CITY & HACKNEY
PUBLIC HEALTH

Falls prevention needs assessment for City and Hackney

September 2025

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Content

Executive Summary

Falls are not an inevitable part of ageing and can be prevented, but around a third of people aged 65 and over fall each year in England and this increases to half of people aged 80 and over. This has widespread implications for individuals, services and wider society. For individuals, this can include injury, a loss of independence and a lower quality of life. Service impacts include the cost of hospital admissions, and for wider society falls can limit older adults' ability to contribute to the formal and informal economy.

This needs assessment aims to:

1. understand the extent to which the needs of older adults at risk of falls are being met in City and Hackney
2. make recommendations to meet these needs which align with the evidence and contextual constraints, including the financial environment.

Policy context and evidence base

The causes of falls are multifactorial and often result from the interaction of several risk factors. These risk factors include: low levels of strength and balance; frailty; advancing age; vision or hearing impairments; inappropriate walking aids or footwear; and diseases such as cardiovascular disease and Parkinson's disease.

While the causes are complex, falls can be prevented through addressing a number of modifiable risk factors. For example:

- **physical activity** is effective in reducing the number of falls, including exercise which builds strength and balance
- **adaptations to the home environment** such as grab rails and alarm systems are effective when targeted at people at higher risk of falling
- **multifactorial interventions**, which combine interventions (e.g. a medication review alongside home adaptations) are most effective when targeted at people at high risk of falls
- **population-level interventions on risk factors for frailty** such as smoking, physical inactivity and poor diet can help to reduce frailty and, in turn, the risk of falls.

There is evidence that points to the value of addressing the **wider determinants of health** to reduce falls, including social connection and the built environment. However, there are shortfalls in this evidence base, in part due to the difficulty in drawing causal conclusions.

The World Guidelines for Falls Prevention and Management (2022) and NICE Guidance on Falls Assessment and Prevention (2025) suggest stratifying falls risk into three categories through opportunistic case finding and clinical assessment. From a population health perspective, targeting

preventative action at individuals at lower levels of risk is likely to reach a larger number of people and prevent or delay people progressing to moderate or high risk of falling.

Given the cross-sectoral nature of falls prevention, this needs assessment highlights wider relevant policy and guidance in areas such as social care and spatial planning.

The local picture

The population in City and Hackney is ageing and Hackney has a relatively higher estimated rate of frailty. The population is ageing, which is associated with rising levels of multimorbidities linked to frailty. In Hackney, frailty prevalence in adults aged 50+ is estimated to be 59% higher than the England average. Age and frailty are both key risk factors for falls. In the City of London, levels of frailty are lower than the national average.

Emergency hospital admissions due to falls have declined since 2019/20 in City and Hackney, but this decline has been particularly concentrated at older ages and emergency admissions due to falls in the 65-79 age group is above the national benchmark. Similar decreases in emergency admissions have been observed in statistical neighbour areas, and it is likely that the COVID-19 pandemic and associated restrictions contributed to this trend. Repeat hospital admissions due to falls have also declined in adults aged 65 and over since 2022/23.

Inpatient admissions (non-emergency admissions) and GP visits related to falls have remained broadly stable in City and Hackney in recent years. There are significantly more inpatient admissions and GP visits for adults aged 65 and over than adults aged 50-64. There is wide variation in GP recording and no correlation between the rates of falls recorded in GP practices and emergency falls admissions.

Frailty is positively correlated with the rate of GP visits for falls in City and Hackney. The rate of GP recorded falls increases as frailty increases in severity from mild to severe. This is of particular note for Hackney which has higher levels of estimated frailty in its population than the national average.

There is no correlation between deprivation and emergency admissions due to falls in City and Hackney, but socioeconomic inequalities do exist across many of the risk factors for falls and frailty. For example, people living in the most deprived areas of England are less likely to be physically active than those living in the least deprived areas - and these inequalities are widening. In City and Hackney, the prevalence of obesity in adults (a risk factor for falls) increases with levels of deprivation. Meanwhile, while individuals in the least deprived areas of City and Hackney tend to drink more alcohol (a risk factor for falls), evidence shows that those in the most deprived areas often experience worse alcohol-related harms.

The local response

There is a range of falls prevention activity in the City and Hackney. This includes action to both prevent falls (e.g. physical activity provision and home adaptations) and action to prevent unnecessary hospital admissions as a result of a fall (e.g. the ParaDoc service which provides urgent assessment and community care). This needs assessment describes relevant interventions funded and provided across sectors including the NHS, social care, public health and the voluntary sector.

There are gaps locally in falls prevention provision and a lack of integration in the falls prevention pathway. This makes it more difficult for residents to access the appropriate evidence-based support for their level of need. As part of this needs assessment, residents shared their ideas for improvement, including action on environmental factors such as poor pavements and lighting, and the need for greater awareness of the local services available.

Inequalities exist in access to services for falls prevention and recovery. For example, there is evidence of inequalities in access to local community-based physical activity.

Recommendations

More detail on these recommendations is included in section 5: conclusions and recommendations.

Take a joined-up approach, which reflects City and Hackney's ageing population and doesn't consider falls in isolation
1. Embed falls prevention in wider services, e.g. through co-locating falls prevention activities alongside wider services for older adults.
Build awareness of the risk factors, services and prevention opportunities relevant to falls
2. Equip the wider workforce, including professionals working outside of health and social care, with the skills and confidence to: ● have very brief, opportunistic conversations about falls risk to signpost to relevant preventative support through a "make every contact count" (MECC) approach ● identify older adults at increased risk of falling ● provide (or signpost) the appropriate level of support relative to risk ● provide easy access to information about local support available to prevent falls ● understand and take action to reduce older adults' worries or concerns about falling.
3. Improve health literacy in the community about falls and falls prevention, and improve access to information about relevant support services.
Take robust and coordinated action on frailty as a key risk factor for falls

4. Create opportunities for people to adopt healthy behaviours across the life course to prevent, delay or reduce frailty and falls in later life.
5. Increase coverage of GP-recorded frailty scores, including among younger (aged 50-64) older adults, and incentivise proactive case finding of people at high risk of falls in primary care. This should be accompanied by improved access to data on frailty risk for professionals involved in the wider falls pathway, e.g. the adult social care workforce.
Ensure residents can access the appropriate evidence-based support relevant to their needs
6. Review investment and integration across the falls pathway to ensure there is timely and accessible provision for older adults at low, moderate and high risk of falling. Specific recommendations include a shift of spend from acute to community provision to improve support for the relatively larger number of people at low or moderate risk of falling.
Take action on the wider determinants of health to reduce the risk of falling
7. Enforce safer walkways including provision of high quality footpaths and advocate for regulation of pavement obstructions such as e-bikes.
8. Ensure housing is suitable for the needs of older adults, including through improving access to housing adaptations and aids for people at higher risk of falls.
9. Ensure that services for older adults are fully accessible to all eligible residents.
10. Prioritise opportunities for social connection for older adults both in falls-related and wider services.
11. Ensure developments in City and Hackney consider and act on the principles in *Age-friendly Communities: a handbook of principles to guide local policy and action*. (Centre for Ageing Better, 2025) Domains particularly relevant to falls prevention include: outdoor spaces and buildings; transport; housing; and social participation.
Address inequalities in risk factors for falls
12. Community physical activity provision should consider and address inequalities in participation among older people and ensure opportunities are accessible to individuals living in the most deprived neighbourhoods.
13. Action on other behavioural risk factors for falls and frailty should retain a sharp inequalities focus. This includes preventative activity to reduce the harms of alcohol, smoking and poor diet.
Build on and apply the evidence base on falls prevention and recovery
14. Ensure local falls prevention interventions follow national guidance and collect data that

can be used to evaluate their effectiveness.
15. Explore further the decrease in repeat emergency admissions due to falls in City and Hackney to understand what is driving this trend.
16. Routinely collect data on the location of falls, e.g. in the home or outside in the community, to support the prioritisation of effective interventions.
17. Advocate for further national research into the wider determinants of health and falls prevention, including effective interventions in the built environment.
18. Advocate for further national research into the cost-effectiveness of falls interventions to guide local practice.

Abbreviations and Acronyms

CMO: Chief Medical Officer
HES: Health Episode Statistics
ICB: Integrated Care Board
LSOA: Lower Layer Super Output Area
MECC: Make Every Contact Count
NEL: North East London
NHS: National Health Service
NICE: National Institute for Health and Care Excellence
OHID: Office for Health Improvement and Disparities
PCN: Primary Care Network
PHE: Public Health England
PHOF: Public Health Outcomes Framework
SNOMED: Systemised Nomenclature of Medicine Clinical Terms
SUS: The Secondary Uses Service
VCS: Voluntary and Community Sector
WHO: World Health Organisation

Glossary of Terms

Active travel: making journeys in physically active ways - such as walking, wheeling (using a wheelchair or mobility aid), cycling or scootering.

Age-friendly environment: environments which promote health across the life course and enable people to participate when experiencing physical or mental capacity loss.

Age-standardised: a statistical method used to allow comparison between populations with different age structures.

Built environment: man-made aspects of the environment, including buildings and pavements.

Chief Medical Officer's (CMO's) recommended physical activity guidelines for adults (aged 18+): taking part in sport and/or physical activity of moderate intensity for an average of 150 minutes or more every week.

Chief Medical Officer's (CMO's) recommended physical activity guidelines for older adults (aged 65 and over): taking part in sport and physical activity of moderate intensity for an average of 150 minutes or more every week, undertaking physical activity to improve muscle strength on at least two days a week.

Confidence intervals: a confidence interval is a range of values that is used to quantify the imprecision in the estimate of a particular indicator. Specifically, it quantifies the imprecision that results from random variation in the measurement of the indicator. A wider confidence interval shows that the indicator value presented is likely to be a less precise estimate of the true underlying value.

Deprivation quintile: the Index of Multiple Deprivation (IMD) shows how deprived different areas are. It is an indicator that assigns scores to each area based on various domains (income, employment, education, health, crime, barriers to housing and services, and living environment). The population is split into five groups called quintiles which are calculated by ranking the areas in City and Hackney from most deprived to least deprived and dividing them into 5 equal groups The first quintile is the most deprived and includes the 20% of residents living in the most deprived areas. The fifth quintile is the least deprived and includes the 20% of residents in the least deprived areas.

Disability-adjusted life years (DALY): a measure of the burden of disease. It combines years of life lost due to premature mortality and years of life lost due to disability or less than full health. One DALY represents the loss of one year of full health.

English Longitudinal Study of Ageing: a longitudinal study of the health, social, wellbeing and economic circumstances of adults aged 50 and over in England.

Fall: an unexpected event in which the participant comes to rest on the ground, floor or lower level.

Frailty: a health state in which multiple body systems gradually lose their in-built reserves, often associated with ageing. Frailty can be defined through a frailty phenotype, which describes a group of individual characteristics that predict poor outcomes (e.g. weakness and slowness) or a frailty index, a cumulative deficit model with the number of deficits a person accumulates used to calculate a frailty index.

Health Episode Statistics: a data product including data on admissions or appointments at NHS hospitals in England.

Health in all Policies: a collaborative approach to improving the health of all people by incorporating health considerations into decision-making across sectors and policy areas.

Healthy ageing: developing and maintaining functional ability to improve health and wellbeing in older age.

Home hazard interventions: changes to a person's living environment which promote independence and reduce the risk of falls.

Multifactorial falls risk assessment: the assessment of a range of factors in an individual that could increase their risk of falling.

Multifactorial intervention: two or more interventions provided concurrently to reduce the risk of falls, for example exercise and a medication review.

Multimorbidites: the presence of more than one illness or disease experienced by an individual at the same time.

North East London (NEL): covers eight local authority areas - Barking & Dagenham, City of London, Hackney, Havering, Newham, Redbridge, Tower Hamlets and Waltham Forest.

Pre-frailty: a state of health which can be a precursor to the development of frailty.

Prevalence: the proportion of individuals in a population with a certain condition or health state at a specific point in time.

Primary Care Network (PCN): groups of GPs working together with community, mental health, social care, pharmacy, hospital and voluntary services in a local area. These typically serve communities of between 30,000 to 50,000 people. There are eight PCNs across City and Hackney.

Primary prevention: actions which aim to avoid a disease or poor state of health and wellbeing from developing.

Public Health Outcomes Framework: a resource designed to support a focus on increasing healthy life expectancy and reducing inequalities in life expectancy. The framework includes indicators across a range of public health areas and can be used to understand trends in public health outcomes and benchmark progress.

Secondary User Services: a secure data system with patient-level data from healthcare services in England.

SNOMED code: codes which are internationally recognised and used to electronically record clinical information about patients.

Social environment: the social fabric of people's lives, including social relationships and cultural contexts.

Socioeconomic status (SES): a way of describing a person's position in society based on their income, education and occupation.

Voluntary and community sector (VCS): a wide range of organisations (including charities, faith organisations, community groups and social enterprises) which sit outside of the public and private sectors, with a primary focus on creating social impact and community change.

Wider determinants of health: the social, environmental, economic and structural factors that shape people's health.

1. Background and Introduction

Background

A fall is "an unexpected event in which the participant comes to rest on the ground, floor or lower level". (1)

Falls are not an inevitable part of ageing and can be prevented, but around a third of people aged 65 and over fall each year in England and this increases to half of people aged 80 and over. (1) In City and Hackney in 2025, these figures translate to around 8,200 adults aged over 65 years falling annually, of which around 2,500 are aged over 80 years. (2)

This has widespread implications for individuals, services and wider society (see table 1) and it is a growing concern as the population ages. Between 2025 and 2040 the population aged 65 and over in Hackney is projected to increase by 44.7% and in the City of London by 47.6%. (2)

Table 1: Examples of the impact of falls at the individual, service and societal level.

Individual impacts	Falls can lead to injury including fractures, a loss of independence and quality of life and, in severe cases, mortality. In 2021, falls were the ninth highest cause of disability-adjusted life years in adults aged 55 and over in the UK. (3) Falls also have an indirect impact on health, with concerns about future falls leading to activity avoidance and social isolation. (4)
Service impacts	Falls are the number one reason behind older adult admissions to a hospital emergency department. (5) These admissions lead to direct costs related to hospital admission as well as indirect costs through community care needs after discharge. Nationally, falls hazards in the home are estimated to cost the NHS in England £435 million. (5)
Societal impacts	Older adults contribute to the formal and informal economy, e.g. through paid employment, voluntary work and caring responsibilities. This can be severely affected by the impact of a fall. More broadly, the consequences of falls have implications for the health and wellbeing of carers, friends and family members.

The impact of falls became particularly pertinent following the COVID-19 pandemic. Public Health England (now the Office of Health Improvement and Disparities) published analysis on the negative impact of deconditioning, poorer mental health and reduced healthcare access on older adults

resuming activities after the pandemic. This was found to have a disproportionate impact on individuals with existing health conditions and those living in more deprived areas. (6)

This analysis by Public Health England references the negative impact of the pandemic on physical activity and muscle strengthening activities in older adults, as well as reduced confidence in everyday activities such as taking public transport or going to the shops. Modelling within the report predicted that the reduction in strength and balance activity during the pandemic would result in 110,000 more older adults falling at least once a year in England. (6)

Aims and objectives of this needs assessment

This needs assessment focuses on the prevention of falls in adults aged 65 and over in City and Hackney. Where evidence and data are available, adults aged 50-64 are also included to guide preventative action and to reflect the updated NICE Guidance on Falls Assessment and Prevention, which now includes adults aged 50-64 who have one or more risk factors that increase their risk of falling. (1)

There are two key aims of this needs assessment, as described below.

1. To understand the extent to which the needs of older adults at risk of falls are being met in City and Hackney, specifically:
   - preventing falls in the home and community settings
   - primary prevention (preventing a first fall) and secondary prevention (preventing a further fall).
2. To make recommendations to meet these needs, which align with the evidence and contextual constraints, including the financial environment.

The following areas are out of scope for this needs assessment:

- falls in hospital settings
- some elements of tertiary prevention and falls-related care. For example, hip fracture treatment and detailed analysis of falls-related outcomes such as impacts on social care.

Methodology

This needs assessment considers the epidemiology of falls, current service provision and the scope for change in light of need, evidence and cost-effectiveness. It draws on insights from stakeholders working across the falls pathway, including residents and service users.

The following sources of data and insights have been used in the development of this needs assessment.

Section 2: Policy context and evidence base
This section draws on a range of academic and grey literature and includes a review of evidence on community-based interventions for preventing falls in adults aged 50 and over. The search strategy and results for this literature review are included in appendix 2.
Section 3: The local picture

This section includes analysis of quantitative data to understand the prevalence and inequalities in falls and the risk factors for falls in City and Hackney. This includes:

- Office for Health Improvement and Disparities public health profiles, which draw on relevant data sources including Hospital Episode Statistics and the Sport England Active Lives Survey. The Hospital episode Statistics (HES) is data for City and Hackney residents attending hospitals within or outside of the area.
- Secondary Uses Service (SUS) data. This data includes City and Hackney residents attending hospitals within or outside of the area.
- primary care data, which includes City and Hackney residents registered with a GP in North East London.
- census data and population projections
- Ministry of Housing, Communities & Local Government data, specifically the English indices of deprivation
- data from academic literature including frailty estimates by English local authority.

This section also includes analysis of qualitative data to understand resident perspectives on falls and risk factors for falls, including:

- a survey delivered by Healthwatch, which was completed by 82 residents in City and Hackney
- four focus groups in City and Hackney, three of which were delivered by Healthwatch. One focus group was hosted in the City of London and three in Hackney.
- insights gathered as part of a 2021 review of community-based physical activity in Hackney.

Section 4: The local response
Information on the local response was largely gathered through a series of stakeholder meetings in addition to:

- activity data from NHS and local authority funded services in City and Hackney
- benchmarking interviews with public health and NHS colleagues in eight other London boroughs, to understand different approaches to falls prevention and compare practice
- a Healthwatch resident survey (as described above)
- four focus groups in City and Hackney (as described above).

Section 5: conclusions and recommendations brings this analysis together, making a number of recommendations that were tested and refined with: the falls stakeholder meeting and wider partners across the City and Hackney Place-Based Partership, including adult social care.

2. Policy Context and Evidence Base

Policy context

Preventing falls in older adults requires action at international, national and local levels. Key evidence and the policy context related to falls prevention is outlined below.

International context

World Guidelines for Falls Prevention and Management for Older Adults: A Global Initiative (2022) (7)

These guidelines were developed by the World Falls Task Force, which is made up of 96 multidisciplinary experts and older adults from 39 countries. The guidelines aim to provide a clinical framework to support the identification and assessment of falls risk. The guidance recommends opportunistic case finding, e.g. through routine health visits, to understand falls history and impairments in gait and balance. Falls risk for individuals is then stratified into three categories, with corresponding recommendations.

1. Low risk: recommendation for education about falls prevention and exercise for general health and/or falls prevention specifically.
2. Moderate risk: in addition to the recommendations for low risk, individuals should be offered targeted exercise or a physiotherapy referral to improve strength and balance.
3. High risk: recommendation for a multifactorial falls risk assessment and tailored interventions.

These guidelines are referred to as the World Falls Guidelines throughout the rest of this needs assessment.

UN Decade of Healthy Ageing (2021-2030) (8)

A decade for global collaboration to "improve the lives of older people, their families, and the communities in which they live". The World Health Organisation is leading the implementation working with stakeholders from across sectors. There are four key areas for action:

1. combatting ageism
2. creating age-friendly environments and communities that foster the abilities of older people
3. providing person-centred integrated care
4. ensuring access to long-term care.

