Older people with social care needs and multiple long-term conditions

NICE quality standard

Draft for consultation

April 2016

Introduction

This quality standard covers the planning and delivery of coordinated, person-centred social care and support for older people with social care needs and multiple long-term conditions. The quality standard is focused on people aged over 65, but it may also be relevant to some people younger than 65 who have complex needs. It includes older people living in their own homes, in specialist settings or in care homes. For more information see the older people with social care needs and multiple long-term conditions topic overview.

NICE quality standards focus on aspects of health and social care that are commissioned locally. Areas of national policy, such as funding for social care, are therefore not covered by this quality standard.

Why this quality standard is needed

Older people with multiple long-term conditions are likely to have a wide range of care needs as a result of their conditions. Those with social care needs may require support with personal care and other practical assistance.

The prevalence of long-term conditions is strongly linked to ageing. A quarter (25%) of people over 60 have 2 or more long term conditions and the number of people with multiple (more than 1) long-term conditions in England is projected to rise to 2.9 million by 2018 (Long term conditions compendium of information third edition Department of Health).

A 2012 King's Fund report on Long term conditions and mental health suggests that depression is 7 times higher in people with 2 or more long-term conditions. In

addition, the National Development Team for inclusion report A long time coming part 1 indicates that symptoms of depression can often go untreated and affect the abilities of older people to manage their own conditions.

People with long-term conditions account for around 50% of all GP appointments, 64% of all outpatient appointments, and 70% of all inpatient bed days. Older people with long-term conditions are at a higher risk of needing admission to hospital, sometimes for health problems that could be managed at home. Overall, a significant proportion (70%) of government health and social care spending is attributed to the care of older people with long-term conditions and the costs per individual increase with the number of conditions the person has.

In 2014/15, 603,000 people aged over 65 used long-term support funded by local authorities (Community care statistics, social services activity, England – 2014-15 Health and Social Care Information Centre) with total local authority spending on social services for older people of £6.8 billion (Personal social services: expenditure and unit costs, England – 2014-5, final release Health and Social Care Information Centre). Although the number of older people in the population is rising, the number receiving publicly funded social care is falling.

Older people may not know what social care they are entitled to or what their funding options are. This may lead to their needs being left unmet because they are not claiming support. Options for people who pay for their own care and individual budget holders can be complicated and people may not be aware how to fund residential care if their conditions worsen.

Despite recent policy focusing on integrated health and social care services, some people are still treated as a collection of conditions or symptoms, rather than as a whole person and there can be poor coordination of care. There is currently significant variability in the commissioning and provision of health and social care for older people in England. Although good practice on integrating health and social care is beginning to emerge from local areas that have developed new approaches to transforming services, considerable variability remains.

This quality standard has been developed in the context of important legislative changes affecting people with care and support needs. Implementation of the Care

Act 2014 establishes new provisions as well as updating existing ones, bringing together relevant policy and guidance that may have a significant impact on this group.

The quality standard is expected to contribute to improvements in the following outcomes:

- Social care-related quality of life
- health-related quality of life
- involvement in decision-making
- social isolation
- safety of people using services
- hospital admissions
- residential care admissions
- service user and carer satisfaction.

How this quality standard supports delivery of outcome frameworks

NICE quality standards are a concise set of prioritised statements designed to drive measurable improvements in the 3 dimensions of quality – patient safety, patient experience and clinical effectiveness – for a particular area of health or care. They are derived from high-quality guidance, such as that from NICE or other sources accredited by NICE. This quality standard, in conjunction with the guidance on which it is based, should contribute to the improvements outlined in the following 3 outcomes frameworks published by the Department of Health:

- Adult Social Care Outcomes Framework 2015–16
- NHS Outcomes Framework 2015–16
- Public Health Outcomes Framework 2013–16.

Tables 1–3 show the outcomes, overarching indicators and improvement areas from the frameworks that the quality standard could contribute to achieving.

Table 1 The Adult Social Care Outcomes Framework 2015–16

Domain	Overarching and outcome measures
1 Enhancing quality of life for people with care and support needs	***Overarching measure*** 1A Social care-related quality of life** ***Outcome measures*** **People manage their own support as much as they wish, so they are in control of what, how and when support is delivered to match their needs** 1B Proportion of people who use services who have control over their daily life **Carers can balance their caring roles and maintain their desired quality of life** 1D Carer-reported quality of life** **People are able to find employment when they want, maintain a family and social life and contribute to community life, and avoid loneliness or isolation** 1I Proportion of people who use services and their carers, who reported that they had as much social contact as they would like
2 Delaying and reducing the need for care and support	***Overarching measure*** 2A Permanent admissions to residential and nursing care homes, per 100,000 population ***Outcome measures*** **Everybody has the opportunity to have the best health and wellbeing throughout their life, and can access support and information to help them manage their care needs** **When people develop care needs, the support they receive takes place in the most appropriate setting and enables them to regain their independence** *Placeholder 2F Dementia – a measure of the effectiveness of post-diagnosis care in sustaining independence and improving quality of life***

