Dundee Health & Social Care Partnership

REPORT TO:	**PERFORMANCE & AUDIT COMMITTEE – 28 SEPTEMBER 2022**
REPORT ON:	**FALLS PERFORMANCE**
REPORT BY:	**CHIEF FINANCE OFFICER**
REPORT NO:	**PAC21-2022**

1.0 PURPOSE OF REPORT

The purpose of this report is to provide a further analysis of falls related hospital admissions and assurance regarding the preventative and pro-active work being undertaken.

2.0 RECOMMENDATIONS

It is recommended that the Performance & Audit Committee (PAC):

2.1 Notes the contents of this report and the analysis of falls related hospital admissions (section 5.0 of this report and appendix 1).

2.2 Notes the current model for prevention and rehabilitation and how this links with the wider socio-economic situation.

3.0 FINANCIAL IMPLICATIONS

None.

4.0 BACKGROUND INFORMATION

4.1 National Health and Wellbeing Indicator 16 is "Rate of falls related hospital admissions per 1,000 of >65 population". The focus of this indicator is the number of falls that occur in the population (aged 65 plus) where the person is admitted to hospital. The indicator is measured using data gathered by Public Health Scotland.

4.2 Local NHS Tayside data for this indicator is monitored in the Quarterly Performance Report and validated, published data is reported in the Annual Performance Report. Both reports highlighted the particularly high rate of hospital admissions within the Dundee population of people aged 65+ as a result of a fall.

4.3 In 2021, Dundee had a high rate of hospital admissions as a result of a fall per 1,000 people aged 65+. Benchmarking with other Partnerships shows that Dundee had the highest falls rate (31.8) in Scotland and was significantly higher than the Scottish rate of 23.0 admissions as a result of a fall per 1,000 people aged 65+. Analysis of falls admissions was presented to the PAC held on 12 September 2017 (PAC26-2017), with further analysis provided to the PAC held on 29 May 2018 (PAC32-2018) and 26 November 2019 (PAC41-2019)

4.4 Falls can have a significant impact on an older person's independence and quality of life, impeding a person's mobility and confidence. However, falls are not an inevitable consequence of old age. Well-organised services, delivering recommended and evidence based practices can prevent many falls and fractures in older people in a community setting. Rehabilitation services are key to preventing repeat falls. In addition, the safety of a person's immediate environment as well as a review of their prescribed medicines are important alongside a multifactorial assessment including; eyesight, footwear, foot condition, bone health, nutrition, continence, daily activities and cognition. For every £1 invested in physiotherapy rehabilitation

into falls services, £4 is saved across health and social care services (Chartered Society of Physiotherapy).

4.5   A published economic evaluation provided an estimate of the cost to health and social care services in Scotland of managing the consequences of falls is in excess of £470 million and without intervention is set to rise over the next decade as our population ages and the proportion with multi-morbidity and polypharmacy (service users in receipt of multiple drugs to treat conditions) grows.

4.6   The National Falls and Fracture Strategy was under development until the COVID-19 Pandemic however is currently paused.

5.0   WHAT THE DATA IS TELLING US

5.1   Since 2019 Dundee has had the highest admission rate due to falls in Scotland and between 2015 and 2018 Dundee had the highest 2nd or 3rd rates.

5.2   In 2020/21 Coldside, East End and Lochee were the greatest contributors to the high fall admission rates in Dundee for people aged 65+.(Appendix Figure 1.2)

5.3   Since 2015/16, the falls admission rate for people aged 65+ increased by 28% in Dundee and 3% in Scotland. The greatest increase (deterioration) was in The Ferry with a 61% increase (deterioration). (Appendix Figure 1.2)

5.4   The 85-89 age group has seen the largest increase in fall admission rates between 2018/19 and 2020/21 and in particular males. (Appendix Figure 3.2) Both falls with no procedures and falls with procedures increased for this age group.

5.5   The falls admission rate for the 80-89 age group was higher in Dundee than all other partnerships in 2020/21 and considerably higher than Scotland and the Perth and Kinross and Angus Partnerships. (Figure 5.1)

5.6   In 2015/16 one in five fall admissions (21%) had a length of stay of 1 day or less, in 2018/19 this was 1 in 2 (54%) and in 2020/21 this remained approximately the same (56%) and of all short stay fall admissions in 2020/21, around 85% of these had no procedures. (Appendix Figure 2.1)

5.7   In 2020/21 Dundee had the 3rd highest rate of fall admissions which were 1 day or less, with no procedure for the 65+ age group than in Scotland and the Dundee rate was considerably higher than the Scottish average and also when compared with the Angus and Perth and Kinross rates. (Appendix Figure 6.1 and 4.1) In Dundee a person who has fallen and conveyed to A+E are more likely to be admitted where they can be supported and observed before being discharged home to a safe environment with support from appropriate services. This would suggest a safer, high quality level of service, although further review of patient pathways is required to fully understand this data.

5.8   Coldside had the highest admission rate due to falls, with length of stay 1 day or less where no medical procedure was required, for people aged 65+ during 2018/19, 2019/20 and 2020/21. (Appendix Figure 4.2)

5.9   When excluding falls admissions for people aged 65+ which were short stay with no procedures, the Dundee rate is still considerably higher than the Scotland, Perth and Kinross and Angus rates.

6.0 CONTEXT

6.1 While we may not be anticipating the very large increases in the 65+ age group that will affect some other parts of Scotland, we still expect to see an increase of 38% in the population aged over 75 by 2043. The 75+ and 90+ age groups, where there will be the largest increase in numbers, are groups who increasingly rely on unpaid family care, and health and social care services, as they become more frail.

6.2 Dundee has high levels of deprivation with a wide gap between the richest and poorest communities. Overall Dundee is the fifth most deprived local authority area in Scotland. Seven out of eight Dundee LCPP areas contain postcodes which are of the most deprived in Scotland. More than half of those living in Lochee, East End and Coldside live in the 20% most deprived areas of Scotland.

6.3 A higher percentage of people in Dundee live with one or more health condition than in Scotland as a whole. East End, Coldside and Lochee are the LCPP areas with the highest levels of deprivation and they also have the highest rates of people experiencing multiple health conditions compared with the more affluent parts of Dundee and Scotland. People in Dundee experience age associated ill health earlier in life than many other areas due to lifestyles associated with deprivation.

6.4 Evidence across a range of issues such as attainment, health, mental health and substance misuse highlights a strong correlation between poverty and poorer life outcomes and this association is clearly visible in Dundee. In addition to the frailty and ill health which is prevalent in the ageing population, many younger people are experiencing health conditions earlier in life as a result of lifestyles associated with deprivation. Looking after their own health may be more difficult for people with long term conditions including mental illness and disabilities.

6.5 There is no Minor Injuries Unit in Dundee, therefore people who have fallen and need medical attention are conveyed to Ninewells Hospital. In some other NHS Boards, the person may be conveyed to the Minor Injuries Unit to have minor cuts and scrapes, minor head injuries and minor trauma injuries assessed and treated. In many cases the person would be treated and discharged and therefore not recorded as an emergency admission.

6.6 In Dundee, the model of care takes into account the increased frailty of some older people and instead of sending those people who have had no procedures and are medically well back home, they are admitted to a ward in order to assess, monitor, hydrate and ensure adequate care and support is available on their return home.

6.7 The responsibility to reduce the rate of hospital admissions as a result of a fall is extremely wide ranging and is not solely the responsibility of the Falls Service. The deprivation and associated multi-morbidities and health inequalities in Dundee means that the risk of falling for some people is higher than elsewhere in Scotland and the model of care is enhanced as a response to the high levels of frailty, co-morbidities and deprivation in the population.

7.0 PREVENTATIVE AND PROACTIVE APPROACH

7.1 Dundee Falls Group

The Dundee Falls Group is a multi-agency group which meets every 2 months. The group is co-chaired by the Dundee HSCP Operational and Strategic Leads for Falls. The key aims for the Dundee Falls Group are to:

- Reduce the number of falls of individuals, harm from falls and consequential costs attached including emergency admissions, extended length of stay in hospital, additional invasive hospital interventions, increased health and social care costs and care home admissions.

- Monitor and continuously improve services to target people for whom a serious fall is more likely, and take effective action to reduce the risks of falling.

- Work in partnership to improve safety within the general environment including where people live, community settings, care homes, hospitals and other service buildings.

- Work in partnership to provide services and interventions which improve strength and balance and maintain bone strength so falls and fractures are less likely to occur.

- Ensure that where falls occur of individuals in the community, hospital admission is avoided wherever possible, effective support to prevent further falls is provided and that where falls occur in hospitals and care homes, there is a safe and effective response.

- Following a fall, ensure a seamless transition for individuals across primary, secondary and tertiary care.

- Heighten awareness about measures to prevent falls through health promotion and self management.

- Promote early and effective identification of people at risk with clear actions to reduce risk of falls.

- Ensure appropriate evidence based services are in place to meet the needs of people at risk of experiencing falls including robust falls assessment and effective intervention programmes for people who fall.

- Utilise emerging technologies aimed at reducing risk of falls and early detection of falls.

- Embed effective communication structures and pathways through a whole system cross organisational collaborative approach and coordinated interventions and strengthened partnerships.

7.2 A wide array of representatives attends the falls meetings. These include representatives from: Social Care Response Team, Physiotherapy, Occupational therapy, Podiatry, Nutrition and Dietetics, In-Patient Reps, Care Homes, Independent Living Team, Scottish Ambulance Service, Scottish Fire and Rescue Service, DHSCP Strategic Planning, Data Analysts, Community Nursing, Royal Voluntary Service, Dundee Volunteer and Voluntary Action, Social Isolation Team, Dundee Falls Service.

The work across the falls group links across the 4 stages listed below:

Stage 1: Supporting active ageing, health improvement and self management to reduce the risk of falls and fragility fractures
Stage 2: Identifying individuals at high risk of falls and/or fragility fractures
Stage 3: Responding to an individual who has just fallen and requires immediate assistance
Stage 4: Co-ordinated management including specialist assessment

7.3 **Stage 1:** This stage emphasises the importance of supporting individuals to take responsibility for their own health, wellbeing and safety and having a central role in reducing their risk of falls and fractures e.g. by taking opportunities to improve their strength and balance and address other causative factors in falls. The emphasis is on self care, supported self management, health education and promotion to enable active ageing and minimise the risk of falls and fragility fractures.

Specifically, people:
- Have an opportunity to engage in health promotion and lifelong learning around health improvement and minimising falls and fracture risk
- Have an opportunity to access appropriate services and organisations which aim to support the maintenance of health and well being, a safe home environment and a safer community environment.

Many activities and interventions at this stage contribute to healthy and active ageing; some are more specific to falls and fracture prevention. The role of physical activity warrants a special mention; specific balance and strength exercise programmes have been proven to reduce further risk of falling. Active older adults are less likely to fall and suffer less serious consequences if they do. Physical inactivity is detrimental to physical and mental health and can adversely affect an individual's resilience and ability to adapt.

