JSNA

Falls Prevention

2026

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Contents

Executive summary

The purpose of this Falls Prevention JSNA is to inform Public Health commissioning intentions for the community falls prevention programme in Ealing Council and support development of a more joined-up falls prevention approach across the borough.

Falls are a major public health issue and a leading cause of injury, hospital admission, loss of independence and reduced quality of life amongst older adults. Many falls are preventable, but their impact on individuals, families and services is substantial.

Ealing's population is ageing, with residents aged 65 and over projected to increase by approximately 53% by 2043. Falls and falls-related admissions increase significantly with age, particularly amongst people aged 80 and over. More than 62,000 people registered with Ealing GP practices have been identified through the Electronic Frailty Index as potentially living with some degree of frailty.

This JSNA identifies that falls risk in Ealing is influenced by interconnected factors including frailty, physical inactivity, long-term conditions, smoking, deprivation and environmental hazards. Physical activity levels amongst older adults in Ealing are lower than London and England averages, with lower activity levels in more deprived communities.

The council has a range of existing falls prevention services, including the Ealing Community Partners Falls Service, Rapid Response and Homefirst services, rehabilitation services and community-based exercise provision. However, the current system remains fragmented, with no single coordinated falls prevention strategy or fully integrated pathway across prevention, identification, specialist intervention and community support. Key gaps include limited system-wide coordination, inconsistent referral pathways, limited community outreach and increasing future demand linked to population ageing and the 2025 NICE guideline on Falls Prevention.

The recommendations focus on strengthening system leadership, improving identification of people at risk of falls, expanding awareness and outreach, improving pathway coordination and increasing access to evidence-based interventions. Strengthening falls prevention in Ealing would support healthy ageing, maintain independence, reduce avoidable demand on services and improve quality of life for older residents.

1 Context

Falls occur at all ages but are more common in older adults, with 30% of adults aged over 65 suffering a fall each year nationally. Consequences of falls are more serious in older adults: in addition to personal distress, they are associated with subsequent morbidity[1], disability, hospitalisation, institutionalisation and mortality[2]. Related societal and economic consequences are substantial. In high-income countries, approximately 1% of health care costs are falls-related expenditure.

There are multiple possible causes of falls, many of which can be addressed. These include:

- Muscle weakness and de-conditioning
- Poor balance
- Visual impairment
- Some specific medical conditions which may increase the risk of a fall e.g. Parkinson's disease, multiple sclerosis, neuropathies
- Taking multiple medications simultaneously (polypharmacy)
- Environmental hazards inside and outside the home environment

Falls are a major public health issue and are the second leading cause of death and disability from unintentional injury worldwide, after road traffic incidents. They are the leading cause of emergency hospital admissions amongst older adults and are a significant factor contributing to loss of independence and admission to long-term residential or nursing care

Falls are a major public health issue, being the second major cause of death and disability from all unintentional injury, after road traffic incidents[3].

In England every year more than 3 million people aged 65 years and over fall at least once (one third of over 65-year-olds)[4]. It is estimated between 5-10% of those who fall sustain serious injury. With falls costing the NHS around £2.3 billion annually. In 2022/23 there were 209,989

[1] James SL, Lucchesi LR, Bisignanon C et al. The global burden of falls: global, regional and national estimates of morbidity and mortality from the global burden of disease study 2017. Inj Prev 2020; 26; i3-11
[2] James SL, Lucchesi LR, Bisignanon C et al. The global burden of falls: global, regional and national estimates of morbidity and mortality from the global burden of disease study 2017. Inj Prev 2020; 26; i3-11
[3] WHO, 2021. Step Safely: Strategies for preventing and managing falls across the lifecourse.
[4] PHE, 2018. Falls-risk assessment. Falls - risk assessment | Health topics A to Z | CKS | NICE

emergency hospital admissions due to falls in people aged 65 years and over in England, of which 1,300 were in Ealing.

Women are more likely than men to experience falls and sustain fragility fractures. This is due to a range of factors, including the higher prevalence of osteoporosis amongst women. Other factors associated with increased fracture risk include low body weight (BMI of 20 or below), poor nutrition, low vitamin D levels, reduced mobility, smoking, alcohol use, diabetes and certain long-term medications, including proton pump inhibitors and some cancer treatments.

Although falls have significant financial implications for health and social care services, the human impact on individuals and families is substantial. Falls can be life-changing and may result in pain, distress, loss of confidence, reduced independence and increased risk of earlier mortality.

Most costs associated with falls occur outside the acute hospital setting. A King's Fund study found that whilst acute healthcare costs generally return to baseline within a year following a fall, social care costs often remain elevated in the longer term, particularly for frailer individuals requiring increased levels of ongoing support.

The most significant injuries associated with falls are fragility fractures affecting the hip, spine and wrist. The total annual health and social care cost of fragility fractures in the United Kingdom has been estimated at £4.4 billion, including approximately £1.1 billion in social care costs. The rate of hip fractures in Ealing is 420 per 100,000 residents aged 65 and over, which is lower than the England average.

1.1 Global Policy Context

Falls are a global public health issue, although the prevalence of falls [5] varies across countries and regions. The World Health Organization (WHO) estimates that approximately 684,000 fatal falls occur globally each year, making falls the second leading cause of death from unintentional injury worldwide.

The years 2021–2030 have been designated by the United Nations as the Decade of Healthy Ageing, led by the WHO. Falls prevention and reduction

[5] Montero-Odasso et al, 2022. World guidelines for falls prevention and management for older adults: a global initiative. Age and Ageing, 52 (9). doi.org/10.1093/ageing/afac205

form an important part of this programme, alongside wider work to support healthy ageing and independence in later life. The WHO has also published[9] global falls prevention guidance and promotes the development of Age-friendly Cities and Communities (AFCC), including measures to improve accessibility, reduce environmental hazards and support age-friendly housing.

1.2 Policy Context (National & Regional)

In the UK, the National Falls Prevention Coordination Group (NFPCG), comprising over 40 organisations involved in the prevention and management of falls and fall-related injuries, published a Falls and Fracture Consensus Statement[6] recommending key interventions including risk factor reduction, case finding, multifactorial risk assessment, strength and balance exercise programmes and healthy homes approaches. The consensus statement advocates for a whole-system approach to falls prevention. Commissioners are advised to design services based on robust assessment of local need, embed preventative approaches such as case finding and Making Every Contact Count (MECC), promote joint commissioning across public health, health and social care, and ensure appropriate evaluation and governance arrangements are in place.

The Department of Health and Social Care has also published falls prevention guidance within its "All Our Health" framework[7], which outlines core principles for prevention, approaches to understanding local need and actions that can be taken by different professional groups.

Community services commissioned across North West London (NWL) operate within a common offer specification, with local variation where additional needs are identified. The NWL Integrated Care Board (ICB) Joint Forward Plan 2025–2026 identifies reducing health inequalities and improving population health outcomes through prevention-focused pathways as a key strategic priority. There is currently no dedicated Age Friendly Strategy or specific Falls Prevention Strategy across NWL.

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[6] PHE, 2017. Falls and fracture consensus statement. Supporting commissioning for prevention. Microsoft Word - Falls and fracture consensus statement FOR WEBPUBLISHING
[7] OHID, 2022. Guidance. Falls: Applying All Our Health. Falls: applying All Our Health - GOV.UK

1.3 Ealing Policy Context

Ealing's Health and Wellbeing Strategy 2023-2028[8] sets out nine commitments across three key themes. The theme of "Connecting the Building Blocks of Health and Wellbeing" is particularly relevant to healthy ageing and falls prevention. For people at risk of falls, these building blocks include safe and appropriate housing, accessible transport, social connection and access to healthy nutrition.

The strategy's other two themes, "Putting Communities at the Heart of Everything" and "Systems and Structures that Leave No-One Behind", further support falls prevention through their emphasis on partnership working, community engagement and reducing inequalities across Ealing's diverse communities.

Ealing has not previously had a dedicated Falls Prevention Strategy and there is no previous Falls Prevention Needs Assessment for the borough.

[8] Ealing Health and Wellbeing Board, 2023. Together in Ealing. Health and Wellbeing Strategy 2023-2028. Together in Ealing - Health and wellbeing strategy 2023 to 2028

2 Local need

2.1 Population

The usual resident population of Ealing according to ONS mid-year estimates 2023 was 375,340 persons. 12.6% were aged 65 and over (London average 12.2%, England average 18.7%). The rate of population increase in the borough is predicted to slow down in coming years. The population of Ealing is projected to shrink to 337,751 by 2043 (ONS SNPP 2018-based projections), although alternative projection method (GLA 2020-based housing led round population projections) predicts an increase of up to 33,400 people.). An estimated 22% of Ealing residents in 2043 are projected to be aged 65 and over[9]. This is illustrated in Figure 1 below.

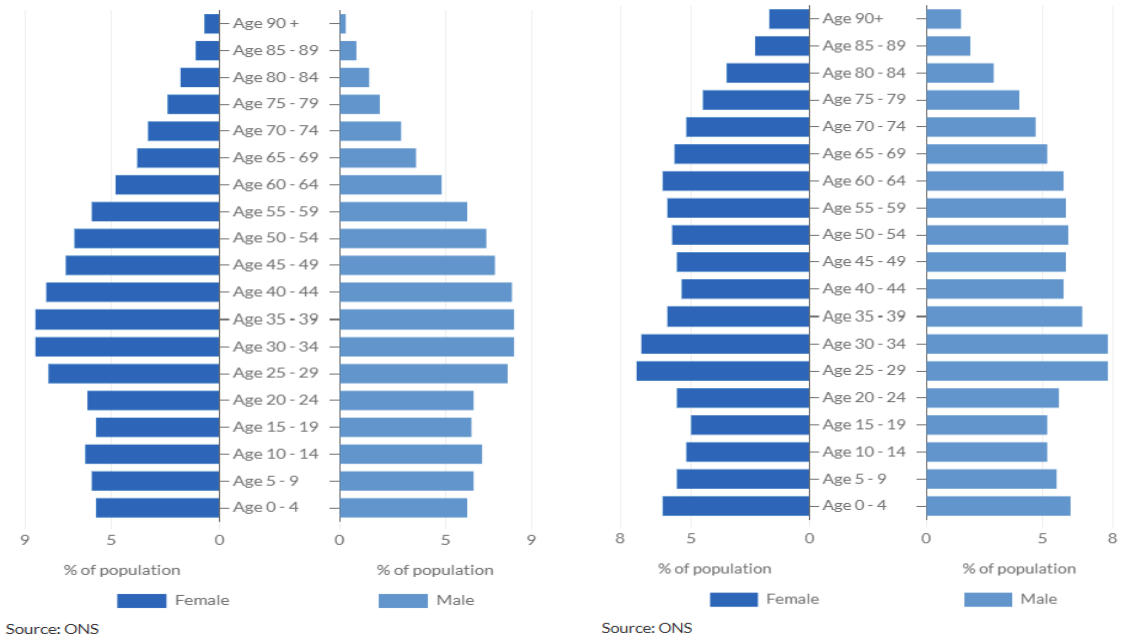


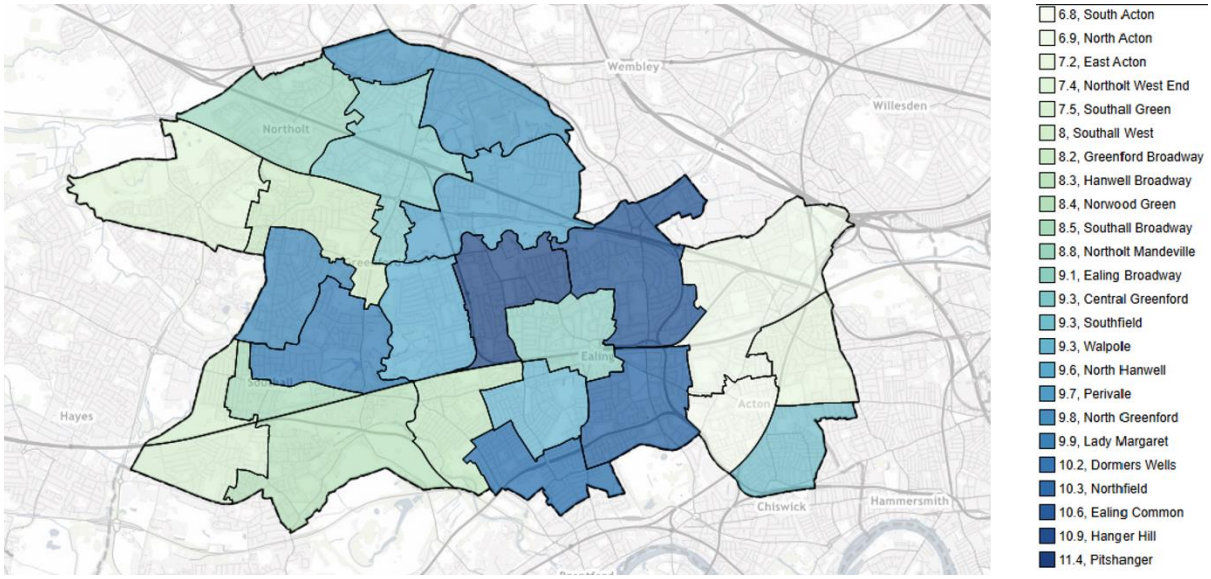
Figure 1: Percentage of population by age and sex, Ealing, 2021 (on left) and projection for 2043 (on right)

The population pyramids in Figure 1 illustrate the changes to the age The population pyramids shown in Figure 1 illustrate the projected ageing of Ealing's population over the next 20 years, with a notable increase in the proportion of residents aged 55 years and over. The number of residents aged 65 and over is projected to increase from 47,320 in 2023 (ONS mid-

[9] Ealing data website, accessed 06/23. Population - UTLA | Ealing | Report Builder for ArcGIS

year estimate) to 72,509 by 2043 (ONS projection), representing an increase of approximately 53%.

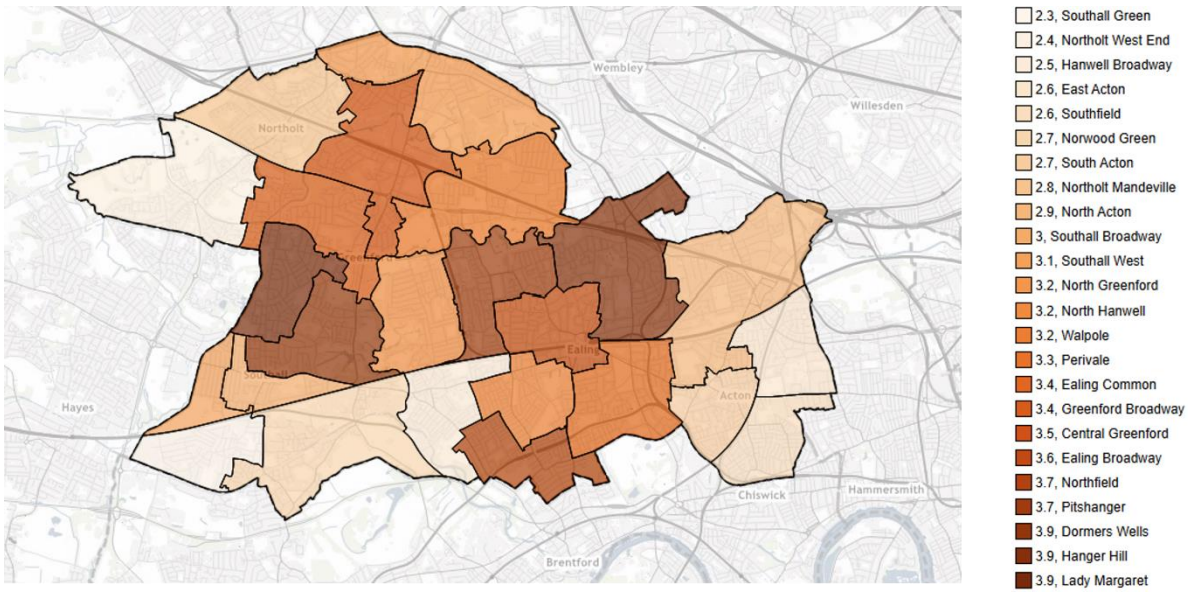
2.2 Distribution of population aged 65-79



SOURCE: ONS (2021) PROJECTION

Figure 2: Distribution of population aged 65-79 (percentages in each ward)

The lowest proportion of people aged 65 – 79 is in Acton wards (6.8% in South Acton) and the highest in Ealing town wards (the highest being in Pitshanger at 11.4%).



SOURCE: ONS (2021) PROJECTION

Figure 3: Distribution of population aged 80+ (percentages in each ward)

The proportion of residents aged 80 years and over varies across the borough, ranging from 2.3% in Southall Green ward to 3.9% in Lady Margaret ward.

Residents aged 65–79 are more concentrated within the central wards of the borough, with the highest proportions in Pitshanger (11.4% of the population), followed by Hanger Hill, Ealing Common and Northfield. Residents aged 80 and over are more concentrated within western wards, including Lady Margaret and Dormers Wells, as well as parts of Ealing town, including Hanger Hill and Pitshanger.

This geographic variation may indicate areas where there is likely to be greater future demand for falls prevention and healthy ageing services.

2.3 Other demographic, social and lifestyle determinants

2.3.1 Ethnicity and other sociodemographic factors

Evidence suggests that there may be associations between ethnicity and falls prevalence amongst older adults, although the reasons for these differences are not fully understood. A systematic review found significantly lower falls prevalence amongst Asian ethnic groups (13.9%) compared with other ethnic groups, whilst the White ethnic group had the highest reported prevalence (24.8%)[10]. These differences remained after adjustment for other risk factors. Potential explanations may include differences in family structure, likelihood of living alone, socioeconomic circumstances, housing conditions, levels of physical activity in older age and cultural factors that may influence environmental risk within the home.

