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# Arun ICT falls data and action pack

February 2026



# Purpose of this pack

This pack has been produced by WSCC Public Health to help ICTs to reduce different types of falls risks and harms. It aims to support consistent high-quality activity across Sussex.

Different responses are needed depending on how often people are falling, the reasons for each fall, and the outcome and severity of each fall.

**Four types of older resident are shown. All require a response.**

The actions in the pack are informed by the NICE guideline and recommendations from the falls-workforce in Sussex.



No falls yet



First fall – stable on feet



Reduce falls and fracture risks



One fall – difficulty walking or with balance



Comprehensive assessment and management

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for public



Reduce falls  
and fracture risks



One fall – difficulty  
walking or with  
balance



Comprehensive  
assessment and  
management



Settings

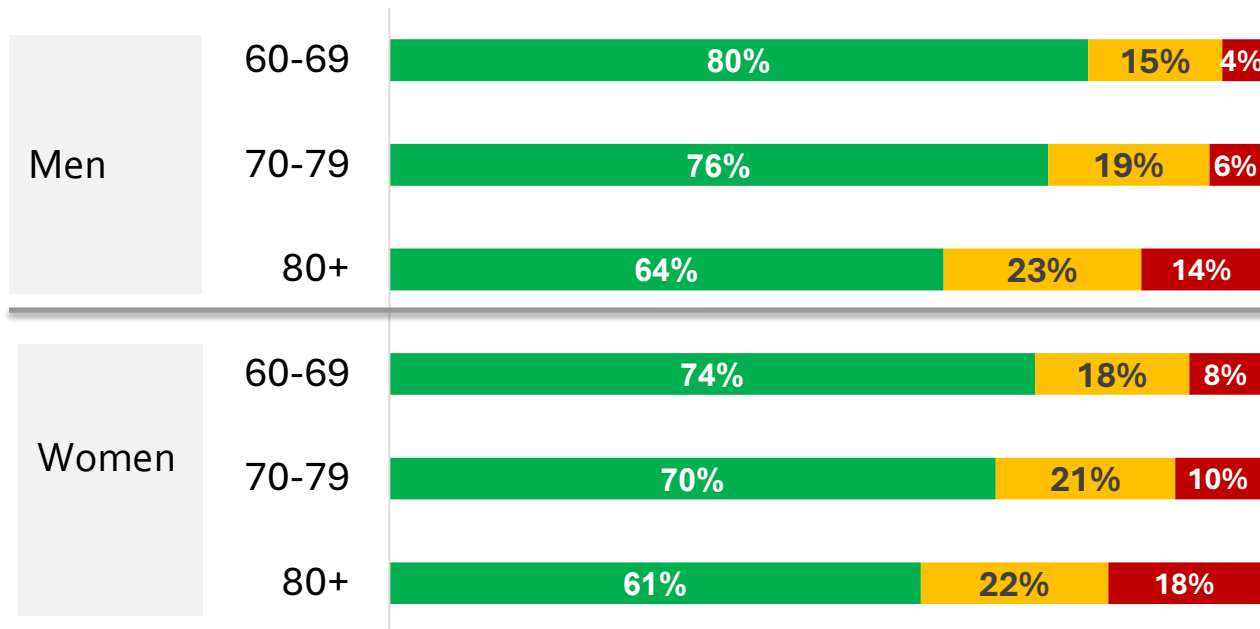


# Falls in the population



## Prevalence of severe and non-severe falls in the last year by age and sex, English Longitudinal Study of Ageing Wave 8

■ No fall    ■ Non-severe fall    ■ Fall requiring medical treatment



- A national study found that 27% of people aged 60+ had a fall in the last year, of which one-third required medical treatment.
- Similar rates were found in 'Your Health Matters' a survey of 6,440 residents in West Sussex.
- Applying these rates to the **Arun** population in 2024, there may have been:
  - 44,250 people aged 60+ who did not fall in Arun last year
  - 11,750 had non-severe falls
  - 5,800 had a fall requiring medical treatment.

