THE ASSEMBLY

5 MARCH 2003

REPORT OF THE EXECUTIVE DIRECTOR OF HEALTH AND SOCIAL CARE

NATIONAL SERVICE FRAMEWORK FOR OLDER PEOPLE - LOCAL IMPLEMENTATION PLAN	**FOR INFORMATION**

This report refers to The National Service Framework for Older People (NSF), which sets new national standards in health and social care for all older people whether they live at home, in residential care or are cared for in hospital. The NSF and its associated action plans have (with regard to older people's services) taken forward previous Joint Investment and Community Care Plans. Reports taken to Members for decision both recently and for some years to come are likely to concern actions that are influenced by the NSF standards.

Summary

The NSF for Older People is issued as guidance under Section 7(1) of the Local Authority Social Services Act 1970 and is part of a national programme of NSFs designed to drive up standards and reduce unacceptable variation in health and social care. The NSF focuses on:

- Rooting out age discrimination (a key principle underlying the new Fair Access to Care policy).
- Providing person - centred care with older people treated as individuals with respect and dignity (an important aspect of the new Intermediate Care Strategy and all new service developments)
- Promoting older people's health and independence (which links to the Council Priorities and the Older People's Service Scorecard).

These principles underline eight major standards, each with action plans, milestones and targets.

This report provides an overview of the NSF standards and local arrangements for managing their implementation, together with work in progress and planned. A more detailed overarching action plan is available on request.

Rob Tomlinson	Development and Quality Manager	020 8227 2489(telephone) 020 8227 2423 (fax) 020 8592 5363 (minicom) e-mail: rob.tomlinson@lbbd.gov.uk

1. Background

1.1 The NSF published in March 2001 has roots in Modernising Social Services and the NHS Plan. It is a ten-year plan, although the milestones and targets require a rapid pace of change. All new government guidance and priorities for older people's services either flow from the NSF or are closely linked to one or more of the standards. The NSF is led by a National Director, Professor Ian Philp, and on a regional basis by the Social Services Inspectorate and NHS London Region. Progress is monitored through the Performance Assessment Frameworks, Position Statements, specific reports and visits. The NSF is therefore important in respect of the performance of the Older People's Service, Social Services and the Council.

2. The NSF standards and local actions

2.1 This section sets out an overview of the standards and corresponding local actions. Each standard has named lead officers (see Appendix 1). In the section that follows the standard is printed in bold.

3. Standard One: Rooting out age discrimination

3.1 **NHS services will be provided, regardless of age, on the basis of clinical need alone. Social care services will not use age in their eligibility criteria or policies, to restrict access to available services.**

3.2 Early actions included an audit of policies with all agencies and the appointment of NSF leads and champions. No overt or explicit discrimination was identified within key documents. New NHS Continuing Care Criteria and Social Care Fair Access to Care policies have been agreed, by the Strategic Health Authority and by the Council and Primary Care Trust respectively.

3.3 The Department of Health has recently published health-benchmarking data, which will help local systems to analyse the local levels and patterns of service for older people. However a local partnership with Barts and the London University has already produced a wealth of information about demand for acute, primary care and social care services by older people.

3.4 Although no explicit discrimination was found in policy documents – the key aim of ensuring that older people are never unfairly discriminated against in accessing NHS or social care services as a result of their age – remains as a major driving principle and guide to practice for all agencies and staff. New relevant initiatives include the development of the NSF champion roles, the launch of the PCT Patient Advice and Liaison Service, and the inclusion of equalities and diversity objectives within the Council and Older People Service Balanced Scorecards.

4. Standard Two: Person Centred Care

4.1 **NHS and social care services treat older people as individuals and enable them to make choices about their own care. This is achieved through the single assessment process, integrated commissioning arrangements and integrated provision of services, including community equipment and continence services.**

4.2 Locally the Single Assessment Process (SAP) is being implemented across the Barking & Dagenham, Havering and Redbridge health and social care community, with input from the Strategic Health Authority and other leading authorities. The SAP aims to ensure that older people are treated as individuals and that they receive appropriate and timely packages of care, which meet their needs as individuals, regardless of health and social services boundaries.

4.3 The SAP introduces four levels of assessment: contact, overview, comprehensive and specialist. An agreed assessment "tool" (set of questions) will be used. In practice the first two levels of assessment will often be combined. An important aspect of SAP is that the assessment starts with whichever professional or agency the older person or carer first approaches. SAP therefore requires all staff to work in a much more rounded, trusting and co-operative way. Agencies need to improve the quality of assessments and recording, and develop information sharing policies and IT systems that support SAP. The new Swift client record system is able to support both Fair Access to Care and the SAP.