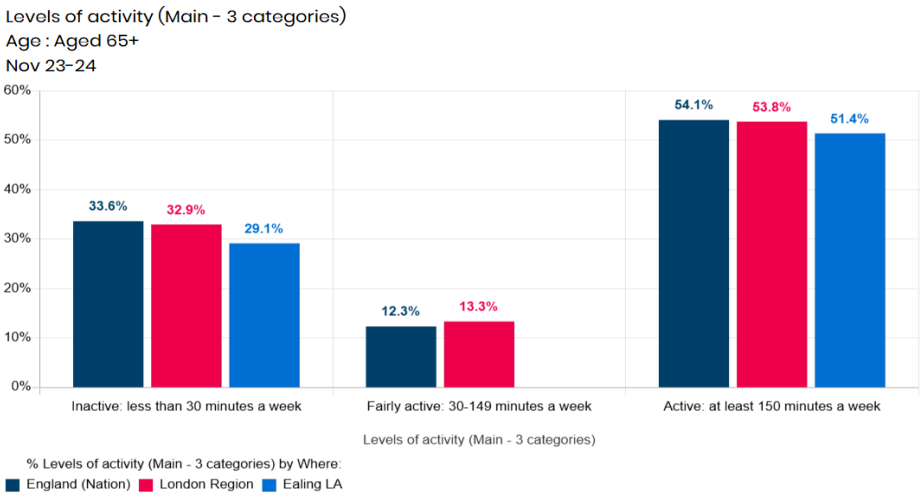
Ealing has one of the most ethnically diverse populations in London. According to Census data, 43.2% of residents identify as White, 30.3% as Asian, Asian British or Asian Welsh, 10.8% as Black, Black British, Black Welsh, Caribbean or African, 5.2% as Mixed or Multiple ethnic groups and 10.6% within Other ethnic groups.

[10] Wehner-Hewson N, Watts P, Buscombe R, Bourne N, Hewson D. Racial and Ethnic Differences in Falls Among Older Adults: a Systematic Review and Meta-analysis. J Racial Ethn Health Disparities. 2022 Dec;9(6):2427-2440. doi: 10.1007/s40615-021-01179-1. Epub 2021 Nov 16. PMID: 34786654; PMCID: PMC9633486.

Evidence describing the relationship between socioeconomic status and falls is more limited. Some studies suggest that lower educational attainment and occupational status may be associated with increased falls risk, although findings are not consistent across all populations and settings[11].

2.3.2 Physical Activity

Physical activity plays a significant role in reducing the risk of falls among adults in the UK, especially older adults. There are multiple mechanisms for this association-weightbearing physical activity increases bone density and thereby reduces risk of fractures after falls; physical activity contributes to better balance and coordination, and it builds strength, resilience and confidence. Figure 4 below shows percentage of individuals in Ealing aged 65+ who say they are exercising for recommended minimum minutes per week.



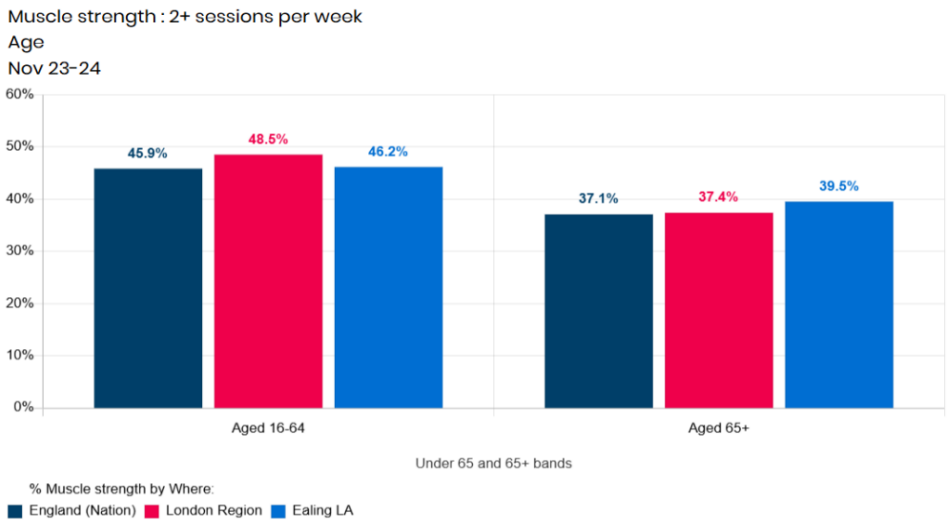
Source: Active Lives survey, Sports England, 2023/24

Figure 4: Percentage of individuals in Ealing aged 65+ who say they are exercising for recommended minimum minutes per week (150), % fairly active and % inactive

The proportion of people aged 65 years and over in Ealing who report meeting the recommended levels of weekly physical activity, as set out in the Chief Medical Officers' (CMO) guidelines, is lower than the averages for both London and England.

[11] Todd C, Yardley L, Ben-Shlomo Y, *et al*. Are falls related to socio-demographic variables: a systematic review. *Injury Prevention* 2010;**16:**A174

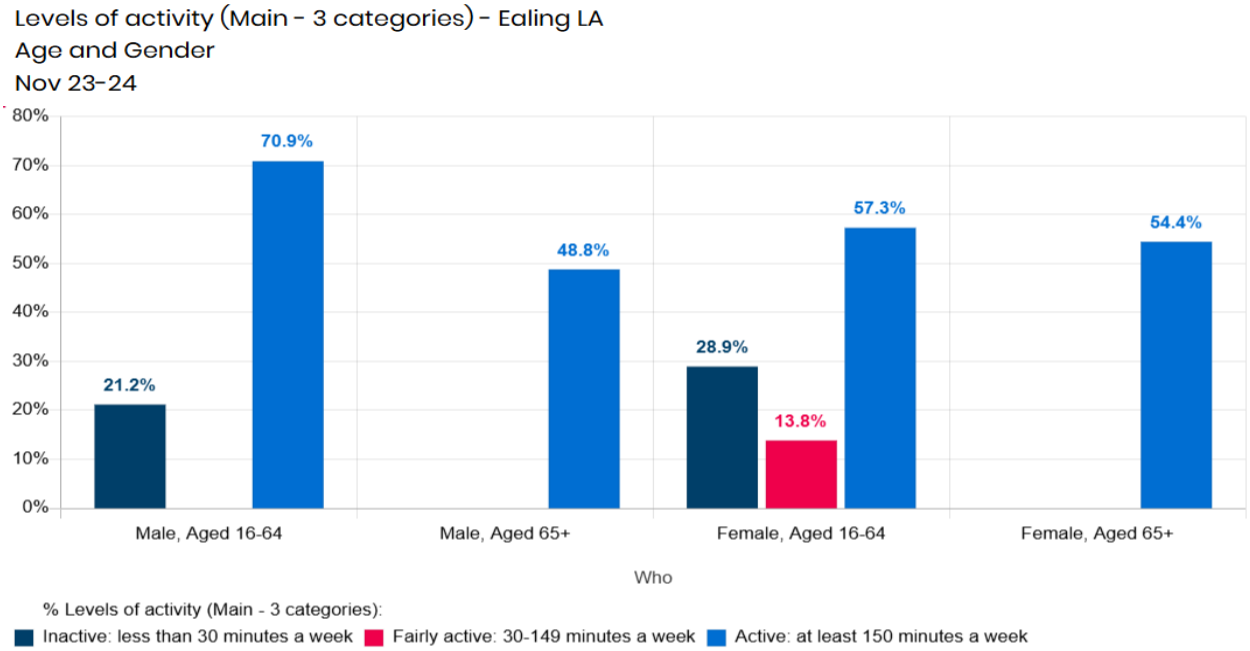
However, the proportion of adults aged 65 years and over who report completing the recommended number of strength-building exercise sessions each week (two sessions) is higher in Ealing than the averages for both London and England (Figure 5).



Source: Active Lives survey, Sports England, 2023/24

Figure 5: Percentage of people aged 65+ in Ealing who say they are meeting the target of muscle strength building exercise sessions per week, compared with London and England

The figure below shows the proportion of males and females in Ealing who report meeting the recommended minimum levels of physical activity each week, split by age group. In both the 16–64 and 65+ age groups, males report higher levels of physical activity than females. A decline in the proportion meeting recommended activity levels is also seen amongst older adults aged 65 and over compared with the working-age population. This is important in the context of falls prevention, as lower levels of physical activity are associated with reduced muscle strength, poorer balance and increased frailty risk in later life.



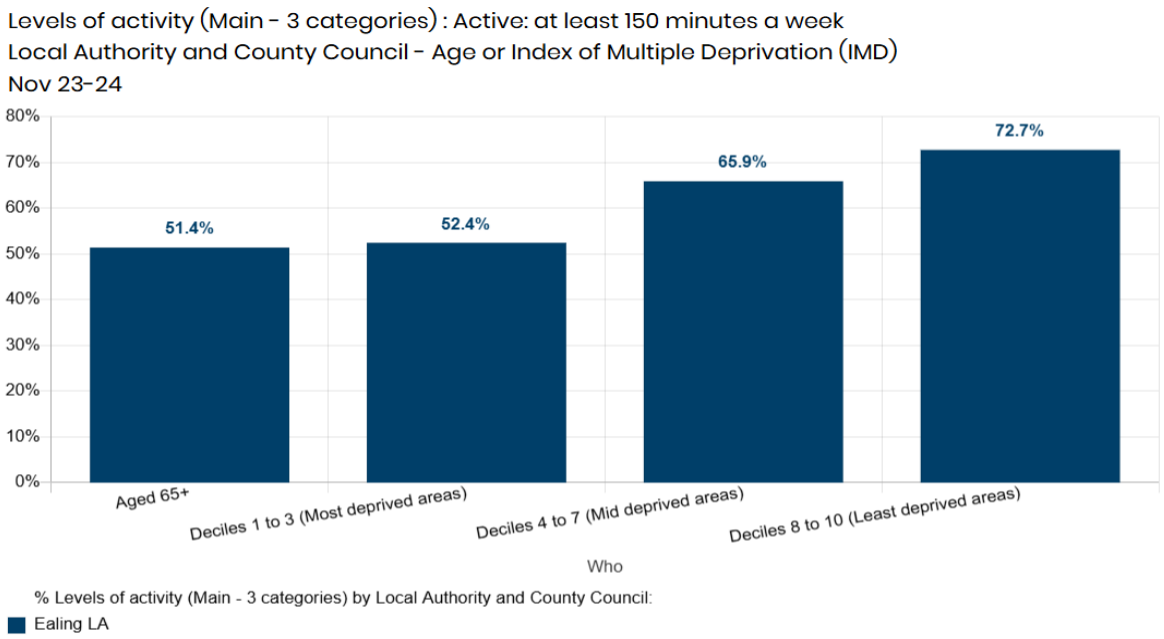
Source: Active Lives survey, Sports England, 2023/24; Data not shown for inactive and fairly active categories, as small numbers

Figure 6: percentage of males versus females aged 16-64 and 65+ in Ealing who say they MEET the minimum recommended target of exercise minutes per week

There are significantly higher levels of physical activity amongst adults aged 16–64 compared with adults aged 65 and over in Ealing. Amongst adults aged 16–64, 70.9% of males and 57.3% of females report meeting the recommended minimum levels of physical activity each week. In comparison, amongst adults aged 65 and over, this falls to 48.8% for males and 54.4% for females.

The decline in physical activity levels with increasing age is more pronounced amongst males than females. Whilst males in the younger age group report substantially higher levels of physical activity than females, this pattern is reversed amongst adults aged 65 and over. This is illustrated in Figure 6 below.

There is also a clear deprivation gradient in physical activity levels amongst adults aged 65 and over in Ealing. The proportion of older adults reporting that they meet the recommended minimum physical activity levels increases across deprivation deciles, from 52.4% in the three most deprived deciles to 72.7% in the three least deprived deciles. This is illustrated in Figure 7 below.



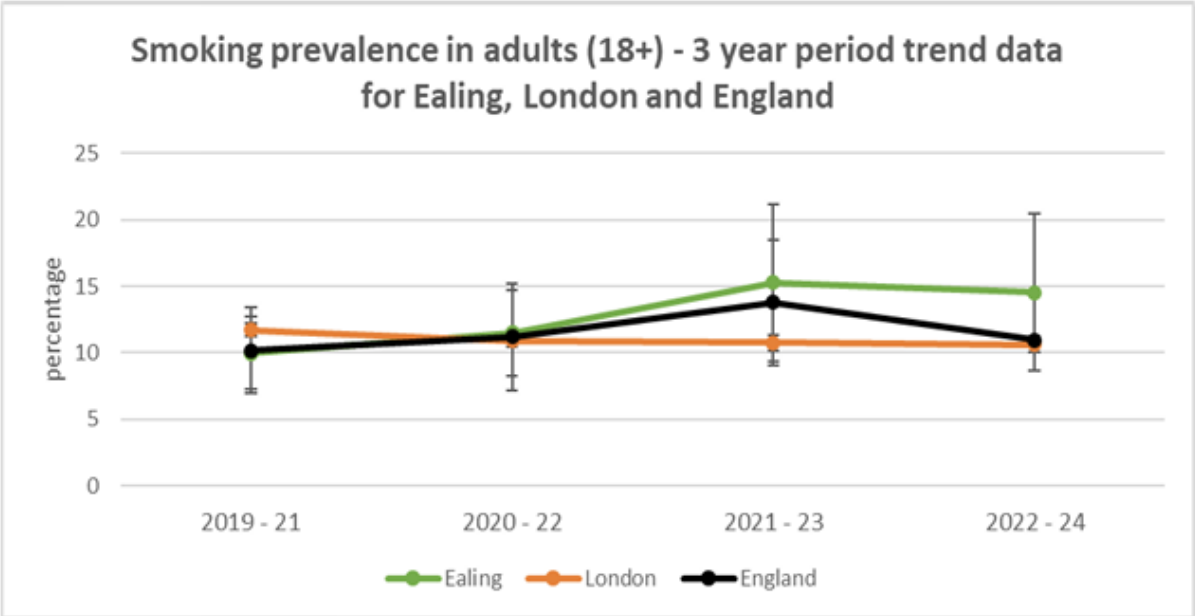
Source: Active Lives survey, Sports England, 2023/24

Figure 7: percentage of adults aged 65% in the bottom 3 IMD deciles (most deprived), the middle IMD deciles and the top 3 deciles (least deprived) saying they meet the minimum physical activity recommendations, or are fairly active/inactive, for Ealing

2.3.3 Smoking Prevalence

Smoking significantly increases the risk of falls and falls-related fractures, particularly amongst older adults. This relationship is associated with the adverse effects of smoking on bone health, including reduced bone density, as well as wider impacts on physical health affecting balance, muscle strength and mobility. Smoking-related long-term conditions, including chronic obstructive pulmonary disease (COPD) and ischaemic heart disease, may further reduce physical fitness and increase falls risk.

Figure 8 below shows smoking prevalence trends amongst adults aged 18 years and over in Ealing compared with London and England.



Source: Annual Population Survey, 2025

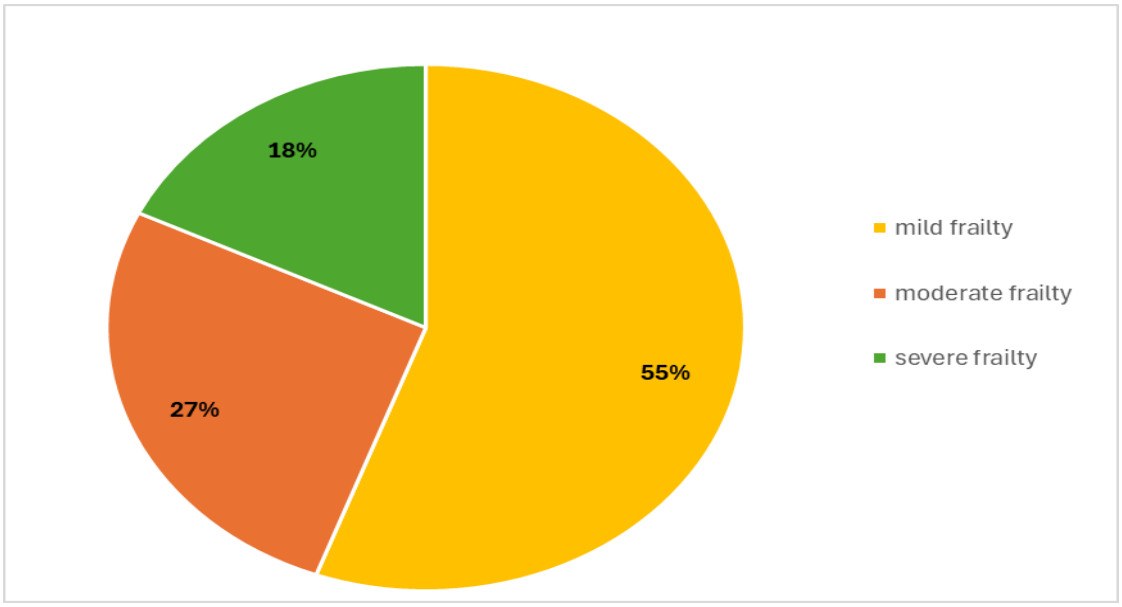
Figure 8: Smoking prevalence in adults (18+) - current smokers

The proportion of Ealing adults who smoke according to the latest data 2022-24 (3-year smoking prevalence) is 14.6%, statistically similar to both the London and England average. The data is not available broken down by demographics across Ealing.

For more information on smoking prevalence in Ealing, please see the latest Tobacco Control JSNA report here: Tobacco Control JSNA 2024/2025

2.4 Frailty

A significant proportion of older people in Ealing are living with some degree of frailty, which is associated with an increased risk of falls, hospitalisation, loss of independence and other adverse health outcomes. The figure below shows the proportion of GP patients identified through the Electronic Frailty Index (eFI) as potentially living with mild, moderate or severe frailty.



Source: Ealing GP register, Jan 2025

Figure 9: Degree of frailty amongst GP patients identified by Electronic Frailty Index (eFI) as potentially having a degree of frailty

On general practice registers in Ealing (January 2025), a total of 62,393 patients were identified as having some degree of frailty using the Electronic Frailty Index (eFI). The eFI is a risk stratification tool that uses information routinely recorded within primary care records to identify people who may be living with frailty. The model is based on 36 factors, including clinical signs and symptoms, long-term conditions, disabilities and abnormal test results.

Of the total number of patients identified using the eFI, 34,681 (55.6%) were classified as having mild frailty, 16,592 (26.6%) moderate frailty and 11,120 (17.9%) severe frailty (Figure 9). Overall, 74% of those identified as frail were aged 55 years and over (46,176 individuals).

