

A New Ambition for Old Age

*Next Steps in Implementing the National
Service Framework for Older People*

*A Report from Professor Ian Philp,
National Director for Older People,
Department of Health*



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Contact details	Professor Ian Philp's Office Richmond House 79 Whitehall London SW1A 2NL 020 7210 5916 www.dh.gov.uk
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Preface

The changing demographics of our society present us with a tremendous challenge – and a once-in-a-lifetime opportunity if we grasp it. By 2007 there will be more people over 65 than under 18. The over 85s are the fastest growing segment of the population, set to double in number by 2020.

We should celebrate this. An ageing population is not a burden – it's a benefit. Older age should be a time to enjoy the rewards flowing from years of service to the community and helping their own families to grow and develop into independence.

That is why I welcome Professor Philp's report on the future of the Older People's NSF, because it identifies the key challenges for the future, and has as its proper aim that older people should be treated with respect for their dignity and human rights in all care settings, whether at home, in hospital or in a care home.

We cannot say this currently applies everywhere in the care system, which is why I am determined to raise standards of care for all older people.

Looking at progress so far it is clear that the NSF has been the focus for major advances, as in promoting older people's access to health promotion and elective health care, as well as dramatically reducing delayed discharge from hospital and increasing the proportion of older people with high levels of need to remain in their own homes for longer. Increased investment by this Government in the NHS and social care has enabled us to lead the world in some areas, like intermediate care.

But Professor Philp recognises in the report that along with this must go changing the often negative culture of attitudes towards older people so they are valued and respected. This is found in some staff who work in the NHS and social care as well as in the independent and private sectors – we need zero tolerance of these views and a target that in five years time no older person or their carers will be treated with anything other than dignity.

Older people and their families want more services for strokes, falls, mental health, long-term conditions and emergency care, all of which are highlighted in the report as areas of renewed action and attention in this second stage of the NSF. Furthermore, those entering old age want to know how to maintain their health, independence and well-being.

In the next phase of health and social care reform we must place older people's needs at the centre and involve them and their representatives in care planning. For like all other citizens they have the right to choice, to respect, to equality of access to treatment and services and to the maintenance of their dignity.

Clearly society's age structure is changing and there are very clear plans set out here in these ten programmes for all of us to respond to the challenge.



Liam Byrne MP
Minister for Care Services



Progress to Date

A National Service Framework for Older People was published in March 2001. It set national standards for the health and social care of older people in England and guidance on medicines management.

In November 2004, I published *Better Health in Old Age*, reporting on progress in implementing the National Service Framework.

Much progress has been made. There has been a steady increase in the proportion of older people receiving intensive help to maintain a high quality of life independently at home rather than in residential care, with nearly one third (32%) now in this group.¹

Delayed discharge from acute hospitals has been reduced by more than two thirds.

Through tackling age discrimination, older people are receiving access to treatment and services in greater numbers than ever before.

Specialist services for age-related needs, such as stroke and falls, continue to improve.

Increasing numbers of older people are taking advantage of health promotion opportunities, for example in stopping smoking.

But much more needs to be done. The review of NSF implementation published by the Healthcare Commission, Commission for Social Care Inspection and Audit Commission in March 2006 identifies key challenges for the next phase.

A New Ambition

Just as the NSF was developed with input from older people and their relatives, our new ambition reflects what older people have told me what they want of the new care system.

Although overt age discrimination is now uncommon in our care system, there are still deep-rooted negative attitudes and behaviours towards older people. Within five years, our ambition is to ensure that older people and their families will have confidence that in all care settings, older people will be treated with respect for their dignity and their human rights.

1 Source: Health and Social Care Information Centre

Caring for frail older people is core business in the NHS and in social care. The White Paper *Our health, our care, our say* creates the opportunity to align the planning, commissioning and delivery of health and care for frail older people. Not only can we improve outcomes for older people's health, independence and well-being. We can also save money by reducing the overall demand for expensive hospital and long-term care services.

