

Committee: Healthier Communities and Older People Overview and Scrutiny Committee

Date: 2012

Agenda item: **6**

Wards:

Subject: Meeting with the Care Quality Commission

Lead officer:

Lead member: Councillor Suzanne Evans, Chair of the Healthier Communities and Older People overview and scrutiny panel.

Forward Plan reference number:

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Recommendations:

- A. That the Panel comments on the Care Quality Commission consultation on their Strategic direction for 2013-16.
 - B. That the Panel consider how to improve it's working relationship with the Care Quality Commission.
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1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1. The Care Quality Commission representative for Merton will attend the panel meeting to discuss key issues within the local area, areas of joint working. Panel members will also be asked to comment on the CQC consultation, which is attached at Appendix A.

2 DETAILS

- 2.1. It is three and a half years since the Care Quality Commission (CQC) came into existence as England's first regulator of health care and adult social care. Challenges within the economy and changes in government policy have set the context for a consultation about their strategic direction for the next three years. Panel members can give their views on the consultation at the meeting.
- 2.2. The CQC are also keen to build relationships with local scrutiny committees this meeting will also be an opportunity to discuss how the panel can share information about people's views and experiences of local care with the CQC and similarly how the CQC can share information and findings from their reviews with this panel.

3 ALTERNATIVE OPTIONS

The Healthier Communities and Older People Overview and Scrutiny Panel can select topics for scrutiny review and for other scrutiny work as it sees fit, taking into account views and suggestions from officers, partner organisations and the public.

Cabinet is constitutionally required to receive, consider and respond to scrutiny recommendations within two months of receiving them at a meeting.

- 3.1. Cabinet is not, however, required to agree and implement recommendations from Overview and Scrutiny. Cabinet could agree to implement some, or none, of the recommendations made in the scrutiny review final report.

4 CONSULTATION UNDERTAKEN OR PROPOSED

- 4.1. The Panel will be consulted at the meeting

5 TIMETABLE

- 5.1. The Panel will consider important items as they arise as part of their work programme for 2012/13

6 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

- 6.1. None relating to this covering report

7 LEGAL AND STATUTORY IMPLICATIONS

- 7.1. None relating to this covering report. . Scrutiny work involves consideration of the legal and statutory implications of the topic being scrutinised.

8 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

- 8.1. It is a fundamental aim of the scrutiny process to ensure that there is full and equal access to the democratic process through public involvement and engaging with local partners in scrutiny reviews. Furthermore, the outcomes of reviews are intended to benefit all sections of the local community.

9 CRIME AND DISORDER IMPLICATIONS

- 9.1. None relating to this covering report. Scrutiny work involves consideration of the crime and disorder implications of the topic being scrutinised.

10 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

- 10.1. None relating to this covering report

11 APPENDICES – THE FOLLOWING DOCUMENTS ARE TO BE PUBLISHED WITH THIS REPORT AND FORM PART OF THE REPORT

- CQC Consultation Strategy 2013-2016

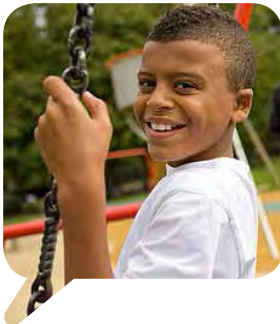
12 BACKGROUND PAPERS

- 12.1. None



The next phase

A quick guide to our
consultation document on
our strategy for
2013 to 2016



About this booklet

We, the Care Quality Commission, are the regulator of health and adult social care in England. This booklet tells you what we propose to focus on in the next three years and asks you some questions about our proposals. We hope you will give us your views.

Introduction

We were created three and a half years ago. Since then we have introduced a new regulatory system and new standards for 40,000 organisations that provide health and adult social care. The new standards focus on people's experiences and put their rights and interests at the centre of our work.

We play an important role in driving improvement in the quality of care people receive in hospitals, in care homes, from care providers in their home, from dentists, and, from next year, from GPs.

Others who play an important role are the organisations that provide care, frontline professionals and staff, organisations that commission care, economic and professional regulators, and the people who use care services.

Since 2009 there have been important changes in the economy, in government policy, in technology and in society that affect our work and mean we must review what we do and how we do it.

We've also listened to, and learned from, comments made by the Health Select Committee, during the public inquiry into Mid Staffordshire Hospital, and by others. We expect the report of the public inquiry to be published during our consultation. We will review our strategy in the light of the inquiry's conclusions and recommendations.

