

Current Standards, Measures and Outcomes for Health and Social Care

Contents:

1. [Health and Social Care Standards](#)
2. [National Health and Wellbeing Outcomes](#)
3. [Core Suite of Integration Indicators](#)
4. [MSG for Health and Community Care – Review Proposals](#)
5. [Framework for Community Health and Social Care Integrated Services](#)
6. [Healthcare Improvement Scotland - Standards and Indicators](#)
7. [System Leadership and Delivery](#)
8. [Map of Integration Authorities by Health Board](#)

1. Health and Social Care Standards

Published in June 2017, the [Health and Social Care Standards](#), set out what people should expect when using health, social care or social work services in Scotland. Since 1 April 2018, the Care Inspectorate, Healthcare Improvement Scotland and other scrutiny bodies have to take the Standards into account in relation to inspections and registrations of health and social care services.

There are five, broad ‘headline outcomes’, with each headline having 25 – 40 descriptive statements.

The headline outcomes 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.](#)

2. National Health and Wellbeing Outcomes

The [National Health and Wellbeing Outcomes](#) underpin the activities that Health Boards, Local Authorities and Integration Authorities must carry out under the Public Bodies (Joint Working) (Scotland) Act 2014 to achieve Scottish Ministers intention for integration of health and social care in Scotland. The outcomes focus on the experiences and quality of services for people using services, carers and their families.

Health Boards, Local Authorities and Integration Authorities must have regard to the national health and wellbeing outcomes when:

- preparing and reviewing Integration Schemes,
- preparing and reviewing Strategic Commissioning Plans,

- carrying out an integrated function, i.e. when delivering integrated health and social care services,
- reviewing performance in Annual Performance Reports.

Healthcare Improvement Scotland and the Care Inspectorate must also assess the extent to which services are contributing to the National Health and Wellbeing Outcomes.

1	People are able to look after and improve their own health and wellbeing and live in good health for longer.
2	People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
3	People who use health and social care services have positive experiences of those services, and have their dignity respected.
4	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
5	Health and social care services contribute to reducing health inequalities.
6	People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.
7	People who use health and social care services are safe from harm.
8	People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
9	Resources are used effectively and efficiently in the provision of health and social care services.

3. Core Suite of Integration Indicators

Each Integration Authority is required to publish an Annual Performance Report which sets out how they are improving the National Health and Wellbeing Outcomes. These reports are required to include information about the [core suite of indicators](#) and should be supported by local measures and data to provide a broader picture of local performance.

The availability of the data or the level of perceived direct influence on the data should not lead to the prioritisation of one indicator at the expense of others. The indicators are designed to allow the comparison between areas and to look at improvement over time. It was agreed that the indicators would not be subject to targets although local areas may decide to set improvement aims where appropriate.

The indicators can be grouped into two types of complementary measures. Each indicator is provided below with a link to Scottish Government guidance that provides further background information on what National Health and Wellbeing Outcome the indicator links to, the rationale for including it and its source.

Outcome indicators based on survey feedback, to emphasise the importance of a personal outcomes approach and the key role of user feedback in improving quality:

1. [Percentage of adults able to look after their health very well or quite well.](#)
2. [Percentage of adults supported at home who agree that they are supported to live as independently as possible.](#)
3. [Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided.](#)
4. [Percentage of adults supported at home who agree that their health and care services seemed to be well co-ordinated.](#)
5. [Percentage of adults receiving any care or support who rate it as excellent or good](#)
6. [Percentage of people with positive experience of care at their GP practice.](#)
7. [Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life.](#)
8. [Percentage of carers who feel supported to continue in their caring role.](#)
9. [Percentage of adults supported at home who agree they felt safe.](#)
10. [Percentage of staff who say they would recommend their workplace as a good place to work.*](#)

Indicators derived from organisational/system data primarily collected for other reasons:

