more details).

It should be noted that some wards in Cheshire East may have a high number of care homes which would impact upon the total numbers of older adults that live in that ward.

Source: Office for National Statistics, Mid-2020 Ward based Population Estimates. Ward-level population estimates (Experimental Statistics) - Office for National Statistics (ons.gov.uk) [accessed 30th June 2023]

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Comparison of gender distribution across Cheshire East by Ward

- Nationally and locally a higher proportion of older adults are female. Overall, **54% of those aged 65 and over in Cheshire East are female and this increases to 58% for females aged 80 and over**. This compares to **51% of the entire Cheshire East population** who are female.
- The two graphs below show the male to female proportion of each ward in Cheshire East. The columns show the gender split by ward for the relevant age band and the dotted line represents the percentage of the whole Cheshire East population who are female. Of note:
  - Sandbach Heath and East (58%) has the highest proportion of females aged 65 and over while Leighton (47%) has the lowest.
  - The **differences between wards becomes even higher when you look at adults aged 80 and over**. Mobberley (67%) has the highest proportion of females aged 80 and over whereas Leighton (47%) remains the ward with the lowest proportion of females aged 80 and over.

Cheshire East, electoral ward percentage by sex – 65 and over
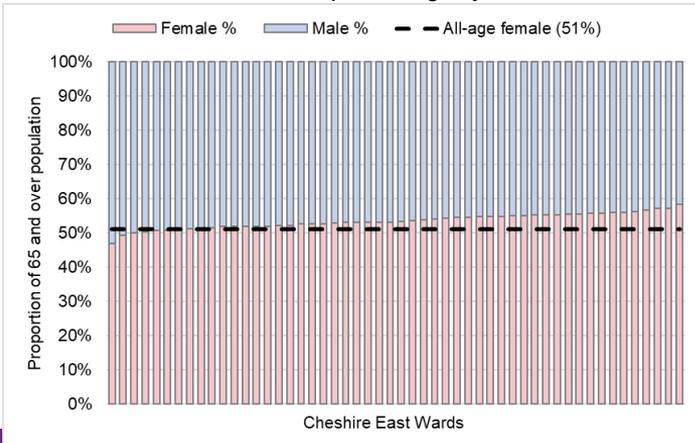
Cheshire East, electoral ward percentage by sex – 80 and over
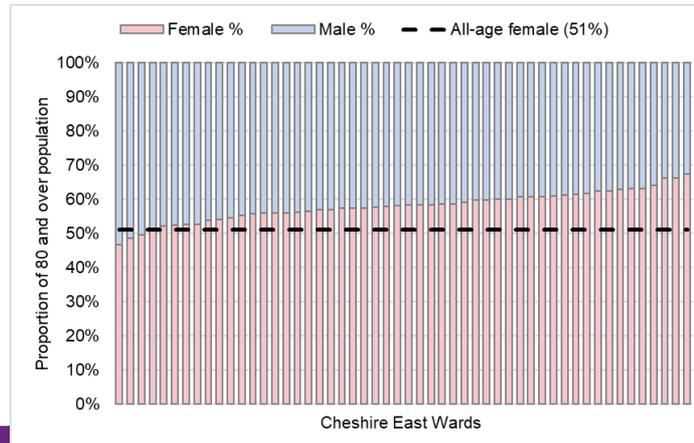
Source: Office for National Statistics, Mid-2020 Ward based
Population Estimates. Ward-level population estimates (Experimental Statistics) - Office for National Statistics (ons.gov.uk)
[accessed 30th June 2023]

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Why Mid-2020 populations have been used

- Mid-2020 ONS population estimates have been used as they provide the most direct comparison for most of the published data used in this needs assessment.

- The 2021 Census and the mid-2021 population estimates based on it, suggest that estimates for mid-2020, which are based on the previous 2011 Census, over-estimated Cheshire East's older population. Despite this, Cheshire East still has an older population compared to England. Mid-2021 estimates suggest that 22.5% of Cheshire East's population is aged 65 and over, compared with 23.1% estimated for mid-2020 - a difference of 0.6%.

- The Office for National Statistics will soon update population estimates based on the 2011 Census so that they are in line with the findings of the 2021 Census. This will have an impact on published data causing rates (in particular, the Standardised Admission Ratios) to increase slightly due to the population being younger than previously thought.

Source: Office for National Statistics, Mid-2020 & Mid-2021 Ward based Population Estimates.

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Appendix B: What does the data tell us?

The current and future needs of falls

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Current and future falls estimates

It is **difficult to measure the true number of falls** that occur as many go unreported because they don't require a hospital admission. The Institute of Public Care (2022) estimated in 2020 that there were 24,050 people who were predicted to have had a fall. **By 2040, these are set to rise to 34,818.** People aged 85 and over are projected to increase the most at 81% between 2020 and 2040, a difference of 4,300.

People aged 65 and over projected to have a fall in Cheshire East

Falls - all people Show by gender	2020	2025	2030	2035	2040
People aged 65-69 predicted to have a fall	4,648	5,122	6,075	6,167	5,711
People aged 70-74 predicted to have a fall	5,789	5,178	5,722	6,797	6,925
People aged 75-79 predicted to have a fall	4,134	5,200	4,713	5,227	6,255
People aged 80-84 predicted to have a fall	4,147	4,828	6,165	5,611	6,295
People aged 85 and over predicted to have a fall	5,332	6,063	7,224	9,116	9,632
Total population aged 65 and over predicted to have a fall	**24,050**	**26,391**	**29,899**	**32,918**	**34,818**

Source: Institute of Public Care, Projecting Older People Population Information Service. 2022. (Accessed 22 November 2022).

Notes: Prevalence rates have been applied to ONS population projections of the 65 and over population to give estimated numbers predicted to be have fallen at least one in the last 12 months, to 2040. Figures may not sum due to rounding. Crown Copyright 2020.

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Current and future falls estimates – by sex and age

The table below highlights how the number of falls is estimated to change between 2020 and 2040, split by age and sex:

- In the **65 to 79 age group, females are predicted to have the highest percentage increase** at 32% compared to 27% for males, representing an absolute increase of 2,746 and 1,574 respectively.
- **However, in the 80 and over age group, males** are predicted to have an increase of 80%, compared to 60% for females. This represents an absolute increase of 3,013 and 3,415 respectively.
- For the **85 and over age group, the number of falls in Males are estimated to double** from 2,021 to 4,042 by 2040; the increase in this age group for females is estimated to be 69% (2,279 increase).

	2020	2025	2030	2035	2040	2020 to 2040 % Increase
Males aged 65-79 predicted to have a fall	5,936	6,292	6,700	7,290	7,510	27%
Males aged 80 and over predicted to have a fall	3,788	4,516	5,664	6,276	6,801	80%
Total Males aged 65 and over predicted to have a fall	**9,724**	**10,808**	**12,364**	**13,566**	**14,311**	**47%**
Females aged 65-79 predicted to have a fall	8,635	9,208	9,810	10,901	11,381	32%
Females aged 80 and over predicted to have a fall	5,691	6,375	7,725	8,451	9,126	60%
Total Females aged 65 and over predicted to have a fall	**14,326**	**15,583**	**17,535**	**19,352**	**20,507**	**43%**

Notes: Prevalence rates have been applied to ONS population projections to give numbers predicted to have fallen at least once in the last 12 months, to 2040. It is important to note that increases in the number of falls reflect projected increases in the underlying population. They do not take any other factors into account. Figures may not sum due to rounding. © Crown Copyright 2020.

Source: Institute of Public Care, Projecting Older People Population Information Service. 2022. (Accessed 22 November 2022).

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Appendix C: What does the data tell us?

Falls related hospital admissions

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North West Ambulance Service – Month of fall

- There were 7,414 falls that NWAS responded to from Oct 2018 to Sept 2019 in Cheshire East.
- There **was no obvious trend for the days that falls occur on**. Saturday is the most common day followed by Thursday; Tuesday is the least common day.
- Monthly statistics for the 2018-19 period **shows marginally increased incidence of falls within the summer months**. This may be a symptom of increased physical activity during this period.

Falls Over Time in Cheshire East (Oct 18-Sept 19)
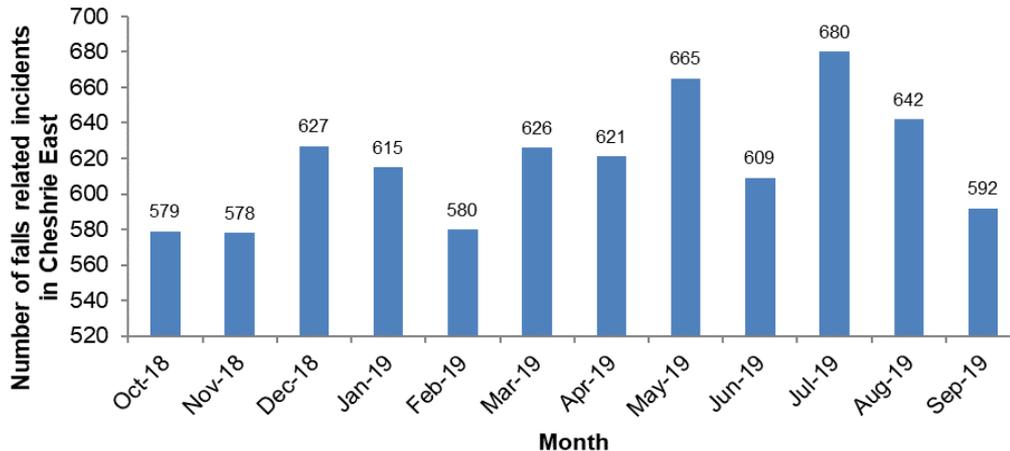
Source: North West Ambulance Service – Data, sent to Senior Commissioning Manager, Cheshire East Council

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North West Ambulance Service – Time of fall

- Over the course of a day, in Cheshire East **the number of falls starts to rise from 8am and peaks between 10am and 12pm, before slowing declining up until 1am**. Note: A time lag applies to this data on when the falls are actually reported.

Time of Fall in Cheshire East (Oct 18-Sept 19)
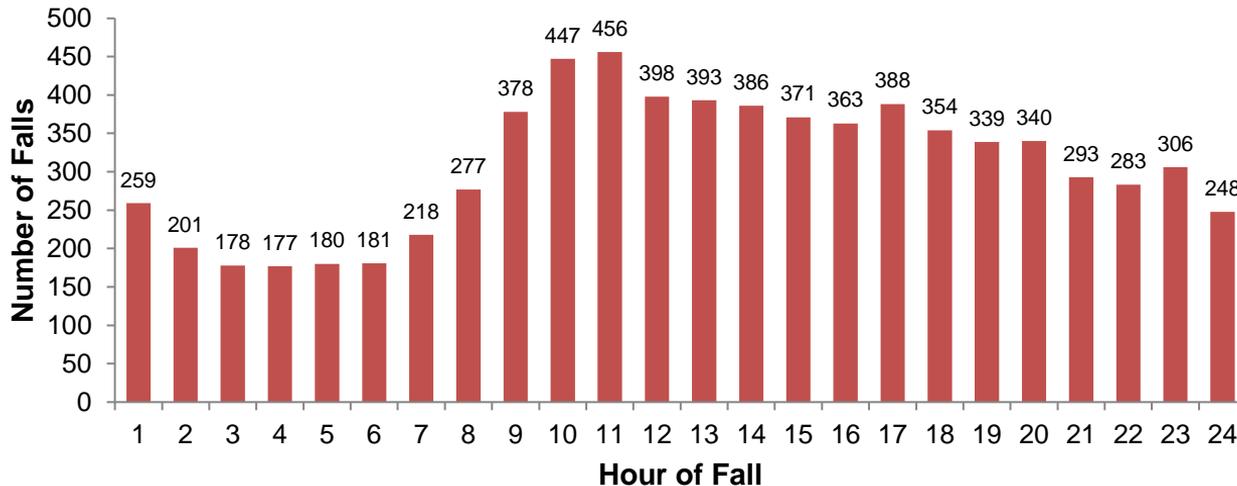
Source: North West Ambulance Service – Data, sent to Senior Commissioning Manager, Cheshire East Council

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Emergency hospital admissions for falls in people aged 65 and over – number of falls

- Yearly data over time show that the absolute number of emergency hospital admissions for falls in adults aged 65 and over in Cheshire East has risen from 1,679 in 2011/12 to 2,275 in 2021/22 representing an increase of 596.

