Welcome to the easy access version of the Service Framework for Older People.

It sets out what you can expect from the HSC if you are an older person or you care for an older person.

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Introduction

Welcome to the easy access version of the Service Framework for Older People.

It sets out what you can expect from the HSC if you are an older person or you care for an older person.

The full document is almost 300 pages.

Throughout the document Year 1 refers to 2014/15, with Year 2 being 2015/16 and Year 3 2016/17.

You can get a copy by using the contact information on the Service Framework for Older People page of this document.

Sometimes we use medical or complicated words.

These words appear in bold type and we explain them in a list at the end of the document.

The list also explains the roles of organisations that are come under the headings ‘Who is responsible for making sure it happens?’ and ‘Who will help?’.

Eleven standards are marked with this symbol:

This means the standard is general and has health and social care messages for everyone, not just older people.

KEY

Go to A few words from the Minister
A few words from the Minister

As the Minister for Health, Social Services and Public Safety I am determined to make sure all health and social care services are safe, effective and focused on the individual.

Service frameworks are for setting out the standards of care that service users and their carers can expect to receive in health and social care.

HSC organisations also use the frameworks in planning and delivering services.

We already have frameworks for cardiovascular disease, respiratory disease, cancer, mental health and learning disability.

Now here is the Service Framework for Older People.

A wide range of people helped in creating it, including users of health and social care.

This was very important, so I would like to say thank you to everyone who helped.

I believe that these standards will transform the quality of health and social care for older people.

Edwin Poots, MLA
Minister for Health, Social Services and Public Safety

Go to Person-centred care
Person-centred care

The following Standards are included in the Person-centred care section.

- Standard 1 Engagement and choice
- Standard 2 Equality of opportunity and eliminating discrimination
- Standard 3 Good communication
- Standard 4 Involvement
- Standard 5 Advocacy
- Standard 6 Independent advocacy
Standard 1

Engagement and choice

Anyone delivering health and social care should treat older people as individuals and help them to be fully involved in their care and the way it’s delivered.

Who is responsible for making sure it happens?

- HSC Board
- Public Health Agency
- Local Commissioning Groups
- HSC Trusts
- GPs and Primary Care

Who will help?

- The independent sector
- The voluntary and community sector

What are we trying to achieve?

We want to put the older person and their carers at the centre of the way we find out their needs and how we care for them.

Why is it important?

Older people are ‘experts’ on their own needs. Treated as individuals and fully involved they will be able to choose services and find solutions to keep their independence, privacy, fulfilment and safety.

How we know it’s working

- By Year 1 all HSC Trusts will be using a person-centred care module in their induction training.
By Year 1 we will find out how many assessments of need and care plans are developed in partnership between teams of HSC staff and older people. We will then set a target to improve this.

By Year 1 we will find out how many older people say they get support and services to meet their individual needs at the right time. We will then set a target to improve this.

Go to Standard 2
**Standard 2**

**Equality of opportunity and eliminating discrimination**

Older people should get the same level of assessment, care and treatment as anybody else using HSC services.

**Who is responsible for making sure it happens?**

- HSC Board
- Public Health Agency
- Local Commissioning Groups
- HSC Trusts
- GPs and Primary Care

**Who will help?**

- The independent sector
- The voluntary and community sector

**What are we trying to achieve?**

We want to make sure older people have fair and equal access to HSC services.

**Why is it important?**

There is evidence to suggest that older people are sometimes treated unfairly in HSC services.

**How we know it's working**

- By Year 1 we will find out how many older people experience equal access to assessment, care and treatment. We will then set a target to improve this.
By Year 1 we will check to make sure all HSC Trusts’
equality policies safeguard and promote human rights.
Good Communication

Everyone delivering health and social care should communicate effectively with patients, clients, carers and the public at all times.

Who is responsible for making sure it happens?

- HSC Board
- Public Health Agency
- HSC Trusts
- Primary Care

What are we trying to achieve?

We want to make sure everyone working in the HSC communicates well with everyone using it.

Why is it important?

As well as keeping everyone clear and well informed, good communication has a big impact on things like preventing disease and the management of long-term conditions.

Go to Standard 4
Standard 4

Involvement

Patients, clients, carers and the public should have opportunities to get involved in the planning, delivery and keeping a check on the HSC at all levels.

Who is responsible for making sure it happens?

- HSC Board
- Public Health Agency
- HSC Trusts
- Primary Care

What are we trying to achieve?

We want to make sure that all patients, carers and the public get involved with their care and the HSC.

Why is it important?

Research shows that involving patients and the public in health and social care results in increased patient satisfaction, reduced anxiety, more useful communication and better outcomes of care.

Go to Standard 5
**Standard 5**

**Advocacy**

Older people should be able to use an independent advocacy service that takes their side and helps them make informed choices and get involved in decisions affecting them.

**Who is responsible for making sure it happens?**

- HSC Board
- Public Health Agency
- Local Commissioning Groups
- HSC Trusts
- GPs and Primary Care

**Who will help?**

- The independent sector
- The voluntary and community sector

**What are we trying to achieve?**

We want to increase advocacy for older people to make sure their voice is heard in planning and delivering health services.

**Why is it important?**

Independent advocacy services will ensure that older people are not disadvantaged and that their opinions are central in decisions affecting them.

**How we know it’s working**

- By Year 1 each HSC Trust will have an agreement with a voluntary or community organisation to provide information, advice and advocacy services.
• By Year 1 we will find out how many older people know about and understand advocacy. We will then set a target to improve this.

Go to Standard 6
Anyone using HSC services should be able to get an independent advocacy service if they need it. This applies to carers too.

**Who is responsible for making sure it happens?**

- HSC Board
- Public Health Agency
- Local Commissioning Groups
- Primary Care Partnerships
- HSC Trusts
- GPs and Primary Care

**Who will help?**

- The independent sector
- The voluntary and community sector
- Patient Client Council

**What are we trying to achieve?**

We want to provide independent advocacy services so people have someone on their side making sure they have more control over their health and social care.

**Why is it important?**

Independent advocacy can make a real difference to people's lives by allowing HSC users and their families to express their views and wishes.
Go to Improving health and social wellbeing
Improving health and social wellbeing

The following Standards are included in the Improving health and social wellbeing section.

- **Standard 7** Healthy ageing
- **Standard 8** Nutrition in older people
- **Standard 9** Healthy eating
- **Standard 10** Smoking
- **Standard 11** Alcohol
- **Standard 12** Activity
- **Standard 13** Preventing falls
- **Standard 14** Social inclusion and quality of life
Healthy Ageing

Older people should be able to get advice, information, programmes and services that suit their individual health and wellbeing needs.

Who is responsible for making sure it happens?

