

National Care Standards Review Public Consultation

RESPONDENT INFORMATION FORM

Please Note this form **must** be returned with your response to ensure that we handle your response appropriately



1. Name/Organisation

Organisation Name

Social Work Scotland

Title Mr Ms Mrs Miss Dr Please tick as appropriate

Surname

Mills

Forename

Sophie

2. Postal Address

VERITY HOUSE

19 HAYMARKET YARDS

EDINBURGH

Postcode
EH12 5BH

Phone
0131 474 9220

Email
Sophie.mills@socialworkscotland.org

3. Permissions - I am responding as...

Individual

Group/Organisation

Please tick as appropriate

- (a) Do you agree to your response being made available to the public (in Scottish Government library and/or on the Scottish Government web site)?

Please tick as appropriate

Yes No

- (b) Where confidentiality is not requested, we will make your responses available to the public on the following basis

Please tick ONE of the following boxes

- (c) The name and address of your organisation **will be** made available to the public (in the Scottish Government library and/or on the Scottish Government web site).

Are you content for your **response** to be made available?

Please tick as appropriate

Yes No

Yes, make my response,
name and address all
available

or

Yes, make my response
available, but not my
name and address

or

Yes, make my response
and name available, but
not my address

- (d)** We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for Scottish Government to contact you again in relation to this consultation exercise?

Please tick as appropriate

Yes

No

CONSULTATION QUESTIONS

Question 1

Do you think that the new National Care Standards should be grounded in human rights?

Yes. Social Work Scotland is supportive of a human rights based approach that links to equalities legislation and principles of social justice- both for organisations and for service users.

Whilst we acknowledge that current standards –‘Dignity, Privacy, Safety, Choice, Realising Potential & Equality and Diversity’ are human rights based, we agree that it is important to ensure the terminology used reflects the new emphasis brought about by current policy priorities –e.g. Self-Directed Support.

We endorse the principles underpinning the PANEL approach and the emphasis on the quality of care experiences -although they would be challenging to measure consistently. We anticipate that the Standards which would sit below them would enable more concrete measurement and assessment to take place.

Question 2

a. Do you agree that overarching quality standards should be developed for all health and social care in Scotland?

Yes. Social Work Scotland is of the view that this is essential in the light of health and social care integration legislation. Overarching quality standards will support the development of shared understanding and cultures across health and social care. Transparency and communication is essential to ensure that quality standards are understood by the public.

b. Do you agree that the overarching quality standards should set out essential requirements based on human rights?

Yes –and all standards that support the overarching quality standards should be benchmarked against these. The language and definitions must be very clear and easy to understand. The standards should make a clear link between practice and human rights legislation and care is needed to ensure the standards are measurable in a consistent way.

c. Do you agree that the current National Care Standards should be streamlined and a set of general standards developed that would sit below the overarching standards and apply to all services?

Social Work Scotland generally supports the intention of streamlining standards and, if this took place, sees advantage in the development of a set of general standards. The proposed approach may well assist with this. However, we also appreciate the robustness of the existing 23 standards and would wish to be provided with more detail before giving a definitive view on whether the changed standards will meet specific aspects of individual care and support needs. The breadth of services involved are varied, complex and cover the full age range. It is essential that the drive to identify common elements does not reduce the ability of the standards to be sensitive to particular issues.

Caution is required, as the introduction of a 3 tier set of standards may result in a weightier, more complex system.

Consideration needs to be given to the innovation and creativity that SDS legislation hopes to introduce as standard to practice and the challenges that this will bring to all monitoring and performance measurement activities.

It is also important to factor in the responsibilities of individuals who require support to work to achieve outcomes in partnership with providers.

d. Do you think general standards should set out essential requirements and aspirational elements?

Social Work Scotland supports processes that are flexible and encourage aspirational and creative practice. We are concerned, however, that such practice may be seen as separate and additional to what is 'required'. Best outcomes linked to 'quality of life' factors are difficult to measure but current policy demands that this is a central, not peripheral goal in our practice. All this occurs within the context of limited resources.

e. Do you agree that a suite of specific standards are developed for particular aspects of care, circumstances or need?

