



COT/ BAOT Briefings

National Service Framework for Older People Review and Next Steps

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Introduction

This Briefing captures the key points from two documents that have been released in 2006, five years after the launch of the *National Service Framework (NSF) for Older People* (2001). It will replace the original Briefing that described the aim and content of the NSF (College of Occupational Therapists 2003).

In March 2006 the Commission for Healthcare Audit and Inspection published the summary report of a joint review of progress against the NSF for Older People, entitled *Living well in later life*. The review was carried out by the Commission for Social Care Inspection, the Audit Commission and the Healthcare Commission.

In April 2006 the Department of Health published *A New Ambition for Old Age; Next Steps in Implementing the National Service Framework for Older People*. This is a report from Professor Ian Philp, National Director for Older People. It sets out the next phase of reform for the second half of the ten year NSF time frame.

National Service Frameworks

The National Service Frameworks are intended as a method of setting standards to achieve greater consistency in the availability and quality of services for a range of major care areas and disease groups, with the aim of reducing unacceptable variations across England.

NSFs:

- set national standards and define service models for a specific service or care group. Each standard is based on the evidence and knowledge as available;
- put in place strategies to support implementation; and
- establish performance measures against which progress is measured within a given time scale.

Living well in later life. A review of progress against the NSF for Older People (Healthcare Commission et al 2006)

This collaborative review evaluated the progress made by the National Health Service, local authorities and other partners



against the standards laid out in the NSF. It used five themes that cut across the eight standards within the NSF. These were:

- tackling ageism and promoting equality;
- involving older people;
- designing and delivering services around older people;
- living well in later life; and
- leading organisations through change.

The review focussed on the three conditions included in the NSF - stroke, falls and mental health. Whilst it recognises that services have improved since the NSF was published, the review report suggests that these improvements are not consistent across the country. It identifies some key areas for further action to underpin sustainable improvement in the experiences of older people, which were:

- further tackling of discrimination seen in ageist attitudes and an increased awareness of other diversity issues;
- ensuring all of the standards in the NSF are met, including providing further guidance in the next steps in implementation; and
- the strengthening of the partnership working between all of the agencies that provide services for older people.

The report explains each of these three areas by describing what the commissions found during the review. These included:

- Some older people are still experiencing poor standards of care on general hospital wards, with a lack of dignity and respect and little consideration being given to the specific needs of the elderly.
- There needs to be greater engagement and involvement of older people in the planning of services, especially those from black and minority ethnic groups, to understand and take account of cultural and religious diversity.
- Although there has been a significant reduction in the number of delayed discharges from hospital, some older people still experienced poorly managed discharges.
- There needs to be full implementation of the single assessment process across health and local authority partner services. Older people should have a copy of their assessment and personal care plan.
- A change in culture is needed to move away from service-led organisations to be person-centred, so that older people have a central role in designing their care and planning the range of services available to all older people.
- All aspects of mental health services were identified as needing further improvement.
- Integrated falls services need to progress in line with the five components of an integrated falls services as set out by the Department of Health.
- The provision of end of life services was found to be inconsistent. They need to be co-ordinated across organisations, with reliable and seamless provision of care.



- Partnership-working was seen to be strongest where there was a shared sense of what organisations wanted to achieve with and for older people and how this was going to happen. Also where older people were engaged systematically in the design of services.
- This was also reflected in workforce strategies, where the lack of a joint approach led to more problems in recruitment. Opportunities for joint training, building capacity and the development of new ways of working were not widely used.

The *Living well in later life* report makes ten formal recommendations to local service providers. They bring together the requirements as above and link in with other policy documents such as the *Our health, our care, our say* White Paper (Department of Health 2006) and *Shifting the balance of power* (Department of Health 2001). There are a further three recommendations to the Government concerned with cross-Government working, whole-systems performance monitoring and increased podiatry services. There are six recommendations for the reviewing commissions concerned with ongoing monitoring, performance indicators and support of implementation.

A new ambition for old age - next steps in implementing the National Service Framework for older people (Philp I 2006a)

This document, which shortens its own title to *Next Steps*, begins by identifying the success to date in the implementation of the NSF for Older People (Department of Health 2001), for example:

- Growing numbers of older people are becoming involved in health promotion activities, for example stopping smoking.
- Increasing numbers of older people are receiving intense help to remain at home rather than in going into residential care.
- There are reduced numbers of delayed discharges.
- There is continued improvement in specialist services, such as stroke and falls.

