

Summary report



Living well in later life

A review of progress against the National Service
Framework for Older People

March 2006

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Introduction

Society today has changed greatly in the last 20 years and as a result our idea of old age has changed. As the current debate on pensions highlights, we can expect to live longer, but, more than that, we expect to be able to continue to live active lives.

The UK has an ageing population. There is a higher proportion of older people in the community than ever before. A century ago only one in 20 people were over 65, today one in six are over 65. It is expected that, by 2051, a quarter of the population will be over 65 (Office for National Statistics, census data). While the expectations of older people are changing, the impact of these expectations on society are growing. An ageing population puts pressure on health and social care services, but it also places demands on other services such as transport, leisure and housing.

We don't get asked what we think, we would welcome more opportunity to say what we want from local health and social services. //

The National Service Framework (NSF) for Older People sets national standards to ensure that services of a high quality are available to all older people. Since the implementation of the national service framework (NSF) there have been significant developments in Government policy including: *Opportunity age – meeting the challenges of ageing in the 21st century*, a strategy by the Government on how to meet the needs of an ageing population, published in March 2005 and *Independence, wellbeing and choice: Our vision for the future of social care for adults in England*, the Department of Health's green paper, published in March 2005. This paper sets out a vision for social care for adults over the next 10 to 15 years and outlines how this might be realised. The changes in policy also include the publication in January 2006 of *Our health, our care, our say: a new direction for community services*, the Government's white paper, which sets a new direction for the whole health and

social care system. The white paper confirms the vision set out in *Independence, wellbeing and choice* and calls for a radical and sustained shift in the way in which services are delivered, ensuring that they are more personalised and that they fit into the busy lives people have.

The Healthcare Commission, the Commission for Social Care Inspection (CSCI) and the Audit Commission have worked in partnership to assess the progress of the NHS and local authorities in meeting the standards set out in the NSF, taking into account other developments in policy since the NSF and the impact these have had on the lives of older people.



By working together, the three commissions were able to build a picture of the whole system of services that older people use from care services to services that contribute towards wellbeing and quality of life. A whole system is a concept that describes how services are organised around the person that uses them and the interdependence of one service upon another.

This is the first collaborative in depth review carried out by the three commissions. This joined up approach to inspection enabled us to make an assessment of services provided by the NHS and local authorities across a geographical area and the extent to which they worked together as a well coordinated, whole system to improve the lives of local people.

This report provides a national snapshot of the state of services for older people at the time of the review. It offers an opportunity to review what has already been achieved and establish what else needs to be done to ensure that standards are met and that services for older people continue to improve.

The scope of the review was broad, reflecting the enormous diversity within this group of people and their wide range of needs, interests and aspirations. This group includes the generations that felt the impact of the two world wars through to the baby boomers who are now in their 50s and 60s. For these reasons, any response to providing services, including care and support, needs to be individually tailored to the needs and aspirations of individuals. The review, therefore, had a strong focus on designing and delivering services around older people, and on the importance of working in partnership to achieve a flexible and holistic response.

In line with the NSF, an extensive part of the review focused on care and support services. Only about 15% of older people are in regular contact with care services at any one time, but this is a group who have not always received the best possible support. In comparison, they are significant users of healthcare services. Although people aged 65 and over make up only 16% of the population, they occupy almost two thirds of general and acute hospital beds and account for 50% of the recent growth in emergency admissions.



The NHS spent around £16 billion on people over the age of 65 in 2003/2004, accounting for 43% of the total NHS budget. In the same year social services spent around £7 billion, which was 44% of their total social services budget.

A good quality service is judged on whether it is economical and provides value for money as well as by the experiences of the people who use the service. An important part of this review is to ensure that these significant financial and other resources, are best used to provide real choices and better outcomes for older people and to help address some of the huge pressures the service faces.

