

Agenda Item

8



Title/Subject: National Health and Social Care Standards

Meeting: Clinical & Care Governance Committee

Date: 22 August 2019

Submitted By: Head of Integration

Action: For Noting

1. INTRODUCTION

- 1.1. The purpose of this report is to provide the Clinical and Care Governance Committee with an update on implementation of the National Health and Social Care Standards for inspection, registration and quality assurance of health and social care services.
- 1.2. These Standards were adopted 1 April 2018 replacing the National Care Standards which had been in place since 2002.
- 1.3. A report was shared with IJB on 6 April 2018 which outlined:
 - actions being taken in preparation for the introduction of the new Standards
 - intention to provide further reports to the IJB following receipt of further guidance from the Care Inspectorate and Healthcare Improvement Scotland and the local experience of the implementation of the new Standards.

2. RECOMMENDATION

The Clinical and Care Governance Committee are asked to note:

- 2.1. **development since the adoption of the new Standards from April 2018 as set out in paragraphs 4.1 to 4.17,**
- 2.2. **the next stage in embedding the Standards will be to ensure all relevant policies and procedures are reviewed and updated to link more directly to the Standards.**
- 2.3. **the opportunities for shared learning when the Scottish Government publishes a short summary report late 2019 to demonstrate how the Standards are making a real difference to people experiencing care and support from across Scotland.**



3. BACKGROUND

- 3.1. Since 2002 there have been significant changes. More people are supported in their own homes; the quality of the care experience is now considered as important as other aspects of care such as safety, and the establishment of HSCPs means that when people use health or care services they should get the right care and support, whatever their needs. To support these needs a new single set of Health and Social Care Standards was developed to apply across all health and care services people may use in their lifetime.
- 3.2. The objectives of the Standards are to drive improvement, promote flexibility and encourage innovation in how people are supported and cared for. From 1 April 2018 the Standards are being taken into account by the Care Inspectorate, Health Improvement Scotland and other scrutiny bodies in relation to inspections and quality assurance functions and when considering applications for the registration of health and care services. Rather than just checking that a service is complying with the basic inputs for all people, inspections are increasingly looking at what it is like to actually use a service. Inspectors from different scrutiny bodies now also work jointly to look at how individuals experience a range of services within the care system. More integrated standards, which look at how the rights and wellbeing of people who use care are protected and improved, from strategic commissioning to the actual experience of using the service will, it is argued, provide a more effective and relevant model of scrutiny fit for the future.
- 3.3. **The Standards explained:**
A copy of the Standards can be accessed [here](#).
- 3.4. Human rights based Health and Social Care Standards set out what we should expect when using health, social care or social work services in Scotland. This means empowering people to know and claim their rights and increasing the ability and accountability of individuals and organisations who are responsible for respecting, protecting and fulfilling rights.
- 3.5. All services and support organisations, whether registered or not, should use the Standards as a guideline for how to achieve high quality care.
- 3.6. The Standards are wide reaching, flexible and focussed on the experience of people using services and supporting their outcomes.
- 3.7. They do not replace previous standards and outcomes relating to healthcare that have already been produced under section 10H of the National Health Service (Scotland) Act 1978 but they will replace the National Care Standards published in 2002 under section 5 of the Regulation of Care (Scotland) Act 2001.
- 3.8. The Standards are published in exercise of the Scottish Ministers' powers under section 50 of the Public Services Reform (Scotland) Act 2010 and section 10H of the NHS (Scotland) Act 1978.

3.9. What are the Standards?

The Health and Social Care Standards describe both the headline outcomes, and the descriptive statements which set out the standard of care a person can expect. Not every descriptor will apply to every service.

3.10. The headline outcomes are:

- I experience high quality care and support that is right for me.
- I am fully involved in all decisions about my care and support.
- I have confidence in the people who support and care for me.
- I have confidence in the organisation providing my care and support.
- I experience a high quality environment if the organisation provides the premises.

3.11. Each Standard is underpinned by five principles: dignity and respect, compassion, be included, responsive care and support and wellbeing. These principles are not standards or outcomes but rather reflect the way that everyone should expect to be treated.

