

Consultation on the New National Health and Social Care Standards: Analysis of Responses

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In 2014, Scottish Ministers committed to review, update and improve the 23 National Care Standards established in 2002. New Standards were needed to reflect changes in policy and practice since 2002. Scottish Ministers proposed a new, single set of Standards across health and social care, based on human rights and underpinned by the principles of: dignity and respect; compassion; being included; responsive care and support; and wellbeing. A Development Group, made up of a wide range of stakeholders, drafted the new Standards, in collaboration with other key partners.

Seven draft Standards were proposed and put out to public consultation on 28 October 2016 with views invited by 22 January 2017. An easy-read version of the consultation was also published. In addition, a series of 19 engagement events was held across Scotland by the Care Inspectorate and Healthcare Improvement Scotland.

440 responses were received to the full consultation and 59 to the easy-read version, totaling 499 responses overall. A summary of views from the responses to the consultation follows.

Main Findings

- There was substantial cross-sector support for the new Standards with 79% of those providing a view agreeing that they will be relevant across all health, care and social work settings, 75% agreeing that they reflect the experience of people who receive care and support, and 75% considering that they will support improvement in care services.
- Common concerns were that the Standards may not apply to all settings and circumstances; that they appear to be aspirational rather than achievable in places; and that some of the language is vague and ambiguous and could be refined.
- The Standards were welcomed as human-rights focused, outcome-focused and person-centred.
- Whilst the Standards' universal approach was considered helpful in terms of simplicity and consistency, some expressed concern that they may be too general to be useful, and this may present challenges for inspection regimes and benchmarking.
- Although perceived as relevant and reflecting real-life experience, the effectiveness of the Standards was viewed as dependent on broader contexts such as adequate resourcing, robust inspection and enforcement.
- Key gaps in the Standards were identified as: people receiving care at home; people with dementia; very young children; children and young people; and people in secure care settings. Further additional content was suggested: feedback and appeal mechanisms; end of life care; management of transitions; and use of advocates.
- Of five options presented for names for the new Standards, the one receiving most support was "National Health and Social Care Standards".

Background

Since 2002 the National Care Standards have played an important role in ensuring people who receive care and support get the high-quality service they are entitled to, whatever the setting. In 2014, Scottish Ministers committed to review, update and improve these Standards. The previous 23 Standards looked mainly at technical requirements such as written policies and health and safety procedures. New Standards are needed to reflect recent changes in policy and practice and to be fit for the future.

Since the 2002 Standards were introduced, there have been significant changes. More people are supported and cared for in their own homes; the quality of care experience is now considered as important as other aspects of care such as safety; and the establishment of Health and Social Care Partnerships means that when people use health or care services they should get the right care and support, whatever their needs. The Care Inspectorate and Healthcare Improvement Scotland continue to regulate each individually registered health and social care service, but work more closely now with other regulators and scrutiny bodies to carry out strategic inspections, looking at how the wider health and social care system is working.

To support these changes, a new single set of Health and Social Care Standards is needed that applies across all care services we may use in our lifetime. A public consultation in 2015 confirmed much support for the new Standards to be based on human rights and the wellbeing of people using services. The following Principles were approved by Scottish Ministers in 2016:

- Dignity and respect
- Compassion
- Be included
- Responsive care and support
- Wellbeing

A Development Group, made up of organisations representing people using services, unpaid carers, social care providers and commissioners of care, drafted new Standards, in collaboration with other key partners. Seven draft Standards have been proposed, the first four to apply to everyone; three further Standards to apply in specific circumstances.

The draft Standards were put out to public consultation on 28 October 2016 with views invited by 22 January 2017. An easy-read version was also published. 19 engagement events across Scotland were held by the Care Inspectorate and Healthcare Improvement Scotland, to raise awareness of the consultation and gather views of participants.

Overview of respondents

499 responses to the consultation were received, 440 to the full consultation and 59 to the easy-read version (an additional 3 responses were received after the closing date). 50% of responses were submitted by organisations to the full consultation; 38% were from individual respondents to the full consultation; and 12% were from individuals and groups to the easy-read version. Of the individual respondents, 70% defined themselves as working or volunteering in health and social care.

Overarching views and themes

Overall there was substantial cross-sector support for the new Standards:

- 79% of those providing a view to the full consultation strongly agreed or agreed that they will be relevant across all health, care and social work settings.
- 74% of those providing a view to the full consultation strongly agreed or agreed that the Standards reflect the experience of people who receive care and support.
- There was much appreciation of what was perceived to be the thorough and thoughtful development work which has gone into the development of the Standards so far.

Views provided in response to the consultations (both full and easy read) ranged from a mix of very detailed drafting comments on the text of the Standards and their supporting statements, to broad, cross-cutting comments which emerged repeatedly throughout the consultation responses.

Overarching, common concerns to emerge were:

- The Standards may not apply to all settings and all circumstances.
- They appear to be aspirational in places, which may have advantages, but also posed the threat of undermining their

usefulness and setting providers up for failure.

- The language could be refined in places, with various words and phrases identified as vague and ambiguous.