Most older people will make very little use of care services, so the local inspections carried out as part of this review were broad enough to include the many issues that matter to all older people, from leisure and learning to transport and safety in the community. Even those older people who do require help frequently receive a response that focuses solely on their care needs at a time of crisis, rather than the many responses that give meaning to life such as being involved in their local community. This review focused on services used by people from the age of 50, reflecting the important contribution that a healthy midlife can make towards achieving an active, fulfilled later life.



The review

The evidence for this review was collected from a number of sources, including inspections of services for older people in 10 communities in England.

A local community includes health and local authority services within a defined geographical area. Inspection teams, made up of staff from the three commissions, inspected 40 NHS trusts and 10 local authorities in England. An important element of the inspections was research and discussion with older people on their views of local services, through surveys, focus groups and events.

The NSF has eight standards and each of these standards has a relationship to the others with consistent themes running throughout the NSF. As a result, five cross cutting themes were identified. These themes were then used to get a more complete overview of the impact of the NSF on the lives of older people, taking into account developments in policy since the

The 10 local communities inspected were:

Buckinghamshire
Brent
Liverpool
Redcar and Cleveland
Greenwich

Leicester
Dorset
Portsmouth
Wiltshire
Medway

NSF and the views of older people about services. These cross cutting themes were:

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

In addition to these themes, the local inspections focused on the three conditions included in the national service framework – stroke, falls and mental health.

These conditions were used to get a view of the progress that has been made against all of the standards in the NSF.



This report consequently provides a national assessment of progress in health and social care services for older people using the findings from the local inspections together with other evidence and research.

The National Service Framework for Older People is a 10 year programme. This report comes at a mid point in that

programme and shows that while there has been some significant progress, further action is required in three key areas, without which sustainable improvement in the experiences of older people of public services is unlikely to be achieved. Three key areas are:

- Tackling discrimination through ageist attitudes and an increased awareness of other diversity issues.
- Ensuring all of the standards in the NSF are met including further guidance on the next steps in implementing the NSF from the Department of Health due to be published in April 2006.
- Strengthening working in partnership between all the agencies that provide services for older people to ensure that they work together to improve the experiences of older people who use services.



Key findings

Tackling discrimination

Explicit age discrimination has declined since the NSF was published as a result of NHS trusts auditing policies on access to services and social services reviewing their criteria for eligibility. These are the criteria a local authority uses to prioritise who receives social care services.

Access to cardiac procedures and hip and knee replacements have improved since the NSF was published. Between 1999 and 2004 the number of hip replacements carried

out on people aged between 65 and 74 increased by 39%, and for people 75 years and older, it increased by 22%.

According to hospital episode statistics from the Department of Health, there has been a general increase in hip and knee replacements for the whole population but the increase is still significant for older people.



The exception to this decline in explicit discrimination is mental health services where the organisational division between mental health services for adults of working age and older people has resulted in the development of an unfair system, as the range of services available differs for each of these groups. For example out-of-hours services for psychiatric advice and crisis management for older people are not as developed as those for adults of working age. Older people who have made the transition between these services when they reached 65 have said that there were noticeable differences in the quality and range of services available.

Despite these changes there is still evidence of ageism across all services. This ranges from patronising and thoughtless treatment from staff, to the failure of some mainstream public services such as transport, to take the needs and aspirations of

older people seriously. Many older people find it difficult to challenge ageist attitudes and their reluctance to complain can often mean that nothing changes.

We found that some older people experienced poor standards of care on general hospital wards, including poorly managed discharges from hospitals, being repeatedly moved from one ward to another for non-clinical reasons, being cared for in mixed-sex bays or wards and having their meals taken away before they could eat them due to a lack of support at meal times. All users of health and social care services need to be

Older people were promised national healthcare from the cradle to the grave, and that's not what they're getting with dental care and chiropody.

treated with dignity and respect. However, some older people can be particularly vulnerable and it is essential that extra attention is given to making sure that givers of care treat them with dignity at all times and in all situations. To fail to do this is an infringement of their human rights.