4.4 In order to fully ensure an effective SAP it will be necessary to bring assessment and care management staff together in multi-agency teams similar to the Intermediate Care Assessment and Community Mental Health Team models. The Initial Contact Service (ICS) will also be modernised to take forward both the Best Value Customer Care Review and the integration of health and social care. Currently the ICS performs two main jobs; it provides information advice and simple services, and it acts as a route into more complex assessment and service provision. These two roles may need to be re-designated between generic help access points and multi – agency assessment teams.

4.5 The Department of Heath's Public Service Agreement (the PSA) sets new and challenging targets for assessments and the provision of services (70% of assessments completed in 2 weeks and all community equipment delivered in 7 working days) to be achieved by December 2004.

4.6 A new local Integrated Equipment Service will be introduced from April 2004 as required by the NHS Plan and NSF. The service will (subject to Executive and PCT board agreement) be based on a partnership agreement, pooled budget and provided by a single supplier subject to a detailed contract and specification. The Service will contribute to the national 50% increase in the number of people benefiting from the provision of equipment.

5. Standard Three: Intermediate care

5.1 **Older people will have access to a new range of intermediate care services at home or in designated care settings, to promote their independence by providing enhanced services from the NHS and councils to prevent unnecessary hospital admission and effective rehabilitation services to enable early discharge from hospital and to prevent premature or unnecessary admission to long-term residential care.**

5.2 The Intermediate Care Strategy has recently been agreed by the Executive and by the PCT Board. The Intermediate Care Strategy includes:

- The development of the Fanshawe and Galleon as I.C. Centers offering clinical and social care.
- The transfer of resources from St Georges and Barking Hospitals into cost effective community services.
- The provision of new I.C. nursing beds within the borough.
- Implementation of the Performance Fund case finding and intermediate care project.
- Bringing together services such as the Collaborative Care Team, Home Care I.C. Team and Lake Rise under one line of management, one access point and agreed shared care pathways.

5.3 Background information and further initiatives are set out in the Intermediate Care Strategy.

5.4 The Intermediate Care Strategy will link to the Council and NHS LIFT (Local Improvement Finance Trust) Plan and ultimately help change local care culture, making community based services more accessible, varied and effective, thereby reducing dependence on hospitals and long stay homes.

6. Standard Four: General hospital care

6.1 **Older people's care in hospital is delivered through appropriate specialist care and by hospital staff who have the right set of skills to meet their needs.**

6.2 This standard aims to ensure that older people receive the specialist help they need in hospital and that they receive maximum benefit from their stay. Barking, Havering and Redbridge Hospitals NHS Trust (BHRT) now has a new nursing structure in place, which includes modern matrons, discharge co-ordinators and A&E community liaison nurses.

6.3 A Better Hospital Care Project Group is working on a range of targets associated with this standard and *Improving the Patient Experience*, covering the five dimensions needed for a good experience:

- Improving access and waiting
- More information and choice
- Building closer relationships
- Safe, High quality, co-ordinated care
- A clean, comfortable, friendly environment

7. Standard Five: Stroke

7.1 **The NHS will take action to prevent strokes, working in partnership with other agencies where appropriate. People who are thought to have had a stroke have access to diagnostic services, are treated appropriately by a specialist stroke service, and subsequently, with their carers, participate in a multidisciplinary programme of secondary prevention and rehabilitation.**

7.2 A Stroke Plan has been developed which covers the need to have a specialised stroke service in each acute hospital, PCT procedures for general practice (to identify and treat people at high risk) and benchmarking and audit systems. The Stroke Plan is now being enhanced to cover *Good Practice in Social Care* produced by the Stroke Association. Services offered by Age

Concern and the Council's leisure service (including keep fit activities, guided walks, and Elderberries) all contribute towards reducing the incidence of stroke.

8. Standard Six: Falls

8.1 **The NHS, working in partnership with councils, takes action to prevent falls and reduce resultant fractures or other injuries in their populations of older people. Older people who have fallen receive effective treatment and, with their carers, receive advice on prevention through a specialised falls service.**

8.2 All local health and social care systems are required to have established an integrated falls service by April 2005. This work has started with the development of a Falls Strategy Group and an audit undertaken within BHRT. This audit noted that over a 32-week period and covering 368 beds at 3 local hospitals, 939 patients had been admitted following a fall. Implications for practice include risk assessment at home, care planning and equipment needs.

