HALTON BOROUGH COUNCIL

NHS

Halton Clinical Commissioning Group

Falls Strategy 2018-2023

Contents

Foreword

Falls are a common cause of injury and loss of independence in older people. As people get older, they may fall more often for a number of reasons including reduced muscle strength, problems with balance, poor vision and Dementia. The human cost of falling includes distress, pain, injury, loss of confidence, loss of independence and mortality. Falling also affects the family members and carers of people who fall and is estimated to cost the NHS more than £2.3 billion per year[1]. Therefore falling has an impact on quality of life, health and healthcare costs. The fear of falling has an effect on mental as well as physical health and wellbeing and can lead to activity avoidance, social isolation, loneliness and depression. However, falls are not an inevitable part of old age and whilst not completely preventable, a lot can be done to reduce the risk of falling.

People aged 65 and older have the highest risk of falling. For the purpose of this strategy older people are therefore defined as aged 65 and over and the strategy also applies to adults identified to be at a higher risk of falling. The aim of this strategy is to reduce the number of people who fall in Halton and improve outcomes for those who do.

This importance of falls prevention has been recognised by Halton Borough Council and NHS Halton Clinical Commissioning Group, who jointly with Public Health colleagues, have prioritised reducing the number of falls and associated hospital admissions in older people within Halton.

Key stakeholders make up the membership of the Falls Steering Group, and we are committed to ensuring that all older people who live in Halton have access to high quality falls prevention services, irrespective of their condition or where they live.

This high-level falls prevention strategy will be a continuation and development of the existing falls service over the past 5 years and a steering tool for the next five years.

Introduction

A fall is defined as an unintentional loss of balance resulting in coming to rest on the floor, the ground, or an object below knee level. A fall is distinguished from a

[1] Falls in older people: assessing risk and prevention: Clinical guideline [CG161] Published date: June 2013

collapse that occurs as a result of an acute medical problem such as acute arrhythmia, a Transient Ischaemic Attack or Vertigo (NICE Quality Standard 86, 2015)

In 2012 Halton Health and Wellbeing Board developed the first Health and Wellbeing Strategy to meet the needs of the local population. The Strategy set out the vision for Health and Wellbeing in Halton. It was the overarching document for the Health and Wellbeing Board and outlined the key priorities the Board wanted to focus on.

Informed by the Joint Strategic Needs Assessment (JSNA) and in consultation with local residents, strategic partners and other stakeholders, five key priorities were identified to help us to achieve our vision. One of the five priorities was the reduction in the number of falls in adults.

As a result Halton Borough Council implemented a review of its falls services in 2012 followed by the development of a five year Falls Strategy in 2013. At the time, the rate of falls was higher than the national average with the hip fracture rate in people over 65 in Halton at 750 per 100,000, and the national average at 674 per 100,000.

The strategy focused on key objectives which included:

- To develop an integrated falls pathway for Halton
- To develop a prevention of falls pathway for Halton
- To develop a package of workforce training
- To develop an awareness raising campaign with both the public and professionals
- To improve partnership working across all agencies involved and improve governance arrangements to support falls.

To date many key actions identified in the plan have been implemented including:

- The Falls Risk Assessment Tool is now embedded into frontline practice across the Health and Social Care system and being widely used to identify those people who are at risk of falls. As a result the number of people accessing the falls service has increased three-fold from 2011/2012 baseline (223 per annum to 750+ per annum). This number includes a rise in the number of people referred post fall from hospital into the falls prevention service.

- There has been the development of the 'Age Well exercise programme' which offers gentle, easy exercises to improve stability, balance, coordination and strength to reduce your risk of falling. There are currently six classes per week being delivered on a rolling programme with a review every 15 weeks up to 45 weeks in total for each client. To date over 200 people have accessed the

programme with 92% of clients showing improvements in strength, balance and gait at 3rd review.

- The Age Well service also deliver a comprehensive package of training emerged from a successful ‘Living Well’ pilot in 2014/5. The pilot work focused on skilling up community staff to use screening tools to identify people aged 75 + in the community at risk of memory loss, falls or loneliness. Clinical pathways are used to identify the uptake of the screening.

- Development of an awareness raising campaign with both the public and professionals to change public and professional perception of falls services including rebranding of promotional resources in line with recommendations by ‘Later Life’ training. Over the last three years numerous community wide events have been undertaken including three borough wide events to mark Falls Prevention Awareness week.

- Integral to the progression of this work has been the establishment of a partnership group which has adopted a multiagency approach to improving falls provision in Halton. The improvement of governance and reporting arrangements across this group has supported this agenda.

Aims

The primary aims of this strategy are to:

- Reduce the numbers of serious injuries that result from a fall.
- Reduce the number of Emergency hospital admissions for injuries due to a fall (65+).
- Reduce the number of Emergency hospital admissions due to fracture of neck of femur (65+).
- Reduce the numbers of falls that affect older people and those at higher risk of falling.
- Commission an integrated, evidenced based, falls prevention pathway across Halton.
- Reduce the fear of falling among older people.

