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Health Policy Matters

HELPING DECISION MAKERS PUT HEALTH POLICY INTO PRACTICE

This issue **National Service Framework for Older People: Jigsaws of Care**

Introduction

The publication of the National Service Framework (NSF) represents a milestone in the development of services for older people. For the first time it sets national standards of care by which older people themselves can gauge service effectiveness.

Such an aim is consistent with the notions of empowerment and respect for the individuals upon which the NSF rests. It sets an ambitious agenda, the most challenging aspects of which will better manage age discrimination and establish a culture of person-centred care. Such goals are easy to set out but more difficult to achieve.

Implementing the NSF will take a major effort at every level. It will not be enough simply to restructure organisations; something more fundamental is required.

It is also necessary to restructure society, by scrutinising and reviewing the value and status accorded to older people, whilst recognising fully the contribution that they make. This is the real challenge that the NSF poses, and if for no other reason than enlightened self-interest, it behoves us all to make sure it succeeds.

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Background

The increasing number of individuals reaching old age presents challenges to both the design and the delivery of health and social care provision. The opening paragraph of the National Service Framework for Older People uses census data to outline the scale of the numbers involved – since the 1930s the number of people over 65 has almost doubled with an ever-increasing number living longer than before. It is predicted, for example, that between 1995 and 2025 the number of people over the age of 80 is set to increase by half, with the number of those living beyond 90 years of age doubling.[1] The NSF seeks to identify and address the challenges that this demographic dimension presents to those responsible for planning and delivering health and social care services.

The template of standards and strategic targets identified in the NSF provides the core of this *Health Policy Matters* commentary together with the identification of key considerations for an operational framework to take forward both the detail and spirit of the guidance. These two sections are preceded by an introduction to the background of general health and social care initiatives and policies that provide the context through which specific policy concerns for older people are considered.

When the NHS Plan was published in 2000, the development of a NSF for Older People was highlighted as an integral part of a potentially radical agenda for the reform of

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It looks at the background to the National Service Framework for Older People and explores ways in which the 'jigsaws' of care can be delivered.

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both health and social care.[2] Announced two years earlier, NSFs seek 'to lay down what treatment and care should be provided for patients suffering from particular conditions or who have particular needs, such as older people'.[3] With established frameworks for cancer and paediatric intensive care incorporated into the overall NSF initiative, the NSF for Older People follows those for coronary heart disease and mental health.

Like mental health, the NSF for Older People is focussed upon the needs of a group where services are provided across a range of health and social care settings as well as by a variety of statutory and independent (voluntary and private) providers. Also like mental health, the experiences of older people have a high media profile. Stories of age-discrimination, bed-blocking, excessive waiting times (especially within A&E), the meeting of private nursing home fees, the level of state-provided pensions, scandals in the private pension sector, as well as anxieties over the 'lottery of care' have all been prominent. Inevitably, the issues that such concerns raise have informed the NSF. At the same time, the NSF has been informed by the cumulative impact of social policy initiatives across the broad health and social care arena. These initiatives, and associated legislative programmes, incorporate a range of concerns that reflect clear trends in social policy:

- ***Empowerment:*** the importance of involving and consulting users and carers and the creation of a sense of 'ownership' have come to prominence;
- ***Accountability:*** greater accountability and regulation, along with techniques of evaluation, is being developed and promoted by central government as published standards and targets;
- ***Evidence:*** the collection and evaluation of data is continually adding to an evidence-based momentum to guide policy initiatives and decisions;
- ***Re-alignment:*** there is the beginning of a substantial re-alignment between and within statutory services; change in balance between statutory agencies and the independent sector; shift in public and private finance; and the redrawing of professional boundaries; and
- ***Risk:*** more recognition is being given to the importance of risk-taking as well as a concomitant heightening of awareness of user recourse to litigation.

These general themes can be found in the NSF for Older People. The goal of the NSF is the promotion of fair, high quality, specialist services that will have implications across the whole of the broad spectrum of health and social care provision for older people. There are several guiding principles of which four provide pivots around which the NSF proposals are formulated:

1. identifying and tackling issues of ageism and age-discrimination, with explicit recognition given to the needs of ethnic minority elders;
2. recognising that the needs of the individual are paramount and that targets should be focussed upon developing services that will promote independence and good health;
3. moving away from traditional definitions of old age to one where the emphasis is upon a continuum of ageing; and
4. ensuring that while older people have access to mainstream services, there is also the availability, when required, for specialist care and specialist knowledge.