- The number of falls admissions has remained flat since the year prior to and following Covid-19.

- Between 2011/12 and 2021/22 the highest percentage increase in absolute terms has been in people aged 65 to 79.

	2011/12	2021/22	Difference	% increase
65 to 79	536	745	209	39.0%
80 and over	1143	1525	382	33.4%
65 and over	**1679**	**2275**	**596**	**35.5%**

Emergency hospital admissions due to falls in persons aged 65 and over, number of admissions over time

Bar chart: Number of Emergency Admissions by year:
- 2011/12: 1,679
- 2012/13: 1,575
- 2013/14: 1,720
- 2014/15: 2,063
- 2015/16: 2,130
- 2016/17: 2,058
- 2017/18: 2,041
- 2018/19: 2,005
- 2019/20: 2,255
- 2020/21: 2,255
- 2021/22*: 2,275

Source: Office for Health Improvement and Disparities, Fingertips. Emergency hospital admissions due to falls. (Accessed 19 April 2023).
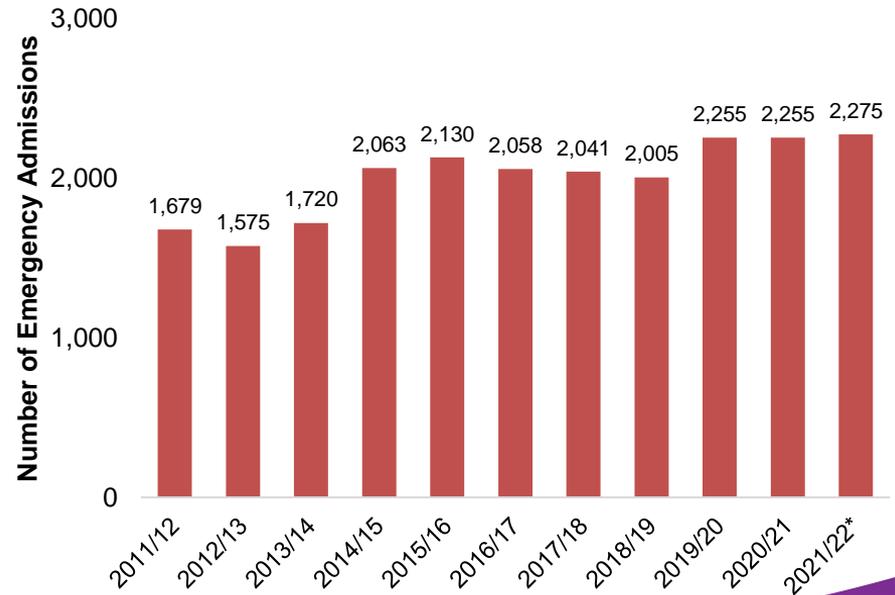
Open   Fair   Green

Emergency hospital admissions for falls in people aged 65 and over - age standardised rates

Cheshire East has a **significantly higher age standardised rate of hospital admissions for falls in persons aged 65 and over** compared to England.

Age standardisation takes into consideration both population size and age-structure. It enables comparison across time and geographies. This means that the fact Cheshire East has a high proportion of older people does not account for the higher rates,

In **eight of the past 11 years, Cheshire East has been significantly higher than England.** It ranks 9th out of 23 local authorities in the North West. It has **remained higher throughout Covid-19**.

In 2021/22, Cheshire East had a directly standardised rate (per 100,000) of 2,437 compared to 2,320 in the North West and 2,100 in England.

Note: Cheshire East is the blue line. Red circles are significantly worse than England. Orange are similar to England. Green are significantly better than England.
Source: Office for Health Improvement and Disparities, Fingertips. Emergency hospital admissions due to falls. (Accessed 19 April 2023).

Emergency hospital admissions due to falls in persons aged 65 and over, directly age standardised rate per 100,000
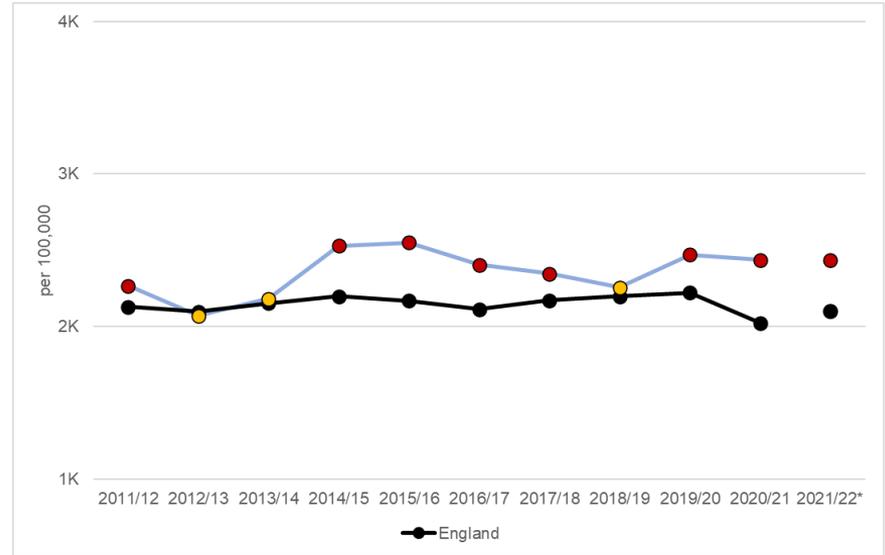
*Following Census 2021, the Office for National Statistics (ONS) is carrying out reconciliation and rebasing of the mid year population estimates (MYE) it produces. This process happens every 10 years following the census. Previous years data is therefore unable to be compared to 2021/22 data which will be updated once new population estimates are available.

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# Emergency hospital admissions for falls (age-standardised rates) by age

The high over 65s rate is due to **high falls admissions in Cheshire East in people aged 80 and over**, accounting for approximately two thirds (67%) of admissions in 2021/22.

Trends over time show that admissions in the **80+ population are significantly worse than England**. Whereas in the 65-79 year olds the falls admission rates are generally statistically similar compared to England. However, the two most recent years (2020/21 and 2021/22) are significantly higher. This trend will need to be monitored. Rates have remained high the since Covid-19 pandemic.

Emergency hospital admissions due to falls in people aged 65-79, directly age standardised rate per 100,000
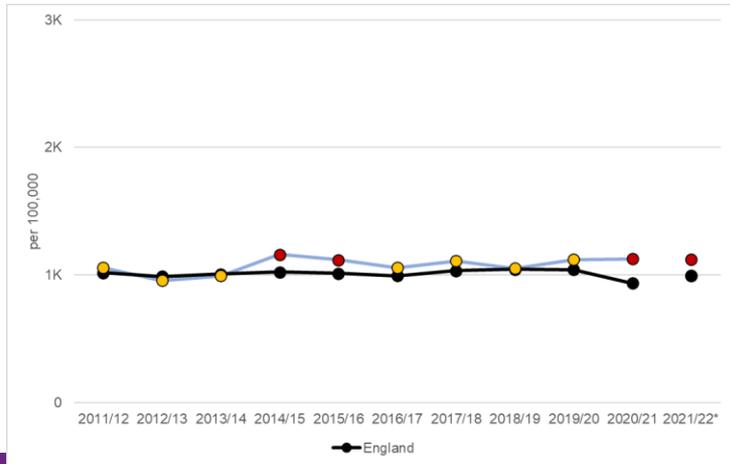
Emergency hospital admissions due to falls in people aged 80+, directly age standardised rate per 100,000
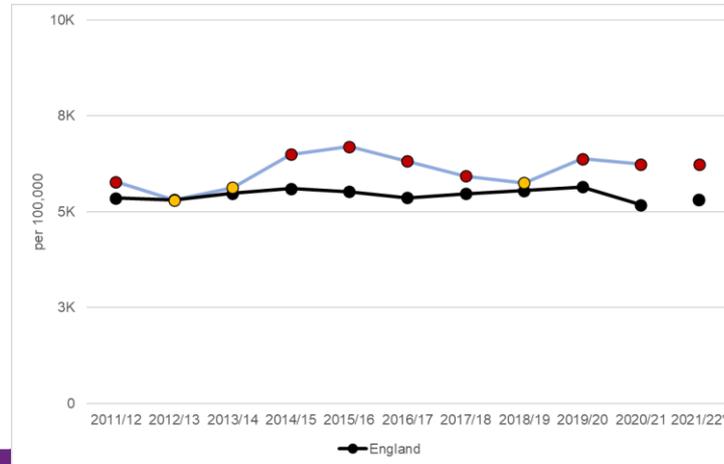
Source: Office for Health Improvement and Disparities, Fingertips. Emergency hospital admissions due to falls. (Accessed 19 April 2023).

*Following Census 2021, the Office for National Statistics (ONS) is carrying out a reconciliation and rebasing of the mid year population estimates (MYE) it produces. This process happens every 10 years following the census. Previous years data is therefore unable to be compared to 2021/22 data which will be updated once new population estimates are available.

Fair   Green

Emergency hospital admissions for falls (age-standardised rates) by sex

- Falls admissions are **higher in females than males**.
- In 2021/22, the number of emergency hospital admissions for fall in **females** (1,490) **is almost double that of males** (785).
- When we then look at **the directly age standardised rate then females** (2,764 per 100,000) **are only a third higher than males** (2,008 per 100,000). Both of which are significantly higher than England at 2,360 and 1,750 respectively.
- Proportionally, **females and males tend to follow the same trend over time**. For example, when hospital admissions for females in Cheshire East reduce then so do the males.

