

# Falls Health Needs Assessment

## 2023

### SOMERSET

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## Abbreviations

Abbreviation	Meaning
ASCOF	Adult social care outcomes framework
CCG	Clinical Commissioning Group
CIPFRA	Chartered Institute of Public Finance and Accountancy
FoF	Fear of Falling
FRAT	Falls Risk Assessment Tool
FY	Financial Year
GP	General practitioner
GPPAQ	General Practice Physical Activity Questionnaire
HCP	Healthcare Professional
HES	Hospital Episode Statistics
HNA	Health Needs Assessment
ICD-10	International classification of diseases
ICS	Integrated Care System
IFT	Inter-Facility Transfer
IMD	Index of Multiple deprivation
JSNA	Joint Strategic Needs Assessment
KPIs	Key performance indicators
LD	Learning disability
LSOA	Lower Super output area
NHS	National health service
NHSBSA	NHA Business Service Authority
NICE	National institute for health and care excellence
OHID	Office for health improvement and disparities
ONS	Office for national statistics
PCN	Primary care network
PHOF	Public health outcomes framework
QOF	Quality outcomes framework
SALT	Short and long term
SWASFT	South Western Ambulance Service Somerset Foundation Trust
SWAT	South West and Taunton
UCR	Urgent Community Response
UK	United Kingdom
WHO	World health organisation
YTD	Year to date

## **Executive Summary**

Falls are a major public health issue facing older people. They represent the most frequent and serious type of accident in people aged 65 and over, are the main cause of disability and the leading cause of death from injury among people aged over 75. Falls destroy confidence, increase isolation, reduce independence, and significantly impact on long-term outcomes.

The population of England and Wales has continued to age, with Census 2021 results confirming there are more people than ever before in older age groups.

People aged 65 and older have the highest risk of falling, with 30% of people older than 65 and 50% of people older than 80 falling at least once a year. This could estimate that in Somerset there could be an expected 42,570 falls in those older than 65 (total 65+ population in Somerset (2021 Census) is 141,900), and an expected 19,400 falls in those over 80 (total over 80 population is 38,800).

With an ageing population in Somerset, falls and the consequences of falls are a major and growing concern for older people and health and social care providers. Recurrent falls are associated with increased mortality, increased rates of hospitalisation, curtailment of daily living activities and higher rates of institutionalisation.

This needs assessment has contributed to identifying the current and future needs of the Somerset population who are at risk of falling, or who have fallen, as well as those in the population who are most likely/at risk of falls. It has informed the recommendations in Section 7. The findings and recommendations will be shared with the Somerset Strategic Falls Steering Group for review and to discuss options to take this area of work forward.

### **What can we do to reduce falls?**

There are a number of health and social care services and pathways within Somerset through which people who would benefit from a multifactorial falls intervention could be identified. These potential assets need to be investigated thoroughly to ensure a joined up approach to addressing falls in Somerset.

We have the opportunity to use the information in this report to reflect with all our partners on the prevalence of falls to date and identify gaps in falls reporting that would contribute to the next steps that need to be taken to transform our falls pathways through a whole system basis. The recommendations proposed aim to ensure that we deliver effective and person-centred care, but also enable us to measure and demonstrate the positive impact evidence-based falls prevention and management can make. A systematic and targeted approach, supported by strong leadership at all levels is required.

## 1 Purpose & Scope

Identify the current and future needs of the Somerset population who are at risk of falling, or who have fallen, as well as those in the population who are most likely/at risk of falls.

A newly re-instated multi-agency Strategic Falls Group will oversee commissioning of falls prevention and falls management pathways across Somerset, based on having a clear overview of the need around those at risk of falling and those who fall.

## 2 Background

A fall is defined as an event which results in a person coming to rest inadvertently on the ground or floor or other lower level<sup>1</sup>.

Falls and fall-related injuries are a common and serious problem for older people. People aged 65 and older have the highest risk of falling, with 30% of people older than 65 and 50% of people older than 80 falling at least once a year. This could estimate that in Somerset there could be an expected 42,570 falls in those older than 65 (total 65+ population in Somerset (2021 Census) is 141,900), and an expected 19,400 falls in those over 80 (total over 80 population is 38,800).

The human cost of falling includes distress, pain, injury, loss of confidence, loss of independence, and mortality. Falling also affects the family members and carers of people who fall. Falls are estimated to cost the NHS more than £2.3 billion per year; with falling having an impact on quality of life, health and healthcare costs<sup>2</sup>. Falls and fractures in older people are often preventable, reducing these is important for maintaining the health, wellbeing, and independence of older individuals.

The King's Fund published the results of a study of the system-wide costs associated with falls in older people (Torbay) in 2013. The study found that total costs associated with a fall itself were averaged at £2850 (£1.2m for a cohort of 421 patients). For Somerset this would estimate the current annual cost of falls at more than £8.5 million. In the 12 months following the fall, costs rose to an average of £9976 per fall across the system (£4.2m for the study cohort). Applied to Somerset, this would estimate a cost of more than £29.9 million for acute hospital, community care and social care for falls patients. (Note: there is a government falls costs calculator sheet which can be populated to calculate more specific expected costs, however we do not have the required data to do so, therefore have this estimation<sup>3</sup>).

The causes of having a fall are multifactorial – a fall is the result of the interplay of multiple risk factors. These may include<sup>4</sup>:

- muscle weakness
- poor balance
- visual impairment
- polypharmacy – and the use of certain medicines
- environmental hazards
- some specific medical conditions, which might make a person more likely to fall

Falls awareness, risk assessment and prevention are addressed in Somerset through<sup>5</sup>:

- Groups such as the Somerset Active Living Network
- Integrated Rehabilitation Service
- Balance and Safety group courses
- Identifying and remedying outdoor hazards such as uneven paving and slippery slopes
- Improving design of housing for older people, including provision of handrails, etc.

## 2.1 Somerset background:

The population of Somerset was 571,600 (2021), an increase of around 41,600 people since 2011. This is a rise of 7.8% since 2011 and a 36.9% rise in 40 years since 1981. Figure 1, 2 and 3 show the population changes, and predicted changes over the coming years.

### 2.1.1 Age and Sex

Table 1 - Somerset populations by age, per district. Source: Census 2021<sup>6</sup> (Note: totals may not sum, due to rounding in dataset)

	All	≤19	20-59	60-64	65-69	70-74	75-79	80≤
<b>Somerset</b>	571,600	120,100	271,000	38,500	36,100	38,600	28,500	38,800
<b>Mendip</b>	116,100	25,200	55,400	7,900	7,200	7,600	5,500	7,300
<b>Sedgemoor</b>	125,400	26,600	60,500	8,300	7,600	8,200	6,000	8,000
<b>SWAT</b>	157,400	32,500	73,900	10,700	10,200	10,600	8,100	11,400
<b>S. Somerset</b>	172,700	35,500	81,500	11,700	11,100	12,100	9,000	11,900



Figure 1 - In 1961 (see the light coloured lines), the post-war baby boom led to a 'spike' in teenagers. In 2033 (bars), the most populous age groups are those in their 40s, 50s and

60s. By 2033 (darker lines), there is projected to be a bulge in the 70-79 age groups, with almost as many in their 80s as in their 20s

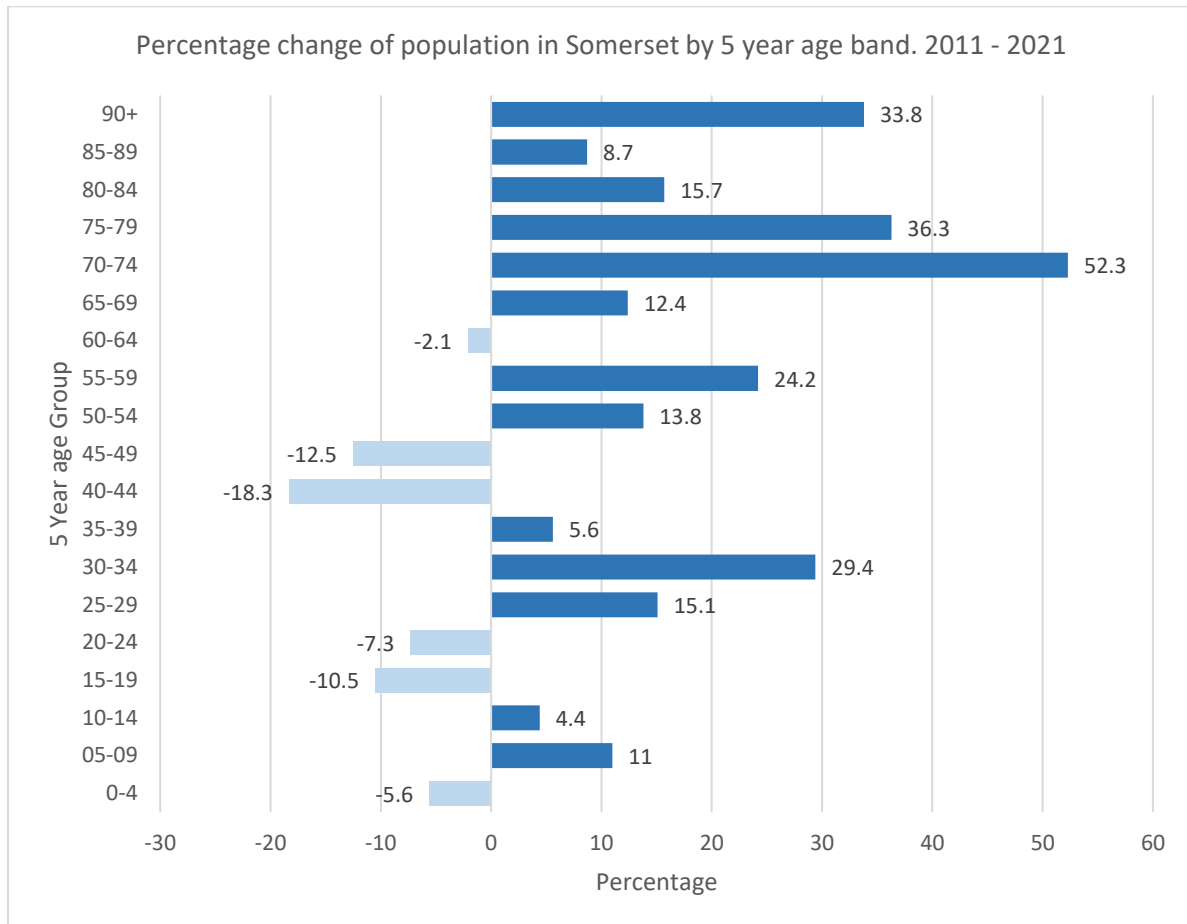


Figure 2 - Population change percentage in Somerset by 5 year age band. 2011 Census compared to 2021.

The age bands with the highest population are 50-54 and 55-59. In 2021 84,700 people were in their 50's which accounted for nearly 15% of the total population.

There has been more than a 50% increase in the number of people aged 70-74 and there are a third more people aged 90 or over.

Somerset population projections show that the population is expected to continue to age. Projected growth amongst the 65+ age group is around 35%, and the number of people aged 75 or more is projected to close to double over the period, to almost 117,500.

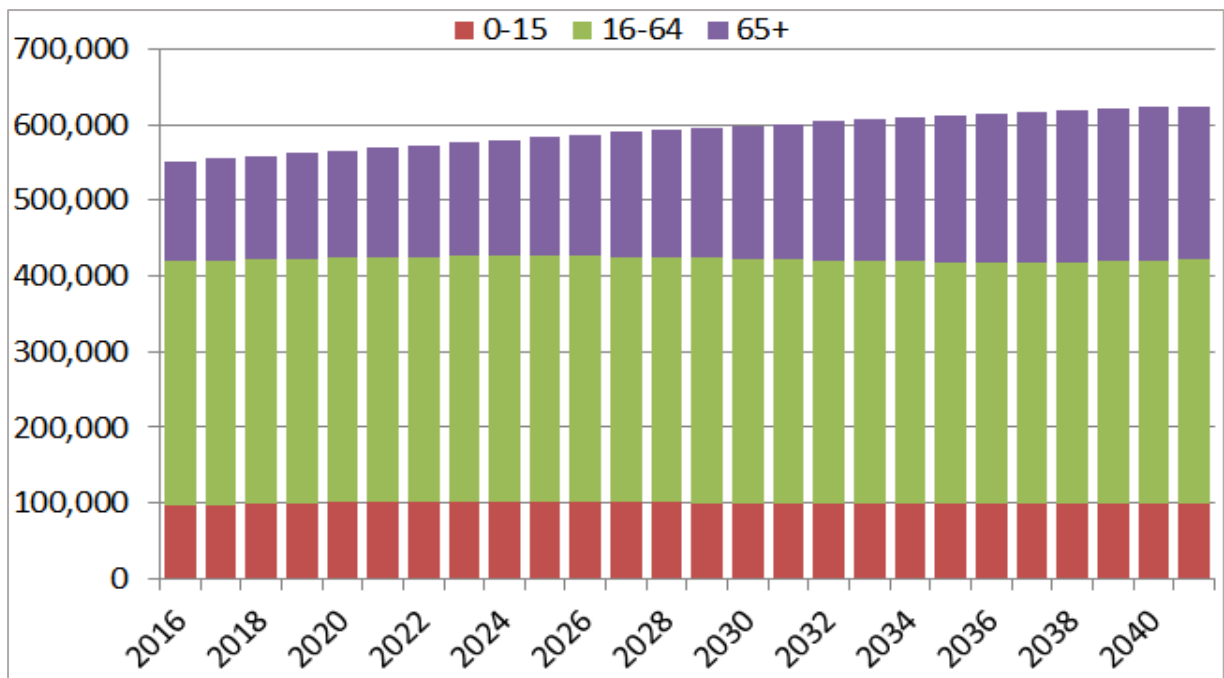


Figure 3 – Population predictions by age in Somerset 2016-2041. Source: Somerset Intelligenece

In somerset 24.7% of the population is aged over 65, this is highest in SWAT at 25.7%, then South Somerset 25.5%, and lowest in Sedgemoor and Mendip at 23.8% (2021 Census)<sup>7</sup>.

