



# *The Dignity in Care Campaign*

[www.dignityincare.org.uk](http://www.dignityincare.org.uk)

---

## ***Commissioning and Dignity: Dignity Metrics***

**Ruth Passman**

**Senior Health Policy Adviser**

# Background

---

- Zero tolerance of neglect, abuse and indignity in care provision
- Building a Conceptual Framework for people's experiences of dignity in care. Research and literature review to collate measures of 'dignity'
- Measuring dignity and 'indignity' – One 'tool' with which to ascertain whether the dignity programme is delivering its aims.
- Regional framework testing and baseline assessment tool
- Dignity is a key strategic objective of the Department of Health (DSO) and an integral part of the Local Government Performance Framework

**Your Care, Your Dignity, Our Promise**



# Next Steps

---

- **Dignity in all Care** :Widening out the focus of the campaign
- **Dignity in Care Campaign Impact Assessment** in 2009 Evaluation of the Dignity in Care Campaign – strengthening and celebrating the role of Dignity Champions and frontline staff.
- **Celebrating positive and emerging Dignity Practice: Peoples’ Award for Dignity.**  
Closing date March 6<sup>th</sup>.
- **Dignity Framework to stimulate real change**
  - Open Source
  - User Generated Content
  - Co-Production
  - Collective Ownership
- **Dignity Map** as part of the Darzi NSR Support package and as part of the NHS Operating Framework supporting `patient experience
- **New NHS Constitution:** Explicit recognition that a world class NHS must give a new priority to dignity and respect for patients-Dignity at forefront of local work in response to NSR Implementation
- **Dignity Metrics** under development

