Voluntary Organisations Disability Group

Representation to the Care Quality Commission strategy consultation

March 2021

About VODG

VODG is the national infrastructure body representing organisations within the voluntary sector who work alongside disabled people. Our members' work is focused on enabling disabled people of all ages to live the lives they choose. VODG believes that an ambitious, trusted and vibrant voluntary sector that works together plays a unique role in achieving this aim. VODG members work with around a million disabled people, employ more than 85,000 staff and have a combined annual turnover in excess of £2.8 billion.

Introduction

There are 14.1 million disabled people in the UK, representing 21% of the population and 19% of working age adults.[2] In England, 21% of the population reports having a disability. The provision of essential services to disabled people in ways that promote independence, choice and control, as well as supporting their carers is a statutory obligation. The hallmark of a fair and equitable society includes fully meeting people's needs and enabling disabled people to have full choice and control over their lives, and to be included in society.

VODG welcomes the opportunity to comment on the Care Quality Commission's (CQC) proposed strategy. This submission is informed by engagement with our member organisations via two dedicated meetings on this consultation. The first with operational colleagues and the second with chief executives alongside further membership engagement and follow up. We use this paper to draw out those issues most relevant to disability care and support providers and the people they support.

Scope of CQC's proposed new strategy

The ambitions of the new strategy, and the four themes that sit under it, are to be welcomed and offer an opportunity to positively shift CQC's approach in its role as an independent regulator of health and care services.

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If the ambitions of the new strategy are achieved, they have the potential to bring about a cultural change in the way CQC, as well as providers, operate. There is, however, a significant gap in how things are currently working and the ambitions of the new strategy which needs to be planned and managed through strong partnerships. Furthermore, the social care workforce has faced significant challenges and perhaps one of the toughest years to date over the last 12 months. As such, there is much for CQC to consider in making the rhetoric of its new strategy a reality while also confronting the impact of the coronavirus (COVID-19) pandemic has had on the people and families supported by social care services as well as to the workforce.

It is positive that the strategy acknowledges the issue of health inequalities and includes ambitions around CQC's role in helping to reduce those inequalities in health and care outcomes. In order to fulfil these ambitions, it will be critical for CQC to recognise and involve the various bodies that have a fundamental role, alongside providers, in helping to tackle health inequalities. This includes strong and active engagement with the voluntary sector. We also encourage CQC to reflect on its own role in relation to the pandemic response in addressing health inequalities – it was slow and unresponsive on some key issues.

Given the transformative intent behind the new strategy, a key factor in achieving the ambitions of the strategy will be an acceptance of, and for some, a willingness to change amongst the CQC workforce. In addition, consistency in the implementation of new ways of working will also be crucial, which is in contrast to the differing experiences of inspectors that some providers currently report.

As CQC, rightly, proposes to move from looking at how one service operates in isolation to looking at every stage of people's journey through the health and care system, the way in which CQC responds when things go wrong within this shift will help shape the success of the strategy and should be monitored in a regular, and publicly available, evaluation of the rollout of the strategy. This should also sit alongside fully transparent criteria for success against which CQC holds itself accountable.

Further to this point on transparency, is a need for CQC to be explicit on how providers' fees are being used, particularly given the move towards fewer on-the-ground inspections and more data-driven, paperwork-based oversight. Furthermore, if the role of CQC is to be enhanced as proposed in the government's Health and Social Care White Paper and for it to hold a greater oversight role of systems[1], there is an argument for greater scrutiny around value for money delivered by CQC. The enhanced remit of CQC should not be funded through provider fees.

[1] Department for Health and Social Care (2021) *Integration and Innovation: working together to improve health and social care for all.* https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/960548/integration-and-innovation-working-together-to-improve-health-and-social-care-for-all-web-version.pdf

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The strategy lays out ambitions for more data driven approaches, which given the ever-evolving role of digital, data, and technology in our lives, this is to be encouraged. There is within this, however, opportunities for CQC to improve how it analyses and reports on different aspects of health and social care so that providers can better understand and compare themselves against others working in services of similar scope and size. A number of VODG members who operate supported living settings also expressed the need for more robust registration of these services and alongside this better data capture in this area.

Finally, a note on accessibility of the language used throughout the draft strategy. VODG members expressed concern that while it is easy to agree to the over-arching ambitions proposed, the detail of the ambitions is at times jargon-heavy and inaccessible, and therefore difficult to interpret. For example, how are social care providers to support activity around 'improving digital interfaces' or the use of 'data science techniques' when it is not clear in the strategy what these terms mean in reality for providers of care services?