Finally, we want to extend healthy life expectancy. For many older people, later life is associated with enhanced well-being, with time for reflection, for friendship and for engagement in the lives of their families and local communities. We want to ensure that older people have greater opportunities to enjoy old age.

Our ambition will be achieved through ten programmes of activity, the aims of which are described below. We also describe some of the main levers for implementation. More detailed information is provided in the Next Steps Resource on the DH website (www.dh.gov.uk).



Professor Ian Philp
National Director for Older People



Ten Programmes under Three themes: Dignity in Care, Joined-Up Care, and Healthy Ageing

Dignity in Care

Older people are more likely than younger people to become seriously ill and to face the prospect of dying. They and their families need to know that they will be treated with respect for their dignity if they become ill and that they will receive good end of life care. Older people are the main users of hospital and residential services. There have been high profile cases of poor treatment of older people in mental health and general hospitals, in care homes and in domiciliary care. It is important that care in all these settings is geared to the needs of older people, especially for those approaching the end of their lives. Our work will seek to challenge deep-seated negative cultural attitudes towards older people, the root cause of failure to treat older people with respect for their dignity and human rights.

Programme 1: Dignity in Care



Concerns about lack of respect for the dignity of older people in care settings were a major reason for needing an NSF for older people. In the NSF, standards were set for mental health care (Standard 7), acute hospital care (Standard 4) and for the more general principles of person-centred care (Standard 2) and rooting out age discrimination (Standard 1) which apply to all care settings. Underpinning programmes in leadership development,

skills and competencies frameworks for staff, benchmarking and audit, adult protection procedures and environmental transformation were implemented. Our definition of dignity is based on the moral requirement to respect all human beings, irrespective of any conditions they may suffer from¹.

However, there are still reports that the experience of many older people remains unacceptable. A renewed commitment to ensuring respect for the dignity and human rights of older people will be central to the delivery of care in all care settings.

1 For further information refer to the Dignity and Older Europeans project <http://www.cf.ac/dignity>

Aims:

We will strengthen activities in the following areas:

- **Nutrition and the physical environment**
Continuing to improve and upgrade the patient environment in hospitals and care homes, ensuring that the environment of care more closely meets the needs of older people and they receive the assistance they require with eating and drinking.
- **Skills, competence and leadership in the workforce**
Improving skills and competencies across the workforce and developing identifiable or named practice based leaders in nursing, who will be accountable for ensuring older people are treated with respect for their dignity.
- **Assuring quality**
Working closely with the inspectorates and regulators to ensure the issue of dignity is central to their work, so that breaches of dignity are regarded as serious failures.
- **Ensuring dignity for those with mental health problems**
Working with the Older People's Mental Health programme to implement the service development guide for older people's mental health.
- **Ensuring dignity at the end of life**
Working alongside the NHS End of Life Care Programme to deliver best practice end of life care for older people in hospitals, care homes and in their own homes.
- **Equalities and human rights**
The link to the wider Government work on equalities and human rights, notably the establishment of a Commission for Equalities and Human Rights in 2007.
- **Championing Change**
Informing and raising awareness amongst care providers, staff and older people's champions of unacceptable standards of care on behalf of older people and their families, and involving older people as citizens and service users to help improve services and ensure dignity in care.

Further Information

- *Moving on: key learning from Rowan Ward* (Gateway reference 4763) (Care Services Improvement Partnership, DH, 2005) Provides information and useful contacts to all those working to services for older people with mental health problems. Available from the DH website www.dh.gov.uk

- *Report on the Standard 4 Transformational Projects* (Gateway reference 5911) (DH, 2005) Report on the centrally funded projects to support to implementation of NSF Standard 4 (General Hospital Care). Available from the DH website www.dh.gov.uk
- *Dignity and Older Europeans Project* An international three year research project funded by the European Commission which particularly focused on older people's experiences of health and social care. More information at www.cf.ac.uk/dignity

Programme 2: Dignity at the end of life



The NSF for Older People captures the key principles of good end of life care. Much of best practice in end of life care has been developed for people dying from cancer. Three models show particular promise for adaptation and use for end of life care of other groups. These are the Liverpool Care Pathway for the dying, the Gold Standards Framework and (in an earlier stage of development) the Preferred Place of Care Model.