3 Ensuring that people have a positive experience of care and support	***Overarching measure*** **People who use social care and their carers are satisfied with their experience of care and support services** 3A Overall satisfaction of people who use services with their care and support 3B Overall satisfaction of carers with social services *Placeholder 3E The effectiveness of integrated care* ***Outcome measures*** **Carers feel that they are respected as equal partners throughout the care process** 3C The proportion of carers who report that they have been included or consulted in discussions about the person they care for **People know what choices are available to them locally, what they are entitled to, and who to contact when they need help** 3D The proportion of people who use services and carers who find it easy to find information about support **People, including those involved in making decisions on social care, respect the dignity of the individual and ensure support is sensitive to the circumstances of each individual** This information can be taken from the Adult Social Care Survey and used for analysis at the local level.
4 Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm	***Overarching measure*** 4A The proportion of people who use services who feel safe** ***Outcome measures*** **Everyone enjoys physical safety and feels secure** **People are protected as far as possible from avoidable harm, disease and injuries** **People are supported to plan ahead and have the freedom to manage risks the way that they wish** 4B The proportion of people who use services who say that those services have made them feel safe and secure
Alignment with NHS Outcomes Framework and/or Public Health Outcomes Framework * Indicator is shared ** Indicator is complementary Indicators in italics in development	

Table 2 NHS Outcomes Framework 2015–16

Domain	Overarching indicators and improvement areas
2 Enhancing quality of life for people with long-term conditions	***Overarching indicator*** 2 Health-related quality of life for people with long-term conditions** ***Improvement areas*** **Ensuring people feel supported to manage their condition** 2.1 Proportion of people feeling supported to manage their condition **Reducing time spent in hospital by people with long-term conditions** 2.3 i Unplanned hospitalisation for chronic ambulatory care sensitive conditions **Enhancing quality of life for carers** 2.4 Health-related quality of life for carers** **Enhancing quality of life for people with dementia** *ii A measure of the effectiveness of post-diagnosis care in sustaining independence and improving quality of life*** **Improving quality of life for people with multiple long-term conditions** *2.7 Health-related quality of life for people with three or more long-term conditions***
4 Ensuring that people have a positive experience of care	***Improvement areas*** **Improving the experience of care for people at the end of their lives** 4.6 Bereaved carers' views on the quality of care in the last 3 months of life **Improving people's experience of integrated care** *4.9 People's experience of integrated care***
Alignment with Adult Social Care Outcomes Framework and/or Public Health Outcomes Framework * Indicator is shared ** Indicator is complementary Indicators in italics in development	

Table 3 Public health outcomes framework for England, 2013–16

Domain	Objectives and indicators
1 Improving the wider determinants of health	***Objective*** Improvements against wider factors that affect health and wellbeing and health inequalities 1.18 Social isolation* 1.19 Older people's perception of community safety
2 Health improvement	***Objective*** People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities ***Indicators*** 2.23 Self-reported well-being 2.24 Injuries due to falls in people aged 65 and over
4 Healthcare public health and preventing premature mortality	***Objective*** Reduced numbers of people living with preventable ill health and people dying prematurely, whilst reducing the gap between communities ***Indicators*** 4.3 Mortality rate from causes considered preventable** 4.13 Health-related quality of life for older people 4.14 Hip fractures in people aged 65 and over 4.15 Excess winter deaths 4.16 Estimated diagnosis rate for people with dementia
Alignment with Adult Social Care Outcomes Framework and/or NHS Outcomes Framework * Indicator is shared ** Indicator is complementary	

Safety and people's experiences of care

Ensuring that care is safe and that people have a positive experience of care is vital in a high-quality service. It is important to consider these factors when planning and delivering services relevant to older people with social care needs and multiple long-term conditions.

Coordinated services

Services for older people with social care needs and multiple long-term conditions should be commissioned from and coordinated across all relevant agencies encompassing all of the person's needs and their whole care pathway. A person-centred, integrated approach to providing services is fundamental to delivering high-quality care to older people with social care needs and multiple long-term conditions.

The Health and Social Care Act 2012 sets out a clear expectation that the care system should consider NICE quality standards in planning and delivering services, as part of a general duty to secure continuous improvement in quality. Commissioners and providers of health and social care should refer to the library of NICE quality standards when designing high-quality services. Other quality standards that should also be considered when choosing, commissioning or providing a high-quality service for older people with social care needs and multiple long-term conditions are listed in related quality standards.

Training and competencies

The quality standard should be read in the context of national and local guidelines on training and competencies. All health and social care practitioners involved in assessing, caring for and treating older people with social care needs and multiple long-term conditions should have sufficient and appropriate training and competencies to deliver the actions and interventions described in the quality standard. Quality statements on staff training and competency are not usually included in quality standards. However, recommendations in the development source on specific types of training for the topic that exceed standard professional training are considered during quality statement development.

Role of families and carers

Quality standards recognise the important role families and carers have in supporting older people with social care needs and multiple long-term conditions. If appropriate, health and social care practitioners should ensure that family members and carers are involved in the decision-making process about investigations, treatment and care.