These principles inform the identification of eight standards in the NSF (see Box 1). The standards, taken in conjunction with an outline timetable, provide a template of strategic targets.

Standards and strategic targets

The standards are grouped around four themes, which propose to change both practice and culture (see Box 1).

These standards are to be managed into the NHS with a series of 'key milestones' (see Box 2).

As with other NSF targets, these targets are to be seen as a minimum to be achieved. Taking them forward raises questions. Specific guidance has been subsequently published for two areas – the single assessment process and auditing age-related practice:

single assessment process: where "…the scale and depth of assessment is kept in proportion to older people's needs, agencies do not duplicate each others' assessments, and professionals contribute to assessments in the most effective way".[4] Twelve steps are outlined including agreeing on purpose, outcomes, shared values terminology and mapping the care process. Local

Box 1: Themes and standards

THEME 1 - RESPECT THE INDIVIDUAL	
Standard 1 - Rooting out age discrimination	NHS services will be provided, regardless of age, based upon clinical need
Standard 2 - Person-centred care	older individuals will be able to make choices about their care, based upon a single assessment process
THEME 2 - INTERMEDIATE CARE	
Standard 3 - Intermediate care	a new range of services to help prevent hospital admission, promote early discharge, encourage rehabilitation
THEME 3 - PROVIDING EVIDENCE-BASED SPECIALIST CARE	
Standard 4 - General hospital care	care provided through specialists who have the right skills to meet individuals needs
Standard 5 - Stroke	development of specialist stroke services with an emphasis upon partnership and prevention strategies. Principles and service models are seen as relevant for all adults
Standard 6 - Falls	the development of a specialist falls service, offering effective treatment, rehabilitation, and prevention
Standard 7 - Mental health in old age	promotion of integrated services that provide early diagnosis, treatment and support for the older person and their carer(s)
THEME 4 - PROMOTE AN ACTIVE HEALTHY LIFE	
Standard 8 - Health and active life in old age	the NHS supported by local councils should lead on the development of programmes that promote health and well being in old age

Box 2: Key milestones

2001	
June	Local arrangements for implementing the NSF established
July	Overall Chief Executive Officer lead identified for older people's NSF in every health and care system at local level. Intermediate care co-ordinator appointed in each health authority
October	Audits of all age-related policies completed, outcomes published in annual reports
2002	
January	Health and social care joint investment plan agreed for 2002/2003
March	1,500 additional intermediate care beds. 40,000 additional people receiving intermediate care promoting rehabilitation and discharge. 20,000 people receiving intermediate care preventing unnecessary hospital admission
April	Health and social care single assessment introduced. Old age specialist multi-disciplinary team identified
2003	
April	Skills audit of staff who care for older people in general hospital settings in place. Specialist training courses in place to meet deficits in skills. Health care providers to have in place risk assessment for falls. Local plans in place to promote healthy ageing
2004	
April	Every general hospital offering stroke care to have a specialist service. Primary Care Groups (PCGs) and Primary Care Trusts (PCTs) to have schemes to help older people use prescribed medicines

reviews have to be completed by April 2002 with the expectation that all requirements will be met by April 2004.

auditing age-related practice: based upon the establishment of a Local Scrutiny Group that involves older people "… The number to be involved will need to be considered locally with a view to ensuring balance and appropriate representation – ethnicity, urban/rural. The means of identifying representation and supporting the older people in their role will be crucial to effectiveness".[5] In addition there will be representatives of patients, carers, professions, social services, independent/not-for-profit health and social care providers and an executive director. This is essentially a

review function accountable to the local Chief Executive Officer with the lead for the older persons NSF.

Such guidance, however, still leaves unaddressed a number of key issues that effect implementation of all eight of the NSF standards.

Funding

It is possible for the targets to be incorporated into Health Improvement Plans (HImPs) and monitored through PCTs. The expectation for this and other approaches, however, is for the NSF targets to be introduced and achieved within existing resources. While the budget for services specifically aimed at older people was increased in the NHS Plan, funding remains a major area of concern. This is highlighted in the different paths taken by the Scottish Parliament and Whitehall when considering meeting the costs of nursing care outside of hospital.

