

TAKING A SYSTEM VIEW ON FALLS PREVENTION – AN OUTLINE BUSINESS CASE

Background and context



Ageing Well steering group – Reformed



Focus/priority – What can we do collectively together to have impact?



Key line of enquiry – Based on our experience and learning from pilots etc. what preventative activity reduces the most falls (and therefore has better outcomes for individuals, and prevents avoidable cost to the health and care system)

Summary of existing falls 'activity' across GM

Research	Digital	Education
<ul style="list-style-type: none"> • Paving a new way to prevention (Value in Health series from the NHS Confederation and CF) • 'Action Falls' fall prevention programme • Work underway by Clinical Frailty Reference Group and Dementia practitioners' networks 	<ul style="list-style-type: none"> • Improving strength and balance via Keep on Keep Up app • Deterioration management tools e.g. Safe Steps digital tool pilot in 37 care homes in Bury • PIER approach - prevention, identification, escalation and response (PIER) learning from WM region • Restore 2 and Restore 2 mini • Tea and tech sessions • Falls monitoring and response devices 	<ul style="list-style-type: none"> • Education workshops on falls prevention • Home safety education • Community awareness programmes e.g. 6 steps to falls prevention • Public health campaigns e.g. Healthy and Active Ageing and the Move More campaigns
Strategies	Response services/tools	
<ul style="list-style-type: none"> • Northern Care Alliance frailty strategy • Fall steering groups (locality) • GM integrated health and care partnership strategy, joint forward plan • GM Age friendly strategy • Enhanced health in care homes framework • GM Shared Decision making framework for reversible deterioration outside of hospital (Dementia United) 	<ul style="list-style-type: none"> • iStumble • Community rehabilitation and reablement short-term support (includes MH), community rehabilitation and falls team (CRAFT) • Frailty SDEC • Frailty pathway as part of hospital at home • Winter scheme falls lifting service • Acute falls clinics (outpatient) • Urgent care rapid response team • Fracture liaison service • Rheumatologist, and an Osteoporosis Nurse 	

Locality prevention services/support

- Greater Manchester Fire Rescue Service (GMFRS) safe and well checks, home safety checks, falls risk assessment
- Strength and balance classes (leisure centres), Falls Management Exercise (FaME) programme
- Foot care and podiatry services
- Medication review
- Nutrition and hydration support
- Community falls prevention clinics & liaison services (by hospital trusts)
- Integrated falls preventions teams (services)
- Neighbourhood targeted support identifying frail people to offer proactive model of care
- Local falls guide
- Support and social programmes e.g. Brew and chat meetings, peer support groups
- Care on call
- Adult Learning Disability Falls Prevention Programme

How do we break this down into 'manageable chunks'/priority areas?



Data and Insight-Understand the current landscape and key issues across all areas of GM in terms of cost and demand on the system.



Care Homes—What is working well and where do we need to focus?



Commissioning-What is currently commissioned across the NHS, ASC and Public Health?