This equates to approximately 52% of Ealing residents aged 55 years and over being identified through the eFI as potentially having some degree of frailty. It should be noted that the eFI is a screening and risk stratification tool rather than a formal clinical diagnosis of frailty.

Of the total population identified as frail, 6,217 individuals (10%) had experienced a fall within the previous 12 months. The highest number of falls occurred amongst people identified as having severe frailty (3,480 individuals).

2.5 Osteoporosis

Osteoporosis (reduced bone density and structural deterioration of bone tissue) causes an increased risk of fractures after falls, even from minor falls. Once one fracture has occurred, the chances of having another fracture increase. This "cascade" effect means women who have suffered a fracture in their spine are over four times more likely to have another fracture within the next year, compared to women who have never had an osteoporotic fracture[12]. Common risk factors for osteoporosis include age, family history, low body weight, smoking, excessive alcohol consumption and long-term use of corticosteroids and some other medications.

The prevalence of osteoporosis, based on GP practice disease registers in Ealing (July 2025) is 0.7% (973 patients, 818 females and 155 males) in those over the age of 50. It is estimated that half of women and 20% of men over 50 will break a bone because of osteoporosis. This means that an estimated 3,378 patients in Ealing are likely to have a diagnosis of osteoporosis.

2.6 Falls prevalence

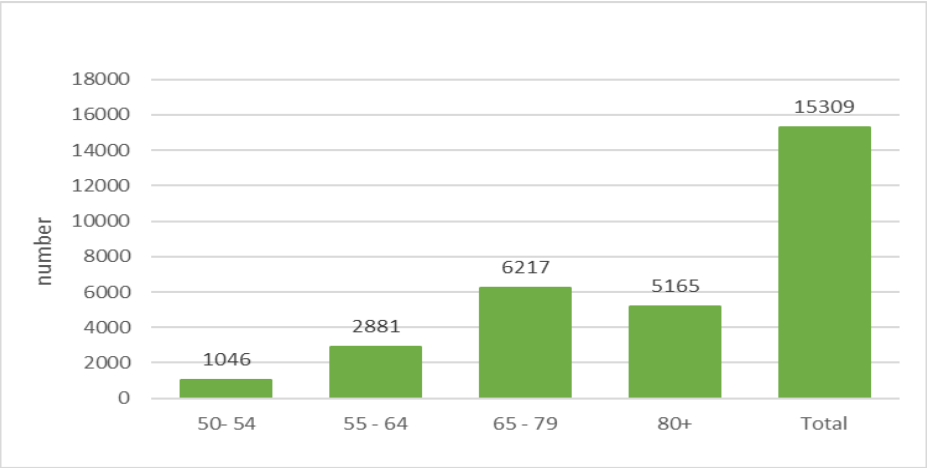
Falls are extremely common in older populations, with a third of people aged 65 and over, and about half of people aged 80 and over, falling at least once a year[13]. Many of these falls go unreported, and only a proportion require a hospital admission. In Ealing, the number of residents aged 65 and over is 47,292 (mid-year estimate 2023) and the number of residents aged 80 and over is 11,935. This means an estimated 9,800 residents aged 65-79 and an estimated 6,000 residents over the age of 80 would be expected to have at least one fall each year.

Some of these fall incidents will be reported to GPs and GPs will code falls admissions to secondary care on their records. Primary care coded occurrence of falls is currently the best proxy measure of actual prevalence available

[12] International Osteoporosis Foundation. Falls Prevention. Available at Falls prevention | International Osteoporosis Foundation

[13] OHID, 2022. Falls: Applying All Our Health. www.gov.uk/government/publications/falls-applying-all-our-health/falls-applying-all-our-health

The total number of falls recorded by GPs in the period May 2024 to May 2025 was 15,309, using the search codes "elderly fall", "recurrent fall" and "fall". 56% of all falls were in female patients, with 44% being male. Only 53 of the falls recorded were coded as "recurrent falls" but it is likely that a larger number are repeat falls in the same patient in a 12-month period. The breakdown by age bands is shown in the Figure below. This shows that the actual number of falls recorded by GPs is slightly lower, but consistent with, the numbers predicted above (6217 aged 65-79 and 5165 aged 80 and above).



Source: WSIC

Figure 9 : Number of falls recorded on GP records for Ealing patients aged 50+, May 24 - May 25, by age band

The rate of falls in GP patients in Ealing per registered population over 50 by age band is shown in the figure below. The largest number of falls were in the 65-79 age band (6,217) followed by 80+ (5,165). Both these age bands have a rate of falls per 1,000 that is significantly higher than the Ealing 50+ average with the 80+ age band having a rate (367.4) over three times the Ealing 50+ average (103.4 per 1,000). Figure 10 below shows the rate of primary care recorded falls in people aged 50+ in Ealing by age band. Falls rates increase significantly with age, with the highest rate observed in the 80+ age group

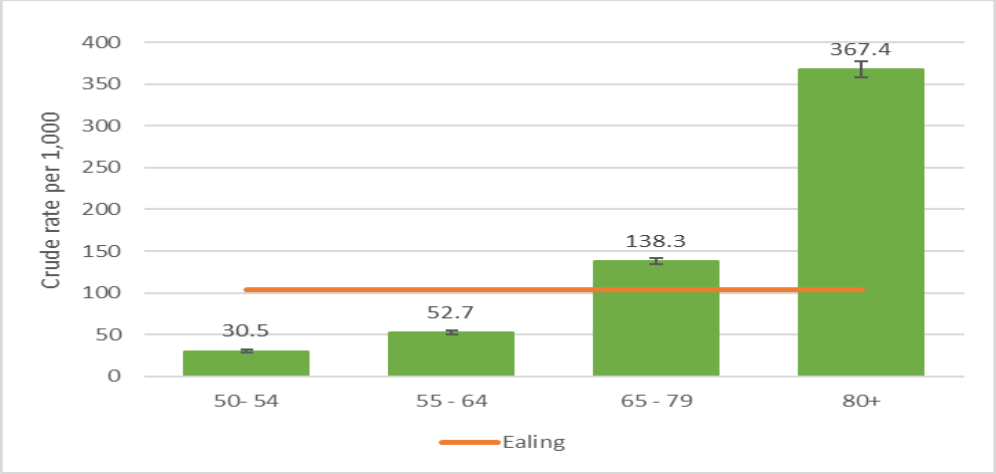


Figure 10: primary care recorded falls in people aged 50+ by age band, May 2024 - May 2025, crude rate per 1,000, *Source: WSIC*

The rate of falls in GP patients in Ealing per registered population over 50 by council ward is shown in the figure below. In total, seven wards have a rate of falls significantly higher than the Ealing 50+ average. These include all wards in Southall town (Southall Broadway, Southall Green, Southall West, Lady Margaret, Dormers Wells and Norwood Green) and Northolt West End. The lowest rate was seen in Northfield (77.2 per 1,000) and Southfield (78.3 per 1,000). Figure below shows primary car primary care recorded falls in people aged 50+ by ward.

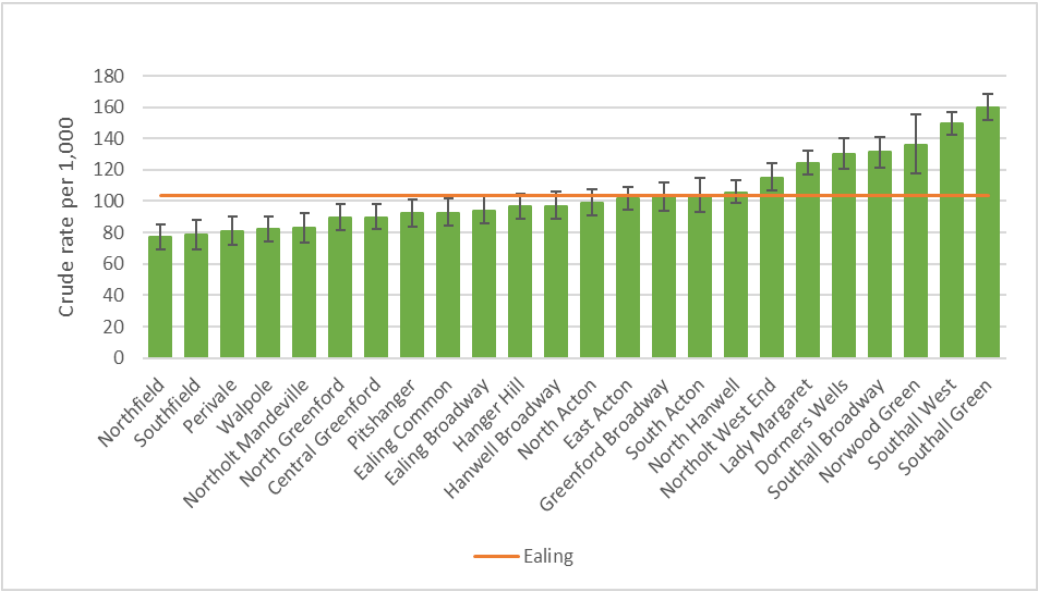


Figure 11:, May 24 - May 25, crude rate per 1,000, *Source: WSIC*

The rate of falls in GP patients over 50 by Ealing PCN is shown in the figure below. The largest number of falls were in South Southall PCN (2,435) followed by Acton (2,276). Four PCNs (The Ealing Network, North

Southall, Northolt and South Southall) have a rate of falls significantly higher than the Ealing 50+ average (103.4 per 1,000) with the highest being South Southall (159.1 per 1,000). The lowest rate was in South Central Ealing (74.3 per 1,000 population).

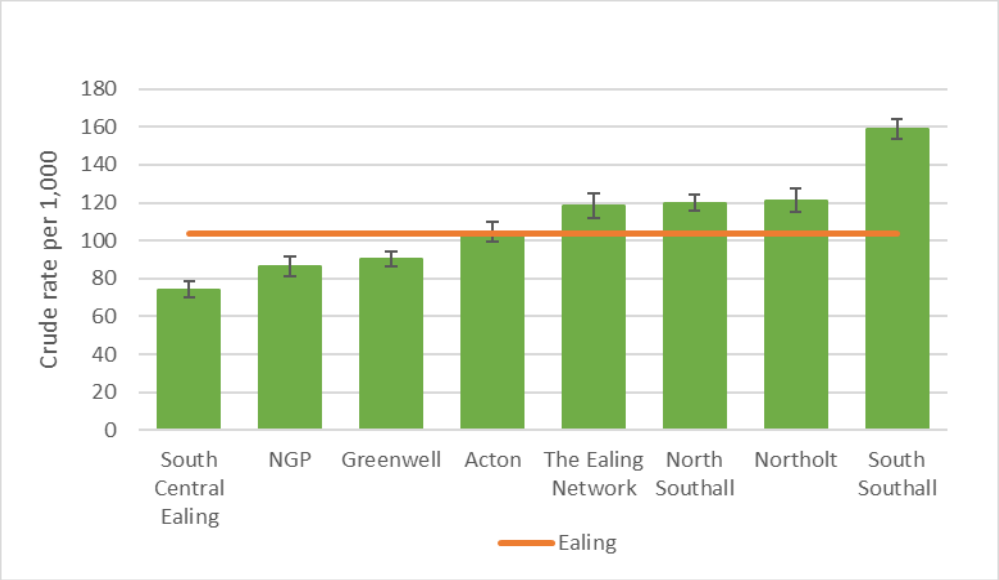


Figure 12: primary care recorded falls in people aged 50+ by PCN, May 24 - May 25, crude rate per 1,000, *Source: WSIC*

The rate of falls in GP patients 50 by ethnicity in Ealing is shown in Figure 13. The largest number of falls were seen in the Asian or Asian British population (6,634). This group also has the highest rate (130.9 per 1,000), significantly higher than the Ealing 50+ average. Both White (89.3 per 1,000) and Other ethnic groups (76.8 per 1,000) had rates significantly lower than the Ealing 50+ average (103.4). The figure below shows primary care recorded falls in people aged 50+ by ethnicity.

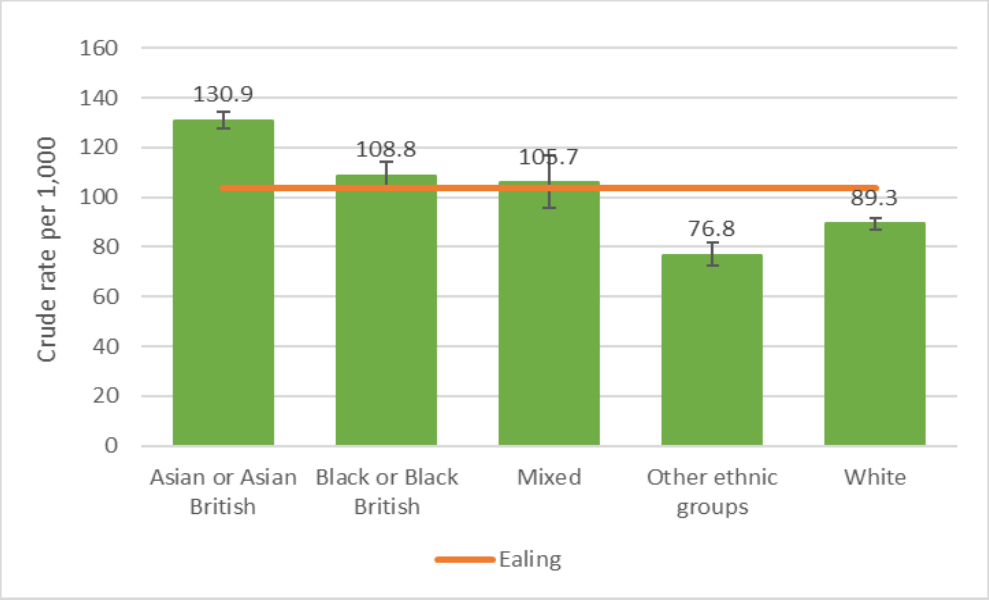


Figure 13: primary care recorded falls in people aged 50+ by ethnicity, May 24 - May 25, crude rate per 1,000, *Source: WSIC*

2.7 Falls admissions rates

The falls admissions rate should be understood in terms of health service utilisation and not be used as a proxy for actual need as many injurious falls will not result in hospital admission. It should also not be used to assess falls service effectiveness as there are a number of conditions which will increase susceptibility to injury, including osteoporosis, the prevalence of which will vary between populations, and which are the remit of non-falls services.

There were 1,266 emergency hospital admissions episodes due to falls among people aged 55+ in Ealing in 2024/25. Figure below shows emergency hospital admissions due to falls in people aged 55+ in Ealing by age band. Admission rates increase significantly with age, with the highest rates observed in older age groups. Average rates for Ealing for people aged 55+ are shown as a horizontal line (this is used in the for all diagrams in this section).

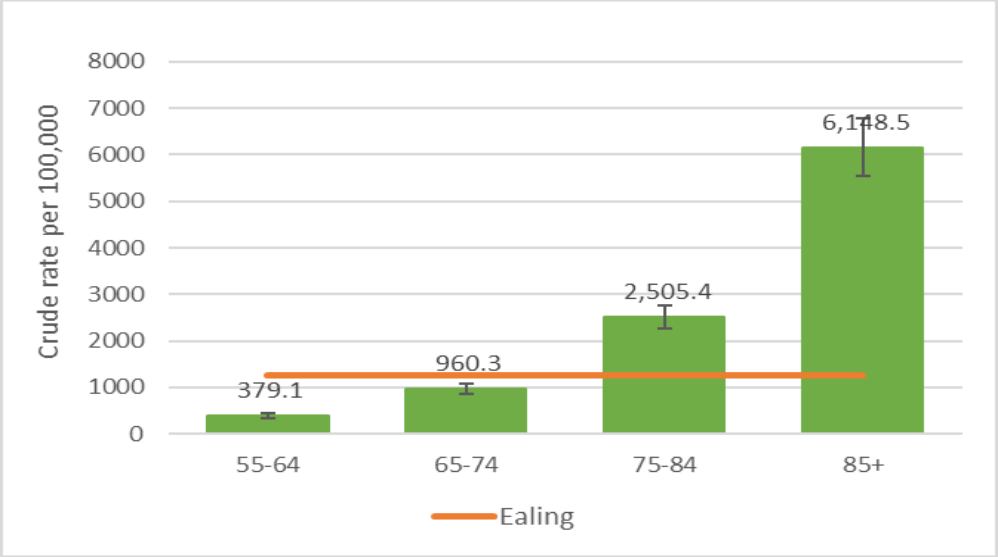


Figure 14: Emergency hospital admissions due to falls in people aged 55+ by age band, March 2024-2025, crude rate per 100,000

Source: SUS data

The majority of falls are in people aged 75 and over and these older age groups have much higher falls rates than the "younger older" adults (aged 55-74). Adults aged 85 years and over have the highest rate of falls admissions by far, but the absolute number of falls in this group (390 cases and a rate of 6,148.5 per 100,000) is smaller than that for the 75-84 year age group (409 cases and a rate of 2,505.4 per 100,000).

The falls admissions rate in females is significantly higher (1,424 per 100,000 over 55s) than in males (1,093 per 100,000 over 55s) (Figure 15). These rates are not age adjusted, and it is likely that some of this difference is due to the larger number of females versus males in the oldest age bands. However, there is a known differential in falls admissions rates between males and females, due to a combination of biological and lifestyle factors, including differences in muscle mass after menopause which can lead to balance issues[14]. The figure below shows emergency hospital admissions due to falls in people aged 55+ by sex, March 2024-2025, crude rate per 100,000.

[14] Gale CR, Cooper C, Aihie Sayer A. Prevalence and risk factors for falls in older men and women: The English Longitudinal Study of Ageing. Age Ageing. 2016 Nov;45(6):789-794. doi: 10.1093/ageing/afw129. Epub 2016 Jul 19. PMID: 27496938; PMCID: PMC5105823.