When the Royal Commission established to look at long-term care for the elderly presented its report, one of the central recommendations was that all personal care in any setting, based on an assessment of need, should be free to the individual and paid for from taxation.[6] While the Scottish Parliament announced its intention to follow this path,[7] in England the Government focussed its response on two areas.[8,9] First, it announced investment in intermediate care in order to promote independence so that more people could live at home. Secondly it addressed the situation whereby nursing home residents may be charged for the services of a registered nurse that in NHS care settings is provided free. Registered nursing charges, however, do not necessarily have to include costs associated with washing, feeding and dressing and there is no check on the levels of non-nursing charges and the overall fee charged by the private sector.

Changes such as these are occurring at the same time as care standards for the independent sector have been announced.[10] The National Care Standards Commission comes into force in April 2002 and has produced National Minimum Standards of Care for Older People. The standards will apply from April 2002 although standards relating to major structural change will not come into effect until 2007. In addition, for the public as well as the private sector, there are staffing costs to up-date knowledge and skills. This has important implications for the costing of care packages. In particular how staff development costs are included to obtain a figure that begins to reflect the true cost of delivering a high quality service. These and the costs of structural improvement have significant implications for the supply of private nursing home care.

Developments in these areas are underpinned by the traditional split in responsibilities between health and social care and the associated financial cycles and concerns. Crucially, present arrangements would appear to hinder rather than facilitate the achievement of targets such as those identified by the NSF. The NSF is quiet on such matters although joint inspection by the Commission for Health Improvement and the Social Services Inspectorate is likely to further highlight these issues.

Workforce development

Publication of the NSF, as well as work carried out by National Training Organizations, highlights the challenge presented by an ageing workforce when it comes to introducing new philosophies and practices of care.

The existing home care workforce is drawn predominantly from those born in the 1950s who, it is estimated, will retire over the next decade at a time when the older population will be rising. Replacement staff will have been born in the 1970s, a smaller group. At the same time there is a serious shortage of trained staff, especially in residential care, that presents a serious challenge if the standards are to be pursued and achieved.[11]

Identifying and developing funding opportunities through both the Workforce Development Confederations and Learning Skills Councils is critical. While it is essential to develop specialist practitioners for the older person, among whom would be specialist consultant nurses, it is also important to recognise that all nursing staff need a far greater awareness and appreciation of the issues involved in providing support and care for older people.[12] At the same time, the emphasis has to be upon developing all staff and not just focussing upon those pursuing professional qualifications where the traditional emphasis has lain. An integral aspect of this process will be identifying the educational and training implications of increased inter-professional team working not just within the NHS but also across the statutory and independent sectors and how this accords with initiatives such as continuous professional development.[13]

Carers

The focus of the majority of the NSF standards is upon services provided by the formal care system. This, however, could not begin to deliver the range, volume and flexibility of

care and support for frail older people that is provided by unpaid carers, whether family, neighbours or friends. Unpaid carers are major deliverers of care, acting as partners with service providers while also monitoring overall care systems. There still remains the problem, however, of turning acknowledgement of the pivotal role that unpaid carers play, for example, in rehabilitation and intermediate care, into practical forms of support. While there are frequent mentions of carers under headings such as 'involvement ' and 'consultation' what that means in practice is less than clear.

Unpaid carers provide an important subsidy to official funding as their efforts lead to fewer admissions and re-admissions to hospital, more rapid discharge from hospital, and reduced time demands on professionals. The philosophy of support behind the standards is equally relevant to those unpaid carers, who increasingly are becoming older themselves. With people living longer, not only is the number of those becoming dependent increasing but also those providing unpaid care are themselves becoming older and who, without support, will themselves begin to make increasing demands upon services.[14] Initiatives that begin to recognise the importance (and the stresses and strains) of carers are a complementary cornerstone to the NSF.[15]

Clinical and practice support services

Depression, stroke and dementia can present in ways that differ from those associated with other age-related groups. Specialist appreciation, and associated skills and philosophies of care are required. Similarly, the need for informed choices and decision making by the older person is paramount. An important future development will be around the role of drug information provided to patients by health care staff. The role of community pharmacists, nurses and support staff within primary care must involve advice on safe storage, administration, compliance and early signs of adverse effects. With the increase in self-medication, over-the-counter medicine purchases and in ill health episodes attributed to adverse drug interactions in older adults, patient education is an integral dimension of clinical and practice support services. Developments in nurse prescribing clearly may have an impact in this area.[16]

