

## Falls Prevention Strategy

To: Adults and Health Committee

Meeting Date: 14 December 2023

From: Executive Director of Public Health

Electoral division(s): All

Key decision: No

Forward Plan ref: N/A

Outcome: Adults and Health Committee is being asked to endorse Cambridgeshire County Council's role within the Cambridgeshire and Peterborough Falls Prevention Strategy to enable the provision of clear strategic direction to prevent falls and falls-related injuries across the Integrated Care System.

Recommendation: Adults and Health Committee is being asked to endorse Cambridgeshire County Council's role within the Cambridgeshire and Peterborough Falls Prevention Strategy.

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# 1. Background

- 1.1 Falls and related injuries are a common and significant problem for older adults and a major public health issue. Falls are a major cause of disability and injury related death in people aged 75+ and have a large impact on quality of life<sup>1</sup>. Around one in three people over 65 years old and half of those over 80 experience a fall at least once a year<sup>2</sup>. In Cambridgeshire and Peterborough in 2022/23, there were 2,699 emergency admissions due to falls and 1,015 admissions due to a hip fracture. The estimated combined total cost of these hospital admissions was £16.3M, an increase of over £1.9M on the previous year<sup>3</sup>. These costs do not include wider health and social care costs such as primary care, ambulance or adult social care costs<sup>3</sup>. The prevalence of falls and fractures is expected to rise along with a rise in associated burdens on the wider health and social care services due to the ageing population in Cambridgeshire and Peterborough<sup>3</sup>.
- 1.2 Falls and frailty are increasingly being identified as a priority by the Integrated Care System on a system, place and neighbourhood level. The Integrated Care Board has assigned a Falls and Frailty Lead and developed a Falls and Frailty workstream. Furthermore, the North and South Place Partnerships, as well as many of the Integrated Neighbourhoods in Cambridgeshire, have a priority around falls and/or frailty.
- 1.3 The new three-year Falls Prevention Strategy and detailed delivery plan have been developed collaboratively by the multi-agency Cambridgeshire and Peterborough Falls Prevention Strategy Group, which is a partnership group with representation from a range of ICS partners, including Cambridgeshire County Council (CCC). It builds upon a one-year Falls Prevention Strategy (2022/23) developed as an interim strategy to support recovery of services following Covid. The strategy includes a number of interventions that have been shown to be cost and clinically effective at preventing some falls and fractures, resulting in improved health outcomes and independence for older people.
- 1.4 The intended outcome of the strategy is a reduction in the rate of hip fracture admissions, and as a result, there may be reduced costs to health and social care (not cash releasing). A recent return on investment tool has demonstrated that certain interventions, such as strength and balance programmes and home hazard assessment and improvement programmes, demonstrate a financial and societal return on investment. On an individual level, the strategy intends to improve quality of life and healthy life expectancy.
- 1.5 The strategy has no financial implications for the council at this present time.

## 2. Main Issues

- 2.1 The system wide strategy outlines the plans of organisations across Cambridgeshire and Peterborough to reduce falls and falls-related injuries by taking a system wide approach to falls prevention and bone health (Appendix 1). It details six priorities to achieve the vision of *“working together to reduce the rate of falls and reduce hip fracture admissions amongst*

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<sup>1</sup> NICE. Falls: Assessment and prevention of falls in older people. *NICE Clinical Guidance 161*. 2013. [1 \(nice.org.uk\)](https://www.nice.org.uk)

<sup>2</sup> Todd C, Skelton D. What are the main risk factors for falls amongst older people and what are the most effective interventions to prevent these falls? *World Health*. 2004;(March):28. [Accessed 17 May 2022]: Copenhagen, WHO Regional Office for Europe (Health Evidence Network report; <http://www.euro.who.int/document/E82552.pdf>).

<sup>3</sup> Cambridgeshire and Peterborough Falls Prevention Strategy 2023-2026. Available at: Appendix 1.

