NHS

Essence of Care 2010

Benchmarks for Promoting Health and Well-being

DH Department of Health

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Description	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	
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Contact Details	Gerry Bolger CNO Directorarte - PLT 5E58, Quarry House Quarry Hill, Leeds LS2 7UE 01132546056 www.dh.gov.uk	
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BENCHMARKS FOR THE FUNDAMENTAL ASPECTS OF CARE

Benchmarks for Promoting Health and Well-being

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Contents

Best Practice – General Indicators

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[1] 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

1 Also see Department of Health (2010) NHS Constitution The NHS belongs to us all. Department of Health: London accessed 07 May 2010 at http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_113645.pdf

- *People*'s best interests are maintained where they lack the capacity to make particular decisions.[2]
- 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

2 Mental Capacity Act 2005 accessed 25 November 2008 at http://www.legislation.gov.uk/ukpga/2005/9/contents

- 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[3]
- 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.[4]

3 Department of Health (2010) Clinical Governance and Adult Safeguarding – An Integrated Approach Department of Health: London accessed 30 May 2010 at http://www.dh.gov.uk/prod_consum_dh/groups/dh.digitalassets/@dh/@en/@ps/documents/digitalasset/dh_112341.pdf

4 Department of Health (2006) Safeguarding Children. A Summary of the Joint Chief Inspector's Report on Arrangements to Safeguard Children Department of Health: London accessed 30 May 2010 at http//www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4103428

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]

5 World Health Organisation (1948) Preamble to the Constitution of the World Health Organisation as adopted by the International Health Conference, New York, 19-22 June, 1946; signed on 22nd July 1946 by the representatives of 61 states (Official Records of the World Health Orrganisation, no.2,p.100) and entered into force on 7 April 1948. The definition has not been amended since 1945. accessed 11 July 2010 at http://www.who.int/about/definition/en/print.html

6 Department of Health (2010) New Horizons. Working Together for Better Mental Health. Confident Communities, Brighter Futures. A Framework for Developing Well-being accessed 11 July 2010 at http://www.nmhdu.org.uk/silo/files/confident-communities-brighter-futures.pdf

7 The American Heritage® Dictionary of the English Language (4th edn) (2008), accessed 27 November 2008 at http://dictionary.reference.com/browse/lifestyle

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

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

Factor 1
Empowerment

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

POOR PRACTICE

People, carers and communities are not able to make decisions on their health and well-being

BEST PRACTICE

People, carers and communities are enabled to find ways to maintain or improve their health and well-being via every appropriate contact

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

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

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

POOR PRACTICE

People, carers, communities and agencies do not influence and create an environment that promotes health and well-being

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 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

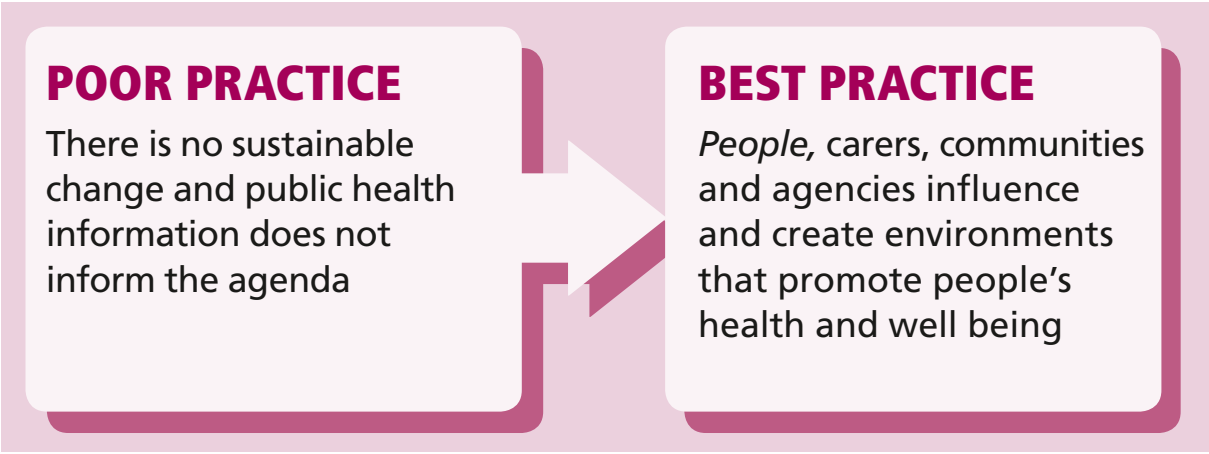
g. policies are in place in workplace environments to promote and support health and well-being

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



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*

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