

LONDON BOROUGH OF HARROW

Meeting:	Health and Social Care Scrutiny Sub Committee
Date:	18 September 2003
Subject:	NSF Older People
Responsible Chief Officer:	Head of Community Care (Please note that this report is presented by Cllr Groves)
Status:	Part I
Ward:	All Wards
Enclosures:	None

1. **Summary**

- 1.1 This report is from the Councils National Service Framework (NSF) for Older People's "Champion"

It is the second sixth monthly report to the Health and Social Care Sub Committee on the progress in implementing the NSF.

2. **Recommendations**

- 2.1 The Health and Social Care Sub Committee is asked to note the report

3. **Relevant Previous Decisions**

- 3.1 N/A

4. **Relevance to Corporate Priorities**

- 4.1 This report addresses the Council's stated priority,
"We will improve the quality of health and social care in Harrow by ... promoting and maximising the independence of disabled frail and chronically ill people by ensuring appropriate levels of safe care and support for those not able to live independently...."

5. **Background Information**

The NSF for Older People was published in March 2001. It sets out a series of "standards" which aim to improve the equity of service delivery to older people from all relevant agencies and to raise the quality of services provided and care offered.

The NSF requires Councils with Social Service responsibility to appoint an elected member as champion **"who will lead for older people ensuring that older people become and remain a priority within their own organisation and supporting the implementation of the NSF"**

Non executive directors of the relevant NHS bodies are also required to appoint an older persons champion. Practice and clinician champions have now also been appointed and a champion's network is in the process of being established.

Since I last reported to the Sub Committee in January I have continued to attend the Local NSF Implementation Team. I have also attended meetings for Champions both in Harrow and at meetings organised by the Department of Health. I also have been appointed as the Council's observer at meetings of the PCT Board which gives me a good over view to the work the Harrow PCT is undertaking for older people. It is now a priority in the PCT's local delivery plan for 2003 to 2006. This perspective has been enhanced by a visit to the PCT's Care of the Elderly wards and the Stoke Unit at Northwick Park Hospital and to the Denham Unit at Rowanweald.

As a Trustee of Age Concern and Hon. President of the Harrow & Hillingdon Alzheimers Society I am well placed to use my role as champion to link issues of concern to those and other organisations concerned with older persons' issues, particularly those raised at the Supporting People and POP Panels.

The NSF sets 8 "standards" that local health and social care services should seek to obtain in their implementation work. Some of the standards have dates by which some key developments should be in place. However, overall, the Government sees the work on the standards as on going until the end of the decade.

The rest of my report details progress on those standards and draws attention to specific issues.

5.1 **Standard 1 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 process or policies, to restrict access to available services."

Progress

The PCT has established a panel to review all services provided or commissioned. The working group is chaired by the Chairman of the PCT who is also the PCT's older persons champion. The creation of the Panel follows an extensive audit of services. However work is still outstanding to gather together the results of the audit. This is needed to inform the PCTs Local Delivery Plan and the Councils own planning processes.

Age discrimination in the provision of health and some care service is a reported experience of many older people. It not only applies to eligibility for treatment or care but can be found in the way older people are treated. Whilst managers and professional staff can more readily tackle things such as eligibility criteria, staff behaviour will require a more persistent approach to changing attitudes and behaviour.

The appointment of new champions should assist in beginning to change this culture.

The new Fair Access to Care (FACS) arrangements for determining eligibility criteria of all adults for service should eliminate some areas of discrimination in the way services are provided by the Council, but there are others which may prove more difficult to remove as they hold significant budget. The maintaining of a ceiling to the cost of keeping older people in their homes as opposed to younger people is a case in point.

I continue to press for the inclusion of older people when the Council is considering policies that effect the life of older people. The Better Government for Older People (POP) project needs to be sustained by the Council to ensure the opportunities are there for this to happen.

5.2 **Standard 2 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, integrating commissioning arrangements and integrated provision of services including community equipment and continence services."

Progress

Work is continuing on the single assessment process which will reduce the numbers of times an older person has to "tell their story" to professionals. Pilot schemes are now operating which will test the assessment tools. The key to the successful development of a new IT system for social services which avoid the need for large amounts of paperwork passing between professionals.

I am pleased to report that work has now started to bring about the community equipment store, which is a significant service development required under this standard. This will mean that both health and social services provide a combined operation to supply and deliver equipment to assist people living in their own homes and facilitate speedy hospital discharge. The same arrangements will be made for continence equipment.

The Joint Commissioning Unit was established in September will be working on the production of strategies for the provision of services for older people that will be agreed by both the PCT and the Council.

Comment

Significant progress is now being made on meeting the requirements of this standard. However, significant investment will be needed from the Council and the PCT to develop the IT support to the single assessment process for which the business case is being prepared.

5.3 **Standard 3 Intermediate Care**

" Older People will have access to a new range of Intermediate Care services at home or in designated settings to promote their independence by provided enhanced services from the NHS and Councils to prevent unnecessary admission and effective rehabilitation services to enable early discharge from hospital and prevent premature or unnecessary admission to long term residential care."

