

Falls Joint Strategic Needs Assessment

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Executive Summary

Partners across Solihull's health and care system recognise that falls is one of the major challenges among its older residents. There is commitment to preventing falls and reducing the accompanying economic and social harms for individuals and communities by working collectively. As Solihull is predicted to have a growing older population, there is a challenge of ensuring sufficient capacity across the system to meet increasing needs. There is a shared aim to ensure delivery of equitable, high-quality prevention, early intervention, treatment and recovery support and reduce the impact of falls among our residents.

A summary of the key findings can be found below. These should inform discussions with partners with a view to the development of a clear plan of action on falls with effective oversight from agreed governance structures.

Key Findings and Recommendations

Key Finding 1: In 2024/25, a total of 438 patients within Solihull GP practices were included in the osteoporosis register with an overall prevalence in patients aged 50 and over of 0.46%. Nationally the overall QOF prevalence for osteoporosis is 1.2% which would equate to almost 1,090 people in Solihull, indicating that there could be an underdiagnosis of around 652 osteoporosis cases amongst many Solihull GP practice patients.

Recommendation 1: Liaise with Solihull GP practices and the community health services to improve our identification of those with osteoporosis in primary care. Additionally, work with primary care to enable data on Parkinson's and other neurodegenerative diseases to be made available for partnership working.

Key Finding 2: The number of people living alone is projected to increase from 14,717 people in 2025 to 17,674 people in 2045, a rise of 20.1% in those aged 65 years and older. In Solihull, there will be an estimated additional 1,756 adults aged 65 years or older whose day-to-day activities are limited a lot because of a physical or mental health condition or illness by 2045.

Recommendation 2: Integrate efforts to address social isolation into care pathways. Encourage more adults at low risk of falls to participate in physical activity (e.g. through making every contact count initiative and through commissioned services. Address the gap in physical activity provision for adults at moderate-high levels of falls risk.

Key Finding 3: In the next 5 years, care homes are expected to rise by 40.3% in Solihull.

Recommendation 3: Building on current best practice, ensure that all newly built care homes continue to implement best practice guidelines for falls prevention.

Key Finding 4: In 2025, the total number of ambulance call-outs for falls have risen by 5.9% (4494 call-outs) as compared to 2024 (4244 call-outs) amongst Solihull residents aged 65 years and over. Of these, 51.5% were category 3 and category 4 call-outs, indicating the majority of ambulance call-outs could benefit from delivering evidence-based care for people who are at risk of falling who may end up calling an ambulance.

Recommendation 4: Reduce the proportion of category 3 and 4¹ call-outs by undertaking better assessment and intervention of people at risk of falling. This approach aligns with the Solihull Frailty Model by supporting early identification, risk stratification, and proactive management of individuals living with frailty and multiple long-term conditions.

Key Finding 5: There will be an estimated additional 448 hospital admissions from unintentional falls in residents aged 65 years or older by 2045. Emergency hospital admissions due to injury from a fall in Solihull residents aged 65 years and older is higher than England in 2024/25. The rate has increased for Solihull in the past year but has decreased on a national level. For Solihull, women have a higher emergency hospital admission rate due to injuries from falls as compared to men. The highest number of admissions occur in the least deprived quintile but for Solihull residents, the two most deprived quintiles have the highest emergency hospital admissions rate due to falls.

Recommendation 5: Efforts to prevent falls needs to be tailored for men and women and work should be done to narrow the variation in falls within the two most deprived and two least deprived quintiles.

Key Finding 6: Solihull's emergency hospital admissions rate due to hip fractures has often been higher than England in the over 65s. In 2024/25, Solihull's hospital admissions rate due to hip fractures was 622 admissions per 100,000 (325 admissions) which was higher than England's rate (536 admissions per 100,000). A majority of these emergency hospital admissions due to hip fractures are seen in 80 years and older Solihull residents.

Recommendation 6: Our ageing population and in particular our marked increase in the over 80 population means that there is an urgent need for the proactive work as outlined in the frailty model to bring the hip fracture admissions rate for Solihull in line with England.

Key Finding 7: From 2015/16 to 2024/25, emergency hospital admissions due to hip fractures in the over 65s which resulted in deaths in hospital has increased from 3.6% to 5.5% amongst Solihull residents. The data until the end of September 2025 shows that out of all hospital admissions related to hip fractures, 6.5% resulted in deaths within 30 days in Birmingham Heartlands Hospital while 2.9% resulted in deaths within 30 days in Queen Elizabeth Hospital, Edgbaston. The national average is at 5%.

Recommendation 7: Continue to work with Birmingham Heartlands Hospital to bring mortality in emergency hospital admissions due to hip fractures in line with England and the Queen Elizabeth Hospital, Edgbaston.

Key Finding 8: There was a 48.9% rise where the underlying cause of death was a fall in all ages in 2024 as compared to 2023 in Solihull. There were 70 deaths in 2024 as compared to 47 deaths in 2023 for Solihull. In Solihull, out of these 70 deaths, 65 deaths were seen in 65 years and older age groups. 57.1% of these deaths occurred in women.

¹ **Category 3** (Urgent) - An urgent problem (not immediately life threatening) that needs treatment to relieve suffering and transport or assessment and management at the scene with referral where needed within a clinically appropriate timeframe. For example, fall with pain, inability to get up, or possible fracture, but stable.
Category 4 (Less urgent) - Problems that are less urgent but require assessment and possibly transport within a clinically appropriate timeframe. For example, fall with no obvious injury, able to move, but unable to stand immediately. (NHS England, 2018)

Recommendation 8: The work with primary care in recommendation 1 and the frailty model outlined in recommendation 4 need to work together to bring the mortality rate from falls in line with England.

Key Finding 9: Demand for the specialist community falls service has increased steadily since 2022.

Recommendation 9: As demand for the specialist community falls team is high, a service for lower risk patients that is evidence based is needed as part of the frailty model.

Key Finding 10: Falls are a significant risk for older people and a major health concern, particularly for an area like Solihull where the over 65 population is projected to increase by 18% over the next 20 years (54,389 aged 65 or over by 2045). Adults aged 80 years and older are expected to rise by 39.6% to 20,460 in the same period. Twenty eight percent of adults aged 65 years or older are predicted to have a fall at least once a year. Current projected population increases suggests that this will lead to an additional 2,581 falls by 2045. Most of these will be adults aged over 80 years (2,312 predicted to have a fall).

Recommendation 10: Make the most of every contact count so that when an individual has an entry point into a service seeking to reduce the risk of a fall, that a holistic approach is taken.

The needs assessment provides an overview of the available data based on which some gaps have been identified. These provide the basis for the key findings and possible service provision recommendations to reduce these identified gaps.

Introduction

Falls and fall related injuries are a common and serious problem for older people. Prevalence of falls increases with age. People aged 65 and over 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.

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. Therefore, falling has an impact on quality of life, health and healthcare costs (National Institute for Health and Care Excellence, 2023).

Risk of falling

In April 2025 NICE released guidance on [‘Falls: assessment and prevention in older people and in people 50 and over at higher risk’](#). Falls can occur at any age, but they become more of a concern for older people especially people aged 65 and over. There is also an increased risk of falling among people who are aged 50 to 64 with other risk factors such as arthritis, dementia, diabetes or Parkinson’s disease (National Institute for Health and Care Excellence, 2025).

The natural ageing process means that older people have an increased risk of having a fall because they may have:

- a history of falls
- lower levels of strength because of a decline in muscle mass
- impaired balance because of declines and changes in sensory systems, the nervous system, and muscles
- polypharmacy and the use of psychotropic and antiarrhythmic medicines
- visual impairment
- environmental hazards
- frailty (National Institute for Health and Care Excellence, 2025).

In the UK, falls are also the main cause of injury-related admissions for children aged under-five (20,000 per year). Most admissions are from furniture falls. Falls from stairs and steps are also significant. Children under one mostly fall from beds or highchairs, or while being carried. Falls from height can be serious – window, balcony, stairs, furniture, work surface and highchair. The risks change as the baby/child gets more mobile (Public Health England, 2017).

Falls can be fatal or non-fatal and are the most common cause of death from injury in the over 65s (Fenton, 2025). Deaths in under 5s are rare, about five a year in the UK (World Health Organisation, 2021). Falls prevention can be primary, secondary and tertiary and different falls interventions can take place at population, community and individual levels (Office for Health Improvement and Disparities, 2022).

Age

There are over 90,000 residents aged 50 years or over in Solihull, with more than half of these aged 65 or over, more than 1 in 5 residents. Over the next 20 years the over 50 population is expected to grow by 8,000 (Table 1).

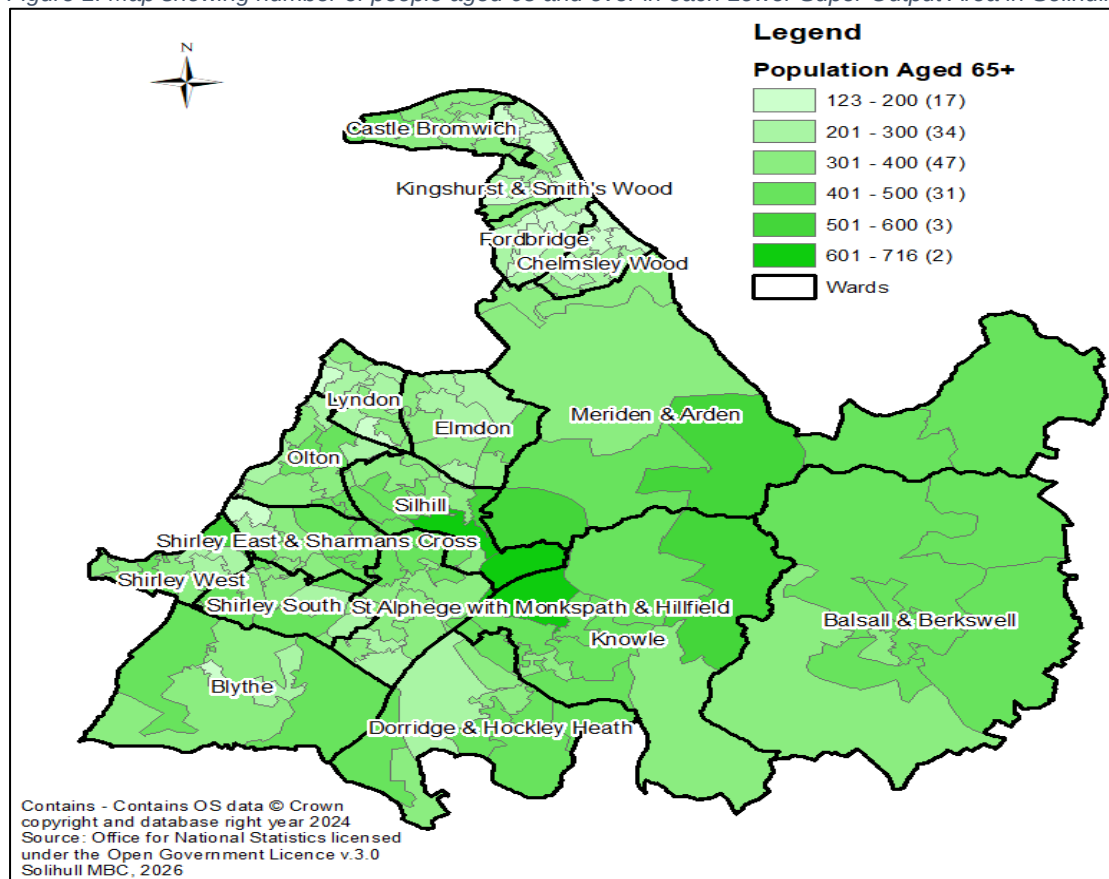
Table 1: Population aged 50 and over, projected to 2040, Solihull

Age Group	2022	2025	2030	2035	2040	2045
50-54	15,554	14,001	13,282	14,564	15,656	15,990
55-59	15,125	15,046	13,440	12,863	14,087	15,130
60-64	13,513	14,132	13,994	12,580	12,111	13,263
65-69	11,056	11,703	13,069	13,010	11,767	11,388
70-74	11,173	10,340	10,954	12,285	12,301	11,196
75-79	10,361	10,716	9,323	9,967	11,250	11,345
80-84	6,627	7,574	8,944	7,909	8,565	9,752
85-89	4,287	4,452	5,275	6,329	5,725	6,336
90+	2,642	2,626	2,897	3,490	4,313	4,372
Total 50+	90,338	90,592	91,178	92,997	95,774	98,772
Total 65+	46,146	47,412	50,462	52,990	53,920	54,389
All Ages	217,784	220,985	224,471	227,610	230,979	234,713

Source: ONS population projections, 2022

In some areas of Solihull as many as 1 in 3 people are aged 65 and over. The neighbourhoods (Lower Super Output Areas) with the highest number of residents aged 65 and over are in Solihull Hospital (Silhill ward) and Copt Heath (Knowle ward) (Figure 1).

Figure 1: Map showing number of people aged 65 and over in each Lower Super Output Area in Solihull, 2024



Falls Projections

In Solihull, the Health Survey for England (2005) estimates that 18% of men and 23% of females aged 65-69 years fell at least once in the last 12 months. The percentage increases with age, rising to 43% for both males and females in 85+ years old (POPPI, 2025). Based on these falls projections, the predicted number of falls is expected to rise by 20.1% in 2045 as compared to 2025 in adults aged 65 years and older in Solihull (Table 2).

Table 2: Predicted Number of Falls to 2045 in people aged 65+ years in Solihull

People predicted to have a fall	2025	2030	2035	2040	2045
People aged 65-69	2,406	2,703	2,680	2,429	2,329
People aged 70-74	2,445	2,579	2,922	2,915	2,653
People aged 75-79	2,505	2,175	2,313	2,624	2,643
People aged 80-84	2,485	2,943	2,584	2,779	3,206
People aged 85 and over	3,010	3,526	4,214	4,343	4,601
Total population aged 65 and over	12,851	13,926	14,713	15,090	15,432

Substance Misuse

Alcohol is a depressant. It slows down the brain and affects your body's responses. Accidents and falls are common because of the way alcohol affects your balance and co-ordination. Alcohol also suppresses activity in parts of the brain associated with inhibition (Drinkaware, 2023). There are an estimated 1,860 alcohol dependent adults in Solihull and 9,000 estimated to show signs of alcohol dependence (Solihull MBC, 2023). Drug, alcohol and mental health problems are often co-occurring rather than separate problems to be addressed independently (DHSC, NHS England, 2025). The interplay between substance misuse and mental illness is complex and can change over time. It can vary between people, and it may depend on the type of mental health problem and on the type and amount of substance misused. Someone may have:

- A mental illness that has led to substance misuse
- A substance misuse problem that has led to a mental illness
- Initially unrelated disorders (a mental illness and a substance misuse problem) that interact with and exacerbate each other.
- Other factors that are causing mental illness and substance misuse, including physical health problems (NICE, 2024).

