



Joint inspection of adult services

Integration and outcomes

Engagement Framework v1.0

9 March 2022

Joint Inspections of Adult Services (JIAS) **Engagement Framework**

This framework will be used to shape and report on all engagement activity undertaken during a joint inspection of adult services.

It is based around 12 personal “I” statements, which focus on the experience of, and outcomes for people using services and their unpaid carers. The statements are mapped against the following:

- national health and wellbeing outcomes,
- integration delivery principles
- health and social care standards

They are also matched to the quality indicator framework for the Joint Inspection of Adult Services (JIAS).

The positive examples provide relevant practical illustrations for consideration in relation to each statement. These examples are not intended to be used as a checklist or template.

The framework addresses people’s experience across the range of health, care and support services in the statutory, voluntary, independent and community sectors.

The engagement framework will be used as the basis for developing a series of templates and tools for engagement, to include:

- surveys,
- one-to-one semi-structured interview templates (for use in face-to-face settings or via telephone or virtual platforms)
- focus group discussions

The 12 statements are:

1. From the point of first needing support from health and social care services, I have been given the right information at the right time, in a format I can understand.
2. I am supported to share my views about what I need and what matters to me. My views are always valued and respected.
3. People working with me focus on what I can do for myself, and on the things I can, or could do to improve my own life and wellbeing.
4. I am always fully involved in planning and reviewing my health and social care and support in a way that makes me feel that my views are important.
5. Professionals support me to make my own decisions about my health and social care and support, and always respect the decisions that I make.
6. I get the advice, support, treatment and care that I need, when I need it, which helps me to become and stay as well as possible for as long as possible.
7. The health and social care and support that I receive, help me to connect or remain connected with my local community and other social networks.
8. Health and social care staff understand and acknowledge the role of my family and friends in providing me with care and support. Services work together to ensure that as far as possible, my family and friends are able to provide support at a level that feels right for them.
9. People working with me always treat me with dignity, respect my rights and show me care and kindness.
10. My unpaid carers and I can easily and meaningfully be involved in how health and care services are planned and delivered in our area, including a chance to say what is and isn't working, and how things could be better.
11. I'm confident that all the people supporting me work with me as a team. We all know what the plan is and work together to get the best outcomes for me.
12. The health and social care and support I receive makes life better for me.

| | |
|---------------------------|---|
| <p>Statement 1</p> | <p>From the point of first needing support from health and social care services, things have been explained clearly to me and I have been given the right information, at the right time, in a format I can understand.</p> |
| <p>EXPERIENCE</p> | <p>Positive examples could include:</p> <ul style="list-style-type: none"> • People get information at the right time, when they need it • People, including those with protected characteristics or living in areas of deprivation, feel they get a full explanation about the health and social care and support they are entitled to and how to access these services. • People say that they know where to get information that is accessible and easy to understand and is presented in a suitable format for them. • People say that they have good access to suitable information about the range of services which are available locally in their community. • People can easily access independent advocacy services when they need them. • People understand the decisions and choices they have in relation to health and social care and support. • People understand the processes that will be followed in order for them to receive health and social care services and support and are supported to navigate complex systems. • People say that their ethnicity and culture are considered when being provided with information. • People using social care services understand self-directed support and that they have a choice of provider. • People understand the charging policy in relation to care and support services. • People are not left with unanswered questions about their health and social care and support provision. <p>QIs: 2.3 People’s and carers’ experience of information and decision-making in health and social care services: 5.4 Involvement of people and carers in making decisions about their health and social care support. H&WBO: 1, 3 IDPs: (b) (v), (vi) H&SCS: 2</p> |