Yes, we support this view and acknowledge the importance of developing standards that promote and integrate existing frameworks –e.g. 'Dementia Standards'-communication with people with dementia; the 'Promoting

Excellence' agenda; palliative care; residential child care standards; GIRFEC etc. Developing specific standards for particular aspects of care could close existing gaps. For example, the current set of housing support standards make no reference to 'environment'. Not all housing support services are delivered in people's own home; some are provided in hostels. Therefore, certain environmental requirements, such as fire safety or health and safety, are very relevant to these services.

Again, there is risk of the end product being no less, or even more complex, than existing standards.

Social Work Scotland would welcome the opportunity to comment further on this once the over-arching and general standards have been produced.

Question 3

a. What are your views on how standards should be written

The standards should be written in a way that makes them easy to understand by professionals and by people who use services. The work needs to be supported by measures that inform users and carers, including vulnerable people, how to best utilise this work for their own benefit.

Terminology should be unambiguous and concise- with GIRFEC and SHANARRI indicators being incorporated. 'Talking Points' tools offer a helpful source of reference.

Rights and responsibilities need to be clear across the parties and the standards should be written so that they are consistent with, and promote current policy priorities –such as SDS. They should be S.M.A.R.T. and enable services to effectively self –evaluate. The example given, using both "I" and "We" as terminology, is, in our view, a good one- making it clear who the standards are written for. It indicates to the individual what they can expect and also the provider's responsibilities.

b. What are your views on the example of how the rights and entitlements of people using services and the responsibilities of service providers could be set out?

We support the transparency of this model; the available formats will obviously need to accommodate the different needs of individuals.

The message and the language needs to better reflect the mutuality of responsibility- between user/ carer and provider of support and services. It

should more obviously support a strength/assets-based approach. There should be increased emphasis on outcome focused approaches.

The proposal to set out the overarching standards from the person's perspective supports a person centred/ SDS approach and it is particularly helpful to link this to responsibilities of the service provider. The link to underpinning policy should be stated more explicitly. Examples of 'rights and responsibilities' is reasonable- but open to interpretation- and services will be expected to demonstrate how they meet these responsibilities. Additional work is required in this area.

Question 4

a. Do you think the Care Inspectorate and Healthcare Improvement Scotland should hold services they regulate to account for meeting the proposed overarching standards, the general standards and the suite of specific standards?

Yes, this is particularly relevant within the context of health and social care integration. It is also important to consider links with the health and wellbeing outcomes that are being developed for integration in that section; this work needs to be joined up to try to reduce duplication.

It is also important that the regulatory bodies work in a proactive manner with organisations on the quality improvement agenda. It may be appropriate for peer reviews to have a more significant role.

Whoever regulates the services will regulate against the backdrop of standards and that should include all the elements of standards proposed. Services have other regulatory requirements to meet including from health and safety, fire safety, environmental health and so on. Consistency and rationalisation will be important.

It would also be helpful to set out how services can appeal if there is a disagreement about inspection judgements.

b. How should we ensure that services not regulated by the Care Inspectorate and Health Improvement Scotland comply with the new standards?

The standards would provide a framework for commissioners of services to assess compliance. The local authority or health board commissioning the service should be required to ensure services meet the standards established within existing contracts or service level agreements through contract monitoring/ ensured compliance processes.

There is some resonance here with the issue of non-regulated PAs employed by individuals through Direct Payments; non-regulated brokerage and advocacy services, for example. Clear guidelines and assessment criteria to cover these groups would be helpful and would support a consistent approach.

There may be opportunities to create links with other agencies, such as the Scottish Housing Regulator, which inspects homelessness and housing services. Further discussion would be welcomed.

c. We suggest that the Care Inspectorate and Healthcare Improvement Scotland, consulting with others, should develop the suite of specific standards. Do you agree with this?

If the decision is taken that such standards are required then Social Work Scotland agrees with the proposal for co-production of specific standards and it is essential that the Care Inspectorate and Health Care Improvement Scotland contribute to this Process. We assume that 'others' will include users and carers, SSSC and also Social Work Scotland.

Question 5

a. Please tell us about any potential impacts, either positive or negative, you feel any of the proposals set out in this consultation paper may have on particular groups of people, with reference to the 'protected characteristics' listed above.