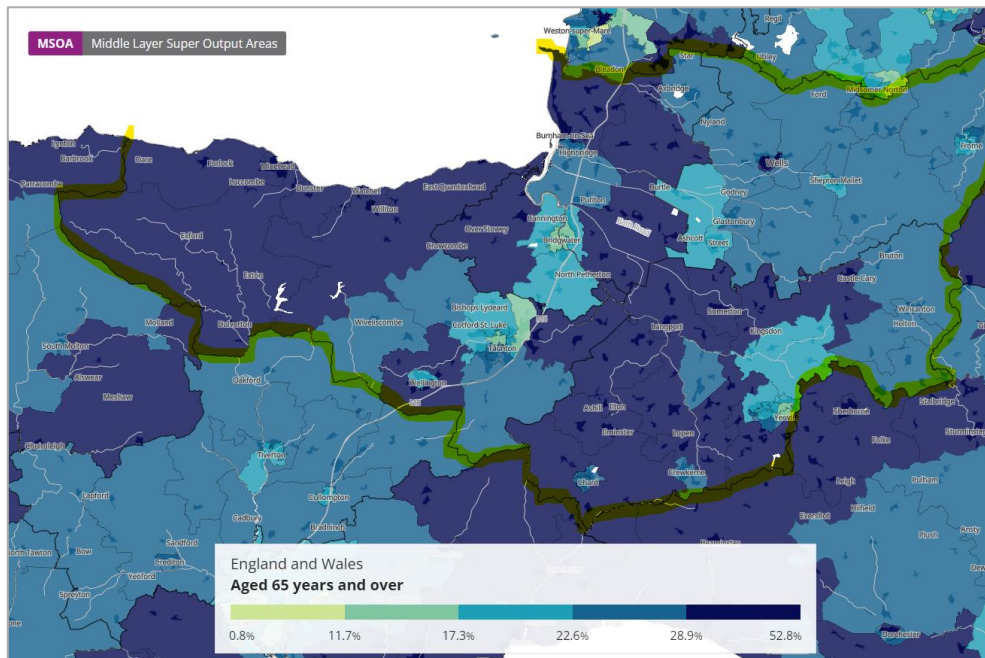


Figure 4 – Map showing density of population aged 65 years and over<sup>8</sup>

11.7% of Somersets population is aged 75 or over (as of census day 2021) 12.5% in SWAT, 11.1% Sedgemoor, 11.0% Mendip, and 12.0% South Somerset.



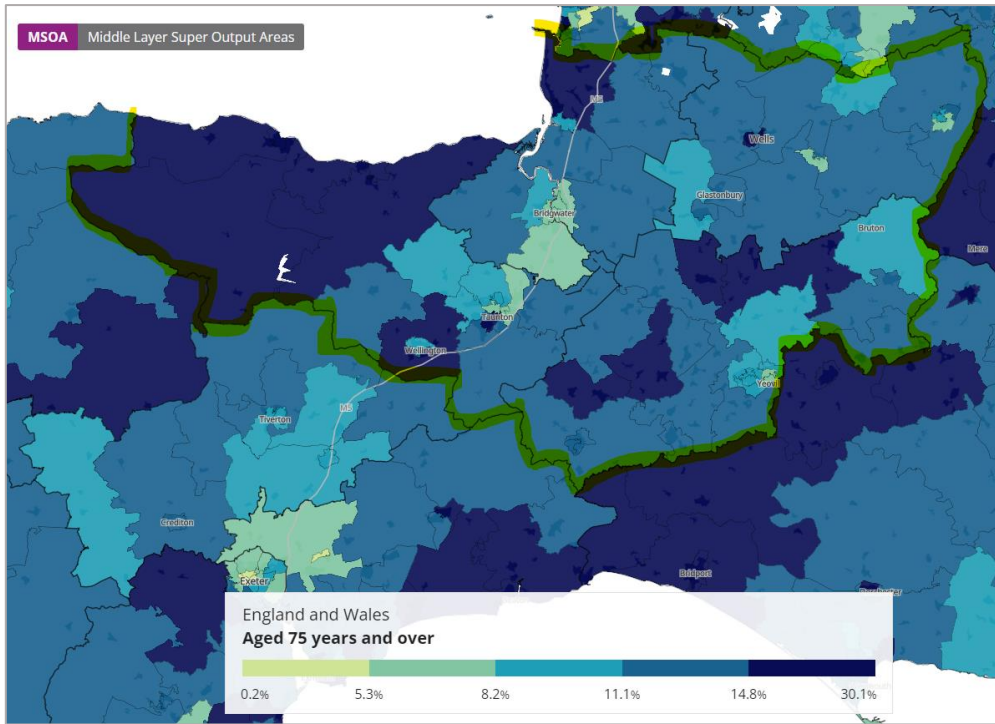


Figure 5 – Map showing density of population aged 75 years and over<sup>9</sup>

85+ in Somerset is 3.4%. 3.8% in SWAT, 3.1% in Sedgemoor, 3.1% in Mendip, and 3.4% in South Somerset (Census 2021).

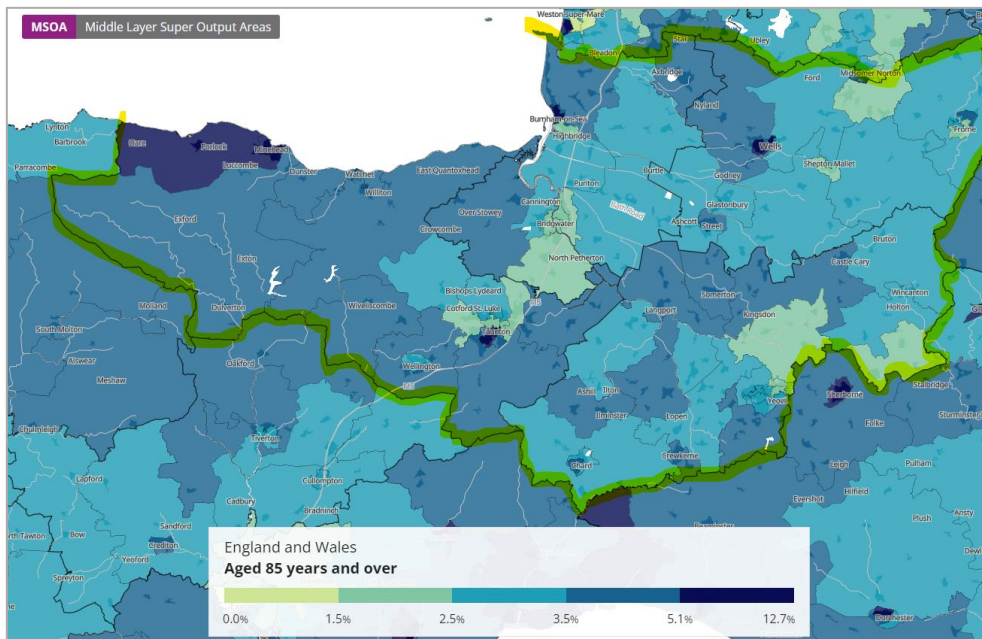


Figure 6 – Map showing population aged 85 years and over<sup>10</sup>

Table 2 - Somerset populations by gender, per district. Source: Census 2021 (Note: totals may not sum, due to rounding in dataset)

	All Population	Female	Male
<b>Somerset</b>	571,600	292,100	279,400
<b>Mendip</b>	116,100	59,700	56,400
<b>Sedgemoor</b>	125,400	63,300	62,100
<b>Somerset West and Taunton</b>	157,400	81,000	76,500
<b>South Somerset</b>	172,700	88,200	84,500

### 2.1.2 Socioeconomic Status and Deprivation

47,806 people in Somerset live in one of the 20% most deprived areas in England, but 61,253 live in one of England's 20% least deprived areas (This compares to 40,000 and 74,000 in 2015) (IMD). Somerset CCG 2019 IMD score was 18.6, compared to 21.7 nationally, and 19.6 in the South West (South) NHS region. Sedgemoor is the worst performing district in IMD 2019 with an overall IMD rank of 121 out of 317. Nine Somerset LSOAs are amongst the most deprived 10% nationally, these are in parts of Taunton (3), Bridgwater (3), Yeovil (1), Highbridge (1), Glastonbury (1)<sup>11</sup>.

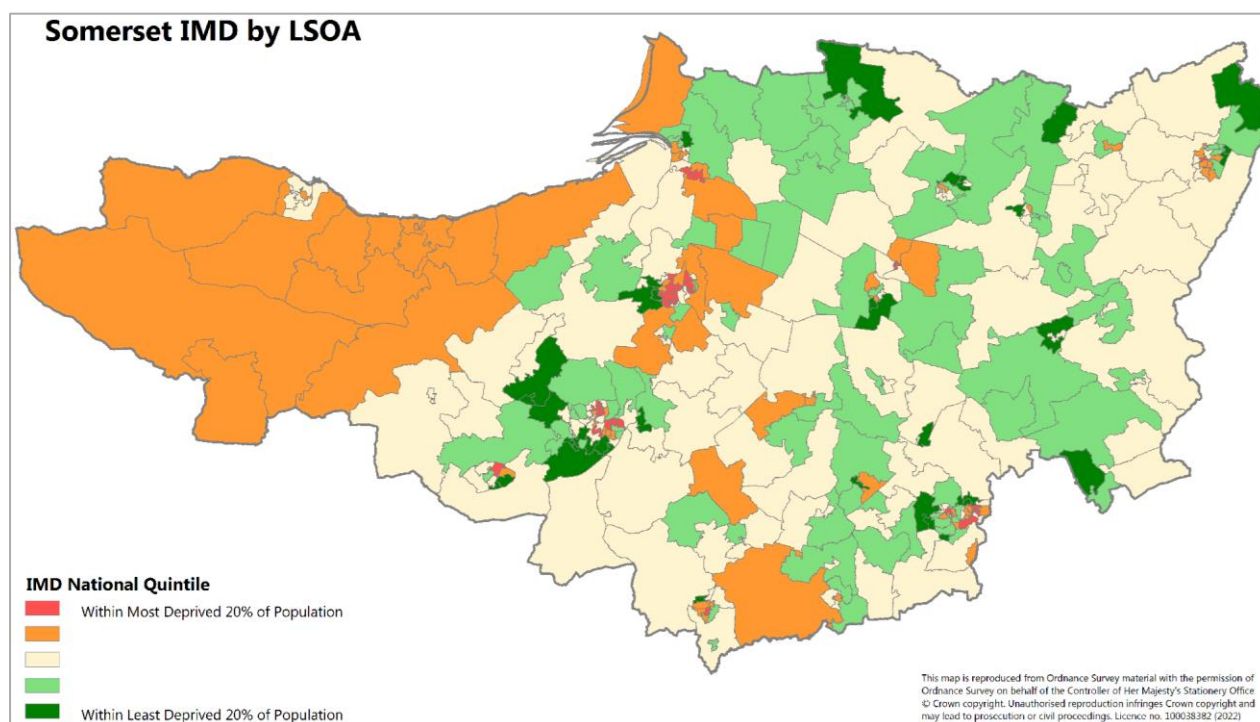


Figure 7 - Somerset IMD by LSOA, by quintile. Source: IMD 2019

### 2.2 Covid Impact

During the pandemic, vulnerable adults (those aged over 70 and/or those with a long-term health condition) were advised to shield. However, since restrictions have been lifted, it is unknown how the shielding population has responded and how they are adapting to this new 'normal'.

An online survey was conducted across Somerset (June 2022)<sup>12</sup> to examine the impact of the pandemic on vulnerable populations who were required to shield during lockdown. The aim was to understand their experiences and any changes to their lives in the context of no Covid-19 restrictions.

The sample was split into two groups: ‘shielded’ (n=37) and ‘non-shielded’ (n=71). The majority of individuals thought that they engaged in the same amount of physical activity or more. With approximately two-thirds of participants in both groups reporting that they felt about the same amount of unsteadiness. Unsteadiness also emerged as a theme within the qualitative data with a few participants mentioning some kind of unsteadiness or resulting injury from unsteadiness and falling. Comments from participants referencing some level of unsteadiness included saying they had got ‘more wobbly on feet’, ‘much less mobile’ and were now ‘unable to move/walk without aids’. One participant had ‘fallen and fractured hip and arm’ as a result of unsteadiness. In the non-shielding group comments were much more broad talking about an overall reduction in activities, and inability to do as much such as walking.