List of quality statements

Statement 1. Older people with multiple long-term conditions having a social care needs assessment discuss their physical and mental health needs.

Statement 2. Older people with multiple long-term conditions having a social care needs assessment are given information about the services that can help them, the cost of these services and how they can be paid for.

Statement 3. Older people with multiple long-term conditions and social care needs have a named care coordinator.

Statement 4. Older people with multiple long-term conditions and social care needs have a jointly agreed health and social care plan that identifies how their personal priorities and outcomes will be met.

Statement 5. Older people with multiple long-term conditions and social care needs have a review of their personal health and social care plan at least annually.

Questions for consultation

Questions about the quality standard

Question 1 Does this draft quality standard accurately reflect the key areas for quality improvement?

Question 2 Are local systems and structures in place to collect the data for the proposed quality measures? If not, how feasible would it be for these systems and structures to be put in place?

Question 3 Do you have an example from practice of implementing the NICE guideline that underpins this quality standard? If so, please submit your example to the NICE local practice collection on the NICE website. Examples of using NICE quality standards can also be submitted.

Question 4 Do you think each of the statements in this draft quality standard would be achievable by local services given the net resources needed to deliver them?

Please describe any resources that you think would be necessary for any statement. Please describe any potential cost savings or opportunities for disinvestment.

Questions about the individual quality statements

Question 5 For draft quality statement 2: It is important that information and advice are given at every opportunity to help older people with multiple long-term conditions and social care needs to maintain their independence. This quality standard can drive improvement in particular areas. Are there any specific types of information for this group that need to be improved? Please explain.

Quality statement 1: Assessment of needs

Quality statement

Older people with multiple long-term conditions having a social care needs assessment discuss their physical and mental health needs.

Rationale

Older people with multiple long-term conditions are likely to have complex needs. In order to identify any support they may need to improve their quality of life and maintain their independence it is important to ensure that all their health and social care needs are considered. Ensuring their physical and mental health needs are assessed alongside their social care needs will encourage a joined-up approach to meeting their needs.

Quality measures

Structure

Evidence of a locally coordinated approach to ensure that older people with multiple long-term conditions having a social care needs assessment discuss their physical and mental health needs.

Data source: Local data collection.

Process

Proportion of social care needs assessments for older people with multiple long-term conditions that include their physical and mental health needs.

Numerator – the number in the denominator that include their physical and mental health needs.

Denominator – the number of social care needs assessments for older people with multiple long-term conditions.

Data source: Local data collection.

Outcome

Older people's satisfaction that all their health and care needs are recognised and understood.

Data source: Local data collection.

What the quality statement means for service providers, health and social care practitioners, and commissioners

Service providers (such as local authorities, general practices, community care providers, hospital trusts) ensure that arrangements are in place for relevant health and social care practitioners to contribute to social care needs assessments for older people with multiple long-term conditions.

Health and social care practitioners (such as social workers, GPs, geriatricians, district nurses and mental health nurses) contribute to social care needs assessments for older people with multiple long-term conditions, ensuring that their physical and mental health needs are considered.

Commissioners (such as local authorities, clinical commissioning groups and NHS England) ensure that systems are in place for providers to work together when social care needs assessments are being carried out for older people with multiple long-term conditions so that their physical and mental health needs are included.

What the quality statement means for service users and carers

Older people with more than 1 long-term condition who have a social care assessment discuss their physical and mental health needs. This will help them to think about what they can manage for themselves and what they need help with in their day-to-day life.

Source guidance

- Older people with social care needs and multiple long-term conditions (2015) NICE guideline NG22, recommendation 1.1.3.

Definitions of terms used in this quality statement

Multiple long-term conditions

A long-term condition is defined as one that generally lasts a year or longer and impacts on a person's life. Examples include arthritis, asthma, cancer, dementia, diabetes, heart disease, mental health conditions and stroke. Multiple means a person has more than 1 condition. The impact and symptoms of these conditions can fluctuate, and people may or may not need to take medicines for their conditions. [Older people with social care needs and multiple long-term conditions (NICE guideline NG22)]

Social care needs assessment

The process by which a local authority works with a person to identify their needs and the outcomes they would like to achieve to maintain or improve their wellbeing. The local authority's aim is to determine how it should respond to meet the person's needs. [Older people with social care needs and multiple long-term conditions (NICE guideline NG22)]

Quality statement 2: Information provided at assessment

Quality statement

Older people with multiple long-term conditions having a social care needs assessment are given information about the services that can help them, the cost of these services and how they can be paid for.

Rationale

Providing information about the services that are available to older people with multiple long-term conditions when they have a social care needs assessment will enable them to consider options that could help them to manage their lives. It will help them to choose care and support to meet their needs and enable them to maintain their independence and quality of life.

Quality measures

Structure

Evidence that accessible information is available locally about services that can help older people with multiple long-term conditions, the cost of these services and how they can be paid for.

Data source: Local data collection.

Process

Proportion of older people with multiple long-term conditions having a social care needs assessment who receive information about the services that can help them, the cost of these services and how they can be paid for.

