**The Future of Regulation and Inspection of Care and Support in Wales**

**Consultation Response Form**

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**Consultation Questions**

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| **Section 3 – A Citizen Centred Approach** |
| 1. **What, if any, challenges will there be to introducing an outcomes-based approach to regulation and inspection?**   The CSP supports the intention to introduce an outcomes-based approach to regulation and inspection but considers it will be difficult and a ‘one size fits all’ approach will not necessarily work as outcomes will be different for each individual.  It is the effectiveness of the service to make a difference to the individual that needs to be inspected and there will be a challenge in how this is recorded, demonstrated and shared with the public so they can understand this new approach and what it is trying to achieve.  There will be training requirements from staff across the sectors (including the third sector) to understand the new approach.  The profession understands the concept of an ‘outcomes-based approach’ – it is very much an approach adopted by therapy professions such as physiotherapy but it will need to be fully described to stakeholders so as to ensure that people understand that even if a person’s condition deteriorates, care and support provision has delivered on the outcomes appropriate to that situation. |
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| 1. **What, if any, benefits will there be to introducing an outcomes-based approach to regulation and inspection?**   The CSP considers that it should provide clarity on what the desired outcomes should be for the person and what services have been provided to enable those outcomes to be achieved. In addition, a common understanding will enhance the citizen centred approach. |
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| 1. **What is your view of our requirement for service providers to produce an annual report?**   The CSP supports the idea of service providers producing an annual report. Thought will be needed on how this report is made accessible to the communities who might want to scrutinise them.    Point 45 (p13) in the document highlights “meaningful and transparent information about care and support providers **and staff”**. What information would be made available about staff? The CSP would like more detail on this. Would this give, for example the opportunity to highlight ‘safe’ staffing levels and availability (or lack) of certain professionals? Or would it also give the opportunity to highlight the skill base of the staff, for example registration status and post registration qualifications? |
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| 1. **What information do you think should be included in the annual reports?**   The CSP supports the listed items included on page 13.  The profession considers the annual report should be easy to read and understand. If there is to be extensive data and information then it must have an executive summary or section on key facts/headline messages that can be shared easily with links to the fuller documentation. |
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| 1. **Do you think a quality judgement framework will be a useful tool for the citizen? Why/why Not?**   The CSP supports the idea of a quality judgement framework. There is little detail in the consultation document on how this would be developed or work in practice.  However, the CSP agrees with the argument that it is useful for citizens to look at differences in quality across service provision. It would mean comparison against other services in Wales (and indeed further afield) and there would need to be assurance that the comparisons are actually comparing ‘like with like’. Population demographics and other elements such as rurality will be important.  There will be many factors to take into consideration here. |
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| 1. **Are there any other ways we could provide citizens with more control over the care and support they receive?**   Regulatory and inspection services must ensure they make full use of advocacy services to ensure citizens can fully engage in their processes. This is particularly important for communities and client groups who may be hard to reach. |
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| 1. **How could the service regulator involve citizens further in their work?**   The service regulator should make full use of professionals who have worked in the field but are now retired from the service to draw on their expertise as professionals working in the service but now potential service users. The development of “expert service users”.  Greater use of lay (those with experience of using services) inspectors as part of the inspection team would send a strong message. |
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| 1. **Are there any other ways we could strengthen the voice and control of the citizen in regulation and inspection that you believe we should consider?**   Voice and control must be in all parts of the process. If it is right within assessment, care planning and signposting to services then regulation against outcomes (which should have been agreed as part of the assessment) should facilitate appropriate evaluation of voice and control within the process.  Strengthening the complaints process would be a way of strengthening voice and control in the regulation and inspection process. Equally, there must be a way for the citizen to highlight services which have enabled them to achieve their outcomes effectively.  It would be useful to include within the process a way of identifying outcomes in response to concern thereby demonstrating that processes have been changed to avoid repetition. |
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| **Section 4 – Firm and Broad Regulation** |
