

# Impact of the Standards: May 2019

## Publications

### Care Inspectorate

[Annual Report and Accounts 2017-18](#) (December 2018)

Almost everyone will use a care service at some stage in their life. The Care Inspectorate is Scotland's national scrutiny and improvement body for social care and social work. We exist to ensure that services for people who experience care are of the highest quality, tailored to their needs and wishes. This is enshrined in Scotland's new Health and Social Care Standards, which set out what people should experience from care. The standards came into effect in April 2018 and are amongst the most radical and progressive anywhere in the world. I am encouraged by the significant level of international interest in how Scotland has developed these standards, embedded with a human rights and wellbeing focus and through such an inclusive and collaborative approach. There has been interest from peers across three continents, and it is pleasing to know that others are so keen to learn from our approach, and that we have the opportunity to learn from others. Developing the new standards and building them into our scrutiny model exemplifies innovation and public sector transformation as, most importantly, the standards put what matters to the individual first and foremost. (Paul Edie's foreword)

This is a time of significant change in social care and social work, particularly around health and social care integration, the expansion of early learning and childcare, child and adult protection, education governance reform, changes with justice and broader public sector reform. This means that the Care Inspectorate's approaches need to be flexible and responsive to such changes so that we can continue to provide robust scrutiny and assurance that supports improvement and innovation, with a focus on the rights, needs and choices of people who experience care and their carers, in line with the new health and social care standards. (Page 9)

Over recent years, how we go about providing scrutiny and assurance about the quality of care has shifted focus from compliance to collaboration, enabling us to better support services to improve. The shift recognises that the majority of care and support providers are committed to providing highquality care - that delivers good outcomes - and we want to work with them to help achieve this. In the context of this more collaborative approach, we continued to work with providers, and others, to innovate new approaches. There are two particular levers for this change: a greater emphasis in our methodologies on evaluating the quality of people's experiences and outcomes; and Scotland's new Health and Social Care standards, that are focused on outcomes and based on human rights and wellbeing. The new standards place Scotland at the cutting edge of practice and provide a radical, progressive and person-led approach to planning care and reviewing its quality. They bring constructive challenge to providers and commissioners

about how they are improving people's experiences, as they apply across the planning, commissioning, assessment and delivery of care within both health and care settings. This strong focus on what matters most to people will help to further build the culture and understanding of improvement with both our organisation and across the social care sector. It will undoubtedly bring different opportunities for improvement activity and testing innovative models of care in line with the new standards. The new standards are driving change in our person-led scrutiny too. (Page 10)

In June 2017, the Scottish Government published the new health and social care standards, which we had played a leading role in developing in previous years. From 1 April 2018, our inspections will take account of the new standards and we have promoted awareness of them across the sector in a number of ways throughout the year.

During 2017/18, we developed a draft Quality Framework to support our future scrutiny of regulated care services. The Quality Framework has been informed by the human rights and wellbeing-based approach of the new health and social care standards. (Page 26)

The Health and Social Care Standards, and our approach to scrutiny and improvement, have been generating a significant level of interest from other countries and provided opportunities for collaborative working and impact internationally. This confirms the growing reputation of care scrutiny in Scotland as radical and ground-breaking with our focus on the human rights and wellbeing of people experiencing care. To date we have responded to requests to meet with government officials or sector regulators from China, Japan, Singapore, Malta, Slovenia, Ireland, Iceland, Holland, Norway, Canada, Hong Kong and Sweden and were invited to speak at the European Partnership for Supervisory Organisations, in Copenhagen, the International Forum on Quality and Safety in Healthcare, in Amsterdam, in May 2018, and this year's prestigious European Social Services Conference in Seville, also in May 2018. (Page 27)

As noted earlier in this report, we have undertaken a great deal of work this year to raise awareness of the new health and social care standards. For example, we worked with carers' organisations to understand how the standards will impact on them and carers, and jointly produced a film and booklet about the standards. (Page 33)

[Food Matters: Nurturing happy, healthy children](#) (December 2018)

Scotland's new Health and Social Care Standards firmly embed a rights-based approach where quality in care is assessed through the lens of the person experiencing care. This resource highlights the relevant standards and demonstrates how early years settings can make the standards a reality for children in relation to eating well. (Gordon Weir's foreword)

Various references to specific Standards in the core content of the document.

### [Gender Equal Pay in Early Learning and Childcare](#) (December 2018)

By featuring the direct experience of children and highlighting the positive impact practitioners can have on their outcomes, we are also modelling Scotland's new Health and Social Care Standards. (Page 3)

Various references to specific Standards in the core content of the document.

### [Out to Play - creating outdoor play experiences for children: practical guidance](#) (December 2018)

It provides practical advice on how to access local outdoor spaces and how outdoor nursery experiences can be developed, and takes into account Scotland's new Health and Social Care Standards. (Gordon Weir's foreword, page 4)

In Scotland, the Government has enshrined children's right to play outdoors every day in its national Health and Social Care Standards – As a child, I play outdoors every day and regularly explore a natural environment (HSCS 1.32). (Page 5)

Outdoor settings offer an important provision in today's culture enabling children to explore the natural environment, climbing trees, building dens and engaging with natural materials. There are many government documents which provide useful information and background and support positive care, play-based learning opportunities and experiences for children:

- Curriculum for Excellence
- Health and Social Care Standards
- Pre birth to three
- Building the Ambition
- GIRFEC
- Learning for Sustainability. (Page 53)

### [Animal Magic](#) (July 2018)

Scotland's new Health and Social Care Standards firmly embed a rights-based approach, where quality in care is assessed through the lens of the person experiencing care. This resource includes the relevant health and social care standards and the underlying principles and I hope the learning from this report can help care services make the standards a reality for everyone experiencing care. Animal Magic takes a collaborative approach and I would like to thank all the organisations and services who have co-produced this exciting resource with us. (Karen Reid's foreword)

Various references to specific Standards in the core content of the document.

[Scotland's Health and Social Care Standards](#) (July 2018)

A paper by Henry Mathias that, by its nature, refers to the new Standards throughout.

[Building better care homes for adults: Design, planning and construction considerations for new or converted care homes for adults](#) (May 2018)

This guidance has been completely revised in light of the new Health and Social Care Standards, being implemented from April 2018. These are radically different from the old standards, and much more person-led and outcome-focused. They apply across health and social care provision rather than to specific settings like care homes, so detailed guidance like this is even more important. (Page 3)

Various references to specific Standards in the core content of the document.

[My life, my care home: The experiences of people living with dementia in care homes in Scotland](#) (December 2017)

We hope that including examples and illustrations of effective practice will help stimulate self-reflection and improvement planning in all care services supporting people with dementia and other long-term conditions. We have highlighted areas for improvement which are drawn from the evidence here. We expect these to stimulate self-evaluation and reflection in care homes and local partnerships as they plan to deliver care which reflects the person-led, rights-based approaches which underpin the new Health and Social Care Standards. (Page 5)

Page 54 is dedicated to introducing the Health and Social Care Standards.

[Our Creative Journey: Expressive arts within early learning and childcare and other children's services](#) (November 2017)

Rather than just sharing good practice in our own words, we are involving practitioners, children and parents to tell their own stories. This approach is aligned with Scotland's new Health and Social Care Standards, which set out what human rights and wellbeing look like from the perspective of an individual experiencing care and support. (Page i)

Widening the practice examples beyond registered services reflects the Care Inspectorate's wider duty to provide scrutiny of social work services and services for children in local areas, as well as continue to regulate individual services. This also reflects the broad scope of Scotland's new integrated Health and Social Care Standards, which cover the full spectrum of care beyond just regulated services. (Page 3)

"I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors." (Statement 1.25 from the new Health and Social Care Standards).

This resource is aimed at affirming this above statement from the new Standards in practice. It's easy to forget how children's early experiences impact on later outcomes, such as experiencing music and song leads to improved language and literacy. (Page 4)

Meaningful and high quality experiences in expressive arts can help looked after children and young people develop resilience in challenging situations and improve negotiating skills. They can support healing for those who have been traumatised, boost self-esteem and provide a chance for fun. Statement 1.29 from the new Standards is relevant to this aspect of creative expression: "I am supported to be emotionally resilient, have a strong sense of my own identity and wellbeing, and address any experiences of trauma and neglect." (Page 4)

Scotland's new Standards are based on human rights and the wellbeing of all people experiencing care. Rather than listing technical inputs expected of providers, our new Standards try to describe what a high quality experience looks like for someone experiencing any type of care and support. Creativity is identified as a key ingredient of high quality experiences for all adults and children. (Page 76)

Various references to specific Standards in the core content of the document.

[My Childminding Experience: Sharing good practice in how childminding services can benefit children](#) (September 2017)

Rather than just sharing good practice in our own words, we are involving practitioners, children and parents to tell their own stories. This approach is aligned with Scotland's new Health and Social Care Standards, which set out what human rights and wellbeing look like from the perspective of an individual experiencing care and support. (Page ii)

Describing children's experiences through the GIRFEC lens is also aligned with the outcome-based model of Scotland's new Health and Social Care Standards. (Page 6)

Various references to specific Standards in the core content of the document.

[Space to Grow: Design guidance for early learning and childcare and out of school care settings](#) (June 2017)

Scotland's new Health and Social Care Standards launched in June 2017 are an outcomes-focused way of describing the experiences that children should have as a result of their early learning and childcare. Rather than describing what providers must do, they set out what young people should experience. As expectations and understandings of quality provision change over time, this gives the national standards longevity, and makes the need for this resource even more important. The Care Inspectorate will work with providers and other partners to establish best practice guidance based on evidence and research to support the implementation of the standards. (Page 6)

Early learning and childcare and out of school care settings must be provided from an environment which is fit for purpose and positively supports children to access play and learning opportunities that will impact on their development, health and well-being and happiness. The environment is also important to both parents and providers. This is a view which is supported by a recent survey carried out by the Care Inspectorate, where 69% of parents said the environment was one of the main factors when choosing the service for their child. It is also supported by the Scottish Government's Play Strategy and Health and Social Care Standards. (Page 9)

Various references to specific Standards in the core content of the document.