8.3 The aim to reduce the number of falls and ensure effective treatment for those who have fallen requires action on a number of fronts, including: prevention and treatment of osteoporosis, home and street safety, exercise, and (as falls are a common symptom of previously unidentified health problems) better access to local health care. The Falls Group includes the University of East London and Leisure Services.

9. Standard Seven: Mental health in older people

9.1 **Older people who have mental health problems have access to integrated mental health services, provided by the NHS and councils to ensure effective diagnosis, treatment and support, for them and for their carers.**

9.2 Steps taken so far include: the introduction of anti-dementia drugs, a new Memory Lane Café / Share the Care service (for older people and their carers), dementia care information, and the creation of the specialist dementia home care service. Further developments will include the Morland Road Day Centre (a LIFT site), new Housing with Extra Care for people with dementia to replace Saywood Lodge and more effective and co-ordinated use of the Rapid Assessment Unit at Barley Court (King George Hospital).

10. Standard Eight: The promotion of health and active life in older age

10.1 **The health and well being of older people is promoted through a co-ordinated programme of action led by the NHS with support from councils.**

10.2 This standard covers a wide range of activity, which extends the healthy life expectancy of older people. These activities include:

- Housing Shape Up ensuring that all council housing stock provides warm and dry homes.

- The Community Strategy, which provides a range of key health, housing and social care targets and a focus on the wider determinants of health – environment, security, renewal, responsibilities, respect and social inclusion.

- Leisure programmes linked to CHD prevention

- Smoking cessation programme – 400 "quitters" the majority over 50. 3 clinics in the borough and 12 pharmacies offering free to user sessions (up to 5 per person|).

- Neighbourhood renewal strategy.

- Successful Winter Flu immunisation for staff and vulnerable people

- Prevention programme in Age Concern Active Ageing Centres

- Toenail cutting service planned and funding avenues explored.

- Cancer Information Officer appointed.

The Health Promotion Group helps to co-ordinate Council and NHS health improvement plans and link with the Local Strategic Partnership.

11. Local Arrangements

11.1 The NSF Local Implementation Team (LIT) is led by Cathy Mitchell, Director of Older People's Services for the PCT and for Social Services. The new Member Champion is Councillor Val Rush. The Government champion toolkit describes the role of the Member Champion:

11.2 They will be responsible for ensuring that older people become and remain a priority within their organisation and for supporting implementation of the NSF specifically. They will present a progress report to their Board (NHS) or the scrutiny committee responsible for social services every 6 months. They will be a key player in the local programme to modernise health and social services.

11.3 In addition to the leads listed in appendix one an NSF co-ordinator funded through the regeneration grant is to be recruited.

11.4 The involvement of older people in implementing the NSF is key to its success. BHRT has older people representation on its scrutiny group. The PCT / Social Services, together with BHRT and Age Concern are establishing an Older Persons NSF consultation process; the first event was a well attended conference held at the Fanshawe Hall in October. A newsletter style report of this event was sent to participants and copies are available. Further events will take place in 2003 and the outcomes will feed into the work of the standard groups.

12. Conclusion

12.1 Implementation of the NSF is likely to be an important aspect of the SSI inspection of Older People's Services due in August 2003. To date feed back from the SSI and NHS regarding local progress has been largely positive.

12.2 The NSF for Older People is a comprehensive plan which will over the course of the next ten years transform health and social care services for older people.

Background papers used in the preparation of this report:

- National Service Framework for Older People. Department of Health. There is an Executive Summary of the full NSF, which contains convenient summaries, and lists of milestones and targets.
- Improvement, Expansion and Reform: the next 3 years. Department of Health.
- NSF Plan October Update. Local Plan and record of progress.
- NSF October Conference newsletter.