Prevention is at the forefront of any healthcare strategy for older adults In Halton, with the ultimate goal of postponing dependency for as long as possible. Within Halton we focus on improving peoples lifestyle choices before they reach the age of 65+ which relies upon a strong health promotion and improvement message during the life course, starting with early Child hood health promotion through to adolescence, young adulthood and midlife.

This strategy has a focus on prevention and early intervention, aligning with the NHS Five Year Forward View and the Care Act 2014. Older people are central to this strategy. The Strategy will ensure that those at higher risk of falls and their carers have the knowledge to be active participants in the fall prevention work; for example making them aware of the importance of having regular medication reviews, checking their home environments for potential hazards that could result in a fall, and by taking and having access to regular exercise to improve their strength and balance.

Vision

‘Working in collaboration to reduce falls and promote independence’

This vision provides the borough-wide direction for commissioning, service planning and delivery of the falls service. It will be implemented by the Halton Falls Steering Group. This Group consists of representatives from all relevant stakeholders – see Appendix 1. The Falls Steering Group will report progress to Halton Health and Wellbeing Board and The Older People’s Delivery Board regarding the effective delivery of the strategy in the coming five years.

This strategy reinforces the need to continue to strengthen partnerships to ensure a whole system approach. It is underpinned by the same key principles and approaches to improving health and wellbeing as outlined in Halton Health and Wellbeing Strategy 2015- 2020.

For example, the organisations implementing the strategy will take account of the considerable variations in general health and wellbeing between the most affluent and most deprived parts of the borough. Furthermore, it builds on the information contained in Halton’s Joint Strategic Needs Assessment and uses analysis from the Public Health Profile for Halton.

The strategy applies to all people aged 65 and over within Halton and those adults identified to be at a higher risk of falling regardless of:

- Where they reside (e.g. private home, residential care home, hospice or acute hospital)
- The person’s health or wellbeing condition.

Outcomes

The intended outcomes of this strategy are to develop a collaborative approach to falls prevention, to reduce injury rates from falls in the over 65's and adults identified to be at a high risk of falling in Halton by:

- Identifying those who are likely to fall.
- Providing support to those people likely to fall to prevent falls.
- Working effectively with people who have fallen to reduce the likelihood that they will fall again.

National

The number of people aged 65+ is projected to rise by over 40% by 2034[2] to more than 16 million. People aged 65 and older have the highest risk of falling, with 30% of people older than 65 and 50% of people older than 80 falling at least once a year.[3]

Risk factors for falls:

- A history of falls
- Muscle weakness
- Poor balance
- Visual impairment
- Polypharmacy
- Environmental hazards
- Arthritis
- Cognitive impairment
- Depression
- Diabetes
- High alcohol consumption
- Incontinence

Risk factors for fractures:

- Low bone mineral density
- Previous fracture
- Age
- Female sex
- History of falls
- Rheumatoid arthritis
- Smoking
- High alcohol consumption
- Low BMI
- Visual impairment
- Incontinence

[2] Office for National Statistics. National population projections for the UK, 2014-based [Internet]. 2015

[3] Falls in older people Quality standard [QS86] Published date: March 2015 Last updated: January 2017

The National Institute for Clinical Excellence (NICE) for Falls in Older People was updated in 2017. It gives recommendations for good practice based on best available evidence of clinical and cost effectiveness. The NICE guideline identifies five key priorities for implementation of a service for assessment and prevention of falls in older people, as described in the table below.

Key priorities for implementation

1) **Identifying People at Risk of Falling**
   - Older people (age 65 and over living their own home or in extended care setting) are asked about falls when they have a routine assessments and reviews with health and social care practitioners, and if they present at hospital [new 2017]
   - If there is concern that a person is at risk of falling, they can be refereed to, or advised to see, a healthcare professional or service to further assess their risk.

2) **Multifactorial risk assessment for older people at risk of falling**
   - Older people at risk of falling (people aged 65 and over who have had 2 or more falls in the past 12months, or demonstrate abnormalities of gait or balance) are referred to healthcare professionals with skills and experience in carrying out multifactorial falls risk assessment
   - Multi-factorial assessment may include the following:
     - Identification of falls history
     - Assessment of gait, balance and mobility, and muscle weakness Assessment of osteoporosis risk
     - Assessment of older person's perceived functional ability and fear relating to falling
     - Assessment of visual impairment,
     - Assessment of cognitive impairment,
     - Assessment of urinary incontinence
     - Assessment of home hazards
     - Cardiovascular examination
     - Medication review.

3) **Multi-factorial interventions**
   - Older people assessed as being at increased risk of falling have an individualised multifactorial intervention.