| | |
|---------------------------|--|
| <p>Statement 2</p> | <p>I am supported to share my views, about what I need and what matters to me, and my views are always valued and respected.</p> |
| <p>EXPERIENCE</p> | <p>Positive examples could include:</p> <ul style="list-style-type: none"> • People feel that health and social care and support staff make an effort to understand what people using their services need from them, in order to make their lives better. • People feel that the health and social care and support they receive takes account of the important things that they have told workers about and that their voice and views are heard and acted on • People feel that health and social care and support staff respect their lifestyles and choices, even when they are unfamiliar to the worker. • People feel that health and social care and support services pay attention to their spiritual and emotional wellbeing. • People who use health and social care and support services feel they are given enough time to explain what's important to them, without being hurried, even if their capacity to make decisions is limited. • People say that staff carrying out assessments and delivering health and social care and support ask them about issues that are important to them that might affect their treatment or care and consider their religious and cultural beliefs. <p>QIs: 2.3 People's and carers' experience of information and decision-making in health and social care services 5.2 Processes are in place for integrated assessment, planning and delivering health and care: 5.4 Involvement of people and carers in making decisions about their health and social care support. H&WBO: 3 IDPs: (b) (iv), (v), (vi) H&SCS: 2</p> |

| | |
|---------------------------|---|
| <p>Statement 3</p> | <p>People working with me focus on what I can do for myself, and on the things I can or could do to improve my own life and wellbeing.</p> |
| <p>OUTCOME</p> | <p>Positive examples could include:</p> <ul style="list-style-type: none"> • People feel that those assessing their needs and delivering care talk with them about what they can do - so that everyone is confident about what needs to be in the support/care/treatment plan and people are supported to do what they can for themselves. • People say that they get advice from health and care and support services on what they can do to maintain and improve their own health and wellbeing. • People feel that they get all the help they need to manage their health conditions and remain as independent as possible, including access to telehealth/care, monitoring equipment and aids and adaptations. • People feel that health and social care and support services consistently aim to maximise their independence and control over their own lives. • People feel supported to self-manage their medications and conditions as far as possible. • People say that they are encouraged and supported to engage with other services in their community that can help them improve their health and wellbeing, such as housing, welfare benefits, education and employability. • People say that they are encouraged to engage in healthier lifestyle approaches, including physical activity. • People say that they are supported to be involved in activities that help them to socialise and/or develop their interests (e.g.: men’s sheds, exercise groups, book groups, self-help groups) <p>QIs: 1.2 People and carers supported by integrated health and social care have good health and wellbeing outcomes: 2.1 People and carers have good experiences of integrated and person-centred health and social care: 2.2 People’s and carers’ experience of prevention and early intervention 5.1 Processes are in place to support early intervention and prevention: 5.4 Involvement of people and carers in making decisions about their health and social care support.</p> <p>H&WBO: 1, 3 IDPs: (b) (ii), (iv) H&SCS: 1,2</p> |

| | |
|---------------------------|--|
| <p>Statement 4</p> | <p>I am always fully involved in planning and reviewing my health and social care and support, in a way that makes me feel that my views are important.</p> |
| <p>EXPERIENCE</p> | <p>Positive examples could include:</p> <ul style="list-style-type: none"> • People can explain how services make sure that they are involved in making decisions about their treatment and in planning and reviewing their care and support. • People say that they are given and understand all relevant information to make meaningful decisions about their health and social care and treatment. • People say they are routinely and meaningfully involved in reviewing their social care and support plans on a regular basis. • People know what the plan is for their health and social care and support. • People know what outcomes they want from their treatment, care and support, and are confident that the plans that have been put in place will help them achieve these outcomes. • People are asked if they want other people to be involved in planning or reviewing their care and support or making decisions about their treatment; and if they do, those people are fully involved. • People say they receive the support they need to be involved in planning and reviewing their health and social care and support. • Where people lack capacity to make decisions, their guardians, powers of attorney or legal representatives say that they are fully consulted and make decisions based on their understanding of what the person would want to happen. • People say they know who to speak to if they have any problems with their treatment, care or support, and are confident that they will be listened to. • People are supported to plan for their future care including contingency planning for changes in circumstance. |
| | <p>QIs: 2.3 People’s and carers’ experience of information and decision-making in health and care services: 5.4 Involvement of people and carers in making decisions about their health and social care support. H&WBO: 1,3 IDPs: (b) (v), (vi) (ix) H&SCS: 1, 2, 4</p> |