**Your Care, Your Dignity, Our Promise**

# Mapping the aspirations of Government strategies

Putting People First

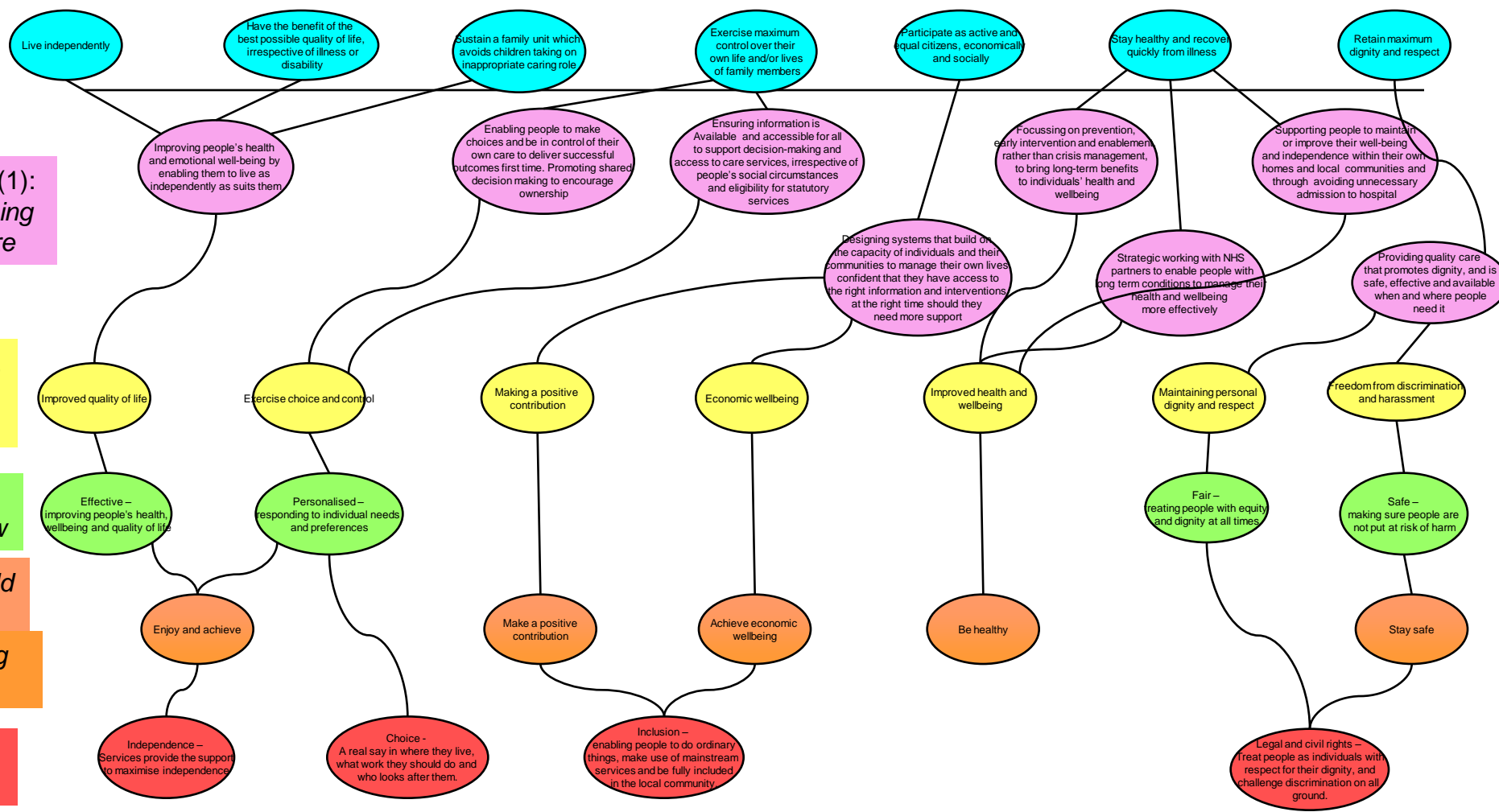
LAC 2008(1): Transforming Social Care

Our Health, Our Care, Our Say

NHS Next Stage Review

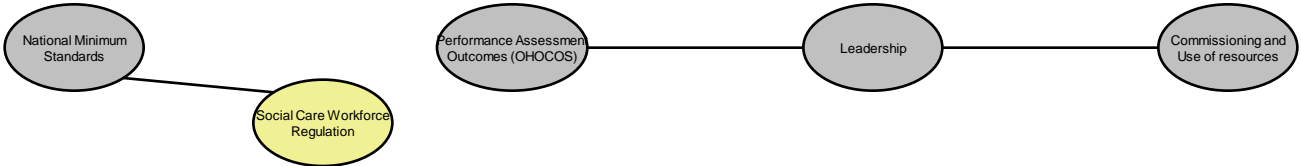
Every Child Matters Supporting People

Valuing People



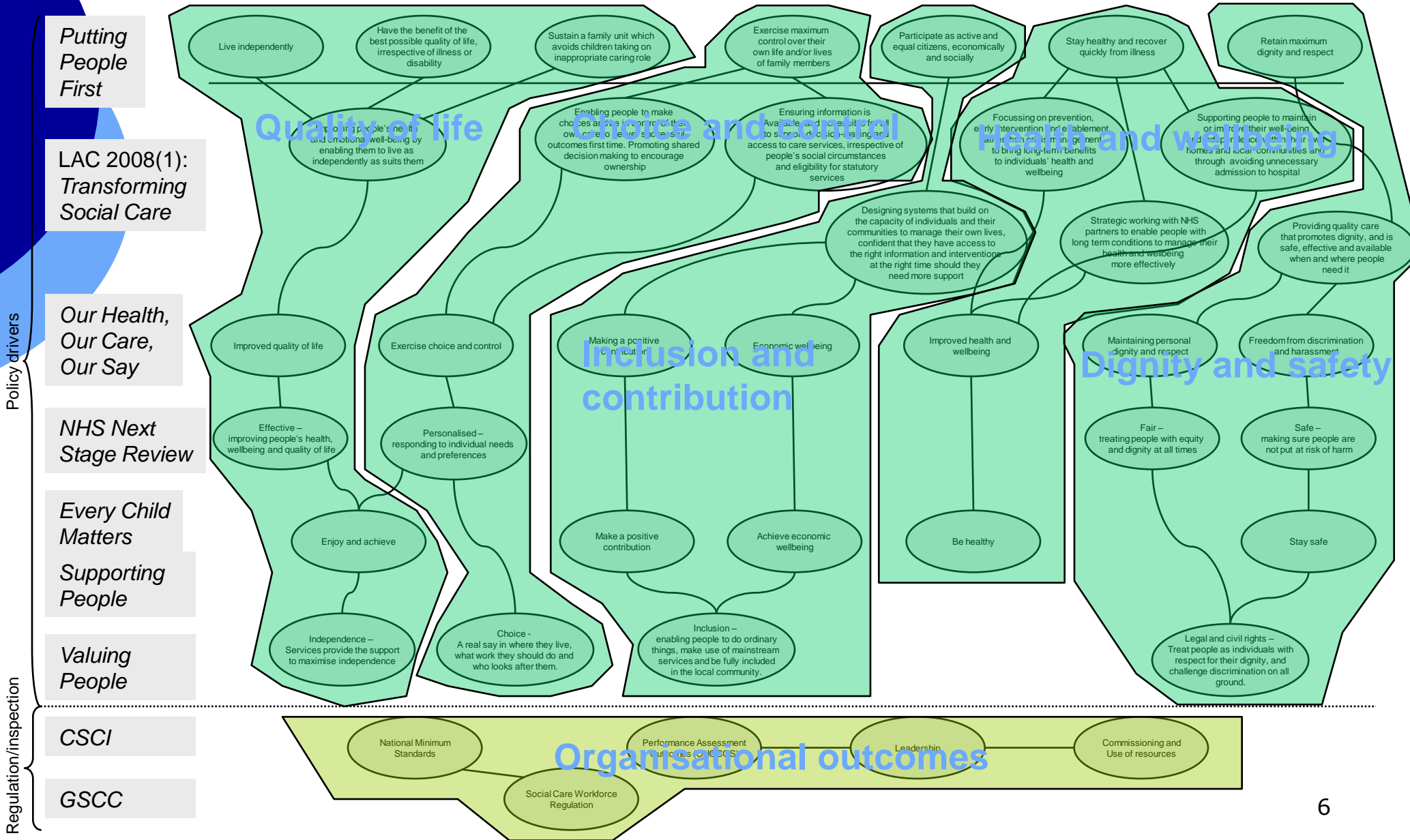
CSCI

GSCC



# Quality / Dignity Spectrum

Grouping the aspirations into common themes



# Patient Experience

## ***Dignity and Quality***

### **Patient Experience :**

- Clinical Outcomes
- Quality
- Patient Recorded Experience
- Experience
- Full Experience of the Patient journey and National Health (Services)

### **Improving Service Experience:**

- NW Darzi Next stage Review review- Dignity Mapping
- Commissioning for Service Experience
- Articulating a Vision for Patient Experience
- Strategic Organisational Leadership
- Organisational values/ staff experience
- Dignity audit- policy and practice

'HIGH QUALITY CARE FOR ALL'	'OUR HEALTH OUR CARE OUR SAY'
<b>Patient Safety:</b> Clean , safe environment / Reducing avoidable harm in healthcare	Maintaining personal dignity and respect Freedom from discrimination
<b>Patient Experience:</b> How personal care is/ treating patients with dignity, respect and compassion	Making a personal contribution Increased choice and control
<b>Effectiveness of Care:</b> Good quality outcomes, including from the patients' own perspective	Improved health and emotional wellbeing Economic wellbeing



# Dementia Strategy

---

- World class health and social care outcomes
- Improved public and professional attitudes and understanding of dementia
- Early diagnosis and intervention
- Good quality health and social care from diagnosis to the end of life
  
