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Tameside Metropolitan Borough

Tameside Falls Prevention Needs Assessment

2024

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Abbreviations

- BMI - Body Mass Index
- CFS - Clinical Frailty Scale
- eFI - Electronic Frailty Index
- EMC - Ethnic Minority Communities
- FaME - Falls Management Exercise Programme
- FF MOT Functional Fitness MOT
- GM - Greater Manchester
- GMCA - Greater Manchester Combined Authority
- GP - General Practitioner
- ICFT - Integrated Care Foundation Trust
- JSNA - Joint Strategic Needs Assessment
- LSOA - Lower Super Output Area
- NICE - National Institute for Health and Care Excellence
- NHS - National Health Service
- MECC - Making Every Contact Count
- NWAS - North West Ambulance Service
- OEP - Otago Exercise Programme
- OHID - Office for Health Improvement and Disparities
- ONS - Office for National Statistics
- PCN - Primary Care Network
- PSI - Postural Stability Instructor
- UN - United Nations
- WHO - World Health Organisation

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Executive Summary

The purpose of this rapid falls prevention needs assessment is to inform the Public Health commissioning intentions for the community falls prevention service in Tameside. Due to the timescales involved, the scope of this work is limited to an upstream focus on the community pathway and the integration of this into existing clinical pathways in the borough.

The aims of this needs assessment are:-

- To assess the current provision of falls prevention services in Tameside, and user experience of this
- To review the current needs of the population in terms of primary and secondary falls prevention
- To make recommendations to improve the pathway to prevent and manage the occurrence of falls in the Tameside population which will inform immediate commissioning intentions

Falls are devastating and come with a significant human and societal cost, however, falls in older people are often preventable. Reducing falls and fractures is important for maintaining the health, wellbeing and independence of older people in Tameside and for reducing the burden on the local health and social care system.

Falls and fall-related injuries are a common and serious problem for older people. People aged 65 and older have the highest risk of falling, with 30% of people over the age of 65 and 50% of people over the age of 80 falling at least once a year (NICE, 2013). This could estimate that in Tameside there could be an expected 12,313 falls in those older than 65 (total 65+ population in Tameside is 41,043), and an expected 4,964 falls in those over 80 (total over 80 population is 9,927). Emergency hospital admissions due to falls for over 80's and hip fractures in Tameside residents aged over 65 are significantly worse than the national average. Mortality due to falls in Tameside is the 4th highest in England for persons at a rate of 23.7 per 100,000 people compared to the England average of 12.3 per 100,000 people, in addition the trend overall is increasing in Tameside.

The COVID-19 pandemic had a significant impact on our older population. The physical distancing measures and lockdowns subsequently led to physical deconditioning and a loss of strength and balance in a large cohort of the population, bringing about a higher risk of falls in a greater percentage of the population than usual.

There is strong evidence for exercise-based physical activity interventions in preventing falls which has been embedded into global and national guidance. This should be provided for those at risk of a first fall and for those who have experienced a first fall to have maximum impact in reducing future risk of falling.

Based on the data and insight gained throughout this rapid needs assessment, a series of recommendations have been set out below which suggest the further work needed and implications for commissioning of community based falls prevention services in Tameside

System-wide Falls Prevention Recommendations:

- Utilise established governance to ensure a whole system approach to preventing falls is in place. This should involve better connection of the community and clinical falls prevention pathways, to be led by both local authority and NHS GM Integrated Care Board commissioners. This should include universal support, community, primary care and secondary care.
- Ensure all eligible patients have eFI and Rockwood scores on their GP record for more robust identification of frailty and promote referral for those identified with moderate frailty.
- Take a system wide upstream approach to preventing first fall through early identification and intervention. This may include the delivery of FF MOTs, proactive identification and signposting of eligible patients with moderate frailty, promotion of the community physical activity programme delivered through partners including Active Tameside and Age UK Tameside.
- Conduct health promotion at a universal population level around active ageing, maintaining good bone health and the benefits of addressing falls risk factors. This should involve the promotion of preventative healthcare offers including stop smoking and NHS Health Checks to younger eligible adults and the sharing of good advice and information, in a targeted way, on tackling the risk factors for falls and frailty.

Community Falls Prevention Recommendations:

- Have a focus on prevention of first fall through early identification and intervention e.g. through FF MOTs and community Tai Chi.
- Provide targeted, evidence-based strength and balance exercise for those at moderate risk of falling.
- Consider accessibility of falls prevention provision to address health inequalities. This should include consideration of accessible venues across Tameside, transport, language barriers, digital access, culturally appropriate provision etc. Any service provision should also be actively promoted to ensure awareness of the offer.
- Promote a community social movement for falls prevention through a network of peer community champions providing information on healthy, active ageing and promoting the falls prevention service in Tameside.
- Ensure the service collects accurate demographic and accessibility data to enable service development and targeting of provision.
- Deliver an effective and extensive communication and marketing campaign to promote and raise awareness of the community falls prevention the service. This should be delivered in a range of mediums for a variety of audiences and the impact/reach of this should be evaluated.
- Review the necessity of a home visit as part of the community falls prevention service. The current impact of the inclusion of this is unclear, yet this step in the intervention could be a barrier for people in accessing support.
- Work with the Be Well Stop Smoking service to develop stop smoking communication which links to the prevention of osteoporosis. Males have a significantly higher smoking prevalence than women in Tameside and special consideration should be taken around the messages for men and risk of developing osteoporosis linked to smoking as a risk factor.

1. Introduction

Falls and fractures in older people are often preventable. Reducing falls and fractures is important for maintaining the health, wellbeing and independence of older people in Tameside and for reducing the burden on the local health and social care system.

A fall is defined as an event which causes a person to, unintentionally, rest on the ground or lower level, and is not due to a major intrinsic event such as a stroke or other major hazard[1]. Having a fall can happen to anyone, however as people get older, they are more likely to have a fall. Falls can result in injuries including head injuries and hip fractures which lead to further fragility.

There are many causes of a fall. Common factors in falls include:

- muscle weakness
- poor balance
- visual impairment
- taking multiple medicines concurrently (polypharmacy)
- environmental hazards (in or outside of the home environment)
- some specific medical conditions which may increase the risk of a fall

Falls are a major public health issue, being the second major cause of death and disability from all unintentional injury, after road traffic accidents[2]. They are the largest cause for emergency hospital admissions for older people and are a major reason why people move from their own home to long-term nursing or residential care.

Every year more than 3 million people aged 65 years and over fall at least once[3]. It is estimated between 5-10% of those who fall sustain serious injury[45] and the falls cost the NHS around £2.3 billion a year. In the year 2022/23, there were 209,989 emergency hospital admissions due to falls in people aged 65 years and over in England, of which 785 were in Tameside . 510 of these admissions were in over 60's with Tameside having a significantly higher rate of admissions than the national average in this age group.

Fragility fractures are most common in the bones of the spine, wrists and hips. The total annual cost of fragility fractures to the UK has been estimated at £4.4 billion which includes £1.1 billion for social care; hip fractures account for around £2 billion of this sum[5]. The rate of hip fractures in over 65's in Tameside is significantly worse than the England average[5].

Women are more likely than men to fall and often sustain fragility fractures because of falling over. This is due to several factors, including osteoporosis, which is more prevalent in women as is reduced bone density that can be the result of the menopause and reduction in oestrogen[7]. Other factors can also put a person at risk of fractures including low body weight (BMI <19), diet lacking in calcium and vitamin D, poor mobility, smoking, alcohol, diabetes and certain long-term medications.

1.1 Impact of COVID-19 on physical deconditioning

Prior to the COVID-19 pandemic there was already a need to increase physical activity levels in the general population for health and wellbeing. The physical distancing measures and lockdowns during the COVID-19 pandemic led to a large proportion of the population spending more time at home and as a result being less physically active. This has subsequently led to physical deconditioning and a loss of strength and balance in a large cohort of the population, particularly people in older age, bringing about a higher risk of falls in a greater percentage of the population than usual.

The main sources of information about the impact of the pandemic come from the regular national survey conducted by Sport England[89] and a report by Public Health England (now the Office for Health Improvement and Disparities (OHID)) looking at the impact of COVID-19 on older adults[10].

The key findings from these two reports are:

- 21.5% of adults aged 65 to 74, 34.4% of those aged 75 to 84 and 57.4% who were 85 years and over were inactive in the pre-pandemic period. The picture worsened during the pandemic.
- Older people experienced a considerable reduction in strength and balance activity between March 2019 and May 2020, with the greatest change being reported in the 70 to 74 age group with a 45% decrease in activity in men and 49% decrease in women.
- 43% of people with a long-term health condition were unable to walk as far as before, compared to 13% of people without a long-term health condition.
- Amongst people from more disadvantaged socioeconomic backgrounds:
  - 22% of older people from more disadvantaged socioeconomic backgrounds reported they felt less steady on their feet compared to 14% from the most advantaged.
  - 39% of older people from a more disadvantaged socioeconomic background said they had less energy compared to 26% of those from the most advantaged.
  - Inequalities have widened. The levels of activity in November 2022 have increased by 1.4% for those coming from the most- and mid-affluent populations. In the most deprived communities, the activity levels have decreased by 2.1%.
- With respect to ethnic background, the sub-populations most negatively affected were those belonging to the Asian (excluding Chinese) and Black communities and those coming from 'Other' ethnic backgrounds. Overall, these populations had lower levels of activity before the pandemic, did worse during it, and have recovered the least in terms of their exercise levels.