Numerator – the number in the denominator who receive information about the services that can help them, the cost of these services and how they can be paid for.

Denominator – the number of older people with multiple long-term conditions having a social care needs assessment.

Data source: Local data collection.

Outcome

a) Older people's perception of the ease of finding information and advice about support, services or benefits.

Data source: Local data collection. The Health and Social Care Information Centre's Personal social services adult social care survey includes a question on the ease of finding information and advice.

b) Health-related quality of life for older people with multiple long term conditions.

Data source: Local data collection. NHS England's GP patient survey includes questions on health-related quality of life.

c) Social care-related quality of life for older people with multiple long term conditions.

Data source: Local data collection. The Health and Social Care Information Centre's Personal social services adult social care survey includes questions on social care-related quality of life.

What the quality statement means for service providers, health and social care practitioners, and commissioners

Service providers (such as local authorities and community care providers) ensure that processes are in place to ensure that older people with multiple long-term conditions who have a social care needs assessment are given information about the services that can help them, the cost of these services and how they can be paid for.

Social care practitioners (such as social workers) provide information to older people with multiple long-term conditions about the services that can help them, the cost of these services and how they can be paid for, when carrying out a social care needs assessment.

Commissioners (such as local authorities and clinical commissioning groups) ensure that up-to-date, accessible information is available about local services that

can help older people with multiple long-term conditions, the cost of these services and how they can be paid for.

What the quality statement means for service users and carers

Older people with more than 1 long-term condition are given information about services that can help them, the cost of these services and how they can be paid for, when they have a social care assessment. This will help them to decide what support they need to improve their day-to-day life.

Source guidance

- Older people with social care needs and multiple long-term conditions (2015) NICE guideline NG22, recommendations 1.1.3.

Definitions of terms used in this quality statement

Multiple long-term conditions

A long-term condition is defined as one that generally lasts a year or longer and impacts on a person's life. Examples include arthritis, asthma, cancer, dementia, diabetes, heart disease, mental health conditions and stroke. Multiple means a person has more than 1 condition. The impact and symptoms of these conditions can fluctuate, and people may or may not need to take medicines for their conditions. [Older people with social care needs and multiple long-term conditions (NICE guideline NG22)]

Social care needs assessment

The process by which a local authority works with a person to identify their needs and the outcomes they would like to achieve to maintain or improve their wellbeing. The local authority's aim is to determine how it should respond to meet the person's needs. [Older people with social care needs and multiple long-term conditions (NICE guideline NG22)]

Information about services that can help them

People who pay for or arrange their own care, as well as those whose care is publicly funded, should be given information about the types of care and support and the choice of providers available locally. It should include:

- information about how to obtain care and support services
- information about the costs of different services
- how to obtain independent financial advice about meeting their care and support needs
- the impact of future changes in funding status or ability to pay
- information about advocacy services
- any telecare options that may support them, including considering whether a demonstration of telecare equipment could help them to make an informed decision about its usefulness
- information about social activities and opportunities that can help them to maintain their social contacts, and build new contacts if they wish to.

[Adapted from the Care Act 2014 and Older people with social care needs and multiple long-term conditions (NICE guideline NG22) recommendations 1.1.3, 1.1.6, 1.1.7, 1.5.4. 1.5.11, 1.5.19, and 1.6.4]

Equality and diversity considerations

Information provided to people using services should be in a format that suits their needs and preferences. In particular, practitioners should identify, record and meet the information and communication needs of people who have hearing loss, sight loss or learning disabilities, as set out in NHS England's Accessible Information Standard.

Question for consultation

It is important that information and advice are given at every opportunity to help older people with multiple long-term conditions and social care needs to maintain their independence. This quality standard can drive improvement in particular areas. Are there any specific types of information for this group that need to be improved? Please explain.

Quality statement 3: Care coordinator

Quality statement

Older people with multiple long-term conditions and social care needs have a named care coordinator.

Rationale

Having a named care coordinator can help older people with multiple long-term conditions and social care needs to navigate the health and social care system. The care coordinator supports them in obtaining the services they need, when they need them. They also ensure that the older person has the information they need to manage their conditions and plan for the future.

Quality measures

Structure

a) Evidence of local arrangements to ensure that older people with multiple long-term conditions and social care needs have a named care coordinator.

Data source: Local data collection.

b) Evidence of a locally agreed specification of the role and functions of the care coordinator.

Data source: Local data collection.

Process

Proportion of older people with multiple long-term conditions and social care needs who have a named care coordinator.

Numerator – the number in the denominator who have a named care coordinator.

Denominator – the number of older people with multiple long-term conditions and social care needs.

Data source: Local data collection.

Outcome

a) Health-related quality of life for older people with multiple long term conditions.

Data source: Local data collection. NHS England's GP patient survey includes questions on health-related quality of life.

b) Social care-related quality of life for older people with multiple long term conditions.

Data source: Local data collection. The Health and Social Care Information Centre's Personal social services adult social care survey includes questions on social care-related quality of life.

