

**OLDER PEOPLE'S APG
NSF ACTION PLAN**

| Action Required 2006/7 | Suggested Action | Responsible Person | Timescale |
|--|---|--------------------|-----------|
| 1.1 Each local authority, NHS Trust and LHB Chief Executive will identify a named leader for older people across the organisation, ensuring that older people become and remain a priority and to support the implementation of the NSF specifically. | None – action completed and reported to WAG. | | |
| 1.2 The role and responsibilities of the named leader for older people will be communicated to all staff and two-way communication systems will be established | | | |
| 1.3 The named leader will regularly report on implementation and monitoring of the entire NSF to the Cabinet / Board | | | |
| 2.1 - Each local authority, NHS Trust and LHB will establish or use an existing Scrutiny Group to review and monitor practice and relevant organisational policy to ensure compliance with this Standard. The Scrutiny Group must include older user and carer representation. | | | |
| 2.2 - An audit of existing policy and practice will be undertaken and an action plan agreed by the Cabinet / Board, implemented and monitored, to ensure the phasing out of any age discrimination <i>NB - Welsh Assembly Government to provide an example Audit tool</i> | Strategic Commissioning Group to be made aware of Review Tool and action of APG Individual organisational leads to ensure adoption within organisations. | Chair of APG | Dec 06 |
| 2.3 - Explicit policies and supporting guidance to be provided by each organisation to set out the key principles and objectives in rooting out age discrimination, and to inform service design, delivery, commissioning, monitoring, review and staff development. <i>NB - Welsh Assembly Government to provide example</i> | No action for APGs – to be taken forward through individual organisations. | | |

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| <i>policies/guidance on avoiding age discrimination</i> | | | |
| 3.1 - older people and carers are included in any arrangements for public involvement (local authorities) and Patient/Public Involvement (PPI - NHS), including ongoing service monitoring and review. | Ensure SCG is aware of requirements and re-emphasise the need for any joint planning processes to reflect this. | Chair of APG | December 2006 |
| 5.1 The principles in <i>Fundamentals of Care</i> are incorporated into: - Staff training and development; - Staff performance management systems - Commissioning, contractual or service specification requirements | No specific action for APG | | |
| 7.1 - partner health and social care organisations and older people jointly review the clarity, accessibility and appropriateness of information provided to older people, carers and staff | APG to determine the specific priority information areas which it wishes to review. | APG Chair | October 2006 |
| 8.1 - statutory organisations establish local Joint Older People Action Teams | Action complete – no further action for APG. | | |
| 8.2 - joint service and commissioning plans for older people are developed, implemented and evaluated, and inform local Health, Social Care and Well Being Strategies | APG role is to update plans as the Health, Social Care and Well Being Strategy is developed, and to review the needs assessment as it is completed. | APG Chair | As determined by SCG. |
| 8.3 - service monitoring and evaluation mechanisms, which incorporate feedback from older service users and their carers, are developed and annual reviews integrated into planning and performance management systems | APG to review outcomes of voluntary sector contracts and individual organisations to ensure appropriate feedback is reflected in older people's commissioning strategy. | Organisational representatives | March 2007 |
| 10.1 – local community strategies and health, social care and well being strategies propose clear actions which reflect the main themes of the strategy for older people, to promote and maintain the health and well being of older people in their area. | APG to establish timescales for review of Community Strategy, Older People's Strategy and Health, Social Care and Well Being Strategy and ensure its plans are in congruence and reflect the older people's commissioning strategy. | APG administrator to secure information on timescales | January 2007 |

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| <p>11.1 – specific, comprehensive and accessible health promotion programmes are delivered to meet the needs of older people, and must</p> <ul style="list-style-type: none"> • be informed by local assessment of older people’s needs, priorities and preferences; • be evidence based • incorporate implementation of the healthy ageing action plan; • be monitored and evaluated in terms of uptake by older people • encourage and support older people to take responsibility for their own health and wellbeing | <p>APG to review Ageing Well Action Plan to ensure elements are addressed.</p> | <p>Chair of Ageing Well Team</p> | <p>March 2007</p> |
| <p>12.1 – Local commissioning strategies are designed to ensure that older people are able to access a comprehensive range of primary care services, e.g.</p> <ul style="list-style-type: none"> • GP and primary care team • Dental services • Eye care services • Podiatry and other foot care services • Community pharmacies and mainstream disease prevention schemes, e.g. <ul style="list-style-type: none"> ○ Flu and pneumococcal vaccination ○ Smoking cessation ○ Exercise referral schemes ○ Programmes developed in support of the various NSFs and other relevant screening and disease prevention programmes | <p>No action for APG.</p> | | |
| <p>14.1 – Each LHB will develop integrated commissioning plans for the provision of aids and equipment, in line with commissioning guidance</p> | <p>No action for APG</p> | | |
| <p>16.1 – Ensure that implementation of integrated pathways, in line with national policy for the management of long term and</p> | <p>APG has a role to play as part of the engagement process for Programme for Health Services</p> | <p>APG Chair to make links to</p> | <p>November 2006</p> |