- Public Health England modelled the impact of the pandemic of the incidence of falls. In the absence of any significant mitigation, their modelling predicted that:
  - 110,000 more older people are projected to have at least one fall per year because of reduced strength and balance activity during the pandemic. This represents an overall increase of 3.9%.
  - the total number of falls could increase by 124,000 for males (an increase of 6.3%) and 130,000 for females (an increase of 4.4%).
  - for each year that the lower levels of strength and balance activity observed during the pandemic persist, there is projected to be an additional cost to the health and social care system because of the change in predicted related falls of £211 million (incurred over a two-and-a-half-year period).

These rises were predicted despite the excess deaths of large numbers of older people due to COVID-19.

1.2 The costs of falls

Most of the costs of caring for patients after a fall are outside the acute hospital setting. A study by the King's Fund which looked at the wider costs of falls noted although the acute costs such as hospital and acute community care fall back to baseline over the year after a fall, the higher post fall social care costs remain in the long-term, reflecting the higher degree of care which is often required because of a fall particularly in the frailest . Only a minority of those who have fallen will completely regain their pre fall abilities and a quarter will need long term care.

Whilst the cost to the health and social care is an important factor to consider, of greater importance is the human cost to both people who fall and their family members and carers. A fall can be devastating and life changing. The impact of a fall on a person includes distress, pain, injury, loss of confidence, loss of independence, increased risk of dying sooner.

1.3 Policy context

1.3.1 Global

Falls are a global issue. The WHO estimates 684,000 fatal falls occur each year, making it the second most common type of unintentional injury deaths worldwide and 37 million falls are estimated to occur which require medical attention.[1] The United Nations (UN) General Assembly declared 2021–2030 the UN Decade of Healthy Ageing and asked World Health Organisation (WHO) to lead the implementation. The UN Decade of Healthy Ageing (2021–2030) aims to give everyone the opportunity to improve their quality of life. This includes reducing falls and guidance on falls prevention has been updated along with the response in the form of step safe guidance.

The WHO is leading on implementation of this with four action areas:

1. Age friendly environments
2. Combatting ageism
3. Integrated care
4. Access to long term care when needed

1.3.2 National

As already identified, falls are a significant public health issue nationally. In response to this issue, the multi-agency National Falls Prevention Coordination Group produced a Falls and fracture consensus statement in January 2017 which advocates for a whole system approach to preventing falls. The key recommendations included:

- promotion of healthy ageing across the different stages of the life course
- optimising the reach of evidence-based case finding and risk assessment
- appropriate commissioning of services which provide:
  - an appropriate response attending people who have fallen,
  - multifactorial risk assessments and timely evidence-based interventions for high risk,
  - evidence based strength and balance programmes for moderate to low risk
  - home hazard assessment and improvement programmes

- ensuring that local approaches to improve poor or inappropriate housing address falls prevention and promote healthy ageing.
- be able to demonstrate actions to reduce risk in high-risk health and residential care environments.
- provide fracture liaison services in line with clinical standards including access to effective falls interventions when necessary.
- have a strategic lead and governance body with oversight and assurance of falls, bone health and related areas including frailty and multimorbidity.

The 2022 adult social care reform policy paper' People at the Heart of Care' sets out a 10-year vision for adult social care and considers fall prevention as part of this approach. This includes accelerating the adoption and use of technology to support independent living, ensuring homes fit for the future for older people, maximising independence with a focus on deconditioning and focussing on prevention and health promotion to support people to live healthier lives for longer.

1.3.3 Regional

Greater Manchester (GM) became the first age-friendly city region in the UK. There is a well-established GM Ageing Hub which works with the 10 local authorities to coordinate age friendly action and enable residents in GM to age well across the life course.

The GMCA Age Friendly Strategy[16] has a commitment to supporting healthy ageing through physical activity and improving nutrition and hydration and coordinating action to prevent falls. GM Moving has a commitment to support physical activity throughout the life course as part of falls prevention but links in with the age friendly ambitions in enabling older adults to become and remain active[17]. Falls prevention is also embedded as a focused action in GM Integrated Care Partnership's 'Putting health at the heart of Greater Manchester'[18] strategy (2023-2028).

1.3.4 Local

Tameside's joint Health and Wellbeing Strategy and Locality Plan (2023-28) identifies six areas of focus for local action. The following three areas particularly support healthy ageing in Tameside.

- Deliver healthy places with accessible and inclusive services
- Enable all Tameside residents to grow old with dignity and independence
- Help people stay well across the life course and detect illness earlier

The Tameside Healthy Places Strategic Framework[20] supports the delivery of the Health and Wellbeing Strategy and Locality Plan and sets out the whole system, place-based approach being taken to improve the health and wellbeing of Tameside residents. The Framework identifies key areas of action, including food and physical activity. The supporting Good Food Plan[21] and Tameside Moving Physical Activity Framework[22] identify healthy ageing as key priorities with the falls prevention work firmly embedded.

Local governance arrangements are in place to support the development of activity through the Healthy Places Subgroup to monitor progress against the respective Healthy Places delivery plans.

2. Background – what is the data telling us

Updated guidance by the Office for Health Improvement and Disparities (OHID)27 highlights that a fall is 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. Having a fall can happen to anyone; it is an unfortunate but normal result of human anatomy. However, as people get older, they are more likely to fall over. Falls can become recurrent and result in injuries including head injuries and hip fractures.

The causes of having a fall are multifactorial – a fall is the result of the interplay of multiple risk factors. These include:

- muscle weakness
- poor balance
- visual impairment
- polypharmacy – and the use of certain medicines
- environmental hazards
- some specific medical conditions, which might make a person more likely to fall.

Falls are events resulting from the presence of risk factors. The likelihood and severity of injury resulting from an event is related to a number of possible factors including bone health, risk of falls, frailty, and low weight. Strong bones are important for your health. People with low bone mineral density are more likely to experience a fracture following a fall. Osteoporosis is one of the reasons why people have low bone mineral density.

Falls and fall-related injuries are a common and serious problem for older people. People aged 65 and older have the highest risk of falling, with 30% of people over the age of 65 and 50% of people over the age of 80 falling at least once a year[5]. This could estimate that in Tameside there could be an expected 12,313 falls in those older than 65 (total 65+ population in Tameside (2022 mid-year estimates, ONS total 65+ population is 41,043), and an expected 4,964 falls in those over 80 (total over 80 population is 9,927).

The below sections discuss some of the risk factors around falls and understanding the 65 and over populations.

2.1 Population

The usual resident population of Tameside according to the Office of National Statistics (ONS) mid-year estimates 2022 was 232,753 persons. 17.6% of the population is aged 65 or over and 4.3% are aged 80 or over. The numbers entering the 65 and over and 80 and over age brackets have increased in recent years and the below table highlights, based on 2018 population projections, the numbers of persons and the percentage of growth in age brackets in Tameside.

Figure 2: Population Projections 2018 Based for Tameside - Source: ONS Population Projections

Key Dates and Age Bands -
Numbers of the Population

Year	0-14	16-64	50+	65+	80+	90+
2018	42,911	98,003	44,572	30,098	8,181	1,432
2020	43,447	97,808	45,834	30,499	8,501	1,468
2022	43,665	97,953	46,628	31,246	8,743	1,456
2025	43,298	99,914	46,068	32,027	9,651	1,505
2030	42,169	103,846	43,138	33,916	11,689	1,755
2035	42,297	105,238	42,186	36,834	11,980	2,090
2040	43,659	105,351	43,775	37,272	12,489	2,703
2043	44,688	105,126	45,867	35,882	13,785	2,752

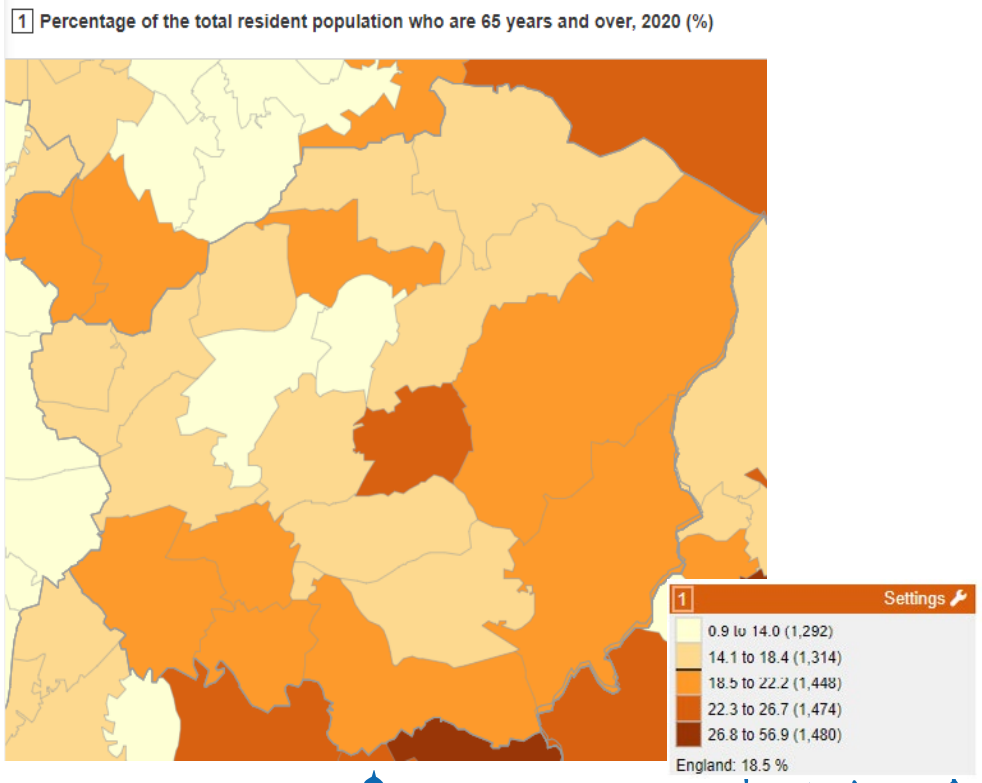
Percentage Growth of Persons -
When compared to 2018