There is a deep rooted cultural attitude to ageing, where older people are often presented as incapable and dependent – particularly in the media. As there is an increasingly ageing population, there is a need for policy makers and those who plan and deliver public services to consider the impact of ageism and to take action to address this.

During our inspections of local communities, we also found that awareness of diversity issues was at an early stage of development, with more work required to ensure that older people from black and minority ethnic groups receive services that are culturally sensitive and responsive to their needs. The high levels of morbidity and mortality from certain diseases and the difficulties of access and appropriate and responsive services

Key findings continued

have been documented well in relation to black and minority ethnic groups.

There is a need to improve information and community engagement and to have detailed information about the needs of the population when planning services. Appropriate steps should be taken to form partnerships with the local black and minority ethnic groups representing older people, to ensure that this group of older people is fully engaged in the planning and development of services. Organisations which commission or provide health and social care should take account of diversity in all they do, take account of cultural and religious needs and embed this understanding into mainstream services for older people.



Sadly there are occasions when older people experience abuse and neglect by the people who are supposed to be caring for them. It is important that this risk is minimised. This can be done by care staff being aware of how and when abuse and neglect could occur and by taking action if this is identified. We found that the arrangements for safeguarding older people operated effectively in most areas and there were multi-agency policies and procedures. However, there is still room for improvement. It is vital that health and social care organisations continue to address this issue to ensure that opportunities for abuse and neglect are minimised and, when they are detected, that they are acted upon.

Standards set out in the national service framework

The National Service Framework for Older People and the developments in policy that have followed have placed an unprecedented focus on services used by older people. The

inspections found a great deal of activity to improve the experiences of older people of public services. Staff in partner organisations were working together to establish new initiatives and new ways of working to do this. There has been progress in a number of areas.

Explicit age discrimination in access to services has been addressed by most health and social care services. All of the communities inspected as part of this review had made a significant effort to ensure that policies and criteria for eligibility did not discriminate against older people. The Audit Commission's review on national progress against the *NHS plan* in 2003 found that 76% of NHS trusts had reviewed their criteria for eligibility to services as required by the NSF.

More good quality care than ever before is available to people who have had a stroke. All of the general hospitals caring for people who have had a stroke in the communities inspected provided a specialist stroke service, which operated according

// We have been involved in discussions and processes to remodel services; these have transformed what happens. A new strategy has been produced, and the benefits are seen in better informed services, in which patients are treated as individuals, not stereotypes. //

to the clinical guidelines for best practice approved by the Royal College of Physicians. Seven of the 10 communities inspected also had a stroke unit. The National sentinel stroke audit carried out by the Royal College of Physicians in 2004, and published in March 2005, showed that 82% of hospitals in England have a stroke unit and more people were treated in such a unit for part of their hospital stay than in the previous year.

Key findings continued

The number of older people who have had flu vaccinations has increased. There has been a 2% increase in people over 65 being vaccinated against flu between 2002 and 2004.

The number of older people who have stopped smoking has increased. All of the communities inspected could demonstrate an increase in the number of people over 60 who had stopped smoking. This is in keeping with national trends which show the number of people aged 60 and over who set a date to stop smoking increased by 113.8% between 2001 and 2005, and of those who set a quit date and were successful, there was an increase of 5% for the same period.

“Older people are concerned about access to health from rural areas, and out-of-hours service – we heard of a person who was told to take his very elderly wife to [a distant town] – people at the call centre had no idea of the local geography.”

More people are being supported to live at home. Health and social care services in the communities that were inspected as part of this review were able to demonstrate that they were continuing to move towards supporting older people who are frailer to live at home independently. There was also a reduction in the number of older people admitted to care homes. This matches the national picture, which shows that the number of households receiving intensive home care per 1,000 of the population aged 65 and over, has steadily increased from eight to 11 between 1998 and 2004 (Department of Health Performance and Assessment Framework data 2005).

