

Integrated Impact Assessment – Summary Report - Draft

1. Title of proposal

EHSCP Community Falls Prevention & Management Pathway

2. What will change as a result of this proposal?

In Edinburgh, we recognise that many services play a role in the prevention and management of falls. However, to date, our approach has often been inconsistent and reactive. The pathway will introduce a proactive and preventative approach, supporting the early identification and management of individuals at risk of harm from falls. The following changes will result:

- Introduction of stratified risk levels (Level 0-3) to allow for targeted proportionate interventions and support identification of individuals with the greatest risk.
- Introduction of the Falls Screening Tool, setting out,
 - Four key questions to support the identification of individuals at risk of falls as early as possible and,
 - Follow-up severity questions to establish a consistent approach to determine the severity of an individual's falls risk.
- Introduction of the Falls Pathway Care Bundles that align to the stratified risk levels. These are a series of targeted resources and interventions to enable those at risk to receive timely support to prevent further deterioration and reducing their risk of harm. Introduction of the Level 3 Clinical Pathway for patient identified as high risk of falls/risk level 3.
- Introduction of a standardised comprehensive multifactorial risk assessment (MFA) to be carried out by an appropriately skilled practitioner referred to individuals at the greatest falls risk / risk level 3.
- Introduction of a Knowledge & Skills Framework, consisting of three tiers, to provide an outline of the knowledge, skills and learning required by teams and individuals to deliver the pathway consistently. The three tiers are informed, skilled and expert.
- Change to the commissioned Edinburgh Leisure frailty prevention physical activity classes and introduction of two new classes. The classes have been adapted for application within the pathway and correspondence with the risk stratification levels 1 and 2.
- Development of a digital self assessment and self management tool.

3. Briefly describe public involvement in this proposal to date and planned

Public involvement to date has informed decision making during the planning process. Initial public involvement was facilitated through PDSA (Plan, Do, Study Act) testing subgroups.

Developing and Testing the Falls Screening Tool and the Knowledge and Skills Tiers

From the 15th to the 19th of July 2024, individuals accessing any of four services that provide falls support were assessed for their falls risk level. Practitioners used a developing version of the Falls Screening Tool and the Stratified Risk Levels.

On the 29th of October 2024, 106 people waiting after receiving the flu vaccine at a vaccination centre agreed to answer a developing version of the four key questions.

Over a week in November 2024, 31 total patients' attending two walking aid clinics were asked a developing version of the four key questions.

Over a roughly three-week period in Spring 2025, 24 adult patients attending the orthotics outpatient clinic in person were screened for their falls risk using the Falls Screening Tool.

460 patients registered at St Triduana's Medical Practice received a text message asking the four key questions. 120 patients were called and asked the four key questions. 44 patients agreed to book an appointment for an in-person falls screening test, 42 patients attended.

Developing and Testing the Multifactorial Falls Assessment

From the 17th of February to the 3rd of March 2025, all new patients receiving an initial assessment from four occupational therapists based in any of the four Day Hospitals in Edinburgh also received a developing version of the multifactorial falls assessment. One version was used for the first two weeks and another for the next two.

Edinburgh Leisure falls prevention physical activity classes

Individuals who were on the waitlist for Edinburgh Leisure's discontinued falls prevention physical activity classes (Steady Steps) were invited to five screening events across five different Edinburgh Leisure centres. These events were held in June 2025 and people who attended the events were screened using the Falls Screening Tool and triaged into one of the new fall's physical activity programmes.

There are planned public involvement workshops (x3), where participants in Edinburgh Leisure balanced life physical activity will be consulted on the developing the digital self-assessment and self management tool which includes the screening tool algorithm and access to the care bundles

Edinburgh Leisure will provide a comprehensive overview of the Balance Life programme performance, including quarterly reports, activities, outputs, outcomes, and overall impact, participant experience/feedback. The evaluation report will also include an analysis of the programme's strengths and weaknesses, identify lessons learned, and make recommendations for future improvements.

There is a proposal for further public involvement to be undertaken through a quality improvement project in two GP practices to assess how MSK APP and pharmacy can work collaboratively on the joint identification and management of those at risk of falls.