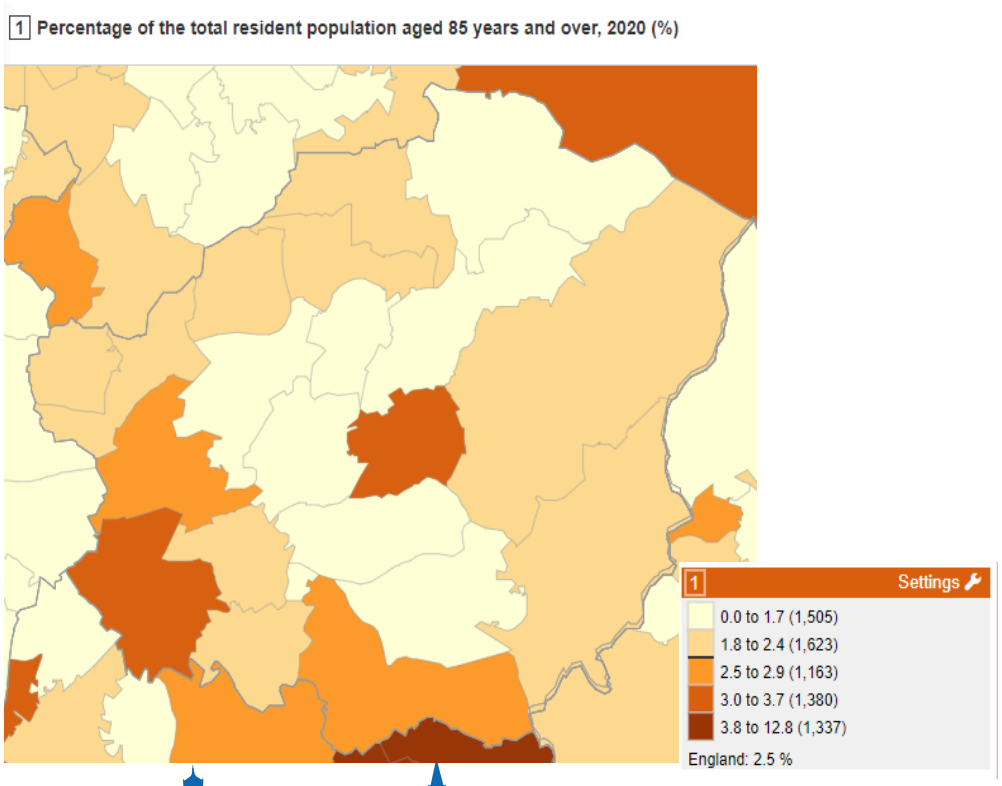
Year	0-14	16-64	50+	65+	80+	90+
2018	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
2020	1.2%	-0.2%	2.8%	1.3%	3.9%	2.5%
2022	1.8%	-0.1%	4.6%	3.8%	6.9%	1.7%
2025	0.9%	1.9%	3.4%	6.4%	18.0%	5.1%
2030	-1.7%	6.0%	-3.2%	12.7%	42.9%	22.5%
2035	-1.4%	7.4%	-5.4%	22.4%	46.4%	45.9%
2040	1.7%	7.5%	-1.8%	23.8%	52.7%	88.7%
2043	4.1%	7.3%	2.9%	19.2%	68.5%	92.2%

2. Background – what is the data telling us

In relation to projecting the older population of Tameside over the next 19 years, the over 80 year old and over 90 year old population is expected to increase by 69% and 92% respectively. The over 65 population is also expected to increase by nearly 20%. This is in contrast to other age groups which see much smaller growth. Given the increased risk of frailty and falls as people grow older, this increase in the number of people living in Tameside in older age means that there are likely to be more people in the borough who are at increased risk of experiencing a fall over the next 19 years.

Figure 3: Distribution of 65 and over and 80 and over populations in Tameside - Source – Local Health





Tameside Metropolitan Borough

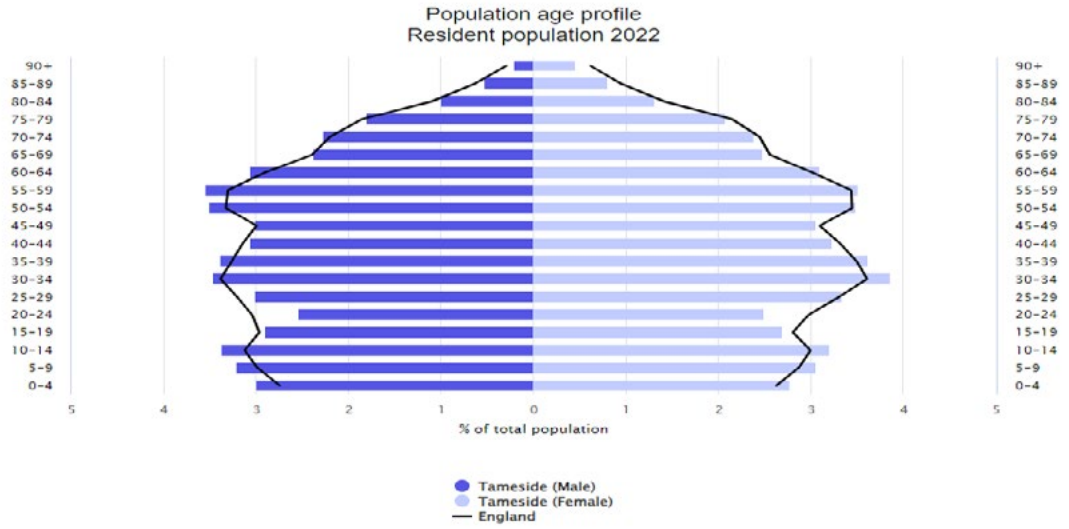
In terms of where older adults tend to live, more adults aged 65 and over live in the south and east of the borough (Denton West, North East and South; Hyde Werneth, Longendale and Stalybridge South wards) and in Ashton Hurst. The ward with the highest density of adults aged 65+ is Dukinfield/Stalybridge at 22.4% of the ward population. The 85+ population, although much smaller overall but is well-distributed across Tameside with higher concentrations of adults in this age group living in Denton West, Dukinfield Stalybridge and Hyde Werneth. This geographic distribution of where more older people live across the borough is a potential indication of where in Tameside there may be more people requiring support to prevent a potential fall, as they grow older.

2.2 Gender

Tameside overall has a higher percentage of females at 51% of the population. However, for the age groups 65 and over, the overall male and female populations are lower than the national (England) average.

The age bands with the highest population are 30-34, 50-54 and 55-59. In 2022 32,659 people were in their 50's which accounted for just over 14% of the total population.

Figure 4: Population Pyramid and Population Estimates by Age and Gender from Mid-Year Estimates 2022 – Source: OHID Fingertips



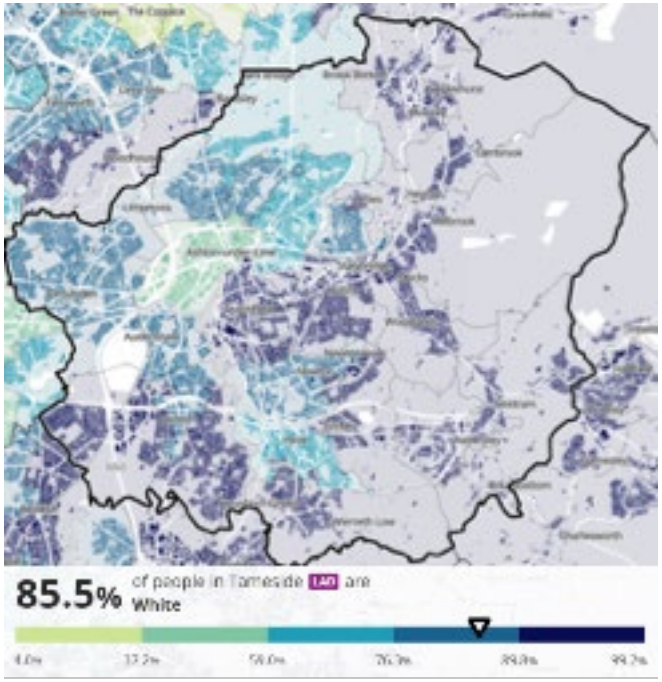
Age range	Tameside	
	Male	Female
0-4	6,959	6,439
5-9	7,445	7,101
10-14	7,839	7,455
15-19	6,754	6,269
20-24	5,897	5,802
25-29	6,988	7,768
30-34	8,049	8,990
35-39	7,874	8,415
40-44	7,098	7,508
45-49	6,979	7,117
50-54	8,142	8,102
55-59	8,246	8,169
60-64	7,097	7,208
65-69	5,510	5,765
70-74	5,255	5,558
75-79	4,188	4,840
80-84	2,304	3,063
85-89	1,205	1,853
90+	460	1,042
All ages	114,289	118,464

2.3 Ethnicity

Ethnicity plays a significant role in the prevalence and risk of falls among older adults. Various studies have highlighted differences in fall rates across different ethnic groups, often revealing complex interactions between cultural, health, and sociodemographic factors.

