

# A system approach - Community Falls Pick Up Service Sheffield

## Organisation: A Partnership between Yorkshire Ambulance Service, Sheffield City Council and South Yorkshire Integrated Care Board

Sharon Marriott, Senior Programme Manager SYICB [Sharon.marriott1@nhs.net](mailto:Sharon.marriott1@nhs.net)

- Natalie Howson, System Support & Delivery Manager South Yorkshire Ambulance Service NHS Trust  
[Natalie.Howson@nhs.net](mailto:Natalie.Howson@nhs.net)
- Michelle Glossop, Service Manager, City Wide Care Alarms & Enablement  
Sheffield City Council [Michelle.Glossop@sheffield.gov.uk](mailto:Michelle.Glossop@sheffield.gov.uk)

Integration and  
Better Care Fund



# Overview of BCF

- Page 164
- Since its implementation the Sheffield BCF has continued to evolve with the needs of the Population to include over **£507m** of services commissioned and delivered locally.
  - Sheffield is ranked as the 57th most deprived local authority in England, out of 317 with approximately 24% of the population of Sheffield living in the most deprived local decile. In 2022 the population of Sheffield was 595,100, this is expected to grow to 648,400 by 2043 representing a 9% increase. Within this increase, **the older persons grouping (aged 65+) is expected to grow to 19%** with the working age reducing.
- Giving the ageing population the work on falls is high priority. The statistics show that:
- **1 in 3 people over 65-years old, and 1 in 2 people over 80-years old will fall each year.**
  - **50% of hospital admissions for injury are due to falls.**
  - **Hip fractures are the most common serious injury in older people. As a result of a fall, 30% die within 1 year and 50% never regain former mobility. (PHE 2021)**
  - Early falls prevention is key in order to reduce pressure on urgent response services and acute care. Following the extensive networking, scoping, and testing that is being undertaken, Sheffield are working to a joint 'Team Sheffield' falls plan delivered by our falls collaborative.



# Overview

- Funding is being used to expand the city-wide community falls pick up and response service. The service provides a non-urgent but rapid response to people who have fallen in their own homes and requiring assistance.

Page 155 The scheme and the interventions aim to reduce the unnecessary conveyance and admission to hospital for non-urgent treatment and by default is reducing the need for admission and subsequent discharge

- Aligned to Urgent Community Response pathway - The partnership also work closely with the city's falls collaborative group and a range other services including voluntary sector partners who support with interventions to identify and reduce further risk of falls.



# Method and approach

- Emergency admissions and readmissions : National data has shown the number of emergency admissions to hospital has risen year on year since 2014, rising sharply in 2021/22. Falls were the largest cause of emergency admissions in those aged over 65 and more significantly in those aged 85 and over ('State of the Older Nation', Age UK 2023)
- One third of adults over 65 who live at home will have at least one fall a year, most falls do not result in serious injury, but they are often unable to get up from the floor themselves.
- This Initiative set up initially to support low acuity falls for those individuals who did not require emergency care but would often be conveyed due to a 'long lay'
- Referrals from YAS are made to the CWCA Service who deploy responders who attend, assess and using appropriate equipment and techniques 'lift' the person from the floor. They also provide assurance and wellbeing checks and make any onward referral to other service and support



# City Wide Care Alarms (CWCA)

- CWCA provide a community alarm service covering the city of Sheffield 24 hours per day, 365 days per year. This now includes an expanded service supporting level 1 falls response and pick up service
- Responsible for the installation of Telecare equipment, monitoring of the Telecare equipment via a dedicated Contact Centre and the provision of support workers/responders who respond to calls for assistance in their own homes - for people to remain as independent as possible.
- Available for anyone over 18 living in Sheffield who 'feels' they need the security the service provides, or someone they care for.
- Works in partnership and with diverse communities, statutory providers, housing, emergency services, Yorkshire Ambulance Service, NHS and the Voluntary Sector