Emergency hospital admissions due to falls by sex (aged 65 and over), directly age standardised rate per 100,000
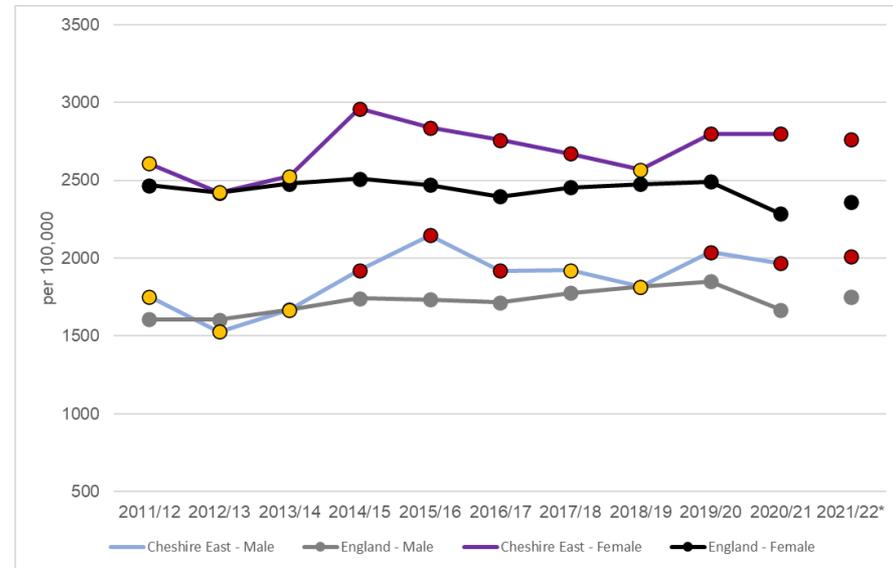
Cheshire East - Male   England - Male   Cheshire East - Female   England - Female

Source: Office for Health Improvement and Disparities, Fingertips. Emergency hospital admissions due to falls. (Accessed 19 April 2023).

*Following Census 2021, the Office for National Statistics (ONS) is carrying out a reconciliation and rebasing of the mid year population estimates (MYE) it produces. This process happens every 10 years following the census. Previous years data is therefore unable to be compared to 2021/22 data which will be updated once new population estimates are available.

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Type of injuries in those aged 65 and over

Top 10 primary diagnosis for falls in people aged 65 and over, financial year 2021/22[1]

Diagnosis	Count
Superficial injury of scalp	85
Fracture of upper end of humerus	123
Traumatic subdural haemorrhage	126
Open wound of scalp	130
Fracture of pubis	163
Superficial injury of other parts of head	185
Open wound of other parts of head	193
Unspecified injury of head	213
Pertrochanteric fracture	308
Fracture of neck of femur	559
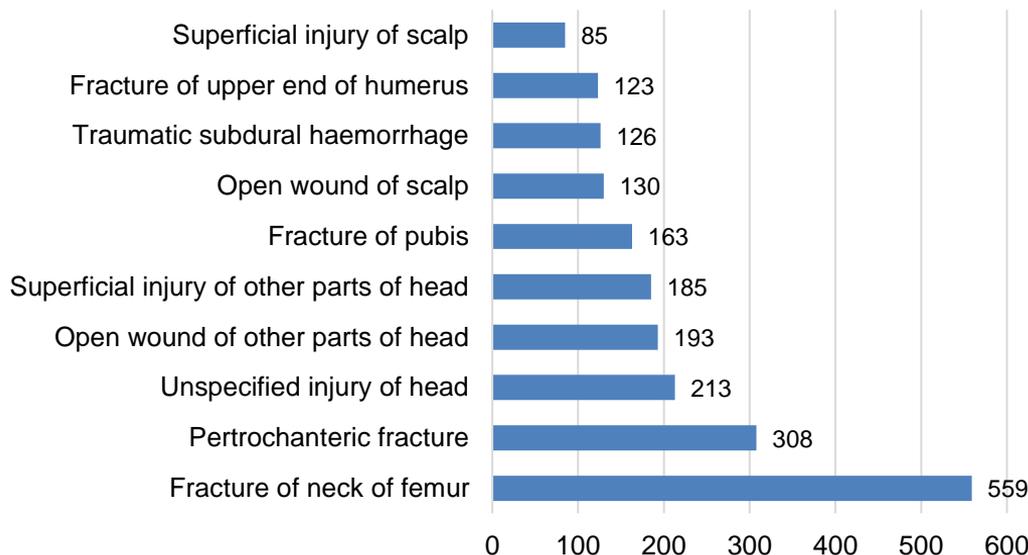
During 2021/22, for those in Cheshire East with an emergency admission for fall[1]:

- the commonest injuries were fractured neck of femur and pertrochanteric fractures - both are forms of hip fracture[1,2]

- head injuries were the next most common.

1. Cheshire place Business Intelligence teams 'Falls' application within the ICB. Data is hosted in an online Business Intelligence platform called Qliksense and data is taken through a transformation of hospital SUS data. People are identified as having a fall if they experience an emergency admission and there is a relevant diagnosis within the spell indicating a fall had taken place. This is a wider definition than used by the Office for Health Improvement and Disparities.
2. NICE. (2023). Management of hip fractures. Clinical Guideline CG124. Originally published on 22 June 2011, updated on 6 January 2023. Available from: Overview | Hip fracture: management | Guidance | NICE (Accessed 20 January 2023).

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The cost of falls related admissions across Cheshire East

	2019/20	2020/21	2021/22	2022/23 up to Nov22
Activity	6,861	6,197	6,914	3,875
Cost (£)	20,416,489	19,212,271	23,986,730	14,580,027
Average LOS (days)	7.7	7.8	8.8	10.4

Cost of admissions (2021/22) (£)

Based on the definition the Integrated Care Board use for falls***:

- **Nearly £24m was spent on falls admissions during 2021/22.**

- The **greatest cost of falls admissions was in those aged 80 and over**.

- Falls admission activity has fluctuated between 2019/20 and 2022.

- The **average length of stay (LOS) in hospital for a fall has steadily increased since 2019/20.**

Source: Cheshire place Business Intelligence teams 'Falls' application within the ICB. Data is hosted in an online Business Intelligence platform called Qliksense and data is taken through a transformation of hospital SUS data.
*Care home status is not explicitly identified within Hospital SUS submissions, however a care home proxy has been developed by Arden & Gem CSU via their DSCRO service that creates an indicative care home flag based on a persons postcode and age.
**Readmissions are identified where the spell concerning a fall is a readmission, i.e. the individual experienced an additional admission 30 days prior.
***People are identified as having a fall if they experience an emergency admission and there is a relevant diagnosis within the spell indicating a fall had taken place. This is a wider definition than used by the Office for Health Improvement and Disparities.

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Impact of falls on hospital bed capacity

Average LOS (days) (2021/22)

Category	Value
Readmission**	10.3
Probable care home resident*	11.3
80 and over year olds	12.3
65 to 79 year olds	8.2
<65 year olds	2.9

(x-axis: 0.0, 2.0, 4.0, 6.0, 8.0, 10.0, 12.0, 14.0)

Total bed days (2021/22)

Categories: Readmission**, Probable care home resident*, 80 and over year olds, 65 to 79 year olds, <65 year olds

(x-axis: 0, 10000, 20000, 30000, 40000)
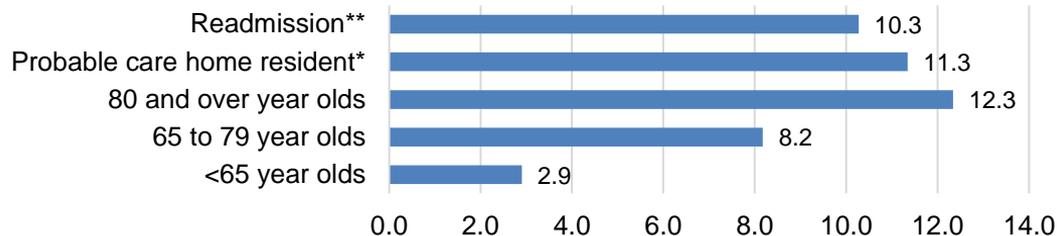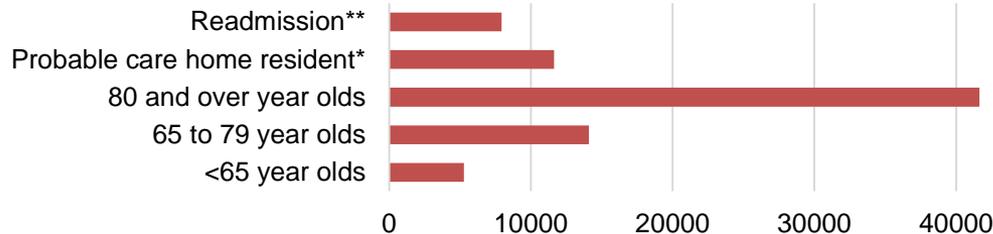
During 2021/22, and based on the definition the Integrated Care Board use for falls***:

- The **average length of stay (LOS) was highest in those aged 80+** (12.3 days).

- Probable care home residents and **patients that had been readmitted with a fall also had longer lengths of stay.**

- Those aged 80 and over had the highest total number of bed days - over twice that of the other age groups combined.

Source: Cheshire place Business Intelligence teams 'Falls' application within the ICB. Data is hosted in an online Business Intelligence platform called Qliksense and data is taken through a transformation of hospital SUS data.
*Care home status is not explicitly identified within Hospital SUS submissions, however a care home proxy has been developed by Arden & Gem CSU via their DSCRO service that creates an indicative care home flag based on a persons postcode and age.
**Readmissions are identified where the spell concerning a fall is a readmission, i.e. the individual experienced an additional admission 30 days prior.
***People are identified as having a fall if they experience an emergency admission and there is a relevant diagnosis within the spell indicating a fall had taken place. This is a wider definition than used by the Office for Health Improvement and Disparities.

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Variation in falls admission rates (per 1000 registered patients, all ages) by Primary Care Network (PCN), 2021/22

What is the activity rate per 1000 population?
by practice/PCN

Highest rates were seen in **Nantwich and Rural, SMASH and Crewe**.

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Patient-related variation in falls admission rates by Primary Care Network (all-age rate per 1000)

PCN	Total	Under 65	65-79 year olds	80+year olds	Probable care home resident*	Readmission**
Nantwich and Rural	10.5	1.6	2.7	6.1	2.5	1.4
SMASH	10.0	2.2	2.4	5.4	2.0	1.4
Crewe GHR	9.4	2.1	2.9	4.4	1.3	1.3
Crewe Eaglebridge	8.4	2.6	2.6	3.1	1.5	1.1
CHOC	7.9	1.6	1.9	4.4	1.3	0.9
Middlewood	7.8	1.3	1.6	5.0	1.4	0.6
Macclesfield	6.7	1.6	1.8	3.4	1.0	0.4
Knutsford	6.6	1.6	1.6	3.3	1.0	0.5
CHAW	5.7	1.3	1.2	3.2	0.6	0.6

Please note the different definition for falls compared to the Office for Health Improvement and Disparities definition.

- Higher rates of falls admissions in 80+ year olds were seen in **Nantwich and Rural, SMASH, and Middlewood.**
- **The highest rates for probable care home residents were seen in Nantwich and Rural and SMASH.**
- **The highest rates of falls admissions as a readmission were seen in Nantwich and Rural, SMASH and Crewe GHR.**
- The **highest rate of falls in 65-79 year olds were seen in Crewe GHR**

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Appendix D: What does the data tell us?

Data relating to injuries from falls

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Hip fractures in adults aged 65 and over

Hip fractures are a severe consequence of a fall and can lead to complex medical and rehabilitation needs.[1] In addition, it is estimated that 10% of people with a hip fracture die within one month and a third within 12 months.[2] This is often due to other associated conditions and not the fracture itself, reflecting the high prevalence of comorbidity.

In 2021/22, there were **555 hip fractures in adults aged 65 and over** resulting in a directly standardised rate of 591 per 100,000 in Cheshire East.[3] This is similar to England. Overall numbers of hip fractures have increased from 446 in 2011/12 to 555 in 2021/22, however the rate has remained stable.[3]

The rate for female residents is significantly higher than the rate for males.

Definition of comorbidity: The presence of more than one disease at the same time, usually these are long-term or chronic conditions (for example, diabetes or arthritis).

