Memorandum of Understanding between the Care Quality Commission and the Local Government Association

Joint Statement

The Care Quality Commission (CQC) and the Local Government Association (LGA) are committed to working together to drive improvements in regulated care services and to reduce unnecessary duplication of activity undertaken by local authorities and the CQC in respect of the quality and performance of regulated care services.

Set within the context of sector led improvement and a common objective to reduce unnecessary duplication of activity we work together at all levels to deliver this aim.

The Memorandum of Understanding (MOU) provides clarification of roles and responsibilities of both organisations and sets out the arrangements for working together.

Introduction - purpose, scope, context

- 1. The purpose of this MOU is to set out the framework for working relationships between the CQC and the LGA. It will inform staff working for CQC and local authority staff and elected members, and the public, about how our organisations relate to each other and work together.
- 2. The CQC is the regulator of health and adult social care in England. Its role is to make sure health and social care services provide people with safe, effective, compassionate, high-quality care and to encourage services to improve. CQC does this through monitoring, inspecting and regulating services to make sure they meet fundamental standards of quality and safety and through publishing what it finds, including performance ratings, to help people choose care.
- 3. The LGA is the national voice of local government. It works with councils to support, promote and improve local government. It is a politically-led, crossparty organisation that works on behalf of councils to ensure local government has a strong, credible voice with national government. It aims to influence and set the political agenda on the issues that matter to councils so they are able to deliver local solutions to national problems.
- 4. The LGA represents local authorities at a national level, and supports sector led improvement where it is needed at a local level. Local authorities, as autonomous political organisations, make their own decisions based on the needs of their local areas.
- 5. The LGA leads the overall approach to sector led improvement for local government which sets the context for the 'Towards Excellence in Adult Social Care' (TEASC) programme. This brings together partners at a local, regional

and national level to improve outcomes for citizens. It works with and for local government and its partners to enable them to take responsibility for their own improvement, with a focus on innovation and people-centred, coordinated care. This MOU takes account of CQC's involvement in the TEASC programme of sector led improvement work.

- 6. The responsibilities and functions of the CQC and LGA are set out at Annex A.
- 7. The working relationship between the CQC and LGA is part of the approach to regulation and improvement in health and adult social care in England, which promotes safety and high quality care.
- 8. This MOU takes account of the relationship that operates between CQC and the Association of Directors of Adult Services (ADASS) as set out in the 'Protocol between CQC and councils with social services responsibilities', The protocol defines the roles and responsibilities of CQC and ADASS in overseeing the quality of services provided by adult social care providers, and in particular the sharing of information about regulated providers to recognise and respond to issues and concerns, to minimise duplication of activity and to reduce the regulatory burden on providers.
- 9. This MOU does not override the statutory responsibilities and functions of the CQC and the LGA and is not legally binding. However, the CQC and LGA agree to adhere to the contents of this MOU.

Principles of cooperation

- 10. The CQC and LGA intend that their working relationship will be characterised by the following principles:
 - a. The need to make decisions which promote people's safety and high quality health and social care
 - b. Respect for each organisation's independent status
 - c. The need to maintain public confidence in the two organisations
 - d. Openness and transparency between the two organisations as to when cooperation is and is not considered necessary or appropriate
 - e. The need to use resources effectively and efficiently and to minimise the burden on councils.

Information sharing

11. The cooperation outlined in paragraph 9 may require the CQC to exchange information with the LGA. All arrangements for collaboration and exchange of information set out in this MOU and any supplementary

agreements will take account of and comply with the Data Protection Act 1998, section 76 Health and Social Care Act 2008, the Health Professions Order 2001 and any CQC and local authorities' codes of practice frameworks or other policies relating to confidential personal information.

- 12. CQC already provides data and information to the Towards Excellence in Adult Social Care (TEASC) programme to help the LGA determine its priorities for sector led improvement in adult social care. This MOU takes account of that arrangement and does not seek to change it in any way.
- 13. Both the CQC and LGA seek to comply with the Freedom of Information Act 2000. If one organisation receives a request for information that originated from the other, the receiving organisation will discuss the request with the other before responding.
- 14. CQC and the LGA will exchange information and advice as required on significant matters and will keep each other informed about developments in their services, approach and methodologies in which they share a mutual interest. This may include, but is not limited to:
 - (i) the development of information sharing systems relating to regulated services
 - (ii) the development and implementation of inspection methodologies for regulated social care services
 - (iii) information relating to trends in service provision and inspection outcomes in order to identify areas for sector led improvement and targeted support by the LGA, and to inform CQC's themed inspection programme
 - (iv) planned programmes of activity in order to identify opportunities for collaborative work.
- 15. At a national level, CQC and LGA will identify contacts to work collaboratively and agree what information is required and to exchange the relevant information.
- 16. CQC and the LGA will not share identifiable information relating to people who use services or people and/or organisations registered with CQC.