A national project, with a budget of £12 million over three years has been established to support spread of best practice in end of life care to non-cancer groups. Feedback from strategic health authorities and external stakeholders has identified the need to improve end of life care for people living in care homes as a priority.

Aims:

1. To adapt and spread the three best practice models, as appropriate, for end of life care of older people living at home (GSF, PPC, LCP) or in hospital (LCP, PPC), in line with other adult needs.
2. To facilitate best practice in commissioning, delivery and education in end of life care in care homes.

Further Information

- *Year One Progress Report on End of Life Care Programme* (DH / NHS, 2006) (Gateway ref 6268).

More information on the NHS End of Life Care Programme, including a paper on facts and figures paper which aims to pull together existing information on End of Life Care in care homes, can be found at www.endoflifecare.nhs.uk

Joined-Up Care

A key principle in the care of frail older people is that of timely intervention through joined-up care. This involves the early identification of problems and treatment to prevent a crisis and rapid response to a crisis when it occurs to quickly restore health, independence and well-being. Timely intervention not only improves outcomes for older people but also reduces longer term costs of care, by reducing the need for support by families, hospital bed use and the need for intensive long-term care services.

Care systems are being strengthened for people with stroke, falls, dementia and with multiple conditions to improve prevention, treatment, rehabilitation and care. Good long-term conditions management is underpinned by a holistic assessment of needs, when older people come into contact with the care system. In crisis older people often develop falls or confusion. Emergency care is being redesigned to respond to these needs.

These developments are making an important contribution to system reform in the National Health Service and in Social Care. If system reforms are not fit to meet the needs of frail older people, they will not succeed.

Programme 3: Stroke Services



Significant progress has been made in improving stroke services since the publication of the NSF where Standard 5 described a service model for stroke and transient ischaemic attacks (TIA). This includes work on prevention, treatment, rehabilitation and long-term management. Now all hospitals that care for stroke patients have a specialised stroke service. A survey by the Healthcare Commission published in 2005 showed that 64% of

respondents reported that they stayed on a stroke unit for most of their stay compared to 27% reported in 2001 National Sentinel Stroke Audit.

The quality requirements set out in the Long Term Conditions NSF will support the drive to improve the long term care stroke patients receive. The Department of Health is also funding a new £20 million research network to improve our understanding of what works and promote further service improvements.

However, there remain issues about capacity and responsiveness because not everybody who would benefit from specialist services is receiving them, and new treatments and evidence have increased the importance of treating stroke and TIA as medical emergencies.

Work has begun on an 18 month programme to develop a new national strategy for stroke. This is being taken forward by expert project groups which will focus on 6 key areas.

Aims:

1. To raise public awareness about stroke symptoms and risk factors, and to improve primary and secondary prevention of those vascular risk factors.
2. To ensure that people who suffer TIAs have rapid access to high quality, appropriate diagnostic and treatment services.
3. To accelerate the emergency response to stroke, including through improved access to CT scanning.
4. To recommend the models of service provision and ways of working in the acute phase of stroke, appropriate to delivering new treatments.
5. To support stroke survivors as they transfer from hospital to home and to provide the long-term support services needed after stroke.
6. To ensure that the workforce is developed, in terms of numbers and skills, to enable the implementation of the strategy.