Hip fractures in people aged 65 and over, directly standardised rate per 100,000
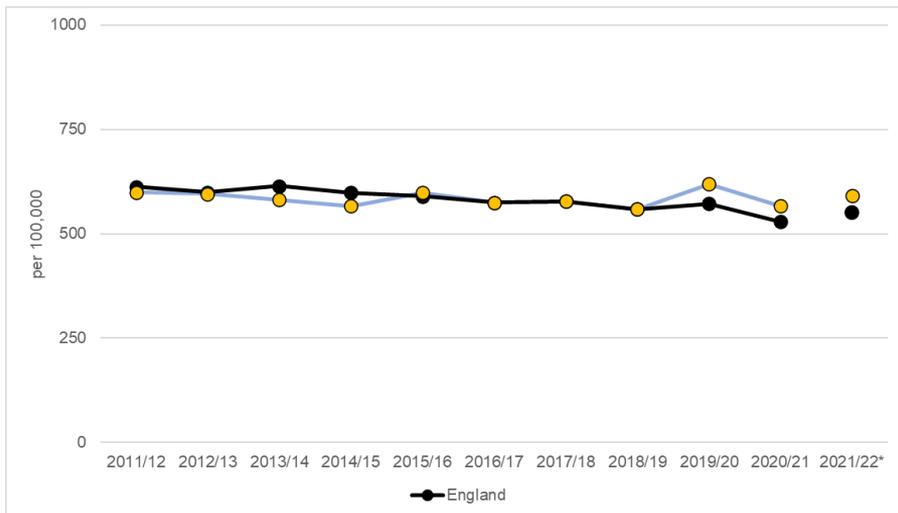
1. Lisk, R., & Yeong, K. (2014). Reducing mortality from hip fractures: a systematic quality improvement programme. BMJ Quality Improvement Reports, 3(1), u205006.w2103. https://doi.org/10.1136/bmjquality.u205006.w2103
2. NICE. (2023). Management of hip fractures. Clinical Guideline CG124. Originally published on 22 June 2011, updated on 6 January 2023. Available from: Overview | Hip fracture: management | Guidance | NICE (Accessed 20 January 2023).
3. Office for Health Improvement and Disparities. Public health profiles. 2023 https://fingertips.phe.org.uk © Crown copyright 2022. Emergency hospital admissions for hip fracture in persons 65 years and over. (Accessed 05 May 2023). *Following Census 2021, the Office for National Statistics (ONS) is carrying out reconciliation and rebasing of the mid year population estimates (MYE) it produces. This process happens every 10 years following the census. Previous years data is therefore unable to be compared to 2021/22 data which will be updated once new population estimates are available.

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Hip fractures – breakdown by age

Similar to the emergency admissions for falls, nearly three quarters (71%) of admissions for hip fractures are found in people aged 80. Cheshire East has a similar rate of hip fractures compared to England for both age groups, 65 to 79 year olds and for people aged 80 and over.

2021/22 - Hip fractures in people aged 65 to 79, directly standardised rate per 100,000

Area	Number of Hip Fractures	Rate
Cheshire East	155	236
North West	2,720	264
England	18,110	236

2021/22 - Hip fractures in people aged 80 and over, directly standardised rate per 100,000

Area	Number of Hip Fractures	Rate
Cheshire East	395	1,621
North West	5,530	1,574
England	40,575	1,466

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Ward level emergency hospital admissions for hip fractures in persons aged 65 and over

Data for emergency hospital admissions for hip fractures in people aged 65 and over is available by ward, combined over five years from 2016/17 to 2020/21. A standardised admission ratio (SAR) compares how likely an individual living in one area is to have a hospital admission compared to a standard population (England). It compares the actual number of admissions to the number expected if it had the same age-specific rates as England, multiplied by 100 to produce a ratio. A result of 100 would indicate you have the same number of admissions as England. Higher is worse and lower is better. An admission ratio of 110 would indicate an area that has 10% more admissions than England. Conversely, an admission ratio of 75 would indicate an area with 25% less admissions than England. Statistically these should only be compared with England. It is not possible to compare one ward with another ward.

Seven wards in Cheshire East have a statistically higher number of emergency admissions for hip fractures in people aged 65 and over. These are Crewe East (128), Congleton East (134), Poynton West and Adlington (134), Nantwich South and Stapeley (142), Broken Cross and Upton (149), Mobberley (149), and Crewe Central (172). These are affected by the underlying 65 and over population where areas with a higher proportion of 65 and overs would result in a higher rate.

Three wards have statistically lower number of admissions who are Wilmslow Dean Row (55), Macclesfield Tytherington (70), and Knutsford (78). These are all found in the north of the borough.

The remaining 42 wards in Cheshire East have a similar level of admissions to England.

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This corresponding map shows which areas in Cheshire East have better/worse outcomes than England.
The wards that are worse (highlighted in blue) than the England average include:

Broken Cross and Upton (149)
Congleton East (134)
Crewe Central (172)
Crewe East (128)
Mobberley (149)
Nantwich South and Stapeley (142)
Poynton West and Adlington (134)

Note: The above data is indirectly standardised using a Standardised Admission Ratio. These are affected by the underlying 65 and over population where areas with a higher proportion of 65 and overs would result in a higher rate.

Map of emergency hospital admissions for hip fracture by ward in people aged 65 and over compared to England

Legend
☐ Cheshire East
Compared to England
🟩 Better
🟧 Similar
🟦 Worse
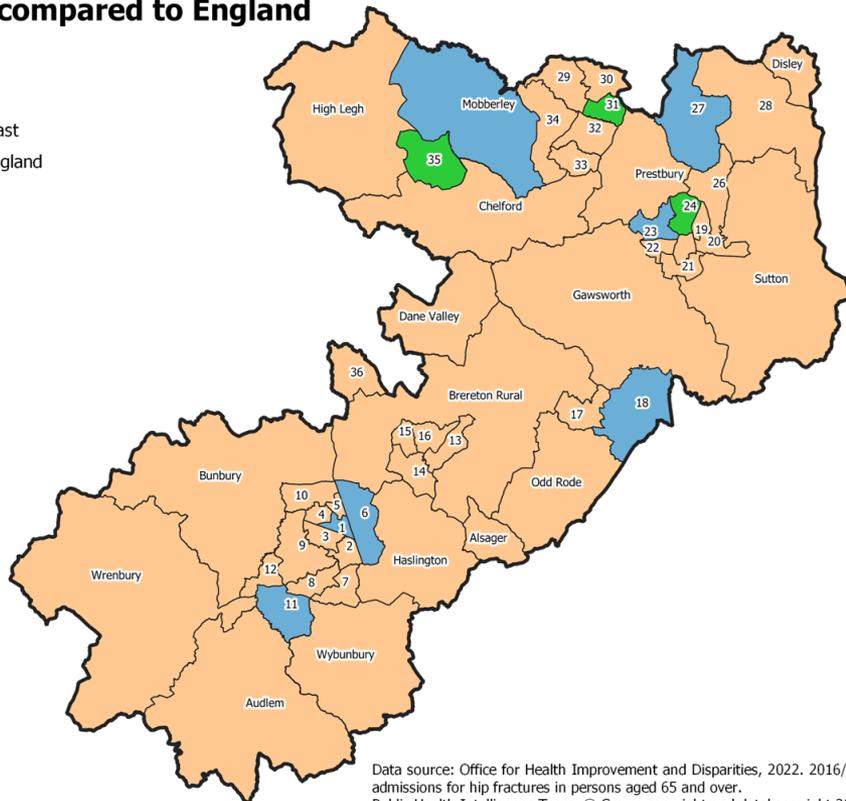
1. Crewe Central
2. Crewe South
3. Crewe West
4. Crewe St Barnabas
5. Crewe North
6. Crewe East
7. Shavington
8. Willaston and Rope
9. Wistaston
10. Leighton
11. Nantwich South and Stapeley
12. Nantwich North and West
13. Sandbach Heath and East
14. Sandbach Ettiley Heath and Wheelock
15. Sandbach Elworth
16. Sandbach Town
17. Congleton West
18. Congleton East
19. Macclesfield Hurdsfield
20. Macclesfield East
21. Macclesfield South
22. Macclesfield West and Ivy
23. Broken Cross and Upton
24. Macclesfield Tytherington
25. Macclesfield Central
26. Bollington
27. Poynton West and Adlington
28. Poynton East and Pott Shrigley
29. Wilmslow Lacey Green
30. Handforth
31. Wilmslow Dean Row
32. Wilmslow East
33. Alderley Edge
34. Wilmslow West and Chorley
35. Knutsford
36. Middlewich

Data source: Office for Health Improvement and Disparities, 2022. 2016/17 to 2020/21 - Emergency hospital admissions for hip fractures in persons aged 65 and over.
Public Health Intelligence Team, © Crown copyright and database right 2023. Ordnance Survey 100049045

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Osteoporosis

Osteoporosis is a health condition that weakens bones meaning that they are more likely to break. It develops slowly over a period of years and is not usually painful until a bone is broken.[1]

There is an increased risk of fracture from falling in patients with osteoporosis[1].

There are a range of risk factors associated with osteoporosis including[2]:
- Unmodifiable risk factors - being aged over 50, being female, having gone through the menopause, a family history, and previous broken bones;
- Modifiable risk factors – low levels of calcium and Vitamin D, excess consumption of protein, sodium and caffeine, alcohol, inactive lifestyle, smoking, and low weight.

Treatment of the condition can include lifestyle changes (e.g. increased physical activity, reducing alcohol intake) and drug treatment (including oral bisphosphonates)[1].

1. National Health Service. 2022. Osteoporosis - Causes - NHS (www.nhs.uk) [Accessed 06 June 2023]
2. Bone Health and Osteoporosis Foundation. 2022. General Facts - Bone Health & Osteoporosis Foundation (bonehealthandosteoporosis.org) [Accessed 06 June 2023]

Open   Fair   Green

Osteoporosis in general practice (QOF 2021/22)

Area	Recent Trend	Count	Value		99.8% Lower CI	99.8% Upper CI
England	⬆	192,389	0.8		0.8	0.9
Cheshire East PCN	–	2,207	1.2*		1.1	1.3
Crewe - Ghr PCN	⬆	278	1.5*		1.2	1.8
Choc (Congleton & Holmes Chapel) PCN	➡	315	1.4*		1.2	1.7
Chaw (Chelford, Handforth, Alderley Edge, Wilmslow) PCN	⬆	303	1.4*		1.2	1.7
Smash PCN	➡	442	1.4*		1.2	1.6
Knutsford PCN	➡	145	1.4*		1.0	1.8
Nantwich & Rural PCN	➡	209	1.3*		1.0	1.5
Eagle Bridge PCN	➡	170	1.2*		0.9	1.5
Macclesfield PCN	➡	256	1.0*		0.8	1.2
Middlewood PCN	⬆	89	0.5*		0.4	0.7

Source: Quality and Outcomes Framework (QOF), NHS Digital

- There is a higher prevalence of GP recorded osteoporosis in the majority of primary care networks across Cheshire East.

