

CQC and council scrutiny

Working together – a
briefing for councillors

March 2015

About the Care Quality Commission

The Care Quality Commission is the independent regulator of health and adult social care services in England. We make sure health and social care services provide people with safe, effective, compassionate, high-quality care and we encourage services to improve.

We monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety and publish what we find, including performance ratings to help people choose care.

About the Centre for Public Scrutiny

The Centre for Public Scrutiny (CfPS) (an independent charity) is the leading national organisation for ideas, thinking and the application and development of policy and practice to promote transparent, inclusive and accountable public services. We support individuals, organisations and communities to put our principles into practice in the design, delivery and monitoring of public services in ways that build knowledge, skills and trust so that effective solutions are identified together by decision-makers, practitioners and service users.

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About this briefing

This briefing is for councillors engaged in the scrutiny of health and social care and the officers that support them. It explains how councillors can work with the Care Quality Commission (CQC), both as community representatives and in their scrutiny role. It aims to increase confidence and ambition about how councillors and council scrutiny can use our inspection findings about the quality of services and how they can share information with CQC to help us check on services. A short guide for all councillors and one specifically for district councillors are also available on the CQC and Centre for Public Scrutiny (CfPS) websites.

This guide has been produced jointly by the CQC and CfPS, with the advice of local councillors. It includes information about:

- CQC's role
- How CQC works
- The CQC inspection teams
- How councillors share scrutiny evidence with CQC
- How CQC works with council scrutiny

Comments and questions about this briefing are welcome and should be sent to engagementandinvolvement@cqc.org.uk

CQC's commitment to council scrutiny officers and members

CQC will work effectively with councillors and overview and scrutiny committees across health and social care to ensure that scrutiny evidence:

- Influences what, where and when we inspect services.
- Informs our ratings of the quality of care services.

CQC will also ensure our inspection findings are promoted to inform local scrutiny.

Better healthcare and social care

CQC and the CfPS are working together to help inspection teams and councillors share and use each other's information and insight about people's views and experiences of their care. This briefing is part of that process. Work is also taking place within CQC to ensure that staff are aware of the community leadership and scrutiny role played by local councillors and the value of working together to achieve quality within health and social care services.

CQC has committed to achieving the Francis report recommendation to build stronger working relationships and information sharing arrangements with council scrutiny. The Department of Health's most recent guidance about council scrutiny regulations also emphasised the value of council scrutiny working closely with CQC¹.

Robert Francis recommended that:

“CQC should expand its work with overview and scrutiny committees and foundation trust governors as a valuable information source”

CQC's Strategy for 2013 to 2016² states that:

“locally we will focus on developing relationships with local authorities...overview and scrutiny committees” and “in involving ...overview and scrutiny committees...we will make sure we better share information locally about people's experiences of care.”

CQC's new public engagement strategy³ commits CQC to putting in place a framework and arrangements for national and local engagement with council scrutiny across the country.

¹ Department of Health, *Local Authority Health Scrutiny: Guidance to support Local Authorities and their partners to deliver effective health scrutiny*, June 2014.

² CQC, *Raising standards, putting people first: Our strategy for 2013 to 2016*, May 2013

³ CQC, *Our strategy for engaging the public in CQC's work in 2015-2016*, January 2015

CQC's purpose and role

The Care Quality Commission is the independent regulator of health and adult social care in England. Our purpose is to make sure health and social care services provide people with safe, effective, compassionate, high-quality care and we encourage care services to improve. Our role is to monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety and we publish what we find, including performance ratings to help people choose care.

We are also responsible for monitoring and reporting on the use of the Mental Health Act and our findings inform our ratings of services. We protect the interests of people whose rights are restricted under the Act, including handling individual complaints about its use. We also monitor and report on the use of the Deprivation of Liberty Safeguards (DoLs) across England.

We register services

Most of the health and adult social care services in your area have to register with CQC in order to provide care. There are 'regulated activities' that CQC is required to monitor and inspect across health and care services. Go to www.cqc.org.uk/content/what-registration for details of who has to register with us.

Service providers are required to inform CQC if they set up a service or vary a service to provide different sorts of care. The main types of services we regulate are set out below.

Health and adult social care services that have to register with CQC

Hospitals – including maternity and children's services, medical and surgical care, end of life care, urgent care, outpatients and ambulance services

Community health services – including community hospitals, services for people with long-term conditions and district nursing services

Clinics – which offer services such as IVF, cosmetic surgery and advice or treatment to help with family planning or weight loss

GPs and doctors – including GP practices, out-of-hours services and walk-in centres

Dentists

Care homes – both with and without nursing care, extra care housing services, shared lives and supported living services including dementia care

Services in your home (home care agencies)

Services for people with mental health problems – including hospital, community and crisis care, and drug or alcohol misuse services

Services for people with a learning disability

Hospice services

Healthcare services in the criminal justice system – including prisons (with Her Majesty's Inspectorate of Prisons)

Healthcare in children's services (with Ofsted)

These services may be run by the NHS, private companies or charitable organisations.