WHO Global Report on Falls Prevention in Older Age (2008) (9)

This report brings together recommendations and conclusions from the Technical Meeting on Falls Prevention in Older Age, 2007. It considers the epidemiology of falls and provides a framework for prevention drawing on the Active Ageing Policy Framework (WHO, 2002). The falls prevention framework aims to support policies, practices and procedures that will:

- build awareness of the importance of falls prevention and treatment among older adults
- improve the assessment of individual, environmental and societal factors that increase the likelihood of falls
- facilitate the design and implementation of culturally-appropriated evidence-based interventions that will significantly reduce the number of falls among older adults.

National Context

Chief Medical Officer's annual report 2023: health in an ageing society (2023) (10)

The 2023 Chief Medical Officer (CMO) report focuses on maximising independence, and minimising time spent in ill health, for older adults in England. The CMO promotes improvements in the quality of life for older adults by reducing disability and ill health and adapting environments to promote independence and enjoyment later in life.

The section on falls prevention draws on the World Falls Guidelines. Of note is the reference to factors that contribute to falls and that are possible to reverse, including loss of muscle and strength; visual loss, e.g. due to cataracts; and drugs which lead to postural hypotension.

Relevant recommendations include:

- make it easy and attractive for people to exercise throughout their lives through addressing environmental factors
- maintain generalist skills amongst medical doctors, recognising that a single-disease focus diverges from older people's lived experience of multimorbidity
- an acceleration of research into multimorbidity, frailty and mental health needs, and the need for social care research to be a core component of health research programmes.

NICE guidance. Falls: assessment and prevention in older people and in people 50 and over at higher risk (2025) (1)

The most recent NICE guidance includes several updates from the previous 2013 guidance, including the following.

- The guidance includes recommendations for adults aged 50-64 who have one or more risk factors that increase their risk of falling, in addition to adults aged 65 and over.

- The guidance on risk identification has been updated to a three tiered approach based on falls history and the presence of other risk factors. This aligns closely with World Falls Guidelines, though there are small variations in the recommendations attached to each risk level. For example, the new NICE guidance recommends considering a home hazard assessment and intervention for people at moderate risk, which is reserved for people at higher risk of falling in the World Falls Guidelines.
- Frailty is specifically mentioned in falls risk identification.
- There is a recommendation for general exercise for health for people at lower risk of falls, referencing the CMO physical activity guidelines.
- There is additional detail on falls prevention exercise programmes, including reference to progressive interventions and delivering programmes that bring about longer term behaviour change. The guidance also notes the importance of social contact and support and how this can be facilitated through group activity.
- Risk prediction tools are not recommended to estimate an individual's future risk of falling.

This guidance is referred to as the NICE Falls Guidance throughout the rest of this needs assessment.

Falls: applying All Our Health guidance (Office for Health Improvement and Disparities (OHID), 2022) (5)

This summary of evidence considers the risk factors and impact of falls in the UK. It also provides core principles for health and care professionals in a wide range of roles. For example, routinely asking older adults about falls, understanding local referral pathways and ensuring the promotion of physical activity is prominent within commissioned services. Further relevant resources are signposted including relevant data, Public Health Outcomes Framework (PHOF) indicators and tools for measuring impact.

Falls and fracture consensus statement: supporting commissioning for prevention (PHE, 2017) (11)

The National Falls Prevention Coordination Group (NFPCG) is a group of organisations involved in the prevention of falls, care for falls-related injuries and the promotion of healthy ageing. This consensus statement includes recommendations for commissioners and strategic leads in local areas and national commitments from NFPCG members.

The NFPCG advocate for a whole-systems approach to prevention, response and treatment including:

- promoting healthy ageing across the life course
- evidence-based case finding and risk assessment
- services that provide: an appropriate response to people who have fallen; multifactorial risk assessments and tailored interventions for people at high risk of falling; strength and balance programmes; home hazard assessment and improvement programmes
- action on poor or inappropriate housing.

Regional and local

London as an Age-friendly city

In 2018, the Mayor of London signed London up to the World Health Organisation's Global Network of Age-friendly Cities and Communities. (12) Hackney has also signed up to the network as a London Borough. (13) The network encourages cities to share learning and experience to create age-friendly places. London's action plan covers commitments across housing; transport; civic, cultural and social participation; employment and skills; health; communication and information; respect and social inclusion. (14)

Hackney Ageing Well Strategy 2020 - 2025 (15)

This strategy focuses on age-friendly policies for adults aged 55 and over in Hackney. It is designed as a resource to be used by council services, providers and partners to understand and respond to the needs of older people in the borough. There are seven strategic priorities including health and wellbeing; social and civic participation and respect; and employment and skills.

Examples of resident perspectives from the Ageing Well Strategy relevant to falls include:

- residents valued opportunities to exercise but noted that the cost of access was sometimes a barrier to participation
- residents appreciated the range of activities on offer through the voluntary sector, however some commented that this sometimes was not spread well across the borough or not communicated widely enough
- residents lack information around how to downsize and the home adaptations that are possible
- older residents spoke about fears of falling while out, e.g. due to cyclists or hazardous objects obstructing the pavement.

Examples of council commitments from the Ageing Well Strategy relevant to falls include:

- public health, housing and adult social care should achieve a better focus on prevention and an understanding of the wider health and wellbeing needs of older people
- there should be consultation and engagement around physical activity for older people, which is used to inform existing provision and the design of future services
- opportunities should be explored to deliver an in-house repairs service offer that homeowners and private renters can request at cost
- enforcement powers should be in place for obstructions to pavements, for instance dockless bikes parked on the pavement
- a public campaign should be developed around pedestrian and cyclist behaviour and safety.

More broadly, the strategy outlines the intersection between action to support ageing well and a wider range of council strategies, highlighting the importance of a 'health in all policies' approach.

City of London Joint Health and Wellbeing Strategy 2024-28 (16)
Hackney Joint Health and Wellbeing Strategy 2022-26 (17)

The three priority areas in both the City of London and Hackney Joint Local Health and Wellbeing Strategies are:

- improving mental health
- increasing social connection
- supporting greater financial security.

Social connection, existing health conditions and wider socioeconomic factors all contribute to falls risk. This needs assessment includes analysis on some of these risk factors in relation to falls and highlights how action on these and other areas can benefit falls prevention and wider health and wellbeing.

City of London adult social care strategy: living well, ageing well 2025-29

Four strategic commitments underpin this strategy, as follows.

- Help people meet their own needs and aspirations in a safe and supportive way.
- Provide communities with a skilled, supported, and adaptable workforce dedicated to delivering high quality care.
- Work collaboratively with partners to provide people with the right support, in the right place at the right time.
- Provide a wide range of high quality, accessible care options to meet people's needs.

Commitments particularly relevant to falls include: housing adaptations to help people live as independently as possible; linking people with their local community resources; and working with social housing providers to ensure that homes are safe, accessible and adapted to meet the changing needs of residents.

Hackney three year plan for adult social care 2023-26 (18)

Four principles underpin Hackney's adult social care plan, as follows.

- Easy to access: the right support is easy to find and available when people need it.
- Preventative: supporting people to keep well and independent.
- Personal to you: focusing on what people can do and what they want to achieve.
- Good quality and safe: working together for safe and effective support.

Council commitments particularly relevant to falls include: making it easier to access information about support; making it easier to access home improvements; and improving the technology enabled living service.

City Plan 2040 (19)

The City Plan sets out the City Corporation's priorities for planning up to 2040, including policies that guide decisions on planning applications. Elements particularly relevant to older adults and falls prevention include:

- a requirement for the design and management of buildings, streets and spaces to provide for the access requirements of all the City's communities, including older people
- inclusive and accessible toilet provision (a lack of toilet provision can deter people from getting out and about in the community)
- ensuring a sufficient supply of appropriate housing for older people through means including:
  - aiming to provide a minimum of 86 net additional dwellings for older adults between 2023 and 2040
  - supporting development that addresses care needs and supports independent living
  - resisting development that involves net loss of housing for older people.

Hackney Local Plan 2033 (20)

The Local Plan is the key strategic planning document used to direct and guide development up to 2033. Elements particularly relevant to older adults and falls prevention include:

- provision of high quality footpaths that are designed to be suitable for vulnerable road users including older people
- an annual strategic benchmark, as set out in the London plan, for 55 specialist accommodation units for older people
- in order to reduce car usage and promote active travel, all new developments in the borough must be car-free (with exceptions such as disabled parking), recognising that active travel may be the main way that Hackney residents meet their physical activity needs and that physical activity can help older people maintain independence for longer.

City of London Transport Strategy 2024 (21)

This strategy considers the next 25 years and is underpinned by the 10 domains of the Healthy Streets approach. These include: people feel safe; there are places to stop and rest; it is easy to cross; everyone feels welcome. (22) The strategy also aims to embed inclusion in transport planning and delivery, including targeted support for disabled and older people. Commitments relevant to falls include:

- assessing the role of pavement obstructions in trips and falls in the City
- maintaining smooth and even pavements to reduce the risk of trips and falls.

Hackney Transport Strategy 2015-2025 (23)

The Hackney Transport Strategy includes a number of targets relevant to falls prevention including:

- maintain walking as 40% of all journeys made by residents
- develop a fully accessible bus stop network
- addressing gaps in the bus network.

The transport strategy is in the process of being updated and a public consultation will take place in autumn 2025. Positive indicators include the 53% of trips made by walking in 2024. However, there has been a 20% reduction in passengers on Hackney bus routes from 2015 to 2025 and there has been a plateauing in road traffic casualties after a decline in the early 2010s. (24)

City of London Housing Strategy 2024-2029 (25)

The City Housing Strategy focuses on the following areas: quality of housing and housing services; engaging and listening to residents; improving building safety; increasing the supply of housing. Elements relevant to falls prevention include:

- improvements to the quality of the housing repairs and maintenance service
- partnership working with social services and agencies to support vulnerable tenants
- ensuring that housing is inclusive and accessible.

Hackney Housing Strategy Position Statement 2024-2025 (26)

There is an interim housing position statement on housing in Hackney, to ensure that the new housing strategy aligns with longer term strategies and national changes, including the new London Plan and National Planning Policy Framework. (27) The position statement covers seven priority areas including: housing services and council homes; affordable housing and regeneration; and supported housing and supported living. Commitments relevant to falls prevention include:

- supporting people to live in housing that is suitable to their needs and facilitating housing moves where possible
- improving the repairs services
- developing a Supported Housing Strategy for groups including older people.

Risk factors, risk stratification and risk prediction models

The causes of falls are multifactorial and often result from the interaction of several risk factors including older age, reduced strength and balance and environmental hazards. This sub-section outlines these risk factors and those which have been prioritised for analysis in this needs assessment. It also includes detail on the three levels of risk included in the World Falls Guidelines and NICE Falls Guidance and current evidence on the use of risk prediction models.

Risk factors

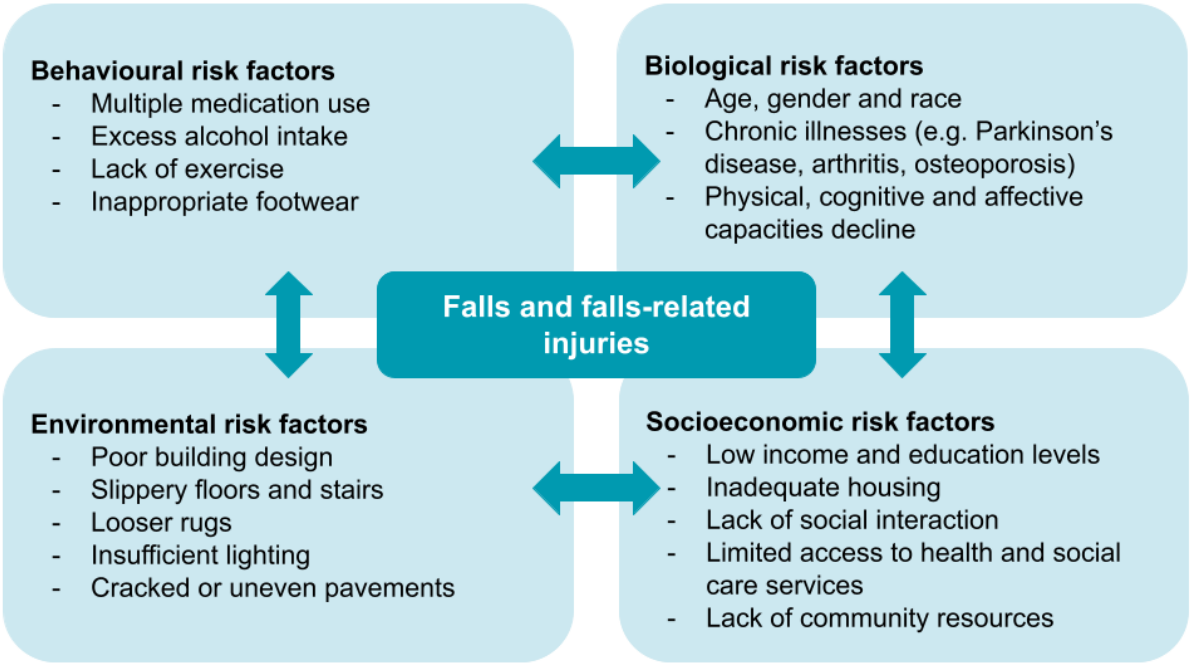
Table 2 provides a summary of the key risk factors relevant to falls, drawing on the World Falls Guidelines. (7)

Table 2: A summary of risk factors for falls, drawing on evidence in the world guidelines on falls prevention and management (2022)

Mobility and functional ability	Poor balance, gait issues, poor muscle strength, inappropriate walking aid, footwear and foot problems, fear of falling
Sensory function	Dizziness/vestibular disorder, visual impairment, hearing impairment
Cognitive function	Cognitive disorders, delirium
Autonomic function (regulation of involuntary processes)	Postural hypotension (low blood pressure on standing up or quickly changing position), urinary incontinence
Disease history	Cardiovascular disease, Parkinson's disease, depressive disorders, other contributing diseases/atypical disease presentation (including diabetes, stroke, arthritis, frailty and osteoporosis)
Medication history	Polypharmacy and/or use of psychotropic, cardiovascular or other falls risk increasing drugs
Nutrition	Malnutrition, obesity, sarcopenia, vitamin deficiency (including vitamin D), substance use and alcohol use
Environmental risk	Home and wider environmental hazards

The risk factor model for falls in older age from the World Health Organisation (2008) (9) categorises risks across behavioural, biological, socioeconomic and environmental domains (Figure 1). This model also includes more detail on relevant environmental and socioeconomic risk factors including poor building design, uneven pavements and a lack of social interaction.

Figure 1: Adapted from the risk factor model for falls in older age (World Health Organisation, 2008)



The causes of falls are complex and it is beyond the scope of this needs assessment to analyse each of these risk factors in isolation. Drawing on these frameworks and the wider evidence base we have prioritised the risk factors and inequalities in table 3 for analysis in this needs assessment.

Table 3: Risk factors and inequalities included in this needs assessment

Risk factor/inequality	Rationale
Age: adults aged 65 and over and, where possible, adults aged 50-64	People aged 65 and over have the highest risk of falling. (5) The updated NICE Falls Guidance now also includes adults aged 50-64 who have one or more risk factors that increase their risk of falling. There is not a definitive list in the guidance of the factors that increase risk in this age group. This needs assessment will focus on adults aged 65 and, where data is available, adults aged 50-64.
Sex	There are several sex and gender based inequalities identified in the WHO global report on falls prevention in

	older age . (9) For example, women are more likely to fall and sustain a fracture, while rates of fatal falls are higher in men. Furthermore, women's muscle mass reduces at a faster rate than men's, especially in the immediate years after menopause. (9) There are also inequalities in service use by sex and gender. For example, a US-based study highlighted that men were less likely to tell a clinician about a fall or seek medical support for a fall or falls prevention. (28)
Ethnicity	There are systemic differences in health outcomes linked to inequalities by ethnicity. A recent study found that health-related quality of life among older adults in England was worse in 15 of 17 global majority groups when compared to the White British population. (29) There are also a number of barriers to accessing falls interventions by ethnicity, including inadequate support from healthcare professionals and language barriers. (30)
Frailty	Frailty is "a distinctive health state related to the ageing process, in which multiple body systems gradually lose their in-built reserves" (31). Frailty is prominent in international and national guidance on falls and is associated with an increased falls risk. (1,5) OHID recommends that frailty prevalence is an important dimension to understand alongside the proportion of older people and the (estimated) number of falls in a population to guide effective prevention. (1,5) Frailty can be defined through a frailty *phenotype*, which describes a group of individual characteristics that predict poor outcomes (e.g. weakness and slowness) or a frailty *index*, a cumulative deficit model with the number of deficits a person accumulates used to calculate a score. The electronic frailty (e-frailty) index, commonly used in primary care, is made up of 36 conditions and symptoms including arthritis, coronary heart disease, foot problems and hearing loss. As such, the frailty index picks up a number of co-morbidities and long-term conditions relevant to falls. Most (26) of the 36 deficits in the e-frailty index are risk factors for falls in the World Falls Guidelines.

Physical inactivity	Deterioration in muscle strength and balance are the most prevalent modifiable risk factors for falls. (32) Physical inactivity presents as a risk factor for frailty and falls before old age - failure to meet minimum physical activity recommendations in midlife is associated with faster increases in frailty into old age. (33)
Deprivation	Deprivation is a key dimension of health inequality. Low income is a risk factor identified in the World Health Organisation risk factor model for falls (9) and events such as the COVID-19 pandemic have had a disproportionate impact on the health of older adults living in more deprived areas. (6,9)
Wider environment, including the built and social environment	Environmental risk factors are one of the four dimensions in the World Health Organisation risk factor model for falls. (9) The wider physical environment also featured prominently in early engagement for this needs assessment, particularly amongst residents. This included issues concerning housing, social interaction, transport, pavements and hazards in the street. An individual's social environment should also be considered. A recent study from Japan highlighted that exercise-based social participation is associated with a reversal in frailty progression.(34)
Repeat falls	Repeat falls is a useful measure to understand the need for different types of interventions. For example, people requiring medical attention for multiple falls in a year may need more comprehensive falls management. (1)

This prioritisation of risk factors was also informed by the eFalls prediction model developed by Archer et al (2024). (4) This eFalls model uses routinely collected primary care data to predict risk of emergency department attendance with a fall or fracture within one year. We compared the factors used in the eFalls tool with the e-frailty index to identify other factors we might want to include in our analysis. The top three modifiable risk factors included in the eFalls prediction tool but not the e-frailty index were: weekly units of alcohol, depression and multiple falls.

The prevention of further falls was a key area of discussion in our scoping discussions with the falls prevention stakeholder group. We therefore decided to include multiple falls in our analysis as a useful marker to understand suitable primary and secondary interventions.

In view of our scoping discussions and the need for prioritisation, we decided not to include analysis on weekly units of alcohol and depression on the basis of the eFalls tool alone. This decision was

also informed by the updated NICE Falls Guidance, which recommends that falls risk prediction tools should not be used to predict an individual's risk of falling (see 'Risk prediction models' below).

Risk stratification

The World Falls Guidelines and the NICE Falls Guidance stratify falls risk in community settings into three categories - low, moderate and high.

In both guidelines, two questions are used to determine this risk level through opportunistic case finding and clinical assessment, as follows.