### Miscellaneous

[Carers animation - Health and Social Care Standards](#) (May 2018)

An animated video to promote the new Standards.

### **Centre for Welfare Reform**

[Self-Directed Support: Your Choice, Your Right](#) (July 2017)

Most recently the articulation and development of the new Health and Social Care Standards, based as they are on clear human rights principles, offers the further potential of embedding a rights-based approach to social care delivery in Scotland. (Page 9)

### **Equality and Human Rights Commission**

[Is Scotland Fairer? The state of quality and human rights 2018](#) (October 2018)

The National Health and Social Care Standards set out what people should expect when using health, social care or social work services. They seek to provide better outcomes for everyone; to ensure that individuals are treated with respect and dignity, and that basic human rights are upheld. Following a review of the National Health and Social Care Standards, the Scottish Government shortened the standards, made each standard applicable to all areas of care and simplified the language to make them more accessible (Scottish Government, 2017f). The new standards came into force in April 2018. (Page 56)

### **Health Protection Scotland**

[National Point Prevalence Survey of Healthcare Associated Infection and Antimicrobial Prescribing in Long Term Care Facilities, 2017](#) (April 2018)

All care services in Scotland currently follow the new Health and Social Care Standards (2017) which replaced the National Care Standards (2002), and

from April 2018, the new Standards will be taken into account by the Care Inspectorate in relation to inspections. The standards highlight the right for all individuals receiving care to be treated with dignity and respect, compassion, to feel included, to receive responsive care and support, and to be supported in their wellbeing. (Page 1)

## **Healthcare Improvement Scotland**

[Blog: Creating standards that give people a voice – Fiona Wardell](#) (November 2018)

Another example [of involving people with experience of services in the development of standards] is our work to develop the Health and Social Care standards, which included targeted engagement with young care experienced children. As a direct result of their feedback, the standards were revised and updated to include the importance of feeling ‘valued, loved and secure’.

[Living Well in Communities Blog: Neighbourhood Care Steering Group, 3rd October – Challenges and Support](#) (October 2018)

In order to support sites to measure ‘experience’ (versus satisfaction) a Care Experience Tool (developed in collaboration between the LWiC and Evidence and Indicators team within HIS) was shared in a draft form. The tool is a set of open questions that aim to explore compassionate care, and are directly related to the new Health and Social Care Standards.

[General Standards for Neurological Care and Support: Draft Standards](#) (September 2018)

In addition to the national action plan, the standards should also be read alongside other relevant legislation and guidance, including:

- Health and Social Care Standards (Page 4)

In recognition of the changing landscape of health and social care services in Scotland, the Scottish Government published Health and Social Care Standards. My support, my life in 2017.

The objectives of the Health and Social Care Standards are to drive improvement, promote flexibility and encourage innovation in how people are cared for and supported. The Health and Social Care Standards cover all health and social care services in Scotland and promote delivery of high quality, compassionate, person-centred, safe and effective care with a focus on outcomes. They describe what we should all expect when using care services in Scotland. They are founded on human rights and seek to provide better outcomes for everyone to ensure that people are treated with dignity and respect. They are designed to ensure that the assessment of quality is not determined by organisations achieving minimum standards, but that people have positive experiences and are supported to achieve their personal outcomes. They will help managers and care staff plan, implement and reflect across strategy, assessment, commissioning as well as delivery of services.

The Care Inspectorate, Healthcare Improvement Scotland and other scrutiny bodies will take into account the Health and Social Care Standards in relation to inspections, quality assurance functions and registration of health and social care services. (Page 5)

3.1 All staff involved in assessing, supporting and caring for people with neurological conditions:

- provide care and support in a sensitive, respectful and person-centred manner, reflective of the guiding principles of the Health and Social Care Standards (Page 14)

[Response to Health and Sport Committee call for evidence on the Year of Young People 2018](#) (June 2018)

Healthcare Improvement Scotland also worked with the Care Inspectorate and key stakeholders to develop national Health and Social Care Standards. One of the 5 key principles underpinning the Standards is about 'being included'. A range of activities were carried out to inform these Standards, including focus groups with primary school children. CELCIS (Centre for Excellence for Looked After Children in Scotland) also ran focus groups with care experienced young people to feed in to these Standards. The Standards will underpin all assurance activity carried out by Healthcare Improvement Scotland and the Care Inspectorate in the future. (Page 3)

[General Standards for Neurological Care and Support: Scoping Report](#) (March 2018)

General standards for neurological care and support will be developed to support implementation of the Health and Social Care Standards: My support, my life (2017). (Page 2)

[The Quality Framework Draft Edition - Evaluating and improving healthcare](#) (December 2017)

The Quality Framework has also been developed to align with the Health and Social Care Standards: My support, my life and should be considered in conjunction with them by service providers, users of services and by Healthcare Improvement Scotland when considering the quality of care provision. (Page 5)

[Quality of Care Approach: Quality assurance to drive improvement](#) (December 2017)

Chapter 2.2 is entitled Quality Framework and the Health and Social Care Standards, including the following statement: The Quality Framework has been developed to align with the Health and Social Care Standards and should be considered in conjunction with them by service providers, users of services and by Healthcare Improvement Scotland when considering the quality of care provision. For example, the themes within the 'Impact on

patients, carers and families' domain map across directly to the Health and Social Care Standards.(Page 9)

[Response to Health and Sport Committee call for evidence on Clinical Governance](#) (December 2017)

The new health and social care standards will help to ensure that people across Scotland experience the same high standard of care and support, delivered in a way which reflects their own personal needs and circumstances, in all health and social care settings. The standards are applicable to the NHS, as well as services registered with the Care Inspectorate and Healthcare Improvement Scotland (HIS). Like the Quality Framework, the main objective of the standards is to drive improvement in the care that people receive. Services should use the standards as a guideline for how to achieve high quality care. From April 2018, the standards will be taken into account by the Care Inspectorate, HIS and other scrutiny bodies in relation to inspections, quality assurance activity and regulation of services. The standards are written from the point of view of the person receiving support and set out what anyone, irrespective of age or ability, should expect when using health, social care or social work services in Scotland. (Page 6)

[Making Care Better – Better Quality Health and Social Care for Everyone in Scotland: Healthcare Improvement Scotland's Operational Plan 2017-2018](#) (August 2017)

Quality of Care Approach: A comprehensive approach to the external quality assurance of care, which provides rigorous and independent assessment of the quality of care at every level of the organisation, and which complements internal assurance; embedding the new Health and Social Care standards within this work. (Page 25)

Standards & Indicators: Further develop the programme of standards to underpin inspection processes and indicators, ensuring that topic specific standards align with the new Health and Social Care Standards. Support the roll-out of the new Health and Social Care Standards. (Page 28)

## **Iriss**

[IRISS round-up](#) (January 2019)

Over the past year, we have been working with the Health and Social Care Standards Implementation Team and the Care Inspectorate, to develop [a project](#) that will help build an evidence base to bridge the new standards with practice.

East Renfrewshire HSCP and Perth and Kinross Council are the partners exploring what it means to experience compassion and human rights in professional care relationships. Fiona King, Manager at Auchtermairnie Care Home in Leven shares [the story](#) of the work her team have been doing to support their clients in a compassionate way. If you have a story you would

like to share, please [get in touch](#).

By the end of March 2019, each partner will have contributed to the shaping of a collective evidence base, which will aim to provide the sector with practical resources, reflective of our shared learning and the needs of the sector.

### [Blog: New Health and Social Care Standards Project](#)

A blog providing updates on a project designed to “build an evidence base that bridges the new Standards with practice in a variety of settings”.

### **Life Changes Trust**

[Care Experienced Young People Workforce Development Funding Award](#) – link to general information on fund (October 2018)

The purpose of this grant funding award, as outlined in your proposal, is to define and test the concepts of love and relationships within the care system, and outcomes for care experienced young people, and explore how these can be improved. The work will be delivered by a partnership, led by Aberlour, which includes Includem, the Care Inspectorate and CELCIS.

The longer-term objectives of the work are to:

- prompt a change in approach (within universities and colleges) to the education/training of other practitioners
- develop a shared understanding across inspection and regulation that supports Human Rights based Health and Social Care Standards
- support the partners to become learning organisations.

[Rights Made Real in Care Homes funding award](#) (October 2018)

Last year, the Scottish Government published Scotland’s new Health and Social Care Standards. These Standards state that everyone in Scotland deserves to receive the care and support that is right for them, focussing on people rather than just ticking boxes. They aim to encourage health and social care providers to think about what really matters to people who receive services, and their experience of the care they receive. Each of the funded projects is designed to show how these Standards will work in practice, demonstrating how to treat residents with real respect and dignity.

