JSNA for Older People in Lancashire

Priorities and recommendations

Background

In 2011 a project group of data and intelligence specialists from across Lancashire produced a compendium of indicators relating to the health and wellbeing of older people in the area. This compendium was published on the Lancashire JSNA website in March 2012.

Following on from this, a prioritisation workshop was held in September 2012 with key stakeholders from across Lancashire. Delegates were asked to contribute to a "Million Pound Drop" style exercise in which they had to assign imaginary budgets to some key health and wellbeing issues identified by the project group using the intelligence from the data compendium. A conference report is available to download from the JSNA events page, along with the other papers from the workshop.

A set of six priority issues were agreed by the stakeholder group and a literature review was conducted to identify recommendations and best practice guidance to aid commissioners.

Literature review methodology

In order to narrow the broad scope of the priority topics, evidence was limited to guidance from the National Institute for Health and Clinical Excellence (NICE) together with other review level evidence. It was also agreed to only include evidence published after 2002. Evidence specific to older people was given preference where available; otherwise, evidence relevant to all age groups was drawn upon. Websites of significant policy organisations (e.g. Department of Health, The King's Fund and Nuffield Trust) were also searched, as were websites of specific interest organisations (e.g. Age UK).

The six priorities identified by the stakeholder group are listed below in order of their perceived relative importance, along with recommendations drawn from the literature review.

General recommendations

A common theme across all the priority topics discussed at the September workshop was that provision of good quality, informative and easily accessible information and advice is key.

1. Prevention and protection in a safe environment

The vast majority of accidents involving older people are falls, with the majority of these occurring in the home. Fall-associated fractures are a significant cause of morbidity and mortality in older people and are costly to health and social services.

Most of the guidance and recommendations identified through the literature review centre around prevention, with a specific focus on GPs routinely asking older people they come into contact with about frequency, context and characteristics of falls they have had in the past year. Older people reporting a fall or considered at risk of falling should be observed for balance and gait deficits and considered for their ability to benefit from interventions to improve strength and balance.

Older people who present for medical attention because of a fall, report recurrent falls in the past year, or demonstrate abnormalities of gait and/or balance should be offered a multifactorial falls risk assessment.

There is some evidence that group and home-based exercise programmes, and home safety interventions and modifications can reduce the rate of falls.

Vitamin D supplementation is effective in reducing the rate of falls in nursing care facilities. Exercise appears effective in subacute hospital settings, but in nursing care facilities this remains uncertain.

2. Lifestyle

A general recommendation would be to improve access for older people to universal services to improve lifestyle behaviours that impact on health.

Much of the literature concerning improving older people's lifestyles relates to increased physical activity. The World Health Organization recommends at least 150 minutes of moderate intensity, or 75 minutes vigorous intensity aerobic activity per week for adults aged 65 and over.

Interventions restricted to adults aged 50 and over are effective in producing short-term changes in physical activity, but more rarely mid- to long-term changes. Other interventions that have been proven effective are:

- Individual- or group-based cognitive approaches with a combination of group- and home-based exercise sessions;
- Promotion of moderate intensity and non-endurance physical activities (e.g. flexibility exercises);
- Those which provide support and follow-up.

Smoking cessation services remain the most effective method of altering smoking-induced disease risk at all ages, including older adults. NICE Public Health Guidance provides a detailed list of recommendations on brief interventions and referral for smoking cessation and smoking cessation services.

NICE Public Health Guidance also states that making alcohol less affordable is the most effective way of reducing alcohol-related harm. The Lancashire JSNA team and partners recently completed a JSNA for alcohol, drugs and tobacco.

3. Mental health and wellbeing

NICE Public Health Guidance on mental wellbeing in older people focuses on the role of occupational therapy and physical activity interventions.

In 2003, Age Concern and the Mental Health Foundation launched a UK inquiry into mental health and well-being in later life. The report of this comprehensive review identified five main areas that influence mental health and well-being in later life:

- Tackling age discrimination;
- Participation in meaningful activity, staying active and having a sense of purpose;
- Maintaining relationships that are secure and supportive and tackling social isolation;
- Maintaining good physical health;
- Tackling poverty.

NICE clinical guidelines on dementia identify key priorities for implementation, including:

- Non-discrimination of people with dementia from any services;
- Valid consent by health and social care professionals should always be sought from people with dementia;
- Carers of people with dementia who experience psychological distress and negative psychological impact should be offered psychological therapy, including cognitive behavioural therapy, conducted by a specialist practitioner;
- Coordination and integration of health and social care;
- Memory assessment services should be the single point of referral for all people with a possible diagnosis of dementia;
- Structural imaging should be used for diagnosis;

- Comprehensive assessment of people with dementia who develop non-cognitive symptoms or behaviours that cause significant distress should be carried out, followed by implementation of individual, tailored care plans.

