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Late information for Scrutiny Board (Adult Social Services, Public Health, NHS) on 15 March 2016

Pages 1-6: Agenda item 14 – Draft Scrutiny Board response regarding Care Quality Commission's Strategy 2016 to 2020 – Shaping the Future: Consultation document

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LEEDS CITY COUNCIL

SCRUTINY BOARD (ADULT SOCIAL SERVICES, PUBLIC HEALTH, NHS)

CARE QUALITY COMMISSION'S STRATEGY 2016 TO 2021 SHAPING THE FUTURE: CONSULTATION DOCUMENT

DRAFT SCRUTINY BOARD RESPONSE

1 Introduction

- 1.1 The purpose of this report is to present the consultation response to the Care Quality Commission's (CQC's) proposed future strategy for the regulation and inspection of health and social care services.
- 1.2 Since the start of the municipal year 2015/16, Leeds City Council's Scrutiny Board (Adult Social Services, Public Health, NHS)¹ has taken a keen interest in maintaining an oversight of published CQC inspection outcomes across regulated health and social care providers within the Leeds boundary. This has included regular monthly reports on all published inspections and specific consideration of some services and providers – in particular Waterloo Manor Independent Hospital.
- 1.3 The Scrutiny Board has also sought to develop and improve its relation with the CQC and local inspection managers.
- 1.4 At the time of preparing this consultation response, some of this work remains on-going and, while this response can be considered as a standalone document, a further Scrutiny Board report may be prepared and published in due course.

2 Background

- 2.1 CQC has changed the way it works over the past three years and in its consultation document *Shaping the future*, sets out a vision for the future regulation of health and social care.
- 2.2 The CQC has set out that the way health and social care is continuing to change: increasing numbers of acute NHS trusts providing social care; more GP federations; and technology playing a greater role in the way services are delivered. Coupled with the demographic challenge of increasing numbers of older people with complex needs that will be met by more than one service, the CQC has set out its proposals to respond to these new ways of working.
- 2.3 The key themes set out in the CQC's consultation include:
 - Strengthening CQC's use of data and information – CQC's aspiration to develop even better insights into quality of care, particularly through the use of new technologies and involving more members of the public in its work than ever before.

¹ Referred to as the Scrutiny Board elsewhere in this document

- Implementing a single view of quality – a single shared system of measurement that supports providers to easily monitor their own quality and share information about their performance.
- Developing methods to assess quality for populations across local areas – looking at how care is coordinated to better meet people’s needs.
- Targeting and tailoring inspection activity – focusing on providers who are performing less well to encourage improvement.
- Developing a more flexible approach to registration – with greater focus on high risk providers and innovative approaches for new models of care.
- Assessing how well hospitals use resources – ensuring services are increasingly sustainable and efficient – as recommended by the Secretary of State last July.
- Moving towards a risk-based model to protect people from poor care

2.4 The CQC’s consultation document also presented and sought views on the following themes:

- Improving our use of data and information.
- Implementing a single shared view of quality.
- Targeting and tailoring our inspection activity.
- Developing a more flexible approach to registration.
- Assessing how well hospitals use resources.
- Developing methods to assess quality for populations and across local areas.

3 Scrutiny Board Working Group

3.1 In order to consider the CQC’s proposals in more detail, the Scrutiny Board held a working group meeting on 7 March 2016. In order to help inform the Scrutiny Board’s response, representatives from Leeds Clinical Commissioning Groups and Leeds City Council’s Adult Social Services were invited to attend and contribute to the discussion.

3.2 Specifically, representatives were invited to comment on the following:

- The CQC’s proposed vision and direction of travel.
- Any general implications for health and social care service quality and regulation.
- Any implications on organisational approaches to quality and quality improvement.
- Any perceived risks and necessary mitigations.
- Any other matters necessary to draw to the attention of the Scrutiny Board.

3.3 This response has been produced to reflect and include the main issues and discussions points of the working group meeting.

4 Observations and comments

4.1 Overall, the Scrutiny Board welcomes the opportunity to comment on the CQC’s proposed strategy for 2016 to 2021.

4.2 It is recognised that health and adult social care commissioners also have a significant role in ensuring local services are of sufficient quality and meet the

needs of service users. We have heard that local systems are in place to consider issues around service quality, which includes the regular involvement of local responsible CQC inspection managers.

