

Greater Manchester Falls Prevention: Delivering Integration and Reconditioning

Executive Summary



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Greater Manchester (GM) has a strong history of strategic excellence as the first age-friendly city region in the UK. This rapidly growing eco-system including 10 boroughs with well-established person-centred values realised and delivered through a devolved and integrated health and social care system. Since devolution and the formation of the Greater Manchester Combined Authority (GMCA), the GM Health and Social Care Partnership (GMHSCP) has worked in partnership with the GM Ageing Hub delivering towards a shared commitment that enables residents to age well across the life course, wherever they may live, equally and equitably.

This report focuses on the prevention of falls and enablement of reconditioning for GM residents who have been affected by the pandemic. It builds on earlier work undertaken in partnership with the University of Manchester's [Healthy Ageing Research Group](#) and [GreaterSport](#) supporting GM Moving, which was focussed on improving strength and balance from mid through to later life. The report is based on a series of interviews, surveys, meetings and workshops that have taken place across GM between April and July 2021. The aim of which was to understand what had been happening in relation to falls services, workforces and evidence-based interventions before and during Covid-19.

This work is supported by the GM Ageing Hub and the GMHSCP, which offered a strategic framework through which to understand what works well, and to acknowledge and amplify the challenges that will need to sit at the forefront of preventative integrated health and social care frameworks to support ageing in place. This report also takes the opportunity to set out broadly how the available national policy and contractual levers in the NHS Long Term Plan (LTP) Ageing Well priorities and Primary Care Network Directed Enhanced Services (PCN DES) can be used in Greater Manchester to enable proactive development of falls prevention and enablement services to support these ambitions.

Falls and fear of falling

Falls are a major public health issue, being the second major cause of death and disability after road traffic accidents. They are the largest cause for emergency hospital admissions for older people and are a major precipitant of people moving from their own home to long-term nursing or residential care.

Every year more than 3 million people aged 65 years and over fall at least once. In terms of reported falls amongst older adults, from 2014-2016 almost three in ten (28%) adults aged 60 and over, and nearly four in ten (38%) adults aged over 80 reported a fall. It is estimated between 5-10% of those who fall sustain serious injury and that falls cost the NHS around £2.3 billion per year.

In the year 2019/2020, there were 234,793 emergency hospital admissions due to falls in people aged 65 years and over in England, of which 10,810 were in Greater Manchester. Six out of the ten GM boroughs recorded higher hospital admissions due to falls than England overall. In hospital settings, falls in older adults are the most commonly reported incidents in older people, with almost a quarter of a million incidents reported annually in acute and mental hospital trusts in England and Wales.

Women are more likely than men to fall and often sustain fragility fractures as a result. In terms of socio-economic status and ethnicity, GM level data insight related to falls and falls prevention found that falls were more common in areas of social deprivation, and were more frequent amongst Black and mixed ethnic groups.

Fear of falling is reported by approximately one in four people over the aged of 65 living in community settings. For those who have already experienced a fall and older people living in the institutional care settings, the prevalence is higher. Fear of falling potentially increases anxiety, distress and medication use through to reduced and restricted activity leading to a decline in physical functioning.



Covid-19 Pandemic and Physical Deconditioning

The public health impact of Covid-19, specifically in relation to reduced levels of physical activity during the pandemic has had a substantial impact on physical deconditioning.

In the period from March 2020 to May 2021 older people experienced a considerable reduction in strength and balance activity with the greatest change being in the 70-74 age group, 45% reduction in men and 49% reduction in women. There was also a reduction in the duration of strength and balance activity which decreased by more than 40% during the same period. Projected conservative costs for each year that the reduction in strength and balance activity persists demonstrating an additional cost to the health and social care system related to additional falls of £211 million incurred over 2.5 year period.

When looking at GM specific data in relation to inactivity levels, GM saw a greater increase in inactivity when compared nationally during Covid-19, with inactivity up 4.3% since before the pandemic. Between November 2019 and November 2020 those aged 55 – 74 demonstrate the highest increase in inactivity (6.7%), whilst those aged 75 and over showed inactivity rates during the pandemic at similar levels to other age groups (+4.6%, 35-54 +4.4% and 16-34 +3.8%).

Inequalities in physical activity levels have persisted, with older people in the most deprived group being more likely to be inactive than those in the least deprived group in 2019 and 2020. This in addition to those on low incomes, people living alone, people with a longstanding condition or illness, people self-isolating because they are at increased risk, people ageing without children, and people without access to private outdoor space, were all finding it harder than normal to be active during the pandemic.



Between March 2020 and May 2021 there was a considerable reduction in strength and balance activity, 45% reduction in men and 49% reduction in women.

Summary of discussion and findings

Throughout the process of consultation there has been widespread support for this work and a shared commitment to better understand cross-system approaches. This includes integrating evidence-based strength and balance, person-centred whole-system pathways to prevent falls, increase activity and enable reconditioning. Across GM there are examples of highly effective evidence-based work which seeks to nurture good health and wellbeing realised through a broad range of integrated falls prevention and active ageing programmes. Provision is well established, with some districts recognised as exemplars in person-centred, asset-based partnership approaches, working towards delivering impactful and measurable changes to the lives of older people in their communities. This collaborative provision is delivered through place-based provision driven by commissioners and providers with a shared commitment to improve population health.