7.4   Stage 2:

- A person at high risk of falls and fragility fractures is identified and this triggers appropriate intervention or referral for appropriate intervention.
- A person is identified *either* (a) when they report a fall, present with a fall or with an injury due to a fall, *or* (b) opportunistically when a health or social care practitioner, or partner (Scottish Fire and Rescue, for example) asks about falls.
- A level 1 conversation aims to identify individuals at high risk of falling; it is not intended to determine all contributory factors or specific interventions required.

7.5   Stage 3:

- A person has fallen and has requested or requires immediate assistance.
- The person may have sustained an injury and/or be unwell or is asymptomatic, appears uninjured, but is unable to get up from the floor/ground independently.
- Appropriate response, onward referral and intervention at this stage may prevent further falls, unnecessary hospital admission, functional decline (frailty) and unwanted consequences of falls.

This stage is when an individual has just fallen and requires immediate assistance and access to services that provide an effective, safe and timely response and is relevant to those:

- who have fallen, but are not conveyed to hospital following the fall but are considered for further assessment of falls and fracture risk and offered this where indicated.
- who have received treatment for any injury due to a fall, or treatment for any acute medical condition related to a fall and are offered further assessment of falls and fracture risk.

7.6   Stage 4:

- An individual has been identified as being at high risk of falling and/or sustaining a fracture.
- Falls risk and fracture risk management are considered in combination with services for falls and osteoporosis operationally linked or dovetailed.
- Interventions aim to identify, then minimise, an individual's risk factors for falling and sustaining a fracture as well as restoring function following a fall(s).
- Timely, appropriate and co-ordinated management may lead to reduced ED attendances and hospital admissions including admission with a fragility fracture.

7.7   Assessment: Older people identified as having a high risk of falling should be offered a multi-factorial assessment /screening to identify contributory risk factors, this should include a comprehensive falls history, medication review and assessments of their: fracture risk, gait and balance, home environment, risk factors for postural hypotension, cognition, feet/footwear and diagnostic tests. This may be in the form of:

- **Level 2 Screening -** A multifactorial falls risk screening process aims to (a) identify risk factors for falling and for sustaining a fragility fracture, and (b) guide tailored intervention. Following this an individualised multifactorial action plan, agreed with the person (and carers, if appropriate), which addresses risk factors and issues identified in the level 2 screen should be provided. The plan should reflect the person's needs, goals and choices.

- **Level 3 Specialist Assessment and intervention** aims to further assess the risk factors identified, with a view to providing tailored interventions to reduce the risk of falls and/or fractures. Evidence-based specialised multi-disciplinary falls assessment services should be available for all older adults who fall or are at risk of falling across Tayside.

7.8   Treatment: Following assessment, an older person is considered for an individualised, multi-factorial intervention programme aimed at minimising the identified risks for falling and/or sustaining a fracture, promoting independence, and improving physical and psychological function. Interventions may include; pharmacological management of osteoporosis, strength and balance exercises, medication modification/withdrawal, interventions to mitigate identified home hazards, promotion of the safe performance of daily activities, management of postural

hypotension and heart rate or rhythm abnormalities, management of foot problems, vision correction, nutritional requirements, self management training.

7.9 The combined efforts from a wide range of agencies is critical in ensuring the delivery of the stages outlined above. The reach into communities and the range of skills and expertise that the wider team brings is essential in supporting people to minimise falls across Dundee.

8.0 NEXT STEPS

8.1 To compare the falls pathways and falls related admissions of a Partnership which has a Minor Injury Unit with Dundee, which does not have a Minor Injury Unit.

8.2 To further analyse the fall related hospital admissions lasting 1 day or less, where no medical procedure was required by using Statistical Process Control to identify the admissions which did not follow a 'normal' statistical trend. In order to do this patient records from A+E would be shared with the Falls Service in order to identify these people, review the pathway and identify if any improvements can be made to the pathway or the early identification of individuals who could have been prevented from falling.

8.3 Analyse falls related admissions alongside intelligence regarding periods of severe weather and COVID-19 lockdowns.

8.4 Further explore and cross-tabulate data regarding people admitted to hospital due to a fall with other intelligence such as care home registers, community alarm service users, polypharmacy data and household composition.

8.5 A more collaborative approach to falls across Tayside is being developed with the appointment of a Tayside Strategic Falls Lead from July 2022. The 3 Health and Social Care Partnerships and Acute Services will work with partners on all aspects of falls.

9.0 **RISK ASSESSMENT**

Risk 1 Description	The risk of not reducing the rate of hospital admissions due to a fall could affect; outcomes for individuals and their carers and spend associated with unscheduled hospital admissions if the Partnership's performance does not improve.
Risk Category	Financial, Governance, Political
Inherent Risk Level	Likelihood 3 x Impact 5 = Risk Scoring 15
Mitigating Actions (including timescales and resources)	- The in depth analysis included in this paper and appendix will be used to inform senior managers. - The Tayside Falls Prevention and Management Framework will provide an infrastructure to monitor progress in the community, hospital and care homes towards preventing the incidence of falls and reducing the negative effect of falling on people who fall and their carers. - The priority areas for improvement (section 8.0) have been developed to reduce the rate of hospital admissions as a result of a fall.
Residual Risk Level	Likelihood 3 x Impact 3 = Risk Scoring 9
Planned Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6
Approval recommendation	The risk level should be accepted with the expectation that the mitigating actions are taken forward.

10.0 POLICY IMPLICATIONS

This report has been screened for any policy implications in respect of Equality Impact Assessment and Risk Management. There are no major issues.

11.0 CONSULTATIONS

The Chief Officer, Head of Service - Health and Community Care and the Clerk were consulted in the preparation of this report.

12.0 BACKGROUND PAPERS

None.

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Falls Report for Dundee H&SCP

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Publication date: April 2022

Version history

Version	Date	Summary of changes
1.0	26/01/22	First version
2.0	25/04/22	New section added to look at admission rates when excluding short stays with no procedures

Contents

Introduction

This report has been prepared by the Local Intelligence Support Team (LIST) on behalf of Dundee Health & Social Care Partnership in order to better understand unscheduled care activity.

This report aims to show how Dundee H&SCP compares to Scotland and other partnerships for fall admissions for those over 65 years of age with regards to length of stay, patient demographics and admissions with and without recorded procedures.

Data Sources

The data used for this report is taken from the SMR01 national dataset. Trend data shows annual trend data from 2015/16 to 2020/21.

Summary

- As at 2020/21 Dundee had the highest fall admission rates in Scotland

- Coldside, Lochee and East End seem to be driving the high fall admission rates in Dundee for people aged 65+.

- The proportion of fall admissions with a length of stay 1 day or less rose in Dundee from 50% in 2018/19 to 53% in 2018/19. Of all short stay fall admissions, around 85% of these have no procedures.

- The 85-89 age groups have seen the largest increase in fall admissions between 2018/19 and 2020/21 and in particular females. Both falls with no procedures and falls with procedures have increased for this age group.

- Coldside and East End had the highest rates for admissions both with and without procedures.

Analysis

Fall Admission Rates per 1,000 for population aged 65+

In 2020/21 Dundee City had the highest falls rate with 32 per 1,000 population for people aged 65+ years. Five Dundee localities are in the ten highest falls rates by locality in Scotland: Coldside, Lochee, East End, West End and The Ferry. Dundee City's fall admission rate increased by 1% between 2018/19 and 2020/21.

Figure 1.1: All Fall Admission Rates per 1,000 population in 2020/21 for 65+ age group, by partnership

**All fall admission rates per 1,000 Population
2020/21 for 65+ age group by partnership**

Partnership	Rate
Dundee City	31.9
Western Isles	
Edinburgh	
Midlothian	
Fife	
Glasgow City	
Argyll and Bute	
Perth & Kinross	
East Lothian	
Falkirk	
Inverclyde	
Aberdeen City	
Angus	
South Ayrshire	
East Renfrewshire	
West Dunbartonshire	
Shetland Islands	
East Dunbartonshire	
Clackmannanshire & Stirling	
East Ayrshire	
South Lanarkshire	
Dumfries & Galloway	
North Lanarkshire	
West Lothian	
Renfrewshire	
North Ayrshire	
Scottish Borders	
Moray	
Orkney Islands	
Aberdeenshire	
Highland	

Source: PHS Scotland SMR01

Figure 1.2: All Fall Admission Rates per 1,000 population in 2020/21 for 65+ age group, Dundee City localities

All fall admission rates per 1,000 Population 2020/21 for 65+ age group living in Dundee City

Solid line: locality
Dashed line: Dundee City
Dotted line: Scotland
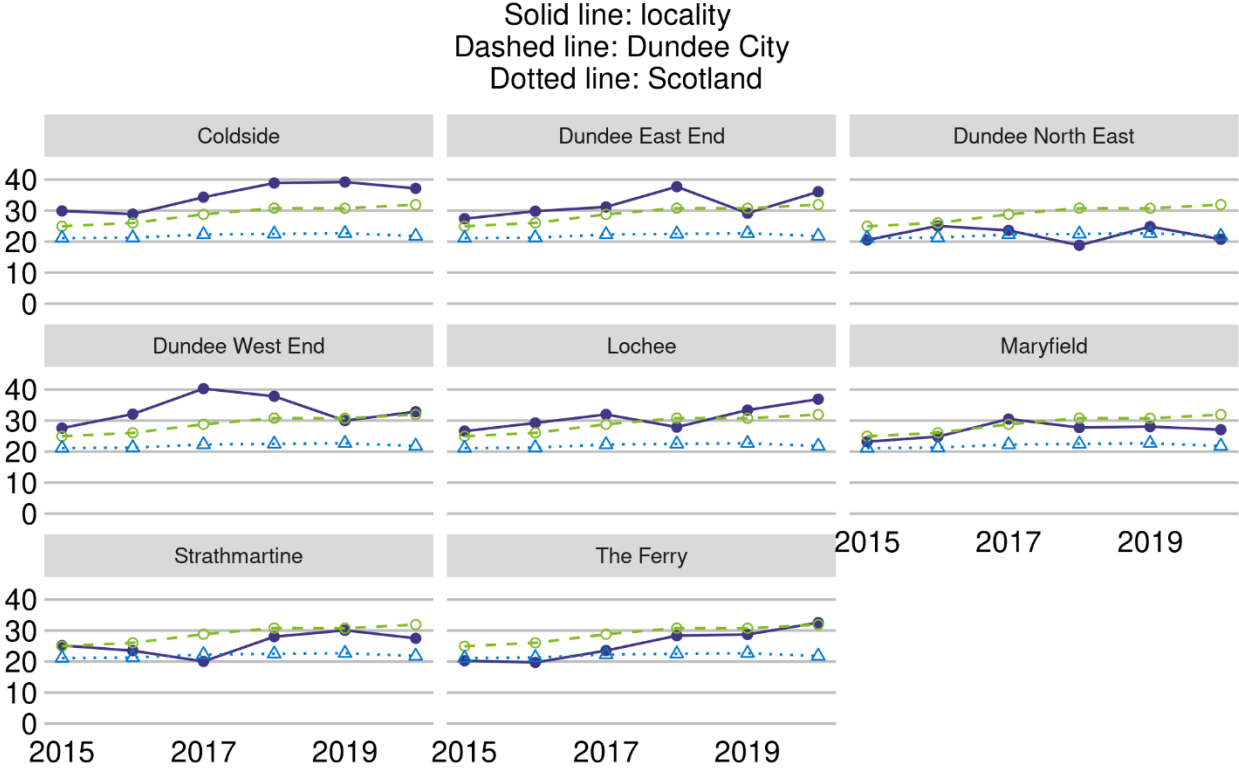
Source: PHS Scotland SMR01