More information on substance misuse can be found in the substance misuse needs assessment - [Substance Misuse Needs Assessment 2022/23](#)

Mental Health

Older adults using mental health services are at a particularly increased risk of experiencing falls and hip fractures due to a range of risk factors. For instance, people with late-life cognitive and functional mental disorders have increased risk of physical multi- and comorbidities, polypharmacy, use of individual medications (such as antipsychotic medication and antidepressants), and impaired cognition. Older people using mental health services have more than double the incidence of falls and four times the incidence of hip fractures compared to the general population. Although incidences differ between diagnostic subgroups of mental health disorders, all groups have a higher incidence than the general population (Brendon Stubbs PhD, 2020).

Osteoporosis

Osteoporosis is a health condition that weakens bones, making them fragile and more likely to break. It develops slowly over several years and is often only diagnosed when a fall or sudden impact causes a bone to break (fracture). The most common injuries in people with osteoporosis are:

- broken wrist
- broken hip (hip fracture)
- broken spinal bones (vertebrae)

The stage before osteoporosis is called osteopenia. This is when a bone density scan shows you have lower bone density than the average for your age, but not low enough to be classed as osteoporosis. Osteopenia does not always lead to osteoporosis. Osteoporosis can develop in both men and women, particularly in people who smoke, drink excessive amounts of alcohol, take steroid medicine, or have a family history of hip fractures. Older women are most at risk because osteoporosis is often associated with the hormonal changes that occur during menopause (NHS, 2023).

In the UK it is estimated that 1 in 3 women and 1 in 5 men will have one or more osteoporotic fractures in their lifetime (NICE, 2025).

GPs are required to keep a register of patients aged 50 or over who have a record of a fragility fracture and diagnosis of osteoporosis (if patients are aged between 50 and 74 the diagnosis needs to be confirmed on DEXA scan) and patients aged over 75 with a fragility fracture on or after 1st April 2014 with a diagnosis of osteoporosis as part of the Quality and Outcomes Framework (QOF).

In 2024/25, a total of 438 patients within Solihull GP practices were included in the osteoporosis register with an overall prevalence in patients aged 50 and over of 0.46%. Prevalence estimates between GP practices vary from 0.12% at Arran Medical Centre to 1.12% at St. Margaret Medical Practice. Nationally the overall QOF prevalence for osteoporosis is 1.2% which would equate to almost 1,090 people in Solihull, indicating that there could be an underdiagnosis of osteoporosis amongst many Solihull GP practice patients (Table 3). A focus on osteoporosis diagnoses in primary care is recommended.

Table 3: Osteoporosis prevalence, Quality and Outcomes Framework 2024/25, Solihull GP practices

Practice name	List size aged 50+	Register	Prevalence (%)
Arden Medical Centre	2855	5	0.18
Arran Medical Centre	1646	<5	0.12
Balsall Common & Meriden Group Practice	6179	33	0.53
Bosworth Medical Group	4657	24	0.52
Croft Medical Centre	3729	23	0.62
Dorridge Surgery	5162	23	0.45
Gps Healthcare	16786	79	0.47
Grafton Road Surgery	1507	6	0.40
Green Lane Surgery	2503	<5	0.16
Hampton Surgery	1697	8	0.47
Hobs Moat Medical Centre	4010	13	0.32
Kingshurst Medical Practice	1938	<5	0.21
Northbrook Health Centre	5002	14	0.28
Parkfield Medical Centre	1558	7	0.45
Richmond Medical Centre	2452	6	0.24
Solihull Healthcare Partnership	22613	116	0.51
St. Margarets Medical Practice	3665	41	1.12
Swanswell Medical Centre	1959	14	0.71
The Castle Practice	4398	16	0.36
Total	94316	438	0.46

<5 – Numbers less than 5 have been suppressed

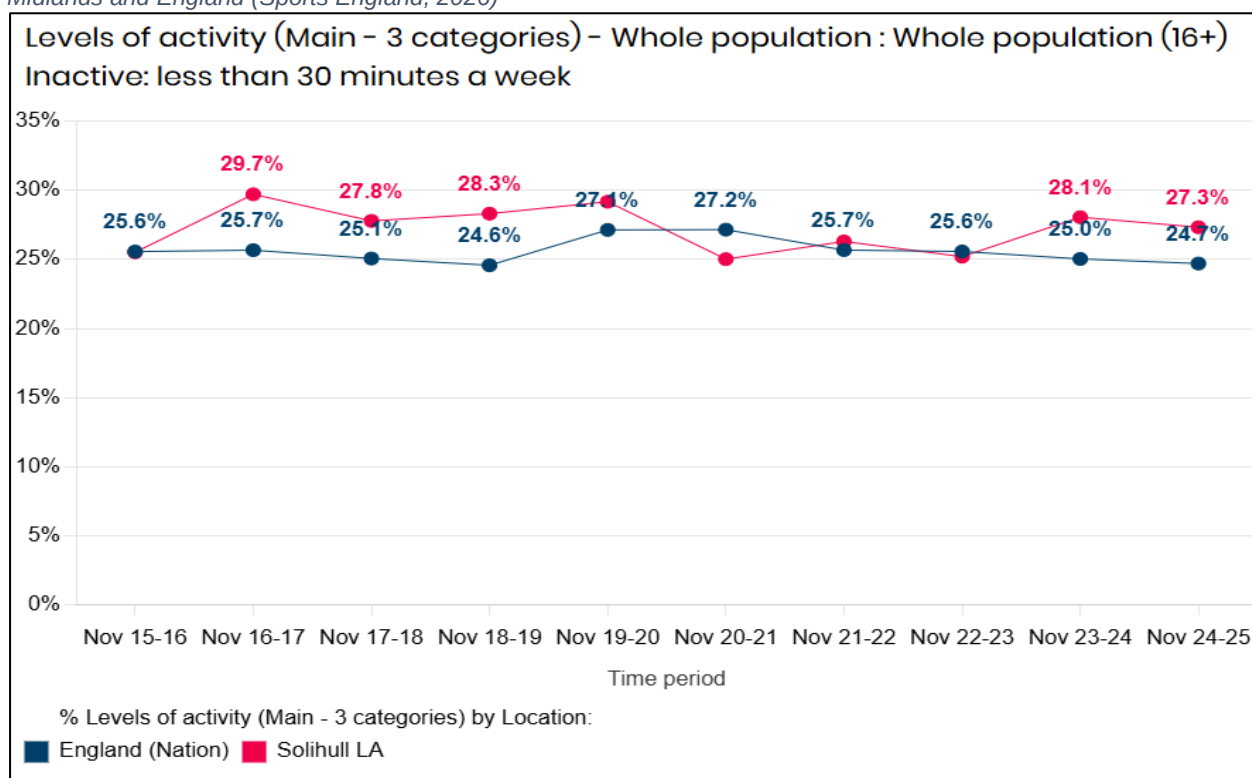
In the NICE CG146L guidelines under Osteoporosis for assessing fragility fracture risk, the use of the FRAX tool in earlier identification of clinical risk factors is recommended.

The details for the FRAX tool can be found here - [Home | FRAXplus®](#) This is used in multifactorial falls assessment in specialist falls service settings in Solihull.

Physical Inactivity

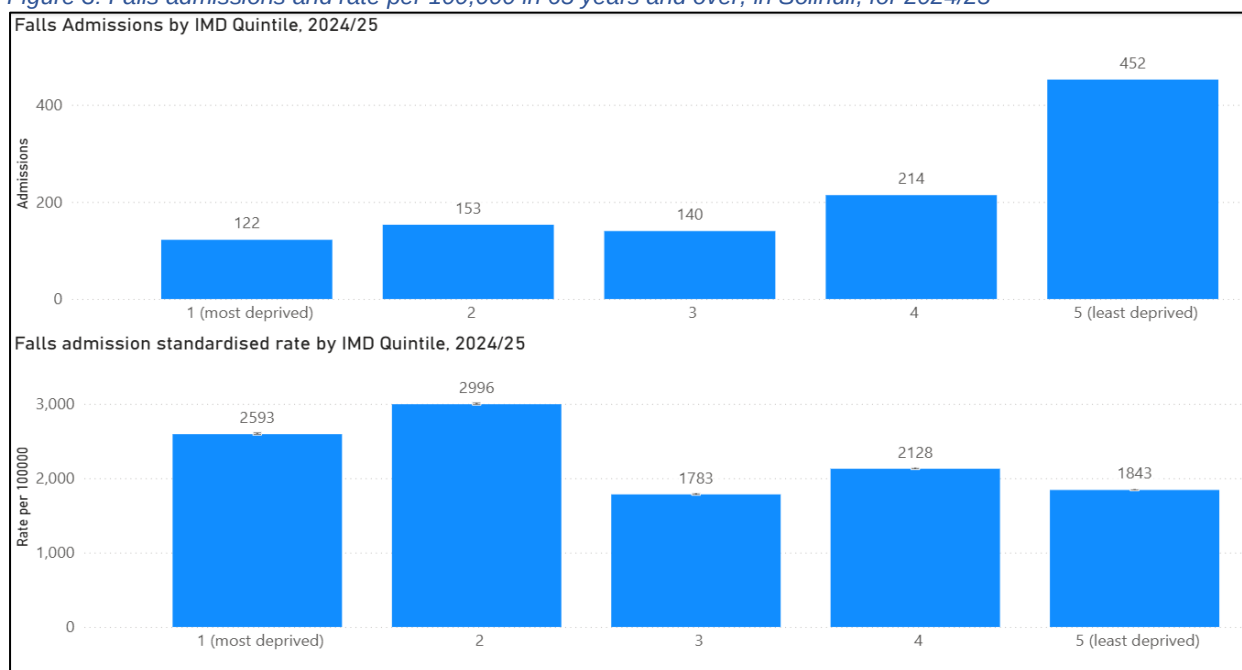
The other behavioural risk factor for falls in older age group is physical inactivity. Physical inactivity is the 4th leading risk factor for global mortality accounting for 6% of deaths globally (Murray, 2013). Physical inactivity is defined as engaging in less than 30 minutes of physical activity per week (Public Health England, 2014). Physical inactivity leads to physical deconditioning, resulting in muscle weakness, poor balance, and reduced functional ability. Muscle weakness and poor balance are both independent risk factors for falls (Centre for Better Ageing, 2017). The percentage of physically inactive adults is higher in Solihull (27.3%) as compared to England (24.7%) in 2024/25.

Figure 2: Physical inactivity trends from 2015/26 to 2024/25 in all ages (16+ years) between Solihull, West Midlands and England (Sports England, 2026)



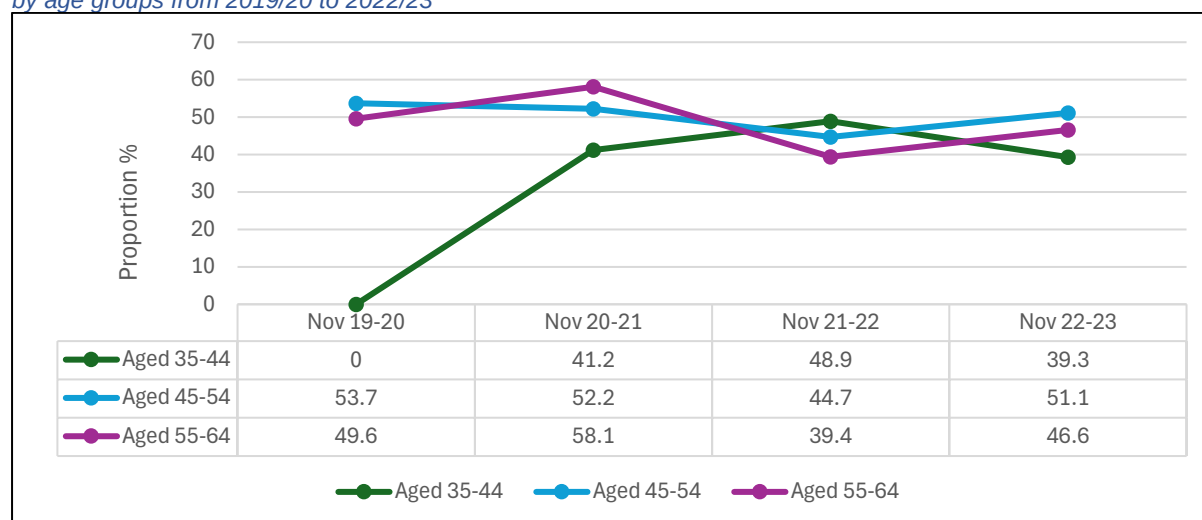
Nationally, a higher percentage of physical inactivity is seen in the most deprived decile of the population as compared to the least deprived decile of the population. In Solihull, for emergency hospital admissions due to falls in people aged 65 and over, the rate of falls admissions were 2593 admissions per 100,000 in the most deprived with the highest in the second most deprived quintile at 2996 admissions per 100,000 people in 2024/25.

Figure 3: Falls admissions and rate per 100,000 in 65 years and over, in Solihull, for 2024/25



Activities to build muscle, bone and joint strength and improve balance should be done at least 2 days a week. Recommended ways to do this are exercising with weights, ball games, racquet sports, resistance training, circuit training and Nordic walking (DHSC, 2019).

Figure 4: Adults in muscle strengthening activity in 2+ sessions per week meeting the CMO guidelines in Solihull by age groups from 2019/20 to 2022/23



The UK Chief Medical Officers' Physical Activity Guidelines states that older adults aged 65 years and older 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 and each week older adults should aim to accumulate at least 150 minutes of moderate intensity aerobic activity, building up gradually from current levels (Department of Health and Social care, 2019). These two guidelines are measured regularly in Active Lives Adult Survey data by Sports England. Nationally, the proportion who met the muscle-strengthening guideline decreased with age. It was the highest among those aged 16 to 24 at 45% and the lowest among those aged 75 and over (11%).

Similarly, the proportion of adults who met both guidelines decreased from 43% of those aged 16 to 24 to 10% of those aged 75 and over. In Solihull, adults attending the muscle strengthening exercises sessions have increased in 45-54 and 55-64 years old but decreased in 35-44 years old. In 2022/23, the muscle strengthening exercise sessions are at 37.5% for 65-74 years old. Currently, local level data for 65 years and older age group is limited (NHS Digital England, 2023).

Care home residents

In the UK, over 400,000 people live in care homes. Residents are three times more likely to fall as compared to people living in their own homes. Many factors can contribute to this heightened risk, such as physical frailty, the presence of long-term conditions like postural hypotension, physical inactivity, taking multiple medication like polypharmacy and the unfamiliarity of new surroundings (British Geriatrics Society, 2026).

Currently, there are 229 care service providers registered by the Care Quality Commission in Solihull. Out of these, 129 are residential homes, homecare agencies with supported living or housing, hospices, nursing homes and long-term conditions care within hospitals. 128 of these care for 65 years and older adults.

Over the next few years, the number of care and residential homes are likely to increase by 181 in Solihull (Table 4).