Socioeconomic status plays a crucial role in the prevalence of falls among different ethnic groups. Ethnic Minority Communities (EMC) in the UK are more likely to experience socioeconomic disadvantages, including higher rates of poverty and lower access to quality healthcare. These factors can increase the risk of falls due to poorer overall health and less access to fall prevention resources. For instance, during economic crises, such as the recent cost-of-living crisis, ethnic minority households are disproportionately affected, which exacerbates their vulnerability to health issues, including falls. The below map highlights where the highest proportions of those from a white background, with the lighter blue and greens indicating a higher proportion of EMC.

Figure 5: Percentage of White Ethnicities by Middle Super Output Area – Source: ONS Census 2021

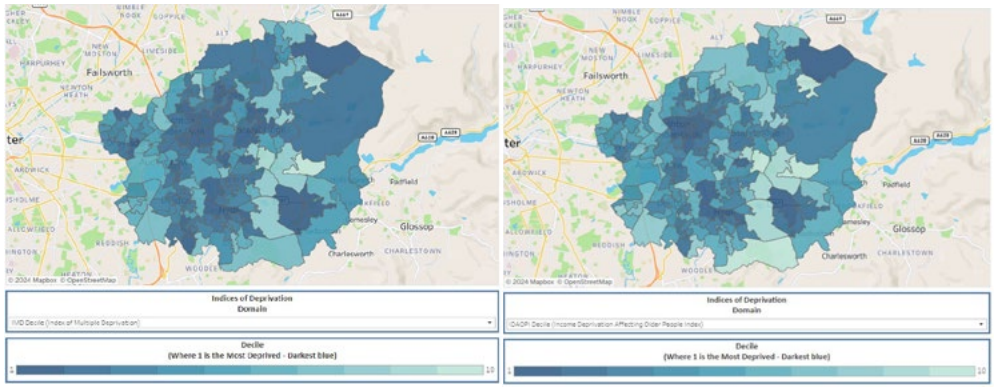


Biological differences also contribute to the variability in fall rates among ethnic groups. Studies have shown that White populations in the UK have a higher prevalence of falls compared to Black and Asian populations. This is partly attributed to differences in bone density and the prevalence of osteoporosis, which is more common in White populations, especially among older adults .
This data suggests that, some ethnic minorities in Tameside may be at increased risk of falls, due to the intersectionality seen with deprivation impacting ethnic minorities disproportionately and also being associated with increased falls risk. But also that white populations may be at increased risk of falls.

2.4 Deprivation

The levels of disadvantage and socio-economic deprivation, as measured by the Index of Multiple Deprivation 2019, show that Tameside has relatively high levels of economic disadvantage across the borough as a whole and falls within the group of Local Authorities that are the most disadvantaged in England. It is now possible to understand how this affects older adults specifically through the measure of income deprivation/poverty affecting adults aged 60+.

Figure 6: Index of Multiple Deprivation and Income Deprivation Affecting Older People (2019) - Source: Ministry of Housing, Communities & Local Government



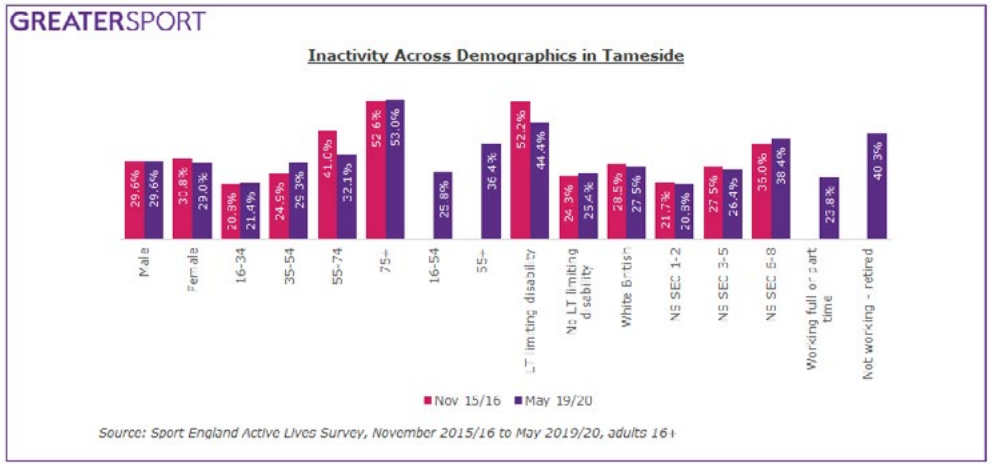
The Tameside graphic above shows that across the 60+ population there is relatively broad economic disadvantage across the borough, with only the areas around the wards of Stalybridge and Denton West being lower than the England average.

2.5 Physical Activity Levels

Physical activity plays a significant role in reducing the risk of falls among adults in the UK, especially older adults. Regular physical activity, including both aerobic and muscle-strengthening exercises, is recommended for adults to maintain health and reduce fall risk. The NHS suggests that adults should aim for at least 150 minutes of moderate-intensity activity or 75 minutes of vigorous-intensity activity each week, in addition to muscle-strengthening activities on two or more days a week[25]. These exercises not only improve physical health but also contribute to better balance and coordination, which are crucial for fall prevention[25].

The below figure relates to inactivity levels by demographics including age groups across Tameside. It highlights that a higher proportion of adults report being inactive as they grow older. Across most groups, there has been relatively little change between 2015/16 and 2019/20 apart from a reduction in inactivity among 55-74 year olds (from 41.0% to 32.1%) and those with a limiting disability (from 52.2% to 44.4%). Inactivity levels have increased for 35-54 year older (from 24.9% to 29.3%). It is important to reiterate the guidance around levels of physical activity to all age groups.

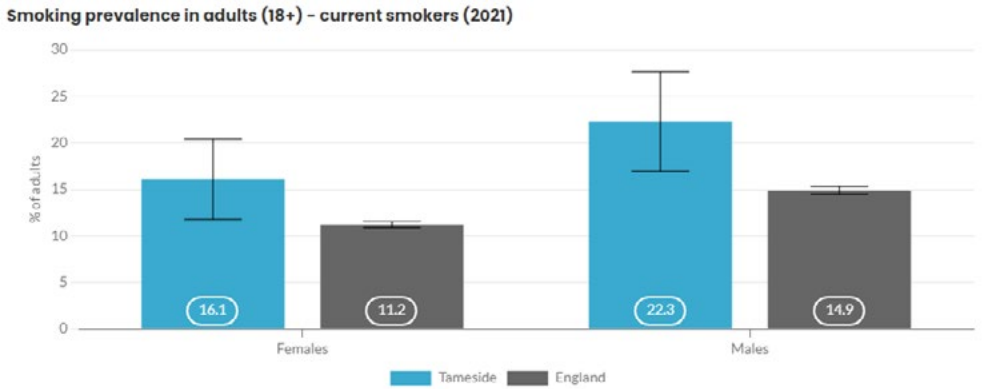
Figure 7: Physical Inactivity in Tameside by demographic groups - 2015/16 compared to 2019/20 (latest data available)



2.6 Smoking Prevalence

Smoking significantly increases the risk of falls, especially among older adults. The relationship between smoking and falls is largely mediated by the adverse effects of smoking on bone health and overall physical condition. Smoking contributes to reduced bone density, which can lead to osteoporosis and a higher likelihood of fractures if a fall occurs . Smoking affects balance and mobility, increasing the likelihood of falls. Nicotine and other chemicals in cigarettes can impair neuromuscular function, leading to poorer coordination and strength. Additionally, chronic conditions exacerbated by smoking, such as cardiovascular and respiratory diseases, can further reduce physical stability. Tameside has a higher smoking prevalence rate than the England average for both males and females, although overtime the trend of current smokers is decreasing. This data is not available broken down by age or demographics across Tameside. As smoking is a risk factor for falls and poorer outcomes following a fall, work should continue to reduce smoking rates across the population.

Figure 8: Smoking Prevalence in Tameside by Gender



2.7 Impact of COVID-19 on Deconditioning

The COVID-19 pandemic has significantly influenced physical deconditioning, especially among older adults, which in turn has increased the risk of falls. Lockdowns and Social Distancing as well as closure of exercise facilities meant during the pandemic, that there were limited opportunities for regular physical activity, leading to muscle atrophy and decreased balance. Home confinement and prolonged periods of staying indoors led to increased sedentary behaviour, which contributes to cardiovascular deconditioning and loss of muscle strength, both of which are critical for maintaining balance and preventing falls[28].