Figure 1.3: Fall Admission Rates per 1,000 population change between 2018/19 and 2020/21 by partnership

Fall admission rate change between 2018/19 and 2020/21 for 65+ age group by partnership
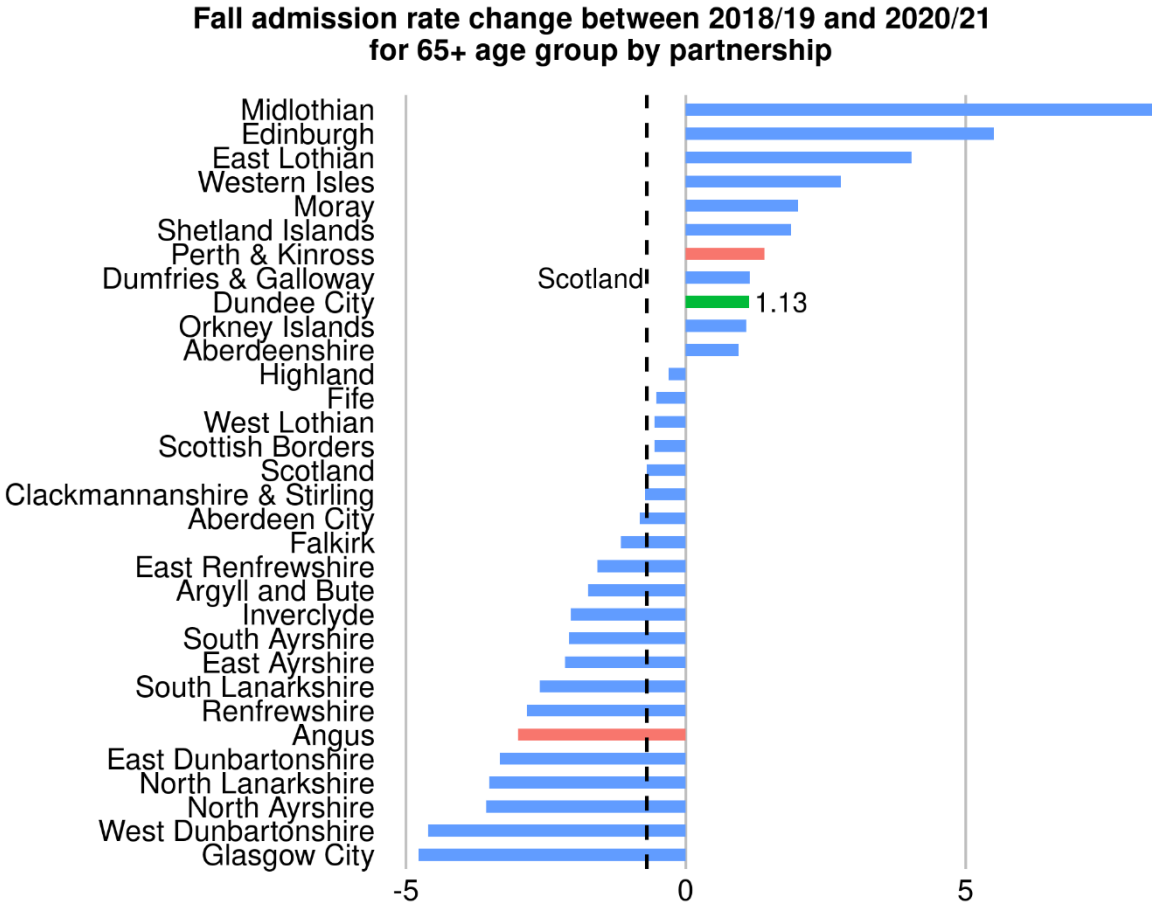
Source: PHS Scotland SMR01

Short Stays

The proportion of fall admissions with a length of stay 1 day or less rose in Dundee from 50% in 2018/19 to 53% in 2020/21. Of all short stay fall admissions, around 85% of these have no procedures.

Figure 2.1: Length of stay (days) for Dundee City falls admissions in 2018/19 and 2020/21

Dundee City 65+ Fall Admissions by Length of stay (days)
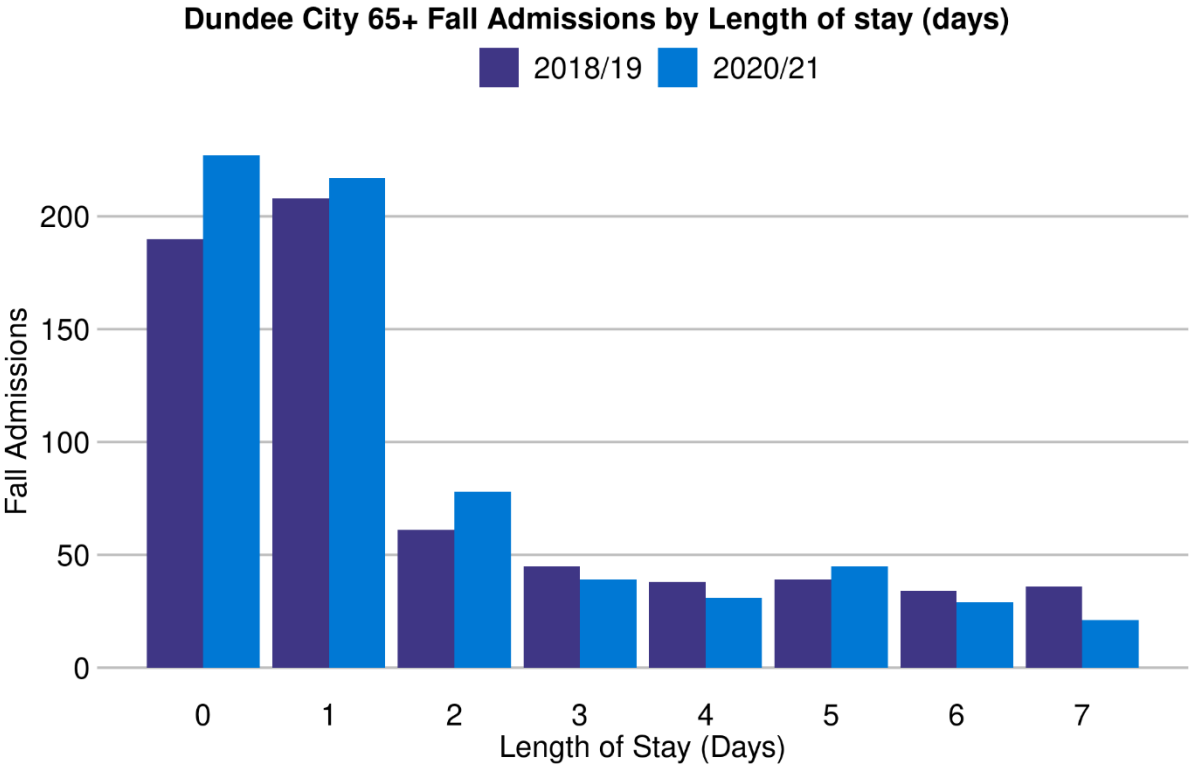
Source: PHS Scotland SMR01

Figure 2.2: Change in Percentage of Falls Admissions which were Short Stay (0 or 1 day Stays) between 2018/19 and 2020/21 by Partnerships

Change in percentage of fall admissions which were short stay between 2018/19 and 2020/21 for 65+ age group by partnership

Source: PHS Scotland SMR01

Figure 2.3: – Percentage of Falls Admissions which were Short Stay (0 or 1 day stays) by Location

Percentage of fall admissions which were short stay (0 or 1 day) between 2018/19 and 2020/21 for 65+ age group by location

