



Health and Wellbeing Board

Response to the Care Quality Commission Stakeholder Survey 2019

Date: 12 March 2020

Key decision: No.

Class: Part 1

Ward(s) affected: All

Contributors: Tom Brown, Executive Director Community Services

Outline and recommendations

The purpose of this report is to update all members of the Health and Wellbeing Board on the feedback provided to the Care Quality Commission (CQC) on their performance, in response to their Stakeholder Survey 2019.

Members of the Health and Wellbeing Board are recommended to note the contents of this report.

Timeline of engagement and decision-making

The submission of a response to the CQC Stakeholder Survey on behalf on the Health and Wellbeing Board was a collaborative effort. The Executive Director for Community Services invited representatives from Adults and CYP Joint Commissioning, Public Health and the Lewisham Clinical Commissioning Group to assist in the completion of the online survey at a meeting held on 15 January 2020.

1. Summary

- 1.1. This report provides members with a summary of the formal response made to the Care Quality Commission (CQC) Annual Stakeholder Survey 2019, on behalf of the Health and Wellbeing Board.

2. Recommendations

- 2.1. Members of the Health and Wellbeing Board are requested to note the contents of this report.

3. Policy Context

- 3.1. The Care Quality Commission is the independent regulator of all health and adult social care in England.
- 3.2. The CQC make sure health and social care services provide people with safe, effective, compassionate, high-quality care and they encourage care services to improve.
- 3.3. In their role they register care providers, monitor, inspect and rate services, take action to protect people who use services and publish their views on major quality issues in health and social care.

4. Background

- 4.1. The Health and Wellbeing Board received an email invitation from the Chief Executive Officer of CQC (Ian Trenholm) in December 2019 to participate in their Annual Stakeholder Survey.
- 4.2. The survey covered the following:
 - a) How useful the information CQC publish about care quality was to Lewisham HWB in planning and conductive its activities.
 - b) How CQC worked with Lewisham HWB.
 - c) Whether there was a single shared view of quality and the impact of this.
- 4.3. The CQC was seeking considered and comprehensive responses to this survey but only one response could be submitted on behalf of Lewisham's HWB.
- 4.4. The survey covered a range of stakeholder activities, but not provision of health or social care services, as CQC gathers this information about them through its annual provider survey. The activities covered by the survey were:

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- Encouraging or supporting organisations to improve the quality of health or social care services.
 - Encouraging or supporting organisations to coordinate care across organisational or service boundaries.
 - Helping address organisational or service failure.
 - Commissioning health or social care services.
 - Representing the views of the public and people who use services and ensuring their voices are heard.
 - Representing the views of stakeholders involved in health or social care e.g. providers, professionals, commissioners etc.
 - Encouraging or supporting individual users to choose between services or get the best from their service.
 - Regulating, monitoring or otherwise overseeing activities of health or social care providers or professionals.
- 4.5 The survey closed on Sunday 19 January 2020 and results will be published in CQC's Annual Report and Accounts. Lewisham's HWB will not be identified in any reporting.

5. CQC Stakeholder Survey 2019

- 5.1. The CQC Stakeholder Survey 2019 comprised four sections detailed as follows:
- **Section 1**: About Lewisham Health and Wellbeing Board
 - **Section 2**: How CQC works with Lewisham Health and Wellbeing Board
 - **Section 3**: Usefulness of CQC information about care quality
 - **Section 4**: Is there a shared view of quality?
- 5.2. Representatives of Lewisham's Health and Wellbeing Board completed and submitted their response to this survey on 15 January 2020. A copy of this response can be found in **Appendix A**.

6. Financial implications

- 6.1. There are no specific financial implications arising from this report.

7. Legal implications

- 7.1. There are no specific legal implications arising from this report.

8. Equalities implications

- 8.1. There are no specific equalities implications arising from this report.

9. Climate change and environmental implications

- 9.1. There are no specific climate change and environmental implications arising from this

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report.