Mental Health was impacted with social isolation and anxiety during the pandemic being linked to decreased motivation for physical activity, exacerbating physical deconditioning. Additionally, stress and anxiety related to the pandemic, increased the risk of cognitive decline, affecting coordination and increasing a fall risk.

Due to healthcare access disruptions, including further pressure on waiting lists, many individuals delayed or missed routine medical appointments, including physical therapy sessions that are crucial for maintaining physical fitness and balance. Access to rehabilitation services was often limited during the pandemic, impacting recovery and maintenance of physical health.

It is estimated from national data that across Tameside, 32% or 13,109 persons were inactive during the pandemic, and overall activity in the remaining population was reduced compared to previous levels[46]. This data can be used to estimate that there is expected to be an increase in the number of falls locally by 6.3% for males and 4.4% for females without any mitigation post COVID-19.

2.8 Frailty

On general practice registers for quarter 4 2023/24 there were 39,036 patients registered at a GP practice in Tameside aged 65 or over. Taken from national data, of the patients aged 65 and over, 19,518 are estimated to have a degree of frailty. This is the expected prevalence of frailty amongst the Tameside population. The numbers by Primary Care Networks (PCN) – groups of GP practices, are highlighted below:

Figure 9: Estimated Prevalence of Frailty by PCN for Quarter 4 2023/24 - Source: Tameside Sub-ICB Data

Q4 2023/2024	Estimated Numbers of Patients with Frailty by PCN				
Estimated Prevalence of Frailty	Ashton	Denton	Hyde	Stalybridge	Tameside Overall
Potential no. of mildly frail based on national average 35%	3251	3290	4566	2555	13663
Potential no. of moderately frail based on national average 12%	1115	1128	1566	876	4684
Potential no. of severely frail based on national average 3%	279	282	391	219	1171
No. of patients potentially frail (mild/Mod/Severe) - based on national average of 50% of patients over 65 having a degree of frailty	4644	4700	6524	3651	19518

As part of the GP contract from NHS England, a patient's frailty is recorded through a risk stratification tool called the Electronic Frailty Index (eFI) (Appendix 1). The eFI uses the existing information within the electronic primary health care record to identify populations of people aged 65 and over who may be living with varying degrees of frailty. When applied to a local population it provides opportunity to predict who may be at greatest risk of adverse outcomes in primary care because of their underlying vulnerability.

The eFI uses existing electronic health records and a 'cumulative deficit' model to measure frailty based on the accumulation of a range of deficits. These deficits include clinical signs (e.g. tremor), symptoms (e.g. vision problems), diseases, disabilities, and abnormal test values.

It is made up of 36 deficits comprising around 2,000 Read codes (codes that are applied to records when GP's diagnose presenting symptoms). The score is strongly predictive of adverse outcomes and has been validated in around 900,000 patient records nationally.

It presents an output as a score indicating the number of deficits that are present out of a possible total of 36, with the higher scores indicating the increasing possibility of a person living with frailty and hence vulnerability to adverse outcomes.

2. Background – what is the data telling us

From the eFI of the patients aged 65 and over 18,154 are identified to have a degree of frailty. The numbers by PCN are highlighted below:

Figure 10: eFI Score Identified by PCN for Quarter 4 2023/24 - Source: Tameside Sub-ICB

Q4 2023/2024	Distribution of all Patients with an eFI Score				
eFI Score	Ashton	Denton	Hyde	Stalybridge	Tameside Overall
Score below frailty threshold	71	269	32	559	931
Mild Frailty	2769	2420	3175	953	9317
Moderate Frailty	1399	1113	2014	547	5073
Severe Frailty	590	578	1349	316	2833

eFI alone isn't a guaranteed way of identifying those who have frailty and eFI relies on additional clinical input. Of the 18,154 the eFI identifies with a score, 13,301 have a clinically diagnosed degree of frailty.

Figure 11: eFI Score with clinically diagnosed (by GP) Frailty Identified by PCN for Quarter 4 2023/24 - Source: Tameside Sub-ICB Data

Q4 2023/2024	Distribution of all Patients with an eFI Score and Diagnosed Frailty				
eFI Score with Clinician Diagnosed Frailty	Ashton	Denton	Hyde	Stalybridge	Tameside Overall
Mild Frailty	1400	1757	2549	1031	6737
Moderate Frailty	782	1112	1963	433	4290
Severe Frailty	725	713	1589	456	3483
Mild Moderate or Severe Frailty	2534	3347	5765	1655	13301

Another measure of frailty commonly used within clinical settings is the Rockwood Scale. The Rockwood Clinical Frailty Scale (CFS) (Appendix 2), first described in 2005, is a semiquantitative tool used to estimate an individual's degree of frailty on a scale of 1 (very fit) to 9 (terminally ill). Patients who score a 5 or higher are considered frail. The main advantage of the CFS is its ease of application, as a score can be derived through a brief interview with a patient or family member without the need for further objective data such as grip strength or gait speed. Of the 39,036 patients aged 65 and over 21,764 have a Rockwood Score recorded. The distribution of these scores is highlighted below by PCN and for Tameside as a whole.

Figure 12: Quarter 4 2023/24 Distribution of Rockwood Scores in the 65 and over age group for Primary Care Networks in Tameside – Source: Tameside Sub-ICB Data

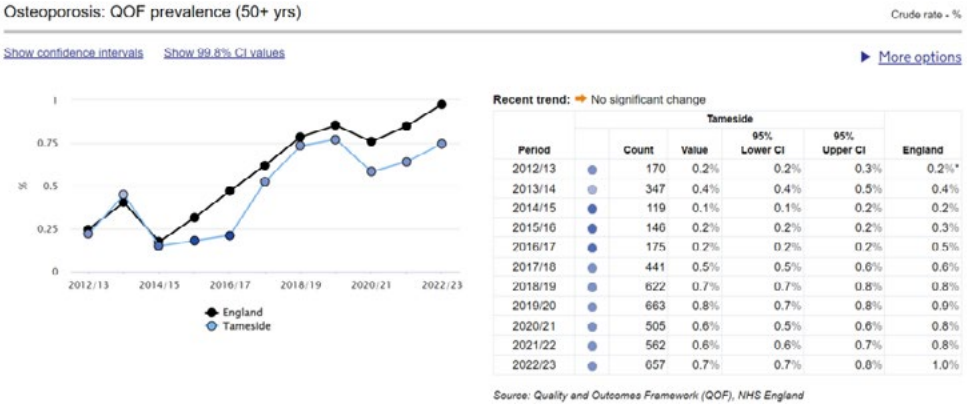
Q4 2023/2024	Percentage Distribution of all Patients with a Rockwood Score by PCN				
Rockwood Scale	Ashton	Denton	Hyde	Stalybridge	Tameside Overall
1 - Very Fit	3.3%	17.9%	7.7%	3.3%	7.5%
2 - Well	15.8%	3.1%	38.5%	15.5%	20.3%
3 - Managing Well	41.3%	42.4%	29.6%	28.3%	36.5%
4 - Vulnerable	14.0%	16.4%	6.6%	14.6%	12.2%
5 - Mildly Frail	15.3%	5.8%	7.4%	15.6%	11.0%
6 - Moderately Frail	7.2%	7.6%	6.3%	13.4%	7.7%
7 - Severe Frailty	3.1%	6.5%	3.6%	9.6%	4.8%
8 - Very Severely Frail	0.1%	0.4%	0.3%	0.4%	0.2%
9 - Terminally ill	0.0%	0.0%	0.1%	0.0%	0.0%

The proportions of people aged 65 or over on GP registers across Tameside, with some form of frailty as indicated in the various measures described above, highlight the high number who may have additional support needs or who may be at increased risk of adverse outcomes such as falls. It is crucial that this information is used to appropriately identify and support those who are at increased risk, where possible.

2.9 Osteoporosis

Osteoporosis is also significant factor contributing to falls. This condition weakens bones, making them more susceptible to fractures even from minor falls. The relationship between osteoporosis and falls is complex, with osteoporosis predominantly affecting older adults, with a higher incidence in postmenopausal women due to hormonal changes. The condition is characterised by reduced bone density and structural deterioration of bone tissue, leading to increased fragility and susceptibility to fractures. Common risk factors include age, family history, low body weight, smoking, excessive alcohol consumption, and long-term use of corticosteroids[29]. The impact of falls is compounded in people with osteoporosis, often resulting in multiple appendicular and axial skeleton fractures. Once one fracture has occurred, the chances of having another fracture increases.

Figure 13: Prevalence of Osteoporosis from GP registers over time



Recent trend: No significant change

Period		Tameside Count	Value	95% Lower CI	95% Upper CI	England
2012/13		170	0.2%	0.2%	0.3%	0.2%*
2013/14		347	0.4%	0.4%	0.5%	0.4%
2014/15		119	0.1%	0.1%	0.2%	0.2%
2015/16		140	0.2%	0.2%	0.2%	0.3%
2016/17		175	0.2%	0.2%	0.2%	0.5%
2017/18		441	0.5%	0.5%	0.6%	0.6%
2018/19		622	0.7%	0.7%	0.8%	0.8%
2019/20		663	0.8%	0.7%	0.8%	0.9%
2020/21		505	0.6%	0.5%	0.6%	0.8%
2021/22		562	0.6%	0.6%	0.7%	0.8%
2022/23		657	0.7%	0.7%	0.8%	1.0%

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

In Tameside over time there has been a steady increase in the numbers of people diagnosed and on GP practice registers with Osteoporosis. This has been similar to the national trend though it should be noted that the prevalence in Tameside is significantly lower than the national average. Diagnosis helps people access medications which can be key to reducing the impacts of Osteoporosis which includes medication to prevent the risk of fractures, and in turn the risk of fractures from falling. This ongoing increase in osteoporosis prevalence indicates more people at increased risk of falls and adverse outcomes from a fall.

