



Falls and Fracture Prevention Strategy for Scotland, 2019-2024: Consultation Version

Version 5
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**Healthier
Scotland**
Scottish
Government

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Our vision, ambitions, outcomes and commitments

Our shared vision is of a Scotland where more people live a life free from harm and social isolation from falls.

Our ambitions for this strategy are to:

4. **build resilience at population level:** working together across sectors and with individuals and communities to enable more people to maintain or build their resilience and reduce their exposure to risk factors for falls and osteoporosis
5. **take action earlier:** working together across sectors and with individuals and communities to cultivate a shared responsibility for recognising and exploiting valuable opportunities to take earlier preventative action when signs of frailty and functional decline are first recognised and, after one fall or fragility fracture, to prevent another
6. **target evidence-based and personalised support:** collaborating to deliver evidence-based falls and fragility fracture prevention interventions for those at highest risk and with complex needs, with a focus on supporting people to achieve outcomes that are important to them
7. **build an integrated approach:** working more closely together across the system and with individuals and communities to design, plan, fund and deliver falls and fragility fracture prevention and management, and frailty prevention, identification, management and care.

We have identified **12 outcomes people want to see through implementing the strategy**, and have developed **16 commitments to ensure the vision, ambitions and outcomes of the strategy are delivered**.

Falls and Fracture Prevention Strategy for Scotland, 2019-2024

RESPONDENT INFORMATION FORM

Please Note this form **must** be completed and returned with your response.

To find out how we handle your personal data, please see our privacy policy:
<https://beta.gov.scot/privacy/>

Are you responding as an individual or an organisation?

- Individual
 Organisation

Full name or organisation's name

Phone number

Address

Postcode

Email

The Scottish Government would like your permission to publish your consultation response. Please indicate your publishing preference:

- Publish response with name
 Publish response only (without name)
 Do not publish response

Information for organisations:

The option 'Publish response only (without name)' is available for individual respondents only. If this option is selected, the organisation name will still be published.

If you choose the option 'Do not publish response', your organisation name may still be listed as having responded to the consultation in, for example, the analysis report.

We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for Scottish Government to contact you again in relation to this consultation exercise?

Yes

No

Responding to this Consultation

We are inviting responses to this consultation by 12 August 2019.

Please respond to this consultation using the Scottish Government's consultation hub, Citizen Space (<http://consult.gov.scot>). Access and respond to this consultation online at <https://consult.gov.scot/health-and-social-care/falls-and-fracture-prevention-strategy/>. You can save and return to your responses while the consultation is still open. Please ensure that consultation responses are submitted before the closing date of 12 August 2019.

If you are unable to respond using our consultation hub, please complete the Respondent Information Form to:

Gemma McNeill
Chief Nursing Officer's Directorate
Scottish Government
2ER
St Andrew's House
Edinburgh, EH1 3DG

Handling your response

If you respond using the consultation hub, you will be directed to the About You page before submitting your response. Please indicate how you wish your response to be handled and, in particular, whether you are content for your response to be published. If you ask for your response not to be published, we will regard it as confidential, and we will treat it accordingly.

All respondents should be aware that the Scottish Government is subject to the provisions of the Freedom of Information (Scotland) Act 2002 and would therefore have to consider any request made to it under the Act for information relating to responses made to this consultation exercise.

If you are unable to respond via Citizen Space, please complete and return the Respondent Information Form included in this document.

To find out how we handle your personal data, please see our privacy policy: <https://beta.gov.scot/privacy/>

Next steps in the process

Where respondents have given permission for their response to be made public, and after we have checked that they contain no potentially defamatory material, responses will be made available to the public at <http://consult.gov.scot>. If you use the consultation hub to respond, you will receive a copy of your response via email.

Following the closing date, all responses will be analysed and considered along with any other available evidence to help us. Responses will be published where we have been given permission to do so. An analysis report will also be made available.

Comments and complaints

If you have any comments about how this consultation exercise has been conducted, please send them to the contact address above or at Gemma.McNeill@gov.scot

Scottish Government consultation process

Consultation is an essential part of the policymaking process. It gives us the opportunity to consider your opinion and expertise on a proposed area of work.

You can find all our consultations online: <http://consult.gov.scot>. Each consultation details the issues under consideration, as well as a way for you to give us your views, either online, by email or by post.

Responses will be analysed and used as part of the decision making process, along with a range of other available information and evidence. We will publish a report of this analysis for every consultation. Depending on the nature of the consultation exercise the responses received may:

- indicate the need for policy development or review
- inform the development of a particular policy
- help decisions to be made between alternative policy proposals
- be used to finalise legislation before it is implemented

While details of particular circumstances described in a response to a consultation exercise may usefully inform the policy process, consultation exercises cannot address individual concerns and comments, which should be directed to the relevant public body.

Introduction

Harm from falls and fear of falling affect large numbers of people both directly and indirectly, have a significant impact on wellbeing, and prevent many people from experiencing healthy ageing.

When we¹ talk about **harm from falls**, we don't only mean the **physical** and **psychological** harms (such as hip and other fractures, head injuries and soft tissue injuries, and fear of falling, anxiety and depression), but also the **negative impacts a fall can have on a person's life**. These include being unable to continue doing the things that are important to them, losing independence and/or becoming isolated or lonely.

Falls and frailty

Frailty is the inability to withstand illness without loss of function. Frailty can be physical or psychological, or a combination of the two, and exists on a spectrum ranging from vulnerable to severe. A **fragility fracture** is a broken bone that has occurred after a minor bump or fall (a fall from standing height or less, for example).

Not everyone who experiences harm from a fall is frail, but there is a strong relationship between falls and frailty. Frailty can contribute to falls and result in a person making a slower or poorer recovery following a fall. Conversely, a fall can trigger or accelerate the progression of frailty.

Some actions and approaches to prevent falls will also help prevent or slow the progression of frailty. These include being physically active and less sedentary, improving muscle strength and balance, promoting continence, and ensuring good medicines management and adequate nutrition.

An important part of reducing harm from falls is reducing fracture risk by preventing, detecting and managing **osteoporosis**, a condition that weakens bones, making them fragile and more likely to break. Although osteoporosis has a genetic link, lifestyle factors such as physical activity and nutrition are important in prevention and need to be considered both at a young age, when bone strength is first built, and later in life, when good nutrition and activity help maintain bone health.

People with advanced dementia symptoms can also be at greater risk of frailty and falling.

Around 10% of falls result in a fragility fracture and 2% in a hip fracture.

¹ 'We' in this strategy refers to the Scottish Government, working with partners and stakeholders.

Work to reduce falls and harm from falls

The factors that contribute to risk of falls and fragility fractures are many and wide-ranging. Risk of harm from falls are shaped by life circumstances, and health, wellbeing and lifestyle choices in early and adult life through into older age. Prevention requires a life-course approach; behaviours such as being physically active, eating well and avoiding smoking should be promoted across the lifespan.

It is five years since we published *The Prevention and Management of Falls in the Community. A Framework for Action for Scotland*.² The Framework focused on acting on every opportunity to prevent people experiencing recurrent falls and the associated decline in independence and quality of life. It set out key actions to move away from an ad hoc approach to preventing recurrent falls towards a systematic approach based on the best available evidence and tailored to the needs of the individual. Health and social care partnerships and a wide range of cross-sector partners have been working to implement the Framework, supported by our Active and Independent Living Programme's Falls Programme.³

Since 2011, Scotland has been an active participant in the Falls Prevention Action Group of the European Innovation Partnership in Active and Healthy Ageing.⁴ Through involvement in this European Union initiative and the Action Group, we have had the opportunity to work with and learn from European partners to advance falls prevention, and to share our progress in Scotland.