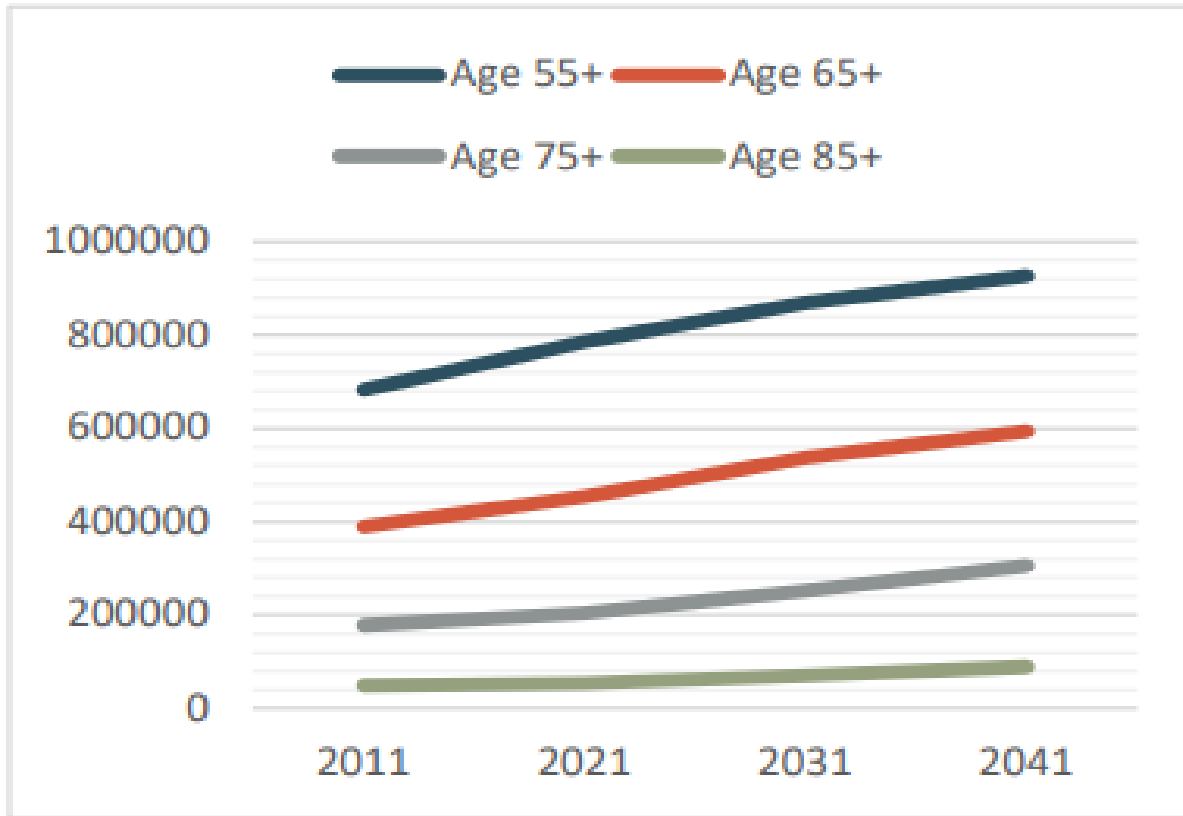
Deep Dive in a locality (Salford)-Highest number of Bed Stays post injurious falls.