2.10 Falls Admissions

The high incidence of falls among older adults can lead to severe outcomes, including fractures and subsequent hospitalisations. For instance, hip fractures are a common and serious consequence of falls, often resulting in long hospital stays and a significant impact on the individual's mobility and independence. The Public Health Outcomes Framework includes key indicators related to falls, such as emergency hospital admissions for falls among people aged 65 and over. These indicators help track the effectiveness of prevention strategies and the burden of falls on the healthcare system. In 2022/23 the rate of hospital admissions for falls in Tameside was 2,040 per 100,000 persons aged 65 and over. This was an increase on the previous year but an overall reduction from the peak rate in 2013/14 of 2,466 per 100,000 persons.

When looking at local data on falls admissions for any person aged 65 and over, with falls listed in any line of diagnosis on admission, Tameside had the 4th lowest number of admissions in Greater Manchester for 2023/24.

Figure 15: 65+ Falls Admissions in Greater Manchester - with falls listed in any line of the primary diagnostic causes of admission

Local Authority	2019/20	2020/21	2021/22	2022/23	2023/24	Trendline
Wigan	3729	4077	3774	2988	2877	
Stockport	2803	2218	2949	3019	2681	
Bolton	2217	2070	2679	2412	2172	
Manchester	2207	1848	1926	1662	1540	
Rochdale	1807	1491	1435	1599	1758	
Oldham	2287	1382	1364	1458	1560	
Tameside	**1333**	**1582**	**1226**	**1361**	**1441**	
Bury	1257	1359	1173	1302	1335	
Trafford	1520	1420	1140	1113	1012	
Salford	1117	1001	1044	999	554	
Greater Manchester Total	**20277**	**18448**	**18710**	**17913**	**16930**	

2. Background – what is the data telling us

As discussed previously, falls admissions tend to be more common for females than males, with females tending to have more significant falls that require hospitalisation as highlighted in the below table. The peak in admissions is observed in 2019/20 with a drop in 2021/22 however, since this point in time the numbers of admissions for both genders has been increasing.

Figure 16: Falls admissions in Tameside by gender over time - with falls listed in any line of the primary diagnostic causes of admission

GENDER	2019/20	2020/21	2021/22	2022/23	2023/24	Trendline
Female	898	1,120	830	940	998	
Male	435	462	396	421	443	
Grand Total	**1333**	**1582**	**1226**	**1361**	**1441**	

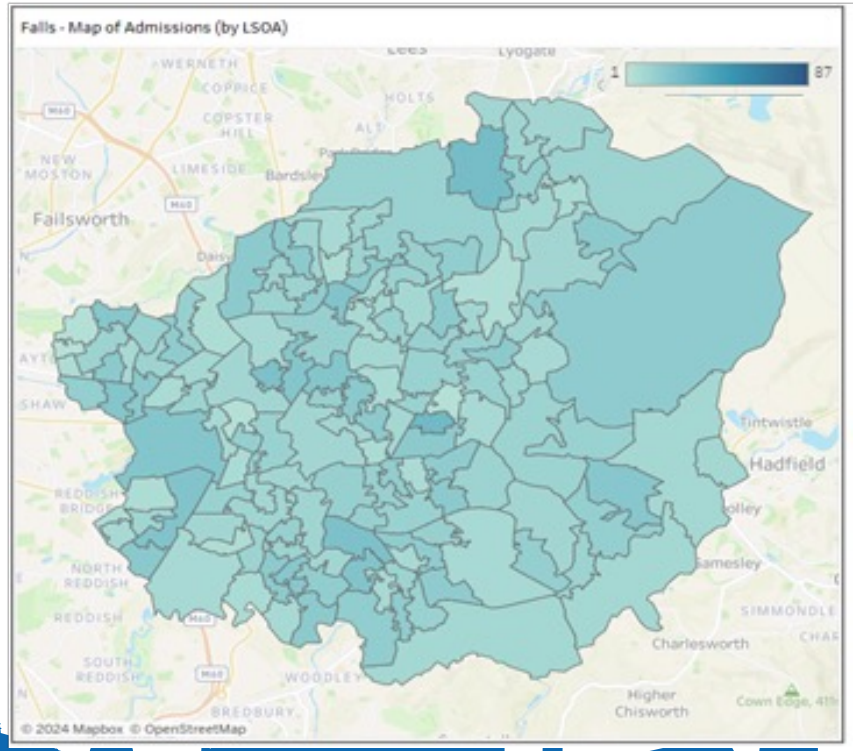
In addition, when looking at the ethnicity of those admitted to hospital because of a fall, an over representation of white ethnicities in the data suggests that those from a white background are disproportionately affected by falls requiring hospitalisation.

Figure 17: Falls admissions in Tameside by ethnicity over time - with falls listed in any line of the primary diagnostic causes of admission

Ethnicity	2019/20	2020/21	2021/22	2022/23	2023/24	Trendline
White	90.7%	91.0%	90.5%	89.4%	87.3%	
Other ethnic groups	7.3%	6.6%	7.6%	8.8%	9.6%	
Asian or Asian British	1.4%	1.8%	0.5%	1.5%	2.1%	
(blank)	0.5%	0.6%	1.0%	0.2%	0.8%	
Black or Black British	0.2%	0.0%	0.2%	0.0%	0.2%	
Mixed	0.0%	0.0%	0.2%	0.0%	0.0%	

Looking at geographical spread of falls admissions by Lower Super Output Area (LSOA), which are small clusters of around 400-1,200 households, as defined in the census, there is a fairly even geographical spread of falls admissions in 2021/22, with slightly more than average admissions from within the West neighbourhood within Tameside, specifically around the Audenshaw, Denton and Droylsden areas.

Figure 18: Falls admissions in Tameside by LSOA in 2021/22 - with falls listed in any line of the primary diagnostic causes of admission:

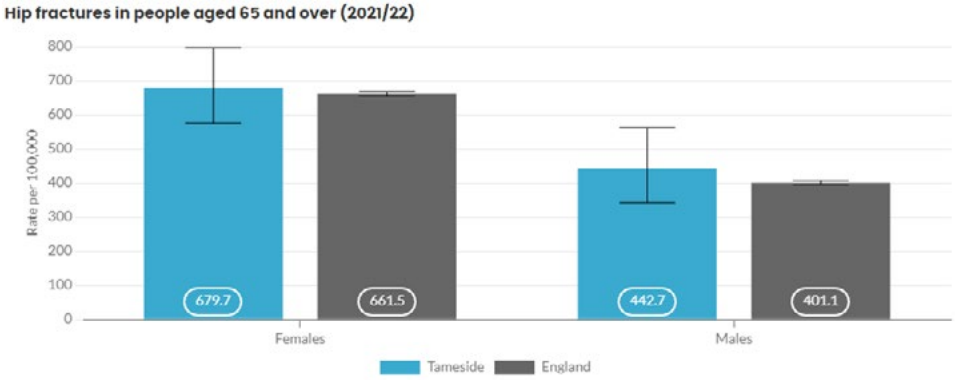


Tameside Metropolitan Borough

2.11 Hip Fractures

Hip fractures due to falls are a significant health concern, particularly affecting the elderly population. These fractures are typically caused by falls combined with underlying osteoporosis, a condition that weakens bones and makes them more susceptible to breaking.
In Tameside there are more females than males who were admitted to hospital with a hip fracture. This is similar to the national rates although the difference between males and females in Tameside is not statistically significant due to the wide confidence intervals in the rate.

Figure 19: Tameside Hip fractures in 2021/22 by gender compared with the England average



3. Local context – what is currently provided in Tameside

There are several services in Tameside which support healthy ageing. This rapid falls needs assessment is focussing on prevention and early identification, and those at low to moderate risk of falling, including preventing first fall, therefore the interventions covered here are community interventions and do not represent the whole falls prevention provision in Tameside.

3.1 Age UK Step Up Falls Prevention

The Step Up Falls Prevention service is commissioned by the Public Health team in Tameside and is an 8-week free programme for over 65's who have experienced a fall, have a fear of falling and wish to improve their mobility levels. People referred to the service will receive a home safety assessment and personal assessment to determine their mobility strengths and needs. A GP referral is required to take part in the course. The course includes a programme of evidence-based exercise delivered by Level 4 Postural Stability Instructors (PSI) to improve strength and balance training.

In 2023-24 the Step Up service supported123 residents through a 12 week PSI course. The total numbers supported through this model are relatively small compared to the target population. Provision of a gold standard model is relatively expensive and presents continued challenges around funding.

The service also delivers two bone health campaigns and works with local community groups to deliver bone health and ageing well messages. During 2023-24 the service reached approximately 300 people in the community with falls prevention advice.

