Questions about the NICE consultation document on 'Topics for new NICE quality standards and guidance to improve the quality of social care'

1. Introduction

1.1 The English Community Care Association (ECCA) is the largest representative body for community care in England. It speaks with a single unified voice on behalf of its members and the sector, and is seeking to create an environment in which providers can continue to deliver and develop the high quality care that communities deserve. ECCA's core mission is to support user choice, empowerment and quality services. ECCA's members provide a wide range of services for adults with care and support needs including services in residential and nursing settings, homecare, housing and community-based support and they deliver specialist care home services such as rehabilitation, respite, palliative care and mental health services.

1.2 ECCA is delighted to provide a response to the NICE consultation which has resonance with care providers and focuses on developing topics for new NICE quality standards and guidelines in order to improve the quality of social care. The National Institute for Health and Clinical Excellence (NICE) is the independent organisation responsible for providing national guidance and advice for health and social care in order to empower health and care professionals and others to make sure that the care they provide is of the best possible quality and offers the best value for money. There is also a direct link to the consultation document at: http://www.dh.gov.uk/health/2013/02/nice-socialcare-2/

Below is a copy of ECCA's response to the consultation which also outlines the questions that the consultation focuses on. If you have any comments about the response, including any which do not relate directly to the questions, please let me know as all comments and suggestions are bound to be helpful. You can also send your comments to the Department of Health directly as stated on the page found at the link provided above but I would be very grateful if you could also provide me with your comments by Tuesday 23rd April.

Response to consultation

Question 1: Do you agree with the initial list of future quality standards proposed in the consultation document?

1.1 Yes because there are a range of topics which are very important to people who use health and social care services provided by ECCA members.

Question 2: Which ones do you disagree with?

2.1 The topics about 'Young Carers', 'Attachment and permanence', 'Homelessness' and 'Substance misuse' refer to care services in which ECCA members are not involved so we would not be able to comment on these topics – please see below.

Question 3: Why do you disagree with the topic/s?

3.1 Whilst the topics about 'Young Carers', 'Attachment and permanence', 'Homelessness' and 'Substance misuse' are important, they are outside the remit of ECCA's work as they focus on children and young people or issues surrounding homelessness, where as the English Community Care Association (ECCA) solely works to represent adult community care in England.

Question 4: Are there any titles/topics that should be amended and in what way?

4.1 Some of the topics for new NICE quality standards and guidance need to be defined more specifically. For example, continuing care covers a range of health and social care needs and these could be identified under the '*Continuing care'* heading to improve clarity. Furthermore the '*Deprivation of liberty safeguards'* topic could be defined more clearly in terms of specifying what aspects of the safeguards will be examined.

4.2 Some of the topics which refer solely to young people could also be applied to adults. For example, *'Substance misuse'*, '*Carers'* and '*Attachment and perm*anence' are all issues that could be related to adults.

4.3 Some of the topics may exclude people in care homes as they solely focus on people in the community. These topics include '*Supporting adults to manage their pain in the community'*, '*Managing pain for people in the community '* and '*Preventing social isolation for people who use care services in the community*'. In reference to the latter topic it needs to be noted that although people may see other service users and staff on a daily basis in care homes, feelings of isolation may still develop with the current focus on privacy and the allocation of a private room to each service user.

Question 5: Are there any potential equality issues with these topics that may affect a particular protected characteristic group?

5.1 As outlined above (please see 4B) adults may be excluded from some of the topics for new NICE quality standards and guidance because they only focus on children and young people, despite covering issues which are also relevant to adults. These topics include '*Substance misuse'*, '*Carers'* and '*Attachment and perm*anence'.

5.2 As outlined above (please see 4C) service users in care homes are not being included in some of the topics for new NICE quality standards and guidance because they only focus on people in the community, despite covering issues which are very relevant to service users in care homes. These topics include *'Supporting adults to manage their pain in the community'*, '*Managing pain for people in the community '* and '*Preventing social isolation for people who use care services in the community*'.

Question 6: Are there any other topics you would like to see considered that aren't in the list?

