
Select Committee on Health and Adult Social Care – 18th November 2010

Report of the Lead Officer to the Committee

Committee's 2010/11 Review: Dignity in Care

Purpose of Report

1. To seek approval of the aims, objectives and actions to deliver the Committee's 2010/11 Review on the theme Dignity in Care.

Background

2. At the Committee meeting held in July 2010 Members agreed to undertake a review on theme Dignity in Care with a focus on transitions within hospital settings.
3. The scoping proposal to deliver this is attached at appendix 1 for consideration. It sets out the aims, objectives and specific outcomes of the review along with likely issues to be covered and level of support/input required.
4. There will be a call for evidence from agencies across the health community including Dudley's Local Involvement Network which has recently carried out some valuable engagement on Dignity issues.
5. As with all HASC's reviews Members will be invited to attend a focus group of relevant practitioners to attain a better understanding of priorities; a programme and background information will be issued in due course.

Proposals

6. It is proposed HASC approves the aims, objectives and actions set out to deliver the review.
7. It is proposed Members agree to hold a focus group early in the new year at the hospital to better identify with priorities.
8. The Committee will receive a further report at later date with the final review findings.

Finance

9. There are no direct/specific financial implications at this stage; any work progressed would need to be met within existing resources
10. Any specific changes to services provided by the authority as a result of the findings/recommendations of this report would require further explanation and financial implications scrutinised.

Law

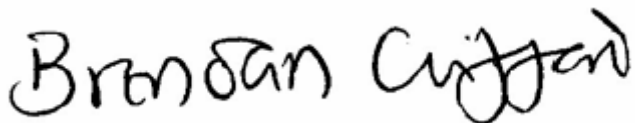
11. The Local Authority has an express power to support sustainability under the Local Government Act 2000 (commonly known as the “well-being” power).
12. Under Section 2 (1) Local Government Act 2000 every local authority are to have power to do anything which they consider is likely to achieve any one or more of the following objects:
 - the promotion or improvement of the economic well-being of their area;
 - the promotion or improvement of the social well being of their area; and
 - the promotion or improvement of the environmental well being of their area.
13. This power can be exercised in relation to or for the benefit of the whole or any part of a local authority’s area or all or any persons resident or present in a local authority’s area. Section 2(2).
14. There are no immediate legal implications rising from this report

Equality Impact

15. The aims and objectives of this Review can be seen as contributing to the equality agenda in its pursuit of improving care for all. This implies a challenge to ensure that services meet the needs of all sectors of the community to make this an even greater reality in Dudley.

Recommendation

16. It is recommended that the Committee approves the proposals in paragraphs 6-8.



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Brendan Clifford – Assistant Director DACHS
Lead Officer Select Committee on Health and Adult Social Care

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Background Papers

Select Committee on Health and Adult Social Care July 2009 - Committee Work plan 2010/11.

HASC Review Proposal

Subject:	Review to consider NHS services for Older People and whether they provide Dignity in Care		
Other relevant document references:	There is a range of useful documents identified as part of Department Health's 2006 Dignity in Care campaign available at: www.dignityincare.org.uk - this includes the dignity challenge list.		
Date:	October 2010	Author:	Aaron Sangian
Action:	To comment on the proposed aims, objectives and areas for exploration by the review.		

Project Title

Dignity in Care in the NHS for Older People

What question will this review answer?

Do current acute services deliver dignity in care for Older People?

Member Participants

Cllr Ridley (Chair)

Cllr J D Davies (Vice Chair)

Terms of reference

This review will consider NHS services for Older People and whether the current services provide Dignity in Care. It will aim to:

- Identify how healthcare organisations ensure high standards of dignity in care
- Explore the issues of medication management, training of staff, quality of food and quality of care to ensure there is dignity in the care.

Aim and scope of the Project

Dignity is important in all aspects of health and social care both in the delivery and commissioning of services; focus will shift depending on what aspects of health and social care services are being scrutinised.