| | |
|---------------------------|--|
| <p>Statement 5</p> | <p>Professionals support me to make my own decisions about my health and social care and support, and always respect the decisions that I make.</p> |
| <p>EXPERIENCE</p> | <p>Positive examples could include:</p> <ul style="list-style-type: none"> • People feel that they are meaningfully supported to make realistic and informed decisions about treatment, including the option to refuse treatment. If they refuse treatment, they understand what the impact of this might be. • People feel they are supported to understand and manage risks in a meaningful way. • People feel they have genuine choices about how their social care and support are provided and delivered and say they are meaningfully supported to make the choices that are right for them. • People receiving social care support through the local authority say they had a full explanation of their options under self-directed support and were supported to understand what this meant to them. • People feel they have control over their social care and support provision and can explain what this means in practice. • People can easily access independent advocacy services when they need them. • People's say that their informed decisions are always respected by health and social care and support staff. • Where people lack capacity to make decisions, their guardians, powers of attorney or legal representatives say they are fully consulted and make decisions based on their understanding of what the person would want. • People say that treatment, care and support plans are built as far as possible around their needs and circumstances, not around the needs of services. • People feel their health and social care and support is organised to fit in with their other commitments and priorities, (e.g.: family, leisure, worship) • People say that their care, support and treatment plans are not changed without consulting them and/or their unpaid carers <p>QIs: 2.3 People's and carers' experience of information and decision-making in health and care services: 5.4 Involvement of people and carers in making decisions about their health and social care support. H&WBO: 1, 3 IDPs: (b) (v), (vi) H&SCS principles: 2, 3</p> |

| | |
|---------------------------|---|
| <p>Statement 6</p> | <p>I get the advice, support, treatment and care that need, when I need it, which helps me to become and stay as well as possible for as long as possible</p> |
| <p>OUTCOME</p> | <p>Positive examples could include:</p> <ul style="list-style-type: none"> • People say that advice and information about health, social care and support is easily available in their communities. • People say that when they first needed help, they knew where to go and they got the advice and/or help they needed • People who need specialist healthcare say that they receive this when they need it. • People are confident that they know where to go for help when they need it, and that help will be provided. • People, including those with protected characteristics or living in areas of deprivation, say that health, social care and support services are easy for them to access. • People feel that they get help at the right time, and this supports them to be as well as possible for as long as possible. • People can easily access independent advocacy services when they need them. • People feel that their health has been better than it might have been due to the treatment, support and care they have received. • People say that health and care staff talk to them about ways to help them stay well and to maintain a good quality of life. • People feel that the health and social care and support that they receive helps them to maintain their independence. • People say that wherever it is safe and possible, they receive care and support in their local community rather than in a centralised or acute setting. • People feel confident that routine screening programmes and health checks help to identify serious health problems at an early stage. <p>QIs: 1.2 People and carers supported by integrated health and social care have good health and wellbeing outcomes: 2.1 People and carers have good experiences of integrated and person-centred health and social care: 2.2 People’s and carers’ experience of early intervention and prevention 5.1 Processes are in place to support early intervention and prevention: 5.2 Processes are in place for integrated assessment, planning and delivering health and care.</p> <p>H&WBO: 1</p> <p>IDPs: (b) (ii), (iv)</p> <p>H&SCS principles: 1</p> |

