

Policy development and implementation:

The National Service Framework for Older People in Wales

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Summary: In Wales, the National Service Framework (NSF) for Older People sets out evidence-based standards for the health and social care of individuals age over fifty years. Launched in 2006, this ten year programme has made progress in the first three years but further work is needed. This paper offers an overview of the NSF to date using a framework of six policy factors. This overview is discussed within a context of the challenges of policy development and the situation in Wales, including devolution.

Key words: implementation, National Service Framework, older people, evidence-based health policy, Wales

In Wales, the National Service Framework (NSF) for Older People (Box 1) sets out evidence-based standards for the health and social care of individuals aged over fifty years. This article provides an overview of progress made on the NSF as an exemplar of the challenges of policy development and implementation within a Welsh context, including the devolution of health system responsibilities. As a framework for analysis it considers factors, which if not addressed, may lead to resistance to policy implementation.

Policy development and implementation

The development of evidence-based health policy is challenging¹ and balances a number of factors which have the potential to be in tension with each other. One of these factors is the hierarchy of evidence,² ranging in strength from meta-analysis of randomised controlled trials (RCTs) through to the opinion of respected authorities. Balanced against this hierarchy, however, is the practical consideration that

some situations do not readily lend themselves to RCTs being conducted.³ In addition, a strong case for policy development may sometimes be made using evidence from sources other than RCTs,⁴ such as observational studies. The ethics of delaying policy implementation in these situations has been questioned with the statement that “waiting for the results of randomised trials of public health interventions can cost hundreds of lives....if the science is good, we should act before trials are done”.⁴

A further issue to be considered in the development and implementation of policy is the need to take account of local realities⁵ and resistance factors to policy change.⁶ Specific resistance factors have been described in a case study from the Ukraine about the control of tuberculosis. Health service financing and payment systems, coupled to opposition from policy makers and clinicians, appear to have combined to create a set of circumstances which has undermined tuberculosis control programmes being properly implemented in this country.⁶

More generally, it has been suggested that the failure to fulfil six factors may lead to resistance to policy change.⁷ These are: (i) the importance and value of having multi-disciplinary teams; (ii) the need to have a broad evidence base to draw upon; (iii) the

circular relationship between research and policy; (iv) the need for policy implementation to be locally sensitive; (v) the benefit of stakeholder involvement; and (vi) support by the national government.

Taking the last of these factors, government administrations differ in the way they are constituted and their powers. In Wales, which is one of the constituent countries of the United Kingdom with a population of nearly three million residents, devolution in 1999 transferred a range of policy responsibilities, such as the National Health Service (NHS), to an Assembly of democratically elected members.⁸ Greater political powers to all of the nations of the United Kingdom in the last ten years have led to divergence in health policies.⁹ In Wales, there has been a drive to improve the cohesion between health and social care organisations.¹⁰ In particular Wales has been particularly active in the provision of services to older people. In addition to implementing the ten year NSF for Older People, other examples include introducing a Commission for Older People.

The importance and value of multi-disciplinary teams

The NSF for Older People in Wales is delivered by twenty-three partnerships, constituted on twenty-two local authority

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Box 1 : Summary of the NSF for Older People

The NSF for Older People was launched in March 2006. It sets out evidence-based standards for the delivery of high quality health and social care services in Wales. It was developed with the advice and support of a wide range of stakeholders, including older people. Phase one of the NSF covered the first three years to April 2009 and has primarily set down the structures and foundations underpinning the long term implementation of this programme until 2016.

The NSF is based on eleven standards which address specific service areas, such as stroke, as well as challenging cross cutting themes, such as rooting out age discrimination:

Standard 1 Rooting out age discrimination

Standard 2 Person centred care

Standard 3 Promotion of health and wellbeing

Standard 4 Challenging dependency

Standard 5 Intermediate care

Standard 6 Hospital care

Standard 7 Stroke

Standard 8 Falls and fractures

Standard 9 Mental health

Standard 10 Medicines in older people

Standard 11 Workforce development

The Self Assessment Audit Tool (SAAT) is an internet based reporting system which is used as one of the systems to monitor the NSF implementation. The SAAT, which has strengths and weaknesses, offers evidence that implementation against the phase one targets and milestones for the standards have been largely achieved across Wales. There is, however, variation across Wales within this overall picture and there is further work to do in a number of areas.

For example, the implementation of the mental health standard appears wide ranging across Wales. The developing Dementia Action Plan in Wales will be helpful to progress this standard further forward. There are also issues of information sharing that have challenged the NSF implementation. Different organisational boundaries and information technology systems between health and social care services have resulted in difficulties in capturing all pertinent evidence. This experience perhaps illustrates a wider issue of collaborative working in the provision of integrated services; although in Wales this is mitigated to some extent by an increasing drive toward joint commissioning of services.

areas and one all-Wales service which delivers national programmes, such as cancer screening. The twenty-two local partnerships include health and social care services, both statutory and non-statutory.

The partnerships vary in their size, constitution, frequency of meetings, reporting arrangements and internal cohesion. All of these factors may influence the NSF implementation and a small number of partnerships have been compromised by inter-organisational and inter-personal tensions.