Considerable work has been done nationally and locally over the last 10 years to reduce harm from falls in community and hospital settings. This work has been informed by evidence-based clinical guidance produced by a range of organisations and professional bodies. Falls in acute hospitals, for instance, has been a key focus of the Scottish Patient Safety Programme since 2013, and the Programme continues to use a variety of approaches to support NHS boards to reduce harm from falls.

The result of all this is that we have seen **reductions in:**

- the rate of hip fractures in Scotland
- emergency admissions due to falls in a number of Integration Authorities.

With an ageing population and more people living longer with complex health needs, these are promising signs. But falls present an important challenge. In 2017–2018, over 37,000 people – 22,400 of whom were over the age of 65 – were admitted to hospital because of a fall. We need to do more and offer opportunities earlier in the lifespan to help older people age healthily to avoid or postpone the time at which they may fall or sustain a fracture.

² <https://www.gov.scot/publications/prevention-management-falls-community-framework-action-scotland-2014-2015/>

³ <http://www.knowledge.scot.nhs.uk/ahpcommunity/ailp-priority-workstreams/falls-and-frailty.aspx>

⁴ https://ec.europa.eu/eip/ageing/about-the-partnership_en

The strategy

Although anyone can experience harm from a fall throughout life, some groups of people are more likely to fall and more likely to experience harm.

For this reason, **the strategy focuses on falls related to:**

- the **ageing process**, which for some people, such as those with learning disabilities, may begin to have an impact earlier in life
- **underlying long-term conditions** (such as dementia or stroke), **visual impairment** or **frailty**
- **deconditioning** caused by physical inactivity and/or being sedentary
- **osteoporosis**, with affected adults being at higher risk of harm through fragility fractures.

The strategy **does not include** specific measures to reduce harm from falls:

- in childhood
- in the workplace
- as a result of high-impact mechanisms, such as falls from a height.

The process

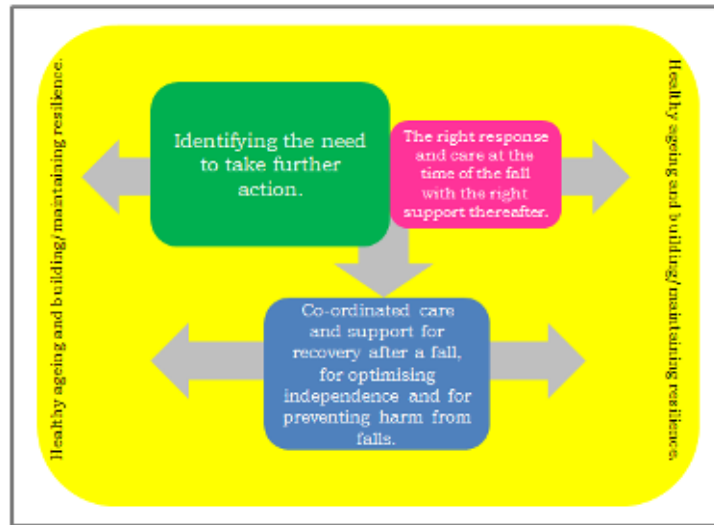
We spoke to a wide range of people in developing the strategy, including the general public, people who had experienced falls and fragility fractures, and people involved in planning, delivering, researching and improving care and support to prevent and manage harm from falls. We wanted to hear from them what has been working well, what we need to do differently and ideas for things we need to start doing.

We also looked at published evidence and the learning we've gained from delivering our Falls Programme and working over a number of years with UK and international partners.

Through this process, we identified **four central ambitions** we want the strategy to achieve and **12 outcomes** people want to see through taking forward this strategy. The ambitions comprise the main chapters of the strategy, with the outcomes being dispersed throughout.

The outcomes span the **Up and About Pathway**,⁵ which describes a person's journey through prevention, self-management, risk identification and co-ordinated care and support. The 2019 version of Up and About reflects that falls and fracture prevention is underpinned by healthy ageing and building and maintaining resilience.

⁵ <http://www.healthscotland.com/documents/23464.aspx>



The Up and About Approach (2019)

The strategy also presents **16 commitments** that aim to deliver on the strategy's vision, ambitions and outcomes.

Policy and strategic context

Preventing and managing falls and fractures cuts across a number of our policy areas. We make reference throughout to related strategies, delivery plans and documents to show connections and signpost to further information.

Ambition 1. Build an integrated approach

The outcomes we want to see

1. A whole-system approach that is joined-up, collaborative and co-designed with communities.

Outcome 1

A whole-system approach that is joined-up, collaborative and co-designed with communities.

What we know and where we are now

A joined-up approach at care-delivery level

Activities to reduce harm from falls are often fragmented. We believe a more integrated approach is needed, with services, organisations and sectors working together more closely in planning and providing information, advice, treatment, care and support.

Supporting a person to prevent harm from falls can involve a number of professions, teams and services from different parts of the system – from the response at the time of a fall, to providing rehabilitation and reablement to restore independence.

Links between falls and osteoporosis services could be improved. Care at the time of transitions can be a challenge – particularly transitions between hospital and the community. We need to ensure people receive the right support on returning home from hospital, to stay safe, but also to enable a good recovery and return to independent living.

Services being unable to share information easily throughout a person's episode of care presents a barrier to taking a more joined-up approach. This is due, in part, to incompatible IT platforms and data-sharing governance issues (both perceived and real).

Healthcare Improvement Scotland's Living Well in Communities programmes⁶ have been working with health and social care services to increase the quality and quantity of anticipatory care plans shared in the Key Information Summary for access by unscheduled care services. This has resulted in a 12% increase in the use of anticipatory care plans over 2017–2018 and an improvement in the quality of plans in the Key Information Summary, enabling unscheduled care services to respond to a crisis in accordance with an individual's wishes and achieve their best possible outcome. Examples include use of the Electronic Frailty Index to identify people with frailty who are at risk of falls-related unplanned admissions.

Good examples exist of health and social care services linking closely with leisure services and third and independent sector organisations to provide the right support at

⁶ <https://ihub.scot/improvement-programmes/living-well-in-communities/>

the right time, but there are many more opportunities for joint working to support self-management and identify risk to optimise recovery following a fall or fracture.

A joined-up approach to planning, funding and governance

Nationally and locally, we need to share leadership, intelligence, ownership and resources to ensure a joined-up whole-system approach to preventing harm from falls. Authorities need to see this as a cross-policy issue that requires collaboration across the system and is reflected in planning, funding and governance. Building relationships, along with meaningful engagement with staff and communities to plan and implement support and care, is central.

There are 32 community planning partnerships across Scotland. All are working collaboratively with key partners, including Integration Authorities and community safety/justice partnerships, to reduce inequality and deliver on local outcome improvement plans.

Commitment 1

We will establish a National Preventing Harm from Falls Collaborative made up of organisations involved in the prevention of falls, care of falls-related injuries and promotion of healthy ageing. The aim of the multi-agency Collaborative will be to co-ordinate and support national falls and fragility fracture prevention activity across Scotland during the lifetime of the strategy.

Ambition 2. Build resilience at population level

The outcomes we want to see

2. A culture where behaviours to prevent falls and maintain bone health are the norm.
3. More people participating in regular movement and physical activity to maintain their strength, balance and bone health.
4. More older people living in homes and communities that are safe, promote independent living and allow them to flourish as part of their community.
5. More people taking measures to maintain and improve their health and wellbeing and avoid harm from falls.

Outcome 2

A culture where behaviours to prevent falls and maintain bone health are the norm.