   - In successful multi-factorial intervention programmes the following specific components are common:

     - strength and balance training,

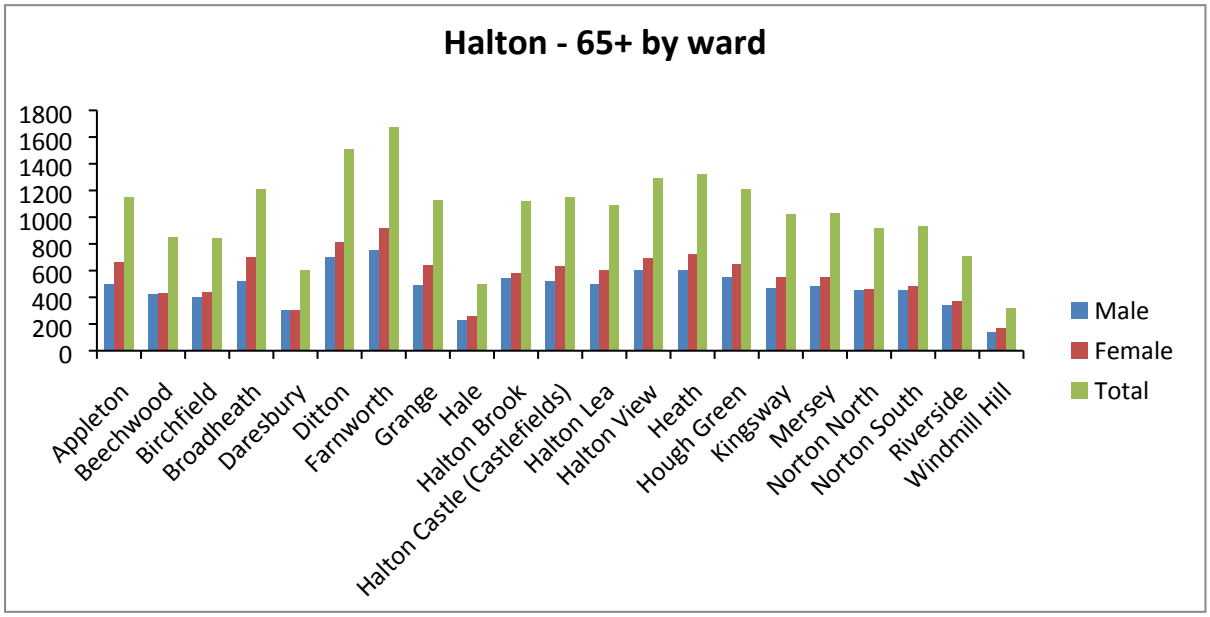
- home hazard assessment and intervention,
- vision assessment and referral,
- medication review with modification or withdrawal.

4) **Multifactorial risk assessment for older people presenting for medical attention.**
   - Older people who present for medical attention (incl variety of settings and to different healthcare practitioners and community services) because of a fall have a multifactorial falls risk assessment.

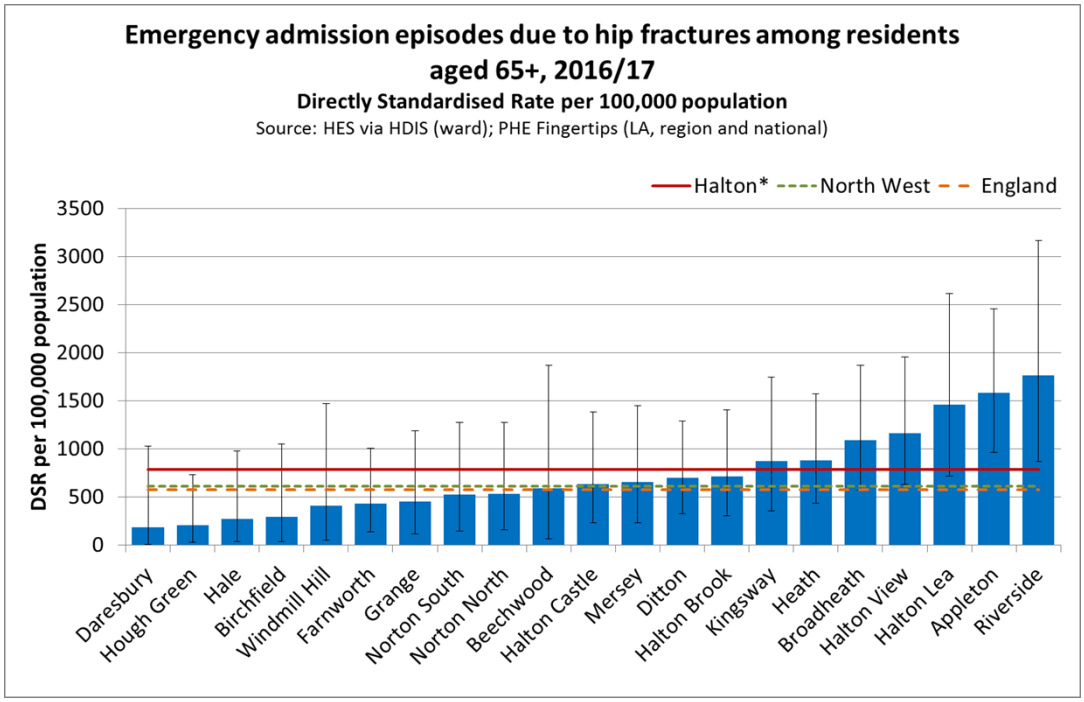
5) **Strength and balance training**
   - Older people living in the community (person who has fallen more than once in the past year have the opportunity to see an exercise programme expert) who have a known history of recurrent falls (falling twice or more within a time period of 1 year) are referred for strength and balance training