*older adults, by preventing first falls and reducing the risk of subsequent falls to enable older people in Cambridgeshire and Peterborough to enjoy an active, fulfilling life”.*

For each of the priorities there is a detailed action plan outlining existing and planned interventions to enable the implementation of the strategy. (Note, only CCC actions are highlighted in the action plan within the accompanying strategy). The priorities are:

- Prevention and early identification of people at risk of falls
- Evidence-based and good practice falls prevention interventions and services
- Action to address risk in hospital
- Action to address risk in care homes
- Detection and management of fragility fracture
- Inclusive services

The actions for Cambridgeshire County Council (CCC) against these priorities are summarised below.

## 2.2 Priority 1: Prevention and early identification of people at risk of fall

The aim of this priority is to intervene at the earliest opportunity to prevent and reduce the number of people who have a first fall. A focus for action by CCC is on ensuring the public and front line staff engaging with older adults have the information they need to make informed choices about falls risk factors and have access to opportunities to live and age well. This includes further use and development of the ‘Stronger for Longer’ campaign messaging as well as promoting and evaluating the use of the recently launched interactive ‘Steady on Your Feet’ online tool. The tool is designed to support older adults who have not fallen to identify and take action to reduce their own personal risk factors for falling using the information, advice and service signposting provided in their action plan.

Physical activity is another major area for action under this priority. There is a focus on supporting active, independent mid-older aged adults living in the community to be physically active as part of upstream primary prevention. This includes improving awareness, accessibility and uptake of opportunities, supported by workforce development, as well as the commissioning of physical activities for this cohort. CCC Public Health have commissioned local providers to strengthen the offer of strength and balance activities in line with the falls prevention exercise pathway. The CCC Care Together programme have been instrumental in supporting this through their sound understanding of local communities and work to embed physical activity into their local programmes. The strategy strongly recognises the importance of scaling up physical activity in preventing falls and reducing the risk of falls, and this is weaved throughout the different priorities targeting different ability levels and settings, influenced by CCC (see priority summaries below).

This priority also acknowledges the potential role of the outdoor environment in supporting mid-older age adults to be active and this will be considered in the development of the Healthy Places Joint Strategic Needs Assessment by CCC over the coming year.

## 2.3 Priority 2: Evidence-based and good practice falls prevention interventions and services

The aim is to ensure that people who have fallen have timely access to services, interventions and opportunities that will support a reduction in the risk of falls and falls-related injuries. The focus is on system partners working together to improve the join up of services to facilitate this, underpinned by robust risk stratification, good cross system

communication, strengthening the uptake/delivery of specific interventions and workforce development. CCC Public Health Team will support this by providing specialist public health advice and support to ensure falls prevention guidance is adopted and through the monitoring of the Falls Prevention Action Plan. CCC Adult Social Care services will be part of the development of the integrated system-wide falls prevention pathway, ensuring that their services are considered and built in.

Again, physical activity is a key focus of this priority. Ensuring that all older adults have the opportunity to be more active and have access to strength and balance exercise proven to reduce the rate and risk of falls is a key focus. CCC Reablement Team plan to build in movement and physical activity into the support plans of all service users accessing Reablement.

#### 2.4 Priority 3: Action to address risk in hospital

The aim is to minimise the risk of inpatient falls, repeat falls and re-admissions, and improve quality of life. All the actions under this priority are led by Cambridge University Health Foundation Trust (CUHFT) and NWAFT with the support of CCC as relevant. For example:

- CCC Public Health Team and Adult Social Care Early Intervention and Prevention teams will continue to influence and support the development of communication systems that allow the sharing of multi-factorial falls risk assessment outcomes with CCC and other community providers to support the join-up of services and improve patient outcomes.
- They will also raise awareness and promote the uptake of relevant Adult Social Care Early Intervention and Prevention services on discharge such as Reablement, TEC and Sensory services.
- CCC Public Health Team will continue to support and encourage the CUHFT to build movement and activity into daily routines to prevent and address deconditioning of older adults admitted to hospital.
- CCC will also encourage the Emergency Department (ED) to identify and signpost people who present to hospital due to fall with a serious injury to receive a multi-factorial falls risk assessment, as recognised as a gap in the gap analysis.