| 1. **What, if any, risks are there to a service based regulatory system?**   The CSP supports the intention to develop a service based regulatory system but does have some concerns:   * Point 58 identified that the service based model will require an individual or organisation to register in respect of each regulated service it intends to carry out. This still needs more clarity. Is this the manager/clinical leader of a service? * Point 62 is unclear on registration and regulation of social workers. Does this mean that social work services (for example those provided by local authorities) would be registered as a ‘service’? This would mean dual registration. * Point 62 is unclear on advocacy. There are already professionals who have advocacy as part of their job role (therapy roles including physiotherapy, occupational therapy, speech and language therapy). These professionals are already registered and regulated by the Health Care Professional Council. How will the proposals in point 62 work with this? Would those who undertake advocacy have to be dual registered or would there be reciprocal arrangements with the HCPC? |
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| 1. **What, if any, benefits are there to a service based regulatory system?**   The CSP considers that a service based regulatory system would provide the flexibility to respond to emerging models of service. It will provide the opportunity to respond without the regulatory system being a barrier in its own right. |
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| 1. **Are there any services that are not currently regulated that you feel should be? Why/why not?**   The CSP has no suggestions at this stage. |
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| 1. **Should local authorities be required to produce an annual report which will provide the basis of inspection by the service regulator? Why/why not?**   The CSP supports the proposal that local authorities be required to produce an annual report which will provide the basis of inspection by the service regulator. Comments made earlier in relation to the development of an annual report equally apply to this answer. It must be an annual report that can be easily understood and used by citizens. |
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| 1. **How could the regulator assess whether the Responsible Individual is a fit and proper person?**   Processes must be put in place to provide regular assessment of the Responsible Individual against a set of criteria to ensure they remain a fit and proper person. The CSP is unsure, at this stage, who should do this. There might be an opportunity to work with other regulators (UK-wide) on this. |
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| 1. **Do you think the requirement for service providers to undertake a risk assessment about continuity of service would help prevent provider failure? Why/why not?**   The CSP considers it would be useful and might perhaps provide some indicative data but it remains to be seen if undertaking a risk assessment about continuity of service would actually prevent provider failure entirely. The profession is not convinced. |
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| 1. **In the event of provider failure, would local authority contingency plans help ensure the continuity of service provision? Why/why not?**   Yes. The CSP considers that in the event of provider failure, local authority contingency plans would help ensure the continuity of service provision. There must be a reassurance that action would be taken to support vulnerable service users. |
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| 1. **Do you think a registration fee should be introduced for organisations registering to provide care and support services? Why/why not?**   The CSP is uncomfortable about the levy of a registration fee. There is a risk that costs will disproportionately affect smaller providers. Once fees are introduced there is a bureaucracy required with collecting and chasing up payment. There is also the process required for dealing with those which have not paid their registration. |
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| 1. **Do you think a fee should be charged for organisations providing care and support services to renew registration?**   Again, the CSP is uncomfortable about the charging of fees. The purpose of any fee must be explicit. Great care will be needed in how this is taken forward should the Government decide it will introduce a fee. The bureaucracy required for collecting a fee and all processes connected with this must be explored. It might be advisable to undertake a cost/benefit analysis of the proposal. |
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| 1. **What, if any, challenges would there be to introducing time limited registration, in particular circumstances, for organisations providing care and support services?**   The CSP is unsure what challenges there might be other than new work in relation to registration of organisations/services which previously might not have registered or been required to register. |
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| 1. **What, if any, benefits would there be to introducing time limited registration, in particular circumstances, for organisations providing care and support services?**   Those scrutinising services would have the opportunity of reviewing reports and providers would have to focus on their point of renewal, ensuring that they are complying with requirements. |
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| 1. **Do you think that the service regulator has sufficient enforcement powers? Why/why not?**   The CSP supports the point made on Point 90 (page 25) that CSSIW should have a key set of offences linked to the new registration and reporting requirements but that otherwise there is no intention to fundamentally alter the current range of enforcement powers. |