### **NHS Scotland**

[NHS Scotland Chief Executive’s Annual Report 2017/18](#)

There is an important relationship between health and social care. These two areas must work together in order to improve people’s outcomes and provide person-centred care. The Health and Social Care Standards<sup>52</sup> were published in June 2017 and introduced on 1 April 2018. The Standards are

underpinned by five principles: • Dignity and respect; • Compassion; • Be included; • Responsive care and support; and • Wellbeing. They aim to provide better health and social care outcomes for everyone and to ensure that our basic entitlement to human rights are met. Importantly, the Standards are applicable across the whole of health and social care. They are relevant to those involved in care delivery and to those responsible for the planning and commissioning of health, care and social work services. The Care Inspectorate and Healthcare Improvement Scotland are incorporating the Standards into their inspection and quality assurance activities. Over the course of 2017/18, the Scottish Government, along with these and other key partners, has collaborated to ensure that the Standards are promoted, understood and implemented across health and social care. The implementation of the Standards will help show a commitment to the delivery of person-centred, flexible care and support that meets people's needs. (Page 19)

[Chief Medical Officer's Annual Report 2016-17: Practising Realistic Medicine](#) (April 2018)

The new Health and Social Care Standards feature in Making it Easier, the Health Literacy Action Plan. The standards promote involvement and shared decision making for everyone who experiences health and social care services. Health and Care Professionals need to reflect on how we can make this a reality. (Page 11)

### **Providers and Personalisation (Coalition of Care and Support Providers in Scotland)**

[Local Area Example of Tensions between Procurement and SDS](#) (April 2018)

Involvement of Supported People: Start with the full involvement of supported people. This complies with the duties in the SDS Act, the Equalities Act and the new National Health and Social Care Standards – the second of the five underpinning principles being: 'I am fully involved in all decisions about my care and support.' (Page 3)

### **Royal College of Nursing**

[The landscape for bed-based intermediate care in Scotland](#) (September 2017)

Importantly, the implementation of Scotland's first National Health and Social Care Standards will be an opportunity to improve consistency of approaches to similar forms of care across different settings. However, there is a need to consider whether we have the right regulatory frameworks to support positive innovation, while ensuring the development of safe and effective models of bed-based intermediate care. (Page 13)

## **Scotland Excel**

### [Care and Support Specification Development Events – Summary Report](#) (December 2018)

The purpose of the events was to consider, and advise, what should be included in a care and support tender specification, using the National Health and Social Care Standards as the basis thus cementing the new standards into a procurement process. (Page 2)

The Care Inspectorate provided an update at the Dundee event on the Health and Social Care standards and how these impact on commissioning and procurement. (Page 2)

Attendees were asked to work in groups to consider headings which had been taken from a sample of 14 Local Authority/HSCP specification documents for care at home/supported living and care and support services. The activity sought to consider the purpose and content of specification documents over and above the requirements of the Health and Social Care Standards.

The groups created a 'Yes' pile for those headings they considered to be a key part of a specification document but either not covered or adequately covered by the Health and Social Care Standards, a 'No' pile for those headings they considered were adequately covered by the Health and Social Care Standards, and a 'Maybe' pile for those which require some further investigation.

The raw data from all tables across all three events has been collated and is available with the other documents on the Scotland Excel web site. (Page 2)

Further references in relation to the raw data provided in the document.

## **Scottish Care**

### [Blog: Putting human rights into the commissioning cycle](#) (April 2019)

The care sector is exactly that, a sector which cares. Choice and control is critical to the Self Directed Support Act and the independent care sector is sufficiently diverse to meet that; made up of charitable, voluntary and private providers; and they range from small, single, family-owned businesses through to large corporates. It is a vibrant sector, grounded in Human Rights and the National Health and Social Care Standards which enable person-led care and support in a flexible way. We know this from our conferences and awards ceremonies; held to facilitate innovation at the forefront of the sector, and to celebrate the dedicated but often overlooked staff with whom it is an honour to work.

### [Care Homes: Then, now and the uncertain future](#) (November 2018)

Finally, and perhaps most recently, service regulation has been reformed through the redesign of the National Health and Social Care Standards. Launched in 2017 and implemented from Spring 2018, these Standards form the basis on which registered services should deliver their service and against which they are scrutinised. The new version represents an entirely different approach to assessing the quality of services and applies across all health and social care settings. The Standards signify an embedding of human rights in the provision, regulation and planning of care and are experience-led, which is an extremely positive shift. Yet, as with any new legislation or policy which has such a direct link to everyday service delivery, it will take time for providers and staff to feel confident in the changes. (Page 9)

This is not to say that many care homes were not already operating in a way that aimed to protect the best interests of residents but the new Health and Social Care Standards and the SSSC Codes of Practice have helped. This has also enabled to ensure this is the norm. This has also enabled care home staff to identify ways in which their practice can continually be adapted and improved as the preferences of individual residents change. (Page 32)

Health & Social Care Standards represent a markedly different way of providing and assessing quality care through a foundation of human rights and individual experience. They have been introduced in the first instance in care homes for adults at what is already challenging and busy time for the sector with a lot of other reforms also taking place. There was therefore a risk that the optimism for this new approach could be subsumed by anxieties about how it would work in practice. However, it is encouraging that most services do not seem to be overly worried and indeed almost a third feel confident about the new inspection process and methodology. (Page 33)

There is so much potential within the new Health & Social Care Standards, the revised inspection methodology and the development of more positive links between care homes and the body that regulates them, to truly innovate and continually improve the care home sector for current and future needs. However, this involves working through the many challenges that face the sector together, and will require brave steps on both parts because at the moment, consistency of care – a key inspection success criteria - is becoming an impossible. (Pages 34 – 35)

The new model of scrutiny and inspection offers real potential to embed the principles of the new National Health & Social Care Standards into practice. They are being introduced at a time of real fiscal and resource challenge for the care home sector in Scotland. It will be critically important that this introduction is fully appreciative of the contextual resource pressures under which the sector is working. A one size fits all approach is outdated and incompatible with current care home and workforce needs. (Page 41)

[Blog: Home Care Day 18: The future of home care resources created with the GSA](#) (October 2018)

This subjectivity can make it harder for us to re-imagine a better future and so we commissioned work with the Glasgow School of Art (GSA) Innovation school to challenge our thinking and turn it into areas of opportunity based upon current trends, and to make tangible the way in which home care could change in the future. The Project Aim was to creatively explore and prototype a future of care at home that is underpinned by the National Health and Social Care Standards and engages a dynamically different sector.

[Blog: Home Care Day 18: Health & Social Care Standards](#) (October 2018)

Scotland's new Health and Social Care Standards were published by the Scottish Government in June 2017 and started to be used from April 2018. The Health and Social Care Standards set out what we should expect when using health, social care or social work services in Scotland. They seek to provide better outcomes for everyone and to ensure that individuals are treated with respect and dignity and that the basic human rights we are all entitled to are upheld. They mark a shift in how services are regulated, commissioned and delivered in that they are grounded in human rights. We're delighted, as part of Home Care Day, to be able to share a short film - created in partnership with the Care Inspectorate, Scottish Care, CCPS, home care providers and individuals who access support – about how the new Standards and their rights-based approach can make a difference in home care services.

[TechRights: Human Rights, Technology and Social Care](#) (August 2018)

This participatory approach to democratic co-design of technology in social care ties in with the direction of travel for care and support in Scotland, not least with the new National Health and Care Standards which state that people receiving care should be involved in all decisions regarding their care and support. Underpinned by the principles of dignity and respect, compassion, inclusion, responsive care and support and wellbeing, the new standards are reflective of legislation such as the Social Care (Self-directed Support) Scotland Act 2013 with its emphasis on co-production, collaboration, participation, involvement and informed choice. The latter, with its emphasis on creating new models of support, has huge untapped potential to utilise person-led, ethically designed technological solutions. (Page 28)

Scottish Care believes that technology offers and is already delivering real benefits to the care and support of individuals across Scotland. We would like work to be undertaken as we come to adopt the National Health and Care Standards on the development of a Human Rights Charter for Technology in Care so that those who procure, commission, deliver, work in and receive care and support have their rights and dignity upheld through and by the use of technology.' (Page 40)

As well as the Charters, Principles, Codes and Guidance mentioned above, we already have some core-principles to inform such a process. There is a need, however, for clarity and consistency or we risk a plethora of standards, charters and principles to work with. This is not to limit or relegate the work of Technology Enabled Care, or Google, or Alzheimer Scotland, or the Mental

Welfare Commission to name but a few, but it is a call to encourage the Scottish Government, the Scottish Human Rights Commission and other stakeholders to seize a unique opportunity. Scotland has a rich and developing tradition of focussing on human rights principles in practice, (our new 'Care Standards' are illustrative of this), the creation of a set of human rights-based Ethics and Principles for Technology would offer much to our nation and our international partners. Social care is an excellent starting point. (Page 47)

[Blog: Spiritual care is everyone's business](#) (July 2018)

As we seek to embed a human rights-based approach to care and support through the new National Care Standards it is an important that we not only understand the role of formal religion and belief systems but wider understandings of spirituality...So when, I wonder, will our commissioners prioritise spiritual care? For if we are truly commissioning to the new National Care Standards then there has to be space to be spiritual in our care giving and there has to be funding to enable that space and time to happen.

[The Experience of the Experienced: Exploring employment journeys of the social care workforce](#) (July 2018)

The new National Health and Care Standards introduced in April of this year positively embrace differences and strive to promote the development of person centred, individualised, rights based care and support to individuals. (Page 32)

[4Rs: The open doors of recruitment and retention in social care](#) (March 2018)

In terms of changes to the care environment in which staff operate, recent years have seen a positive move towards person centred care and a human rights approach to ensuring choice and control are at the centre of the care experience. This is encapsulated in the new Health and Social Care Standards, which will be implemented from April 2018 and will represent a shift in the way services are designed, delivered and inspected. (Page 7)

This is an opportune time to look at these critical areas related to the 4Rs, not least as we move towards implementation of the new Health & Social Care Standards. These human rights-based, experience-led and personalised Standards allow us to better consider people's journey through care and must extend to the worker's journey. We very much envisage the solutions offered in this report and the questions it raises aligning with these Standards. (Page 32)

[Response to Equalities and Human Rights Committee call for evidence on Human Rights and the Scottish Parliament](#) (March 2018)

We are pleased that the new Health and Social Care Standards will further serve to embed human rights in the delivery of services. However, as we have stated elsewhere, we remain concerned that the enabling of staff through

training and development to understand human rights and to foster their adherence in a care context will be negatively impacted by the failure to dedicate any additional resources to the implementation of the Health and Social Care Standards.