3.12. Scottish Government survey to assess early impact of the Standards

Scottish Government issued a questionnaire to be completed by 9 August 2019 designed to assess the early impact of the Standards. Organisations are being asked to share examples of activity, progress and case studies to demonstrate how the Standards are being embedded in local practice. Organisations are also being encouraged to identify how the Standards can be better reflected in future workforce, delivery and commissioning plans. The draft response is attached at Appendix 1.

3.13. A summary report from Scottish Government to share questionnaire findings is expected late 2019.

4. IMPLEMENTATION UPDATE

4.1. Awareness Raising

Briefing materials have been used to help Service and Team Managers' raise awareness and familiarise themselves with the Standards and to take these into account when planning, commissioning and delivering services. These include *Frequently Asked Questions* and a range of Care Inspectorate and Healthcare Improvement Scotland resources.

4.2. Scrutiny and self evaluation

Services have been encouraged to adopt the same quality indicator framework used by inspectors when undertaking their own self evaluation and quality assurance as the new scrutiny model is built around this and is linked to the Standards.

- 4.3. Services have also been advised to reflect the language used as outlined in Health and Social Care Standards when describing their service objectives
- 4.4. The new scrutiny model used by Care Inspectorate started with the inspection of care homes for older people in April 2018.
- 4.5. A number of Services in Falkirk have since experienced the new scrutiny model in relation to both announced and unannounced inspection visits. Reports reflect Services being evaluated against Quality Themes:
- Quality of care and support
 - Quality of staffing
 - Quality of management and leadership
- 4.6. Within each theme reference is made to how Standards are applied in practice.
- 4.7. For example, under the theme of Quality of Management and Leadership, scrutiny is applied using the headline outcome *'I have confidence in the organisation providing my care and support'* and is explored further through applying descriptive statements in relation to how the standard would be met in practice, such as *'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes'* and *'I use a service or organisation that is well led and managed'*.
- 4.8. **Training, Learning and Development**
Induction and briefings provide regular opportunities to focus on the Standards, the national and local Strategic Plan outcomes and person centred planning approach and outcomes and how these are inter-related.
- 4.9. These are revisited in all learning and development activities as they **provide** the context for practice. Additional training has been provided following inspection in relation to specific requirements, such as medication training and meeting health outcomes and person centred assessment and planning training and meeting outcomes related to safety and promoting independence.
- 4.10. The Service has identified reviewing practice as a key improvement opportunity. An Outcomes Focused Review online resource is currently under development which will be available to practitioners and managers across the partnership to support improvements in practice in relation to preparation for and planning arising from reviews. This includes a specific section on the Standards and reflects the person centred approach; identifying what really matters to people and promoting independence.
- 4.11. An assessment will be included at the end of this resource requiring participants to write a reflective piece, expected to reference meeting the Standards. Successful completion will lead to recognition from Scottish Social Services Council (SSSC) as it's planned that this will be linked to their Open Badge recognition programme. This programme is open to all health, social care and social work staff.

- 4.12. Practitioners and managers are also being encouraged to consider the wide range of Open Badges available on the SSSC Learning Zone and to recognise this as accredited learning. Participants can open an individual account and develop a digital learning record. This programme includes 7 Open Badges related to Health and Social Care Standards which are assessed by SSSC.
- 4.13. **Self Directed Support and Carers Assessments**
In relation to Self Directed Support and roll out of Carers assessments and plans, significant work has been undertaken to raise awareness of Standards and to incorporate them in to our person centred approach; including in the development of key processes and documentation.
- 4.14. The new Standards introduced *compassion* as one of five principles underpinning each of them. Self Directed Support and Carers Act briefing sessions include specific reflection on how compassion might be translated into practice. Practitioners and managers are encouraged to use the permission inherent in person centred outcomes focussed planning to approach situations differently; to be more flexible, risk aware rather than risk averse and balance meaningful actions for the individual alongside financial restrictions. To ask themselves, 'what would it take for actions to be meaningful for individuals?'
- 4.15. **Scottish Vocational Qualifications (SVQ)**
Falkirk Social Services Assessment Centre supports frontline staff and managers to achieve vocational qualifications linked to their role and meet the statutory requirement for individual registration with the Scottish Social Services Council.
- SVQ L2 Adults (SCQF L6)
 - SVQ L3 Adults & Children and Young People (SCQF L7)
 - SVQ L4 Adults & Children and Young People (SCQF L9)
 - SVQ 4 in Care services Leadership and Management (SCQF L10)
- 4.16. The SVQ Underpinning Knowledge programme is the introduction to each of the courses outlined above. During this programme candidates work in groups and use the Standards to make direct links to identified areas of practice. These match to the mandatory units of the SVQ awards:-
- Communication
 - Health & Safety
 - Professional Development
 - Safeguarding and well being
- 4.17. Following induction, candidates begin reflective writing and are supported to use the Standards when linking to the knowledge evidence that underpins their work. They are expected to build a portfolio that demonstrates continuous reflection and evidences their understanding of Standards, their adherence to them in practice and why they apply.