Table 4: Care homes planned in Solihull from 2024/25 – 2028/29

Probability of Development	Projected Completions (2024/2025 to 2028/29)
More than Likely	96
Near Certain	85
Total	181

Arthritis

Arthritis is a condition which causes joint pain, stiffness, and inflammation. There are many different types of arthritis. Some types are long-term conditions, including osteoarthritis and rheumatoid arthritis (Age UK, 2025).

Rheumatoid arthritis is an inflammatory disease which largely affects synovial joints (i.e. joints which are lined with a specialised tissue called synovium). It typically affects the small joints of the hands and the feet, and usually both sides equally and symmetrically, although any synovial joint can be affected. It is a systemic disease and so can affect the whole body, including the heart, lungs and eyes. One in three people with rheumatoid arthritis are at high risk of repeated falls. They also have an increased fear of falling (Emma K. Stanmore, 2013).

In the UK, GP practices are required to keep a register of patients with rheumatoid arthritis. In 2024/25, a total of 1476 patients within Solihull GP practices had Rheumatoid Arthritis with an overall prevalence of 0.76% in patients aged 16+ years. Prevalence estimates between GP practices have slight variation from 0.55% at Dorridge Surgery to 0.95% at Balsall Common & Meriden Group Practice. Nationally the overall QOF prevalence for Rheumatoid Arthritis is 0.8% which would equate to almost 1422 people in Solihull, indicating that there is overdiagnosis of rheumatoid arthritis amongst Solihull GP practice patients (Table 5).

Table 5: Rheumatoid Arthritis prevalence, Quality and Outcomes Framework 2024/25, Solihull GP practices

Practice name	List size aged 16+	Register	Prevalence (%)
Arden Medical Centre	4984	33	0.66
Arran Medical Centre	4687	38	0.81
Balsall Common & Meriden Group Practice	10656	101	0.95
Bosworth Medical Group	10770	61	0.57
Croft Medical Centre	8793	74	0.84
Dorridge Surgery	9066	50	0.55
Gps Healthcare	32530	234	0.72
Grafton Road Surgery	3262	22	0.67
Green Lane Surgery	6363	47	0.74
Hampton Surgery	3076	27	0.88
Hobs Moat Medical Centre	9118	74	0.81
Kingshurst Medical Practice	5017	30	0.60
Northbrook Health Centre	9940	74	0.74
Parkfield Medical Centre	3008	24	0.80
Richmond Medical Centre	5467	45	0.82
Solihull Healthcare Partnership	46487	382	0.82
St. Margarets Medical Practice	7131	50	0.70
Swanswell Medical Centre	5010	41	0.82
The Castle Practice	8680	69	0.79
Total	194045	1476	0.76

Osteoarthritis (OA) is the most common type of arthritis and can cause joints to feel stiff and painful. It is more common in older people but can also affect younger people especially if there has been an injury to a joint. Sometimes OA causes the joints to swell and change shape, especially the finger joints, and sometimes the joints make creaking or cracking noises. Some people can have OA symptoms at a young age, but it is more common in people over the age of 65. OA has been shown to be more common in women. Obesity is also a risk factor associated with the onset of arthritis. It can damage your knees and hips and can also interfere with your balance and mobility, increasing your risk for a fall and making you more likely to fracture a bone in the process (Arthritis Action, 2026). In the UK, osteoarthritis is very common affecting over 9 million people (NHS University Hospitals of Derby and Burton, 2026). Although, osteoarthritis (OA) is common, it is currently not a formal clinical domain within the NHS Quality and Outcomes Framework (QOF) (Clarson, 2013). In the UK, both knee and hip osteoarthritis are associated with a greater risk of falls, which can lead to serious fractures and hospital admissions (Age UK, 2025).

Dementia

More than 944,000 people in the UK currently have dementia (NHS, 2025). People with a cognitive impairment like dementia are at greater risk of falling and sustaining a serious injury. This is linked to some of the symptoms of dementia, such as difficulties with:

- a) judgment
- b) sensory perception
- c) mobility and coordination
- d) communicating their needs (e.g. difficulty explaining that they need help to get out of bed) (Dementia UK, 2025).

The prevalence of dementia increases with age and is estimated to be approximately 20% at 80 years of age. Alzheimer's disease accounts for 50 - 75% of cases of dementia. In 2024/25, a total of 1956 Solihull GP practice patients had dementia with an overall prevalence of 0.82%. Prevalence estimates between GP practices varies between 0.23% at Arran Medical Centre and 1.20% at Croft Medical Centre. Nationally, the overall QOF prevalence for dementia is at 0.8% which would equate to almost 1770 people in Solihull. This suggests that there is an overdiagnosis amongst Solihull GP practice patients (Table 6).

Table 6: Dementia prevalence, Quality and Outcomes Framework 2024/25, Solihull GP practices

Practice name	List size All Ages	Register	Prevalence (%)
Arden Medical Centre	5993	27	0.45
Arran Medical Centre	6197	14	0.23
Balsall Common & Meriden Group Practice	12693	118	0.93
Bosworth Medical Group	13673	94	0.69
Croft Medical Centre	11175	134	1.20
Dorridge Surgery	10924	85	0.78
Gps Healthcare	39472	397	1.01
Grafton Road Surgery	4054	15	0.37
Green Lane Surgery	8357	38	0.45
Hampton Surgery	3724	35	0.94
Hobs Moat Medical Centre	11314	76	0.67
Kingshurst Medical Practice	6442	23	0.36
Northbrook Health Centre	12250	98	0.80
Parkfield Medical Centre	3620	20	0.55
Richmond Medical Centre	6804	60	0.88
Solihull Healthcare Partnership	56872	573	1.01
St. Margarets Medical Practice	8622	71	0.82
Swanswell Medical Centre	6364	15	0.24
The Castle Practice	10701	63	0.59
Total	239251	1956	0.82

The number of people with dementia is projected to increase by 33.1% by 2045 (4818 people) as compared to 2025 (3620 people) aged 65 years and older in Solihull (Table 7).

Table 7: People aged 65 and over predicted to have dementia, by age and gender, projected to 2045 for Solihull

Dementia	2025	2030	2035	2040	2045
People aged 65-69	194	217	215	195	187
People aged 70-74	314	332	375	375	341
People aged 75-79	644	559	595	674	680
People aged 80-84	843	998	877	943	1,088
People aged 85-89	812	958	1,140	1,029	1,155
People aged 90 and over	813	908	1,084	1,332	1,367
Total population aged 65 and over	3,620	3,973	4,286	4,548	4,818

Diabetes

The risk of falls in older adults with type 2 Diabetes Mellitus is 63% higher compared to the risk in older adults without diabetes mellitus (Larissa Barros Freire, 2024). In 2024/25, a total of 15,246 patients aged 17+ have diabetes within Solihull GP practices with an overall prevalence of 7.99%. Nationally, the overall QOF prevalence for diabetes is 7.9% (Table 8).

Table 8: Diabetes prevalence, Quality and Outcomes Framework 2024/25, Solihull GP practices

Practice name	List size Aged 17+	List size Aged 40+	Register	Prevalence (%)
Arden Medical Centre	4899	3629	242	4.94
Arran Medical Centre	4565	2474	431	9.44
Balsall Common & Meriden Group Practice	10489	7738	694	6.62
Bosworth Medical Group	10609	6234	1029	9.70
Croft Medical Centre	8645	5016	853	9.87
Dorridge Surgery	8947	6573	550	6.15
Gps Healthcare	32055	22156	2538	7.92
Grafton Road Surgery	3220	2070	319	9.91
Green Lane Surgery	6241	3600	646	10.35
Hampton Surgery	3041	2146	177	5.82
Hobs Moat Medical Centre	8945	5474	708	7.92
Kingshurst Medical Practice	4899	2775	489	9.98
Northbrook Health Centre	9771	6582	824	8.43
Parkfield Medical Centre	2968	1965	307	10.34
Richmond Medical Centre	5378	3321	466	8.66
Solihull Healthcare Partnership	45703	31086	3131	6.85
St. Margarets Medical Practice	7038	4782	510	7.25
Swanswell Medical Centre	4905	2773	486	9.91
The Castle Practice	8554	5624	846	9.89
Total	190872	126018	15246	7.99

Parkinson's Disease

There are about 137,000 people living with Parkinson's disease in the UK with around 17,300 new diagnoses of Parkinson's disease in people aged 45 years and above each year. Two-thirds of people with Parkinson's disease fall each year, and most people eventually fall. Early onset of falls may indicate an alternative cause of parkinsonism² such as progressive supranuclear palsy (NICE, 2025). It is estimated that 22 in every 10,000 women and 32 in every 10,000 men are diagnosed with Parkinson disease between 50-89 years old. In Solihull, this approximately equates to 133 men and 103 women diagnosed with Parkinson's disease each year.

² Parkinsonism is an umbrella term for a group of neurological disorders causing movement issues – slowness (bradykinesia), rigidity, tremors, and balance problems.

Living Alone

Living alone is associated with poor health, disability and the risk of falls in older adults (Feifei Bu, 2020). In 2024, about 51% of people living alone in the UK were aged 65 or over, a trend that has been increasing over the past decade due to population ageing, with the majority of these being women. More men and women are living alone at older ages, with the greatest proportions of people living alone being in the oldest age groups (Census 2021).

In Solihull, there are 14,282 people in Solihull aged 65 years and over who live alone. The number of people living alone is projected to increase from 14,717 people in 2025 to 17,674 people in 2045, a rise of 20.1% in those aged 65 years and older (POPPI, 2025)(Table 9).

Table 9: People aged 65 and over living alone, by age and gender, projected to 2045 for Solihull

Projected number living alone	2025	2030	2035	2040	2045
Males aged 65-69	1,129	1,228	1,228	1,129	1,069
Males aged 70-74	965	1,045	1,146	1,166	1,065
Males aged 75-79	1,032	903	968	1,075	1,097
Males aged 80-84	838	991	864	940	1,067
Males aged 85-89	614	711	840	775	872
Males aged 90+	383	425	553	680	680
Females aged 65-69	1,458	1,677	1,652	1,482	1,434
Females aged 70-74	1,623	1,682	1,947	1,918	1,741
Females aged 75-79	2,195	1,897	2,009	2,306	2,306
Females aged 80-84	2,055	2,438	2,151	2,294	2,677
Females aged 85-89	1,469	1,752	2,091	1,865	2,091
Females aged 90	957	1,070	1,239	1,520	1,576
Total aged 65 and over	14,717	15,816	16,685	17,150	17,674

Living with Long Term Conditions

Over 26 million people in the UK live with at least one long term condition and 10 million have two or more (NHS England, 2018). In 2023, 54.6% of the population aged 16+ years record living with long term conditions in England (Office for Health Improvement and Disparities, 2025). In Solihull, there are around 19,380 people living with a long-term condition aged 65 years and older. (Appendix, Table 10)

The number of people aged 65 years and older being limited in their day-to-day activities by a little in Solihull is expected to rise 17.1% by 2045 while people limited a lot in their day-to-day activities is expected to rise by 23% (POPPI, 2025).(Appendix – Table 11 and Table 12)

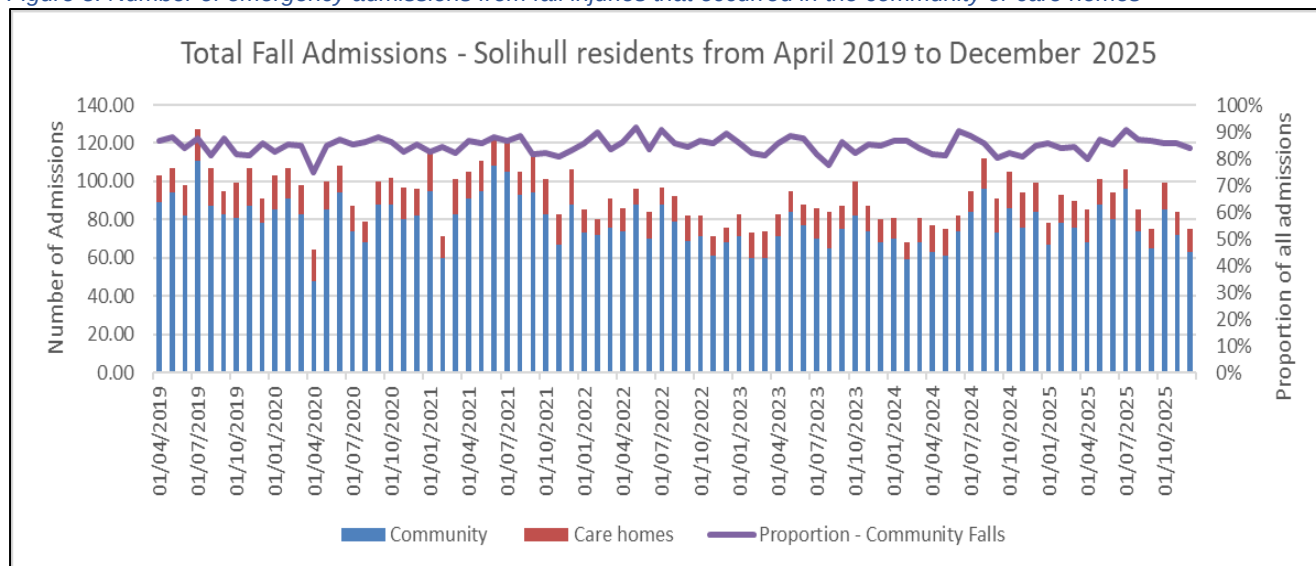
Impact of Falls

Falls and fractures are a common and serious health issue faced by older people causing distress, pain, injury, loss of confidence, loss of independence and mortality. For health services, they are both high volume and costly. The total cost of fragility fractures in the UK has been estimated at £4.4 billion which includes £1.1 billion for social care; hip fractures account for around £2 billion of this total. Unaddressed fall hazards in the home are estimated to cost the NHS in England £435 million (Office for Health Improvement and Disparities, 2022).

Care Homes

One in three people over the age of 65 and one in two over the age of 85 fall every year. Nearly 50% of care home residents experience at least one fall per year, and many of these incidents result in serious injuries or hospital admissions (NHS Clinical Service - Immedicare, 2026). There are 400,000 care home residents in the UK and falls occurring in care homes are 3 times more likely than falls occurring in people living independently in their own homes. This equates to a rate of 1.5 falls per care home bed per year (Felgians, 2021). Care home falls are also 10 times more likely to sustain a significant injury as a fall (Cooper, 2017). Approximately 15% of the admissions to hospital from falls in Solihull residents are from those living in care homes. There are, on average, 14 falls each month in care homes that result in an injury that requires an emergency admission to a hospital (Figure 5). As compared to falls occurring in care homes in 5 other local authorities within West Midlands, Solihull's average number of falls (13 falls) in care homes is similar to Leicester in 2025. They have the lowest average number of falls in care homes as compared to Birmingham, Dudley, Wolverhampton and Walsall.

Figure 5: Number of emergency admissions from fall injuries that occurred in the community or care homes



Source: Secondary Uses Services (SUS) Data, 2025

Some caveats of the care home data might show overestimation of falls in care homes as the falls might encompass activity outside of care homes where the postcode of the patient matches that of any residential houses which have the same postcode of the care home. There might be multiple care homes residences at a post code as well.

