

Leicester
City Council

WARDS AFFECTED
All Wards (Corporate issue)

FORWARD TIMETABLE OF CONSULTATION AND MEETINGS:
Social Services and Personal Health Scrutiny Committee
Cabinet

18 July 2001
30 July 2001

National Service Framework for Older People (NSFOP)

Report of the Director of Social Services

1. Summary

- 1.1 This report advises Scrutiny Committee and Cabinet of important requirements being placed on the NHS and local authorities to improve services and the quality of life for older people.
- 1.2 The NSFOP sets standards for the care of older people across health and social services i.e. inclusive of community, residential or hospital settings.
- 1.3 Locally, arrangements are being established with partners to implement a framework that is a long-term strategy. Arrangements are also being made to comply with the immediate milestones set out in the NSFOP document.
- 1.4 The "Joint Investment Plan for Older People Including Older People with Mental Health Difficulties", is attached at Appendix 1. It provides a local platform from which to develop an implementation strategy.
- 1.5 The NSFOP requires a series of actions that will require a whole systems approach and contributions from all departments. One of these areas of action is consultation, and the challenge for this Authority is how the outcomes of consultation "makes a difference" for older people in Leicester City.

2. Recommendations

Scrutiny Committee and Cabinet is recommended to: -

- (1) Note the following:
 - (i) The Elected Member and Officer Champions named for the Authority (paragraph 4.6) and that Councillor Getliffe will be Cabinet's link to the Forum for Older People;
 - (ii) The need to harness and channel issues arising from consultations with older people, their carers and representatives through the Forum for Older People;

- (iii) An audit is to be undertaken of current policies within the Authority to determine whether it is a policy to the advantage or disadvantage of older people. (See Para 4.5);
 - (iv) To note that all departments will be requested to identify the financial resources within the Authority which support current services for older people, and the potential additional costs to meet the requirements of the NSFOP;
 - (v) To note risk assessment's, will be led by the Health Authority, to review information systems and specify capital requirements (see Para 4.7); and the City Council will participate in this work;
 - (vi) Older people's issues will be specifically addressed by each Department in the Council;
 - (vii) An Executive Officer Group has been established to support the work of the Forum for Older People (see Appendix 4);
- (2) Scrutiny Committee is recommended to request progress reports on the implementation of the NSFOP on a six monthly basis.

3. Financial Implications

- 3.1 As noted in the recommendations above, further work needs to be undertaken to clarify the financial implications across the Council.
- 3.2 Account will need to be taken of the following:
- (i) Health Act flexibilities
 - (ii) Royal Commission on Long Term Care
 - (iii) Housing Investment Programme
 - (iv) Supporting People Initiative.

4. Report

- 4.1 The NSFOP launches a new era in the assessment and provision of services for older people. While there continues to be discussion on the exact definition of older people, the NSFOP refers to adults over 50 with varying degrees of need. Confusingly the attached JIP has a definition relating to older people 75+. This will need to be amended in the future.
- 4.2 The NSFOP recognises that improvements in services for older people will also interlink with other NSF initiatives i.e. coronary heart disease, stroke and mental health. It will also be of benefit to younger adults who may have needs arising from any of these conditions.
- 4.3 The NSFOP has eight standards and these are detailed in Appendix 2.
- 4.4 Officers are already contributing to translating the standards into local action, in partnership with colleagues in health communities, the independent and voluntary sectors.

- 4.5 By July 2001, the Health Authority should have completed baseline audits. This will include a gap analysis of the population, current provision, expenditure and resources available. There is also a requirement to audit policies and eligibility criteria to ensure fair access to services regardless of age.
- 4.6 Each Local Authority has to identify an Elected Member and Officer Champion. In this Authority it is Cllr Gordon Getliffe (Cabinet Lead Health and Social Care and Elaine Yardley Assistant Director Community Care /Older People).
- 4.7 By November 2001 an action plan is required which will dovetail with the JIP Older People and the Health Improvement Plan and detail how the NSFOP will be implemented, what risks there are in the implementation phase and what resources (including capital) will be required and committed to support the NSF. See Appendix 3 Milestone Summary.
- 4.8 The NSFOP will involve a change of culture within organizations, because the need for a single assessment will test existing professional boundaries. For this reason, the Action Plan will be required to address issues such as organisational development, training, workforce planning and skill mix.
- 4.9 Following the recommendation of the Best Value Review Older People (Community Care), the Council has developed an enhanced role for the Forum for Older People. This provides a real opportunity to debate more widely both plans and the wider issues of shaping policies with and for older people.
- 4.10 The Council has a range of consultative mechanisms across Departments, which seek response from Older People - the most recent of which was the Best Value Review of Services for Older People (Community Care). However, feedback from all of these consultations needs to be harnessed and channeled to a reference group. There are examples nationally of this model, for example use of Older Peoples reference groups developed within Liverpool Local Authority/Health Authority HAZ.

5. Consultation

- 5.1 The NSFOP has been presented in a summary form to members of the Forum for Older People, Departmental officers and interested parties at a workshop held on in May 2001.
- 5.2 In addition, the Health Partnership Board received a summary report and will discuss the implementation plan once all parties have agreed it.

6. Summary

- 6.1 The NSFOP provides an umbrella framework which overlaps many areas of provision and recent Government guidance, including:
- Carers and Disabled Children Act 2000
 - Quality and Choice of Accommodation for Older People
 - NHS Plan
 - Transport Needs for Older People

- Race Relations Amendment Act 2000
- Supporting People
- Health and Social Care Act 2001-06-25 Care Standards Act

7. Legal Implications

The Authority will need to ensure that they provision of services, both contractually, through direct services and in partnership arrangements, fully adheres to the requirements laid out through the various acts. There are no direct legal implications arising from this report (Guy Goodman, Assistant Head of Legal Services – ext. 7054).