Open   Fair   Green

Treatment for osteoporosis (2018/19)

Area	Recent Trend	Count	Value		99.8% Lower CI	99.8% Upper CI
England	↓	72,649	56.0		55.6	56.4
Cheshire East PCN	–	657	47.5*		43.4	51.7
Middlewood PCN	–	5	55.6*		16.9	88.5
Crewe - Ghr PCN	→	73	54.5*		41.3	67.0
Nantwich & Rural PCN	→	66	52.4*		39.0	65.5
Macclesfield PCN	↓	115	51.6*		41.4	61.6
Choc (Congleton & Holmes Chapel) PCN	→	118	49.2*		39.4	59.0
Chaw (Chelford, Handforth, Alderley Edge, Wilmslow) PCN	↓	66	47.8*		35.3	60.7
Smash PCN	→	121	45.0*		35.9	54.4
Knutsford PCN	→	38	40.4*		26.4	56.2
Eagle Bridge PCN	–	55	36.9*		25.8	49.6

Source: Quality and Outcomes Framework (QOF), NHS Digital

Whilst no recent data is available, **a lower percentage of patients (75 years +) were treated with bone sparing agents than the England average across Cheshire East** as a whole and specifically in Eagle Bridge and SMASH Primary Care Networks (PCNS) (although numbers at PCN level were very low overall).

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Appendix E: What does the data tell us?

Deaths

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Deaths from falls

In Cheshire East, on average over 5 years there were 45 deaths each year with an underlying cause of a fall in the over 65's.

The probability of death increases with age, between 70-80% of the deaths are in the 80+ age group.

This is likely to be an undercount of the true number of deaths related to a fall as it excludes individuals where a fall contributed to their death.

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The relationship between falling and death

The diagram below showcases the relationship between the estimated number of falls[1], that subsequently lead to an ambulance response[2], and then a hospital admission[3] and finally to death[4].

Roughly one third (31%) of the estimated number of falls require a response from an ambulance with a further one third (31%) of these being admitted to hospital. A further 2% of these will result in death where there is an underlying cause of a fall.

Deaths[4]	45	2%
Falls admissions[3]	2,300	31%
Falls ambulance responses[2]	7,400	31%
Estimated falls[1]	24,000	
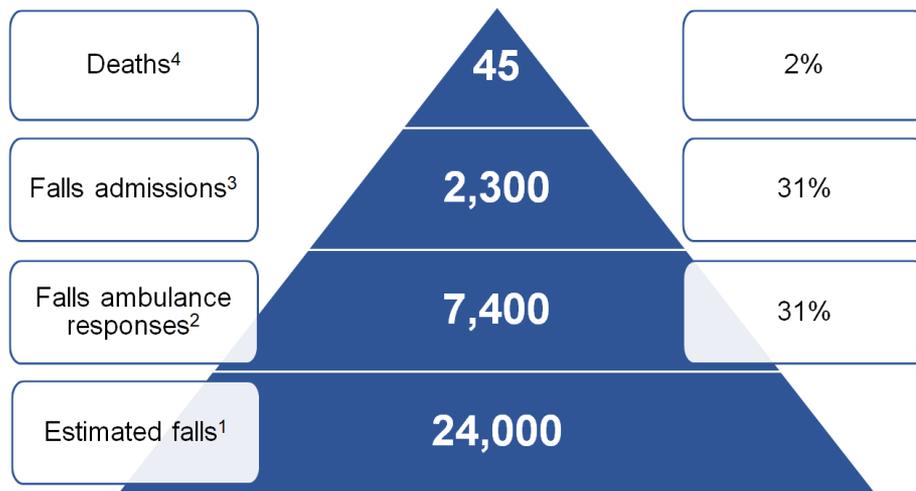
1. Institute of Public Care, Projecting Older People Population Information Service – 2020 Estimates. 2022. (Accessed 22 November 2022).
2. North West Ambulance Service – 2018/19 Data, sent to Senior Commissioning Manager, Cheshire East Council
3. Office for Health Improvement and Disparities, Fingertips. Emergency hospital admissions due to falls – 2021/22. (Accessed 19 April 2023)
4. Produced by Cheshire East Public Health Intelligence from Office for National Statistics: Annual Mortality Extracts 2016-2021.

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Appendix F: Commissioned falls prevention services in Cheshire East

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Background on the commissioned falls prevention classes

- Falls prevention classes are commissioned by Cheshire East Council. During 2019 a procurement process for a new integrated lifestyle service took place.

- Reed Wellbeing were successful in being awarded the contract for Cheshire East's integrated lifestyle services. This includes not only falls prevention classes, but physical activity, weight management (including for families) and smoking cessation services. The services are branded under the local brand 'One You Cheshire East' and follows the national 'One You' brand developed nationally originally by Public Health England. The falls prevention classes are called 'Stand Strong'.

- https://oneyoucheshireeast.org/stand-strong/

ONE YOU
CHESHIRE EAST

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Eligibility and about the programme

To be eligible for the 'Stand Strong' falls prevention class you must be aged 65 or over and answer yes to one of the following three questions:

- Have you fallen in the last 12 months?
- Do you feel unsteady when standing or walking?
- Do you worry about falling?

• The programme runs for 26 weeks and follows the Otago programme developed in New Zealand delivered in group settings. Otago is an evidence-based strength and balance programme. Sessions last for 1 hour each week.

• Classes are delivered across 11 venues in 9 towns as of May 2023: Alsager, Congleton, Crewe, Knutsford, Macclesfield, Middlewich, Nantwich, Poynton, Wilmslow.

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Commissioned falls prevention classes - data

During 2022:

- On average 144 individuals started the programme each quarter.

- Of those who completed the programme during quarter 1 and quarter 2, around 94.5% of individuals had improved strength and balance with similar improvements in wellbeing.

- Customer satisfaction from the classes is high.

- 6 month follow up reviews should take place.

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Findings from engagement with 3 Stand Strong Classes

The findings below have come from attendees at three Stand Strong (One You Cheshire East commissioned falls service) classes which were attended during January to March 2023. In total, 59 people were engaged in three classes.

Key findings include:

- Residents who were engaged found the classes have had a positive impact on their strength and balance, and are now less fearful of falling.

- One attendee reported that they were no longer using a walking stick.

- Attendees also found that the classes were helpful in reducing their social isolation.

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Falls coordinator pilot

- The aim of the pilot will be to employ two coordinators to conduct multifactorial assessments (MFA) on community dwelling adults to reduce the incidence of falls in adults. This work started in May 2023.

- As part of the work, it has also has conducted scoping to assess current practice in relation to who currently receives a MFA. For instance, it has identified that individuals taken to A&E for a fall but not admitted are not currently receiving an MFA.

- This pilot is planned to be evaluated.

- This has been in partnership with Cheshire East Council and the Integrated Care Board.

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Appendix G: What does the evidence tell us about effective falls interventions?

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NICE guidance on assessing risk and prevention of falls and management of hip fractures

Strength and Balance

Older people coming into contact with healthcare professionals should be asked routinely about falling. Those identified as at risk of falling should have their balance and gait observed and considered for a strength and balance intervention (NICE, 2013).

Multifactorial Assessment

Older people who present for medical attention because of a fall or report recurrent falls or who have walking or balance issues should be offered a multifactorial risk assessment. This may include assessment of osteoporosis risk, visual impairment, or urinary incontinence (NICE, 2013).

Multifactorial Interventions

NICE (2013) state that the following interventions are common to successful programmes:

- **strength and balance training**

- **home hazard assessment and intervention**

- **vision assessment and referral**

- **medication review with modification/withdrawal**

Interventions not recommended because of insufficient evidence include: low intensity exercise combined with incontinence programmes; untargeted group exercise, cognitive/behavioural interventions, referral for correction of visual impairment (as an intervention on its own), vitamin D, hip protectors (NICE, 2013).

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Interventions

A Cochrane systematic review assessed interventions to reduce the incidence of falls.[1] It concluded that exercise programmes and home safety interventions are effective for reducing both the rate and risk of falls. Multifactorial assessments and interventions were also found to reduce the rate of falls, while Tai Chi reduces the risk of falling. Vitamin D supplements were found not to be effective.

Evidence based exercise programmes include:

- **Falls Management Exercise** is a 24-week group based and home-based programme involving muscle strengthening, floor skills and flexibility training. Each week consists of one hour with a postural stability instructor alongside two 30-minute home exercise sessions.[2]

- **Otago Exercise Programme** is a 24-week home-based strength and balance training which is undertaken for 30 minutes three times a week.[2] Home visits and 12 telephone contacts are used.[2]

1. Gillespie, L. D., Robertson, M. C., Gillespie, W. J., Sherrington, C., Gates, S., Clemson, L. M., & Lamb, S. E. (2012). Interventions for preventing falls in older people living in the community. Cochrane Database of Systematic Reviews, 9. https://doi.org/10.1002/14651858.cd007146.pub3
2. Iliffe, S., Kendrick, D., Morris, R., Masud, T., Gage, H., Skelton, D., Dinan, S., Bowling, A., Griffin, M., Haworth, D., Swanwick, G., Carpenter, H., Kumar, A., Stevens, Z., Gawler, S., Barlow, C., Cook, J., & Belcher, C. (2014). Multicentre cluster randomised trial comparing a community group exercise programme

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The length of a falls intervention and how long do the effects last

A systematic review found[1]:

- Predominantly international evidence suggests that **six to 12 month long interventions are most effective**. However, interventions trialled were very variable.

- **Effects of interventions last between 12 to 24 months** with a UK specific study[2] estimating potential significant reductions in the number of overall falls and injurious falls during the 12 months after an intervention (FaME) but these stop by 24 months. Those who completed the programme and continued to undertake 150 minutes of moderate to vigorous physical activity were still found to have a lower chance of a fall.

1. Finnegan, S., Seers, K., & Bruce, J. (2018). Long-term follow-up of exercise interventions aimed at preventing falls in older people living in the community: a systematic review and meta-analysis. Physiotherapy, 105(2). https://doi.org/10.1016/j.physio.2018.09.002
2. Gawler, S., Skelton, D. A., Dinan-Young, S., Masud, T., Morris, R. W., Griffin, M., Kendrick, D., & Iliffe, S. (2016). Reducing falls among older people in general practice: The ProAct65+ exercise intervention trial. *Archives of Gerontology and Geriatrics*, *67*, 46–54. https://doi.org/10.1016/j.archger.2016.06.019

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Are exergames an effective intervention?[1, 2]

- Exergames are defined as "a video game that promotes the player's physical movement (exertion) by using body movement that is generally more than sedentary activity" (OH & Yang, 2010). A systematic review [2] on the effect of exergames showed that there was a positive and significant effect on postural control in frail, older adults.

- However, there was **no significant effect on the risk of falls**.

- These studies compared exergames to traditional methods which include exercises in strengthening, balance, cardiopulmonary activity.

- Some issues surrounding exergames included cost, cultural applicability and staff training.

- The conclusion was that **more rigorous studies were needed** to compare interventions.

1. Alhasan Hammad. (2022). Exergames as a rehabilitation modality to improve postural control and risk of falls in frail and pre-frail older adults.
2. Alhasan, H., Alshehri, M., Fong, D., & Wheeler, P. (2020). The effect of exergames on balance and falls in frail older adult: a systematic review. Physiotherapy, 107, e132.

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Perceptions of falls in older people

There is a lack of local evidence surrounding the perceptions older people have around falls. A narrative synthesis of qualitative research identified the following perceptions of falls in older people[1]:

- Falls as a **threat to personal identity**
  - Acceptance of being at-risk affected an individuals ability to be independent and assumed an acceptance of becoming old and infirm.
  - Some individuals do not see themselves as at-risk which may affect the uptake of a falls prevention programme.