4. Is the proposal considered strategic under the Fairer Scotland Duty?

No

5. Date of IIA

Thursday 11th September 2025

6. Who was present at the IIA? Identify facilitator, lead officer, report writer and any employee representative present and main stakeholder (e.g. Council, NHS)

Name	Job Title	Date of IIA training
Gosia Szymczak	Project Manager - facilitator	Jan 2020
Karina O'Rourke	Programme Manager – report writer	
Lydia Bell	Project Support Manager – report writer	
Hannah Cairns	Chief Allied Health Professional	
Matthew Curl	Digital Programme Manager	
Claire Craig	Development Officer, Edinburgh Leisure	
Eleanor Hunter	Head of Nursing, Community & Primary Care, EHSCP	
Mari Asher	Development Officers, Balanced Life Edinburgh Leisure	
Belinda Wilson	Programme Manager, Falls	
Libby Dale	Clinical Lead, Advanced GP APP	
Kathryn McBriety	Physiotherapy Team Lead, Acute Medicine	
Claire Henderson	Physiotherapist Outpatient Service Lead, MSK	
Karen Gray	Clinical Service Manager, EHSCP	
Rachel Hamilton	Senior OT, ALT, EHSCP	
Jaqueline Pentland	Senior OT, ECRSS	
Sarah Hayden	Project Manager – Innovation & Sustainability	
Heather Lamb	OT Team Leader, Assessment & Care Management	
Claire Easton	Community Physiotherapy Manager, EHSCP	
Lynn Freeman	Community Rehab and OT Manager	
Amegad Adbekgawad	Head of Service, Primary Care	
Wendy Juner	Consultant Physiotherapist	
Rachel Hallows	Workforce Equality Project Support Manager	

7. Evidence available at the time of the IIA

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal
Data on populations in need	Joint Strategic Needs Assessment Update City of Edinburgh HSCP (2025) Edinburgh Integration Joint Board Strategic Plan (2025-2028) Census data	Provides current and projected data on the Wider Population in the city of Edinburgh (Edinburgh Joint Strategic Needs Assessment Update.pdf). Includes assessment of the health and care needs of the following groups: Minority and Ethnic Communities: https://services.nhslothian.scot/publichealth/wp-content/uploads/sites/105/2025/03/Impact-of-Poverty-on-Disabled-People-FINAL.pdf Disabled People Census 2022 - Health, disability and unpaid care v2 LBTQI+ Microsoft Word - Sexual orientation and trans status or history - Carers 7.1 The Joint Edinburgh Carer Strategy Refresh 2023-26.pdf - Care experienced children and young people Microsoft Word - Census 2022 - Health, disability and unpaid care v2 Details the Strategic direction of the EHSCP https://www.edinburghhsc.scot/whoweare/our-draft-strategic-plan-for-health-and-social-care-in-edinburgh-2025-28/ Home Scotland's Census provides data on Scotland's population and demographics.

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal
	Population of Edinburgh City Data (circa 2021)	The improvement team have access to data on gender and age (65+ and 85+) as well as population by locality.
Data on service uptake/access	Service uptake/access reports EIJB Performance annual reports Performance report for Whole System Delivery Oversight Group Primary Care Dashboard: Rockwood Frailty LES NHS Lothian Falls Dashboard for A+E falls activity.	The performance and evaluation team have access to various data sets on service uptake/access. This performance report sets out our progress against the strategic priorities https://www.edinburghhsc.scot/the-ijb/performance The performance and evaluation team produce this report for the Whole System Delivery Oversight Group. - HSC surveys and service users reports - National waiting times targets and standards Data on practitioners who have completed a Rockwood Frailty assessment for patients aged 65+. Reports on falls/collision under 2 meters (not sport) identifying trends across: 1. A+E Attendance 2. Hospital Admission 3. Age and Geographical Location
Data on socio-economic	Joint Strategic needs	Provides current and projected data on the demographics within Edinburgh