What we know and where we are now

We have to promote and support healthy ageing and the prevention of frailty, falls and fractures in ways that resonate with people across socioeconomic groups and throughout the span of older age.

People's living environments can determine the extent to which they have a physically active lifestyle and interact with others – two important factors that can reduce harmful falls and fear of falling. The Place Standard tool,⁷ which was developed in partnership by NHS Health Scotland and Architecture & Design Scotland, allows communities to work together to assess the quality of their place and prioritise areas for action.

It is important that all stakeholders talk about falls and bone health in ways that don't reinforce negative assumptions about old age, or gender. Focusing on actions to keep well and preserve or restore functional ability and independence is positive and enabling. Over-emphasising risks and focusing only on safety can inadvertently stigmatise falls or cause people to restrict their activities.

Older people often view 'a problem with falls' as happening to those who are older and in poorer health than themselves, even if they have a history of falls.⁸ Men often think they are not at risk of falling or sustaining fractures and often don't think they would benefit from interventions. Using the medical term 'frailty' can provoke a strongly negative reaction from older people because of its associations with loss of independence and end of life. Language is very important, and the emphasis should be on the benefits of active and healthy ageing rather than avoiding risk.

⁷ <https://www.placestandard.scot/>

⁸ www.ageuk.org.uk/professional-resources-home/servicesand-practice/health-and-wellbeing/falls-prevention-resources/

Enabling people to look after and improve their own health and wellbeing and live in good health for longer requires that they have access to the right information, advice and support, at the right time. People expect information to be available through many channels, and in a range of formats. Internet use in people in later life is increasing, but using the internet is not always their first choice to find information about health and wellbeing.

Many older people like to get information materials from their GP practice. It is important for people to know that information comes from a trustworthy source – a reliable individual with the right knowledge and skills talking people through the information is highly valued. It is also important for carers and families to be able to access good information – they have a vital role in supporting falls prevention. If carers receive the right kind of information and support, the health and wellbeing outcomes for the cared-for person are often much better. This is relevant for those who are risk of falls.

Commitment 2

We will work with Public Health Scotland, NHS Inform and other partners to build on and improve the availability of information on healthy ageing, falls prevention and bone health in a range of formats.

The workforce across the system has a pivotal role to play in promoting key messages about healthy ageing generally and falls prevention and bone health specifically.

Commitment 3

We will commission NHS Education for Scotland and other partners to develop learning resources for our workforce, and work with higher education institutions to build healthy ageing, falls prevention and bone health into curricula.

Outcome 3

More people participating in regular movement and physical activity to maintain their strength, balance and bone health.

What we know and where we are now

There is good evidence that people can reduce their risk of falls and harm from falls by being physically active and moving regularly to counteract the effect of ageing on muscle strength, bone and balance.

The Scottish Government published its *Active Scotland Delivery Plan*⁹ in summer 2018. The plan includes 90 actions that aim to cut physical inactivity in adults and teenagers by 15% by 2030 using wide-ranging approaches, including active travel funding, support for formal sports and informal movement and physical activity, and partnership-working across the transport, education, health and planning sectors. The World Health Organization supports the plans.

⁹ <https://www.gov.scot/publications/active-scotland-delivery-plan/>

We recognise that it would be helpful if people had more opportunities to participate in activities which are proven to improve strength and balance. It is also clear that options need to be enjoyable, accessible, affordable and wide-ranging to appeal to everyone. Many older people prefer to participate in activity at a group or club they already attend, in a class with a qualified instructor, or in their local gym. It would be helpful if activity opportunities that include measures to improve strength and balance were clearly labelled by providers to help people choose well.

Barriers to participation include fear of falling and lack of transport, especially for people with limited mobility, social isolation, perceived cost and time constraints. Opportunities can be limited for some groups in the population, including people with dementia, multiple long-term conditions, learning disabilities and sensory impairment.

Good practice

The Care Inspectorate's Care about Physical Activity (CAPA) Improvement Programme¹⁰ has been working with care homes, care at home, housing support and other support services for older people to equip staff to promote 'moving more' every day in ways that are meaningful to the person. Outcomes have been extremely positive; as well as becoming more active, evaluation of the Programme showed many participants' risk of falling had reduced.

As an example, Bob, a resident in a care home in Perth and Kinross, needed assistance from two carers to walk and would regularly have between eight to 12 falls a month, resulting in continuous trips to hospital. Staff supported Bob to do more small day-to-day movements and leg-strengthening exercises. Over five months, he reduced his number of falls by roughly 90%. This resulted in reduced time at the doctor's surgery, fewer hospital visits and less assistance needed from care staff. Bob now enjoys increased independence.

On average, individuals who participated in CAPA reported spending 80 more minutes per day moving than at baseline, with significant improvements recorded in balance tests, grip strength, lower leg strength and flexibility. The Programme also worked with Glasgow Caledonian University to develop an undergraduate module for those who will work with frailer older adults.

Commitment 4

We will work with partners, including the Care about Physical Activity (CAPA) Improvement Programme and Sport Scotland, to explore how better labelling of physical activity options can help people to make the right choices for them, and support the further development of a local information system for Scotland.

Our workforce across the system has a vital role in promoting the benefits of physical activity and supporting people to participate. This requires an understanding of key messages from the new UK Physical Activity Guideline, which is expected to be

¹⁰ http://www.capa.scot/?page_id=18

published later in 2019, and awareness of online resources that can support people self-managing their health and falls risk.

The *Active Scotland Delivery Plan* includes actions to ensure that health and social care professionals have the resources and opportunities to support people to be more active. This includes integrating learning around physical activity into undergraduate and continuing professional development curricula for health professionals, providing a package of practitioner resources to support the delivery of the National Physical Activity Pathway,¹¹ and raising awareness of recommended levels of physical activity as set out in the Chief Medical Officer's Physical Activity Guidelines for Adults and Older Adults (Appendix 1).¹² In addition, health and social care professionals should be aware of online resources that can support people to self-manage their health and falls risk, such as the NHS-approved Falls Assistant online resource.¹³

Promoting and enabling physical activity is also important while in hospital. Evidence suggests that many patients spend more than 80% of their time in bed, with even those who are able to walk in hospital hardly taking any steps.¹⁴ Loss of muscle strength can begin very quickly. The Scottish Patient Safety and Excellence in Care programmes will continue to promote the importance of supporting people to keep active and engage in meaningful activity during a hospital stay.

Commitment 5

We will continue to take action through our *Active Scotland Delivery Plan* to encourage and support more people to be more active more often.

Outcome 4

More older people living in homes and communities that are safe, promote independent living and allow them to flourish as part of their community.

What we know and where we are now

The right home environment can maintain a person's physical and mental health, wellbeing and social connections, enable them to carry out everyday activities safely and comfortably, and help them to do the things that are important to them.

Simple, low-cost pieces of equipment and adaptations (such as grabrails, bannisters and toilet frames) prevent falls and injuries and improve the performance of everyday activities. Minor adaptations are particularly effective when combined with repairs and home improvements, such as improving lighting and removing trip and fall hazards. The *Age, Home and Community: the next phase* strategy¹⁵ commits to continuing to support

¹¹ <http://www.healthscotland.scot/health-topics/physical-activity/national-physical-activity-pathway>

¹² <https://www2.gov.scot/About/Performance/scotPerforms/partnerstories/Outcomes-Framework/CMO-Guidelines-ADULT>

¹³ <https://fallsassistant.org.uk/>

¹⁴ <https://www.nursingtimes.net/opinion/practice-comment/comment-we-must-formally-acknowledge-patient-deconditioning-as-harm/7024367.article>

¹⁵ <https://www.gov.scot/publications/age-home-community-next-phase/>

the service provided by Care and Repair to older homeowners as a trusted source of advice and handyperson services, as well as using the opportunity to further develop beneficial partnerships with the Scottish Fire and Rescue Service and Home Energy Scotland.