As a result of the consultation, a series of themes were identified and are discussed in the report, these include what has worked and what were the challenges identified by those taking part. Themes arising from the consultation:

- GM ecosystem strategic and operational infrastructure: services, provision and pathways - towards integration.
- Delivering prevention across the life course - community, clinical and care settings.
- Joined-up commissioning for evidence-based practice and prevention priorities.
- Workforce resource and capacity, cross-working and collaboration.
- Innovation and technology delivering falls prevention interventions - learning from the pandemic.



There is wide-spread support for integrating evidence-based strength and balance, person-centred, wholesystem pathways to prevent falls, increase activity and enable reconditioning.

Recommendations and Next Steps

There remains much to be done in Greater Manchester in terms of action and communicating what people can do in order to prevent falls, support reconditioning, build and maintain good strength, bone health and balance throughout mid to later life. Recognising the significant work to be done alongside the commitment and investment in response to this consultation in the context of GM system level realities and working towards priority areas were identified.

This includes within the context of the NHS Long Term Plan and its Ageing Well priorities, directly linked to GM's developing Integrated Care System (ICS) and related to recommendations from the Inequalities Commission Report (specifically around integrated public services and potential pathfinder programmes) as well as the GM Build Back Fairer Report.

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Changing the narrative through a proactive shift towards positive age-inclusive language, practice and gain framing to reduce stigma and overcome ageism.



The GM System Approach to Falls Prevention: Delivering Integration and Reconditioning



Improving the health and wellbeing of GM residents in preventing falls, improving strength and balance and supporting reconditioning.

Recommendations

1

To establish and maintain a GM level strategic and operational Falls Collaborative, supported by a funded Programme Management post to lead on the GM Falls Collaborative system level priorities and recommendations across community, clinical and care settings.

This includes strategic level priority drivers: Equity, access and equality; embedding evidence and evaluating what works; data improvement, insight and interrogation; workforce development, recruitment and training; community of learning, sharing and problem solving, digital technologies that enable and enhance.

2

To increase the GM provision of community evidence-based strength and balance falls prevention programmes (such as FaME), building on the recommendations laid out in the [Centre for Ageing Better's Report: Raising the bar on strength and balance](#). As well as integrating and scaling evidence based digital technologies and innovation. This includes blended models which have been tested and delivered during the pandemic, alongside new technologies developed using user-centred design and co-created.

3

To adopt a GM system approach taken towards falls prevention and reconditioning as a priority within population health management (PHM) using the policy and contractual frameworks set out for PHM and Anticipatory Care in the NHS LTP. This should use falls as a tracer condition to embed approaches to targeted investment aligned to clearly defined individualised and measurable outcomes to support the narrowing of inequalities of access and outcomes across GM localities.

4

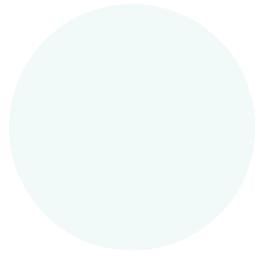
To ensure falls prevention in the early years be a priority Anticipatory Care in GM, implemented through Primary Care Networks and NHS Community Services working with the GM Falls Prevention Collaborative, voluntary and community services and using evidence based programmes and data available within the GM Care Record, where possible, to support population segmentation and identification of those residents who would benefit the most, whilst equally addressing local health inequalities.

5

To embrace the opportunity of further development of the GM ICS beyond July 2022 to deliver greater integrated joint commissioning. This to ensure that evidence-based practice is implemented across GM in a way that addresses health inequalities and prioritises prevention across and throughout the life-course.

6

To enable a proactive shift via the GM Falls Collaborative and through system level leadership towards delivering positive age-inclusive narratives, practice and gain framing to reduce stigma and to overcome ageism, delivering a population prevention agenda for all.



GM Falls Collaborative:

Improving the health and wellbeing of GM residents in preventing falls, improving strength and balance and supporting reconditioning.

- Establishing clear governance and membership to broaden integration, reach and impact of specific and wider strategic programme priorities
- Championing implementation of evidence-based programmes
- Developing a Theory of change for integrated action based on priority areas identified
- Ensuring and facilitating linkages and support within the GMHSCP/ICS to support the enablement of falls prevention programming and investment across the GM system
- Changing the narrative through a proactive shift towards positive age-inclusive language, practice and gain framing to reduce stigma and overcome ageism



Equity, access and equality

Embedding evidence and evaluating what works

Data improvement, insight and interrogation

Workforce development, recruitment and training

Community of learning, sharing and problem solving

Digital technologies that enhance and enable



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DOING AGEING DIFFERENTLY

 **HEALTHY
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RESEARCH
GROUP**

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The University of Manchester

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Partnership

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