Local

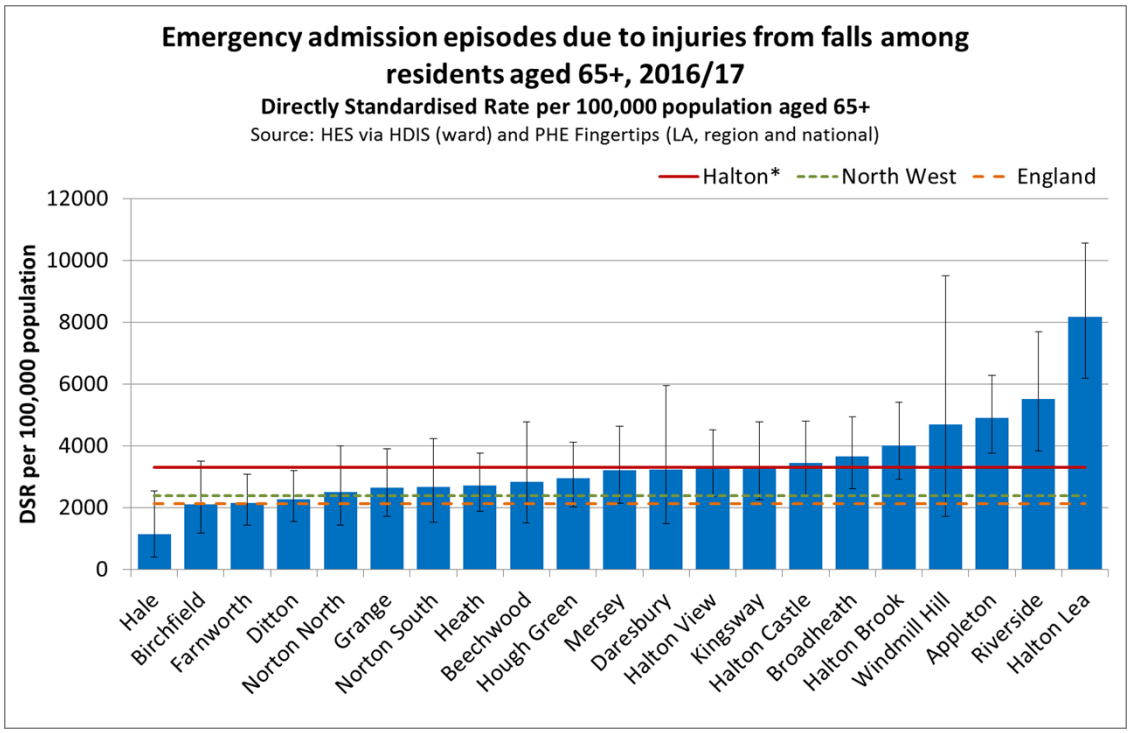
Halton has 21,570 residents aged 65+ which equates to 17.04% of the total population. The graph below illustrates the number of people aged 65+ by ward.



In Halton, we have rates of hip fractures and emergency admissions to hospital due to injuries from falls which are higher than the North West and England average. The graphs below illustrate the number of hip fractures and emergency hospital admissions due to injuries from falls by ward.



*Halton total is based on published figures, as such differs marginally from total for wards



*Halton total is based on published figures, as such differs marginally from total for wards

Costs

The human cost of falling includes distress, pain and injury, loss of confidence, loss of independence, social isolation and even death. Falling also affects the family members and the carer's of people who fall.

The annual cost of hip fractures to the UK is estimated at being around £2.3 billion per year and with an increasingly ageing population, this is set to increase.

A third of older people treated for hip fracture have not returned home 120 days after treatment and only 10% describe themselves as freely mobile and moving without aids. For some, it is the event which forces them to move into residential care.

Assets

We recognise that there are a number of key initiatives and groups across Halton that currently take place to support our older residents to remain mentally, physically and socially active and thereby reducing the risk of falling.

As part of a falls awareness campaign, the Health Improvement Team provides Age Well training to all professionals who work with Older People. The purpose of the training is to promote awareness of falls, enable staff to build confidence using screening tools and signposting to appropriate prevention services. In conjunction with falls awareness, the course is also aimed at promoting awareness of loneliness and memory loss.

The Halton Health Improvement Team run Age Well Exercise classes that offer postural stability exercises to improve stability, balance, coordination and strength to reduce the risk of falling. They are specially designed exercises to also help individuals to carry out everyday tasks more easily, increase their confidence and mobility and offer the opportunity for people to make friends. The classes run in Castlefields, Runcorn and the Frank Myler Pavilion in Widnes.

The Falls Intervention Service is a multidisciplinary service for older people who have fallen. The service aims to prevent/reduce falls and injuries in older people through multi factorial assessment and interventions.