10. Crime and disorder implications

10.1. There are no specific crime and disorder implications arising from this report.

11. Health and wellbeing implications

11.1 Results will be published from the survey in CQC's Annual Report and Accounts and the findings may appear in other publications and documents. The Health and Wellbeing Board may wish to consider this findings once published.

12. Glossary

Term	Definition
Care Quality Commission	The Care Quality Commission is the independent regulator of all health and adult social care in England.
Health and Wellbeing Board	Health and Wellbeing Boards were established under the Health and Social Care Act 2012 to act as a forum in which key leaders from the local health and care system could work together to improve the health and wellbeing of their local population.
Stakeholder	A person, group or organisation that has interest or concern in an organisation.

13. Report author and contact

13.1. If there are any queries about this report then please contact Stewart Weaver-Snellgrove on 020 8314 9308 or email stewart.weaver-snellgrove@lewisham.gov.uk.

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Appendix A: Lewisham's Health and Wellbeing Board response to the CQC Stakeholder Survey 2019

Section 1: About Lewisham HWBB

What geographical area does Lewisham HWBB cover?

One or more Local Authority areas
(Borough, City, County or District)

Please select the Local Authority areas which Lewisham HWBB covers

London Borough of Lewisham

Which of the following are key activities of Lewisham HWBB?

Encouraging or supporting organisations to improve the quality of health or social care services **Yes**

Encouraging or supporting organisations to coordinate care across organisational or service boundaries **Yes**

Helping address organisational or service failure **No**

Commissioning health or social care services **No**

Representing the views of the public and people who use services and ensuring their voices are heard **Yes**

Representing the views of stakeholders involved in health or social care
E.g. providers, professionals, commissioners **Yes**

Encouraging or supporting individual users to choose between services or get the best from their service **No**

Regulating, monitoring or otherwise overseeing activities of health or social care providers or professionals **Yes**

Section 2: How CQC works with Lewisham HWBB

Please say whether you agree or disagree with the following statements:

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We have an effective working relationship with CQC **Disagree**

CQC collaborates effectively with organisations like Lewisham HWBB **Disagree**

CQC recognises the contributions we make through our key activities to influence quality improvement across the whole health and social care sector **Neither agree nor disagree**

Coordination of information gathering

Does CQC ever request information from Lewisham HWBB?

No

Please say whether you agree or disagree with the following statements:

CQC requests for information from us sometimes duplicate those of other regulatory, monitoring or oversight bodies

CQC sometimes requests information from us that is already in the public domain or available in routinely collected datasets

CQC liaises with us to coordinate gathering information and views from people who use services, carers or the public **Disagree**

CQC liaises with us to avoid both of us asking service providers for the same information

CQC understands what matters to people who use services **Don't know**

Outside of CQC gathering specific information related to an inspection, how often does CQC engage with you to understand what you know about people's experiences of care in services in your area? Please select the answer closest to the frequency of contact you have.

Never

In an ideal world how would your organisation want to share people's experiences of care with CQC?

During face to face meetings with inspection teams.

CQC registration

Please say whether you agree or disagree with the following statement:

Registering with CQC helps to drive improvement in providers

Agree

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CQC wants to ensure that registration is not a barrier to potentially good services entering the market. Do you have any views on whether you think this is the case or not? Have you had any experience of this that you would like to share with us? **No**

Innovation and technology

Please say whether you agree or disagree with the following statement:

CQC's regulatory activities enable and encourage innovation and technology in health and care services that have the potential to improve the quality of care

Neither agree nor disagree

Coordination when care quality changes or is poor

Please say whether you agree or disagree with the following statements:

We are confident that CQC can pick up important changes in service quality in between inspections **Disagree**

We are confident that CQC can respond appropriately if they pick up changes in quality in between inspections **Neither agree nor disagree**

If CQC have concerns about the quality of care provided by a service in our area, then they inform us **Agree**

If we have concerns about the care quality of a service, then we inform CQC **Strongly agree**

Is there other information that CQC should draw upon, or give a greater focus, to help understand the quality of care in services? If so, what and why?