Further Information

- Further information on the development of the new national stroke strategy and resources relating to improving stroke services are available at www.dh.gov.uk/stroke . The Department of Health stroke team can be contacted at MB-Stroke-Ideas@dh.gsi.gov.uk
- The Stroke Association's 'Stroke is a Medical Emergency' campaign can be found at <http://www.stroke.org.uk/campaigns>

Programme 4: Falls and Bone Health



The development of integrated falls services was a key objective in the NSF for Older People and a response to an evidence-base which emerged in the mid-1990s about the focus and value of falls services to help prevent and manage falls and their consequences.

A national audit of falls services for older people undertaken by the Royal College of Physicians (January 2006) showed 74%

of Trusts having part of a coordinated, integrated, multi-agency service for falls. However, there are areas of hospital services, such as emergency departments and fracture units, which particularly lack fully organised services while the audit also shows services for bone health lagging behind those for falls.

NICE guidelines on falls services and on drug treatments for bone health have been published and are in line with the service models in the NSF.

There are five components of an integrated falls service. The development of each component sets the agenda and priorities for the next phase of investment and reform.

Aims:

1. To extend council, PCT and voluntary sector initiatives to improve exercise, balance, medicines management, environment and footwear for older people to reduce falls risk.
2. To improve emergency response to falls with a key role for emergency care practitioners to assess people who have fallen prior to transfer to an emergency department and mobilize intermediate care services where a need for hospital assessment is not required.
3. Every economy to have access to a falls assessment service for people with recurrent falls, or one fall with serious consequences.
4. To increase capacity in osteoporosis services in DXA scanning for bone density as a guide to treatment. In 2005-06 £3 million has been allocated from a centrally held revenue budget for purchasing of additional scans (mainly from independent sector (IS) providers) in SHAs where there are the most pressing short-falls. Capital provision of £17m has been made in 2006/7 and 2007/8 to improve NHS capacity through investment in new DXA scanning equipment.
5. To improve rehabilitation services for people who have lost functional ability or confidence after a fall.

Further Information

- Further information on the Royal College of Physicians falls audit can be found at <http://www.rcplondon.ac.uk/college/ceeu/fbhop>
- Further information on falls service development can be found on the DH website www.dh.gov.uk
- Information on The Healthy Communities Collaborative, whose key objectives of the collaborative are to engage community members in using improvement techniques to impact on health issues, and their work to reduce falls, can be found at www.improve.nhs.uk under topics and inequalities

Programme 5: Mental Health in Old Age



Reviews of progress for the NSFs for Mental Health and Older People have highlighted challenges in the delivery of mental health services for older adults. A new Department of Health programme board for older adult mental health services has been set up to coordinate a response to meet these challenges.

National Directors for Mental Health, Louis Appleby, and Older People, Ian Philp, outlined their vision for older people's mental health services in *Securing better mental health for older adults*, published in July 2005. This was followed by a new OPMH service development guide, *Everybody's Business*, in November 2005.

Everybody's Business builds on the service models outlined in the National Service Framework for Older People and the principles promoted in *Securing better mental health for older adults*, in describing the foundations and key elements of a comprehensive older adult's mental health service. The Healthcare Commission and Commission for Social Care Inspection have identified *Everybody's Business* as a benchmark for mental health services and will use it to aid their inspection processes.

Aims:

1. To ensure age equality in the development of mental health care for adults of all ages, with access to services on the basis of need, not age. This will also include the integration of underpinning programmes of work, such as support for service improvement, workforce development, guidelines development, research and development, information systems, performance management, and inspection and audit, across the younger and older adult mental health services.

2. To improve the skills and competencies of staff to enhance detection and management of mental illness in all non-specialist settings, so that wherever people are, they are not discriminated against, and have their mental health needs managed well.
3. To secure comprehensive specialist mental health services for older adults, with a particular emphasis on community mental health teams, memory assessment clinics, and liaison services.
4. To promote mental health as part of active ageing.