Establishing multi-disciplinary teams *per se* therefore appears insufficient for proper policy implementation and robust professional relationships are also required. Such relationships take time to develop and appear to be compromised by factors such as staff turnover and organisational

re-structuring. In Wales, the NHS is currently undergoing a major reform leading to greater regional working and an abolishing of the internal market.

The need to have a broad evidence base to draw upon

The evidence underpinning each of the diverse NSF standards is broad and was initially compiled through systematic searches of the literature. The importance of this broad evidence base is that it offers a robust approach to policy development. Furthermore, the implementing partnerships across Wales can also have confidence in the NSF as a quality and contemporary framework for service delivery.

Of course, the underpinning evidence base continues to progress and evidence-based

digests are disseminated across Wales, through a monthly Current Awareness Bulletin and a quarterly Newsletter. The interest shown in these digests by the partnerships varies and a more systematic approach to converting new evidence into practice across Wales could be considered. Such evidence is derived from a range of sources including the literature and also professional experience. On the latter point, the SAAT is an open reporting system allowing partnerships across Wales to review the NSF implementation in other areas.

The circular relationship between research and policy

Research can take many forms and from the outset of the NSF there has always been an intention for an independent review to be conducted on progress being made. This review is currently underway by Health Inspectorate Wales (HIW) and Care & Social Services Inspectorate Wales (CSSIW). The review, the first one undertaken jointly by the inspectorate agencies, will report later in 2010 and will inform the policy direction of the NSF between 2011 and 2016.

The review is being driven by the question: What impact has the NSF for Older People had in Wales? Three cross cutting themes will be evaluated, namely dignity in care, nutrition and integrated services. The inspection agencies have consulted with key groups, such as Age Alliance Wales (which consists of voluntary organisations) and Care Forum Wales (who represent the independent care home sector), about how best to engage with key stakeholders, such as service users and their carers, as part of this review.

The need for policy implementation to be locally sensitive

In Wales, there is variation in the population sizes of local authority areas, from about 50,000 to 250,000. Variation also exists in terms of population demography, health profiles and service availability. For example, the valley communities in South Wales, former sites of heavy industry such as coal mining, are characterised by a high prevalence of long term chronic conditions and a life expectancy less than the Welsh average. The implementation of the NSF in these areas will differ from a large local authority in mid Wales, which borders the English midlands, in which there are challenges of a mainly rural population. Language issues are also a factor, for

example areas in the mainland and the two islands of North West Wales have a high number of speakers for whom Welsh is the first language of choice.

The benefit of stakeholder involvement

As well as the independent review, there is a close working relationship between the Welsh Assembly Government and the twenty-three partnerships across Wales. This includes quarterly meetings held on a regional basis, namely Mid and South West, South East and North Wales. These meetings provide a forum for all aspects of the NSF to be discussed and debated by a group of professional stakeholders who are implementing the standards.

In addition, an Implementation Advisory Board convened by the Welsh Assembly Government oversees the implementation of the NSF. This Board consists of Government civil servants, representatives of older people from groups such as the National Partnership Forum for Older People in Wales, academic institutions, local authority umbrella groups, health organisations and other partners such as voluntary sector providers. Whilst acknowledging the debates and differences of opinion that occur, the engagement with all pertinent stakeholders offers a platform for the progression of the NSF.

Support by the national government

In Wales, the Deputy Minister for Health and Social Service, Mrs Gwenda Thomas, AM (Assembly Member), takes the lead for issues relating to older people. Mrs Thomas receives briefings on all aspects of the NSF and regularly answers correspondence. In addition, the National Dignity in Care programme in Wales, which is managed as part of the NSF, was initiated by Mrs Thomas in October 2007. Most recently, £100,000 has been set aside by the Welsh Assembly Government to implement a programme of dignity in care training across Wales. This training may be considered to be an integral part of workforce development in Wales. The support by the Welsh Assembly Government is therefore crucial in allowing the NSF to progress in Wales.

Conclusions

In the first three years of the NSF for Older People in Wales, progress has been made but challenges remain. These include specific service areas and also the need to improve data collection across organisational boundaries. Interestingly, no specific additional money was introduced with the

NSF, contrasting with the situation on the NSF for children, yet this *per se* has not been a barrier to implementation since the NSF is about an integrated and holistic approach to health and social care provision. Given that the population is ageing and the financial challenges facing society, a holistic approach offers advantages of efficient and effective services.

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Health in the European Union: Trends and analysis

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This new report investigates differences in health status within and between European countries. The relationship between living conditions, socio-economic factors and health is discussed and analysed with the objective of stimulating a debate and policy action for creating a healthier and more equitable society.

The range of living conditions in the European Union has widened tremendously in recent years and will continue to do so. This diversity has translated into varied patterns of health across the region. Public health has been affected by inequalities in income, education, housing and employment.

The picture that emerges from this review is one of significant improvements in most countries; however considerable challenges remain in the context of an increasingly diverse and ageing population in Europe.

Freely available at: www.euro.who.int/observatory/Studies/20100201_1