<table>
<thead>
<tr>
<th>Document Purpose</th>
<th>Best Practice Guidance</th>
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<tbody>
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<tr>
<td>Title</td>
<td>ESSENCE OF CARE 2010</td>
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<td>DEPARTMENT OF HEALTH</td>
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<td>PCT CEs, NHS Trust CEs, Care Trust CEs, Foundation Trust CEs, Directors of Nursing, Local Authority CEs, Directors of Adult SSs, PCT PEC Chairs, Special HA CEs, Allied Health Professionals, GPs, Communications Leads, Emergency Care Leads, Directors of Children's SSSs, Universities UK, RCN, RCM, AHPF, SHA Lead Nurses, SHA AHP Leads, Patient Organisations</td>
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<td>PCT CEs, NHS Trust CEs, Care Trust CEs, Foundation Trust CEs, Directors of Nursing, Local Authority CEs, Directors of Adult SSs, PCT PEC Chairs, Special HA CEs, Allied Health Professionals, GPs, Communications Leads, Emergency Care Leads, Directors of Children's SSSs, Voluntary Organisations/NDPBs, Universities UK, RCN, RCM, AHPF, SHA Lead Nurses, SHA AHP Leads, Patient Organisations</td>
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<tr>
<td>Description</td>
<td>Essence of Care 2010 includes all the benchmarks developed since it was first launched in 2001, including the latest on the Prevention and Management of Pain. All the benchmarks have been reviewed to reflect the current views of people requiring care, carers and staff</td>
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<td>Essence of Care 2001, Communication, Promoting Health and Care Environment</td>
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The factors and indicators for each set of benchmarks focus on the specific needs, wants and preferences of people and carers. However, there are a number of general issues that must be considered with every factor. These are:

**People’s experience**
- People feel that care is delivered at all times with compassion and empathy in a respectful and non-judgemental way
- The best interests of people are maintained throughout the assessment, planning, implementation, evaluation and revision of care and development of services
- A system for continuous improvement of quality of care is in place

**Diversity and individual needs**
- Ethnicity, religion, belief, culture, language, age, gender, physical, sensory, sexual orientation, developmental, mental health, social and environmental needs are taken into account when diagnosing a health or social condition, assessing, planning, implementing, evaluating and revising care and providing equality of access to services

**Effectiveness**
- The effectiveness of practice and care is continuously monitored and improved as appropriate
- Practice and care are evidence-based, underpinned by research and supported by practice development

**Consent and confidentiality**
- Explicit or expressed valid consent is obtained and recorded prior to sharing information or providing treatment or care

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People’s best interests are maintained where they lack the capacity to make particular decisions.  
Confidentiality is maintained by all staff members

**People, carer and community members’ participation**

- *People*, carers’ and community members’ views and choices underpin the development, planning implementation, evaluation and revision of personalised care and services and their input is acted upon
- Strategies are used to involve *people* and carers from isolated or hard to reach communities

**Leadership**

- Effective leadership is in place throughout the organisation

**Education and training**

- Staff are competent to assess, plan, implement, evaluate and revise care according to all *people’s* and carers’ individual needs
- Education and training are available and accessed to develop the required competencies of all those delivering care
- *People* and carers are provided with the knowledge, skills and support to best manage care

**Documentation**

- Care records are clear, maintained according to relevant guidance and subject to appropriate scrutiny
- Evidence-based policies, procedures, protocols and guidelines for care are up-to-date, clear and utilised

**Service delivery**

- Co-ordinated, consistent and accessible services exist between health and social care organisations that work in partnership with other relevant agencies

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Care is integrated with clear and effective communication between organisations, agencies, staff, people and carers.

Resources required to deliver care are available.

**Safety**

Safety and security of people, carers and staff is maintained at all times.

**Safeguarding**

Robust, integrated systems are in place to identify and respond to abuse, harm and neglect.

All agencies working with babies, children and young people and their families take all reasonable measures to ensure that the risks of harm to babies, children’s and young people’s welfare are minimised.

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Benchmarks for promoting health and well-being

Agreed person-focused outcome

*People* will be supported to make healthier choices for themselves and others

Definitions

For the purpose of these benchmarks:

**health** is:

>a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity\(^5\)

**well-being** is:

>a positive state of mind and body, feeling safe and able to cope, with a sense of connection with people, communities and the wider environment\(^6\)

**lifestyle** is:

>a way of life or style of life that reflects the attitudes and values of a person or group\(^7\)

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For the purpose of these benchmarks, communities are:

a group of people living or working in a geographical area or a group of people who have common characteristics, interests, need or experiences

For simplicity, people requiring care, and/or promotion of their health and well-being is shortened to people (in italics) or omitted from most of the body of the text. People includes children, young people under the age of 18 years and adults. Carers (for example, members of families and friends) are included as appropriate.