Population Growth Forecast For Greater Manchester 2020 to 2040

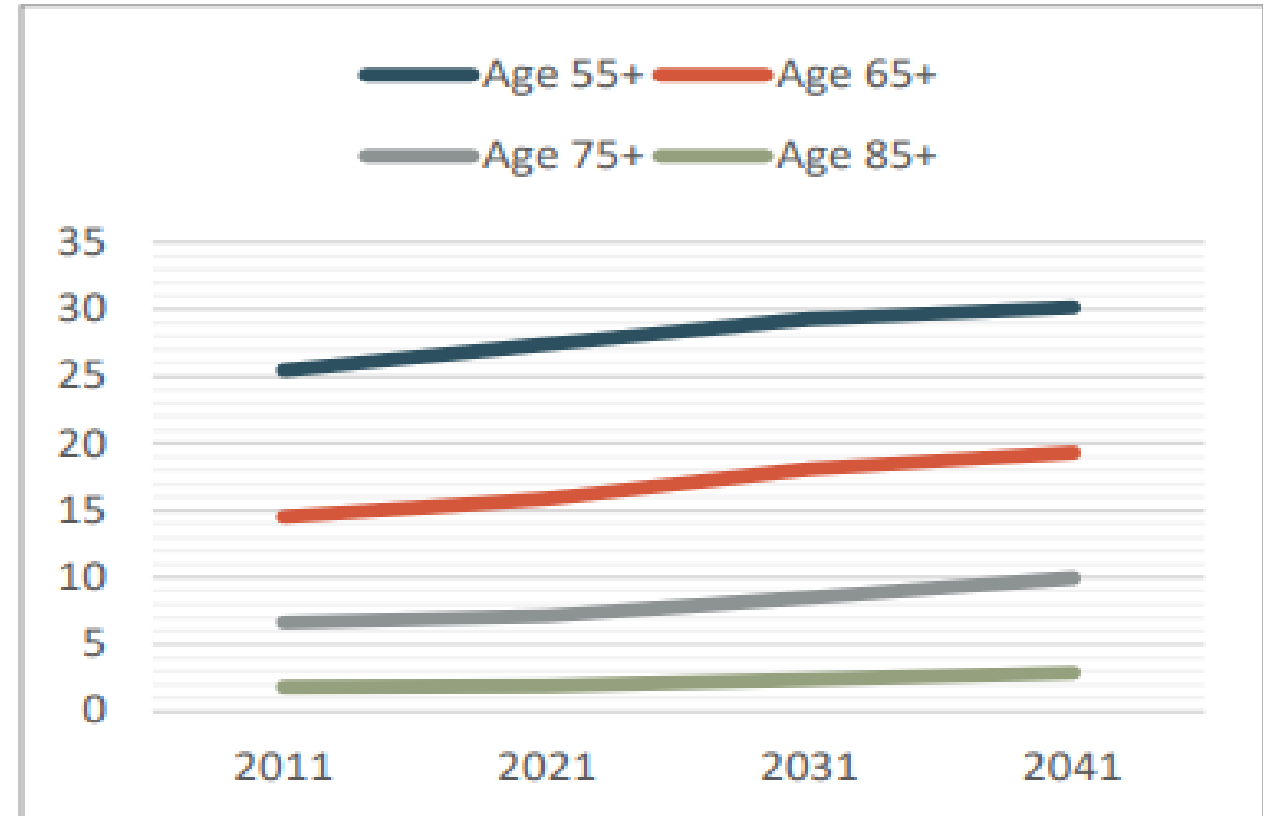


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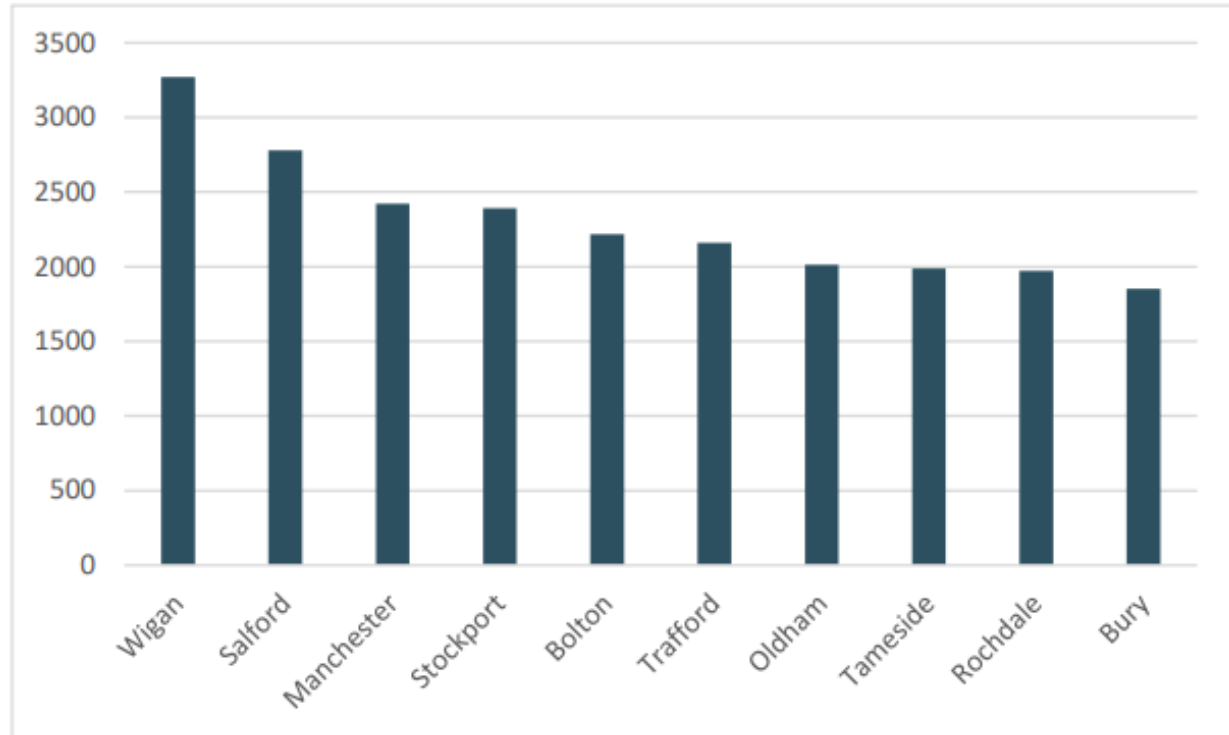
Older GM Residents by Number



Older GM Residents by % of the Population

Falls rates in Greater Manchester are higher than they are for the rest of the country

- **Six out of ten** local authorities in Greater Manchester have a higher rate of emergency hospital admissions per **100,000** due to falls in people aged 65 and over than the average across England in 2021/22.
- Those were Wigan (**3,272**), Salford (**2,779**), Manchester (**2,422**), Stockport (**2,392**), Bolton (**2,217**) and Trafford (**2,159**). The average across England is **2,099** per **100,000**.
- The chart shows the rate of emergency hospital admissions per **100,000** due to falls in people aged 65 and over in all local authorities in GM.