Strokes and falls

The standard on stroke care highlights an important aspect of the NSF standards and targets. While it is necessary to recognise explicitly the development of any one aspect of a specialist service, in this instance for stroke management, this has to be incorporated into the proposed development of pathways of care where the support and care available to help patients in their own homes is an essential aspect if an integrated service is to be achieved. An essential element of this is not only a specialist appreciation but also the knowledge, skills and experience that comes from working in a multi-disciplinary team, as well as an infrastructure that promotes early rehabilitation. A clear future need is to identify the key elements of rehabilitation that may move a patient forward and achieve independence when receiving care in their own home from carers. Successful rehabilitation involves the ability of carers to provide for themselves appropriate specialist support as required. Such considerations also apply to support and care around the standard identified for falls and are linked to health promotion and the pursuit of a healthy and active life in old age.

Mental health

These proposals are an extension of the earlier NSF for Mental Health and highlight the distinction between adult mental health and older people's mental health services. A major shift in care delivery away from hospital care towards primary care and the promotion of early diagnosis and, in particular, the importance of early intervention with dementia is stressed. The importance of 'liaison psychiatry' in acute hospitals and improved recognition and treatment of depression in primary care is essential if recovery from acute illness (eg. heart attacks, strokes and surgery) is to be improved. Such integrated care requires a 'single assessment process' where specific information is provided for a range of workers including therapists, social workers, nurses, geriatricians and old age psychiatrists, and general practitioners. Supported with possible organizational and administrative integration across health (both primary and secondary) and social care, these changes, perhaps more than any other, are likely to hold the key to successful implementation of the NSF.

These issues highlight the importance of a number of key components that have to be addressed if the NSF standards are to be successfully implemented. At the same time, drawing also upon the trends in health and social care initiatives and policy outlined

earlier, it is possible to draw up an 'operational framework' of points needed to take the NSF forward.

Operational framework

Six elements can be identified:

User accountability

New structures of accountability to central government are emerging of which these particular standards are one example. At the same time, involvement of users in the policy process is becoming an integral part of the policy process.[18] How this is done effectively, and the means by which users are empowered, is becoming increasingly addressed across all user groups. For the older person, as with others, perception is vital. This is a group who are old enough to still remember what services were like before the introduction of the NHS and the welfare reforms of the late 1940s. Those implementing the NSF for Older People face a particular challenge in the way that any initiative will be filtered through a set of expectations and experiences that younger users of health and social care services will not necessarily share.

Organizational boundaries

These are in a state of flux within and between statutory and independent agencies. The pivotal role that primary care plays is highlighted not just in the discussion around the role of Primary Care Trusts but in the promotion of Care Trusts in the NHS Plan where health and social care services become increasingly integrated within one health-based organization. If this was to happen with services for older people, then the standards outlined in the NSF might be more straightforward to achieve given the history of attempts to build partnerships between the NHS and Social Services Departments when responsibilities are split. At the same time, a development to integrate responsibilities along such lines could provide a model for the delivery of services to other user groups.

Continuing and intermediate care

Longstanding issues around provision for continuing care and developing intermediate care options highlight the importance of how organizational boundaries are drawn and the practical issues around developing frameworks for Care Trusts.[17] These come to the fore in taking forward the proposals for a 'person-centred care pathway'. Once decided, based upon the 'single assessment process' three questions have to be asked:

- who takes the decision on taking forward the individual's care pathway?
- who takes responsibility for its success or failure? and
- who, ultimately, benefits?

Such questions are asked within a context set by the level of resources and previous local history that can often involve conflict, and its resolution, in seeking to implement policy.[19] An integrated approach to these issues and the supply of private facilities will determine the NSF's success.

Staff deployment

As boundaries become blurred and staff acquire new skills, issues around effective deployment and career pathways for the individual come to the fore. Experience from joint/shared working and training initiatives involving nurses and social workers indicates that training and development has to be accompanied by parallel developments in service infrastructure if the 'new' skills are not to be lost within unchanged traditional structures of working. The implication for the NSF is that it has to be implemented within an integrated framework rather than introduced in a piecemeal and ad hoc manner if difficulties are to begin to be minimised.

The staff agenda has also to address and incorporate developments in national occupational standards and the National Qualifications Framework, as well as changes in the health and social care occupational regulatory bodies. These will determine not just the content of the curriculum but also how practitioners will be regularly 'revalidated' and be held accountable for their actions.