- HSC Board
- Public Health Agency
- Local Commissioning Groups
- HSC Trusts
- GPs, Primary Care and Community Pharmacy

Who will help?

- The independent sector
- The voluntary and community sector

What are we trying to achieve?

We want older people to age well and be healthy, supported by services and programmes tailored to individual need, lifestyles and local diversity.

Why is it important?

Programmes promoting positive ageing have great benefits for older people, including preventing disease and disability and maintaining emotional and mental wellbeing.

How we know it’s working

- By Year 1 we will find out how well current services identify and meet older people’s wider health and wellbeing needs. We will then set a target to improve this.
● By Year 1 we will check how well HSC Trusts review services that address the wider health and wellbeing needs of older people. We will then set a target to improve this.

● By Year 1 we will make sure at least 60% of HSC Trusts record how they provide assessment, advice and information on all aspects of wider health and wellbeing and that they direct older people to services and support. By Year 2 this will be at least 70% and by Year 3 at least 90%.

Go to Standard 8
**Standard 8**

**Nutrition in older people**

Older people should get the support they need to achieve the best nutrition, health and body weight.

**Who is responsible for making sure it happens?**

- HSC Board
- Public Health Agency
- Local Commissioning Groups
- HSC Trusts
- GPs, Primary Care and Community Pharmacy

**Who will help?**

- The independent sector
- The voluntary and community sector

**What are we trying to achieve?**

We want to make sure that as people age they can get the support they need to maintain a healthy body.

**Why is it important?**

Good nutrition is essential for health and wellbeing in older age. When combined with regular physical activity and exercise, a balanced helps older people stay healthy, manage their weight, feel fitter and maintain their body’s ability to resist disease and infection.

**How we know it’s working**

- By Year 1 we will find out how many services address older people’s nutritional needs and make sure that
Interventions are in place to promote healthy eating and to identify and help those at risk of malnutrition. We will then set a target to improve this.

- By Year 1 we will find out how many older people are receiving advice and support to maintain a healthy and well-balanced diet. We will then set a target to improve this.

- By Year 1 we will find out how many older people and carers have access to advice and programmes for maintaining and improving nutritional and oral health. We will then set a target to improve this.

- By Year 1 we will find out how many older people in acute care, residential or nursing homes or who get a community care package have access to oral health screening and the right dental care. We will then set a target to improve this.

Go to Standard 9
Standard 9

Healthy eating

All HSC staff, as appropriate, should provide relevant healthy eating guidance and support to all HSC users.

Who is responsible for making sure it happens?

- HSC Board
- Public Health Agency
- HSC Trusts
- Primary Care

What are we trying to achieve?

We want to make sure that users of health and social care services, where appropriate, get the right healthy eating guidance and support.

Why is it important?

Evidence shows that eating a well-balanced diet can help prevent diseases linked to being overweight and can contribute to people having better health and wellbeing.

How we know it's working

- By Year 1 we will find out how many people eat five portions of fruit or vegetables each day. We will then set a target to improve this.

Go to Standard 10
Standard 10

Smoking

All relevant HSC staff should advise people who smoke to stop. They should be aware of smoking cessation services and direct smokers to them.

Who is responsible for making sure it happens?

- HSC Board
- Public Health Agency
- HSC Trusts
- Primary Care

What are we trying to achieve?

We want people who are ready to stop smoking to be able to get specialist smoking cessation services in a choice of settings.

Why is it important?

Smoking is a major health hazard and one of the main risk factors for many types of cancer.

How we know it's working

- By Year 1 we will find out how many people accessing stop smoking services heard about it from a HSC professional. We will then set a target to improve this.

- By Year 1 we will find out how many of the people offered stop smoking services by HSC providers have quit. We will then set a target to improve this.

Go to Standard 11
**Standard 11**

**Alcohol**

All relevant HSC staff should provide support and advice on appropriate levels of alcohol consumption.

**Who is responsible for making sure it happens?**

- HSC Board
- Public Health Agency
- HSC Trusts
- Primary Care

**What are we trying to achieve?**

We want to make sure people who drink harmful amounts are aware of the dangers of alcohol and get the right advice at the right time.

**Why is it important?**

Excessive alcohol consumption is associated with many diseases. There are also associations between too much alcohol and injuries and violence.

**How we know it’s working**

- By Year 1 we will find out how many people receive screening because of their alcohol consumption. We will then set a target to improve this.

Go to Standard 12
Activity

All relevant HSC staff should provide support and advice on appropriate levels of physical activity.

Who is responsible for making sure it happens?

- HSC Board
- Public Health Agency
- HSC Trusts
- Primary Care

What are we trying to achieve?

We want to ensure that users of HSC services can be provided with advice and support for physical activity as a means of promoting good health.

Why is it important?

Physical activity promotes good health and helps prevent disease.

How we know it’s working

- By Year 1 we will find out how many people take the recommended amount of physical activity every week. We will then set a target to improve this.

Go to Standard 13
Standard 13

Preventing falls

Older people should be informed about the risk of fractures as a result of osteoporosis or reduced bone strength and the factors that increase the risk of falling. They should be able to get help to reduce the risk.

Who is responsible for making sure it happens?

- HSC Board
- Public Health Agency
- Local Commissioning Groups
- HSC Trusts
- GPs, Primary Care and Community Pharmacy
- Northern Ireland Ambulance Service

Who will help?

- The independent sector
- The voluntary and community sector

What are we trying to achieve?

We want to provide services to help older people reduce their risks of falling and prevent repeated and more severe falls.

Why is it important?

Falls are a major cause of disability and the leading cause of death due to injury in people aged over 75. Research shows that with the right help falls can be reduced by up to 30%.

How we know it’s working

- By Year 1 we will assess falls prevention services in all HSC Trusts. We will then set a target make them better.
• By Year 1 all HSC Trusts will have a report detailing their falls services and prevention programmes. We will then set targets to make them better.

• By year 1 we will make sure HSC Trusts provide coordinated, community-based health and wellbeing services and programmes that seek to reduce the risk of falling. We will then set targets to improve this.

• By Year 1 we will make sure at least 60% of older people in contact with HSC services are asked if they have fallen in the past year, that their risk of falling is assessed and that they get appropriate advice, support and signposting to services. By Year 2 this will be at least 75% and by Year 3 at least 90%.

• By Year 1 we will find out how many nursing homes contracted to HSC Trusts have in actions in place to reduce the risk and impact of residents falling. We will then set targets to improve this.

• By Year 1 we find out how many older people who have a fall and call an ambulance are placed on an appropriate care pathway for assessment and intervention. We will then set targets to improve this.

Go to Standard 14
Standard 14

Social inclusion and quality of life

Older people should be helped to maintain their mental health and wellbeing, quality of life and independence as they grow older.

Who is responsible for making sure it happens?