Next Steps identifies a new ambition for health and social care services, reflecting the expressed wishes of older people and their relatives. Recognising that there are still negative attitudes and behaviours towards older people within the care system, the ambition is to ensure that older people will be treated with respect in all settings, to be achieved within five years.

Linking with the White Paper *Our health, our care, our say* (Department of Health 2006) and the opportunity to improve the planning, commissioning and delivery of health and care for older people, the ambition is to improve outcomes for older peoples' health, independence and well-being, extending healthy life expectancy.

This new ambition is to be achieved through ten programmes of activity, each with specific aims. More detailed information is made available as a resource document from the Department of Health web site (Philp I 2006b).



Dignity in care

This work seeks to tackle negative cultural attitudes towards older people, which is seen as the cause of the failure to treat older people with respect for their dignity and human rights.

Programme 1: Dignity in care

This programme renews the government's commitment to ensuring respect for the dignity and human rights of older people, placing it at the centre of the delivery of care in all settings. It aims to:

- improve the areas of nutrition and environment in hospitals and care homes;
- improve skills, competence and leadership in the workforce;
- assure quality by working closely with inspectorates and regulators;
- ensure dignity for those with mental health problems;
- ensure dignity at the end of life by delivering best practice end of life care in hospitals, care homes and private homes;
- promote equality and human rights; and
- champion change to ensure dignity in care.

Programme 2: Dignity at the end of life

This builds upon the best practice in end of life care that has been developed for people dying from cancer. It aims to adapt and spread the use of three models of care, the Liverpool Care Pathway, the Gold Standards Framework and the Preferred Place of Care, for end of life care with other groups. A £12 million budget over three years has been established to support the spread of best practice in end of life care to non-cancer groups, prioritising the commissioning, delivery and education in end of life care in care homes.

Joined-Up Care

Joined-Up care is seen as crucial to successful early intervention, preventing crises and improving outcomes.

Programme 3: Stroke services

Although stroke services have improved since the publication of the NSF for Older People, some people are not receiving the specialist services they require. People who have experienced a stroke and/or trans-ischaemic attacks (TIAs) now need to be treated as medical emergencies. Work has begun on the development of a new national stroke strategy.

The aims of this programme are:

- to raise public awareness of stroke symptoms and risk factors, improving the prevention of those vascular risk factors;
- to ensure people who experience TIAs have rapid access to appropriate services;
- to accelerate the emergency response to incidents of stroke;
- to recommend models of service provision in the acute phase of stroke;
- to provide ongoing support to stroke survivors as they transfer from hospital to home; and



- to ensure the workforce can support the implementation of the strategy.

Programme 4: Falls and bone health

A national audit of falls services in 2006 showed 74% of Trusts are participating in multi-agency falls services. However, it also highlighted that there are still some hospitals that lack fully organised falls services and that services for bone health were less well developed.

The five components of an integrated falls service set the priorities for the next phase of development:

- to reduce the risk of falls;
- to improve the emergency response to incidents of falls;
- to have full access to a falls assessment service;
- to increase capacity in osteoporosis services; and
- to improve rehabilitation services for people after a fall.

Programme 5: Mental health in old age

Reviews of progress for the NSFs for Older People and Mental Health have identified shortcomings in the delivery of mental health services for older adults. A new Department of Health programme board for older adult mental health services has been set up to address this. Louis Appleby, National Director for Mental Health and Ian Philp, National Director for Older People outlined their vision for older people's mental health in *Securing better mental health for older adults* (2005). This was followed by a new service development guide *Everybody's business* (2005). This described the key elements of a comprehensive older adults mental health service and will be used as a benchmark for the Healthcare Commission and Commission for Social Care Inspection in their inspection processes.

The aims identified under this programme are:

- to ensure equality in mental health services, with access based on need, not age; including the integration of underpinning programmes of work across adult and older services, such as workforce development, information systems, inspection and audit;
- to improve staff skills and competence, to enhance detection and management of mental health problems in non specialist settings;
- to secure comprehensive specialist mental health services for older adults, especially community mental health teams, memory assessment clinics and liaison services; and
- to promote mental health as part of active ageing.