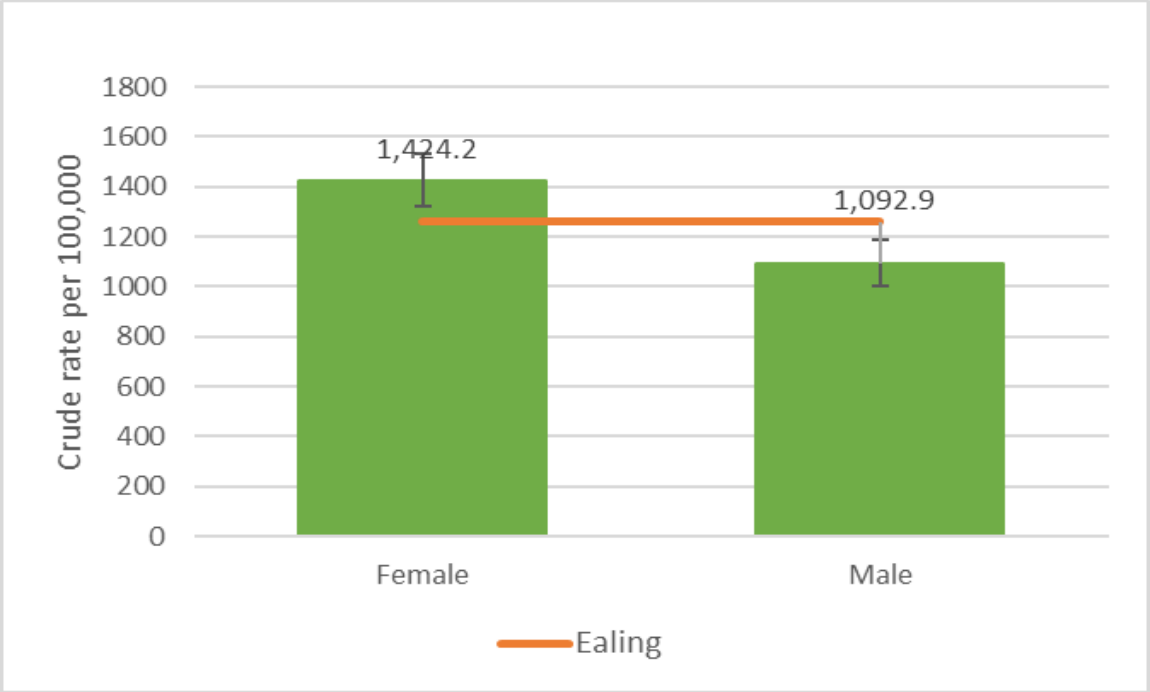


Figure 15: emergency hospital admissions due to falls in people aged 55+ by sex, March 2024-2025, crude rate per 100,000.

Source: SUS data,

Falls admission rates vary between ethnic groups in Ealing (Figure 16). However, some ethnic groups have relatively small numbers of admissions, particularly within Mixed ethnic groups, and therefore not all differences are statistically significant.

People from White ethnic groups have a statistically significantly higher falls admission rate (1,665.5 per 100,000 population aged 55+) compared with people from Black or Black British ethnic groups (788.7 per 100,000), Asian or Asian British ethnic groups (1,084.8 per 100,000) and Other ethnic groups (712.0 per 100,000). This finding is broadly consistent with published literature described in Section 2.3.1, although the reasons for these differences are not fully understood.

Within Ealing, people from Asian or Asian British ethnic groups also have a marginally higher falls admission rate than people from Black or Other ethnic groups. This differs from some published studies, which have generally reported lower falls rates amongst Asian ethnic groups overall. Differences may reflect a combination of demographic, socioeconomic, cultural, health and data recording factors.

Figure 16 below shows emergency hospital admissions due to falls amongst people aged 55 years and over by ethnic group.

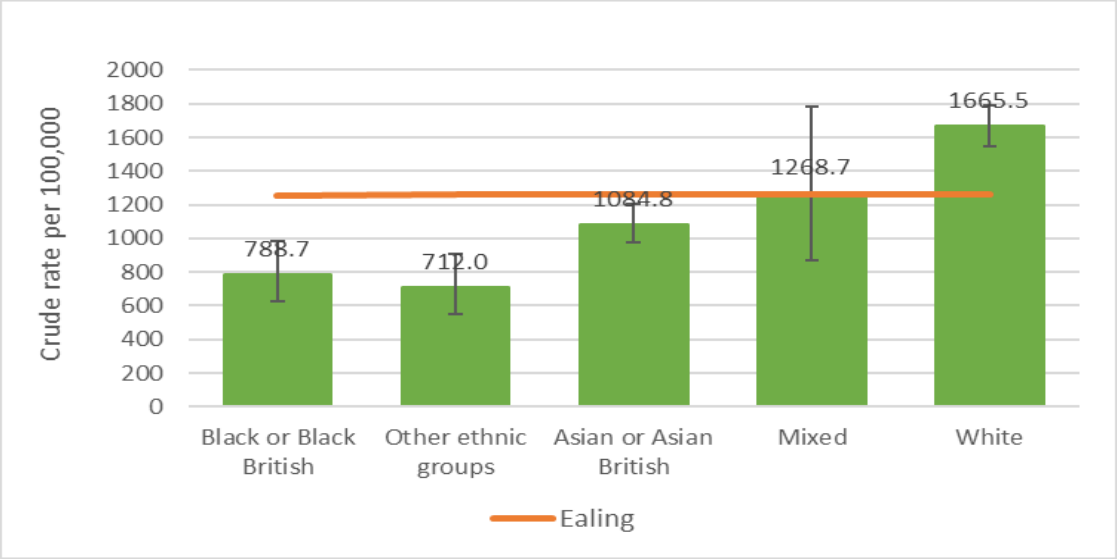


Figure 16: emergency hospital admissions due to falls in people aged 55+ by ethnic group, March 2024-2025, crude rate per 100,000

Source: SUS data

The figure below shows that falls admissions rates increase with the number of long-term conditions, particularly in individuals with three or more conditions. This is likely associated with increasing frailty and older age and may help identify individuals at increased risk of falls.

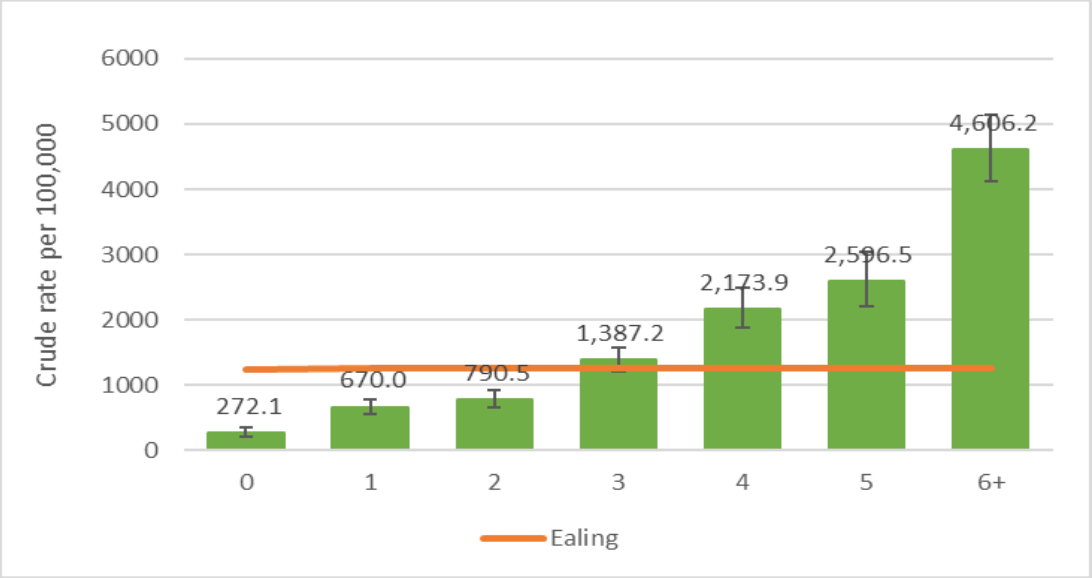


Figure 17: emergency admissions due to falls in people aged 55+ by number of long-term conditions, March 2024-2025, crude rate per 100,000

Source: SUS data

2.7.1 Comparison of falls admissions rates with statistical neighbours

Ealing has the second highest falls admissions rate when compared with statistical neighbours in London, with only Hounslow having a higher value. The figure below shows in more detail fail related admissions rate on overs 65s.

Area	Recent Trend	Neighbour Rank	Count	Value	99.8% Lower CI	99.8% Upper CI
England	↓	-	219,155	1,984	1,971	1,997
Neighbours average	–	-	-	-	-	-
Hounslow	→	1	1,025	3,001	2,718	3,303
Ealing	↑	-	1,310	2,848	2,610	3,100
Harrow	→	15	1,125	2,615	2,380	2,866
Brent	→	2	1,005	2,424	2,193	2,671
Barnet	→	10	1,415	2,239	2,059	2,430
Hillingdon	→	9	935	2,107	1,900	2,329
Slough	↓	14	295	1,990	1,650	2,377
Wandsworth	↓	12	645	1,958	1,728	2,209
Redbridge	→	11	780	1,944	1,735	2,169
Croydon	↓	4	1,090	1,930	1,754	2,118
Merton	↓	8	515	1,827	1,589	2,090
Greenwich	↓	13	495	1,654	1,432	1,898
Waltham Forest	→	3	460	1,594	1,373	1,838
Reading	↓	6	345	1,554	1,308	1,831
Enfield	↓	7	720	1,455	1,293	1,632
Haringey	↓	5	385	1,432	1,215	1,674

Source: OHID, based on Office for National Statistics and NHS England data

Source: PHOF (based on ONS and NHSE data)

Figure 18: Falls-related admissions rate in over 65s. comparison with statistical neighbours in London region, 2023-24

2.7.2 Falls admissions trends over time

The figure below shows that the rate of emergency hospital admissions due to falls in Ealing has remained relatively stable over the past 13 years, with no sustained statistically significant changes observed over this period. An exception occurred during the first year of the COVID-19 pandemic, when there was a marked reduction in falls-related hospital admissions.

Over the last three years, admission rates in Ealing have plateaued and remain slightly below the peak observed in 2017/18, although confidence intervals overlap, indicating that these differences are not statistically significant.

This pattern differs slightly from the trends observed across London and England overall, where falls admission rates have shown a small but

statistically significant decline since peak levels in 2018/19.

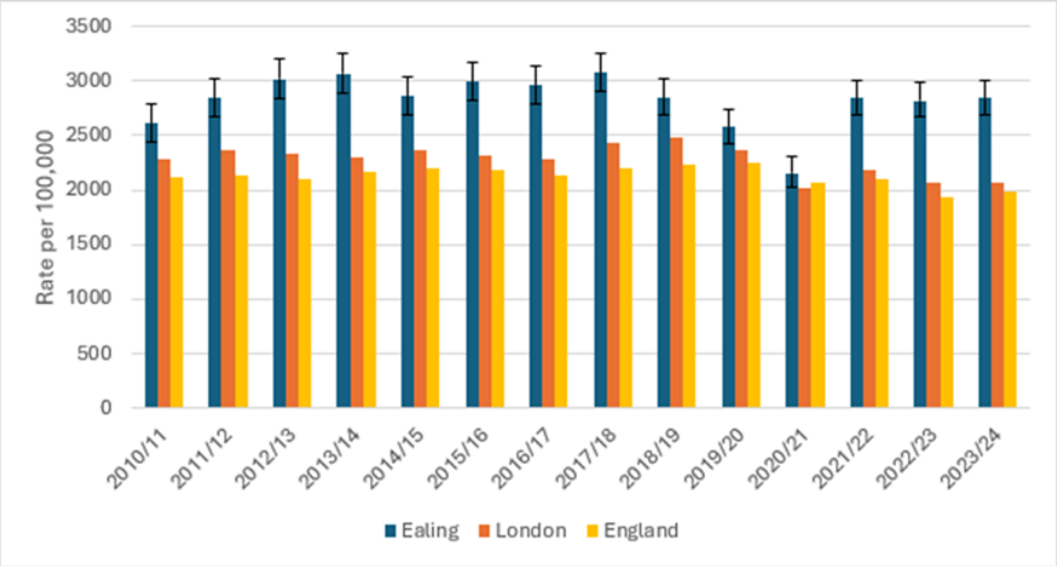


Figure 19: Emergency hospital admissions due to falls, 65+ for period 2010/11 to 2023/24, directly age standardised rates per 100,000

Source: OHID/PHOF

2.8 Falls admissions by socio-demographic factors

2.8.1 Falls emergency admissions by age band

The figure below shows the rate of emergency hospital admissions due to falls per 100,000 registered population aged 50 years and over in Ealing, by age band. The highest number of admissions occurred amongst adults aged 80 years and over (1,865 admissions), followed by those aged 65–79 years (1,178 admissions).

Admission rates increase substantially with age. The admission rate for adults aged 80 years and over (12,267.4 per 100,000 population) is significantly higher than the Ealing average for people aged 50 years and over and is more than five times greater than the overall borough rate.

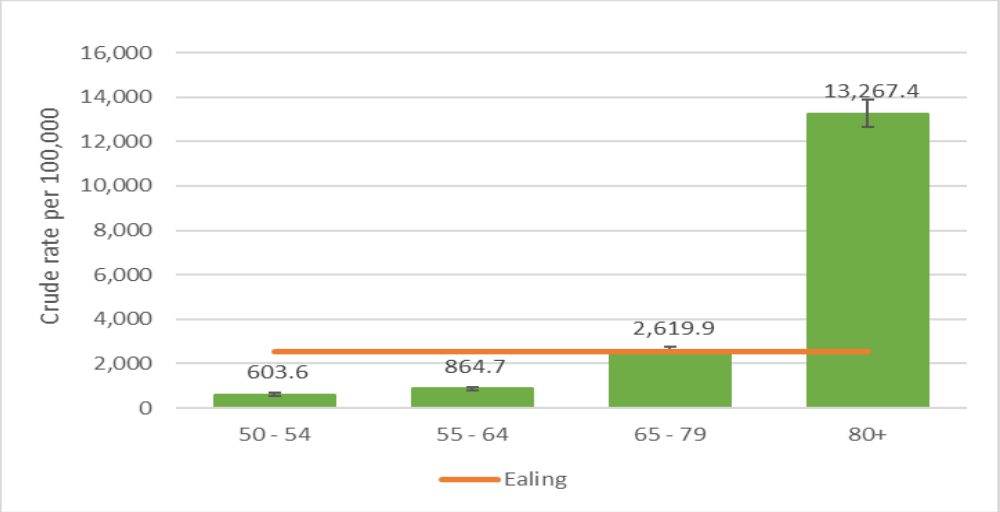


Figure 20: Emergency hospital admissions due to falls in people aged 50+ by age band, 2024/25, crude rate per 100,000

Source: WSIC.

2.8.2 Falls emergency admissions by ward

The figure below shows the rate of emergency admissions due to falls per 100,000 registered population aged over 50, by ward in Ealing. Nine wards have rates significantly higher than the borough average: Dormers Wells, Hanwell Broadway, Lady Margaret, North Hanwell, Norwood Green, Perivale, Pitshanger, South Acton, and Southall Broadway. The highest rate is observed in Dormers Wells (4,409.9 per 100,000), while the lowest is in Hanger Hill (1,370.3 per 100,000).

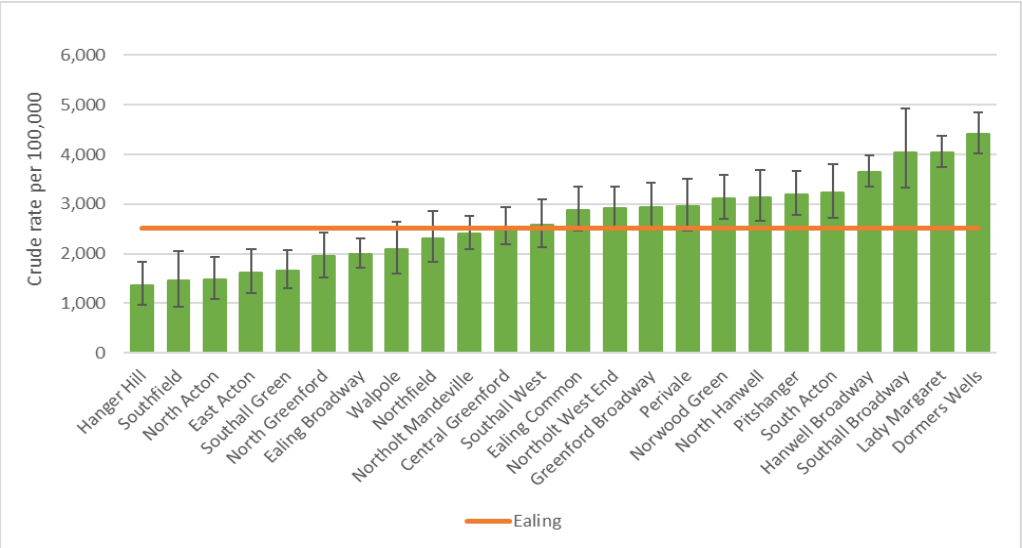


Figure 21: Emergency hospital admissions due to falls in people aged 50+ by ward, 2024/25, crude rate per 100,000. *Source: WSIC.*

2.8.3 Falls emergency admissions by PCN

The rate of emergency admissions due to falls per registered population over 50 and by PCNs is shown in Figure 23. The largest number of falls admissions were among The Ealing Network patients (805 cases and a rate of 4,654.8 per 100,000) followed by NGP (500 cases and a rate of 2204.6 per 100,000). The two PCNs have a rate of falls significantly higher than the Ealing 50+ average (2515.3 per 100,000). The lowest rate was in Acton PCN, with a rate of 1652.5/100,000. The figure below shows emergency hospital admissions due to falls in people aged 50.