- HSC Board
- Public Health Agency
- Local Commissioning Groups
- HSC Trusts
- GPs, Primary Care and Community Pharmacy

Who will help?

- The independent sector
- The voluntary and community sector
- Northern Ireland Housing Executive

What are we trying to achieve?

We want to help older people and their carers to identify their wider social, emotional and mental health needs so they feel recognised and valued within society.

Why is it important?

Mental, social and emotional health is vital to the overall health and wellbeing of older people.

How we know it's working

- By Year 1 we will find out what services are provided for the mental health and social wellbeing needs of older people. We will then set targets to improve this.
• By Year 1 we will find out how many HSC Trusts coordinate, develop and deliver services and programmes with local partners that address the mental health and social wellbeing needs of older people. We will then set targets to improve this.

• By Year 1 we will make sure at least 60% of older people in contact with services are assessed for their wider health and wellbeing needs and signposted to further help and support as required. By Year 2 this will be at least 75% and by Year 3, 100%.

Go to Safeguarding
Safeguarding

The following Standards are included in the Safeguarding section.

- Standard 15 Raising public awareness
- Standard 16 Accessing services to safeguard older people
- Standard 17 Responding to older people at risk
- Standard 18 Development of protection plans
- Standard 19 Safeguarding people
Standard 15

Raising public awareness

HSC organisations should work together to prevent the abuse of older people by raising public awareness and sending out a clear message that it will not be tolerated.

Who is responsible for making sure it happens?

- HSC Board
- Public Health Agency
- Local Commissioning Groups
- HSC Trusts
- GPs and Primary Care

Who will help?

- The independent sector
- The voluntary and community sector
- Police Service of Northern Ireland
- Regulation and Quality Improvement Authority

What are we trying to achieve?

We want to reduce the likelihood of abuse happening and increase awareness of abuse of older people and the sources of support for safeguarding them.

Why is it important?

Studies indicate that every year between 3% and 6% of older people are subject to abuse.

How we know it’s working

- By Year 1 all HSC Trusts will have abuse strategic and
prevention plans. These will be updated every year.

- By Year 1 all HSC Trusts will have annual action plans containing local prevention plans. These will be updated every year.

- By Year 2 all HSC Trusts will deliver at least one peer educator training programme for older people in their area. This will happen every year.

Go to Standard 16
Standard 16

Accessing services to safeguard older people

HSC staff should work with older people, their carers and others to recognise abuse or exploitation situations and provide effective safeguarding services for the vulnerable.

Who is responsible for making sure it happens?

- HSC Board
- Public Health Agency
- Local Commissioning Groups
- HSC Trusts
- GPs and Primary Care

Who will help?

- The independent sector
- The voluntary and community sector
- Police Service of Northern Ireland

What are we trying to achieve?

We want to help older people to make informed decisions about protecting themselves from abuse or exploitation.

Why is it important?

It is crucial that when an older person has been or is suspected of being abused or exploited that they are helped to get the support and services they need to protect themselves.

How we know it’s working

- By Year 1 all HSC Trusts will implement the Northern
Ireland Adult Safeguarding Partnership’s strategy and annual action plans.

- By Year 1 all HSC Trusts will implement the Local Adult Safeguarding Plan and associated annual action plans.

- By Year 1 we will make sure each provider organisation makes ‘how to access safeguarding services’ information available to at least 80% of service users and their carers.

- By Year 1 we will make sure at least 80% of provider organisation staff members receive training on how to recognise abuse and access safeguarding services.

- By Year 1 we will make sure all HSC Trusts set up at least one peer advocacy service in their area to support people through disclosure of abuse, exploitation or neglect.

- By Year 2 we will find how many older people have been referred to safeguarding services after an initial assessment suggested potential abuse. We will then set targets to improve this.

Go to Standard 17
Responding to older people at risk

HSC organisations that receive a report that an older person has or may be experiencing abuse or neglect must respond positively and swiftly.

Who is responsible for making sure it happens?

- HSC Board
- Public Health Agency
- Local Commissioning Groups
- HSC Trusts
- GPs and Primary Care

Who will help?

- The independent sector
- The voluntary and community sector
- Police Service of Northern Ireland

What are we trying to achieve?

We want to ensure there is a rapid response to reports of actual or potential abuse of older people.

Why is it important?

When there has been an alert that someone is at risk or has actually experienced abuse, it’s vital that information is responded to as quickly as possible.

How we know it’s working

- By Year 1 and from then on we will ensure that all regional adult safeguarding procedures include timescales for responding to allegations of abuse.
● By Year 2 we will find out how many **local adult safeguarding plans** ensure that local safeguarding services comply with timescales for responding to allegations of abuse. We will then set a target to improve this.

● By Year 2 we will find out how many **service users** are enabled to exercise choice and control over the management of abuse allegations. We will then set a target to improve this.

● By Year 2 we will find out how many older people have had a **NISAT risk assessment** completed. We will then set a target to improve this.

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**Go to Standard 18**
Standard 18

Development of protection plans

If an older person has a protection plan, HSC organisations should work in partnership with the person, their carers, representatives and other relevant agencies make the plan suit their needs.

Who is responsible for making sure it happens?

- HSC Board
- Public Health Agency
- Local Commissioning Groups
- HSC Trusts
- GPs and Primary Care

Who will help?

- The independent sector
- The voluntary and community sector
- Police Service of Northern Ireland
- Regulation and Quality Improvement Authority

What are we trying to achieve?

We want to make sure the safeguarding process is focused on the older person as an individual so they are an active partner in any investigation of abuse or any related protection plan.

Why is it important?

It has been shown that the disclosure of abuse and its investigation can be a very stressful process for older people. It is important that the purpose of any intervention is clear to the older person and their carers or advocates, and that it’s in proportion to the needs and circumstances of the individual.
How we know it's working

- By Year 2 we will make sure the Northern Ireland Adult Safeguarding Partnership sets up an adult safeguarding forum that gets the users of safeguarding services to contribute to service design and commissioning.

- By Year 1 we will find out many people and their advocates who have their need for safeguarding met through taking part in care planning, protection planning, case conferences and family group conferences. We will then set a target to improve this.

- By Year 1 we will find out how many referrals accepted by safeguarding services include protection plans. We will then set a target to improve this.

Go to Standard 19
Standard 19

Safeguarding people

All HSC staff and anyone providing services on its behalf should make sure people of all ages are safeguarded from harm through abuse, exploitation or neglect.

Who is responsible for making sure it happens?

- HSC Board and Local Commissioning Groups
- Public Health Agency
- HSC Trusts
- Primary Care

Who will help?

- Patient Client Council
- Regulation and Quality Improvement Authority
- Safeguarding Board for Northern Ireland
- Northern Ireland Adult Safeguarding Partnership
- Local adult safeguarding plans
- Police Service of Northern Ireland
- Other statutory agencies & voluntary, community and private sector

What are we trying to achieve?

