Better Care, Higher Standards
A charter for long term care

Guidance for Local Housing, Health and Social Services
SECTION A: OVERVIEW

1. Purpose

1.1 This guidance is for housing, health and social services authorities. It sets out:

a) the action that authorities should take to implement the national Better Care, Higher Standards charter;

b) the links with other Government policies; and

c) arrangements for performance management and review of local standards.

1.2 Social services authorities are expected to implement the guidance under section 7(1) of the Local Authority Social Services Act 1970. Health authorities will be aware that, under section 22 of the NHS Act 1977, they and local authorities have a duty to co-operate to secure and advance the health and welfare of people in England and Wales.

1.3 The guidance will also be a useful reference for other organisations providing services for people with long term care needs. This includes voluntary organisations, private sector providers of housing, care and support services and Registered Social Landlords.

2. Summary of Action

2.1 Local authorities and health services should work together and in partnership with users, carers, voluntary organisations and others to draw up and publish joint local Better Care, Higher Standards charters by the end of June 2000. These local charters should:

• embody the nine principles of public service delivery (paragraph 4.1)

• be set in the context of the values that are described in the national charter (paragraph 7.2)

• set local standards in all of the six key areas set out in the national charter (paragraph 7.3).

2.2 Local Better Care, Higher Standards charters should link into local planning mechanisms, including Health Improvement Plans and Joint Investment Plans, Community Care Plans and Housing Strategies.
Primary Care Groups should also be involved in, and take account of, local Better Care, Higher Standards charters.

2.3 Performance against the standards set out in local Better Care, Higher Standards charters should be monitored on a regular basis and the results made public in an annual report (paragraph 14.3).

3. **Key Stages and Timetable**

- Publish the national charter – December 1999.

- Run inter-agency workshops to support development and implementation of local charters – January to March 2000.

- Establish the joint approach – plan development of local charters and identify leads in housing, health and social services.

- Consult and involve users, carers and staff; build partnerships with users, carers and staff through consultation on local charters.

- Draw up joint local charters: set standards and targets; produce draft charters for discussion and comment; revise draft charters.

- Work with local charters: develop strategies to support the charters, training and protocols for inter-agency work.

- Promulgate: launch and publicise the local charters, making sure that staff are aware and ready; distribute the charter to as many users and potential users as possible.

- Monitor and review: monitor performance; publish joint annual report; conduct a joint annual sample survey of users and review charters involving staff and other providers.

4. **Context and Background**

4.1 The national charter was developed using the nine principles of public service delivery (Service First Unit, Cabinet Office). These are that every public service should:

- set standards of service;
• be open and provide full information;
• consult and involve;
• encourage access and promotion of choice;
• treat all fairly;
• put things right when they go wrong;
• use resources effectively;
• innovate and improve; and
• work with other providers.

4.2 The national charter forms part of the Government’s drive to make public services more accessible and to improve them by promoting joined-up working between service providers and putting them on a best value basis. The Social Services White Paper Modernising Social Services outlines two further aims for the charter:

• to empower users and carers – by promoting awareness of local services; making it clear how agencies should respond to their needs; and providing information to help users and carers pose the right questions to the agencies they come into contact with; and

• to give authorities a tool against which they can set their local standards and which can be used to monitor authorities’ overall performance.

4.3 The national charter sits alongside the National Service Framework for Mental Health, National Standards for Residential and Nursing Homes for Older People, and Fair Access to Care Services, which was announced in the Social Services White Paper. It will also sit alongside other National Service Frameworks as they are published. The aims and expectations described in the charter are consistent with Best Value and Performance Assessment Frameworks for housing, health and social services.

4.4 The national charter was drawn up following a period of consultation which started with users, carers and front-line staff. A total of 15 regional focus groups were held covering rural, suburban and inner city areas. These were facilitated by the Kings Fund and held during September 1998. They involved a total of 191 people: 120 users, 39 carers and 32 front-line staff. Users were banded across a broad age range of 18-25, 26-45, 46-64 and 75+.

4.5 The main messages were:

• choice, influence, support and security were regarded as key ingredients of independent living;

• co-ordination between services, backed up by responsive and flexible services and trained and supported staff, were thought to be important; and
good information and communication with individuals was seen to be the key to providing good services.