Many individuals possess a mature understanding that human rights lie at the core of the relationships which are central to their care and support. Yet for many others - and probably the majority - human rights are considered, if at all, as having little to do with what they experience or deliver in their care. It is this 'awareness gap' which concerns us. As we roll out the new Health and Social Care Standards we are concerned that without significant investment in awareness raising efforts, individuals will not be able to fully exercise their rights and to hold rights bearers accountable because, put simply, they do not know what their human rights are and their relevance to the care context.

We therefore consider that it should be a matter of priority for the Scottish Parliament to encourage all departments of Government to ensure that resources are made available to help embed an understanding of human rights and how they impact upon specific policy areas. Part of this is to ensure that there is an adequacy of information available to the general public should they believe that there has been an infringement or breach of their individual human rights. Whilst recourse to law should always be a last resort the lack of human rights-based case law in Scotland, especially in social care, is, we believe, a matter of regret. (Page 2)

## **Scottish Government**

[Early learning and childcare - National induction resource](#) (May 2019)

It is helpful for the new recruit to have a copy or link to the following documents to refer to for more information or for reference: Building the Ambition; the Health and Social Care Standards; The Common Core the Continuous Learning Framework; the SSSC Codes of Practice and Pre Birth to Three. (Page 13)

Scottish Ministers developed the Health and Social care Standards, My support, my life to ensure everyone in Scotland receives the same high quality of care no matter where they live. The Standards explain what you can expect from any care service you use, written from the point of view of the person using the service. They also help you raise concerns or complaints. There are six main principles behind the Standards: Dignity, Privacy, Choice, Safety, Realising Potential and Equality and Diversity. (Page 29)

Other references throughout a section on reflective questions to consider.

[Secure Care Strategic Board: report to Scottish Ministers](#) (April 2019)

Based on GIRFEC the intention was to develop a Pathways and Standards framework designed to:

- improve the experiences of, and seek to provide better outcomes for, young people; through a coherent set of expectations and standards across the continuum of intensive supports;
- ensure that children and young people are treated with respect and dignity, and that their human and children's rights are upheld;
- support the National Health and Social Care Standards and the legal requirements, ethos and principles set out in all the relevant existing statutory and practice guidance;
- set out what young people and their families should expect from professionals and Corporate Parents when a young person is being intensively supported in the community or in a secure care setting. (Page 15)

[Self-directed Support Implementation Study 2018. Report 1: The SDS Change Map](#) (April 2019)

As a result the production of the final map and narrative reflected the developments in policy which include the national Health and Social Care Standards, in use since April 2018, that detail what to expect when using health, social care or social work services in Scotland and are underpinned by a set of core principles. The SDS Change Map complements and reinforces the outcomes and statements set out in these standards. (Page 2)

[Ministerial Strategic Group for Health and Community Care - Review of Progress with Integration of Health and Social Care - Final Report](#) (February 2019)

Chief Officers will develop IJBs' annual reports to enable partnerships to identify, share and use examples of good practice, and lessons learned from things that have not worked. Inspection findings and reports from strategic inspections and service inspections should also provide a clear means of identifying and sharing good practice, based on implementation of the framework outlined below at 5 (iii) and the national health and social care standards. (Page 14)

[A Connected Scotland: our strategy for tackling social isolation and loneliness and building stronger social connections](#) (December 2018)

We know that social isolation and loneliness can contribute to poor health and wellbeing and, conversely, people with poor physical and/or mental health may become more isolated due to the barriers their conditions present. That's why the Health and Social Care Standards<sup>52</sup> take a human rights based approach to ensure that care services are tailored to the needs and choices of the individual experiencing care. The Standards are not only about inspection and scrutiny of services, but will help to continually improve the quality of services, social work and community justice. They are underpinned by five principles: dignity and respect; compassion; be included; responsive care and support; and wellbeing. They are complemented by a series of example statements explaining what these personal outcomes look like in practice.

For example, in terms of helping to reduce social isolation and loneliness, the following descriptors may apply: 1.10 I am supported to participate fully as a citizen in my local community in the way that I want; 5.8 I experience a service as near as possible to people who are important to me and my home area if I want this and if it is safe. (Page 58)

[Recommendations for a new human rights framework to improve people's lives: Report to the First Minister](#) (December 2018)

As regards everyday accountability, examples include the new standards of the Prisons Inspectorate and Care Inspectorate. (Page 26)

[Rights, Respect and Recovery Scotland's strategy to improve health by preventing and reducing alcohol and drug use, harm and related deaths](#) (November 2018)

The Quality Principles for Drug/Alcohol Services and the Health and Social Care Standards provide clear quality expectations for treatment and recovery services. The Care Inspectorate completed an external validation of the implementation of the Quality Standards in 2016 which showed good evidence of compliance. Further external validation is required on an ongoing basis, with a broader scope to involve those with lived and living experience in this process as well as through independent advocacy. Alongside this we need a set of national benchmarks for treatment and recovery which can be used to assess progress at a local and national level on a regular basis. (Page 30)

The Scottish Government will develop specific national guidance and standards for asset-based assessment and case management, linked to Quality Principles and the Health and Social Care Standards. (Page 30)

[National Action Plan on Neurological Conditions 2019-2024: Draft for consultation](#) (November 2018)

Scotland's Health and Social Care Standards<sup>[18]</sup> set out what standards of care everyone can expect when using health, social care or social work services in Scotland. The standards seek to provide better outcomes for everyone, and we have developed our approach in accordance with the principles of Dignity and Respect, Compassion, Inclusion, Responsive Care and Support, and Wellbeing. (Page 8)

Healthcare Improvement Scotland have recently revised its 2009 Neurological Services Clinical standards. The new publication Healthcare Improvement Scotland General standards for neurological care and support: Draft Standards September 2018 supports the development of joined-up health and social care, and reflect the National Health and Social Care Standards. (Page 12)

[All Together Now Our Strategy to Address The Harms of Alcohol and Drugs in Scotland DRAFT](#) (September 2018)

Includes the following draft actions:

- We will develop specific national guidance and standards for strength based assessment and case management, linked to Quality Principles and the Health and Social Care Standards; alongside this we will explore other approaches to developing recovery capital in local communities
- We will develop a programme of a validated self-assessment for treatment and recovery services to assess their alignment to the Quality Principles for Alcohol and Drug Services and Health and Social Care Standards based on the priorities set by people with lived experience
- The Scottish Government will partnership with the Scottish Prison Service and NHS Boards develop a toolkit to interpret and the implement the Quality Principles for alcohol and drug services and health and social care standards for within a prison setting

[Transforming Social Care: Scotland's progress towards implementing self-directed support 2011-2018](#) (August 2018)

To support the development of a shared understanding, many areas have used Scottish Government funding to create implementation teams and boards. Progress has been made at national level, with many of the key drivers shaping the strategic landscape now aligned to support this shift. These include the new Health and Social Care Standards, scrutiny methodologies and workforce registration, as discussed later in this report. (Page 6)

In recognition of the changing landscape, in 2014 Scottish Ministers committed to review the 23 National Care Standards. The new Health and Social Care Standards, entitled 'My Support, My Life', were introduced on 1 April 2018 and apply to planning and commissioning as well as to the delivery of services and support. The Standards seek to provide better personal outcomes for everyone and to ensure that the basic human rights we are all entitled to are upheld.

The new Standards are wide reaching, flexible and are focused on the individual experiences of people using support. They are underpinned by five principles: Dignity and respect; Compassion; Be included; Responsive care and support; and Wellbeing. In addition to shaping inspection and scrutiny, they should be used to continually improve the quality of services across health, social care, early learning, childcare, children's services, social work and community justice.

The Care Inspectorate and HIS now take the new Standards into account when carrying out their inspection and quality assurance functions, and when making decisions about registered health and care services. (Page 19)

[A Healthier Future: Framework for the Prevention, Early Detection and Early Intervention of Type 2 Diabetes](#) (July 2018)

It is crucial too that our stakeholders and delivery partners place a special emphasis on reducing inequalities when planning and delivering their programmes and interventions. This should be in line with the Health and Social Care Standards. (Page 11)

[Evaluation of the Early Learning and Childcare Expansion Delivery Trials](#) (May 2018)

How good is our early learning and childcare? (HGIOELC?) and the National Care Standards may be used as a reference to support your evaluation. The questions link to HGIOELC? QI 2.6 Transitions, and QI 3.2 Securing Children's Progress and Care Inspectorate Quality Themes Care and Support, Environment, Staffing and Management. (Self-Evaluation Position Statement (SEPS) template, Page 21)

[Understanding and using the Health and Social Care Standards: a booklet for unpaid carers](#) (May 2018)

The booklet contains information to help unpaid carers to understand and use the new Health and Social Care Standards.

[Rare Disease Scotland Progress Report](#) (February 2018)

In 2014, Ministers committed to a review of the Care Standards with the aim of developing new standards capable of being applied across both health and social care services. The new standards 'Health and Social Care Standards: My support, my life' which come into effect on 1 April 2018, will be applied to a diverse range of services from daycare for children, housing support and care at home for adults, to hospitals, clinics and care homes. They will apply to the NHS as well as services registered with the Care Inspectorate and HIS. This sets out the standards that people should expect when using health and social care services. The Standards are focused on improving people's experience of care and are based on the following outcomes:

- 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.