#### 2.5 Priority 4: Action to address risk in care homes

The aim of this priority is to prevent, reduce and manage falls in nursing and residential home residents in order to reduce the risk and consequences of fragility fracture and a long-lie, improve quality of life and reduce system wide pressures. CCC will support this priority by leading a project with care and residential homes and CPFT to embed movement and physical activity into the daily lives of residents.

#### 2.6 Priority 5: Detection and management of fragility fractures

The aim is to ensure early identification and management of osteoporosis risk factors to prevent a first or subsequent fragility fracture and provide optimal support after a fragility fracture. CCC Public Health have taken a key role to understand local needs and develop a bone health strategy to outline necessary local action. CCC will support the development of a business case to support the commissioning and delivery of a Fracture Liaison Service (FLS) in North West Anglia Foundation Trust (NWAFT), which covers the north of Cambridgeshire. This is intended to enable the system to take action to reduce inequalities in health outcomes around bone health.

#### 2.7 Priority 6: Inclusive services

The aim is to ensure early falls prevention services are inclusive and accessible to all service users in line with the Equality Act and Public Sector Equality Duty to enable all older adults to receive falls prevention interventions that meets their needs. CCC will support this by using the work underpinning the Equality Impact Assessment of the strategy to develop and provide guidance to falls prevention services to support them to review the needs of their older clients and consider improvements if needed. Similarly, CCC will involve older adults in the co-production of falls prevention related services, campaigns and projects led by them to deliver on the strategy and will influence partners and actions in the strategy to do the same. CCC Public Health Team plan to commission qualitative research with older adults to better understand their journey through local falls prevention services and interventions and their views of strength and balance exercise/physical activity.

- 2.8 An engagement exercise for the strategy has been completed. The strategy has been presented to a variety of Cambridgeshire County Council Adult Social Care Boards and ICS Boards with the feedback incorporated into the strategy. Feedback from older adults has been obtained via a survey to CPFT service users which has indicated that the strategy should consider engagement with GPs/Primary Care to better understand how they can support the falls pathway. Further engagement is planned with the Older People's Partnership Board prior to the Committee to build on feedback received from the Board for the one-year strategy.
- 2.9 The strategy will be monitored by the Cambridgeshire and Peterborough Falls Prevention Strategy Group bi-monthly. It will report to the Joint Commissioning and Executive Group (JCPEG)(or other appropriate Board as advised) and Health and Wellbeing Board, as requested.

### 3. Alignment with ambitions

- 3.1 Net zero carbon emissions for Cambridgeshire by 2045, and our communities and natural environment are supported to adapt and thrive as the climate changes

There are no significant implications for this ambition.

- 3.2 Travel across the county is safer and more environmentally sustainable

There are no significant implications for this ambition.

- 3.3 Health inequalities are reduced

The Falls Prevention Strategy supports the ambition of the Joint Health and Wellbeing/Integrated Care System Strategy to:

- Reduce inequalities in death in under 75s
- Increase the number of years that people live in good health.

It supports the priority to "Create an environment to give people the opportunities to be as healthy as they can be" through action to help improve access to prevention services and opportunities to be more physically active.

The strategy will consider how to target the delivery of the pathway to those with most need to reduce health inequalities. It is known that falls and hip fractures are more prevalent in people in the most deprived deciles compared to those in the least deprived deciles<sup>3</sup>.

- 3.4 People enjoy healthy, safe, and independent lives through timely support that is most suited to their needs
- The report sets out the significant implication in 1.3.

- 3.5 Helping people out of poverty and income inequality

There are no significant implications for this ambition.

- 3.6 Places and communities prosper because they have a resilient and inclusive economy, access to good quality public services and social justice is prioritised

There are no significant implications for this ambition.