4.6 The focus groups identified more specific priorities within these areas, and these are reflected in the national charter.

4.7 There have also been a number of meetings with key stakeholders, as well as two meetings for national bodies with an interest in long-term care. These included associations of professionals and other organisations in the health, housing and social services field, voluntary and charitable organisations and representatives from both DH and DETR.

5. Connections

5.1 The connections between Better Care, Higher Standards and other government policies and initiatives may be viewed in terms of shared objectives, common work on establishing standards and improved information about services and monitoring performance. The key connections are:

5.2 Shared objectives – in particular to promote independence and rehabilitation:

- Better Services for Vulnerable People;
- National Priorities Guidance for Health and Social Services;
- Social Services White Paper; and
- National Carers Strategy.

5.3 Standards and Frameworks:

- National Service Framework for Mental Health;
- Fair Access to Care Services;
- National Minimum Standards for Residential and Nursing Homes;
- Other National Service Frameworks as they are published; and
- Standards for Domiciliary Care (forthcoming).

5.4 Monitoring:

- Best Value;
- PSS Performance Assessment Framework; and
- NHS Performance Assessment Framework.

5.5 It should be recognised that Better Care, Higher Standards is designed to be an evolving document and may therefore change to reflect national standards which are set in the future, for example through the National Service Frameworks.

6. Relationship with other Charters

Community Care Charters

6.1 Local Better Care, Higher Standards charters should replace Community Care Charters and this should be made clear in the published material. Local authorities and health services will wish to consider how far they can use the information and targets already set out in their
Community Care Charters to develop local Better Care, Higher Standards charters.

6.2 The national Better Care, Higher Standards charter complements and is consistent with other charters.

Housing Charters

6.3 The Council Tenants Charter, published in 1996, sets out the rights and responsibilities of council tenants along with general information that may be of use to them. This charter is being revised to reflect recent policy development and initiatives.

6.4 For people living in accommodation owned by Registered Social Landlords, there are relevant charters produced by the Housing Corporation. These set out what legal rights residents have and what they can expect from their landlord.

6.5 Tenant Participation Compacts will be introduced by housing authorities from April 2000. These will set minimum standards for tenant consultation both on a local authority-wide basis and at a local level. A summary leaflet will be available for tenants.

6.6 The Best Value in Housing Framework provides guidance to local authorities on the application of Best Value to their housing functions. A summary leaflet will be available to tenants and residents.

NHS Charter

6.7 The Government’s Manifesto made a commitment to review the Patient’s Charter and to replace it with a new NHS Charter. The Government is considering research evidence into the effectiveness of the existing Patient’s Charter and the recommendations arising from the report A New NHS Charter: A Different Approach.

6.8 The new NHS Charter will be consistent with Better Care, Higher Standards. It will provide better information to enable patients to become partners in health care. It will also focus on patient’s responsibilities and encourage the appropriate use of health services.

SECTION B: THE NATIONAL CHARTER – VALUES AND PRIORITIES

7. The National Charter

7.1 The national charter provides a statement of what people can expect from local housing, health and social services and the areas in which they can expect local standards to be set. Local Better Care, Higher Standards charters should be the agreed response. These should set out clearly what
people can expect in their local area, and what they can do if their expectations are not met. Local charters should also describe targets for improvements and timescales.

Values and Priorities from the National Charter

7.2 The national charter sets out the values that should underpin the local charters. These are:

- treating people with courtesy, honesty and respecting their dignity;
- helping people achieve and sustain the maximum possible independence;
- working in partnership with users and carers to provide the services they need;
- involving users and carers in decisions and giving them sufficient information to make informed choices;
- helping users and carers to have a voice through advocacy and other representative organisations;
- treating people fairly on the basis of need and not discriminating against them on the basis of age, sex, race, religion, disability or sexual orientation; and
- ensuring that people feel able to complain about the standard of services provided and that they should not be victimised because they complain.