Programme 6: Complex Needs

Many older people have multiple long-term conditions and have difficulty maintaining their independence, well-being and social participation. The challenge is for service commissioners and providers to develop integrated services that help the individual, working in partnership with family and informal carers.



The aims identified under this programme focus on the effective co-ordination of practitioners who work with older people with complex needs:

- to achieve better co-ordination of care for people with complex needs;
- to strengthen commissioning arrangements by the NHS and Councils;
- to develop managed networks for older people with complex needs; and
- to build on successful developments in intermediate care services.

Programme 7: Urgent Care

It is recognised that older people are heavy users of urgent care services, experiencing long waits in emergency departments and long stays in hospital. Many of these people could benefit from alternatives to hospital admission. Early access, review or management by specialist multi-professional old age-related teams will improve outcomes for older people and be an efficient use of resources.

The aims under this programme are:

- to redesign the urgent care response to incidents of falls. This will involve mobilising intermediate care services and avoiding inappropriate attendance in emergency departments or hospital admission where there is no need, with early assessment and management by a multi-disciplinary falls service;
- to redesign urgent care response to people with acute confusion on a background of dementia or arising from a medical crisis, with early assessment, treatment and review by old-age specialists; and
- to redesign the urgent care response for incidents of stroke and transient ischaemic attack as part of the work to develop a new national stroke strategy.

Programme 8: Care Records

The Single Assessment Process (SAP) is seen as key to many of the reforms towards delivering personalised and integrated care. To ensure the benefits of the SAP are maximised, information technology to support efficient and safe sharing of information across health and social care communities needs further development. Building on the SAP, a Common Assessment Framework is to be developed to provide a holistic needs assessment for all adults with long-term conditions.

The aims under this programme are:

- to simplify and extend the SAP approach to all adults with long-term conditions;
- to fit SAP implementation into the wider work of developing personalised and integrated record systems; and
- to ensure that comprehensive assessment is undertaken prior to long-term or residential nursing home care.



Healthy Ageing

The Government intends to provide more opportunities for older people to increase their levels of physical, mental and social activities, providing extra support for socially excluded groups, including those living with disabilities, in poverty or with specific needs arising from race or culture.

Programme 9: Healthy Ageing

Health promotion activities are popular amongst older people and have a strong evidence base for good health outcomes. The healthy ageing programme will deliver the older people's part of the White Paper *Choosing Health* (DH 2004) and will be a key component of delivering the cross-government strategy for older people described in *Opportunity Age* (DWP 2005).

The aims under this programme are:

- to improve physical fitness by encouraging moderate regular exercise for older people;
- to overcome barriers to active life for older people by looking at equipment, foot-care, continence care, low vision and hearing services;
- to improve access to health care and health promotion services for older people who are isolated for health or social reasons and to protect vulnerable older people from cold and heat-related illness; and
- to extend healthy active life expectancy through disease prevention and to modify health behaviour through life checks and social marketing techniques.

Programme 10: Independence, Well-being and Choice

Picking up many of the national projects generated by the Green Paper *Independence, well-being and choice*, the aims under this programme are:

- to promote independence by increasing the use of assistive technology;
- to promote the well-being of older people and their families by strengthening leadership and partnership between local authorities, the local NHS and the voluntary sectors;
- to increase choice for older people and their families in social care through increased use of direct payments and individual budgets; and
- to increase the uptake of assessment and response to carers' needs.

Support for Implementation

There are a number of systems to ensure progress against the key aims and objectives of this document. These include the National priorities and planning framework, workforce modernisation, national guidelines development, investment in new technologies and research and development. Alongside these will also be five key implementation levers. These are:

- leadership;



- regulation and inspection through the Healthcare Commission, the Commission for Social Care Inspection and the Audit Commission;
- Public Service Agreement (PSA) targets;
- Commissioning, strengthening multi-sectorial commissioning arrangements; and
- Care Services Improvement Partnership (and other service improvement agencies).

The full document and supporting Next Steps Resource can be accessed on the Department of Health web site at: www.dh.gov.uk

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