In the past few months we have discussed our ideas with hundreds of people, including our staff, members of the public, organisations that provide care, other regulators, voluntary organisations, the Government and the main organisations we work with in the health and care system.

We're determined to make swift progress to put changes into place after this consultation.

Our purpose

Organisations that work in the health and adult social care system share a purpose of improving health and care services. Our unique role is to provide assurance that services meet national standards of quality and safety.

Our purpose is to drive improvement in the quality and safety of care; by:

- regulating and monitoring services.
- listening to people and putting them at the centre of our work;
- acting quickly when standards aren't being met;
- drawing on our information and unique insight to provide an authoritative voice on the state of care; and
- working in partnership with other national organisations across the system.

Our role

Our role is to regulate those who provide health and adult social care services and to protect and promote the health, safety and welfare of the people who use them. We do the following.

- Register providers against a common set of national standards that focus on people's experiences and put their rights and interests at the centre of our work. These are the standards that providers have a legal responsibility to meet and that people have a right to expect whenever or wherever they receive care.
- Monitor and inspect providers to make sure they are meeting the standards, carrying out inspections regularly, and at any time in response to concerns. We also carry out themed inspections, reviews and specialist investigations based on particular aspects of care.

- Take action, using a range of powers, if we find that a service isn't meeting the standards. Those powers include issuing a warning notice, restricting the services a provider can offer, restricting admissions (the number or scope of people a provider can provide care for), fining a provider or manager, and, if necessary, cancelling a provider's or manager's registration or prosecuting them.
- Involve people in our work, working with local groups, national organisations and the public to make sure that the views and experiences of people are at the centre of what we do.
- Publish information about whether or not services are meeting the standards, as well as national reports and commentary on the state of care.

The environment we work in

There have been important and rapid changes in the economy, government policy, society and technology that shape the world we work in and affect what we will focus on in the next three years.

Social changes

We can celebrate the fact that we are living longer, but it means health and social care services are under more pressure. With tighter resources, there will be more of a focus on early intervention to keep people well, promote their well-being and promote their independence.

The economy

Government targets could mean that public spending reduces by 10 to 15% up to 2016/2017. With the NHS and the social care sector both facing spending pressures, maintaining the quality of care will be a challenge for organisations that commission and provide services and for people who fund their own care.

Government policy

The 2010 White Paper 'Liberating the NHS' and the 2012 Health and Social Care Act transform the way the health and care system will work from 2013. Power and leadership in the NHS is moving from the Department of Health to different organisations, and there is a new consumer champion – Healthwatch.

The changes ahead for social care are set out in the 2012 White Paper 'Caring for our Future', and in the Care and Support Bill. There are also changes for mental health and mental capacity, and equality and human rights. Other laws move power away from central government and towards local people, which will encourage different and innovative changes to how services are commissioned and provided.

Changes in the Government's approach to regulation have meant there are fewer organisations that regulate or supervise in the health and adult social care system. The Government is consulting on whether we should take on extra functions, such as those currently provided by the Human Fertilisation & Embryology Authority, the Human Tissue Authority and the National Information Governance Board.

Technological changes and innovation

Technology is changing at a rapid pace, bringing new medicines and new types of equipment that make it possible for more people to live more independent and fulfilling lives. The digital revolution has brought more personalised services, new ways for information to be collected and received, and new ways of working.

We must make sure that we make the most of new forms of IT, such as social media, to improve our customer services and to make sure that people get the information they need so that they can make informed decisions about their care.

Doing more with less

The changes described above present opportunities and challenges which we will constantly need to adapt to. We do not expect to have significant extra resources to meet the extra demands placed upon us. We have tough choices to make on what we will do, and what we will not do. We will have to work in smarter and more intelligent ways, making the most of how we work with our new partners in the system. And we will need to drive improvements in our own efficiency, effectiveness, and productivity.

Our strategy for 2013 to 2016

The rest of this document sets out our proposals for the next three years and the questions we would like you to help us answer.

What we will focus on in the next three years:

1. Making greater use of information and evidence to achieve the greatest impact

We currently inspect most health and social care providers every year or every other year. We also carry out inspections based on particular aspects of care. All our inspections are unannounced, unless there is a good reason to let the provider know we are coming.

We also assess the risk of services not meeting standards to trigger extra inspections at any time, and to make sure we focus on the right things during an inspection.

While we will continue to regulate all health and adult social care services that provide regulated activities, we need to do it as effectively and efficiently as possible.

We propose to do the following.