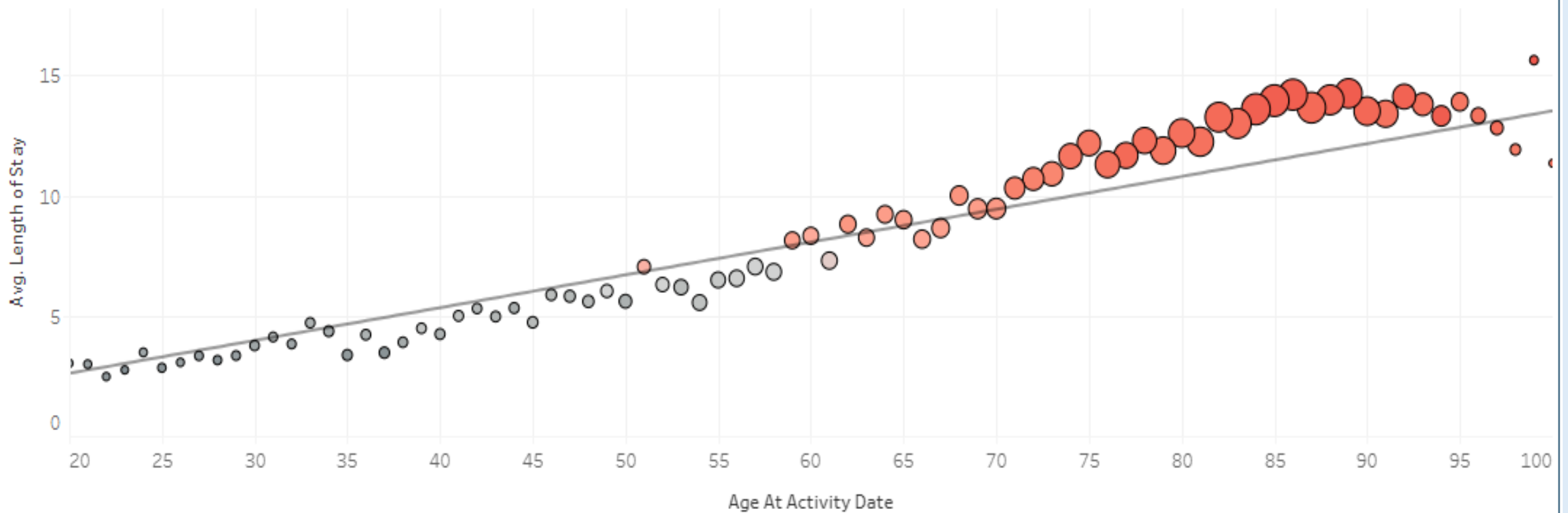
Emergency hospital admissions per 100,000 due to falls in people aged 65+

Falls Admissions Increase with Age

Falls Admissions by Age and Ave LOS

Colour reflects average final tariff (darker red = higher cost)

Circle size reflects volume of falls (larger circle = more falls)