1. Has the person fallen in the last 12 months? Alongside supplementary questions regarding severity and frequency of falls, relevant conditions such as frailty and an individual's concerns about falling.
2. If the answer to this question is yes, does the person have impaired gait and balance?

Based on the responses to these questions, both guidelines include similar algorithms for risk stratification, assessment, prevention and intervention. These are included in appendix 1.

Broadly speaking, the following recommendations apply to individuals at each risk level.

- Low risk: primary prevention including physical activity and education on falls prevention.
- Moderate risk: tailored strength and balance exercises and education on falls prevention. In the NICE Falls Guidance, home hazard interventions may also be considered as well as cognitive behavioural interventions if a fear of falling is not addressed through exercise.
- High risk: a multifactorial/comprehensive falls risk assessment and tailored interventions which may include a range of interventions such as medication review, surgical interventions or home adaptations.

From a population health perspective, targeting preventative action at individuals at lower levels of risk is likely to reach a larger number of people and prevent or delay people progressing to moderate or high risk of falling.

Risk prediction models

The risk stratification outlined above requires opportunistic case finding, e.g. through routine health appointments, and clinical assessment. Risk prediction tools are not currently recommended by NICE to predict an individual's risk of falling. The reasons for this include limited or low quality evidence on assessment tools and the complexity around assessing the risk of falling, including the interaction between environmental and individual risk factors. (1)

Evidence base: effective falls prevention

The causes of falls are multifactorial and therefore interventions need to address a wide range of risk factors. One important consideration for effective prevention is to identify which of these risk factors are modifiable and which interventions will not only reduce falls, but also improve an individual's wider health. For example, increasing physical activity has the potential for wider benefits beyond falls prevention, at both an individual and population level.

Evidence on community-based interventions

To inform this needs assessment, the City and Hackney Public Health team conducted a literature review of community-based interventions to prevent falls in adults aged 50 and over. This focused particularly on physical activity and environmental modifications, which are key recommendations in the NICE Falls Guidance.

A summary of findings from the literature review is included here, with some updates following the publication of the 2025 NICE Falls Guidance.

Physical activity interventions

A 2019 Cochrane review and meta-analysis found high-certainty evidence that exercise, when compared to control, reduces the rate of falls among adults age 60+ by 23% and reduces the number of people experiencing one or more falls by 15%. Evidence for other falls-related outcomes (such as falls-related injuries and fractures) is less certain, with very low-certainty evidence of exercise effect on the number of people experiencing falls requiring hospital admission. (35) This review also found the following regarding physical activity interventions.

Differential impact by type of physical activity: There is high-certainty evidence that balance and functional exercises (which build strength and mobility) reduce the rate of falls and there is moderate-certainty evidence for multiple types of exercise (e.g. balance and functional exercises and resistance band exercises) and Tai Chi. (36) The effects of resistance training, dance and walking programmes were uncertain. The World Falls Guidelines and NICE Falls Guidance recommend primary prevention physical activity interventions for older adults at low risk of falling. (7) (1)

Duration and progression: Interventions with an exercise dose of more than three hours a week, including balance and functional exercises, were found to be particularly effective. The World Falls Guidelines recommends these sessions are individualised, progressed in intensity for at least 12 weeks and continued longer for greater effect. (7) Meanwhile, research commissioned by the Centre for Ageing Better suggests that programmes should comprise a minimum of 50 hours or more, delivered for at least two hours per week for a minimum of six months. (37) The NICE Falls Guidance highlights the importance of progressive and tailored programmes with regular exercise progress reviews. (1)

Continuation: The benefits of exercise are lost on cessation so opportunities to continue with appropriate activity are important. (7) (37) The NICE Falls Guidance recommends that physical activity programmes should be "delivered in such a way, including duration of the programme, to bring about behaviour change related to physical activity and sedentary habits." To bring about sustained behaviour change, NICE recommends taking steps such as responding to individual concerns about participation and promoting peer support and social connection. (1)

Home-based and digital exercise interventions can reduce the risk of falling, particularly if conducted after an instructor-led training period or alongside regular classes. (38) (39)
Wider health benefits of physical activity: Increasing levels of physical activity contributes to wider health benefits for a number of chronic conditions, including mental health and wellbeing. (40) The NICE Falls Guidance also highlights the value of the social aspects of group activity, which promote encouragement and support from peers to continue activities and improve motivation. (1)

Environmental modifications

There is high-certainty evidence that home hazard interventions are effective when targeted at individuals at high risk of falling. (41) This aligns with the World Falls Guidelines and the NICE Falls Guidance which suggests a home hazard intervention should be considered for people who have fallen in the last year and who have a gait or balance impairment. (7) (1)

The recommended components for a quality home fall hazard intervention include:

- use of a problem-solving approach involving the participant in identifying hazards and prioritising action
- education relevant to falls, function and hazards
- an action plan for removing or changing hazards and modifying risky behaviours
- adequate follow-up and support for adaptations and modifications. (7)

Multifactorial interventions

Multifactorial interventions are those that deliver two or more components, which will differ based on an individual's risk assessment. Combining strategies - such as exercise, medication reviews, home modifications - can demonstrate greater success than single interventions. However, results are inconsistent and the evidence is unclear. Due to the heterogeneity of multifactorial interventions, it is more challenging to identify the specific combination of components that have the strongest evidence. However, it is clear that components other than physical activity, including home adaptations, are best targeted at individuals with a higher risk of falling. (42) (43) (44) (45) (46) (47) (48)

Cost-effectiveness

The evidence on the cost-effectiveness of community-based falls prevention interventions in the UK is limited, with significant gaps in UK-specific studies and challenges in generalisability. There are some promising findings, including two examples below, but limitations include variations in data reporting, a lack of clear cost-effectiveness thresholds, and a reliance on international studies.

- A 2018 cost-effectiveness analysis by Public Health England indicated that four falls prevention interventions (Otago home exercise, Falls Management Exercise group programme, Tai Chi group exercise, and home assessment and modification) can be considered cost-effective when compared with usual care in an English setting. (49)
- A 2020 systematic review identified physical exercise as a potentially cost-effective intervention to prevent falls. Specifically, this review referred to exercise programmes of moderate intensity, involving strengthening exercise for lower limbs, performed twice a week for 60 minutes, and in a group setting with follow-up exercise at home.
  However, there is insufficient evidence on the treatment dosage of cost-effective exercise programmes for falls prevention (intensity, duration, type and mode of delivery). (50)

Health inequalities

There is some non-UK evidence that exercise and home assessment and modification may exacerbate existing health inequity across socially marginalised groups. This was largely due to pre-existing differences in life expectancy. Early action to reduce the risk of falls at younger ages is recommended to reduce these inequalities in later life. (51)

Implications for practice

- Promoting physical activity, particularly balance and functional exercises, from earlier ages can prevent falls later in life. This proactive approach provides significant benefits for low-risk populations while supporting broader health outcomes.
- Programmes should include >3 hours/week of balance-focused exercises, such as Tai Chi or functional exercises, for at least 12 weeks, with a strategy for continued activity post intervention.
- Environmental and multifactorial interventions are most effective when targeted at individuals at higher risk of falling.
- Multifactorial programmes should be tailored to individual risk profiles, with physical activity as a cornerstone.
- Preventative interventions should target earlier stages of the life course, and consider socioeconomic factors and barriers to participation to address inequalities.

Evidence on interventions to prevent or delay frailty

Frailty is a significant risk factor for falls and therefore delaying, preventing or reducing frailty is a priority as part of a comprehensive falls prevention strategy. The NICE Falls Guidance on midlife approaches to delay or prevent onset of dementia, disability and frailty in later life focuses largely on modifiable risk factors such as smoking, lack of physical activity, alcohol consumption and poor diet. (52) For example:

- population-level initiatives to address these risk factors, including improving health literacy or action to address availability or affordability (e.g. alcohol duties and point of sale restrictions)
- using local regulatory and legal powers to address these risk factors, such as using planning

powers to limit the number of fast food outlets in an area
- improving the environment to support behaviours such as physical activity, for example creating and maintaining safe and welcoming green spaces.

A review of lifestyle-related factors in late midlife as predictors of frailty into old age found that differences in behaviours such as physical activity, alcohol consumption and smoking were present in late midlife and then continued into old age. (33) Adopting one new healthy behaviour had a small impact on the pace of progression towards frailty. Positive changes in physical activity and sleep habits were most strongly associated with slowing the onset of frailty.

Evidence on interventions concerning the wider determinants of health

There is a gap in evidence on the wider determinants of health and falls prevention. For example, the built environment such as street design or hazards does not feature in NICE Falls Guidance or the World Falls Guidelines. Interventions of this nature are also not included in two relevant Cochrane reviews on environmental and population-based interventions for falls prevention. (41) (43) This is, in part, because of the difficulty in drawing causal conclusions from these interventions and falls prevention.

However, the wider environment, including the built and social environment, was a strong theme in our resident and stakeholder engagement and in literature including the *World Health Organisation Global Report on Falls Prevention in Older Age* (2008) and the *Chief Medical Officer's annual report* (2023) on health in an ageing society. (9) (10) We have therefore included relevant principles for the development of age-friendly communities from the Centre for Ageing Better. (53) Table 4 includes the principles relevant to four wider determinants of health that were particularly prominent in our resident and stakeholder engagement.

Table 4: Key principles for the development of age-friendly communities - domains relevant to falls prevention (Centre for Ageing Better) (53)

Domain	Principles to guide local policy and action
Outdoor spaces and buildings	1. The public realm supports people to get out and about, including well-maintained pavements and walkable neighbourhoods. 2. Public buildings and spaces are accessible and welcoming, including improving people's perceptions of personal safety. 3. The public realm meets everyone's needs, including spaces that promote cross-community and multi-generational interaction.

Transport	1. Transport options are affordable, reliable and convenient. 2. Journeys are welcoming, safe and accessible, including door-to-door community transport for those who need it. 3. Transport promotes health and independence, including involving older people in planning.
Housing	1. Housing is safe, accessible and affordable, including building new homes that are accessible and adaptable. 2. Housing choices reflect the diversity of needs and desires of older people, including involving older people in planning.
Social participation	1. Opportunities appeal to a range of people. e.g. avoid stereotypes based on age. 2. Opportunities are accessible, in a variety of locations and at different times. 3. Infrastructure supports participation and reflects the diversity of the community.

3. The Local Picture

About the population in City and Hackney

Hackney has the joint second-lowest median age in London alongside Newham (at 32 in 2021), while the City of London has a median age of 37. Both of these figures are lower than the national average of 40. (54)

However, the local population is ageing. Between 2025 and 2040 the population aged 65 and over in Hackney is projected to increase by 44.7% and in the City of London by 47.6%. (2)

Table 5 shows the estimated percentage of frail and 'pre-frail' adults aged 50 and over in the City of London and Hackney. While Hackney, in particular, has a younger population than the national average, it also has more estimated frailty and pre-frailty in the population. In the City of London, the estimated percentage of adults aged 50 and over with both frailty and pre-frailty is lower than the national average. (31)

Table 5: Frailty and pre-frailty in City and Hackney

	Estimated percentage of adults aged 50 and over (%)		
	England average	City of London	Hackney
Frail	8.1	5.5	12.9
Pre-frail	9.9	9.2	13.4

Data from: Sinclair et al. (2022) (31)

It is important to note that these are synthetic prevalence estimates (which draw on the English Longitudinal Study of Ageing, the English Index of Multiple Deprivation and Office for National Statistics population projections) - they are not actual measures of frailty and pre-frailty in the local population. (31) Nevertheless, these frailty estimates suggest that, in Hackney, adults are becoming frail earlier in life and/or there is a greater concentration of frailty at older ages.

As described in section 2 of this report, frailty is closely associated with falls risk and the increased frailty prevalence in Hackney may lead to a higher number of people affected by falls. Further analysis on frailty is included later in this section.

The number of people affected by falls and how this has changed over time

This needs assessment draws on a number of data sources as a proxy for the annual number of falls in City and Hackney. It is important to note that all of these proxy measures are likely to under-report the actual number of falls because not everyone who falls will present at a health service.

Emergency admission data is the most reliable proxy measure for falls. In addition to published data on falls-related emergency admissions, we have included local data on inpatient (non-emergency) care and GP visits to understand service use.

It is important to note that analysis by NEL ICB concluded that GP records are a poor indicator of falls prevalence, finding no correlation between the rate of GP recorded falls and falls-related hospital admissions. Reasons for this include variation in recording practices and the possible inclusion of fear of falling (as well as actual falls) when coding falls visits.

We have also included:

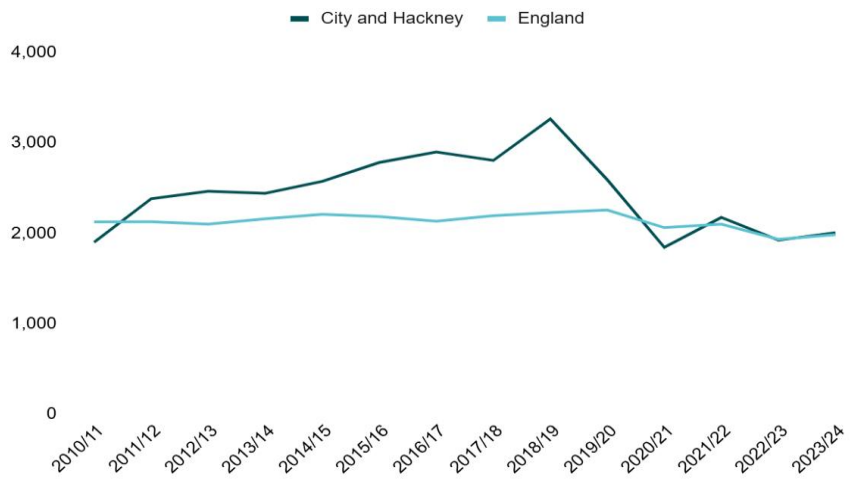
- data on hip fractures, because the primary risk factor for a hip fracture is a fall and over 90% of fractures occur after a fall (55)
- data from a service in City and Hackney called ParaDoc, which works to prevent unnecessary hospital admission and emergency department attendance
- repeat falls data to understand the extent to which the same individual is presenting at hospital for a fall multiple times in the same year.

Emergency admissions

Figure 2 shows that rates of emergency admissions due to falls in people aged 65 and over have decreased in City and Hackney in recent years and are now similar to the national average.

There was a notable decline in emergency admissions between 2018/19 and 2020/21 locally. This decline may be in part due to lower levels of reporting and/or lower levels of movement in older adults during the COVID-19 pandemic and associated restrictions. However, this is not reflected in national trends. Moreover, following this sharp decline in local data, rates of emergency admissions have not increased back to previous levels. Reasons for this *could* include: a continuation in lower levels of reporting and/or lower levels of movement in older adults; a change in service use; and/or the positive impact of preventative interventions. It is not possible to draw causal conclusions from the available data. We have confirmed that there were no major changes to the reporting methodology in 2018/19 that could be affecting the observed trends.

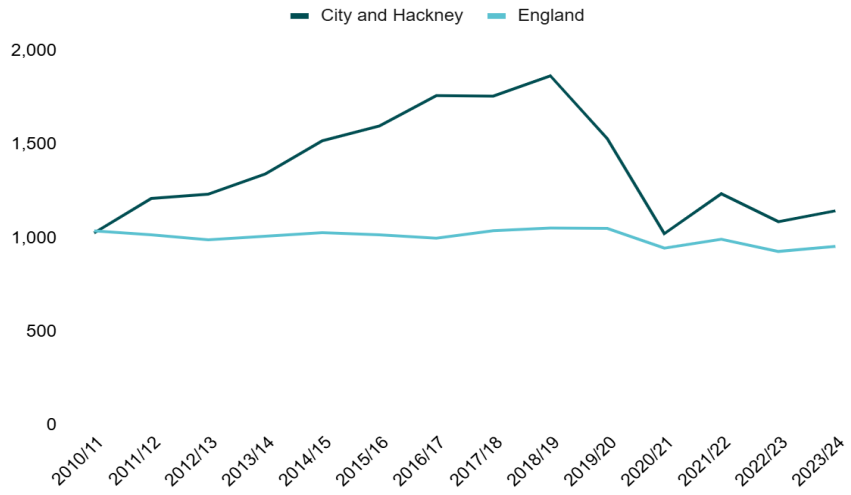
Figure 2: Emergency hospital admissions due to falls in people aged 65 and over in City and Hackney (directly age standardised rate per 100,000 2010/11 to 2023/24)



Source: Office for Health Improvement and Disparities.Public health profiles. 2025 https://fingertips.phe.org.uk/ © Crown copyright 2025.

While rates of emergency admissions due to falls in people aged 65+ overall are now similar to the national average, figure 3 shows that City and Hackney remains above the national benchmark for hospital admissions due to falls in the 65-79 age group (despite a similar sharp fall between 2018/19 and 2020/21). This could possibly be due to adults in Hackney becoming frail earlier in life, but again it is not possible to draw causal conclusions from the available data.

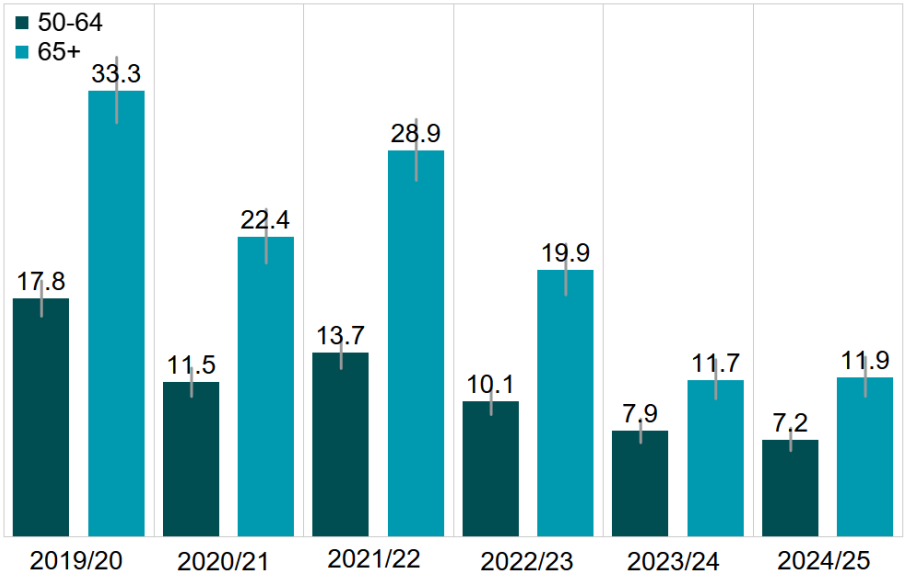
Figure 3: Emergency hospital admissions due to falls in people aged 65-79 and over in City and Hackney (directly age standardised rate per 100,000 2010/11 to 2023/24)



Source: Office for Health Improvement and Disparities.Public health profiles. 2025 https://fingertips.phe.org.uk/ © Crown copyright 2025.

Figure 4, which draws on a different dataset of emergency hospital admissions due to falls, also shows that admissions fell in the 65 and over age group between 2019/20 and 2024/25.[1] This is also seen in the 50-64 age group.

Figure 4: Emergency hospital admissions due to falls in people aged 50-64 and 65 and over in City and Hackney (rate per 1,000 population in each age group, 2019/20 to 2024/25)



Source: Secondary Uses Service (SUS) 2025, Census 2021
Vertical grey lines on the bar chart indicate confidence intervals.