We monitor and inspect services

Our inspection programmes are led by three chief inspectors, who are responsible for monitoring and inspecting adult social care, primary and integrated care, and hospital care (which includes mental health, community, acute hospital and ambulance care). Our inspection teams carry out inspections of all the services listed above.

On all our inspections, we ask five questions about a service:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We publicly announce inspections of NHS and independent hospital services, community and mental health services in advance. Individual inspections of adult social care and primary care services are not publicly announced. They take place on a rolling programme across the country on an ongoing basis.





All CQC inspection teams gather and use information and feedback from people using services, their carers and families, and their representatives. This includes national data such as patient surveys, as well as people's stories sent to CQC. Council scrutiny and local Healthwatch are invited to contribute evidence about people's experiences of care, as are other patient and public representatives and voluntary groups.

CQC also asks local partners, including councils, health and wellbeing boards and clinical commissioning groups (CCGs), to share information about the quality of services before our inspections. We are not responsible for monitoring commissioners of services but we work closely with them to share information about risks and the quality of local services.

During the inspections, our inspection teams check on different aspects of care, the environment, the staff and how the service is run. They observe care, talk to people using the services and their carers, and to staff, and check policies, records and care plans to decide on the quality of the care.

We are introducing ratings of all services

The ratings tell you whether we have found an organisation and its main services to be:

-  **Outstanding**
-  **Good**
-  **Requires improvement**
-  **Inadequate**

We publish reports of our inspections

After every inspection, we publish a report setting out what we have found. The service that has been inspected has an opportunity to check the facts in the report before it is published. The inspection report includes examples of good practice, as well as areas for improvement. It also includes the rating we have given the organisation and its services. We publish all reports on our website at www.cqc.org.uk. You can sign up to receive inspection reports in your area through our website.

We take action where we find care does not meet fundamental standards

We have a number of powers we can use if we find services are not meeting the new regulations for care set out by the government. These set out the

fundamental standards of care below which no service should fall. Details of the new regulations can be found on our website. Our powers to take action range from warnings and fines, to cancelling a service’s registration so it can no longer provide care, through to prosecuting those responsible for the service. We work closely with commissioners, including local authorities and other regulatory bodies in local areas to share our findings, and to encourage service improvements.

We have powers to carry out special reviews

CQC also has powers to run special reviews looking at how care is provided for people with particular health needs or across different services. For example, during 2015/16, we are running special reviews about the quality of crisis care, end of life care and integrated care for older people.

We also have powers to protect people’s rights who are detained under the Mental Health Act, including providing them with a second opinion about their medical care, handling their complaints about the use of the Mental Health Act, and monitoring any activity to restrict people’s rights.

CQC inspection teams

There are CQC inspection teams for each care sector in every part of England, and in most cases, our inspectors work in the area where they live. The diagram below shows the areas they cover and the main groups of services they inspect. Our registration teams work across all sectors.

CQC local inspection teams

Hospital inspection teams:

- Work across NHS trust areas
- Inspect acute, ambulance, mental health and community health trusts and independent healthcare

Primary and integrated care inspection teams:

- Work across CCG areas
- Inspect GP practices, out-of-hours services, dentists, healthcare in the criminal justice system and in children’s services

Adult social care inspection teams:

- Work across local authority areas
- Inspect care homes, home care agencies, hospices

How local councillors and scrutiny can share information with CQC

There are lots of ways councillors can share information with CQC about people's views and experiences of local services and to let us know what council scrutiny is doing and finding to improve healthcare and social care. It will help if councils can keep us updated about scrutiny officers' and chairs' contact details. Our inspection teams want to know about your scrutiny plans, scrutiny findings as well as final reports, and evidence gathered from providers and other stakeholders through scrutiny. Evidence from your communities about their experiences of care is particularly useful. Please share information with CQC in any of the following ways, at any time or before an announced inspection:

- Send information about primary care services such as GP practices, dentists and out-of-hours services, or information about cross-cutting local care issues to pmsinspections@cqc.org.uk
- Send information about acute and ambulance services to hospitalinspections@cqc.org.uk
- Send information about community health services to chinspections@cqc.org.uk
- Send information about mental health services to mhinspections@cqc.org.uk
- Send information about independent healthcare services to ihcinspections@cqc.org.uk
- Send information about care homes, home care agencies and hospices to enquiries@cqc.org.uk

If in doubt, please send the information to the mailbox you think is most relevant and it will be shared with the appropriate inspection teams, or ring our customer service centre on **03000 616161**. You can send general queries to enquiries@cqc.org.uk

Where to go for more information

- Telephone **03000 616161** to check if services are registered, or to ask to speak to one of our local inspectors if you need to discuss services in your area. The customer services team will contact an inspector who will get back in touch with you.