- Commissioning to improve health and social care outcomes for people with dementia and their families.
- Coherent care pathway for people with dementia and their families
- Next steps and further support for commissioners
  
- Joint leadership and strengthened local accountability arrangements for dementia
- Community of practice, practical support and guidance to overcome local commissioning challenges
- Provide specific guidance on key services eg memory services for early intervention, dementia advisers, in-reach into care homes
- Develop dementia datasets and models for the planners and commissioners of services
  
- Further promote the voice of people with dementia and their family carers



# Advancing Quality and Dignity

---

## **How can we commission for Dignity?**

Paying for better quality outcomes and supporting providers  
How can we link patient experience to broader social values?

## **How can we measure patient experience?**

Patient recorded outcomes  
Empathy Measures  
Being with Patients Programme:  
Patient Diaries  
Patient Life Books

Dignity in A&E and Urgent Care (RCN)  
Dignity in Community and Primary care Services for Dementia sufferers  
Dignity in Home Care for Dementia sufferers

# Dementia and Dignity

---

## **Emerging Practice in Dementia and End of Life Care**

Consistency and Dignity in Dementia Care: Good Standards and Whole Person-centred care

- Good Practice Guide for Advanced Planning for Care Homes for Older People
- SHARP Records and Plans

Guide – [www.counselandcare.org.uk](http://www.counselandcare.org.uk)

Report- <http://www.eolc-observatory.net/>

Life Review: understanding of the whole person

### Dementia Care Training

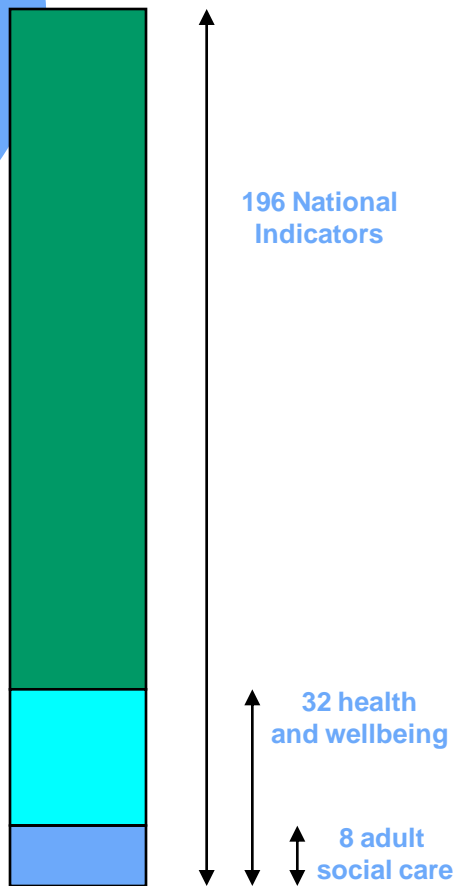
Avoid 'treachery' (tricks to gain compliance) , disempowerment, infantilisation, objectification.  
Dementia Care Quantum Training Manual. D.Walsh. 2006

Palliative care training and end of life care tools introduced to improve care at Risedale Estates. 5 homes with 243 elderly, infirm residents many dementia sufferers-Advanced care plan, issues around end of life, preferred place of care.

(University of Huddersfield. Bridgid Purcell)

# Dignity and Local Area Agreements

---



- Project underway to deliver a suite of Performance Indicators from which the next iteration of the NIS (and PSAs) will be drawn
- Review current NIS- which measures to be retained and which delete
- Change the conversation around 'performance'- supporting service improvement or feeding the beast?
- Ensure that the Performance Framework better supports 'Putting People First' by linking outcome-focused performance to the strategic aspirations of the Performance Framework
- Support a focus on particular areas most pertinent to the overall policy direction: Dignity and Quality

# Emerging Dignity Metrics

- National Nursing Review of Metrics and Practice
- Dignity in Care Metrics: Help the Aged/ Pickering Institute- framework of measures launched for use by care organisations
- Essence of Care data
- Darzi Clinical Pathway dignity and quality findings
- Consolidation of Dignity Metrics: the respective roles of inspection and local management