4.18. Person Centred Outcomes Assessment and Care Planning

The alignment of practice with the Strategic Plan outcomes of service user experience, self management, safe and strong sustainable communities requires a significant cultural shift. This is however underway, supported through a growing commitment towards outcomes focussed assessment and care planning.

- 4.19. Assessment and care planning is a critical function in determining how the Service meets individual need and allocates resource. This will continue to be a key focus for ongoing transformation in the Health and Social Care Partnership. There needs to be a greater shift away from providing people with as much support as possible, to providing people with the right support that will help them to meet their outcomes. It is recognised that over – provision of care can de-skill people and create dependencies that do not necessarily take into account an individual's desired outcomes. Local good practice that reflects the Standards being effectively applied in achieving person centred outcomes is being shared through a variety of means in support of culture, systems and practice change, such as during team meeting discussions; investing staff time in multi-agency communities of practice and developing our use of modern and digital technology to share experiences and learning.

5. CONCLUSIONS

Developing practice further

- 5.1. There is clear evidence available that supports the Standards being reflected in practice and that Services are engaging in a range of meaningful activities that support person centred planning. However, self evaluation and recent inspection feedback reflects that further work is required to embed across all practice. This includes ensuring that all relevant policies and procedures are reviewed and updated to link more directly to the Standards

Resource Implications

- 5.2. The review and update of policies and procedures will be met within existing staff resources. The transfer of information from the Social Work Information System (SWIS) to the new Liquid Logic system and developments in locality planning will present significant opportunities to review and develop systems and processes where adherence to the Standards can be positively reflected.
- 5.3. Pending a review of the Scottish Government summary report on good practice related to implementation of the Standards across Scotland, it is not yet known if any additional financial or staffing requirements will be necessary for us to use this to inform and improve local service delivery. This report is expected late 2019 following which a further report can be brought to Clinical and Care Governance Committee if required.

Impact on IJB Outcomes and Priorities

- 5.4. The National Standards are consistent with Falkirk HSCP strategic outcomes.

Legal & Risk Implications

- 5.5. The current risk of failing services remains under the new Standards. Actions being taken to continue to embed the standards mitigate risk.

Consultation

- 5.6. There are no **requirements** arising from the content of the report.

Equalities Assessment

- 5.7. There are no requirements arising from the content of the report.

Submitted by: Martin Thom, Head of Integration


Author – Evelyn Kennedy, Service Manager, Workforce Development

Date: 26 July 2019

List of Background Papers: A link to the Standards is available in section 1.4. within this report.