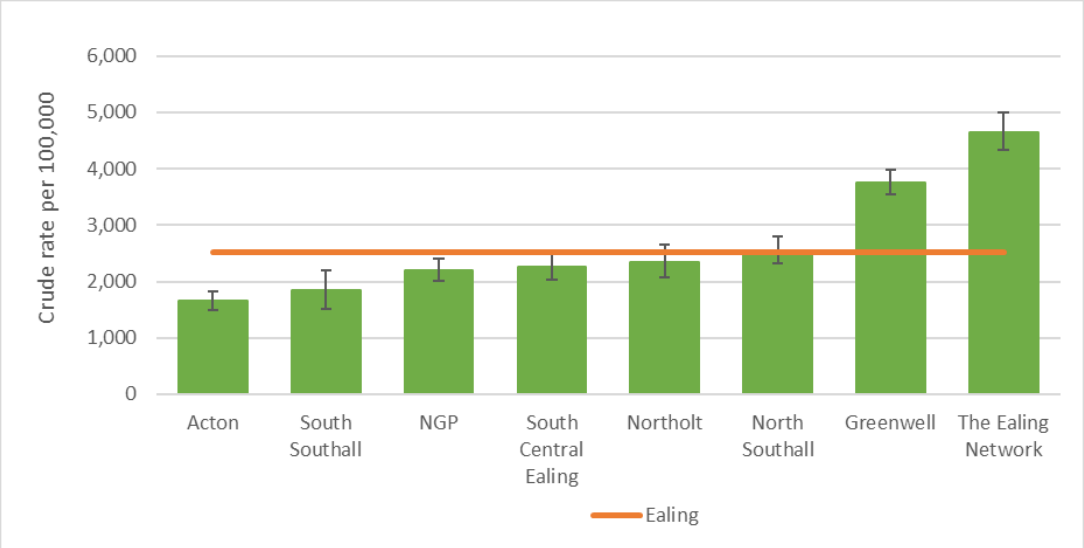


Figure 22: Emergency hospital admissions due to falls in people aged 50+ by PCN, 2024/25, crude rate per 100,000

Source: WSIC

2.8.4 Falls emergency admissions by ethnicity

The rate of emergency admissions due to falls per registered population over 50 and by ethnicity is shown in the figure below. The largest number of falls admissions were seen in the White population (2,070). This group also has the highest rate (3,321.1 per 100,000) and is the only ethnicity with a falls rate significantly higher than the Ealing 50+ average (2515.3 per 100,000).

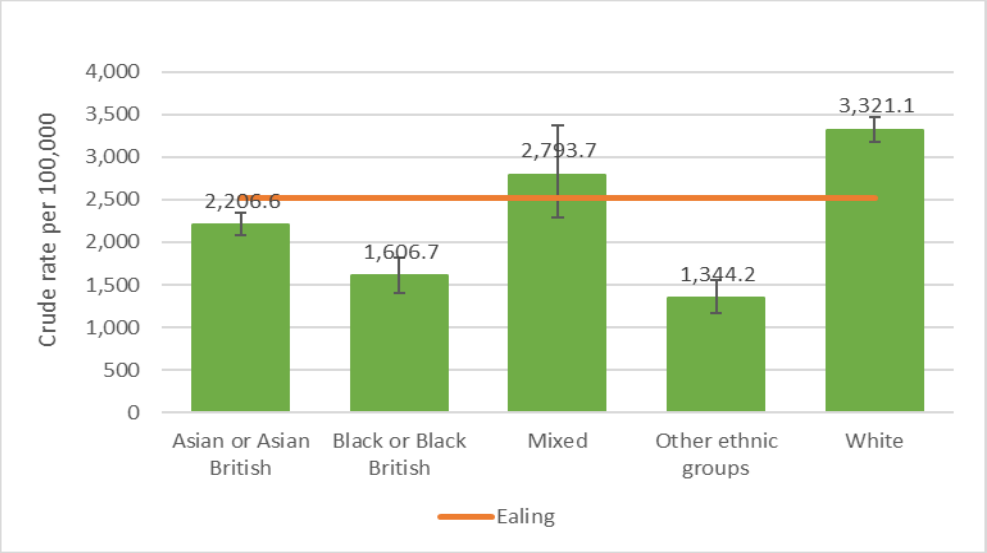


Figure 23: Emergency hospital admissions due to falls in people aged 50+ by ethnicity, 2024/25, crude rate per 100,000.

Source: WSIC.

2.8.5 Falls emergency admission versus falls prevalence in primary care

The figure below shows the number of emergency admissions due to falls and the corresponding primary care records for falls among people aged 50 and over. The admission-to-falls ratio compares the number of hospital admissions to the number of fall-related records in primary care. In Ealing, emergency admissions for falls increase with age, peaking at 1,865 among those aged 80 and over. However, primary care records for falls decline from 6,217 in the 65–79 age group to 5,165 in the 80+ group. This results in a higher admission-to-falls ratio for the 80+ group (36.1 per 100 fall records) compared to the overall rate (24.3 per 100 fall records), suggesting that falls in this age group are more likely to lead to hospitalisation. We would expect to see similar trends across ethnic groups and locations with older median populations.

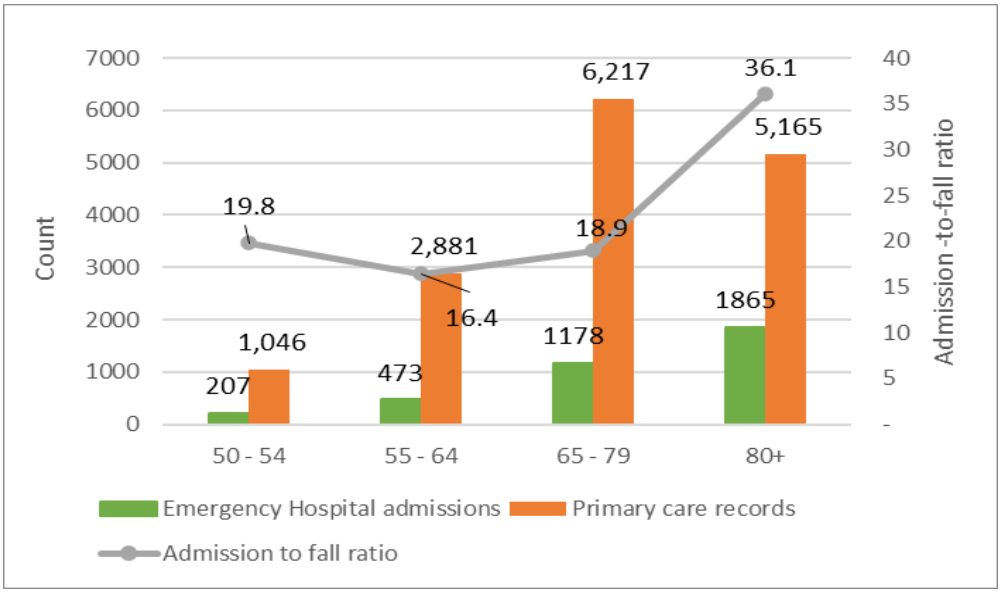


Figure 24: Primary care records (May 24 – May 25), emergency hospital admissions due to falls (2024/25) and admission-to-fall ratio in people aged 50+ by age band, 2024/25.

Source: WSIC.

2.8.6 Hip fractures

Hip fractures are commonly caused by falls in combination with underlying osteoporosis and are associated with significant health and social care costs, estimated at around £2 billion annually in the UK. Hip fractures are more common amongst females, accounting for approximately 73% of cases, and are associated with high mortality, with around one in ten people dying within one month of a hip fracture and one in three within 12 months.

Data from the Public Health Outcomes Framework (Figures 26–28) shows that Ealing performs relatively well compared with the England average for hip fracture outcomes amongst people aged 65 years and over and those aged 80 years and over, with outcomes for people aged 65–79 years close to the national average. The figure below shows trends in emergency hospital admissions for fractured neck of femur, directly age-standardised per 100,000 population.

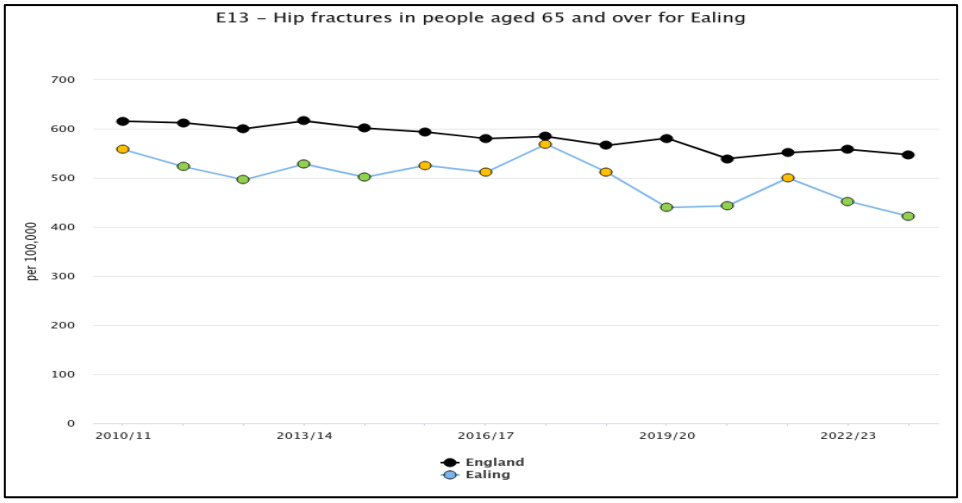


Figure 25: Trend in emergency hospital admission for fractured neck of femur, directly age standardised per 100,000, 2010/11 to 2022/23 for Ealing residents over 65.

Source: PHOF using NHSE and ONS Data; Note: green circles denote outcome significantly better than average for England.

2.9 Re-admissions

Ealing has relatively high re-admissions rates after an initial emergency admission with a fall (Figure 29), particularly for people aged 80+, when compared with other boroughs in NWL. The figure below shows proportion of patients being readmitted within 30 days of discharge from an initial admission with a fall.

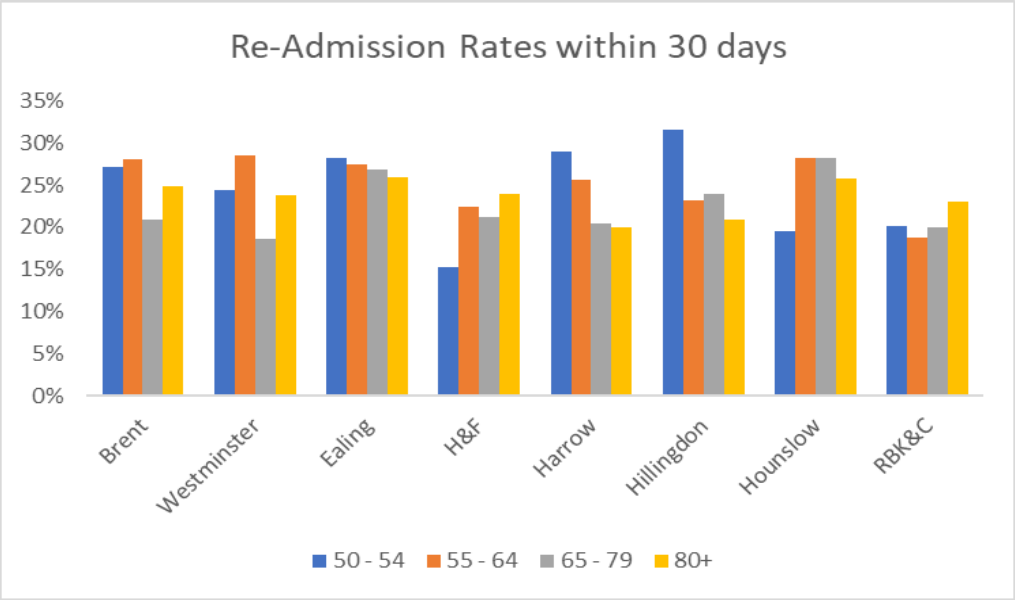


Figure 26: Proportion of patients being readmitted within 30 days of discharge from an initial admission with a fall, 2024-2025.

Source: SUS Data

3 Resident and Stakeholder Engagement

Resident and stakeholder engagement was undertaken to help inform commissioning decisions and to assess whether lived experience and frontline perspectives aligned with the epidemiological evidence presented in Section 2.

Engagement included:

- Two resident workshops held during Falls Prevention Week (September 2025)
- One multi-agency workshop with commissioners, providers, Adult Social Care and clinicians
- Review of structured feedback with residents during Falls prevention outreach

3.1 Resident Engagement Findings

Resident engagement workshops and outreach events were undertaken in September 2025 to better understand local experiences of falls, barriers to prevention and opportunities to improve access to support across Ealing. The engagement brought together older residents and a range of local providers, including health, community and voluntary sector organisations. Alongside promotion of the Falls Self-Assessment Toolkit, residents were able to access wider support services including health checks, dementia support and advice on safer mobility within the home and community. Key findings from the engagement are summarised within the infographic below highlighting the main themes raised by residents in relation to falls experience, prevention awareness, participation barriers and preferred methods of communication.

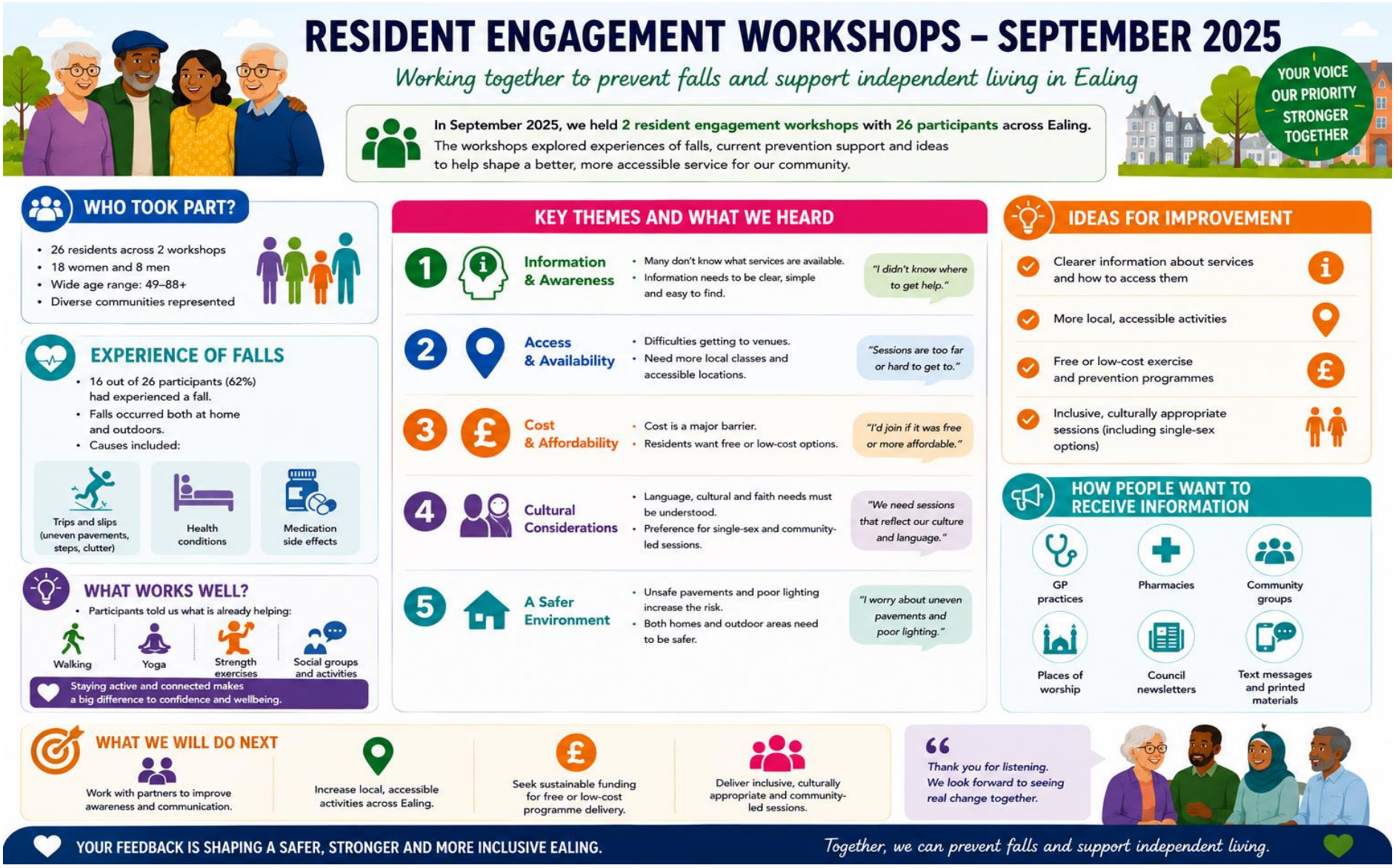


FIGURE 27 RESIDENT ENGAGEMENT WORKSHOPS FINDING

3.2 Professional Stakeholder Workshops

A multi-agency stakeholder workshop was undertaken in June 2025 to explore current challenges, gaps and opportunities across the Falls Prevention system in Ealing. The workshop brought together representatives from health, local authority and community organisations involved in falls prevention, rehabilitation and wider wellbeing support. Discussions focused on strengthening prevention and early identification, improving coordination and referral pathways, and developing sustainable programme delivery across the borough. Key themes and recommendations from the stakeholder engagement are summarised within the infographic below highlighting system-wide issues relating to awareness, access, communication, referral pathways and participation barriers, together with areas identified for future improvement and investment.

