

CQC and district councillors

Working together to
improve health and
care services

March 2015

About this briefing

This briefing is for local councillors in district and borough councils¹ who want to know more about how to work with the Care Quality Commission (CQC) – the independent regulator for health and adult social care in England.

It has been produced jointly by the CQC and the Centre for Public Scrutiny with the involvement of district and borough council officers and councillors. It explains what CQC is and what we do. It identifies the main opportunities for two-way information sharing between district councils and CQC. It provides examples of the health and care issues that district councillors can raise with CQC and how to do this, and the information CQC holds about care services that will be useful for district councillors. It also recognises the differences between district and county councils in two-tier systems.

We hope district councillors will start to share information they gather about people's experiences of care with CQC to help us improve the quality of local services.

About CQC

CQC is the independent regulator of health and adult social care in England.

Our purpose

We 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

We 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

¹ By 'district and borough councils' we mean those local authorities in two-tier systems that do not have responsibility for social care. The term 'district council' is used to describe all such local authorities within this document.

individual complaints about its use. We also monitor and report on the use of the Deprivation of Liberty Safeguards (DoLs) across England.

How we work

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 CQC. Those services, such as opticians and pharmacies, that we do not register are covered by other regulation regimes, such as through professional bodies.

Service providers have 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 – asking five key questions

Our inspection teams are based across England. 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. Inspections of adult social care and primary care services are not announced individually. They take place on a rolling programme across the country on an ongoing basis. Our Mental Health Act visits take place unannounced at any time to places where people are detained and are also part of our mental health service inspections.

Hearing people's experiences of care

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. Patient and public representatives and groups like Healthwatch, scrutiny committees, voluntary and community groups are invited to share the evidence they have about care services.

CQC also asks local partners like local authorities, health and wellbeing boards and clinical commissioning groups to share information about the quality of services before our inspections. We are also keen to gather more information from district councils and individual councillors in future.

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. This includes examples of good practice, as well as areas for improvement. The report 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 all the inspection reports in your area.

We take action where we find poor care

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 act 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 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.

CQC's local partners

CQC is developing relationships with four main groups of local partners:

- Commissioners
- Public and patient representative organisations
- Organisations who manage health and care risks
- Professional and staff regulatory bodies.

We work with our partners to share information about local services and to ensure that local people receive the best quality of services that they need.

District councils and their individual councillors are important partners for CQC. They play a role in promoting community wellbeing, and regulating local businesses and some environments where care may be provided (such as housing). Individual councillors are elected representatives of district communities, and some have a role as co-opted members of scrutiny committees. In some cases councillors are elected to represent communities at the district and county level.

Here are some examples of care issues that district councillors have raised with CQC that are useful to our inspection teams:

- Care for people with particular needs (such as dementia care) or from specific local communities in your area (such as homeless people)
- Discharge arrangements and coordination of care between services
- GP care across geographical boundaries
- Residents' experiences of ambulance and out-of-hours services
- Community mental health services for local residents.

CQC and district councils

Both CQC and district councils have regulatory and enforcement responsibilities that complement each other. There are opportunities within a number of council departments to share information with CQC and to identify and act on poor care. This includes information about care services registering with

Environmental Health departments in relation to health and safety and food safety, and evidence about people’s experiences of care that are identified by councillors.

Where individual councillors have concerns about the quality of a local service, they should contact that service in the first instance. Concerns about the safety or wellbeing of an individual receiving health or social care should be shared initially with the County Council’s Safeguarding Team who have the primary responsibility for the safety of individuals. Safeguarding teams share information with CQC and we can make use of the evidence from safeguarding concerns to help inspection teams decide when and why they may need to inspect a service.

Inspection teams can also use evidence of good practice in health and care services. This evidence can help inspection teams come to their judgements and ratings about the quality of care as part of their inspection report.

In return, there is a range of CQC information that district councils and councillors may find useful. This includes local inspection reports and national reports about the quality of health and care services.

Information sharing between district councillors and CQC

The table below shows the types of information district councils, councillors and CQC could share with each other.

District council function	Evidence that CQC can use from district councillors	CQC information that can be used by district councils
Strategic planning	Evidence of the health and care needs of the district’s population (JSNA) Evidence of people’s experiences of health and care services Evidence of issues with access to, or use of, health and care services	Services registered with CQC in your district CQC inspection reports State of Care report (annual) Mental Health Act report (annual) Deprivation of Liberty Safeguards (DoLS) annual report National reports on themed inspections (for example, reviews of dementia care, or mental health crisis care)

District council function	Evidence that CQC can use from district councillors	CQC information that can be used by district councils
Planning	Planning applications made with conditions that could affect the future quality of care provided at the location	Services registered with CQC in your district and the quality of those services Types of services registered with specific providers
Housing	Evidence of council tenants' experiences of health and care services	CQC inspection reports on primary care services and mental health services How to complain about someone's experiences under the Mental Health Act
Environmental health	Health or care services not meeting environmental health standards	Services registered with CQC in your district, especially information about newly registered services
Councillors as elected representatives	Councillors may hear about the quality, range and types of health and care services provided within their district. This may come from ward surgeries, neighbourhood meetings or from specific community groups that councillors and officers regularly meet with	CQC inspection reports are publicly available on the website. Councillors can promote these to their constituents or in local discussions about the quality of care Information about the new fundamental standards of care

District councillors working with county councils

We recognise that county councils are responsible for scrutinising health and social care services across their county and its districts. However in many areas district councillors take part in county council scrutiny arrangements for health and social care. In such circumstances we encourage district councillors to share the information and feedback that they identify from within their councils, wards or neighbourhoods with the county scrutiny committees as well as with CQC. This may be done as part of considering the quality accounts of NHS bodies, within specific focused scrutiny reviews or as part of the ongoing scrutiny and monitoring of the local health economy and how it meets the needs of local people.

How to share information and contact CQC

District councils and councillors can contact CQC to share information in the following ways:

- Share your experience forms on the CQC website at www.cqc.org.uk/sye. These forms are for individual feedback about specific services we regulate
- Send reports or other collected information about primary care services such as GP practices, dentists and out of hours services 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

Top tips for sharing information with CQC

- If in doubt, share information with CQC and name the service or services you are describing.
- Focus on information you have gathered or has been shared with you.
- Do not identify patients or people using services by name unless an individual gives their agreement for you to do this.
- Information about people's complaints is very useful for CQC inspection teams to inform inspections, but it is the job of local services to respond to individual complaints.
- If you are concerned about someone's safety or believe someone is at risk, please contact your local authority safeguarding team in the first instance. They have the primary responsibility for responding to safeguarding concerns and will share this information with CQC.

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 a range of issues or 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 on our national reports about quality of care, consultations we are running and opportunities to get involved in CQC's work at www.cqc.org.uk/newsletter