8. Other implications

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| Legal | ✓ See section 6 |
| Human Resources | ✓ See paragraph 4.8 |
| Finance | ✓ See section 3 |
| Equal Opportunities | ✓ See paragraph 6, 8.1 |

Officers to contact:

Anne Carswell, Head of Service Standard Unit. Tel 236 3040

Elaine Yardley, Assistant Director (Community Care/Older People). Tel 252 8302

APPENDIX 2

NSFOP STANDARDS

The standards are as follows

Standard One: Rooting out age discrimination

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.

Standard Two: Person-centred care

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.

Standard Three: Intermediate care

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.

Standard Four: General hospital care

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.

Standard Five: Stroke

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.

Standard Six: Falls

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 rehabilitation and, with their carers, receive advice on prevention through a specialised falls service.


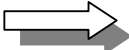
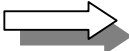

Standard Seven: Mental health in older people

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.

Standard Eight: Promoting an active healthy life in older age

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.

The NSF Standards are related to key themes.

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| Standard 1 Rooting out age discrimination |  | Respecting the Individual |
| Standard 2 Person Centred Care | | |
| Standard 3 Intermediate Care |  | Intermediate Care |
| Standard 4 General Hospital Care | | |
| Standard 5 Stroke |  | Providing evidence - based specialist care |
| Standard 6 Falls | | |
| Standard 7 Mental Health in Older People | | |
| Standard 8 Promoting an active healthy Life |  | Promoting an active healthy life |

APPENDIX 3

MILESTONE SUMMARY

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| <p>2001 to March 2002</p> | <p>June 2001</p> <ul style="list-style-type: none"> • Local arrangements for implementing the NSF are established <p>July 2001</p> <ul style="list-style-type: none"> • Jointly appointed co-ordinators for intermediate care designated, framework for user/carer involvement agreed, baseline exercise complete <p>October 2001</p> <ul style="list-style-type: none"> • Audits of all age related policies complete <p>January 2002</p> <ul style="list-style-type: none"> • Intermediate care joint investment plan is agreed <p>March 2002</p> <ul style="list-style-type: none"> • 1500 additional intermediate care beds compared with 1999/2000 baseline • 40,000 additional people receiving intermediate care services promoting rehabilitation compared with 1999/2000 baseline • 20,000 additional people receiving intermediate care preventing unnecessary hospital admission compared with 1999/2000 baseline |
| <p>April 2002</p> | <ul style="list-style-type: none"> • Strategic and operational plans will include initial action to address identified age discrimination • Councils will have reviewed their eligibility criteria for adult social care to ensure they do not discriminate against older people • Single assessment process will be introduced • Information provided to older people is reviewed and action plans developed to correct shortcomings – reflected in <i>Better Care Higher Standards</i> charters • Specialist multidisciplinary teams will be identified and interfaces for care of older people throughout hospitals will be agreed • Structures identifying nursing leaders with responsibility for older people will have been developed. Specialist/Nurse Consultant and Clinical Leaders (Modern Matrons) will have been considered • Every general hospital, which cares for people with stroke, will have plans to introduce a specialised stroke unit from 2004 • People over 75 will have an annual review of medicine and those with 4 or more medicines will be reviewed 6 monthly • All hospitals will have a “one stop dispensing/dispensing for discharge” schemes |
| <p>October 2002</p> | <ul style="list-style-type: none"> • Analysis of levels and patterns of key intervention rates will have been carried out to help establish best practice benchmarks |

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| <p>April 2003 to March 2004</p> | <p>April 2003</p> <ul style="list-style-type: none"> • From 2003/04 local health systems can demonstrate year on year improvements in moving towards benchmarked intervention rates • Systems exploring user/carer experience will be in place in NHS and PSS organisations • NHS organisations will have systems in place to analyse complaints from older people and carers • Strategic and operational plans will include the development of an integrated continence service • Skills profile of staff who care for older people in general hospitals will be completed. Plans to address identified gaps will be completed • Hospitals caring for people with stroke will have established clinical audit systems to ensure delivery of the RCP clinical guidelines for stroke care • Risk management procedures will be in place in all providers of health and social care to reduce risk of older people falling • Local health systems will demonstrate year on year improvement in measures of health and well being of older people • Strategic and operational plans will include a programme to promote healthy ageing and to prevent disease in older people |
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| | <p>March 2004</p> <ul style="list-style-type: none"> • 5000 additional intermediate care beds and 1700 non-residential intermediate care places compared with 1999/2000 baseline • 150,000 additional people receiving intermediate care services that promote rehabilitation compared with 1999/2000 baseline • 70,000 additional people receiving intermediate care which prevents unnecessary hospital admission compared with 1999/2000 baseline |
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APPENDIX 4

EXECUTIVE OFFICER GROUP (EOG)

1. The E.O.G. comprises of officer representatives from Departments who will lead, advise and inform Member of the Forum for Older People and their Directorates of issues relating to older people's services.

2. The E.O.G. is comprised of the following:

Elaine Yardley, Assistant Director, Social Services Department – Chair

Penny Leahy, Community Services Manager, Arts & Leisure Department

Tim Ward, Senior Development Officer (Adult), Education Department

Howard Thomas, Team Leader Transport Strategy, Environment & Development and Commercial Services Department

Lila Odedra, Planning & Service Development Officer, Social Services Department

Maureen Dover, Temporary part-time Service Manager Best Value (Older People), Social Services Department

Ann Branson, Assistant Director, Housing Department

3. The E.O.G. members will provide regular reports to the Forum for Older People detailing departmental activity and providing responses to issues raised at the Forum for Older People.