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal
disadvantage e.g. low income, low wealth, material deprivation, area deprivation.	Assessment City of Edinburgh HSCP (2020) Director Public Health annual report Edinburgh Poverty Commission	Population and demographics - Edinburgh Health & Social Care Partnership (edinburghhsc.scot) https://services.nhs.uk/lothian/public-health/wp-content/uploads/sites/105/2023/02/NHS-Lothian-Public-Health-Annual-Report-2022-final.pdf Provides details on the experience of poverty in Edinburgh https://edinburghpovertycommission.org.uk/wp-content/uploads/2020/09/20200930_Poverty_in_Edinburgh-Data_and_evidence.pdf
Data on equality outcomes	Scottish Government – Scottish Health Survey Locality profiles	https://www.gov.scot/collections/scottish-health-survey/ Our Localities profile tool gives you facts and statistics about smaller areas within Edinburgh. It covers all 17 wards, the 4 localities, Edinburgh and Scotland and allows you to do a side-by-side comparison on subjects such as • income • benefits • lifestyle • employment • health and disability • satisfaction with services • education and professions • population • crime

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal
	Census data Care at Home dashboard	Scottish Index of Multiple Deprivation. https://www.edinburgh.gov.uk/downloads/download/13733/localities-profile-search-tool Census 2022 – The City of Edinburgh Council Intranet Care at Home is care tailored to the needs of an individual that is provided in a person's own home. Further information on Care at Home through a national lens is available here: Dashboard – Care at Home Statistics for Scotland: Support and services funded by Health and Social Care Partnerships in Scotland 2023/2024 – Care at Home Statistics for Scotland – Publications – Public Health Scotland
Research/literature evidence	Audit Scotland – IJBs report Scottish Approach to Service Design Age Aging, Volume 51, Issue 9, September 2022 Oxford Academic World guidelines for falls prevention and	Audit Scotland report on community health and social care facing rising unmet need and managing the crisis is taking priority over prevention due to the multiple pressures facing the bodies providing these services. https://audit.scot/publications/integration-joint-boards-finance-and-performance-2024 Scottish+Approach+to+Service+Design.pdf https://doi.org/10.1093/ageing/afac205 : Algorithm for risk stratification, assessments and management/interventions for community-dwelling older people. World guidelines for falls prevention and management for older adults: a global initiative Age and Ageing Oxford Academic (oup.com)

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal
	management for older adults. Scottish government's national falls and fracture prevention strategy 2019-2024. Derbyshire county council review of falls prevention models. Falls and fractures: applying all our health. British Geriatrics Society: Themed collection of falls International journal of behavioural	Ambition 2. Build resilience at population level - National falls and fracture prevention strategy 2019-2024 draft: consultation - gov.scot (www.gov.scot) State of the Evidence: Falls Prevention (derbyshire.gov.uk) Evidence and guidance for healthcare professionals to assess risks, advise patients and families and prevent falls and fractures: Falls and fractures: applying All Our Health - GOV.UK (www.gov.uk) Falls in older people 2022 update British Geriatrics Society Evidence on physical activity and falls prevention for people aged 65+ years: systematic review to inform the WHO guidelines on physical activity and sedentary behaviour

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal
	nutrition and physical activity	
Public/patient/client experience information	Scottish Government – Scottish Health Survey National indicators Practitioner Survey Data Staff Consultation Journey / Eco-system Maps Evidence base for Falls Management Exercise (FaME).	https://www.gov.scot/collections/scottish-health-survey/ Performance - Edinburgh Health & Social Care Partnership HSC surveys and service users reports EHSCP Complaint reports Practitioners from falls services provided information they ask in their general assessment to inform the improvement work. All services were invited to meet with improvement team members and provide feedback on the developing MFA. This feedback is available to the improvement team. As part of the improvement work a mapping exercise was undertaken to set out how services that provide falls support are accessed. FaME programme Evidence Summary – Later Life Training Falls Prevention Exercise – following the evidence (Age UK) Cochrane – Exercise, dairy-rich diet and vitamin D can help reduce falls Estimating the burden of disease attributable to physical inactivity in Scotland (PHS)
Evidence of inclusive engagement of people who use the	Edinburgh Leisure	Five events across four different Edinburgh Leisure sites in June 2025.