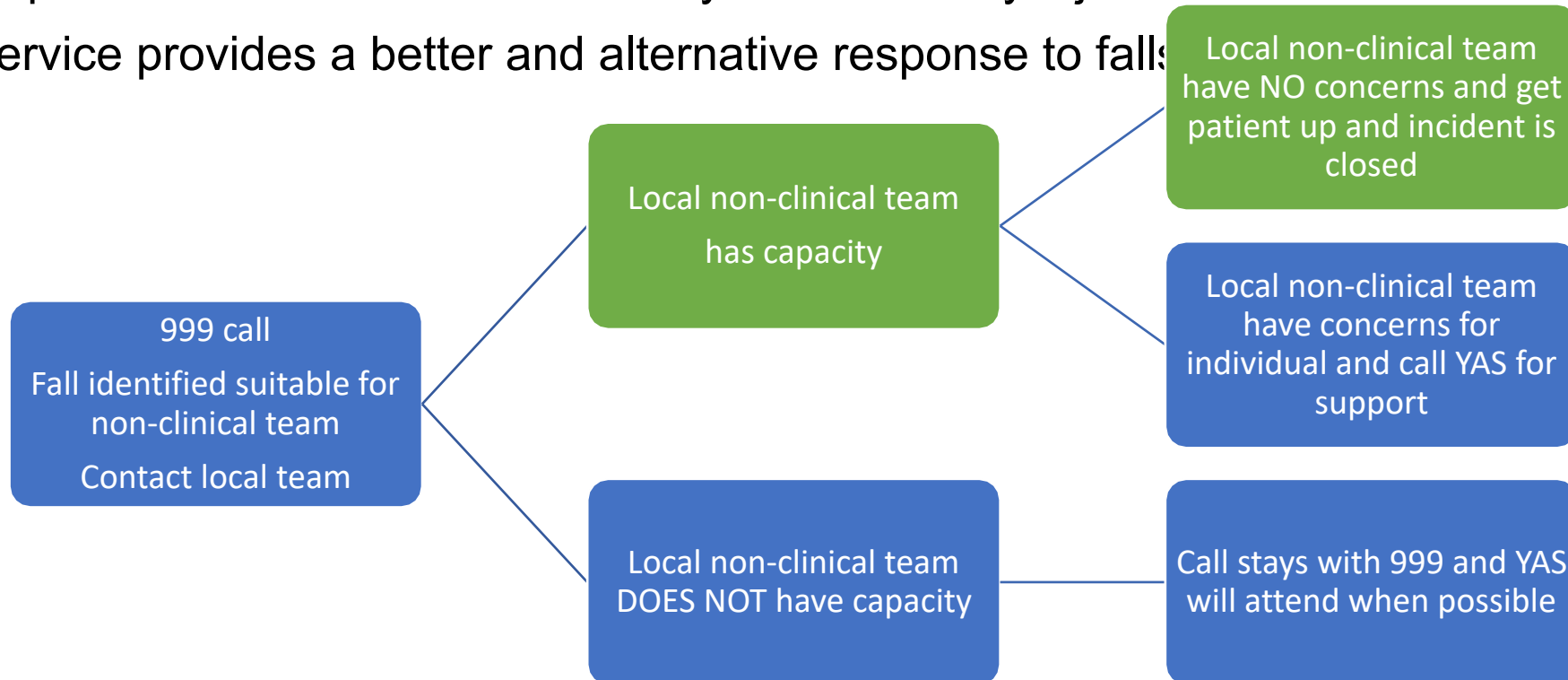
# The best response – First Time

8-10% of Yorkshire Ambulance 999 demand are for people who have fallen

Someone who has fallen and has no injuries, can wait hours for 999 response, as we will always priorities those who are seriously ill or seriously injured.