Further Information

- *Securing better mental health for older adults* (DH, 2005)
Professor Ian Philp and Professor Louis Appleby's (National Director for Mental Health) vision for new initiative to combine forces across mental health and older people's services. Available at www.dh.gov.uk
- *Everybody's Business. Integrated mental health services for older adults: a service development guide.* (CSIP, DH, 2005)
Older people's mental health cuts across health and social care, physical and mental health and mainstream and specialist services. This service development guide was launched to improve front line practice. Available at <http://www.olderpeoplesmentalhealth.csip.org.uk/everybodysbusiness>
- *Inquiry into mental health and well-being in later life.* A three-year, UK-wide project jointly led by the Mental Health Foundation and Age Concern England. More information at www.mhilli.org/inquiry/index.html

Programme 6: Complex Needs



informal carers, who may have needs in their own right.

Many older people have one or more long-term condition and have difficulty in maintaining their independence, well-being and social participation. This creates challenges for practitioners, commissioners and service providers to develop integrated services which help service users maintain their independence, well-being and social participation, as well as working in partnership with family and other

A wide range of practitioners are involved in the care of people with complex needs. Some are working in well established ways such as acute hospital old age specialists, old age mental health teams, community nurses and social work care managers. Others are working in new ways, such as therapists, nurses and care assistants working in intermediate care settings or pharmacists undertaking medicines reviews for people on multiple medications. There are also new professional groups emerging, including community matrons and practitioners with special interests in older people.

There needs to be effective coordination of the work of these practitioners and the organisations involved across traditional service and team boundaries. Some intermediate care services provide excellent examples of integrated care provision. A national project involving key stakeholders has identified the key challenges for implementation:

Aims:

1. To achieve better coordination of care for people with complex needs.
2. To strengthen commissioning arrangements by the NHS and Councils for people with complex needs.
3. To develop managed networks for older people with complex needs.
4. To build on successful developments in intermediate care services.

Further Information

- *Our health, our care, our say* White Paper (DH, 2006) (Gateway ref 2006). The White Paper sets a new direction for the whole health and social care system. Available at www.dh.gov.uk
- *Report on the Complex Care Network Project* (DH, 2005) Reports on the outputs from a pilot project that aimed to explore and articulate the issue of service response for older people with complex needs. Available in Annex 1 of the Next Steps Resource Document (Gateway ref. 5601) at www.dh.gov.uk

Programme 7: Urgent Care



Older people are not only heavy users of urgent care services, they are also more likely to experience longer waits in emergency departments, to be admitted to hospital and to have more prolonged length of stay once admitted. A significant proportion of those admitted could benefit from alternatives to admission. Whether admitted, or provided with alternatives to admission, early access, review or management by

specialist multi-disciplinary old age-related teams will improve outcomes for patients and be an efficient use of resources.

Aims:

1. To redesign urgent care response to falls, mobilising intermediate care services and avoiding inappropriate attendance in emergency departments or hospital admission where there is no life-threatening illness or need for surgery, with early assessment and management by a multi-disciplinary falls service.
2. To redesign urgent care response to people with acute confusion (delirium) on a background of dementia or arising de novo in the context of medical crises, with early assessment by old-age specialists to investigate and treat underlying medical problems and with subsequent review of mental health needs.
3. To redesign urgent care response for stroke and transient ischaemic attack as part of the work to develop a new national stroke strategy.

Further Information

- *8 quick wins for emergency reform and the care of older people* (DH, 2005) (Gateway ref 5018). These 'tips' focus on specific actions that can be taken to improve outcomes and reduce the incidence of emergency events amongst older people. Available at www.dh.gov.uk

Programme 8: Care Records



Introducing a single process for assessing the health and social care needs of older people, developing personal care plans and sharing this information as people move through the care system are key objectives of the National Service Framework for Older People. The Single Assessment Process (SAP) underpins much of the reforms towards delivering personalised care, joined-up services, timely response to

identified needs and the promotion of health and active life.

