



Strengthening Community- Based Falls Prevention in England

Evidence Review and Policy Recommendations

EXECUTIVE SUMMARY

Falls among older adults in the UK are a major public health concern, with approximately one-third of people aged 65 and over experiencing a fall each year. Falls can result in severe injuries and contribute to increased health and social care costs, as well as disability and premature death. Despite strong evidence for falls prevention programmes, implementation across England remains inconsistent and fragmented.

This policy brief presents recommendations for policymakers, commissioners and community leaders to support the commissioning, implementation and public understanding of effective falls prevention.

We outline key recommendations to scale effective programmes and improve workforce capacity to ensure their sustainability. There is an opportunity by addressing these factors to support healthier, independent ageing and alleviate pressure on the health and care system.

Falls cost

**£4.4
BILLION**

annually to the health
and care system

AIMS OF POLICY BRIEFING

- To provide, based on current evidence, recommendations for policy makers, practitioners and other key stakeholders to improve the outcomes of those at risk of falls.
- To inform policy on what health and care systems and other stakeholders need to do to enable wider adoption of successful falls prevention programmes.

SUPPORTING FALLS PREVENTION IN ENGLAND

Falls among older adults are a pressing public health concern, with one out of every three individuals aged 65 and over experiencing a fall annually. The frequency of falls increases with age and frailty, with up to half of care home residents falling each year. Falls frequently result in severe injuries, including fractures and disability. They are the leading cause of community dwelling older adults losing independence and transitioning into long-term nursing care, with approximately 20% of people with a fall-related hip fracture needing long-term care within the first year of the fall¹. Falls also impose a significant financial burden to the UK health and care system, **costing an estimated £4.4 billion annually**². Effective falls prevention is a critical element in promoting healthy ageing and reducing the demand on health and care services.

Effective falls prevention programmes

Effective solutions already exist - exercise can reduce falls by 23%¹ and a comprehensive assessment and action plan can reduce falls in care homes by 43%². Successful fall prevention strategies do not just reduce falls but also improve the well-being of older adults at risk of falls, and help reduce the demand for health and social care services. They are also cost effective. **Community-based fall prevention programmes** are proven to reduce falls and improve outcomes for older adults. The National Institute for Health and Care Research (NIHR) Applied Research Collaborations (ARCs) have played a crucial role in evaluating and supporting the implementation of these programmes, identifying crucial factors critical to their success in community settings. Despite this, there remains inconsistent and piecemeal uptake of effective programmes across England.

“Exercise can reduce falls by 23% and a comprehensive assessment and action plan can reduce falls in care homes by 43%”

A comprehensive overview of the current research evidence of falls prevention programmes from NIHR ARCs and former NIHR Collaboration for Leadership in Applied Health and Care Research (CLAHRCs), highlights both the effectiveness of existing falls prevention programmes and barriers to widespread implementation. The main emphasis is on how policies can effectively facilitate the expansion of these proven programmes, thereby ensuring that a greater number of older adults can benefit. The recommendations are relevant to policymakers and service commissioners at national, regional and local levels.



KEY FINDINGS FROM NIHR ARC RESEARCH

Effective programmes

- The Falls Management Exercise (FaME) programme⁵ provides specialised group exercise classes with tailored home exercises for older adults. In those at low risk of falls, compared with usual care, FaME resulted in a 26% reduction in falls over 12 months, but the benefits were lost by 24 months because participants stopped doing their exercises. In older women at high risk of falls, FaME resulted in a 54% reduction in falls compared with those doing seated, unsupervised home exercises.
- Standing Tall⁶ is effective in reaching older adults who cannot attend community classes and provides a home-based digital exercise programme and reduces falls by 16% and injurious falls by 20% over 2 years.
- The Better Outcomes for Older people with Spinal Trouble (BOOST) rehabilitation programme⁷ is specifically for people with back and leg pain due to a condition called neurogenic claudication. This programme reduced falls by 40% compared with a single physiotherapy assessment with advice and education.
- The Action Falls Programme uses a checklist, action planning and staff training to reduce falls in care homes and reduced falls by 43% at 6 months in care home residents compared with usual care². The Action Falls programme is cost effective for care homes at £108 per resident.

These individually tailored community-based programmes, based on strength and balance training and comprehensive risk assessment and management, have proven effective in reducing falls in older adults. However, despite strong evidence, large-scale adoption is slow due to inconsistent short-term funding, workforce challenges, and a lack of cross-sector collaboration.

Implementation Challenges in Falls Prevention Programmes

Lack of Sustained Funding

Many falls prevention programmes rely on short-term or project-based funding, leading to service instability, interruptions, and potential programme termination. The lack of long-term financial support limits the ability to scale up and sustain these programmes, despite proven effectiveness.