We want to prevent harm taking place and keep people safe. We also want to provide effective responses if there is a concern that harm has taken place or is likely to.

Why is it important?

People of all ages have the right to be safeguarded from harm.
and to have their welfare promoted and human rights upheld.

How we know it’s working

By Year 1 we will find out how many HSC organisations and those providing services on its behalf have:

- safeguarding policies in place that fit with the rest of their policies and are supported by robust procedures and guidelines;
- safeguarding plans in place;
- safeguarding champions in place to promote awareness of safeguarding issues in their workplace.

We will then set targets to improve this.
Carers

The following Standards are included in the Carers section.

- Standard 20 Identifying and supporting carers
- Standard 21 Identifying and recognising carers
- Standard 22 Information for carers
- Standard 23 Financial advice and information for carers
- Standard 24 Flexible, responsible services
- Standard 25 Respite for carers
- Standard 26 Carer health and wellbeing
- Standard 27 Involving carers
Identifying and supporting carers

All HSC staff should identify carers (whether they are parents, family members, siblings or friends) at the earliest opportunity so they can work in partnership with them and make sure they have effective support as needed.

Who is responsible for making sure it happens?

- HSC Board
- Public Health Agency
- HSC Trusts

Who will help?

- The independent sector
- Government departments including the Department for Social Development and the Department of Education
- Local Commissioning Groups
- GPs, Primary Care and Pharmacy

What are we trying to achieve?

We want to recognise carers as individuals in their own right and as key partners in providing care and support, so they feel valued and able to get the support they need.

Why is it important?

Carers are key partners in the provision of health and social care. Involving carers in the planning, delivery and evaluation of services improves outcomes for the carer and cared for person.
• By Year 2 we will make sure at least 20% of front line staff in a range of settings take part in carer awareness training programmes. By Year 3 this will be at least 50%.

• Every year we will find out how many carers are offered and how many take part in carer assessments. We will then set targets to improve this.

Go to Standard 21
Standard 21

Identifying and recognising carers

At the earliest opportunity all HSC staff should identify older carers and carers of older people so they can work with them and all relevant organisations to improve awareness of the carer’s role.

Who is responsible for making sure it happens?

- HSC Board
- Public Health Agency
- Local Commissioning Groups
- HSC Trusts
- GPs and Primary Care

Who will help?

- The independent sector
- The voluntary and community sector
- Department for Social Development

What are we trying to achieve?

We want to help older carers and carers of older people so they feel valued and able to get the support they need.

Why is it important?

Older carers and carers of older people are key partners in the delivering health and social care. Evidence shows that unsupported caring can have a negative impact.

How we know it’s working

- Every year we will find out the how many carers are offered carer assessments and how many take them up.
We will then set targets to improve this.
Standard 22

Information for carers

Older carers and carers of older people should be offered clear information suited to their individual needs to support the decisions and choices they need to make throughout their caring journey.

Who is responsible for making sure it happens?

- HSC Board
- Public Health Agency
- Local Commissioning Groups
- HSC Trusts
- GPs and Primary Care

Who will help?

- The independent sector
- The voluntary and community sector
- Department of Social Development

What are we trying to achieve?

Carers need clear information on a wide range of issues, supports and services available for older people to allow them to make informed choices and decisions.

Why is it important?

Current methods for enabling carers to access the right information, support and services need improving. Research shows not all carers get the appropriate information at the appropriate time.

How we know it’s working
By Year 1 we will make sure all HSC Trusts produce local information packs for carers and information in a range of suitable formats.

By Year 1 we will make sure HSC Trusts develop communication plans to show how staff and carers will be made aware of the available information.

Go to Standard 23
Financial advice and information for carers

To minimise the impact of caring on their standard of living, all carers should be signposted to relevant benefits and financial advice specialists as early as possible.

Who is responsible for making sure it happens?
- HSC Board
- Public Health Agency
- Local Commissioning Groups
- HSC Trusts
- GPs and Primary Care

Who will help?
- The independent sector
- The voluntary and community sector
- Social Security Agency

What are we trying to achieve?
We want to help carers avoid unnecessary financial hardship.

Why is it important?
One in three long-term carers struggle to pay essential bills and many people experience financial hardship as a result of caring.

How we know it’s working
- By Year 1 we will find out how many carers known to HSC Trusts have been signposted for financial advice. We will then set a target to improve this.
By Year 1 we will get feedback from carers about their experiences of financial issues. We will then set a target to improve this.
Standard 24

Flexible, responsible services

Older carers and carers of older people should be able to get flexible and responsive services to help meet their own needs.

Who is responsible for making sure it happens?

- HSC Board
- Public Health Agency
- Local Commissioning Groups
- HSC Trusts
- GPs and Primary Care

Who will help?

- The independent sector
- The voluntary and community sector

What are we trying to achieve?

We want to provide services that support carers and enable them to continue in their caring role.

Why is it important?

Almost 70% of carers report some level of stress and say they need respite care, information, personal care for the cared for person and practical and emotional support to continue in their role.

How we know it’s working

- By Year 1 we make sure that at least 40% of carers complete to a carer’s assessment. By Year 2 this will be at least 50% and by Year 3 at least 60%.
By Year 1 we will make sure that at least 70% of carers experience flexible and responsive services to enable them to continue their caring role. By Year 2 this will be at least 75% and by Year 3 at least 80%.

By Year 1 we will find out how satisfied carers’ are with the HSC response to instances of emergency support need. We will then set a target to improve this.

Go to Standard 25
Standard 25

Respite for carers

Older carers and carers of older people should be able to get respite breaks at the right time so they can meet their needs and circumstances.

Who is responsible for making sure it happens?

- HSC Board
- Public Health Agency
- Local Commissioning Groups
- HSC Trusts
- GPs and Primary Care

Who will help?

- The independent sector
- The voluntary and community sector

What are we trying to achieve?

We want to provide a range of respite care that suits the needs of the carer and the person being cared for.

Why is it important?

Carers have a right to a life outside caring. This means time to pursue their own interests, see their friends, go to church or catch up with work around the house.

How we know it’s working

- By Year 1 we will find out many carers have been assessed as needing respite and how many received it.
  We will then set a target to improve this.

- By Year 1 we will find out how many carers have been
assessed as requiring respite but have not received it. We will then set a target to improve this.

Go to Standard 26
**Carer health and wellbeing**

All relevant organisations should support older carers and carers of older people in looking after their own physical and emotional health and wellbeing.

**Who is responsible for making sure it happens?**
- HSC Board
- Public Health Agency
- Local Commissioning Groups
- HSC Trusts
- GPs and Primary Care

**Who will help?**
- The independent sector
- The voluntary and community sector

**What are we trying to achieve?**
We want to make sure older carers and carers of older people get the right support in looking after their own health and wellbeing.

