

Lothian Falls Prevention and Management Framework



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Foreword by Director of Allied Health Professions Dr Heather Cameron



Lothian Health & Care Systems' Strategic Development Framework (*Appendix 1*) outlines a vision where:

- Citizens live longer, healthier lives, with better outcomes from the care and treatment we provide
- We connect health and social care services seamlessly, wrapping around the citizen in their home
- We improve performance across our system, with better experiences for citizens and those who work for and with us.

Falls are a global public health issue and the second leading cause of death due to unintentional injury (1). People fall in their homes, within care homes, in the community and sometimes whilst in hospital, the consequences of which can have a serious impact on health and well-being. Even without physical injury, a fall may affect people's confidence and ability to carry out their everyday activities.

We know that harm from falls and fear of falling affect large numbers of people both directly and indirectly across Lothian and can prevent many people from experiencing healthy ageing. It is therefore my great pleasure to introduce our Falls Prevention and Management Framework which has been developed in partnership with a broad range of Health and Social Care staff from community, hospital and care home settings across Lothian. We also heard from our "get involved" public forum.

Whilst engaging in the development of the framework, many examples of excellent practice across Lothian were shared from services that already support both those who have suffered harm through falling and those who are at risk of falling.

Our focus therefore was to build on the good work already in place aiming to address gaps, enhance sharing of best practice and highlight the importance of decisions being underpinned by data. We explicitly set out our strategic intent in relation to the prevention and management of falls. It is a document we hope our Lothian health and social care workforce will embrace and use to help guide them in working to prevent and reduce the risk of falls.

Whilst written for our workforce, we hope the framework will also interest patients, families and carers, community, voluntary and third sector organisations within Lothian in laying out our falls management approach.

We know we can't prevent all falls. We can however reduce the risk, have positive conversations that promote safer mobility and support those who do fall to recover well.

1. Introduction

Welcome to our Falls Framework which outlines our commitments to support our population, including our workforce and our stakeholders to reduce the risk of falls and harm from falls across the Lothian health and care system.

Our Falls framework sets out our commitments for the next three years, aligning to Lothian's Strategic Development Framework, our four integrated joint Board strategic plans and to the NHS Lothian values of Care and Compassion; Dignity and Respect; Quality; Teamwork; Openness, Honesty and Responsibility.

Falls can happen to people at any age and the individual factors that contribute to falls are wide and varied. Some falls are avoidable. Having an informed and educated workforce is key to ensuring risk factors (2) are discussed at the earliest opportunity as part of a person-centred approach to falls. Falls risk factors include:

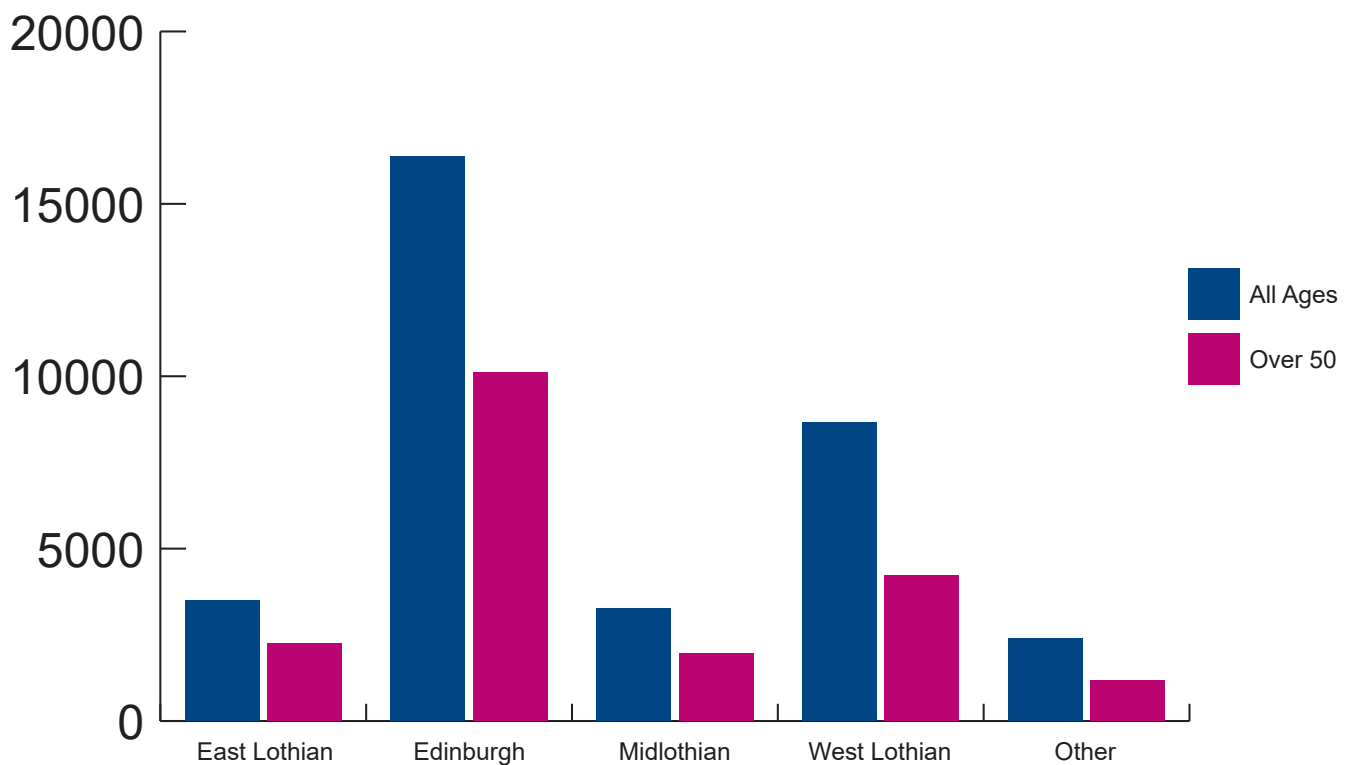
- Having a history of falls
- Frailty
- Conditions that affect balance or mobility
- Lack of visual or cognitive functioning
- Taking multiple medications
- Mental health conditions
- Substance misuse
- Environmental factors

Harm from falls and the fear of falling can have a significant impact on people's well-being and independence, preventing people from carrying out the things they like to enjoy and that are important to them (3). While falls affect people of all ages we know as people age, the risks associated with falling may be greater. Falls contribute significantly to hip fractures, and for older people this can result in additional medical complications and time in hospital (4). Falls also lead to increased costs and pressures for healthcare providers and as the population ages, these costs are predicted to rise (5).

Falls in Lothian

In 2023, over 34,000 people attended our accident and emergency departments in relation to a fall (as per bar chart below). Lothian currently has the fastest growing population in Scotland. This growth, however, is not evenly distributed, with a relatively larger increase in people over pensionable age (6). This growing, ageing population means that falls are likely to increase, affecting the health and well-being of our population and placing extra demands on our workforce and services.

Attendances at Lothian Emergency Departments in 2023



We have many sources of data in relation to falls in the community and in hospital, capturing all fall related attendances at our emergency departments. Many falls however are avoidable and do not present at emergency departments and we are working to improve our system wide data to be able to focus on falls at an earlier stage when they first happen.

Our three-year framework recognises the impact of falls on the population and services of Lothian and aims to reduce falls and support the people of Lothian to live independent and healthy active lives.