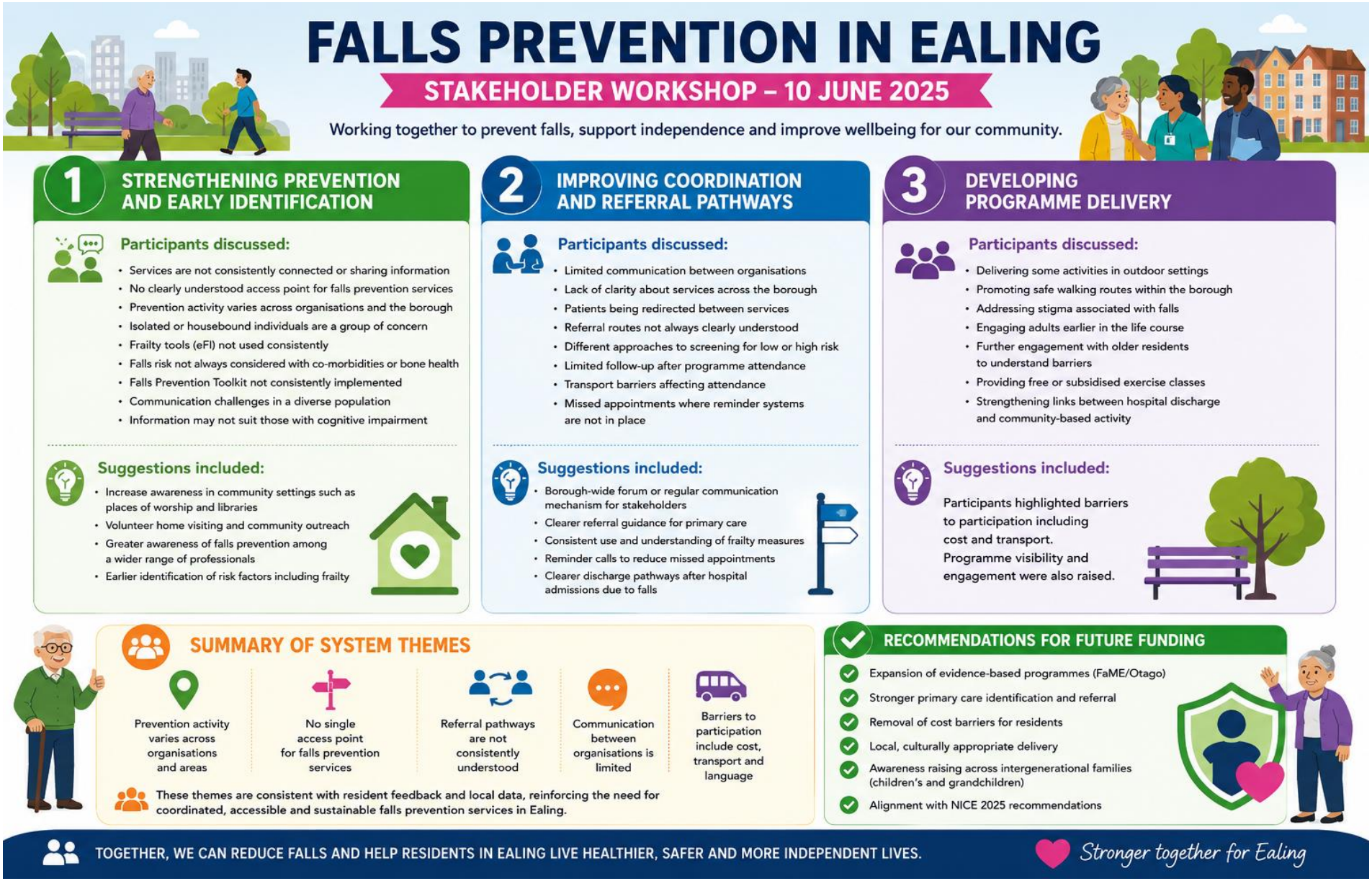


FIGURE 28 PROFESSIONAL STAKEHOLDER WORKSHOP FINDING

4 Falls Prevention in Ealing

Falls prevention operates at individual, community and population levels and requires a whole-system approach. This includes case finding and risk assessment, reduction of falls risk factors across the life course, strength and balance exercise programmes, healthy homes approaches, reduction of risk within care settings, and coordinated care across acute, community and specialist services. Collectively, these interventions and pathways form the falls prevention system.

The falls prevention system in Ealing was mapped in 2025 through engagement with key stakeholders, including the NHS Ealing Falls Service, Adult Social Care, Leisure Services and private providers of falls prevention exercise programmes. Information gathered through stakeholder interviews was used to develop a Falls Prevention System Map (Figure 30), which was subsequently reviewed by stakeholders for accuracy.

It is important to note that not all strength and balance programmes described within this section are dedicated falls prevention services. However, they may still support older adults to maintain mobility, strength and independence, which may in turn help reduce falls risk.

4.1 NHS Specialist Services

4.1.1 Ealing Community Partners Falls Service

As of July 2025, the Ealing Community Partners (ECP) Falls Service consisted of 0.8 WTE Occupational Therapists, 2.8 WTE Physiotherapists and 1.8 WTE Rehabilitation Support Workers trained in Postural Stability Instruction (PSI). In 2024/25, the service accepted 1,080 referrals. The service works closely with other ECP services involved in falls prevention, including short-term rehabilitation, the Rapid Response Service, Care Coordinators and the Enable Team.

Referral criteria include patients who:

1. Are registered with an Ealing GP and live within the borough or within one mile of the borough boundary
2. Are aged 65 years and over
3. Have a history of falls or a fear of falling

4. Are not more appropriately managed by another service, such as rehabilitation or urgent response services

Referrals are prioritised according to factors including frailty, falls history and social isolation. All patients receive a comprehensive clinical assessment within 30 working days of referral. Referrals are accepted from GPs, ECP services, care home staff and secondary care clinicians.

Housebound patients receive an individualised home assessment, including a home hazard assessment. Patients able to attend clinic appointments are offered a multidisciplinary falls and fracture risk assessment (MFFRA), including a Timed Up and Go (TUG) test, PRISMA frailty assessment and Clinical Frailty Scale (CFS) assessment. Care home residents receive assessment within the care home setting alongside review of existing falls prevention measures with staff.

The MFFRA is a holistic assessment covering a broad range of falls risk factors, including cognition, nutrition, dizziness, foot health, functional ability, gait, muscle strength, hearing, vision, continence, neurological conditions, osteoporosis risk, medication and long-term conditions. Individualised recommendations and interventions are provided based on identified risks, including follow-up home visits where appropriate.

Housebound patients receive one-to-one home support and an Otago-based exercise programme. Patients able to attend clinic appointments receive initial home support before participating in the clinic-based falls prevention education and exercise programme.

The service also makes onward referrals where appropriate, including for medication reviews, osteoporosis assessment, community exercise programmes, specialist secondary care services (such as cardiology or ENT), Telecare services and Adult Social Care support reviews.

The figure below provides an overview of the wider Ealing Falls Prevention System.

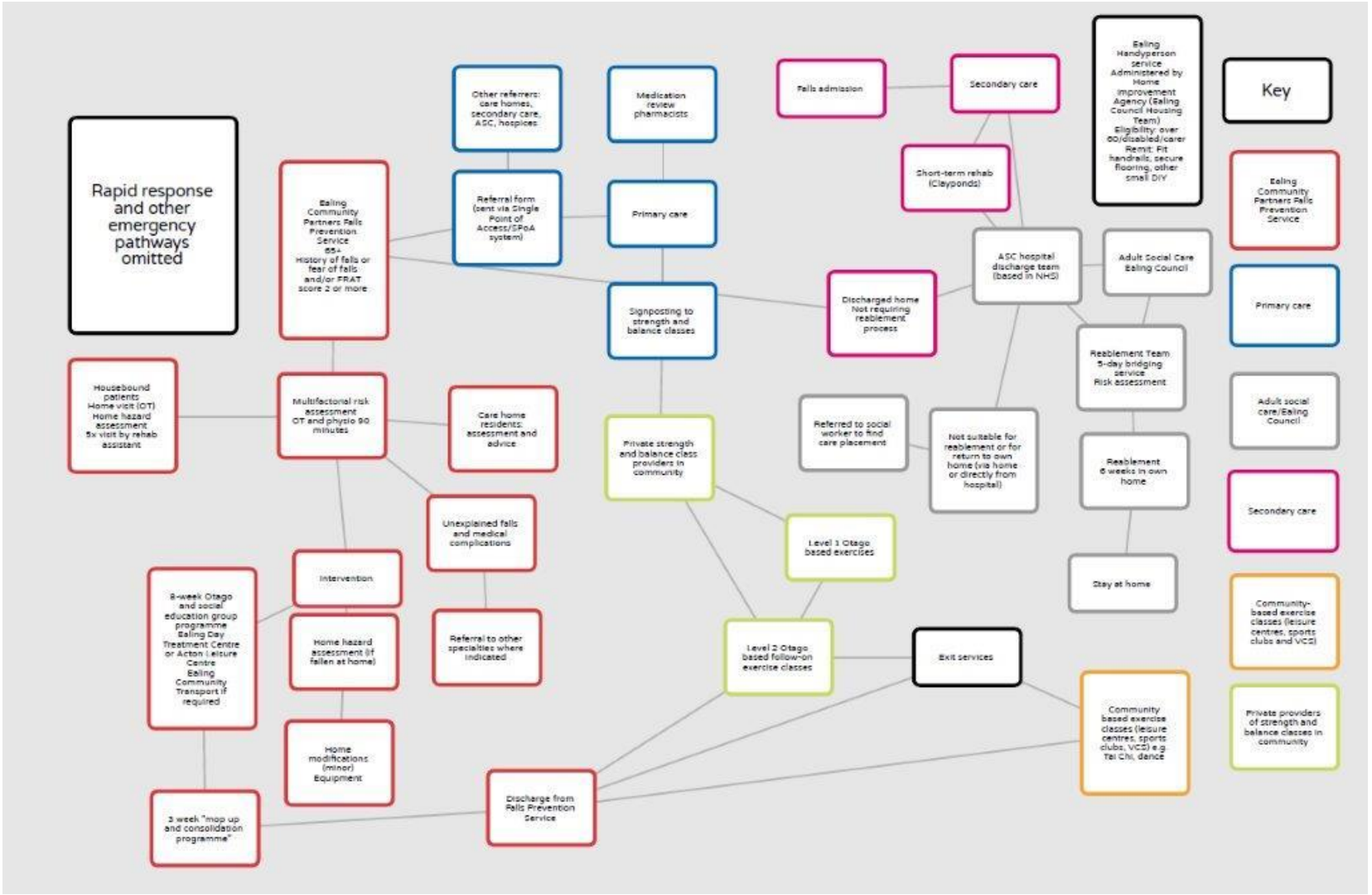


FIGURE 29: EALING FALLS PREVENTION SYSTEM

4.1.2 Ealing Community Partners Rapid Response Service

The Rapid Response Service is a consultant led service supported by an MDT of therapy and nursing practitioners with advanced assessment and prescribing abilities. Their aim is to prevent avoidable admissions to an acute hospital, where there is a concern such as increasing falls risk, decreasing mobility or other deterioration that can be treated in the community. The service will attend to the patient within 2 hours of referral to assess and treat. The rapid response service will make onward referrals to specialists, local community teams and the patient's GP upon discharge. The service can also utilise admission avoidance beds at Clayponds Hospital.

The Homefirst service is part of the Rapid Response Team and supports adults in Ealing who are discharged home from an acute hospital and need same-day therapy or care. The team includes therapists, physiotherapists and support workers, offering a comprehensive therapy assessment on the same day of discharge. The team will arrange for any urgent equipment required and facilitate a smooth transition by completing referrals to specialists, local community teams, longer-term therapy teams and the patient's GP.

4.2 Community Strength and Balance Classes

The following are examples of community-based strength and balance providers in Ealing whose practitioners are trained in the Otago or FaME (Falls Management Exercise) programmes and who were interviewed for this JSNA. This is not a comprehensive list of all providers operating in the borough.

4.2.1 StayActive4Life

StayActive4Life is a community provider specialising in evidence-based strength and balance programmes for adults aged 50+ across the London boroughs of Ealing, Hillingdon and surrounding areas. The organisation delivers high-quality falls-prevention exercise led by a team of Otago-trained and PSI (Postural Stability Instructor) qualified instructors.

The programme is built around the Otago Strength and Balance model, an evidence-based set of individually prescribed strength and balance exercises proven to reduce the risk of falls by up to 55%. Classes are offered at different levels to meet the needs of adults who are active,

those who are beginning to experience a decline in physical function, and those recovering from falls.

Classes are delivered in accessible community venues across the borough, including Acton, Ealing, Greenford, Northolt and Southall. In addition to Strength & Balance Classes (level 1 and level 2), Zumba Gold and online classes are also offered.

StayActive4Life accepts both self-referrals and referrals from health professionals (GPs, physiotherapists, Social Prescribers). Referrals can be sent to: strength.balance@nhs.net There is a charge for classes (£35 for 7 sessions).

To maximise outcomes, participants are encouraged to attend two classes per week over a five-week period, which significantly improves strength, balance, mobility and confidence.

4.3 Community physical activity offer for older adults

This is not an exhaustive list. There is currently no single resource providing details of physical activity offers for older adults in Ealing. An existing platform, the "Joy" app could potentially be used to advertise or provide information on activities and classes, but currently many existing opportunities have not been uploaded to the app.

4.3.1 University of the Third Age Ealing

This is an active cohort of older adults who are no longer working but wishing to keep active mentally and physically. Their programme (ealing.u3asite.uk/groups/) includes four walking groups, a table tennis group and an exercise group.

4.3.2 Everyone Active's Over 50s Activities

Everyone Active is the main Council-commissioned leisure provider and operates three main centres all with swimming pools as well as gym and fitness programmes in Acton (Acton Centre), Southall (Dormers Wells Leisure Centre) and Northolt (Northolt Leisure Centre). Acton Centre and Dormers Wells Leisure Centre have very popular women only gyms as well as women only group exercise classes.

A wide range of older adults activity sessions take place at venues across Ealing, activity descriptions and a weekly timetable are available here

Over 50s Activities in Ealing - Everyone Active The "Staying Active" designated classes are particularly suitable for people aged 50+. This programme of low impact classes has been developed over time and is based on demand. Low impact activities include yoga, stretch and mobility, aqua aerobics and body balance. Classes such as Body Combat, Bootcamp, BodyPump and Shred and Tone are also available for older people wanting to enjoy higher impact activities.

Everyone Active offers concession gym and swim memberships for seniors (66+ years) at the Acton Centre and Northolt Leisure Centre, these memberships include the majority of group exercise classes.

Older adults aged 60+ years are also eligible to apply for a leisure pass which offers discounts of up to 50% on leisure activities in the borough.

The Everyone Active Exercise Referral Scheme is currently available at the Acton Centre, Dormers Wells Leisure Centre and Northolt Leisure Centre. The scheme is ideal for people with long-term health conditions wanting to become more active to improve their health and wellbeing. People can be referred by their GP or other healthcare professional to a 12-week bespoke exercise programme or self-referrals by people that meet the criteria are also welcome.

Activities designed for older adults also take place at Gunnersbury Park Sports Hub; this centre has weekly multi activity sessions as well as tennis opportunities and a gym and fitness offer suitable for older people.

4.3.3 Ealing Age UK Wellbeing Day Centre

This chargeable service is held at Greenford Community Centre twice weekly for low needs clients and offers gentle exercise classes such as chair yoga.

4.3.4 Eleemosynary Charity of William Hobbayne

This charity, based at the William Hobbayne Centre in Hanwell offers a range of low-cost classes suitable for older adults resident in Hanwell, including Tai Chi, restorative yoga, and line dancing.

4.3.5 Park Sports Walking Football

Park Sports runs weekly adult walking football drills for men and women aged over 50 at Lammas Park, Ealing.

4.3.6 Brentford Emperor Penguins

This is a walking football club run weekly for men aged 55+ at Gunnersbury Park Sports Hub, Acton, Ealing.

4.3.7 Ealing Over 60 Network (EON)

EON is an informal social group for people aged 60+ that meets weekly at the Ealing Quaker Meeting House. Activities include a range of physical activities, including walking.

4.3.8 Bikeworks

Bikeworks run an all ability cycling club on Fridays in Little Wormwood Scrubs. They have a full range of adapted and two wheeled cycles available on-site to try out, and older adults with no prior experience can learn to cycle there.

4.3.9 Tai Chi classes

Tai Chi is an evidence-based intervention for falls prevention. There are a number of private providers of Tai Chi classes in Ealing, including TaiChi4u (based at Peter Chennells Hall, Greenford); Master Tsu Tai Chi Chuan Academy (based at St Peter's Church Hall, Ealing); and Internal Way Academy (based at Brent Lodge Park, Hanwell).

4.3.10 Let's Go Southall

Let's Go Southall is a group of community organisations, charities and volunteers providing activities encouraging Southall residents to be more physically active. Activities are free and offered to all ages; they have varying levels of intensity. They include gentle walks combined with exercise; flexibility workshops; yoga and better balance classes, all held outdoors. There is also a cycling offer which includes beginners practice sessions and rides, as well as a free weekly 5k parkrun event.

4.3.11 Southall Day Centre

Southall Day Centre, as part of Southall Community Alliance (SCA) offers three exercise/strength and balance sessions weekly, with the aim of enabling older, vulnerable adults to be more independent and to reduce isolation. Sessions are very popular, with 56 customers attending 434 strength and balance class sessions in Q3 of 2024/25. The centre also offers one yoga session per week, with 46 customers attending 280 sessions in Q3 of 2024/25.

4.3.12 The Running School

A private exercise and rehabilitation provider based at WASPS rugby training ground, Acton, offering a 6-session movement and falls prevention programme for older adults based on neuromuscular re-education principles.

4.3.13 Sports clubs

A number of sports are particularly suitable for or appealing to older adults wishing to maintain their strength and balance and are catered for by membership-only sports clubs. Examples include indoor and outdoor bowls and croquet and there are a relatively large number of clubs in Ealing, including Brentham Bowls Club, Horsenden Hill Playing Fields Bowls Green, Ealing Croquet Club and West Ealing Bowls Club. Annual membership is significantly more affordable than for private gyms or many other sports and includes access to social functions provided by these clubs.

There are a number of walking groups and clubs in the borough, including Ealing Walking Club (a "do something good" project) which offers slow midweek walks for less able walkers, and West London Ramblers.

There are four golf courses in Ealing, three private (Ealing Golf Club, West Middlesex Golf Club and West London Golf Centre) and one council-commissioned club (Brent Valley).

4.4 Primary Care

GPs and other primary care clinicians play a key role in the Falls Prevention system. They see many older adults regularly, are familiar with their medical histories and well placed to ask questions to help identify which patients might be at increased risk of falls and would benefit from a referral to a falls prevention intervention or service. In the main, they also manage Ealing's frail patients with varying degrees of need.

GPs can make referrals to the ECP Falls Prevention service, and can also refer to the community-based, chargeable, Otago-based strength and balance classes offered by StayActive4Life. If patients are considered unsuitable for the community classes, the referral is bounced back to the GP, and they would then need to refer to the ECP Falls Prevention service.