As per Halton's Integrated Falls Pathway, individuals aged 55 and above who have experienced falls in the previous 12 months are screened using the FRAT (Falls Risk Assessment Tool). Individuals who score three and above are referred into the service. Individuals with a score of two or lower are referred to the Health

Improvement Team. The Service accepts referrals from Health, Social Care, Voluntary agencies and self-referral (backed up with Medical information). The service has referral pathways set up with North West Ambulance Service and the Fire Service.

It is a community based team; individuals are assessed in their own homes and in care settings. The Service provides Nurse, Physiotherapy, Occupational Therapy and Podiatrist interventions. All individuals accepted onto the service will receive an initial multi factorial assessment. Subsequent interventions can include balance, gait and strength exercises, bio-mechanical assessments, fear of falling interventions, functional assessments and equipment provision from Halton's Integrated Community Equipment Service. Most individuals will have some follow up interventions depending on level of need. Onwards referrals to Medical falls clinics, and other Health and Social Care Services are made depending upon need.

There are a number of Third Sector community intervention and prevention initiatives that have had a significant impact on maintaining the independence and well-being of our Halton residents. Loneliness in older people leads to low mood and sometimes depression. Various report findings have demonstrated that older people who are experiencing feelings of loneliness are less resilient and are therefore more likely to have a fall.

Age UK Mid Mersey contributes to the wider prevention agenda in tackling loneliness in Halton. Age UKMM has several participation groups in Halton which encourage a range of diverse groups of older people to get together to socialise and share ideas.

There is good evidence that implementing a range of interventions will reduce falls and injuries in older people. For example, for every £1 spent on physiotherapy, £1.50 is saved across the whole pathway.[4]

This strategy will therefore seek to build on such assets and ensure that they form a central part of a fall prevention pathway.

Areas of Action and Future Development

In order to deliver the strategic priorities for falls prevention in Halton the following broad actions will be delivered:

The Falls Prevention Steering Group

[4] Chartered Institute of Physiotherapy http://www/csp.org.uk/

The Falls Steering Group will continue to meet monthly to review and implement the new strategy. The group will focus on how to

a) Continue to develop opportunities to work collaboratively, to ensure that all available data and evidence-based practice is used to inform future falls prevention commissioning across the whole of Halton.
b) Establish agreed, clear lines of accountability for monitoring the delivery of the strategy.
c) To undertake a pathway review of current falls prevention services to ensure people know how to access the services they need and that it is easy for them to do so.
d) The review will identify any gaps in provision and better understand how people access and navigate current services. This will ensure that everyone receives the services they need in a timely manner. Particular targets are front line services such as G.P's, other front line health and social care staff including the Community Wardens where gaps already exist.
e) To continuously review the evidence base of the strategy in terms of impact and effectiveness against National Institute for Health and Care Excellence (NICE) Guidance and Quality Standards.

Workforce Training

The Health Improvement Team will continue to roll out Age Well training to all professionals to ensure they are pro-active in the use of the Falls Risk Assessment Tool in identifying people at risk of falls.

This will involve attending MDT and team meetings to encourage all professionals to;

a) Use their records to identify people at the highest risk of falling and refer them to appropriate services so that they can be offered person-centered falls prevention advice and support

b) Ensure people receive regular reviews of their medications to help limit the likelihood of a fall.

c) Ensure people with weak or fragile bones are offered treatment in line with national guidelines to help limit the likelihood of serious injury in the event of a fall.

Falls Awareness Campaign

To collectively develop a Communication Plan to improve public awareness of the importance of falls prevention to their general health and wellbeing.

How will we know if it is successful?

This strategy will be implemented through the Falls Steering Group who will agree clear lines of accountability for monitoring and delivering the Strategy. The Group will continuously review the evidence base of the strategy in terms of impact and effectiveness against National Institute for Health and Care Excellence (NICE) Guidance and Quality Standards.

An action plan will support the detailed delivery of this strategy over the 2018 to 2023 timeframe. The action plan will list all the actions required to actively improve falls prevention in Halton and ensure this improvement will continue sustainably.

For each area of focus, achievable objectives and targets will be set with appropriate timescales and clear organisational accountability. Progress against these objectives and targets will be continuously reviewed and updated by the Falls Steering Group. This process will ensure that falls prevention continues to reflect and develop in line with public and stakeholder needs and wishes and reported back to the Health and Wellbeing Board.