**Why is it important?**
Evidence suggests carers are more likely to suffer from higher levels of stress than non-carers, with significant implications for physical and emotional health.

**How we know it’s working**
- By Year 1 all HSC Trusts will find out the number of carers who take part in health and wellbeing programmes and events for carers. They will then set a target to
By Year 1 all HSC Trusts will find out the number of carers who receive training appropriate to their individual needs. We will then set a target to improve this.

Go to Standard 27
Standard 27

**Involving Carers**

Older carers and carers of older people should be treated as equal partners and, with organisations that represent them, should be involved in the planning, delivery and monitoring of services.

**Who is responsible for making sure it happens?**

- HSC Board
- Public Health Agency
- Local Commissioning Groups
- HSC Trusts
- GPs and Primary Care

**Who will help?**

- The independent sector
- The voluntary and community sector
- Patient Client Council

**What are we trying to achieve?**

We want to recognise carers and involve them as real and equal partners in the delivery of care.

**Why is it important?**

Carer involvement in the services that support the person they care for is very important to improving the services. Carers are important people to ask for comment on what works well and what needs improving.

**How we know it’s working**

- By Year 1 all HSC Trusts will create an action plan for
carer involvement at all levels in their organisations.

- By Year 1 all HSC Trusts will find out the number of carers taking part in the commissioning, delivery and evaluation of services. We will then set a target to improve this.

Go to Conditions more common in older people
Conditions more common in older people

The following Standards are included in the Conditions more common in older people section.

- Standard 28 Falls screening in Primary Care
- Standard 29 Falls presenting to intermediate or secondary care
- Standard 30 Hospital care of older people with a fracture
- Standard 31 Continence services for older people
- Standard 32 Recognising and preventing delirium
- Standard 33 Managing delirium
- Standard 34 Care planning for older people with advanced dementia
- Standard 35 Immobility
Falls screening in Primary Care

All older people should be offered checks in Primary Care that can identify those at high risk of falling and then they should get assessments and interventions to reduce their risk of future falls.

Who is responsible for making sure it happens?

- HSC Board
- Public Health Agency
- Local Commissioning Groups
- HSC Trusts
- GPs and Primary Care
- Northern Ireland Ambulance Service

What are we trying to achieve?

We want to reduce the risk of older people falling and provide the right support if it happens.

Why is it important?

Falls happen frequently and have serious consequences for older people. If people at high risk of recurrent falls are spotted and offered assessment and treatment, more than a third of falls can be prevented.

How we know it's working

- By Year 1 we will make sure at least 70% of HSC Trust staff can assess the factors that can cause a person to fall. By Year 2 this will be at least 80% and by Year 3 at least 90%.

- By Year 1 we will make sure all HSC Trusts offer at least 70% of older people at high risk of falling an intervention.
programme within four weeks of their index fall. By Year 2 this will be at least 80% and by Year 3 at least 90%.
Standard 29

Falls presenting to intermediate or secondary care

Older people who come to hospital or clinics with an injury resulting from a fall, or because they have just fallen, should be offered assessments and interventions to lower their risk of future falls.

Who is responsible for making sure it happens?

- HSC Board
- Public Health Agency
- Local Commissioning Groups
- HSC Trusts
- GPs and Primary Care
- Northern Ireland Ambulance Service

What are we trying to achieve?

We want to identify older people at higher risk of future falls and make sure they get assessments and interventions to reduce their risk of falling.

Why is it important?

Falls happen frequently and have serious consequences for older people. If those at high risk of falling again are spotted and offered assessment and interventions, more than a third of falls can be prevented.

How we know it’s working

- By Year 1 we will find out how many older people come to hospitals and clinics because of a fall or with an injury from a fall. We will then set targets to reduce this.
By Year 1 we will make sure at least 25% of older people coming to hospitals and clinics because of a fall or with an injury from a fall are asked if they were offered assessment and intervention within two weeks of their index fall. By Year 2 this will be at least 50% and by Year 3 at least 75%.
Standard 30

Hospital care of older people with a fracture

It should be normal practice that older people who come in to a hospital or a clinic with a fracture should get **acute orthogeriatric care** as soon as they are admitted.

Who is responsible for making sure it happens?

- HSC Board
- Public Health Agency
- Local Commissioning Groups
- HSC Trusts

What are we trying to achieve?

We want to improve the quality of hospital care for older people who have suffered a fracture.

Why is it important?

There are about 75,000 hip fractures in the UK every year. **Orthogeriatric** involvement in the care of older people with a fracture is essential for the best quality care and will improve outcomes for this patient group.

How we know it’s working

- By Year 1 we will make sure all HSC Trusts have a named **orthogeriatrician** and that they provide inpatient fracture services and shared care.

- By Year 1 we will make sure all older people admitted to hospitals or clinics with a fracture have specialist **geriatric assessment** within 72 hours.

Go to Standard 31
Standard 31

Continence services for older people

Older people with continence difficulties should have an assessment from a specialist and get a referral to an integrated continence service if necessary.

Who is responsible for making sure it happens?

- HSC Board
- Public Health Agency
- Local Commissioning Groups
- HSC Trusts
- GPs and Primary Care

What are we trying to achieve?

We want to integrate continence services and improve the standard of care for older people with continence difficulties.

Why is it important?

Continence difficulties can cause physical problems and social embarrassment as well as putting stress on carers. Research shows that frail older people sometimes get a lower standard of care than a younger population.

How we know it’s working

- By Year 1 all HSC Trusts will have a lead health professional at a senior level responsible for developing and delivering an integrated continence service.
- By Year 1 all HSC Trusts will have a written policy for continence promotion and incontinence management. By Year 2 they will develop a care pathway for incontinence and by Year 3 it will be in place.
- By Year 1 we will find out how many older people got
specialist assessment for continence issues. We will then set a target to improve this.

- By Year 1 we will find out how many older people accessed the integrated continence service in each HSC Trust. We will then set a target to improve this.

Go to Standard 32
Standard 32

Recognising and preventing delirium

Older people who have a major health crisis should be screened for delirium.

Who is responsible for making sure it happens?

- HSC Board
- Public Health Agency
- Local Commissioning Groups
- HSC Trusts
- GPs and Primary Care

Who will help?

- The independent sector

What are we trying to achieve?

We want to improve the screening and diagnosis of delirium in older people.

Why is it important?

Delirium is currently under-diagnosed and undertreated. Screening older people will help to identify and treat the underlying cause.

How we know it’s working

- Every year we will find out how many patients develop delirium in hospital.
- Every year will find out how many patients who developed delirium in hospital have a reduced stay. We will set targets to improve this.
By Year 1 all HSC Trusts will have a mental health for older people liaison service to coordinate and support delirium education and training to front line staff.

