CQC Strategy Consultation: 'The world of health and social care is changing. So are we'.

Response by the Association of Directors of Adult Social Services (ADASS)

March 2021

INTRODUCTION

- We welcome the opportunity to comment on the Care Quality Commission's (CQC) proposed Strategy.
- **ADASS particularly welcomes**:
  - The focus on putting people who use services at the centre of decisions.
  - The greater emphasis on listening to and utilising people's feedback and experiences.
  - The focus on co-design of CQC's own work and services.
  - The increased emphasis on tackling inequalities, including an explicit focus on protecting people's human rights.
  - The commitment to make information and data more accessible, relevant and useful, especially for members of the public making decisions about health and care.
  - The recognition that how services work together has an impact on people's lives and outcomes.
- **Much depends on how CQC will achieve these aims.** DASSs will need to be involved in developing the implementation plans. ADASS can help to facilitate this.
- Assuring safety and improving quality do of course **depend upon a sustainable funding package for health and adult social care**.
- The proposed strategy notes improvement needs to be "delivered by a diverse workforce that is thriving". There is **little recognition within the strategy about the current workforce challenges.** These include recruitment and retention challenges, and the associated longstanding need for an adult social care minimum wage, recognition and regulation, enhanced training and development, and career progression.

CONSULTATION QUESTIONS

*1). The ambitions set out in the **People and communities** theme.*

- With the **caveat that much depends on *how* CQC will achieve these ambitions**, we support these ambitions.
- We welcome the ambition to ensure regulation is driven by people's experiences and what they expect and need from health and care services.
- We particularly welcome CQC's commitment to role model the behaviours it seeks in others by co-designing its own services and ways of working.

- While welcoming the ambition, we would find it helpful to have **more detail about how the increased emphasis on tackling inequalities will be incorporated across CQC's full role and functions.**

*2). The ambitions set out in the **Smarter regulation** theme.*

- With the **caveat that much depends on *how* CQC will achieve these ambitions**, we mostly support these ambitions.
- We welcome the ambitions to ensure assessments are more flexible and dynamic, to make smarter use of data and technology, and to tailor information to different audiences.
- We welcome the intention to look more closely at the culture of services and to look at how they meet their social and ethical responsibilities.
- We cautiously welcome the ambition to "regulate in a smarter way by providing a clearer definition of quality and the standards people can expect, which is based on what people say matters to them". We **need to build on rather than duplicate, reinvent or destabilise the collaborative and co-produced work that has already been done to define 'quality'.** This includes Quality Matters, Making It Real and What We Need Now (National Voices' review, within the context of the pandemic and its impact, of what matters to those of us who health and care services, including revised 'I Statements'). **ADASS can help with this.**

*3). The ambitions set out in the **Safety through learning** theme.*

- With the **caveat that much depends on *how* CQC will achieve these ambitions**, we mostly support these ambitions.
- We welcome the intention to look for evidence that providers are committed to involving people in their own safety, to intervene more quickly when risks to people using a service are identified, including protecting people's human rights, and to place more focus on the safety and experience of people's transition between providers.
- **We need to see more explicit consideration of relationship management within the strategy, especially with regard to safeguarding and market oversight.** We are conscious of a possible tension between CQC's assurance role and work as a collaborative partner. For example, there are scenarios whereby DASSs might need to alert Inspectors to market oversight concerns. (We explored an example of learning from provider failure in our response to the proposed amendments to CQC's Market Oversight Provider Guidance). This tension may be mitigated through greater consideration and assurance of relationship management.
- As above in terms of defining 'quality', we also **need to build on rather than duplicate, reinvent or destabilise the collaborative and co-produced work that has already been done to define 'safety'. ADASS can help with this.**

*4). The ambitions set out in the **Accelerating improvement** theme.*

- With the **caveat that much depends on *how* CQC will achieve these ambitions**, we mostly support these ambitions.