All of the communities inspected could demonstrate a reduction in delayed discharges from hospital over the past two years. The Department of Health's statistics show that there has been a 67% reduction in delayed transfers of care from 5,396 in 2001 to just 1,804 in 2005.

There is a growing interest in the wider wellbeing of older people, with services such as leisure and culture playing an increasingly important role, and strategic partnerships spearheading some innovative partnership developments.

The National Service Framework for Older People has led to some positive achievements but there is further work to do to meet the standards set out in the NSF. The key issues identified as a result of this review that need further action are detailed below.

The full implementation of the single assessment process across health and local authority partners. Older people should have a copy of their assessment and a personal care plan.

A change in culture is required, moving away from services being service-led to being person centred, so that older people have a central role not only in designing their care with the combination and type of service that most suits them, but also in planning the range of services that are available to all older people.



All aspects of mental health services for older people need to improve including person-centred care, age equality in access to the range of services available, treating people with dignity and respect, holistic care in mainstream services and a whole systems approach to the commissioning of integrated mental health services for older people.

Integrated falls services are at an early stage of development and more work is needed for them to progress further in line with the five components of an integrated falls service as set out by the Department of Health.

The management of medicines needs to be addressed, as many older people taking more than four medications are still not receiving a review every six months.

Key findings continued

NHS trusts and local authorities need to work together to ensure that they are reviewing their progress against the NSF as part of a framework for managing performance.

Supportive and palliative care, underpinned by services that are person centred, promote physical, psychological and spiritual wellbeing. The NSF outlines personal and professional behaviours which are considered particularly important to end of life care. Services that are needed to promote dignified and effective end of life care are complex, requiring good coordination between organisations. They must appear seamless to users and carers, be easy to access and be totally reliable. We found that the provision of services for people at the end of their life was inconsistent, with integrated systems that were developed well in some areas but with room for improvement in others. The provision of out-of-hours support was patchy and a lack of practical support may mean some people have to be admitted to a hospital or hospice at the end of their life when they may have preferred to die at home.



Strengthening working in partnership

There are examples of some excellent working in partnership both at a strategic and operational level. However, only a few of the communities inspected had a shared sense of what they wanted to achieve with and for older people, or how progress would be measured. This lack of a clear direction resulted in fragmented services that confused people who tried to access them. The range of services that was available differed significantly between communities and even within a single community.

Sustainable change cannot take place unless all partner organisations have a shared view of the direction in which they want to move, and how they plan to get there. Earlier research from the Audit Commission has shown that this shared vision has a powerful role to play if it is rooted in the views of older people. When older people are asked about the priorities that would most improve their lives, these often relate to issues beyond health and social care services, such as having a neighbourhood that is safe, access to transport, an adequate income and opportunities to meet with others. Therefore visions and strategies for older people must reflect these needs.

“I was very happy with the...care. It's the effect on my life because I've got people who care; it gives my feelings about human nature a leap – I realise I'm not just me, I'm a person. ”

A lack of shared direction results in a poor use of resources and in a commissioning process that does not encourage change. It also results in the provision of an inconsistent and uncoordinated range of services.

There was evidence of some engagement with older people but they were not involved systematically in the design of services, nor were services tailored to their needs and aspirations. Health organisations and local authorities were not always effective in engaging with black and minority ethnic groups and with other older people whose voices are seldom heard.

While we found that some communities were implementing the NSF in innovative ways, these were not consistently available to older people, nor was learning from these initiatives shared or implemented more widely. Only if partner organisations work together to agree a shared vision and to map out a pathway to achieve this vision, will older people be able to experience services that are well planned and joined up. New initiatives

from the Department for Work and Pensions, the Department of Health and the Social Exclusion Unit that aim to test integrated responses to older people, as well as learning from the results of the SureStart initiative for children, will offer useful experience on which to build.