Members agreed to focus on the delivery of care in hospital settings looking at the dignity challenge¹ list and assess whether the services provided at present, future policies and strategies will deliver dignity in care.

Key issues for consideration

Likely areas for exploration are:

Management issues

- What sort of leadership is given on dignity?
- How is dignity embedded in governance? (E.g how are dignity issues reported to the Board/Executive, how often, in what form?)
- How do 'dignity principles' practised through the ordinary processes of making appointments for patients, giving of information to patients, ensuring any other non-clinical practical arrangements are carried out with dignity in mind?
- How are people who use the service(s) involved in developing strategies on dignity and in the training and development of leaders and staff?
- External assessments (eg those of the Care Quality Commission) ?

Procedural/policy issues

- What policies are in place to ensure that dignity and respect are central to care?
- What systems are in place to support these policies? What training is made available to staff on the policies and how to manage their implementation?

Collecting evidence

- How does the organisation or service monitor the implementation of its dignity policies?
- How are people who use the service(s) and their relatives and carers involved in monitoring aspects of dignity?
- Can the Local Involvement Network provide any evidence of the experience of people using services?

Learning

- Is systematic incident reporting used to inform reviews of service(s) and improve them?
- What is the "whistleblowing" policy, how is it promoted and used, are there any examples of its use?
- What use is made of complaints reporting and feedback from people using services and their carers to learn and improve?
- Who is responsible at different levels of the organisation to learn from mistakes?
- Can the organisation/service provide examples of learning from mistakes, showing that it is a "learning organisation"?

What level of support is likely to be required by the review?

¹ Department of Health Dignity in Care campaign 2006

- Dudley Group of Hospitals Foundation Trust input including evidence gathering meeting to be held January 2010
- Voluntary Sector input
- Service User Group input
- Dudley NHS (PCT) input
- Local Involvement Network input
- Support, research and steering provided by the Scrutiny Officer
- Support, research and steering provided by the Lead Member with the collaboration of other members.
- Site visits to partner/other organisations may also take place.
- Research and meetings with officers will be conducted as necessary.

Specific Outcomes Required

Members hope to make recommendations to assist in shaping strategies, practices and policies, whilst taking into consideration the views and concerns raised by the health community.

Current Situation (why change is needed)

Dignity in Care is higher on the policy agenda for care services than ever before. Services are now operating against a policy backdrop that places quality, patient experience, dignity and respect at the heart of care. Dignity features in key performance frameworks including the NHS Operating Framework and the *National Indicator Set* and is a consistent theme in the key strategies including: *Living Well with Dementia – a National Dementia Strategy* (February 2009), *High quality care for all adults at end of life* (July 2008) and *Carers Strategy – Carers at the heart of 21st century families and communities: a caring system on your side, a life of your own* (June 2008).

The direction of travel of the *NHS Next Stage Review “High quality care for all”* places a strong emphasis on dignity and respect and the new *NHS Constitution* includes the right for patients to be treated with dignity and respect. Key organisations representing service users and care providers are taking action to promote dignity in care. For instance, the *Care Quality Commission* has included dignity and respect as one of its six key area of inspection.

Launched by the Department of Health (DH) in November 2006, the ‘Dignity in Care Campaign’ (www.dignityincare.org.uk) aims to end tolerance of care services that do not respect people’s dignity by:

- Raising awareness and stimulating a national debate around Dignity in Care
- Inspiring and equipping local people to take action
- Rewarding and recognising those who make a difference

The Campaign was originally launched specifically to promote dignity for older people but its focus is gradually being extended to all those receiving health and social care services.

As part of the Dignity in Care Campaign, the **Dignity Challenge** was issued. Based on consultations with service users, carers and professionals, it lays out the national expectations of what constitutes a service that respects dignity. It focuses on ten different aspects of dignity – the things that matter most to people. As such, it will be an important starting point for scrutiny.