GPs and primary care pharmacists can also carry out medication reviews for patients taking medications or combinations of medications that might

increase their falls risk and liaise with the ECP Falls Prevention team around medical issues contributing to falls risk, including management of urinary incontinence and long-term conditions.

GPs do not currently receive any systematic educational and training support around Falls Prevention. Training needs could potentially include identification and assessment of patients at increased risk of falls, referral mechanisms, which services they can signpost to and how to support patients with increased falls risk in the community.

4.5 Ealing Council Adult Social Care

Ealing Council's Adult Social Care (ASC) team is instrumental in several components of the Falls Prevention system.

4.5.1 Hospital discharge

The ASC hospital discharge team is based in the NHS and assesses patients who have been admitted after a fall, either directly after a visit to the emergency department, or after a ward admission, or after a stay in the short-term rehab unit at Clayponds. A decision is made as to whether a patient can be either: 1. discharged home directly (with a referral to the ECP Falls Prevention Service) or, whether they are 2., not suitable for a return to their own home (in which case they are referred to a social worker for support with finding a care placement) or, 3., they are able to return home with support from ASC's reablement team.

4.5.2 Reablement homecare team

The reablement team provide a short-term service that supports residents to regain independence. Referrals can be made either at discharge from hospital, or via ASC's Advice and Referrals Centre, or as a result of a wellbeing check (where someone has raised concerns). The team carry out a risk assessment during a 5-day bridging period. Clients are then triaged further, either to a care package provided by the reablement team (6-week intervention with intensive support from carers, social workers, team leaders and OTs) or to a social worker for a care placement referral. The reablement service sees around 750 clients per year.

4.5.3 Occupational therapy and sensory services

The Occupational Therapy (OT) service supports people with physical and mental health impairment or disabilities, including providing equipment or adapting people's environments. The Sensory Service supports people

with sensory impairment b adapting their environment and providing mobility training for people with visual impairment. Referrals are automatic for clients with a Certificate of Visual Impairment; referrals can also be made by any professionals, and self-referrals are accepted also. The wait time for the sensory service can be more than 12 months, for OT it is 6-7 months.

4.5.4 Community outreach

There is some (limited) capacity within the Older Adults team in ASC to support community outreach activities. Historically, this has included events during Falls Prevention week (September each year) such as talks about a Falls Prevention toolkit.

4.5.5 Care home training

ASC has a team responsible for providing training to care home staff, including on falls prevention.

4.5.6 Strategic support

The ASC older adults' team have some of the strategic oversight for falls prevention in Ealing, hosting a regular falls prevention working group with membership from service providers and other stakeholders.

4.6 Council Public Health

4.6.1 Challenge and advice

The Public Health function in a local authority is expected, under the terms of the 2012 Health and Social Care Act, to provide the NHS with a public health advice service to inform effective commissioning of healthcare. This obligation is complemented by the duty on ICBs to seek advice on prevention and public health. Public Health therefore has a role in providing insight, challenge and advice to the commissioning of NHS Falls Prevention services by NHS partners.

4.6.2 Service commissioning

Falls prevention is a potential area for spending from the ring-fenced public health grant, as it falls into the "potentially eligible" category of non-statutory services which the grant can be used for, where there is additional activity. Public Health at Ealing is currently in the process of scoping and commissioning a community falls prevention programme.

4.6.3 Strategic support

Public Health also has a role, jointly with Adult Social Care, in providing strategic oversight for the whole falls prevention system in the borough, ensuring that components of the system are joined-up, that services are provided in an equitable fashion and with the aim of reducing health inequalities, and that evidence-based practice is followed where possible.

4.7 Home Improvement Agency

The Housing Team's Handyperson service arranges minor jobs in the home for older, disabled or otherwise vulnerable people and is administered by the Home Improvement Agency. To qualify for the service, the client must be either aged 60 or over and not in paid employment, or disabled, or a carer, or a single parent in receipt of benefits. The Handyperson contractor can carry out minor repairs, fix down hazardous carpets, rugs, trailing leads etc., refix loose wall tiles and fit grab rails and handrails. Residents can refer themselves to the service or be referred by a professional.

4.8 West and North London ICB

Clinical oversight of the ECP falls services, as well as commissioning oversight for these services sits within the West and North London ICB.

4.9 Universal support for Falls Prevention and the building blocks of health

This includes all services, system interventions and changes to the environment that address wider risk factors for falls, i.e. stop smoking services (see section 2.3.4 on smoking prevalence) as well as services and changes to the environment that facilitate a healthy lifestyle for older adults (healthy diet, reduced alcohol intake, increased physical activity). This could potentially also include interventions by other Council teams, such as the Streets team, in order to address trip and fall hazards in the environment outside people's homes, as well as interventions addressing the building blocks of health (such as social connection, adequate income, access to green spaces).

5 Evidence-based interventions and good practice

5.1 Evidence base for falls prevention

There is a strong evidence base for falls prevention interventions, particularly exercise programmes that include balance, strength and functional training. A Cochrane review [15], [16] found that exercise reduced the number of falls over time by around 23% and reduced the number of people who fall by around 15%. Programmes involving balance and functional training were found to be effective, while Tai Chi may also reduce falls. Evidence was less clear for programmes based mainly on resistance training, dance or walking alone.

Multifactorial interventions are also effective. These involve assessing an individual's risk of falling and then providing targeted interventions, often involving clinical specialists. A Cochrane review found that multifactorial interventions reduced the number of falls, although not necessarily the number of people who fall.

Home hazard assessment and modification also have an evidence base, particularly for people at higher risk of falls and where assessments are carried out by Occupational Therapists. This is important because falls risk is often linked to a combination of physical, clinical, behavioural and environmental factors.

5.2 Prevention, healthy ageing and risk reduction

Falls should not be viewed as an inevitable part of ageing. Raising awareness of falls as a preventable public health issue is an important part of reducing risk across the population.

Prevention should begin before older age, with promotion of healthy lifestyles from mid-life onwards. Key protective factors include regular physical activity, good nutrition, maintenance of muscle strength and

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[15] Sherrington C, Fairhall NJ, Wallbank GK, Tiedemann A, Michaleff ZA, Howard K, Clemson L, Hopewell S, Lamb SE. Exercise for preventing falls in older people living in the community. Cochrane Database of Systematic Reviews 2019, Issue 1. Art. No.: CD012424. DOI: 10.1002/14651858.CD012424.pub2. Accessed 13 July 2025.

[16] Gillespie LD, Robertson MC, Gillespie WJ, Sherrington C, Gates S, Clemson L, Lamb SE. Interventions for preventing falls in older people living in the community. Cochrane Database of Systematic Reviews 2012, Issue 9. Art. No.: CD007146. DOI: 10.1002/14651858.CD007146.pub3. Accessed 13 July 2025.

balance, reduced alcohol intake and smoking cessation. The Chief Medical Officers recommend that adults aged 65 and over should aim to be active daily, including at least 150 minutes of moderate physical activity each week, and activities to improve strength, balance and coordination on at least two days per week.

5.3 Identification of people at risk of falls[17]

Early identification of people at increased risk of falls is central to effective prevention. Older people coming into contact with health, care and community services should be asked routinely about falls, particularly where they have frailty, reduced mobility, a history of falls or fear of falling.

Primary care provides a significant opportunity for case finding, including through routine consultations, care home reviews and home visits. Other relevant professional groups include community and secondary care clinicians, allied health professionals, ambulance crews, social workers, voluntary and community sector staff and Fire and Rescue Services.

Fracture risk should also be considered in women aged 65 and over, men aged 70 and over, and people with recognised risk factors.

5.4 Evidence-based falls prevention interventions[18]

Effective falls prevention[32] requires a tailored approach based on individual risk. Interventions may include strength and balance exercise, home hazard assessment, medication review, vision assessment, osteoporosis review and support to address wider risk factors such as nutrition, mobility, continence and long-term conditions.

Strength and balance exercise programmes should be progressive, tailored to individual need and delivered by appropriately trained

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[17] Falls and Fracture Consensus Statement, 2017. Supporting commissioning for prevention. PHE/National Falls Prevention Coordination Group. https://assets.publishing.service.gov.uk/media/5a7f4316ed915d74e6229625/falls_and_fractures_consensus_statement.pdf

[18] Falls and Fracture Consensus Statement, 2017. Supporting commissioning for prevention. PHE/National Falls Prevention Coordination Group. https://assets.publishing.service.gov.uk/media/5a7f4316ed915d74e6229625/falls_and_fractures_consensus_statement.pdf

professionals. They are particularly effective for people with recurrent falls, gait impairment or balance difficulties. Evidence suggests that programmes are most effective when delivered at sufficient duration and intensity, typically involving at least 50 hours of exercise over time.

Home hazard assessments should be carried out by suitably trained professionals, such as Occupational Therapists, and should identify practical steps to reduce environmental risks within the home.

Clinical management should include review of medicines associated with falls risk, assessment of vision and hearing, consideration of osteoporosis and vitamin D advice, and management of long-term conditions that may affect balance, strength or mobility.

5.4.1 Risk factor reduction

- Increasing awareness of falls as a public health issue, and that falls are not an inevitable aspect of ageing, is an important part of collaborative action to reduce falls risk.
- Promotion of healthy lifestyles[19] targeting people aged 40 and over should aim to prevent or delay the onset of ill health in older age. Two key behaviours associated with healthy ageing are maintaining adequate nutrition and remaining physically active across all domains, including aerobic activity, strength and balance.
- The Chief Medical Officers recommend that adults aged 65 and over should aim to be active daily, including at least 150 minutes of moderate physical activity per week, with activities to improve muscle strength, balance and coordination undertaken on at least two days per week.
- Other modifiable risk factors include smoking and high alcohol consumption.

5.4.2 Identification of at-risk populations (case finding)

- Older people coming into contact with professionals and organisations with a health or care role should be asked routinely about falls. The 2025 NICE guideline on Falls Prevention should be used to determine risk category and support referral to appropriate services[20].
- Relevant professional groups include primary, community and secondary care clinicians, allied health professionals, ambulance

[19] NICE. Midlife approaches to preventing the onset of disability, dementia and frailty | Guidance and guidelines | NICE [Internet]. 2016. Available from: www.nice.org.uk/guidance/ng16
[20] Falls: assessment and prevention in older people 50 and over at higher risk. https://www.nice.org.uk/guidance/ng249

crews, social workers, voluntary and community sector organisations working with older people, and members of the Fire and Rescue Service.
- Primary care consultations, including care home and domiciliary visits, provide significant opportunities for case finding.
- Assessment of fracture risk should be considered in all women aged 65 and over, men aged 70 and over, and people with recognised risk factors[21].
- People identified as being at medium or high risk of falls should receive a comprehensive evidence-based assessment by a trained healthcare professional, followed by appropriate interventions such as strength and balance exercise programmes, home hazard assessment, vision assessment and medication review.

5.4.3 Strength and balance exercise programmes

- Strength and balance exercise programmes should be offered according to the risk stratification set out within the 2025 NICE guideline on Falls Prevention.
- The two main evidence-based programmes used within the UK are FaME (Falls Management Exercise) and OEP/Otago (Otago Exercise Programme), which are described further below.
- Strength and balance programmes are particularly effective for people with recurrent falls, gait impairment or balance difficulties.
- Evidence suggests that programmes should comprise a minimum of 50 hours of exercise delivered over time, including at least two hours per week.
- Programmes should include progressive strength training and appropriately challenging balance activities.
- Walking should not be used as the sole intervention for people considered at high risk of falling.
- Following completion of a programme, older people should be offered ongoing opportunities to maintain physical activity and strength and balance gains.

5.4.4 Healthy Homes

- A 2012 Cochrane review found that home hazard assessment and modification carried out by Occupational Therapists reduced the rate of falls by 19% and the risk of falling by 12%.
- One study included within the review suggested that the intervention may also be cost saving in people who had previously experienced a fall.

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[21] Osteoporosis: assessing the risk of fragility fracture, NICE guideline, 2012. https://www.nice.org.uk/guidance/cg146

- Home hazard assessments should be carried out by suitably trained professionals, such as Occupational Therapists.

5.4.5 Otago and FaME Implementation Guidance[22]

This guidance forms part of a suite of FaME implementation toolkits designed to support commissioners, public health officers and leisure service managers in commissioning, implementing and monitoring FaME and Otago programmes [23].

5.4.5.1 Falls Management Exercise (FaME)

There is research evidence showing that FaME delivered by Postural Stability Instructors (PSIs) is highly effective in primary as well as secondary prevention of falls[24][25][26]. FaME was designed as a progression from Otago exercise programmes and extends/increases the components of fitness targeted. FaME includes upper limb strength exercises to support backward chaining approaches to retrain getting on and off the floor. It uses resistance bands and has a dynamic endurance component (heart and lung functional capacity training) and adapted tai chi moves. PSI training has motivational and support strategies embedded including fostering group coherence and peer support. FaME is appropriate for all older people. FaME is led by qualified PSIs, who undertake undergraduate level training, teaching them to rationalise exercise tailoring and management. Training is a minimum of 12 hours e-learning plus 4 days of face-to-face training. There are certain prerequisites for attending the training (physios, L3/4 fitness instructors, therapy assistants).

5.4.5.2 OTAGO Exercise Programme (OEP/Otago)

Otago has been found to be effective as a secondary prevention measure (i.e. for people who had already fallen), but not effective for primary prevention. It is therefore more appropriate for frailer older adults. It is a

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[22] https://laterlifetraining.co.uk/wp-content/uploads/2017/07/LLT-Guidance_Evidenced-Based-Falls-Prevention-Programmes_FaME_Otago_commissioning_240717.pdf
[23] NIHR Collaboration for Leadership in Applied Research and Care East Midlands (2019). Falls Management Exercise (FaME) Implementation Toolkit. Accessed 13th July 2025 via Falls Management Exercise (FaME) Implementation Toolkit | British Geriatrics Society (bgs.org.uk)
[24] Skelton, D., Dinan, S., Campbell, M., Rutherford, O. (2005). Tailored group exercise (Falls Management Exercise – FaME) reduces falls in communitydwelling older frequent fallers (an RCT). Age and Ageing. 34, 6, 636-639. https://doi.org/10.1093/ageing/afi174

[26] Gawler, G et al (2016). Reducing falls among older people in general practice: The ProAct65+ exercise intervention trial. Archives of Gerontology and Geriatrics. 67, 46-54. http://dx.doi.org/10.1016/j.archger.2016.06.019

lower limb strength and balance programme of pre-set exercises with progression guidance. It requires older people to use ankle weights and to progress the weights over time. It requires remote support/motivational strategies if used as a home exercise programme-it doesn't reduce falls if these are not in place. It is not suitable for all older adults.

OEP training for instructors consists of 8 hours on online training followed by 1 day face-to-face for physios and 2 days face-to-face for fitness professionals, therapy assistants and other professions.

Assessment for suitability to take place in an OEP should be undertaken by a physio, or by a PSI who should have agreed links to physiotherapy.

5.4.5.3 General considerations

- Exercise is not a one size fits all approach. There is a need for both generic training that includes strength and balance elements, and training that is specifically designed for frailer older people who are at risk of a fall. Otago and FaME programmes should form part of a broader exercise continuum for all older people, forming part of an overarching "exercise across the life course" approach[27].
- Instructors working with older adults who have pathologies and comorbidities alongside normal age-related changes require higher levels of knowledge. They also require more time to interact with people, to have conversations to address motivational and behavioural change challenges.
- Referral pathways should be agreed by all parties (i.e. commissioners, physio services, falls services, leisure services).
- Responsibility and accountability for decision made around entry criteria/appropriateness for inclusion in a strength and balance programme should be clear and made by appropriate health professionals and/or exercise professionals.
- Both FaME and Otago can be modified to accommodate people living with dementia.
- A number of studies have shown that in the first 8-12 weeks of participation in a programme the confidence in ability increases more rapidly than a person's ability to correct a trip or slip. Therefore, there may be an increased risk of a fall if participants do not continue to work on improved strength and balance to support more active lifestyles. The most effective services have a seamless transition from rehabilitation-based services to community provision.

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[27] Falls and Fracture Consensus Statement, 2017. Supporting commissioning for prevention. PHE/National Falls Prevention Coordination Group. https://assets.publishing.service.gov.uk/media/5a7f4316ed915d74e6229625/falls_and_fractures_consensus_statement.pdf

- Once stopped, people decondition and their risk will increase, so it is vital to facilitate changing habits and lifetime engagement, requiring longer-term behaviour change and support.

5.4.5.4 NICE Guideline on Falls Prevention (2025)[28]

The 2025 NICE guideline on Falls Prevention replaces the previous 2013 guidance and differs from this in several important areas, as summarised in the figure below.

<table>
<tr><td></td><td colspan="2">Previous (2013) NICE guidance</td><td colspan="4">NICE guidance April 2025 and World Guidelines for Falls Prevention (WGFP) 2022</td></tr>
<tr><td></td><td></td><td>Case-finding</td><td></td><td colspan="3"></td></tr>
<tr><td rowspan="2">65+ with history of falls in past 12 months and/or demonstrating gait/balance abnormality</td><td rowspan="2">Multifactorial risk assessment (MFRA) in specialist service + multifactorial intervention</td><td rowspan="2">Ask older people when they present for other reasons whether they have fallen in past year</td><td rowspan="4">Assess history of falls and severity factors</td><td colspan="2">High risk=severity factors present</td><td>MFRA and multifactorial intervention</td></tr>
<tr><td rowspan="3">If no severity factors, assess gait and balance (get up and go or 30 second sit to stand tests)</td><td>Medium risk=impaired gait and balance</td><td>Falls prevention exercise programme (WFPG recommends individualised) and consider home hazard assessment</td></tr>
<tr><td>50+ with condition increasing risk of falling and fall in last 12 months</td><td colspan="2">Promote physical activity
General falls risk education</td><td>Low risk = normal gait and balance</td><td>Lifestyle advice and education</td></tr>
<tr><td>50+ with no additional risks and no history of falls in last 12 months</td><td colspan="2"></td><td colspan="3">Promote physical activity
General falls risk education</td></tr>
</table>

FIGURE 30: SUMMARY OF NICE GUIDANCE ON FALLS PREVENTION FROM 2013 AND 2025

A key difference within the updated guideline is the expanded scope to include people aged 50–64 with specific risk factors associated with increased falls risk. The guideline also places greater emphasis on individually tailored interventions rather than a single standardised approach.