Most of the communities we inspected had a joint workforce development strategy. Workforce planning was fragmented and opportunities for joint training, building capacity and the development of new ways of working, such as generic health and social care workers, were not being used widely. A few of the communities were developing the health and social care assistant role but this was not widespread. Some organisations were experiencing significant difficulties in recruitment. The lack of a joint approach contributed to more problems.

Recommendations

Tackling discrimination

1. While progress has been made by health and local authorities in systematically tackling age discrimination, through audits of policy, and the reviewing of eligibility criteria, there is still evidence of age discrimination and ageist attitudes which have an impact on the lives of older people. These include the discrimination older people sometimes experience when care services fail to treat them with dignity and respect. Managers of NHS trusts, social services and providers of independent health and social care need to ensure that the human rights of older people are upheld at all times.
2. The needs of older people, including those from black and minority ethnic groups, are not always recognised. NHS trusts, local authorities and providers of independent health and social care, need to ensure that all staff receive full and ongoing training on diversity issues, including attitudes to ageing, so that older people are treated with respect. They should respect diversity in all that they do, taking account of cultural and religious needs, and embed this understanding into mainstream services.
3. Progress has been made in establishing adult protection committees with an increased awareness in healthcare organisations and local authorities of the need to safeguard older people. However, there is more to be done. NHS trusts, social services and providers of independent health and social care need to:
 - review the operation of adult protection committees
 - promote effective working in partnership
 - ensure that information is comprehensive
 - ensure that the management of performance is effective
 - implement policies and procedures through training that are easily accessible

Meeting the standards set out in the national service framework

4. The National Service Framework for Older People provides a 10 year programme for the improvement of services for older people. Good progress has been made in some areas. However, a number of the standards have not been met within the timescales of the NSF. NHS trusts and local authorities need to take action to ensure that the standards set out in the NSF for older people are met, including the *Next steps* update due to be published in April 2006 and the Department of Health's *Older people mental health service development guide*.
5. Wherever possible older people are supported to receive end of life care in the place in which they choose to die. However, sometimes a lack of appropriate community services means that they have to be admitted to hospital. There is a need for partner agencies to use the best practice models of end of life care to ensure that older people and their carers receive prompt access to well coordinated and effective care and respect at the end of their lives.

Strengthening working in a partnership

6. The effectiveness of partnership arrangements for services for older people is improving. However, partner organisations should ensure that partnerships have robust governance arrangements with clear lines of accountability in line with the Local Government Act 2000.

The Act places a duty on every local authority to prepare a strategy for the community to link all their strategic plans and to manage partnerships through a local strategic partnership. Strategic partnerships working for and with

older people should include all the organisations that commission and provide services used by older people as well as older people themselves. This review has demonstrated the importance of a joined up approach to planning, commissioning and delivering services that takes account of all of the things that are important to the health and wellbeing of older people. Older people have an important contribution to make in the shaping of services to ensure that they respond to their needs and aspirations. Providers of independent health and social care are also important partners within the strategic partnership, as they bring innovation and the potential to provide additional resources.

7. There has been some progress in promoting health and wellbeing for older people but this has not been the result of a joint strategy with a coordinated approach across health and local government. NHS trusts, local authorities and providers of independent health and social care need to work together to develop the promotion of good health and wellbeing. The Department of Health's white paper *Our health, our care, our say*, published in January 2006, has reinforced the role of the director of adult social care, working with the director of public health, in undertaking regular joint reviews of the local health needs.
8. Partner organisations are working together to develop a shared vision for services for older people. However, organisational change has slowed down progress in taking this forward, partly as a result of health policy, *Shifting the balance of power*, published in 2001, which changed the roles of health authorities and PCTs. There is a need for partner organisations to translate the shared vision into a shared strategy for services for older people and to use this to inform joint commissioning. This should result in a comprehensive and coordinated range of services to meet the needs of the local population.