Appendix 1

Falkirk HSCP Response: Implementation of the Health and Social Care Standards - activity review

Name of organisation:	Falkirk Health and Social Care Partnership	 Health and Social Care Standards My support, my life.
Name / Job title:	Suzanne Thomson, Senior Service Manager	
Date of return:	9 August 2019	
Contact details:	suzanne.thomson@falkirk.gov.uk	
Please provide examples or case studies of activity and progress for each question.		
1: Commissioning and Procurement		
No.	Question	Examples or case studies of activity
1.1	Can you give an example of how the underpinning principles of the Standards are being considered in the commissioning and procurement of services?	<p>Short Breaks</p> <p>Short breaks are commissioned to meet the outcomes for both carers and the people they care for. This means we offer a range of options from directly provided support for the cared for person (provider/care home support) to supporting people to have breaks together, with additional care and support if necessary. Examples of the above range from care home placement, support worker for a few hours to supporting people to book breaks in a holiday type environment – hotels, bus tours, caravans, motor homes etc.</p> <p>Using this approach we can ensure that people:</p> <ul style="list-style-type: none"> • are involved in the planning of their break • can choose the kind of support they feel is right for them • make choices about the environment in which the support is provided • have confidence that their outcomes as carers and people with support needs can be met. <p><i>Example:</i></p> <p>A couple where one partner has a neurological condition wanted to be supported to take a break together in holiday accommodation on the East Coast. Purpose built holiday accommodation was identified and a local care provider was approached to ask if they could provide personal care while the couple were there.</p>

		<p>Following a shared assessment of need with the provider the couple were able to have their break together with the appropriate care and support</p> <p>Day Services Redesign Commissioning</p> <p>In continuing to move forward with the Day Service Redesign, Dates and Mates have received funding and events have been held in the Falkirk area to promote the work they are planning to do in Falkirk. Dates and mates are a national dating and friendship agency run by and for people with learning and physical disabilities to meet up, form meaningful friendships and relationships, empowering them to be more independent in the community, attend social events with friends and reduce isolation. A Christmas disco was held in December 2018 and a launch event took place in February 2019. Both events attracted large numbers with the February event reaching over 100 service users and carers. There is a further planned event in July 2019 and the future development of the service in the area will offer speed dating events, going to the cinema and restaurants, bowling and training workshops to develop skills.</p> <p>An example of the benefit of the service coming into the area is of people meeting up for the first time in years at the events and starting to form friendships previously lost through moving to other support services where contact was lost.</p> <p>The Scottish charity Neighbourhood networks have also received funding to provide a service in the Denny area, supporting people with learning and physical disabilities. People who want to join, become network members enabling them to connect with others in their local area, share their skills and talents and form social contacts and friendships, empowering them to be more connected to their communities. The service hosted a launch day in April 2019 with over 100 visitors. The service aims to have 10 network members in the local area who can link with each other to attend activities in the community and travel independently to events. There is also the opportunity to link in and meet up with other network members from other areas to do activities such as bowling.</p> <p>The following is an example of how a service user has changed their lifestyle by moving away from day service provision to sourcing activities in his local community. Previously attending a day service 3 days per week, he worked with staff in the day centre to source activities he wished to do in his local area. He left the day service over a year ago. He still meets up with service users and staff, travelling independently to activities but this has grown where he now meets friends who have also left the day service, they meet up on Monday</p>
--	--	---

		<p>mornings, play pool which is a shared interest and plan out lunch venues from restaurants to local cafes that they can go to after the pool the following week. He now travels to a community centre to play football out with his local area and while he meets up with friends who still require support by staff members from the day centre at the activity he is attending it independently. He also attends line dancing and bowling in the community and has recently attended the dates and mates events and his self confidence has grown immensely.</p>
1.2	How are you actively engaging with partners (public, private, or third-sectors) to plan for / ensure that service provision across sectors reflect the Standards?	<p>We actively engage with the local Carers Centre and local third sector organisations that support carers to involve them in the development of short break activity across the Partnership. We engage directly with short break providers across a range of options to ensure that the support provided is appropriate; that accommodation is fit for purpose and that agreed outcomes can be met. This is done by sharing assessments (where appropriate) and discussing accessibility and activities with providers. Our contractual paperwork also reflects the standards that are required when commissioning support.</p> <p>There is intergenerational work being done with nurseries and care homes, where the local nurseries visit and do joint projects such as gardening where residents join in and share their life experiences with the children. There is also the ECHO project which is a live link with Strathcarron Hospice for professionals to network with each other. It involves an education facility where general case scenarios and topics such as pain relief, alternative therapies are discussed. It involves staff members and management from the care home.</p> <p>These are 2 examples of many that are responsive work, embedded in the standards which promote them with partners and actively involve residents, relatives on their visits and staff in improving quality of care delivery, developing community links and introducing new interests.</p> <p>A session is planned for the local providers forum and residential managers forum to discuss the standards and how they are being implemented.</p>
2: Organisational Culture and Workforce Practice		
No.	Question	Examples or case studies of activity
2.1	How are the Standards being incorporated into local Delivery Plans and relevant frameworks?	As detailed in the response.