7.3 The national charter also sets out the 6 key areas for authorities to set and publish local standards and goals for improvement. These are:

- helping users and carers to find out about services;
- understanding and responding to the needs of users and carers;
- finding a suitable place to live;
- helping people to stay independent;
- getting the right health care; and
- helping carers to care.

7.4 A table summarising the main policy and guidance references for each of the 6 key areas is at Annex A.

SECTION C: DEVELOPING LOCAL CHARTERS

8. Central Government Support

8.1 Following the publication of the national charter, the Government proposes to support the development and implementation of local charters through a series of regional inter-agency workshops.
8.2 The aim of these workshops will be to:

- create an awareness of the charter and its implications for those working in housing, health and social services;
- provide a framework for assisting organisations to develop their own charter, including examples of good practice; and
- provide a forum for the exchange of ideas about how to make the charter an effective part of agencies' mainstream work.

9. Establishing the Joint Approach Locally

9.1 Local charters should cover the social services authority area. Better Care, Higher Standards covers housing, health and social services and guidance is given below on how the joint approach should be established.

9.2 Each of the 3 agencies should have a lead person – a “Charter Champion”. These Charter Champions should be named in their local charters and should take responsibility for developing, publicising, implementing and monitoring achievement against the standards in their charters.

Social Services

9.3 Social services authorities should lead the process of developing local charters, working closely with housing and health authorities. Consideration should be given to involving councillors at an early stage in this process.

9.4 Social services should bring together a multi-agency project group to work through the key stages outlined above. Membership of this group should include users and carers and those who will have the responsibility to deliver their local charter. This might include Registered Social Landlords, Primary Care Groups, NHS Trusts, voluntary sector and representative groups, Community Health Councils and local health related voluntary and patient representative groups (see also paragraph 9.7 below).

9.5 Where authorities have established consultative structures, it may be appropriate to use these as a basis for taking forward development of the local charter. It is important that authorities ensure that membership reflects the range of interests that will need to be involved to ensure successful work on the charter.
Health Authorities

9.6 Responsibility for leading the NHS input into local charters will rest with health authorities. Chief Executives should appoint a senior officer to act as Charter Champion and co-ordinate this work.

9.7 The Charter Champion may want to consider creating a local health group to provide the full consultation on the health input to the local charter to ensure local ownership of the charter. This may be the same or a similar group to that set up to develop health improvement programmes (see HSC 1998/167; LAC(98)23 dated 5 October 1998 – Health Improvement Programmes). Selected representatives from this group could then form the health members of the multi-agency project group.

Housing Authorities

9.8 Where the social services authority is at a county level and there are a number of district housing authorities, it is suggested that housing authorities appoint a single Charter Champion to represent them.

9.9 Housing authorities should consult and work closely with housing providers to ensure that their views are taken into account, and that they have the opportunity to be involved in the setting of local standards.

10. Consultation and Involvement

Users and Potential Users

10.1 The charter is intended to stimulate dialogue between users and providers of services. Consultation on the development of a local charter is the start of this dialogue.

10.2 Consultation with users and potential users will need to cover: how they can help services to operate effectively, what they can expect from health, housing and social services and what service providers can expect of them (see “Helping Us to Help You” section in the national charter).

10.3 For users to have faith in the charter it will be important to make clear how they can influence the content of the charter and how this relates to operational policy.

Staff

10.4 The process of consulting staff about the charter is the first stage in ensuring that they can contribute to its development, that they know and understand the charter and its implications for their work. It will be particularly important to involve front-line staff in this process.

10.5 Following consultation, staff should receive training so that they know what the charter will expect of them. Consideration should be given to joint training across health, housing
and social services to foster understanding between these services and to contribute to the joint ownership of the standards in the local charter.

10.6 Most people want to do a good job and will enjoy having the opportunity to think creatively about how to implement improvements. Involving staff and encouraging them to be creative in finding solutions to problems will be positive for them and those for whom they provide services.

**Independent Providers**

10.7 Authorities should ensure that contracts with providers reflect the standards that they have set themselves in relation to charter targets. Providers should be included in the consultation process on the charter.