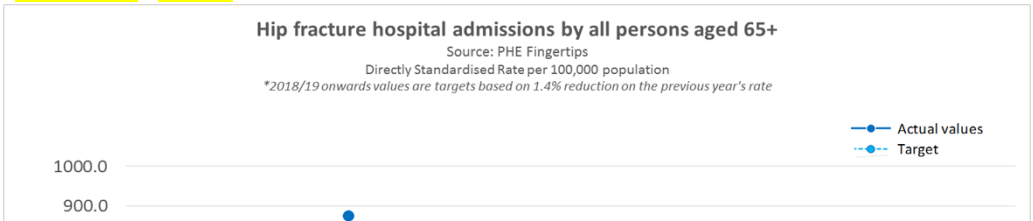
Actual Targets set by the Falls Steering Group to measure outcomes of success

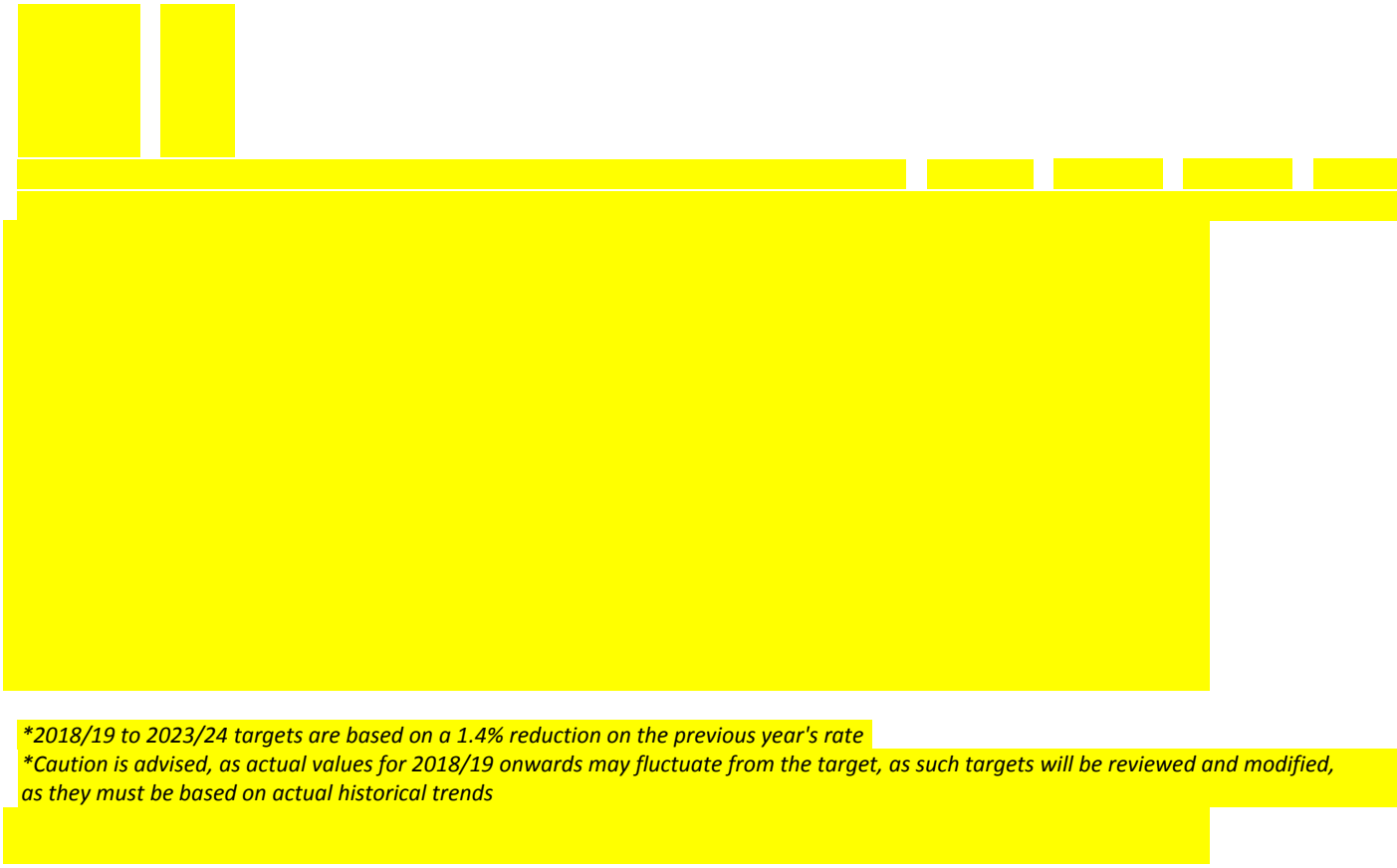
Hip fracture hospital admissions, by Halton residents aged 65+

Source: PHOF (PHE Fingertips)

Note: Target values are based on a 1.4% reduction on the previous year's value

Year	DSR	1.4% reduction*
2010/11	637.2	
2011/12	816.2	
2012/13	600.1	
2013/14	876.5	
2014/15	631.8	
2015/16	652.3	
2016/17	781.5	
2017/18	674.5	
*2018/19**	665.0	
*2019/20**	655.7	9.3
*2020/21**	646.5	9.2
*2021/22**	637.5	9.1
*2022/23**	628.5	8.9
*2023/24**	619.7	8.8





**2018/19 to 2023/24 targets are based on a 1.4% reduction on the previous year's rate*
**Caution is advised, as actual values for 2018/19 onwards may fluctuate from the target, as such targets will be reviewed and modified, as they must be based on actual historical trends*

All this work will collectively contribute to Halton's improved performance against the following national indicators contained with the Public Health Outcomes Framework.