This could include information you hold and/or information you are aware of that other stakeholders may hold too.

The CQC should be better using local feedback and local intelligence. We know what is working locally, we know where there are complaints - the CQC should be better and more frequently engaging with us.

How can we improve the way we work with and use information from national and local partners to identify cultures in services that may lead to abuse or breaches of human rights?

Through better engagement with organisations like ours.

Please say whether you agree or disagree with the following statements:

CQC are effective in advancing equality for people using services (e.g. on the grounds of disability, race, gender, sexual orientation, religion and belief) **Disagree**

CQC are effective in ensuring that people using services have their human rights upheld **Disagree**

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Please say whether you agree or disagree with the following statements:

- | | |
|--|-----------------------|
| If CQC decide to close or suspend a service in our area, then they inform us | Agree |
| If CQC decide to close or suspend a service in our area, then they work with relevant stakeholders to minimise any disruption to people who use services | Agree |
| If CQC decide to put a provider in our area in special measures, then they inform us | Strongly agree |
| If CQC decide to take other enforcement actions against a provider in our area, then they inform us | Agree |
| If we decide to take formal action in relation to care quality of a service, then we inform CQC | Agree |

Information exchange about care quality

Please say whether you agree or disagree with the following statements:

- | | |
|--|-----------------|
| If we have any questions about CQC information on care quality, then CQC is responsive | Agree |
| If we request additional information on care quality to that which CQC publishes routinely, then CQC is responsive | Disagree |
| If CQC requests information from us, then those requests are reasonable | |

What would enhance coordination, information exchange or other aspects of the way CQC works with Lewisham HWBB?

CQC being more proactive, more engagement with the HWBB rather than just the individual partners/members/organisations in isolation.

Section 3: Usefulness of CQC information about care quality

In the last 12 months, which CQC information has Lewisham HWBB used in planning or conducting its activities? For local system reviews please consider the last 24 months.

- | | |
|---|-----------|
| CQC ratings of the quality of services | No |
| CQC Inspection reports of individual service providers | No |
| CQC local system review reports of health and social care for people aged 65+ | No |

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CQC "State of Care" reports	Yes
CQC "Driving Improvement" reports	Yes
Other national level CQC reports	Yes
NHS Improvement / CQC ratings of the use of resources by Acute Hospital Trusts (?)	No
NHS Improvement / CQC reports of the use of resources by Acute Hospital Trusts (?)	No

Which CQC State of Care reports published in the last 12 months has Lewisham HWBB used?

State of Care 2018/19 (Published October 2019)	Yes
State of Care 2017/18 (Published October 2018)	Yes
The state of care in independent doctor and clinic services providing primary medical care (Published March 2019)	No
The state of care in independent ambulance services (Published March 2019)	No

Which CQC Driving Improvement reports published in the last 12 months has Lewisham HWBB used?

Driving improvement: Case studies from eight independent hospitals (Published June 2019)	No
Driving improvement through technology (Published July 2019)	No

Which other national level CQC reports published in the last 12 months has Lewisham HWBB used?

Beyond barriers: how older people move between health and care in England <i>Findings from 20 Local System Reviews (published July 2018)</i>	Yes
Effective staffing case studies (Published September 2019)	No
Mental Health Act Code of Practice 2015: An evaluation of how the Code is being used (Published June 2019)	No

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Smiling matters: oral health care in care homes (Published June 2019)	No
Medicines in health and adult social care: Learning from risks and sharing good practice for better outcomes (Published June 2019)	No
Review of restraint, prolonged seclusion and segregation for people with a mental health problem, a learning disability and or autism (interim report) (Published May 2019)	No
Opening the door to change: NHS safety culture and the need for transformation (Published December 2018)	No
Equally outstanding: Equality and human rights - good practice resource (Published November 2018)	No
Quality improvement in hospital trusts: Sharing learning from trusts on a journey of QI (Published September 2018)	No
Sexual safety on mental health wards (Published September 2018)	No
Monitoring the Mental Health Act in 2017/18 (Published February 2019)	No