Legend: ■ 2018/19 ■ 2020/21

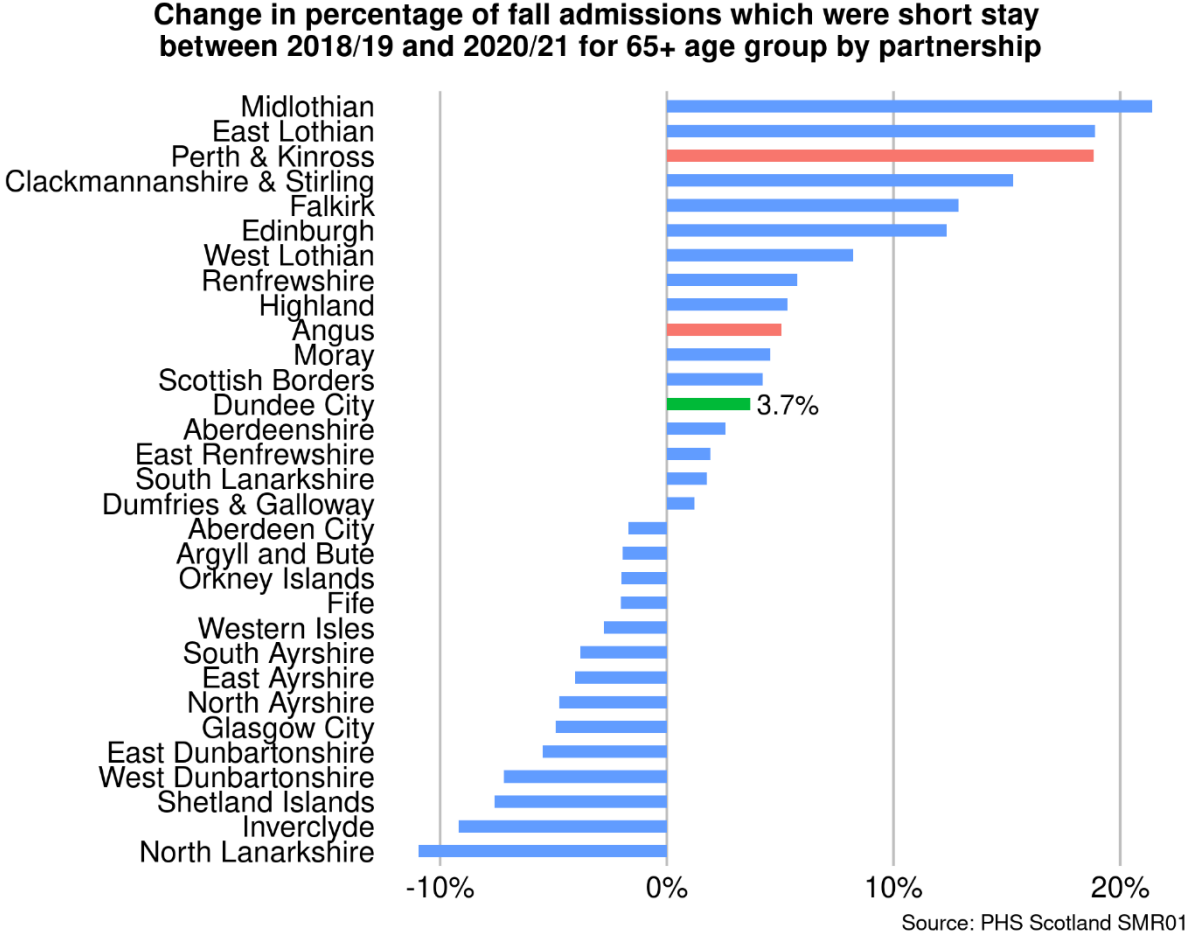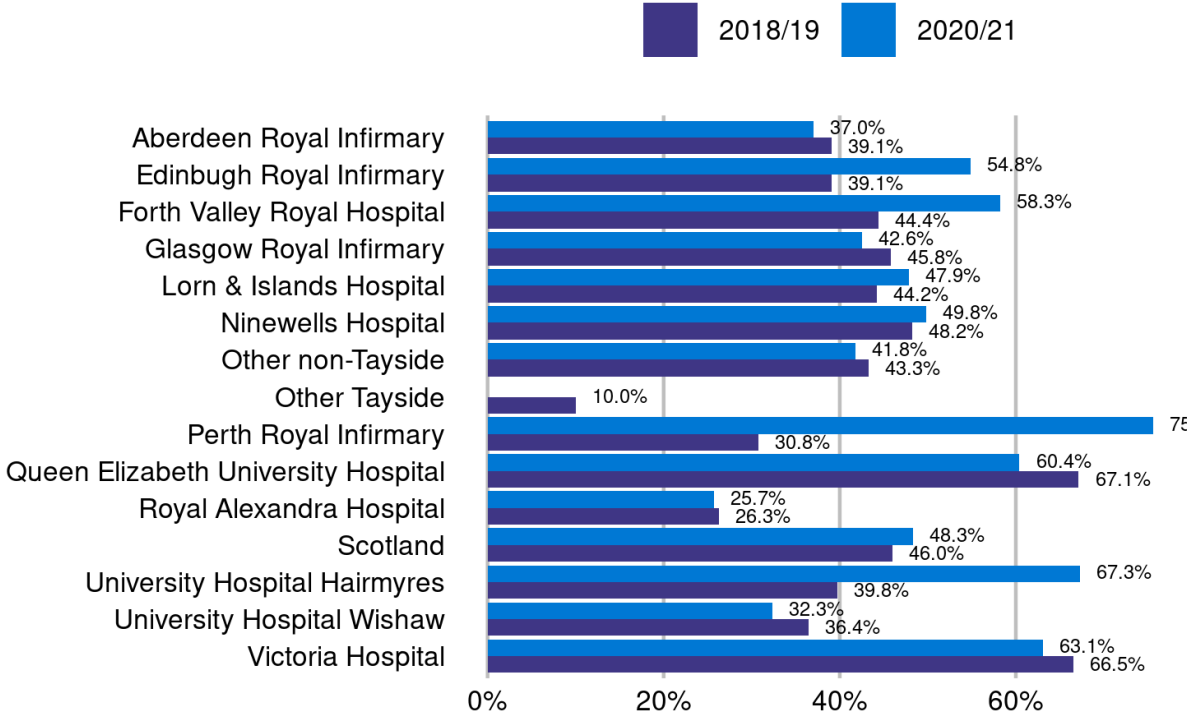| Location	2018/19	2020/21
Aberdeen Royal Infirmary	39.1%	37.0%
Edinbugh Royal Infirmary	39.1%	54.8%
Forth Valley Royal Hospital	44.4%	58.3%
Glasgow Royal Infirmary	45.8%	42.6%
Lorn & Islands Hospital	44.2%	47.9%
Ninewells Hospital	48.2%	49.8%
Other non-Tayside	43.3%	41.8%
Other Tayside	10.0%	
Perth Royal Infirmary	30.8%	75
Queen Elizabeth University Hospital	67.1%	60.4%
Royal Alexandra Hospital	26.3%	25.7%
Scotland	46.0%	48.3%
University Hospital Hairmyres	39.8%	67.3%
University Hospital Wishaw	36.4%	32.3%
Victoria Hospital	66.5%	63.1%

Source: PHS Scotland SMR01

Age Groups

The biggest increase in fall admission rates in Dundee City between 2018/19 and 2020/21 was seen in the 85-89 year age group. There was a large increase in admissions of women in the 70-74 age group. For the short stay fall admissions all age groups above the age of 65 except 80-84 saw an increase in admissions between 2018/19 and 2020/21 whereas for the 2+ day length of stay admissions it was only the 90+ age group that saw a noticeable increase.

Figure 3.1: Falls Rate per 1,000 Population in Dundee City by Age Group

Fall rate per 1,000 population for Dundee City by age group

■ 2018/19 ■ 2020/21

Source: PHS Scotland SMR01
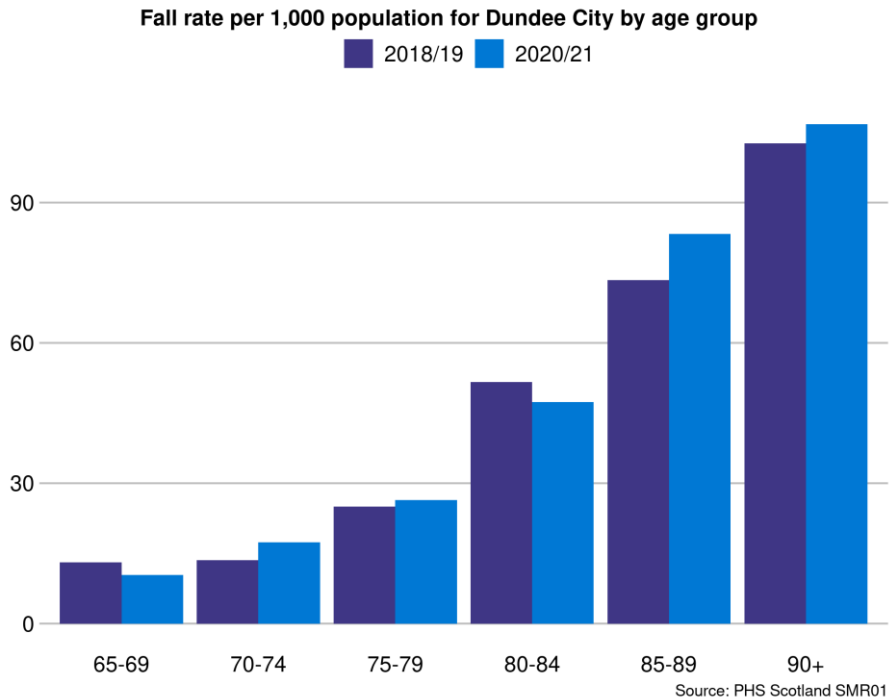
Figure 3.2: Change in fall admission rates

Change in fall admission rates 2018/19 - 2020/21 in Dundee City by age group and sex

Source: PHS Scotland SMR01

Figure 3.3: Falls Rate per 1,000 Population in Dundee City by Age Group which were Short Stay (0 or 1 day stays)