Falls Admissions by Age and Average Final Tariff



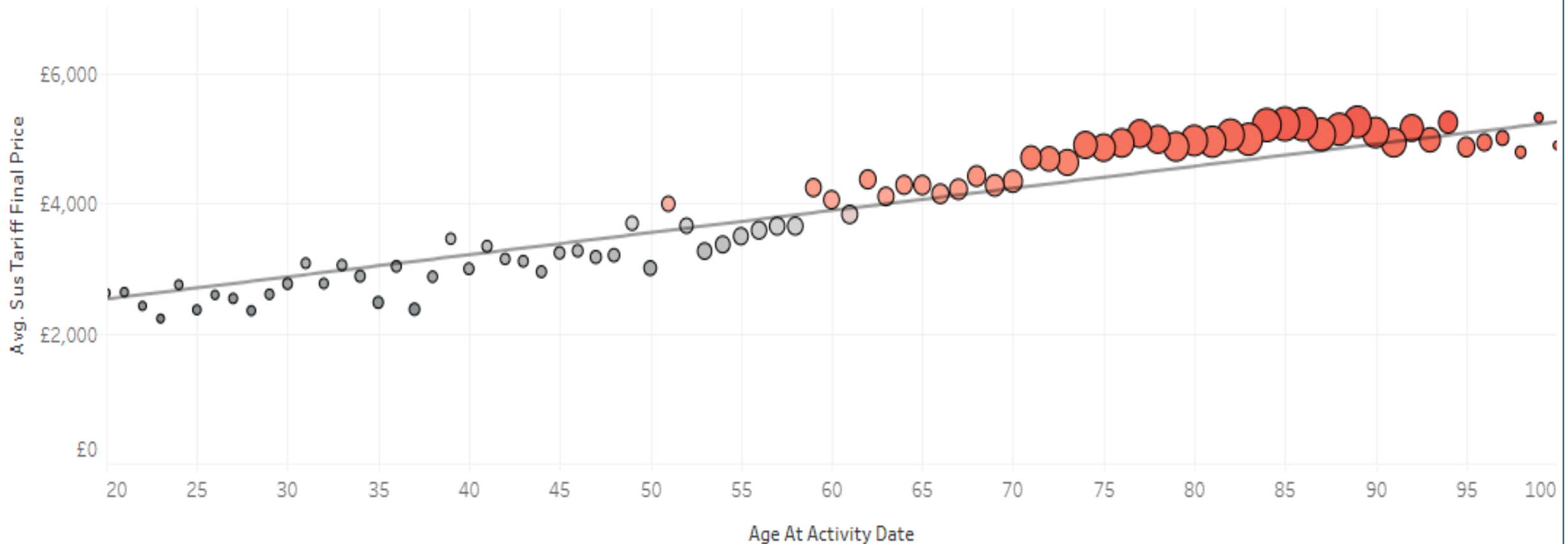
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Charts have been limited to only show range between ages between 20-100 years old

Falls Admissions by Age and Average Final Tariff



Falls-Related Emergency Admissions by Sub-ICB Locality, PCN and GP

Based on primary diagnosis spell ICD10's between S00-T99 and any subsequent diagnosis codes between W00-W19

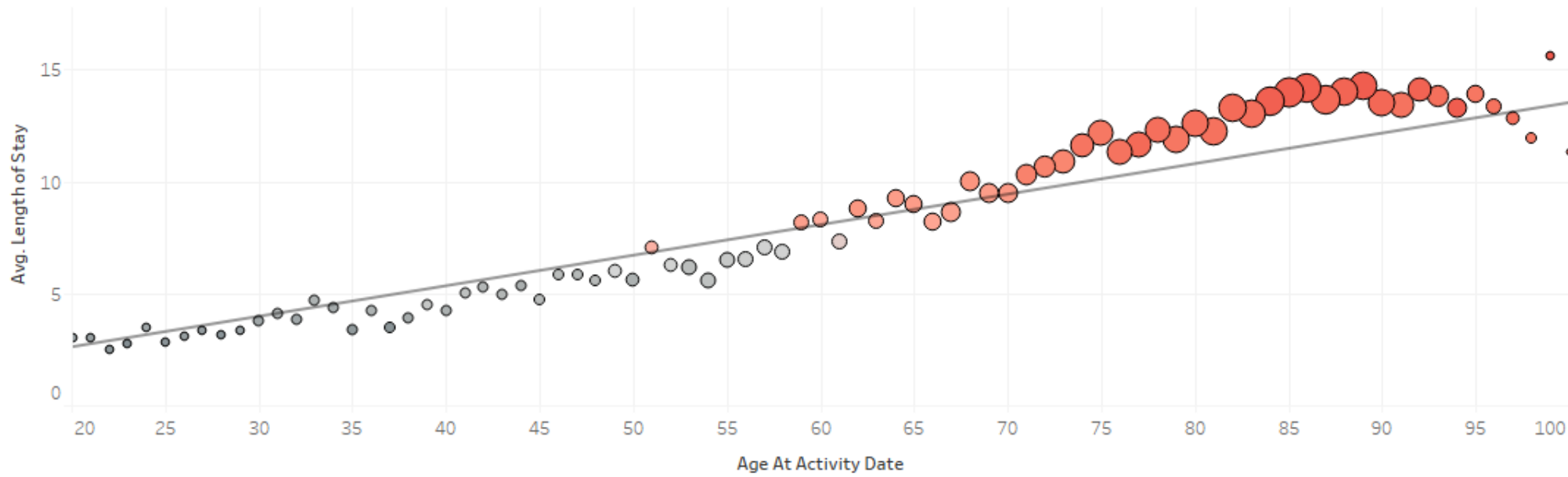
Select from filters below to interact with the data