There has been an extensive engagement of health and social care practitioners and managers in local communities to agree local solutions to meeting the SAP requirements. However, to ensure that the potential benefits of a Single Assessment Process are maximised information technology to support efficient and secure sharing of information across health and social care communities needs to be developed further. As stated in the White Paper *Our health, our care, our say* we will develop a Common Assessment Framework by building on the Single Assessment Process in order to deliver the benefits of a holistic needs assessment for all adults with long-term conditions.

Aims:

1. To simplify and extend the SAP approach to all adults with long-term conditions.
2. To fit SAP implementation into the wider work across local and national government in developing personalised and integrated record systems.
3. To ensure that comprehensive assessment is undertaken prior to long-term or residential nursing home care.

Further Information

- *Our health, our care, our say* White Paper (DH, 2006) (Gateway ref 2006)
Available at www.dh.gov.uk

Healthy Ageing

Most older people want to remain healthy and live independent lives for as long as possible. With a high uptake of health promotion activities amongst older people and early returns for improved health, independence and well-being, it makes economic sense to invest in systems which promote health in old age.

We intend to provide more opportunities for older people to increase their levels of physical, mental and social activities. A broad range of organisations from the independent sector, the NHS and Local Government are involved in this work.

We will provide extra support for socially excluded groups, including those with mobility problems, sensory or cognitive impairments, who are socially isolated, living in poverty or with specific needs arising from race or culture, so that these groups also have the opportunity to enjoy active ageing.

Most importantly, older people themselves have the potential to contribute more to the lives of their families and their local communities and in so doing improve their own health, independence and well-being.

Programme 9: Healthy Ageing



Promoting healthy ageing is a strong theme in the National Service Framework for Older People, and a top priority of many organisations which represent older people. Contrary to popular belief, health promotion services are popular amongst older people, with a strong evidence base for effectiveness in producing good health outcomes and reducing pressure

on services and families by reducing impairments and disabilities.

Activities such as exercise classes and dancing, promote not only health and independence, but also increase social interaction leading to improved emotional well-being.

Health impairments can reduce older people's opportunities to enjoy active lives and social exclusion can reduce older people's to health and healthcare.

Our healthy ageing programme is the vehicle for delivering the older people's component of the delivery of the White Paper *Choosing health* and will be a key component in the delivery of the cross-government strategy for older people described in *Opportunity Age*.

Aims:

1. To improve physical fitness through encouraging and communicating the benefits of moderate regular exercise for older people.
2. To overcome barriers to active life for older people through giving attention to equipment, foot-care, oral health, continence care, low-vision and hearing services.
3. To improve access to health care and health promotion services for older people who are socially isolated, living in poverty, have mental health problems and those from black and minority ethnic groups, and protect vulnerable older people from cold and heat-related illness.
4. To extend healthy active life expectancy through disease prevention and modifying health behaviour through life checks and social marketing techniques.

Further Information

- *Choosing health* White Paper (DH, 2004) (Gateway ref 4135)
Sets out the key principles for supporting the public to make healthier and more informed choices in regards to their health. Available at www.dh.gov.uk
 - *Opportunity Age – Opportunity and security throughout life* (Department for Work and Pensions, 2005)
The cross-Government strategy for older people available at www.dwp.gov.uk/opportunity_age/
 - *A Sure Start to Later Life – Ending Inequalities for Older People* (Social Exclusion Unit, Office of the Deputy Prime Minister, 2006)
A report examining how to tackle social exclusion in later life available at www.socialexclusion.gov.uk
 - *Choosing better oral health* (DH, 2005) (Gateway ref 4790) is the Government's Oral Health Action Plan. It includes specific reference to older people's oral health and is available at www.dh.gov.uk
 - The Heatwave Plan and the Keep Warm, Keep Well campaign offer plans and advice for vulnerable groups in hot and cold weather respectively. All are available at www.dh.gov.uk
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Programme 10: Independence, Well-being and Choice



The promotion of health, independence and well-being amongst older people is at the heart of the Green Paper *Independence, well-being and choice*.