- Falls as a **threat to independence**
  - For some individuals accepting help may be seen as a loss of independence.
  - Individuals want to ensure they keep their independence as long as possible. This is to ensure they do not become frustrated and have a feeling of loss due to not being able to undertake activities they used to do.

- Falls as a **threat to social interaction**
  - Social interaction may be jeopardised due to the reduced ability to leave home and could lead to isolation.
  - Informal care and support is as important as formal care and support for those who are at risk of falls or who have fallen.

- **Carefulness as a protective strategy**
  - This is a common theme that was highlighted throughout. Most individuals recognised the need to be careful. This can be seen in a positive light with carelessness often criticised.

Source: Gardiner, S., Glogowska, M., Stoddart, C., Pendlebury, S., Lasserson, D., & Jackson, D. (2017). Older people's experiences of falling and perceived risk of falls in the community: A narrative synthesis of qualitative research. International Journal of Older People Nursing, 12(4), e12151. https://doi.org/10.1111/opn.12151

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Local insights into falls perceptions

Predominantly older residents were asked about their perceptions of falls as part of the engagement for the Cheshire East Falls Strategy. This involved 6 groups (3 stand strong classes, 2 older people groups and a carer group) with approximately 77 people.[1] **Similar findings** were found to the narrative synthesis in the previous slide.[2] They said that they:

- Do not see themselves as being at risk of a fall until one has happened.
- Do not want to be seen as a nuisance and that they do not like asking their children for help. For example, asking a son to change a light bulb.
- One family member reported that they were asked by their grandma to not tell relatives that they had fallen through a fear that it may impact on their independence.
- Some responded that they do not go out at night, or that they will not change a light bulb or use a ladder for a fear of falling.
- Became more careful once they have had a fall.

1. Public Health and Commissioning, local insights gathered via attending 6 older people groups within Cheshire East during early 2023.
2. Gardiner, S., Glogowska, M., Stoddart, C., Pendlebury, S., Lasserson, D., & Jackson, D. (2017). Older people's experiences of falling and perceived risk of falls in the community: A narrative synthesis of qualitative research. International Journal of Older People Nursing, 12(4), e12151. https://doi.org/10.1111/opn.12151

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The link between sedentary behaviour and falls

Evidence on the **link between sedentary behaviour and falls is limited**. A systematic review has found that there is a positive association between a sedentary lifestyle and falls and recommends that older adults should be encouraged to reduce their sedentary behaviour (Jiang et al., 2022).

These findings should be interpreted with caution as only 7 studies were included within their review. **Further research is needed in this area**.

Source: Jiang, Y., Wang, M., Liu, S., Ya, X., Duan, G., & Wang, Z. (2022). The association between sedentary behavior and falls in older adults: A systematic review and meta-analysis. Frontiers in Public Health, 10. https://doi.org/10.3389/fpubh.2022.1019551

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Appendix H: What are the factors that put people at greater risk of falls and what protects people from falls?

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Factors that can increase people's risk of falls (1 of 2)

Falls are **more likely in women** than men[1]

They are also more likely in individuals with:

- **Fear of falling**[2,3]
- **Gait/muscle strength**[4,5,6]
- **Poor balance**[4]
- **Visual impairment**[4,7] see appendix J for adults visual impairment pathway in Cheshire East
- **Long-term health conditions**[7] such as dementia or heart disease
- **Use of specific medications, or multiple medications**[4,7,8] (polypharmacy)
- **Falls history**[9]

1. Stevens, M., Holman, C. D. J., Bennett, N., & De Klerk, N. (2001). Preventing Falls in Older People: Outcome Evaluation of a Randomized Controlled Trial. Journal of the American Geriatrics Society, 49(11), 1448–1455. https://doi.org/10.1046/j.1532-5415.2001.4911236.x
2. Kim, D., & Portillo, M. (2018). Fall Hazards Within Senior Independent Living: A Case-Control Study. HERD: Health Environments Research & Design Journal, 11(4), 65–81. https://doi.org/10.1177/1937586717754185
3. World Health Organization. (2007). WHO global report on falls prevention in older age. https://www.who.int/publications/i/item/9789241563536
4. Office for Health Improvement and Disparities (OHID). (2022a). Falls: applying All Our Health. Retrieved 01 November, 2022, from https://www.gov.uk/government/publications/falls-applying-all-our-health/falls-applying-all-our-health
5. Clynes, M. A., Edwards, M. H., Buehring, B., Dennison, E. M., Binkley, N., & Cooper, C. (2015). Definitions of Sarcopenia: Associations with Previous Falls and Fracture in a Population Sample. Calcified Tissue International, 97(5), 445–452. https://doi.org/10.1007/s00223-015-0044-z
6. Callisaya, M. L., Blizzard, L., Schmidt, M. D., McGinley, J. L., & Srikanth, V. K. (2010). Ageing and gait variability--a population-based study of older people. Age and Ageing, 39(2), 191–197. https://doi.org/10.1093/ageing/afp250
7. National Health Service. (2021). Falls. Retrieved 23 November, 2022, from https://www.nhs.uk/conditions/falls/
8. Dhalwani, N. N., Fahami, R., Sathanapally, H., Seidu, S., Davies, M. J., & Khunti, K. (2017). Association between polypharmacy and falls in older adults: a longitudinal study from England. BMJ Open, 7(10), e016358. https://doi.org/10.1136/bmjopen-2017-016358
9. Deandrea, S., Lucenteforte, E., Bravi, F., Foschi, R., La Vecchia, C., & Negri, E. (2010). Risk Factors for Falls in Community-dwelling Older People. Epidemiology, 21(5), 658–668. https://doi.org/10.1097/ede.0b013e3181e89905

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Factors that can increase people's risk of falls (2 of 2)

- Environmental hazards also have an impact, for example places with inadequate lighting and wet flooring.[1]

- Walking aids[2] and footwear can also increase risks of fall[3].

- **Smoking** is also an important risk factor for hip fracture - please see findings of the Smoking JSNA.

- **Alcohol consumption** is a risk factor for falls and there are higher rates of admission episodes for alcohol-specific conditions in Cheshire East compared to the England average - please see findings of the Substance Misuse JSNA.

1. National Health Service. (2021). Falls. Retrieved 23 November, 2022, from https://www.nhs.uk/conditions/falls/
2. Roman de Mettelinge T, Cambier D. (2015). Understanding the relationship between walking aids and falls in older adults: a prospective cohort study. J Geriatr Phys Ther. 2015;38(3):127-32.
3. Menant JC, Steele JR, Menz HB, Munro BJ, Lord SR. (2008) Optimizing footwear for older people at risk of falls. J Rehabil Res Dev. 2008;45(8):1167-81.

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Prevalence of falls risk factors across Cheshire East

Indicator	Period	Chesh East			England			
		Recent Trend	Count	Value	Value	Worst/ Lowest	Range	Best/ Highest
People aged 65-74 registered blind or partially sighted (Persons, 65-74 yrs)	2019/20	—	145	309	536	59	●	
People aged 75+ registered blind or partially sighted (Persons, 75+ yrs)	2019/20	—	1,115	2,694	3,429	393	●	
Dementia: Recorded prevalence (aged 65 years and over) (Persons, 65+ yrs)	2020	—	3,820	4.25%	3.97%*	2.91%	○	
Percentage of physically active adults (Persons, 19+ yrs)	2021/22	—	-	67.3%	67.3%	36.3%	●	77.3%
Percentage of physically inactive adults (Persons, 19+ yrs)	2020/21	—	-	19.4%	23.4%	43.4%	●	7%
Smoking Prevalence in adults (18+) - current smokers (APS) (Persons, 18+ yrs)	2021	—	-	13.5%	13.0%	22.0%	●	
Admission episodes for alcohol-specific conditions (Persons, All ages)	2021/22	—	2,745	668	626	2,514	●	255
Osteoporosis: QOF prevalence (50+ yrs) (Persons, 50+ yrs)	2021/22	→	2,214	1.2%	0.8%	0.1%	○	

Indicator	Period	Chesh East			England			
		Recent Trend	Count	Value	Value	Worst	Range	Best
Preventable sight loss: sight loss certifications (Persons, All ages)	2021/22	—	-	40.9	39.9	80.3	●	

- Cheshire East is worse than the England average for admission episodes for alcohol-specific conditions.

- Cheshire East also has a higher prevalence of dementia in people aged 65 years and older.

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Current and future dementia estimates

Dementia is a risk factor for falls [1]. In 2020 there were 3,820 patients aged 65 and over with dementia recorded on Cheshire East GP practice systems[2]. The Projecting Older People Population Information Service (**POPPI) estimates that there are 6,455 people** aged 65 and over with dementia, which means that **around 4 out of 10 people are undiagnosed**.[3] Dementia is **more likely to affect women** and the **prevalence of dementia increases with age**. The table below shows the current estimated numbers of dementia in Cheshire East between 2020 and 2040.

Age	2020	2025	2030	2035	2040	2020 to 2040 % Increase
People aged 65 to 79 predicted to have dementia	2,187	2,421	2,441	2,718	2,961	35%
People aged 80 and over predicted to have dementia	4,268	4,895	5,883	6,658	7,424	74%
People aged 65 and over predicted to have dementia	**6,455**	**7,316**	**8,324**	**9,376**	**10,385**	**61%**

Note: Prevalence rates have been applied to ONS population projections to give numbers predicted to have dementia to 2040. Figures may not sum due to rounding. © Crown Copyright 2020.

1. NHS 2021, Falls - NHS (www.nhs.uk) (Accessed 30th June 2023)
2. Office for Health Improvement & Disparities. Public Health Profiles. https://fingertips.phe.org.uk © Crown copyright 2023 (Accessed 19th June 2023)
3. Institute of Public Care, Projecting Older People Population Information Service. 2022. (Accessed 13th May 2023).

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People unable to manage at least one mobility activity on their own

The table below shows the number of people aged 65 and over who are estimated to be unable to manage at least one mobility activity on their own. In Cheshire East, as **of 2020 it is estimated 16,669 people aged 65 and over will be unable to manage at least one mobility issue. Mobility decreases with age** and will affect a higher percentage of older age groups. Nearly **one third (33%) are found in people aged 85 and over**.

Mobility issues are estimated to increase by 51% increase between 2020 and 2040 in adults aged 65 and over. Further age bands can be seen in the table below.

These activities include: going out of doors and walking down the road; getting up and down stairs; getting around the house on the level; getting to the toilet; getting in and out of bed.

Age	2020	2025	2030	2035	2040	2020 to 2040 % Increase
People aged 65 to 79 unable to manage at least one mobility issue on their own	8,118	8,744	9,088	10,096	10,726	32%
People aged 80 and over unable to manage at least one mobility issue on their own	8,551	9,754	11,889	13,384	14,408	68%
People aged 65 and over unable to manage at least one mobility issue on their own	**16,669**	**18,498**	**20,977**	**23,480**	**25,134**	**51%**

Note: Prevalence rates have been applied to ONS population projections to give estimated numbers unable to manage at least one mobility activity, to 2040. Figures may not sum due to rounding. © Crown Copyright 2020.
Source: Institute of Public Care, Projecting Older People Population Information Service. 2022. (Accessed 13 May 2023).

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Falls hazards in the home

The Housing Health and Safety Rating System (HHSRS) contains 29 different hazards relating to the condition and heat efficiency of the home. Three of these categories are combined to create an overall falls hazard. These are the following hazards:

- Falls associated with baths
- Falling on the level
- Falling on stairs

For falls hazards: **social stock (4%) performs better in Cheshire East than private sector rented (9%), and private sector owner occupied (7%).** However, careful consideration must be taken when comparing social housing data to private tenure due to property ownership. Decisions of individual property owners usually affect a single dwelling, but one landlord can affect a large proportion of social stock.