- Sub-ICB Locality: Multiple values
- Date Periods: All
- Provider Code: All
- Commissioner: All
- Gender: All
- Age Cohort: All
- Length of Stay Group: All
- Primary Care Network: All
- GP Practice Name: All
- Neighbourhood (Bolton): All
- Underlying Hypertension?: All
- Underlying Diabetes?: All
- Underlying Dementia?: All
- Underlying Respiratory?: All
- Underlying Delirium: All
- View FNOF only?: All
- Care Home Resident?: All
- Main Injury Type: All
- Main Fall Reason: All

Falls Admissions by Age and Ave LOS

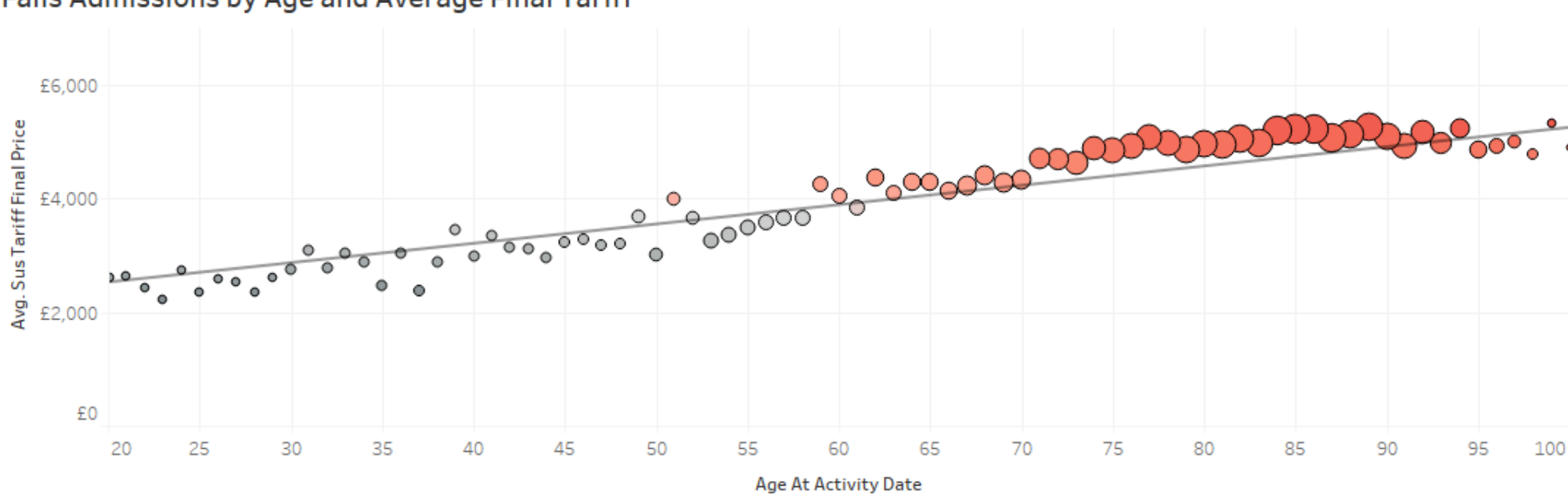
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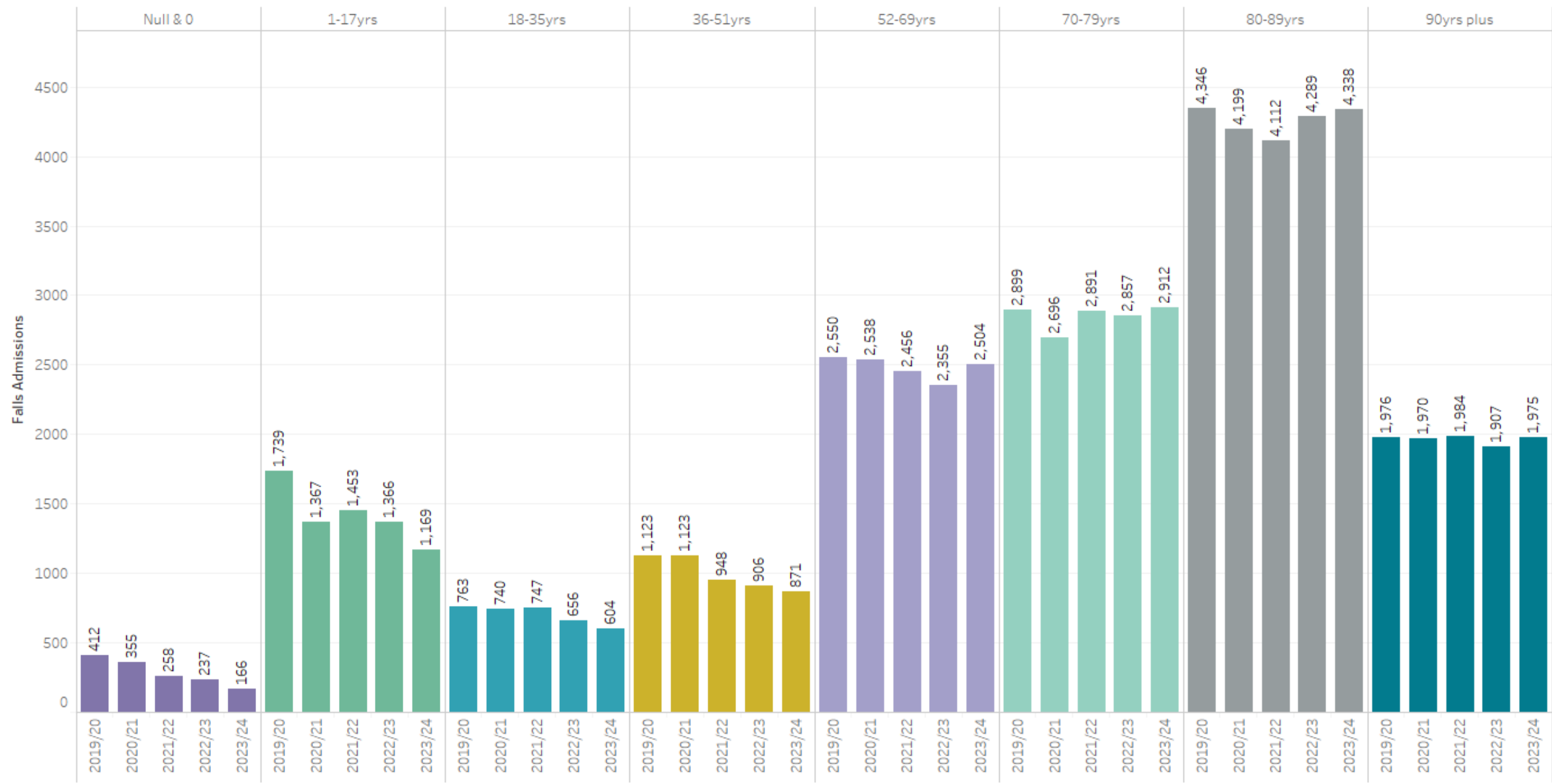