Recent service user feedback from Age UK Tameside:

> **"One of the clients said they used to enjoy exercise but felt they were too old, after completing the one-to-one sessions they said they felt more confident in walking around the home and was now going out into the garden which they had not been able to do for months. The client said they felt their mobility and balance hand improved and as a couple they were exercising a couple of times a week at home and they both felt better for this."**

3.2 Active Tameside - Live Active for Falls Prevention

Live Active provide a strength and balance class and Tai Chi for falls prevention . The chair-based exercise class is designed to improve postural stability for people with mobility and balance issues, using a variety of seated and standing exercises and resistance bands to improve muscular strength. Referral into the service is via GPs or other allied healthcare professionals and sessions take place in centres Active Tameside venues and community centres across the borough.

3.3 Frailty Assessment in Primary Care

General Practices are required to identify and manage patients living with frailty, as part of routine consultations. Identification of frailty can prompt a review of care offered to patients tailored to their needs, including referral to strength and balance exercise classes. Whilst systematic identification of frailty occurs in practices, there is no embedded pathway in Tameside for referring those with mild to moderate frailty for support. This is an ideal opportunity for preventing a first fall or early intervention post first fall.

3.4 Community Acute Falls Pathway

A community acute falls pathway is activated at first or subsequent fall. This currently concludes with monitoring on a virtual ward, referral back to GP and a referral for environmental assessment of the home. Community Physiotherapy provide a person specific postural stability exercise programme and Occupational Therapy will provide relevant equipment to reduce falls risk.

3.5 Emergency Service Response to Falls

In the Tameside, emergency service response to falls is a critical component of healthcare, given the significant number of incidents annually. The North West Ambulance Service (NWAS) plays a central role in addressing this issue. NWAS handles thousands of calls related to falls each year, many involving vulnerable individuals with conditions that increase their risk of falling. The service provides immediate assistance and also works to reduce future falls through various prevention schemes.

3.6 Universal Support to Falls Prevention

The Be Well Tameside service offers NHS Health Checks, support to stop smoking and make other lifestyle changes which impact on healthy ageing including a healthy diet, reducing alcohol intake and increasing physical activity. This service supports with early intervention and preventing first fall and takes a MECC approach around key areas such as improving bone health.

4. What works for falls prevention?

4.1 Physical Activity

Regular physical activity contributes to healthy ageing including supporting good physical and mental function; opportunities for social interaction; a sense of control over, and responsibility for our own health and well-being; and managing or coping with disease symptoms and functional limitations. [35, 36]

Although age alone does not determine physical condition or capacity, older age (65 years and over) is associated with other health conditions along with increased risk of falls such as, a greater risk and prevalence of coronary heart disease, stroke, type 2 diabetes, cancer and obesity, as well as depression and dementia. There is strong evidence that physical activity contributes to increased physical function, reduced impairment, independent living, and improved quality of life in both healthy and frail older adults.

The UK Chief Medical Officers' guideline for physical activity for older adults (over 65)[37] advise that older adults should:

- participate in daily physical activity to gain health benefits. Some physical activity is better than none: even light activity brings some health benefits compared to being sedentary, while more daily physical activity provides greater health and social benefits.
- maintain or improve their physical function by undertaking activities aimed at improving or maintaining muscle strength, balance and flexibility on at least two days a week.
- aim to accumulate at least 150 minutes of moderate intensity aerobic activity, building up gradually from current levels. Those who are already regularly active can achieve these benefits through 75 minutes of vigorous intensity activity, or a combination of moderate and vigorous activity, to achieve greater benefits. Weight-bearing activities which create an impact through the body help to maintain bone health.
- break up prolonged periods of being sedentary with light activity when physically possible, or at least with standing, as this has distinct health benefits for older people.

There is strong evidence for exercise-based interventions in preventing falls which has been embedded into global and national guidance.

4. What works for falls prevention?

The WHO's Step Safely2 for preventing and managing falls recommends several key interventions for preventing falls in older people in and around the home (Figure 1).

Figure 1: World Health Organization Step Safety for preventing and managing falls

IN AND AROUND THE HOME

SUMMARY OF KEY INTERVENTIONS TO PREVENT FALLS AMONG OLDER PEOPLE IN THE HOME	
★★★★ STRONGLY RECOMMENDED	• Gait, balance and functional training. • Tai Chi. • Home assessment and modifications, particularly for high-risk groups, including reducing trip hazards and improving lighting.
★★★☆ RECOMMENDED	• Reduction or withdrawal of psychotropic drugs.
★★☆☆ PROMISING	• Multifactorial interventions (individual fall-risk assessments followed by tailored combinations of referrals and interventions, depending on identified risks). • Multicomponent interventions (two or more fixed combinations of fall-prevention interventions not individually tailored following a risk assessment). These usually include an exercise component. • Vitamin D supplements for those who are Vitamin D deficient. • Cardiac pacemaker insertion for those with carotid hypersensitivity. • Cataract surgery for those with cataracts.
★☆☆☆ PRUDENT	• Education about falls and specific factors such as footwear, glasses, high-risk situations and behaviours. • Requiring landlords to make necessary modifications to homes and the enforcement of building standards. • Improved accessibility of neighbourhoods and public spaces e.g. pavements. • Wearable personal alarms, fall sensors, mobile phones with SOS emergency buttons. • Organized systems of "checking in" on those who live alone. • Deter the use of ladders, chairs, etc. to access heights. • Suitable footwear.

The World Falls Task Force published their guidance on falls in 2022[38]. This was a collaboration of experts across 39 different countries. This focused heavily on prevention including recommendations that:

- All older adults should be advised on falls prevention and physical activity.
- Opportunistic case finding for falls risk is recommended for community-dwelling older adults.

The guidelines recommend stratifying the older age population into:

- Those at low risk of falls who should be offered education and exercise for falls prevention
- Those of moderate risk who should be offered targeted exercise or a physiotherapist referral in order to improve balance and muscle strength
- Those considered high risk should be offered a multifactorial falls risk assessment

As the focus of this needs assessment is to inform the commissioning intentions of a community falls prevention programme there should be a focus on the evidence base for low-moderate risk categories with appropriately trained professionals supporting.

4.2 National Guidance – Falls: applying All Our Health

National guidance for falls prevention was updated in February 2022 by OHID. The guidance recommends action which can be taken by front-line health and care professionals, team managers and strategic leaders to prevent falls across population, community and individual levels. Actions include:

- understanding the referral pathway to local services, that reduce fall risks
- supporting healthy ageing, including reducing exposure to risk factors such as physical inactivity
- promoting the importance of strength and balance exercise
- encouraging people to stay active, get socially connected and get their eyes and ears checked regularly
- eat a healthy balanced diet, reduce alcohol intake and stay well hydrated to reduce the risk of falling – and improve outcomes if a fall happens
- influencing relevant parties to support the development of local services – ensuring that falls prevention is a local health priority
- ensuring the promotion of physical activity is prominent within commissioned services
- promoting the importance and influencing the evaluation of strength and balance exercise programmes

4.3 NICE Guidance and Quality Standards for Falls Prevention

NICE, the experts in evidence-based best practice and value for money, have produced clinical guidance and quality standards on the treatment and prevention of falls5, The NICE recommendations mirror both OHID and WHO guidance on falls prevention.

4.3.1 NICE Falls in older people Quality standard - QS86.

This covers the prevention of falls and assessment after a fall in people aged 65 or over and was last updated in 2017. These quality standards enable commissioners and providers, to benchmark their services against the evidence-based standards. This is designed to ensure those who have fallen or at risk of fallen are able to access treatment delivered to the highest available standards. There are 9 quality statements including identification of people at risk of falling and strength and balance training.

4.3.2 NICE Falls in older people: assessing risk and prevention Clinical guideline - CG161

NICE clinical guideline CG161 covers assessment of fall risk and interventions to prevent falls in people aged 65 and over. It aims to reduce the risk and incidence of falls and the associated distress, pain, injury, loss of confidence, loss of independence and mortality. The guidelines are for healthcare professionals or anyone working with people at risk of falls. CG161 includes recommendations on:

- Case risk and identification-older people in contact with health professionals should be routinely asked about falls, and those in contact with older people should be educated about falls risk and prevention
- Strength and balance training for those at risk of falls
- Promotion of falls prevention programmes and ensuring these are designed to enhance participation by residents
- multifactorial risk assessment of older people who present for medical attention because of a fall, or report recurrent falls in the past year
- multifactorial interventions to prevent falls in older people who live in the community

4.4 Evidence-based Physical Activity Interventions

4.4.1 Falls Management Exercise (FaME)

Falls Management Exercise (FaME) is an effective evidence-based physical activity programme for people at risk of falling or have had a fall.[41] Later research supports the evidence that FaME delivered by PSIs is highly effective and the FaME intervention also works in primary as well as secondary prevention of falls.[42, 43] A FaME Implementation Toolkit was published in 2019 to support commissioners plan, implement and monitor the FaME programme.[44]

4.4.2 Otago Exercise Programme

The Otago exercise programme (OEP) is an evidence-based home-based exercise programme in which participants are encouraged to perform exercises 3 times a week at home and also walk indoors and outdoors at a moderate pace. OEP is recommended for at least one year and participants receive support from trained staff through home visits and follow up telephone calls. This is a programme recommended for high risk, frail older people who may have complex medical conditions. It could also be used for those who do not have access to transport to participate in a community class. OEP can also be delivered in a group setting.