Views on the relevance of the Standards

Most respondents considered that the Standards will be relevant and can be applied across all health, care and social work settings. 79% of respondents to the full consultation and all but one of those responding to the easy-read version, shared this view.

The Standards were welcomed as human-rights focused and outcome-focused. They were viewed as person-centred and easy to read, and likely to promote consistency in quality of provision and expectation.

Some respondents suggested that the balance of focus of the Standards tipped towards social care contexts over health care environments.

Key concerns were that the universal approach of the Standards may result in their being too general to be useful; some perceived them to be unduly specific in some places and too general in others; many respondents expressed concern that the generalisable nature of the Standards may present challenges for inspection regimes and benchmarking.

Views on whether the Standards reflect the experience of people who receive care and support

The prevailing view was that the Standards do reflect the experience of people who receive care and support. 74% of respondents to the full consultation and all but one of those responding to the easy-read version, shared this view.

Although receiving wide support as reflective of real-life experience, the effectiveness of the Standards was perceived to be dependent on broader contexts such as adequate resourcing, appropriate organisational structures, well-planned implementation, and robust inspection and enforcement regimes.

The Standards were viewed as setting up the context of positive outcomes for service users in terms of being: person-centred; written in the first person; comprehensive; and clear and well-structured. Contrasting views were that the Standards were ambiguous, subjective and repetitive in places, risking different interpretations which could undermine their usefulness.

Gaps in the Standards or areas which could be given greater attention were identified as the experiences of: people receiving care at home; people with dementia; very young children, children and young people; and people in secure care settings. Some respondents considered that the Standards did not pay enough attention to the use of advocates; safety issues for the service user and service provider; and transitions and interfaces between different care and support contexts.

Views on whether the Standards will help support improvement in care services

75% of those responding to the full consultation considered that the Standards will help to support improvement in care services, as did all but three of those responding to the easy-read version.

The three most common reasons given as to why the Standards will support improvement were: they are easy to understand, user-friendly and accessible; they provide a common understanding and framework which ensures shared expectations and which will promote consistency of provision; and the rights-based approach will help providers and service users to understand what is required.

A common view was that the effectiveness of the Standards could be enhanced by the provision of practice-based guidance to support providers in implementing the Standards in their setting. Another recurring suggestion was for the development of a clear inspection framework.

Although supportive of the Standards, some respondents considered that they may be too broad and risked service providers and service users interpreting them differently, which could detract from their effectiveness.

Another commonly mentioned concern was that applying all aspects of the Standards to all settings will be challenging. What was perceived to be the aspirational nature of elements of the Standards was viewed as potentially undermining, whilst raising expectations which may not be fulfilled.

Some respondents considered that the Standards were too vague to be measurable or enforceable; some criticised what they saw as the “one size fits all” approach; others considered the scope for different interpretation of the Standards was too great; and a few respondents emphasised the need for a review framework for feedback on, and revision of, the Standards.

Many respondents suggested that to be successful, the Standards were required to be adequately resourced; effectively launched and implemented; and robustly inspected and enforced. Training opportunities for the workforce were highlighted as important; as was awareness-raising amongst service users and workforce alike.

Views on anything else to be included in the Standards

A wide variety of suggestions was made for additional content. The four most frequent suggestions were: feedback/complaints/appeal mechanisms; end of life care including anticipatory care plans and advanced statements; management of transitions; and right to advocacy/recognition of representatives, both formal and informal

Views on anything else to be aware of in the implementation of the Standards

The most frequently emerging view was that the current inspection regimes will need to be updated to reflect the new Standards, with these communicated widely in time for implementation.

Another common view was that the Standards will need to be made widely available and accessible, and in a variety of formats, to meet the needs of those with communication difficulties.

Views on what the new Standards should be called

Of the five options provided in the consultation, the option receiving most support amongst respondents to the full consultation was, “National Health and Social Care Standards”. Amongst respondents to the easy-read version, the option with the most support was, “National Care and Support Standards”.

Many other suggestions for names were proposed, with key themes emerging: “Scotland” or “Scottish” to be in the title; the person-centred approach to be reflected, perhaps using the terms “People’s Standards...” or “My Standards...” or “People first Standards”; include a strapline then a title, such as “Raising Expectations, Raising Standards” followed by “National Care Standards” or similar.

Any other comments or suggestions

There was much appreciation of what was perceived to be thorough and thoughtful development of the Standards so far. The Standards were viewed as a potential tool for partnership working, underpinned by a shared understanding between partners of expectations of provision.

Some respondents considered that the Standards required further editing to make them shorter and more streamlined. Others suggested that links between broader, related frameworks and regulatory regimes should be made more explicit.

Whilst some respondents welcomed the universal approach of the Standards, others viewed this as too broad-brush, and masking the complexities of health and social care provision.

A common view was that whilst the Standards are generally applicable, they will need to be implemented in a meaningful and systematic way to ensure effectiveness. Respondents recommended thorough preparation before the launch of the new Standards. This was envisaged as including sufficient lead-in time to allow for structured implementation, including revised inspection regimes, awareness-raising and educating.

How to access background or source data

The data collected for this social research publication

are available via the Scottish Government consultation hub
<https://consult.scotland.gov.uk/>



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