Coventry City Council

Public report
Council Report

Council   04 December 2012

Name of Cabinet Member:
Health and Community Services – Councillor Mrs Lucas

Director Approving Submission of the report:
Director of Community Services

Ward(s) affected:
All

Title:
Care Quality Commission's strategy for 2013-2016 - Consultation response

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Is this a key decision?
No

Executive Summary:

This report details the City Council's response to a Care Quality Commission (CQC) consultation on its strategy for 2013 to 2016. CQC is the independent regulator for health care and adult social care services in England. The strategy document outlines six strategic priorities for the next phase of their development, which it believes will support its purpose and role and drive improvement in the quality of care.

Overall, the Council welcomes CQC's identified priorities for the future. However, there is little detail to determine how these priorities will be delivered. The Council considers that CQC should remain committed to effective, regular and consistent inspection and regulatory activity and should not default responsibility to other organisations.

Recommendations:

Council is requested to approve the consultation response.

List of Appendices included:

Appendix 1 - Consultation response

Other useful background papers:

None

Has it been or will it be considered by Scrutiny?
No

Has it been or will it be considered by any other Council Committee, Advisory Panel or other body?
No

Will this report go to Council?

Yes – 4 December 2012

Report title: Care Quality Commission's strategy for 2013-2016 - Consultation response

1. Context (or background)

1.1 Care Quality Commission (CQC) is the independent regulator for health care and adult social care services in England. Its role is to regulate health and adult social care providers to "protect and promote the health, safety and welfare of people who use health and social care services."

1.2 This role is carried out through registering providers against a common set of standards, monitoring and inspecting providers against those standards, taking action where a service is found to be not meeting standards, involving people in its work and publishing information about the services it regulates.

1.3 Since its creation in 2009, CQC has focused on registering providers into the new regulatory system. CQC states that the next phase of its development will see a renewed focus on monitoring and inspecting these organisations.

1.4 Due to the short period of time allowed by the consultation it was not possible for a draft response to be considered by Cabinet therefore with the agreement of the Leader of the Council this report is only being considered at the 4th December Council meeting.

2. Options considered and recommended proposal

2.1 CQC has developed a strategy for 2013-2016 setting out its six strategic priorities for this next phase and is consulting with providers, the public, commissioners and other stakeholders on their strategic direction.

2.2 CQC's six strategic priorities are:
- Making greater use of information and evidence to achieve the greatest impact
- Strengthening how we work with strategic partners
- Continuing to build better relationships with the public
- Building our relationships with organisations providing care
- Strengthening the delivery of our unique responsibilities on mental health and mental capacity
- Continuing our drive to become a high-performing organisation.

2.3 The eight consultation questions and proposed responses are detailed in the appendix to this report.

2.4 Overall, CQC's identified strategic priorities are welcomed by the Council and appear to restate and reaffirm a commitment to its purpose and role. The Council would welcome further consultation by CQC when more detail about how these priorities will be delivered is available. The Chair of the City Council's Health Social Care and Welfare Reform Scrutiny Board has indicated that CQC will be invited to a meeting later in the civic year to discuss the local application of their strategic priorities and to report on local performance.

2.5 CQC suggests that through greater use of information and evidence, it could develop a model whereby different sectors of the health and social care economy are regulated in different ways, with frequency and depth of inspections being guided by risk assessments. The Council considers that it is imperative that CQC continue to develop their role as inspectors and do not, by default, defer the inspection of services or sectors determined as 'low risk' to other organisations.

2.6 CQC's commitment to building better relationships with the public is important. The Council considers the public need good information to assist them in their choice of provider and CQC should develop an authoritative voice on 'good' providers that the public can rely on and trust.

2.7 In order to build positive relationships with the public, providers and commissioners, CQC must be consistent in their judgements on safety and quality and act swiftly when providers are judged not to be compliant. It is considered that this swift action should remain the regulator's priority and intentions to develop performance measures that identify and capture CQC's impact on sector improvement should not become a necessary burden focus. The improvement of outcomes within the sectors CQC regulates should be sufficient for the public, providers and commissioners to be satisfied and assured by CQC's success as a regulator; the creation of a potentially complex set of performance indicators may therefore be unnecessary.

3. Results of consultation undertaken

3.1 The consultation response is from the City Council and therefore wider consultation has not been undertaken.

4. Timetable for implementing this decision

4.1 Responses to the consultation are required by 6 December 2012.

5. Comments from Director of Finance and Legal Services

5.1 Financial implications

There are no financial implications arising from this consultation.

5.2 Legal implications

The Quality Commission (CQC) consultation being conducted does not give rise to any specific legal implications should the Council fail to submit its response by the deadline date of 6 December 2012. The consultation is however the Council's opportunity to provide its input and potentially to influence the policy outcome.

6. Other implications

6.1 How will this contribute to achievement of the Council's key objectives / corporate priorities (corporate plan/scorecard) / organisational blueprint / Local Area Agreement (or Coventry Sustainable Community Strategy)?

