directors of adass adult social services

ADASS Response to "The Next Phase" CQC's Strategy for 2013 to 2016

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, ADASS members often also share a number of responsibilities for the commissioning and provision of housing, leisure, library, culture, arts, community services and increasingly, Children's Social Care within their Local Authority within their Councils.

General comments:

ADASS welcome this Strategy which clearly sets out CQC's strategic direction over the next three years and the opportunity to comment on it.

We particularly welcome the shift towards a focus on improvement rather than just compliance. We also agree with the statement of CQC's purpose that includes "Uniquely CQC provides assurance that services meet national standards of quality and safety", as a significant proportion of safeguarding concerns arise from a failure of services to have sufficient essential standards in place to safeguard people's dignity and rights.

ADASS is also pleased to see that the strategy seeks to take account of the changes that are taking place in the wider environment. However, there are some key challenges that are not referenced here.

One of these is the growing proportion and absolute numbers of people with dementia who are accessing both care and health services. This has implications for both services and regulation. Similarly the growing numbers of people with profound and multiple disabilities surviving into adulthood and then into old age creates another group who are both very vulnerable and lack capacity to speak out and advocate for themselves. The strategy makes reference to the development of DoLS and the need to focus monitoring activity to safeguard those who lack capacity but not to the profound impact these changes need to have on service design and on how CQC staff gather evidence in health as well as in social care.

ADASS would welcome further clarification of the role and responsibility of CQC in regulating providers in the context of financial viability and ADASS notes that the recently launched DH "Market Oversight" consultation will provide opportunity to take this forward. Further, ADASS notes that the strategy does not fully reflect upon emergence of new service configurations that may not fit traditional regulatory models and again, ADASS will seek further clarification from CQC in how it will respond to these market developments.

The strategy does quite rightly talk about technological changes and innovation and these developments are significant and are changing the ways in which people both access services and the way in which their needs can be met. However the digital divide is also very significant. Many of the most vulnerable and many of those accessing social care are not able to access information digitally or social media and CQC's approaches need to make sure they are not excluded from a "digital by default" approach. In order to provide digitally based services and maximise the use of technology within Adult Social Care the overall workforce will need to have much greater knowledge of services which traditionally haven't been part of their activities. There are implications around good practice sharing and exemplars to be shared by the CQC, but also an ability to assess whether people's needs are being met by technology.

Whilst the strategy makes a very strong statement about strengthening CQC's work with strategic partners, there remains a degree of ambiguity as to how this relationship responds to driving up quality within integrated services. Further clarity is required with regard to the inter-play of roles and responsibilities between the various partners (particularly that between CQC, the NHS Commissioning Board, the Health and Wellbeing Boards and the Safeguarding Adults Boards).

The Strategy quite rightly references the economic situation and the need to do more with less. However it would be helpful if the Strategy made explicit recognition that that is a challenge for health and social care as well as CQC as a regulator. Commissioners have to make on-going and increasingly tougher choices about priorities and what cannot be afforded and this will inevitably impact on services both in health and social care. Conversely, at the same time providers have to find a balance between costs and provision of high quality services.

Finally ADASS would like to note the significance of the recent announcement by the Secretary of State for Health on 28th November 2012 regarding the establishment of a Review to consider the introduction of ratings across the NHS and Adult Social Care. ADASS welcomes this announcement and the opportunity to contribute to the debate, which will inevitably have a significant impact upon the CQC Strategy going forward. ADASS would like to emphasise at this stage that any introduction of ratings must take into account elements regarding dignity and compassion of care and support, must be fully and transparently funded to ensure expectations can be realised, draw upon existing intelligence across the sector to include the important views of individuals and their carers, and avoid additional burden or diversion of resources from actual service improvement.

Consultation Question 1 – Making greater use of information and evidence to achieve the greatest impact

ADASS supports CQC's ambition to make greater use of information and evidence and would welcome the opportunity to work more closely with CQC nationally and locally to more systematically draw together data and intelligence from all available sources. This could include; published inspections, LINks / Local Healthwatch, the new public feedback flora that are developing (e.g. through NHS Choices, Find Me Good Care), safeguarding concerns, complaints, whistleblowing, contracts monitoring and reviews etc. This would enable us to work together to better inform the public and improve the quality of services and support available.

When making greater use of information and evidence how much of this information will be workforce related? Will inspections pick up staffing/training issues and how will these be relayed back to the employer and presented publicly? This is an area which would benefit from further focus.