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal
	Local and national policies	Social Care (Self-directed Support)(Scotland) Act 2013 The Carer's (Scotland) Act 2016 Public Sector Joint working (Scotland) Act 2014 Fairer Scotland Duty 2018 Safe Staffing 2024 Community Planning partnership Community Empowerment (Scotland) Act 2015 - Microsoft Word - Queen's Print.doc (legislation.gov.uk) Mental Welfare Commission National policies and frameworks: National Health & Social Care Standards The Community Care (Personal Care and Nursing Care) (Scotland) Amendment Regulations 2021 - The Community Care (Personal Care and Nursing Care) (Scotland) Amendment Regulations 2021 (legislation.gov.uk) SG Primary Care GP Policy - https://www.gov.scot/policies/primary-care-services/general-practitioners/ Local policies: ASP Policy Transitions policy & associated policy NHS Org Change and Council Managing Change policies All other NHS and Council policies The Edinburgh Partnership 2014 Supervision Policy Professional body regulations and registrations The Edinburgh IJB Strategic Plan (2025-2028)

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal
	LEZ	NHS and Council staffing data MTFS – Medium Term Financial Strategy Carbon emissions generated/reduced data - City Vision 2050 consultation - Policy and Sustainability Committee agreed a 'Short Window Improvement Plan' (SWIP) in October 2019
Additional evidence required	TBC	

8. In summary, what impacts were identified, and which groups will they affect?

Equality, Health and Wellbeing and Human Rights	Affected populations
Positive The approach to the falls risk stratification is consistent, inclusive and evidenced based. The assessment tools and pathways are easily navigable. There is assurance that the resources are appropriate for the individual. The pathways are accessible, city wide, with no exclusion criteria and multiple access routes including online. The digital self-management tool can increase autonomy, self-advocacy, and access. It can also reduce the burden on carers and family members supporting their loved ones by promoting independence. Balanced life classes encourage social connection and reduce social isolation (difficult to qualify but linked to longevity). The early identification and prevention of falls will reduce the likelihood of a disabling event or a secondary disabling event which could compound an existing disability. Early identification and prevention of falls will reduce demand at A&E. This will free up time/resources for all patient cohorts. Saved time in Primary Care / GP with reduced consultations following a fall including reduced home visits.	Clinicians/Staff Citizens, Residents of Edinburgh (particularly carers) Carers/Family Members Individuals/populations who experience social isolation. Disabled Populations All individuals within Edinburgh and the surrounding area. Primary Care / GP
Negative Potential additional workload/demands can contribute to overwhelm/mental health challenges. - Mitigation: measurement framework is being put in place with a senior member of staff can monitor wellbeing.	Clinicians/Staff

Equality, Health and Wellbeing and Human Rights	Affected populations
Potential for unmet need to be larger than expected which may require the use of resources that could increase wait times for other cohorts. Digital exclusion: deprived groups and older populations may require support/be unable to access digital tool and may be unable to access the same opportunities in real-time as those who can. - Mitigation: Digital Tool is in addition to pre-existing methods that people can engage with the pathways/NHS Lothian including social care direct and contacting a healthcare professional. Language barriers can affect people participating in the Edinburgh Leisure Balanced Life classes as they might be unable to bring in a family member to translate. - Mitigation: digital translation tools are widely available. People with sight/hearing impairment may struggle to access certain referrals including Edinburgh Leisure. - Edinburgh Leisure is an experienced provider and has skilled staff to deal with various needs. People who don't want to or don't feel comfortable to attend a group setting may be unable to participate in group classes. - Mitigation: There are alternative resources available. The digital self-management tool will also support people who do not want to engage with in-person activities.	Minority Groups/People in need. People aged 65 and above. People who are economically deprived. Edinburgh population that does not speak English referred into the Edinburgh Leisure physical activity classes. People with sight impairment and hearing impairments. People at risk of falls who struggle with social anxiety/overwhelm.

Environment and Sustainability including climate change emissions and impacts	Affected populations
Positive	
Increased identification and prevention of falls can lead to the reduction of serious injury due to falls. This should lead to a reduction of the use of resources in acute surgery and in-patient settings (including the use of ambulatory services).	Community in and around the City of Edinburgh.
Negative	
Potential increase in home visits can potentially mean increased travel by car.	

Environment and Sustainability including climate change emissions and impacts	Affected populations
Positive	
- Care at home or in a homely environment is a commitment we have made as a partnership to reduce the need for hospital visits/use.	Community care-based teams conducting an MFA in people's homes.