Page 158

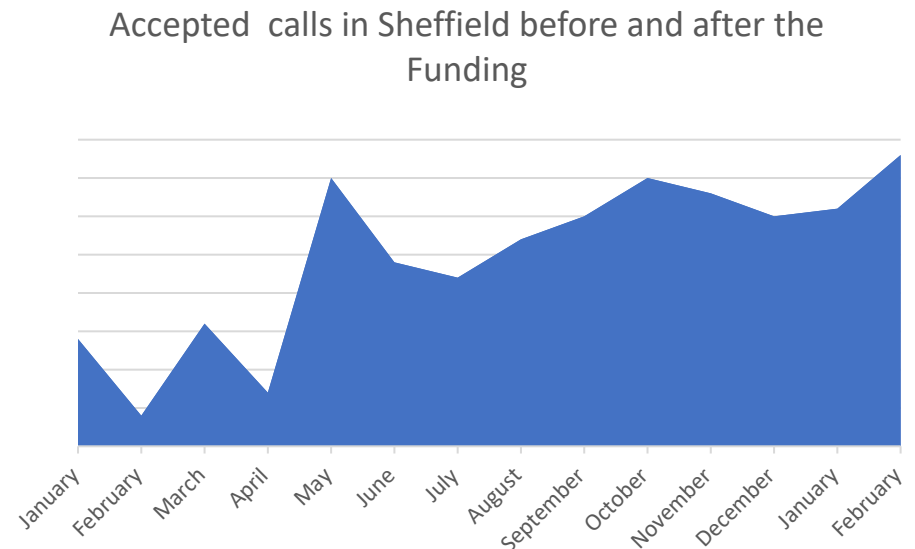
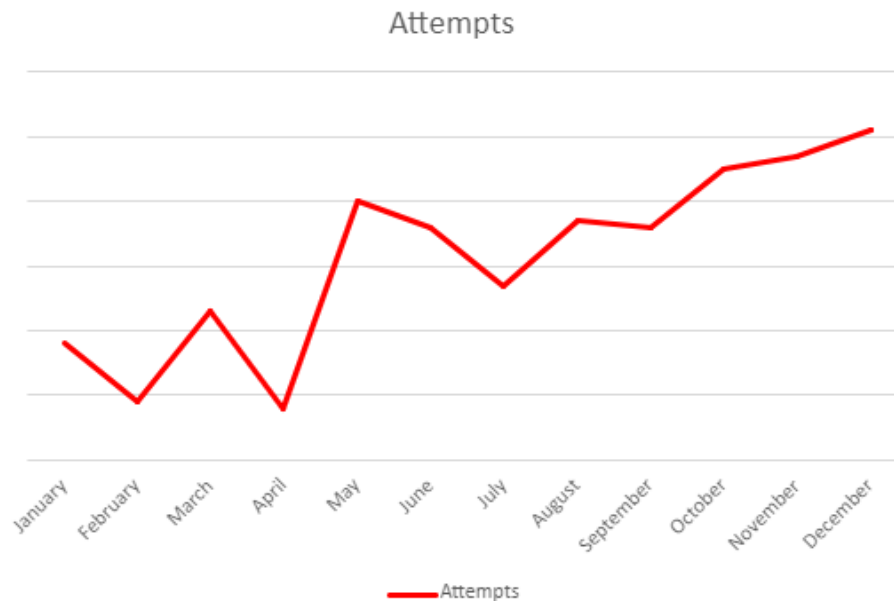
This service provides a better and alternative response to falls



## Successes, measurable impact and quantifiable benefits

- From the calls YAS have sent Sheffield in this past year only 6.85% of the people have required an ambulance.
- Sheffield falls response team have therefore prevented 93% of the calls passed to them from going to hospital.
- Not only does this prevent an ED attendance and possible admission but is more responsive to the individual and more catered to their needs reducing harm by the patient waiting on the floor for an extended time.

Page 159





# Challenges

- Improving understanding to partners that calls to 999 are not necessarily an emergency and that they may be better responded to by a different provider.
- Capacity: Getting it right! Could the number of referrals the falls response teams accepted could still increase if capacity increased? The review will need to explore the full potential alongside the responses required for those with a community alarm



# Key learning points

- Positive outcomes drive more referrals which embeds the work
- Positive impact and experience for those who fall
- Significant improvement in initial response times and reducing the risk of impact of long lies
- Improved system efficiency, in ambulance crew hours
- Improving and building on existing community-based provider models and resources including opportunities to explore the use of technology enabled models of

## Next steps

- First year review in April 2024 including performance reporting and feedback
- Explore/determine key areas for development for example, if this could be expanded to support other community settings, for example Care Homes (mixed stakeholder views around this)
- Expand options as part of UCR
- Learning from other areas