What the quality statement means for service providers, health and social care practitioners, and commissioners

Service providers (such as local authorities, general practices, and community care providers) ensure that older people with multiple long-term conditions and social care needs have a named care coordinator. Providers should support the role of the care coordinator by contributing to care planning, sharing information about the person and agreeing joint working arrangements.

Health and social care practitioners (such as district nurses, social workers, occupational therapists, GPs and voluntary sector practitioners) ensure that they are aware of who the care coordinator is for an older person with multiple long-term conditions and social care needs and share information with them. If they are assigned as the care coordinator, they ensure that they carry out the role in accordance with the locally agreed specification.

Commissioners (such as local authorities, clinical commissioning groups and NHS England) ensure that there is local agreement on the role and responsibilities of a care coordinator and that all health and social care services support the care coordinator by contributing to care planning, sharing information and agreeing joint working arrangements.

What the quality statement means for service users and carers

Older people with more than 1 long-term condition who need social care services should be given the name of a person in the team that supports them who will be their care coordinator. The care coordinator will be the main contact for everyone involved in their care and will support them to manage their conditions and live as they choose.

Source guidance

- Older people with social care needs and multiple long-term conditions (2015) NICE guideline NG22, recommendations 1.2.1 and 1.5.12.

Definitions of terms used in this quality statement

Multiple long-term conditions

A long-term condition is defined as one that generally lasts a year or longer and impacts on a person's life. Examples include arthritis, asthma, cancer, dementia, diabetes, heart disease, mental health conditions and stroke. Multiple means a person has more than 1 condition. The impact and symptoms of these conditions can fluctuate, and people may or may not need to take medicines for their conditions. [Older people with social care needs and multiple long-term conditions (NICE guideline NG22)]

Social care needs

A person with social care needs is defined as someone needing personal care and other practical assistance because of their age, illness, disability, dependence on alcohol or drugs, or any other similar circumstances. This is based on the definition of social care in section 65 of the Health and Social Care Act 2012.[Older people with social care needs and multiple long-term conditions (NICE guideline NG22)]

Named care coordinator

The named care coordinator is one of the people from among the group of workers providing care and support designated to take a coordinating role. This could be, for example, a social worker, practitioner working for a voluntary or community sector

organisation, or lead nurse. [Older people with social care needs and multiple long-term conditions NICE guideline NG22]

Quality statement 4: Care planning

Quality statement

Older people with multiple long-term conditions and social care needs have a jointly agreed health and social care plan that identifies how their personal priorities and outcomes will be met.

Rationale

Older people with multiple long-term conditions should be involved in developing their health and social care plan to ensure it is person-centred and focused on their priorities and aspirations. Encouraging joint ownership of the health and social care plan will ensure older people confirm their agreement with the content of the plan and should help them to consider whether the plan continues to meet their needs. The plan will help services to deliver effective and responsive care and will support older people to maintain their independence.

Quality measures

Structure

Evidence of local processes to ensure that older people with multiple long-term conditions and social care needs have a jointly agreed health and social care plan that identifies how their personal priorities and outcomes will be met.

Data source: Local data collection.

Process

a) Proportion of older people with multiple long-term conditions and social care needs who sign their personal health and social care plan to indicate they agree with it.

Numerator – the number in the denominator who sign their personal health and social care plan to indicate they agree with it.

Denominator – the number of older people with multiple long-term conditions and social care needs.

Data source: Local data collection.

b) Proportion of older people with multiple long-term conditions and social care needs who are given a copy of their personal health and social care plan.

Numerator – the number in the denominator who are given a copy of their personal health and social care plan.

Denominator – the number of older people with multiple long-term conditions and social care needs.

Data source: Local data collection.

Outcome

a) Service user involvement in decision-making.

Data source: Local data collection.

b) Health-related quality of life for older people with multiple long term conditions.

Data source: Local data collection. NHS England's GP patient survey includes questions on health-related quality of life.

c) Social care-related quality of life for older people with multiple long term conditions.

Data source: Local data collection. The Health and Social Care Information Centre's Personal social services adult social care survey includes questions on social care-related quality of life.

What the quality statement means for service providers, health and social care practitioners, and commissioners

Service providers (such as local authorities, general practices, community health and care providers, and secondary care) ensure that processes are in place for older people with multiple long-term conditions and social care needs to have a jointly agreed health and social care plan that identifies how their personal priorities and outcomes will be met. This should include ensuring that the health and social care plan is signed by all parties and that the person is given a copy.

Health and social care practitioners (such as social workers, GPs, district nurses, geriatricians and mental health nurses) ensure older people with multiple long-term conditions and social care needs have a jointly agreed health and social care plan that identifies how their personal priorities and outcomes will be met. This should include ensuring that the health and social care plan is signed by all parties and that the person is given a copy.

Commissioners (such as local authorities, clinical commissioning groups and NHS England) commission services that ensure older people with multiple long-term conditions and social care needs have a jointly agreed health and social care plan that identifies how their personal priorities and outcomes will be met. Commissioners should require providers to ensure that the health and social care plan is signed by all parties and that the person is given a copy.