Developing standards which have human rights based, overarching principles across services will be of real benefit to the services and to those who use the services- promoting equality - regardless of protective characteristics. If standards are promoted through effective communication, keep the individual and their outcomes at the centre and are user friendly, they will have a positive impact on the quality of services.

b. Please tell us about any potential costs or savings that may occur as a result of the proposals set out in this consultation paper and any increase or reduction in the burden of regulation for any sector. Please be as specific as possible.

Social Work Scotland does not anticipate any cost savings and is of the view that any proposal for an increased regulatory role regarding services which are not registered with the regulating bodies would have an impact on resources. Furthermore, additional costs will be incurred, at least initially, from training; aligning quality assurance systems; awareness raising activities etc. Rationalising change and unpicking the impact of change across the board – eg that related to SDS and health and social care integration – will be resource intensive initially but will have long term benefits.

Question 6

Please tell us if there is anything else you wish us to consider in the review of the National Care Standards that is not covered elsewhere in the consultation paper.

Our view is that further, explicit consideration needs to be given to how the standards can support and progress the Self-Directed Support policy; also GIRFEC; Keys to Life; Curriculum for Excellence etc. The standards need to be more reflective of the shift in emphasis whereby individuals are identifying their own outcomes and organisational outcomes change to meet these. If the standards are to be fit for purpose over coming years and are to encourage innovation, they need to encompass this changing focus. Support will increasingly be delivered in a non-traditional care environment and contain elements of (currently) unregulated care.

We are reassured by the proposal to link the Care Inspectorate and Healthcare Improvement Scotland. However, additional work will be required to align the different approaches taken by the two bodies. We are aware of the very specific standards required within clinical settings.

This review provides an opportunity to look at related processes – such as the feedback questionnaires sent to parents which are arguably not user friendly and have a poor return rate.

We feel that additional emphasis is required on the mutual responsibility of users of services and support and on provider

How to respond

We are inviting responses to this consultation paper by 17th September 2014. Please send your response with the completed Respondent Information Form to nationalcarestandardsreview@scotland.gsi.gov.uk

or to:

Carly Nimmo
Mental Health and Protection of Rights Division
The Scottish Government
Area 3ER, St Andrews House
Edinburgh
EH1 3DG

We would be grateful if you would **use the consultation questionnaire provided in the consultation document or clearly indicate in your response which questions or parts of the consultation paper you are responding to** as this will aid analysis of the responses received.

This consultation, and all other Scottish Government consultation exercises, can be viewed online on the consultation web pages of the Scottish Government website at <http://www.scotland.gov.uk/consultations>

Handling your response

We need to know how you wish your response to be handled and, in particular, whether you are happy for your response to be made public. Please complete and return the Respondent Information Form as this will ensure that we treat your response appropriately. If you ask for your response not to be published we will regard it as confidential, and we will treat it accordingly.

All respondents should be aware that the Scottish Government are subject to the provisions of the Freedom of Information (Scotland) Act 2002 and would therefore have to consider any request made to it under the Act for information relating to responses made to this consultation exercise.

Alternative formats and languages

If you require a copy of this paper in an alternative format or different language please contact us at the address above.

Next steps in the process

If you tell us we can make your response public we will put it in the Scottish Government Library and on the Scottish Government consultation web pages. We will check all responses where agreement to publish has been given for any wording that might be harmful to others before putting them in the library or on the website. If you would like to see the responses please contact the Scottish Government Library on 0131 244 4565. Responses can be copied and sent to you, but a charge may be made for this service.

What happens next?

Following the closing date, all responses will be analysed and considered along with any other available evidence to help us reach a decision about how to proceed with the review of National Care Standards. We will issue a report on this consultation process which will be published on the Scottish Government's website at:

<http://www.scotland.gov.uk/Publications/Recent>

Further consultation on the detailed content of the new standards will take place during 2014-15.

Comments and complaints

If you have any comments about how this consultation exercise has been conducted, please send them to:

Lindsay Liddle
Mental Health and Protection of Rights Division
The Scottish Government
Area 3ER, St Andrews House
Edinburgh
EH1 3DG