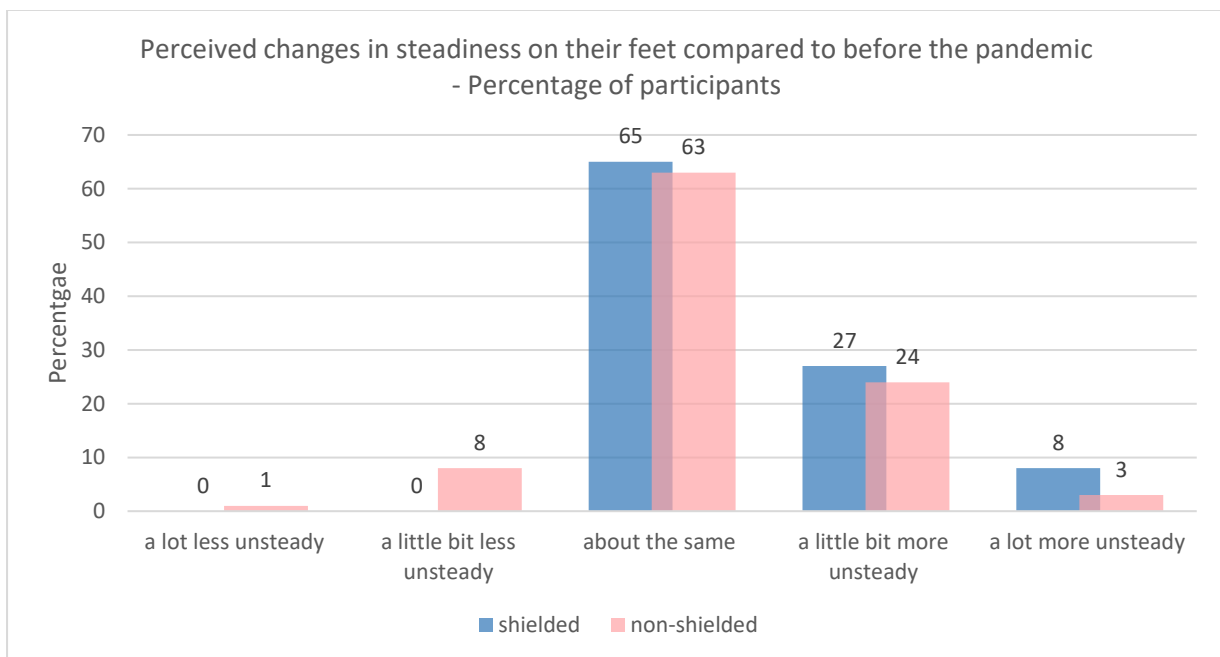


Figure 8 – Perceived changes in steadiness on their feet compared to before pandemic – Percentage of participants. Data Source: Somerset Shielding Survey Report: Impact of the pandemic on vulnerable adults.<sup>13</sup>

Additionally, a longitudinal survey conducted April 2020 to January 2021 found a decrease over time in adults meeting the WHO physical activity recommended guidelines<sup>14</sup>. Individuals who perceived themselves at a higher risk of Covid-19, and those with chronic health conditions showed lower odds of meeting recommended physical activity guidelines.

### **3 Key outcomes:**

Capturing the actual number of falls which occur in a year is difficult as many will go unreported. Other measure can be used as a proxy or a selection of other measures to help identify the current trends and approximate number of falls, this however could provide a significant underestimate.

#### **3.1 Pendant Alarms:**

A pendant alarm is a device that can be activated in case of a fall, which alerts the provider or others to ensure assistance is received in a timely manner.

There were previously 3 lifeline services across Somerset: Sedgemoor Lifeline, Deane Helpline, and South Somerset Careline, these have merged as of April 2023. Mendip do not have a lifeline service as this is provided by Aster there social housing provider (Aster housing can also operate across other areas of Somerset and the whole Southwest).

South Somerset – There are currently 73 Vibbys (fall detector pendants) with customers, additionally there is approximately 1800 people who use the lifeline unit service.

Sedgemoor - Lifeline<sup>15</sup> service provides help at the touch of a button by installing and maintaining specialist equipment which links to a 24hr Monitoring Centre. With the goal of enabling an individual to maintain their way of life, on their terms, in their way and in their home. They have help over 5000 customers lead independent lives in their own homes. Products provided include: fall detectors, smoke and carbon monoxide alarms, and bogus caller alarms. In the year 2021-22, 96,000 emergency calls were handled, 744 falls were attended, and 761 properties in the event of an emergency (such as a non-injury fall).

SWAT/Deane – Provide lifelines to people who have either self-assessed or been assessed by medically trained people as being vulnerable. Lifelines are monitored 24 hours a day 365 days a year and there is a dedicated response team who respond to non-injured falls, welfare checks and no response calls. They are currently working with the NHS to support the new UCR team (Urgent Community Response), to field referrals away from 999 paramedic service; if the call is not an immediate threat to life. They also aim to put urgent referrals through to this team instead of calling Doctors, district nurse etc; to help to get the vulnerable people quickly in a specific time.

Deane Helpline currently has a total of 4104 people on the Deane Helpline lifeline. In the period of 2021-22 the response team attended to 1853 call in the SWAT area from people who had fallen. Out of these calls there are individuals who fall regularly in the following areas: Taunton – 337, Wellington – 56, Minehead/Watchet/Dulverton – 20, Wiveliscombe/Milverton – 10. A break down by gender shows in Taunton 64% of fallers were female (3251 total), Wellington 63% female (595 total), Minehead/Watchet/Dulverton 60 % female (137 total), Wiveliscombe/Milverton 62% female (121 total).

## **3.2 GP Patient Survey<sup>16</sup>**

Two or more falls that have needed medical attention in the past 12 months. The GP Patient survey is a questionnaire sent to approximately 2.15 million patients across the UK, with a proportionally stratified, un-clustered sample being drawn at each practice this leads to approximately 700,000 respondents nationally each year. This survey is sent to any individuals aged 16+. Survey responses are weighted for GPs, and local authorities are estimated by allocating practice values by postcodes and aggregating the count/denominator to calculate an overall.

The indicator relating to falls asked “Have you experienced any of the following over the last 12 months? ... Two or more falls that have needed medical attention”.

In 2022 within Somerset Integrated Care System (ICS) there were a total of 6,949 responses to this question, with 150 (2%) who had fallen twice or more needing medical attention in the last year. Nationally 3% of respondents had 2 or more falls needing medical attention.

The proportion has been consistently around 2% in Somerset or respondents having had 2 or more falls requiring medical attention. 2021, Somerset STP 2%, nationally 2%. 2020, Somerset STP 2%, Nationally 2%. 2019, Somerset STP 2%, nationally 2%.

## **3.3 Admissions due to falls**

Falls are the largest cause of emergency hospital admissions for older people, and significantly impact on long term outcomes, e.g., being a major precipitant of people moving from their own home to long-term nursing or residential care<sup>17</sup>. This measure should be interpreted with caution when assessing need, as many injurious falls do not result in an emergency hospital admission.

### **3.3.1 65+**

Somerset has a higher rate of emergency hospital admissions due to falls in people 65 and over (2,030 per 100,000, 3,015 falls), than regionally (1,943 per 100,000) and nationally (2,100 per 100,000). Somersets rate is similar to the national average but statistically worse than the South West regional average (figure 9), Somerset is showing a recent trend of no significant change.

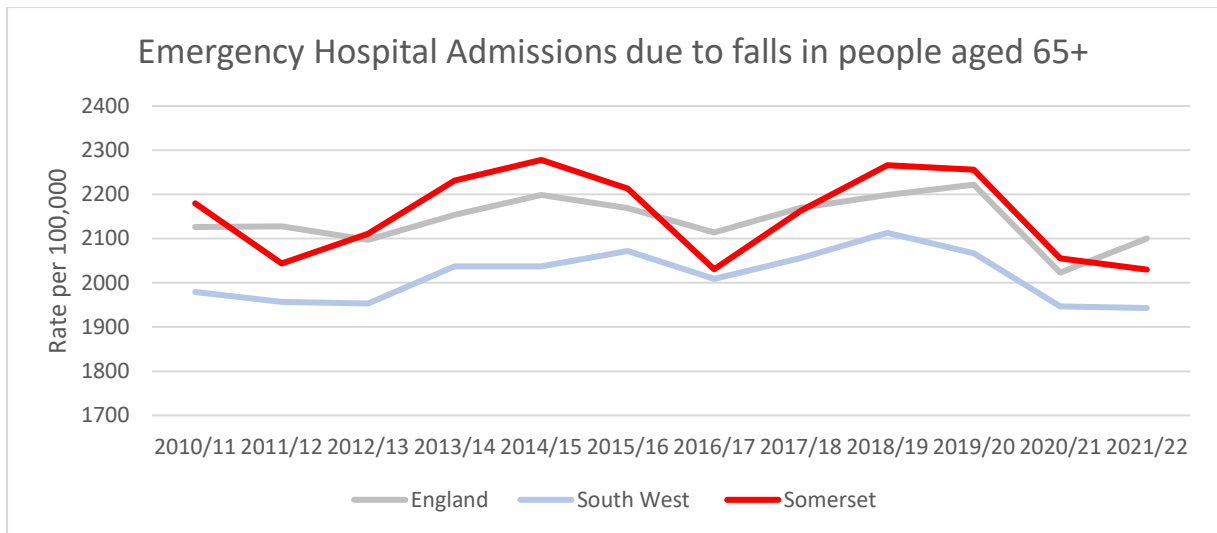


Figure 9 - Emergency Hospital Admissions due to falls in people aged 65+ Source: HES

Emergency hospital admissions due to falls in the age category of 65 and over in recent years (since 2016/17) have been consistently higher in the district of South West and Taunton (Figure 10 & 11).

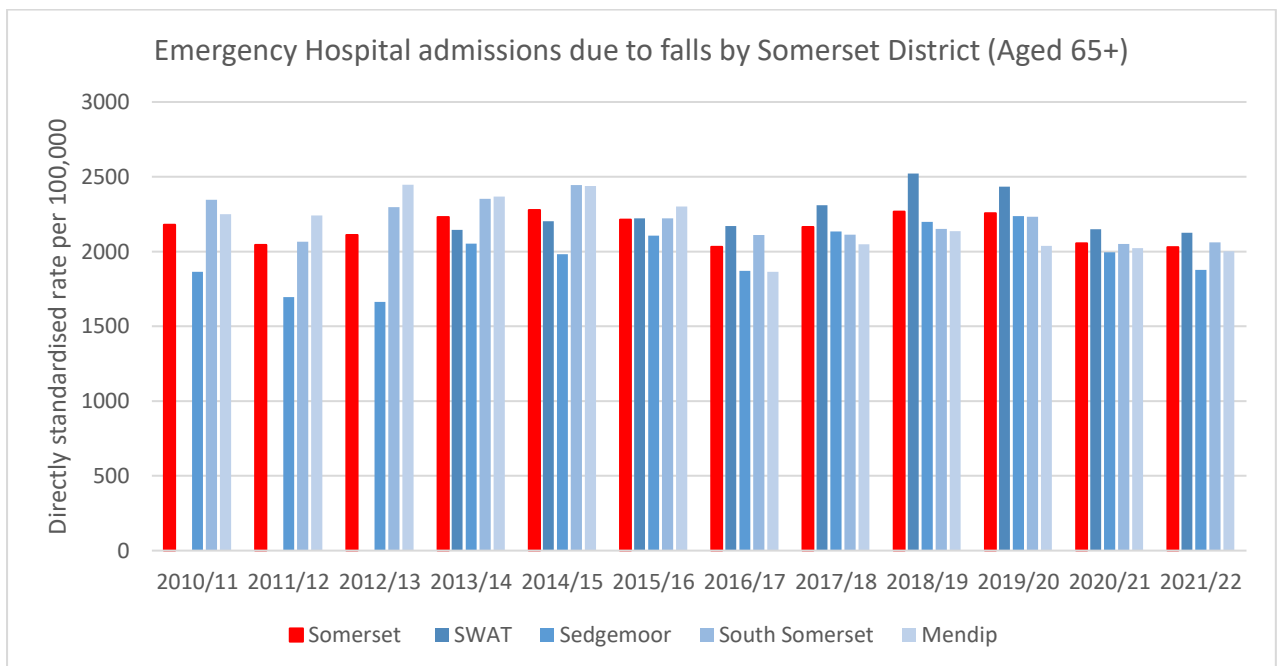


Figure 10 - Emergency Hospital admissions due to falls by Somerset District (Aged 65+). Source HES (Note SWAT is missing pre 2013/14 due to it previously being Taunton Deane and West Somerset)

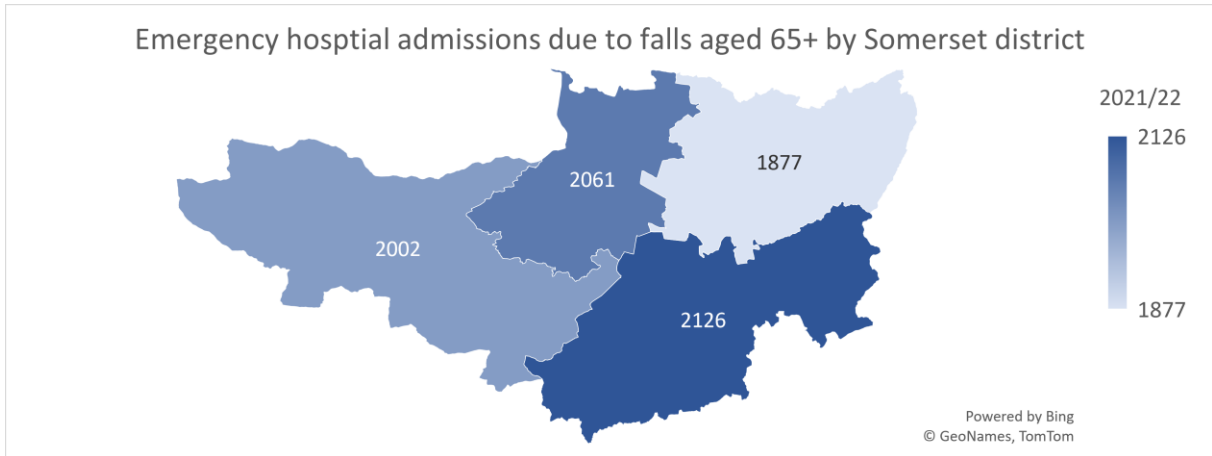


Figure 11 – Emergency hospital admissions due to falls aged 65+, by Somerset district (2021/22). Source: HES