Evidence base

The collection of data and monitoring and evaluation of performance that the NSF Standards require will need improved information systems and rigorous management. The standards create a research agenda not just for the successful implementation of the standards but also for their refinement and development.

Funding arrangements

This has already been identified as one of the key problems in achieving the NSF standards. As long as uncertainty continues, as the Health Select Committee has highlighted with their review of long-term care, achieving the

standards and improving provision is likely to be compromised. Robust evidence from a costed options exercise is required.

It is important that each of these six operational elements are not treated in isolation from each other but seen as inextricably linked. An initiative in one area inevitably has a 'knock-on' effect for the other areas – whether it is specifically health- or social services-focussed.[20,21]

Jigsaws of care

The NSF provides a potentially radical vision of services for a user group that combines demographic 'weight' with a high media profile. It provides a clear focus upon the health of the older person. If the standards are to be achieved, the importance of social care and its integration with health provision cannot be ignored. There is ample opportunity for interpretation and application of the standards to local circumstances – to create a profusion of 'jigsaws of care'.

Irrespective of the pattern of the emerging 'jigsaws', the importance of the four basic principles identified as permeating the whole of the NSF cannot be over-estimated. Taken together – tackling ageism and age-discrimination; recognising the needs of the individual; adopting a continuum of ageing; and ensuring access to mainstream and specialist services – they provide the starting point for improving services for older people. *But,* key questions still have to be considered. These include how to ensure that both the spirit and the detail of the NSF are taken forward; how to counter the historic legacy of health and social care split responsibilities; how to identify the impact of the targets upon services and staffing for other user groups (both in the hospital and community) and funding.

The NSF gives overall responsibility for the NSF standards and targets to the appointment of a Chief Executive Officer at local level in every health and care system. At the same time, it is also clear that the scope of implementation is meant to embrace all services and staff that have dealings with older people and not just those with a specialist remit. Similarly, implementation is intended to apply to all levels within an organization. Specific issues affecting implementation have already been signalled earlier when discussing 'Standards and Strategic Targets' and under 'Operational Framework'. The creation of integrated, cost effective policies within available budgets will not be easy.

While the particular structures that are established to take the targets forward, informed by guidance such as that for the single assessment process, will reflect local considerations it is possible to compile from the NSF a *'Checklist of Essential Steps'* to be taken in any action plan:

- identifying key service principles and priorities, costed objectives;
- determining clear lines of responsibility;
- agreeing organizational links, both within and between organizations;
- developing parallel and integrated structures in both health and social care settings that are evidence-based;
- monitoring costs; and
- implementing thorough evaluation of the NSF.

These steps involve the co-ordinated management of a range of specific roles:

'Architects'	involving users, carers and staff at all levels in the design and delivery of service provision;
'Sponsors'	ensuring that senior management provide leadership, commitment and a sense of ownership within the organization;
'Counsellors'	providing line management support/mentoring for those involved with the initiative; and
'Brokers'	identifying a 'third-party' from within or outside the organization to mediate when required.

The organizational processes involved with implementing the standards and targets will be challenging and can be informed by past failures and future evaluation. The success of the NSF is not just in meeting the standards and targets, it is also about ensuring that the pursuit and meeting of the standards and targets contributes to a climate where institutional ageism and age-discrimination is eradicated and the quality of 'customer' care improved.

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References used in this commentary are predominantly official Government publications. Additional publications from across the spectrum of material that is available on older people are listed in the NSF for Older People. Two UK-based journals also provide a fertile source of material - 'Ageing and Society', and 'Health and Social Care in the Community'.

Websites

Websites are increasingly offering access to a wide variety of publications. The following are a small sample:

Age Concern England:
http://www.ace.org.uk/

Carers - Government information
http://www.carers.gov.uk

Centre for Policy on Ageing:
http://www.cpa.org.uk/

Commission for Health Improvement:
http://www.chi.nhs.uk

Department of Health:
http://www.doh.gov.uk

Help the Aged
http://www.helptheaged.org.uk

National Audit Office:
http://www.nao.gov.uk

National Electronic Library for Health
http://www.nelh.nhs.uk

National Electronic Library for Social Care
http://www.elsc.org.uk

National Institute of Clinical Excellence:
http://www.nice.org.uk

NSF for Older People:
http://www.doh.gov.uk/nsf/olderpeople.htm

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