When compared regionally (7%) and nationally (7%), Cheshire East (7%) has a similar percentage of falls hazards in homes.

Estimates of the percentage of dwellings meetings the key indicator criteria assessed by the Housing Stock Models and Housing Stock Condition Database by tenure for Cheshire East

Source: BRE Integrated Dwelling Level Housing Stock Modelling and Database for Cheshire East Council, April 2019.

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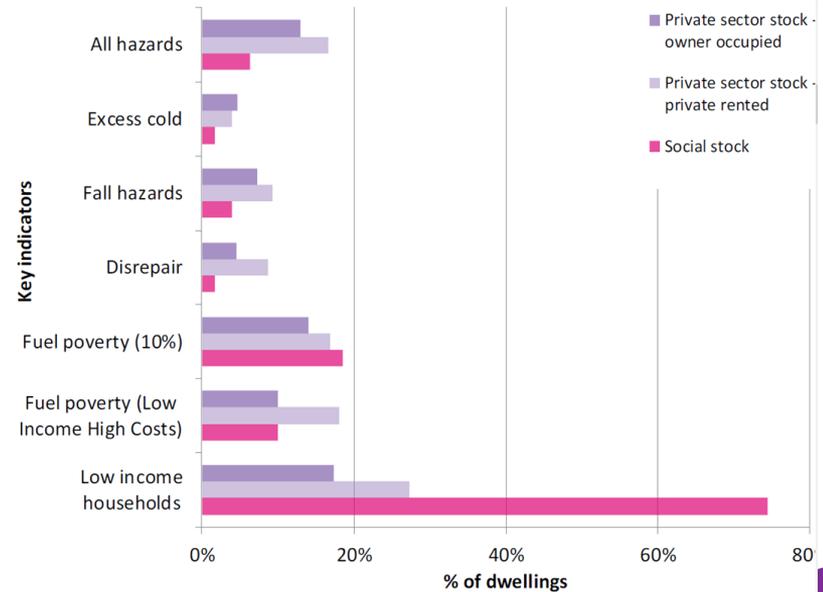
Private sector housing by percentage of falls hazards

Percentage of private sector dwellings in Cheshire East with the presence of a HHSRS category 1 hazard for falls

| No.	Ward name	No.	Ward name
1	Alderley Edge	27	Macclesfield Hurdsfield
2	Alsager	28	Macclesfield South
3	Audlem	29	Macclesfield Tytherington
4	Bollington	30	Macclesfield West & Ivy
5	Brereton Rural	31	Middlewich
6	Broken Cross & Upton	32	Mobberley
7	Bunbury	33	Nantwich North & West
8	Chelford	34	Nantwich South & Stapeley
9	Congleton East	35	Odd Rode
10	Congleton West	36	Poynton East & Pott Shrigley
11	Crewe Central	37	Poynton West & Adlington
12	Crewe East	38	Prestbury
13	Crewe North	39	Sandbach Elworth
14	Crewe St. Barnabas	40	Sandbach Ettiley Heath & Wheelock
15	Crewe South	41	Sandbach Heath & East
16	Crewe West	42	Sandbach Town
17	Dane Valley	43	Shavington
18	Disley	44	Sutton
19	Gawsworth	45	Willaston & Rope
20	Handforth	46	Wilmslow Dean Row
21	Haslington	47	Wilmslow East
22	High Legh	48	Wilmslow Lacey Green
23	Knutsford	49	Wilmslow West & Chorley
24	Leighton	50	Wistaston
25	Macclesfield Central	51	Wrenbury
26	Macclesfield East	52	Wybunbury

Private Stock
HHSRS Falls Hazards
Percent and (no. of COAs)
- 0 - 4 (238)
- 5 - 7 (406)
- 8 - 11 (413)
- 12 - 16 (152)
- 17 - 27 (36)
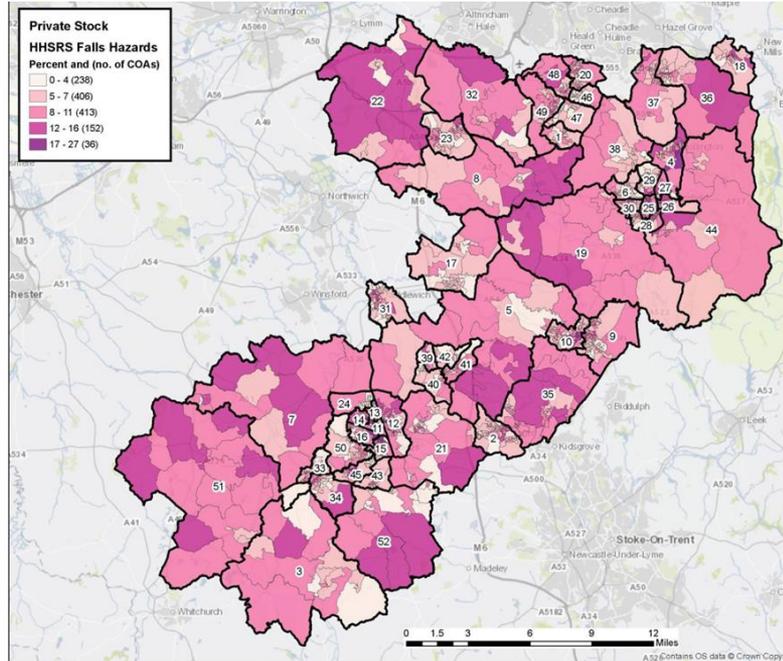
For **falls hazards**, wards with highest levels are in more urban locations of Macclesfield Central, Crewe South, and Crewe Central.

Some rural communities have areas with high number of houses with falls hazards.

Source: BRE Integrated Dwelling Level Housing Stock Modelling and Database for Cheshire East Council, April 2019.

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Assistive Technology

- Cheshire East Council contracts Millbrook to deliver an Assistive Technology service.

- To access this, service users must have relevant eligible social care needs. The service includes a contact centre and a mobile response service (including falls pick-up). It includes access to devices such as falls detectors and pendant alarms.

- It is also possible to access a more limited range of devices for a 4 week period via referral by the local Acute Trusts.

- As at March 2023, there were 2,295 monitored Adult Social Care users. On average 80.4 mobile response visits have been made each month since the contract started.

- There are also a range of private sector Assistive Technology services which are also available to residents. With the exception of the local Astraline Service, these do not include falls pick-up.

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Community Equipment

- Community equipment can be obtained from the Local Authority via an Occupational Therapy (OT) Assessment. Alternatively, this also takes place via OTs based within Hospitals or Physios to facilitate discharge. In both cases, the service is delivered by Millbrook.

- A range of devices are available relevant to falls such as wheeled walkers and toilet frames.

- It is also possible to obtain these items privately via a local mobility shop.

- 28,593 separate equipment items were issued to residents in 2022/23.

- Currently, there is limited evidence on the effectiveness of this equipment in reducing falls.

- The Council also commissions a Handyperson Service to conduct minor adaptations to people's homes. For instance, to fit grab rails. This is delivered by Orbitas.

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The benefits of bone and muscle strengthening exercise

Evidence suggests that muscle strength, bone strength and balance ability increase in childhood and peak in early adulthood, eventually followed by a decline.

Therefore, muscle and bone strengthening, and balance activities (MBSBA) are important across the life course:

- to develop strength and build healthy bone
- to maintain strength in adulthood
- to delay the natural decline in muscle mass and bone density maintaining function in later life

Strength and balance ability over the life course and potential ages or events that may change the trajectory of decline with ageing

Source: Public Health England. (2020). Health matters: physical activity - prevention and management of long-term conditions. Guidance. Available from: Health matters: physical activity - prevention and management of long-term conditions - Gov.uk (www.gov.uk). (Accessed: 16 May 2023).

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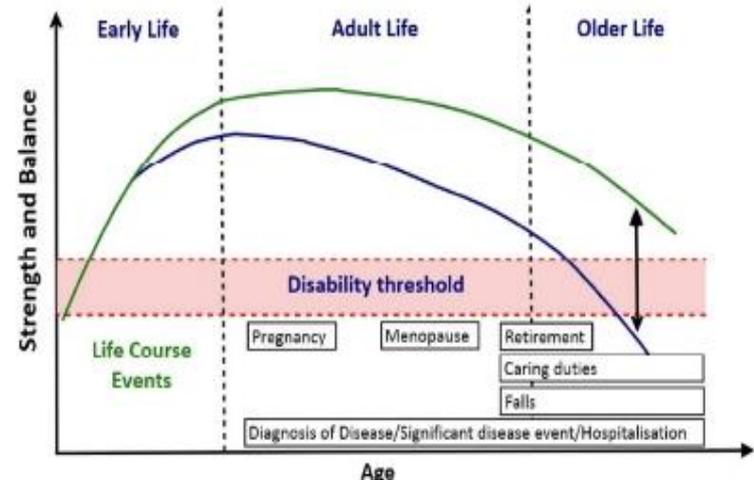
The wider benefits of physical activity

Physical activity has been shown to reduce hip fractures by up to 68%.

In addition to this it reduces all-cause mortality by 30% and the risk of a wide range of other long-term conditions.

What are the health benefits of physical activity?

Regular physical activity reduces your risk of

- dementia by up to **30%**
- All-cause mortality by **30%**
- cardiovascular disease by up to **35%**
- hip fractures by up to **68%**
- type 2 diabetes by up to **40%**
- colon cancer by **30%**
- breast cancer by **20%**
- depression by up to **30%**

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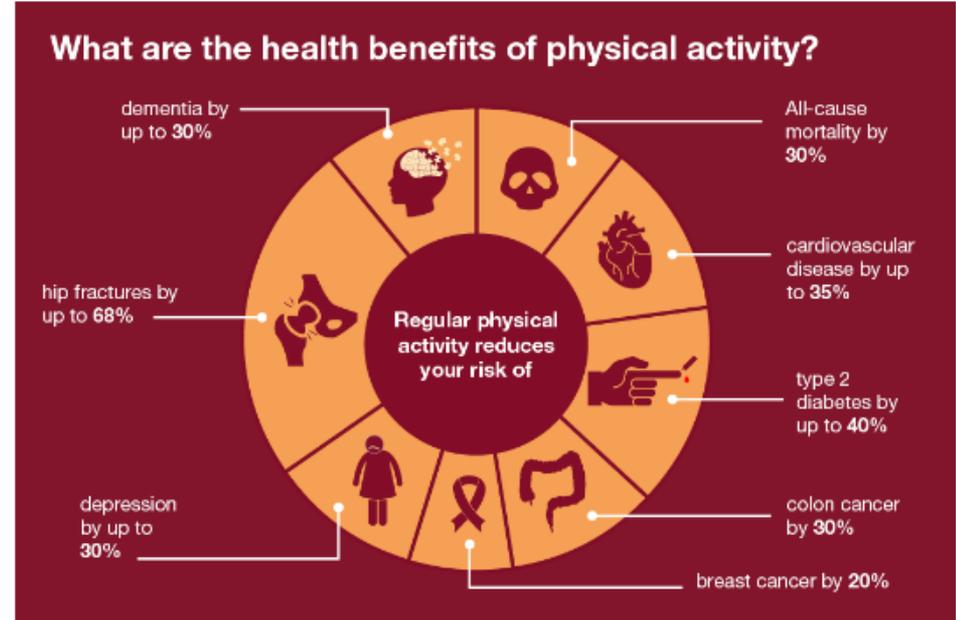
Physical activity and falls prevention in people 65+ years old