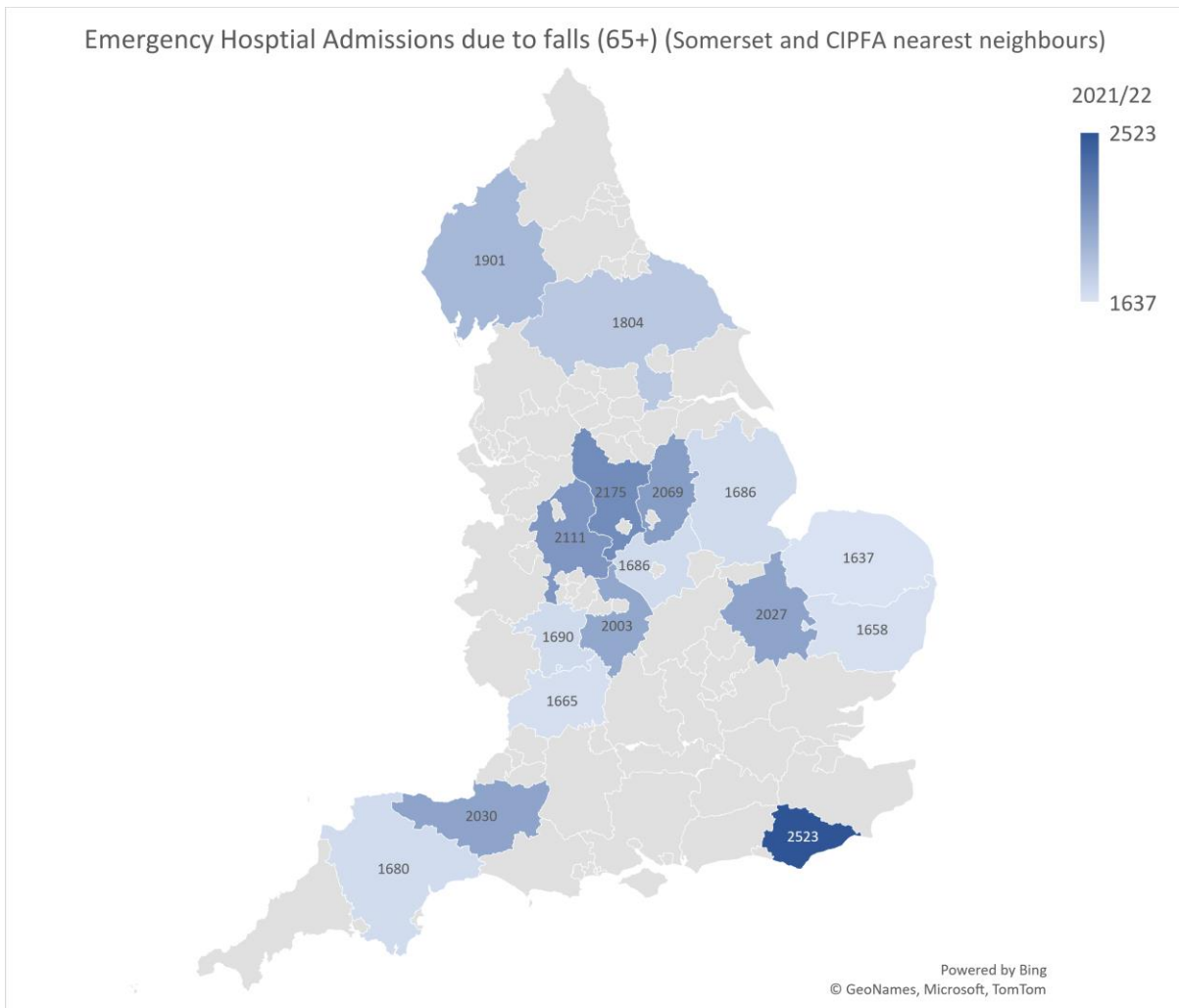


Figure 12 - Emergency Hospital Admissions due to falls (65+), 2021/22. Somerset and CIPFA nearest neighbours. Directly Standardised rate per 100,000. Source: HES<sup>18</sup>

When compared to the CIPFRA nearest neighbours Somerset had the second highest rate of hospital admissions due to falls in the 65+ population in 2020/21, behind East Sussex (figure 12).

Falls in Somerset seem to be consistently higher in females at 2,348 per 100,000 (2020/21) compared to males at 1,667 per 100,000 (2020/21). The rates for both males and females are higher in Somerset than the Southwest regional mean (2020/21, Males – 1,561, Females – 2,151).

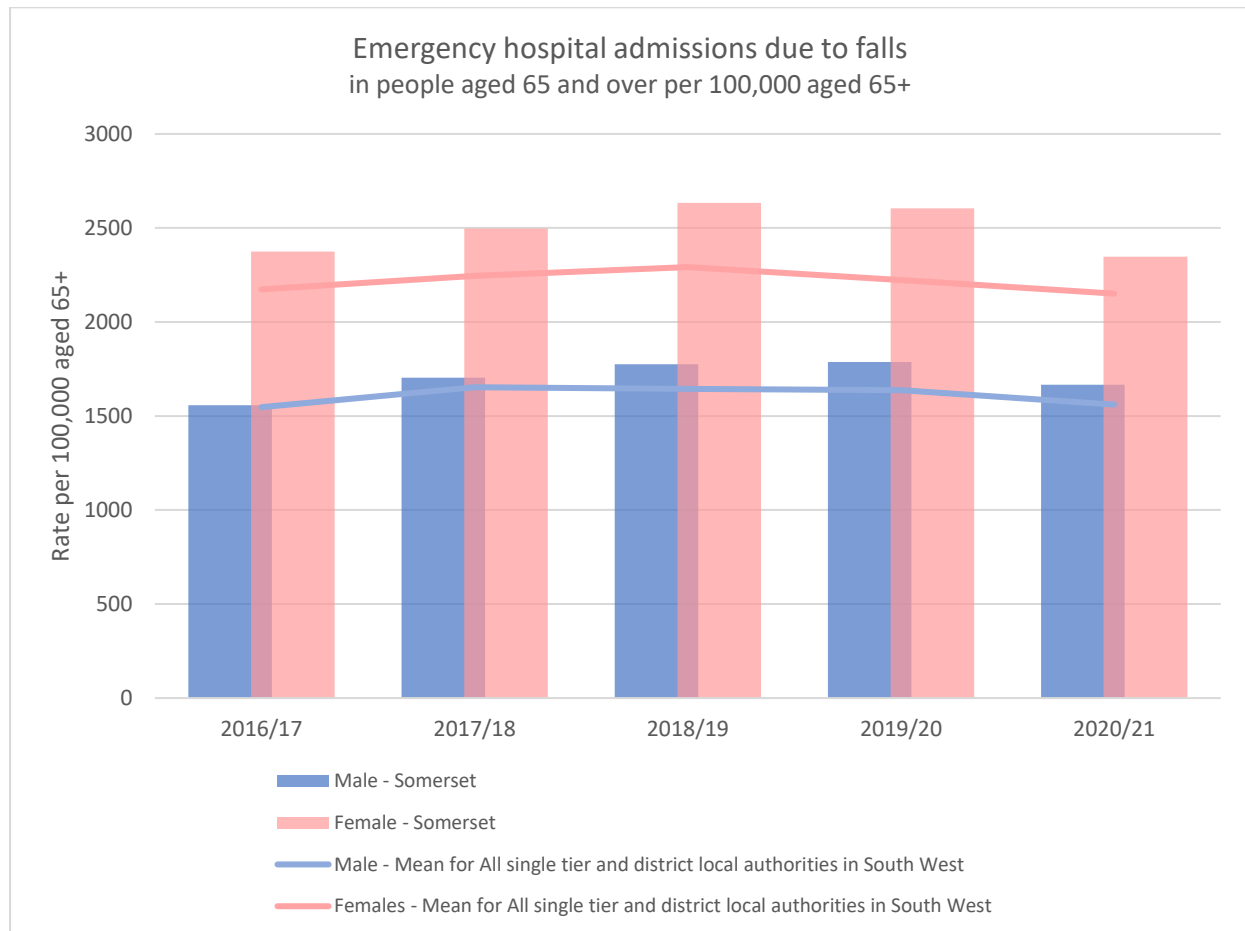


Figure 13 - Trends in emergency admissions due to falls in those aged 65+, split by gender, compared to the mean rate for gender across the South West.

### 3.3.2 80+

The rate of emergency hospital admissions due to falls in people aged 80 and over is better than nationally (5,311 per 100,000), but worse than regionally (5,034 per 100,000) in Somerset (5,264 per 100,000), and is showing a trend of no significant change (figure 14). As with hospital admissions due to falls in the 65+ age group in the 80+ age group it is also highest in SWAT (figure 15).



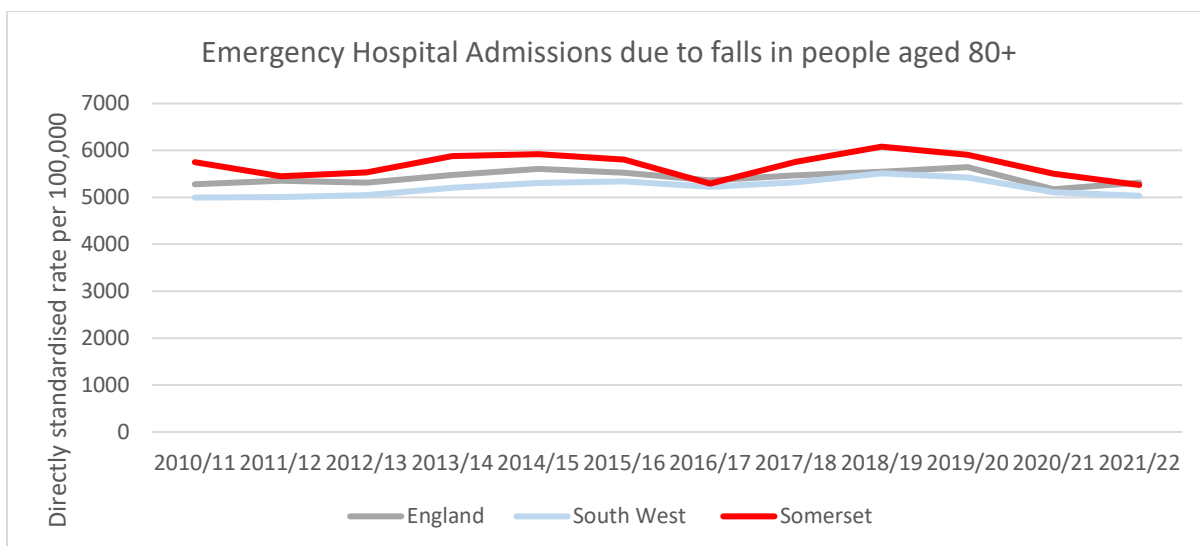


Figure 14 - Emergency Hospital Admissions due to falls in people aged 80+, Somerset compared to regionally and nationally. Source: HES

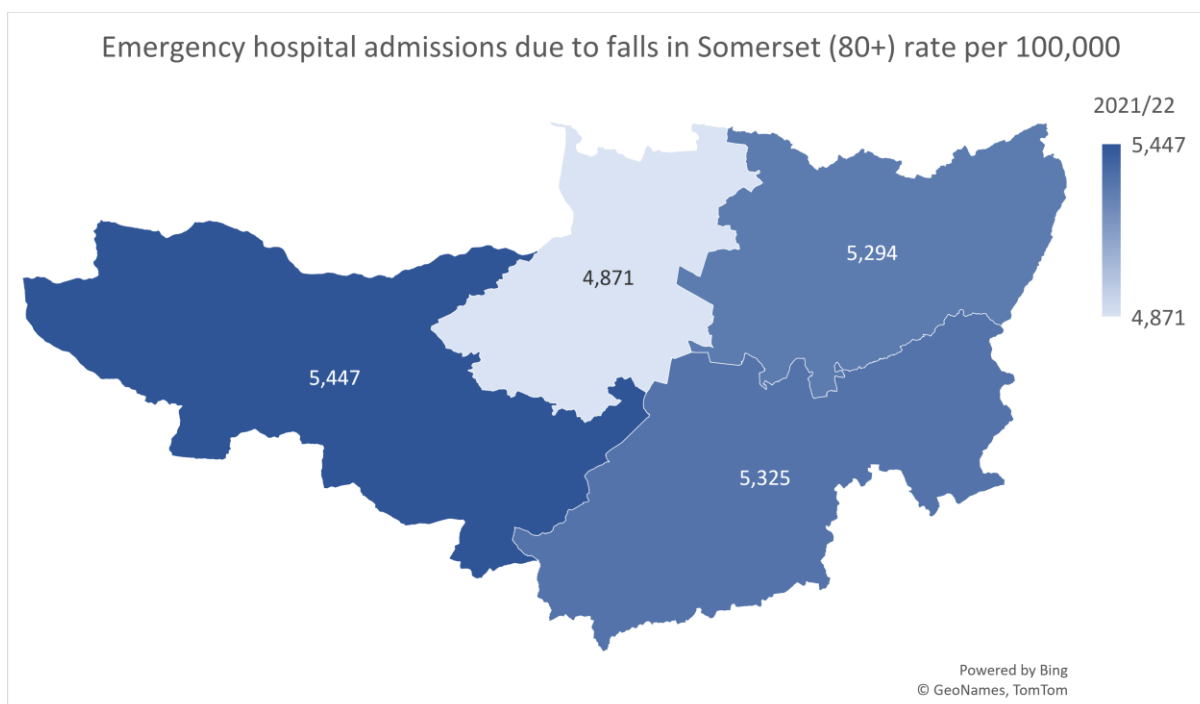


Figure 15 - Emergency hospital admissions due to falls in Somerset (80+) Source:HES

### 3.3.3 65-79

When comparing rates falls per 100,000 population the numbers of emergency hospital admissions due to falls in the 80+ age group is significantly higher than in the 65-79 age group (figure 16). In 2020/21 emergency hospital admissions due to falls in Somerset was 866 per 100,000 in the 65-79 age group, compared to 5,504 per 100,000 in the 80+ comparison.