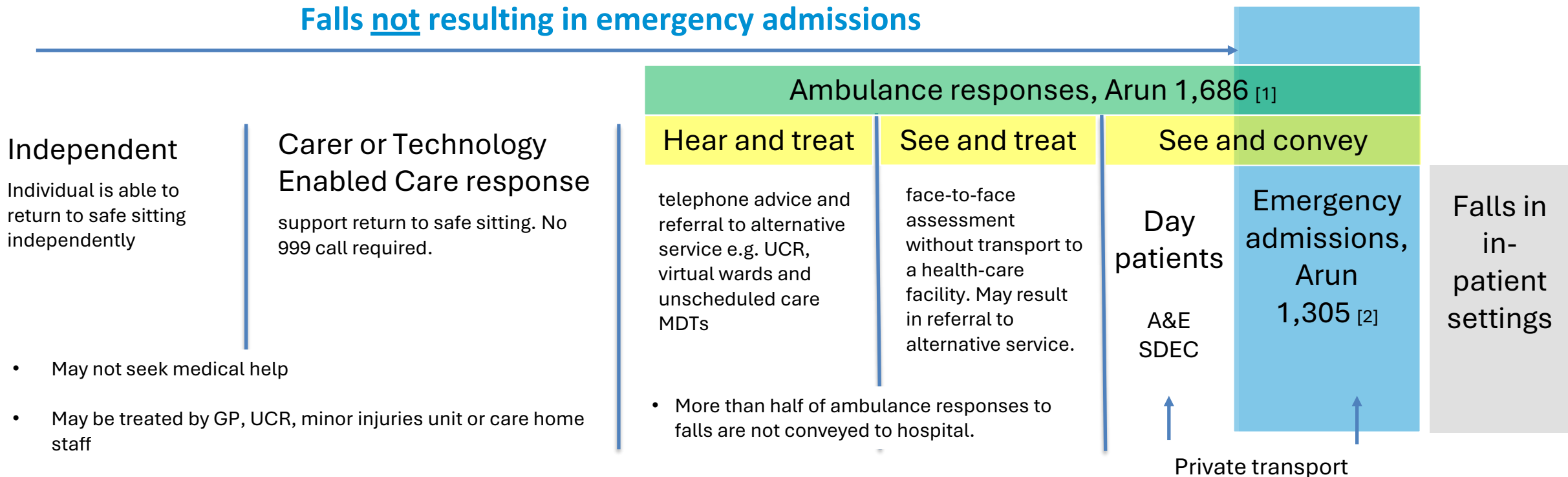
Around 1 in 4 of these falls requiring medical treatment results in an emergency admission.



# Types of falls and response

Emergency admissions are not a good proxy for overall falls rates or numbers because most falls do not result in an emergency admission.

## Falls not resulting in emergency admissions



[1] SECAMB responses to falls Oct 2024-25 by ICT area, analysed by WSCC Public Health; [2] Emergency admissions for falls 65+, [Public Health Outcomes Framework - Data | Fingertips | DHSC](#)