2.2	Can you give an example of how positive changes in staff behaviours, learning, and practice are being achieved (and captured) to reflect the Standards?	The standards are included in staff meetings, for example 2.17 “I am fully involved in developing my support plan which is always available to me” was discussed at a Summerford staff meeting. From this, staff workshops on support plans were developed following the standards in relation to the individual service user having ownership of their plan and conducting their own reviews.
2.3	What support is there for staff to put the Standards and principles into day-to-day practice to meet the needs and choices of people experiencing care?	<p>Falkirk HSP have recently undertaken a review of their internal homecare service to ensure the service is efficient, but also ensure the standards are embedded in care delivery.</p> <p>The partnership now plan to commence a review of assessment and care planning practice within the adult care teams to ensure the new standards are the focus of all assessments. These reviews will be supported by training as identified and required.</p>
3: Communications		
No.	Question	Examples or case studies of activity
3.1	Can you give an example of local activity that is helping to raise awareness/embed the Standards with (a) the workforce and to (b) people experiencing care?	<p>Introduction to Standards at a Community Care Team Manager (CCTM) meeting when they were published, which was then cascaded to teams. This was recently revisited at a CCTM meeting to cascade to teams.</p> <p>An example of working to the standards is the new support plans developed for dementia care. The plans are owned by the resident and kept in their room; they are entitled “My Support, My life.” Within the pack there is a copy of the standards and the plans are based on the principles of the standards with the writing done in the persons own words including pictorial additions to promote the “being included” principle in the standards. Other examples of the standards being supported within the services is workshops for staff to discuss themes and individual supervisions where support plans for service users are discussed with keyworkers.</p> <p>A care home has discussed the standards at resident and relative meetings and they were distributed to everyone attending the meetings which in the relatives case is important to understand the work being done with their loved one in relation to the standards as many relatives have legal powers for the welfare and financial wellbeing of residents. These points can also apply to 2.2.</p>

		<p>Summerford House is currently developing an information leaflet and virtual tour for service users being offered at discharge to the service from hospital or being referred from the community. This is to give a greater understanding of the reablement journey. The core of this leaflet is based on the standards and health colleagues have contributed to this. Health colleagues are also developing a leaflet detailing options surrounding care journeys focussing on the individual being discharged and cared for at home.</p>
4: Information Sharing		
No.	Question	Examples or case studies of activity
4.1	How has implementation of the Standards ensured that when you work with your health and social care partners, personal information is shared promptly and appropriately?	<p>Falkirk HSCP is making progress with integrated services but is a little behind other partnerships in Scotland. Recent progress has been the development of localities and the appointment of Locality Managers and Heads of Integration.</p> <p>The next step is the development of integrated health and social care community teams and progress to co-location of these teams. This will assist in the sharing of timely information.</p>
5: Feedback and Evaluation		
No.	Question	Examples or case studies of activity
5.1	How are you actively seeking and using meaningful feedback to support implementation of the Standards (from patients, service users, their families and carers, and from staff)?	<p>The Care Inspectorate put out questionnaires to the services they are inspecting. The services have service user/ residents meetings which are recorded and where views are expressed and decisions from the meetings are actioned.</p> <p>An example of further feedback sought is following a discharge back home from Summerford House. After reablement, service users are given a follow up questionnaire by the AHP team on their experiences of their reablement. The questionnaire is returned to the service to inform the future provision.</p> <p>Another example is the CAPA project that has been supported by the partnership and is organised through the Care Inspectorate where the service involved support service users in exercise programmes that promote their health and well being. The statistical information is fed back to the Care Inspectorate to map the progress of service users on the programme.</p>