Economic	Affected populations
Positive	
Increased identification and prevention of falls can lead to less people experiencing serious injury due to falling. The cost of healing one person from a serious injury including surgery, hospital stays, and supported recovery can be well over £50,000.	Population of Edinburgh city and surrounding areas.
Increased polypharmacy reviews can reduce the cost of unnecessary overprescribing.	
This project is creating new posts and offering scope for existing staff through succession planning.	Clinicians/NHS Lothian Staff
Potential for increased travel around local communities which can lead to support for local shops and small businesses.	Shops and small businesses in local areas.
Negative	
Edinburgh Leisure physical activity classes increasing to three times weekly will create additional travel costs.	Individuals referred to and using an Edinburgh Leisure falls prevention exercise class.
Workforce cost linked to increased identification/demand.	NHS Lothian Budget
Increased referrals to various other services due to the pathway could increase costs due to purchasing additional equipment e.g. pad provision for continence services, walking aids grab rails, etc.	All services which will be included on the referrals of the falls pathway.

9. Is any part of this policy/ service to be carried out wholly or partly by contractors and if so how will equality, human rights including children's rights, environmental and sustainability issues be addressed?

Yes, this can be addressed by amendments and recognition within the contract.

10. Consider how you will communicate information about this policy/ service change to children and young people and those affected by sensory impairment, speech impairment, low level literacy or numeracy, learning difficulties or English as a second language? Please provide a summary of the communications plan.

Communications are available in multiple formats: written, spoken and visual. BSL will be considered. A range of resources for the public and the workforce, are currently under development to support the launch of the falls prevention and management pathway.

11. Is the plan, programme, strategy or policy likely to result in significant environmental effects, either positive or negative? If yes, it is likely that a Strategic Environmental Assessment (SEA) will be required and the impacts identified in the IIA should be included in this. See section 2.10 in the Guidance for further information.

No

12. Additional Information and Evidence Required

N/A

13. Specific to this IIA only, what recommended actions have been, or will be, undertaken and by when? (these should be drawn from 7 – 11 above) Please complete:

Specific actions (as a result of the IIA which may include financial implications, mitigating actions and risks of cumulative impacts)	Who will take them forward (name and job title)	Deadline for progressing	Review date
Clinical Lead to be appointed	Chief AHP	End 2025	

Specific actions (as a result of the IIA which may include financial implications, mitigating actions and risks of cumulative impacts)	Who will take them forward (name and job title)	Deadline for progressing	Review date
Develop and implement a measurement framework, including Key Performance Indicators to monitor, oversee and evaluate performance and quality of the falls prevention and management pathways.	Clinical Lead	Ongoing	
Promote a quality improvement approach that brings an intentional focus making the delivery of care that is safer, effective, patient-centred, timely, efficient and equitable	Clinical Lead	Ongoing	
Strategic group transitions to oversight and monitoring group.	Clinical Lead	Ongoing	
Continue to ensure that the NHS and Council policies are followed. Continue to work closely together across the Council and NHS. (within management & leadership structures.)	Strategic Group	Ongoing	
Communication resources will be made accessible for those with disabilities i.e. adding BSL where possible.	Chief AHP / Workforce Equality Project Support Manager	Ongoing	
Strategic Planning / Implementation planning of the EIJB Strategic Plan 2025-2028.	Chief AHP / Clinical Lead	Ongoing	
Planning / Implementation planning NHS Lothian falls framework – requires approval from NHSL CMT. B	Chief AHP	June 2026	
Edinburgh Leisure – monitoring / reporting to inform long term commission plan for falls prevention & Management	Chief AHP / Clinical Lead & Strategic Group	March 2026	

14. Are there any negative impacts in section 8 for which there are no identified mitigating actions?

No

15. How will you monitor how this proposal affects different groups, including people with protected characteristics?

- Measurement Framework reporting quarterly
- Lothian falls dashboard (live data on age, falls and diagnosis)
- Edinburgh Leisure (equality and diversity forms used to collect data – reported on a quarterly basis).

16. Sign off by Head of Service



Name: Hannah Cairns – Chief AHP

Date: 07/10/2025

17. Publication

Completed and signed IIAs should be sent to:
integratedimpactassessments@edinburgh.gov.uk to be published on the
Council website www.edinburgh.gov.uk/impactassessments
Edinburgh Integration Joint Board/Health and Social Care
sarah.bryson@edinburgh.gov.uk to be published at
www.edinburghhsc.scot/the-ijb/integrated-impact-assessments/