The term carers refers to those ‘who look after family, partners or friends in need of help because they are ill, frail or have a disability. The care they provide is unpaid’ (adapted from Carers UK, 2008). Please note, within these benchmarks it is acknowledged that the term ‘carer’ can include children and young people aged under 18 years.

The term staff refers to any employee, or paid and unpaid worker (for example, a volunteer), who has an agreement to work in that setting and is involved in promoting well-being.

The care environment is defined as an area where care takes place. For example, this could be a building or a vehicle.

The personal environment is defined as the immediate area in which a person receives care. For example, this can be in a person’s home, a consulting room, hospital bed space, prison, or any treatment/clinic area.
**Agreed person-focused outcome**

*People* will be supported to make healthier choices for themselves and others

<table>
<thead>
<tr>
<th>Factor</th>
<th>Best practice</th>
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<tbody>
<tr>
<td>1. Empowerment</td>
<td><em>People</em>, carers and communities are enabled to find ways to maintain or improve their health and well-being via every appropriate contact</td>
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<tr>
<td>2. Assessment</td>
<td><em>People</em>, carers and communities are enabled to identify their health and well-being promotion needs</td>
</tr>
<tr>
<td>3. Engagement</td>
<td><em>People</em>, carers and communities are involved in planning and actions concerning promotion of health and well-being</td>
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<tr>
<td>4. Partnership</td>
<td>Promotion of health and well-being is undertaken in partnership with others using a variety of expertise and experiences</td>
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<tr>
<td>5. Access</td>
<td><em>People</em>, carers and communities have access to information, services and support that meets their health and well-being needs and circumstances</td>
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<tr>
<td>6. Environment</td>
<td><em>People</em>, carers, communities and agencies influence and create environments that promote people’s health and well-being</td>
</tr>
<tr>
<td>7. Outcomes of promoting health and well-being</td>
<td><em>People</em>, carers and communities have an improved, sustainable and good quality of health and well-being</td>
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Factor 1
Empowerment

Please note that this benchmark must be used in conjunction with the How to use Essence of Care 2010 document

Indicators of best practice for factor 1

The following indicators support best practice for promoting health and well-being:

a. general indicators (see page 4) are considered in relation to this factor

b. people, carers and communities are supported to gain the knowledge, skills and opportunities to maintain and improve their own, and others’, health

c. a person-focused approach exists

d. advocacy services are accessible

e. a comprehensive directory of local health-promoting services for local and national, health and social, statutory and voluntary organisations is available

f. people are guided to information and services

g. people’s decisions are based on informed choices and opportunities
h. opportunities to participate in relevant programmes, for example, the Expert Patients Programme or ‘stop smoking’ programme, are available

i. directed and self-referral to health promoting services can be demonstrated

j. every opportunity is taken to identify ways to provide equal access to promotion of health and well-being

k. a range of approaches are used to make the most of every contact

l. the culture of workplaces promotes the health and well-being of the workforce

m. systems are in place to measure whether opportunities are taken by people, carers, staff, communities, and statutory and voluntary organisations to promote health and well-being, for example, by auditing of the use of services

n. *add your local indicators here*
Factor 2
Assessment

Please note that this benchmark must be used in conjunction with the How to use Essence of Care 2010 document

POOR PRACTICE
No assessment of health or well-being promotion needs takes place

BEST PRACTICE
People, carers and communities are enabled to identify their health and well-being promotion needs

Indicators of best practice for factor 2

The following indicators support best practice for promoting health and well-being:

a. general indicators (see page 4) are considered in relation to this factor
b. all assessments, processes and outcomes have been identified
c. assessed needs are recorded and acted upon
d. the views of people, carers and communities inform the assessment process
e. priority areas are identified and addressed
f. national and international evidence is used to inform the assessment process
g. evidence-based assessment tools are used, where available
h. staff are competent to assess and promote health and well-being
i. add your local indicators here
Factor 3
Engagement

Please note that this benchmark must be used in conjunction with the How to use Essence of Care 2010 document

POOR PRACTICE
Those responsible for promoting health and well-being are not responsive to the needs of people, carers or communities