In recent years, the rate of emergency admissions due to falls in City and Hackney is similar to Hackney's four closest statistical neighbours (Lambeth, Southwark, Islington and Lewisham) - see figure 5. Statistical neighbours are not available for the City of London.

The rate of emergency admissions due to falls in City and Hackney increased between 2010/2011 to 2018/19, followed by a rapid decline from 2018/2019 to 2020/2021 and a levelling off between 2020/2021 and 2023/2024. Some similarities in this trend are observed in Hackney's closest statistical neighbours. For example, an overall decline is observable from 2018/2019 to 2020/21 in Islington, Lambeth, Lewisham and Southwark. There has also been a convergence in the rate of emergency admissions due to falls in 2023/2024 across all five areas.

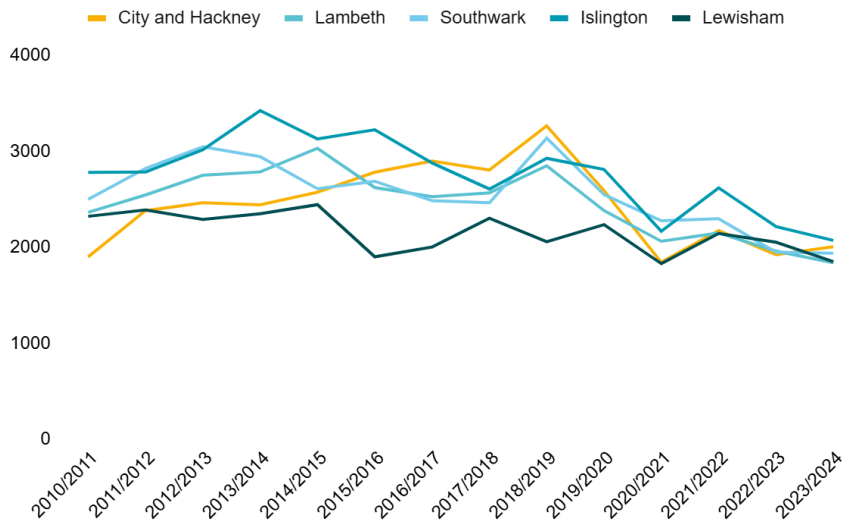
There are also notable differences in the trends across the five areas. For example, the decrease in emergency admissions due to falls between 2018/2019 and 2020/21 is most pronounced in City & Hackney. Furthermore, the trajectory from 2010/11 to 2018/2019 is variable across the five areas, with a relatively steady increase in City and Hackney and fluctuations over time across the other four boroughs.

[1] Emergency hospital admissions are recorded in two NHS datasets: Hospital Episode Statistics (HES) and Secondary Uses Service (SUS). The data in Figures 2 and 3 draws on data from HES whilst figure 4 draws from SUS. These have been cross-referenced to compare trends.

The similarities in trends from 2018/2019 to 2020/21 suggest that the COVID-19 pandemic and accompanying restrictions may have affected the number of people seeking emergency medical attention for falls across London. However, the decline in hospital admissions due to falls is not observable to the same degree at a national level, which suggests that either the COVID-19 pandemic had a greater impact on falls-related behaviour in London or that other variables contributed to this trend.

Variation in emergency hospital admissions due to falls across the five areas could be caused by many factors including: differences in the prevalence of risk factors such as frailty or physical inactivity, variability in service provision and use, and the impact of wider preventative action such as changes to the built environment. It is not possible to draw causal conclusions from the available data.

Figure 5: Emergency hospital admissions due to falls in people aged 65 and over in City and Hackney and Hackney's four closest statistical neighbours (directly age standardised rate per 100,000 2010/11 to 2023/24)

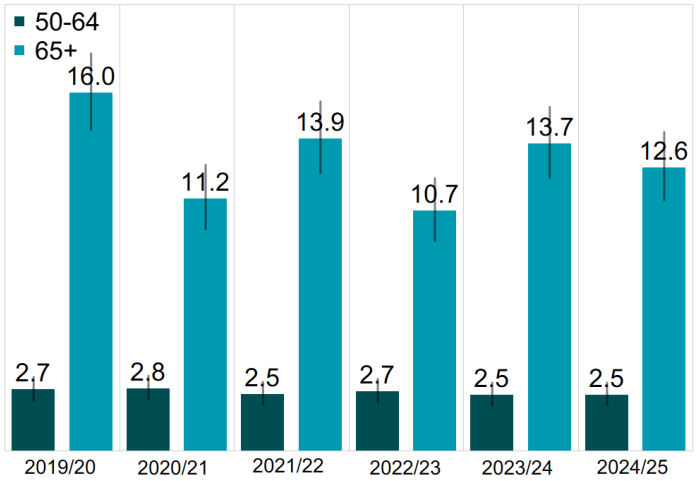


Source: Office for Health Improvement and Disparities.Public health profiles. 2025 https://fingertips.phe.org.uk/ © Crown copyright 2025.

Inpatient care

There has been a stable trend in people receiving inpatient care (non-emergency care) as a result of a fall in City and Hackney in each age group (figure 6). There are significantly more inpatient admissions for adults aged 65 and over than adults aged 50-64.

Figure 6: Inpatient admissions as a result of a fall in City and Hackney (rate per 1,000 population in each age group, 2019/20 to 2024/25)

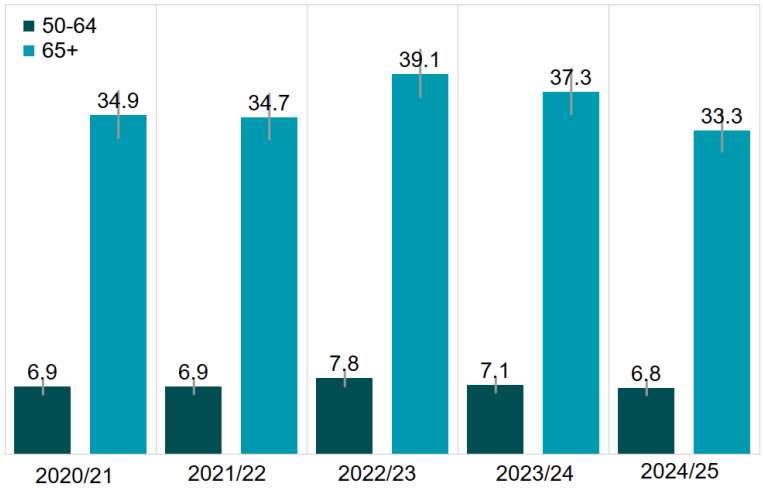


Source: Secondary Uses Service (SUS) 2025, Census 2021
Vertical grey lines on the bar chart indicate confidence intervals.

GP visits

Figure 7 draws on GP data based on a SNOMED code that includes any instance where a fall is mentioned, including fear of falling (without an actual fall event). As highlighted earlier in this section, GP data on falls should be treated with caution. Figure 7 illustrates a stable trend in older adults visiting their GP as a result of a fall or due to fear of falling since 2020/21. There are significantly more GP visits for adults aged 65 and over than adults aged 50-64.

Figure 7: GP visits related to a fall in City and Hackney (rate per 1,000 population in each age group, 2020/21 to 2024/25)



Source: Primary care data 2025.
Vertical grey lines on the bar chart indicate confidence intervals.

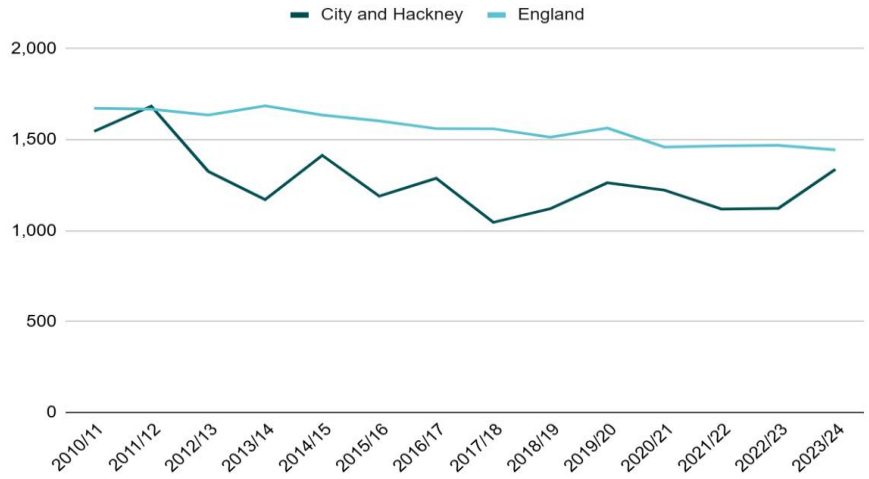
Hip fractures

In 2023/24 the emergency admission rate for hip fractures was similar to the national average, in both the 65 to 79 and 80 and over age groups (figures 8 and 9). For the older age group, rates of admission locally have historically been lower than the national average.

Figure 8: Emergency hospital admissions for fractured neck of femur in people aged 65 to 79 in City and Hackney (directly age-standardised rate per 100,000 in 2010/11 to 2023/24)

Source: Office for Health Improvement and Disparities.Public health profiles. 2025 https://fingertips.phe.org.uk/ © Crown copyright 2025.

Figure 9: Emergency hospital admissions for fractured neck of femur in people aged 80 and over in City and Hackney (directly age-standardised rate per 100,000 in 2010/11 to 2023/24)



Source: Office for Health Improvement and Disparities.Public health profiles. 2025 https://fingertips.phe.org.uk/ © Crown copyright 2025.

ParaDoc service

The City and Hackney ParaDoc service works to prevent unnecessary hospital admission and emergency department attendance, by providing urgent assessment and community care by a paramedic and a physiotherapist or occupational therapist. Data from this service can therefore help to create a picture of falls and associated service use in City and Hackney.

We have only been able to access Paradoc data for a two-year period from 1st April 2023 to 31st March 2025. During this period, 803 patients were seen in City and Hackney following a fall or who were at high risk of a fall and needed a falls risk assessment. This includes repeat fallers (i.e. multiple records for the same individual) and includes patients of all ages. Despite these caveats, we can cautiously compare this number to the 1,074 emergency hospital admissions due to falls in adults aged 50-65 and 54 and over during the same 2-year period. It is reasonable to assume that a number of patients are using this service who might otherwise have been admitted to hospital for a fall. This was also reflected in comments from stakeholders, who mentioned significant efforts to reduce conveyance to Homerton University Hospital through this service.

How people are affected by falls: resident perspectives

As part of this needs assessment, the City and Hackney Public Health team worked with Healthwatch City of London and Healthwatch Hackney to understand older resident perspectives on falls and falls prevention. This engagement included a survey and focus groups with residents at Age UK, the Older Persons Reference Group for City and Hackney and a physiotherapist-led Strong and Steady session at the Homerton Hospital. MRS Independent Living also hosted a focus group.

Of the 82 respondents to the survey, 70-72 provided demographic details of which:

- 82% were female and 18% male
- 90% were aged 60 or over. 23% of the total sample were aged 80 or over.

; and 65% were Hackney residents, 29% were City residents, and 6% were from other boroughs but likely accessing services within City and Hackney. Interpretation of these findings should consider the relatively small numbers involved (82 responses) and the skew in the sample towards women and individuals who had slipped, tripped or fallen in the last year (68%). The results should not therefore be taken as a representative account of the views of all older people in City and Hackney.

Key themes from this engagement are outlined below.

There was a high level of reported falls and concerns about falling

The majority of respondents to the survey had slipped, tripped or fallen in the last year (68%). Over half (54%) reported always or often worrying about slipping, tripping or falling, with a further 36% sometimes worrying about this. These findings reflect similar feedback reported by adult social care colleagues in Hackney.

Residents shared concerns about balance, declining strength and a fear of not being able to get up after a fall. People were concerned about injuries, including fractures, as well as the loss of confidence that can follow a fall. This led some focus group participants to stay at home more than they otherwise would and others discussed developing a "different mindset" in older age, which included a greater awareness of the risks around them.

Environmental hazards are a key concern for residents

Outside in the community (e.g. in the park or out shopping) was where most people responding to our survey had either fallen or were worried about falling (78%), followed by in the home (56%). When asked what might help to reduce the risk or fear of falling, changes to the environment outside of my home was the most popular response.

Unsafe pavements came up as a particular concern in focus groups and the survey, including uneven pavements or obstructions such as bikes. Risks on public transport were also raised, including inadequate use of ramps and buses moving before people were seated.

Residents would like accessible information about the risk factors for falls

Over three quarters of respondents would like to know more about how to reduce risks of falling. Of those who would like to know more, the most common ways in which people would like to receive this information are: through a leaflet or printed resource, online or from a GP or health practitioner. Friends and family was a less favoured route.

There was support for activities that improved strength and balance

When survey respondents were asked what might help to reduce the risk or fear of falling, support to improve physical fitness was the second most popular response. When asked about the factors that would encourage participation in physical activity, including strength and balance, the most popular responses were: more information about what is on offer in my area; affordability; a wide choice of activities; and enjoyable/fun activities. Focus group participants valued exercising in groups with peers and at times lacked confidence in trying new activities or going to unfamiliar places like gyms alone.

Residents would like to be able to access services and support more easily

Concerns regarding access to services included the following.

- Services such as strength and balance classes and hospital appointments are not always easily accessible via public transport routes.

- A lack of awareness about how to access home adaptations and aids, both to prevent and manage the impact of a fall. Examples of aids mentioned include alarm systems, walking sticks and crutches.
- Access to health and social care services, including long waiting times for physiotherapist-led strength and balance sessions; the need for earlier screening for falls risks; and improving nursing home provision in the City.

Survey and focus group findings relevant to falls services and prevention activities in City and Hackney are included in the Local Response section of this needs assessment.

Risk factors analysis and inequalities

As outlined in section 2 of this report, the causes of falls are complex and it is beyond the scope of this needs assessment to analyse each of these risk factors in isolation. We have prioritised analysis of the following risk factors: age; sex; ethnicity; frailty; physical inactivity; deprivation; the wider environment, including the built and social environment; and repeat falls.

Biological risk factors

Age: proxy measures for the rate of falls are higher at older ages

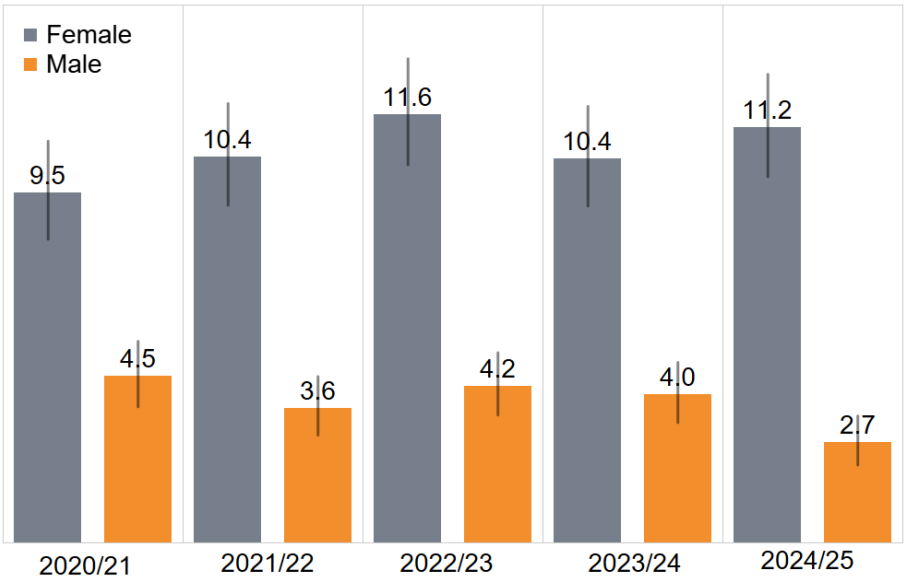
People aged 65 and over have the highest risk of falling. (5) Figures 4, 6 and 7 presented earlier show that adults aged 65 and over are more likely than those aged 50-64 to experience an emergency admission or inpatient stay due to a fall and to contact their GP about a fall.

Sex: women are more likely to visit a GP after a fall or due to a fear of falling

The rates of emergency admissions for falls were higher in women than men in all years from 2020/21 to 2024/25, for all adults aged 50 and over. However, this difference was not found to be statistically significant and so the data is not reported here.

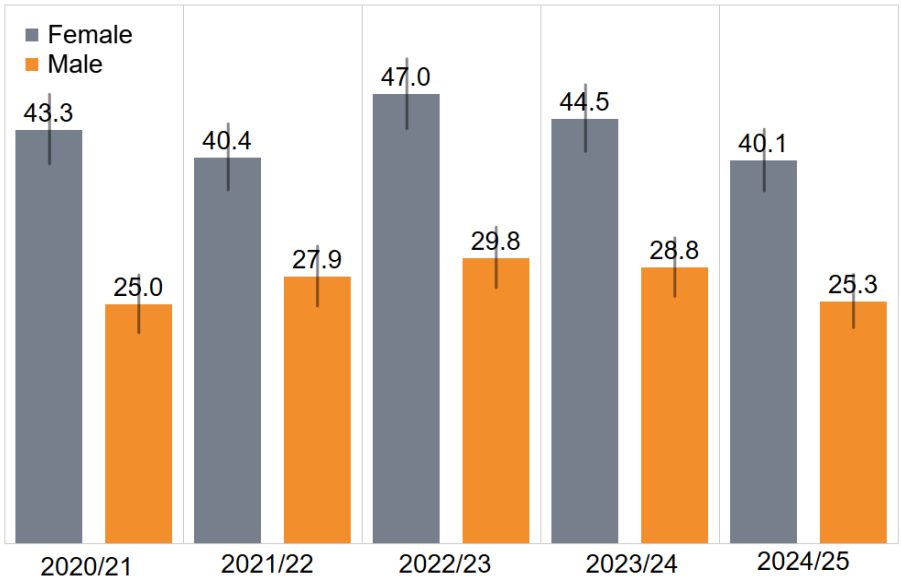
Figures 10 and 11 show that there is a significant difference in GP visits for falls by sex in adults aged 50 to 64 and 65 and over, though the differences are less marked in the older age group. These patterns are consistent with international evidence which shows that men are less likely than women to report a fall to a clinician. (28)

Figure 10: GP visits due to falls in adults aged 50-64 in City and Hackney, by sex (rate per 1,000 population of each sex, 2020/21 to 2024/25)



Source: Primary care data 2025.
Vertical grey lines on the bar chart indicate confidence intervals.

Figure 11: GP visits due to falls in adults aged 65 and over in City and Hackney, by sex (rate per 1,000 population of each sex, 2020/21 to 2024/25)

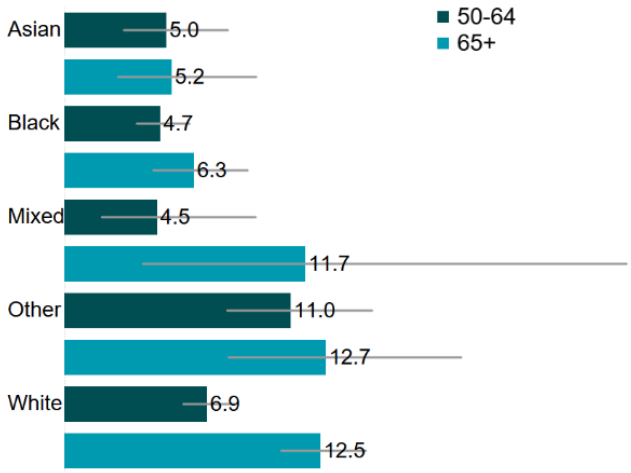


Source: Primary care data 2025.
Vertical grey lines on the bar chart indicate confidence intervals.