The Standards are underpinned by five principles: dignity and respect, compassion, be included; responsive care and support and wellbeing; which reflect the way that everyone, including people with rare diseases should

expect to be treated. These standards help towards meeting Commitments 3, 4 and 5. (Page 20)

[Discussion document to support further engagement on Safe and Effective Staffing in Health and Social Care](#) (January 2018)

We also recognise that there have also been important wider developments since the initial consultation was undertaken, notably the publication of Part 2 of the National Health and Social Care Workforce Plan, co-produced by the Scottish Government and COSLA. The recommendations aim to begin a process to improve national and workforce planning for health and social care in Scotland, in keeping with the principles of ensuring the right people, in the right place at the right time to deliver sustainable and high quality services with improved outcomes for service users. One of the recommendations is to progress and co-produce social care and multi-disciplinary workforce planning tools that support the deliver high quality care that reflects the new health and social care standards, and enable service redesign and new models of care. (Page 4)

[National Health and Social Care Workforce Plan Part 2 - a framework for improving workforce planning for social care in Scotland](#) (December 2017)

Recommendation 4: To progress and co-produce social care and multi-disciplinary workforce planning tools that support the delivery of high quality care that reflects the new health and social care standards, and enable service redesign and new models of care. (Page 5)

Recommendation 7: To develop a professional framework for practice in social care and social work, including in advanced practice. This work will take into consideration: the national qualification structure of the Scottish Credit and Qualifications Framework (SCQF); the recent Review of Social Work Education; work in progress to support the workforce in implementing the new Health and Social Care Standards. (Page 6)

Our shared priorities across the spectrum of Social Care and the drivers that shape these are set out in a range of policies and strategies including: The Health and Social Care Standards, effective from April 2018. These outcome-based standards seek to ensure that individuals are treated with dignity and respect and are involved in decisions about their care. (Page 8)

The Scottish Government have worked with COSLA and other stakeholders to develop Health and Social Care Standards that apply across all health and social care. These will be rolled out from April 2018 onwards, forming the basis of the Care Inspectorate's scrutiny model. The standards set out how a person should experience care and are relevant across service planning, assessment, commissioning and delivery. (Page 19)

Both the SSSC and Care Inspectorate work widely with stakeholders in considering how regulatory approaches need to evolve in response to developments in policy and practice. Examples of recent change include the

new, outcome-based, Health and Social Care Standards, which will form the basis of Care Inspectorate inspection; and the move to a Fitness to Practise model of regulation by the SSSC. (Page 29)

[Making it Easier: A Health Literacy Action Plan for Scotland 2017-2025](#)  
(November 2017)

Scotland's updated health and social care standards were published in July 2017. They set out what everyone experiencing care should expect, and are common across all of health and care. One of the standards is that: I am supported to make informed lifestyle choices affecting my health and wellbeing, and I am helped to use relevant screening and healthcare services. This means that everyone involved in the delivery of health and social care services needs to reflect on how they can make this a reality for everyone they work with. (Page 38)

[A Blueprint for 2020: The Expansion of Early Learning and Childcare in Scotland: Quality Action Plan](#) (November 2017)

Action 9: We will refresh and re-launch National Guidance on Pre-birth to Three and Building the Ambition to bring this up-to-date with new evidence that will support their practice in early learning and childcare. The importance of warm and supportive relationships is reflected in the new Health and Social Care Standards (Scottish Government 2017), which set out what people should expect when using health, social care or social work services in Scotland. The Standards will be taken into account in Care Inspectorate inspections and quality assurance functions from April 2018. Both the Care Inspectorate and Education Scotland already recognise that the quality of adult to child interaction and the strength of a child's relationship with their key worker is a key factor in determining the quality of ELC provision. Inspections and self-assessments are increasingly measuring and reporting on the quality of relationships in a service and the extent to which children are nurtured. (Page 12)

[Equally Safe – Consultation on a Draft Delivery Plan 2017-21: Analysis of Responses](#) (October 2017)

Two respondents highlighted the need to integrate or align the Equally Safe performance framework with existing frameworks and measures, including the National Performance Framework for Scotland and the National Health and Social Care Standards. (Page 73)

Not mentioned in:

- Achieving Excellence in Pharmaceutical Care: A Strategy for Scotland
- Delivering for Today, Investing for Tomorrow - The Government's Programme for Scotland 2018-19
- Education Governance: Next Steps - Empowering Our Teachers, Parents and Communities to Deliver Excellence and Equity for Our Children

- Justice in Scotland: Vision and Priorities
- Oral Health Improvement Plan
- Public Health Priorities for Scotland
- Review of Targets and Indicators for Health and Social Care in Scotland
- Scotland's National Dementia Strategy 2017-2020.

## **Scottish Human Rights Commission**

[Annual Report 2017-18](#) (October 2018)

New Health and Social Care Standards were published in June 2017 which reflected substantial input from the Commission on incorporating a human rights based approach. Significant engagement took place this year with the Scottish Government on its review of the National Performance Framework, with detailed work taking place with officials to develop and make the case for the inclusion of a specific human rights outcomes and human rights indicators that reflect good international practice. This work is expected to bear fruit in 2018-19 when the new National Performance Framework is launched. (Page 29)

## **Scottish Social Services Council**

[Article: Do you have a story about compassionate care?](#) (December 2018)

Compassion is one of the underpinning principles of the new Health and Social Care Standards. The Standards are radically different in focusing on the quality of caring relationships rather than traditional tangible input measures. For the first time in a national scrutiny framework, the Standards begin to articulate what compassion and kindness look and feel like for people experiencing care. We know there is already a great deal of positive work happening out there in services so we'd like to hear your stories about good compassionate care. If you can give one example of kind and compassionate care what would it be?

[Blog: Reviewing the PRTL process – an update](#) (October 2018)

SSSC learning and development advisers are providing support to registered workers by helping them to show how their learning is making a positive difference to the way they work and to the people they support and care for. We are focusing on linking their learning to the SSSC Code of Practice and the Health and Social Care Standards.

Arlene Cattigan, Team Manager, Care Inspectorate: As the Health and Social Care Standards were new, we agreed they would be a good starting point for everyone. We recorded what we knew or didn't know already, what we wanted to know and how we would find this information. Each team member takes responsibility for recording information at the team meeting and can add details to the book between meetings too. As we learn and use the Standards more, the floor book has evolved and developed. We record short statements around practice discussions about specific situations and how we can, could and do deal with these, we reflect on the Standards and how we use them to support our work, how we each interpret them and utilise them in different situations. This helps us to work more consistently and collectively with the Standards and challenge our own and each other's understanding and interpretation when they are used. We have witnessed the benefits to this as a team as we have gained in confidence as we use the Standards to inform

our regulatory functions and support services. Participating in the learning activity has helped to raise our awareness of the Standards, which in turn enables us to better support services to understand and use the Standards to improve and develop the care they provide to people using services. This is an exciting opportunity for The Mungo Foundation to work in partnership with the SSSC to help develop and inform new learning standards for the social service workforce in Scotland. We have four young people's service staff teams involved.

Ashley Torrie, Care Assistant, Lochbank House, Forfar: I was invited to attend a development day led by SSSC staff with colleagues from the other Kennedy Care Group Care Homes. This was a helpful day and provided an awareness of the importance of continuous professional learning. There were helpful discussions about how our learning links to the Health and Social Care Standards and the SSSC Code of Practice.

[Enriching and Improving Experience: Palliative and End of Life Care: A framework to support the learning and development needs of the health and social services workforce in Scotland](#) (May 2017)

The National Care Standards principles...are integral to the standards that outline what everyone in Scotland can expect when using health and social care services, and how providers of care should deliver and improve services. They are based on a human rights approach underpinned by the PANEL principles. (Page 9)

## Media coverage

[Holyrood Magazine 'New health and social care standards 'not sufficient' to improve conditions, says Scottish Care CEO'](#) (July 2018)

The National Health and Social Care Standards are not sufficient to improve conditions for health and social care service users, according to Scottish Care's chief executive Dr Donald Macaskill. Although Macaskill lauded the introduction of human rights-based standards for health and social care as "profoundly significant", he argued that the new standards will not make much difference to service users unless extensive changes are made to the way in which social care contracts are awarded. Speaking at Holyrood's event on the subject on Wednesday, Macaskill expressed particular concern over the continued use of competitive tendering and fifteen minute appointments, both of which he alleged undermined the commitment to human rights in social care. He said: "Is it a human rights-based system that we allocate the care and support of some of our most vulnerable citizens by a mechanism which is competitive tendering, where we calculate the weight of rights by the seconds and the minutes? "You cannot claim to a human rights-based system of standards if the way you commission social care is in itself deceptively acting against those human rights."

Discussing the emphasis on compassion in the new guidelines, Dr Fiona Wardell, Standards and Indicators Lead at Healthcare Improvement Scotland, told delegates that staff are under pressure and often "pushed for time". In these situations, she said, "compassion unfortunately sometimes is a widow of time".

Macaskill also criticised the "perversity" of the standards being more deeply embedded in social care than they are in health. He said: "I spend a lot of my time in clinical settings, and you talk about the human rights-based national health and care standards and get blank faces. "I experience far too many clinicians, far too many general practitioners, far too many AHPs [allied health professionals] who know nothing about these rights. "There's a perversity that if we're wanting to create a whole-system approach to human rights, that we've addressed the low-lying fruit, which is the social care sector. "Unless we start to, in this coming year, embed human rights into the heart of the NHS then we will have failed."

He noted that better communication and training for front line staff was needed if this was to be achieved. Macaskill stated that the rhetoric around human rights needed to undergo a fundamental change if the new health and social care standards were to have any significant effect. He said: "We need to bring human rights home. We need to start talking about human rights and not being apologetic about using that language, because unless they are rooted in ordinary living and discourse, they will become the interest of a minority group, whereas they should be the lifeblood of all civic society."

Macaskill also argued that in order for the new standards to make a significant difference to health and social care service users, similar standards had to be

implemented in every area of Scottish political life, including education, criminal justice and taxation. He said: “There’s absolutely no point in coming up with a human rights set of standards after you have made primary decisions around how as a society you are going to spend your money or you are going to raise taxes, etc. “So human rights have to speak to education, they have to speak to our reform of the criminal justice system, and they have to speak to the way in which police are organised in Scotland, as much as they have to speak to social care and health.” In spite of his multiple criticisms, Macaskill was optimistic about the progress that has been made so far in implementing the new standards, and urged delegates to be “evangelical and passionate” about changing the health and social care system to benefit service users.