International Journal of Behavioural Nutrition and Physical Activity's update of a 2019 Cochrane review, undertaken to inform the World Health Organization guidelines on physical activity and sedentary behaviour, using searches of six databases, found the following results:

- Exercise reduces the rate of falls by 23% (high certainty evidence)
- Balance and functional exercises reduced the rate of falls by 24% (high certainty evidence)
- Balance and functional exercises plus resistance exercises reduced the rate of falls by 28% (moderate certainty evidence)
- Tai Chi reduced the rate of falls by 23% (moderate certainty evidence)
- Total weekly exercise duration of 3+ hours that included balance and functional exercises were particularly effective with a 42% reduction in rate of falls
- There was no evidence of a difference in the effect on falls based on age over 75 years, individuals with baseline risk of falls, or if the exercise intervention was delivered by a health professional or a trained instructor
- Different forms of exercise had different impacts on falls. The effect on falls of programs that essentially involved dance, walking and resistance training remain uncertain
- Effective exercise programmes should be implemented based on these findings

Source: Sherrington, C., Fairhall, N., Kwok, W. et al. (2020). Evidence on physical activity and falls prevention for people aged 65+ years: systematic review to inform the WHO guidelines on physical activity and sedentary behaviour. *Int J Behav Nutr Phys Act* 17, 144 (2020). https://doi.org/10.1186/s12966-020-01041-3

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Physical activity recommendations for older adults

Physical activity for adults and older adults

Benefits health		Type II Diabetes	-40%
Improves sleep	Reduces your chance of	Cardiovascular disease	-35%
Maintains healthy weight		Falls, depression etc.	-30%
Manages stress		Joint and back pain	-25%
Improves quality of life		Cancers (colon and breast)	-20%

Some is good, more is better | Make a start today: it's never too late | Every minute counts

Be active

at least **150** minutes moderate intensity per week
increased breathing able to talk

OR or a combination of both

at least **75** minutes vigorous intensity per week
breathing fast difficulty talking

to keep muscles, bones and joints strong

Build strength on at least **2** days a week

Swim, Brisk walk, Cycle, Gym, Yoga, Run, Stairs, Sport, Bowls, Tai Chi, Dance, Carry heavy bags

Minimise sedentary time
Break up periods of inactivity

For *older adults*, to reduce the chance of frailty and falls **Improve balance** 2 days a week

UK Chief Medical Officers' Physical Activity Guidelines 2019

Physical Activity for Disabled Adults

Make it a daily habit

Disabled adults

Physical activity makes you feel good — Give things a go and enjoy what you do

Being inactive is harmful to health

Don't be still for too long — Even a little movement is better than nothing

Improves mental health and quality of life

Makes maintaining a healthy weight easier

Makes daily tasks easier and increases independence

Creates opportunities to meet new people and feel part of the community

Helps to prevent chronic disease

Strengthens muscles and bones

Improves mobility and balance

Improves fitness

Do strength and balance activities on at least two days per week

For substantial health gains aim for at least 150 minutes each week of moderate intensity activity

Remember the talk test:
Can talk, but not sing = moderate intensity activity
Difficulty talking without pausing = vigorous intensity activity

UK Chief Medical Officers' Physical Activity Guidelines, 2019

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Physical activity rates across Cheshire East
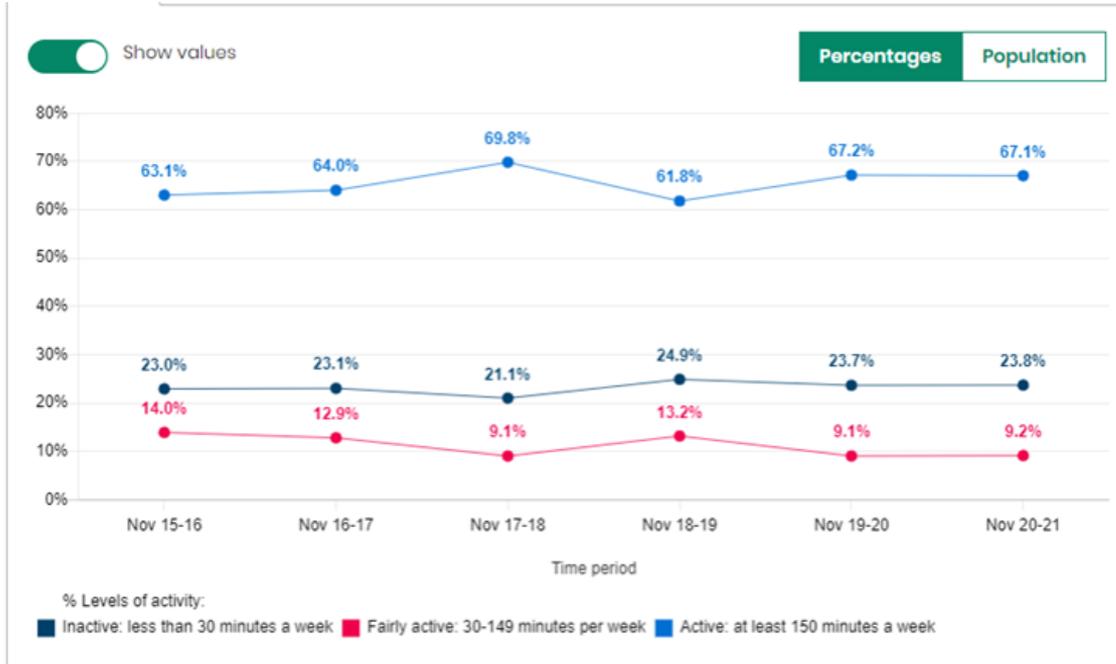
During 2020/21 (according to the Active Lives Survey):

- Just under **1 in 4 adults were estimated to be inactive** in Cheshire East[1]

- This equates to 74,771 adults aged 20 years and older being inactive[2]

47% of adults were meeting the Chief Medical Officers guidelines of 2+ sessions per week of **muscle strengthening** activity (activities where muscles feel some tension, shake or feel warm)[1]

This equates to just over **166,000 adults aged 20 years and over needing to do more muscle strengthening** exercise across Cheshire East[2]

1. Sport England. Active Lives Survey. Adult data. Available from: Active Lives | Adult Data (sportengland.org) (Accessed 12 January 2023) © **Sport England 2023.**
2. Office for National Statistics(2022) How your area has changed in 10 years: Census 2021. Available from: How your area has changed in 10 years: Census 2021 - Office for National Statistics (ons.gov.uk) (Accessed 12 January 2023). Estimated based on a denominator of 314,165 adults aged 20 years and over living in Cheshire East.

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Change in physical activity with age

Physical Activity Status by Age Band (November 2021)
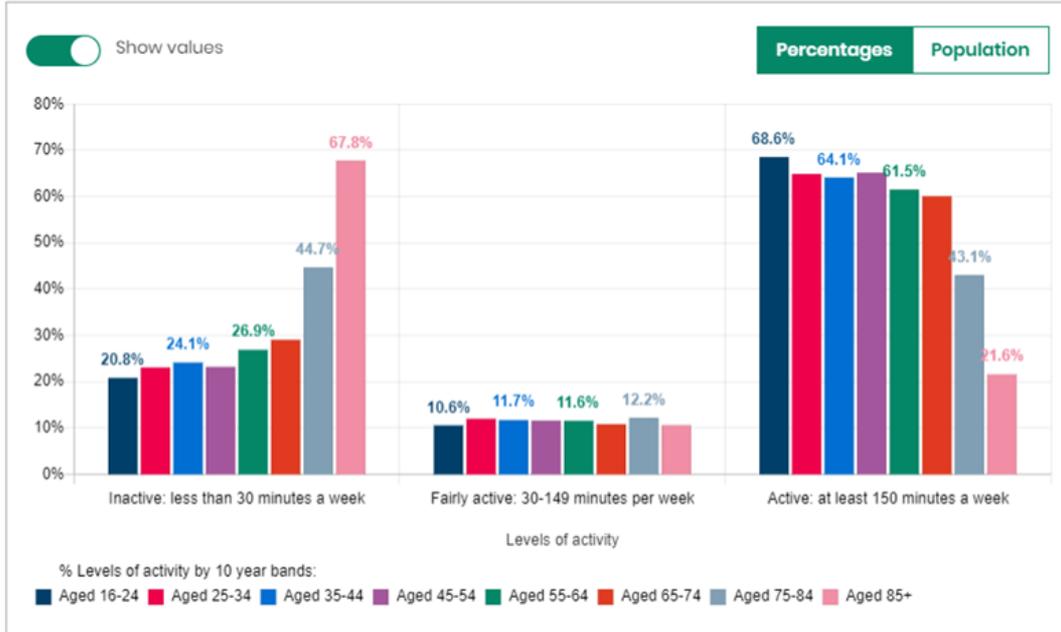
- Across England, physical activity reduces and inactivity increases substantially after the age of 74 years.

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Commissioned physical activity programme

- Cheshire East Council commission a physical activity programme under the 'One You Cheshire East' brand called 'Move More'.

- It is a 12-week programme with classes located in Bollington, Congleton, Crewe, Handforth, Macclesfield, Middlewich, Nantwich and Wilmslow.

- Around 140 people undertake the programme each quarter.

- The 'Move More' programme provides 1 to 1 support from a Health coach for a 12 week period. This also includes access to local circuit classes and walking groups.

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Attitudes and motivations towards physical activity across Cheshire East (Nov 21/22)

	Active (% agreed)	Inactive (% agreed)
I find sport/exercise enjoyable and satisfying	65.0% (84.0% strongly agreed)	21.0%
It's important to me to do sport/exercise regularly	69.0% (79.5% strongly agreed)	18.1%
I feel guilty when I don't do sport/exercise	75.6% (80.4% strongly agreed)	-
I do sport/exercise because I don't want to disappoint other people	-	-
I feel that I have the ability to be physically active	58.4% (81.4% strongly agreed)	25.5%
I exercise to stay fit and healthy	62.7% (85.9% strongly agreed)	21.5%
I exercise to help me relax and worry less about things	74.2% (83.7% strongly agreed)	15.1%
I exercise socially for fun with friends	78.9% (80.2% strongly agreed)	-
I exercise to challenge myself (either against myself or others)	75.6% (96.1% strongly agreed)	-

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Appendix I: Contributors

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Contributors

Public Health Team

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Other

Cheshire East Falls Prevention Group

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Appendix J: Adult visual impairment pathway (Jan 23)

Patient Identifies eyesight problem

GP/Optician

NHS Ophthalmology

Certificate of Visual Impairment (CVI)

Eye Clinic Liaison Officer (ECLO)

NHS Low Vision Service (Leighton only)

CEC Adult Social Care (ASC) Sensory Team

Assessment and rehabilitation and training (Rehabilitation Officers for Visual Impairment)

Equipment aids e.g. canes, liquid levellers

Proposal (January 2023):

New CEC post: Low Vision Officer (community based)

Low vision assessment/equipment Practical and emotional support

Self-referrals

Self referrals (and other commissioned services e.g. Carers Hub)

Local organisations:

East Cheshire Eye Society

National/Regional Support RNIB, Guide dogs

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