We recognise the importance of the timely provision of equipment and adaptations, which we highlighted in our guidance on the provision of equipment and adaptations, published in 2009.¹⁶ The guidance aims to give professionals, service users and carers a better understanding of local health and social care services' responsibilities, and to create a more consistent approach across Scotland.

Many people at risk of falls are not in a position to organise their own health and social care, so carers often take this responsibility on their behalf. For example, it may be carers who arrange for home aids and adaptations such as grab rails to be installed. It's therefore important that health and social care professionals meet the duty under the Carers (Scotland) Act 2016 to include carers in conversations about the cared-for person's care, as they are often very knowledgeable about the situation and associated risks for the people they care for.

The Public Bodies (Joint Working) (Scotland) Act 2014 established a legal framework for the integration of health and social care services in Scotland. The Act requires each NHS board and local authority to delegate some of their statutory functions, and associated budgets, to their Integration Authority. The Integration Authority is then responsible for the planning and delivery of related services. The provision of equipment and adaptations are services that **must** be delegated to the Integration Authority.

The Public Bodies Act 2014 introduced national health and wellbeing outcomes that apply equally across health and social care services in Scotland. These outcomes aim to enable service users and carers to have a clear understanding of what they can expect in terms of improvements in their health and wellbeing. Outcome 2 acknowledges the important role housing plays in people's lives, stating: "People, including those with disabilities, long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community."

Commitment 6

We will work with Integration Authorities and other key stakeholders to review and update the current guidance relating to the provision of equipment and adaptations in people's homes.

Early intervention and preventative approaches by Care and Repair services, occupational therapists and others are highly valued. But there is variation across the country in terms of provision of equipment, adaptations and technology-enabled care

¹⁶ <https://www2.gov.scot/Topics/Health/Support-Social-Care/Independent-Living/Equipment-Adaptations>

solutions, and sometimes opportunities to respond to ‘lower-level’ needs that would promote continued independence and help prevent loss of function and falls are being missed. Potential exists for more health, housing, social care and third sector services to have a role in home-safety checks and in provision of straightforward equipment, technology-enabled care and adaptations.

Good practice

In some areas, the Scottish Fire and Rescue Service has included elements of falls prevention in their **Home Fire Safety Visits**.¹⁷ This can include the provision of basic information and advice on falls prevention in the home, and link with Integration Authorities, rehabilitation services and others to offer further assessment and support when required.

The Scottish Fire and Rescue Service currently is working on a project to expand the scope of visits to include other safety and wellbeing risks within the home. In developing this holistic approach, the service reflects the inclusion of early information about falls prevention and considerations about social inclusion and ageing safely. Carried out by dedicated prevention staff and, if agreed by representative bodies, firefighters across Scotland, this will add huge value and positive outcomes to communities, with the service delivering thousands of risk-based visits every year.

Commitment 7

We will support the Scottish Fire and Rescue Service to design and deliver their new Safe and Well visits and promote greater collaboration between blue-light services to identify people who would benefit from support to make their home safe and enabling. We will also establish local partnerships where they are able to refer people identified into non-statutory community-based supports, including Care and Repair services.

A familiar home environment is particularly important for people with dementia, especially as their symptoms develop. Early consideration of the role of equipment, adaptations and technology is an essential part of enabling people with dementia and their carers to live safely at home. We will continue to take action through *Scotland’s National Dementia Strategy 2017–2020*¹⁸ and the *Connecting People, Connecting Support*¹⁹ framework for allied health professionals working with people with dementia and their carers to ensure people diagnosed with dementia have access to the right housing and support to enable them to live in their home independently for as long as possible.

We published *Age, Home and Community: the next phase* in 2018.²⁰ It sets out a range of actions to achieve our vision of older people in Scotland enjoying full and positive lives in homes that meet their needs. We are focusing on three key areas – Right

¹⁷ <https://www.firescotland.gov.uk/your-safety/for-householders/home-fire-safety-visit.aspx>

¹⁸ <https://www.gov.scot/publications/scotlands-national-dementia-strategy-2017-2020/>

¹⁹ <https://www.alzscot.org/ahp>

²⁰ <https://www.gov.scot/publications/age-home-community-next-phase/>

Advice, Right Home and Right Support – to enable our growing population of older people to live safely and independently at home for as long as they choose to do so.

Commitment 8

We will continue to take action through our strategy, *Age, Home and Community: the next phase*, to ensure we have a housing system that works for older people.

We continue to work with partners to reduce unintentional harm and injury, including those caused by falls. We know that older people are one of the key groups who are disproportionately affected by unintentional harm in Scotland. Over the last five years, we have provided the Royal Society for the Prevention of Accidents with almost £600,000 to undertake work around home and community safety, including developing and delivering bespoke courses on older people's safety and running the 'Be Aware' campaign to increase awareness of carbon monoxide poisoning.

Through our ambition to Build Safer Communities, we are developing a co-ordinated and strategic approach to reducing unintentional harm in Scotland, including falls, by building links with wider community safety activities. A key step in this work was the development and publication of a *Strategic Assessment of Unintentional Harm* in April 2017,²¹ which sets out the key groups who are disproportionately affected in Scotland (children and young people, older people and those living in areas of increased deprivation). This work is being driven forward by a partnership Executive Working Group chaired by the Scottish Fire and Rescue Service, with membership from the Scottish Community Safety Network, the Royal Society for the Prevention of Accidents and the Scottish Public Health Network. The Executive Group is focused on collaboratively supporting implementation of recommendations from the strategic assessment.

The work acknowledges the impact the wider environment in which we live can have on how we live our lives and the activities in which we engage. Community safety, both in and outside the home, can influence decisions we make; living in a safe environment and being informed about how to keep safe has a direct impact on the falls agenda.

Good practice

As part of the Building Safer Communities Unintentional Harm work, an online tool, known as the Hub, is being developed to gather and share initiatives across Scotland that support the reduction of unintentional harm, and to provide advice and guidance that will drive forward best practice. The information is for practitioners, professionals and community groups at local and national levels. The Hub will go live in early summer 2019 and will act as a key route to co-ordinating and supporting learning from existing practice relating to unintentional harm prevention.

²¹ http://www.bsc.scot/uploads/1/9/0/5/19054171/building_safer_communities_phase_2_-_national_strategic_assessment_for_unintentional_harm_summary_report.pdf

We have worked with local practitioners throughout Scotland to develop practice exemplars for the Hub. These form the main content of the Hub and describe existing good practice and promising practice covering a range of themes – home safety, fire safety, water safety, road safety and outdoor safety, including falls. Other relevant documents, strategies and publications will be available on the Hub, as well as a recently developed evaluation framework for practitioners.

Issues in the physical environment, such as gritting of pavements in the winter, maintenance and lighting of pavements and paths, handrails and accessible facilities and amenities, including public toilets, are important in enabling people to remain independent and engage safely with their communities. We are developing a strategy and updated guidance on clear pathways to reduce obstruction and street barriers that can lead to falls through lack of dropped kerbs and street obstacles.

Accessible public and community transport is vital for people to stay socially active. We continue to take forward a collaborative review of our National Transport Strategy, with accessibility identified as an important theme.

We are committed to providing free bus travel to older and disabled people, helping them to lead more connected, healthier and happier lives. Since the scheme began in 2006–2007, we have provided over £2 billion to fund concessionary travel. The average benefit per year is about £260 for a person eligible to use the Scotland-wide Free Bus Travel Scheme for Older and Disabled People. There are close to 1.4 million cardholders in Scotland, of whom 90% hold a pass on the basis of age. The scheme as a whole was responsible for around 141.8 million journeys in 2017–2018.