Review of Current NIS Indicator	Recommendation
NI125 – achieving independence through rehab/intermediate care	Keep under review (no data)
NI127 – self-reported experience of social care users	Retain (new survey programme)
NI128 – user-reported dignity and respect	Retain (possibly join with NI127)
NI130 – self-directed support	Retain (review definition)
NI132 – timeliness of social care assessment	Delete
NI133 – timeliness of social care package	Delete
NI135 – Carers receiving specific carers' service	Retain (review definition)
NI136 – Adults supported to live at home	Delete

# Care Quality Commission- Measuring quality and dignity in health and social care

---

## **Six Quality Dimensions in Health and social Care**

- **Safe**  
Avoid risk of harm in receiving care, safeguarding people when vulnerable
- **A good experience for people**  
Ensure dignity, respect, empowering people to exercise choice and control, involve people, families and carers in shaping services
- **Improving outcomes for people**  
Ensure effective care with the right outcomes, integrated in meeting individual needs
- **Focus on healthy, independent living and quality of life**  
Ensure independence and help people achieve the best possible health and quality of life
- **Access to services**  
Appropriate, fair and timely access, planning services to reflect community need
- **Value for money**

## **How can Regulation Play a part in promoting Dignity in dementia services?**

Embed Dignity in CQC Assessment Framework

Provider Assessment/ Compliance Criteria- CQC to be assured of fitness for practice

New Enforcement Powers/ Risk Based Assessment

Commissioner Assessment

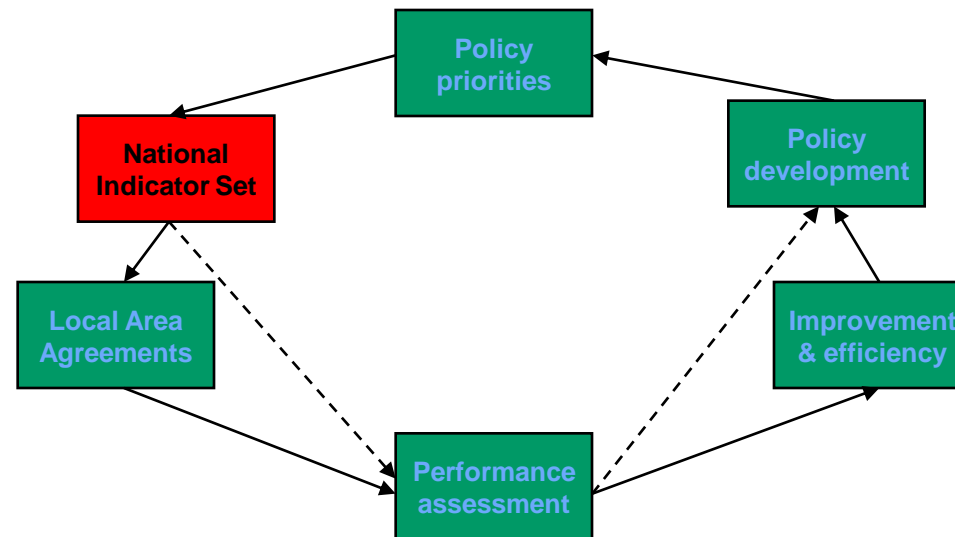
Co-production of regulations-making sense to those providing and receiving care (and their carers)

Lay Reviewers and 'Expert by Experience' input into inspection and review

# Care Metrics

---

- **Performance Indicators:** The local performance framework PIs describe shared national and local priorities, provide the focus of attention on specific areas and policies and set out how data will be collected to support evidence and delivery



## Quality of life

Outcomes for individuals		Outcomes for populations	
I1	Services promote independence and self-management, and enable individuals to achieve a quality of life acceptable to them.	P1	People say that they are supported to maintain their independence, and know how to access services when they need to.
I2	Carers are supported to access services to balance their caring role and maintain an acceptable quality of life.	P2	Placements in care are always based on need and accommodate the individual's wishes (and those of their family or carer), and allow the opportunity to remain in their own homes in accordance with those wishes.
I3	Prevention, early intervention and reablement services (including rehabilitation, intermediate care and telecare) are available to reduce dependency, mitigate risk and avoid inappropriate placements.	P3	Family and community capital and access to self-care is maximised.