What the quality statement means for service users and carers

Older people with more than 1 long-term condition who need social care services are involved in planning their health and social care. This is to make sure that their care and support reflects what is important to them. They should agree and sign their personal health and social care plan and be given a copy to keep.

Source guidance

- Older people with social care needs and multiple long-term conditions (2015) NICE guideline NG22, recommendations 1.2.2 and 1.2.3.

Definitions of terms used in this quality statement

Multiple long-term conditions

A long-term condition is defined as one that generally lasts a year or longer and impacts on a person's life. Examples include arthritis, asthma, cancer, dementia, diabetes, heart disease, mental health conditions and stroke. Multiple means a person has more than 1 condition. The impact and symptoms of these conditions can fluctuate, and people may or may not need to take medicines for their conditions. [Older people with social care needs and multiple long-term conditions (NICE guideline NG22)]

Social care needs

A person with social care needs is defined as someone needing personal care and other practical assistance because of their age, illness, disability, dependence on alcohol or drugs, or any other similar circumstances. This is based on the definition of social care in section 65 of the Health and Social Care Act 2012.[Older people with social care needs and multiple long-term conditions (NICE guideline NG22)]

Personal health and social care plan

Health and social care plans should be tailored to each person, giving them choice and control and recognising the inter-related nature of multiple long-term conditions. In developing the plan the person should be offered the opportunity to:

- address a range of needs including medical, psychological, emotional, social, personal, sexual, spiritual and cultural needs, sight, hearing and communication needs and environmental care needs
- address palliative and end-of-life needs
- identify health problems, including continence needs and chronic pain and skin integrity, and the support needed to minimise their impact
- identify the help they need to look after their own care and support, manage their conditions, take part in preferred activities, hobbies and interests, and contact relevant support services
- include leisure and social activities outside and inside the home
- address mobility and transport needs, adaptations to the home and any support needed to use them.

[Older people with social care needs and multiple long-term conditions (NICE guideline NG22) recommendation 1.2.5]

Equality and diversity considerations

People with communication difficulties or sensory loss should be offered support to enable them to be involved in agreeing their personal health and social care plan. The plan should be provided in a format that suits their needs and preferences and meets the requirements set out in NHS England's Accessible Information Standard.

People with limited independence as a result of a physical disability or mental health condition may need additional support, such as an advocate, to support them to be involved in agreeing their personal health and social care plan.

Quality statement 5: Reviews

Quality statement

Older people with multiple long-term conditions and social care needs have a review of their personal health and social care plan at least annually.

Rationale

A personal health and social care plan should be reviewed at least annually, and whenever there are changes in circumstances, to check that it is still meeting the person's needs. It is important to recognise that multiple long-term conditions are associated with changing needs over time. Reflecting these changes in the personal health and care plan will help older people with multiple long-term conditions to remain independent for as long as possible.

Quality measures

Structure

Evidence of local arrangements to ensure that older people with multiple long-term conditions and social care needs have a review of their personal health and social care plan at least annually.

Data source: Local data collection.

Process

Proportion of older people with multiple long-term conditions and social care needs who had a review of their personal health and social care plan within the past 12 months.

Numerator – the number in the denominator who had a review of their personal health and social care plan within the past 12 months.

Denominator – the number of older people with multiple long-term conditions and social care needs with a personal health and social care plan for more than 12 months.

Data source: Local data collection. The Health and Social Care Information Centre's Adult Social Care Short and Long Term (SALT) return collects data on the number of people receiving support for more than 12 months that had a review of their care needs during the year.

Outcome

a) Health-related quality of life for older people with multiple long term conditions.

Data source: Local data collection. NHS England's GP patient survey includes questions on health-related quality of life.

b) Social care-related quality of life for older people with multiple long term conditions.

Data source: Local data collection. The Health and Social Care Information Centre's Personal social services adult social care survey includes questions on social care-related quality of life.

What the quality statement means for service providers, health and social care practitioners, and commissioners

Service providers (such as local authorities, general practices, community care providers, and secondary care) ensure that older people with multiple long-term conditions and social care needs have a review of their personal health and social care plan at least annually. The frequency of reviews will depend on individual circumstances and should be agreed with the person.

Health and social care practitioners (such as social workers, GPs, community nurses, geriatricians, occupational therapists, physiotherapists and mental health nurses) carry out a review of the personal health and social care plan for older people with multiple long-term conditions and social care needs at least annually. Practitioners should agree the frequency of reviews with the person.

Commissioners (such as local authorities, clinical commissioning groups and NHS England) commission services that carry out a review of the personal health and social care plan for older people with multiple long-term conditions and social care needs at least annually.

What the quality statement means for service users and carers

Older people with more than 1 long-term condition who need social care services should have their personal health and social care plan updated at least once a year, whenever their circumstances change, and at other times if they wish.

Source guidance

- Older people with social care needs and multiple long-term conditions (2015) NICE guideline NG22, recommendations 1.2.4.