Good practice

Going Further: Scotland's accessible travel framework (launched in 2016)²² is about improving journeys for disabled people and working to remove the barriers that prevent them travelling. The 10-year framework has been shaped by people with disabilities and organisations that represent them. The vision is that all people with disabilities can travel with the same freedom, choice, dignity and opportunity as other citizens.

Fear of falling when using buses is common, as statistics from Police Scotland confirm. We are taking forward the national roll out of the Thistle Assistance Card,²³ which allows passengers discreetly to inform transport staff of any extra assistance required through use of recognised symbols. This includes signalling the need for extra time to sit down before the vehicle moves, which will assist in the reduction of falls on public transport.

²² <https://www.transport.gov.scot/publication/going-further-scotland-s-accessible-travel-framework/>

²³ <https://www.transport.gov.scot/concessionary-travel/thistle-assistance-card/>

Good practice

While a bus journey is one of the safest ways to travel on our roads, a bump on the bus that might be brushed off by most of us could lead to a loss of confidence and independence or a serious injury for an older person. Now police, bus companies and other partners have teamed up to make bus travel even safer for some of the most vulnerable members of our communities.

Since May 2018, Police Scotland has issued social media messages outlining the steps to take to get on, ride and then get off the bus safely. This is complemented by a leaflet that is available on buses aimed at those who have a concessionary card, and a police-led training message delivered to drivers in the Edinburgh, Lothians and Forth Valley areas.

Early indications from the first six months of the project in Edinburgh and Forth Valley on bus passenger casualties aged 60+ are looking favourable, particularly in relation to 'killed and seriously injured' collisions against the five-year average.

Source: Police Scotland (2018). Initiative helps older bus passengers travel with confidence. <https://www.scotland.police.uk/whats-happening/news/2018/may/new-initiative-help-older-bus-passengers-travel-confidence>

Commitment 9

We will ensure that Scotland's revised National Transport Strategy will include recommendations on accessible safe transport schemes for frailer, visually impaired and disabled passengers.

Social contact opportunities are vitally important – isolation and loneliness are commonly experienced by older people, particularly among those who lose their spouse or live alone. We know from research that as social interaction decreases, risk of falls increases, and that fear of falling is increased by isolation and depression triggered by lack of social participation, and vice versa.

We published *A Connected Scotland: our strategy for tackling social isolation and loneliness and building stronger social connections* in 2018.²⁴ The strategy sets out a wide range of actions to create opportunities for people to connect, and to support an infrastructure that fosters connections.

We need to explore how we can work with community groups and organisations to take opportunities to include learning about ageing well, falls prevention and bone health in the work they already do.

²⁴ <https://www.gov.scot/publications/connected-scotland-strategy-tackling-social-isolation-loneliness-building-stronger-social-connections/>

Commitment 10

We will continue to take action through our strategy, *A Connected Scotland*, to recognise the psychological, emotional and social circumstances that can lead to older people becoming increasingly sedentary and at higher risk of falls and frailty.

Outcome 5

More people taking measures to maintain and improve their health and wellbeing and avoid harm from falls

What we know and where we are now

A wide range of positive behaviours and actions can lower a person's chances of experiencing harm from falls, as well as contributing to keeping active and well for longer. These include:

- managing health conditions well: a number of conditions are associated with an increased risk of falls (including arthritis, dementia, Parkinson's disease and stroke) and fragility fractures (such as rheumatoid arthritis and inflammatory bowel disease)
- managing medicines: taking five or more medicines is associated with an increased rate of falls, and the use of certain high-risk medicines can contribute to risk of falls and osteoporotic fractures
- good personal foot care: good foot care can increase independence and participation in physical and social activities
- good nutrition and keeping hydrated: calcium and vitamin D are particularly important for bone health and inadequate nutrition contributes to frailty and loss of muscle mass
- regular eye checks and choosing the right spectacles
- safe alcohol consumption: our threshold for alcohol can change as we age, and the falls rate is higher among older people receiving support for alcohol issues
- not smoking
- managing bladder and bowel problems: these are associated with increased falls risk
- keeping physically active.

Public and service providers don't always recognise the link between falls and fragility fractures and the health and wellbeing topics listed above; key positive and enabling messages about falls prevention and bone health need to be threaded through information advice, treatment and support in all of these areas.

An important part of keeping physically active is continuing to carry out daily tasks for as long as it's possible and safe to do so. Doing things *for* older people when they are still able to do things safely themselves can hasten a decline in strength, balance and mobility. Actions, often motivated by kindness, can increase the risk of falls due to physical deconditioning and people losing confidence and belief that they can continue to undertake activities themselves.

'Keeping active to keep independent' is an important message for families, carers and professionals in the health and care sectors. Risk aversion is a significant barrier to people being more active, and positive risk-taking is key to having a less sedentary older population.

Positive risk-taking involves a person weighing up the potential benefits and harms of carrying out activities and making choices that are right for them – sometimes the risk to health and wellbeing from being sedentary outweighs the risk of harm from falls. For meaningful and successful falls prevention, we need to enable people, families, carers and our workforce to practice positive risk-taking.

Good practice

Organisations such as Roar: Connections for Life²⁵ encourage self-management by reaching, understanding and supporting people to value wellbeing and social connections, offering a varied menu of social opportunities to laugh and learn. The organisation also takes a whole-systems approach to dispelling the myth that falls are an inevitable part of ageing.

Commitment 11

We will work with third sector partners to co-produce resources and opportunities to support community groups and organisations to embed learning about healthy ageing and preventing harm from falls in their core work.

²⁵ <https://www.roarforlife.org/>

Ambition 3. Take action earlier

The outcomes we want to see

6. More people proactively recognising their risk of falls and/or fractures and taking action to reduce risk.
7. More people taking preventive action after a first fall or fracture to prevent another.

Outcome 6

More people proactively recognising their risk of falls and/or fractures and taking action to reduce risk.

What we know and where we are now

People don't always recognise in themselves, or others, age-related functional decline, the onset of frailty or increased risk of falls or fractures. Even when there is realization and acceptance, the person, carers and families may not have the knowledge or the means to take action to slow or reverse the decline.

From the age of 30, muscle strength and balance can slowly decline without us noticing. Our muscles can lose up to 8% of their strength each decade – especially if we're not physically active. This means a simple trip, slip or loss of balance can become a fall.

A range of approaches can enable people to recognise age-related decline and an increasing falls risk, many of which are linked with support to take steps to slow down, or reverse, changes. They include use of the compression of functional decline framework (the LifeCurve), the Functional Fitness MOT²⁶ and the Falls Assistant tool.²⁷

In 2017–2018, our Active and Independent Living Programme introduced the 'Take the Balance Challenge',²⁸ which adopts a self-assessment approach. The Challenge raises awareness of age-related loss of muscle strength and balance. It invites people to check their balance, provides six simple exercises to improve strength and balance, and signposts to a range of resources providing information about keeping active and well, improving bone health and preventing falls. We work with national partners, including Age Scotland and the Care Inspectorate, and over 400 partners locally to deliver the Challenge across Scotland. There has been a tenfold increase in traffic to NHS Inform's falls information pages since it was launched.