| | |
|---------------------------|---|
| <p>Statement 7</p> | <p>The health and social care and support I receive, help me to connect or remain connected with my local community and wider social networks</p> |
| <p>OUTCOME</p> | <p>Positive examples could include:</p> <ul style="list-style-type: none"> • People say that they are living where they want to and that the health and social care and support they get has helped this to be possible. • People say that the health and social care and support they get helps them to stay in touch with people they know in the local area, e.g. neighbours, friends, acquaintances: and to spend time in the places that mean something to them (e.g. local shops, pub, church) • People say that the health and social care and support they get helps them to make links with new friends and communities of interest. • People have access to assistive technology that helps them to remain safe, well and independent in their homes. • People who need to be treated in hospital feel that their admission and discharge have been well supported by health, social care and support services so that they are able to return home safely as soon as possible. • People are supported to access and use other relevant services, such as housing, money advice, employability. <p>QIs: 1.2 People and carers supported by integrated health and social care have good health and wellbeing outcomes: 2.1 People and carers have good experiences of integrated and person-centred health and social care: 2.2 People’s and carers’ experiences of early intervention and prevention: 5.1 Processes are in place to support early intervention and prevention.</p> <p>H&WBO: 2</p> <p>IDPs: (b) (iii), (vii), (xi)</p> <p>H&SCS principles: 1, 2, 3</p> |

| | |
|--------------------|--|
| Statement 8 | Health and social care staff understand and acknowledge the role of my family and friends in providing me with care and support. Services work together to ensure that as far as possible, my family and friends can provide support at a level that feels right for them. |
| OUTCOME | <p>Positive examples could include:</p> <ul style="list-style-type: none"> • People say that their health and social care providers consider the needs of their unpaid carers when their care and treatment are planned and where necessary, they work with social work services so that additional support can be provided. • People feel that health, social care and support staff work effectively together to ensure that the impact of their care and treatment needs on their unpaid carers is minimised. • People say that their unpaid carers have had a social work carer's assessment and can explain how the assessment has helped them. • Unpaid carers say that they have a carer support plan that is regularly reviewed and includes access the short breaks where appropriate. • Unpaid carers say they can easily access their local carers' centre. • People say that because of the way that health, social care and support staff work together, their unpaid carers are more able to live their own lives than they were before care and support was provided. • People are confident that they and their unpaid carers will be involved in any discussions about changes in their treatment and/or care and support provision. • Unpaid carers say that the recognition and support they experience from health, care and support services makes them feel more able to carry on caring for their loved one. • People say they are supported to go out or attend appointments independently if they want to, without having to rely on friends or family. <p>QIs: 1.2 People and carers supported by integrated health and social care have good health and wellbeing outcomes: 2.1 People and carers have good experiences of integrated and person-centred health and social care: 5.2 Processes are in place for integrated assessment, planning and delivering health and care. H&WBO: 6 IDPs: (b) (ii), (vi) H&SCS principles: 1, 2, 4</p> |

| | |
|---------------------------|--|
| <p>Statement 9</p> | <p>People working with me always treat me with dignity, respect my rights and show me care and kindness.</p> |
| <p>EXPERIENCE</p> | <p>Positive examples could include:</p> <ul style="list-style-type: none"> • People feel listened to, treated fairly, considered as an individual human being rather than as a number or a case. • People understand how their information is used and shared and their right to give or refuse consent. • People say that the health, social care and support staff who work with them are kind and considerate towards them, even in stressful situations. • People say that the people who provide their health and social care and support talk to them and show an interest in their lives. • People feel that the people who provide their health and social care and support genuinely care about their wellbeing. • People say that the people responsible for assessing and planning their treatment, care and support have treated them with dignity and respect. • People say that the workers who provide them with health and social care and support daily treat them with dignity and respect. • People say they feel safe and comfortable to be themselves with the people who provide their health and social care and support. • People feel comfortable to tell their health, social care and support staff if they have concerns about anything related to their care. • People say that their health, social care and support staff check with them on an ongoing basis that they are happy with their health and care arrangements |
| | <p>QIs: 2.1 People and carers have good experiences of integrated and person-centred health and social care: 5.2 Processes are in place for integrated assessment, planning and delivering health and care. H&WBO: 3, 7 IDPs:(b) (ii), (v), (vi) H&SCS principles: 1,3</p> |