Ethnicity: there is no significant correlation between emergency admissions due to falls and ethnicity

As shown in figure 12, emergency hospital admissions for falls are highest in "White", "Other" and "Mixed",ethnic groups in people aged 65 and over. In the 50-64 age group, emergency hospital admissions are highest in the "Other" and "White" ethnic groups. These differences are not statistically significant. There is a significant difference between emergency admissions at age 50-64 and 65+ in the "White" ethnicity category, which is not the case for other ethnicity group categories.

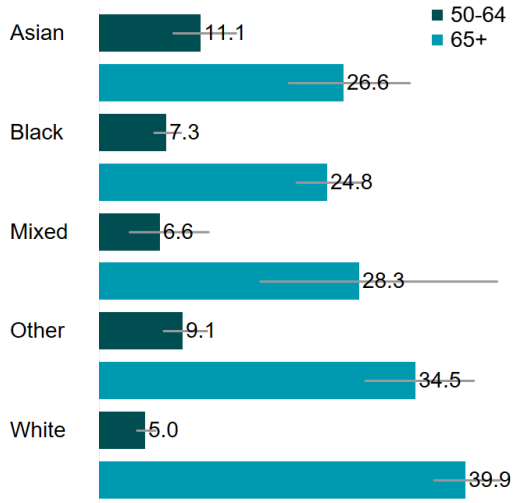
Figure 12: Emergency hospital admissions due to falls in adults aged 50-64 and 65 and over City and Hackney, by ethnicity (rate per 1,000 for each ethnic group, 2024/25)



Source: Secondary Uses Service (SUS), Census 2021
Note: For the year 2024/24, 8.7% of records had missing ethnicity data
Horizontal grey lines on the bar chart indicate confidence intervals.

GP visits due to falls are highest in the "White" ethnic group in adults aged 65 and over and in the "Asian" ethnic group in adults aged 50-54, but again these differences are not significant.

Figure 13: GP visits due to falls in adults aged 50-64 and 65 and over City and Hackney, by ethnicity (rate per 1,000 for each ethnic group, 2024/25)



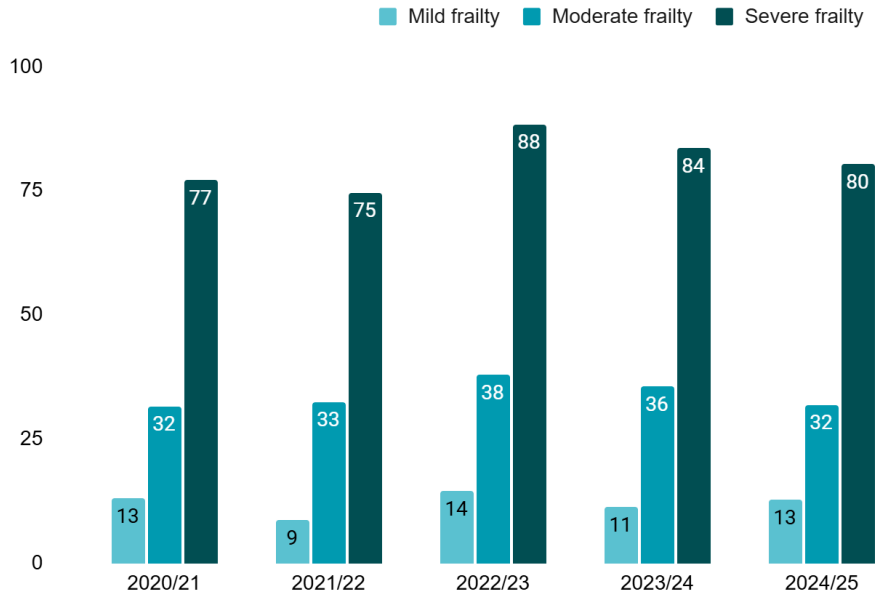
Source: Primary care data 2025.
Horizontal grey lines on the bar chart indicate confidence intervals.
Note: for the year 2024/25, 1.5% of records had missing ethnicity information. Records not known for the 50-64 age group have been removed due to small counts.

Frailty is significantly correlated with the risk of falling

As shown in figure 14, there is a correlation between frailty and GP recorded falls, with the rate of falls increasing as GP-recorded frailty increases in severity from mild to severe. The importance of addressing frailty to reduce the rate of falls was also prominent in conversations with stakeholders.

Changes to the GP contract in 2017/18 introduced routine frailty identification in patients aged 65 and over. However, gaps in data collection remain and this is particularly the case for adults aged 50-64, where only 1.4% patients have a frailty score attached to their record. For this reason figure 14 only considers adults aged 65 and over, where 78.2% of patients have a frailty score attached to their record.

Figure 14: GP recorded falls in adults aged 65 and over in City and Hackney, by level of frailty (rate per 1,000 population, 2023/24)



Source: Primary Care data 2025. This excludes the 21.8% of patients aged 65 and over with no frailty score recorded.

Behavioural risk factors

Physical activity levels are similar to or higher than the national benchmark in City and Hackney overall, but caution should be taken in interpreting this data

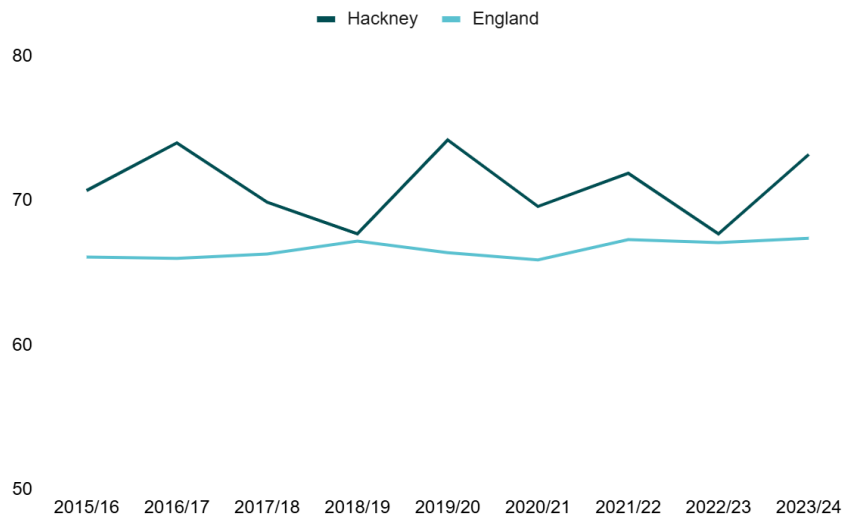
The most effective component of multifactorial interventions for falls is therapeutic exercise. (56) Deterioration in muscle strength and balance are the most prevalent modifiable risk factors for falls. (32)

"Physically active" is defined in the CMO physical activity guidelines as: at least 150 moderate intensity equivalent minutes of physical activity per week and this is used as the measure of physical activity levels in Sport England's Active Lives Adult Survey. It should be noted, however, that the full guidelines for older adults are more nuanced than this, and also recommend that balance and flexibility exercises should be engaged in twice a week.

The data in figures 15 and 16 draws on Sport England's Active Lives Adult Survey, based on self-reported data from a relatively small sample (a minimum of 400 respondents from each local authority, with the exception of the City of London and Isles of Scilly where population sizes are smaller). This should be considered when interpreting findings. It is also not possible to disaggregate this published data by age at local level. National evidence from the Active Lives Adults Survey shows a decline in rates of physical activity with age. And, across England, less than half of people aged 55 and over are meeting the national guidelines of two or more sessions of muscle

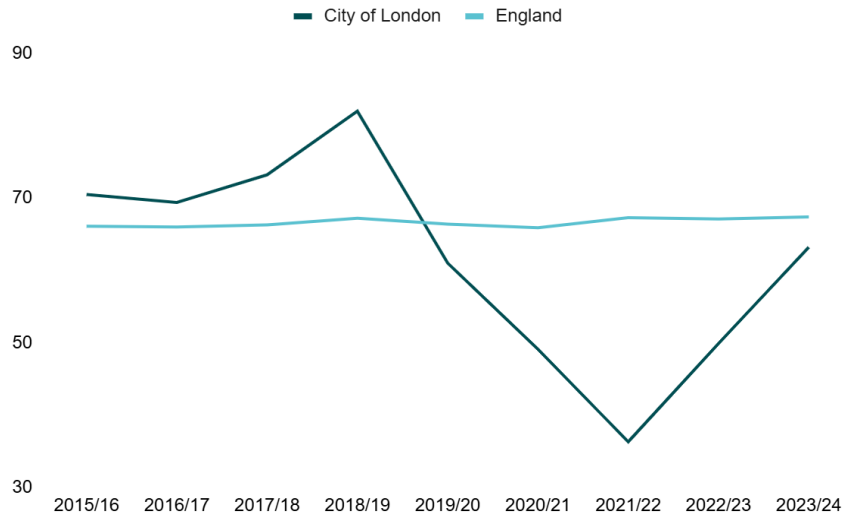
strengthening physical activity per week. (57)

Figure 15: The percentage (%) of physically active adults aged 19 and over in Hackney compared to the national average (2015/16 to 2023/24)



Source: Office for Health Improvement and Disparities.Public health profiles. 2025 https://fingertips.phe.org.uk/ © Crown copyright 2025.
Note: y axis starts at 50%

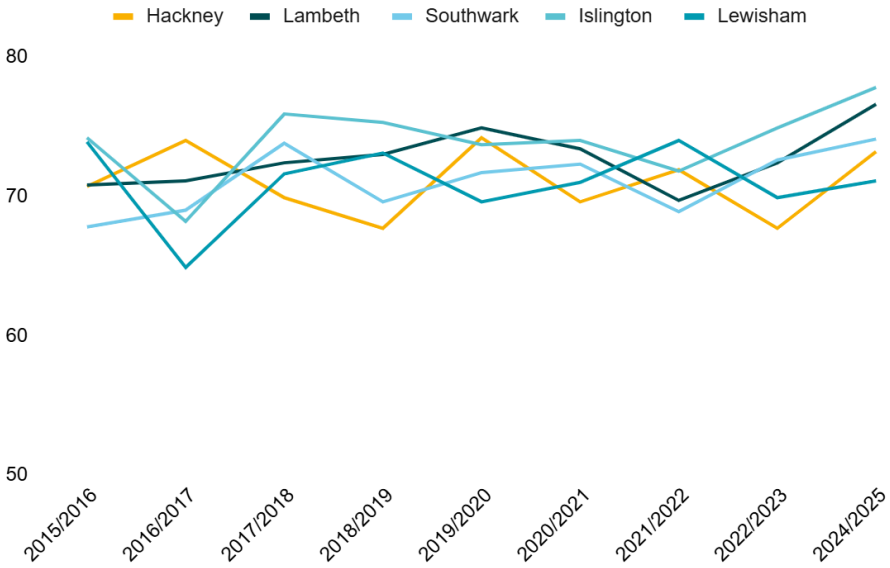
Figure 16: The percentage (%) of physically active adults aged 19 and over in the City of London compared to the national average (2015/16 to 2023/24)



Source: Office for Health Improvement and Disparities.Public health profiles. 2025 https://fingertips.phe.org.uk/ © Crown copyright 2025.
Note: y axis starts at 30%

The percentage of physically active adults in Hackney is similar to its four closest statistical neighbours (Lambeth, Southwark, Islington and Lewisham) - see figure 17. There are no statistical neighbours available for the City of London.

Figure 17: The percentage of physically active adults aged 19 and over in Hackney compared to the four closest statistical neighbours (%) (2015/16 to 2023/24)



Source: Office for Health Improvement and Disparities.Public health profiles. 2025 https://fingertips.phe.org.uk/ © Crown copyright 2025.
Note: the y axis starts at 50%

Resident perspectives on physical activity in Hackney

The City and Hackney Public Health team conducted a review of community-based physical activity in Hackney in 2021. This review did not extend to the City of London, but findings on falls-related physical activity from both City and Hackney is included in the survey results outlined earlier in this section.

The aim of the 2021 review was to understand more from residents and wider stakeholders about the barriers and enablers to participate in physical activity in Hackney. It involved several semi-structured interviews with residents, a survey for adults and two surveys for children and young people. Some of the reported enablers and barriers relevant to older adults are included in table 6.

Table 6: Enablers and barriers to physical activity, relevant to older adults, in Hackney

Enablers	Barriers
• group activities and peer support • group sessions in familiar community spaces • feeling safe in parks and green spaces	• support to get to a service or activity and, relatedly, mobility issues • a lack of affordable physical activity options

● awareness of the activities and services that are on offer ● activities which meet multiple aims, e.g. an opportunity to be active *and* socialise.	● not feeling safe when using outdoor spaces, particularly in the winter ● feeling unmotivated or under-confident

Source: City and Hackney Public Health team review of community-based physical activity in Hackney (2021)

Disaggregated data for older adults is not available from this review, however 65% of participants were aged 55-74. The majority of residents that participated in the review across all ages were female (63%) and White British (51%). It should also be considered that the majority of participants were already active and, as with any engagement of this nature, we cannot be confident that the views expressed are representative of all Hackney residents.

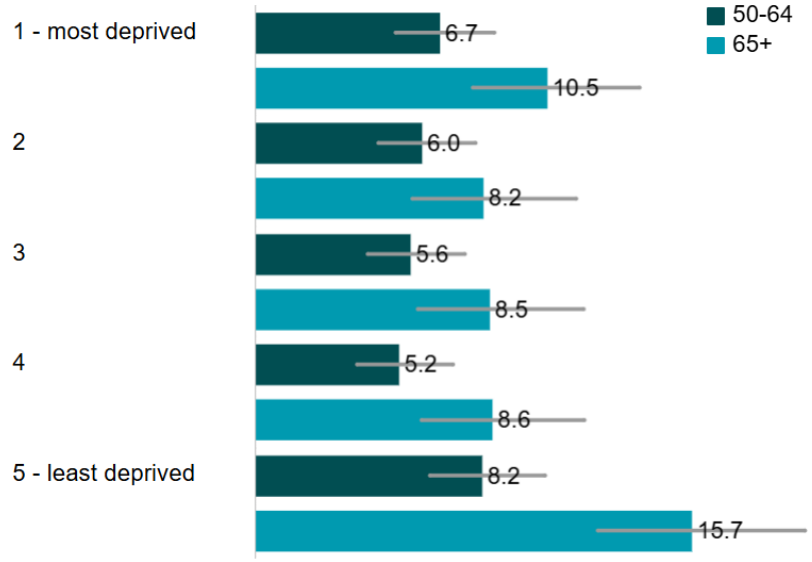
Socioeconomic risk factors

Deprivation: there is no significant correlation between deprivation and emergency admissions or GP visits due to falls in older adults, but many risk factors for falls are socioeconomically patterned.

Figure 18 shows that, while emergency admissions appear to be higher in the least deprived areas of City and Hackney, there is no statistically significant correlation between area deprivation (based on the Index of Multiple Deprivation, IMD) and the rate of emergency admissions for falls in older adults. This finding remains when using age-standardised admission rates (data not presented here).

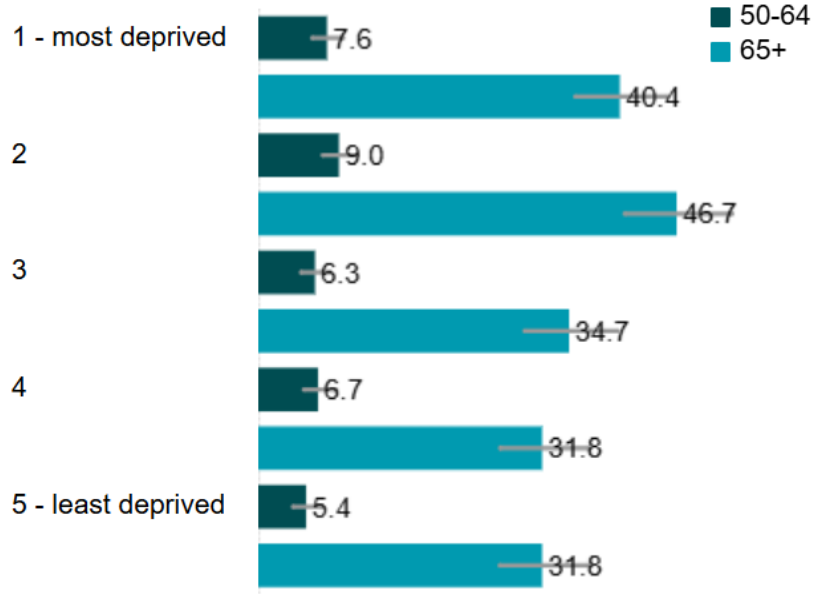
A similar pattern is seen in relation to GP falls-related visits in figure 19, i.e. there is no significant correlation between GP falls-related visits and deprivation.
We do know that many of the risk factors for falls are socioeconomically patterned. For example, people living in the most deprived areas of England are less likely to be physically active than those living in the least deprived areas - and these inequalities are widening. (57) There are also socioeconomic inequalities in many of the other risk factors for falls included in table 2 (see section 2 of this report), including obesity and alcohol use. For example, in City and Hackney, the prevalence of obesity among adults increases with levels of deprivation. (58) Meanwhile, while individuals in the least deprived areas of City and Hackney tend to drink more alcohol, evidence shows that people in the most deprived areas often experience worse alcohol-related harms. (59) While these risk factors haven't been analysed in detail through this needs assessment, they remain part of the risk profile for falls.

Figure 18: Emergency admissions due to a fall in adults aged 50-64 and 65 and over in City and Hackney, by deprivation (rate per 1,000 population in each deprivation quintile, 2023/24)



Source: English Index of Multiple Deprivation 2019 (Ministry of Housing, Communities & Local Government), Secondary Uses Service (SUS), Census 2021.
Horizontal grey lines on the bar chart indicate confidence intervals.
Note: for the year 2024/25, 7.9% of records had missing LSOA information

Figure 19: GP visits due to a fall in adults aged 50-64 and 65 and over in City and Hackney, by deprivation (rate per 1,000 population in each deprivation quintile, 2023/24)



Source: English Index of Multiple Deprivation 2019 (Ministry of Housing, Communities & Local Government), Primary Care 2025.
Horizontal grey lines on the bar chart indicate confidence intervals.

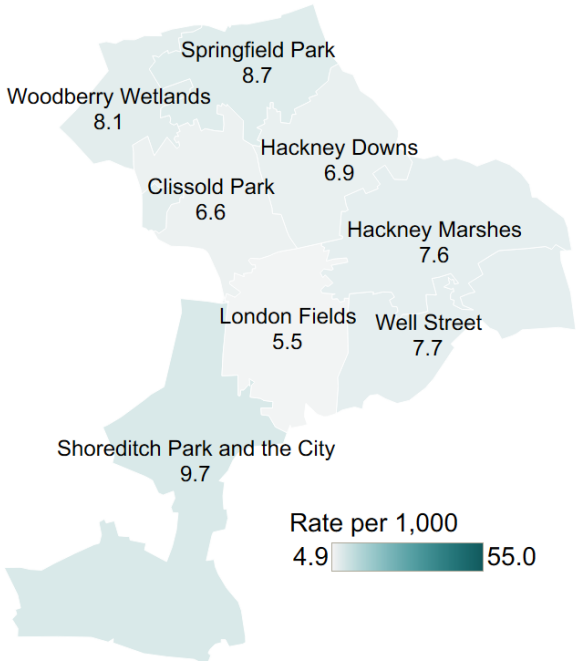
Environmental risk factors

Location in City and Hackney

There is no significant difference in the rate of GP visits for falls between PCNs in City and Hackney on the whole. However, for adults aged 65 and over, the rate of GP visits is highest in Springfield Park and for adults aged 50-64, rates are highest in Shoreditch Park and City. There is also no significant difference between PCNs when comparing age-adjusted GP visits, but these data are not presented here.