- We welcome the ambition to develop a coordinated, effective, and proportionate approach to regulating new innovations and technology, as well as to offer more analysis and data so that systems can improve themselves.
- We cautiously welcome the approach to supporting improvement, but we need more clarity and detail as to what this improvement role will look like, particularly at different levels. An improvement role focused on providers will look different to one focused on systems, which in turn will look different to one assumed at a national level. **There is likely to be a tension created by the need to scrutinise and assure the sufficiency and outcomes of improvement work that CQC has itself played a role in.** This will need to be mitigated. Partnership is going to be essential and **any local improvement role will need to be undertaken in partnership with local authorities.**
- We are aware of scenarios whereby there has been a conflict between providers' desire to improve and innovate and CQC's assurance role. For example, it has proven difficult to explore a role for self-organising health and/or care teams in England (akin to the Dutch 'Buurtzorg' model) because such models conflict with the 'Well-led' inspection framework. In Scotland, the Care Inspectorate has worked alongside providers to evolve an appropriate assurance framework in parallel with the development of these services. **We would welcome this type of partnership approach to making sure assurance does not frustrate improvement and innovation.**

*5a). The **ambition to assess health and care systems**?*

- **There is insufficient clarity of the definition and scope of "local care systems"** [also referred to as "local systems"] **for us to determine whether or not we support CQC's aim to assess these**. We need to see much more detail about this. However, we do know:
  - Any assessment **needs to measure the right thing**.
  - We need to **limit new burdens on Adult Social Services Departments** as far as possible, and to recognise the costs, including opportunity costs, of such assessments.
  - Any new assessment needs to respond to learning from past approaches, including the Commission for Social Care Inspection (CSCI) Self-Assessment Survey. **DASSs hold a wealth of knowledge about what has historically worked well and less well**.
  - **Assurance of "local care systems" requires inspection teams that have health and care 'system' expertise**, for example insight into medicines/medicines management and an understanding of reablement.
- The current lack of certainty means adult social care remains in a holding pattern whereby Directors of Adult Social Services (DASSs) are overly reliant upon time-limited funding streams to deliver balanced budgets that are required by statute. This forces DASSs into an unenviable situation whereby they are increasingly entering into long-term revenue commitments, such as care packages for people with learning disabilities that may last decades, without any guarantee that there will be sufficient ongoing funding to ensure these vital care and support services can be delivered. This means other care and support is foreshortened, reduced or not provided and adds further risk into an already fragile system together with counter-productive impacts on carers, older and disabled people, the NHS, criminal justice system and the local economy. **Any assessment by CQC of local authorities' delivery of their care duties will need to understand and be responsive to this challenging context.**

*6). The ambitions to **help to tackle inequalities**.*

- With the **caveat that much depends on *how* CQC will achieve these ambitions**, we support these ambitions.
- We welcome the increased emphasis on tackling inequalities, including an explicit focus on protecting people's human rights. As noted in our response to 1b) above, **it would be helpful to have more detail about how this will be incorporated cross CQC's full role and functions**.
- We support the proposed focus on putting people who use services at the centre of decisions. We support the greater emphasis on listening to and utilising people's feedback and experiences, as well as the commitment to make information and data more accessible, relevant and useful, especially for members of the public making decisions about health and care. CQC's ability to realise these (and other) ambitions in a way that reduces inequalities **will in large part depend upon its ability to successfully engage and co-create with people who use services and their carers**, including (but absolutely not limited to) people with a protected equality characteristic.

*7). The **opportunities and risks to improving equality and human rights** in the draft equality impact assessment.*

- We welcome recognition within the draft equalities impact assessment of the need for a particular focus in services where 'closed cultures' are more prevalent (such as services for people with a learning disability or autistic people).
- There is currently no mention of unpaid carers within the draft equalities impact assessment, despite the likelihood of unpaid carers being impacted by the strategy and its proposed changes (and despite unpaid carers being afforded some legal protections).

ABOUT US

- ADASS is a charity. Our objectives include:
  - Furthering comprehensive, equitable, social policies and plans which reflect and shape the economic and social environment of the time;
  - Furthering the interests of those who need social care services regardless of their backgrounds and status; and
  - Promoting high standards of social care services.
- Our members are current and former directors of adult care or social services and their senior staff.