ADASS also agrees that different services need to be regulated in different ways. However it would go further and suggest this will require CQC to employ a more differentiated workforce with inspectors with expertise that is appropriate to their area of inspection.

In relation to highlighting what works well, ADASS continues to regret the loss of the Quality Ratings as these were an effective way of highlighting excellent services and providing an incentive for services to do more than meet essential standards. The public understood Quality Ratings and liked the clearer choices they were able to make. Whilst inspection reports that do more to highlight what works well in services would be welcomed, this will not have the same impact as the clear additional assessments that the Quality Ratings provided. It is hoped that the recent announcement about the introduction of ratings will rectify this although it is not clear whether these will be integrated within the inspection framework in the way that Quality Ratings were.

Consultation Question 2 - Strengthening work with Strategic Partners

ADASS welcomes the proposals to work with strategic partners at a national level including ADASS. We also welcome the commitment to work with commissioners in sharing information and to build constructive relationships with local authorities, CCGs, Local Healthwatch and Health & Wellbeing Boards. However it would like to have seen more in the Strategy about how CQC might develop the potential to share and make use of evidence from commissioners and other partners. Whilst joint working over safeguarding issues and services subject to action has generally been positive, more systematic information sharing has never been exploited with initiatives like the information sharing portal seemingly never given the priority they needed to succeed. Working with partners at a local level will also require an investment in personnel, with some commitment to continuity.

ADASS would also welcome an explicit statement that commits CQC to work with partners on safeguarding and which supports the implementation of statutory safeguarding on both a proactive and responsive basis: proactive through building in quality and responsive once concerns have been highlighted.

In addition, working together to develop the right workforce at a national and local level is vital for an improving Health and Social Care sector. CQC could helpfully highlight which trends are emerging through inspections that need to be addressed as well as sharing information about workforce planning, training, and recruitment.

Consultation Question 3 – Building better relationships with the Public

ADASS welcomes CQC's proposals in this area. More emphasis could be placed on understanding the system for raising concerns about an individual providing care, therefore explaining the CQC's role in the regulation of staff within providers as well as in the regulation of providers themselves.

Consultation Question 4 – Proposed Approach to tackle complaints

ADASS agrees with CQC that this is an area of confusion and welcomes CQC's proposals to work with DH to resolve this. It also agrees that in the meantime that people who make complaints to CQC should be briefed on the appropriate procedure for pursuing their complaints and that at the same time the opportunity should be taken to obtain information relevant to the quality of the care being provided. Consideration also needs to be given as to where Independent Complaint and Advocacy Services fit as their role is not mentioned in the Strategy.

Consultation Question 5 - Building relationship with providers

ADASS agree with the focus on improving consistency and building confidence in the judgements of inspectors. This will require not only training but also a more differentiated workforce with inspectors with current skills in the areas they are inspecting, to include for example financial expertise alongside more traditional sets of skills and expertise in the delivery of high quality health and care services.

Consultation Question 6 - Strengthening delivery of responsibilities on mental health and mental capacity

ADASS welcomes the proposals to strengthen delivery in this area. One area that is not specifically mentioned is that specialist training within the health and social care workforce is vital to maintain and improve the application of DoLS and is part of the evolving need and requirement in this area which should be monitored.

Consultation Question 7 – Measuring Impact

ADASS recognise the challenge CQC has in measuring its impact given the complex environment in which it operates and the part that others have in improving quality in care including other regulators, commissioners and providers. Nevertheless, it is important that a framework for doing so is developed and that in doing so the expectations of all stakeholders are openly discussed and debated.

Whilst ADASS supports the need for a dynamic and flexible response, ADASS would welcome a focus on ensuring that minimum inspection timescales are met, and that essential standards are complied with. Whilst we agree with principles of proportionality and with using intelligence sensibly, we have looked in one particular geographical area and a significant proportion of care homes have had no inspections since CQC has been in existence. This area may be an exception, but if this is more widespread then this places an increased burden on councils both through increased contracts monitoring and through, potentially increased safeguarding concerns. It also reduces information that is current to enable the public to make sensible care choices.

Consultation Question 8 - Becoming a High Performing Organisation

ADASS welcome the proposals in the strategy to improve the effectiveness of the organisation and build a motivated, skilled and effective workforce. One way which might assist CQC to do this would be to develop recruitment and secondment arrangements that ensure a continual flow of staff with current health and social care skills into the organisation. ADASS would be happy to have discussions with CQC about how it might assist with this.

Sarah Norman- Joint Chair ADASS Standards and Performance Committee
6th December 2012