Public Health Outcomes Framework	
2.24	Emergency hospital admissions for injuries due to falls in people aged 65 and over.
2.24	Emergency hospital admissions for injuries due to falls in people aged 65 and over – aged 80+
4.14	Emergency hospital admissions for fractured neck of femur in people aged 65 and over.
4.14	Emergency hospital admissions for fractured neck of femur in people aged 65 and over – aged 80+

Governance and Performance Management Framework

This strategy will be managed through the falls steering group that is a multi-disciplinary meeting chaired by the Local Authority. Any service development will be

reported through the Older Peoples Board and the Health and Wellbeing Board will receive quarterly performance updates.

Performance frameworks

This Evaluation Framework has been developed to support the review of falls services in Halton being carried out by the Falls Steering group. The framework aims to bring together a range of performance measures that can be applied across a number of services across Health, Social Care, voluntary and independent sector.

Appendix 1

Terms of reference and membership of the Falls Steering Group.

Aims

To exercise collective, cross organizational ownership of effective falls prevention within Halton.

Objectives

1. To draft, agree and have authorized a whole system approach to the delivery of the Falls Prevention service in Halton.
    a) To consult with the public to obtain their views upon the development of the local falls prevention service and strategic intentions towards falls prevention.
    b) Obtaining the Halton Health and Wellbeing Boards' approval for the Falls Prevention Strategy.
    c) To identify and collectively agree upon gaps/ areas of improvement in current service delivery, as matched against nationally recognized standards and evidenced based practice.
    d) Formally record the actions needed collectively and by each individual organization/ area to devise and implement an action plan that will set out to improvement the following service areas:

        - Education / awareness.
        - Exercise / balance programmes.
        - Referral and reporting.
        - Risk assessment

2. To implement the strategy over the 2018-2023 planning horizon by:

    a) Producing a collectively agreed prioritised action plan for a whole system improvement in falls prevention across Halton.

    b) Assigning individual actions to individual leads and collectively ensure that these actions are delivered in accordance with the action plan.
    c) Monitoring Halton's population level performance against key indicators that demonstrate effective falls prevention.
    d) Making necessary adjustments to the strategy and action plan, based upon population level performance over the 2017-2023 timescale.

Outcome

The intended outcomes of this strategy are to develop a collaborative approach to falls prevention, to reduce injury rates from falls in the over 65's and adults identified to be at a high risk of falling in Halton by:

- Identifying those who are likely to fall.
- Providing support to those people likely to fall to prevent falls.
- Working effectively with people who have fallen to reduce the likelihood that they will fall again.

Membership

The Falls Steering Group is chaired by Damian Nolan and has representatives from the following organisations and groups:

Name	Organisation	Role
Damian Nolan	HBC, Urgent Care	**Divisional Manager**
Lisa Taylor	HBC, Health Improvement Team	**Divisional Manager**
Zoe McEvoy	HBC, Health Improvement Team – Age Well	**Practice Manager**
Sharon McAteer	Public Health	**Development Manager**
Lucy Reid	Halton NHS CCG	**Chief Pharmacist**
Zoe Mason	Halton NHS CCG	**Care Home Pharmacist**
Rosina Price	Bridgewater Healthcare	**Falls Nurse**
Diane Platt	Halton Community Therapy Team	**Therapy Manager**
Steve Hope	Halton Community Therapy Team	**Team Manager**
Jackie Johnson	HBC - RARS & IDT	**Principal Manager**
Jacqui Tudor		
Mark Lunney	Age UK Mid Mersey	**Chief Executive Officer**
Karen Kenny	Age UK Mid Mersey	

Governance

The group is accountable directly to Halton's Health and Wellbeing Board.

Frequency of Meetings

The Group will meet on a monthly basis and the frequency of meetings will be reviewed annually.

Review

These Terms of Reference will be reviewed and revised as necessary on an annual basis.

Action Plan

Complete	In progress	Not started/at risk

Aims	The Falls Steering Group will continue to meet Bi monthly to review and implement the new strategy. The group will focus on: ➢ how to continue to develop opportunities to work collaboratively, ➢ to ensure that all available data and evidence-based practice is used to inform future falls prevention commissioning across the whole of Halton.				
Owner(s)	**Falls Steering Group**				
Task	**Action Required**	**Who**	**When**	**Progress/Next Steps**	**Status**
To strengthen and maintain Partnership working between all parties on the Steering Group	All parties to make a commitment to attend scheduled Bi Monthly Meetings.	All	Dates Specified	Dates to be circulated for the next 12 month	
	Agree a collaborative approach to data collection.	All	End of June	Data meeting to be set up to explore what Data is required to enforce the strategy.	