- Move towards regulating different sectors in different ways. To do this we will make greater use of information, including an evaluation of the effectiveness of how we currently regulate. This will make clear how we can use our resources to achieve the greatest improvements to the quality of

care and the best value for taxpayers' money. We will apply this approach to our responsibilities under the Mental Health Act and Mental Capacity Act. This may mean adapting our current inspection programme.

- Develop ways of detecting the effect cultures and behaviours have on the quality of care. These will include assessing how providers listen to the views and experiences of people who use services, their families, and staff.
- Identify and highlight what works well in the services we inspect. This will mean we can share useful information about what works well, support people making choices about care services and encourage providers to continuously improve.
- Draw on our unique sources of information, and those of others, to become a more respected and confident voice on the state of care and use this voice to drive improvement in how services are provided and commissioned.
- Continue to strengthen people's human rights and their rights to equality throughout our regulatory work.

Consultation question 1

What are your views on us making greater use of information and evidence to guide us in regulating services, which may mean we regulate different services in different ways?

2. Strengthening how we work with our strategic partners

We will remain independent in being able to decide when and how we regulate, and in the judgements we make in a changing health and adult social care system.

We propose to do the following.

- Develop relationships with national strategic partners, including Monitor, the NHS Commissioning Board, the Association of Directors of Adult Social Services (ADASS), Healthwatch England, the Health and Social Care Information Centre, the Local Government Association (LGA), the National Institute for Health and Clinical Excellence (NICE), the National Trust Development Authority, the National Quality Board, the Office for Standards in Education, Children’s Services and Skills (Ofsted), the professional regulators, and Public Health England. We will build constructive relationships with a range of other organisations regionally and locally.
- Work closely with our strategic partners and other interested parties to:
 - achieve our common purpose of protecting people’s safety and driving improvements to the quality of care services;
 - challenge each other’s performance and collectively influence each other’s work to improve the quality and safety of services;
 - make sure intelligence is pooled and shared consistently to identify emerging issues; and
 - bring our efforts in line by being clear about our respective roles and co-ordinating our activities.
- Explore how we can work with organisations that provide accreditation to see if we can draw on their information and evidence to drive improvements in the quality of health and social care.
- Develop our relationships with the public, people who use services and carers so we can work together in positive and constructive ways.

Consultation question 2

What are your views on our approach to managing our independence and working with our national strategic partners and other organisations? Does it strike the right balance?

3. Continuing to build better relationships with the public

We will continue to build better relationships with the public.

We propose to do the following.

- Make the most of the opportunity offered by Healthwatch, the new independent consumer champion for people using health and social care services in England, and support its development to make sure people's views, experiences and concerns about their local health and social care services are heard.
- Do more to raise awareness and understanding of what we do, making sure that people know where to find us when they need us, and that they can demand better care.
- Continue to encourage people who use services, and their carers, to report poor or good care to us, and use their views, experiences and concerns more systematically when we decide when and where to inspect, reporting back on the main issues raised and the action we took.
- Do more to make our role in handling complaints clear. We do not investigate and resolve people's individual complaints, but we do need to know about them because they can give us important information about the quality of care. While our position on handling complaints will not change, we will make sure that people know how to complain and will continue to consider all relevant information we receive about complaints when deciding when and where to inspect.
- Support people's judgement and choice of health and social care services by improving our inspection reports and the quality and depth of all the information we provide to the public.
- Publish information about providers' performance so the public can compare how their local services are performing compared with the rest of their region, and so that services can compare themselves and drive improvements.
- Continue to develop how we involve a wide range of people in developing our plans and in helping us decide how we regulate services and carry out our day-to-day inspection work. We will publish a new statement about how

we involve people, involve members of the public in more of our inspections, and work with other regulators and partners to co-ordinate our approach to involving people.

Consultation question 3

What are your views on our approach to building better relationships with the public?

Consultation question 4

What are your views on our proposed approach to tackle complaints?

4. Building our relationships with organisations providing care

We need an agreed and consistent approach to our relationship with providers so that they know what to expect when they have contact with us.

We propose to do the following.

- Further build respect and credibility with providers, making sure we are good to do business with.
- Continue to deliver professional registration services that allow organisations to enter the health and adult social care sector when they meet the necessary standards of care.
- Be consistent in how we apply the regulations and make our regulatory judgements. These judgements will be supported by clear, prompt and balanced reporting on what we have found, specifying what has worked well and where care is not meeting the standards.
- Continue to invest in training our inspectors to make sure that they have the right skills to carry out their role.

