

# SCRUTINY BOARD (HEALTH AND ADULT SOCIAL CARE)

## DIGNITY IN CARE FOR OLDER PEOPLE

### TERMS OF REFERENCE

#### 1.0 INTRODUCTION

- 1.1 High quality health and social care services should be delivered in a person-centred way that respects the dignity of the individual receiving them. However, it is recognised nationally that older people in particular are not always treated with the respect they deserve.
- 1.2 As the main users of hospital and residential services, the concerns around older people led to the introduction of a National Service Framework for Older People in March 2001. In April 2006 the Department of Health published 'A New Ambition for Old Age', which sets out the second stage of implementing the National Service Framework. In particular, this document prioritises the need to ensure older people are treated with dignity when using health and social care services.
- 1.3 The Department of Health's definition of dignity is based on the moral requirement to respect all human beings, irrespective of any conditions they may suffer from.
- 1.4 The Board's Inquiry sets out to further promote the dignity agenda in Leeds and the scope of the Inquiry has been based on the aims set out within the Department of Health's document 'A New Ambition for Old Age'. However, the scope of this Inquiry does not extend to the aims and principles surrounding dignity at the end of life. Whilst part of a continuum of care, it is felt that the complexities and sensitivity surrounding end of life care would justify a separate and more detailed Inquiry. However, references to best practice models used nationally, and being piloted locally, for end of life care of older people will be made during the Inquiry.
- 1.5 It is important to help create a zero tolerance of lack of dignity in the care of older people, in any care setting. There is a need to inspire and equip local people, be they service users, carers, relatives or care staff with the information, advice and support they need to take action to drive up standards of care with respect to dignity for the individual.

#### 2.0 SCOPE OF THE INQUIRY

- 2.1 The aim of the review is to make an assessment of and, where appropriate, make recommendations on:
- the measures in place, or needed, to help raise awareness of the dignity agenda amongst health and social care providers, staff and other stakeholders;
  - whether the needs of older people within local hospitals and care homes are being met, with particular reference to their nutrition, privacy and physical environments;

- the measures in place, or needed, to ensure particular vulnerable groups, such as older people with mental health problems, are treated with respect for their dignity;
- the skills, competence and leadership needs of the workforce to ensure that older people are treated with respect for their dignity;
- the attitudes of staff, particularly when communicating with older people.
- older people with long-term conditions and personal care needs having their specific needs met while receiving care for other reasons in any health or social care setting
- the role of inspectorates and regulators in ensuring the issue of dignity is central to their work, so that breaches of dignity are regarded as serious failures;
- relevant complaints procedures and whistle blowing policies;
- the links to the wider Government work on equalities and human rights.

### **3.0 COMMENTS OF THE RELEVANT DIRECTOR AND EXECUTIVE MEMBER**

3.1 In line with Scrutiny Board Procedure Rule 12.4 the views of the relevant Director and Executive Member have been sought and have been incorporated where appropriate into these Terms of Reference. Full details are available on request to the Scrutiny Support Unit.

### **4. STRUCTURE FOR THE REVIEW**

4.1 It is proposed that a range of approaches to evidence gathering are used in this Inquiry, including the following:

- Full meetings of the Scrutiny Board to consider evidence and question key witnesses
- Discussion with key partners, stakeholders and carers
- Visits to selected establishments to engage with service users and staff

4.2 The Inquiry will conclude with the publication of a report and recommendations by the Scrutiny Board that will be submitted to the appropriate forum.

### **5. SUBMISSION OF EVIDENCE**

5.1 This timetable is subject to change depending upon the outcome of the initial evidence gathering sessions.

5.2 The following formal evidence gathering sessions are scheduled.

5.3 **Site visits – to be carried out during November/December 2006**

5.4 **Session One: Scrutiny Board (Health and Adult Social Care) Meeting – 20<sup>th</sup> November 2006**

The purpose of this session is to:

- Consider what measures are being used, or needed, to help raise awareness of the dignity agenda amongst health and social care providers, staff and other stakeholders;
- Consider the skills, competence and leadership needs of the workforce to ensure that older people are treated with respect for their dignity;
- Consider the links to the wider Government work on equalities and human rights.

#### 5.5 **Session Two: Scrutiny Board (Health and Wellbeing) Meeting – 22<sup>nd</sup> January 2007**

The purpose of this session is to:

- share feedback from the site visits carried out;
- explore whether the needs of older people within local hospitals and care homes are being met, with particular reference to communication, personal assistance, nutrition, privacy and physical environments;
- consider the measures in place, or needed, to ensure particular vulnerable groups, such as older people with mental health problems, are treated with respect for their dignity;
- consider the relevant complaints procedures and whistle blowing policies;
- consider the role of inspectorates and regulators in ensuring the issue of dignity is central to their work, so that breaches of dignity are regarded as serious failures.

#### 5.6 **Session Three: Scrutiny Board (Health and Wellbeing) Meeting – 19<sup>th</sup> March 2007**

To consider the Board's draft final report

### 6. **WITNESSES**

6.1 The following witnesses have been identified as possible contributors to the Inquiry:

- Leeds Primary Care Trust
- Leeds Teaching Hospitals NHS Trust
- Leeds Mental Health Teaching NHS Trust
- Leeds Social Services Department
- Older People's Modernisation Team
- Leeds Carers Association
- Older People's Forum
- Relatives and Residents Association
- Older People's Modernisation Team
- Older People's Champions
- Relevant inspectorates/regulators including the Commission for Social Care Inspection and the Healthcare Commission

## **7.0 POST INQUIRY REPORT MONITORING ARRANGEMENTS**

- 7.1 Following the completion of the Scrutiny inquiry and the publication of the final inquiry report and recommendations, the implementation of the agreed recommendations will be monitored. The Scrutiny Board will determine those arrangements at the end of the Inquiry.
- 7.2 The final inquiry report will include information on the detailed arrangements for how the implementation of recommendations will be monitored.

## **8.0 MEASURES OF SUCCESS**

- 8.1 It is important to consider how the Scrutiny Board will deem if its inquiry has been successful in making a difference to local people. Some measures of success may be obvious at the initial stages of an inquiry and can be included in these terms of reference. Other measures of success may become apparent as the inquiry progresses and discussions take place.
- 8.2 The Committee will look to publish practical recommendations.

**DRAFT**