- 3.7 Children and young people have opportunities to thrive

There are no significant implications for this ambition.

## 4. Significant Implications

- 4.1 Resource Implications

There are no significant implications within this category.

- 4.2 Procurement/Contractual/Council Contract Procedure Rules Implications

There are no significant implications within this category.

- 4.3 Statutory, Legal and Risk Implications

The following bullet point sets out details of significant implications identified by officers:

- The priorities in the strategy support the prevention priority of the Care Act (2014).

- 4.4 Equality and Diversity Implications

There are no significant implications within this category.

- 4.5 Engagement and Communications Implications

- The report sets out details of significant implications in 2.8.

- 4.6 Localism and Local Member Involvement

There are no significant implications within this category.

- 4.7 Public Health Implications

The report above sets out details of significant implications in 1.1, 1.3 and 1.4.

- 4.8 Climate Change and Environment Implications on Priority Areas (See further guidance in Appendix 2):

- 4.8.1 Implication 1: Energy efficient, low carbon buildings.

Neutral

Explanation: No change

4.8.2 Implication 2: Low carbon transport.

Neutral:

Explanation: No change

4.8.3 Implication 3: Green spaces, peatland, afforestation, habitats and land management.

Neutral

Explanation: No change

4.8.4 Implication 4: Waste Management and Tackling Plastic Pollution.

Neutral

Explanation: No change

4.8.5 Implication 5: Water use, availability and management:

Neutral

Explanation: No change

4.8.6 Implication 6: Air Pollution.

Neutral

Explanation: No change

4.8.7 Implication 7: Resilience of our services and infrastructure, and supporting vulnerable people to cope with climate change.

Neutral

Explanation: No change

Have the resource implications been cleared by Finance? Yes  
Name of Financial Officer: Justine Hartley

Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the Head of Procurement and Commercial? Yes  
Name of Officer: Clair Ellis 14/11/23

Has the impact on statutory, legal and risk implications been cleared by the Council's Monitoring Officer or Pathfinder Legal? Yes  
Name of Officer: Approved by CCG 15/11/23

Have the equality and diversity implications been cleared by your EqIA Super User? Yes  
Name of Officer: Jyoti Atri 28/11/23

Have any engagement and communication implications been cleared by Communications? Yes  
Name of Officer: Simon Coby 16/11/23

Have any localism and Local Member involvement issues been cleared by your Service Contact? Yes  
Name of Officer: Jyoti Atri 28/11/23

Have any Public Health implications been cleared by Public Health? Yes  
Name of Officer: Jyoti Atri 28/11/23

If a Key decision, have any Climate Change and Environment implications been cleared by the Climate Change Officer? Yes  
Name of Officer Emily Bolton 19/11/23

## 5. Source documents guidance

### 5.1 Source documents

A full list of resources used in the Strategy are in the full Cambridgeshire and Peterborough Falls Prevention Strategy 2023-2026 document (Appendix 1).

Falls Prevention Strategy Detailed Action Plan. New Shire Hall: Public Health Team.

NICE. Falls: Assessment and prevention of falls in older people. *NICE Clinical Guidance* 161. 2013. Available at: [1 \(nice.org.uk\)](https://www.nice.org.uk)

Todd C, Skelton D. What are the main risk factors for falls amongst older people and what are the most effective interventions to prevent these falls? *World Health*. 2004;(March):28. [Accessed 17 May 2022]: Copenhagen, WHO Regional Office for Europe (Health Evidence Network report; <http://www.euro.who.int/document/E82552.pdf>,



Cambridgeshire and Peterborough Integrated Care System. 2022. Joint Health and Wellbeing Integrated Care Strategy. Available from: [Cambridgeshire & Peterborough Insight – Health and Wellbeing – Public Health – Health and Wellbeing Integrated Care Strategy \(cambridgeshireinsight.org.uk\)](https://cambridgeshireinsight.org.uk/insight-health-and-wellbeing-public-health-health-and-wellbeing-integrated-care-strategy)