Impact of COVID-19

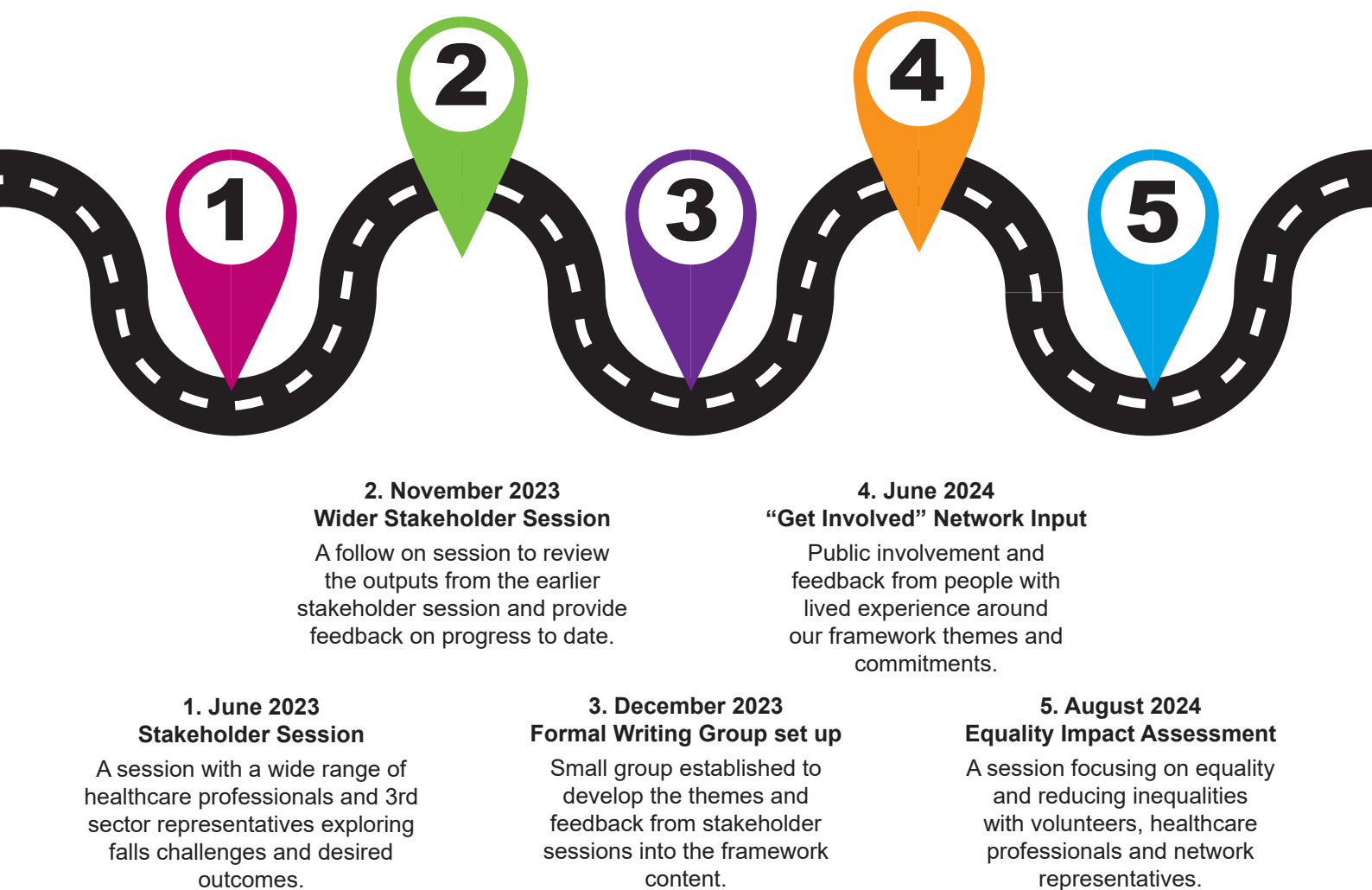
The impact of the COVID-19 pandemic saw a reduction in mobility and physical activity, along with reduced healthcare access, particularly in older adult age groups. For some older adults, the inability to undertake their normal daily activities during the pandemic increased the risk of de-conditioning, loneliness and poorer mental health making it difficult to return to normal activities once restrictions were lifted. Adding in the increasing prevalence of people having two or more long term health conditions, multiple medications and frailty, falls are predicted to rise in the older adult population (7).



2. Purpose of this Framework

Whilst we recognise that not all falls are preventable, our ambition is to reduce the risk of falls and minimise harm from falls whilst supporting people to live longer, healthier lives. Our framework sets out how we aim to deliver this through nineteen clear commitments.

3. Development of our Framework



This framework has been developed from input and ongoing feedback from a range of stakeholders across Lothian resulting in nineteen commitments which we present under five themes. Each theme outlines the related key commitments and what these mean for both our workforce and our population.