- 4.3 While it is recognised that the CQC needs to remain independent and avoid any undue influence from local commissioners, we heard there was room for improvement in terms of information sharing and an even closer working relationship between the CQC and local health and social care commissioners. There was some particular concern where issues of safety had been identified during the inspection process. It should be recognised that commissioners have a responsibility to ensure that commissioned services are safe and service users will not be exposed to unsafe practice. An early warning system in this regard should be considered and we hope that further work will be undertaken locally to continue to improve local relationships.
- 4.4 Through the Scrutiny Board's on-going work, the timeliness of inspection reports – in particular the time from inspection to report publication – remains a concern of the Scrutiny Board. This concern is shared by local health and social care commissioners and, as we understand, is recognised as an issue elsewhere in the country. We hope that in implementing its future strategy, the CQC seeks to address the timeliness of its inspection reports as a matter of urgency and consistently meets its own standards in this regard.
- 4.5 As a body responsible for maintaining an oversight of quality across health and social care services, the Scrutiny Board has often considered the question 'What do 'good' or 'outstanding' services look like?'. As the regulator, we feel the CQC could seek to describe 'good' and 'outstanding' across each of its inspection domains in more detail. We feel this would help to deliver the shared understanding of service quality that is sought and will assist service providers, commissioners, other interested bodies and most importantly current and future service users.
- 4.6 The Scrutiny Board also has some concerns regarding the proposed risk-based and targeted approach to regulation and inspection, with some organisations being subject to a 'lighter touch' inspection regime. On one hand, we understand and recognise the need for any organisation to target the use of its resources. However, we are also mindful that service quality has the potential to be transient and could be significantly affected by the change in key personnel within any organisation. We are mindful of the issues identified in the Francis report and also highlighted at Winterbourne View, the results of which have significantly influenced the CQC's current approach to regulation and inspection. We would urge the CQC to ensure there are sufficient safeguards in its proposed approach to avoid any repeat of the significant failings identified in, what remains to be, very recent history.
- 4.7 In addition, the Scrutiny Board recently responded to a consultation which set out the CQC's proposals to increase fees payable by a number of health and social care providers. We are concerned how the proposed 'lighter touch' inspections will be balanced with an increase in annual fees – whereby those organisations judged as being 'good' or 'outstanding' could consider they are subsidising the inspections of organisations providing lower quality care.

- 4.8 We understand that in previous approaches to regulation, some form of judgement on service impact was made during inspections. This approach allowed a more informed judgement about any shortcomings identified and how these might impact on service users. This approach no longer forms part of the CQC's approach, but we would urge the CQC to consider implementing a revision to its current approach in this regard.
- 4.9 In some cases, in the light of some inspection outcomes, it is necessary for commissioners to consider moving service users. The impact of moving services users, in particular more vulnerable client groups, should not be underestimated and need to be a consideration of the CQC and the language used when drafting its reports. We also believe there needs to be a more robust, consistent and clear use of language with CQC inspection reports. This will also help to deliver the shared vision of quality that is being sought.
- 4.10 In the recent past, we have witnessed the impact that the financial viability of an organisation can have on its future and therefore its service users. Currently, the CQC's approach appears to take little or no account of an organisations financial status. To help fully inform current and prospective service users, we believe the CQC should seek to include some form of financial assessment within its inspection processes.

5 Conclusion

- 5.1 In summary, it is hard to disagree with much of what is presented in the CQC consultation document. However, there is a lack of detail in terms of how the proposed improvements will be made and implemented, and how the CQC plans to do more with less resource. Currently, there seems very little detail in terms of success measures, timescales and any mitigating actions that may be necessary.
- 5.2 In addition, as a health and social care system regulator, the CQC should work to a 'gold standard' in terms of its own methods of working, and act as a role model for service providers. Currently, the CQC appears to fall short of this standard and in the future it must strive to improve in this regard.



Cllr Peter Gruen, Chair
On behalf of the Scrutiny Board (Adult Social Services, Public Health, NHS)

March 2016

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