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| 1. **Should the existing offence of providing false or misleading information in an application form be extended to the provider’s annual report to the inspector? Why/why not?**   Yes. The CSP agrees with this. It will support the importance of honest self reporting. |
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| 1. **What are your views in relation to making provision for ‘aggravated’ versions of certain regulatory breaches which would provide stronger sentencing powers to the courts in relation to the most serious regulatory breaches?**   The CSP agrees with the proposal to make ‘aggravated’ versions of certain regulatory breaches to ensure stronger sentencing powers to the courts in relation to the most serious regulatory breaches. Intentional breaches and very poor practice must result in clear punishment with an adequate sentence to fit the crime. |
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| **Section 5 – Strong and Professional Delivery** |
| 1. **Are there any groups in the care and support workforce that are not currently registered, that you think should be? Why/why not?**   The CSP highlights here that there are other professionals such as occupational therapists that make up the social care workforce. Occupational therapists, along with other AHPs such as physiotherapists and speech and language therapists are regulated by the Health and Care Professions Council. The CSP is surprised that the consultation document does not make reference to any other professionals than social workers.  The profession considers that any legislative framework must clearly spell out the relationship between the UK regulators and the Wales based regulators in relation to professions operating in social care. Occupational Therapists on the HCPC register are not required to register with the Care Council for Wales nor are Nurses (who are regulated by the Nursing and Midwifery Council) but the profession is concerned that lack of responsibility for regulating these professions has meant they are not included appropriately in workforce planning, career development and CPD opportunities.  The CSP further suggests that as services across health and social care become ever more integrated, there will be further opportunities lost in terms of developing the multi-agency workforce if the Care Council for Wales only considers professional development for social workers.  The profession considers that regulation of AHPs should continue to be undertaken by the HCPC and for Nurses by the NMC but that the Care Council for Wales should ensure that their forward work programme addresses the needs of all those that deliver services in social care, directly and as part of the wider social care workforce. |
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| 1. **What, if any, challenges would there be to extending registration of the care and support workforce?**   The CSP cautions there may be issues for professionals being excluded from progression with a career in social care if they are not a social worker by profession. Currently, this will affect occupational therapists and nurses employed directly by social care but in the future this might equally apply to other AHPs such as physiotherapists or speech and language therapists.  There is a concern around duplication to satisfy the workforce regulator in Wales whilst also being required to satisfy the professional regulator of the HCPC or NMC. Also, there is nothing in the consultation document outlining arrangements between regulators so it remains unclear as to whether professionals will be required to be dual registered. If the latter is required, the unfortunate consequence could be that professionals are forced to forego their professional regulator due to costs. This would be a backward step in relation to professional regulation. |
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| 1. **What, if any, benefits would there be to extending registration of the care and support workforce?**   The CSP sees no benefits to extending registration of the care and support workforce at the present time. |
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| 1. **If registration is extended, what are your views about extending protection of title to other groups in the care and support workforce?**   The CSP considers a strong case must be made for any future extension of registration, based on providing protection to the public. Consultation must be carried out on any proposals. |
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| 1. **If registration is extended, what are your views about extending protection of role to other groups in the care and support workforce?**   The CSP considers a strong case must be made for any future extension of registration, based on providing protection to the public. Consultation must be carried out on any proposals. |
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| 1. **What is your view of the proposal to require social care managers to only register with the workforce regulator?**   The CSP supports this proposal. It seems sensible for social care managers to only register with the workforce regulator.  The workforce regulator will need to develop a far greater flexibility in accepting qualifications for registering as the social care workforce expands in the future. With the development of integrated services there will be a much greater opportunity for services to be managed by a wider range of professionals from health and social care. Qualifications will need to be transferable and accepted between the sectors. |
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| 1. **What are your views on our plans to remove voluntary registers?**   The CSP supports this proposal. |
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| 1. **What, if any, risks are associated with negative registers?**   The profession has not taken a view on negative registers. |
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| 1. **What, if any, benefits are associated with negative registers?**   The profession has not taken a view on negative registers. |