- Check the CQC website for news of forthcoming announced inspections.
- CQC publishes inspection reports after every inspection under the name of the provider of the service. You can receive alerts about inspection reports in your area or look these up at www.cqc.org.uk/emailalerts
- You can also sign up to receive the CQC bulletin for the public, which brings you news about our national reports about the quality of care, consultations we are running and opportunities to get involved in CQC's work at www.cqc.org.uk/newsletter

What CQC will do with information from councillors and council scrutiny

Any information shared will help CQC inspection teams:

- Decide when to inspect an organisation or particular services.
- Decide what to focus on during the inspections – for example, the care for particular groups of people, wards or departments in the service, or how the service links to other health and care services in the area.
- Spot problems or concerns in local services that need to be acted upon quickly.
- Give services a rating.
- Decide if providers should make improvements or need to be placed in 'special measures' if they fail to improve.

How CQC works with councillors and council scrutiny

As part of our new approach to inspections, we want to build on and strengthen our relationships with council scrutiny and regional scrutiny networks in the following ways:

A strong local relationship

- CQC's local relationships with council scrutiny are vital to make sure that information and insight about the quality of local services is not overlooked.
- CQC inspection teams will work together to coordinate their contact with councils and council scrutiny and this will be led by the local CQC hospital inspection manager. The hospital inspection manager, or one of their inspectors, will be in contact with their local scrutiny chair/officer at least every three months either by phone, email or a meeting. There may be more frequent contact if councillors or council scrutiny have shared information with CQC about local services and the information needs to be discussed.

- Council social care scrutiny leads can also expect to have contact with the CQC inspection teams for adult social care to ensure any evidence from scrutiny of social care services is used as part of their inspections. CQC inspection teams will coordinate their contact with joint health and social care scrutiny committees. This will include ensuring that the CQC primary care inspection team makes use of scrutiny evidence related to primary care services.
- It is important to remember that CQC is not subject to council scrutiny and the relationship is an informal one based on understanding, trust and a joint aspiration to improve healthcare and social care services by sharing insight and complementing each other's roles.
- Relationships may be at different stages of development across the country – but there are examples of CQC using scrutiny evidence to inform our new inspections and scrutiny reviews making use of CQC findings.

Contact with council scrutiny during announced NHS inspections

- All scrutiny committees in England receive a regular letter listing all CQC inspections that are announced for the next three months. This includes acute, community, mental health and ambulance trust inspections in the NHS and independent healthcare.
- Our hospital inspection manager will also contact the local scrutiny committee that is geographically closest to an NHS trust, before each announced inspection, to gather any evidence to inform the inspection planning. It will be helpful if the scrutiny committee approached can also support the coordination of evidence gathering from other council scrutiny areas.
- We are developing our approach to independent healthcare inspections, and would welcome feedback on these services from scrutiny where it has been gathered.
- The local scrutiny chair and lead officer will also be invited to the quality summit after each NHS trust inspection to hear the findings of the inspection. This is an important opportunity to contribute to the discussion about the findings and how the trust can be encouraged to make any improvements in services that have been identified. Scrutiny participants at quality summits are encouraged to discuss the findings with their scrutiny colleagues in neighbouring authorities where relevant.
- The local scrutiny committee will also receive a press release when an NHS trust inspection report is published. We recognise these are significant announcements in a local area and scrutiny leads may want to prepare their response.

Making evidence collected through scrutiny count

- CQC and CfPS will continue to develop the best mechanisms for gathering and using information from regional scrutiny networks and joint scrutiny.
- CQC inspection teams will coordinate their work to capture, store and use information from council scrutiny so it is used to inform all CQC inspections in the area.
- Council scrutiny can discuss how CQC has used their evidence with their local CQC contacts.

Working together when we engage the public

- Wherever possible, CQC inspection teams will make use of the networks and events already organised by council scrutiny to hear about people's experiences of care.

Communication and information about CQC

- All council scrutiny can use CQC information about health and care services and their quality to drive service improvement. This is primarily through inspection reports available on the CQC website.
- CQC will continue to provide regular updates to council scrutiny about inspection reports and about CQC's national work and inspection programmes.
- CQC will not direct how council scrutiny or councillors plan their activity. It will be a matter for local councillors and scrutiny how they respond to CQC requests for information and evidence and whether to get directly involved in CQC's work.

Exploring new approaches to working with scrutiny networks

- At the regional level, CQC will work with CfPS to test ways of sharing information between CQC and scrutiny about corporate providers, regional specialist services or other large providers (such as ambulance trusts).

How to contact us

Fill in our online form at:

www.cqc.org.uk/sye

Email us at:

enquiries@ccq.org.uk

Call our contact centre on:

03000 616161

Write to us at:

Care Quality Commission

Citygate

Gallowgate

Newcastle upon Tyne

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