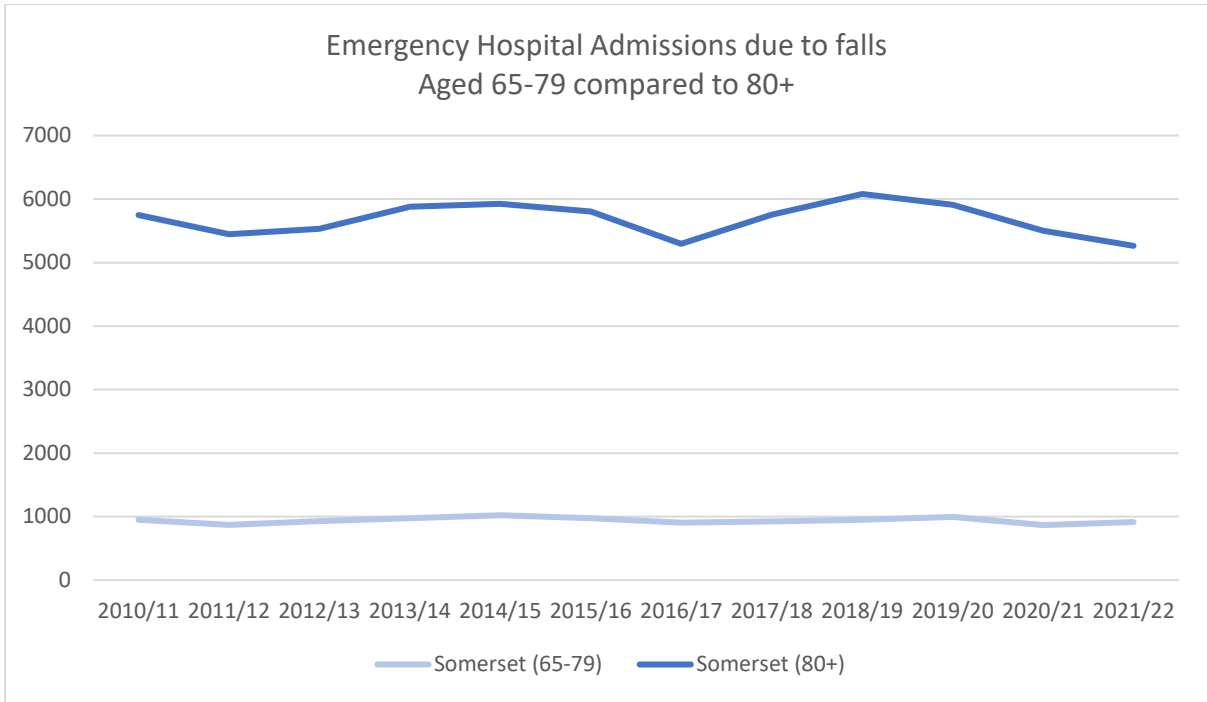


Figure 16 - Source: Hospital Episode Statistics (HES), NHS Digital for the respective financial year, England.

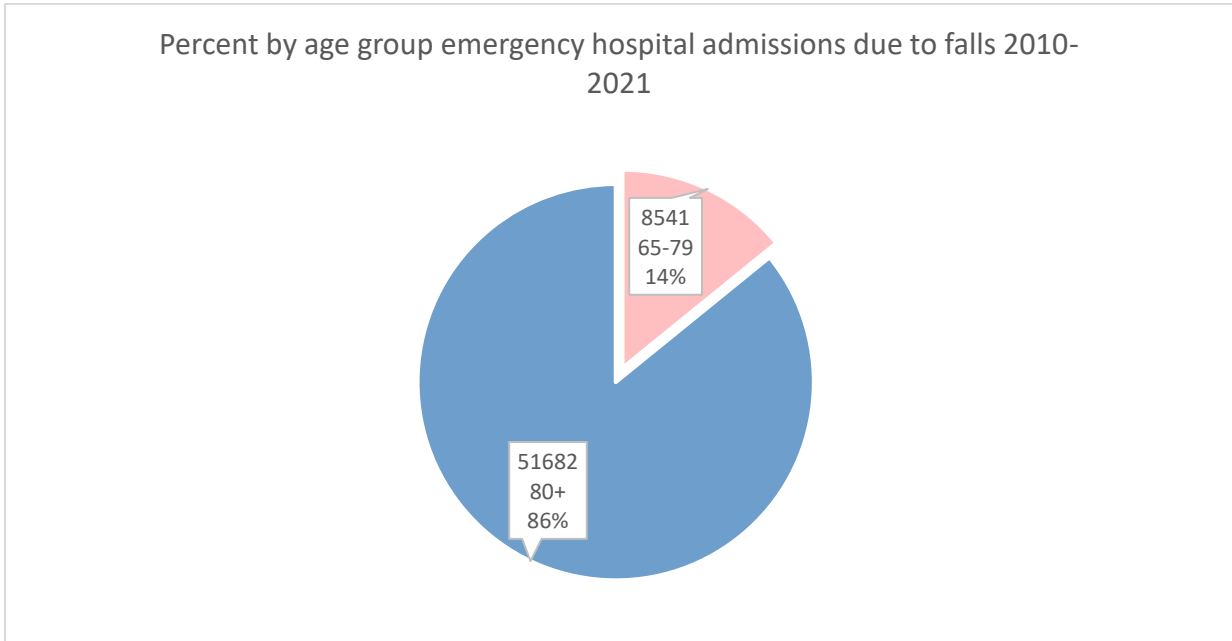


Figure 17 - Percent by age group emergency hospital admissions due to falls 2010-2021. Source: Hospital Episode Statistics (HES), NHS Digital for the respective financial year, England.

The majority (86%) of the emergency hospital admissions due to falls in Somerset which happened from 2010 – 2021, occurred in the 80+ age group.

### **3.4 Mortality from accidental falls<sup>19</sup>**

Mortality from accidental falls, classified from underlying causes of death (ICD-10 W00 - W19): directly standardised rate, aged less than 75 years old 3-year pooled, all persons in Somerset is 1.51 per 100,000 (Males, 2.24 per 100,000. Females, 0.83 per 100,000) (2018-2020).

Mortality from accidental falls (ICD-10 W00 - W19): directly standardised rate, all ages, 3-year pooled, all persons 7.80 per 100,000 (Males, 9.84 per 100,000. Females, 6.18 per 100,000) (2018-2020).

In both age ranges mortality from accidental falls is higher in males than females, and when individuals aged 75 and over are added (all ages) the rate of mortality is significantly higher.

### **3.5 Hip Fractures**

Hip fractures are usually caused by a fall or an injury to the side of the hip, but may also be caused by a health condition, such as cancer that can weaken the hip bone<sup>20</sup>. Only one in three individuals who have had a hip fracture return to their former levels of independence and one in three ends up leaving their own home and moving to long-term care. In the UK, 75,000 hip fractures occur annually, which leads to estimated costs of £2 billion to health and social care systems<sup>21</sup>.

The average age of an individual with a hip fracture is approximately 83, with roughly 73% of these occurring in women. Additionally, there is a high prevalence of comorbidities in individuals with hip fractures.

#### **3.5.1 65-79**

There has been a recent trend of no significant change, as of 2020/21 the rate was 203 per 100,000 (count of 210), which is similar to nationally (219 per 100,000).

#### **3.5.2 80+**

In 2020/21 there was a rate of 1,472 per 100,000 (count of 575) in Somerset, this has shown a recent trend of no significant change<sup>22</sup>. This rate was similar to nationally, which was 1,426 per 100,000.

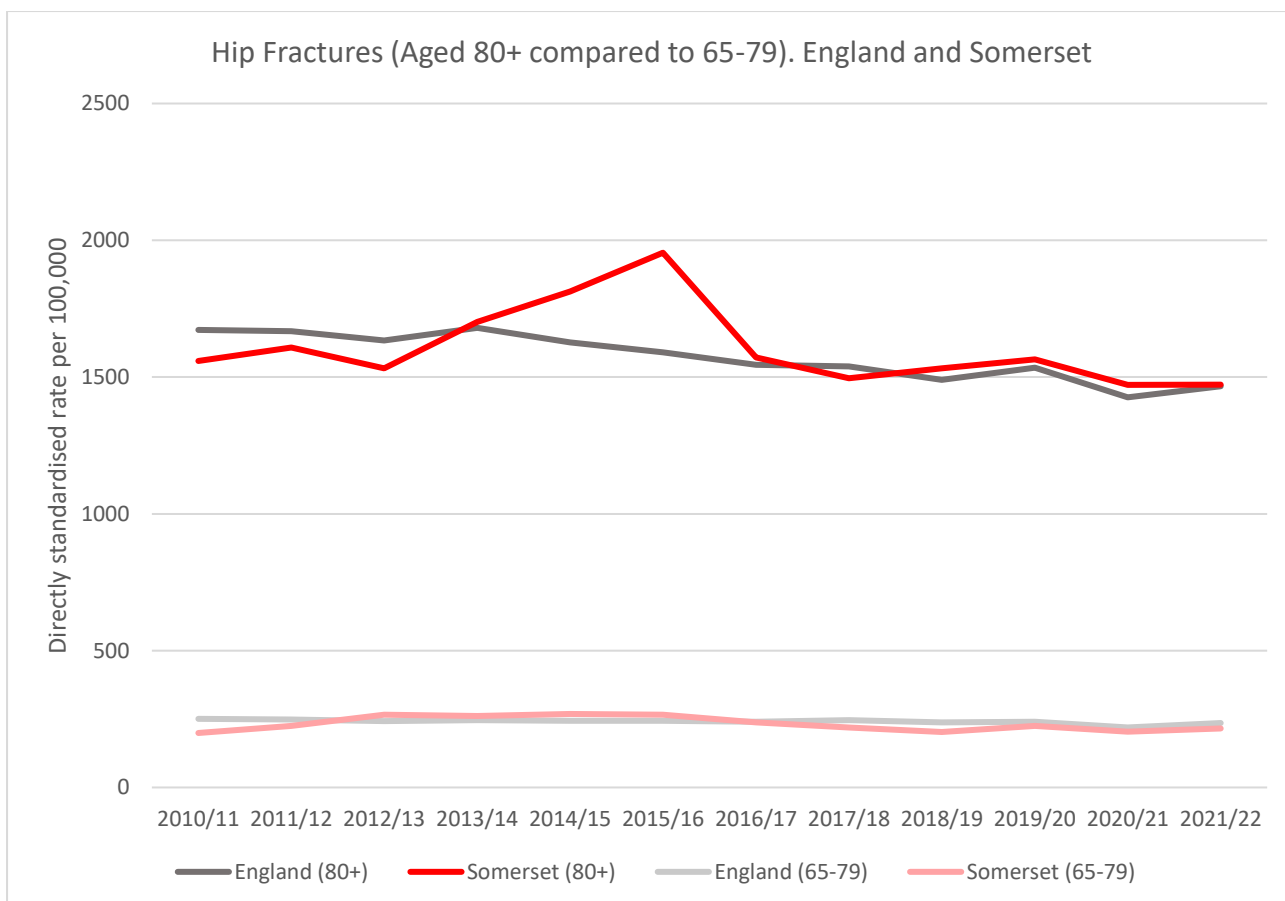


Figure 18 - Hip Fractures (Aged 80+ compared to 65-79). England and Somerset. Source: Hospital Episode Statistics (HES), NHS Digital for the respective financial year, England.<sup>23</sup> Hospital Episode Statistics (HES)

### 3.6 Ambulance Data – SWASFT

The total number of SWASFT incidents – falls is 39,506 in the time period of April 2019 – November 2022, 3,916 of which location is care or nursing home.

#### Calls by Category

Table 3 – SWASFT Calls by category (April 2019 – November 2022)

	Category 1	Category 2	Category 3	Category 4	Category 5
<b>Meaning</b>	Life-threatening illnesses or injuries	Emergency calls	Urgent calls	Less urgent calls	Hear and treat
<b>Number of Calls</b>	896	14,188	17,741	736	5,916
<b>% of Calls</b>	2.27	35.91	44.92	1.86	14.97

This means that the majority of calls relating to falls in Somerset are responded to by the higher-urgency categories and indicate that the 999 triage process identifies high presenting needs from these callers. Any system response to falls prevention would positively impact SWASFT if acuity of harm was reduced or mitigated.

Additional categories recorded: HCP Level 3 – 20, HCP Level 4 – 2, IFT Level 3 – 7.

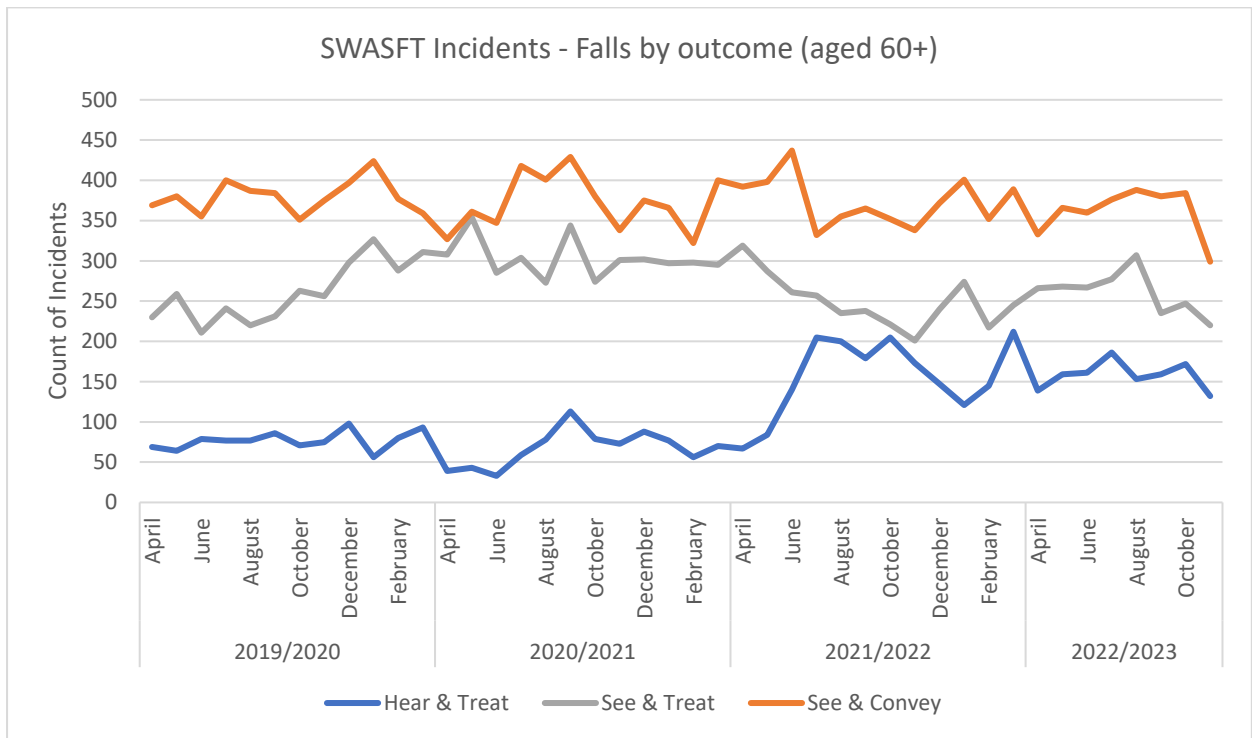


Figure 19 – SWASFT Incidents - Falls by outcome (aged 60+). Source SWASFT W032a 2019/20 – 2022/23 (YTD) – this is all falls of all ages