By Year 2 we will make sure at least 20% of front line staff in hospitals and nursing homes have taken part in training for assessing and managing delirium. By Year 3 this will be at least 30%.

Every year all HSC Trusts will find out how much delirium is affecting the older population.

Go to Standard 33
Standard 33

Managing delirium

Most older people with delirium should be managed and treated using a stepped care approach, but some may need specialist help or care in a special environment.

Who is responsible for making sure it happens?

- HSC Board
- Public Health Agency
- Local Commissioning Groups
- HSC Trusts
- GPs and Primary Care

Who will help?

- The independent sector
- Regulation and Quality Improvement Authority

What are we trying to achieve?

We want to manage and treat most older people with delirium using stepped care, only 'stepping up' to more specialist and intensive services as needed.

Why is it important?

The most important approach to managing delirium is identifying and treating the underlying cause. Drug treatment of delirium is often not necessary, or desirable.

How we know it's working

- By Year 1 we will find out how many episodes of delirium had an outcome of a reduction of institutional care. We will then set a target to improve this.
• By Year 1 we will find out how many older people at risk of suffering delirium reduced their use of tranquillisers and sedative drugs. We will then set a target to improve this.

• By Year 1 we will make sure all HSC Trusts have a mental health for older people liaison service to coordinate delirium education and training and that at least 10% of all HSC Trust staff take part. By Year 2 this will be at least 20% and by Year 3 at least 30%. 

Go to Standard 34
End of life care planning for older people with advanced dementia

Older people with advanced dementia should be identified in Primary Care and through the Gold Standards Framework agree an advance care plan to inform their end of life care.

Who is responsible for making sure it happens?

- HSC Board
- Public Health Agency
- Local Commissioning Groups
- HSC Trusts
- GPs and Primary Care

What are we trying to achieve?

We want Primary Care to identify older people with advanced dementia and to promote a gold standard of care for these patients to include an advance care plan.

Why is it important?

In Primary Care it will be possible to identify up to 100% of older people with advanced dementia and plan in advance for end of life care in keeping with the person’s needs, symptoms and preferences.

How we know it’s working

- By Year 1 we will make sure at least 90% of GPs identify older people with advanced dementia using the Gold Standards Framework.
- By Year 1 we will make sure that GPs create an advanced care plan within three months of identifying
older people with advanced dementia.
Immobility

Older people who seek treatment for a sudden deterioration in their mobility should receive a comprehensive geriatric assessment and get reablement services if needed.

Who is responsible for making sure it happens?
- HSC Board
- Public Health Agency
- HSC Trusts

Who will help?
- The Regulation and Quality Improvement Authority

What are we trying to achieve?
We want to use comprehensive geriatric assessments to plan the care and treatment of older people suffering mobility problems.

Why is it important?
Immobility can lead to other diseases and problems. It is a major factor in older people going into care. Improvements are almost always possible with comprehensive geriatric assessment.

How we know it’s working
- By Year 1 we will find out how many older people referred to geriatric medicine by Primary Care and emergency departments are coded ‘off feet’ when mobility is the primary problem. We will make this 100% by Year 3.
- By Year 1 we will find out how many comprehensive geriatric assessments are delivered by each HSC Trust.
We will then set targets to improve this.

- By Year 1 we will find out how many older people going into care have a comprehensive geriatric assessment. We will then set targets to improve this.

- By Year 1 we will find out how many older people developed pressure sores in hospitals and clinics. By Year 2 we will reduce this by at least 30% and by at least 40% by Year 3.

- By Year 1 we will find out how many older people developed pressure sores in community care settings. By Year 2 we will reduce this by at least 30% and by at least 40% by Year 3.

Go to Medicines management
Medicines management

The following Standards are included in the Medicines management section.

- Standard 36 Managing medicines
- Standard 37 Medicines review
Managing medicines

In partnership with health and social care professionals older people should always receive appropriate, safe and effective medicines and get support to gain the most benefit from them.

Who is responsible for making sure it happens?

- HSC Board
- Public Health Agency
- Local Commissioning Groups
- HSC Trusts
- GPs, Primary Care and Community Pharmacists

What are we trying to achieve?

We want to encourage better medicines management through a partnership approach between health and social care professionals, older people and their carers.

Why is it important?

Research shows that around 50% of medicines for long-term conditions are not taken as prescribed. Older people and their carers should be active partners in decisions about the medicine prescribed for them.

How we know it's working

- By Year 1 we will make sure at least 70% of prescriptions follow the Northern Ireland Formulary and national standards.
- By Year 1 we will find out how satisfied older people and their carers are about medicines information, support for decision-making and quality of life. We will then set targets to improve this.
By Year 1 we will find out how many older people with long-term conditions get support programmes for managing their medicines. We will then set targets to improve this.

By Year 1 we will find out how many older people are admitted or re-admitted to hospital over medicines. We will then set targets to improve this.

Go to Standard 37
Standard 37

Medicines review

Older people should have regular medicines reviews to make sure their medicines are still right for them and that they are taking them as prescribed.

Who is responsible for making sure it happens?

- HSC Board
- Public Health Agency
- Local Commissioning Groups
- HSC Trusts
- GPs, Primary Care and Community Pharmacists

What are we trying to achieve?

We want to make sure the medicines older people take are used and managed effectively.

Why is it important?

Errors in taking medicines are one of the leading causes of older people being admitted to hospital. Medicine reviews have many potential benefits.

How we know it's working

- By Year 1 and thereafter we will make sure at least 80% of older people who receive four or more medicines are offered an annual medicines review.

- By Year 1 we find out how many older people living in care homes get a face-to-face medicines review. We will then set targets to improve this.

- By Year 1 we will find out how many older people admitted to hospitals and clinics have had their medicines list verified as accurate. We will then set targets to
By Year 2 we make sure we agree minimum data set arrangements for medicines-related information to be used when older people move across care settings.

By Year 2 we will find out how many medicines with the highest risk for older people are monitored appropriately in accordance with local guidance. We will then set targets to improve this.
Transitions of care

The following Standards are included in the Transitions of care section.

- Standard 38 Single access point for information and services
- Standard 39 Reablement to maintain independence
- Standard 40 Early identification to maximise independence
- Standard 41 Increased awareness of needs in general hospitals
- Standard 42 Improved access to assessment and rehabilitation
- Standard 43 Specialist support in nursing homes
- Standard 44 Person-centred palliative and end of life care
- Standard 45 Palliative and end of life care
- Standard 46 Improved dementia and mental health services
**Standard 38**

**Single access point for information and services**

Older people should be able to access a single point of contact for information and advice about community support and health and social care services when they first start to need help to maintain their independence.