A 2011 systematic review by Age UK assessed the effectiveness of interventions designed to alleviate social isolation in older people. Common characteristics of effective interventions were those developed within the context of a theoretical basis, and those offering social activity and/or support within a group format. Interventions in which older people are active participants also appeared more likely to be effective. Future interventions incorporating all of these characteristics may therefore be more successful in targeting social isolation in older people.

4. Long term conditions and end of life care

The evidence base for effective interventions in the prevention and treatment of long term conditions is extensive.

The King's Fund, as part of an inquiry into the quality of general practice, concluded that:

"In the future, general practice should play a pivotal role in the delivery of high-quality care to people with long-term conditions as part of a shared care model in which responsibility is distributed across different teams and settings. Currently, quality of care remains variable. This might be significantly improved if a more proactive approach to multi-disciplinary care management were adopted. Measures of quality linked to incentives should be developed to help support general practice to play its part in improving the quality and cost-effectiveness of care to people living with long-term conditions".

A long term conditions JSNA for Lancashire is currently underway; the recommendations from which will be published to the Lancashire JSNA website later in 2013.

Research has shown that the majority of people would prefer to die in their usual place of residence, whether home or care home, or in a hospice; yet over half still die in hospital. There is evidence to support the use of end of life home-care programmes for increasing the number of patients who will die at home.

The NICE quality standard on end-of-life care for adults recommends that services are commissioned from, and coordinated across, all relevant agencies, including specialist palliative care, and encompass the whole end-of-life care pathway, and that an integrated approach to provision of services is fundamental to the delivery of high-quality care to people approaching the end of life and their families and carers.

5. Carers

Identifying unknown carers is an important issue. Many carers either don't think of themselves as such or are unaware of the support available to them. The Princess Royal Trust for Carers highlights some areas of good practice for identifying unknown carers. These include:

- Targeting flu clinics;
- Implementing mandatory training for community health staff on direct communication with carers;
- Sending mail shot questionnaires to an agreed list of GP patients;
- Running carers' surgeries in primary care settings;
- Pharmacies putting letters and reply cards into prescription bags.

They stress the importance of using suitable language on any information provided, for example, “Do you look after someone?” rather than “Are you a carer?”.

The Trust also states that carers should be actively consulted by health practitioners in the planning and delivery of care for patients being discharged from hospital. The King's Fund recommends that patients should be invited to nominate a partner in care who will be closely involved in developing their care plan. In addition, identification of carers shouldn't be left until discharge; wherever possible they should be identified at admission.

There is significant evidence to suggest that carers in Lancashire are unhappy with the levels of support, information and advice they receive; this needs to be improved.

Regular respite is also important for carers – many carers are themselves elderly or living with long term conditions. These can be exacerbated by not getting the support and regular respite they need. Carers in the workplace should be recognised, supported and informed about services or arrangements available to them. In larger organisations, the availability of a key contact for working carers, or having an internal carers' forum can be beneficial.

Older care-givers are more likely to have health needs of their own; to be caring for someone in the context of a lifelong relationship; dementia is likely to feature in the care-giving experience; and the roles of carer and care-receiver are less distinguishable. Health care professionals need guidance in order to support older carers effectively given these particularities, including that older care-givers should:

- Be able to make choices about their involvement in care-giving;

- Be not only trained by healthcare professionals to undertake certain care-related tasks, but Be willing to do this and be comfortable with the independence this will permit;
- Be supported, where necessary and desired, by continence nurses and night sitters to allow the carer uninterrupted sleep
- Be offered or advised about respite other than the institutional kind.

6. Pathway of care and integration of services for older people

The National Service Framework (NSF) for older people places a strong emphasis on the need to integrate care for older people through closer cooperation across boundaries and through the development of agreed pathways.

The Centre for Policy on Ageing defines integrated care as:

"Partnerships in which health and social care staff share information appropriately and work together to ensure that people receive the support and care they need to remain independent in the community".

A King's Fund study found that areas that have well-developed, integrated services for older people have lower rates of hospital bed use. Examples of good practice include:

- PCT forming a care trust with a single organisation responsible for both health and social care;
- PCT sharing its chief executive (who has a social services background) with the local council;
- PCT and county council creating a person-centred integrated health and social care service using a shared electronic care record and an integrated complex care team, which includes community nurses and social workers;
- Establishing a formal partnership board to support joint working across health, social care and housing.

A review of studies into integration between care homes and health care services found that outcome measures reflected the priorities of health care professionals rather than residents and care home staff, and concluded that more effective working between the NHS and care home providers is essential.