11. [Premature mortality rate.](#)
12. [Rate of emergency admissions for adults.*](#)
13. [Rate of emergency bed days for adults.*](#)
14. [Readmissions to hospital within 28 days of discharge.*](#)
15. [Proportion of last 6 months of life spent at home or in community setting.](#)
16. [Falls rate per 1,000 population in over 65s.*](#)
17. [Proportion of care services graded 'good' \(4\) or better in Care Inspectorate Inspections.](#)
18. [Percentage of adults with intensive needs receiving care at home.](#)

19. [Number of days people spend in hospital when they are ready to be discharged.](#)
20. [Percentage of total health and care spend on hospital stays where the patient was admitted in an emergency.](#)
21. [Percentage of people admitted from home to hospital during the year, who are discharged to a care home.*](#)
22. [Percentage of people who are discharged from hospital within 72 hours of being ready.*](#)
23. [Expenditure on end of life care.*](#)

*Indicator under development

4. MSG for Health and Community Care – Review Proposals

In February 2019, the Ministerial Strategic Group for Health and Community Care (MSG) published a report on the [Review of Progress with Integration of Health and Social Care](#). The report recognised the [Audit Scotland report](#) on integration that was published in November 2018 and the MSG agreed with Audit Scotland's list recommendations to deliver integration well. In its own report, the MSG set out 25 proposals to improve the pace and scale of integration. These proposals had varying timescales and were grouped into six categories.

Prior to the Covid-19 pandemic, progress in addressing these proposals was being monitored by the Integration Leadership Group. The MSG last considered an [update on progress](#) at their last meeting in January 2020, where it noted that much progress had been achieved. However, there was still more to do, particularly around finance, leadership and accountability and within some areas of Scotland with much more to do than others.

The 25 proposals are listed below.

1. [Collaborative leadership and building relationships](#)
 - i. All leadership development will be focused on shared and collaborative practice.
 - ii. Relationships and collaborative working between partners must improve.
 - iii. Relationships and partnership working with the third and independent sectors must improve.
2. [Integrated finances and financial planning](#)
 - i. Health Boards, Local Authorities and IJBs should have a joint understanding of their respective financial positions as they relate to integration.
 - ii. Delegated budgets for IJBs must be agreed timeously.

- iii. Delegated hospital budgets and set aside requirements must be fully implemented.
- iv. Each IJB must develop a transparent and prudent reserves policy.
- v. Statutory partners must ensure appropriate support is provided to IJB S95 Officer (Chief Finance Officers).
- vi. IJBs must be empowered to use the totality of resources at their disposal to better meet the needs of their local populations.

3. Effective strategic planning for improvement

- i. Statutory partners must ensure that Chief Officers are effectively supported and empowered to act on behalf of the IJB.
- ii. Improved strategic inspection of health and social care is developed to better reflect integration.
- iii. National improvement bodies must work more collaboratively and deliver the improvement support partnerships require to make integration work.
- iv. Improved strategic planning and commissioning arrangements must be put in place.
- v. Improved capacity for strategic commissioning of delegated hospital services must be in place.

4. Governance and accountability arrangements

- i. The understanding of accountabilities and responsibilities between statutory partners must improve.
- ii. Accountability processes across statutory partners will be streamlined.
- iii. IJB chairs must be better supported to facilitate well run Boards capable of making effective decisions on a collective basis.
- iv. Clear directions must be provided by IJBs to Health Boards and Local Authorities.
- v. Effective, coherent and joined up clinical and care governance arrangements must be in place.

5. Ability and willingness to share information

- i. IJB annual performance reports will be benchmarked by Chief Officers to allow them to better understand their local performance data.
- ii. Identifying and implementing good practice will be systematically undertaken by all partnerships.
- iii. A framework for community based health and social care integrated services will be developed.

6. Meaningful and sustained engagement

- i. Effective approaches for community engagement and participation must be put in place for integration.
- ii. Improved understanding of effective working relationships with carers, people using services and local communities is required.