**Process of Consultation**

10.8 Authorities should ensure that the appropriate range of people have been consulted. Where existing consultative structures and mechanisms exist, these may be used for consulting about the development of local charters. It may be useful to consider the following key questions:

- How will you consult users and potential users?
- Are the methods you have chosen the most suitable for your purposes and convenient for your users?
- Have you allowed enough time for the consultation?
- Who will do the consulting?
- Will your consultation include people from different areas and different ethnic and social backgrounds?
- Have you identified and clearly communicated the issues that you can have an effect on and improve and those that you cannot?
- How will you consult and involve people at all levels in your organisation?
- How will you consult other local service providers with whom you work?
- How will you give feedback to users and staff?

10.9 This checklist is taken from *How to Draw up a Local Charter*. Copies can be obtained by phoning the Service First Unit of the Cabinet Office on 0345 223242. The publication can be found on their website, [http://www.cabinet-office.gov.uk/servicefirst](http://www.cabinet-office.gov.uk/servicefirst). The National Consumer Council’s publication *Involving Users: Improving the Delivery of Local*
11. Drawing up Joint Local Charters

Common Statement of Values

11.1 The values statement in the national charter should be seen as the starting-point for drawing up the charter (see paragraph 7.2).

Setting Standards

11.2 The national charter sets out the 6 key priority areas (see paragraph 7.3), where local standards should be set. Standards and targets may already exist, for example in Community Care Charters. The project groups developing the local charters will need to consider if these can be used in local Better Care, Higher Standards charters and if the standard should be improved. Where there is a difference between the local standard and the expectations for service performance set out in the national charter, authorities will need to show what they are doing to improve on the standard. Authorities will need to make clear what the agreed local standards are. Staff from local Social Security offices should be consulted about what benefits information the local charters should include. Information could range from details of the range of benefits to addresses of local Social Security offices and telephone numbers or local helplines and other sources of information.

11.3 For standards to be effective they need to be built into the routine of authorities’ work. Authorities should ensure coherence across:

- standards in the local Better Care, Higher Standards charter and other local charters and publications;
- operational policies that set aims and values for services and give guidance on how these should be put into practice;
- job descriptions and staff specifications that describe the competencies and experience required to do a good job; and
- service specifications and contracts that spell out the authorities’ requirements from independent providers.

Comments and Complaints

11.4 The process for users and carers to comment or complain about performance against a local charter standard should be clear and open. Authorities should provide information on how people can complain and how they can expect to be dealt with. There should be a telephone number on the charter to deal with commendations, complaints and general queries.

11.5 It is important to encourage people
to say how the service worked for them. This will help to improve services.

11.6 Users may feel vulnerable about making complaints. The response of staff, particularly those directly providing the service, should be aimed at reassuring them that the act of making a complaint will not detrimentally affect the service that they receive.

11.7 The process for responding to complaints should include ensuring that whichever service provider the user approaches with a complaint, they should take the matter further (which may mean referring to a partner service provider). This responsibility rests with the service providers, not with the users. Information about the availability of advocacy and similar services should be provided as users may need to be supported by an independent person to say what they feel about services.

Checklist

11.8 Does the charter contain:
- an agreed statement of values?
- contact names and numbers for charter leads in the three agencies?
- information, including a contact telephone number, about how to comment or complain about the charter?
- the standards that people can expect for information and advice, assessment, provision of services and dealing with complaints?
- outline of users’ responsibilities and how agencies will help users to exercise these?
- methods for people to feedback into the system?
- targets and time-scales for improvement?

SECTION D: IMPLEMENTATION

12. Working with the Charter

12.1 Authorities should put in place a developmental strategy to support the charter. This should cover:
- training and support for staff;
- protocols for sharing information across agencies;
- signposting, eg expected developments/improvements in service provision;
- mechanisms for integrating standards into contracts with independent providers; and
- dealing with complaints.

Training and Support for Staff

12.2 This should include awareness, knowledge and sensitivity towards
people with disabilities. Training may be needed to improve the skills required for working with people with complex and chronic conditions, in order to reflect the spirit of the charter and the cultural change that people expect. Specific training should be considered for staff who will be responsible for dealing with queries from people who telephone the charter number.