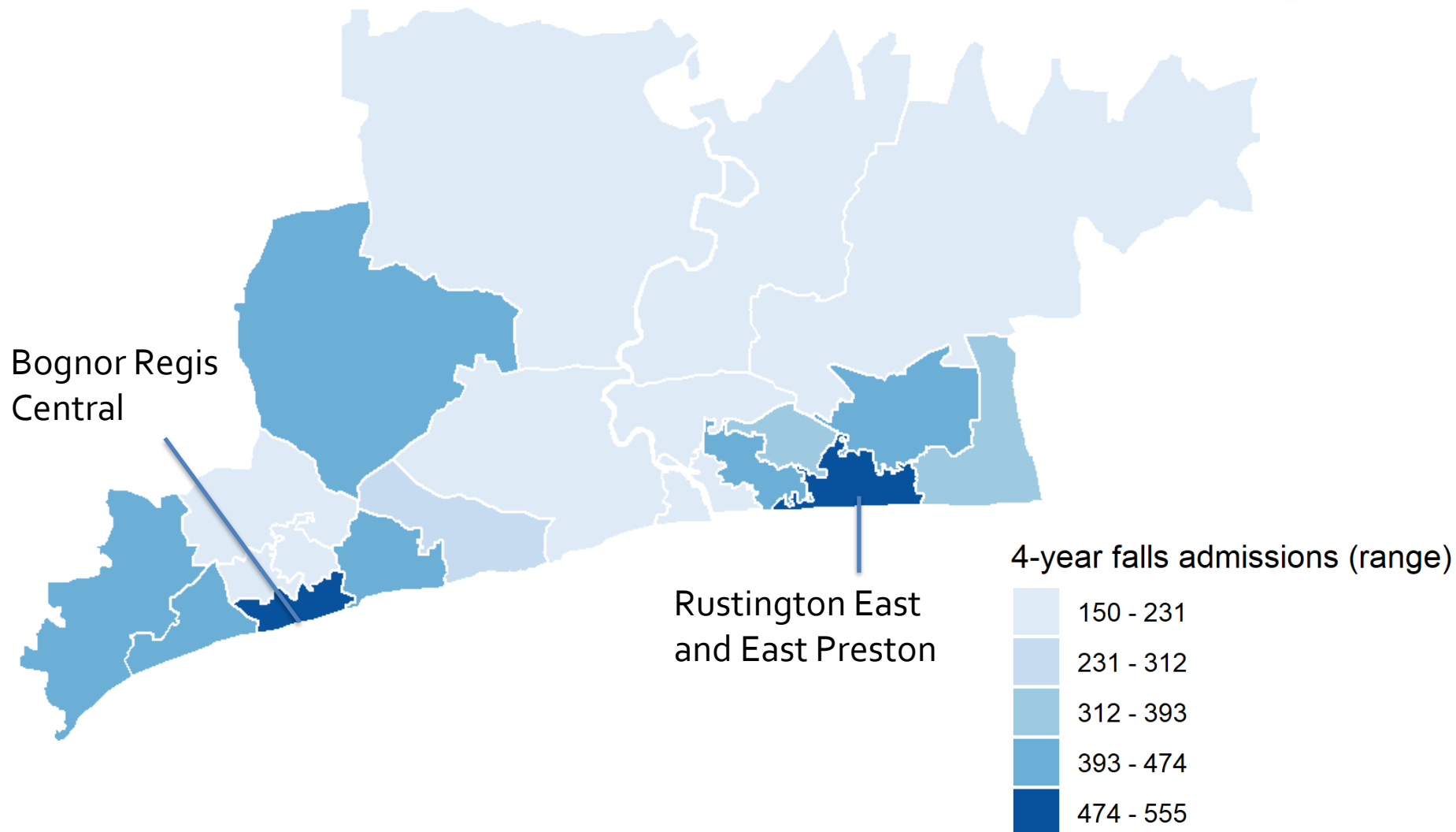


# Hotspots

The two areas with the highest number of people aged 65+ admitted to hospital with falls injuries were:

- Bognor Regis Central
- Rustington East and East Preston

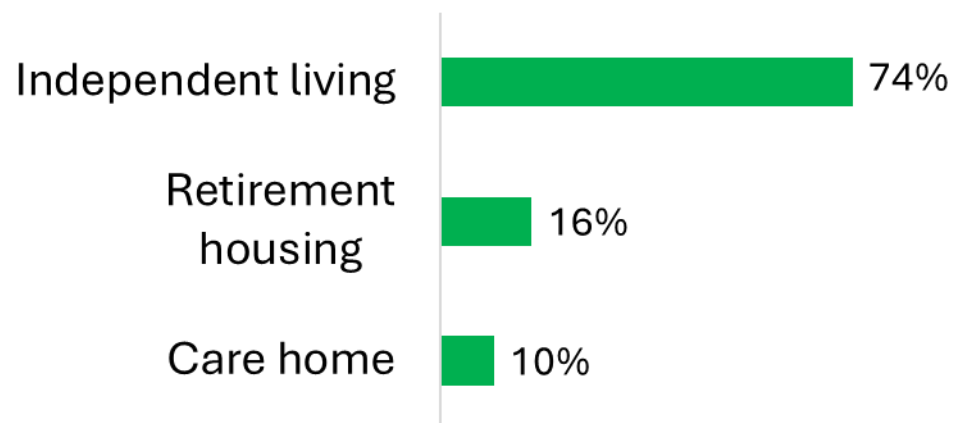
These areas may be suitable for geographically targeted interventions, such as placement of a raiser chair in a community venue and training of volunteers to allow safe pickup of residents who do not require conveyance to hospital.