Good practice

The **Take the Balance Challenge** targets people over the age of 50 who may be beginning to experience changes in their muscle strength and balance. It invites people to check how good (or otherwise!) their balance is. For anyone who finds it's maybe not

²⁶ <https://www.laterlifetraining.co.uk/courses/fully-functional-mot/functional-fitness-mot/>

²⁷ <https://fallsassistant.org.uk/>

²⁸ <http://www.knowledge.scot.nhs.uk/fallsandbonehealth/the-national-falls-programme/take-the-balance-challenge.aspx>

quite as good as they thought, there are six simple strength and balance activities – the super six – to help them start improving their strength and balance right away.

Strength and balance activities can help you to stay steady, whatever your age. Falls are not an inevitable part of getting older – simple steps can reduce your risk.

Technology and technology-enabled care are providing new and exciting opportunities to identify people at risk before they have experienced harm. They combine pioneering ‘predictive analytics’ with innovative wearable technology to identify risk of falling. We should encourage widespread use of commercially available technology as part of self-management messages – supported by our commitments to digital inclusion.

Good practice

Scotland’s world-leading Technology Enabled Care Programme²⁹ continues to support greater independent living and healthy ageing by delivering a step-change in how technology is used as a cost-effective support. Telecare is already seen as a key support for people to live longer, healthier lives at home or in community settings, but the switch to digital telecare offers the chance to use data from consumer devices, wearables and health monitoring solutions in a more integrated and preventative way. Every £39 million spent by local authorities on telecare is estimated to bring around £99 million worth of savings to the public sector. Scope now exists to increase the number of people using telecare nationally from around 20% of over-75s to 33%.

Another emerging practice is the use of the Electronic Frailty Index. This uses GP records to identify levels of frailty in people over 65 years, providing an opportunity to give timely support to prevent the progression of frailty. Healthcare Improvement Scotland is working with Integration Authorities across Scotland to embed the use of the Electronic Frailty Index to target preventive support, such as falls management, polypharmacy reviews and anticipatory care planning, to individuals living in the community before they have a crisis (such as a fall) that results in unplanned hospital admissions.

Recognising increasing fracture risk before a fracture is sustained is equally important. Osteoporosis can develop slowly over several years and is often only diagnosed when a minor fall or sudden impact causes a bone fracture. There needs to be greater awareness of preventative actions, such as the right physical activity and sufficient calcium and vitamin D, and of risk factors for osteoporosis, including certain drug therapies and medical conditions. Use among practitioners of assessment tools such as Qfracture,³⁰ which has been recommended for use in Scotland by the Scottish Intercollegiate Guidelines Network, could result in earlier detection.

Outcome 7

More people taking preventive action after a first fall or fracture to prevent another.

²⁹ <https://scott.org.uk/drafts/technology-enabled-care-programme/>

³⁰ <https://qfracture.org/>

What we know and where we are now

Falls

Older people who fall once are 2–3 times more likely to fall again within a year. Even if there is no injury, a fall can trigger loss of confidence and independence and increase isolation. Taking action after a first fall can prevent this downward spiral.

The *Prevention and Management of Falls in the Community: a framework for action for Scotland 2014/2015*,³¹ stresses the importance of routinely having a conversation about falls whenever a person reports a fall or an injury, loss of function or increased care needs due to a fall. The structured conversation identifies the need for information or support to enable full recovery, maintain independence and prevent further falls. This was identified as a priority in the Framework as opportunities to prevent further falls and associated harm were frequently being missed at that time.

Since then, a growing number of professions, services and organisations across the system have been engaging in ‘falls conversations’ and providing or signposting people to further assessment and support. We need to build on this and start routinely having ‘falls conversations’ – and not just after someone has reported a fall. People often experience numerous falls before an injury causes them to contact a health professional. But many older people would be happy to be asked by a professional, such as a GP, practice nurse, physiotherapist, pharmacist, optician or social care practitioner, if they had fallen recently or were concerned about falls.

Commitment 12

We will work with NHS Education for Scotland to create national guidance on the ‘falls conversation’ for our workforce. The resource will help people to gain the knowledge and skills to initiate a meaningful conversation that leads to potentially beneficial actions.

A national improvement collaborative between 2016 and 2018, led by the Active and Independent Living Programme in partnership with the Scottish Ambulance Service and Healthcare Improvement Scotland, focused on improving experience and outcomes for the around 40,000 older people each year who fall and trigger an ambulance response. New ways of working enable ambulance crews to refer people directly to local assessment, rehabilitation and care services. In some situations, this prevents an unnecessary attendance at emergency departments. Economic modelling suggests this approach also has potential to prevent spend across the system. These ‘see and refer’ pathways are now operating across Scotland, with the Scottish Ambulance Service supporting ongoing work to ensure more people benefit in the future.

³¹ <https://www.gov.scot/publications/prevention-management-falls-community-framework-action-scotland-2014-2015/>

Fragility fractures

After a first fracture, the risk of fracturing again is increased 2–3 fold. Approximately half of all hip fractures follow a previous fragility fracture. Taking action after a first fragility fracture is key to preventing further fractures.

A Fracture Liaison Service identifies people who have sustained a fragility fracture and ensures that fracture risk assessment (and treatment where appropriate) is delivered to reduce the risk of further fractures. A fracture risk assessment may include bone-density scanning. Thirteen of the 14 NHS boards in Scotland have a Fracture Liaison Service, or equivalent, in operation.

Although a range of opportunities present to identify a person with increasing risk, success depends on the action taken as a result; risk identification needs to be linked with an outcomes-focused conversation and/or access to the right information and level of support.

Outcome 8

People receiving a proportionate response at the time of a fall that minimises harm and enables the best possible recovery.

What we know and where we are now

Older people and carers need better information about what to do at the time of a fall, in terms of how to get up from the floor, how to assist another person safely from the floor, and who to call for assistance. The prospect of getting stuck on the floor is a source of considerable anxiety for many older people. We need to ensure this information is readily available.

The Scottish Ambulance Service is the main responder if a person is injured or needs urgent clinical care. Responsibility for responding if someone is uninjured but needs assistance to get up varies across the country. This is important because a long lie on the floor can lead to serious complications for a person with frailty.

Technology enabled care provides a means of summoning help for many, with 20% of people aged 75 and older in Scotland using a telecare service. Uptake, however, varies widely across the country. Some local authorities use mobile responders who can provide practical help in an emergency on a 24/7 basis, but no response or only a limited response (such as out-of-hours only) is provided in around half of local authority areas due to staffing and geographical limitations. Service users in these areas depend on volunteers (friends and family) acting as nominated keyholders to provide a response, which can be problematic for some people.

Commitment 13

Our Technology Enabled Care Programme will work with the Scottish Ambulance Service, NHS 24 and other local and national partners to develop and test guidance for implementing sustainable response services.

Ambition 4. Target more specialist, personalised care and support

The outcomes we want to see

8. People receiving a proportionate response at the time of a fall that minimises harm and enables the best possible recovery.
9. Personalised falls prevention for people at higher risk and with complex needs.
10. Evidence-based and personalised approaches to preventing falls in community settings, in hospitals and in care homes.
11. Evidence-based fragility fracture prevention.
12. Evidence-based and personalised care following hip fracture.

Outcome 9

Personalised falls prevention for people at higher risk and with complex needs.

What we know and where we are now

We want people who use health and social care services to have positive experiences of those services, and have their dignity respected. We believe that our workforce needs to be equipped and enabled to take an outcomes-focused approach, with the person at the centre of decision-making.

Frailty pathways in emergency departments, hospitals, primary care and the community aim to identify people becoming frail or living with frailty to ensure they receive the right holistic care, treatment and support. Many people who fall will benefit from being on these pathways, and we need to ensure falls and fracture prevention is considered as part of their care. We will continue to support frailty initiatives through national improvement programmes led by Healthcare Improvement Scotland.

