

## **National Health and Social Care Standards**

### **Strategic Development**

This report seeks agreement of a mechanism for endorsing the final draft of new national health and social care standards when they become available in June.

### **Summary and Recommendations**

The Scottish Government, working in partnership with COSLA and others, is producing new national health and social care standards.

This paper invites COSLA Leaders to:

- i. Agree the direction of travel for the new national health and social care standards;
- ii. Delegate responsibility for endorsing the final version of the new national health and social care standards to COSLA's Health and Wellbeing Spokesperson; and
- iii. Agree that COSLA's endorsement of the final standards will only be given on the basis that implementation is cognisant of the role of the Ministerial Strategic Group and focused on addressing the issues outlined in paragraph 6 below.

### **References**

Previous reports on the national care standards review:

- Health and Wellbeing Executive Group, 01-03-17
- Health and Wellbeing Executive Group, 19-02-16
- Health and Wellbeing Executive Group, 30-11-15

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## National Health and Social Care Standards

### **Strategic Development**

1. The Scottish Government, working in partnership with COSLA and others, is producing new national health and social care standards. This report presents the latest draft of the standards and asks COSLA Leaders to agree a mechanism for endorsing the final set when they become available in June.

### **Current COSLA Position**

2. The current National Care Standards<sup>1</sup> describe what people using a range of care services in Scotland can expect. They are used by service providers to maintain and improve the quality of services provided and the Care Inspectorate is also required by law to apply them when regulating care services.
3. The current standards have been in place since 2002 and COSLA's Health and Wellbeing Executive Group were in agreement that they needed to be reviewed to ensure they support recent shifts in the policy and delivery landscape, including integration, personalisation and self-directed support. The Executive Group were therefore also in agreement that new standards should focus on outcomes and the experience of people using services, and apply across both health and social care settings. COSLA officers subsequently worked with civil servants and key stakeholders, including people using services, to develop and consult on a revised set of standards. A draft set of standards was considered by COSLA's Health and Wellbeing Executive Group in March of this year.
4. The Executive Group were supportive of the draft standards; however given their importance and our partnership with the Scottish Government, it took the position that they should be jointly agreed with COSLA. This reflects councils' status as a sphere of government as opposed to one of many stakeholders, providers or commissioners of services. During discussions, Scottish Government felt this might not be appropriate because the standards will be used to scrutinise council services. COSLA officers therefore proposed that Leaders should be asked to consider and endorse the standards prior to publication ensuring that the status of local government is respected without any conflict of interest.

### **What is changing**

5. The current set of national care standards are numerous and focus on services settings and outputs, rather than people's experience and outcomes. They comprise of 23 standards, accompanied by over 2000 descriptors, which has led to a cluttered landscape. It is proposed these are replaced with 5 high-level principles and 5 outcomes standards, supported by a smaller set of statements illustrating what achievement of the standard would look like from a service-user's perspective. The new draft principles and standards are set out in Annex A.
6. The new standards are generally thought to deliver an improved focus on outcomes, but to have a meaningful impact they will need to inform and underpin service planning, commissioning and self-evaluation. Questions still need to be addressed in order to provide clarity and support implementation including :
  - how the new standards will be used by scrutiny bodies for quality assurance

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<sup>1</sup> *National Care Standards: A Guide*, Scottish Executive, 2002,  
<http://www.gov.scot/Resource/Doc/46737/0013960.pdf>

- what will be the expected balance between compliance and evidencing improvement.
  - What implementation support will be required and how this will be found across both health and social care – particularly in respect of the culture shift required of the NHS
  - What the status of the new standards will be in relation to other standards, legislation and regulations - with a view to further streamlining the cluttered landscape of quality frameworks over the longer-term.
7. There are no new resources to support the new standards, however this is not thought to be a significant issue as they are about how people experience existing services and not about developing additional provision. That said, there is a risk that they will raise expectations regarding the quality of provision and while this is a risk across the whole system it is particularly prevalent in NHS settings where choice, control and personal outcomes are at an earlier stage of development. It will be important that these risks are managed within the context of the joint political oversight of integration and COSLA's political support of the standards will be key to ensuring local government remains a driving force in this respect.
8. The intention is to launch the new standards in June to coincide with the NHS national conference and Social Work Scotland annual conference, and in time for implementation in 2018. The full document with illustrative statements is available at <http://www.newcarestandards.scot/>

### **Proposed COSLA Position**

9. COSLA Leaders are asked to welcome the direction of travel for the new national health and social care standards and to delegate responsibility for endorsing the final set to COSLA's Health and Wellbeing Spokesperson.
10. It is further proposed that COSLA's endorsement be subject to agreement that implementation will address the issues outlined in paragraph 6 above, and will take cognisance of the role of the joint Ministerial Strategic Group (MSG) in assuring whole-system sustainability, with any issues affecting this being raised there. This is considered appropriate given that the MSG is the agreed mechanism for taking forward our joint political ambitions for health and social care.

### **Next Steps**

11. If Leaders agree the proposed COSLA position, COSLA's Health and Wellbeing Spokesperson will consider the final standards and communicate COSLA's position to the Cabinet Secretary for Health and Sport. Further reports would only be brought to COSLA Leaders should significant issues arise which would prevent endorsement under this mandate.

### **Summary and recommendations**

The Scottish Government, working in partnership with COSLA and others, is producing new national health and social care standards. This paper invites COSLA Leaders to:

- i. Agree the direction of travel for the new national health and social care standards;
- ii. Delegate responsibility for endorsing the final version of the new national health and social care standards to COSLA's Health and Wellbeing Spokesperson;
- iii. Agree that COSLA's endorsement of the final guidance will only be given on the basis that implementation of the new standards are scrutinised through the jointly led Ministerial strategic group, with a remit focused on addressing the issues outlined in paragraph 6.

## National Health and Social Care Standards - Summary

### Principles

#### Dignity and respect

- My human rights are respected and promoted.
- I am respected and treated with dignity as an individual.
- I am treated fairly and do not experience discrimination.
- My privacy is respected.

#### Compassion

- I experience warm, compassionate and nurturing care and support.
- My care is provided by people who understand and are sensitive to my needs and my wishes.

#### Be included

- I receive the right information, at the right time and in a way that I can understand.
- I am supported to make informed choices, so that I can control my care and support.
- I am included in wider decisions about the way the service is provided, and my suggestions, feedback and concerns are considered.
- I am supported to participate fully and actively in my community.

#### Responsive care and support

- My health and social care needs are assessed and reviewed to ensure I receive the right support and care at the right time.
- My care and support adapts when my needs, choices and decisions change.
- I experience consistency in who provides my care and support and in how it is provided.
- If I make a complaint it is acted on.

#### Wellbeing

- I am asked about my lifestyle preferences and aspirations, and I am supported to achieve these.
- I am encouraged and helped to achieve my full potential.
- I am supported to make informed choices, even if this means I might be taking personal risks.
- I feel safe and I am protected from neglect, abuse, or avoidable harm.

### Standards

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