

Written Evidence prepared by the Association of Directors of Adult Social Services (ADASS) to the Health Committee scrutiny of the Care Quality Commission and Monitor

Background

The Association of Directors of Adult Social Services (ADASS) represents Directors of Adult Social Services in Local Authorities in England. As well as having statutory responsibilities for the commissioning and provision of social care, including the safeguarding of vulnerable adults, ADASS members often also share a number of responsibilities for housing, leisure, library, culture, arts, community services, and increasingly, Children's Social Care within their Local Authority.

ADASS welcomes the opportunity to contribute to the work of the Health Committee with regard to the scrutiny of both the Care Quality Commission (CQC) and Monitor and makes the following points:

Care Quality Commission

ADASS acknowledges that the Care Quality Commission has been through a period of very substantial turmoil over the past decade as the role of regulation and performance improvement has seen many changes in policy and direction. Above all, we would like to see CQC develop with confidence its proposals to be a world class regulator, and develop the processes, partnerships and staff competences that would accompany this.

1. ADASS welcomes the expertise and understanding of the value of the social model held by CQC. The achievement of user outcomes rely upon an integrated approach and CQC work reinforces this connection. It will be critical that as CQC evolves that this is maintained and expanded, and builds on the organisation's very strong traditions in citizen focus and involvement.
2. ADASS welcomes the new arrangements towards "Sector-led Improvement" following the discontinuation of CQC activity in making council annual judgements. Councils (ADASS) are well placed (in terms of expertise) to drive forward sector-led improvement and within these rapidly emerging dynamics. The role of CQC in undertaking risk based inspections is seen as an important dimension in complementing the public assurances provided by the sector. We welcome the new balance being placed upon the sector taking responsibility for itself as the starting point for management. ADASS retains concerns that "sector led" is being applied to councils only and that the care sector as a whole is not investing enough in its own performance and quality systems.

3. Following the cessation of ratings of providers, ADASS retains concern over implementation of the replacement Excellence Scheme (this is still subject to consultation, which closes on 1st August) with specific reference to the proposals to only differentiate excellence to those providers that pay a fee to CQC to register for the Excellence Scheme, whilst other providers not signing up to the scheme will be restricted to being differentiated as either meeting essential standards or not.. We think that this “opt in” system will not help the public with easy to access and understandable ratings of all care provision.
4. ADASS expresses concern over availability of updated information on providers judged performance on the CQC website, which can be 3 years or more out of date. We acknowledge that this is compounded by the change in legislation under which CQC stopped awarding quality ratings from July 2010, but the considerable time-lag restricts the public from making informed choices about providers at a time when national policy supports choice as a core value

This concern about currency of existing CQC judgements is also compounded by the experience of Directors (and reinforced by recent analysis by Community Care magazine obtained by FOI requests) of significant drop in the number of inspections and the availability of CQC Inspectors and support staff. We think on reflection this movement has been ahead of the ability of providers and commissioners to strengthen the sector led approaches.

ADASS notes the shift by CQC towards risk-based inspections and the proposed increased use of remote intelligence to trigger inspections. Whilst the emphasis upon reduce burden is welcomed, ADASS is concerned as to the reliability of remote intelligence systems as opposed to face-to-face contact, alongside the perception that service users, carers and families do not always exercise their rights to complain and staff maybe reluctant to whistle-blow on poor practice.

5. In response, ADASS acknowledges the collaborative approach being taken by councils, health partners and providers in leading improvements, and ADASS has developed Advice Notes to further strengthen approaches to safeguarding vulnerable adults.
6. ADASS also notes the considerable attention that councils give to work with providers to drive up standards. Councils are heavily engaged in contract monitoring and have extensive contact with service users through assessments, reviews and ongoing working. These activities provide councils with the intelligence and leverage to seek improvements in service delivery and securing improved outcomes for service users and carers. ADASS would want to work with the support of providers to reinforce the legitimacy of these roles.

7. ADASS welcomes coproduction with the Department of Health in the design of a new integrated outcomes framework and ADASS notes the valued input of CQC in this process. This collaborative approach signals a new relationship between national and local structures and importantly establishes the pursuit of improved outcomes as the key driver for the health and social care sector.
8. ADASS welcomes the Government's response to the NHS Future Forums recommendations to increase level of user, carer and citizen engagement in the health and social care system. The interface between CQC, HealthWatch, Councils, Health & Wellbeing Boards, the NHS Commissioning Board and providers require further details but ADASS feels confident that the expertise held in both CQC and councils can greatly contribute to the development of the approach
9. Finally, ADASS is fully engaged in the development of quality standards through active participation in the NICE work programme. The development of these standards has clear reference to the work of CQC and provides another example of collaborative approaches to secure improved outcomes for service users and carers.

Monitor

10. ADASS welcomes the Government's response to the NHS Future Forum's recommendations to re-focus the emphasis of Monitor upon choice and quality. This is considered an important development to providing cohesion across the whole sector towards securing improved outcomes for service users, carers and the wider public, whilst also stimulating choice and control. This is entirely consistent with the Vision for Adult Social Care, published by the DH and endorsed by ADASS.
11. ADASS suggests that Monitor's role in pursuing choice and quality imperatives alongside competition will need to develop explicit guidelines for the development of integrated services under partnership with other public sector provider (these guidelines should have flexibility to identify risks and rewards across the system in preference to a solution driven by profitability in the Foundation Trust model). We presume too that this will require the evolution of relationships between Monitor and local Health and Wellbeing Boards
12. ADASS welcomes the role of Monitor to add financial audit /scrutiny into the system and ADASS strongly urges that this financial expertise is also applied in the financial evaluation of large providers as part of the commissioning process. This expertise should complement the service delivery expertise held by commissioners and combined should provide public assurance on both the quality and stability of providers.

Peter Hay - President ADASS - June 2012