A clear message from our stakeholder engagement was a strong desire to work together collaboratively across the different professions and partnerships which was reflected in the level of participation throughout the process of developing the framework. Worldwide guidance and best practice around falls have also taken into consideration (8).

4. Equality and Diversity

Our framework aims to be inclusive and accessible and implementation of our commitments will be delivered with a focus on equality and diversity, respecting individual's choices and beliefs. Key points from our equality impact assessment (*Appendix 2*) and from our discussions with people with lived experience of inequalities and falls are reflected in our framework commitments.

For clear, up-to-date information on our Falls Framework progress, in a way that meets your needs, please scan the QR code.

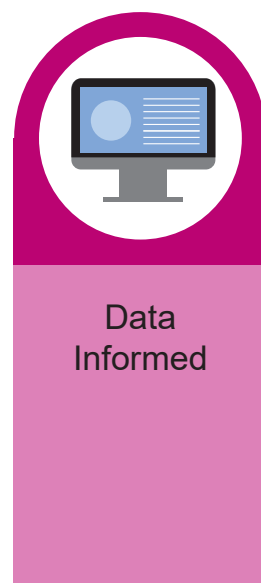
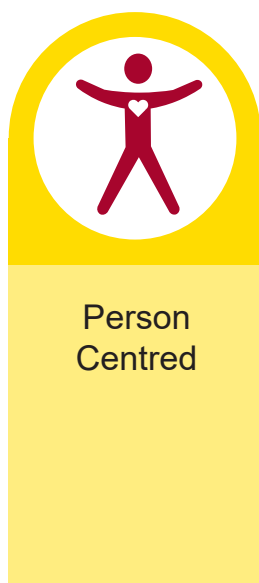
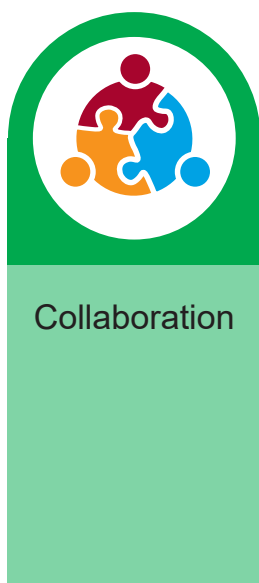


5. Our Framework Commitment



Strategy Pillars

Building blocks of our strategy





Eden
Cottage

NHS
SCOTLAND



Prevention

Our Commitments



- 1 We will support our workforce and services to help people stay active and independent at home, in hospital and in their communities.**
- 2 We will encourage early targeted interventions.**
- 3 We will have meaningful conversations about falls prevention.**
- 4 We will embrace innovative, digital and technological solutions.**

What this means for our workforce

- Our workforce will have access to appropriate resources, in a variety of formats so they feel skilled and knowledgeable in their roles.
- Our workforce will be able to build confidence and hold meaningful conversations about falls with people hospital, in their homes and in their communities.

What this means for our population

- People will feel confident to stay active, build early resilience and improve their health and well-being.
- People will have access to the resources they need to support and make decisions around their own individual health and well-being needs.



Collaboration

Our Commitments



5 We will involve a broad range of stakeholders in our decision making.

6 We will work together to deliver services in a co-ordinated way making it easier to access support.

7 We will work together with people with lived experience of falls.

What this means for our workforce

- Our workforce will be encouraged to connect and share learning, challenges and successes.
- Our workforce will take a risk enabled approach and have confidence in their decision making to prevent and manage falls.

What this means for our population

- People will receive services that are readily accessible and equitable.
- People are involved in making decisions around their own healthcare and well-being.



Person Centred *Our Commitments*



- 8** We will place people, and their values and beliefs at the centre of everything we do.
- 9** We will involve people in shared decision making.
- 10** We will seek feedback from people, families and carers at all stages of their healthcare journey to drive improvements that matter to individuals.

What this means for our workforce

- Our workforce will listen to people and their families and carers and respect their individual needs.
- Our workforce will have conversations with people to ensure we understand what matters to them.
- Our workforce will continue to feel empowered to prioritise people's needs to help minimise the risk of falls.

What this means for our population

- People will feel listened to and believe their views matter.
- Individual needs will be recognised, respected and central to planning for any support in relation to falls.