Solihull council collects data for falls occurring in council commissioned care homes regularly. As of September 2022, data for care home beds was available for a total of 62 care homes found in Solihull. Out of these, falls data was available for all 30 care homes (48.4%) which are commissioned by Solihull Council in 2024/25. A total of 274 falls were observed with 1626 beds indicating an overall falls proportion of 16.9%. Ambulances are called for all falls occurring within council commissioned care homes. This data is used regularly for staff training and allocating resources within the council.

Some best practice guidelines have been highlighted in the “Action Falls programme” (formerly known as Guide to Action Care Homes - GtACH). It is considered as one of the key evidence-based approach in the UK, which has been shown to reduce falls by 43% in randomised clinical trials. The Action Falls programme incorporates a multifactorial falls risk assessment checklist, high levels of staff training (almost 71% of staff), appointment of “falls champions”, support for care home staff and sharing high risk cases and sharing information in a timely manner. Adoption of these guidelines in care homes can reduce rates to approximately 2 falls per resident/year compared to 4 in usual care settings (Fran Allen, 2025).

Ambulance call outs for falls

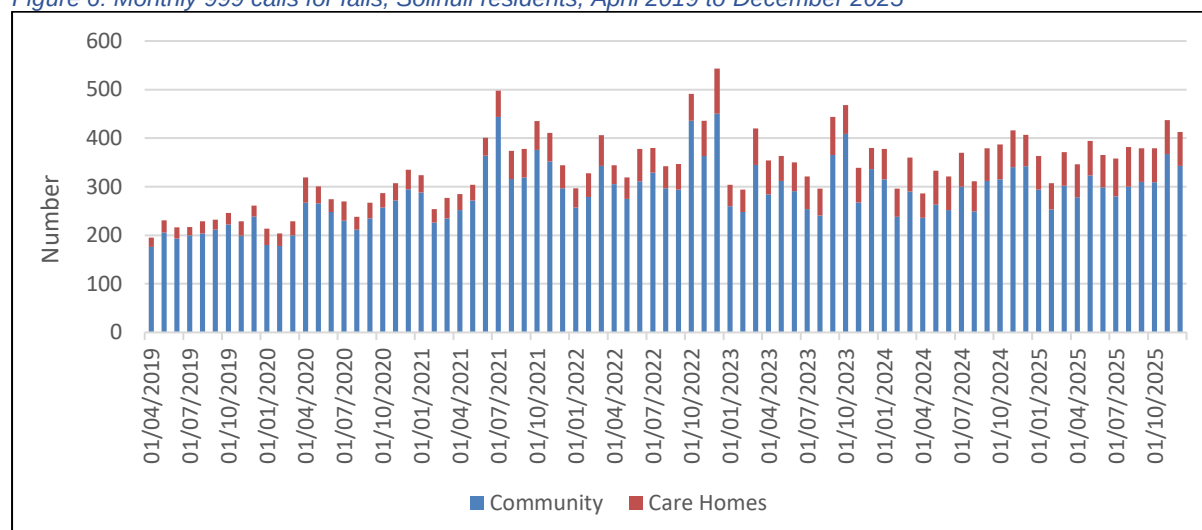
Ambulance services receive up to 10% of 999 calls related to falls, yet current triage systems and fragmented referral pathways often limit the ability to deliver timely, joined-up care (Association of Ambulance Chief Executives, 2025).

The following data shows all 999 calls data from Accidents and emergency admissions (A&E) and West Midlands Ambulance Service (WMAS) where the chief complaint is a fall, for all Solihull residents aged 65 years and over. Care home location is defined as where the patient postcode matches the postcode of a care home when the ambulance was called after a fall. Community location is defined as all locations not flagged as care homes. The data includes total ambulance call-outs due to falls in Solihull from April 2019 to December 2025. In 2025, a monthly average of 375 total calls-outs were observed in Solihull residents. This equates to almost 13 ambulance call-outs in a day. Out of the 375 call-outs, 82.4% (305) of these falls call-outs were seen in the community (Figure 6). The highest total number of call-outs due to falls was seen in 2022 at 4611. In 2025, the total number of call-outs have risen by 5.9% (4494 call-outs) as compared to 2024 (4244 call-outs).

The proportion of ambulance call-outs to falls in the community has been steadily declining from 2019 at 90% to 81.4% in 2025. Conversely, the proportion of care home call-outs are increasing from 2019 at 10% to 18.6% in 2025 (836 callouts).

In 2024/25, a total of 793 care homes ambulance call-outs were seen, out of which 274 (34.6%) were from council commissioned care homes. We can infer that then majority of ambulance call-outs (65.4%) were from either self-funded, private or independent care homes within Solihull.

Figure 6: Monthly 999 calls for falls, Solihull residents, April 2019 to December 2025



Ambulance call-outs can be divided into 4 categories namely category 1, category 2, category 3 and category 4.³ A significant proportion of category 3 and category 4 callouts are considered preventable or avoidable through better community support, early intervention, and alternative care pathways, as many involve minor or no-injury falls where the ambulance is primarily needed to assist the person off the floor (South Central Ambulance Service NHS Foundation Trust).

Category 3 and 4 ambulance call outs for falls in Solihull residents follow a similar pattern as total ambulance call-outs from April 2019 to December 2025 (Figure 7). In 2025, a monthly average of 193 calls-outs were observed in Solihull residents for these categories.

The highest total number of call-outs due to falls was seen in 2022 at 2709 (58.8% of all call-outs) for category 3 and 4. In 2025, the total number of category 3 and category 4 call-outs have risen by 8.5% (2312 call-outs) as compared to 2024 (2131 call-outs). In 2025, 51.5% were category 3 and category 4 call-outs were as a proportion of all call-outs in Solihull residents indicating majority of ambulance call-outs are preventable or can be reduced by delivering evidence-based care for people who have fallen, integrating falls prevention and frailty services across neighbourhood teams, supporting remote assessment and digital triage, enabling safe non-conveyance to emergency departments, and promoting independence through proactive care planning (Association of Ambulance Chief Executives, 2025).

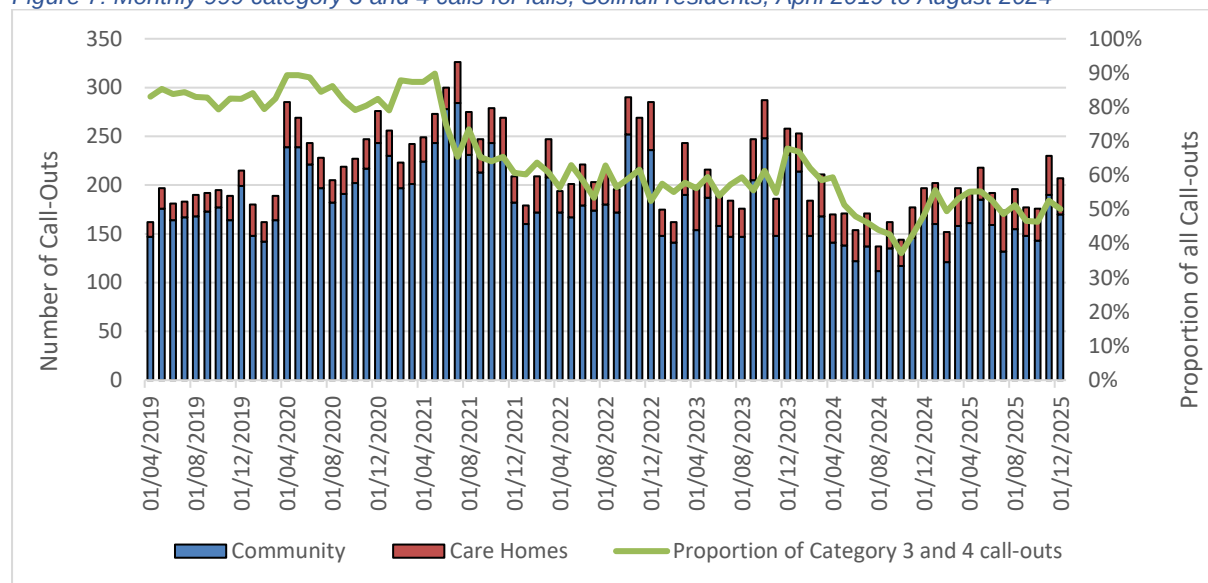
³ **Category 1** (Life-threatening) - A time critical life-threatening event requiring immediate intervention or resuscitation. For example, fall with unconsciousness, abnormal breathing, or severe head injury with airway compromise.

Category 2 (Emergency) - Potentially serious conditions that may require rapid assessment and urgent on-scene intervention and/or urgent transport. For example, severe pain, significant bleeding, suspected stroke, major trauma, or inability to move limbs.

Category 3 (Urgent) - An urgent problem (not immediately life threatening) that needs treatment to relieve suffering and transport or assessment and management at the scene with referral where needed within a clinically appropriate timeframe. For example, fall with pain, inability to get up, or possible fracture, but stable.

Category 4 (Less urgent) - Problems that are less urgent but require assessment and possibly transport within a clinically appropriate timeframe. For example, fall with no obvious injury, able to move, but unable to stand immediately. (NHS England, 2018)

Figure 7: Monthly 999 category 3 and 4 calls for falls, Solihull residents, April 2019 to August 2024



Once an ambulance has been called out, there are different call closures. Between January 2022 to January 2026, 45.5% of all 999 calls for falls resulted in Solihull patients being transferred to the emergency department of the nearest local hospital. Out of the remaining 54.5%, 36.5% of all 999 calls for falls resulted in patients offered treatment on-site or taken to specialist falls assessment clinics or urgent community response.

Out of all category 3 and 4 ambulance call-outs, roughly 46% resulted in onward conveyance to a local hospital or alternative care pathways (Emergency Care dataset, residents aged 65 years and older). This suggests that reducing or preventing category 3 and 4 call-outs can reduce emergency falls admissions and subsequent falls sequelae.

Hospital Admissions

Falls are the largest cause of emergency hospital admissions for older people and significantly impact on long term outcomes. They are a major precipitant of people moving from their own home to long-term nursing or residential care. The highest risk of falls is in those aged 65 and above and it is estimated that about 30% of people living at home in this age group and about 50% of people aged 80 and above living at home or in residential care will experience an episode of fall at least once a year (Office for Health Improvement and Disparities, 2023).

In the last 15 years, in Solihull, there have been around 1088 emergency admissions for injuries from a fall each year in residents aged 65 and over. From 2015/16 to 2021/22 the rate of emergency hospital admissions due to falls in those aged 65 or over was significantly higher than England. In 2022/23 and 2023/24, the rate improved and was similar to England. However, Solihull's rate (2075 admissions per 100,000) has increased slightly in 2024/25 as compared to England (1958 admissions per 100,000) (Figure 8). Solihull reported 1080 emergency hospital admissions due to falls in 2024/25. Women have a significantly higher rate of emergency hospital admission for injuries from falls than men. However, in the past 3 years, emergency hospital rate is decreasing for women; it has increased for men in the last year (Figure 9). Out of the total of 1080 emergency hospital admissions, 400 (37%) admissions were seen in men in 2024/25.

Of the emergency hospital admissions from a fall injury amongst all ages, approximately 6.2% are in patients that also have a diagnosis of a condition wholly attributable to alcohol, this equates to approximately 70 admissions per year in Solihull. Around 4.9% of the emergency admissions from fall injuries were in patients that also had a diagnosis of drug poisoning in 65 years and older patients, this equates to an average of 55 admissions a year in Solihull.

Figure 8: Directly standardised rates of emergency admission to hospital due to injury from falls, people aged 65 years and over, Solihull and England, 2010/11 to 2024/25

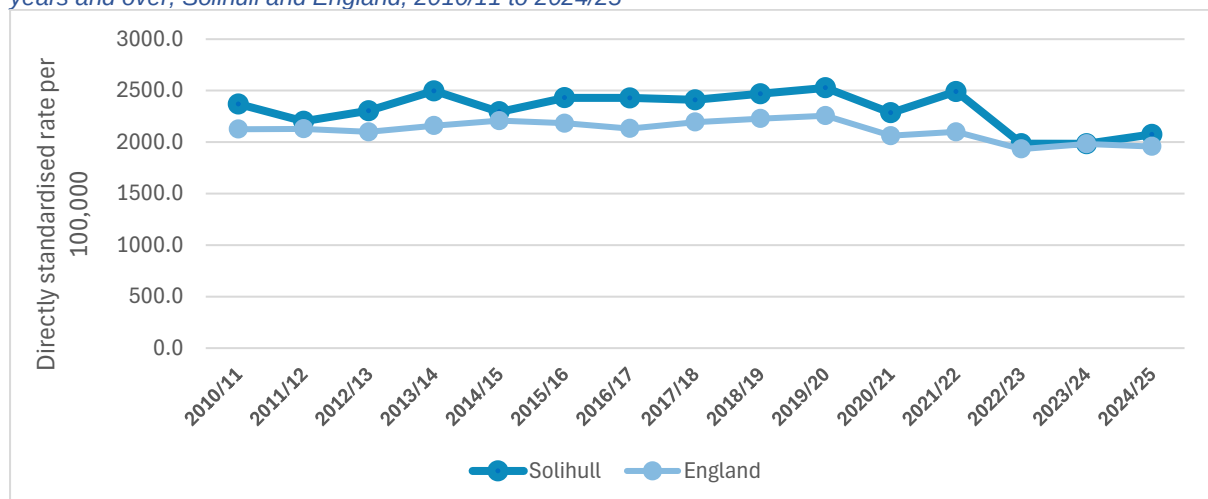
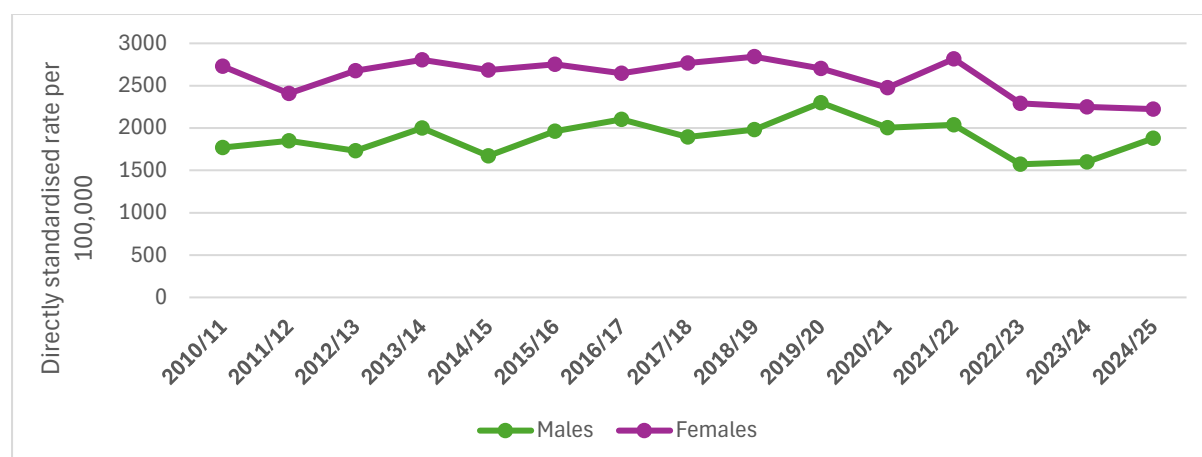
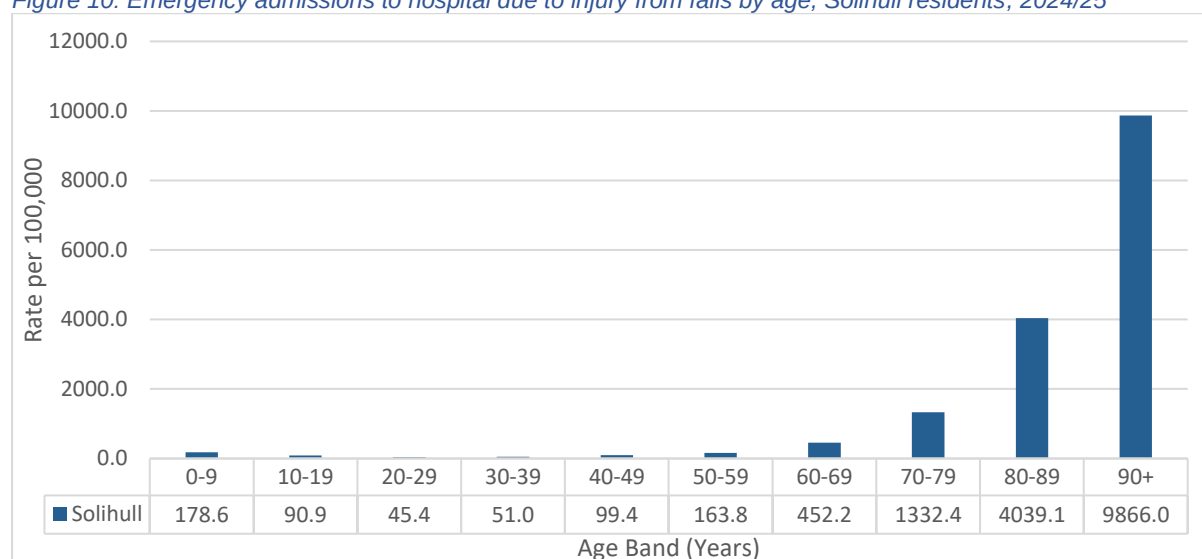