Workforce Capacity

A shortage of appropriately trained staff poses a significant barrier to the consistent delivery of high-quality falls prevention programmes.

Issues with coordination

Effective falls prevention depends on collaboration between health, social care, care industry and community sectors to maintain fidelity to effective programmes and continuity of care for older adults across sectors. Fragmented service delivery and inconsistent coordination hampers the implementation of these programmes, reducing their overall impact to prevent falls.

Customisation and Local Adaptation

Variations in how programmes are implemented, other than ways intended by those who have developed the programme, can reduce impacts on fall outcomes. Core programme components must be preserved during the process of adapting and customising to the specific requirements of different settings and communities.

Community Engagement

Successful programmes often require active involvement from the community and strong local partnerships.

Cost implications to support these programmes

The implementation costs of each of these programmes are not fully understood. However, even if not deemed prohibitive, (FaME is estimated at £780 per participant), investment of resources is still required to yield benefits. Therefore, to gain benefit the estimated societal return on an investment is £2.28 for every £1 spent⁹.

KEY RECOMMENDATIONS

Preventing falls among older adults is a priority to support improved outcomes for older adults and reduce pressure on health and care systems. The evidence suggests this should include a coordinated approach that engages older adults and their communities. The translation and adoption of these effective programmes by local services into routine practice could be accelerated following these key recommendations⁸.

1. FOR COMMISSIONING OF FALLS PREVENTION PROGRAMMES

Cross-Sector Collaboration

- Integrated care systems (ICSs), voluntary and private sector partners should work collectively to commission an effective, cross-sector and seamless integrated falls prevention pathway.
- Commissioned falls prevention services should be integrated into existing services or pathways such as Healthy Ageing programmes to ensure value for money and reduced duplication to enable longer term benefits.

Sustainable Funding Models

- A national policy could encourage the exploration of system wide partnerships between health, local authority, third-sector and private providers to support the successful spread of effective programmes by creating sustainable payment models.
- Stable or expanded delivery of falls prevention programmes would benefit from long-term funding strategies to support a sustainable workforce. A national policy developed by NHS England in support of this recommendation could emphasise the importance of having enough trained staff to deliver effective programmes safely.

2. FOR IMPLEMENTATION

Seamless Care Pathways

- Local ICS commissioners for healthy ageing services can extend falls prevention and promote seamless care following the older person across acute care, rehabilitation and community settings.

Quality Monitoring and Leadership

- Local ICS commissioners for healthy ageing services can maintain high standards and ensure effective individually tailored delivery by setting up robust systems to monitor programmes for quality and impact. This needs appropriately trained and skilled staff with strong leadership.

Adopt Digital Tools and Hybrid Models

- A national strategy promoting the use of digital platforms, such as the Standing Tall programme, can reach older adults who may not be able to

attend in-person classes. By providing hybrid models that combine in-person sessions with digital tools, accessibility and engagement are increased, particularly for those in rural areas or with mobility issues. These approaches need to be supplemented with digital literacy training for those who need support to engage with these resources effectively.

- Care home digital records platforms must include a digital version of the Action Falls Programme to allow care homes to access the documents.

Strategic Implementation

- Local ICSs in close collaboration with health innovation networks and others, can strategically provide cross sector implementation of falls prevention programmes tailored to the needs of local people.



3. IMPROVING UNDERSTANDING OF FALLS PREVENTION AND MANAGEMENT

Workforce Training

- ICSs supported by a national strategy can address the need for national training standards for ongoing training and continuous professional development for health and care providers, social care staff and exercise instructors involved in falls prevention. This will ensure staff are equipped to deliver evidence-based programmes in a way that ensures fidelity to the selected approach.

Public Awareness and Engagement

- A national strategy in partnership with older adult advocacy charities e.g., Age UK and The Royal Society for the Prevention of Accidents can increase public understanding of the risks of falls and the benefits of prevention strategies by raising awareness through national campaigns which highlight the role of effective programmes in reducing falls.

Community and Older Adult Engagement

- Both national and local strategies should support and enable active participation from communities, older adults and their families in the co-design and co-delivery of effective falls prevention programmes.

CONCLUSION

Falls have major implications for older people and families, as well as health and care services. However, falls are not an inevitable part of ageing and can be prevented. We have evidence that programmes are both clinically and cost effective that can be implemented at a low cost.



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- Funding applied global health research and training to meet the needs of the poorest people in low- and middle-income countries

Health innovation networks were established by NHS England in 2013 to transform the discovery, adoption and spread of innovation in health and care. They support the health innovation pipeline, including the adoption of technologies and pathway redesign, and evaluate implementation to secure sustainable, transformative change.

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