Recommendations continued

9. Partner organisations are engaging with older people. However, there is no systematic and coordinated approach to make the best use of resources. Partner organisations need to work together to ensure that there is a systematic and coordinated approach to engagement that recognises the diversity of the population being served.
10. Some partner organisations are working together to tackle recruitment and retention of staff. However, many do not and so they are targeting the same small pool of staff and creating unhelpful competition in the employment market. NHS trusts and local authorities need to work together to develop joint workforce strategies to become more effective in recruitment and retention across health and social care services.

Further work for central Government

Some of the progress needed to improve services used by older people can only come about through support from central Government, particularly in three areas. These are:

1. Following on from *Opportunity age*, the Government needs to develop a cross Government national programme of work to help shape a more positive culture on attitudes to ageing.
2. National standards and measures for improvement have supported the improvement of performance management by health and local authorities. However, the performance of individual organisations in achieving national targets sometimes conflicts with improving the outcomes for older people across a whole system of care. For example, the requirement for acute hospital trusts to reduce waiting times for elective (planned) surgery has resulted in PCTs commissioning a disproportionate amount of acute hospital services compared to community services that could

prevent emergency admissions to hospital. The Department of Health's white paper *Our health, our care, our say* makes a commitment to align how health and local authorities are being assessed on their performance. This should include the development of ways to measure outcomes for older people based on the performance of all partners working together.

3. Older people would particularly like to see improved access to podiatry and general foot care. Poor foot care can lead to poor mobility and result both in a loss of independence and in social isolation. The Department of Health could support improved access to good quality podiatry and general foot care services by requiring PCTs to commission adequate provision of these services.

Further work for the Healthcare Commission, the Commission for Social Care Inspection and the Audit Commission

As well as recommendations for the organisations that provide services for older people and central Government, it is also important that the Healthcare Commission, the Commission for Social Care Inspection and the Audit Commission take action to ensure that there is continuous improvement of services for older people and the momentum from this review is continued.

Developing policies and tools at a national level, which will help to support the local implementation of the National Service Framework for Older People, is essential. The Healthcare Commission, the Commission for Social Care Inspection and the Audit Commission, as the regulatory bodies with responsibilities for assessment across healthcare, social care and local government will be taking the following actions, in consultation with partner organisations.

Recommendations continued

1. The Commission for Social Care Inspection will monitor progress against the recommendations in this report through the annual assessment of councils and the inspections of social services for older people.
2. The Audit Commission will monitor progress against the recommendations in this report through the older people's strand of corporate assessment, which is part of the Audit Commission's comprehensive performance assessment of local authorities.
3. As part of the Healthcare Commission's annual assessment of performance of NHS trusts – the annual health check – the Healthcare Commission will continue to monitor progress against key national targets, for example those relating to supporting older people to live independently at home. The requirement to treat all patients with dignity and respect will be assessed as part of the annual health check against the Department of Health's core standard on patient focus. The requirement to take the views of older people and their carers into account in designing, planning, delivering and improving healthcare services will also be assessed by the Healthcare Commission against the Department of Health's standard on accessible and responsive care, as will access to services.
4. The three commissions will develop improvement activities targeted at issues identified by this review. This includes developing and delivering a joint Commission for Social Care Inspection/Healthcare Commission review of mental health services for older people.
5. Joint indicators will be developed to support improvement in key areas, including those areas where progress has been the slowest. These indicators will form part of the ongoing assessment of health and social care organisations and will be used to look at how services are improving year

on year. The indicators will be developed in line with broader frameworks for assessing performance which are focussed on outcomes as outlined in the Government's white paper *Our health, our care, our say* and will be used to underpin improved partnership working through the future development of local area agreements.

6. The Healthcare Commission currently supports a programme of national clinical audits. Audit projects aimed at improving the quality of clinical care and improving outcomes in services for older people will continue to be reflected in this programme – which currently includes audits of services for people who have had a stroke, services for people who have fallen and services for people with incontinence.

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