

# Royal College of Psychiatrists Consultation Response

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**DATE: 2 February 2011**

**RESPONSE OF:** THE ROYAL COLLEGE OF PSYCHIATRISTS

**RESPONSE TO: Transparency in Outcomes: A framework for Adult Social Care**

The Royal College of Psychiatrists is the leading medical authority on mental health in the United Kingdom and is the professional and educational organisation for doctors specialising in psychiatry.

We are pleased to respond to this consultation. This consultation was prepared by the Rehabilitation and Social faculty at the College.

This consultation was approved by: Dr Ola Junaid-Associate Registrar

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## Consultation response to Transparency in Outcomes: a framework for adult social care

We welcome the opportunity to respond to this consultation.

Given the enormous overlap in the aims of health and social care services, it is an excellent idea to expand the role of the National Institute of Clinical Excellence (NICE) to include adult social care. The evidence base for social care interventions is limited but this fact will undoubtedly be highlighted by NICE as they start the process of identifying best evidence in social care to feed into guidance for practitioners, service managers and commissioners.

We are also supportive of the proposed slimming down of the current, onerous data collection burden on social care organisations and we support the abolition of league tables and star ratings.

However, we do have some concerns about restricting visits/investigations by the Care Quality Commission (CQC) to services where performance concerns have been raised. Our understanding is that greater onus will be on social care providers and other social care organisations to carry out robust self-assessment. Registration with CQC will be conditional on adequate self-assessment. There are currently no details about what these requirements will be and the degree of confidence in self-assessment will of course depend on both the quality of the self-assessment data, markers and tools as well as the quality of actual service. We would recommend that the CQC or another organisation be tasked with setting up and running a peer-accreditation process (similar to the RCPsych's AIMS programmes) that includes appropriate data collection to review standards and quality of services alongside visits by peers. This process provides a supportive and constructive framework for improving and sustaining the quality of care in inpatient and other mental health services and the model is both feasible and funded by the provider services seeking accreditation

A further issue is that it is not clear from the consultation document how service users will be able to hold services to account. Many social care services provide for people with significant degrees of mental incapacity who are vulnerable to exploitation and abuses of care. We would like to see suggestions of how service users can be facilitated to raise concerns about the care they receive to an independent body such as CQC. What powers will they actually have and how would they access them? Perhaps surveys could be introduced which would monitor service users views on specific services? Interviews with service users during peer accreditation visits are an alternative approach that has been successfully implemented through the AIMS programmes.

The rewards for improving service quality are not described in detail. The measures for incentivising providers proposed (e.g. more funds) and a new excellence award may be helpful but reducing the number of radical changes that divert providers away from key work would make more of an impact on improving quality and maintaining workforce morale during this time of economic recession. In addition, financial rewards for good services do not solve the problems of services that are struggling.

On a related topic, although the document mentions the personalisation agenda alongside driving up the quality of social services, improvements in service users' quality of life will not be effective if their eligibility to financial support and appropriate benefits is reduced. This will impact on their ability to access appropriately supported housing and other mainstream community resources and impair their social inclusion.

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