REPORT TO:	Health Policy & Performance Board
DATE:	4 March 2014
REPORTING OFFICER:	Strategic Director - Communities
PORTFOLIO:	Health and Wellbeing
SUBJECT:	Care Quality Commission (CQC)
WARD(S)	Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 This report provides a brief overview to the Board in respect of the guidance provided by CQC in relation to how overview and scrutiny committees can effectively work with CQC and also a brief summary of the new proposals announced by CQC in October 2013 for a new system of monitoring, inspecting and regulating social care services and for monitoring performance ratings.

2.0 RECOMMENDATION: That the Board Note the contents of the report and associated appendices.

3.0 SUPPORTING INFORMATION

Working with CQC

3.1 Nationally, the Centre for Public Scrutiny (CfPS) has been supporting joint learning between council scrutiny and CQC assessment staff for a number of years and this will continue into 2014.

3.2 In 2011, working with some local authority officers and councillors, the CfPS produced two practical guides for use by local councillors and overview and scrutiny committees (**Appendix 1 and 2**). These guides outline details in relation to the role of CQC and outlines what overview and scrutiny committees can expect from CQC locally to improve care and explain what information can be shared with them to help check on services.

3.3 The guidance outlines that the overview and scrutiny committee should have regular contact with CQC staff, that they will work with the scrutiny committee during a review of a service and how CQC will provide the committee with feedback.

3.4 The guides then explore in some detail the types of information that can be shared with CQC such as formal reports, information on local concerns or emerging issues, local surveys and so on in addition to how to share the information.

3.5 Both guides outline a number of 'top tips' about the information the scrutiny committee's may want to share with CQC, as follows :-

- *If in doubt, share your information with us. We would rather have the chance to read about your concerns and decide what action to take, than not know about them. If you have concerns about the care provided, then it is likely that your information will*

help us check on services.

- *Try to name the health or adult social care service or services you are describing in all your comments or reports. This is especially important when you are giving us information about several different services.*
- *Focus on giving us information that tells us about what you have found out or heard about a service providing care, rather than details of how your committee works.*
- *Provide the evidence for your conclusions and comments and any dates whenever possible, and explain what sort of evidence you have (it may be a small number of concerning stories or evidence from a survey or meeting with many more people).*
- *Try to match your information to our CQC essential standards of quality and safety. You can relate your information to as many standards as you like.*
- *Please let us know whether you are giving us information that is positive or negative about how care is provided. Both positive and negative comments about a service are important in helping us judge whether a service continues to meet our standards.*

3.5   In addition to these guides, in June 2013, CQC introduced a bi monthly e-bulletin for Overview and Scrutiny Committees. These e-bulletins include updates and findings from CQC's work, including details of CQC's strategy, national reports and information about the ways Committees can work with them. The latest e-bulletin (November 2013) is attached at **Appendix 3.**

Social Care Services – Proposals

3.6   In October 2013, CQC announced proposals for a new system for monitoring, inspecting and regulating social care services and for monitoring performance ratings.

3.7   These proposals have been developed against the background of recent changes to the way in which CQC regulates health and adult social care services, following criticism of the mismatch between its findings and news stories and reports of very poor care. These changes include:

- the introduction of a Chief Inspector
- the development of expert inspection teams
- a ratings system
- a focus on highlighting good practice
- what CQC calls "a commitment to listen better to the views and experiences of people who use services".

3.8   Alongside these proposals, CQC also published its analysis of the responses to its consultation 'A New Start'. CQC concluded that the responses it has received to 'A New Start' indicated strong support for the new framework, principles and operating model that it proposes to use, including the five key questions that it will ask of services:

- Are they safe?
- Are they effective?
- Are they caring?
- Are they responsive?
- Are they well-led?

3.9   The proposals point out that the social care sector is very varied, with a large number of providers, including both the private and voluntary sectors, different types of care provided

and, importantly, "a lack of consistent, high-quality data". This means that CQC will need to consider carefully the type of information it uses to trigger and guide inspections and how this can be improved to ensure that its "scrutiny is robust without imposing an unnecessary burden on small providers and enterprises".

