

**REPORT FOR: HEALTH SCRUTINY  
SUB- COMMITTEE**

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**Date:** 7 December 2010

**Subject:** Working with the Care Quality Commission

**Responsible Officer:** Alex Dewsnap, Divisional Director Partnership Development and Performance

**Scrutiny Lead Member area:** Councillor Ann Gate, Policy Lead Member – Health and Social Care  
Councillor Vina Mithani, Performance Lead Member – Health and Social Care

**Exempt:** No

**Enclosures:** None

**Section 1 – Summary and Recommendations**

This report provides a brief on the work of the Care Quality Committee as well as recent changes in respect of how the council is monitored.

**Recommendations:**

Members are asked to:

- I. Note the contents of the brief
- II. Consider any specific areas they may wish to discuss in further detail with the Harrow Care Quality Commission Compliance Manager.

## **Section 2 – Report**

### **Background**

#### **The role of the Care Quality Commission**

The Care Quality Commission (CQC) is the independent regulator of health, mental health and social care in England. The CQC regulates care provided by the NHS, local authorities, private companies and voluntary organisations. The CQC aims to make sure a good standard of care is provided for all recipients of health and social care in hospitals, care homes and people's own homes. The work of the CQC also involves protecting the interests of people whose rights are restricted under the Mental Health Act.

The legal powers and duties of the CQC:

- Registering providers of health and social care to ensure they are meeting the essential standards of quality and safety.
- Monitoring how providers comply with standards by gathering information and visiting them when we think it is necessary
- Acting to protect patients whose rights are restricted under the Mental Health Act.
- Promoting improvement in services by conducting regular reviews of how well those who arrange and provide services locally are performing.
- Carrying out special reviews of particular types of services and pathways of care, or undertaking investigations on areas where there are concerns about quality.
- Seeking the views of people who use services by involving them in their work and publishing a statement on how it is carried out
- Telling people about the quality of their local care services, which helps providers and commissioners of services to learn from each other about what works best and where improvement is needed, to help shape national policy.

The CQC is also able to employ enforcement powers such as fines and public warnings, if services drop below the essential standards. If people's rights or safety are at risk, there will be quick action enforced up to the extent of even closing down a service.

#### **Change in CQC assessment of council's performance**

On 3 November 2010, the Minister of State for Care Services - Paul Burstow announced that the Care Quality Commission will no longer conduct an annual performance assessment of councils under the existing framework where they are assessed and judged under the following headings:

- performing excellently
- performing well
- performing adequately
- performing poorly.

The decision was announced at the National Children and Adult Services Conference and comes as the Government reviews its approach to regulation and assessment of local public services. This new approach will see a shift

towards more sector-led assessment, with councils holding greater responsibility for driving improvement. The CQC will still have an important role to play, which will be defined over next few month.

Cynthia Bower, CQC's Chief Executive, said: "The annual performance assessment played an important role in driving improvements in council commissioning of care. However, we recognise the need for change. "We welcome this move to further devolve responsibility for the monitoring and improvement of council performance, bringing it closer to local people. This supports the drive to have more local accountability of public services." A universal set of essential standards of quality and safety have been introduced, that all care providers must meet. As a result of this change in legislation, the CQC are moving from publishing inspection reports and quality ratings to a system of continuous assessment of compliance with the essential standards.

### **Working with the Care Quality Commission**

The Health Scrutiny Lead Members are currently involved in an action learning set with the Centre for Public Scrutiny (CfPS) and the CQC in a programme aimed at improving the relationship between CQC and overview and scrutiny committees. The work involves the development of a guidance on how information is shared and how local authorities and the CQC work together to tackle safeguarding concerns, and drive improvements in services.

The CQC are also currently collating information about dental services and GP services to help inform their approach to monitoring dentists next year, and GPs the year after. Harrow will be providing information in respect of the Pinner Village challenge panel carried out earlier this year.

The CQC Compliance Manager for Harrow will be in attendance at the meeting.

### **Financial Implications**

There are no financial implications associated with this report

### **Performance Issues**

There are no specific performance issues associated with this report.

### **Environmental Impact**

There are no environmental issues associated with this report.

### **Risk Management Implications**

There are no risk management implications associated with this report.

### **Corporate Priorities**

The contents of this report relate to the following draft corporate priorities:

- Supporting and protecting people who are most in need
- United and involved communities: a Council that listens and leads

## **Section 3 - Statutory Officer Clearance**

Not necessary for this report.

## **Section 4 - Contact Details and Background Papers**

### **Contact:**

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