Education and Knowledge

Our Commitments



11 We will support development of clear, consistent and accessible education and learning for both our workforce and our population.

12 We will focus on risk-enabled approaches to mobility.

13 We will prioritise our resources on preventing falls with harm.

14 We will work with a range of stakeholders to promote falls educational resources.

15 Where falls do occur, we will endeavour to learn in order to promote improvement.

What this means for our workforce

- Our workforce will have accessible education and development to improve their knowledge and understanding.
- Our workforce will be encouraged to utilise evidence-based interventions and share best practice.
- Our workforce will have the knowledge and skills to report falls and identify learning.

What this means for our population

- People have a clear understanding of the services and activities we provide to encourage safer mobility and help prevent harm from falls.
- Education resources are accessible.
- Our falls education will be aligned to Public Health priorities in Scotland.



Smoking and drinking
are the major causes
of lung disease and
other health problems.
PLEASANT
ALWAYS FIVE



Data Informed

Our Commitments



16 We will only collect data that has clear purpose and adds value.

17 We will use data responsibly to help us in the provision of relevant healthcare services.

18 We will use data to inform quality improvement and assure care.

19 We will use quantitative and qualitative data from a variety of sources.

What this means for our workforce

- Our workforce will have access to robust accessible systems providing data to inform improvement that can be easily shared.
- Our workforce and stakeholders will know what data we collect, why we collect it and how we use it.
- Appropriate and relevant data will be shared across services and pathways to encourage collaboration and consistency of data.

What this means for our population

- People's experiences will help shape and improve our services.
- People know what data we collect and how we use it.



6. Implementation of our Framework

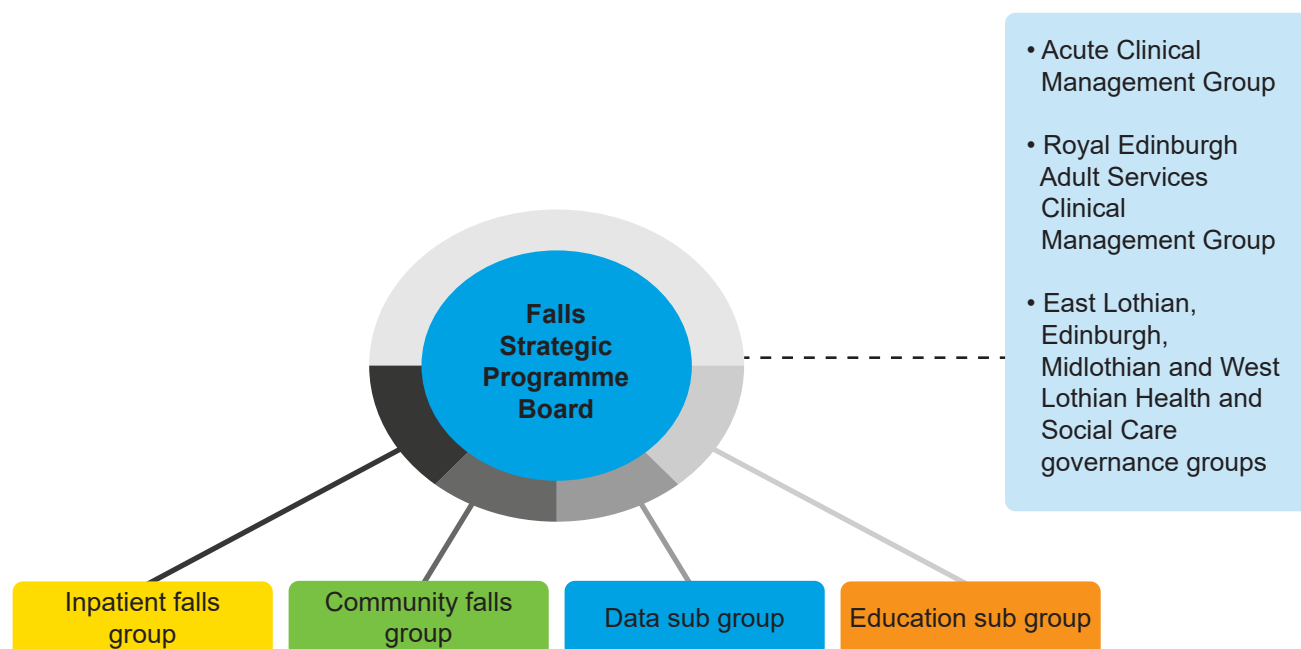
Our framework highlights key areas that we will focus on between 2025-2028 with our falls prevention and management framework being an enabler across a number of ambitions outlined in our LSDF pillars. An initial implementation plan has been created (see link below). A more detailed plan will be developed to enable tracking and monitoring of progress. A communication plan will be created in partnership with our stakeholders to ensure that our framework is shared consistently and is easily accessible.