To identify any current gaps in the provision of the falls prevention service as a whole and devise a more streamlined pathway.	To undertake a review of all pathways into the current falls prevention services to ensure that people are able to access the services they need and that it is easy for them to do so.	Z.M/ J.J	Sept 2018	To set up an interagency meeting to review current pathways.	
The Group to continuously review the evidence base of the strategy in terms of impact and effectiveness against National Institute for Health and Care Excellence (NICE) Guidance and Quality Standards.	To implement the 5 key priorities outlined by the NICE guidelines: 1) Identifying People at Risk of Falling 2) Multifactorial risk assessment for older people at risk of falling 3) Multi-factorial interventions 4) Multifactorial risk assessment for older people presenting for medical attention. 5) Strength and balance training	All	Quarterly	The New Strategy has incorporated the new additions of the NICE guidance to Falls Prevention	

Ensure people receive regular reviews of their medications to help limit the likelihood of a fall.	Lucy Reid to make further enquiries to ensure there is a formal pathway for medication reviews by Primary Care			Lucy to review what is going on in practices	

Aims	**To continue to develop the work force across Halton to increase their awareness and understanding of the falls prevention pathways and associated services.**				
Owner(s)	**Health Improvement Team**				
Task	**Action Required**	**Who**	**When**	**Progress/Next Steps**	**Status**

To ensure that all Professionals and Front Line practitioners are pro-active in the use of the Falls Risk Assessment Tool in identifying people at risk of falls.	To continue to promote and deliver the Age Well Awareness program that includes training on the use of the Falls Risk Assessment Tool.	Age Well Team in collaboration with Alzheimers Society	Ongoing	Training dates for future Age Well training continue to be circulated to all professionals to increase uptake of the training.	
	To specifically target all front line health and social care services to increase uptake of training by attending team meetings.	Age Well team within Health improvement team	Quarterly	To review registers for the training to ensure that gaps are identified so that specific work can be done to increase uptake of training for these group who haven't yet attended or who make	
	Evaluation of service provider knowledge. by the use of an evaluation form that is incorporated as part of the training programme to review knowledge before and after training.	Maureen Gleave	After each training session	This is already something that takes place after each training session	
To increase the number of referrals to Age Well Programme service once a person has been screened below 2 using the FRAT Tool	To increase the profile of the Age Well Exercise Programme by targeting professionals . Attending MDT's, team meetings, community events and campaigning events.	Age Well team within Health improvement team	Quarterly	To undertake a quarterly data review for referral sources for all Falls Prevention Services.	

	To streamline referral processes to make it easier for professionals to refer into the appropriate services.	Z.M/J.J/JM	Ongoing	A review of Carefirst has in currently underway to explore automatic referrals to Age Well Programme. (subject to consent).	
		Z.M. Telecare Team	July 2018	To undertake a process review to streamline referral process	
To ensure that people continue to remain active after completing any falls intervention.	To devise a specific pathway that allows people to be reviewed following completion of any falls intervention.	Age Well/ Sure Start to Later Life		A referral pathway has been devised to review the activity of people after they have completed the Age Well Service.	
		Z.M /J.J	Sept 2018	A meeting to be arranged to discuss a new onward referral pathway	
	to explore reasons why people have not continued to be active to inform future development of the service	Age Well team within Health improvement team	Quarterly	To undertake a qualitative review.	
To specifically target all care home and domiciliary care providers with the view to incorporating falls prevention into contracting arrangement.	To continue to promote and deliver the Age Well Awareness program to all care staff that includes training on the use of the Falls Risk Assessment Tool.	Age Well Team in collaboration with Alzheimers Society	Ongoing	Training dates for future Age Well training have been shared with all Care Home Managers	

	To review the current referral pathways to appropriate rehab services for Care Homes/ Domiciliary Care if it is identified that a person is at risk of falls.	Care Homes Falls Prevention Service	August 2018	To arrange a meeting with care home/care provider to discuss a referral pathways	
To review good practice in care homes around falls prevention.	To review current falls recording system in care homes to ensure a consistent approach to reporting.	Quality Assurance		Ongoing work with Quality Assurance	

Aims	**To strengthen the Falls Awareness Campaign to improve public awareness of the importance of falls prevention to their general health and wellbeing.**				
Owner(s)	**Health Improvement Team**				
Task	**Action Required**	**Who**	**When**	**Progress/Next Steps**	**Status**

To improve public awareness of the importance of falls prevention to their general health and wellbeing.	To collectively devise a Falls Awareness Campaign All parties to make a commitment to contribute to the campaign	Falls Steering Group	Sept 2018	Health Improvement currently undertake a yearly campaign for Healthy and Ageing Week where all parties are invited to take part in the event	

	To increase the profile of the Age Well Exercise Programme.	Age Well/ Sure Start to Later Life	Ongoing	Age Well service to continue with Outreach visits to raise awareness in community groups, and community spaces etc.	

To target specific Wards where there is a higher rate of hip fractures and emergency admissions due injuries from falls are higher in Halton than the North West and England Average	To complete a Ward profile for each of these areas and identify any current gaps in the provision of the falls prevention service in these specific areas as a whole and devise a more streamlined pathway.	Neil McSweeney		To gather the data and bring to next falls strategy meeting to discuss key themes	