4.4.3 Tai Chi

Tai Chi can be highly effective for preventing falls Tai Chi is a safe and accessible form of exercise. Over 500 trials and 120 systematic reviews have been conducted on the health benefits of Tai Chi and no studies have found that Tai Chi worsens a condition.
A recent critical analysis of the evidence concluded that Tai Chi is effective in preventing falls among older adults in the community and among various populations, including those at risk of falls, that have Parkinson's disease, or that have experienced a stroke.

4.4.4 Return on Investment

Public Health England published the return on investment for four falls prevention interventions, three of which are described above. It demonstrates significant societal return on investment across each intervention (OEP £2.20, FaME £2.28, Tai Chi £1.97 for every £1 spent) and the incremental cost effectiveness ratio for each intervention indicates that each is effective and should be commissioned.

4.5 Prevention and Early Identification

4.5.1 Functional Fitness MOTs

The Functional Fitness (FF) MOT[49] is designed to raise awareness of the importance of physical activity and functional fitness for people aged 60-90 and is used by professionals as an educational and promotional tool in community settings. It includes a range of activities including handgrip strength, chair sit and reach and the 30 second chair rise which assess a person's functional ability matched against an average person of the same age and can identify opportunities to intervene with educational and motivational conversations along with signposting to appropriate services.
The FF MOT provides the opportunity to identify early signs of deconditioning which could be address by appropriate advice and signposting. The programme also adopts the Making Every Contact Count (MECC) approach which supports behaviour change. Whilst this programme has yet to be evaluated academically, it contains the evidence-based activities with known links to longevity and applies the evidence-based approach to behaviour change and has the potential to be a good tool to support a falls prevention programme in communities know to be at higher risk of falling.

4.5.2 Creating a community movement for healthy ageing

The Live Longer Better programme is a learning programme[51] which has been designed by Professor Sir Muir Grey with the aims of supporting people to:

- Increase physical, cognitive and emotional activity
- Increase healthy life expectancy and compress the period of dependency
- Reduce the need for health and social care

The programme is designed around three groups – residents, professionals and volunteers, and leaders – and includes key messages to support optimal ageing.

This programme works in partnership with the Optimal Ageing programme[52] which is an open access online learning resource which supports healthy ageing.

This programme can provide a population level intervention to support workforce development and to support a social movement for healthy ageing through education and advocacy.

4.6 Tameside Adult Social Care Support

4.6.1 Tameside Community Response Service

The Community Response Service is a telecare/alarm service for anyone in Tameside who is over the age of 18 living in private, rented or owner–occupied accommodation. The service operates 24 hours a day, 365 days a year. When an alarm is activated, action is taken with the aim of having a worker with the resident within 20 minutes. Watch **this video** to see the equipment in action and find out how the service helps people to live safely and independently at home. The Community Response Service also has a **falls information leaflet** available for residents to download and are available at customer service points across the borough.

4.6.2 Equipment and adaptations

The equipment and adaptations service aims to help people live independently at home. This could include small changes such as installing grab rails, improving the lighting of a space, or providing a toilet frame. We can also assist with bigger adaptations in your home, which can include adapting the way you access your home, bathroom or kitchen. An Occupational Therapist will make a home visit to provide advice and consider what support might be available to the resident. Equipment and adaptations provided might include grab rails and stair rails. In some cases, minor home adaptations may be recommended such as installation of outdoor handrails and step alterations and for some people major adaptations may be recommended such as installation of stair lifts and ramps.

5. Consultation and Engagement on Current Community Falls Provision

In June 2024, the public health community engagement team visited community groups in Tameside to ask them about the current service provision in the borough. Around 40 people engaged in the focus groups and answered five questions about the current service.

When asked if they had heard of the Step Up Falls Prevention service, the majority of those asked had not heard about the service.

How could the service be communicated better?
The focus groups talked about the provider visiting community groups being an effective way to promote the service, however this will only reach those already engaged in community provision in some way. Others talked about promoting via social housing providers, leaving flyers in community areas, using the local radio station and supermarket community boards. Another effective way to promote the service was through word of mouth in the community.

What would you want the service to look like?
Some the group talked about holding sessions in community venues and including information and tips on safety inside and outside the home. The group also talked about using videos, podcasts and other media to supplement the classes or as an option if they did not want to attend a class in the community.

How could the service be more accessible?
Some of the group talked about the current service requiring a home visit. Some were uncomfortable with this as a requirement to enter the service as they did not want people coming to their homes. This also raised some concerns about possibility of triggering the involvement of adult social care. Some talked about transport being a barrier to accessing community venues.

6. Recommendations

Based on the data and insight gained throughout this rapid needs assessment, a series of recommendations have been set out below which suggest the further work needed and implications for commissioning of community based falls prevention services in Tameside.

System-wide Falls Prevention Recommendations:

- Utilise established governance to ensure a whole system approach to preventing falls is in place. This should involve better connection of the community and clinical falls prevention pathways, to be led by both local authority and NHS GM Integrated Care Board commissioners. This should include universal support, community, primary care and secondary care.
- Ensure all eligible patients have eFI and Rockwood scores on their GP record for more robust identification of frailty and promote referral for those identified with moderate frailty.
- Take a system wide upstream approach to preventing first fall through early identification and intervention. This may include the delivery of FF MOTs, proactive identification and signposting of eligible patients with moderate frailty, promotion of the community physical activity programme delivered through partners including Active Tameside and Age UK Tameside.
- Conduct health promotion at a universal population level around active ageing, maintaining good bone health and the benefits of addressing falls risk factors. This should involve the promotion of preventative healthcare offers including stop smoking and NHS Health Checks to younger eligible adults and the sharing of good advice and information, in a targeted way, on tackling the risk factors for falls and frailty.

Community Falls Prevention Recommendations:

- Have a focus on prevention of first fall through early identification and intervention e.g. through FF MOTs and community Tai Chi.
- Provide targeted, evidence-based strength and balance exercise for those at moderate risk of falling.
- Consider accessibility of falls prevention provision to address health inequalities. This should include consideration of accessible venues across Tameside, transport, language barriers, digital access, culturally appropriate provision etc. Any service provision should also be actively promoted to ensure awareness of the offer.
- Promote a community social movement for falls prevention through a network of peer community champions providing information on healthy, active ageing and promoting the falls prevention service in Tameside.
- Ensure the service collects accurate demographic and accessibility data to enable service development and targeting of provision.
- Deliver an effective and extensive communication and marketing campaign to promote and raise awareness of the community falls prevention the service. This should be delivered in a range of mediums for a variety of audiences and the impact/reach of this should be evaluated.
- Review the necessity of a home visit as part of the community falls prevention service. The current impact of the inclusion of this is unclear, yet this step in the intervention could be a barrier for people in accessing support.
- Work with the Be Well Stop Smoking service to develop stop smoking communication which links to the prevention of osteoporosis. Males have a significantly higher smoking prevalence than women in Tameside and special consideration should be taken around the messages for men and risk of developing osteoporosis linked to smoking as a risk factor.

7. Appendices

Appendix 1

Electronic Frailty Index (eFI)

NHS England

20 Disease states
e.g.,
- Hypertension
- Arthritis
- Chronic Kidney Disease
- Ischaemic Heart Disease
- Diabetes
- Thyroid Disease
- Urinary System Disease
- Respiratory System Disease

1 Abnormal Laboratory Value
- Anaemia and haematinic deficiency

36 Frailty deficits of eFI

8 Symptoms / signs
- Polypharmacy
- Dizziness
- Dyspnoea
- Falls
- Sleep Disturbance
- Urinary Incontinence
- Memory & cognitive problems
- Weight loss & anorexia

7 Disabilities
- Visual Impairment
- Hearing Impairment
- Housebound
- Social Vulnerability
- Requirement for care
- Mobility & transfer problems
- Activity limitation

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Appendix 2

Clinical Frailty Scale*

1 **Very Fit** – People who are robust, active, energetic and motivated. These people commonly exercise regularly. They are among the fittest for their age.

2 **Well** – People who have **no active disease symptoms** but are less fit than category 1. Often, they exercise or are very **active occasionally**, e.g. seasonally.

3 **Managing Well** – People whose **medical problems are well controlled,** but are **not regularly active** beyond routine walking.

4 **Vulnerable** – While **not dependent** on others for daily help, often **symptoms limit activities.** A common complaint is being "slowed up", and/or being tired during the day.

5 **Mildly Frail** – These people often have **more evident slowing,** and need help in **high order IADLs** (finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework.

6 **Moderately Frail** – People need help with **all outside activities** and with **keeping house**. Inside, they often have problems with stairs and need **help with bathing** and might need minimal assistance (cuing, standby) with dressing.

7 **Severely Frail** – **Completely dependent for personal care**, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~ 6 months).

8 **Very Severely Frail** – Completely dependent, approaching the end of life. Typically, they could not recover even from a minor illness.

9. **Terminally Ill** - Approaching the end of life. This category applies to people with **a life expectancy <6 months**, who are **not otherwise evidently frail.**

Scoring frailty in people with dementia

The degree of frailty corresponds to the degree of dementia. Common **symptoms in mild dementia** include forgetting the details of a recent event, though still remembering the event itself, repeating the same question/story and social withdrawal.

In **moderate dementia**, recent memory is very impaired, even though they seemingly can remember their past life events well. They can do personal care with prompting.

In **severe dementia**, they cannot do personal care without help.

* 1. Canadian Study on Health & Aging, Revised 2008.
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