Performance indicators to evidence achievement of outcomes	Link to outcome
Avoiding inappropriate placements: <ul style="list-style-type: none"> <li>• Rate of admissions to residential care v. those to intermediate care</li> <li>• % of non-elective acute admissions which results in discharge to institutional care</li> <li>• <a href="#">Adults with learning disabilities/ mental health problems in settled accommodation (NI146 and NI149)</a></li> </ul>	I3, P2
Supporting self-management: <ul style="list-style-type: none"> <li>• Percentage of users/carers reporting that as a result of the services they received they felt more able to improve the quality of their lives</li> <li>• Uptake of assistive technology in self-management of long-term conditions</li> <li>• <a href="#">People over 65 who say they receive the information, assistance and support to live independently at home (NI139)</a></li> </ul>	I1, I3
Supporting families and carers: <ul style="list-style-type: none"> <li>• Carers' experience of services</li> <li>• Children in appropriate caring roles: numbers of days of education missed</li> <li>• <a href="#">Carers receiving a specific carers' service, or information and advice (NI135)</a></li> </ul>	I2, P3
Experience of services and impact on life chances: <ul style="list-style-type: none"> <li>• Service users successfully achieving their three personal outcomes</li> <li>• Percentage of those receiving a LA-commissioned service which was deemed 'good' or 'excellent'</li> <li>• Clients reporting that they were content with the process and outcome of their assessment</li> <li>• <a href="#">Self-reported experience of social care users (NI127)</a></li> </ul>	I1, P1, P3

# Choice and control

Outcomes for individuals		Outcomes for populations	
I1	People are supported and encouraged to involve themselves in the design and delivery of services to meet their needs.	P1	Universal information, advice and advocacy is available to all, and services are actively promoted.
I2	Services are personalised to respond to individual circumstances, irrespective of complex or specialised care needs, enabling maximum choice whilst proportionately addressing risk.	P2	People know how to access records and information, and who to contact when they need to do so.
I3	People who use services and carers are given a genuine choice in how and where they are supported, including an upfront allocation of resources for self-directed services.	P3	Family members and carers are treated as expert care partners and their place is recognised within the community.

Performance indicators to evidence achievement of outcomes	Link to outcome
Delivering self-directed support: <ul style="list-style-type: none"> <li>• <a href="#">Social care clients receiving self-directed support (NI130)</a></li> <li>• Evidence that those receiving self-directed support feel they have a level of choice and control over their lives they did not have before services were offered</li> <li>• Percentage of self-assessments completed which result in an agreed package of care</li> </ul>	I1, I2, I3
Promoting information, advice and services: <ul style="list-style-type: none"> <li>• Effectiveness of information/advice offered by LA to users/carers/public</li> <li>• Awareness of LA services provided locally</li> </ul>	P1, P2
Advocacy: <ul style="list-style-type: none"> <li>• Involvement of family members in assessment/care planning/advocacy</li> <li>• Investment in advocacy services</li> </ul>	P1, P3

## Inclusion and contribution

Outcomes for individuals		Outcomes for populations	
I1	People say that the services they receive help prevent or alleviate loneliness or isolation.	P1	People are encouraged and supported to become volunteers; voluntary groups are active and influential   shaping services in the community.
I2	Services support individuals to find employment, maintain a family and social life and contribute to community life.	P2	Access to public transport, local services and leisure facilities supports participation in the local community.
I3	Carers are supported to enable them to continue their employment or return to work where they choose to do so.	P3	People are supported to access all the benefits and allowances to which they are eligible.