Falls rate per 1,000 population in Dundee City
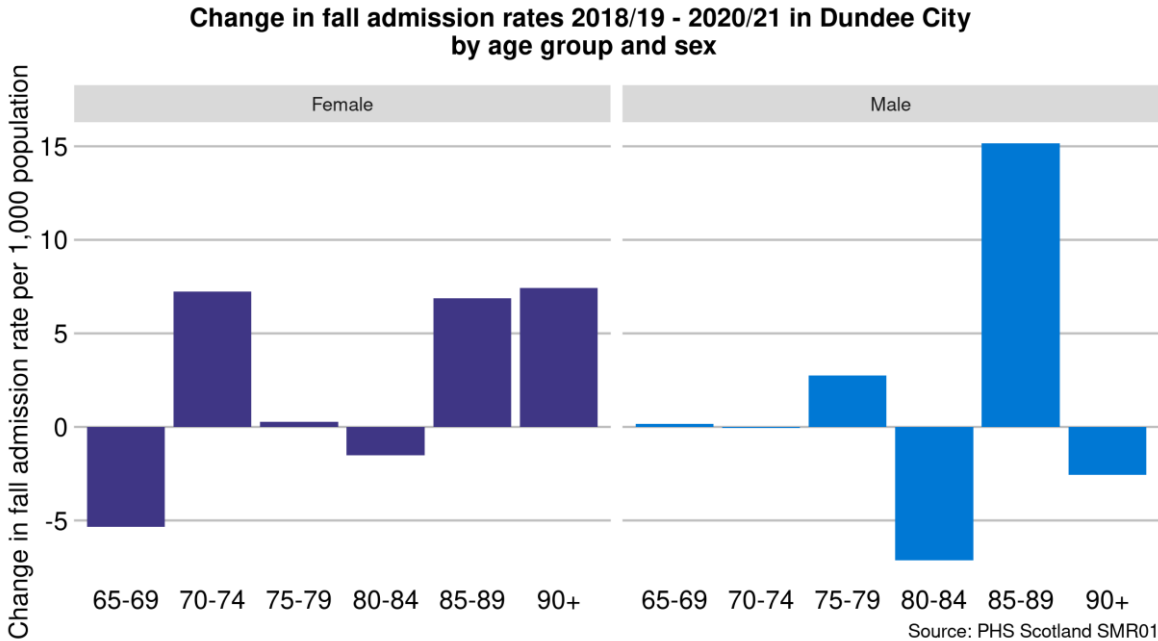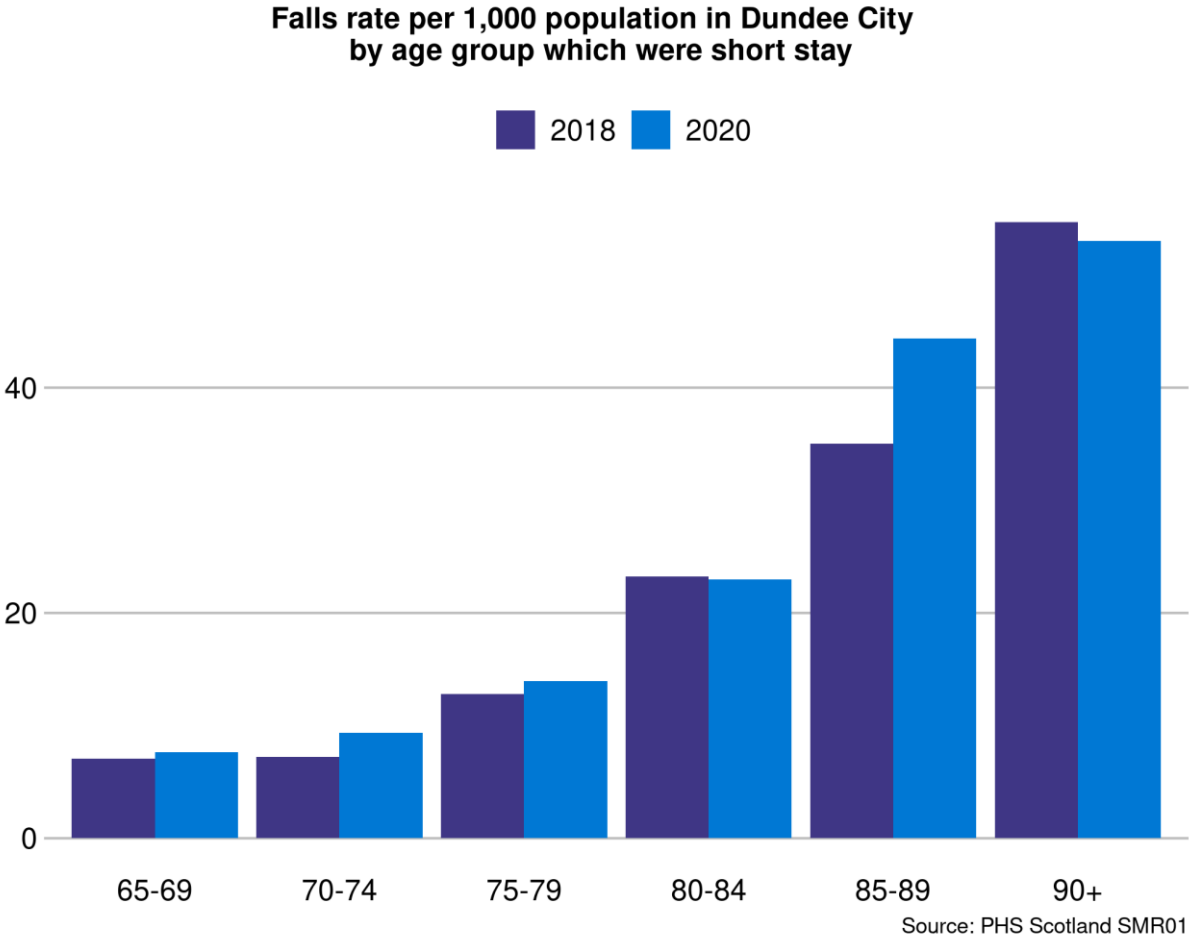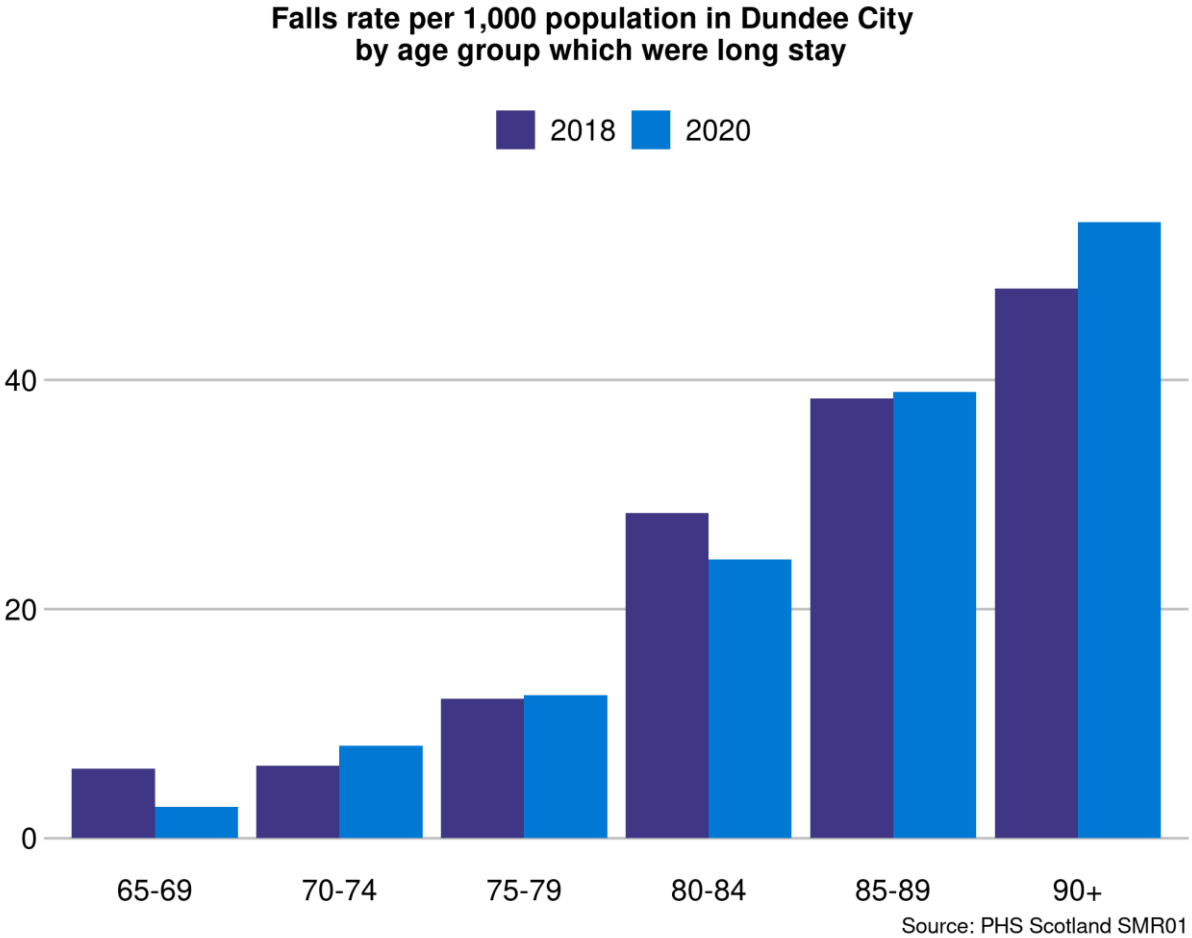by age group which were short stay

2018   2020

Source: PHS Scotland SMR01

Figure 3.4: Falls Rate per 1,000 Population in Dundee City by Age Group which were Long Stay (2 or more day stays)

Falls rate per 1,000 population in Dundee City
by age group which were long stay

Source: PHS Scotland SMR01

Fall Admission (with no procedures) Rates per 1,000 Population for 65+ Age Groups with 1 Day or Less Length of Stay

Dundee fall admission rates, with no procedures and length of stay of 1 day or less, for people age 65+ have continually increased since 2015/16, with a very small reduction in 2020/21. The two localities that have the highest rates are Coldside and East End.

Figure 4.1: All Falls Admission (with no procedures) Rates per 1,000 Population for 65+ Age Group with 1 Day Length of Stay by Tayside Partnerships between 2015/16 and 2020/21

Fall admission (short stay, with no procedure) rates per 1,000 Population for 65+ age group by Tayside Partnership

Source: PHS Scotland SMR01
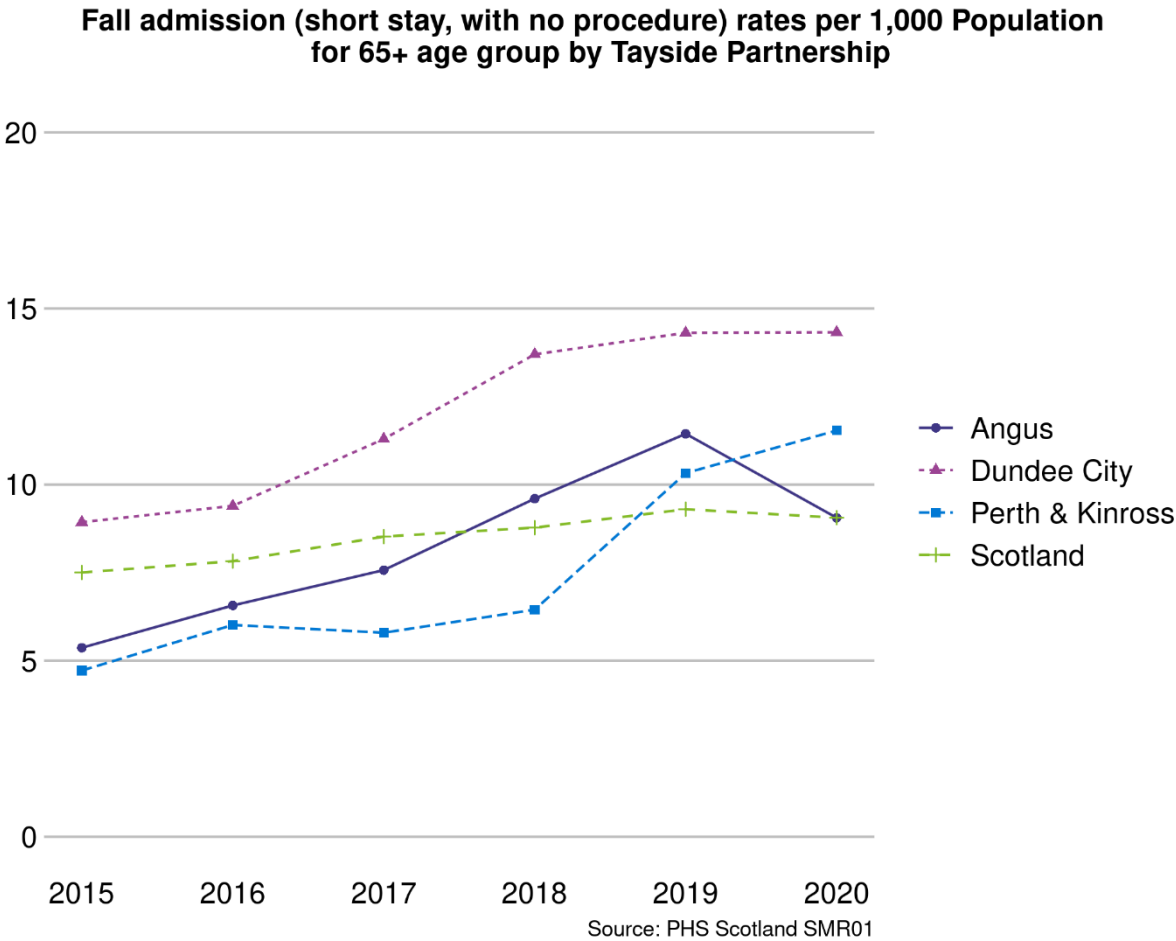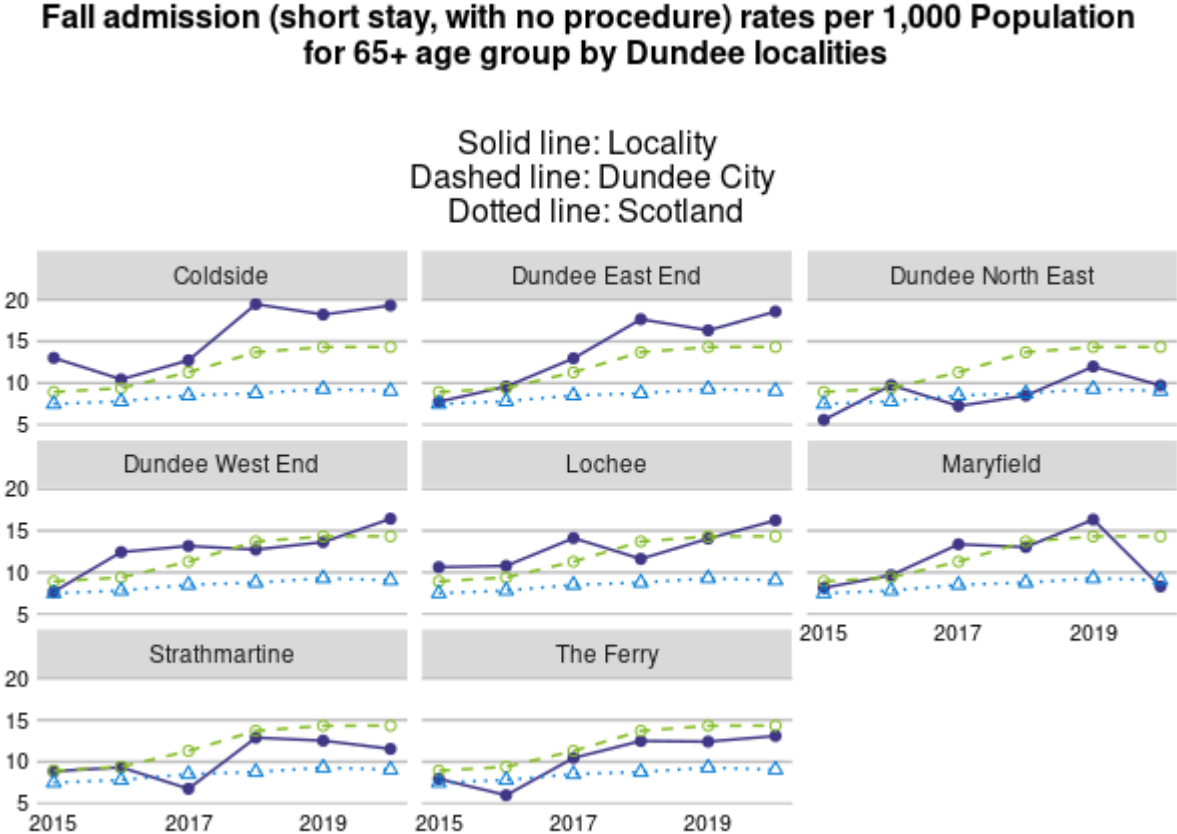
Figure 4.2: All Falls Admission (with no procedures) Rates per 1,000 Population for 65+ Age Group with 1 Day Length of Stay by Dundee localities between 2015/16 and 2020/21