Over the last 12 months, Lewisham HWBB's efforts to encourage or support organisations to improve the quality of health or social care services have been enhanced by:

CQC ratings of the quality of services	
CQC inspection reports of individual service providers	
CQC local system review reports	
CQC "State of Care" reports	Agree
State of Care 2017/18 (published October 2018)	Agree
Other CQC "State of Care" reports	Neither agree nor disagree
CQC "Driving Improvement" reports	Neither agree nor disagree
Other national level CQC reports	Agree

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Driving improvement through technology (July 2019) **Disagree**

Driving improvement: Case studies from eight independent hospitals (June 2019) **Disagree**

Review of restraint, prolonged seclusion and segregation for people with a mental health problem, a learning disability and or autism (interim report) (May 2019)

[NICE: Quality improvement resource for adult social care](#)

Over the last 12 months, Lewisham HWBB's efforts to encourage or support organisations to coordinate care across organisational or service boundaries have been enhanced by:

CQC local system review reports

CQC "State of Care" reports **Agree**

State of Care 2017/18
(published October 2018) **Agree**

Other CQC "State of Care" reports **Neither agree nor disagree**

Other national level CQC reports [\(?\)](#) **Neither agree nor disagree**

CQC "Driving Improvement" reports [\(?\)](#) **Neither agree nor disagree**

Driving improvement through technology (July 2019) **Disagree**

Driving improvement: Case studies from eight independent hospitals (June 2019) **Disagree**

Review of restraint, prolonged seclusion and segregation for people with a mental health problem, a learning disability and or autism (interim report) (May 2019)

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Over the last 12 months, Lewisham HWBB's efforts to represent the views of the public and people who use services and ensure their voices are heard have been enhanced by:

CQC ratings of the quality of services

CQC inspection reports of individual service providers

CQC local system review reports

CQC "State of Care" reports **Disagree**

State of Care 2017/18
(published October 2018) **Disagree**

Other CQC "State of Care" reports **Disagree**

CQC "Driving Improvement" reports **Disagree**

Other national level CQC reports **Disagree**

Driving improvement through technology (July 2019) **Disagree**

Driving improvement: Case studies from eight independent hospitals (June 2019) **Disagree**

Review of restraint, prolonged seclusion and segregation for people with a mental health problem, a learning disability and or autism (interim report) (May 2019)

Over the last 12 months, Lewisham HWBB's efforts to represent the views of stakeholders involved in health or social care (e.g. providers, professionals, commissioners) have been enhanced by:

CQC ratings of the quality of services

CQC inspection reports of individual service providers

CQC local system review reports

CQC "State of Care" reports **Agree**

State of Care 2017/18
(published October 2018) **Agree**

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Other CQC "State of Care" reports **Neither agree nor disagree**

CQC "Driving Improvement" reports **Neither agree nor disagree**

Other national level CQC reports **Neither agree nor disagree**

Driving improvement through technology (July 2019) **Disagree**

Driving improvement: Case studies from eight independent hospitals (June 2019) **Disagree**

Review of restraint, prolonged seclusion and segregation for people with a mental health problem, a learning disability and or autism (interim report) (May 2019)

Over the last 12 months, Lewisham HWBB's efforts to regulate, monitor or otherwise oversee activities of health or social care providers or professionals have been enhanced by:

CQC ratings of the quality of services

CQC inspection reports of individual service providers

CQC local system review reports

CQC "State of Care" reports **Agree**

State of Care 2017/18
(published October 2018) **Agree**

Other CQC "State of Care" reports **Neither agree nor disagree**

CQC "Driving Improvement" reports **Neither agree nor disagree**

Other national level CQC reports **Neither agree nor disagree**

Driving improvement through technology (July 2019) **Disagree**

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Driving improvement: Case studies from eight independent hospitals (June 2019) **Disagree**