# Where falls happen

## % of ambulance falls calls by accommodation type, Arun



Of calls to the ambulance service for falls:

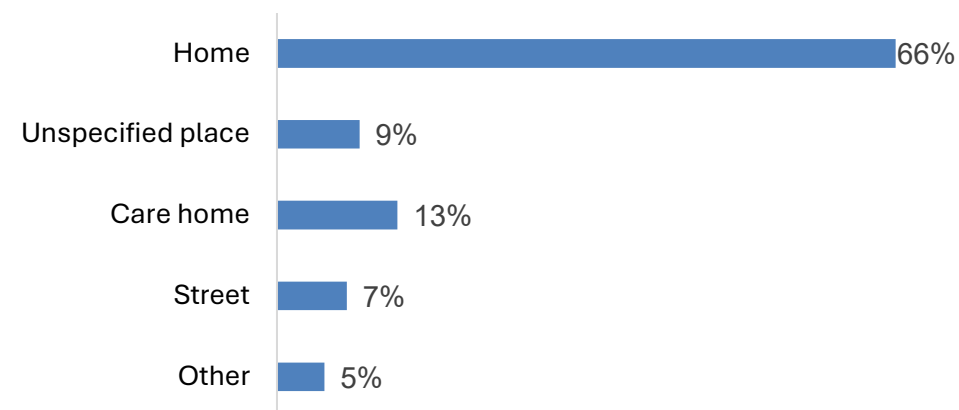
- 3 in 4 are from people living independently
- 1 in 6 are from people living in retirement housing schemes
- 1 in 10 are for care home residents

*SECamb responses to falls Oct 2024-25 by ICT area, analysed by WSCC Public Health Retirement housing from the Elderly Accommodation Counsel, housingcare.org; Care homes from CQC.*

Of those falls that result in emergency admissions:

- Most are in people's homes
- 1 in 8 are in care homes
- 1 in 14 are on the street