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| 1. **Do you think we should adopt negative registration in Wales? Why/why not?**   The profession has not taken a view on negative registers. |
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| **Section 6 - Taking the next step to Improvement and Professionalisation** |
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| 1. **What are your views on the proposal to introduce a National Institute of Care and Support?**   The CSP has experience of the regulator for the physiotherapy profession (HCPC) which clearly identifies its requirements of registrants.  In relation to the National Institute of Care and Support, the CSP questions if one body can successfully undertake the wide range of roles without some potential for conflict of interest.  The regulator should be clearly seen to be registering and regulating the workforce.  This should be kept separate to the professional development of the workforce.  A Professional Body/Trade Union speaks up for the profession. Across social care there is not just one profession in operation so it would be inaccurate for the National Institute of Care and Support to contend that it is speaking for the social care workforce.  It remains difficult to see how a regulator can also be a ‘college’ of social work and social care (as it is called on page 34). The CSP, in the past, included regulation as part of its role. The profession had serious issues with regulating whilst at the same time representing members. The profession passed regulation to the Health and Care Professions Council.  As we move further towards integrated services there will also be an increasing need to undertake workforce planning over health and social care. There is nothing in the consultation document to address this issue. Also, there is nothing to indicate how a National Institute of Care and Support will address the increasingly multi-agency make-up of the social care workforce. How will it tailor career development to accommodate Allied Health Professionals such as physiotherapists, speech and language therapists and dietitians?  There is no mention in the consultation on the current developmental work carried out by the Social Services Improvement Agency (SSIA) – is this to become part of the Institute? Will there be consultation on this should it be considered? |
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| 1. **What functions should the Institute be responsible for?**   The CSP is yet to be clear about how the Institute can carry out all its proposed functions.  The profession continues to be of the view that the regulatory and registration function should be separate.  The Institute will need to be very clear about its functions in relation to the range of professions working across health and social care. In relation to training – how is it addressing the extended social care workforce or is it excluding all professions except social workers? When it is undertaking workforce planning, is it working with partners in health to undertake workforce planning across health and social care, or is it excluding all professions except social workers? |
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| **Section 7 – Working Together** |
| 1. **Do you think that the functions of service and workforce regulation should be carried out inside or outside of the Welsh Government? Why?**   Workforce regulation, as with that for other UK regulators, should be carried out outside of Welsh Government.  Service regulation should be carried out inside Welsh Government. |
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| **Other** |
| **The Welsh Government is interested in understanding whether the changes proposed in this White Paper will have an impact on groups with protected characteristics. Protected characteristics are: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex, and sexual orientation.**   1. **Do you feel that the changes outlined in this White Paper will have any positive impacts on groups with protected characteristics? If so, which changes and why/why not?**   The CSP has no comment to make here.   1. **Do you feel that the changes outlined in this White Paper will have any negative impacts on groups with protected characteristics? If so, which changes and why/why not?**   The CSP has no comment to make here. |
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| 1. **What are your views on any costs associated with the changes outlined in the White Paper?**   The CSP will expect to see a financial impact assessment as part of the draft legislation. There will be costs for training across the sectors. The profession was very disappointed that the initial financial assessment which was part of the Social Services and Wellbeing (Wales) Bill only made reference to training social workers. The CSP along with many others pointed out that there would be training requirements across the sectors and that there were other professions that social workers working in social care.   1. **What opportunities do the proposed changes set out in this White Paper provide to reduce or replace the current system of regulation and inspection?**   The proposed changes provide some clarity and simplify some processes. It is necessary to make changes in order to support the Social Services and Wellbeing (Wales) Bill and support the delivery of Sustainable Social Services for Wales: A Framework for Action. |
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| 1. **We have asked a number of specific questions. If you have any related issues which we have not specifically addressed, please use this space to report them.**   The CSP has nothing further to add at this stage |

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| **Responses to consultations may be made public – on the internet or in a report. If you would prefer your response to be kept confidential, please enter YES in the box.** |  |