The successful delivery of Care Quality Commission's proposed strategy will contribute to ensuring quality and safety of care and support services in the city and ensuring non-compliance is addressed promptly and effectively. This may contribute to citizens living longer, healthier lives.

6.2 How is risk being managed?

There are no specific risks relating to the consultation response itself.

6.3 What is the impact on the organisation?

The consultation response itself will result in no specific impacts on the organisation.

6.4   Equalities / EIA

No Equalities Impact Assessment has been completed by the Care Quality Commission.

6.5   Implications for (or impact on) the environment

N/A

6.6   Implications for partner organisations?

The consultation response itself will result in no specific impacts on the organisation.

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Members: Cllr Mrs Lucas	Cabinet Member	Health and Community Services	23.11.12	26.11.12

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www.coventry.gov.uk/councilmeetings
Appendix 1

Consultation on Care Quality Commission (CQC) Strategy for 2013 to 2016

Consultation Questions and Responses

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?

The Council supports the greater use of information and evidence, particularly where it will mean greater use of information directly from people who use services, their families and staff.

CQC should consider what governance arrangements it will put in place to prevent services that are identified as 'low-risk' and therefore subject to fewer and/or less intensive inspections from becoming 'high risk'.

It is essential that CQC continue to regulate and inspect all services in a proportionate way and do not rely on other organisations, including local authorities, to fill a gap created by a 'differentiated regulation' approach.

CQC already has access to a wealth of information that could be utilised in a more effective way. The Council considers ensuring the effective use of existing sources of information should be its focus, rather than expecting commissioners and providers to provide additional information.

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?

The Council considers it important that CQC develops positive relationships with strategic partners and other organisations, both existing and emerging, to achieve a common purpose.

While it is positive that CQC makes a commitment to information sharing in order to monitor risk and co-ordinate timings of inspection, this commitment should be supported by having good information sharing agreements in place. It is also important that CQC recognises the importance of ensuring that information sharing is a two-way process and that it shares its information to support the work of other organisations.

Peer challenge of performance to improve the quality and safety of services and providing equitable learning opportunities is a positive approach, incorporating the pooling of intelligence and a shared consistently to aid the identification of emerging issues.

Question 3: What are your views on our approach to building better relationships with the public?

The intention of CQC to build better relationships with the public is positive. However, more detail about how this might be done will be needed in order to judge the potential effectiveness of the approach.

The Council considers the public need good information to assist them in their choice of provider and CQC should develop an authoritative voice on 'good' providers that the public can rely on and trust. Information intended to inform the public should be accessible, relevant and timely.

Question 4: What are your views on our proposed approach to tackle complaints?

It is considered that CQC should use the information they receive about complaints in a systematic and proportionate way; both the significance of a complaint and the frequency of complaints about providers should be taken into consideration when deciding on appropriate action.

In addition, it is essential that systems and processes for managing complaints are transparent and effective in order to facilitate a timely response to concerns being made, including a direct reference to the communication of whistle-blowing and safeguarding.

When a member of the public makes CQC aware of a complaint, CQC should provide them with feedback on any action taken.

Question 5: What are your views on whether our proposals will build respect and credibility among providers?

A commitment to continued investment in training of inspectors is essential to address issues of inconsistency, perceived or otherwise, about judgement of compliance. This will support providers to have more confidence in CQC and build credibility.

It is considered that CQC should maintain a focus on ensuring that providers are compliant in standards of safety and quality and not on where it can carry out less regulation. This will again increase confidence in CQC as a regulator and set standards.

Swift and visible regulatory action against providers who are not compliant is essential. Constant support and guidance to failing providers can be de-motivating for compliant providers and diminish CQC's credibility.

Question 6: What are your views on our approach to strengthening how we meet our responsibilities on mental health and mental capacity?

The Council welcomes a commitment to strengthening the protection of rights in respect of the Mental Health Act and Mental Capacity Act.

This principle appears to be a simple re-stating of CQC's existing responsibilities and powers; the detail behind this principle will need to set out how this part of CQC's role will be achieved.

Recognition of the existing appeal and governance arrangements including the use of advocates IMHAs / IMCAs needs to be included within the development and application of the monitoring process.

There is no National Lead for Mental Capacity, clarity for the providers of the expectations above and beyond of that of the Act needs to be clear from a provision and application perspective.

Question 7: What are your views on how we might most effectively measure our impact?

CQC's impact will always be combined with that of other organisations. The Council considers it will be difficult to isolate the impact CQC has had, and may not be worth the commitment of resources to try to create performance measures that do so.

The public, people who use services and their families would rather know that the sector is improving and standards of safety and quality are met, rather than understanding the isolated impact of any one organisation. Any activity generated to measure CQC's impact should focus on outcomes achieved/contributed to, rather than quantitative and output focused.

Any performance indicators should be created with stakeholders and not self-determined by CQC.

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?

CQC should consider how it intends to define high-performing and what methods will be used to monitor this within the organisation. The description of a high performing organisation and the relevant monitoring information needs to be presented in a format that will be clearly understood by the public, providers and partner organisations.