Review of restraint, prolonged seclusion and segregation for people with a mental health problem, a learning disability and or autism (interim report) (May 2019)

Our organisation feels able to rely on:

CQC's ratings

CQC's inspection reports of individual service providers

CQC's publications **Agree**

If you can, please give an example illustrating how information from CQC enhances the planning or conduct of Lewisham HWBB's activities

State of Care reports give contextual information and local reports give us lines of enquiry.

Usefulness of CQC information about care quality

What would enhance Lewisham HWBB's use of CQC information?

CQC engagement with the Board to understand local concerns and give and receive contextual information.

Section 4: Is there a shared view of quality?

Please say whether you agree or disagree with the following statements

Lewisham HWBB and CQC have a shared view of what good quality care looks like **Agree**

CQC and other stakeholders, such as local authorities, clinical commissioning groups or other regulators have a shared view of quality **Agree**

Single shared view of quality (?)

A number of national level health and social care organisations, including CQC, and other regulators and oversight bodies, have agreed a definition of quality, focused on high-quality, person-centred care for all. This means care which is safe, effective and provides a positive experience by being caring and responsive. Services are well-led, use resources sustainably and are equitable to all.

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There is more information for healthcare in the National Quality Board document ["Shared commitment to quality"](#) and for adult social care in the ["Quality Matters"](#) document.

Is Lewisham HWBB familiar with either of these documents?

Yes

Please say whether you agree or disagree with the following statements about the national definition (i.e. that high quality care is: safe, effective, caring, responsive, well-led, uses resources sustainably and is equitable to all):

The national definition captures the most important dimensions of quality	Agree
Lewisham HWBB work to support and enable quality is consistent with the national definition of quality	Agree
CQC's work is consistent with the national definition of quality	Agree
The work of other regulatory, monitoring and oversight bodies is consistent with the national definition of quality	Agree
CQC promotes the national definition of quality	Agree

Please say whether you agree or disagree with the following statements about impact of the national definition (i.e. that high quality care is: safe, effective, caring, responsive, well-led, uses resources sustainably and is equitable to all):

The national definition of quality facilitates the exchange of information about care quality between CQC and ourselves	Neither agree nor disagree
The national definition of quality reduces duplicate information requests from regulatory, monitoring and oversight bodies	Neither agree nor disagree
The national definition of quality helps us to gather useful and influential information and views from service users, carers or the public	Neither agree nor disagree
The national definition of quality helps us to gather useful and influential information and views from groups that we represent	Agree

What do you think will be the main challenges and opportunities for providers in delivering good quality care in the future and what do these mean for how we might regulate in the future?

Resources and workforce.

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There is a challenge that the CQC is set up in lines of acute, mental, community health providers and services - in an integrated world how do you manage and understand and effectively review organisational and system responsibilities and boundaries in your work.

Please use this box to make any further comments about CQC

We would welcome regular representation at the Board of a CQC representative who has an understanding of the breadth of the CQCs work in the borough.

Almost there!

You are now almost at the end of the survey.

Would you like a copy of your responses to be emailed to you?

Yes

Submit your responses

You have now reached the last page of the survey and your responses will be analysed by CQC after the closing date.

To avoid reminder emails being sent, please click "Finish" at the foot of this page. Your responses to the survey will be submitted to CQC, and you will not be able to access or edit your responses.

For a copy of your responses to be emailed to you, please type an email address in the box below and click "Finish". We will remove the email address before we analyse the survey responses.

Note that the email may not be neatly formatted and may include additional text from questions judged not to be relevant to Lewisham HWBB, which you were therefore not asked.

Email address:

salena.mulhere@lewisham.gov.uk

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