National Service Framework Leads **Appendix 1**

Standard	BHRT Ley Street House 497/499 Ley Street Ilford IG2 7QX	B&D PCT The Clockhouse East Street Barking IG11 8EY 020 8591 9595	LBB&D Civic Centre Dagenham RM10 7BN 020 8592 4500	Vol Sec.
1. Rooting Out Age Discrimination	Brian Devlin Intermediate Care Manager Brian.Devlin@bhrhospitals.nhs.uk Tele. No. 020 8924 6222 Dr. Mary Springham Non Executive Director	Steve Davison Interim Services Development Manager Older People's Services Steve.Davison@bhbchc-tr.nthames.nhs.uk Tele. No. 020 8918 0517	Rob Tomlinson Development & Quality Manager rob.tomlinson@lbbd.gov.uk Tele. No. 020 8227 2489	Samantha Mauger Chief Officer samantha.mauger@ageconcern.org.uk Tele. No. 020 8270 4946 Role to be agreed with other VS leads
2. Person Centred Care	Brian Devlin Intermediate Care Manager Brian.Devlin@bhrhospitals.nhs.uk Tele. No. 020 8924 6222	Steve Davison Interim Services Development Manager Older People's Services Steve.Davison@bhbchc-tr.nthames.nhs.uk Tele. No. 020 8918 0517	Alan Ayris Manager – Initial Contact Service alan.ayris@lbbd.gov.uk Tele. No. 020 8227 2783	
3. Intermediate Care	Brian Devlin Intermediate Care Manager Brian.Devlin@bhrhospitals.nhs.uk Tele. No. 020 8924 6222	Steve Davison Interim Services Development Manager Older People's Services Steve.Davison@bhbchc-tr.nthames.nhs.uk Tele. No. 020 8918 0517	Joan Hutton General Manager - Localities joan.hutton@lbbd.gov.uk Tele. No. 020 8227 5154	

4. General Hospital Care	Brian Devlin Intermediate Care Manager Brian.Devlin@bhrhospitals.nhs.uk Tele. No. 020 8924 6222 Matrons	Mary Goward Assistant Director – Older People's Service Mary.Goward@bdpct.nhs.uk Tele. No. 020 8532 6316	Belinda Bhatti Case Support Manager belinda. bhatti@lbbd.gov.uk Tele. No. 020 8924 6535	
5. Falls	Dr. J V Mannakkara Medical Director for PCT Gill.Miller@bhbchc-tr.nthames.nhs.uk Tele. 01708 465184 St. George's Hospital 117 Suttons Lane Hornchurch RM12 6RS (also based at Oldchurch Hospital)	Angie McGonnell Associate PCDM lynn.olver@bhbchc-tr.nthames.nhs.uk Tele. No. 020 8276 7200 Dr. Robert Fowler Consultant Physician & Geriatrician Robert.Fowler@haveringh-tr.nthames.nhs.uk Tele. No. 01708 807183	Trudy Williams Locality Manager trudy. williams@lbbd.gov.uk Tele. No. 020 8227 5114	
6. Mental Health	Dr N A Ahmad Consultant Geriatrician naeem.ahmad@bhrhospitals.nhs.uk Tel. No. 020 8215 6740 Barking Hospital	Bernard Hannah Mental Health Commissioning Manager Bernard. Hannah@bdpct.nhs.gov Tele. No. 020 8276 7846	Team Mgr' CMHT Older People Joan Hutton joan.hutton@lbbd.gov.uk Tele. No. 020 8227 5154 Carolyn Jupiter NELMHT Non Acute Services Manager Carolyn.Jupiter@nel1.nhs.uk Tele. No. 01277 302848	

7. Promotion of Health & Active Life in Older Age	Brian Devlin Intermediate Care Manager Brian.Devlin@bhrhospitals.nhs.uk Tele No. 020 8924 6222	Mathew Cole Associate Director of Public Health Mathew. Cole@bdpct.nhs.uk Tele. No. 020 8532 6362	Cathy Mitchell Director of Older People's Services cathy.mitchell@lbbd.gov.uk Tele. No. 020 8227 2331	
9. Medicines Management	Brian Devlin Intermediate Care Manager Brian.Devlin@bhrhospitals.nhs.uk Tele. No. 020 8924 6222 Elaine Mason Deputy Chief Pharmacist elaine.mason@bhrhospitals.nhs.uk Tele. No. 020 8970 8010	Sharron Morrow Pharmaceutical Advisor Sharron .Morrow@bdpct.nhs.uk Tele. No. 020 8532 6370	Debbie Woodley Home Care Manager debbie. woodley@lbbd.gov.uk Tele. No. 020 8227 2290	
NSF Champions	*Julie Lamb* *Associate Director of Intermediate Care & Rehabilitation* julie.lamb@bhrhospitals.nhs.uk Tele. No. 01708 708307 *Dr. Mary Springham* *Non Executive Director*	*Cathy Mitchell* *Director of Older People's Services* cathy.mitchell@lbbd.gov.uk Tele. No. 020 8227 2331	*Councillor Val Rush* Valerie.rush@lbbd.gov.uk Tele No. 020 8591 1587	