A number of national pathfinding projects have been initiated including:

- The Innovations Forum and Partnerships for Older People Projects
- Local government Shared Priority learning sets for the promotion of well-being of older people
- Developing an approach to telecare investment to support the promotion of independence of older people through assistive technologies
- Individual budgets for users of social care
- Self-assessment pilots

Aims:

1. To increase the use of assistive technology to promote independence.
2. To strengthen leadership and partnership between councils, the local NHS and the voluntary sectors in the promotion of the well-being of older people and their families.
3. To increase the use of direct payments and individual budgets to increase choice for older people and their families in social care.
4. To increase the uptake of assessment and response to carers' needs.

Further Information

Further background information on the following topics can be found in the Next Steps Resource Document at www.dh.gov.uk

- Partnerships for Older People Projects
- Telecare
- The Innovations Forum
- Local Area Agreements and Local Public Service Agreements
- Direct Payments
- Individual budgets pilots

Support for Implementation

There are a range of mechanisms which will help to ensure progress against the key aims and objectives of dignity in care, joined up care and healthy ageing. These include the national priorities and planning framework, workforce modernisation, national guidelines development, investment in new technologies, and research and development.

In addition, five key implementation levers are outlined in more detail below.

Leadership

For each of the ten priorities, we will be working with leaders of advocacy and professional organisations. Their involvement reflects a shared vision and commitment to improving the health and well-being of older people. In many of the priority areas formal mechanisms for their involvement and consultation have been established.

Regulation and Inspection

The Healthcare Commission, Commission for Social Care Inspection and the Audit Commission have published a joint review of Older People's Services and are strengthening and aligning their inspection regimes to drive improvements in key areas of partnership working, falls, mental health and medicines management and dignity in care. In addition, the Audit Commission's Comprehensive Performance Assessment of councils now includes a strand on older people's independence and well-being. For the first time councils are now being assessed on how well they are working with partners, and with older people, to improve quality of life.

Public Service Agreement (PSA) Targets

The national priorities for the NHS and social care are based on the Department of Health's Public Service Agreement (PSA) Targets. The targets cover four broad priority areas: health and well-being of the population, long-term conditions, access to services, and patient/user experience.

In each of the areas there is a strong connection to one or more of the PSA Targets. For example, Dignity in Care is supported by the PSA Target on 'improving the patient/user experience' while the theme of Active Ageing is closely tied to the Target on 'Improving the quality of life and independence of vulnerable older people by supporting them to live in their own homes where possible'. A list of the relevant PSA Targets can be found in Annex 3 of the Next Steps Resource Document on the DH website (www.dh.gov.uk).

Commissioning

Members of the National Leadership Network have suggested ways in which commissioning might be developed for frail older people: strengthening multi-sectoral commissioning arrangements with greater use of pooled budgets, commissioning for integrated care networks, including care pathways for people with falls and confusion, and improving case-mix measurement for people with co-morbidities, to improve tariff systems.

Care Services Improvement Partnership (and other service improvement agencies)

The Care Services Improvement Partnership (CSIP) has been created to support service improvement and development in health and social care across a range of services which include older people, children and learning disability.

CSIP is strongly supportive of our plans to improve the health and well-being of older people and are already involved in many of the areas. For example in Dignity in Care it is supporting the Department of Health funded Standard 4 transformational projects for acute hospital care, in Emergency Response it is working with service commissioners in developing a whole systems approach and commissioning framework to ensure the needs of older people are met in an emergency, and in Mental Health, it is building on the review of inpatient services which the NHS was supported to undertake as outlined in *Moving on: key learning from Rowan Ward*.

CSIP will continue to work with us as our plans develop, offering support and advice to local health and social care systems on request.

Further Information

More detailed information about our ten programmes can be found in the Next Steps Resource on the DH website www.dh.gov.uk. The website provides links to further information and documents for each of the ten programmes of activity, as well as more background on the measures for implementation support.



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