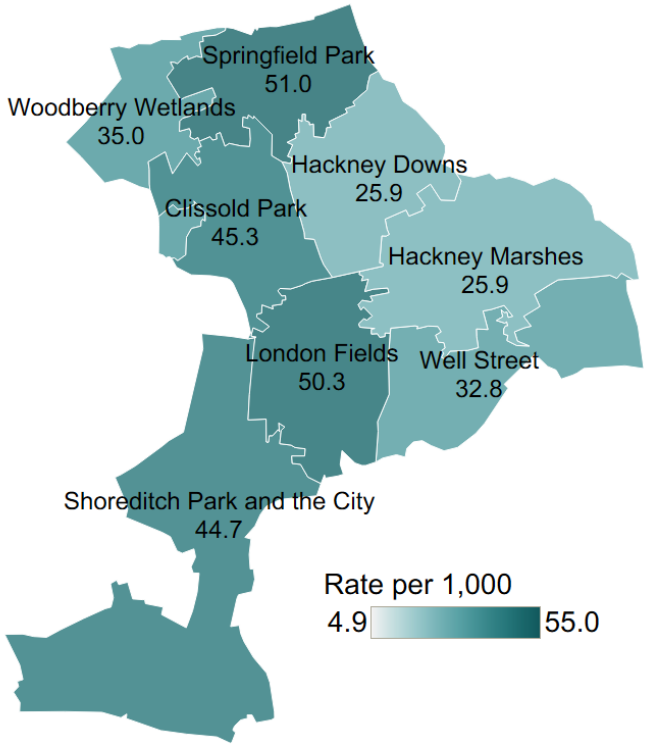
While a higher rate of emergency admissions due to falls appears to exist in Shoreditch Park and City PCN, particularly for adults aged 65 and over, this is not a statistically significant difference when compared to other PCNs in City and Hackney. Again, these findings hold when comparing age-adjusted admission rates too (not presented here).

Figure 20: GP visits due to a fall in adults aged 50-64 in City and Hackney, by PCN (rate per 1,000 population in each deprivation quintile, 2023/24)



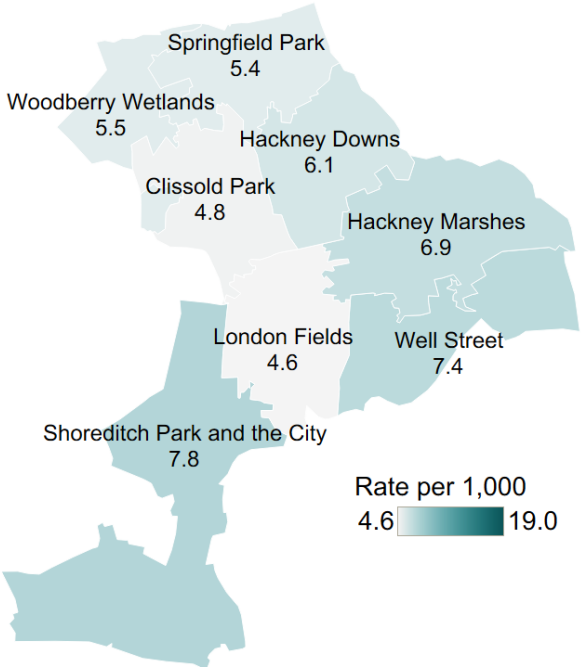
Source: Primary care data 2025.

Figure 21: GP visits due to a fall in adults aged 65 and over in City and Hackney, by PCN (rate per 1,000 population in each deprivation quintile, 2023/24)



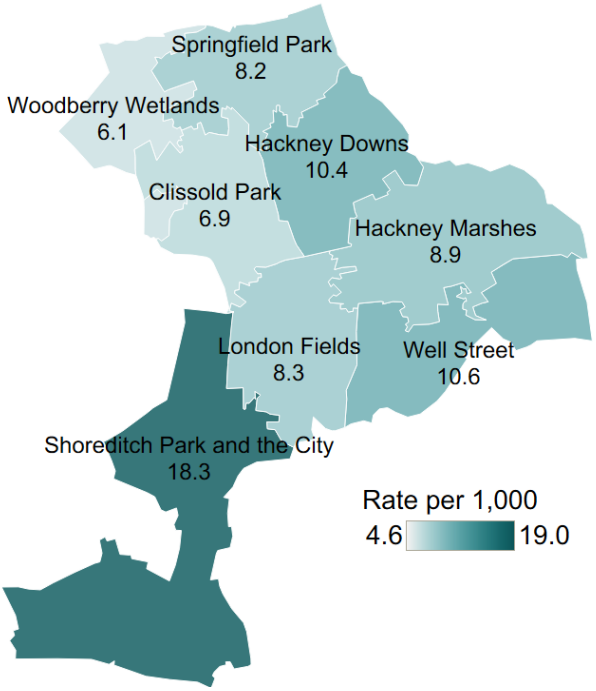
Source: Primary care data 2025.

Figure 22: Emergency hospital admissions due to a fall in adults aged 50-64 in City and Hackney, by PCN (rate per 1,000 population in each deprivation quintile, 2023/24)



Source: Secondary Uses Service (SUS), Census 2021.
Note: for the year 2024/25, 7.9% of records had missing LSOA information.

Figure 23: Emergency hospital admissions due to a fall in adults aged 65 and over in City and Hackney, by PCN (rate per 1,000 population in each deprivation quintile, 2023/24)



Source: Secondary Uses Service (SUS), Census 2021.
Note: for the year 2024/25, 7.9% of records had missing LSOA information.

The built environment, including street design and transport, is a key concern for residents

Risks in the built environment were prominent in our resident engagement (see earlier in this section). In our survey of 82 residents, we asked what might help to reduce people's risk or fear of falling. The most popular response was changes to the environment outside of my home (67%), closely followed by support to improve physical fitness (64%). Outside in the community (e.g. in the park or out shopping) was where most people had either fallen or were worried about falling (78%), followed by in the home (56%).

Focus group findings also reflected concerns about the built environment including street design and hazards such as poor paving, dockless bikes and low lighting. Safe access to transport was also an issue in relation to concerns about falling.

There is a gap in the evidence base on the impact of the built environment on falls. For example, UK road travel injury statistics include only those that involve a vehicle. (60) However, Living Streets research found that nearly half of adults aged 65 and over would walk more if pavements were better maintained. (60)

There is also a gap in data on where falls are occurring in City and Hackney, e.g. the proportion of falls occurring in the home or outside in the community. SUS data is available by fall description but this only covers the following four categories: tripping, slipping, fall from height of less than one metre, fall from high place. It would be useful if the fall description also included the location of the fall.

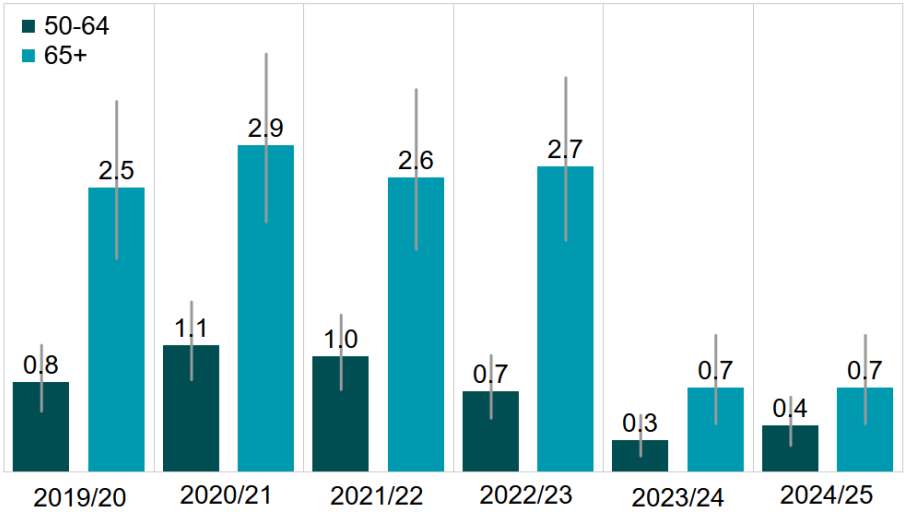
Other

Repeat falls

In adults aged 65 and over, the rate of repeat hospital admissions for a fall remained relatively stable between 2019/20 and 2022/23, before a significant decline in 2023/24 which was maintained in 2024/25 (see figure 24). This decline is several years after the decline seen in emergency admissions for falls overall. While a similar trend is observable in adults aged 50-64, the decrease is not significant.

These findings could indicate positive prevention of further falls but it could also indicate, for example, greater severity of first falls or higher levels of mortality following a fall. It would be useful to explore these trends further.

Figure 24: Repeat hospital admissions* due to falls in people aged 50-64 and 65 and over in City and Hackney (rate per 1,000 population in each age group, 2019/20 to 2024/25)



***A repeat fall is defined as two or more fall-related hospital admissions within a 12 month period for each person.**
Source: Secondary Uses Service (SUS) 2025, Census 2021
Horizontal grey lines on the bar chart indicate confidence intervals.

4. The Local Response

The local response on falls prevention in City and Hackney can broadly be divided into: community-based physical activity opportunities; home adaptations and equipment; environmental interventions; and acute response. The first three of these categories include a greater focus on primary prevention whereas the acute response is more relevant to secondary prevention and rehabilitation.

Community-based physical activity opportunities

There is a wide range of physical activity available to older adults in the City and Hackney. Council-funded physical activity available (at the time of writing this report) to residents in Hackney include the following.

- A range of leisure provision available through centres across the borough, currently provided by GLL/Better.
- New Age Games: a free sport and physical activity programme for residents aged 50 and over. It includes activities such as chair-based exercises, pilates, badminton, tai chi and swimming.
- Walking Together: a universal programme of weekly and monthly walks around the borough.
- Healthier Together Hackney: a Public Health commissioned service which offers both weight management and physical activity on referral programmes to eligible adults (age 18+).

City of London Corporation-funded physical activity provision available (at time of writing) in the City of London includes the following.

- A range of leisure provision available through Golden Lane Sport & Fitness centre, currently provided by Fusion.
- Physical activity on referral (again integrated with adult weight management), funded by the Public Health team and delivered as part of the City leisure contract,. This is a structured exercise programme tailored to individuals with weekly sessions in the gym and other community settings.
- A grant-funded strength and balance class, provided by MRS Independent Living.

Our resident and stakeholder engagement highlighted a wide range of physical activity opportunities available through the voluntary and community sector and private providers. For example (this list is not exhaustive):

- Age UK exercise sessions such as Tai Chi and chair-based yoga
- University of the Third Age Tai Chi and Nordic Walking groups
- MRS Independent Living services including dance, Pilates, chair-based exercises, and a Keeping Sharp strength and balance class
- Hackney Circle dance classes and walks

- privately funded activities, some of which are available at subsidised cost, including exercise classes
- in Hackney, physical activity has been included as part of the lunch club offer, funded via a Hackney Council grant.

There are also useful learnings to draw from the first round of grants for the Healthier Hackney Grants programme (2023-2025), funded by public health. This programme has been developed as part of a broader effort to address physical activity related inequalities within the borough, specifically by promoting physical activity among underactive and disadvantaged populations. In the first round of grants, 33 projects received funding for a period of up to 2 years, working with over 16,000 beneficiaries. The second round of projects is due to begin shortly, with older people a priority group within the funding opportunity.

Learnings from the first round of the programme so far relevant to older adults include:

- the value of partnering with community-led organisations which can lead to programmes that align better with cultural practices (for example, being mindful of prayer times and festivities and delivering classes to single sex groups)
- including an exercise offer within existing services, such as lunch clubs, can minimise transport issues and lead to co-benefits such as social connection, emotional wellbeing and opportunities for creative activities
- the benefits of including a variety of physical activity exercises such as Tai Chi and chair-based activities
- the importance of signposting to other relevant services at existing exercise sessions
- the value of peer support and building a sense of community.

Home adaptations and equipment

Adult social care teams in City and Hackney provide assessments for home adaptations or equipment to support independent living where individuals have a disability or a long-term condition. Residents are able to self-refer for this service or be referred through an alternative route, e.g. via a health professional.

There are a number of commitments in the adult social care strategies for both City and Hackney which are particularly relevant to falls (see section 2 of this report). These two strategies include commitments such as: improving access to information about support; linking people with local community resources; and working with social housing providers to ensure homes are safe, accessible and adapted to meet the changing needs of residents.

Local residents can also access a number of private providers and voluntary organisations in City and Hackney for housing adaptations and equipment. For example, privately purchasing a personal alarm or loaning equipment through the British Red Cross.

Finally, the Tech-Enabled Living (TEL) service provides equipment and advice for vulnerable and/or disabled residents to enable people to live more independently at home. It includes a personal alarm trigger which can be worn around the neck or wrist following an assessment with a health or social care professional. The service is available in both City and Hackney through different providers.

A number of relevant challenges were raised about housing through our stakeholder engagement. For example, professionals raised concerns about poor quality and older housing stock in City and Hackney. Professionals also shared feedback that people in privately rented housing do not always feel able to request adaptations for fear of an increase in rent.

Environmental interventions

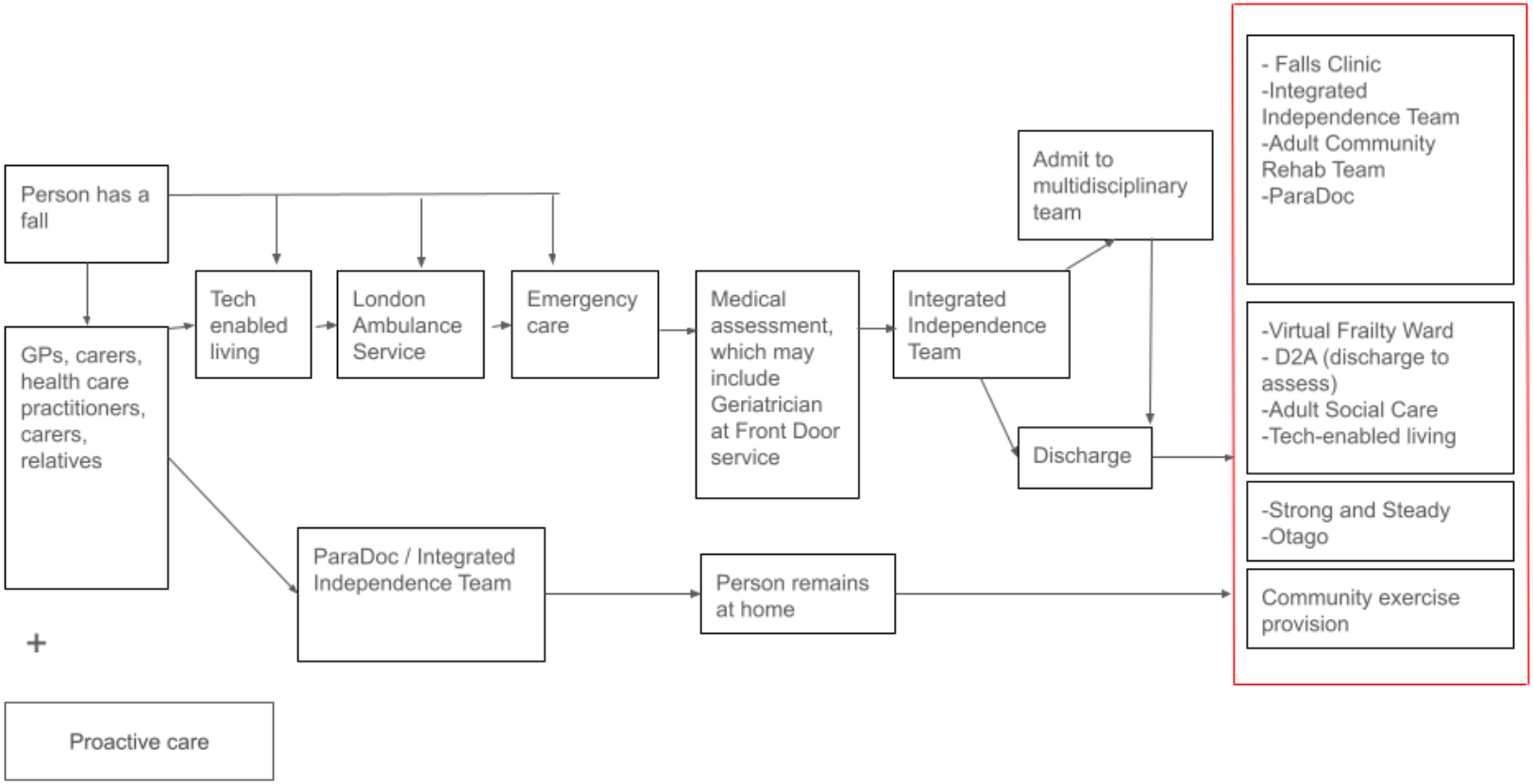
City and Hackney are delivering, or committing to deliver, a number of environmental interventions relevant to falls, as outlined in section 2 of this needs assessment. Some examples are outlined below.

- Both City of London Corporation and Hackney Council have committed to making it easier for residents to access home improvements to ensure that homes are safe, accessible and meeting the changing needs of residents. This is included in adult social care and housing strategies for the City of London corporation and Hackney Council.
- In the local plans in City and Hackney, there is a commitment to increase supply of appropriate and specialist accommodation for older people.
- Priorities in City and Hackney's transport and local plans include creating streets and public spaces that are accessible to all. For example, high quality footpaths and assessing the role of pavement obstructions in trips and falls in the City.
- Considering the social environment, one of three priorities in the Health and Wellbeing Strategies for both City and Hackney is to increase social connection. The evidence in this needs assessment has highlighted the value of action in this area to support falls prevention.

Acute response

Figure 25 provides an overview of acute service provision relevant to falls in City and Hackney, with referral routes out of these services described in the red box on the right of the diagram. Further detail on some of the services included in figure 25 is provided on the following pages, with number of referrals/caseload reported where available.

Figure 25: acute response to falls in City and Hackney, including referral routes in and out



Tech-Enabled Living (TEL) (social care funded)
As outlined under the home adaptations and equipment sub-section, the Tech-Enabled Living (TEL) service in both the City and Hackney provides equipment and advice for vulnerable and/or disabled residents to enable people to live more independently at home.

ParaDoc
As described in section 3 of this needs assessment, ParaDoc is a service which aims to prevent unnecessary hospital admission and emergency admissions, providing urgent assessment and community care by a paramedic and a physiotherapist or occupational therapist. In 2024/25, ParaDoc received referrals for 486 people following a fall.

Integrated Independence Team (IIT)
A service that provides support to maintain independence at home, including help to avoid hospital admission, support during discharge and rehabilitation goals. In 2024/25, IIT saw around 1,120 people following a fall and the IIT home treatment and reablement service received 270 referrals.