Press and publications

17. Where activity will have a direct impact for one another, CQC and the LGA will seek to ensure that they involve each other in the development of planned announcements, including sharing drafts of their proposals and publications as early as possible.

- 18. In any event, CQC and the LGA will ensure that the other organisation receives:
 - (i) drafts of any planned publications with specific implications for either organisation approximately 48 hours before they are released to the media wherever this is possible; and
 - (ii) drafts of any press releases with specific implications for either organisation approximately 24 hours before they are released to the media wherever this is possible.
- 19. CQC and the LGA will respect the confidentiality of any documents shared in advance of publication and will not act in any way that would cause the content of those documents to be made public ahead of the planned publication date.

Duration and review of this MoU

- 20. This is the first MOU between CQC and the LGA. This MOU is not timelimited and will continue to have effect unless the principles described need to be altered or cease to be relevant. The MOU may be reviewed more urgently at any time at the request of either party.
- 21. Both organisations have identified a person responsible for the management of this MOU at Annex B and these will liaise as required to ensure this MOU is kept up to date and to identify any emerging issues in the working relationship between the two organisations.

Signatures

David Behan
Chief Executive
Care Quality Commission
Finsbury Tower
103 – 105 Bunhill Row
London EC1Y 8TG
Telephone: 03000 616161

Carolyn Downs
Chief Executive
Local Government Association
Local Government House
Smith Square
London SW1P 3HZ
Telephone: 020 7664 3213

Date: February 2015

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Annex A: Responsibilities and functions

The Care Quality Commission (CQC) and the Local Government Association (LGA) acknowledge the responsibilities and functions of each other and will take account of these when working together.

The Care Quality Commission

- The responsibilities of the Care Quality Commission (CQC) are set out primarily in the Health and Social Care Act 2008 as amended (the 2008 Act) and the accompanying Regulations (as amended).
- 2 CQC's role is to protect and promote the health, safety and welfare of people who use health and social care services. It does this to encourage:
 - The improvement of health and social care services
 - The provision of services that focus on the needs and experiences of people who use those services
 - The efficient and effective use of resources
- 3 CQC's purpose is to make sure health and social care services provide people with safe, effective, compassionate, high-quality care and to encourage care services to improve.
- 4 CQC's role is to monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety and to publish what we find, including performance ratings to help people choose care.

We carry out our role by:

- setting standards of quality and safety that people have a right to expect whenever they receive care;
- registering care services that meet our standards;
- monitoring, inspecting and regulating care services to make sure that they continue to meet the standards;
- protecting the rights of vulnerable people, including those whose rights are restricted under the Mental Health Act;
- listening to and acting on people's views and experiences of the care they receive;
- challenging all providers, with the worst performers getting the most attention;

- making fair and authoritative judgements, supported by the best information and evidence;
- taking appropriate action if care services are failing to meet the standards;
- carrying out in-depth investigations to look at care across the system;
- reporting on the quality of care services, publishing clear and comprehensive information, including performance ratings to help people choose care;
- and involving people who use care services in our work, working with local groups, our partners in the health and social care system, and the public to make sure that people's views and experiences are at the centre of what we do.

The Local Government Association

- The LGA focus is on supporting and representing councils. The LGA
 works with councils to provide a comprehensive and coordinated
 approach to sector-led improvement investing in political leadership;
 finding new ways of engaging local people and communities; inviting
 challenge from peers; sharing good practice and utilising comparative
 data as a driver for improvement.
- Principal Advisers are the LGA's focal point for discussions with councils about their improvement needs and the support and programmes that can be made available.
- The Principal Advisers act as the key point of contact for improvement support.
- The LGA works with the sector (and others, including Government Departments and the Inspectorates) to maintain an overview of performance across the sector so that it can offer support to any

Annex B: Contact details

Care Quality Commission

Finsbury Tower

103 - 105 Bunhill Row

London EC1Y 8TG

Telephone: 03000 616161

Local Government Association

Local Government House.

Smith Square,

London, SW1P 3HZ

Email: info@local.gov.uk
Telephone: 020 7664 3000

There will be named contacts between the CQC and the LGA as follows:

Chief Executives (internal escalating policies should be followed before referral to Chief Executives)

David Behan

Chief Executive

Care Quality Commission

Finsbury Tower

103 - 105 Bunhill Row

London EC1Y 8TG

Telephone: 03000 616161

Email: david.behan@cqc.org.uk

Carolyn Downs
Chief Executive

Local Government Association

Local Government House,

Smith Square,

London, SW1P 3HZ Phone: 020 7664 3213

www.local.gov.uk

Email: carolyn.downs@local.gov.uk

Lead officers – strategic contacts and those responsible for MoU management

David James

Care Quality Commission

Finsbury Tower

103 - 105 Bunhill Row

London EC1Y 8TG

Email: david.james@cqc.org.uk

Telephone: 03000 616161

Dennis Skinner

Local Government Association

Local Government House,

Smith Square.

London, SW1P 3HZ

Email: info@local.gov.uk
Telephone: 020 7664 3000