People with dementia are at increased risk of falls, and the personal consequences of a fall can be significant. Falls are also a serious problem for people with learning disabilities, who are at greater risk than the general population of sustaining an injury, or even dying, from a fall. We need to ensure that people living with dementia and those with learning disabilities receive the same opportunities as any other person for falls and fracture prevention, and the same high standards of care following hip fracture, including accessing bone-density scanning and physical activity programmes to reduce risk of falls.

Outcome 10

Evidence-based and personalised falls prevention in community settings, in hospitals and in care homes.

What we know and where we are now

Community settings

The *Prevention and Management of Falls in the Community* framework sets out an evidence-based multifactorial approach to falls prevention. It identifies and addresses the causes of falls, including underlying medical problems (see Appendix 2). The aim is falls and fracture prevention, but also rehabilitation, enabling a person to recover well following a fall and return to doing the things that matter to them. This usually needs input from a multidisciplinary team of health and social care professionals.

Emerging models of care show what can be achieved through collaboration involving the NHS, third sector and communities. Many examples exist of physiotherapists working with instructors in leisure services to provide opportunities for individuals to participate in physical activity. Some health professionals promote a universal, targeted and specialist model, such as that used in children and young people's services, to enable physiotherapists, occupational therapists, podiatrists, dieticians, speech and language therapists and others to reach more people at the right time with the right level of information, advice, treatment and support. We believe we need to explore these different ways of working.

Clinical guidelines recommend a multifactorial approach to falls prevention and management. Interventions that continue to have a strong evidence base and which produce personal benefits and cost savings include physical activity programmes carried out at home or in a group, home assessment and modifications carried out by an occupational therapist, and evidence-based strength and balance activities.

We need to explore new approaches to meaningful measurement and evaluation to continue to justify investment in interventions that reduce falls and harm from falls, and to understand better the service-delivery models that are most effective and sustainable. This includes feedback from people who use services and carers. A key component of this work will be investigating the possibility of robustly coding 'fall events' across the system – an important first step in understanding activity related to falls and the impact of falls, and falls prevention, on the system.

Commitment 14

We will work with a range of partners to review the *Prevention and Management of Falls in the Community* framework. This will include reviewing existing delivery models and exploring more sustainable and collaborative approaches that integrate with ways we are supporting people living with frailty in Scotland and further afield. A key output from this work will be an updated measurement framework to enable better understanding of the impact of different approaches.

Hospitals

Falls remain a common cause of harm to patients in acute hospitals, with as many as 27,000 falls recorded in Scotland every year. Many factors contribute to the risk of falls in hospital. Increased length of stay and after-effects of injury after a fall with harm can

impact negatively on patients, a proportion of whom may require ongoing care and support. Falls also contribute to increased costs for healthcare organisations due to increased length of stay and associated care and treatment for patients within hospital and community settings after discharge.

Healthcare Improvement Scotland's Scottish Patient Safety Programme continues to review and update best practice for reducing harm from falls in hospital settings. The programme supports an individualised approach to falls prevention and promotes physical and meaningful activity to prevent people experiencing the negative effects of a hospital stay.

Healthcare Improvement Scotland has also been leading national work since 2012 focusing on two related and critical areas – improving care for older people with frailty and/or delirium. Both frailty and delirium are associated with an increased risk of falls. The results have shown that this approach is making a real difference to the care of older people in Scottish hospitals.

The Chief Nursing Officer, together with senior nursing and midwifery leaders in Scotland, established the Excellence in Care approach to develop and implement an evidence-based national approach to improving and assuring care and support the reduction in harm, variation and waste that reflects the "Once for Scotland" ethos.

One of the many adult areas identified as a key measure of high-quality nursing and midwifery care is inpatient falls rate. The rationale for the measure is aligned to the current approach to reducing falls through the Scottish Patient Safety Programme. Falls that occur in healthcare settings may lead to increased pain, immobility, morbidity and mortality. Efforts to reduce their incidence, including process reliability, are underpinned by measurement of incidence.

The inclusion criteria for the measure is inpatient falls only. The calculation criteria for the measure is the total number of inpatient falls within the last calendar month, against the total number of occupied bed days for the month in the ward within a hospital. Emergency departments and outpatient and day-case settings currently are excluded, but we are considering including these areas in future.

A Care Assurance and Improvement Resource Dashboard has been developed in partnership with nurses and midwives from across the country. This will enable effective and consistent reporting 'from ward to Board' and will focus on what is needed to improve patient care and show meaningful data that can be understood by all.

Good practice

Healthcare Improvement Scotland carries out a programme of unannounced inspections on behalf of the Scottish Government to provide assurance that the care of older people in acute hospitals is of a high standard. They measure NHS boards against a range of standards, best practice statements and other national documents relevant to

the care of older people in acute hospitals, including the Care of Older People in Hospital Standards.³²

One of the standards measured is assessment of risk of falls. These assessments should be carried out within 24 hours of the patient's admission and appropriate measures put in place to reduce risk. Examples of evidence of compliance with the standard that inspectors look for include:

- evidence of care plans demonstrating falls-risk assessments and planned outcomes
- policies or strategic plans relating to falls management and prevention, including post-falls protocols
- data and associated action plans relating to number of falls and incident-reporting
- evidence supporting local improvement work relating to falls prevention, such as the Scottish Patient Safety Programme falls bundle³³ and the Scottish Standards of Care for Hip Fracture Patients³⁴
- evidence of staff training and education on falls prevention and management
- referral pathways for rehabilitation and enablement in community settings.

Excellence in Care will be used to support Older People in Acute Hospitals inspections in the future, particularly by providing easily available access to data on falls and to demonstrate the impact of improvement work to reduce falls.

Care homes

Initiatives in care homes for older people that have resulted in improvements in personalised care and support to reduce harm from falls include the 2014–2015 Up and About in Care Homes improvement collaborative led by the Care Inspectorate in partnership with our Falls Programme, and the refresh of the resource *Managing Falls and Fractures in Care Homes for Older People* in 2016.³⁵

The Care Inspectorate continues to support the approach to personalised care and support outlined in the resource, and a growing number of care homes are taking action to reduce harm from falls. The Care Inspectorate is also promoting and enabling meaningful physical activity through its Care About Physical Activity Improvement (CAPA) Programme.

³²

http://www.healthcareimprovementscotland.org/our_work/standards_and_guidelines/stnds/opah_standards.aspx

³³ <https://ihub.scot/improvement-programmes/scottish-patient-safety-programme-spsp/spsp-acute-adult/falls/>

³⁴ <https://www.shfa.scot.nhs.uk/docs/2018/Scottish-standards-of-care-for-hip-fracture-patients-2018.pdf>

³⁵ <http://www.careinspectorate.com/index.php/low-graphics/9-professional/2737-falls-and-fractures>

Outcome 11

Evidence-based fragility fracture prevention.

What we know and where we are now

An effective fracture prevention pathway needs good joint working between osteoporosis services, fracture liaison services, falls prevention services, primary care, pharmacy and leisure services. As outlined under Ambition 3, a fracture liaison service is central to this approach.

A survey by the Royal Osteoporosis Society suggests services are not consistently meeting the standards set out in their clinical standards for fracture liaison services.³⁶ We are aware of the long waiting times for bone-density scans, inconsistent follow-up to monitor treatment, and unwarranted variation in the strength of links to falls prevention services. We need to take steps to ensure we are not missing opportunities to prevent more fragility fractures.

Commitment 15

We will work with stakeholders, including Healthcare Improvement Scotland and the Royal Osteoporosis Society, to explore the application of the clinical standards for fracture liaison services in Scotland to help identify areas for improvement and support NHS boards to improve the care and experience of people experiencing a fragility fracture.