Geriatrician at The Front Door (GFD), Homerton Hospital
A geriatrician is involved in the initial assessment and management of patients through daily input in the emergency department and acute care. This service supports the identification of patients who can be discharged and those who can be directly admitted to the Elderly Care Unit. The aim is to reduce length of stay and readmission rates

Falls Clinic, Homerton Hospital
This is a specialist multi-disciplinary clinic for people who have had one or more falls or are at increased risk of falling. The main aim is to identify the cause of falls and prevent future falls.

Adult Community Rehabilitation Team
An interdisciplinary community team including physiotherapists and occupational therapists. The team works with adults with physical or neurological disabilities to provide tailored rehabilitation programmes in the community. The service reported 1,162 unique, falls-related referrals over a 12-month period.

Virtual Frailty Ward
A service which provides home care for patients who would otherwise be admitted to hospital.

D2A (Discharge to Assess)
Supports people to receive assessment and care outside of a hospital setting when they no longer require acute care.

Strong and Steady classes
NHS physiotherapist-led exercise classes which provide a personalised, tailored intervention over an eight week period. These are held weekly at the Homerton hospital.

Strong and Steady is available to residents of City and Hackney via professional referral. It is a rehabilitation service for patients who have experienced at least one fall. In 2024/25, the service received 277 referrals.

Otago
Home-based exercise programme led by a postural stability instructor over a 6-month period. The Otago service is currently available (at time of writing) to residents of City and Hackney at high risk of falling through a referral from a professional. Criteria includes: a history of falls and/or balance issues, individuals unable to attend community exercise classes and aged 75 and over (though exceptions are made). (61) In 2024/25 the service received 110 referrals.

Community exercise provision
Further detail this provision is included above in the community-based physical activity opportunities sub-section.

Proactive care
In addition to referring individuals for support after a fall, GPs are involved in proactive care for older adults at risk of falls. This is delivered through primary care by practice discretion and includes finding patients at high risk of hospital admission to review in the practice. All housebound patients are followed up at least four times a year. This proactive care is primarily targeted at individuals aged 65 and over, with three or more long-term conditions and with a moderate to severe frailty score.

Resident perspectives on the current local response

Through the survey and focus groups described in section 3, residents were asked which services, if any, they had used to help reduce their risk of falls or recover from a fall. The most common responses from people who completed the survey were community-based physical activity for older adults (49%) and a falls assessment by a healthcare professional (43%). Across the focus groups and survey, residents reported accessing a wide range of services or self-led activities including home adaptations, walking aids, health services including physiotherapy, walking and yoga.

Where residents had engaged in falls prevention activity, or had used services to recover from a fall, people were asked to share their perspectives on what was working well and what could be improved.

Strengths of the current local response

- There is high quality and varied community-based physical activity provision. Residents favoured having a variety of physical activity options available through

VCS organisations, with these activities offering flexibility (e.g. being able to miss a session and return the following week), social interaction through group sessions and classes that cater for different abilities.
- There are high levels of support from members of the health and social care workforce.
- Residents reported improvements in quality of life after accessing services. For example, one participant of the physio-led Strong and Steady service said it had improved their confidence which in turn had enabled them to visit family. Another participant talked about the importance of the service in encouraging them to leave the house. Other individuals we engaged through this needs assessment talked about sharing exercises with friends who might benefit, having more confidence when walking and feeling fitter.

Areas for improvement in the current local response

- Environmental factors could be improved or addressed. This includes poor paving, lighting, use of e-bikes on pavements and a lack of adaptations in public buildings (e.g. handrails).
- The current falls prevention care pathway is unclear and residents are often unaware of the full range of services available to them. An easily accessible guide of what is on offer would be helpful as well as improved signposting through health and social care services, including to physical activity and home support/adaptation services.
- Services could be better coordinated, such as scheduling classes on different days so residents can attend different types of falls prevention sessions. Other residents commented that services are often unavailable at weekends or evenings for people who work during the day.
- The location of services is a problem for some, with many participants saying they find it difficult to access services or use public transport. For example, travelling to appointments at Homerton hospital is inconvenient for City residents.
- On the whole, residents did not favour online exercise classes, reporting issues around access, e.g. confidence using technology, and not having sufficient space at home to participate.

As outlined in section 3, it is not possible to generalise from these findings due to the small sample of participants who are not necessarily representative of the older adult population in City and Hackney.

Learnings from other London boroughs

We spoke to Public Health teams and NHS colleagues in eight other local authority areas across London about falls prevention interventions in their locality. A summary of the learnings from this benchmarking exercise is provided below.

Physical activity for falls prevention

- Most of the areas have physical activity provision specifically targeted at older adults, which can include strength and balance classes. One borough reported that they had greater success in delivering these classes in community venues than in leisure centres and gyms.
- Funding sources for strength and balance classes vary.
- The type of providers for these services vary, including in-house delivery and partnerships with VCS or leisure providers.
- While self-referral is available in most areas, some strength and balance classes are only available through a formal referral such as via a GP.

Pathway integration

- The extent to which falls prevention services are integrated across the full pathway (from primary prevention to rehabilitation, across NHS and local authority funded services) varies significantly across different areas.
- In some areas, falls prevention provision is jointly commissioned across local authority boundaries.
- Some areas are integrating falls prevention into broader "ageing well" strategies and long-term condition management pathways.

Referral routes and proactive case finding

- Work to improve referral pathways includes: a helpline for self-referrals into falls prevention services; a single point of access and health professional triage into multiple health and care services, including falls prevention; and telephone triage systems operated by clinical assistants.
- Some areas have implemented a proactive case finding approach to identify people at risk of falls, for example using GP-recorded frailty scores to identify patients at risk.

Addressing 'wider determinants' of falls

- "Age-friendly boroughs" are taking a wider view on creating places that allow people to live well in later life. For example, by considering and implementing interventions across the eight domains of the *Age-friendly Communities framework*: outdoor spaces and buildings; transport; housing; social participation;

respect and social inclusion; civic participation and employment; communication and information and community support and health services. (13)

- Some boroughs are providing additional support for holistic needs within falls prevention services, such as benefits advice and digital inclusion services.

Assessment of the local response

There is a range of activity that contributes to the primary and secondary prevention of falls and much of this is well regarded by residents. This includes physical activity provision, multifactorial interventions and home adaptations. There is also action to prevent unnecessary hospital admissions for falls, e.g. the ParaDoc service. Residents shared positive feedback about local falls prevention provision, including the variety and flexibility of group exercise classes and the opportunity to meet with others and socialise.

The falls pathway is fragmented and difficult to navigate. Falls prevention funding and activity is divided across a number of services and sectors including the NHS, public health and adult social care. There is a lack of cross-system coordination across the full pathway which, in turn, makes it difficult for professionals and the public to navigate. Professionals we spoke to would like a clearer referral pathway which allows them to signpost individuals to support that is appropriate for their level of need. Meanwhile, residents reported being unsure of the services available to help prevent falls.

There is currently insufficient information upon which to make a formal assessment of the performance of the local response. Due to the complexity and fragmented nature of provision, we do not have a comprehensive picture of participation in or outcomes from services across the falls prevention pathway. There are gaps in local data reporting such as referral numbers and service outcomes, which makes it difficult to evaluate their effectiveness This is accompanied by national shortfalls in the evidence on areas such as cost-effectiveness and the role of the wider determinants of health, making it difficult to benchmark progress in City and Hackney. The local falls stakeholder group is reviewing the data that is available to inform the ongoing review of the current pathway, led by NEL ICB.

The local response involves action across sectors and determinants of health. However, there is an opportunity to build greater awareness of the value of a "health in all policies approach" to falls prevention and to build capacity in other sectors. Effective action on falls prevention requires the input of sectors including housing, transport and planning. For example, creating safer walkways and improving the availability of accessible housing. However, many of the environmental interventions referenced in this needs assessment aren't always recognised as health-promoting actions. Building awareness of the role of this work in falls prevention may help other sectors to make a stronger case for these interventions and/or prioritise their delivery.

There are also opportunities to build capacity in other sectors and partner organisations. For example, there is precedent in the neurological rehabilitation service at the Homerton hospital of physiotherapists working with leisure service colleagues to develop programmes which health professionals can then refer to.

There is an opportunity to better align the local response with the NICE Falls Guidance and World Falls Guidelines in order to ensure people are receiving the right support relative to need. There is an opportunity to align the falls pathway with the NICE Falls Guidance and World Falls Guidelines three-tiered risk stratification and there is appetite from local stakeholders to do this. A number of opportunities and gaps have already been identified in relation to these guidelines, including:

- the potential to reduce the number of comprehensive falls assessments being completed, reserving these for adults at high risk of falls
- a gap in physical activity provision for adults at moderate levels of falls risk and opportunities to encourage more adults at low risk of falls to participate in physical activity
- the potential for a shift of spend from acute to community provision to improve provision for the relatively larger number of people at low or moderate risk of falling.

***How* interventions are delivered is as important as *which* interventions are delivered.** How interventions are implemented in the current local response does not always align with the evidence base. For example, the World Falls Guidance recommends physical activity interventions that are individualised and progressed in intensity for at least 12 weeks for community-dwelling older adults. This would include adults at intermediate risk of falls and could also include adults at high risk following a multifactorial falls risk assessment. The NICE Falls Guidance provides a similar view including the need for regular progress reviews and to be delivered in a way that supports longer term behaviour change. Again, tailored exercise programmes are recommended for those at moderate risk of falling and some adults at high risk of falling. Meanwhile, evidence suggests that home-based and digital exercise interventions can reduce the risk of falling, particularly if conducted after an instructor-led training period or alongside regular classes. However, our engagement found that the residents we spoke to didn't tend to favour online interventions, so adequate support would be needed to ensure these were widely accessible.

There is an opportunity to improve proactive care and case finding but this needs to be accompanied by sufficient capacity to meet this need. Current proactive care relevant to falls is by GP practice discretion. Historically, there has been more extensive proactive and anticipatory provision within City and Hackney but this has reduced due to a loss of dedicated funding. While there is appetite among stakeholders for improvements in proactive care, there are concerns that the current pathway will struggle to meet need if there is an increase in referrals from proactive care, particularly in the context of an ageing population. A review of the full pathway, including proactive care, is therefore necessary.

5. Conclusions and recommendations

While the causes of falls are complex, falls can be prevented through action across a range of modifiable risk factors, including frailty, physical inactivity and the home and built environment. This needs assessment has brought together evidence on effective falls prevention interventions including the following.

Physical activity: There is strong evidence that physical activity is effective in reducing the number of falls, including exercise which improves strength and balance. This is especially the case when carried out for more than three hours a week and targeted at individuals in mid-life as well as older age.

The home environment: Adaptations to the home environment, such as grab rails and alarm systems, are effective in preventing falls when targeted at people at higher risk of falling.

Multifactorial interventions: A combination of different forms of support (e.g. exercise alongside a medication review) and are most effective when targeted at people at high risk of falls.

The wider determinants of health: There is a gap in the evidence base on effective interventions concerning the wider determinants of health and falls. This report describes relevant principles for the development of age-friendly communities from the Centre for Ageing Better on: outdoor spaces and buildings; transport; housing; and social participation. The NICE Falls Guidance also notes the importance of social contact and how this can be facilitated through group activity.

Delaying, reducing and preventing frailty: Frailty prevention involves taking early action on risk factors such as smoking, physical inactivity and poor diet throughout the lifecourse. This includes population-level initiatives and taking systemic action such as ensuring access to healthy food and environments that support physical activity.

From a population health perspective, targeting preventative action at individuals at lower levels of risk is likely to reach a larger number of people and prevent or delay people progressing to moderate or high risk of falling. Action on falls should also include a sharp focus on addressing inequalities as these exist across many of the risk factors for falls.

Strengths and opportunities

This needs assessment has considered the local picture and local response on falls prevention in City and Hackney. It has highlighted a number of positive trends, strengths and opportunities, as summarised below.

1. **Emergency hospital admissions due to falls have declined since 2019/20.** Emergency hospital admissions due to falls have declined in people aged 65 and over and are similar to the national average. This decline may be related to the COVID-19 pandemic and associated restrictions, but rates have remained at lower levels than those seen in the 2010s.

2. **Repeat hospital admissions due to falls have declined since 2022/23**. Repeat hospital admissions due to falls have declined in people aged 65 and over. These findings *could* indicate positive prevention of further falls. However, alternative hypotheses should be considered, e.g. higher mortality related to falls, and it would be useful to explore this trend further.

3. **Estimated frailty prevalence is lower in the City of London than the national average.** Frailty, a key risk factor for falls, is estimated to be less prevalent in adults aged 50 and over in the City of London than the national average. This is estimated to be 5.5% in the City of London, compared to 8.1% in England.

4. **There is a range of falls prevention activity in the City and Hackney.** This can broadly be divided across community physical activity provision, home adaptations and equipment, environmental interventions and acute response. Engagement with residents has highlighted a number of strengths in this provision including the quality and variety of physical activity opportunities and the support received from health and social care professionals.

5. **There are opportunities to integrate falls prevention into wider programmes of work with aligned objectives.** For example, this needs assessment has highlighted evidence on the value of improving social connection in efforts to reduce falls. This is just one example of the co-benefits that can be achieved through action on the social connection priority in the City and Hackney health and wellbeing strategy.

6. **The updated NICE Falls Guidance provides a timely opportunity to review the falls prevention pathway in City and Hackney.** There is alignment between the new NICE Falls Guidance and the 2022 World Fall guidance. These two guidelines clearly set out suggested interventions for individuals at high, moderate and low risk of falling. There was agreement among some stakeholders as part of our local engagement that this presented a timely opportunity to refresh the City and Hackney falls prevention pathway. This guidance also provides clear evidence on *how* to deliver interventions well as *which* interventions to deliver. For example, physical activity interventions that are

individualised and progressed in intensity for at least 12 weeks.

Challenges and areas for improvement

Key challenges and areas for improvement identified as part of this needs assessment include the following.

1. **The population in City and Hackney (as elsewhere) is ageing.** Between 2025 and 2040 the population aged 65 and over in Hackney is projected to increase by 44.7% and in the City of London by 47.6%. Age is a key risk factor for falls and an ageing population is associated with rising multimorbidities. On these trends, falls are likely to become more prevalent without effective intervention.

2. **Estimated frailty prevalence is higher in Hackney than the national average.** Frailty, a key risk factor for falls, is estimated to be 59% higher in adults aged 50 and over in Hackney than the England average. This is concerning given the rate of GP recorded falls increases as frailty increases in severity from mild to severe, indicating a significant potential impact on demand for GP appointments.

3. **The rate of emergency admissions due to falls in the 65-79 age group in City and Hackney is above the national benchmark.** This could be related to the higher percentage of adults with frailty and pre-frailty in Hackney, with adults perhaps becoming frail earlier in life, but it is not possible to draw causal conclusions.

4. **There are socioeconomic inequalities across many of the risk factors for falls.** For example, people living in the most deprived areas of England are less likely to be physically active than those living in the least deprived areas - and these inequalities are widening. In the City and Hackney, the prevalence of obesity among adults increases with levels of areas of deprivation. Meanwhile, while individuals in the least deprived areas of City and Hackney tend to drink more alcohol, evidence shows that those in the most deprived areas often experience worse alcohol-related harms.

5. **A number of wider determinants of health are influencing falls risk at the population level.**

    - *Built environment:* issues concerning hazardous public realm were prominent in resident engagement including dockless bikes parked on pavements, cyclists using walkways and uneven paving. This affects both actual falls risk and fear of falling which, in turn, reduces people's confidence in getting out and about in the community, further increasing their risk of falls through physical de-conditioning.
    - *Housing:* concerns about housing included poor quality and older housing stock in City and Hackney.

- *Transport:* residents reported that it was difficult to easily access many falls prevention and wider health services or use public transport safely.
- *Social connection:* for example, concerns about falling led some residents to stay at home more than they otherwise would. This can lead to social isolation and increased risk of falls due to inactivity.

6. **There is a lack of awareness about the risks factor for falls and support available to reduce this risk.** Awareness could be improved amongst the public as well as the health and care workforce.

7. **There are gaps in local falls prevention provision and a lack of integration in the falls prevention pathway.** The lack of integration in the current pathway makes it difficult for residents to access the evidence-based support most appropriate for their level of need.

8. **Inequalities exist in access to services for falls and falls prevention:** for example, men are less likely to visit a GP following a fall or due to concerns about falling, which follows international evidence that men are less likely to report a fall to a clinician unless asked directly.

9. **There are shortfalls in evidence to fully inform the local response:** Evidence is lacking on effective interventions to reduce falls through action on the wider determinants of health, and there is limited UK specific evidence on cost-effective falls prevention interventions in general. Locally, there is a need for more robust data collection to inform the evaluation of falls prevention interventions.

Recommendations

The following recommendations build on the conclusions in this needs assessment. The recommendations have not been prioritised and it is anticipated that this will be done through the ongoing pathway review.

Take a joined-up approach, which reflects City and Hackney's ageing population and doesn't consider falls in isolation. *This recommendation responds to the following needs assessment findings:* ● *there are opportunities to integrate falls prevention into wider programmes of work with aligned objectives* ● *the population in City and Hackney is ageing.*
1. Embed falls prevention in wider services such as co-locating falls prevention activities alongside other provision for older adults. For example, in Hackney,

physical activity has been introduced in lunch club settings.

Build awareness of risk factors, services and prevention relevant to falls

These recommendations respond to the following needs assessment findings:

- *there is a lack of awareness about the risk factors for falls and support available to reduce risk.*

2. Equip the wider workforce, including professionals working outside of health and social care, with the skills and confidence to:

- have very brief, opportunistic conversations with service users, residents and carers about falls risk and signpost to relevant preventative support - through a 'make every contact count' (MECC) approach

- identify older adults at increased risk of falling (a common tool is the three question approach which encourages people to ask routinely about falls through these three questions: have you fallen in the past year?; do you feel unsteady when standing or walking?; do you have worries about falling?)

- provide (or signpost/refer to) the appropriate level of support relative to risk of falling as per the guidance in the World Falls Guidelines and NICE Falls Guidance

- provide easy access to information about local support available to prevent falls, including a clear referral pathway for those at low, moderate and high risk of falling

- understand and take action to reduce older adults' worries or concerns about falling.

3. Improve health literacy in the community about falls and falls prevention and improve access to information about relevant support. For example:

- share information about risk factors for falls, preventative action that individuals can take and support people can access in routine communications for older adults (e.g. alongside invitations for health screening targeted at older age groups such as bowel cancer screening)

- create more user-friendly ways of sharing information about relevant local support and services (e.g. through the Hackney find support services webpage and City of London service page, as well as analogue alternatives) - this should include a comprehensive and up to date guide on community physical activity opportunities for people at different ages

- make information available for older adults offline, for example through local

newspapers and via healthcare professionals as trusted messengers (through a MECC approach, as previously described)

- make it easier for people to access information about home adaptations and aids.

Take action on frailty as a key risk factor for falls

These recommendations respond to the following needs assessment findings:

- *estimated frailty prevalence is higher in Hackney than the national average*
- *the rate of emergency admissions due to falls in the 65-79 age group is above the national benchmark (which may relate to the higher estimated prevalence of frailty in Hackney, but we cannot draw causal conclusions)*
- *there are opportunities to integrate falls prevention into wider programmes of work with aligned objectives*
- *the population in City and Hackney is ageing.*

4. Create opportunities for people to adopt healthy behaviours across the life course to prevent, delay or reduce frailty and falls in later life. For example:

- ensure strategies on smoking, physical activity, alcohol and healthy diet include recommendations and provision at different stages of the life course, including mid-life and later life

- continue to promote active travel for people of all ages in City and Hackney.