**Who is responsible for making sure it happens?**

- HSC Board
- Public Health Agency
- Local Commissioning Groups
- HSC Trusts
- GPs, Primary Care

**Who will help?**

- The voluntary and community sector
- The independent sector
- Northern Ireland Housing Executive

**What are we trying to achieve?**

We want to make sure older people have easy access to information and services to enable them to maintain their chosen lifestyle.

**Why is it important?**

Older people want to live as independently as possible within their local communities and value a little bit of help to do so. It is important they can get easy access to a varied network of support.
How we know it’s working

- By Year 1 we will find out how many older people have accessed the single point of contact and what information or community support they got. We will then set a target to improve this.

- By Year 1 we will find out how many older people who accessed the single point of contact needed onward referral to health and social care services. We will then set a target to improve this.

Go to Standard 39
Standard 39

Reablement to maintain independence

Older people with increasing needs should be offered a period of reablement to regain their best level of independence and confidence before any assessment is made for longer-term supports.

Who is responsible for making sure it happens?

- HSC Board
- Public Health Agency
- Local Commissioning Groups
- HSC Trusts
- GPs, Primary Care

Who will help?

- The voluntary and community sector
- The independent sector
- Northern Ireland Housing Executive

What are we trying to achieve?

We want to give older people the opportunity to remain independent for as long as possible.

Why is it important?

Evidence shows that periods of social care reablement focusing on skills for daily living can help older people to live more independently and reduce their need for ongoing home care support.

How we know it’s working
By Year 1 we will find out the number of older people who no longer require a home care service after a period of reablement. We will then set a target to improve this.

- By Year 1 we will find out the number of older people who still need a home care service after a period of reablement. We will then set a target to improve this.

- By Year 1 we will find out the number of weekly care package hours at the end of reablement. We will then set a target to improve this.
Early identification to maximise independence

Older people’s health problems should be identified as early as possible to maximise independence and reduce crisis. Treatment and care should be delivered in the most appropriate setting.

Who is responsible for making sure it happens?

- HSC Board
- Public Health Agency
- Local Commissioning Groups
- HSC Trusts
- GPs, Primary Care

Who will help?

- The voluntary and community sector
- The independent sector
- Northern Ireland Housing Executive

What are we trying to achieve?

We want to provide and encourage a more flexible range of home and community-based services, including Acute Care, to meet the needs of the local population.

Why is it important?

More timely intervention and support at home and in the community is beneficial for older people and reduces unnecessary pressure on hospitals.

How we know it’s working
By Year 2 we will find out and report on how many older people receive urgent care at home. We will then set a target to improve this.

By Year 2 we will report on all outcomes for older people receiving urgent care at home.

Go to Standard 41
Standard 41

Increased awareness of needs in general hospitals

Older people with complex needs in hospital should be quickly identified, screened and appropriately managed by specialist staff.

Who is responsible for making sure it happens?

- HSC Board
- Public Health Agency
- Local Commissioning Groups
- HSC Trusts
- GPs, Primary Care

Who will help?

- The voluntary and community sector
- The independent sector
- Northern Ireland Housing Executive

What are we trying to achieve?

We want to make sure the complex needs of older people are quickly identified and treated by specialist staff.

Why is it important?

Older people admitted to a general hospital often have complex medical and social needs that are not identified and managed well enough.

How we know it’s working

- By Year 1 we will find out how many hospital stays for
older people with complex needs have been reduced. We will then set a target to improve this.

- By Year 1 we will find out how many older people are admitted straight to care homes for the first time from a hospital. We will then set a target to improve this.

- By Year 1 we will make sure there is a written plan for every older person with complex needs being discharged from hospital. We will then set a target to improve this.
**Standard 42**

**Improved access to assessment and rehabilitation**

Older people with complex health needs (including people with dementia or mental health needs) should be offered comprehensive specialist assessments and rehabilitation before deciding about long-term care.

Who is responsible for making sure it happens?
- HSC Board
- Public Health Agency
- Local Commissioning Groups
- HSC Trusts
- GPs, Primary Care and Community Pharmacy

Who will help?
- The voluntary and community sector
- The independent sector
- Northern Ireland Housing Executive
- Housing associations

What are we trying to achieve?
We want to improve older people’s independence and quality of life by making comprehensive specialist assessments, treatment and rehabilitation available in a range of places, like community hospitals, health and wellbeing centres and hospitals.

Why is it important?
Evidence suggests that comprehensive specialist assessments, when followed-up by individual treatment and rehabilitation,
lowers the risk of older people being re-admitted to hospitals or placed in care homes.

**How we know it’s working**

- By Year 1 we will find out how many older people have had a comprehensive specialist assessment. We will set a target to improve this.

- By Year 1 we will find out how many older people have accessed rehabilitation programmes. We will set a target to improve this.

- By Year 1 we will find out what type of outcome older people’s comprehensive specialist assessment and period of rehabilitation. We will set a target to improve this.

*Go to Standard 43*
**Specialist support in nursing homes**

Nursing homes residents should be able to get specialist medical and other supports, including **palliative care** and end of life care planning.

**Who is responsible for making sure it happens?**

- HSC Board
- Public Health Agency
- Local Commissioning Groups
- HSC Trusts
- GPs, Primary Care and Community Pharmacy

**Who will help?**

- The independent sector
- Northern Ireland Housing Executive

**What are we trying to achieve?**

We want to improve the health and wellbeing of nursing home residents.

**Why is it important?**

Recent information suggests that 70% of care home residents do not get a planned medical review.

**How we know it’s working**

- By Year 1 we will find out how many nursing home residents have been seen by specialist staff. We will then set a target to improve this.
- By Year 1 we will find out how many care home residents
have an unscheduled hospital admission. We will then set a target to reduce this.

Go to Standard 44
Standard 44

Person-centred palliative and end of life care

Older people who have end of life care needs should have a key worker and access to effective palliative and supportive care services to help them.

Who is responsible for making sure it happens?

- HSC Board
- Public Health Agency
- Local Commissioning Groups
- HSC Trusts
- GPs, Primary Care and Community Pharmacy

Who will help?

- The voluntary and community sector
- The independent sector

What are we trying to achieve?

We want to improve the palliative and end of life care and support for patients, families and carers.

Why is it important?

It is important that older people have the opportunity to and get the support they need to make decisions about their end of life options.

How we know it’s working

- By Year 1 we will find out how many patients and family members or friends or older people with end of life care needs take part in person-centred training. We will then
By Year 1 we will find out how many patients identified as having palliative and end of life care needs are allocated a key worker. We will then set a target to improve this.

By Year 1 and thereafter we will find out how many older people die in hospital having been admitted from nursing homes. We will then set a target to reduce this.