Fall admission (short stay, with no procedure) rates per 1,000 Population for 65+ age group by Dundee localities

Solid line: Locality
Dashed line: Dundee City
Dotted line: Scotland

Source: PHS Scotland SMR01

Fall Admission Rates per 1,000 Population for 80-89 Age Groups

Dundee has the highest fall admission rates for people aged 80-89 with 61 per 1,000 population. As with the 65+ population, Coldside, Lochee and East End and West End are driving these rates up. Coldside and East End had the highest rates for admissions both with and without procedures.

Figure 5.1: All Falls Admission Rates per 1,000 Population in 2018/19 for 80-89 Age Group by Partnership

**All fall admission rates per 1,000 Population
2020/21 for 80-89 age group by partnership**

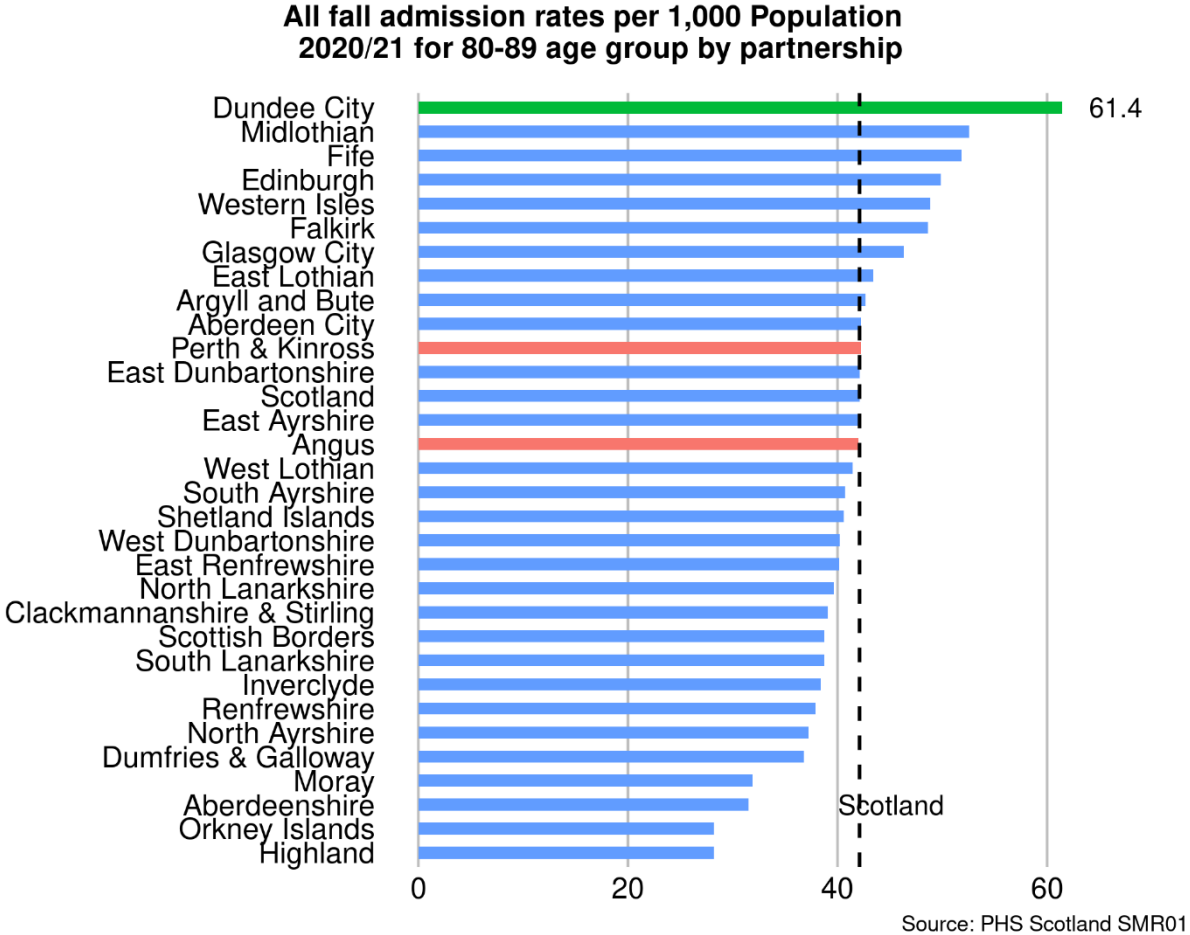| Partnership	Rate
Dundee City	61.4
Midlothian	
Fife	
Edinburgh	
Western Isles	
Falkirk	
Glasgow City	
East Lothian	
Argyll and Bute	
Aberdeen City	
Perth & Kinross	
East Dunbartonshire	
Scotland	
East Ayrshire	
Angus	
West Lothian	
South Ayrshire	
Shetland Islands	
West Dunbartonshire	
East Renfrewshire	
North Lanarkshire	
Clackmannanshire & Stirling	
Scottish Borders	
South Lanarkshire	
Inverclyde	
Renfrewshire	
North Ayrshire	
Dumfries & Galloway	
Moray	
Aberdeenshire	
Orkney Islands	
Highland	

Source: PHS Scotland SMR01

Figure 5.2: All Falls Admission Rates per 1,000 Population in 2018/19 for 80-89 Age Group in Dundee City

All fall admission rates per 1,000 Population for 80-89 age group living in Dundee City

Solid line: locality
Dotted line: Dundee City
Dashed line: Scotland
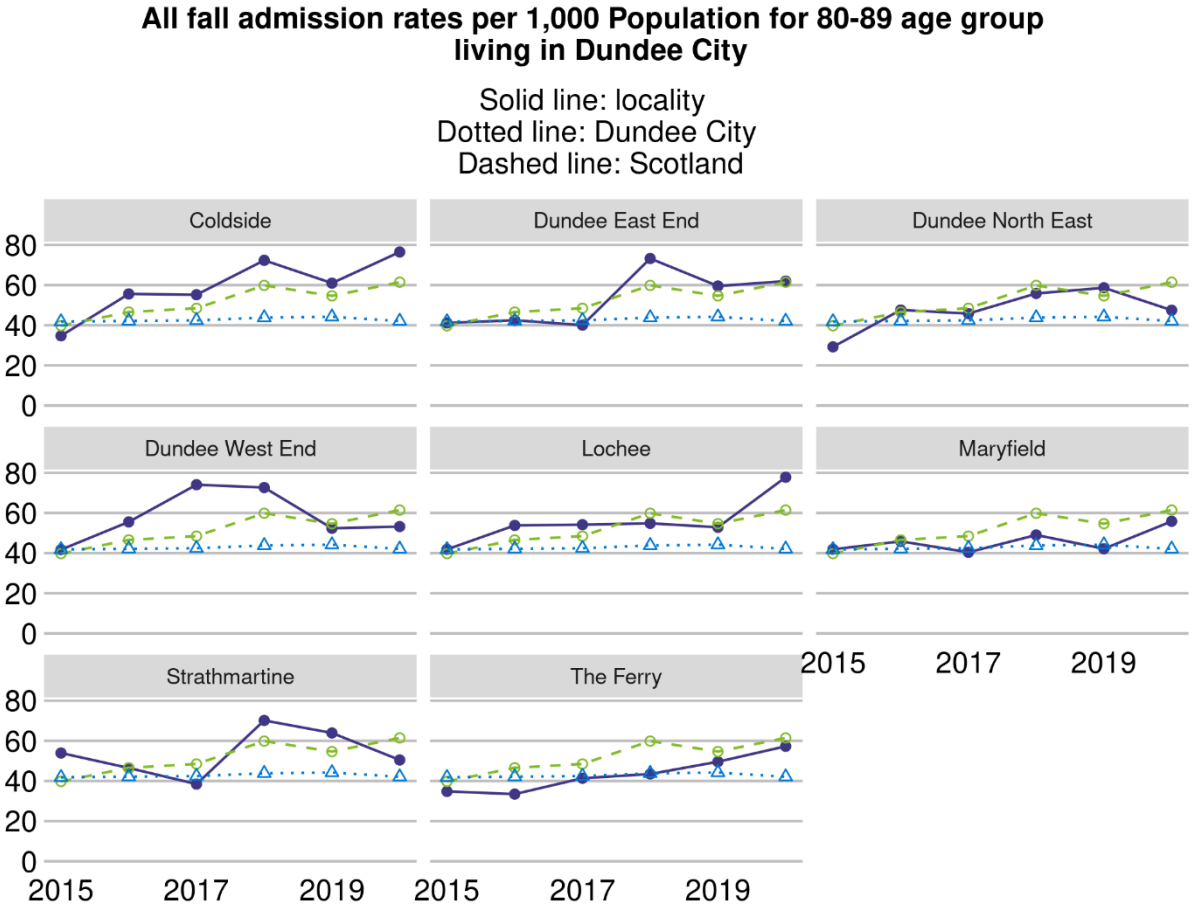
Source: PHS Scotland SMR01