Success of the framework will involve several key factors and measurements which include:

- Reviewing and improving our data on Falls and understanding what this tells us.
- Delivery of the framework within across Lothian health and social care system.
- Meeting quality assurance and care inspectorate standards.
- Ongoing engagement and feedback from our stakeholders.
- Staff engagement around education, learning and development.

Our framework is a live document with an active group supporting its implementation. Our initial implementation plan and further information around our framework can be accessed on our dedicated web page [here](#).

7. Governance and Reporting



The Lothian Falls Strategic Programme Board will maintain oversight of the implementation of the framework. Performance metrics will be agreed, and the Board will monitor progress and support delivery of the framework implementation plan. Regular reviews of the framework and implementation plan will take place, with a formal annual report produced for relevant stakeholders and governance groups.

8. Summary of our Falls Framework

Falls Prevention and Management Framework 2025 - 2028 Our Commitments



Prevention

We will support our workforce and services to help people stay active and independent at home, in hospital and in their communities.

We will encourage early targeted interventions.

We will have meaningful conversations about falls prevention.

We will embrace innovative, digital and technological solutions.



Collaboration

We will involve a broad range of stakeholders in our decision making.

We will work together to deliver services in a coordinated way making it easier to access support.

We will work with people with lived experience of falls.



Person-Centred

We will place people, their values and beliefs at the centre of everything we do.

We will involve people in shared decision making.

We will seek feedback from people, families and carers at all stages of improvements that matter to individuals.



Education and Knowledge

We will support development of clear, consistent and accessible education and learning for both our workforce and our population.

We will focus on risk-enabled approaches to mobility.

We will prioritise our resources on preventing falls with harm.

We will work with a range of stakeholders to promote falls educational resources.

Where falls do occur, we will endeavour to learn in order to promote improvement.



Data Informed

We will only collect data that has clear purpose and adds value.

We will use data responsibly to help us in the provision of relevant healthcare services.

We will use data to inform quality improvement and assure care.

We will use quantitative and qualitative data from a variety of sources.



Scan here for full
framework details

References

1. World. Falls. Who.int. Published April 26, 2021. <https://www.who.int/news-room/fact-sheets/detail/falls/>
2. The Scottish Government. National falls and fracture prevention framework 2019-2024 draft: consultation. Gov.scot. Published July 8, 2019. <https://www.gov.scot/publications/national-falls-fracture-prevention-framework-scotland-2019-2024/>
3. Age UK. Falls Later in Life. Age UK. Published May 25, 2019. <https://www.ageuk.org.uk/latest-press/articles/2019/may/falls-in-later-life-a-huge-concern-for-older-people/>
4. The Scottish Government. The Prevention and Management of Falls in the Community: A Framework for Action for Scotland 2014/2015. Gov.scot. Published April 10, 2014. Accessed February 5, 2025. <https://www.gov.scot/publications/prevention-management-falls-community-framework-action-scotland-2014-2015/>
5. NICE. Falls - risk assessment. NICE. Published January 2019. <https://cks.nice.org.uk/topics/falls-risk-assessment/>
6. NHS Lothian. NHS Lothian Workforce Plan 2022-2025. <https://org.nhsllothian.scot/keydocuments/workforce-planning/>. Published 2022. <https://org.nhsllothian.scot/keydocuments/wp-content/uploads/sites/28/2023/05/NHS-Lothian-Workforce-Plan-2022-2025.pdf>
7. Public Health England. Wider Impacts of COVID-19 on Physical Activity, Deconditioning and Falls in Older Adults.; 2021. https://assets.publishing.service.gov.uk/media/6114f852d3bf7f63b45df099/HEMT_Wider_Impacts_Falls.pdf
8. Montero-Odasso M, van der Velde N, Martin FC, et al. World guidelines for falls prevention and management for older adults: A global initiative. Age and Ageing. 2022;51(9):1-36. doi:<https://doi.org/10.1093/ageing/afac205>
9. Healthcare Improvement Scotland. Scottish Patient Safety Programme Acute Adult Falls Measurement Framework.; 2023. Accessed February 5, 2025. <https://ihub.scot/media/10099/20230531-falls-measurement-framework-v10.pdf>