Protocols for Sharing Information

12.3 One of the key features of the national and local charters is that they span health, housing and social services. One of the biggest problems for people is not knowing which agency to approach and then being passed from agency to agency. The charter teams will need to ensure that agencies hold information about each other’s services. These would be best developed by operational staff from the different agencies.

13. Promulgation

13.1 Local housing, health and social services agencies will have the responsibility of publicising their local charters. This should be based on the following set of principles, and a range of methods should be considered.

Principles

13.2 Promulgation should:
- create short-term and immediate awareness of the new charter;
- ensure that it is easily available to those who may need it in the future;
- include clear feedback mechanisms;
- include users, potential users, and staff (including providers); and
- be aimed at stimulating shared information between people.

Methods

13.3 Authorities should consult users and carers (preferably through meetings) about the strategy for publicising their local charters and use this as a basis for agreeing the strategy between housing, health and social services.

13.4 A range of different methods should be considered to let people know about local charters and their contents.

Charter Launch

For initial impact this could include:
- press release to local media (press, radio and TV) about the launch of the local charter and how people can get a copy;
- posters to advertise the local charter – to voluntary groups, advice centres, libraries, service providers, and, where possible, Post Offices, supermarkets and other shops;
• posters for health, housing, social services and Social Security offices, ensuring that staff have copies of the local charter and are clear about the responsibilities it places on them; and

• local meetings held specifically to discuss the local charter and, where possible, use of existing networks and forums to discuss the charter.

**range of formats**

• for people with sight, hearing, learning or other disabilities to use;

• for people for whom English is not their first language;

**publicity as part of service provision**

• local charters should be given to everyone who receives care over the long term;

**publicity through existing publications and mechanisms**

• consider how existing publications can be used to disseminate information about the local charter;

**encouraging informal dissemination**

• encourage those who receive the local charter to disseminate it further themselves – make it everybody’s responsibility to get the charter known;

• target where people get their day-to-day information; and

**reviewing the success of the dissemination**

• review directly with new and existing users of services whether they used the local charter and, if so, where, and how easily, they obtained it.

### SECTION E: MONITORING

#### 14. Monitoring and Evaluation

14.1 Effective monitoring of implementation of local charters and performance against local charter targets and standards will play an important part in driving up service standards. Performance management of local *Better Care, Higher Standards* charters should fit with the relevant performance management frameworks and systems already in place or under development. These are summarised in Annex B. Performance assessment and management should reflect a corporate approach such as that emphasised through Best Value.

14.2 Local evaluation should provide one level of performance assessment. This could involve assessment by:

• councillors, through scrutiny committees or other bodies;

• Community Health Councils;

• other user and carer groups; and

• the local charter Inter-Agency
Project Groups.

14.3 Performance against standards should be set out in a published local joint annual report. It should be informed by a published local joint annual survey of users and monitored through:

- relevant local Best Value Performance Indicators, as reported in Best Value performance plans;
- the PSS Performance Assessment Framework; and
- performance management of HlmPs and the NHS Performance Assessment Framework.

14.4 The role of independent external assessment will also be important. This will come, principally, through the performance management systems operated by the NHS Regional Offices, inspections undertaken by the Social Services Inspectorate; and by the Best Value and Housing Inspectorates which are being established within the Audit Commission in readiness for the commencement of the duty of Best Value in April 2000.

14.5 Central Government, principally DH and DETR, will also want to monitor and evaluate the implementation of local charters and their impact in bringing greater cohesion and quality in services for people with long term care and support needs. This will be informed by:

- Best Value, Housing and Social Services Inspectorate reports;
- relevant NHS Regional Office, Social Care Regions and Regional Government Office reports;
- relevant statutory returns and national survey information; and
- review of the charter’s effectiveness in 2002.

Further Information

14.6 For further information and enquiries contact:

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1 There may be an opportunity to cross refer relevant sections of this report to Best Value Performance Plans
## ANNEX A

### Policy/Guidance References for the Six Key Priority Areas

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<td>Getting the appropriate health care</td>
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## ANNEX B

### Relevant Performance Management Activity

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This booklet gives general guidance only and should not be treated as a complete and authoritative statement of law.
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All of the above can be ordered from:
Department of Health
PO BOX 777
London
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