Figure 5.3: All Falls (with no procedures) Admission Rates per 1,000 Population in 2020/21 for 80-89 Age Group Living in Dundee City with 1 Day or Less Length of Stay

All fall admission (with no procedures) rates per 1,000 Population for 80-89 age group living in Dundee City with 1 day or less stay length

Solid line: locality
Dotted line: Dundee City
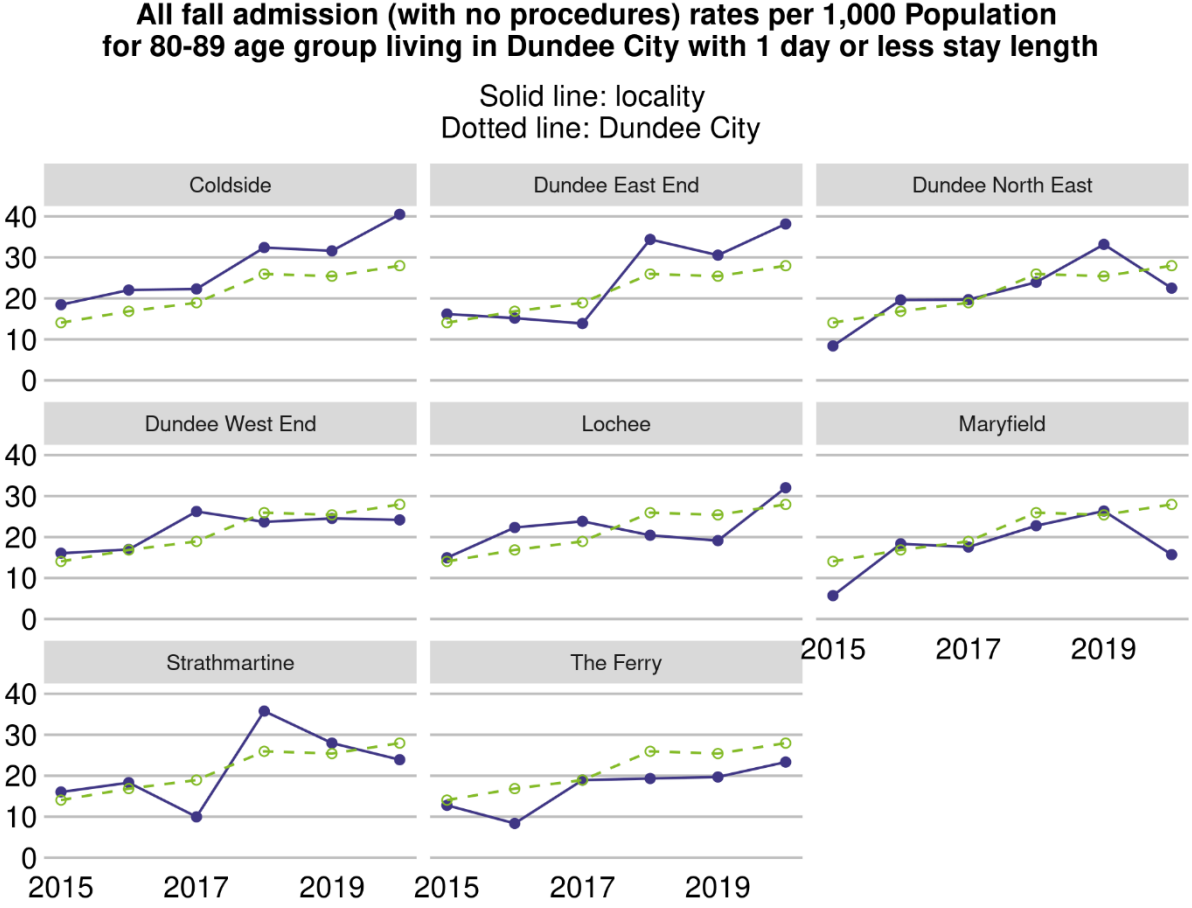
Source: PHS Scotland SMR01

Figure 5.4: All Falls (with a procedure) Admission Rates per 1,000 Population in 2018/19 for 80-89 Age Group Living in Dundee City with 2+ Days Length of Stay

All fall admission (with procedures) rates per 1,000 Population for 80-89 age group living in Dundee City with 2+ days stay length

Solid line: locality
Dotted line: Dundee City
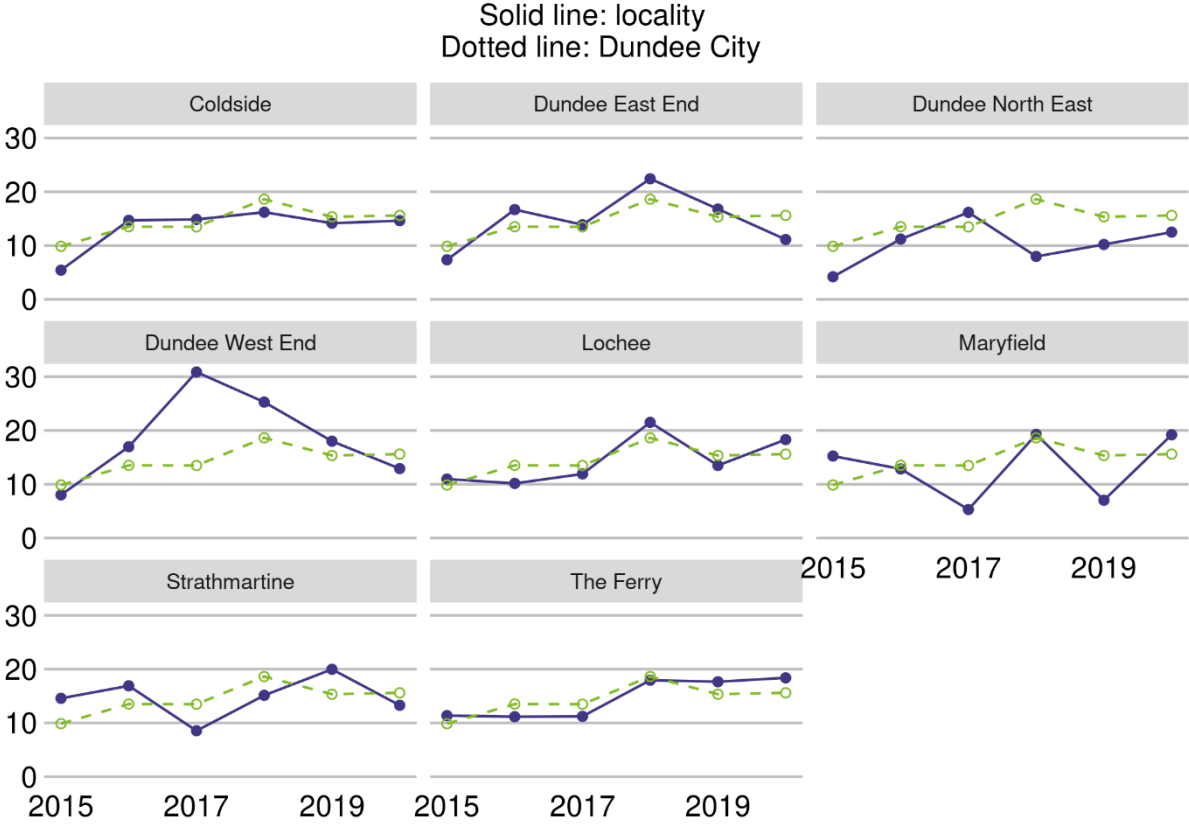
Source: PHS Scotland SMR01

Fall admission rates per 1,000 Population for 65+ Age Groups excluding with 1 Day or Less Length of Stay and no procedures

Figure 6.1 Fall admission rates (excluding short stay with no procedure) per 1,000 Population by partnership

Fall admission rates (excluding short stay with no procedure) per 1,000 Population 2020/21 for 65+ age group by partnership
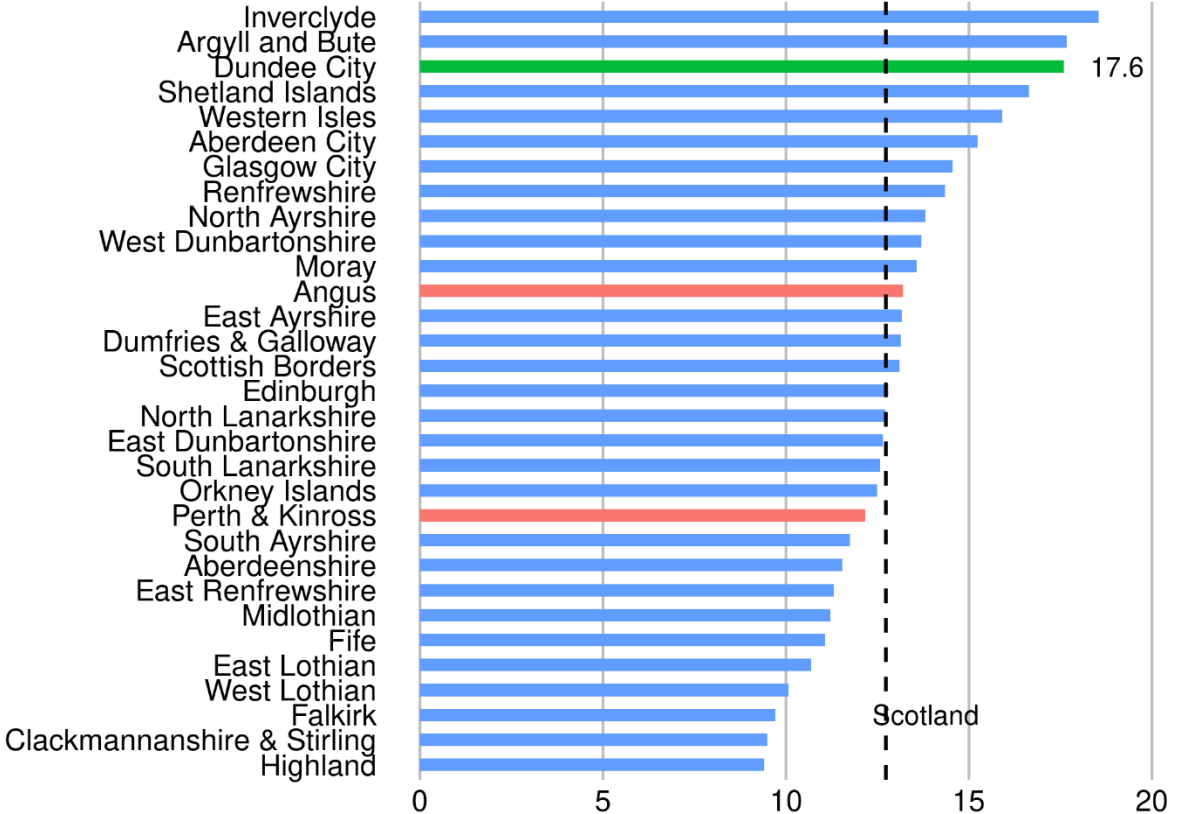
Source: PHS Scotland SMR01

