

Consumer Focus response

Consumer Focus supports the proposal for a single, integrated report on the state of both health and social care. It would be consistent with this approach for the integrated report to incorporate the annual report on the operation of the Mental Health Act, as suggested. In all its work, however, and on an ongoing basis the Care Quality Commission (CQC) will need to make sure adequate resources and priority are given to social care which could be unintentionally overshadowed by the vast size and scope of health.

Common language for health and social care

The principles that have informed the CQC's review proposals are sound; emphasising as they do that this is a period of transition where root and branch change is not required. Identifying common principles for service improvement, criteria, outcomes and competences that relate to each sector underlines the clear advantages of an integrated approach. The six dimensions for assessment that have emerged provide a common framework that will facilitate comparability across the range of services, something the National Consumer Council (NCC) campaigned for in relation to public services more generally and which Consumer Focus will continue to argue for.

Public accountability and reporting

Similarly, we support the Commission's intentions regarding public accountability and reporting, taking the best of the predecessor bodies and building on good practice. CQC will need to evaluate this on an ongoing basis to make sure they are using the right variety of mechanisms to reach their target audiences, and that the public can and do access, comprehend and use the information.

Special reports

We are delighted to see the emphasis throughout the document on involving people but feel the CQC should be doing more to involve them in discussions about the potential topics for special reviews and which topics should take priority.

Quality of information

While we understand the logic for relying on existing information wherever it is appropriate to do so, we have some concerns about the depth and quality of that information. The Commission's proposed approach makes good use of resources but we would urge some caution, and encourage CQC to monitor the quality of available information and whether it meets the Commission's purposes. For example, some of the measures such as the World Class Commissioning assurance process are relatively new and have not yet been thoroughly tested, especially from a service user perspective. There could well be a role for CQC in driving up the quality of public involvement, data collection, recording and use across the sectors it regulates.

The changing environment

Local Involvement Networks (LINks) are new, and are developing in different ways and at different rates so it is safe to assume their capacity for collecting and reporting information will also vary. It is clear that a degree of flexibility and customising of their activities and working methods is essential so they can meet the needs of the local area but we support the concerns voiced earlier by the NCC about the lack of core standards for LINks and their host organisations, which will make it difficult to compare developments in different LINK areas.

It will take time for LINKs to reach their optimum effectiveness. Unless they have the right balance of skills, experience and organisational know-how, some LINKs could become dominated by mainstream healthcare organisations and services at the expense of social care, which will in turn impact on their ability to report across the sectors.

The framework for Comprehensive Area Assessments was recently published but the guidance on implementation is not yet available so this too is relatively uncharted territory. There is considerably less emphasis on public engagement in the CAA than was originally anticipated, when the intention was to build in the concerns of local people from the start. Now we know that, for at least the first few years, their priorities will be drawn up with limited public involvement. In addition, the CAA framework gives little priority to assessing the quality of engagement with local citizens, which means there may be a role for the CQC to take a lead in encouraging authorities and their partners to follow their example and adopt best practice in areas of mutual interest.

The former NCC commented in more detail on concerns about the way the CAA and LINKs are developing. The full documents can be found at the following web links:

http://collections.europarchive.org/tna/20080804145057/http://www.ncc.org.uk/nccpdf/poldocs/NCC196cr_CAA_consultation.pdf

http://collections.europarchive.org/tna/20080804145057/http://www.ncc.org.uk/nccpdf/poldocs/NCC183a_cr_have_your_say.pdf

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