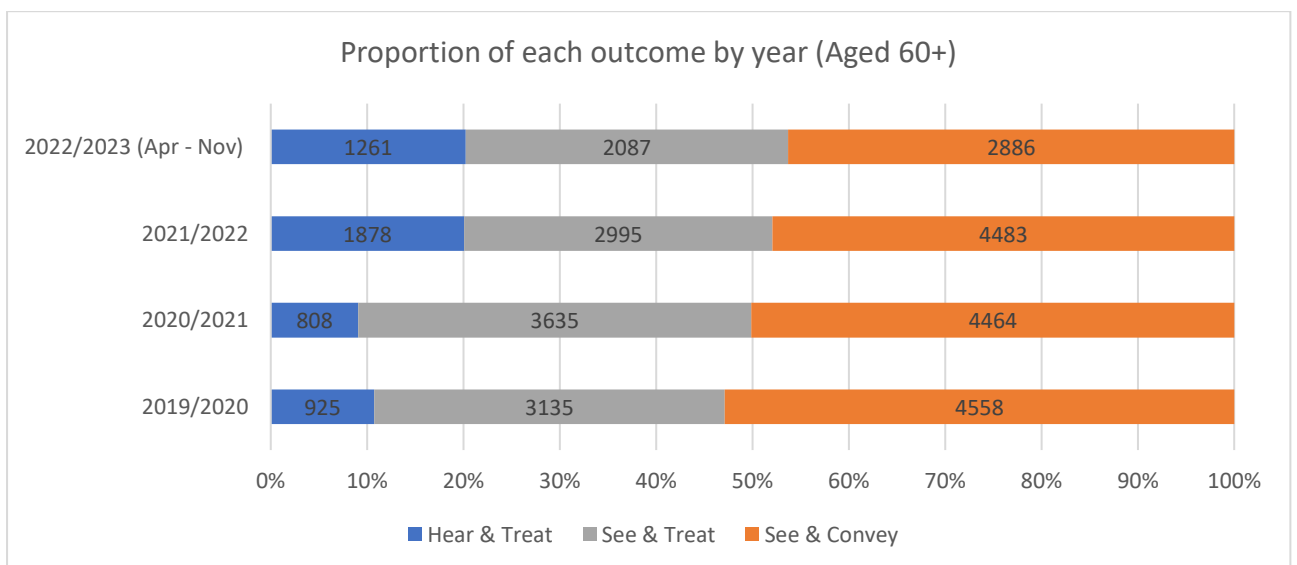


Figure 20 - Source SWASFT W032a 2019/20 – 2022/23 (YTD April – November) – all falls of 60+. Total of 32,841 falls in this time period.

The data presented above includes falls from individuals aged 60+. The majority of falls recorded by SWASFT occurred in the 75-94 ages; with the highest 5 year age

band being 85 – 89 years old (figure 21). The full break down by age is shown in the table below (Table 1). Figure 19, shows the trends over the last few years in ‘Hear & Treat’, ‘See & Treat’ and ‘ See & Convey’ in those over 60, there is fluctuations in all, but See & Convey is consistently highest. The highest % of all falls occurred in SWAT, closely followed by South Somerset (Table 2).

Table 4 - SWASFT Incidents – Falls by age. Time period of 2019/20 – 2022/23 (April - November). Total count 39,506

Age Group	Count of incidence	% of falls
Under 30	2093	5%
30 - 59	4298	11%
60 – 64	1608	4%
65 – 69	1829	5%
70 – 74	3483	9%
75 – 79	4749	12%
80 – 84	6123	15%
85 – 89	7285	18%
90 – 94	5322	13%
95 – 99	2096	5%
100+	346	1%
Age not recorded	274	1%

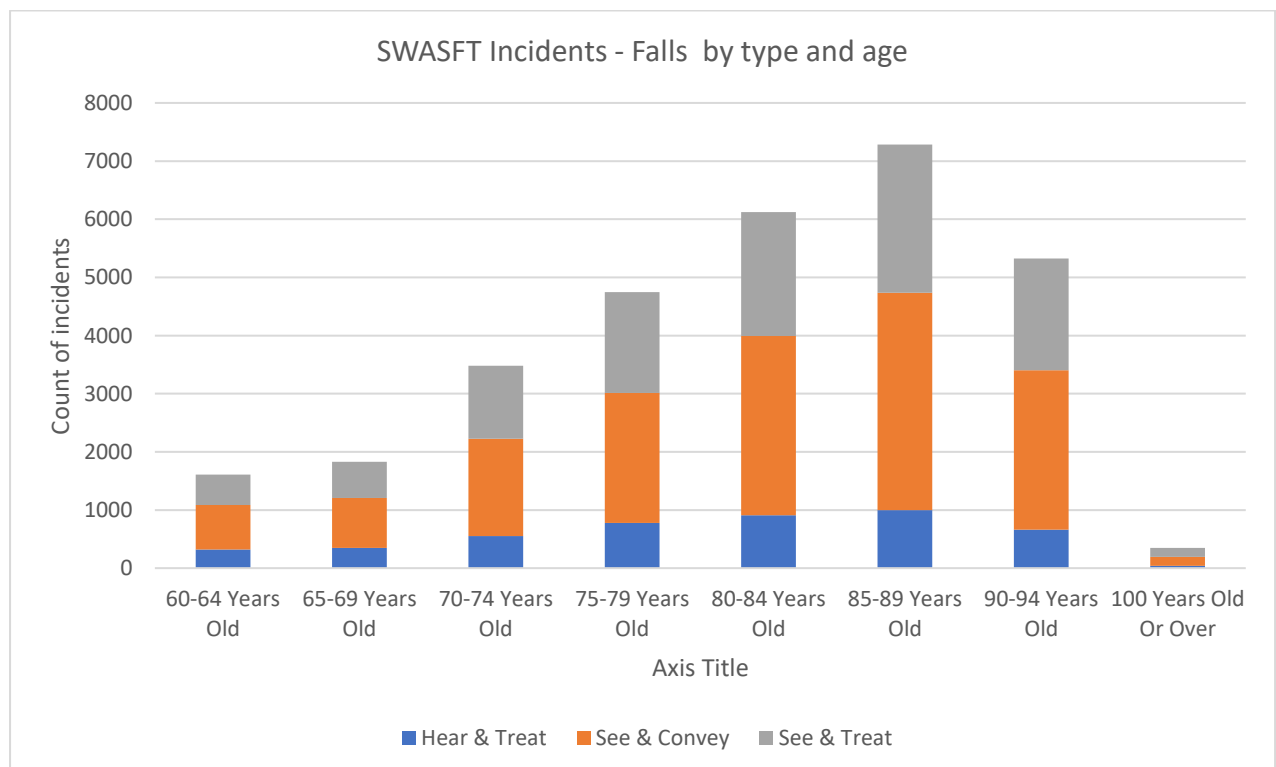


Figure 21 - Source SWASFT W032a 2019/20 – 2022/23 (April – November)

Table 5 -- SWASFT Incidents – Falls by district. Time period of 2019/20 – 2022/23 (April – November). Total count 39,506

District	Count of Incidence	% of falls
Mendip	6884	17%
SWAT	12300	31%
S. Somerset	11828	30%
Sedgemoor	8494	22%

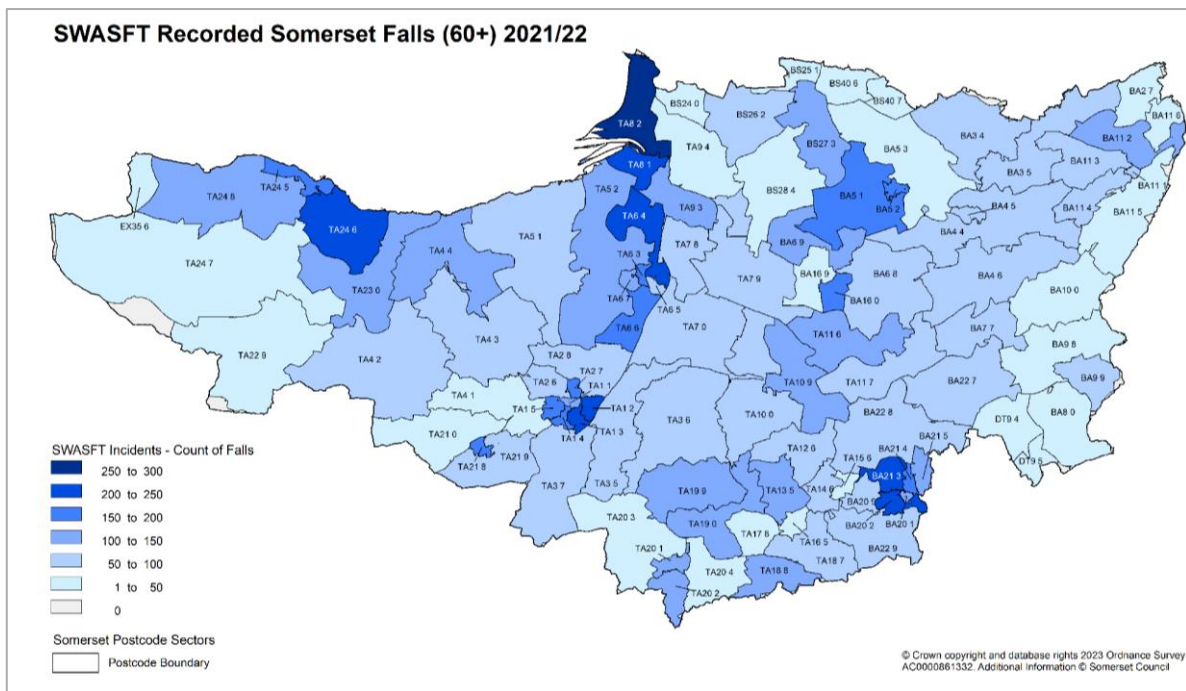


Figure 22 - All SWASFT Recorded Falls (Aged 60+) FY2021/22 (by first half of postcode).

### 3.6.1 SWASFT Care Home Falls

In the time period December 2021 – December 2022 there were a total of 801 falls attended to in care homes, a break down by see & treat, see & convey, and hear and treat is shown in the figure below:

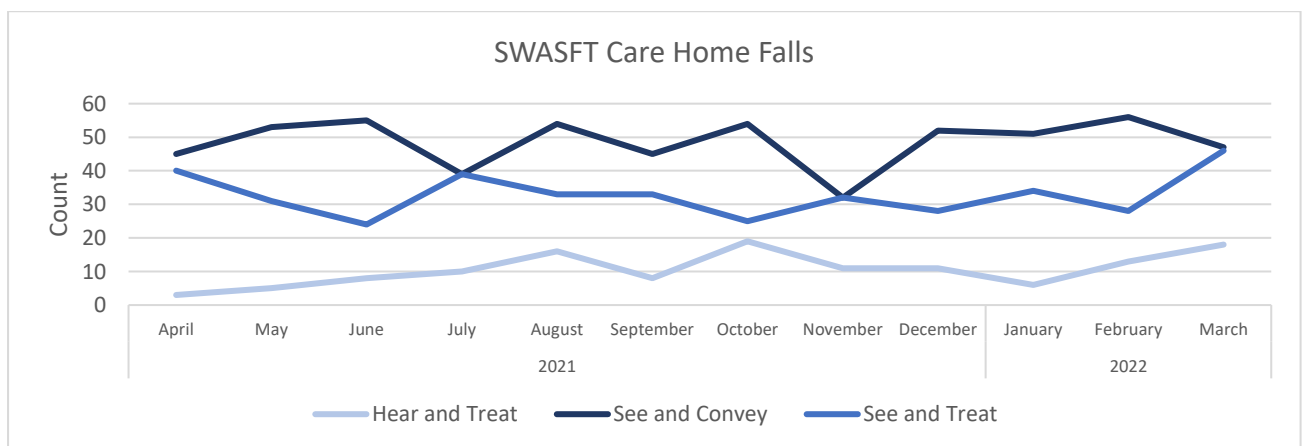


Figure 23 – Count of care home falls attended to by SWASFT (FY21/22)

SWAST Care Home Falls (by care home LSOA) (2021/22)

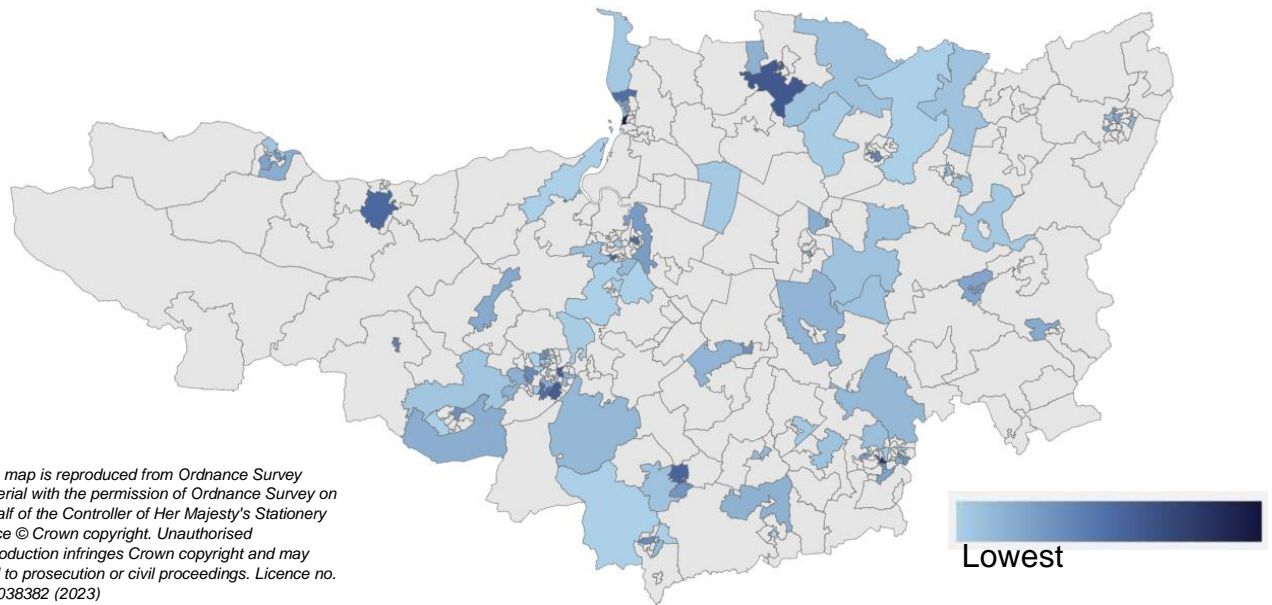


Figure 24 - SWASFT falls in Care homes, by Care home LSOA (FY21/22). The highest number of falls in an LSOA was 58, with the lowest being 1 (Excluding LSOA with none recorded, which are grey in the above figure). 23 Falls were not attributed to a specific care home, and thus could not be mapped. There was a total of 1,104 falls in care homes recorded by SWASFT in this time period.