#### [Scottish Health Council – e-Connect](#) (March 2018)

From 1 April, the new National Health and Social Care Standards will form the basis of inspections and registration of health and social care services carried out by the Care Inspectorate, Healthcare Improvement Scotland and other scrutiny bodies. A replacement for existing national care standards that focused on regulated care services, the new standards cover all aspects of health and social care services, as well as early learning and childcare, children's services, social work and community justice. The new standards were published in June 2017. They were developed in response to changes to national policy and to scrutiny and improvement approaches and responsibilities. Scottish Ministers committed to update and improve the standards in line with current expectations of compassionate, high quality, safe and effective care. The Health and Social Care Standards set out what we should expect when using health, social care or social work services in Scotland. They seek to provide better outcomes for everyone, to ensure that individuals are treated with respect and dignity, and to uphold the basic human rights we are all entitled to. The Scottish Government tasked the Care Inspectorate and Healthcare Improvement Scotland to lead on the development of the overarching principles, as well as the generic and the specific standards. These organisations were also asked to take into account how the principles and standards would be implemented.

## Events

### [Care and Support - Specification Development events](#) (November 2018)

Scotland Excel is excited to work with partners to develop a national flexible framework for care and support services. We believe that we can collectively create a flexible approach building on the best practice already out there.

[Among the] overarching principles of the procurement strategy are to...promote and embrace the Health and Social Care Standards.

As a key stakeholder, we are looking to work with you to co-produce a national specification for care at home and supported living service requirements. This is not intended to be a specification which details people's outcomes but overarching principles for delivering services in line with the Health and Social Care Standards.

### [National Health and Social Care Standards: One Year On](#) (27 June 2018)

This Holyrood event examined the National Health and Social Care Standards following implementation on 1 April 2018, looking at the initial report one year on and understanding how health, social care, social work and care services can deliver quality care.

## Parliamentary activity (since January 2018)

### Bills

#### [Health and Care \(Staffing\) \(Scotland\) Bill – Policy Memorandum](#) (May 2018)

The Scottish Government published the Health and Social Care Standards in June 2017, which set out what the public should expect when using care or social work services in Scotland. The Standards seek to provide better outcomes for everyone, to ensure that individuals are treated with respect and dignity, and that the basic human rights we are all entitled to are upheld. The objectives of the Standards are to drive improvement, promote flexibility and encourage innovation in how people are cared for and supported. All services and support organisations, whether registered or not, should use the Standards as a guideline for how to achieve high quality care. From 1 April 2018, the Health and Social Care Standards are taken into account by the Care Inspectorate and other scrutiny bodies in relation to their inspections and registration of care services. (Page 3)

From 1 April 2018, the Health and Social Care Standards will be taken into account by Healthcare Improvement Scotland and other scrutiny bodies in relation to their inspections and registration of health services. (Page 9)

The principles in this Bill are consistent with, and aligned to, the objectives of current legislative and non-legislative frameworks that exist across health and care services. In particular, the Health and Social Care Standards, the principles set out in the Public Bodies (Joint Working (Scotland) Act 2014, and the NHS Quality Strategy staff governance standards and healthcare quality strategy. They ensure that the relevant aspects of current policies or frameworks are taken into account in a balanced way when making decisions regarding staffing requirements. (Page 21)

Providing a coherent legislative framework in the form of a general duty and guiding principles will ensure that staffing decisions across health and care settings are made according to common objectives. In addition Part 2 of the National Health and Care Workforce Plan included a commitment for the Scottish Government and COSLA to progress and co-produce social care and multi-disciplinary workforce planning tools that support the delivery of high quality care that reflects the new health and social care standards, and enable service redesign and new models of care. (Page 31)

#### [Health and Care \(Staffing\) \(Scotland\) Bill – Financial Memorandum](#) (May 2018)

The guiding principles applied to the general duty align with the existing principles for health and social care integration delivery and planning and the Health and Social Care Standards, which set out what service users should expect when using health, social care or social work services in Scotland. The guiding principles should, therefore, not carry any additional costs or burden on providers. (Page 19)

## Committees

[Equalities and Human Rights Committee](#) (Thursday 16 May 2019)

**Judith Robertson (Chair, Scottish Human Rights Commission):** In terms of the standards, for example, the commission has worked with the Care Inspectorate and Healthcare Improvement Scotland to transform the health and social care standards as they are currently framed in Scotland. The new version was launched last year. That has completely turned around the way that the Care Inspectorate asks questions of bodies in social care and health settings about how people are experiencing the care that they are receiving. Rather than saying, “Here is the standard that the Care Inspectorate expects”, it asks, “How does that impact on the individual’s experience of that care?”, whether that be healthcare, social care or whatever. From our perspective, that has turned the standards approach in the accountability mechanism on its head and put human beings at its heart. It is not about the standards that they expect, but about what it feels like for the person, and that is what is being measured. Over time, we will be able to see what difference it makes to ask the question differently and have different expectations of what good looks like.

[Equalities and Human Rights Committee](#) (Thursday 26 April 2018)

**Rami Okasha (Executive Director of Strategy and Improvement, Care Inspectorate):** Over the past year, the Care Inspectorate has led, with others, the development of a new set of national care standards across all areas of health and social care, with human rights principles embedded in those standards. Rather than thinking of human rights as being something that sits over there, which we need to take account of from time to time, we think of human rights as being absolutely central to our work—not only the quality assurance work that we do in care services, but the work that we do to try to support improvement. For us, one of the big changes has been to pay greater attention in our work to the experiences of people who are using care services. We are moving away from the old approach of using regulation that is focused on inputs, policies and procedures towards saying, “What is the impact of a care service on someone who is experiencing it and how can the quality of their life be improved as a result of it?” Human rights are really central to that, so our approach has been to not put human rights in a box and say, “Well, that is human rights,” but rather to try to embed them in everything that we do.

I was nodding because that has been such an important part of developing the new care standards. A development group was pulled together that included people with experience in care and of providing care. The group challenged and materially changed the standards throughout the process in important ways that will have significant impacts. I will give the committee an example. Initially, when a group of professionals sat around the table to discuss new standards, everyone said that there is no question but that safety is the most important thing across health and social care. The challenge to

that point from people who experience care was profound and changed the professionals' thinking. They said that although safety is important, it is but one part of their wellbeing; they want the right to be able to live, to take risks and to do things in their own way. One of the most powerful things that I heard was when someone who has experience of care said that safety is what their carer talks about when they want the person not to do something. That was a turning point for me in terms of realising that the professionals had to change their way of thinking; they have to understand what people who experience a service are telling us and to respond accordingly. Sometimes—as I am sure everyone in the room is aware—consultation can be tokenistic, so getting something that is deeper and which results in changing policy is powerful.

The approach that the Care Inspectorate is taking is to change how we carry out our inspections and to build into them the new human rights-based national care standards. For different types of settings, we are developing clear illustrations of the quality that we expect in how people are treated, how their needs are assessed and met, and the extent to which people who are in a residential setting have opportunities to go outside and enjoy the activities that they used to love before they came into that residential setting.

Different organisations can approach things in different ways. We have talked about the health and social care standards, and one of those standards is: “My human rights are central to the organisations that support and care for me.”

[Equalities and Human Rights Committee](#) (Thursday 19 April 2018)

**Judith Robertson (Chair, Scottish Human Rights Commission):** One way that we have been working is through the standards that are developed for public authorities in Scotland by the inspection regimes, such as the prison inspection regime or the Care Inspectorate. We have been working to build human rights into standards so that the conversations that are had when places are inspected use a human rights lens.

[Health and Sport Committee](#) (Tuesday 6 March 2018)

**Dr Donald Macaskill (Chief Executive, Scottish Care):** We have one solid concern in the midst of the fog. In Scotland, we have developed a health and social care system that is legislatively based on sound human rights principles—we have core pieces of legislation around adult support and protection, adults with incapacity, and mental health care and treatment—that are all coherently based on the ECHR and the Human Rights Act 1998. Further, particularly in the care home sector, which is my sector, we are rolling out health and care standards that are deeply rooted in the 1998 act and human rights principles. Part of the background noise to some of the on-going framework discussions involves the context in which part of the Administration south of the border wishes to remove us from protections and the safeguards of that human rights legislation. That is causing us profound concern, because it impacts on the day-to-day delivery of care and support, all the way up to procurement and commissioning and all the way through our training and

development. If greater clarity in the fog reveals that to be an increasing threat, Scottish Care will be extremely concerned about the negative impacts of that not just on social care but on the NHS itself.

[Public Audit and Post-legislative Scrutiny Committee](#) (14 December 2017)

**Beth Hall (Policy Manager, COSLA):** Returning to SDS for a moment, we need to challenge ourselves and ask a more complicated question than whether the data on SDS implementation is telling us that we are halfway or three quarters of the way there. SDS is an approach to delivering social care, as Iona Colvin stated. It is not a separate thing. For me, this is about the whole system and what we know about it. We need to approach that by challenging ourselves to look at inspection evidence on how other personal outcomes are being achieved. That evidence includes scrutiny reports such as Audit Scotland's, the integration data that I just mentioned, the social care survey data that we have and developments such as the new national care standards, which are much more person centred and outcome focused. It is about how we look across that whole system. That gives us plenty of work to be getting on with.

[Health and Sport Committee](#) (12 December 2017)

**Dr Donald Macaskill (Chief Executive, Scottish Care):** I estimate that we need to invest north of £1 billion across the realm of social care to enable our integration joint boards to properly fund delivery. As COSLA highlights in its submission, it was promised that £500 million would be set aside to be transferred from the acute sector to community and primary care, but that transfer has not happened. Integration joint boards and by implication providers, and by further implication the people who receive care, have not seen that transfer from the acute sector of the national health service to the community. That highlights the gap that exists. With regard to sustainability and our ability to maintain current services, never mind developing the rights-based system that the Care Inspectorate requires in its new national care standards, we are some distance away.

## Debates

[Sir Hugh Munro](#) (13 March 2019)

A Members' Debate led by Conservative MSP Liz Smith with a motion marking the centenary of the death of Sir Hugh Munro.