Recommendations

- **CQC to publish criteria for success and to ensure absolute clarity and transparency around provider fees.**
- **CQC to review use of inaccessible and jargon-heavy language in its final strategy.**
- **CQC to undertake regular stocktakes on the implementation of its strategy, including with the voluntary disability sector. The results of these stocktakes to be published.**

People and communities

Engaging with people and communities

A move towards greater focus on regulation that is driven by people's needs and experiences of health and care systems is positive and strongly aligned with the ethos of VODG members. There is, however, concern around how the process will work in reality and how accessible it will be to meet the needs of working age disabled adults.

This aim, while legitimate, risks failing if the knowledge and skills around what meaningful involvement, engagement, inclusion, looks like for different people and how that can be assessed does not exist within CQC. The process has to be fully accessible so that the voices of people who may need additional support are heard as an equal partner. For example, involving people who have significant or complex learning disabilities and measuring their views on care and support can be time intensive and a long process to do so in a meaningful way. There are additional concerns related to how this ambition and CQC's aim to become more data driven and can be appropriately aligned to ensure judgements are based on a meaningful process and not one that sees CQC becoming further removed from the process, rather than more involved. Furthermore, the voluntary sector offers a resource for

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CQC in working with specialist services and disabled people, both running and using them.

Role of providers in engaging people and communities
Alongside the focus on individual people and families, VODG members have expressed concerns with how the new approach to seeking views, while positive in principle, will see providers measured on this individual engagement, particularly around how individuals and families are involved in feeding back what they want from a particular service and how that service is equipping and empowering them to do so. In addition, are concerns about how providers can ensure they are genuinely responsive to the people they support, taking into account the variation in feedback they receive and the reasons behind that variation. For example, there can be discord between providers and family members when the provider is carrying out its duties under the Care Act and commissioning decisions. This could result in poor feedback which may not fairly reflect the situation. As such, there are concerns about the extent to which CQC is triangulating evidence.

Finally, there needs to be an acknowledgement within any new operating models of people's right to choose to not engage with the process and to simply get on with their life. It will, at times, be difficult to obtain people's views simply because they are not interested in sharing them. However, providers can put in a lot time and resources in doing so to no avail yet still be scrutinised and penalised by CQC.

Recommendation:

- **CQC inspectors ask providers for feedback about how well the inspection experience matched the new strategy at the end of each inspection.**

Smarter regulation

There is recognition and support among VODG members for a more dynamic approach to regulation than recognises, and keeps pace with, the rapidly changing operating environment, particularly since the onset of the pandemic. However, there remains concern about existing aspects of the process that also need to be recognised in order to be improved upon, including:

- A need for greater clarity on the definition of what 'good' and 'outstanding' care looks like and how innovation fit within those definitions.
- A need to allow for more 'voices' to be included when conducting inspections so that the 'big picture' can be seen. For example, when hearing from disgruntled employees but not taking into account the provider's perspective on what may have led to that discontent (e.g., an organisational change).
- A need for better partnership and collaborative working that sees CQC consider multiple viewpoints and take everything into account that may be affecting a provider or a service before responding and which allows providers a right to reply.

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- A need to make inspection reports more meaningful and helpful so that someone reading it who draws on social care can get a full sense of the difference between providers.

Recommendation:

- **In implementing more dynamic and flexible regulation, it is imperative that checks and balances are integrated into the system to ensure a proportionate response in the public interest.**

Safety through learning

A move towards prioritising safety and creating stronger safety cultures is, of course, supported by providers. At present, however, there is no national CQC definition as to what constitutes a 'strong safety culture' and this needs to be developed, perhaps in consultation with providers, and then used to help guide assessments in this area.

VODG members also report that working with different types of services under the pressures of the pandemic and has presented challenges and clarity is needed in the strategy around what CQC is looking for in its assessment of safety and the expectations on providers when working with other services and how that affects accountability.

VODG members also highlighted a need for CQC inspectors to recognise, and where appropriate report on, wider organisational initiatives that are aimed at preventing issues around safety and not focusing solely on incidents and / or problems.

Recommendation:

- **Strategy delivery plans should include mechanisms for providers to evidence their work around safety and prevention.**

Accelerating improvement

If CQC is to progress its ambitions under its strategic theme of accelerating improvement, then there needs to be more alignment with other regulators and commissioners.

In order for CQC to support and drive best practice among providers, then providers also need best practice commissioners who commission at best practice rates. It will, therefore, be helpful for CQC to have some level of scrutiny or insight into how local commissioners work and how the services being assessed are commissioned and whether there are tensions within that relationship that affect the delivery of the service.

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Conclusion

The ambitions of the new strategy represent a positive move forward for CQC and VODG members are pleased that CQC is recognising the role of social care in communities and its contribution to society. The test of the strategy will, however, be in its delivery on-the-ground at a time when voluntary sector providers are operating and carrying out activities that are above and beyond their contracted duties. We look forward to continuing to work in partnership with CQC and will take stock with our members as to how CQC's new strategy is being implemented.

-ENDS-

For more information or to arrange a further a discussion with VODG or our members, please contact research.policy@vodg.org.uk

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