## % of falls admissions from each location type



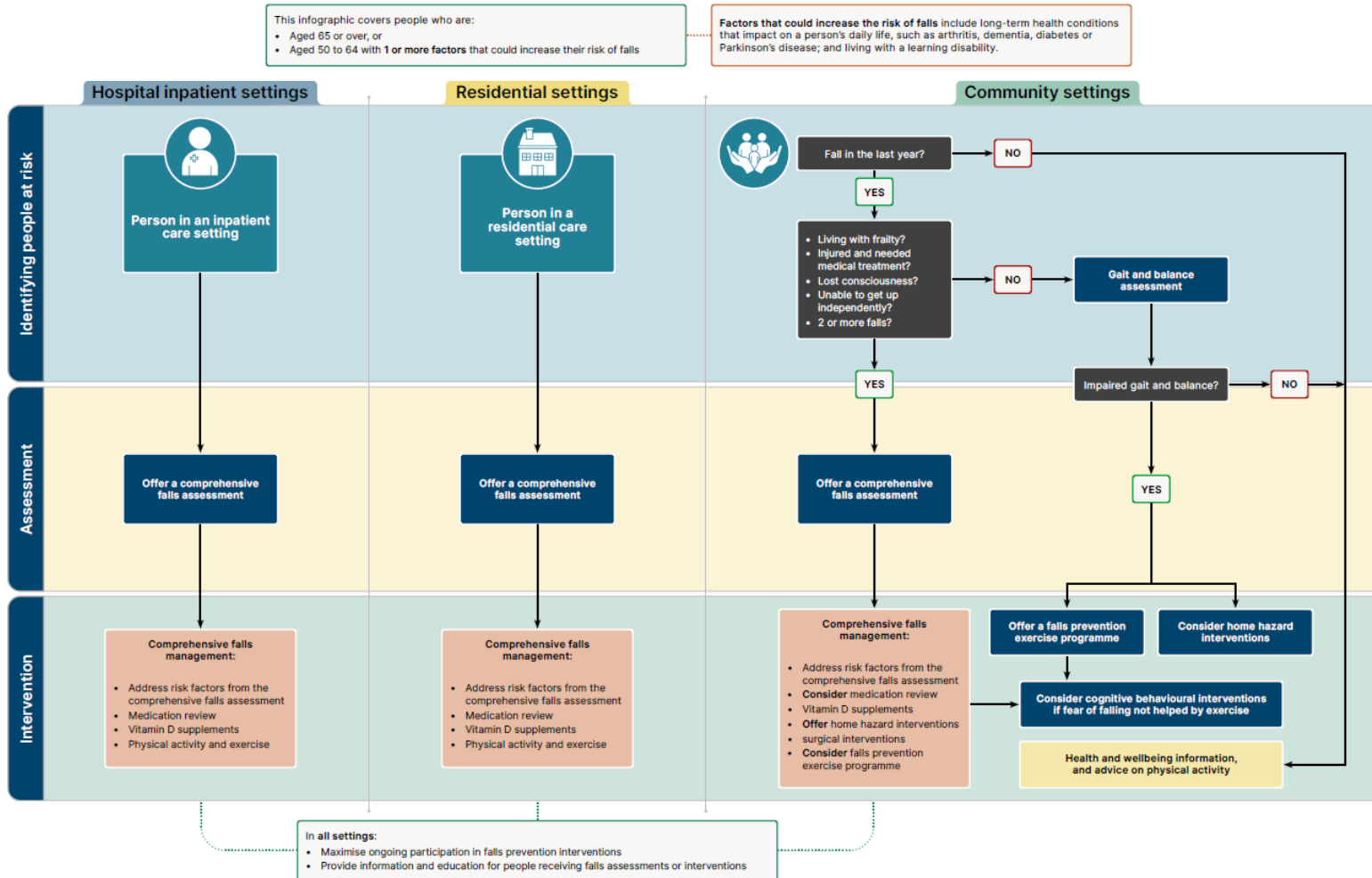
*BCF Supporting Data Report by ICT area, 2023/24, analysed by WSCC Public Health*



# Identifying people at risk of falls



## Falls in older people: assessing risk and prevention



All services coming into contact with people aged 65+ or aged 50+ with 1 or more factors that could increase their risk of falls should ask the following:

**Have you fallen in the last year?**

Then follow the [NICE flow chart](#) to ensure residents are triaged to the most appropriate service to address their falls risks.



# Key messages for public



## Ask if the resident has fallen. If yes, ask further questions to understand which services they should be referred to.

All residents aged 65+, and 50+ with conditions which increase falls risk, should be asked: **Have you fallen in the last year?**  
If answer is no, see messages below. If yes, follow NICE guideline and triage to appropriate service detailed in this pack



## Understand individual risk factors and encourage residents to address each risk factor

### Medication review

Some medicines can make you more likely to fall. If you take any medicines that may increase your risk of falling, ask your GP or practice pharmacist to review them at your annual check-up. Medicines that are most often linked to falls include:

- antidepressants
- antipsychotics
- epilepsy medicines
- strong painkillers (opioids)
- sleeping tablets or sedatives
- water tablets (diuretics)

**Vision check** and cataracts surgery if required – visit your optician for regular checks.

**Footwear and foot health** – dispose of worn-out slippers and shoes. [You can be referred for podiatry or orthotics here.](#)

### Move more, strength and balance

- People should aim to take part in regular strength and balance activity at least twice weekly. Doing this in a group exercise session is more enjoyable for many and adds social benefits.
- [Arun Wellbeing](#) provide information on local activities and advice for people to become more physically active.
- [Online strength and balance exercises](#) are available for older people who can access the internet. Adapted exercises are [available for many health conditions](#).
- Further resources are [available for professionals here](#). Activities evidenced to improve strength and balance are shown in Appendix 1.