During the debate, Rural Affairs Minister said the right to play outdoors everyday is enshrined in the Health and Social Care Standards.

[Outdoor Classroom Day](#) (1 November 2018)

A Members' Debate led by SNP MSP Ruth Maguire with a motion highlighting Outdoor Classroom Day and the benefits of outdoor learning and play.

During the debate, Labour MSP Jenny Marra said she was “concerned” about the quality of care provided in out of school clubs, adding: “I have done a little investigation about the regulation of out-of-school clubs. I think that the responsibilities rest with local authorities and the Care Inspectorate, but I do not know whether much has been done in that regard. I would be interested to hear what the minister says in her response to the debate and to see whether we can have standards across the board, given that there are private providers and local authority providers.”

Responding, Children and Young People Minister Maree Todd said:

- outdoor access and play “are already central to the new Health and Social Care Standards” and “we will ensure that outdoor play is also a key component of the new national standard for early learning and childcare”
- a strategic framework for after-school and holiday childcare is being developed, adding that she had “absolutely no doubt” that outdoor learning will be a part of that.

## Events

[Human Rights Take Over!](#) (December 2018)

“Because of all of that, human rights approaches are already influencing our implementation of policy, whether that’s the design of care standards for older people’s homes...” (First Minister Nicola Sturgeon; 11:24 on video)

## Parliamentary Questions

**Elaine Smith (Central Scotland) (Lab):** To ask the Scottish Government what arrangements are in place to ensure that high-quality training opportunities and skills development are available for all foster carers.

**Minister for Children & Young People, Maree Todd:** Responsibility for ensuring that high quality training opportunities and skills development are available to foster carers approved by them lies with the relevant local authority, independent or voluntary fostering agency. The new Health and Social Care Standards published in April 2018, used by the Care Inspectorate for their inspection of fostering services include “I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and their professional and organizational codes” We also know that the Fostering Network provide widely used pre-approval “Skills to Foster” training to provide new foster carers with a firm foundation of skills and knowledge to equip them for the role. Both the Fostering Network and fostering agencies also provide a wide range of post-approval training and development opportunities for foster carers. Following a recommendation of the National Review of Foster Care (2013) to bring a more consistent approach, the Scottish Government commissioned Scottish Social Services Council (SSSC) to develop a learning development Standard for foster carers. It was published in April 2017 and we will be considering options for implementation of the new Standard in the context of

the Independent Care Review.

**Liam McArthur (Orkney Islands) (LD):** To ask the Scottish Government what guidance it provides on the standard of comfort and dignity that patients transferring to and from hospital appointments can expect.

**Health Secretary Shona Robison:** The Scottish Government's Charter of Patient's Rights and Responsibilities sets out what can be expected from patient's accessing NHS services, including patient transport. The Charter states that, when using NHS services and receiving NHS care, patients can expect to be treated with dignity and respect and in a way which takes their needs, understanding and culture into account. In addition, the Scottish Government published its Health and Social Care standards in June 2017 to take effect from April this year. Dignity, respect and compassion are a key component of these standards which set out what high quality care and support should look like in Scotland.

**Mark Ruskell (Mid Scotland and Fife) (Greens):** To ask the Scottish Government, further to the answer to question S5W-09030 by Aileen Campbell on 10 May 2017, how it assesses NHS board performance against policies and frameworks relating to myalgic encephalomyelitis (ME).

**Public Health Minister Aileen Campbell:** Responsibility for monitoring Performance against the Neurological Health Services Standards (HIS, 2009) is a matter for NHS Boards. These standards are currently under redevelopment by HIS. From 1st April 2018 the Health and Social Care standards will be taken into account by the Care Inspectorate, healthcare Improvement Scotland and other scrutiny bodies in relation to inspections and registration of health and care services. The Review of Targets and Indicators for Health and Social Care in Scotland report, published on 15 November 2017, identified some key principles in how to use targets and indicators across both health and social care to improve outcomes for people. A further stage of work will be undertaken aimed at ensuring a broader-based assessment of the overall quality of care whether in hospital or in the community.

**Jamie Greene (West Scotland) (Con):** To ask the Scottish Government what plans it has to invest further in mental healthcare to ensure that patients receive appropriate levels of care, in light of reported research by the Scottish Association for Mental Health, which suggests that almost half of mental health patients received poor quality care under the NHS. (S5W-12743)

**Mental Health Minister Maureen Watt:** The Scottish Government sets national direction of policy on mental health and provides funding to agencies, including NHS boards and local authorities, to support implementation of policy. Care and treatment will be delivered in accordance with clinical and other relevant guidance and standards, for example SIGN guidelines for mental health and the standards for integrated care pathways for mental health. Developed through partnership and collaboration, Scotland's new standards for health, social care and social work, formerly known as the National Care Standards, will also drive improvement in the experience of people who use care services. From 1 April 2018 the standards will be taken into account by the Care Inspectorate, Healthcare Improvement Scotland and

other scrutiny bodies in relation to inspections, and registration, of health and care services.

**Alex Cole-Hamilton (LD):** To ask the Scottish Government what standards and regulations govern the (a) quality and (b) inspection of food provision in (i) hospitals and (ii) social care settings.

**Health Secretary Jeane Freeman:** NHS Boards are required to comply with the 'Food in Hospitals: National Catering and Nutrition Specification for Food and Fluid Provision in Hospitals in Scotland' guidelines which were revised and updated March 2016 and Healthcare Improvement Scotland's Food, Fluid and Nutritional Care standards published October 2014. NHS Boards are required to meet these standards and the specification regardless of whether the catering is provided in-house or by an external provider. NHS Boards are currently required to self-assess their performance against the Food in Hospitals Specification, taking into account local audit information (such as regular mealtime observations conducted by NHS board staff) and results from patient experience surveys. From April 2019, a new process for the provision of detailed self-assessment and supporting evidence will go live. Food in Hospitals provides information on standards for nutritional care, nutrient and food provision for patients within hospitals. It provides information on how the standards/guidance can be met. There is no formal inspection of food provision in Scotland. Healthcare Improvement Scotland carries out inspection of nutritional care and hydration as part of their unannounced inspections of care of older people in acute hospitals. The Health and Social Care Standards took effect from 1 April 2018 and are applicable across the whole of health and social care. They set out what everyone should expect when experiencing care and support, including eating and drinking. The Care Inspectorate and Healthcare Improvement Scotland are incorporating the Standards into their inspection and quality assurance activities.

**Elaine Smith (Lab):** To ask the Scottish Government what arrangements are in place to ensure that high-quality training opportunities and skills development are available for all foster carers.

**Minister for Children & Young People, Maree Todd:** Responsibility for ensuring that high quality training opportunities and skills development are available to foster carers approved by them lies with the relevant local authority, independent or voluntary fostering agency. The new Health and Social Care Standards published in April 2018, used by the **Care Inspectorate** for their inspection of fostering services include "I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and their professional and organizational codes" We also know that the Fostering Network provide widely used pre-approval "Skills to Foster" training to provide new foster carers with a firm foundation of skills and knowledge to equip them for the role. Both the Fostering Network and fostering agencies also provide a wide range of post-approval training and development opportunities for foster carers. Following a recommendation of the National Review of Foster Care (2013) to bring a more consistent approach, the Scottish Government commissioned Scottish Social Services Council (SSSC) to develop a learning development Standard for foster carers. It was published in April 2017 and we will be considering options

for implementation of the new Standard in the context of the Independent Care Review.

## **Petitions**

[Submission by W Hunter Watson on PE01667: Review of mental health and incapacity legislation](#)

On 1 April 2018 new Health and Social Care Standards replaced the National Care Standards which had been published in 2002 under section 5 of the Regulation of Care (Scotland) Act 2001. Although in the introduction to those new standards it is claimed that they will ensure that basic human rights are upheld, they authorise the use of chemical restraint: see the section on page 18 entitled “restrictions to my independence, control and choice”. This obviously gives the green light to those care homes which wish to continue to use antipsychotic drugs to sedate residents perceived to require restraint, something permitted under the original National Care Standards. That should be of concern since most residents in care homes for older people have dementia and antipsychotic drugs pose considerable risks to such people, including the risks of having a stroke or dying prematurely. Such risks are particularly great when people with dementia are left on an antipsychotic drug indefinitely as my late mother would have been had I not intervened. (Page 1)

In an email to me dated 23 August 2018, a spokesman for the Scottish Government attempted to defend the new Health and Social Care Standards. I consider his defence to be totally inadequate since it relied in large part on the assertion that the new Standards are underpinned by five principles: Dignity and Respect; Compassion; Be included; Responsive care and support; and Wellbeing. It would be far-fetched to claim that the use of chemical restraint is compatible with those principles. It should also be recognised that it is highly likely that these principles will be largely ignored as have been the principles supposedly underpinning the Adults with Incapacity Act: the analysis of responses to the consultation about the reform of the Adults with Incapacity Act revealed that this was the case. (Page 2)

## **Publications**

[SPICe briefing – Transitions of young people with service and care needs between child and adult services in Scotland](#) (April 2019)

In June 2017, the Scottish Government published, Health and Social Care Standards: My support, my life. The purpose of these human rights based Standards is to drive improvement in health, social care and social work services in Scotland. The Standards were published in exercise of the Scottish Ministers' powers under Section 50 of the Public Services Reform (Scotland) Act 2010 and Section 10H of the National Health Service (Scotland) Act 1978. The headline outcomes of the Standards are: 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. (Page 36)

[Health and Sport Committee - Stage 1 report on the Health and Care \(Staffing\) \(Scotland\) Bill](#) (November 2018)

The Cabinet Secretary for Health and Sport advised the Bill doesn't explicitly mention outcomes believing it shouldn't. Noting health and care standards and quality measures already define the outcomes the Scottish Government wants to see. The Cabinet Secretary advised the Bill "will put in place a framework to support the systematic identification of the workload needed to improve outcomes and deliver high-quality care". (Page 10)

The Health and Social Care Standards have been in place since 2018 and are used by the CI (and HIS) in their scrutiny and improvement work. The Standards note individuals should have the following outcomes: experience high quality care and support that is right for them; fully involved in all decisions about their care and support; have confidence in the people who support and care for them; have confidence in the organisation providing their care and support; and experience a high quality environment if the organisations provides the premises. (Page 30)

COSLA advised through discussions with all of its partners they: "found a common thread, that neither COSLA nor its partners can see where the Bill adds value to the social care workforce, as safe and high-quality services are already assured through existing legislation, the inspection regime, current policy and the Health and Social Care Standards". (Page 31)

The ALLIANCE advised: "The national care standards were developed in co-production with providers, people who use the services and other bodies. The Care Inspectorate should see the value of doing that...We would be supportive of that, but with the caveat...that it is done in co-production, particularly with people who receive support and use services and with providers." (Page 33)

[Health and Sport Committee - The Governance of the NHS in Scotland: Ensuring delivery of the best healthcare in Scotland](#) (July 2018)

The Health and Social Care Standards published in June 2017 set out what service users should expect when using health, social care or social work services in Scotland. These standards are underpinned by five key principles which include dignity and respect.