- iii. We will support carers and representatives of people using services better to enable their full involvement in integration.

5. Framework for Community Health and Social Care Integrated Services

Proposal 5.(iii) of the MSG's review of the progress of integration was to develop a [Framework for Community Health and Social Care Integrated Services](#). This was published in November 2019 and sets out what 'good' looks like in terms of the provision of effective, integrated community-based assessment, treatment, care and support.

Specifically, the framework:

- Articulates the aspects of assessment, care and support that can improve outcomes for people as well as the wider health and social care system
- Offers a range of examples of good practice that can be adopted and adapted to suit local needs.
- Helps to inform an operational planning and delivery cycle that engages and involves communities, carers, the third and independent sectors, Health Boards and Local Authorities.

6. Healthcare Improvement Scotland - Standards and Indicators

Healthcare Improvement Scotland develops standards and indicators to support health and social care organisations improve the quality of care and support they deliver. These enable health and social care providers to:

- Identify gaps and areas for local improvement
- Measure the quality of care they provide
- Understand how to improve care
- Demonstrate that they provide quality care locally and nationally.

Their current standards and indicators are as follows:

Title	Publication type	Status	Date published
Healthcare and forensic medical services for people who have experienced rape, sexual assault or child sexual abuse: children, young people and adult indicators	Indicators	Current	March 2020
Bowel screening standards	Standards	Under review	February 2020
Abdominal aortic aneurysm (AAA) screening standards	Standards	Under review	January 2020
Sexual health standards	Standards	In development	November 2019

Title	Publication type	Status	Date published
Congenital heart disease standards	Standards	In development	October 2019
Prevention and management of pressure ulcers standards	Standards	Under review	September 2019
Barnahus standards	Standards	In development	July 2019
Mortuary services standards	Standards	In development	June 2019
Cervical screening standards	Standards	Current	March 2019
General standards for neurological care and support	Standards	Current	March 2019
Pregnancy and newborn screening standards	Standards	Current	January 2019
Breast screening standards	Standards	Current	December 2018
Healthcare and forensic medical services for people who have experienced rape or sexual assault standards	Standards	Current	December 2017
Management of hospital post-mortem examinations standards	Standards	Current	June 2016
Diabetic retinopathy screening standards	Standards	Current	January 2016
Complex nutritional care standards	Standards	Current	December 2015
Care of older people in hospital standards	Standards	Current	June 2015
Healthcare Associated Infection (HAI) standards: 2015	Standards	Current	February 2015
Food, fluid and nutritional care standards	Standards	Current	October 2014
Out-of-hours services indicators	Indicators	Current	March 2014
Pregnancy and newborn screening indicators	Indicators	Current	September 2013
Human Immunodeficiency Virus (HIV) services standards	Standards	Current	July 2011
Hepatitis C indicators	Standards	Current	April 2012
Integrated care pathways for mental health - child and adolescent service standards	Standards	Current	June 2011
Heart disease standards	Standards	Current	April 2010
Chronic obstructive pulmonary disease (COPD) services standards	Standards	Current	March 2010

7. System leadership and delivery of the standards, measures and outcomes

In Scotland there are:

- 14 Territorial Health Boards
- 32 Local Authorities
- 31 Integration Authorities

A [map](#) is available on the Scottish Government website that shows these Integration Authorities by Health Board. Integration Authorities are synonymous with Local Authority boundaries, except in one instance, Stirling and Clackmannanshire, which had been in a shared services arrangement when Integration commenced and they jointly formed a single Integration Joint Board.

Under the Public Bodies (Joint Working) Act 2014 the above bodies are expected to collaborate to deliver the national health and wellbeing outcomes and to comply with the range of outcomes, measure and indicators outlined.

Across these statutory bodies there are 77 senior system leaders, comprising Chief Executives of Health Boards and Local Authorities, and IJB Chief Officers.

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