**Home environment safety** – [use RoSPA checklist](#) or [request a Safe and Well Visit](#) from the Fire and Rescue Service.



## What to do if they have a fall, including how to get up, and when and how to seek help.

- Share the [information and advice](#) from the Association of Ambulance Chief Executives.

- The Royal Society for the Prevention of Accidents has produced a video on [How to get up safely following a fall](#)



# Reduce falls and fracture risks



## Falls risk

## Services to consider appropriate referrals to

### Alcohol use

To increase the confidence of your organisation to ask residents about their alcohol intake consider [MECC alcohol training](#).

**Risky drinkers** [West Sussex Wellbeing](#)

**Dependent drinkers** [Referrals - Drug and Alcohol Wellbeing Network - West Sussex | Change Grow Live](#)

### Visual impairment

To get a referral for a cataract assessment, consult your optician or GP

**4Sight** can provide advice to people who are blind or partially sighted: [Our Services - 4Sight Vision Support](#)

### Stroke

The Stroke Association hosts group exercise online for all mobility levels following a stroke [Online Stroke Activities | Stroke Association](#)

### Dementia

**Alzheimer's Society** Dementia support line: 0333 150 3456; [DementiaSupportLine@alzheimers.org.uk](mailto:DementiaSupportLine@alzheimers.org.uk)

**Carers Support West Sussex** Free services for unpaid family and friend carers: 0300 028 8888 [info@carerssupport.org.uk](mailto:info@carerssupport.org.uk)

**Age UK** Day services and support: 01903 792015; [dementia@ageukwsbh.org.uk](mailto:dementia@ageukwsbh.org.uk)

**Sage House** provides a range of support for people living with dementia and their carers: 01243 888691; [info@dementiasupport.org.uk](mailto:info@dementiasupport.org.uk)

### Parkinson's

Large number of local groups and exercise classes: [Find support near you | Parkinson's local support finder](#)

### Learning disability

[NHS Community Learning Disability Teams](#) support adults with a learning disability and their carers

### Osteoporosis

All residents should consider Vitamin D supplements, particularly during winter

[Sussex MSK Health](#) provide advice on Osteoporosis and whether residents need a DEXA scan.

Osteoporosis is one of the criteria for assessment by the Falls and Fracture Prevention Service. See following slides.



# One fall – impaired gait and balance



## What this service addresses

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### **Improve strength, balance and mobility**

Those with difficulty walking and balancing should be referred into specialist strength and balance classes. These 24-week Falls Management Exercise (FaME) courses are free and have a strong evidence base for reducing falls and improving mobility.

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### **Reduce home hazards**

A Safe and Well Visit is a free service carried out by West Sussex Fire & Rescue Service. It involves a pre-arranged visit to your home to offer advice on how to make it safer, including a checklist to remove hazards which could cause slips and trips.

The Prevention Assessment Team (PAT) is a multidisciplinary team with SCFT Nurses, and staff from WSCC and Age UK who provide advice and support to reduce home hazards and other falls risks.

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### **Make small home adaptations**

Millbrook Healthcare can provide equipment such as grab rails to reduce falls risk.

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### **Support to remain at home following a fall**

UCR supports patients to remain in their home (usual place of residence) to avoid attendance and/or admission to an acute hospital. UCR patients are overseen by GPs and can access physiotherapy, occupational therapy and medication reviews.

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## Referral information

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[Falls Prevention >/ West Sussex Wellbeing / Provided by West Sussex County Council](#)

[Safe and Well Visit - West Sussex County Council](#)

[Advice and guidance on staying healthy - West Sussex County Council](#)

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Equipment [Our Online Store – Millbrook Healthcare](#); 0345 127 2931

[Urgent Community Response \(UCR\)](#)

UCR accepts referrals from patients and carers, voluntary services and health and social care professionals.