Whilst several NHS boards emphasised that dignity and respect were core values of NHSScotland, we received evidence which suggested this was not always reflected in patients' experiences.

Carolyn Lochhead of SAMH highlighted its survey of people who had used NHS mental health services in the last year, which found that 40 per cent of respondents said they had been treated disrespectfully. Derek Young of Age

Scotland stated that for patients, being treated with dignity and respect was as important as the quality of care delivered. He highlighted that whilst dignity and respect are included within standards these aspects of care do not yet form the basis of enough inspections. (Page 24)

We believe there must be a focus on the patient's whole experience of their health care. Ultimately treating individuals with dignity and respect will result in a more positive experience which in turn can assist in ensuring a positive outcome for the patient.

We therefore welcome the inclusion of dignity and respect as principles underpinning the new Health and Social Care Standards. We heard from some staff representatives that there can be instances where the quality of care they provide can be affected by resources, pressures on time and staffing. We seek assurances the inspection regime for the new standards will include ensuring the views of service users are sought. We also believe inspections must assess not only where issues lie with regards to performance against standards but also seek to identify the reasons for poor performance and assess whether there are systematic issues faced across NHS boards which need to be addressed. (Page 27)

The [Scottish Government's response to the report](#) (September 2018) states:

The HIS Quality of Care Approach and Quality Framework will be used to assess care provision and specifically includes seeking the views of service users and their families, amongst others. The Quality of Care approach is based on regular open and honest organisational self-evaluation combined with other data and intelligence to form the basis of improvement-focused scrutiny, including inspections when required. As part of the approach, external scrutiny will consider relevant service-specific standards or indicators as well as aligning with the Health and Social Care Standards. (Page 15)

Following up, [the Committee](#) states:

In relation to the new Health and Social Care Standards we concluded that inspections should seek to identify the reasons for poor performance and assess whether there are systematic issues faced across NHS boards which need to be addressed. Your response does not cover these specific points and it would be helpful to receive your views on this. (Page 4)

A further response from the [Scottish Government](#) states:

You ask for my views on whether inspections under the new Health and Social Care Standards should identify the reasons for poor performance and assess whether there are systematic issues faced across NHS boards to be addressed. It may be helpful if I explain that there is not 'an inspection regime' for the new Health and Social Care Standards as stated in the Committee's recommendations in paragraph 214 of the report. The standards are not designed to be inspected against in a tick box approach but rather, they articulate what people should expect to experience when they use health and

social care services. Any inspection/review by any organisation such as Healthcare Improvement Scotland (HIS) or the Care Inspectorate should look at how these Standards influence the ways services are delivered. The HIS Quality Framework is mapped to these.

It is important to note that standards in general have a number of purposes (not always to underpin inspection) e.g. to establish what should be provided when a new service is being established; as the basis of clinical networks self-evaluation etc. (Page 6)

## **Oral evidence**

[Health and Care \(Staffing\) \(Scotland\) Bill: Evidence to the Health and Sport Committee](#) (September 2018)

### 11 September

Patricia Cassidy (Chief Officers Health and Social Care) noted the new Health and Social Care Standards and their prominence within the new scrutiny model, suggesting this would ensure a much stronger focus on outcomes across multidisciplinary teams.

### 18 September

Karen Hedge (Scottish Care) spoke about the current context in relation to staffing, including reference to the new Health and Social Care Standards, and suggested that the Bill is unnecessary.

Katherine Wainwright (SCVO) said the new standards and inspection approach are “more than adequate” and suggested the Bill is unnecessary and not focused on outcomes.

Andrew Strong (ALLIANCE) noted that the way the Health and Social Care Standards were developed was “very much co-produced” and thought the Care Inspectorate would “see the value in that”.

Asked whether the Bill could assist in a focus on outcomes, Mark Hazelwood (SPPC) said the Health and Social Care Standards already provide a “nice framework” in this regard.

On whether local authorities receive preferential treatment through the NCHC, David Williams (Glasgow HSCP) said the regulatory framework applies in the same way across all sectors, through the Care Inspectorate and the new Health and Social Care Standards.

### 25 September 2018

Phillip Gillespie (SSSC) said the new tool would help to align with the new Health and Social Care Standards and the SSSC Codes of Practice.

Gordon Paterson (Care Inspectorate):

- Said the new tool would not just identify a minimum level of staffing but support the mix of staff required to meet objectives that align with the Health and Social Care Standards. This will help encourage an approach that sees people as assets and supporting them to have good lives.
- Gordon explained how the Care Inspectorate and HIS had worked together and in co-production with stakeholders in the development of the Health and Social Care Standards, suggesting a similar approach would be used.
- Gordon also noted how we engage with people and representative groups in the development of such resources, as well as on inspection, and noted the focus on people's experiences in the Health and Social Care Standards.

2 October 2018

The Cabinet Secretary Jeane Freeman said the Bill would support outcomes defined in the Health and Social Care Standards and other quality measures.

### **Written evidence**

[Health and Care \(Staffing\) \(Scotland\) Bill: Responses to Health and Sport Committee call for evidence](#) (August) 2018

**COSLA** argued that the new approach to scrutiny being introduced in the context of the new Health and Social Care Standards will ensure safe and high quality care.

**COSLA** also expressed its “very serious concerns” about the impact of the legislation and could not see where the Bill adds value as “safe and high-quality services are already assured through existing legislation, the inspection regime, current policy and the Health and Social Care Standards”.

**CCPS** suggested that the proposals offer “no clear benefit” and that the commitment to progress the National Health and Social Care Workforce Plan, including social care and multi-disciplinary workforce planning tools reflecting the new Standards and care models, render the Bill unnecessary.

The **Scottish Independent Advocacy Alliance** and the **ALLIANCE** welcomed the explicit mention of rights in the Bill and suggested the Committee explore with the Scottish Government how to best align with the Health and Social Care Standards.

- **Scotland Excel** warned that the Bill might cut across the outcomes focused agenda enshrined in the new Standards.
- **Clacks HSCP** also suggested linking to the new Standards.

### **Westminster**

[Scottish Human Rights Commission response to Joint Committee on Human Rights inquiry into the Human Rights Act 20 years on](#) (September 2018)

Similarly, Scotland's new Health and Social Care Standards, began implementation from April 2018. They explicitly "seek to provide better outcomes for everyone and to ensure that individuals are treated with respect and dignity and that the basic human rights we are all entitled to are upheld."<sup>30</sup> The development of new Standards recognised the impact of the HRA together with the Convention on the Rights of Persons with Disabilities and the Convention on the Rights of the Child and sought to take a proactive approach to embedding human rights in expectations of the delivery of services. The difference in this approach has been described thus:

"The NCS [National Care Standards – the pre-existing standards] reflected a residual position, setting out the information about rights that care providers were expected to issue to people, while new Standards adopt a proactive position, with providers expected to work alongside people and stand up for their rights": H. Mathias, 'Scotland's Health and Social Care Standards', (2018) Care Inspectorate (Page 11)

## Miscellaneous

### [Health and Social Care Standards: Awareness Badge](#)

The Health and Social Care Standards set out what we should expect when using health, social care or social work services in Scotland. They seek to provide better outcomes for everyone and to ensure that individuals are treated with respect and dignity and that the basic human rights we are all entitled to are upheld. The new standards are relevant across all health and social care provision. They are no longer just focused on regulated care settings but for use in health and social care, as well as in early learning and childcare, children's services, social work and community justice. This badge is available to people who complete all six awareness badges for the Health and Social Care Standards.

### [Health and Social Care Standards Open Badges](#) (As at 13 September 2018)

<b>Open Badge</b>	<b>Awarded</b>	<b>Need work</b>
Health and Social Care Standards: Basics	207	19
Health and Social Care Standards: Be included	89	2
Health and Social Care Standards: Compassion	75	1
Health and Social Care Standards: Dignity and respect	66	3
Health and Social Care Standards: Wellbeing	66	6
Health and Social Care Standards: Responsive care and support	59	4
Health and Social Care Standards: Awareness	42	0
<b>Total</b>	<b>604</b>	<b>35</b>

### Comparison to SSSC awarded badges

The seven HSCS badges perform well when benchmarked against over 100 SSSC badges. At this rate, the HSCS badges will dominate the SSSC top ten badges table by the end of the year.

	<b>HSCS badge awards (7 badges)</b>	<b>SSSC badge awards (100+ badges)</b>
April 2018	1	76
May 2018	47	130
June 2018	195	199
July 2018	133	268
August 2018	165	182
September 2018	63 (partial)	105 (partial)

### Video views

The HSCS Basics Open Badge has led to 998 views and 7 downloads of the HSCS explainer video.