Definitions of terms used in this quality statement

Multiple long-term conditions

A long-term condition is defined as one that generally lasts a year or longer and impacts on a person's life. Examples include arthritis, asthma, cancer, dementia, diabetes, heart disease, mental health conditions and stroke. Multiple means a person has more than 1 condition. The impact and symptoms of these conditions can fluctuate, and people may or may not need to take medicines for their conditions. [Older people with social care needs and multiple long-term conditions (NICE guideline NG22)]

Social care needs

A person with social care needs is defined as someone needing personal care and other practical assistance because of their age, illness, disability, dependence on alcohol or drugs, or any other similar circumstances. This is based on the definition of social care in section 65 of the Health and Social Care Act 2012.[Older people with social care needs and multiple long-term conditions (NICE guideline NG22)]

Personal health and social care plan

Health and social care plans should be tailored to each person, giving them choice and control and recognising the inter-related nature of multiple long-term conditions. In developing and reviewing the plan the person should be offered the opportunity to:

- address a range of needs including medical, psychological, emotional, social, personal, sexual, spiritual and cultural needs, sight, hearing and communication needs and environmental care needs

- address palliative and end-of-life needs
- identify health problems, including continence needs and chronic pain and skin integrity, and the support needed to minimise their impact
- identify the help they need to look after their own care and support, manage their conditions, take part in preferred activities, hobbies and interests, and contact relevant support services
- include leisure and social activities outside and inside the home
- address mobility and transport needs, adaptations to the home and any support needed to use them.

[Older people with social care needs and multiple long-term conditions (NICE guideline NG22) recommendation 1.2.5]

Equality and diversity considerations

People with communication difficulties or sensory loss should be offered support to enable them to be involved in reviewing their personal health and social care plan. Their revised health and social care plan should be provided in a format that suits their needs and preferences and meets the requirements set out in NHS England's Accessible Information Standard.

People with limited independence as a result of a physical disability or mental health problem may need additional support, such as an advocate, to support them to be involved in reviewing their health and social care plan.

People with deteriorating conditions and those who are likely to be approaching the end of life may need their health and social care plan to be reviewed more often.

Status of this quality standard

This is the draft quality standard released for consultation from 26 April to 24 May 2016. It is not NICE's final quality standard on older people with social care needs and multiple long-term conditions. The statements and measures presented in this document are provisional and may change after consultation with stakeholders.

Comments on the content of the draft standard must be submitted by 5pm on 24 May 2016. All eligible comments received during consultation will be reviewed by the Quality Standards Advisory Committee and the quality statements and measures will be refined in line with the Quality Standards Advisory Committee's considerations. The final quality standard will be available on the NICE website from September 2016.

Using the quality standard

Quality measures

The quality measures accompanying the quality statements aim to improve the structure, process and outcomes of care in areas identified as needing quality improvement. They are not a new set of targets or mandatory indicators for performance management.

We have indicated if current national indicators exist that could be used to measure the quality statements. These include indicators developed by the Health and Social Care Information Centre through its Indicators for Quality Improvement Programme. If there is no national indicator that could be used to measure a quality statement, the quality measure should form the basis for audit criteria developed and used locally.

See NICE's What makes up a NICE quality standard? for further information, including advice on using quality measures.

Levels of achievement

Expected levels of achievement for quality measures are not specified. Quality standards are intended to drive up the quality of care, and so achievement levels of

100% should be aspired to (or 0% if the quality statement states that something should not be done). However, NICE recognises that this may not always be appropriate in practice, taking account of safety, choice and professional judgement, and therefore desired levels of achievement should be defined locally.

NICE's quality standard service improvement template helps providers to make an initial assessment of their service compared with a selection of quality statements. It includes assessing current practice, recording an action plan and monitoring quality improvement. This tool is updated monthly to include new quality standards.

Using other national guidance and policy documents

Other national guidance and current policy documents have been referenced during the development of this quality standard. It is important that the quality standard is considered alongside the documents listed in development sources.

Diversity, equality and language

During the development of this quality standard, equality issues have been considered and equality assessments are available.

Good communication between health and social care practitioners and older people with social care needs and multiple long-term conditions is essential. Treatment, care and support, and the information given about it, should be culturally appropriate. It should also be accessible to people with additional needs such as physical, sensory or learning disabilities, and to people who do not speak or read English. Older people with social care needs and multiple long-term conditions should have access to an interpreter or advocate if needed.

Commissioners and providers should aim to achieve the quality standard in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. Nothing in this quality standard should be interpreted in a way that would be inconsistent with compliance with those duties.

Development sources

Further explanation of the methodology used can be found in the quality standards Process guide.

Evidence sources

The documents below contain recommendations from NICE guidance or other NICE-accredited recommendations that were used by the Quality Standards Advisory Committee to develop the quality standard statements and measures.