### 3.7 Care Homes and Residential Homes

In quarter 1 of 2022/23 (April – June) there was a total of 520 falls reported by nursing homes and LD residential homes, with a total of 224 residents falling. 511 of these falls occurred in nursing homes, of 220 residents. 9 occurred in LD residential homes, of less than 5 residents. 19 LD residential homes, and 34 nursing homes completed a return for this quarter, it is however important to note that not all homes completed a return for this quarter so this information should be interpreted with caution.

### 3.8 Falls Risk assessment tool (FRAT)

This assessment tool considers previous falls, medications, other medical conditions (stroke, Parkinson's), balance, and standing. A limitation of this as a measure, as stated by NICE guidelines is that this should not be solely relied upon as a measure, and that it does not consider all the variables highlighted in their falls prevention guidelines.

FRAT scores are calculated as part of routine health checks. A NHS health check is for any individuals aged 40-74 who do not have a pre-existing condition, and is used to detect early signs of stroke, dementia, and heart disease among others,

Scores and meaning:

0 = lower risk of falls. To help you maintain independence, stay steady and reduce your future risk of falls, we have simple self-help advice (See Proactive management of falls risk in the community pathway – low risk).



1-2 = Lower risk of falls but do have some risk factors. Use our Step-by-step guide to staying independent and preventing future falls, which will give you further advice about reducing your risk factors. We also have simple self-help advice to help you (See Proactive management of falls risk in the community pathway – low-moderate risk).

3-5 = Higher risk of falls. You have risk factors which could increase your risk of falls, so you will benefit from an assessment by a healthcare team to look at these factors in more detail (a multi-factorial risk assessment)

In Health checks data for the time period of April 2021 – Dec 2022 there was a total of 8,370 health checks completed in Somerset, 6,146 of which the FRAT score were blank. There was 2,075 who were low risk (0), with no concerns within this group there was an average age of 69 with a roughly even split of males and females. 137 were low – moderate risk (1-2), there was an average age of 70 in this group, with more females than males. 12 individuals were moderate – high risk (3+) this group had an average age of 70, 50% were considered inactive, and 58% were female.

## **4 Risk Factors and at risk populations**

A significant number of falls are never the result of a single reason but often a complex interaction of risk factors. The more risk factors a person has, the greater their chances of falling. Intrinsic risk factors can be age, sex, previous falls, muscle weakness, gait, and balance problems. Extrinsic risk factors can include poor lighting, slippery/uneven surfaces, obstacles, and improper use of assistive devices.

### **4.1 Population at risk of falling**

NICE have defined people at risk of falling as:

All people aged 65 or over; in Somerset the population aged over 65 is 141,900 (24.8% of the population). This is highest in SWAT (25.7%), lowest in Sedgemoor, and Mendip (23.8%). Most 5-year age bands saw an increase in population between 2011 and 2021. The largest increase was seen in the 70-74 age band with over 13,000 more people in 2021 than in 2011. The largest decreases are in the 40-44 and 45-49 age bands, however there is a similarly sized increase in the 25-29 and 30-34 age bands. In 2021 there was approximately 30,000 more people aged 65+ than in 2011, with 3/4 of the population growth between 2011 and 2021 was in the 65+ age range.

People aged 50 to 64 who are admitted to hospital and are judged to be at higher risk of falling due to an underlying condition.

### **4.2 Age**

As discussed above, the scope of this looking at 65+, due to the increased risk in this category. In Somerset 15.4% are one person households aged 66 years and over. 16.4% of households in SWAT 15.6% in South Somerset, 14.5% in Sedgemoor, 15.1% in Mendip (Census, 2021). For comparison in the South West there are 356,329 one person households aged 66 years and older (15% of households). There is also 284,123 single family households: all aged 66 years and over (12% of households). In England there are 3,001,789 one person households aged 66 years and older (13% of households), and 2,145,278 single family households: all aged 66 years and over (9% of households) (Census, 2021).

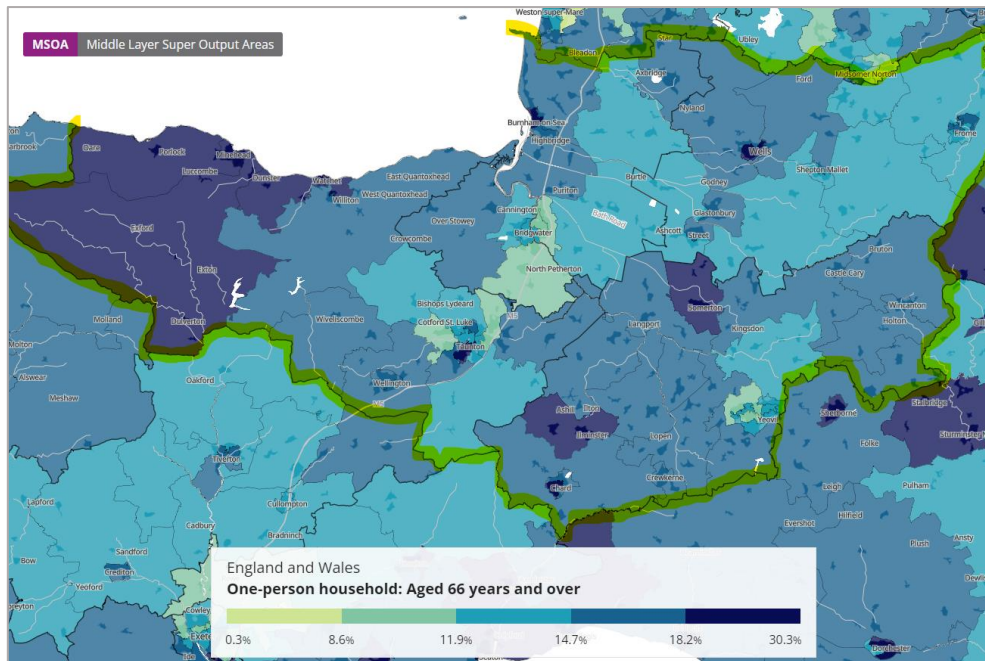


Figure 25 – one-person households in Somerset, aged 66 and above. Source 2021 Census 24

### 4.3 Sex/Gender

There is generally a higher prevalence of falls in women, there is also an elderly population in Somerset with more females than males.

Women are more likely to suffer a non-fatal fall, however men are more likely to die from a fall<sup>25</sup>, as is echoed in the data above.

### 4.4 Individuals with other conditions

#### 4.4.1 Dementia

Older people with dementia can be at an increased risk of falls, and the consequences of falls<sup>26</sup>. Some of the reasons why individuals with dementia may be at a greater risk is due to: being more likely to experience problems with mobility, balance and muscle weakness, having difficulties with memory and finding their way around, having difficulties processing what they see and reacting to situations, and potentially taking medicines that make them drowsy, dizzy or lower their blood pressure.

Timely diagnosis enables people living with dementia, their carers and healthcare staff to plan accordingly and work together to improve health and care outcomes. In Somerset there is an estimated dementia diagnosis rate (aged 65 and over) of 53.6% this has shown a rate of no significant change, but when benchmarked against nationally (62.0%) and the goal of 66.7% is significantly worse, the proportion is however similar to regionally (57.5%) (2022)<sup>27</sup>.

The recorded prevalence (aged 65 and over) of Dementia in Somerset (2020) is 3.60% which is lower than nationally (3.97%), and regionally (3.83%) – this lower rate however could may be due to the lower diagnosis rate as above, so may not portray the full picture of dementia prevalence<sup>28</sup>.

#### 4.4.2 Parkinson's

Falls in individuals with Parkinson's result from multiple factors, such as poly pharmacy, environmental hazards, visual impairment, and orthostatic hypotension<sup>29</sup>. The most significant predictor of a fall, is a history of previous falls, it has been reported that 57% of individuals with a history of falls (within the previous year) fell in a 3-month period<sup>30</sup>. Additionally, it is more common to have osteoporosis and lower bone density with Parkinson's, subsequently it is more common that falls result in a fracture<sup>31</sup>.

In England it is estimated that 0.2% of the population have Parkinson's<sup>32</sup>. In Somerset the incidence and prevalence of Parkinson's is in the table below:

Table 6 – Parkinson's in Somerset<sup>33</sup> (2017)

	Total Population	Estimated prevalence	Estimated incidence
Mendip	111,724	287	36
Sedgemoor	120,260	314	40
South Somerset	164,982	463	59
Taunton Deane	114,021	298	38
West Somerset	34,403	129	16

The average cost of a fall for someone with Parkinson's in Somerset was £5,551 in the year 2021/ 2022. Compared to the previous year (2020/21) in 2021/22 there is an 11.6% increase in all Parkinson's admissions<sup>34</sup>.

#### 4.5 Care/Nursing homes

In Somerset there are 9.7 care home beds per 100 people over 75+<sup>35</sup> (6,455 beds) (2021). Nursing home beds in Somerset are 5.0 per 100 people ages 75+ (3,329) (2021)<sup>36</sup>. Both care home bed numbers and nursing home bed numbers have shown a recent trend of no significant change.

Avoiding permanent placements in residential and nursing care homes is a good indication of delaying dependency, and local health and social care services will work together to reduce avoidable admissions. Research suggests where possible people prefer to stay in their own home rather than move into residential care. In Somerset permanent admissions to residential and nursing care homes is a crude rate of 309 per 100,000 aged 65+ (2021/22)<sup>37</sup>. Since 2018/19 this has shown a trend of decreasing and getting better and is significantly better than nationally (539 per 100,000 aged 65+) and regionally (439 per 100,000 aged 65+).

#### 4.6 Physical Activity Levels - Deconditioning

Physical activity has been linked to an increased falls risk, for example it has been found that in community-dwelling older men, the greatest numbers of falls occur in those with the lowest activity/worst physical performance<sup>38</sup>. Physical activity level may be a useful predictor for falls, however those with higher levels of physical activity can also be at risk of falling.

As part of a health check a GPPAQ (general practice physical activity questionnaire) is carried out, this is a screening tool used to provide a simple physical activity index.

In Somerset 8,370 Health checks occurred between April 2021 – Dec 2022, of these 20% were Inactive (1709), 13% were moderately inactive (1098), 21% moderately active (1761), and 45% were active (3750), 1% were blank (52).

#### **4.7 History of falls**

Fear of falling (FOF) can also be a factor in increasing vulnerability and falls risk, and can lead to decreased mobility, and physical activity, with the potential to also lead to increased social isolation, and poorer health. FOF has a profound and detrimental effect on balance performance in older adults, which can be a factor in increasing vulnerability and falls risk, but also can impact quality of life<sup>39</sup>.

Additionally the WHO, Who is at Risk<sup>40</sup>, identify groups at risk of falling as individuals in lower socioeconomic groups – experiencing circumstances such as poverty, overcrowded homes, sole parenthood, young maternal age (not groups referenced in this NA due to the scope being 65+), Individuals with underlying medical conditions – neurological, cardiac etc., individuals with medication side effects and those with poor mobility, cognition, vision.

## **5 Key Policy:**

### **5.1 Global context:**

Falls are the second leading cause of unintentional injury deaths worldwide<sup>41</sup>. Each year an estimated 684,000 individuals die from falls globally of which over 80% are in low- and middle-income countries. Prevention strategies should emphasize education, training, creating safer environments, prioritizing fall-related research and establishing effective policies to reduce risk.

Fall-related injuries are more common among older persons and are a major cause of pain, disability, loss of independence and premature death. Approximately 28-35% of people aged of 65 and over fall each year increasing to 32-42% for those over 70 years of age. The financial costs are substantial and increasing worldwide. The personal, family and societal impact of fall-related injuries for older persons, their families and society, and the possibility of effective interventions make this an important global health issue<sup>42</sup>.

Effectively targeting resources for the prevention of falls and related injuries requires enhanced knowledge of the scale and nature of the problem as well as evidence on effective interventions. Effective falls prevention measures include but are not limited to: stricter worker safety regulations, and strength and balance training for older people<sup>43</sup>.