Figure 6.2 Fall admission rates (excluding short stay with no procedure) per 1,000 Population by partnership

Fall admission (excluding short stay with no procedure) rates per 1,000 Population for 65+ age group by Tayside Partnership
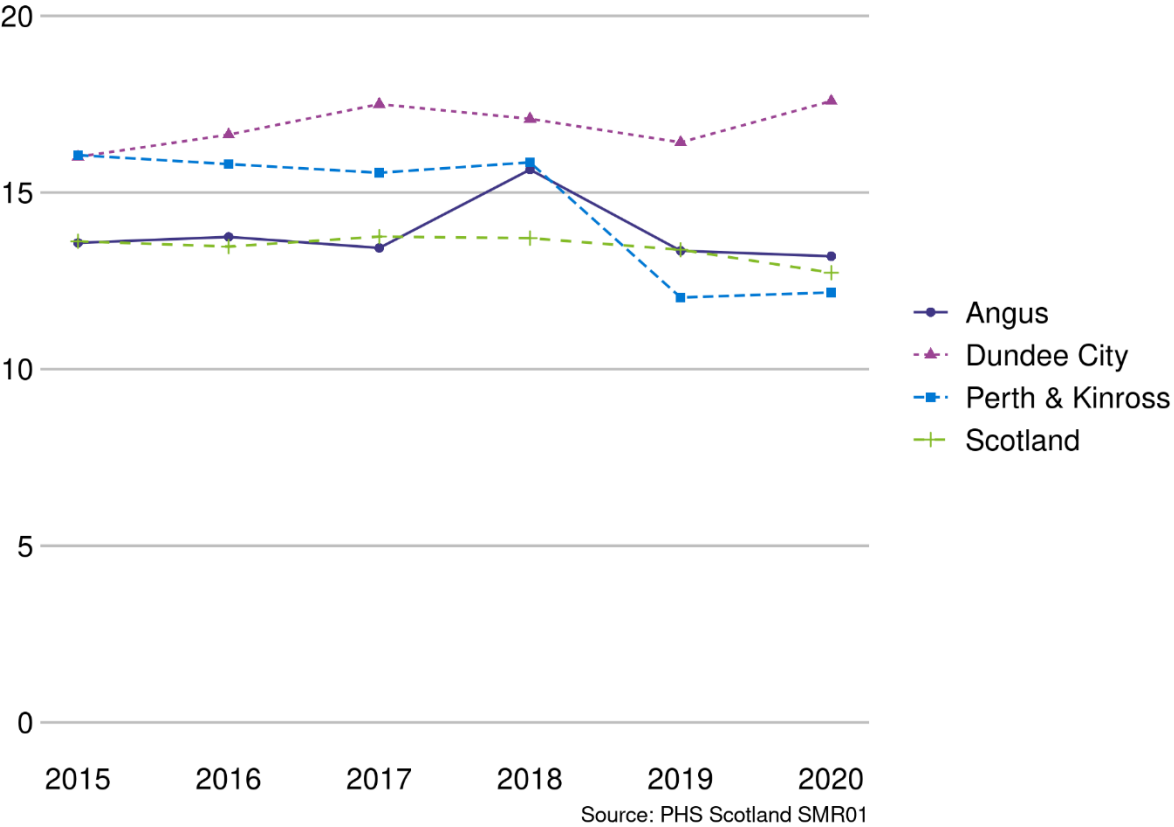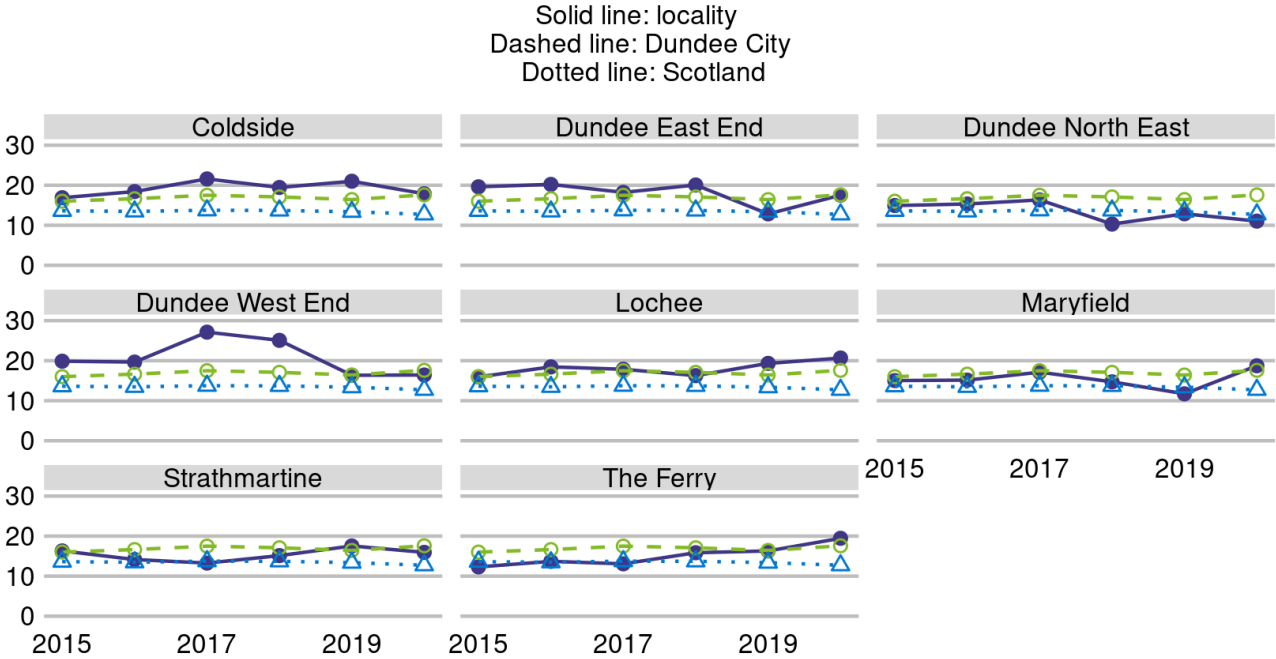

Source: PHS Scotland SMR01

Figure 6.3 Fall admission rates (excluding short stay with no procedure) per 1,000 Population by Dundee localities

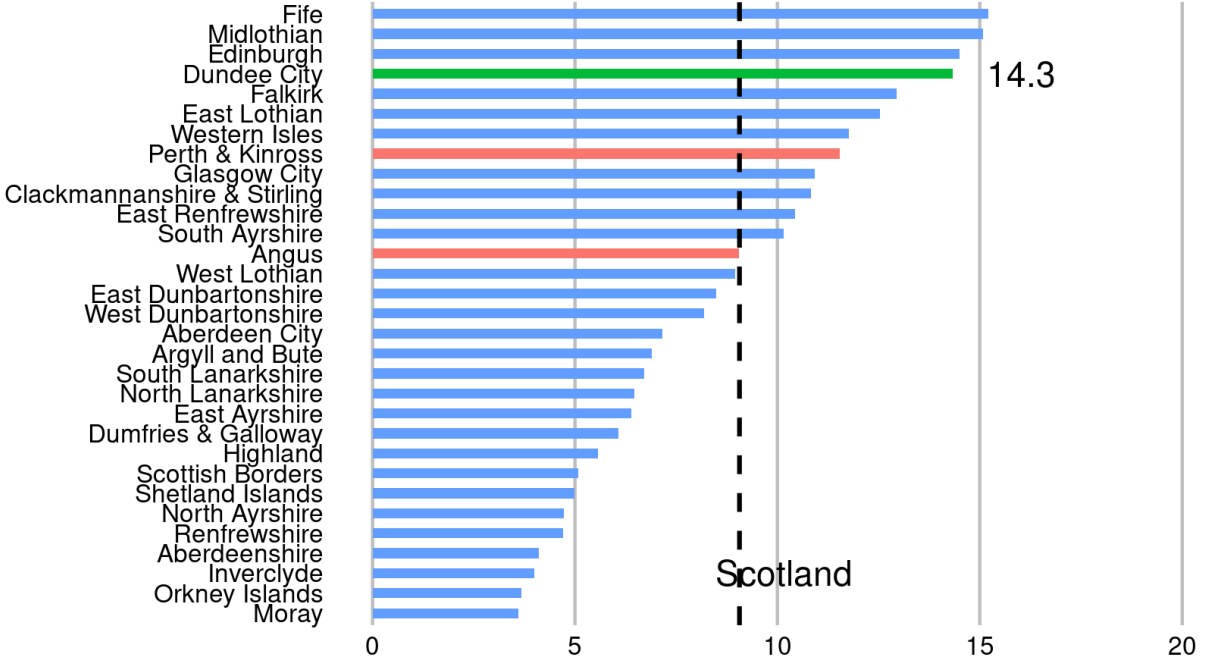**Fall admission (excluding short stay with no procedure) rates per 1,000 Population for 65+ age group by Dundee localities**

Solid line: locality
Dashed line: Dundee City
Dotted line: Scotland

Source: PHS Scotland SMR01

Figure 6.4 Fall admission rates (only short stay with no procedure) per 1,000 Population by partnership

Fall admission rates (short stay with no procedure only) per 1,000 Population 2020/21 for 65+ age group by partnership

Partnership	Rate
Fife	15.2
Midlothian	14.9
Edinburgh	14.4
Dundee City	14.3
Falkirk	12.9
East Lothian	12.5
Western Isles	11.6
Perth & Kinross	11.5
Glasgow City	11.0
Clackmannanshire & Stirling	10.9
East Renfrewshire	10.5
South Ayrshire	10.2
Angus	9.0
West Lothian	8.9
East Dunbartonshire	8.4
West Dunbartonshire	8.1
Aberdeen City	7.1
Argyll and Bute	6.8
South Lanarkshire	6.5
North Lanarkshire	6.4
East Ayrshire	6.0
Dumfries & Galloway	5.8
Highland	5.5
Scottish Borders	5.0
Shetland Islands	4.9
North Ayrshire	4.7
Renfrewshire	4.6
Aberdeenshire	4.1
Inverclyde	4.0
Orkney Islands	3.7
Moray	3.6

Scotland

14.3

Source: PHS Scotland SMR01

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