Figure 9: Emergency admissions to hospital due to injury from falls, Males and Females aged 65 years and over, Solihull residents, 2010/11 to 2024/25



Young adults aged 20-29 have fewer hospital admissions (45.4) from falls per 100,000 than any other age group. Slightly more falls are observed in 30-39 (51.0) and 40-49 (99.4) year olds. From age 60-69 the rate of emergency hospital admission from falls increases sharply from 452 people per 100,000 to the highest in 90+ years at 9866 people per 100,000 in 2024/25 in Solihull (Figure 10).

Figure 10: Emergency admissions to hospital due to injury from falls by age, Solihull residents, 2024/25



From 2015/16 to 2024/25, there have been a total of 11,327 emergency admissions to hospital because of an injury caused by a fall in Solihull residents aged 65 and over. In almost two thirds of these admissions, the fall occurred at home (64.3%, Table 13). More than 1 in 10 occurred in residential institutions including nursing homes.

Table 13: Location of the fall in all emergency admissions to hospital for injury from a fall in 65 years and over, Solihull residents, 2015/16 – 2024/25 and 2024/25

Location	Admissions	% of total	Admissions 2024/25	% of total 2024/25
Home	7282	64.3	691	63.9
Residential institution (including nursing home)	1441	12.7	154	14.2
School, other institution & public administrative area (including hospital)	170	1.5	21	1.9
Sports and athletics area	42	0.4	5	0.5
Street and Highway	621	5.5	55	5.1
Trade and service area	262	2.3	26	2.4
Farm, Industrial and constructive area	5	0	<5	0.1
Other specified places	174	1.5	9	0.8
Unspecified place	1330	11.7	119	11
Total	11327	100%	1081	100

<5 – Numbers less than 5 have been suppressed

For Solihull, based on our ageing population, we can expect to see an additional 448 emergency hospital admissions due to falls in the next 20 years by 2045 (Table 14).

Table 14: People aged 65 and over predicted to be admitted to hospital as a result of falls, by age, projected to 2045 in Solihull

	2025	2030	2035	2040	2045
People aged 65-69 predicted numbers of hospital admissions due to falls	105	117	116	106	102
People aged 70-74 predicted numbers of hospital admissions due to falls	147	157	176	176	160
People aged 75-79 predicted numbers of hospital admissions due to falls	256	222	239	267	270
People aged 80 and over predicted numbers of hospital admissions due to falls	1,073	1,248	1,292	1,357	1,496
Total population aged 65 and over predicted numbers of hospital admissions due to falls	1,580	1,745	1,823	1,906	2,028

Hip Fractures/ Fractured Neck of Femur

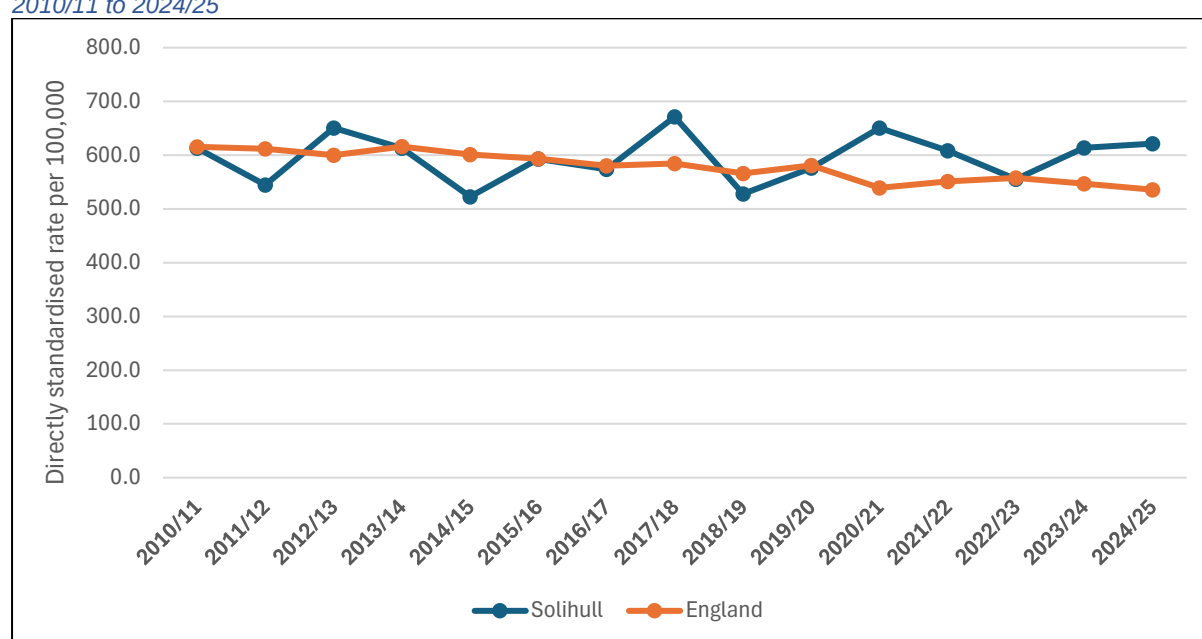
Hip fracture is a debilitating condition. Each year over 70,000 people in England, Wales and Northern Ireland have a hip fracture – and this figure could double by 2060. Only one in three sufferers return to their former levels of independence and one in three ends up leaving their own home and moving to long term care. The average age of a person with hip fracture is 83 years with about 73% of fractures occurring in women. There is a high prevalence of comorbidity in people with hip fracture. The National Hip Fracture Database reports that mortality from hip fracture is high, approximately one in ten people with a hip fracture die within 1 month and about one in three within 12 months (NICE, 2023). Hip fracture is a serious and costly injury affecting mainly older people. It usually results from the combination of weak bone structure (osteoporosis) and a fall.

Although there is good evidence on best practice in surgical, medical and rehabilitation care following hip fracture, such care and its outcomes – in terms of return home and also of mortality – continues to vary (Healthcare Quality Improvement Partnership, 2025).

Hip fractures alone account for 1.8 million hospital bed days and £1.1 billion in hospital costs every year, excluding the high cost of social care (Office for Health Improvement and Disparities, 2022).

The chart below shows that in the last 5 years apart from 2022/23, Solihull's emergency hospital admissions rate due to hip fractures has often been higher than England in 65 years and over ages. In 2024/25, Solihull's hospital admissions rate due to hip fractures was 622 admissions per 100,000 (325 admissions) which was higher than England's rate (536 admissions per 100,000) (Figure 11).

Figure 11: Emergency hospital admissions due to hip fractures in people aged 65 and over, Solihull residents, 2010/11 to 2024/25



Out of all the 65 years and over, in 65–79 year-olds, emergency hospital admissions due to hip fracture were higher for Solihull at 276 admissions per 100,000 (95 admissions) as compared to England (234 admissions per 100,000) in 2024/25. For Solihull, there is an increase in emergency hospital admissions in this age group as compared to 2023/24 (212 admissions per 100,000 or 75 admissions).

For 80 years and older, emergency hospital admissions due to hip fractures have been higher in Solihull than England from 2019/20. In 2024/25, Solihull had 1623 admissions per 100,000 (230 admissions) as compared to England (1412 admissions per 100,000).

Nationally, a review of long-term disability found that around 20% of hip fracture patients entered long-term care in the first year after fracture. Short and long-term outlooks for patients are generally poor following a hip fracture, with an increased one-year mortality of between 18% and 33% and negative effects on daily living activities such as shopping and walking (Office for Health Improvement and Disparities, 2022).

In Solihull, between 2015/16 and 2024/25, there were an average of 10 emergency hospital admissions per year due to hip fractures in patients aged 65 years and older where the patient died in hospital. In 2015/16, it was 3.6% and this has increased to 5.5% in 2024/25 in emergency hospital admissions due to hip fractures in 65 years and older resulting in deaths in hospital amongst Solihull residents.

The National Hip Fracture Database (NHFD) is a national clinical audit project commissioned by the Healthcare Quality Improvement Partnership (HQIP) and is managed by the Royal College of Physicians (RCP) as part of the Falls and Fragility Fracture Audit Programme (FFFAP). It was established in 2007 as a joint venture of the British Geriatrics Society (BGS) and the British Orthopaedic Association (BOA) and is designed to facilitate improvements in the quality and cost effectiveness of hip fracture care.

The audit allows care to be measured against evidence-based standards for the care of patients with fragility fracture and enables local health economies to benchmark their performance in hip fracture care against national data. It is hoped participation will stimulate organisations to improve both the acute hip fracture pathway of care and subsequent falls prevention and bone health management with direct benefits to patient care and outcomes, leading to reductions in fracture incidence too (Royal College of Physicians, 2026).

Department of Health Guidance: [Improve outcomes and improve efficiency of care after hip fractures](#)

There are six standards which reflect good practice at key stages of hip fracture care. Widespread compliance would improve the quality and outcomes of care and also reduce costs.

1. All patients with hip fracture should be admitted to an acute orthopaedic ward within 4 hours of presentation.
2. All patients with hip fracture who are medically fit should have surgery within 48 hours of admission, and during normal working hours.
3. All patients with hip fracture should be assessed and cared for with a view to minimising their risk of developing a pressure ulcer.
4. All patients presenting with a fragility fracture should be managed on an orthopaedic ward with routine access to acute orthogeriatric medical support from the time of admission.
5. All patients presenting with fragility fracture should be assessed to determine their need for antiresorptive therapy to prevent future osteoporotic fractures.
6. All patients presenting with a fragility fracture following a fall should be offered multidisciplinary assessment and intervention to prevent future falls.

All hip fracture surgery is conducted at Heartlands hospital in Birmingham. In some cases, if Heartlands hospital does not have capacity to operate within 36 hours the patient is admitted to the Queen Elizabeth Hospital, Birmingham. Following surgery in 2024, 64% patients were transferred to Solihull hospital to recover, 3% were transferred to Good Hope Hospital in Birmingham and 33% were discharged directly from Heartlands hospital. All of these hospitals are part of University Hospitals Birmingham NHS Foundation Trust (UHB).

Every year, the national hip fracture database report is released publicly which includes data from University Hospitals Birmingham. The report highlights good, average and poor performance for all hospitals and compares with national performance. Good practice guidelines are shared to improve hip fracture outcomes while a list of hospitals with poor outcome measures are followed up with regularly to improve their performance (National Hip Fracture Database - FFFAP, 2025).

Data on key performance indicators for Birmingham heartlands Hospital and Queen Elizabeth Hospital, Edgbaston are compared to England performance in 2024 (Table 15).