Glossary of Terms

Term	Description
Collaboration	Working together towards a shared goal by combining knowledge, skills, and resources to deliver integrated, effective, and person-centred care.
Cognitive functioning	This is the ability of the brain to think, learn, remember, and make decisions and includes skills like attention, problem-solving, reasoning, and processing information.
Data Informed	The practice of using data and evidence to guide decisions, strategies, and actions while also considering context, expertise, and other relevant factors.
Education and Knowledge	The process of acquiring knowledge, skills, values, and understanding through teaching, learning, or experience.
Fall	A fall is defined as an event which results in a person coming to rest inadvertently on the ground or floor or other lower level (1.)
Fall with harm	A fall with harm is where more serious injury is sustained and is defined by Health Improvement Scotland (9) as: · where secondary care intervention is necessary, for example, suture, dislocation, fracture, head injury · when a patient requires a radiological investigation, for example, an x-ray, ultrasound, MRI or CT, with a confirmed harm · minor harms such as grazes, bruises, and small cuts are not included
Frailty	A person's mental and physical resilience, or their ability to bounce back and recover from events like illness and injury
Governance	Governance ensures that decisions, actions, and resources align with strategies, policies, ethical standards, and regulatory requirements to deliver safe, effective, and equitable services.
Implementation	The process of putting framework into action by translating goals and objectives into practical steps, initiatives, or programmes. This also involves coordinating resources, engaging stakeholders, and monitoring progress to ensure the successful delivery of intended outcomes.
Lothian health and care system	The Lothian Health & Care system comprises the five bodies responsible for planning, commissioning and delivering health and care services in the Lothians. The bodies with responsibility for the planning, commissioning, and delivery of health and care services in the Lothians area: · East Lothian Integration Joint Board · Edinburgh Integration Joint Board · Midlothian Integration Joint Board · West Lothian Integration Joint Board · NHS Lothian Together with NHS Lothian, we refer to these five organisations as the Lothian Health and Care System (LHCS).

Person-centred	Person-centred focuses on placing individuals at the heart of the services they receive. It is achieved when health and social care professionals work together with people to tailor services that align with their priorities and needs. This approach ensures care is personalised, well-coordinated, and empowering, enabling people to make informed choices, take control of their health, and maintain independence wherever possible.
Population	The people served by Lothian health and care system. The LHCS provides a comprehensive range of primary community-based and acute hospital services for the populations of Edinburgh, Midlothian, East Lothian and West Lothian. We also provide some services for patients in the Borders and in Fife and are a national centre of expertise for some specialties provided to people across Scotland.
Prevalence	The total number of people in a population who have a specific disease or condition at a given time. It is usually expressed as a percentage or proportion and helps measure how widespread a health issue is.
Prevention	Prevention is focussed on measures we can take to avoid poor or worsening health.
Qualitative	It means focusing on the “what” and “why” of something instead of numbers. For example, it’s about understanding people’s feelings, experiences, or ideas by talking to them, watching what they do, or looking at what they write.
Quantitative	Relating to or involving the measurement of something in numbers such as statistics, percentages to identify patterns or trends.
Stakeholders	People and organisations who have a direct or linked interest in the work we do or will be affected by it.
Workforce	The people who work or volunteer directly and indirectly with the Lothian health and care system, including those from local partners, the public sector (e.g Scottish Ambulance Service, Local Authorities, Fire and Health services and Higher Education Institutes) and third sector organisations (e.g. charities, social enterprises and voluntary groups).