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| chronic conditions, applies to older people | Improvement to receive/comment on/influence service models – and ensure any changes are fed into the older people’s commissioning strategy. Ensure Chief Officer for Adult Services is aware of the PHSI Programme. | PHSI | |
| 18.1 – local commissioning strategies include a joint strategic plan for delivery and evaluation of Intermediate Care services, based on a whole systems analysis of local need. | APG has a role to play as part of the engagement process for Programme for Health Services Improvement to receive/comment on/influence service models – and ensure any changes are fed into the older people’s commissioning strategy. Ensure the chief Officer for Adult Services is aware of the PHSI Programme. | APG Chair to make links to PHSI | December 2006 |
| 19.1 - Using a review tool to be provided, NHS Trusts undertake a review of the effectiveness of the total patient journey for older people through their acute services, including: <ul style="list-style-type: none"> • the interface with primary, community, intermediate, social and long term care; • emergency access (including alternatives to A&E) • elective care • clinical and non-clinical aspects of in-patient care • the care of older people in general hospitals with mental health needs • rehabilitation • discharge and transfer of care planning | No action for APG – although outcomes to be fed into older people’s commissioning strategy if appropriate. | Trust lead | As review is complete |
| 21.4 - All NHS Trusts to have in place Designated Lead Managers to meet the requirements of <i>In Safe Hands</i> and to help promote a culture of protection | No action for APG | | |

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| <p>22.1 – Each LHB and social care community to design and have in place a care pathway for stroke care from prevention through to rehabilitation and long term support, so that all patients have access to appropriate treatment including a multi-disciplinary stroke team.</p> <p>Care pathways must incorporate:</p> <ul style="list-style-type: none"> • Preventative action and active management within primary care of those at risk • Effective referral mechanisms to specialist assessment and treatment for those with suspected TIA or stroke • Prompt access to specialist acute stroke services in accordance with RCP guidelines • Access to multidisciplinary rehabilitation • Co-ordinated longer term services, support and advice | <p>APG has a role to play as part of the engagement process for Programme for Health Services Improvement to receive/comment on/influence service models – and ensure any changes are fed into the older people’s commissioning strategy.</p> | <p>APG Chair to make links to PHSI</p> | <p>November 2006</p> |
| <p>23.1 – as part of the commissioning strategy, each local health and social care partnership to review the local service for falls and fractures, including:</p> <ul style="list-style-type: none"> • What is currently done to prevent falls (on a multi factorial basis); • How those at risk of falling are currently identified and managed; • How those at risk of osteoporotic fracture are currently identified and managed; • How those who have suffered a fragility fracture are currently identified and managed; • How those who have fallen are cared for in the immediate and longer term, including rehabilitation; how the efficacy of interventions are measured and monitored. <p>And agree priorities for action</p> | <p>APG to write to SCG outlining the NSF standard and seek advice from SCG on whether this is a priority and how it should best be addressed. APG to advise SCG that there is considerable risk that the standard on this will not be met if clear direction is not given.</p> | <p>Chair of APG</p> | <p>December 2007</p> |

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| 25.1 - Local Health Promotion Strategies include actions to improve the mental health and well being of the general population, as well as specific actions to improve the mental well being of older people and carers. | APG to advise SCG that this is a role for the joint mental health planning group. | Chair of APG | November 2007 |
| 26.1 – local commissioning strategies include a joint strategic plan for developing mental health services for older people (and younger people with dementia), incorporating arrangements for: <ul style="list-style-type: none"> • timely diagnosis within primary care and referral for assessment; • effective treatment, care and support – in community, inpatient and care home settings; • effective liaison with general health, social care and housing services | APG to advise SCG that this is a role for the joint mental health planning group | Chair of APG | November 2007 |
| 27.1 All care settings have a process to record an medication errors and outcomes | No action for APG | | |