The data until the end of September 2025 shows that out of all hospital admissions related to hip fractures, 6.5% resulted in deaths within 30 days in Birmingham Heartlands Hospital while 2.9% resulted in deaths within 30 days in Queen Elizabeth Hospital, Edgbaston. The national average is at 5%. (Royal College of Physicians, 2026)

Table 15: Key performance indicators, colour coded to indicate where significantly above or below the national average (99.8% CI), National Hip Fracture Database, 2024

KPI Number	KPI Name	Birmingham Heartlands Hospital (%)	Queen Elizabeth Hospital, Edgbaston (%)	England (%)
0	Admission to specialist ward	1.9	2.2	9
1	Prompt orthogeriatric review	96.8	82.2	91
2	Prompt surgery	62.7	44.2	58
3	NICE compliant surgery	66.4	71.4	72
4	Promptly out of bed	85.2	61	83
5	Not delirious post-op	66.7	46.8	69
6	Return to original residence	64.1	57.8	75
7	Bone Medication	54	13.3	60

Source: National Falls and Fragility Fracture Audit Programme (FFFAP - NHFD) ([NHFD KPIs 2024 West Midlands](#)), (Red – Below Average; Yellow – Average and Green – Above Average)

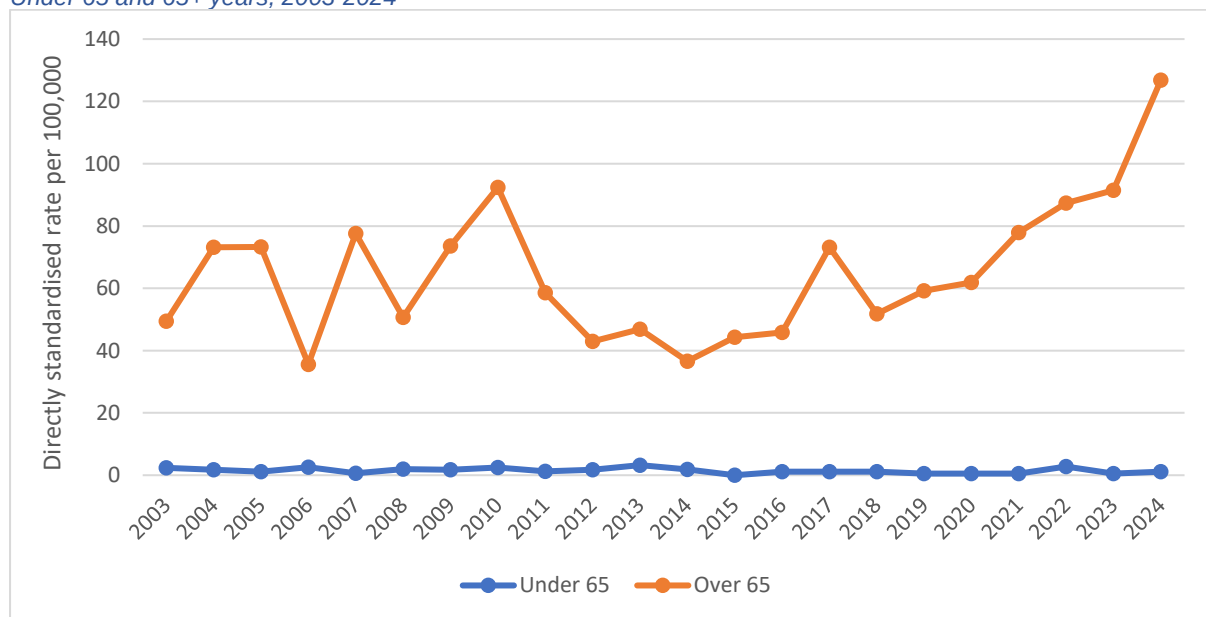
This suggests that improvements in all the KPIs highlighted in yellow and red would significantly improve post hip surgery outcomes which could potentially reduce the recurrence of a fall. A structured quality improvement programme is in place at UHB, directly responding to NHFD findings, with a focus on key KPIs, real-time mortality monitoring, and alignment to national standards. This is supported by tangible system investment, including additional orthogeriatric capacity, enhanced therapy input, and dedicated fragility leadership, all of which are recognised drivers of improved outcomes (National Hip Fracture Database - FFFAP, 2025). From a governance perspective, the pathway is routinely reviewed with clear executive and medical oversight in place. There is a clear trajectory that delivering these KPI focused interventions are translating into measurable improvements in NHFD performance over time.

Mortality from Falls

Falls are the most common cause of injury related deaths in people over the age of 75 (Age UK, 2023). In 2024 there were 70 deaths (48.9% increase) in Solihull where the underlying cause of death was a fall in all ages (compared to 47 in 2023). In England, there were 8794 deaths (0.1% increase) in 2024 as compared to 8782 deaths in 2023. The directly age standardised mortality rate for 2022-2024 was 21 deaths per 100,000 population for Solihull as compared to 15 deaths per 100,000 population for England indicating Solihull's mortality where the underlying cause of death was a fall is higher than England.

The rate of deaths from falls is much higher in those aged 65 and over and has been driving the increase in mortality since 2018 (Figure 12).

Figure 12: Directly standardised mortality rate from falls (Underlying cause of death), Solihull residents, aged Under 65 and 65+ years, 2003-2024



Prevention

NICE emphasises maximising ongoing participation in falls prevention interventions (National Institute for Health and Care Excellence, 2025). Primary and secondary prevention require attention to a wider range of factors other than just exercise and nutrition and includes interventions such as addressing social isolation and ageism (low expectations of what older people can do).

Locally, Solihull has a 'Living Well in Solihull' strategy which is an all-age prevention strategy for 5 years: 2023-2028. The underlying principle is that prevention and acting early is better than waiting for problems to develop. The primary aim is to support Solihull's children and young people to have the best start in life and help them reach their full potential and to support adults to stay as healthy, happy and independent as possible, for as long as possible. An added benefit is that this approach reduces the need for more expensive solutions (Solihull MBC, 2023). Solihull has [Community Advice Hubs | Solihull Metropolitan Borough Council](#), [Here2Help | Solihull Metropolitan Borough Council](#) and [Crisis and Resilience Fund \(CRF\) | Solihull Metropolitan Borough Council](#) webpages under this strategy.

Primary Prevention

Primary falls prevention involves population level interventions to support and enable people to age well. As a result, they are fitter and in better health when they enter older age. This reduces the potential number of deconditioning events⁴ an individual is exposed to and gives them the functional reserve to deal with illness when it arises.

Local primary prevention interventions are promoted through the '[Help to prevent falls](#)' webpage on the Solihull Council website. It includes a number of top tips to help prevent falls. These include:

- Going for a health check including regular eyesight and hearing tests, medication reviews and foot care. Currently, cumulatively 37% of the eligible population in Solihull receive their free NHS health check ([Fingertips, 2025](#)).
- Strengthening muscles and improving balance and coordination. There are a wide range of physical activity opportunities available to older adults across Solihull, available through the Council's leisure centres, the voluntary and community sector and private providers. Public Health (SMBC) promote and support the development of the universal physical activity offer, through management of the leisure centre contract (Everyone Active) and the [Strength & Balance Exercise - Solihull On The Move](#) website. Both specifically include a focus on strength and balance, aimed at the low and moderate falls risk populations. The website encourages and promotes general participation in strength & balance activities, as well as targeted exercise provision (delivered by local organisations and freelance instructors), with signposting to specialist falls services for those at high risk. In 2026, Everyone Active enhanced local provision with weekly seated/chair-based exercise and a Falls Prevention exercise class delivered by a PSI qualified instructor. Public Health also commission the healthy active lives service, offering residents free personalised support and practical steps to help them lead healthier, happier lives (DDM Health).

⁴ Deconditioning events refer to the rapid decline in physical, functional, and mental health due to inactivity or bed rest.

Secondary Prevention

Secondary prevention involves managing risk factors linked to the risk of falling and developing frailty either at a subpopulation or individual level. This means identifying those that are at risk of, or have become acutely or chronically, deconditioned. The aim of secondary prevention is to reverse or reduce the rate of decline through delivering a reconditioning programme.

DocSpot

[DocSpot](#) is a 12-week physical activity programme for adults with long-term conditions and those at risk of developing a condition, delivered by Everyone Active as part of the leisure centre contract and by a private provider The Hampton Health and Fitness Club (non-funded). Although it does not meet the [NICE](#) criteria for a falls prevention exercise programme, the service does support individuals with issues such as poor muscular strength, balance, those at risk of falls or with mild-moderate frailty.^{5,6,7}

Age UK Postural Stability Exercise Programme

Postural Stability Instruction (PSI) was the only evidence-based exercise that provides proven outcomes for frequent or recurrent fallers. The PSI service was funded by Birmingham and Solihull ICB for 10+ years, supporting people aged 65 and over who have had a history of falls in the previous 6 months. However, due to the current funding constraints and shift in priorities from treatment to prevention, aiming to prevent falls earlier, this service has been decommissioned, with classes ending May 2026. This service has provided falls prevention support to over 1500 older people during this period, with the main sources of referrals being the specialist falls team (55%) and GPs (18%).⁸

There is a need to understand and respond to gaps in the system that this may have created. Age UK Solihull are now seeking funding for similar services in the future to enable healthy aging, including preventing falls.

In parallel, the Solihull frailty pathway continues to provide a coordinated, multidisciplinary approach to identifying and supporting people living with frailty earlier, with a focus on proactive assessment, prevention, and community-based interventions. This includes strengthened links between primary care, community services and acute care, ensuring individuals at risk of falls or deterioration are identified promptly and supported through integrated care planning and timely intervention.

Another secondary prevention measure is the Act on Energy and Age UK often work with Solihull council to aid homes in reducing under or overheating and improving lighting to prevent the chance of falls happening. Act on Energy will be able to link people with free funding through eligibility for the Household Support Fund or direct people for subsidised home improvement energy costs. They also provide general energy advice like helping people pay their energy bills or advice on the best type of energy efficiency for people's home (Solihull Age UK, 2024), (Act on Energy, 2025).

⁵Some examples of quality assured falls prevention exercise programmes in the UK are below.

⁶ FaME - Falls Management Exercise trial ([Falls Management Exercise \(FaME\) Implementation Toolkit | British Geriatrics Society](#))

⁷ Otago Exercise program (OEP) - [Royal Orthopaedic Hospital - Otago Strength and Balance exercises](#)

⁸ Referrals into PSI Exercise Programme, Age UK, Q1 2025/26

Recently, Moving Social Work (MSW), an education programme designed to encourage social workers to have conversations about physical activity with disabled people and other groups was implemented. It has been co-produced by multiple partners including Disability Rights UK (DRUK) and is delivered by facilitators from Durham University. Solihull Council was selected as a 'test and learn' site, in which not only would training be delivered to social care practitioners and others including occupational therapists, but staff would be supported to implement the learning into their practice, via a steering group with representatives from adult social care (ASC), public health, the local active partnership, voluntary sector, DRUK and Durham University. The MSW approach supports Care Act duties to promote individual wellbeing and prevent or delay the need for care and support, by routinely considering how movement and physical activity contribute to independence, confidence and social participation. Moving Social Work in Solihull represents an important step in the development of the national programme. Its status as a test and learn site provided an opportunity to build on the programme delivery in universities and as CPD training in other local authorities, and to explore what difference it might make when implemented in a different context, i.e. with a local support structure in the form of a multi-agency steering group. This approach reflects an ever-growing view that many systemic problems (in this case, inequity of access to physical activity for disabled people) need place-based, locally driven solutions.

Tertiary Prevention

Tertiary prevention is targeted at those whose functioning loss has resulted in functional decline or frailty to some degree. While reconditioning and re-ablement remain valid goals of a tertiary prevention programme (as frailty can be reversed in a significant minority of individuals) a larger proportion of tertiary prevention is about mitigation of the impact of falls on both the individual and health and social care system. For example, reducing the risk of falls, having dedicated care pathways for those that have fallen, optimally managing injuries related to a fall to prevent further decline in functional loss.

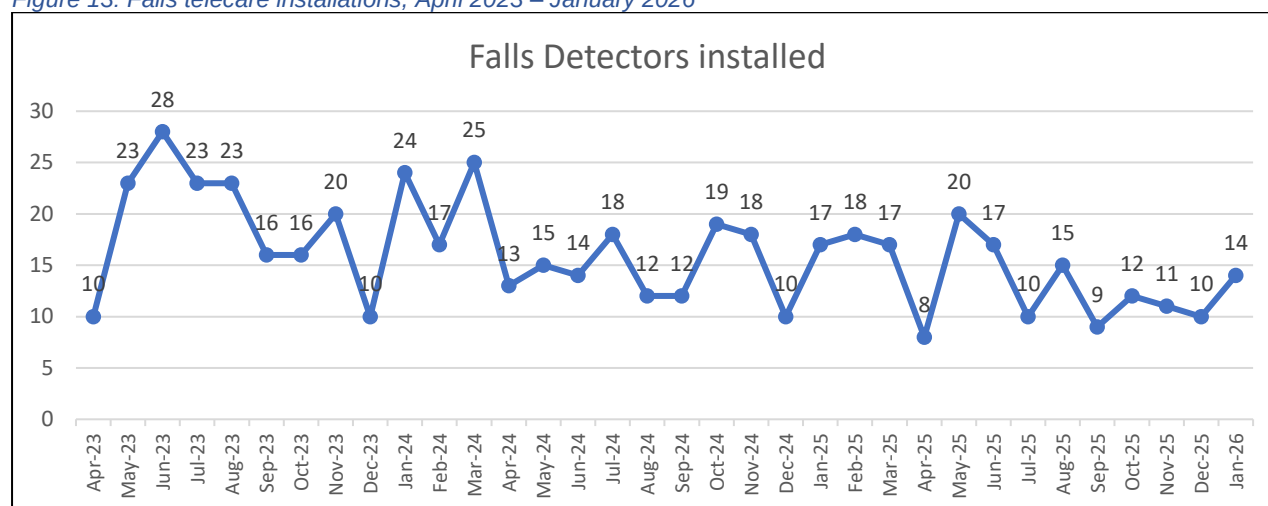
Unlike primary and secondary prevention, not all tertiary prevention will necessarily alter an individual's level of functioning.

Assistive Technologies

Some assistive technologies such as walking aids and smart lighting can help to prevent falls. Smartwatches are for falls designed to detect a fall when they occur and quickly connect the person to help. These technologies use sensors to identify risky behaviours before a fall, fall detectors and telecare systems for rapid fall recognition, and emergency response features to promptly alert medical services or caregivers, minimizing the time a person spends on the floor. Overall, they support the independence and safety of older adults and people with disabilities living alone.

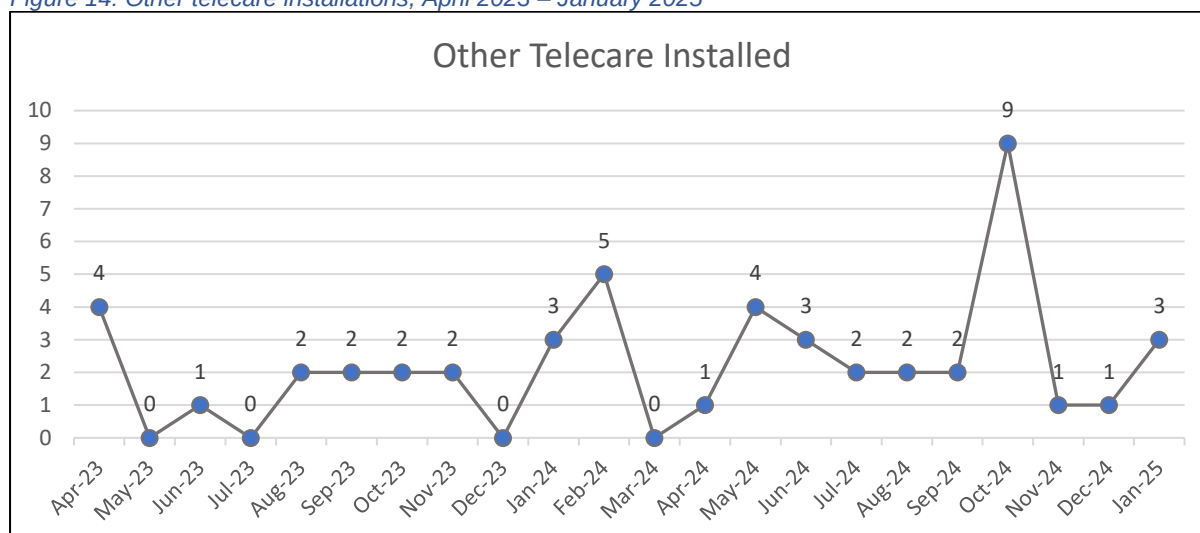
The Solihull Independent Living Services (SILS) team within Solihull council provides the assistive technology service. Figure 13 illustrates the installation for council-funded and self-funded falls detectors. Between April 2023 to January 2026 there were a total of 544 fall detectors installed. 235 fall detectors were installed from April 2023 to March 2024. This results in an average (mean) of 20 installations per month over the course of the year. While, from April 2024 to March 2025, 183 fall detectors were installed, reflecting a mean installation rate of 15 per month. From April 2025 to January 2026, 126 falls detectors were installed, reflecting a mean installation rate of 11 per month. As self-funded installation costs are increasing, it may be difficult for this age group to access telecare installations.