Performance indicators to evidence achievement of outcomes	Link to outcome
Active participation in communities: <ul style="list-style-type: none"> <li>• The percentage of people who report feeling useful and valued in their home and family, and/or their service situation, and/or the wider community</li> <li>• Number of people from the wider community engaged in voluntary activity with NHS and/or LA organisations (LINKs)</li> <li>• <a href="#">Percentage of people who feel that they belong to their neighbourhood (NI2)</a></li> <li>• <a href="#">Participation in regular volunteering (NI6)</a></li> <li>• <a href="#">Access to services and facilities by public transport, walking and cycling (NI175)</a></li> </ul>	I1, I2, P1, P2
Supporting economic stability: <ul style="list-style-type: none"> <li>• Supporting individuals to maximise welfare benefits</li> <li>• Level of attendance allowance uptake amongst older people in the year</li> <li>• <a href="#">Tackling fuel poverty – people receiving income-based benefits living in homes with a low energy efficiency rating (NI187)</a></li> <li>• <a href="#">Adults with learning disabilities/mental health problems in employment (NI145 and NI150)</a></li> <li>• <a href="#">People falling out of work and onto incapacity benefit (NI173)</a></li> </ul>	I2, I3, P3

# Health and wellbeing

Outcomes for individuals		Outcomes for populations	
I1	Recovery from illness takes place in the most appropriate care setting, taking into account the individual's wishes, and does not lead to acute readmissions.	P1	People are supported to manage their own health and wellbeing and report themselves to be in good health.
I2	Services are signposted to promote health and wellbeing and provide accessible information and advice.	P2	Individuals say that they are satisfied with their ability to control their own health and wellbeing.
I3	Hospital stays reflect medical needs. Discharges are not delayed or made to inappropriate settings and do not lead to acute readmissions.	P3	The local environment acts to support healthier lifestyles and enables people to make informed choices about their health and wellbeing.

Performance indicators to evidence achievement of outcomes	Link to outcome
Reducing preventable admissions: <ul style="list-style-type: none"> <li>• Acute emergency readmissions within 7/14/28 days of hospital discharge</li> <li>• Rate of multiple (2+ pa) acute emergency admissions (over 65s)</li> <li>• Accidents reported in individuals' own homes</li> <li>• Emergency bed days per head of weighted population (NI134)</li> <li>• Delayed transfers of care from hospitals (NI131)</li> <li>• Achieving independence through intermediate care/ rehabilitation (NI125)</li> </ul>	I1, I3
Supporting individuals to improve their own health and wellbeing: <ul style="list-style-type: none"> <li>• Individuals who say that they are satisfied with their ability to control their own health and wellbeing</li> <li>• Mental health?</li> <li>• Self-reported measure of people's overall health and wellbeing (NI119)</li> <li>• All-age all-cause mortality rate (NI120) and under 75 cancer/CVD mortality rate (NI121/NI122)</li> <li>• Rate of hospital admissions for alcohol-related harm (NI39)</li> <li>• Percentage of infants breastfed at 6-8 weeks (NI53)</li> <li>• Obesity amongst primary school-age children (NI54/NI55)</li> <li>• Smoking prevalence amongst people aged 16 and over (NI123)</li> </ul>	I2, P1, P2, P3
Access to community services: <ul style="list-style-type: none"> <li>• Availability of health and social care services in the local community (dental/chiropractic)</li> </ul>	I2, P3