- Aim to remove any unnecessary regulatory burden that distracts the provider from its focus on providing quality services, and support innovations that improve the quality of services.
- Continue to offer:
 - guidance on how to apply for registration;
 - guidance on meeting the standards, in line with our ‘Guidance about Compliance’;
 - information on other sources of guidance;
 - feedback sessions and inspection reports that clearly explain to providers what we found during inspections, where they are not meeting the standards and what is working well; and
 - judgements on providers’ plans for meeting standards.

Consultation question 5

What are your views on whether our proposals will build respect and credibility among providers?

5. Strengthening how we meet our unique responsibilities on mental health and mental capacity

Our legal responsibilities under the Mental Health Act and Mental Capacity Act Deprivation of Liberty Safeguards (DoLS) were established to protect the human rights of people who are among the most vulnerable due to their circumstances, in the health and social care system.

We will focus on how we can use the full range of our powers to meet these responsibilities as effectively as possible. We will develop our approach and methods in partnership with other relevant parties, especially those who use services and those who speak on their behalf.

We propose to do the following.

- Continue to protect and promote the rights of people the Mental Health Act or the Mental Capacity Act Deprivation of Liberty Safeguards applies to, making sure that we are using our resources as effectively and efficiently as possible.
- Evaluate our main activities under the Mental Health Act and the Mental Capacity Act Deprivation of Liberty Safeguards, and review the way we meet our responsibilities to provide the best protection for people who use health and social care services.
- We will consider the following.
 - What are the best methods for improving how we monitor Mental Capacity Act Deprivation of Liberty Safeguards as part of our mainstream work and priorities.
 - How we share information, decision-making responsibilities and enforcement powers between our main activity and our mental health and mental capacity monitoring, to get the maximum effect.
 - How we can best use our legal responsibilities under the Mental Health Act to protect the rights of people who are detained under the Mental Health Act or who have Community Treatment Orders or Guardianship.
 - How the development of strategic partnerships might support this area of our work.

Consultation question 6

What are your views on our approach to strengthening how we meet our responsibilities on mental health and mental capacity?

6. Continuing our drive to become a high-performing organisation

We will build on the foundation laid in the last three years and become a better-performing organisation. We will do this by being flexible and adaptable, by being a dynamic organisation, by building a motivated, skilled and effective workforce, and by measuring success.

We propose to do the following.

- Be flexible and adaptable. We will think about our own actions and understand what effect they have. Our evaluation programme will offer us new ideas to better understand how we work and the effect we have. We will adapt how we work to make sure we are as effective as possible.
- Be a dynamic organisation, examining ourselves to make sure we have the right skills, encouraging people to give feedback and constructive comments, and actively seeking people's views on our performance, including complaints. We will also constantly review the tools that we use to do our job.
- Build a motivated, skilled and effective workforce with consistent values and behaviours.
- Measure success by continuing to develop a set of measures that demonstrates both the level of work that we have carried out and, more importantly, the effect we have had on the quality of care services.

Consultation question 7

What are your views on how we might most effectively measure our impact?

Consultation question 8

What are your views on our proposal to become a high-performing organisation? Are there other factors that we need to take into account?

Our consultation on these proposals runs until 6 December 2012. We hope you will send us your comments and responses to the questions we have asked throughout this document which are set out again below. You can send your responses to us in the following ways:

Online at: www.cqc.org.uk/thenextphase

By email to: cqcthenextphase@cqc.org.uk

By post to:

CQC The Next Phase, CQC National Customer Service Centre, Citygate, Gallowgate, Newcastle upon Tyne, NE1 4PA

Consultation questions

1. What are your views on us making greater use of information and evidence to guide us in regulating services, which may mean we regulate different services in different ways?
2. What are your views on our approach to managing our independence and working with our national strategic partners and other organisations? Does it strike the right balance?
3. What are your views on our approach to building better relationships with the public?
4. What are your views on our proposed approach to tackle complaints?
5. What are your views on whether our proposals will build respect and credibility among providers?
6. What are your views on our approach to strengthening how we meet our responsibilities on mental health and mental capacity?
7. What are your views on how we might most effectively measure our impact?
8. What are your views on our proposal to become a high-performing organisation? Are there other factors that we need to take into account?

How to respond to this consultation:

Online

Use our online form at: www.cqc.org.uk/thenextphase

By email

Email your response to: cqcthenextphase@cqc.org.uk

By post

Write to us at:

**CQC The Next Phase
CQC National Customer Service Centre
Citygate, Gallowgate
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Please contact us if you would like a summary of this document in another language or format.

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