

**Older people with long-term conditions draft scope
Stakeholder Comments proforma**

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Stakeholder organisation:		National Voices
Date proforma submitted:		11th November 2013
Name of commentator:		Laura Robinson
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Email Address:		Laura.robinson@nationalvoices.org.uk
Comment No.	Section number	Comments
1	General	<p>Overall, National Voices welcomes the recognition of the need for a more joined up approach for older people with health and social care needs. We would, however, like to question the decision to limit the scope to those with more than one diagnosed long term condition. We believe that this goes against the Government's intended focus on wellbeing and prevention (e.g. Clauses 1 and 2 of the Care Bill – as recognised under 3.4.1 of the draft scope) and commitment to more person-centred approaches that can support earlier identification and better management of risk factors (e.g. the Mandate, the participation guidance for CCGs).</p> <p>Much of the evidence included in the draft equally applies to those with one or more long term conditions, with the key distinctions focusing on the stability of the numbers and the costs imposed. As recognised in the document itself under 3.1.5, having <u>one or more</u> long term condition places a person at greater risk of mental health problems, just as older people who have had <u>a</u> long term mental health problem have poorer physical health outcomes: a two-way causality.</p> <p>As you recognise in 3.2, the approach set out in this scope document would go some way to addressing some of the current challenges relating to uncoordinated care and support for people with one or more long term conditions and encourage a more proactive approach towards regular review, maximising quality of life and enabling a person to stay and live well. Excluding people with a single diagnosed condition would seem to risk increasing the number of, and therefore costs associated with, people with multiple long term conditions further, due to a lack of proactive support following the diagnosis of the first condition.</p> <p>There is also an argument in relation to patient outcomes. Under 3.2.2, it's noted that many people with long term conditions have other conditions too, including depression, which have not been recognised or treated. Junger et al (2005), for example, found that patients with chronic heart failure are eight times more likely to die within 30 months if they have depression. There is also evidence to indicate that co-morbid mental health problems can reduce a person's ability to actively manage their own physical condition, and are associated with unhealthy behaviours such as smoking. If people with one diagnosed condition are excluded from the scope of this guidance, the chances of picking up on these issues through active case finding and putting the relevant support in place to prevent the development of additional conditions are significantly reduced.</p>

2	3.3.3	<p>This section should also make a link to National Voices' 'Narrative for coordinated care'. This can be found here: http://www.england.nhs.uk/wp-content/uploads/2013/05/nv-narrative-cc.pdf</p> <p>We would also recommend making a link to TLAP's Making it Real Initiative. More information can be found here: http://www.thinklocalactpersonal.org.uk/Browse/mir/?</p>
3	4.3.1	<p>National Voices welcomes the recognition of the importance of personalised care and support to improve quality of life, maintain independence and ensure that carers are adequately supported.</p> <p>In collaboration with our members and partners, National Voices has created some Principles of Care and Support Planning. More information on this project can be found here: http://www.nationalvoices.org.uk/principles-care-support-planning</p> <p>These aim to encourage a common understanding of what care and support planning should look like across health and social care – enabling people to have a conversation with a professional about what they would like to do, and what sort of care, support and independent actions could help them get there. The approach we set out encourages professionals to start from the perspective of the person, breaking down the artificial silos of health and social care and consider how shared decision making, prevention (living and staying well) and support for self management are all built into the approach, alongside consideration of care and support options (including the local VCS offer).</p> <p>The approach also spells out a role for a 'facilitator' who would:</p> <ul style="list-style-type: none"> • support the person in identifying what they want to achieve; • connect them to what is available locally; • work with other professionals to ensure that the person gets best treatment, care and support and specialist advice where required; • and make sure that the package of care and support can be delivered and happens as agreed. <p>This approach encourages professionals to look at a person's physical and mental health as a whole and advocates more multi-disciplinary and inter-professional working to ensure they are supported as effectively as possible.</p> <p>In health, various documents - including the Mandate and the recent participation guidance to CCGs - commit to ensuring that <u>everyone with a long term condition</u> should have a care plan that reflects their preferences and agreed decisions, and helps them develop the skills knowledge and confidence to manage their own health. As highlighted above, this stresses the importance of people with a single long term condition being included within the scope.</p> <p>National Voices has also created a Narrative, which sets out what person-centred, coordinated care would feel like to a person experiencing it. More information on this can be found here: http://www.nationalvoices.org.uk/defining-integrated-care</p>
4	4.4	<p>We welcome the focus on evidence in relation to preventive effects, such as delaying the onset of, and slowing the progression of, long term conditions. However, we believe that this should focus on those with a single diagnosed condition too.</p>
5	4.6	<p>We believe that this section should also consider the potential preventative effective of voluntary and community services, in addition to the formal social care offer.</p> <p>It is important for professionals to consider when and how it might be useful to signpost the people they work with to alternative forms of support, which, for example may mitigate the social impacts of medical issues (e.g. buddying schemes, peer to peer support etc.).</p>

Please email this form to: Olderpeopleltc@nice.org.uk

Closing date: 12 November 2013 at 5pm

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