# Dignity and safety

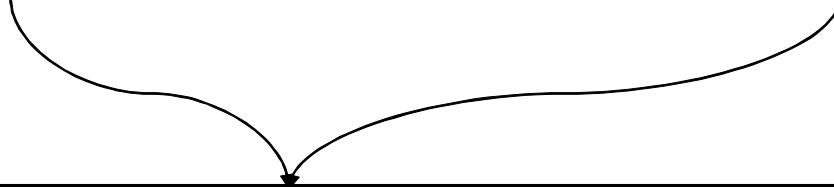
Outcomes for individuals		Outcomes for populations	
I1	Care is sensitive to the dignity, privacy and confidentiality of those using the services, and individuals report that they feel these areas are addressed.	P1	People are protected as far as possible from abuse, neglect and self-harm.
I2	People whose circumstances make them vulnerable are protected from abuse and harassment.	P2	Local partners act together to minimise risks to safety and welfare for their communities.
I3	Services are fair and equitable, capable of meeting needs regardless of disability, and work to benefit all people who need them.	P3	People feel they are treated equally, their human rights are respected, and they are free from discrimination.

Performance indicators to evidence achievement of outcomes	Link to outcome
Protecting adults whose circumstances make them vulnerable: <ul style="list-style-type: none"> <li>Abuse of vulnerable adults – incidences of (re) referrals/adult protection meetings</li> <li>Percentage of service users who report feeling safer from harassment as a result of the services provided</li> </ul>	I2, P1, P2
Dignity in care services: <ul style="list-style-type: none"> <li>User-reported dignity and respect in their treatment (NI128)</li> <li>Perceptions that people in the area treat one another with respect and dignity (NI23)</li> </ul>	I1, P3
Fairness of services: <ul style="list-style-type: none"> <li>Perceptions that services are provided fairly to all who need them</li> <li>Availability of services to meet the needs of local communities</li> <li>Fair treatment by local services (NI140)</li> </ul>	I3, P3
Freedom from discrimination: <ul style="list-style-type: none"> <li>The percentage of selected groups who are proportionately represented by the numbers of completed assessments by the CASSR</li> <li>Complaints upheld on grounds of equalities or human rights</li> </ul>	I3, P3

## Organisational outcomes



Outcomes for organisations			
O1	Co-production is a key element of service design and delivery - the views of users, carers and other stakeholders are central in shaping services.	O4	Councils support user-led organisations to advocate for people who use services and provide a voice to influence services.
O2	Councils use their commissioning function to shape local markets, allocating resources fairly and inclusively across the full range of services and sustaining quality care.	O5	Integrated approaches across local partners deliver joint outcomes through shared commissioning and investment activity.
O3	Adult social care champions the rights and needs of their population within the LA, across public services and in the wider community.	O6	The adult social care workforce has the skills, capacity and commitment to deliver improved outcomes for their population.



Performance indicators to evidence achievement of outcomes	Link to outcome
Commissioning quality services: <ul style="list-style-type: none"> <li>• % of services commissioned deemed 'poor' or 'satisfactory'</li> <li>• % of services attaining national minimum standards</li> </ul>	O2, O5
Integrated services: <ul style="list-style-type: none"> <li>• <a href="#">Avoidable contact: the average number of customer contacts per received customer request (NI14)</a></li> <li>• TBC</li> </ul>	O5
Supporting user-led organisations: <ul style="list-style-type: none"> <li>• Investment in user-led organisations</li> <li>• Evidence of role of ULOs in service design/commissioning</li> </ul>	O1, O4
Workforce: <ul style="list-style-type: none"> <li>• Recruitment/retention rates</li> <li>• Workforce experience of leadership</li> </ul>	O6

## Review of current NIS

- We have conducted a review of the current 8 adult social care measures and the larger group of PIs to which social care contributes.
- This recommended:

Indicator	Recommendation
NI125 – achieving independence through rehab/intermediate care	Keep under review (no data)
NI127 – self-reported experience of social care users	Retain (new survey programme)
NI128 – user-reported dignity and respect	Retain (possibly join with NI127)
NI130 – self-directed support	Retain (review definition)
NI132 – timeliness of social care assessment	Delete
NI133 – timeliness of social care package	Delete
NI135 – Carers receiving specific carers' service	Retain (review definition)
NI136 – Adults supported to live at home	Delete

- We're now undertaking wider consultation on the current NIs through the SSRG network to inform this position.