National Service Framework for older people: Initial views from the King's Fund

1. Introduction

The King's Fund welcomes the Government's intention to develop a National Service Framework (NSF) for older people, a section of the population which is a major user of health and social care. However, whilst other NSFs announced to date are to concentrate on particular types of illness and disease, we believe that developing an NSF for a group of people broadly defined by age requires a different approach. This paper sets out in brief our views on what this approach might be.

At the risk of stating the obvious, old age is not a disease. Not every older person will require treatment or services, let alone the same treatment or service response. For many older people whose mental and physical health is generally good, generic standards within the proposed new Patients Charter may be sufficient.

However, it is disappointing to note that, whilst older people experience both Coronary Heart Disease and mental illnesses, neither of these two previously announced NSFs seem likely to extend to include older people. We believe that it is important that NSFs are not be mutually exclusive, nor developed in isolation from each other. The Government has announced that the framework for older people is to include stroke[1], yet the recently published Emerging Findings Report on the CHD framework states that this may be relevant to conditions such as stroke[2]. The framework for mental health will focus on younger adults and not include older people[3], despite their also experiencing illnesses such as depression. There is a need to consider whether the framework for older people should duplicate standards from other frameworks, or whether there are unique feature of, and problems for, older people which should be separately drawn out and addressed.

We believe that the feature most commonly found amongst the older population – and which therefore should, in our view, form the basis for this framework – is the existence of illnesses, diseases and conditions requiring complex responses involving a wide range of professionals, agencies and sectors. This includes the management of chronic conditions as well as complex responses which may be needed following a single incident, such as a fall.

Such a focus would fit well within the context of the current policy emphasis on the importance of the inter-relationships between health and social care; and would firmly, and

[1] Department of Health press release 1998/0597. 21 December 1998.
[2] *National Service Framework: Coronary Heart Disease Emerging Findings Report.* Department of Health circular, HSC 998/218.
[3] *Modernising mental health services: safe, sound and supportive.* Department of Health, 1998.

demonstrably, place this NSF within both health and social care services. However, we believe it must go further, to include housing issues because of their particular relevance to this group of older people. There is also a need to consider whether transport requirements between the home environment and the source of the treatment, care or support should be incorporated in the framework, especially in circumstances when an individual is not able to access or use general transport, and treatment, care or support cannot be delivered directly where individuals live.

2. Improving treatment, care and support of older people

2.1 Characteristics of the current system

Older people with health, housing and social care needs require a whole system of services around them: so identifying the problems faced by older people when these systems are not in place, or are not working well, also helps to highlight the solutions:

- **Access** to treatment, care and support – including diagnosis and assessment;
- **Standards** of services;
- **Interface** and co-ordination between professionals, agencies and sectors; ensuring integrated care pathways;
- **Nature** of the provision, including types of, and gaps in, services and treatment;
- **Support** for carers, including older carers;
- **Information** for users and carers; and information available to, and used by, different professionals, sectors and agencies involved in their care, support and treatment.

Problems of under-diagnosis of older people can mean that conditions such as visual problems or depression are missed, or confusion wrongly treated as dementia. Standards of services may be poor, and the interface and co-ordination needed between professionals, sectors and agencies inadequate. A lack of suitable provision may mean the only response available locally to an urgent need in a fluctuating condition is an emergency admission to hospital, when an immediate but possibly non-health response in the home environment would be more appropriate. Carers, including older carers, may lack support; and the information needed by users and carers may not be accessed easily. There are problems over the sharing of information between all those involved in an older person's treatment, care and support.

2.2 The case for focusing on diagnosis

We believe that the whole systems approach needed by older people can be tested by using the following specific problems or illnesses as examples:

- Falls
- Continence
- Dementia

These three are commonly experienced by older people and often result in a need for complex responses: or may increase the complexity of existing needs. For example, continence problems seem to act as a trigger for older people with other, pre-existing, needs, in their having to move to receive care and support in a different setting – for example, in a

residential or nursing home. Amongst older people, a complex response may well be needed following a fall.

In addition, we welcome the Government's announcement that the framework is to include dementia given its prevalence amongst the older population[4]; and would strongly suggest that depression amongst older people also be included, not least because of concerns about missed diagnoses for those living at home as well as in other settings, including residential care.

We believe that this approach, concentrating on chronic conditions but highlighting common circumstances as examples, will enable specific performance indicators to be identified, such as effective practice for the treatment, care and support of falls, continence and dementia. Because chronic conditions and the need for complex responses fluctuate over time, the NSF for older people would necessarily be tackling issues at the strategic or planning levels as well as considering the impact on the individual.

Such an approach also means it is possible to consider and measure the whole systems approach required, particularly as a check on the processes and structures needed, and on the vital need to track data between agencies, professionals and sectors. It allows for the fact that older people live and receive assessments, diagnoses, services, treatment and support in a variety of different settings, including residential homes and sheltered housing. It can also

[4] Department of Health press release 1998/0597. 21 December 1998.

take into account two other service deficiencies for older people, namely prevention and rehabilitation, and in doing so ensure that health promotion issues are included. For example, in the prevention of falls; the management and treatment of continence difficulties, including continence training; and rehabilitation following a fall.

Other health problems may also be included in the framework, where there is evidence of under-diagnosis or controversies about treatment, care or support that have a major impact on the quality of life for older people. For example, the under-diagnosis of severe visual problems for older people could be a stand-alone measure under the heading 'Access', listed above.

2.3 Setting standards

We believe that, in setting the framework standards against which performance is to be assessed, the views of different stakeholders should be included, particularly those of clients/patients and carers. Existing standards could be employed, such as those set out by the Audit Commission in its work on patients with fractured neck of femur[5]; and clients'/patients' and carers' views collected as part of the National Users and Carers Surveys. We are interested in doing more work on the issue of whether different stakeholders want disparate or conflicting measures; and how any differences can, and should, be accommodated.

[5] *United they stand: co-ordinating care for elderly patients with hip fracture.* Audit Commission. 1995.

A National Service Framework for older people provides an ideal opportunity – which we believe should be taken - for the Government to reiterate that treatment, care and support should be provided on the basis of need and ability to benefit with no discrimination on the basis of age; and to recognise the contribution which older people make, and have made, to society. However, we believe that our suggested approach is also relevant to younger adults with chronic conditions or long-term illnesses, including younger adults with dementia. Non-ageist values and principles should be the foundation of all the NSFs, and in this context it is vital that the framework for older people is understood as having relevance for some younger adults. Ultimately, it may be possible to develop and extend the health promotion elements of the older people's framework to include, for example, aspects for younger adults aimed at preventing, or at least minimising, the incidence of illnesses or problems occurring when they are older.

However, there is a concern over a potential contradiction between the context for NSFs within the NHS, and within social care. NSFs are described in The new NHS as helping *"..to ensure consistent access to services and quality of care right across the country"* (para 3.5); and leading to "*..greater consistency in the availability and quality of services"* (para 7.8); but within Modernising social services, although services are to be *"..provided more consistently across the country"* (para. 2.4), they are also *"..a local service, and vary from one part of the country to another in response to differing local needs and circumstances. This is inevitable – an inner city area such as Tower Hamlets will not have the same mix of social services needs as a rural area like Devon, and it would be pointless to try to impose uniform standards everywhere."* (para. 1.4). We believe it is necessary to reflect how this

NSF will develop, if greater consistency in the availability of NHS services nationally is not set to be similarly matched within social care or housing provision. Finally, there is a need to consider where the framework for older people is to sit in the context of any standards to be set within the proposed Long Term Care Charter.