

**DIRECTION 24: Falls****Budget: £55,000 from existing HSCP budgets****DIRECTION: NHS Lothian & Midlothian Council**

1. Harm from falls and fear of falling affect large numbers of people both directly and indirectly and can have a significant impact on wellbeing and prevent many people from experiencing healthy ageing. There is a shared vision in Midlothian where more people live a life free from fear, harm, disability and social isolation from falls.
2. The following actions should be undertaken:
  - i. Develop a dedicated system for data analysis / reporting of falls data to identify clear priorities and inform future direction of falls work by December 2021
  - ii. Develop an integrated & coordinated Midlothian Falls Pathway across H&SC and third sector providers by September 2021
  - iii. Work with Primary Care providers to develop a standard identification process, signposting / self-referral system for all patients at risk of falls linked into the integrated Falls Pathway by December 2021
3. The impact will be measured through the transformation services with an integrated approach across the partnership to falls & fracture prevention and treatment
4. A report on progress should be provided to the Strategic Falls group on a quarterly basis
5. Specific targets and monitoring arrangements will be managed by the Falls group and reported to the Strategic Planning Group annually.

Measures/targets include the following:

- Falls rate per 1000 of the population aged 65 and over (including comparison of trends as a result of Covid 19).
- Number of Falls screening assessments completed by Health & Social Care and British Red Cross.
- Number of Falls Prevention / physical activity programmes held e.g strength & balance classes, number of referrals and number of attendees.
- Number of falls call outs to Scottish Ambulance Service.
- Number of Scottish Ambulance Service falls call outs conveyed to hospital
- Number of Scottish Ambulance Service referrals made to community based services for falls.
- Reduction in the number of falls, and number of onward self-referrals.