| | |
|----------------------------|---|
| <p>Statement 10</p> | <p>My unpaid carers and I can easily and meaningfully be involved in how health and care services are planned and delivered in our area, including a chance to say what is and isn't working, and how things could be better</p> |
| <p>EXPERIENCE</p> | <p>Positive examples could include:</p> <ul style="list-style-type: none"> • People know who is responsible for planning and providing health and social care and support services in their area, and how to express their opinions about this. • People who use health and social care services, and the friends and family who provide them with care and support, feel they have the chance to influence how things are done in providing health and social care and support services, including support for unpaid carers. • People have opportunities to attend meetings or groups to discuss how health and social care and support services, and support for unpaid carers, are provided in their area. • People say that the Health and Social Care Partnership and services routinely ask them how well services are doing and how they might improve. • People say they are told how their comments and suggestions have been acted on or why they haven't been. • People can provide examples of where decisions have been influenced by their input <p>QIs: 5.4 Involvement of people and carers in making decisions about their health and social care support: 6.5 How good are our commissioning arrangements? H&WBO: IDPs: (b) x H&SCS principles: 4</p> |

| | |
|----------------------------|--|
| <p>Statement 11</p> | <p>I'm confident that all the people supporting me work with me as a team. We all know what the plan is & work together to get the best outcomes for me.</p> |
| <p>EXPERIENCE</p> | <p>Positive examples could include:</p> <ul style="list-style-type: none"> • People say that they tell their story once and this is communicated between services, so they don't have to tell their story over and over. • People say that all the people who help them, know who else is involved and what everybody's roles and responsibilities are. • People feel that everyone who supports them or provides them with healthcare has more or less the same understanding about what's important to them and work collaboratively to help them achieve their immediate and longer-term goals. • People say that the people who help them, speak to each other to make sure that support is consistent, co-ordinated and takes place at the right time and place. • In periods of transition, people and their families say they feel well supported by professionals who communicate effectively with each other and with them, for example: moving from child to adult services, moving into residential care, going into or coming out of hospital, moving into end-of-life care. • People say that the people working with them know enough about their circumstances for the support, care and health interventions they offer to be suitable for them. • People are confident that everyone involved in their health and social care and support does what is expected of them. • People know how to get help or support in an emergency, including at evenings and weekends |
| | <p>QIs: 1.2 People and carers supported by integrated health and social care have good health and wellbeing outcomes: 2.1 People and carers have good experiences of integrated and person-centred health and social care: 5.2 Processes are in place for integrated assessment, planning and delivering health and care: 6.5 How good are our commissioning arrangements?</p> <p>H&WBO: 4</p> <p>IDPs: (b) (i)</p> <p>H&SCS principles: 2, 3, 4</p> |

| | |
|----------------------------|---|
| <p>Statement 12</p> | <p>The health and social care and support I receive makes life better for me. (People will be asked to reflect on engagement with all health and care services, including: NHS, social work, care providers, community services, volunteer led services)</p> |
| <p>OUTCOME</p> | <p>Positive examples could include:</p> <ul style="list-style-type: none"> • People can identify specific improvements in their lives as a result of the health and social care, and support they receive. • People who are at the end of their lives, and their loved ones, feel that the health and social care that they receive takes account of their physical, psychological, social and spiritual needs and wishes. • People say that the health and social care and support they receive, meets their expectations in terms of the difference it makes to their lives <p>QIs: 1.2 People and carers supported by integrated health and social care have good health and wellbeing outcomes: 2.1 People and carers have good experiences of integrated and person-centred health and social care: 5.2 Processes are in place for integrated assessment, planning and delivering health and care: 6.5 How good are our commissioning arrangements? H&WBO: 1, 3 IDPs: (a), (b) (ii), (viii) H&SCS principles: 1, 2, 3, 4</p> |