Progress

At present there has been no substantial investment in this kind of care beyond ring fenced and time-limited funds given to the Council. Investment from the NHS has until now not been possible due to other competing financial pressures. In it's Local Delivery Plan the PCT has allocated a significant financial injection into this service from 2004 onwards However, this will not be sufficient to meet the target set by the DoH. Social Services have been given Performance Fund funding to develop an intermediate care scheme for older people with mental health problems, in addition to continuing to support the existing places purchased in nursing homes. Implementation of this scheme has been delayed due to capacity issues within the Social Services Department and prolonged negotiations with the independent sector providers of the nursing home beds for this service.

Work is continuing to develop an Intermediate Care Strategy across the NHS and the Social Services Department to develop the service within existing resources and planning future investment.

Comment

Intermediate care is a very important aspect of the NSF requirements as it will create a new range of services which should reduce the occasions when older people have to be admitted to hospital. Older people are by far the largest group who are admitted to hospitals as an emergency. Schemes will assist to recover from illnesses and accidents that can currently lead to their admission into high cost long term residential or nursing care.

5.4 **Standard 4 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."

Progress

Work is going to undertake the required audit of skills of staff working with older people in hospital. A modern matron for the PCT run wards is now appointed and a new management framework at Northwick Park Hospital will ensure that the care of older people will receive a higher profile. Joint training is planned. Work is being commissioned by the PCT to establish a single system of care for older people will involve the acute trust and thus assist on looking at the experience of an older people on the acute wards.

Comment

This standard is outside the remit of the Councils champion but I as I pointed out in my last report I am aware of the need to improve the standard of care for old people in Northwick Park Hospital especially when not cared for on Care of the Elderly beds. It appears that work is now underway to make an impact on the care of older people on the acute wards and I look forward to learning of future progress through the NSF Implementation Group and continuing discussions with Beverley Everist and Estelle Ryder.

5.5 **Standard 5 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 properly by a specialist stroke service and subsequently, with their carers, participate in a multi-disciplinary programme of secondary prevention and rehabilitation".

Progress

The NSF milestone requirements for this standard have been so far all been met. The requirement for a six month follow up of all stroke patients to review rehabilitation and progress is facing resourcing problems. The requirement for the clinical audit system is also not met. I have previously reported on the provision of the stroke unit and neurological unit at Northwick Park Hospital and confirmed that this service is available to older people

Comment

I have visited the Stroke Unit and talked to some of the older patients. I was particularly impressed with the effort put into involving them and their families in their rehabilitation and the concern to treat all as individuals, with individual needs.

5.6 **Standard 6 Falls**

"The NHS working in partnership with Councils takes action to prevent falls and reduce fractures and 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.

Progress

The requirement for ward based audits and risk assessments are in place in wards and residential and nursing homes but have yet to be extended to the community services. There is a 4-bed bay in a ward at Northwick Park Hospital for assessment of people who have been admitted following a fall. The risk assessment scheme is to be extended to the wards for older people with mental health problems. The Fall Panel has not been able to meet in recent months and this will be followed up by the new Joint Commissioning Manager who comes into post in September.

Support from Age Concern to the falls service is available but it does not have a continuing sound financial basis.

Comment

Although the immediate milestones have been met there is a risk that this service will not progress as envisaged in the NSF. The local authority needs to consider how it will respond more positively in terms of its direct contribution to the falls service and in its responsibilities for the built environment. More focus will be needed on this standard in future implementation work.

5.7 **Standard 7 Mental Health of Older People**

"Older people who have mental health problems have access to integrated effective diagnosis, treatment and support, for them and their carers."

Progress

Work continues towards the creation of a multi-disciplinary team to work with older people with mental health problems and their carers. The review of day care is also continuing. Work has also commenced on the development of protocols for treating and caring for older people with mental health problems in preparation for the requirement that they are place by April 2004.

Comment

I continue to be particularly interested in this area of service as it has been under invested in. Whilst the NSF will raise the level of standard of care much remains to be achieved in providing a good level of service particularly for dementia sufferers and their carers.

5.8 **Standard 8 The promotion of a healthy and active life in older age**

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

Progress

The requirements under this standard are that the local NHS **provides** assistance with smoking cessation, blood pressure management and flu immunisation.

The PCT are now providing a smoking cessation programme which whilst not targeted at older people does welcome them into the programme. It would be helpful for the programme to be more explicit in attracting older people who are heavy smokers as this is a NSF requirement.

The POP Panel's Health, and Fitness and Care Sub Group has continued to meet to consider a number of health and social care issues as they impact on older people. An ambitious Health Information Day for Older People is planned for November.

Comment

This is a very wide sweeping standard yet only has 3 specific targets. More work needs to be done by the partner organisations to define how they are going to work towards meeting this standard and possibly set local targets. This is an issue that is wider than the health and social care agenda and I would hope that the new strategic partnership will want to address these needs of a significant section of Harrow's community.

6. **Conclusion**

6.1 Progress in implementing the NSF for older people has progressed over the past six months. However, I am concerned of the need to maintain the momentum of change. I recognise this is difficult to do when so much other change is faced particularly by our staff. I welcome the development of a champion's network of which I am a member as this will create an opportunity for professional and lay people alike to wherever possible ensure that the momentum is not lost.

7. **Finance Observations**

7.1 None

8. **Legal Observations**

8.1 None

10. **Background Papers**

10.1 None

11. **Contact**

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