BEST PRACTICE
People, carers and communities are involved in planning and actions concerning the promotion of health and well-being

Indicators of best practice for factor 3

The following indicators support best practice for promoting health and well-being:

a. general indicators (see page 4) are considered in relation to this factor

b. effective partnership working and collaboration between people, carers, staff, communities, and statutory and voluntary organisations enables the identification of health and well-being needs that should be addressed

c. people-focused plans that address needs and include goals, actions and outcomes are developed in partnership and are in place

d. care pathways include aspects of improving health and well-being

e. add your local indicators here
Factor 4
Partnership

Please note that this benchmark must be used in conjunction with the How to use Essence of Care 2010 document

**POOR PRACTICE**
Promotion of health and well-being is undertaken in isolation

**BEST PRACTICE**
Promotion of health and well-being is undertaken in partnership with others using a variety of expertise and experiences

Indicators of best practice for factor 4
The following indicators support best practice for promoting health and well-being:

a. *general indicators (see page 4) are considered in relation to this factor*

b. all opportunities to work in partnership are identified and used

c. the use and development of networks is demonstrated

d. sustainable partnership working is evident

e. *people, carers, staff, communities, and the contributions of statutory and voluntary organisations are recognised and valued*

f. there is guidance to partner organisations that provide services to promote health and well-being

g. policies for the protection of health and well-being, and disease prevention and education are in place and continuously practised

h. *add your local indicators here*
Factor 5
Access

Please note that this benchmark must be used in conjunction with the How to use Essence of Care 2010 document

POOR PRACTICE
*People* have no access to health or well-being promoting information, services or support

BEST PRACTICE
*People, carers and communities* have access to information, services and support that meets their health and well-being needs and circumstances

Indicators of best practice for factor 5

The following indicators support best practice for promoting health and well-being:

a. *general indicators (see page 4) are considered in relation to this factor*

b. *people and carers* can access the services they need

c. *barriers* to accessing information, services and support have been identified and are being addressed

d. *services* are provided in settings that are appropriate and accessible

e. *information* is available in a way that meets *people’s* needs

f. *people* are aware of available information and support

g. *people* are directed to specialist services, such as smoking cessation and ‘exercise by prescription’ services
h. audits are conducted to assess whether people, carers and communities have access to, and are able to use, the services they require (where appropriate)

i. *add your local indicators here*
Factor 6
Environment

Please note that this benchmark must be used in conjunction with the How to use Essence of Care 2010 document

Indicators of best practice for factor 6
The following indicators support best practice for promoting health and well-being:

a. general indicators (see page 4) are considered in relation to this factor

b. people’s confidentiality is respected

c. environmental risk assessments include health and well-being promotion perspectives and action is taken as necessary

d. issues that have an impact on health and well-being are considered, for example lifestyle, culture, transport and housing

e. the culture supports the promotion of a healthy lifestyle, for example, provision of healthy eating options or advice

f. opportunities are used to influence and engage other agencies, for example, schools, social services and voluntary organisations
g. policies are in place in workplace environments to promote and support health and well-being

h. the impact of new projects and service development on health and well-being is assessed in partnership with people, carers, staff, communities, and statutory and voluntary organisations and the results used to improve practice

i. add your local indicators here
Factor 7
Outcomes of promoting health and well-being

Please note that this benchmark must be used in conjunction with the *How to use Essence of Care 2010* document

**POOR PRACTICE**
There is no sustainable change and public health information does not inform the agenda

**BEST PRACTICE**
*People, carers, communities and agencies influence and create environments that promote people’s health and well being*

Indicators of best practice for factor 7

The following indicators support best practice for promoting health and well-being:

a. *general indicators (see page 4) are considered in relation to this factor*

b. examples of health and well-being improvements are recognised, celebrated and used to inform the ongoing public health agenda

c. structures are in place to support local health promoting networks and methods of sharing good practice and information are implemented

d. outcomes are shared to inform practice and future service delivery

e. a range of information is gathered and reported on, to demonstrate health and well-being outcomes are being achieved
f. audit programmes, which can demonstrate health and well-being improvement, are in place

g. sustainable *people*, carers and community involvement can be demonstrated

h. progress is being made towards meeting key health and well-being promotion targets

i. a dedicated specialist with a health and well-being promotion function within each area is evident

j. work is evaluated in partnership with *people*, carers, staff, communities, and statutory and voluntary organisations to identify effectiveness and benefits. The results are used to improve practice

k. *add your local indicators here*