# Comprehensive assessment and management



## Resident status

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This is a non-urgent service for adults who meet 3 or more of the following:

- Over 75 years of age
- Multiple falls in the past 12 months
- Falls at home
- Previous fracture over the age of 50
- Diagnosed osteoporosis
- Significant fear of falling

Patients with a neurological condition can be more appropriately assessed and reviewed by a specialist service such as the Community Neurological Rehab Team

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### Discharged from hospital following a fall

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### Living with frailty

## Referral information

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### Falls and Fracture Prevention Service

Referrals are accepted from health and social care professionals, voluntary agencies and can be made through OneCall on 0300 3737 111 or [sc-tr.onecallwsreferrals@nhs.net](mailto:sc-tr.onecallwsreferrals@nhs.net)

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**Age UK** provide services to support people to return home safely on Pathways 0-1. 01903 717130, [supportathomeafterhospital@ageukwsbh.org.uk](mailto:supportathomeafterhospital@ageukwsbh.org.uk)

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### Proactive Care of residents living with frailty

Residents can be referred by GPs to multidisciplinary teams

### Frailty Same Day Emergency Care

Frailty SDECs provide a rapid assessment and treatment for older people with frailty including identifying and reducing falls risk



# Settings



## Setting

## Falls prevention

### Housing associations

The Royal Society for the Prevention of Accidents produced a toolkit for housing associations to systematically reduce falls risk: [RoSPA- Falls and their impact on social housing](#)

ICTs can contact Housing Associations in their area to discuss use of this toolkit.

### Care homes

Comprehensive risk factor assessment and management should be undertaken for all residents in care homes.

Action Falls is the gold standard for reducing falls in care homes. The programme uses a train the trainer model. A Falls Lead completes Action Falls training (£150 per person, 5 hours). [Falls Prevention in Care Homes Course | Action Falls Programme | University of Nottingham Online](#)

- The Falls Leads provides training and support to care homes
- Each care home nominates a falls champion.
- The Action Falls checklist is used to assess and manage each residents' falls risk
- The checklist is added to their digital care record

[Action Falls Toolkit | ARC EM](#)

### Hospital in-patients

Comprehensive risk factor assessment and management should be undertaken for all patients in hospitals.

- Tailor interventions to promptly address any falls risk factors
- At discharge from hospital, consider referring the person to community services so that risk factors identified during their hospital stay that would also be relevant in their discharge destination can be addressed.
- Conduct a structured medication review
- Encourage people to remain active during their hospital stay

[Recommendations | Falls: assessment and prevention in older people and in people 50 and over at higher risk | Guidance | NICE](#)

See [National Audit of Inpatient Falls resources](#)



# Focusing ICT actions

The following template is suggested to help focus actions to reduce falls-related harms in your area.

<b>Action</b>	<b>Who is responsible</b>	<b>By when</b>
Increase referrals to appropriate services for people who have experienced a fall that did not require conveyance to hospital	All ICT leadership members to review referral mechanisms and report changes	













# Appendix 1

## Strength and balance

The table shows the types of physical activities that are most effective at improving muscle function, bone health and balance, noting that walking is not evidenced to improve balance.

Further advice for professionals is here: [Raising the bar on strength and balance: The importance of community-based provision | Centre for Ageing Better](#)

Type of sport, physical activity or exercise	Improvement in muscle function	Improvement in bone health	Improvement in balance
 Running	★	★★	★
 Resistance Training	★★★	★★★	★★
 Aerobics, circuit training	★★★	★★★	★★
 Ball Games	★★	★★★	★★★
 Racquet Sports	★★	★★★	★★★
 Yoga, Tai Chi	★	★	★
 Dance	★	★★	★
 Walking	★	★	☆
 Nordic Walking	★★	?	★★
 Cycling	★	★	★

★★★ Strong effect    ★★ Medium effect    ★ Low effect    ☆ No effect    ? Not known