The recommendations cover:

- Identification of people at risk of falls
- Comprehensive falls assessment
- Interventions to reduce falls risk

[28] NICE, 2025. Falls: assessment and prevention in older people and in people 50 and over at higher risk. NICE guideline. https://www.nice.org.uk/guidance/ng249

- Maximising ongoing participation in falls prevention interventions
- Information and education for people receiving falls assessment or interventions

The guideline distinguishes between people who require comprehensive multifactorial falls assessment and management, and those who may benefit from more targeted interventions such as falls prevention exercise programmes and home hazard assessment.

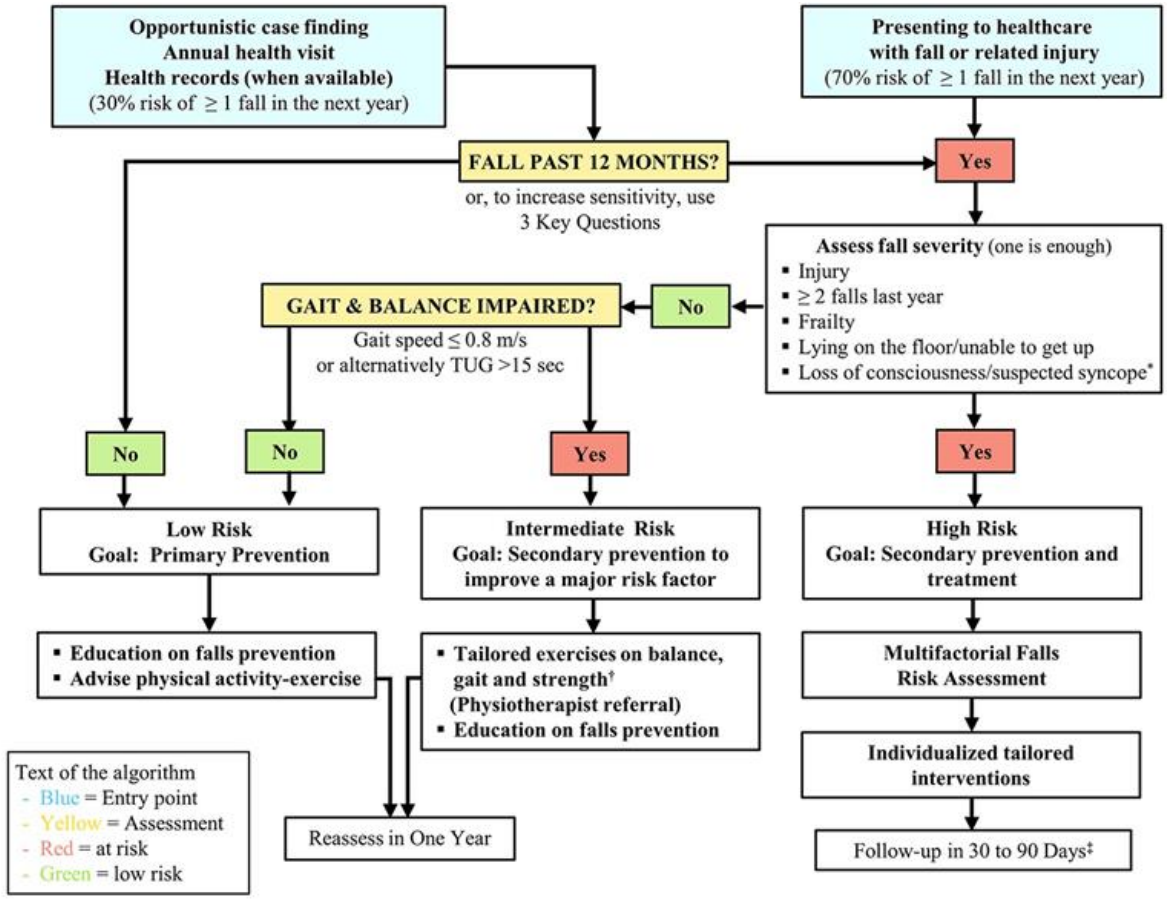
Interventions for people in hospital and residential care settings are described separately within the NICE guideline.

5.4.5.5 World Guidelines for Falls Prevention and Management for Older Adults (2022)[29]

The World Falls Prevention Guidelines follow a similar approach to the 2025 NICE guideline (see Figure below). The guidance also provides additional detail regarding the dose, duration and frequency of exercise required to reduce falls risk.

The guidelines recommend exercise sessions three times per week, individualised and progressed in intensity for at least 12 weeks, with longer participation associated with greater benefit. The guidance also recommends inclusion, where appropriate, of Tai Chi and additional individualised resistance exercise.

[29] Montero-Odasso M et al. World guidelines for falls prevention and management for older adults: a global initiative, *Age and Ageing*, Volume 51, Issue 9, September 2022, afac205, https://doi.org/10.1093/ageing/afac205



Notes: 3 Key Questions (3KQ) any positive answer to a) Has fallen in the past year? b) Feels unsteady when standing or walking? or c) Worries about falling? prompts to "fall severity" step. **Fall severity**: fall with injuries (severe enough to consult with a physician), laying on the ground with no capacity to get up, or a visit to the emergency room, or loss of consciousness/suspected syncope. **Frailty.** Commonly used frailty assessment tools include the Frailty Phenotype and the Clinical Frailty Scale.
*Syncope suspicion should trigger syncope evaluation/management. †Exercises on balance/leg strength should be recommended for the intermediate group. Evidence shows that challenging balance exercises are more effective for fall prevention. In several settings, this intermediate group is referred to a physiotherapist. ‡ High risk individuals with falls can deteriorate rapidly, and close follow up is recommended and should be guided on the frequency of consequent health service utilization. **TUG:** timed up and go test

Figure 31: World Falls Prevention Guidelines (2022) algorithm for risk stratification, assessments and management/interventions for community-dwelling older adults

Falls-Applying All Our Health OHID guidance (2022)

This guidance outlines actions that can be taken by frontline health and care professionals, managers, commissioners and strategic leaders to prevent falls. Recommended actions include:

- Understanding local referral pathways
- Supporting healthy ageing and reducing exposure to risk factors
- Encouraging physical activity, social connection and regular vision and hearing checks
- Promoting healthy nutrition, hydration and reduced alcohol intake
- Ensuring falls prevention is recognised as a local health priority
- Supporting evaluation of falls prevention exercise programmes

5.4.6 Hounslow Falls Prevention Service

Ealing records the second highest falls admissions rate amongst its London statistical neighbours, behind only Hounslow, a neighbouring borough with similar demographic characteristics. For this reason, Hounslow's falls prevention service has been reviewed.

Hounslow has developed a whole-system approach to falls prevention through joint working between Public Health, community services and wider partners. The specialist Hounslow Falls Prevention and Bone Health Service, delivered through West London NHS Trust, includes physiotherapists, Occupational Therapists and therapy staff working within an integrated pathway.

The service accepts both self-referrals and professional referrals, including referrals through the Health Outreach Team. Eligibility includes people aged 50 and over with bone health concerns, and people aged 65 and over with a history of falls or concern about falling.

All patients receive a multifactorial assessment and are then triaged to either a targeted intervention package, community-based exercise provision or wider support services, depending on assessed need.

The wider Hounslow falls prevention system also includes community outreach, awareness raising activities, balance screening and strong links to community exercise provision. Public Health-led initiatives include the "Stay Steady and Active" programme (Steady and Active), which provides free strength and balance, Tai Chi and Otago classes, alongside signposting to wider falls prevention services and home safety support.

Hounslow's approach demonstrates the potential benefits of integrated pathways, community outreach, early identification of falls risk and strong links between specialist services and community-based prevention programmes.

6 Potential Gaps in Ealing Falls prevention system

This JSNA has identified a number of potential gaps and future challenges within the Ealing falls prevention system. These findings will inform the recommendations set out in Section 7.

6.1 System-wide gaps and challenges

- There is currently no fully integrated whole-system approach to falls prevention in Ealing, and some elements of the existing system described in Section 4 remain fragmented. In particular, community provision and specialist NHS services are not consistently joined up.
- There is currently no universal approach to healthy active ageing aimed at reducing key risk factors associated with falls and frailty, including poor nutrition, smoking, alcohol use and physical inactivity.
- Capacity within NHS services and the Council's Adult Social Care (ASC) and Public Health teams to provide strategic leadership and coordination for falls prevention across the system is currently limited.

6.2 Identification of people at risk of falls

- Falls prevention pathways will require revision following the publication of the 2025 NICE guideline on Falls Prevention. In particular, some people who have fallen will require assessment of gait and balance to determine the most appropriate intervention and referral pathway.
- There is currently no coordinated programme to train all partners, including the voluntary and community sector (VCS) and Adult Social Care staff, in falls awareness, risk identification and referral pathways.
- Referral rates into falls prevention services vary between GP practices, suggesting inconsistent awareness of falls risk identification and available referral pathways within primary care.

- There is currently no coordinated programme of community awareness raising and outreach focused on falls risk, prevention and access to support services.

6.3 Outreach and education

- There are currently limited community outreach and public education relating to falls prevention, including practical advice on reducing falls risk, modifying lifestyle-related risk factors and accessing support.
- Capacity within NHS services and the Council's ASC and Public Health teams to design, coordinate and deliver a programme of community outreach and education is currently limited.
- The Falls Prevention Toolkit has not yet been consistently implemented or disseminated across all sectors and partner organisations.

6.4 Ealing Community Partners Falls Service future challenges

- The Ealing Community Partners (ECP) Falls Service may face future capacity pressures as a result of the expanded scope of the 2025 NICE guideline, including potential increases in referrals for adults aged 50 and over who are identified as being at increased falls risk.
- Referral volumes may also increase if awareness and promotion of falls prevention services improve across the system.
- The 2025 NICE guideline places greater emphasis on individually tailored falls prevention exercise programmes for people at medium and high risk of falls. This may increase demand for specialist physiotherapy input, review and monitoring within NHS services.
- Current exercise provision does not fully meet the recommendations within the World Falls Prevention Guidelines, which recommend exercise programmes delivered three times weekly for at least 12 weeks.
- Housebound patients are currently unable to participate in group Otago exercise classes. Although they receive support from physical

therapy assistants, the level of provision differs from that available through group-based programmes.

- There is currently limited capacity for longer-term review and follow-up following discharge from the ECP Falls Service. Current practice largely relies on signposting to community provision, whereas international guidance recommends ongoing follow-up to support sustained behaviour change and maintenance of physical activity.

6.5 Community-based falls prevention exercise programmes

- There is currently no fully integrated pathway linking identification, assessment and triage into NHS specialist services and community-based falls prevention provision.
- Community providers use separate referral arrangements and patients considered unsuitable for community provision may be referred back to general practice, creating a potential risk of gaps between specialist and community provision.
- There is currently no funded borough-wide programme of community-based strength and balance classes. Many existing community classes require participant payment, which may create affordability barriers.
- Transport to community-based classes may present a significant barrier for some older adults, particularly for those with reduced mobility or limited confidence using public transport.
- There is currently no single, comprehensive and regularly updated directory of strength and balance or physical activity provision for older adults. Existing resources provide only partial coverage and may not be accessible for all older adults, particularly those with limited digital access or confidence.
- Capacity within the Council's ASC, Leisure and Public Health teams to coordinate and maintain a central information resource or directory is currently limited.

- Current arrangements for follow-up after completion of community-based programmes are inconsistent, despite international guidance recommending longer-term follow-up for all risk groups.
- Community-based falls prevention programmes should complement and extend specialist provision, including provision of maintenance programmes following discharge from specialist falls services.

6.6 Care home falls prevention offer

- The current provision of strength and balance exercise programmes for care home residents is not comparable to that available for older adults living in the community.
- Care home residents are generally at increased risk of falls and would benefit from appropriately tailored exercise provision.
- Current capacity within the ECP Falls Prevention Service does not allow delivery of specialist exercise provision across all care homes.
- Although training for care home staff is important, this should not be regarded as a substitute for structured exercise programmes delivered by appropriately qualified instructors.

7 Recommendations

The findings of this JSNA demonstrate that falls prevention in Ealing requires a more coordinated whole-system approach, with stronger integration between prevention, community provision and specialist services. Although a range of falls prevention activity already exists across Ealing, there are opportunities to strengthen leadership, improve early identification of people at risk, expand community-based prevention activity and improve coordination across pathways.

The recommendations below aim to support a more integrated and preventative approach to falls prevention, aligned with the 2025 NICE guideline on Falls Prevention and wider evidence-based good practice. The recommendations focus on strengthening system leadership, improving identification and referral pathways, increasing awareness and outreach, expanding access to evidence-based interventions and reducing inequalities in access to support.

7.1 Strengthen system leadership

- Strengthen system leadership and establish a whole-system approach to falls prevention across Ealing. Partnership working should be formalised through a multi-agency falls prevention working group involving all key partners, with responsibility for developing a shared approach, coordinated pathway and agreed referral criteria.
- Develop and promote a universal healthy ageing approach focused on reducing falls and frailty risk factors across the life course. This should include promotion of physical activity, healthy nutrition, smoking cessation, alcohol reduction, bone health and uptake of preventative healthcare offers such as NHS Health Checks. All health promotion activity should be delivered equitably and inclusively, working with Ealing's diverse communities.
- Create a designated falls prevention lead role to provide strategic leadership, coordination and oversight of the falls prevention system. In Hounslow, a dedicated Public Health falls prevention lead has supported development of a coordinated community falls prevention programme and wider system leadership.

- Work with Council services and wider partners to improve the physical environment and reduce environmental falls risks outside the home. This may include addressing pavement defects and trip hazards, reducing street clutter, and improving availability of seating and resting points for older adults.

7.2 Improve identification of people at risk of falls

- Ensure that all partners adopt current best practice in falls prevention, including implementation of the 2025 NICE guideline on Falls Prevention. Agreed referral pathways and entry points should be developed across primary care, NHS services, Adult Social Care and wider organisations working with older adults.
- Provide systematic training and support to GP practices and other organisations regularly working with older adults. Training should include:
    - Awareness of the Ealing falls prevention pathway
    - Screening questions for identifying falls risk
    - Referral routes into appropriate services
    - Training for healthcare professionals in assessment of gait and balance, including use of tools such as the Timed Up and Go test
- Ensure that falls awareness and education initiatives support residents and, where appropriate, family members and carers to recognise falls risk and understand how to access support and advice.

7.3 Raise awareness through education and outreach

- Develop a coordinated programme of community awareness raising and education to:
    - Increase awareness of falls risk and how to recognise increased risk.

    - Encourage people to seek support following a fall or fear of falling.
    - Consider extending the duration of intervention and introducing routine follow-up after discharge, in line with World Falls Prevention Guidelines and emerging good practice elsewhere.
    - Promote lifestyle measures that reduce falls and fracture risk, including physical activity, smoking cessation and reduced alcohol intake
    - Increase awareness of practical steps to reduce environmental and personal risk factors, including home safety, footwear, medication review, vision and hearing checks

- Deliver engagement and awareness activity using a range of formats and settings, recognising that different approaches may be needed for different communities and population groups. This may include smaller group sessions, open days and larger community events.
- Ensure that engagement approaches, training and materials are accessible and inclusive. This should include use of community languages, interpreters where appropriate, and delivery within a range of accessible venues including faith settings, community centres, voluntary sector venues and NHS or Council settings.
- Consider the needs of older adults who may experience barriers to engagement, including housebound residents and those with limited digital access.
- Identify sufficient resource to support delivery of a coordinated outreach and awareness programme. Existing community networks, including Community Champions and voluntary sector organisations, may support delivery, although dedicated coordination capacity will also be required.

7.4 Maximise the value of the ECP Falls Service

- Review the current Ealing Community Partners (ECP) Falls Service specification to ensure alignment with the 2025 NICE guideline on Falls Prevention.
- Increase capacity within the ECP Falls Service to reduce waiting times and respond to future increases in referral demand associated

with improved awareness, promotion and expanded eligibility criteria.

- Consider extending eligibility for the ECP Falls Service to adults aged 50 and over identified as being at increased falls risk, in line with updated NICE guidance.
- Ensure that specialist falls prevention exercise provision remains sufficiently individualised and supported by appropriate physiotherapy input, review and monitoring for people at medium and high risk of falls.

7.5 Implement fully funded community-based falls prevention strength and balance programmes

- Commission a community-based falls prevention strength and balance programme for Ealing residents identified as being at risk of falling through GP, ECP or other referral pathways.
- The programme should:
    - Be free at the point of access to reduce financial barriers to participation
    - Consider provision of transport support where required, recognising that transport is a significant barrier for many older adults
    - Promote equitable access across the borough, including consideration of language, geography and cultural needs
    - Form part of a coordinated falls prevention pathway with clear links to specialist services
    - Align with the 2025 NICE guideline on Falls Prevention, including provision of individualised interventions for people at medium and high risk
    - Include follow-up at 6 and/or 12 months in line with World Falls Prevention Guidelines
    - Use evidence-based approaches, including Otago and FaME programmes
- Commission a community-based falls prevention strength and balance programme for Ealing residents identified as being at risk of falling through GP, ECP or other referral pathways.

- Deliver a coordinated communications and marketing campaign to promote and raise awareness of any future community falls prevention exercise programme, delivered in a range of mediums.
- Consider development of a regularly maintained directory of local physical activity, strength and balance and falls prevention opportunities across the voluntary sector, private sector and community organisations.
- Additional resource may be required to maintain and coordinate a borough-wide information and signposting offer

7.6 Investigate additional support for care home staff and residents

- Consider development of a regularly maintained directory of local physical activity, strength and balance and falls prevention opportunities across the voluntary sector, private sector and community organisations.
- Further work is required to investigate gaps in falls prevention provision within care homes identified through this needs assessment.
- This should include consideration of:
    - Staff knowledge and confidence relating to falls risk assessment and falls prevention planning
    - Access to evidence-based strength and balance exercise programmes for care home residents
    - The role of specialist falls prevention support within care home settings
- Care home residents are at particularly high risk of falls, but current provision of evidence-based exercise interventions is more limited than that available for older adults living in the community.

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