Figure 13: Falls telecare installations, April 2023 – January 2026



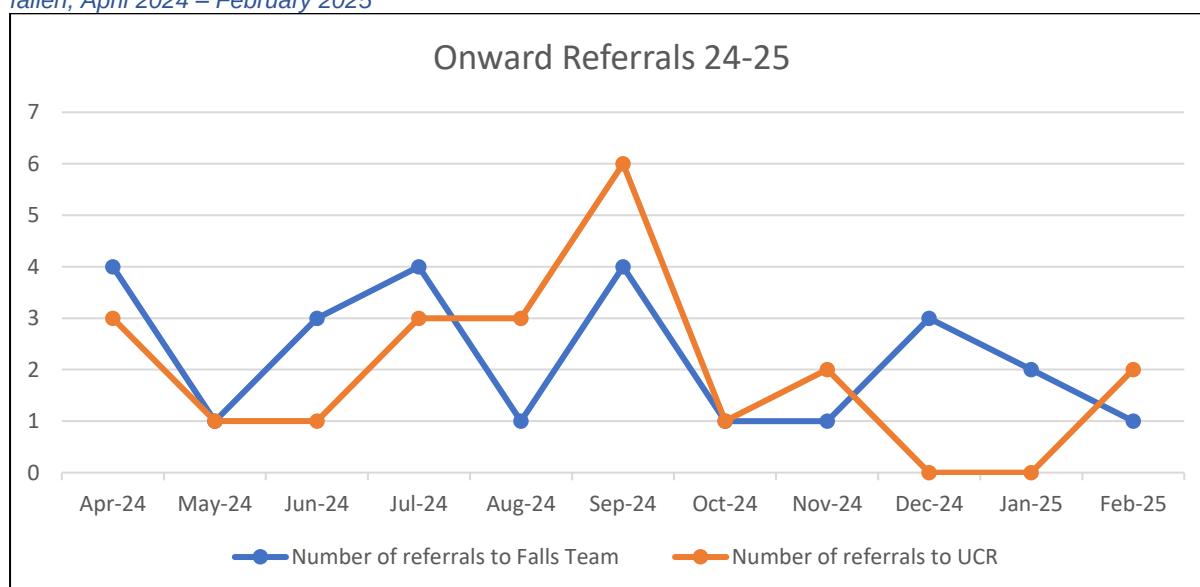
Telecare devices are systems that connect a person at home to a monitoring centre or caregivers via a call button or automatic alerts. This may be especially useful for people living alone or with limited mobility. SILS service team continually work alongside SMBC colleagues to raise awareness of telecare and over the past year SMBC have also implemented a TEC (technology enabled care) offer which at times offers more standalone 'smart tec' equipment provision. Figure 14 presents data on the installation of other telecare devices, such as sensors, during the same periods. From April 2023 to March 2024, 21 devices were installed, with an average of 2 installations per month. Between April 2024 and January 2025, this number increased to 28 devices, resulting in a higher mean installation rate of 3 installations per month.

Figure 14: Other telecare installations, April 2023 – January 2025



The SILS team does not routinely collect data on the impact of falls detectors installations. However, they do complete onward referrals for all customers accessing the service (via both telecare or Home Hazard Assessments⁹) which can be as a result of a fall or following their visits (but not necessarily as a direct result of a falls detector being installed). They will refer and signpost and work closely with the Falls team/ Urgent Community Response (UCR) teams. The numbers of onward referrals made by our officers is collated. Figure 15 highlights the number of referrals made to different teams following activations triggered by a fall. From April 2024 to February 2025, a total of 25 referrals were made to the falls team after a customer experienced a fall. During the same timeframe, 22 referrals were made to the UCR team. Partnership work is planned to improve referral pathways at Solihull Place level.

Figure 15: Onward referrals to Falls Team and UCR Team following a pendant activation where a customer has fallen, April 2024 – February 2025



⁹ [Home Hazard Assessment Criteria and Equipment.pdf](#)

Falls Treatment

Urgent Community Response

The Birmingham and Solihull Urgent Community Response (UCR) team can provide a rapid response service to people in their own surroundings within 2 hours. The referral service offers an alternative to calling an ambulance and helps to avoid unnecessary hospital admission or readmission. The service is available to Birmingham and Solihull residents between 8am and 8pm, 7 days a week.

The types of patients seen include those with complex care needs or whose health has suddenly deteriorated through a fall, infection, frailty or exacerbation of an illness. The service is able to help patients who have experienced no loss of consciousness or serious injury (University Hospitals Birmingham, 2025).

Solihull Specialist Community Falls Service

The Solihull Specialist Community Falls Team (UHB) support all patients who have had a fall, are at risk of falling or who are afraid of falling. The Falls Team undertake routine and urgent assessments and provide individualised intervention and treatment plans. The Falls Team adhere to the NICE Falls guidelines (2025) and complete a 'comprehensive Falls Assessment' which looks to understand how different factors affect someone's risk of falling. This is a community service where patients are predominantly seen in their own homes. The service aim is to identify and reduce a patient's risk of future falls.

The team is a multi-disciplinary team (MDT) and consists of: Occupational therapists (OT), Physiotherapists, Nurses, Pharmacist and Therapy Support Workers. During the initial assessment the environment is assessed. When required, members of the falls team are able to access Solihull Equipment loans, Medequip Birmingham, Social service OTs, Minor works teams and onsite and offsite estates teams for privately owned sheltered accommodation.

Referrals are accepted from acute hospitals, community nursing services, community therapy services, care homes, GPs and social services. On average 200 referrals are received each month into the Falls Service. All referrals are triaged (within 48 hours) to determine urgency, response time and required member of the team.

Urgent assessments aim to be seen within 2 weeks of referral being received and breach rates fluctuate due to demand and capacity variability. Routine assessments aim to be seen within 6 weeks.

As part of the multifactorial assessment (known as a comprehensive falls assessment) the team address medical conditions that are increasing falls risk whilst also signposting to specialist neurological, orthopaedic, medical and geriatric clinics as well as specialist nursing and therapy teams such as Community Diabetes team, Parkinsons specialist nurses, Solihull Community Bladder and Bowel service, Solihull Adult Neuro Team and Mental health teams. The Specialist Falls service also uses the FRAX tool as part of their multi-factorial falls assessment.

The team view every patient for polypharmacy and carry out a medication review on every initial assessment. They also screen every patient for osteoporosis and link with rheumatology and GPs regarding DEXA scanning and medication. The team includes a specialist pharmacist who reviews all patients who have polypharmacy risk related to falling or any other concerns with medication including osteoporosis concerns.

Interventions specifically related to bone health are also carried out. These could include recommendations to initiate biphosphate, calcium or vitamin D or lifestyle recommendations such as exposure to more sunlight for increased vitamin D. Although it is not possible to categorically state the interventions prevent future falls, they do have the potential to reduce risk of falling and/ or hospital admission.

In 2025, the Falls service received 2415 referrals. The two largest referral sources are from GPs (585 referrals, 24%) and from Care Homes (479, 20%). For all incoming referrals the split for urgent and routine needs were: 60% routine and 40% requiring urgent assessment response times.

Out of all the fall referrals, 87.8% occurred at home either inside or outside. Most of the falls (72.9%) were caused by loss of balance and strength leading to a fall using the multifactorial risk assessment. Over 70% of the falls were mechanical falls, caused by a trip, slip, loss of balance, deterioration in mobility or condition and environmental hazard.

Outcome measures for the service include 'Fear of Falling' score pre and post intervention; 'Tinetti'- an assessment of balance and gait in relation to risk of falling pre and post intervention; 'Time to Get Up and Go' - a practical test to determine falls risk and measure progress with balance, sit to stand and walking. This is completed upon initial assessment and discharge. In December 2025 an additional outcome measure was introduced which was the 'Falls efficacy Scale (short)' which considers pre and post intervention regarding confidence with functional tasks and mobility.

The Falls service support the most complex patients regarding falls whose risks are often multi-factorial in nature. Demand for the service has increased steadily since 2022. The service supports a broad and complex patient cohort, ranging from individuals at highest risk of falls, often with multifactorial or undiagnosed causes and frequent (including daily) falls, to those identified as at risk but who have not yet experienced a fall. This is a result of the ageing population of Solihull. The service continues to ensure that advice, support and guidance is provided to all referrals and onward signposting to other services who can meet the patients' needs (when appropriate). Falls prevention advice and education on how best to manage falls risk, is at the heart of what the service offers. Patients receive the '[Falls Top Tips](#)' education sheet and when appropriate, an individualised balance and strengthening programme.

Patients showed an improvement in their 'fear of falling' (on a scale of 1 least to 10 most) and 'Tinetti' which measures risk of falls in relation to balance and stability and 'Timed to Get Up and Go' measures which demonstrate the service is reducing overall risk of falls.

The Falls Service also provides education and training on request to staff groups, community services, council services and patient groups.

The Solihull community falls team would like to further improve their offer by receiving referrals from patients that are at risk of a fall and are being discharged from hospital. Inpatient falls continue to occur, and, in some cases, these high-risk patients are not referred into falls services, so no preventative measures are in place to reduce the likelihood of falls at home. The Falls Team work closely with the UHB Inpatient Falls Team and will continue to further their integration in 2026 through a new hybrid post.

Two key aspects of this service also include the ability of the service to be able to complete home based vestibular assessments and interventions. This is provided by the Physiotherapists who link closely with ongoing vestibular needs such as with the geriatrician or the ENT consultants. This service also provides postural hypotension screening for every patient who is seen for a face-to-face assessment. Close links have also been made with the Locality Hub for Frailty at Solihull as have connections with the digitalisation team at SMBC in terms of digital falls prevention technologies to keep someone safe and reduce falls risk at home.

To ensure the Falls Service can focus on individuals requiring specialist assessment and intervention, effective implementation of the Frailty model including Ageing Well and Integrated Neighbourhood Teams, will be essential. Through coordinated care delivered at the right time, the Falls Service will maintain its specialist focus, while the wider system develops alternative models for falls prevention and proactive falls management for those who do not require the support of the specialist team. The Community Specialist Falls service will sit alongside proactive and preventative pathways linked to frailty and falls which will be overseen into the Solihull Locality Partnership Board.

Recommendations

The following summaries and respective recommendations are made based on all the information provided in this Falls Needs Assessment.

Key Finding 1: Lack of data on Neurodegenerative conditions and Underdiagnosis of Osteoporosis

Primary care is one of the first instances where older people predisposed to falls can be identified and an effective falls prevention strategy can be developed for an individual or for the community. The occurrence of falls especially in older age groups is based on multiple factors. Although we have some data on the numbers, we do not have the full picture to identify all the older people who are more likely to fall and how they can be prevented. Currently, we could not source local level data for Parkinson's and other neurodegenerative diseases in older age groups and falls. In Solihull, high number of osteoporosis cases remain underdiagnosed. Latest data suggests that additionally around 652 people aged 50 years and over may have osteoporosis within Solihull.

Recommendation 1: Work with primary care to enable data on Parkinson's and other neurodegenerative diseases to be made available for partnership working. Liaise with Solihull GP practices and the community health services to improve our identification of those with osteoporosis in primary care.

Key Finding 2: Rise in People Living Alone, People with Long term conditions and Physical Inactivity

Living alone is associated with poor health, disability and the risk of falls in older adults. The number of people living alone is projected to increase from 14,717 people in 2025 to 17,674 people in 2045, a rise of 20.1% in those aged 65 years and older. The number of people aged 65 years and older being limited in their day-to-day activities by a little in Solihull is expected to rise 17.1% by 2045 while people limited a lot in their day-to-day activities is expected to rise by 23%.

Additionally, the percentage of physically inactive adults is higher in Solihull (27.3%) as compared to England (24.7%) in 2024/25.

Recommendation 2: Address the gap in physical activity provision for adults at moderate-high levels of falls risk and opportunities to encourage more adults at low risk of falls to participate in physical activity (e.g. making every contact count across the system, commissioned services, etc.)

Ensure that work to address social isolation also considers preventative initiatives to reduce the risk of falls amongst those living alone. Using the "Making Every Contact Count" principle, build on the learning from Moving Social Work (MSW). The MSW approach supports Care Act duties to promote individual wellbeing and prevent or delay the need for care and support, by routinely considering how movement and physical activity contribute to independence, confidence and social participation.

Key Finding 3: Increase in the number of Care Homes

In the next 5 years, care homes are expected to rise by 40.3% in Solihull. Due to the nature of their circumstances, care home residents are three times more likely to fall as compared to people living in their own homes. In 2025, Solihull had the lowest average number of falls in care homes amongst 5 other local authorities within West Midlands.

Recommendation 3: Building on current best practice, ensure that all newly built care homes continue to implement best practice guidelines for falls prevention.

Key Finding 4: Rise in Ambulance call-outs due to falls

In 2025, the total number of ambulance call-outs for falls have rose by 5.9% (4494 call-outs) as compared to 2024 (4244 call-outs) amongst Solihull residents aged 65 years and over. An average of around 13 callouts from falls are seen every day in Solihull. Of these, 51.5% were category 3 and category 4¹⁰ call-outs, indicating the majority of ambulance call-outs could benefit from delivering evidence-based care for people who are at risk of falling who may end up calling an ambulance.

Recommendation 4: Reduce the proportion of category 3 and 4 call-outs by undertaking better assessment and intervention of people at risk of falling.

This approach aligns with the Solihull Frailty Model by supporting early identification, risk stratification, and proactive management of individuals living with frailty and multiple long-term conditions. Through strengthened partnership working with primary care, community services, and care homes, this framework will enable more effective care coordination, ensuring individuals are placed on appropriate pathways and supported through multidisciplinary team (MDT) oversight. Integration with existing care coordination functions, including locality hubs and personalised care planning, will facilitate timely interventions, reduce avoidable deterioration, and minimise unnecessary ambulance call-outs and hospital admissions. This also supports a population health management approach, targeting those at highest risk with preventative, person-centred interventions.

Key Finding 5: Rising Emergency Hospital Admissions and inequalities

Solihull's emergency hospital admissions rate for falls (2075 admissions per 100,000) has increased slightly compared to England (1958 admissions per 100,000) in 2024/25 as compared to 2023/24. Nationally, the rate decreased over the same time period. For Solihull this equates to 1080 emergency hospital admissions. Women have a significantly higher rate of emergency hospital admission for injuries from falls than men. However, in the past 3 years, the emergency hospital admissions rate has decreased for women while they have increased for men in the past year. The highest number of admissions occur in the least deprived quintile but for Solihull residents, the two most deprived quintiles have the highest emergency hospital admissions rate due to falls.