### **5.2 National Context:**

National Falls Prevention Coordination Group's Falls and fracture consensus statement encourages a full system approach to prevention, this includes<sup>44</sup>:

- risk factor reduction across the life-course
- case finding and risk assessment
- strength and balance exercise programmes
- healthy homes
- high-risk care environments
- fracture liaison services
- collaborative care for severe injury

Interventions can take place at population, community and individual levels.

#### **5.2.1 NICE Guidance on falls:**

[Overview | Falls in older people: assessing risk and prevention | Guidance | NICE](#)

This guideline covers assessment of fall risk and interventions to prevent falls in people aged 65 and over. It aims to reduce the risk and incidence of falls and the associated distress, pain, injury, loss of confidence, loss of independence and mortality.

[Overview | Falls in older people | Quality standards | NICE](#)

This quality standard covers prevention of falls and assessment after a fall in older people (aged 65+) who are living in the community or staying in hospital. It describes high-quality care in priority areas for improvement.

Further NICE resources on falls, and shared learning database:

- [NICE impact falls and fragility fractures](#)
- [falls | Search results | NICE](#)

### **5.2.2 National Guidance on physical activity – older adults (65+)<sup>45</sup>:**

Individuals should participate in daily physical activity for health benefits, including maintenance of good physical and mental health, wellbeing, and social functioning. Some physical activity is better than none.

Older adults should maintain or improve their physical function by undertaking activities aimed at improving or maintaining muscle strength, balance and flexibility on at least two days a week.

Each week older adults should aim to accumulate 150 minutes (two and a half hours) of moderate intensity aerobic activity, building up gradually from current levels.

Older adults should break up prolonged periods of being sedentary with light activity when physically possible, or at least with standing.

### **5.2.3 Aging Well Programme**

The Ageing Well programme is a key component in the NHS Long Term Plan and has the following overarching objectives:

- Promote a multidisciplinary team approach where doctors, nurses and other allied health professionals, local authority colleagues and social care providers work together in an integrated way to provide tailored support that helps people live well and independently at home for longer.
- Give people more say about the care and support they receive, particularly towards the end of their lives.
- Offer more support for people who look after family members, partners or friends because of their illness, frailty, or disability.
- Develop more rapid community response teams, to support older people with health issues before they need hospital treatment and help those leaving hospital to return and recover at home.
- Offer more NHS support in care homes including making sure there are strong links between care homes, local general practices and community services (The Framework for Enhanced Care in Care Homes initiative).

There are 3 pillars to Ageing Well:

1. Proactive Care
2. Urgent Community Response
3. Enhanced Care in Care Homes

## **5.3 Local Context:**

### **5.3.1 Somerset Improving Lives Strategy**

The Somerset Improving lives strategy can be found at: [Somerset Health and Wellbeing Board and Integrated Care Partnership \(Committee in common\)](#)

This is based on the Somerset Health and Wellbeing Board's Joint Strategic Needs Assessment (JSNA). With one of four priorities being 'Improved health and wellbeing and more people living healthy and independent lives for longer'

The Somerset Joint Strategic Needs assessment, Ageing Well, is available at: [JSNA 2017 Ageing Well Summary.pdf \(somersetintelligence.org.uk\)](https://somersetintelligence.org.uk/2017-Ageing-Well-Summary.pdf)

### **5.3.2 Proactive Care (PC)/Anticipatory Care**

Context: Proactive Care is a national programme of work. In 2022 Somerset ICB made a commitment to level up the current complex care offer across the county through the Proactive Care programme to ensure equality of access to services which would meet the needs of the population by offering earlier interventions to improve the health and wellbeing of our communities.

Requirements: There are 6 core requirements that must make up Proactive Care delivery within the national guidance: Case identification, holistic assessment, personalised care and support planning, multidisciplinary working, coordinated care, and interventions and support.

System aims:

- Develop proactive care services using prevention, early intervention, and complex care (Proactive Care) to reduce the need for admission and dependence on bedded facilities, enable people to stay well at home for longer.
- Promote staff satisfaction through development of integrated workforces - workforce modelling, training and development, recruitment, and retention.
- Facilitate integration of Health and Care.
- Development of evidence base – what works for whom, why and how (Personalised Care).

Operational development: During 2022, the programme team met with Primary care colleagues, representatives, and stakeholders from across the ICB to develop a Somerset Proactive Care model which would deliver against the national requirements to use population health data to develop proactive care services (Somerset Proactive Care model).

The key focus of the model is on prevention, early intervention and to reduce the need for admission and dependence on bedded facilities to enable people to stay well at home for longer. Nationally, systems will be required to focus on three patient cohorts.

1. Moderate and severe frailty
2. Core20PLUS5
3. Patients relying on unplanned services for their physical and mental health needs

The proactive Care Programme will focus on patients with moderate and severe frailty, those accessing unplanned care services and the Core20PLUS5 which will address the health inequalities in each locality. The Somerset model is placed based which is in line with the Fuller report and will support the strategic delivery of falls prevention across the system.



Those with moderate and severe frailty are more likely to have a fall, Somerset are looking at preventative measures to implement to reduce the number of incidences of falls.

### 5.3.3 Urgent Community Response

Urgent Community Response (UCR) has been in place in Somerset covering all pathways, including falls response, and delivering full 08:00-20:00 geographical coverage since April 2022. Through this work we have better understood the circumstances leading people to reach crisis point and focused work further upstream to ensure that the right community based clinician assess people at the earliest opportunity.

This response service is contacted via a single point of access, and the UCR teams have worked with pendant alarm providers in Somerset including responder services to refer people to UCR either to respond to a call or follow up once the person has been made safe. This relationship reduces the pressure on primary care and ambulance services and implements solutions that keeps a person at home with a treatment plan and route into hospital at home if required.

Additionally, the UCR service have taken a tailored comms campaign to link direct referrals from care homes. We are looking to expand this to direct referrals from domiciliary care companies, and to improve referral pathways from 999 and 111.

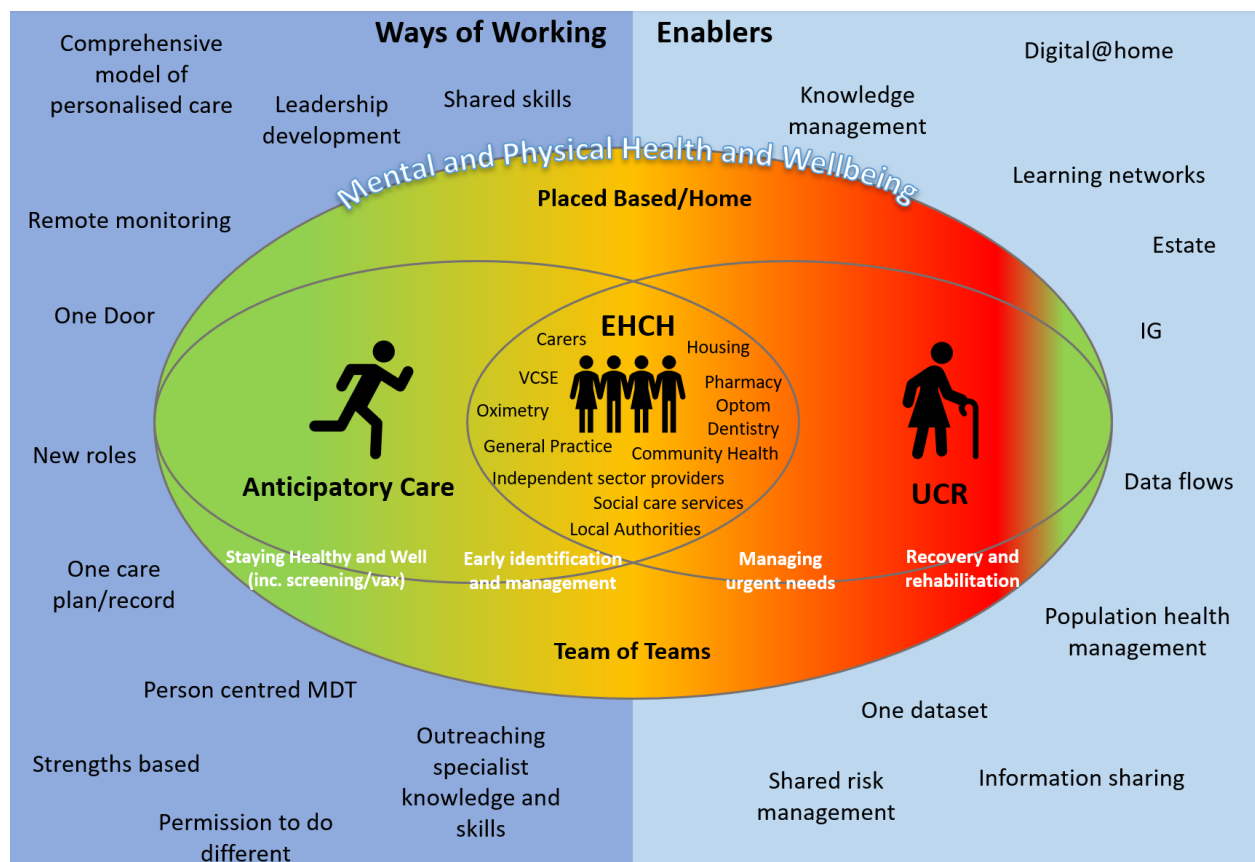


Figure 26 – Aging Well

## 6 Services overview:

Services that identify and support those at risk of falling:

- Fire service vulnerable person check
- Primary care (Comprehensive assessment tool framework, aligns with frailty scores)
- Pendant alarm services
- Community falls prevention classes
- Exercise referral scheme

Services that identify provide a response to those who have fallen:

- Urgent and emergency care
- Fracture clinics
- Falls clinics
- Urgent Community Response team
- Pendant alarm services
- Community rehabilitation team
- Care homes
- Ambulance data

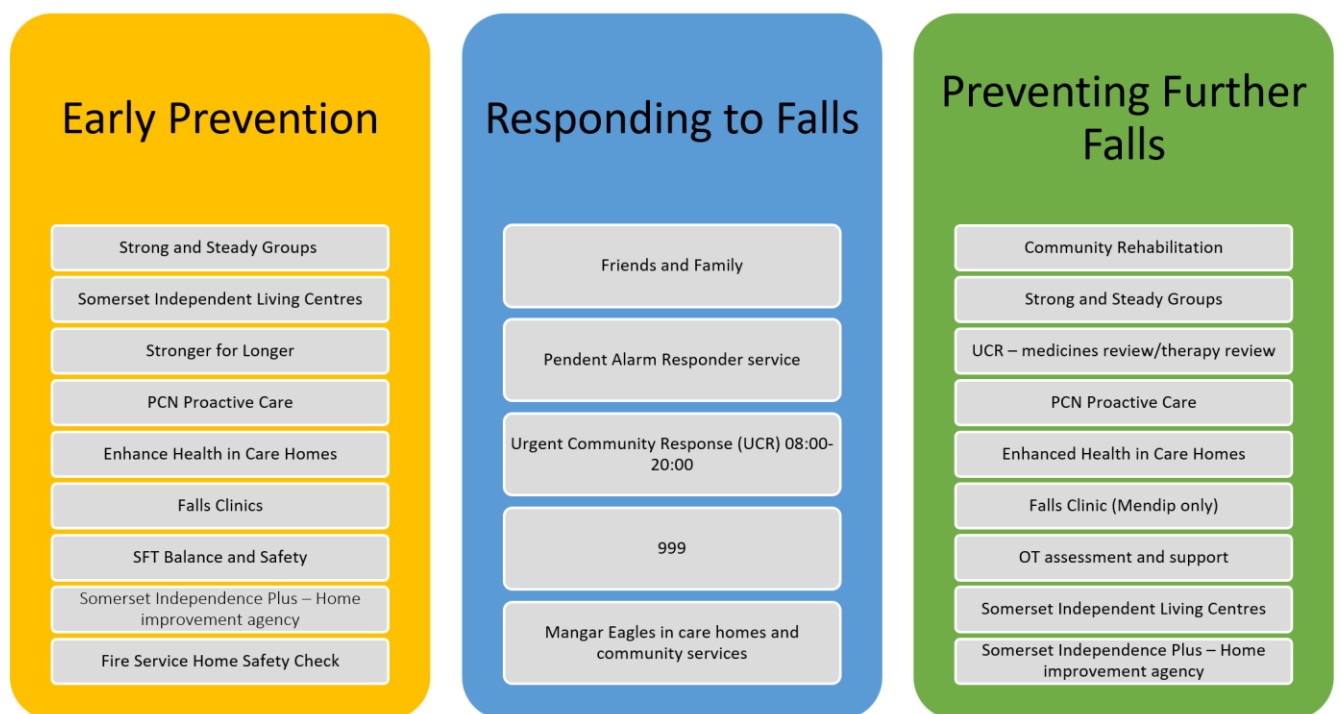


Figure 27 – Falls service mapping

## 7 Recommendations:

Addressing falls and falls prevention will enable older people in Somerset to increase healthy life expectancy. However, a number of factors will widen unmet need and service gaps:

- increasing population over 65
- growth in numbers of people awaiting a joint replacement post COVID
- co-morbidities such as dementia
- Increasing cost of tech and equipment like pendant alarms
- Cost of living crisis effecting the ability to heat and maintain homes and purchase basic food items to maintain nutrient dehydration.

Current unmet needs and service gaps include:

- access to specialist falls teams across the whole county
- lack of communication and integration between different teams specialising in different conditions
- ensuring expertise and leadership in areas without a specialist falls team or lead clinician
- a utilised falls pathway
- community based falls prevention interventions should be linked to a clear prevention pathway
- County wide coordination with charity and other organisations to raise awareness of help available like help to heat homes, food bank etc.

Wider recommendations utilising a diverse range of partners, both clinical and non-clinical:

- utilisation of the FRAT assessment
- integration of a falls pathway across primary and secondary care to include clear referral to falls services
- integrated crisis response services, assessing causes of a fall and putting preventative measures in place to reduce chances of further falls, focusing on treatment at home and in the community

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