Falls Admissions by Age and Average Final Tariff

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Annual Falls Admissions by Age Group



Total Bed Days for Unplanned Admissions to Acute Hospitals Top 12 Primary Diagnoses 23/24

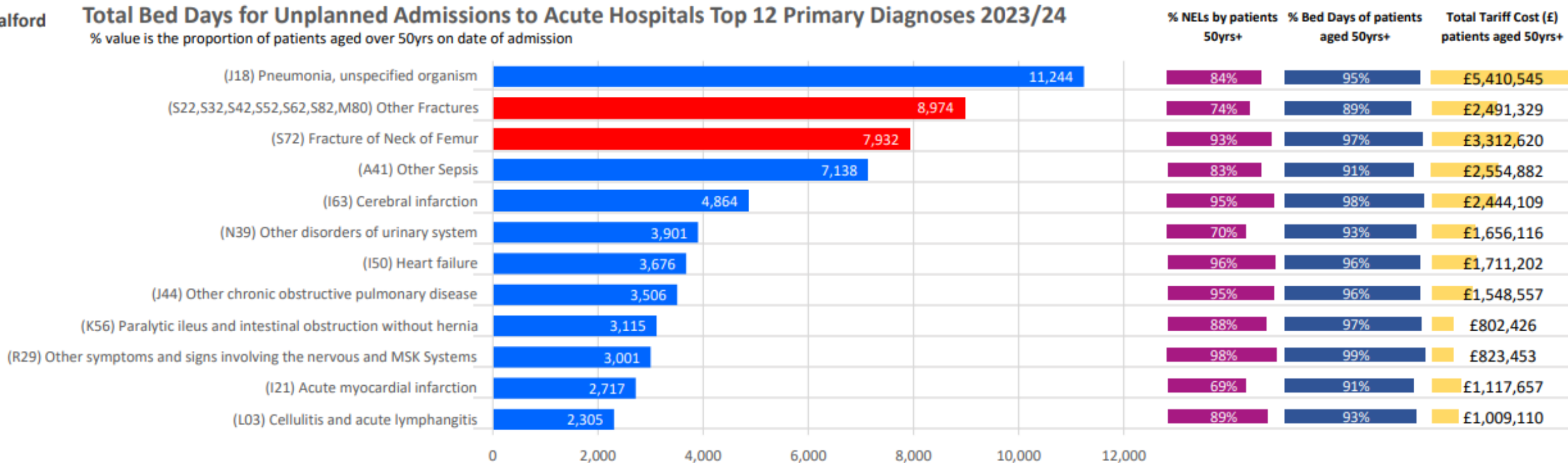
GMICB Localities as Commissioning Purchaser to GM Acute Provider Trusts

Locality	
Bolton	Bury
Manchester	Oldham
Rochdale	Salford
Stockport	Tameside
Trafford	Wigan

	All Age Emergency Admissions	All Age Total Bed Days	All Age Total Tariff Cost (£)
(J18) Pneumonia, unspecified organism	1,357	11,244	£5,811,530
(S22,S32,S42,S52,S62,S82,M80) Other Fractures	759	8,974	£3,208,796
(S72) Fracture of Neck of Femur	309	7,932	£3,463,922
(A41) Other Sepsis	509	7,138	£2,951,978
(I63) Cerebral infarction	299	4,864	£2,517,002
(N39) Other disorders of urinary system	558	3,901	£1,896,329
(I50) Heart failure	357	3,676	£1,776,488
(J44) Other chronic obstructive pulmonary disease	580	3,506	£1,621,963
(K56) Paralytic ileus and intestinal obstruction without hernia	173	3,115	£878,074
(R29) Other symptoms and signs involving the nervous and MSK Systems	196	3,001	£834,318
(I21) Acute myocardial infarction	353	2,717	£1,291,345
(L03) Cellulitis and acute lymphangitis	253	2,305	£1,095,089

Salford Total Bed Days for Unplanned Admissions to Acute Hospitals Top 12 Primary Diagnoses 2023/24

% value is the proportion of patients aged over 50yrs on date of admission



Total Bed Days for Unplanned Admissions to Acute Hospitals Top 12 Primary Diagnoses 23/24

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Locality	
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Manchester	Oldham
Rochdale	Salford
Stockport	Tameside
Trafford	Wigan

	All Age Emergency Admissions	All Age Total Bed Days	All Age Total Tariff Cost (£)
(J18) Pneumonia, unspecified organism	1,805	12,434	£7,082,383
(S22,S32,S42,S52,S62,S82,M80) Other Fractures	901	8,597	£3,605,151
(S72) Fracture of Neck of Femur	436	8,011	£4,836,183
(A41) Other Sepsis	658	7,072	£3,445,873
(I63) Cerebral infarction	578	6,807	£4,748,145
(N39) Other disorders of urinary system	842	5,988	£3,099,767
(R29) Other symptoms and signs involving the nervous and MSK Systems	481	4,685	£1,925,613
(I50) Heart failure	597	3,587	£2,146,643
(J44) Other chronic obstructive pulmonary disease	883	3,559	£1,927,352
(I21) Acute myocardial infarction	610	2,888	£1,583,529
(L03) Cellulitis and acute lymphangitis	409	2,600	£1,970,667
(N17) Acute kidney failure	292	2,420	£1,262,676

Wigan Total Bed Days for Unplanned Admissions to Acute Hospitals Top 12 Primary Diagnoses 2023/24

% value is the proportion of patients aged over 50yrs on date of admission