New topics could include:

6.1 Preventing people from becoming less independent and requiring higher costing services
6.2 Promoting the use of community initiatives to prevent people from becoming less independent and requiring higher costing services
6.3 Improving nutrition for people in care homes and in the community
6.4 Promoting meaningful exercise and activities for adults in care homes and in the community
6.5 Reviewing the process for assessing people's health and social care needs and the criteria that is currently being used to provide a good quality assessment
6.6 Reviewing guidelines for safeguarding
6.7 Restraint in Dementia Care: A risk assessed, individualised approach for the use of Safe Holds in Dementia Care Homes

6.8 Guidance for commissioners on how to commission services that provide high quality health and social care.

Question 7: What are the reasons for your suggestions?

7.1 '*Preventing people from becoming less independent and requiring higher costing services'* was proposed as a key topic in light of the current movement towards greater independence for service users. The topic was also suggested because increasing the independence of service users will help service users to feel more empowered and confident. Lastly, promoting independence will save funds for the government as service users will only be placed in higher costing services, such as hospitals, if it is absolutely necessary and they require certain services or can no longer live independently.

7.2 '*Promoting the use of community initiatives to prevent people from becoming less independent and requiring higher costing services'* was proposed as a key topic given current support for community initiatives and their effectiveness in bringing the wider society together to meet the needs of those who require extra support so that they can live independently and not have to rely on higher costing services.

7.3 '*Improving nutrition for people in care homes and in the community'* is an important topic given the high rates of malnutrition amongst elderly populations and the lack of attention that is given to this issue.

7.4 'Promoting meaningful exercise and activities for adults in care homes and in the community' is a key topic given the mental stimulation and feelings of self-worth that can be derived from such exercise and activities. The creation of opportunities for exercise and activities is also an area that needs some guidance if such opportunities are to be made meaningful to service users as solely having an activities coordinator may not achieve positive results for example.

7.5 *'Reviewing the process for assessing people's health and social care needs and the criteria that is currently being used to provide a good quality assessment'* is a topic that can provide greater clarity about how assessments are undertaken. This is particularly important given that it is unclear whether any one assessment process or criteria is currently being used on a national scale. Research also needs to be undertaken to review whether one process or one list of criteria should be used universally and what the criteria should state.

7.6 *'Reviewing guidelines for safeguarding*' is an important topic that can provide greater clarity about how safeguarding issues need to be addressed. This topic is particularly important given that it is unclear whether any one set of guidelines is currently being used on a national scale. Developing one set of fair guidelines could also help to foster positive relationships between commissioners and providers of health and social care services as the guidelines could provide clarity and create greater consensus about raising safeguarding issues. Lastly, research can also be undertaken to review whether one set of guidelines should be used universally and what the guidelines should state. Topics to be explored could include the development of a single, national definition of abuse and a set of standards, and the development of a single national referral process and the identification of trigger points and indicators for referral.

7.7 '*Restraint in Dementia Care'* was suggested as a key topic because staff within dementia care homes should not routinely be taught the use of restraint in any form and instead the use of restraint could be based on an individual risk assessed and managed approach. To contextualise this point it is important to note that during the past few months some providers of social care have been asked by either the Care Quality Commission or the local authorities to provide 'restraint' training for all staff within certain dementia care units across the country.

7.8 The topic on *'Guidance for commissioners on how to commission services that provide high quality health and social care'* is a key topic given that many of the potential topics proposed by NICE solely focus on how providers can offer high quality care and provide little attention to the work of commissioners.

8. Additional comments

8.1 Please could NICE ensure that it clearly states any costs and changes in funding that will be incurred by health or social care providers and commissioners when adopting the topics and guidance that NICE proposes.

8.2 Please could NICE also ensure that the topics and guidance that are developed are not duplicated by other organisations such as the Care Quality Commission or the Social Care Institute for Excellence.

8.3 ECCA would like to thank NICE for undertaking this consultation and would like to work with NICE once the topics and quality standards have been established.

For further information please contact

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