3.10   The personalisation of care and the importance of integrating health and social care services are acknowledged and the proposals outline that the quality of each of these should be a consideration in assessing the effectiveness of services.

3.11   The need for a "culture of quality, safety and openness" in residential care homes is emphasised in the proposals. One way for this culture to flourish, CQC believes, is to encourage care home providers to think about how they can be more involved with their local communities, for example by organising a 'twinning' relationship with a local school. The role of Healthwatch and its use of 'enter and view' powers will also be considered. It is also in discussion of this issue that the controversial suggestions of making use of 'mystery shoppers' and hidden cameras are introduced.

3.12   CQC accepts that assessing the quality of care delivered in people's own homes, which is a hugely increasing part of the sector, is much more difficult to assess comprehensively than care delivered in residential care homes. The proposals acknowledge that more needs to be done to assess care provided in people's own homes.

3.13   The proposals outline a list of 10 "top changes" that would take place as follows:-

- More systematic use of people's views and experiences, including complaints.
- Inspections by expert inspectors, with more Experts by Experience and specialist advisors.
- Tougher action in response to breaches of regulations, particularly when services are without a registered manager for too long.
- Checking providers who apply to be registered have the right values and motives, as well as ability and experience.
- Ratings to support people's choice of service and drive improvement.
- Frequency of inspection to be based on ratings, rather than annually.
- Better data and analysis to help us target our efforts.
- New standards and guidance to underpin the five key questions CQC asks of services – are they safe, effective, caring, responsive and well-led? – with personalisation and choice at their heart.
- Avoiding duplicating activity with local authorities.
- Focus on leadership, governance and culture, with a different approach for larger and smaller providers.

3.14   Other ideas that CQC wants to 'discuss' as part of its consultation are as follows:-

- Better use of technology to capture people's views and experiences.
- Specific guidance on expectations for the induction and training of staff who work in adult social care services.
- How we might encourage services to be more open and better integrated with local communities creating an open culture that helps demonstrate a service is well-led.
- Allowing providers to pay for additional inspections if they believe the quality of their service has improved.
- Finding a better way of regulating supported living schemes.

- Potential use of mystery shoppers and hidden cameras to monitor care, as mentioned above.

3.15 Further details in relation to the proposals in terms of ratings, registration and inspection etc. can be found in **Appendix 4.** It should be noted that some of the proposals will only become clear when more 'flesh is put on their bones'. For example, CQC acknowledges that it needs to work with people to define what its 'five key questions' (listed in paragraph 3.8 above) will mean for its inspection system. For example, what standards will it use to assess whether a service is safe?

3.16 CQC will be carrying out formal consultation on the proposals in Spring 2014, some changes will be introduced from April 2014 and tested in Summer 2014, with all the changes including new ratings of care providers in place from October 2014 (subject to enactment of the Care Bill). Advance publication of the proposal provides an opportunity for Local Authorities to develop their thinking and consult their local community, including service users, carers and service providers on the proposals and on ethical issues arising from them.

4.0 POLICY IMPLICATIONS

4.1 None associated with this report

5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 None associated with this report.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 **Children & Young People in Halton**
None identified.

6.2 **Employment, Learning & Skills in Halton**
None identified.

6.3 **A Healthy Halton**
The remit of the Health Policy and Performance Board is directly linked to this priority.

6.4 **A Safer Halton**
None identified.

6.5 **Halton's Urban Renewal**
None identified.

7.0 RISK ANALYSIS

7.1 Local Authorities will need to think about the extent to which they themselves need to monitor and assess the care they commission and how they can work with CQC and with other local groups such as Healthwatch in doing so. One of the "top 10 changes" CQC wants to introduce is avoiding duplication with Local Authorities. When two different organisations are carrying out similar roles, duplication is certainly a danger, but so also is the creation of gaps. Very efficient liaison and communication between CQC, its regional representatives and Local Authorities will be important factors in making the new system work.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 None associated with this report.

9.0 **LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

9.1 None under the meaning of the Act.