¹⁰ **Category 3** (Urgent) - An urgent problem (not immediately life threatening) that needs treatment to relieve suffering and transport or assessment and management at the scene with referral where needed within a clinically appropriate timeframe. For example, fall with pain, inability to get up, or possible fracture, but stable. **Category 4** (Less urgent) - Problems that are less urgent but require assessment and possibly transport within a clinically appropriate timeframe. For example, fall with no obvious injury, able to move, but unable to stand immediately. (NHS England, 2018)

Recommendation 5: Efforts to prevent falls needs to be tailored for men and women and work should be done to narrow the variation in falls within the two most deprived and two least deprived quintiles.

Key Finding 6: Rise in Emergency Hospital Admissions due to Hip Fractures

Solihull's emergency hospital admissions rate due to hip fractures has often been higher than England in the over 65s. In 2024/25, Solihull's hospital admissions rate due to hip fractures was 622 admissions per 100,000 (325 admissions) which was higher than England's rate (536 admissions per 100,000). Out of all the over 65s, in 65–79 year-olds, emergency hospital admissions due to hip fracture were higher for Solihull at 276 admissions per 100,000 (95 admissions) as compared to England (234 admissions per 100,000) in 2024/25. For the over 80s, emergency hospital admissions due to hip fractures have been higher in Solihull than England from 2019/20. In 2024/25, Solihull had 1623 admissions per 100,000 (230 admissions) as compared to England (1412 admissions per 100,000).

Recommendation 6: Our ageing population and in particular our marked increase in the over 80 population means that there is an urgent need for the proactive work as outlined in the frailty model to bring the hip fracture admissions rate for Solihull in line with England.

Key Finding 7: Higher mortality in emergency hospital admission due to hip fractures

From 2015/16, emergency hospital admissions due to hip fractures in the over 65s which resulted in deaths in hospital was 3.6% and this has increased to 5.5% in 2024/25 amongst Solihull residents. The data until the end of September 2025 shows that out of all hospital admissions related to hip fractures, 6.5% resulted in deaths within 30 days in Birmingham Heartlands Hospital while 2.9% resulted in deaths within 30 days in Queen Elizabeth Hospital, Edgbaston. The national average is at 5%.

Recommendation 7: Continue to work with Birmingham Heartlands Hospital to bring these figures in line with England and the Queen Elizabeth Hospital, Edgbaston.

Key Finding 8: Higher mortality due to falls in all ages

The directly standardised mortality rate for 2022-2024 was 21 deaths per 100,000 population for Solihull as compared to 15 deaths per 100,000 population for England indicating Solihull's mortality where the underlying cause of death was a fall is higher than England.

Recommendation 8: The work with primary care in recommendation 1 and the frailty model outlined in recommendation 4 need to work together to bring the mortality rate from falls in line with England.

Key Finding 9: Rising demand in specialist falls services

Demand for the specialist community falls service within UHB has increased steadily since 2022. The service supports a broad and complex patient cohort, ranging from individuals at highest risk of falls, often with multifactorial or undiagnosed causes and frequent (including daily) falls, to those identified as at risk but who have not yet experienced a fall. This is a result of the ageing population of Solihull.

Recommendation 9: As demand for the specialist community falls team is high, a service for lower risk patients that is evidence based is needed. This should be part of the frailty model and needs to build on the learning from what had previously been provided by Age UK.

Key Finding 10: Rise in Ageing Population

Solihull population is ageing with over 65 population is projected to increase by 18% over the next 20 years (54,389 aged 65 or over by 2045). However, in adults aged 80 years and older, the population is expected to rise by 39.6% to 20,460 in the same period. Currently, emergency hospital admissions due to hip fractures in 65 years and older and 65-79 years and older is higher for Solihull than for England. This highlights that an ageing population predisposed to falls is going to increase in Solihull.

Recommendation 10: Make the most of every contact count so that when an individual has an entry point into a service seeking to reduce the risk of a fall, that this is holistic (e.g. home intervention to stop a slip should also make mention of sight, blood pressure). This approach will help in signposting people to services showing an integrated approach in healthy ageing and preventing falls.

At Solihull Council, from April 2026 onwards, a development of a new Healthy Places Framework is taking place under the revised Public Healthy Places team. The framework will be to take a holistic, place-based approach built around three core areas:

Healthy Environment – creating physical environments that make healthy, active choices easier, including improving housing conditions, air quality, climate resilience, and access to inclusive leisure facilities.

Health Systems and Policies – embedding health and wellbeing into planning, licensing, social care, clinical pathways and workforce development, ensuring prevention and healthy active living are integral across the system.

Healthy Communities – enabling strong, connected communities through better access to local assets, cross-sector partnerships, and place-based programmes.

This work will need to align with both the efforts to address social isolation as described in recommendation 2 and the frailty model as described in recommendation 4.

The Falls Joint Strategic Needs Assessment has been undertaken by Public Health and stakeholders from across health and social care have contributed to the content.

Glossary

Age UK - Age UK Solihull is a local charity and we have been committed to providing the best support to older people across the borough for over 40 years ([Welcome to Age UK Solihull](#)).

Antiarrhythmic drugs - Antiarrhythmic medicines are prescribed by the NHS to treat abnormal heart rhythms (arrhythmias) by slowing or steadying the heart's electrical impulses ([Atrial fibrillation medications | Royal Brompton & Harefield hospitals](#)).

Association of Ambulance Chief Executives (AACE) - AACE supports the UK's statutory ambulance services in implementing national policies and acts as a key interface between members and stakeholders ([AACE: Association of Ambulance Chief Executives](#)).

Care Homes - A care home in the UK is a residential facility that provides accommodation and 24-hour personal care for individuals who can no longer live independently ([What is a care home? | Starting your journey into care | Care UK](#)).

DDM Health - DDM Health is a data-driven digital health and virtual care company that is on a mission to empower people to live healthier, happier lives ([DDM Health: Digital Health & Technology Enabled Care](#)), ([New service launches to help Solihull residents improve their health and wellbeing | Solihull Metropolitan Borough Council](#)).

Dementia - Dementia is a syndrome (a group of related symptoms) associated with an ongoing decline of brain functioning ([What is dementia - NHS](#)).

DEXA scan - A DEXA (Dual-Energy X-ray Absorptiometry) scan is a quick, painless, and safe X-ray that measures bone mineral density ([Osteoporosis: Bone density scan \(DXA/DEXA\) | Royal Osteoporosis Society](#)).

Digital triage - Digital triage is remote triage that is carried out using digital tools such as online consultation (OC) tools, online messaging (OM) tools or other forms of secure two-way communication ([NHS England » Digitally enabled triage](#)).

ENT consultants – Ear, Nose and Throat Consultants for if someone is experiencing falls due to balance or inner-ear issues ([Falls - NHS](#)).

Falls - A fall is defined as an event which causes a person to, unintentionally, rest on the ground or lower level, and is not a result of a major intrinsic event (such as a stroke) or overwhelming hazard ([Falls: applying All Our Health - GOV.UK](#)).

Frailty - The clinical definition of frailty is a clinical state that is more common with increasing age. It is characterised by decreased physiological reserve, an increased vulnerability to stressors, and an increased risk of adverse outcomes such as falls, delirium, loss of function or independence, hospitalisation, long-term care needs and premature mortality. The term frailty is used to describe a medical condition where people lose their in-built reserves and become increasingly susceptible to illness ([NHS England » Supporting people living with frailty](#)).

Fracture – A fracture is a broken bone ([Fractures: Understanding and Healing Bone Breaks](#)).

FRAX Tool - The FRAX® tool has been developed to evaluate fracture risk. It is based on individualised models that integrate the risks associated with clinical risk factors as well as bone mineral density (BMD) at the femoral neck ([Home | FRAXplus®](#)).

Incidence - Incidence is the rate at which new cases of a disease occur in a population during a specified time period ([Measures of Disease Frequency: Incidence and Prevalence - Medical Centre](#)).

Medequip Birmingham - Medequip is the leading provider of community equipment services to local authorities and the NHS across the UK, delivering a wide range of equipment and support to people in their own homes, keeping people independent for longer ([Medequip | Contact our Birmingham Depot](#)).

Menopause - Menopause is caused by a fall in hormone levels and usually affects women between the ages of 45 and 55 ([What are menopause and perimenopause? - NHS](#)).

NICE – National Institute for Health and Care Excellence ([Overview | Falls: assessment and prevention in older people and in people 50 and over at higher risk | Guidance | NICE](#)).

Nordic Walking - In the UK, Nordic walking refers to the sport's role in fall prevention. By utilizing two specially designed poles to share weight across four points of contact, the exercise improves balance, core strength, and posture, making it highly recommended for older adults and those unsteady on their feet ([Nordic Walking recommended to help prevent falls – British Nordic Walking](#)).

Parkinson's - Parkinson's disease is a condition in which parts of the brain become progressively damaged over many years ([Parkinson's disease - NHS](#)).

Polypharmacy - Polypharmacy is the use of multiple medicines by one individual. It is becoming increasingly common due to factors such as an ageing population and the rising prevalence of multimorbidity ([Understanding polypharmacy, overprescribing and deprescribing – NHS SPS - Specialist Pharmacy Service – The first stop for professional medicines advice](#)).

POPPI - Projecting Older People Population Information (POPPI) database is a specialized projection system designed for local councils and social care planners in England, tracking populations aged 65 and over ([Projecting Older People Population Information System](#)).

Precipitant - A precipitant is a cause or trigger that makes an event happen suddenly.

Prevalence - Prevalence is the proportion of individuals in a population who have a disease or other health outcome of interest at a specified point in time (point prevalence) or during a specified period of time (period prevalence) ([Measures of Disease Frequency: Incidence and Prevalence - Medical Centre](#)).

Progressive supranuclear palsy - Progressive supranuclear palsy (PSP) is a rare neurological condition that can cause problems with balance, movement, vision, speech and swallowing ([Progressive supranuclear palsy - NHS](#)).

Psychotropic Drugs - Psychotropic medications include antipsychotics, antidepressants, anxiolytics (benzodiazepines), anti-seizure medication (antiepileptics), sedatives (including hypnotics) and stimulants ([NHS England » Stopping over medication of people with a learning disability and autistic people \(STOMP\) and supporting treatment and appropriate medication in paediatrics \(STAMP\)](#)).

Sensory Systems – NHS defines the human body has 8 sensory systems – olfactory (smell), gustatory (taste), auditory (sound), visual, tactile, proprioceptive (body position), vestibular (movement) and interoceptive (internal) (Oxford Health NHS Foundation Trust - [Slide 1](#)).

Smartwatches - Smartwatch fall detection is a safety feature that uses built-in accelerometers and gyroscopes to identify sudden impacts, lack of movement, and rapid changes in altitude ([Smartwatch GPS Tracker and Fall Detection | Hospital Beds](#)).

Solihull Equipment Loans - Solihull Independent Living Service (SILS): Offers free home hazard safety visits to identify fall risks and can provide and install low-level equipment (e.g., grab rails, raised toilet seats). Community Equipment Service (CES): Provides short-term loans of daily living aids (up to 12 weeks) following an assessment by an Occupational Therapist ([Equipment to help you | Solihull Metropolitan Borough Council](#)).

Solihull Frailty Pathway – Birmingham and Solihull ICS have developed an integrated care strategy 2023-2033 where in partnership with clinicians and parent carer groups a number of aspirational pathways have been developed to highlight what a patient journey in 10 years' time could look like if we are able to work in a more joined-up way. [Frailty.pdf](#)

Steroid medicine - Steroids (also called corticosteroids) are medicines used to treat conditions that cause swelling (inflammation) in the body ([Steroids - NHS](#)).

The Action Falls Programme - The Action Falls programme is a holistic, evidence based, effective and cost-efficient falls prevention program developed for care homes ([Home - University of Nottingham](#)).

The UK Chief Medical Officers' Physical Activity Guidelines - The UK's 4 Chief Medical Officers of England, Scotland, Wales and Northern Ireland draw upon global evidence to present guidelines for different age groups, covering the volume, duration, frequency and type of physical activity required across the life course to achieve health benefits ([UK Chief Medical Officers' Physical Activity Guidelines](#)).

Quality and Outcome framework (QOF) - The Quality and Outcomes Framework (QOF) is an incentive programme for GP practices in England. It forms part of the General Medical Services (GMS) GP contract ([Quality and Outcomes Framework \(QOF\) - CSU Collaborative](#)).

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Appendix

Table 10: Individuals living with a long-term condition with and without disability in Solihull

Age Group	No Condition or Disability	Living with a Condition but Not Disabled	Living with a Condition and Disabled - Activities Limited a Little	Living with a Condition and Disabled - Activities Limited a Lot	Percentage Living with a Condition (%)	Total Population
40-44	10555	932	1000	566	19.14	13053
45-49	10679	1148	1201	738	22.42	13766
50-54	11759	1362	1462	1046	24.76	15629
55-59	11182	1507	1607	1137	27.54	15433
60-64	8886	1370	1591	1131	31.53	12978
65-69	7181	1223	1552	991	34.4	10947
70-74	7669	1193	1950	1257	36.46	12069
75-79	5527	866	1682	1335	41.26	9410
80-84	3254	475	1417	1327	49.73	6473
85+	2588	287	1539	2286	61.37	6700
Total	79280	10363	15001	11814	31.92	116458

Source: ONS, 2022

Table 11: Projected population aged 65 and over with a long-term illness whose day-to-day activities are limited a little, by age, Solihull 2025 - 2045

Age Group	2025	2030	2035	2040	2045
65-74	3,347	3,667	3,849	3,667	3,439
75-84	3,570	3,551	3,492	3,863	4,117
85 and over	1,631	1,884	2,251	2,297	2,458
Total 65 and over	8,549	9,101	9,593	9,827	10,013

Table 12: Projected population aged 65 and over with a long-term illness whose day-to-day activities are limited a lot, Solihull 2025 to 2045 by age group

Age group	2025	2030	2035	2040	2045
65-74	2,149	2,354	2,471	2,354	2,207
75-84	3,067	3,050	3,000	3,318	3,536
85 and over	2,422	2,798	3,344	3,412	3,651
Total aged 65 and over	7,638	8,202	8,815	9,084	9,394

0–4-year-olds

Injuries are a leading cause of hospitalisation and represent a major cause of premature mortality for children and young people. They are also a source of long-term health issues, including mental health related to experience(s). Between 2015/16 to 2024/25 there were 452 emergency hospital admissions with an average of 4 emergency hospital admissions a month for falls in children aged 0-4 years in Solihull.

In young children, age, gender and poverty are important risk factors for falls (Khambalia A, 2006). Different types of falls occur depending on the developmental phase and activities children are undertaking, and at all stages of child development, boys are more likely to fall than girls (Chaudhary S, 2018). There is also a strong link between socioeconomic status and childhood falls. Overcrowding, hazardous environments, single parenthood, young maternal age, low maternal education, caregiver stress and inequities in access to health care all increase the risk of falls and can also limit access to health care when falls do occur (World Health Organization, United Nations International Children's Emergency Fund., 2008) (Beard JR, 2016).