5. Increase coverage GP-recorded frailty scores, including among younger (aged 50-64) older adults, and incentivise proactive case finding of people at high risk of falls in primary care. This should be accompanied by improved access to data on frailty risk for professionals involved in the wider falls pathway. For example, ensuring that data on frailty risk, and associated assessments and notes, is available to adult social care colleagues via Health Information Exchange (HIE).

Ensure residents can access the appropriate evidence-based support relevant to their needs

This recommendation responds to the following needs assessment findings:

- *the updated NICE Falls Guidance provides a timely opportunity to review the falls prevention pathway in City and Hackney*
- *there are gaps in falls prevention provision and a lack of integration in the falls prevention pathway*
- *inequalities exist in access to services for falls and falls prevention*
- *if current trends continue, recent declines in emergency hospital admissions and repeat hospital admissions could present an opportunity to shift some spend from*

acute to community provision.

6. Review investment and integration across the falls pathway to ensure there is timely and accessible provision for older adults at low, moderate and high risk of falling. Specific recommendations include:

- a shift of spend from acute to community provision to improve provision for the relatively larger number of people at low or moderate risk of falling
- ensuring a joined up approach to investment in evidence-based falls prevention interventions across the whole pathway
- a review of local physical activity opportunities across City and Hackney against different levels of falls risk (based on the World Falls Guidelines and NICE Falls Guidance) to ensure that suitable provision is available (and widely promoted) to individuals at high, moderate and low risk of falling; consideration should be given to *how* these interventions are delivered as well as which interventions are delivered, as set out in these guidelines
- stronger collaboration between practitioners across the falls prevention pathway to facilitate the development and delivery of a more joined up service response, building on existing good practice
- understand and address the barriers that may prevent men visiting a GP following a fall or due to concerns about falling.

Take action on the wider determinants of health that increase people's risk of falling

These recommendations respond to the following needs assessment findings:

- *a number of wider determinants of health are influencing falls risk at the population level*
- *there are opportunities to integrate falls prevention into wider programmes of work with aligned objectives.*

7. Enforce safer walkways including provision of high quality footpaths and advocate for regulation of pavement obstructions such as e-bikes. This could be addressed through:

- continued implementation of the Healthy Streets approach through local transport strategies
- progressing recommendations in Hackney's Ageing Well Strategy across both City and Hackney, for example ensuring enforcement powers are used for obstructions on pavements and developing a public campaign around

pedestrian and cyclist behaviour and safety (being careful not to deter active travel through its implementation)

- advocate for better rules and regulations for electric bikes, responsibility for which sits with the Department for Transport

- ensure relevant commitments made in the Hackney Local Plan 2033 and City Plan 2040 are delivered on, including: providing high quality footpaths (Hackney); and a requirement for the design and management of buildings, streets and spaces to provide for the access requirements of all communities, including older adults (City). (20) (19,20)

8. Ensure housing is suitable for the needs of older adults, including through improving access to housing adaptations and aids for people at higher risk of falls. For example:

- build on recommendations within the Hackney Ageing Well Strategy as well as adult social care commitments in City and Hackney, making it easier for people at high risk of falling to access information about home adaptations and aids

- explore opportunities to deliver in-house repair services that people can request at cost (again, a recommendation in the Hackney Ageing Well Strategy)

- ensure relevant commitments in the Hackney Local Plan 2033 and City Plan 2040 are delivered upon, including achieving the benchmarks set out in the London plan for appropriate housing for older adults

- stronger collaboration between health and social care and wider services (including the London Fire Brigade) to improve identification of falls risks in the homes of older adults, as part of a MECC approach (recommendation 2)

- ensure social housing providers (including Hackney Council and City of London Corporation) continue to provide and maintain accommodation that is suitable for older adults.

9. Ensure that services for older adults are fully accessible to all eligible residents. This could include:

- improving access to community transport, such as Dial-a-Ride and Taxi Card

- ensuring decisions about falls prevention service delivery locations are made with consideration to accessibility via public transport routes.

10. Prioritise opportunities for social connection for older adults both in falls-related and wider services. This could include:

- building falls prevention (such as strength and balance) activities into existing services that foster connection and a sense of community as mentioned under recommendation 1

- building on the work being progressed as part of the City and Hackney Health and Wellbeing Strategies to increase social connection, ensuring a focus on creating more opportunities for social connection for older people and including intergenerational activities.

11. Ensure developments in City and Hackney consider and act on the principles to guide local policy and action in Age-friendly Communities: a handbook of principles to guide local policy and action (Centre for Ageing Better, 2025). Domains particularly relevant to falls include: outdoor spaces and buildings; transport; housing; and social participation.

Address inequalities in risk factors for falls

These recommendations respond to the following needs assessment findings:

- *there are socioeconomic inequalities across many of the risk factors for falls*
- *there are opportunities to integrate falls prevention into wider programmes of work with aligned objectives.*

12. Community physical activity provision should consider and address inequalities in participation among older people, and ensure opportunities are accessible to individuals living in the most deprived neighbourhoods.

13. Action on other behavioural risk factors for falls and frailty should retain a sharp inequalities focus. This includes preventative activity to reduce the harms of alcohol, smoking and poor diet.

Build on and apply the evidence base on falls and falls prevention

These recommendations respond to the following needs assessment findings:

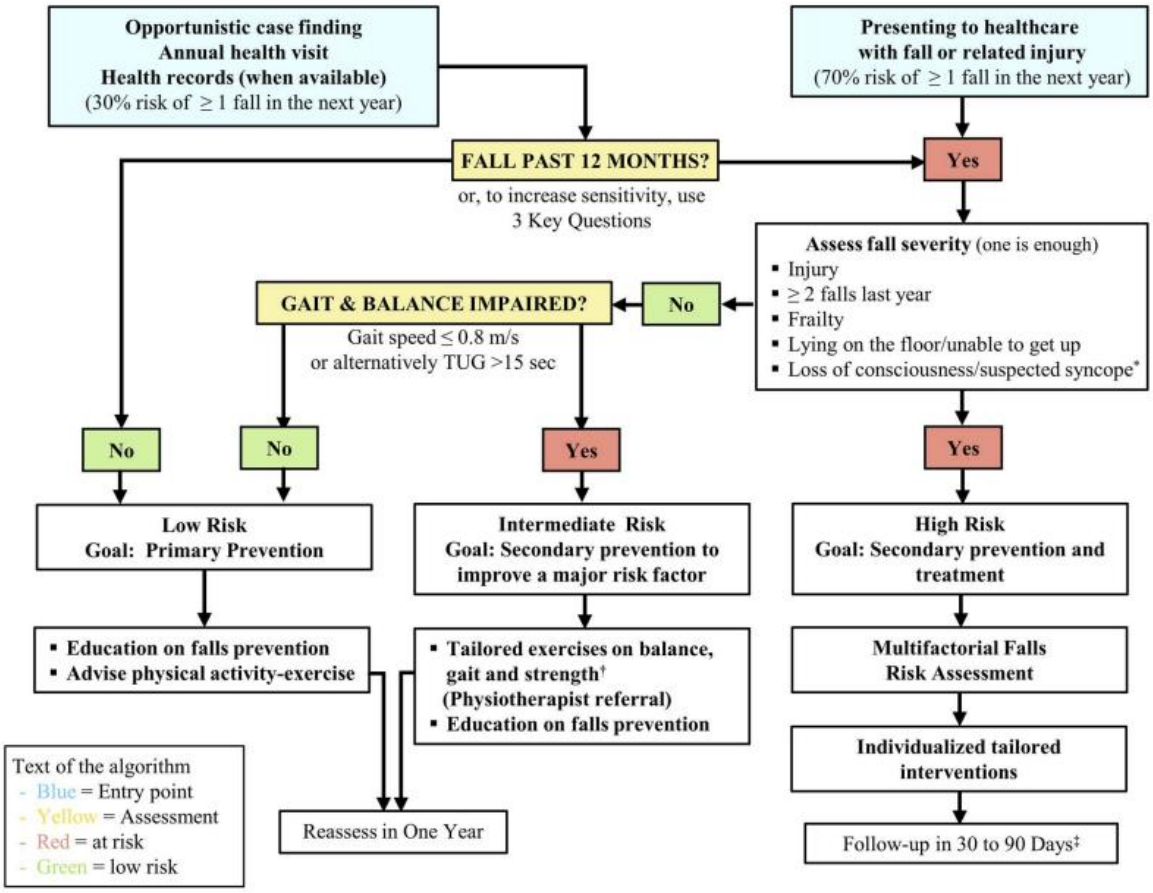
- *there are shortfalls in evidence to fully inform the local response*
- *the updated NICE Falls Guidance provides a timely opportunity to review the falls prevention pathway in City and Hackney*

14. Ensure local falls prevention interventions follow national guidance in how they are designed and implemented and ensure that robust and timely data is collected to evaluate their effectiveness. For example, strength and balance sessions for falls prevention should use a recognised monitoring and evaluation framework, such as, the Falls Management Exercise (FaME) implementation toolkit quality assurance checklist and data collection guidance. (62)

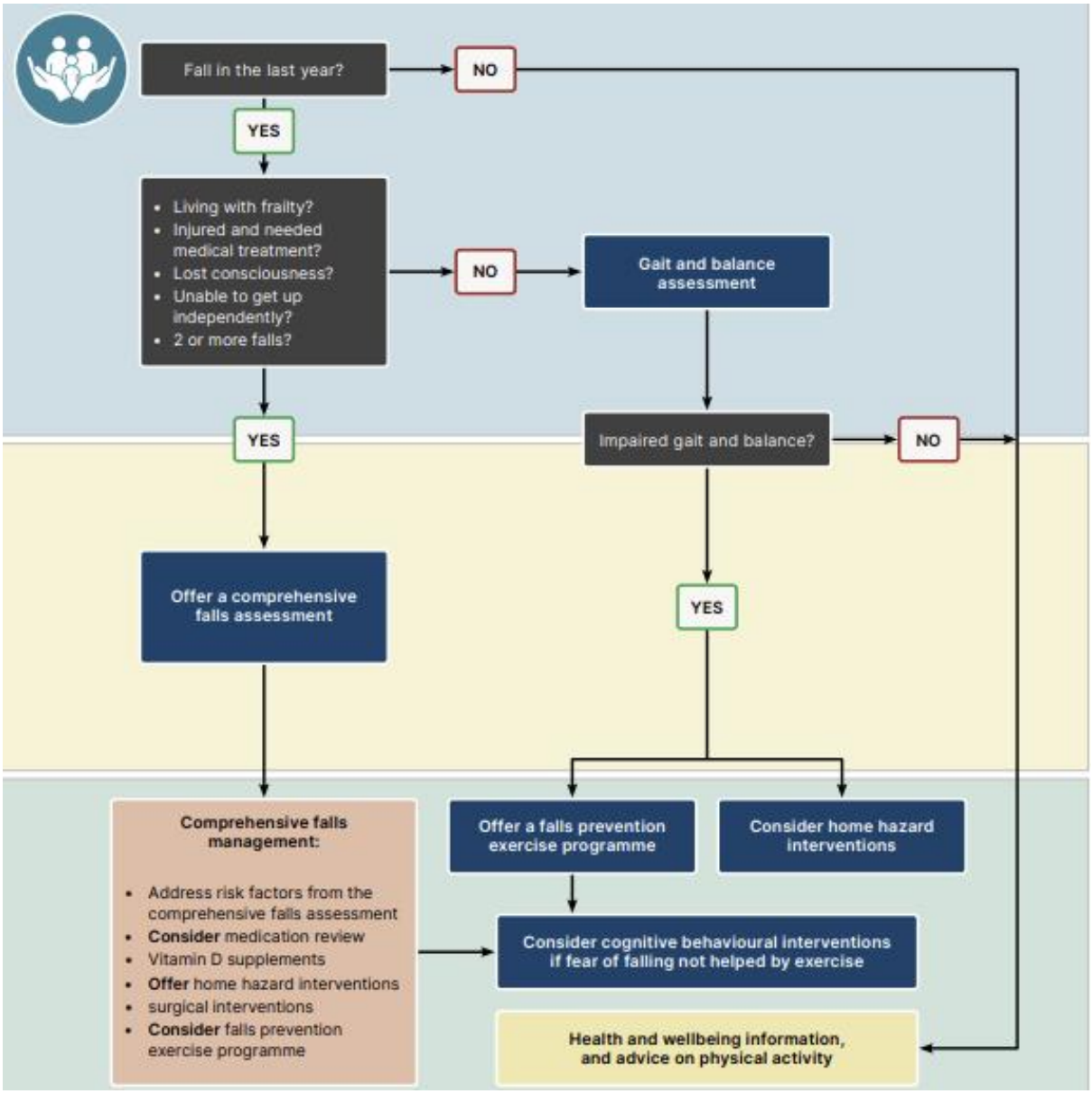
15. Explore further the decrease in repeat emergency admissions due to falls in City and Hackney to understand what is driving this trend and inform future planning
16. Routinely collect data on the location of falls in primary and secondary care settings, e.g. in the home or outside in the community, to support the prioritisation of effective interventions.
17. Advocate for further national research into the wider determinants of health and falls prevention, including effective interventions in the built environment.
18. Advocate for further national research into the cost-effectiveness of falls interventions to guide local practice.

Appendix 1: Algorithms for risk stratification, assessment, prevention and management

World Falls Guidelines for Falls Prevention and Management for Older Adults: **Algorithm for risk stratification, assessments and management/interventions for community-dwelling older adults.** (7)



NICE guidance on falls prevention and assessment: assessing risk and prevention in community settings (1)



Appendix 2: search strategy and results for literature review on community-based interventions for preventing falls in adults aged 50 and over

Overview

The UKHSA Knowledge and Library Services conducted a search of multiple databases (Embase, Emcare, Medline, PsycInfo, Cochrane, CINAHL, Scopus and Google) on 28 March 2024, removed duplicates and conducted an initial screening.

PICO question

Population: community-based adults aged 50 or above
Intervention: Community falls prevention interventions including physical activity (e.g. strength and balance; dance; exercise) and home hazard assessments
Comparator: Usual care or intervention not thought to prevent falls
Outcomes:
- Primary: Rate of falls.
- Secondary: Fractures; injury; Hospital admission; adverse events; health related quality of life

Inclusion criteria

- English language
- Published 2016-2024
- Relevance to study aims
- Systematic or literature reviews
- Primary research
- UK-based grey literature

Exclusion criteria:

- No free full text available
- Only study protocol available
- Oral abstracts or conference proceedings
- Qualitative research
- Non-UK based economic analyses

- Evidence on reducing fear of falling only

The included reviews are international in scope. Most research was conducted in high-income countries, including the UK. We restricted grey literature and economic analyses to UK-based only, as these are most relevant to the commissioning context. Where multiple publications reported the same research, the paper with the most comprehensive data or the longest follow up was included. During the literature review in May 2024, one item in the grey literature results, on dance exercise, was found to have been newly published as a peer-reviewed systematic review, which we included instead.

Studies which only looked at falls risk reduction or proxy measures of falls risk (e.g. Timed Up and Go) were excluded.

Results

The initial search returned 742 results, leaving 558 results after duplicates were removed. Following initial screening by the library service, 178 results were uploaded into Rayyan reference management system for screening by two independent reviewers. From this, 28 papers were included, supplemented by 3 national guidance documents, giving a total of 31 papers.

3 national or international guidelines
4 Cochrane reviews
4 umbrella reviews
15 systematic reviews
4 grey literature
1 narrative review

Intervention type	**Total (n)**	**Cochrane reviews (n)**	**Umbrella and systematic reviews (n)**	**Other (n)**
General	6	0	2	4
Physical activity	13	1	9	3
Environmental modifications	2	1	1	0
Multifactorial and multicomponent	10	2	7	1

Studies differed in their definition of "older adults": 1 study used a definition of age 50 years of above, 11 studies defined it as aged 60 or above, and a further 11 studies defined

it as 65 years or over. Two studies did not report on age criteria in their methods. As the World Guidelines point out, there is no scientific rationale for using a strict definition of older age.

Full search strategy

Database:
Embase <1974 to 2024 March 27>

#	Query	Results from 28 Mar 2024
1	fall.mp. or falling/	213,676
2	intervention.mp.	1,339,456
3	(exercise adj1 intervention*).ti,ab.	13,337
4	(aged or elder* or pensioner* or senior* or "old age").ti,ab.	1,488,245
5	aged/	3,785,687
6	(elder* or aged or old* or senior* or pensioner* or OAP* or veteran* or frail*).ti,ab,kf.	3,798,977
7	community dwelling person/ or Homebound patient/ or ("community dwelling" or housebound).ti,ab.	44,506
8	4 or 5 or 6	6,496,724
9	7 and 8	39,384
10	1 and 2 and 3 and 9	111

Database:
Ovid Emcare <1995 to 2024 Week 12>

#	Query	Results from 28 Mar 2024
1	fall.mp. or falling/	49,880
2	intervention.mp.	501,371
3	(exercise adj1 intervention*).ti,ab.	6,095

4	(aged or elder* or pensioner* or senior* or "old age").ti,ab.	496,375
5	aged/	644,416
6	(elder* or aged or old* or senior* or pensioner* or OAP* or veteran* or frail*).ti,ab,kf.	1,043,275
7	community dwelling person/ or Homebound patient/ or ("community dwelling" or housebound).ti,ab.	25,384
8	4 or 5 or 6	1,428,612
9	7 and 8	22,173
10	1 and 2 and 3 and 9	72

Database:
Ovid MEDLINE(R) ALL <1946 to March 27, 2024>

#	Query	Results from 28 Mar 2024
1	fall.mp. or falling/	155,882
2	intervention.mp.	869,782
3	(exercise adj1 intervention*).ti,ab.	10,000
4	(aged or elder* or pensioner* or senior* or "old age").ti,ab.	1,078,784
5	aged/	3,437,287
6	(elder* or aged or old* or senior* or pensioner* or OAP* or veteran* or frail*).ti,ab,kf.	2,688,168
7	community dwelling person/ or Homebound patient/ or ("community dwelling" or housebound).ti,ab.	33,586
8	4 or 5 or 6	5,365,964
9	7 and 8	30,580

10	1 and 2 and 3 and 9	100

Database:
APA PsycInfo <2002 to March Week 4 2024>

#	Query	Results from 28 Mar 2024
1	fall.mp. or falling/	22,735
2	intervention.mp.	302,666
3	(exercise adj1 intervention*).ti,ab.	2,168
4	(aged or elder* or pensioner* or senior* or "old age").ti,ab.	222,320
5	aged/	653
6	[(elder* or aged or old* or senior* or pensioner* or OAP* or veteran* or frail*).ti,ab,kf.]	0
7	community dwelling person/ or Homebound patient/ or ("community dwelling" or housebound).ti,ab.	11,701
8	4 or 5 or 6	222,623
9	7 and 8	5,574
10	1 and 2 and 3 and 9	7

Scopus

((TITLE-ABS-KEY (fall) AND TITLE-ABS-KEY (prevention))) AND ((TITLE-ABS-KEY (intervention) OR TITLE-ABS-KEY (exercis*) OR TITLE-ABS-KEY (physical AND activity) AND TITLE-ABS-KEY (community AND dwelling) OR TITLE-ABS-KEY (community AND living))) AND PUBYEAR > 2015 AND PUBYEAR < 2025 AND (LIMIT-TO (LANGUAGE , "English")) AND (LIMIT-TO (AFFILCOUNTRY , "United Kingdom"))

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