Outcome 12

Evidence-based and personalised care following hip fracture.

What we know and where we are now

A significant number of falls result in serious injury. The acute care of people with severe injury requires a collaborative interdisciplinary approach. The evidence for this is strongest for hip fractures.

Improving the care of older people following hip fracture is one of the five priorities of our Musculoskeletal and Orthopaedic Quality Drive. The *Scottish Standards of Care for Hip Fracture Patients* were published in 2014.³⁷ Since then, the Scottish Hip Fracture Audit³⁸ has been monitoring performance against the standards across Scotland and providing NHS boards with data to help target local improvements.

Commitment 16

We will continue to monitor performance and support improvements in the care of people with hip fractures, including care and support following discharge from hospital.

³⁶ <https://theros.org.uk/media/1776/clinical-standards-report.pdf>

³⁷ <https://www.shfa.scot.nhs.uk/docs/2018/Scottish-standards-of-care-for-hip-fracture-patients-2018.pdf>

³⁸ <https://www.shfa.scot.nhs.uk/index.htm>

Taking the strategy forward

We know that preventing harm from falls is not the preserve of any one part of Scottish Government, or any one profession, service or organisation. We will be working across Government and with partners in all sectors to take the strategy forward and exploit a broad range of opportunities to reduce harm from falls. In doing so, we look to create a culture of partnership in which we take collective action, maximising and respecting the contribution of all partners.

To take the strategy forward, we will:

- consult publicly on how best to deliver its outcomes, ambitions and commitments
- develop an implementation plan to support delivery of the commitments over the next five years
- develop a communication strategy involving networks, groups, patient and carer groups and bodies from across sectors, and including social media
- convene a Falls and Fracture Prevention Collaborative to inform, shape and endorse the implementation plan.

In addition, the Technology Enabled Care Programme will continue to work closely with Local Government Digital Office, the Convention of Scottish Local Authorities, the Digital Health and Care Institute, housing authorities and agencies and many other partners to support local technology enabled care delivery plans that increase the use of proven technologies.

Essential enablers of strategy implementation will be:

- collaboration
- co-production, including carer involvement
- shared but clear leadership
- education, learning and development for the public, those planning and delivering services for older people and others at high risk across all sectors, and those designing lived environments
- links with research and academia
- technology to share information, support self-management, identify and manage risk, and deliver interventions
- data and intelligence to understand the challenges and measure progress and impacts.

Finally, we need to be flexible and dynamic. New evidence is emerging on how we can best enable and support people to experience healthy ageing, avoiding frailty, falls and fragility fractures. This includes providing new technologies to support people to keep well, identifying risk of falls before they happen, providing a rapid response when they do, and assisting in delivering evidence-based interventions that can reduce harmful falls.

Falls and Fracture Prevention Strategy for Scotland – Consultation questions

1. Do you agree the Strategy will improve services for those who experience Falls?

If not, what improvements do you suggest?

2. Do you agree with the outcomes in the Strategy?

If not, why not?

3. Do you have any comments or additions on topics which are not covered in the Strategy? Please be specific in your reasons and include any resources or references we should consider.

4. Are there any key areas missing or any general amendments you would suggest?

5. Please comment your thought on how best to support the implementation of the Strategy.

6. Do you have any further general comments on the Falls and Fragility Fracture Prevention Scotland Strategy?

[Add in about you section] – required

Consultation period

We have worked with a range of stakeholders and colleagues to develop this draft Strategy; our aim has been to create a culture of partnership in which we take collective action, maximising and respecting the contribution of all partners. Given the engagement that has already taken place, we have reduced the consultation period to four weeks.

Appendix 1. Chief Medical Officer's Adult Physical Activity Guidelines³⁹

Physical activity benefits for adults and older adults

- + BENEFITS HEALTH
- Zz IMPROVES SLEEP
- MAINTAINS HEALTHY WEIGHT
- 🧘 MANAGES STRESS
- 😊 IMPROVES QUALITY OF LIFE

REDUCES YOUR CHANCE OF

Type II Diabetes	-40%
Cardiovascular Disease	-35%
Falls, Depression and Dementia	-30%
Joint and Back Pain	-25%
Cancers (Colon and Breast)	-20%

What should you do?

For a healthy heart and mind

Be Active

To keep your muscles, bones and joints strong

Sit Less

To reduce your chance of falls

Build Strength

To reduce your chance of falls

Improve Balance

VIGOROUS

RUN

SPORT

STAIRS

MODERATE

WALK

CYCLE

SWIM

SIT LESS

TV

SOFA

COMPUTER

BUILD STRENGTH

GYM

YOGA

CARRY BAGS

IMPROVE BALANCE

DANCE

TAI CHI

BOWLS

MINUTES PER WEEK

75 OR 150

VIGOROUS INTENSITY
(BREATHING FAST
DIFFICULTY TALKING)

MODERATE INTENSITY
(INCREASED BREATHING
ABLE TO TALK)

OR A COMBINATION OF BOTH

BREAK UP SITTING TIME

2

DAYS PER WEEK

Something is better than nothing.

Start small and build up gradually:
just 10 minutes at a time provides benefit.

MAKE A START TODAY: it's never too late!

UK Chief Medical Officers' Guidelines 2011 Start Active, Stay Active: <http://bit.ly/startactive>

³⁹ <https://www2.gov.scot/About/Performance/scotPerforms/partnerstories/Outcomes-Framework/CMO-Guidelines-ADULT>

Appendix 2. A multifactorial approach to falls prevention⁴⁰

The *multifactorial screen* will include a comprehensive falls history, general health questions and screening for risk factors related to:

The *multifactorial screen* will include a comprehensive falls history, general health questions and screening for risk factors related to:

- alcohol intake related to the fall/s*
- cardiovascular and neurological symptoms (including postural hypotension)
- cognition*
- environment
- fear of falling, anxiety and depression
- feet and footwear
- fracture risk
- function/activities of daily living
- gait and balance, mobility and muscle strength
- incontinence including urgency and frequency*
- medications
- nutritional status*
- vision and hearing.

The *Falls and Fracture Prevention Action Plan* includes interventions to manage the known risk factors identified by the multifactorial screen.

Interventions may include:

- Assessment of fracture risk +/- management of osteoporosis.
- Detailed assessment of gait, balance and mobility levels and lower extremity joint function.
- Strength and balance training, which is individualised, progressive, challenges balance and is of at least 50 hours duration (not all of which need be supervised directly).
- Assessment of the home environment for falls hazards with safety intervention.
- Assessment of activities of daily living (ADL) skills including use of adaptive equipment and mobility aids, as appropriate.
- Therapeutic interventions to improve the person's functional ability and minimise fear of falling.
- Management of risk associated with feet and footwear.
- Medication review with modification or withdrawal.
- Vitamin D supplementation.
- Medical assessment where cardiovascular and neurological problems or unexplained falls are identified.

⁴⁰ <https://www.gov.scot/publications/prevention-management-falls-community-framework-action-scotland-2014-2015/>

- Management of postural hypotension.
- Management of heart rate and rhythm abnormalities.
- Assessment and management of visual impairment.
- Assessment and management of hearing impairment.*
- Education and information provision as part of a tailored multifactorial intervention.
- Continence assessment and management.*
- Nutritional assessment and advice.*
- Alcohol advice and support if required
- Assessment and management of fear of falling, anxiety or depression.*
- Where cognitive impairment is recognised, referral for ongoing support as required
- Assessment of telehealthcare needs.*
- Alcohol intervention.*

*Indicates a recommendation not included in published guidelines but agreed by the development group as good practice.



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