By Year 1 we will find out how many patients identified as having palliative and end of life needs have had the opportunity for holistic assessment and advance care planning. We will then set a target to improve this.

Go to Standard 45
Palliative and end of life care

People with advanced progressive incurable conditions, and their carers, should be supported to have a good death and to die in their preferred place of care.

Who is responsible for making sure it happens?

- HSC Trusts
- Primary Care, Community Pharmacy
- Voluntary sector
- Independent sector

What are we trying to achieve?

We want to improve the palliative and end of life care and support for patients, families and carers.

Why is it important?

It is important that older people have the opportunity and the support they need to make decisions about their end of life options. Evidence shows that when these needs are identified there is improved quality of life and even prolonged life.

How we know it's working

- By Year 1 we will find out how many people were enabled to die in their preferred place of care. We will then set a target to improve this.
- By Year 1 we will find out how many people have an understanding of advance care planning. We will then set a target to improve this.

Go to Standard 46
Standard 46

Improved dementia and mental health services

Older people with mental health conditions or dementia should, from an early stage, access services and places that provide skilled assessment, treatment and care enabling them to maintain as much independence as possible.

Who is responsible for making sure it happens?

- HSC Board
- Public Health Agency
- Local Commissioning Groups
- HSC Trusts
- GPs, Primary Care and Community Pharmacy

Who will help?

- The voluntary and community sector
- The independent sector
- Northern Ireland Housing Executive
- Housing associations

What are we trying to achieve?

We want to improve dementia and mental health services for older people.

Why is it important?

Older people should be able to get the same range and quality of mental health services available to the wider adult population.
How we know it’s working

- By Year 1 we will make sure all HSC Trusts have detailed information that highlights linkages, gaps and usage in all services for people with mental health conditions including dementia,

- By Year 1 we will make sure all HSC Trusts provide detailed information on all services for older people with dementia and mental health conditions.

Go to the Glossary
Glossary

The following pages are included in the Glossary section.

- Glossary A to C
- Glossary D to H
- Glossary I to N
- Glossary O to P
- Glossary R to V
A

**Acute Care** is health care and treatment provided in hospitals and clinics.

**Acute orthogeriatric care** means health care and treatment for the bones and muscles of older people in hospitals and clinics.

**Advocacy** means a person or an organisation that speaks on behalf of another person.

**Assessment** means collecting information about a person and looking at their needs and problems to see what can be done to help.

C

**Care pathway** (also known as clinical pathways and integrated care pathways) is the route that a patient takes from their first contact with a HSC member of staff to the completion of their treatment.

**Comprehensive specialist assessments** are a way for medical teams to find out an older person’s medical condition, mental health, ability to function and social circumstances.

**Continence** means being able to control the movements of the bowels and bladder.

**Community Pharmacies** provide treatment and advice on minor ailments to the communities they serve, most usually at the local or high street chemist shop.

**Complex needs** are life-limiting or life-threatening conditions some people have that need expert care.

Go to Glossary D to H
Glossary D to H

D

Dementia describes a range of conditions affecting the brain which reduce mental functioning and awareness.

Delirium describes an acute disturbance of normal thinking and consciousness resulting in a person becoming agitated, confused or disorientated.

Diagnosis means finding out what a disease or condition is from signs, symptoms and test results.

E

End of life care means the care given to a patient who is dying. It helps all those with advanced, progressive, incurable conditions to live as well as possible until they die.

G

Gold Standards Framework is a method for helping people to live well until the end of life.

GPs are the doctors at your local Health Centre. GP stands for ‘general practitioner’.

H

HSC Board (Health and Social Care Board) is the organisation responsible for planning and commissioning health and social care services in Northern Ireland.

HSC Trusts provide health and social care services across Northern Ireland. There are five Trusts. Each one manages its own staff and services and controls its own budget.

Housing associations are non-profit making organisations that provide low-cost social housing.
Go to Glossary I to N
**Independent advocacy service** is a person or organisation that speaks for people who need support to make choices because of disadvantages like frailty, disability or financial and social circumstances. It makes sure a person’s individual needs and views are respected and acted upon.

**Independent sector** describes organisations that are not government organisations or for-profit businesses.

**Index fall** is the fall that first shows that an older person may be at risk of falling in the future.

**Local Commissioning Groups** are the organisations that commission health and social care services at a local level. There are five in Northern Ireland, in each HSC Trust.

**Local adult safeguarding plans** are documents that describe how vulnerable adults in each area of Northern Ireland will be kept safe from abuse.

**NISAT risk assessment** is a way to assess older people so a complete picture of their care needs can be built up (NISAT stands for Northern Ireland Single Assessment Tool).

**Northern Ireland Adult Safeguarding Partnership** is an organisation that coordinates and promotes safeguarding arrangements for vulnerable adults.

**Northern Ireland Housing Executive** looks after social housing in Northern Ireland.

**Northern Ireland Formulary** is the official list of medicines that the HSC prefers to use.
**Oral health screening** means checking to see how healthy the mouth and teeth are.

**Orthogeriatrics** is a branch of medicine dealing with the bones and muscles of older people.

**Orthogeriatrician** is a doctor who specialises in dealing with the bones and muscles of older people.

**Patient Client Council** represents and speaks for patients, clients, carers, and communities on health and social care issues.

**Peer educator training** is an approach to health promotion where members of the public educate and encourage healthy behaviour among their own age group.

**Peer advocacy service** is where community members speak for and represent one other.

**Person-centred care module** is a part of a training programme that teaches how to put the person at the centre of care.

**Palliative care.** The purpose of palliative care is to enable people with life limiting illness to live as well as possible until they die.

**Primary Care** describes what is often the first point of contact within the Health and Social Care Services, such as GPs, district nurses, community pharmacists, dentists and opticians.

**Public Health Agency** is an organisation with responsibility for improving the health and wellbeing of the population of Northern Ireland.
Reablement means helping individuals to maintain their independence and becoming unnecessarily reliant on HSC services through intensive, time limited rehabilitative support.

Regulation and Quality Improvement Authority checks up and reports on the availability and quality of the care provided in the Health and Social Services.

Safeguarding means keeping people safe from abuse.

Safeguarding Board for Northern Ireland and Safeguarding Panels promote the welfare of vulnerable children.

Screening means testing people to try and identify as early as possible if they have or are at risk of getting a disease.

Stepped care is a way of delivering and monitoring care. The most effective yet least resource-intensive treatment is delivered to patients first. The step up to the next level of treatment only happens as required.

Service users are people who use, request, apply for or benefit from the services provided by the HSC.

Social enterprises are businesses that help communities put their profits back into the community.

Transition is a time in a person’s life when big changes are happening, for example, moving into a nursing home.
The voluntary and community sector are organisations, charities and individuals that help people in the community.