- Older people with social care needs and multiple long-term conditions (2015) NICE guideline NG22

Policy context

It is important that the quality standard is considered alongside current policy documents, including:

- Department of Health (2014) Better care for people with 2 or more long term conditions
- Department of Health (2014) Care Act 2014
- Department of Health (2014) Care and support statutory guidance
- Department of Health (2014) Carers strategy: the second national action plan 2014-2016
- NHS England (2014) Safe, compassionate care for frail older people using an integrated care pathway: practical guidance for commissioners, providers and nursing, medical and allied health professional leaders
- Department of Health (2013) Integrated care: our shared commitment

Definitions and data sources for the quality measures

- Health and Social Care Information Centre (2016) Short- and long-term support (SALT) data collection
- Health and Social Care Information Centre (2015) Personal social services adult social care survey 2014-2015
- NHS England (2015) GP patient survey

- Older people with social care needs and multiple long-term conditions (2015) NICE guideline NG22
- Home care (2015) NICE guideline NG21

Related NICE quality standards

Published

- Medicines optimisation (2016) NICE quality standard 120
- Preventing excess winter deaths and morbidity (2016) NICE quality standard 117
- Medicines management in care homes (2015) NICE quality standard 85
- Mental wellbeing of older people in care homes (2013) NICE quality standard 50

In development

- Home care for older people Publication expected June 2016
- Transition between inpatient hospital settings and community or care home settings Publication expected September 2016
- Mental wellbeing and independence for older people Publication expected December 2016

Future quality standards

This quality standard has been developed in the context of all quality standards referred to NICE, including the following topics scheduled for future development:

- Care and support of older people with learning disabilities
- Multimorbidity
- Medicines management: managing the use of medicines in community settings for people receiving social care
- Pain management (young people and adults)
- Regaining independence (reablement): short term interventions to help people regain independence
- Service user and carer experience of social care
- Supporting decision making in people who lack mental capacity
- Transition between inpatient mental health settings and community and care home settings

- Vulnerable populations: strategies for tackling inequalities

The full list of quality standard topics referred to NICE is available from the quality standards topic library on the NICE website.

Quality Standards Advisory Committee and NICE project team

Quality Standards Advisory Committee

This quality standard has been developed by Quality Standards Advisory Committee 3. Membership of this committee is as follows:

Ms Deryn Bishop

Public Health Behaviour Change Specialist, Solihull Public Health Department

Jan Dawson

Registered Dietitian

Dr Matthew Fay

GP, Westcliffe Medical Practice, Shipley, West Yorkshire

Dr Malcolm Fisk

Senior Research Fellow, Centre for Computing and Social Responsibility, De Montford University, Leicester

Ms Margaret Goose

Lay member

Dr Madhavan Krishnaswamy

Consultant Clinical Oncologist, Southend University Hospital NHS Trust

Mrs Geeta Kumar

Clinical Director, Women's Services (East) Betsi Cadwaladr University Health Board

Dr Hugh McIntyre (Chair)

Consultant Physician, East Sussex Healthcare Trust

Ms Ann Nevinson

Lay member

Professor Gillian Parker

Professor of Social Policy Research, Social Policy Research Unit, University of York

Mr David Pugh

Independent Consultant, Gloucestershire County Council

Dr Karen Ritchie

Head of Knowledge and Information, Health Improvement Scotland

Dr Eve Scott

Head of Safety and Risk, The Christie NHS Foundation Trust, Manchester

Dr Susannah Solaiman

GP and Clinical Lead for Integrated Care, Harford Health Centre, Tower Hamlets Clinical Commissioning Group

Dr Jim Stephenson

Consultant Medical Microbiologist, Epsom and St Helier NHS Trust

Mr Darryl Thompson

Registered Nurse (Mental Health), South West Yorkshire Partnership NHS Foundation Trust

Mrs Julia Thompson

Health Improvement Principal, Sheffield City Council

The following specialist members joined the committee to develop this quality standard:

Ms Julie Blake

Occupational therapist, Solihull Metropolitan Borough Council

Mr Derry Kelleher

Social worker (retired); member, Norfolk Healthwatch

Mr Manoj Mistry

Lay member

Ms Teresa Morris

Social worker, Bolton Clinical Commissioning Group

Dr Peter Sims

GP (retired); Clinical Advisor, Royal College of GPs

Mr Bernard Walker

Independent consultant in social care, health and management, Liverpool

NICE project team

Mark Minchin

Associate Director

Michael Mellors

Social Care Adviser

Esther Clifford

Programme Manager

Craig Grime

Technical Adviser

Melanie Carr

Technical Analyst

Anneka Patel

Project Manager

Christina Barnes

Coordinator

About this quality standard

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific,

concise and measurable statements. NICE quality standards draw on existing NICE or NICE-accredited guidance that provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement.

The methods and processes for developing NICE quality standards are described in the quality standards process guide.

This quality standard will be incorporated into the NICE pathway on older people with social care needs and multiple long-term conditions

NICE produces guidance, standards and information on commissioning and providing high-quality healthcare, social care, and public health services. We have agreements to provide certain NICE services to Wales, Scotland and Northern Ireland. Decisions on how NICE guidance and other products apply in those countries are made by ministers in the Welsh government, Scottish government, and Northern Ireland Executive. NICE guidance or other products may include references to organisations or people responsible for commissioning or providing care that may be relevant only to England.

ISBN: