

CQC – helping make care better for people

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Background

- Regulator for health and social care – created in April 2009
- Doing things differently – through **risk-based regulation**
- Putting **people**, their **families** and **carers** at the **centre** of everything we do
- Weaving **equality** and **human rights** into our work
- Regulating by **assessing risk** through information and being **firm on performance**

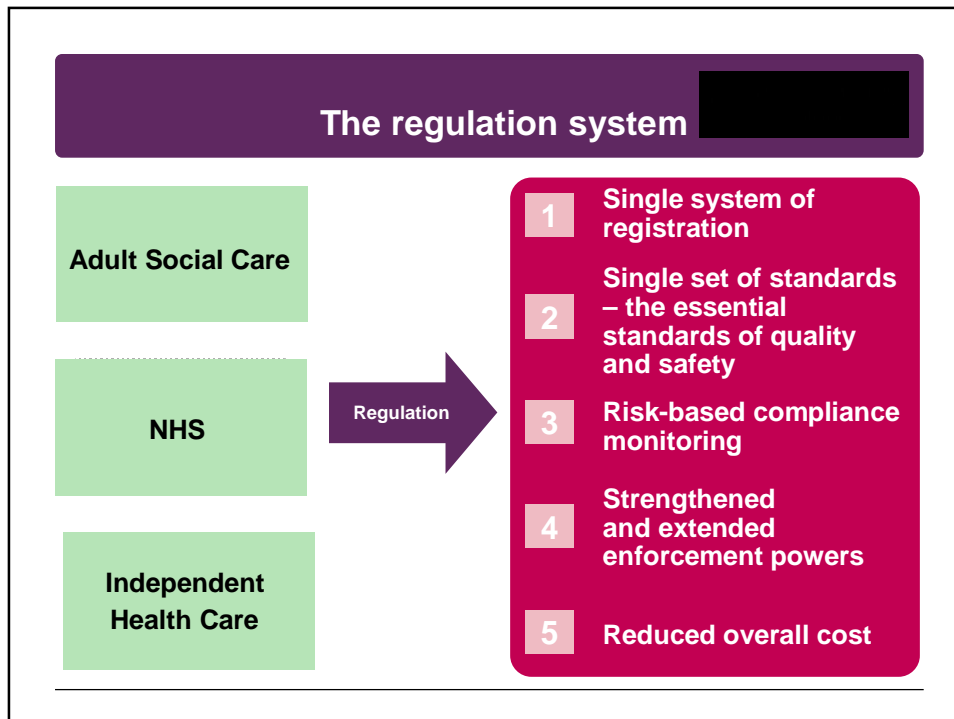
Regulatory functions – how we do our work

- ✎ **Outcome-based** – Regulation that assesses **outcomes** experienced by people who use services, rather than targets or processes
- ✎ **Risk-based – Responsive** to the views of people who use services, using their insights alongside data to trigger regulatory action
- ✎ **Enforcement – Earlier identification** and **swifter action** to follow up concerns, including enforcement action where necessary
- ✎ **Compliance – Increased compliance** by health and adult social care providers; assurance about standards across the board
- ✎ **Information** – Improved access to **timely, relevant and reliable information** about our expert judgement of the quality and safety of care
- ✎ **Value for money – Reduce unnecessary regulation** and associated costs of demonstrating compliance; give providers value for money
- ✎ **Process** – **Improved transparency, speed, consistency** and **reliability** of transactions




Why regulate?

- ✎ People can expect services to meet essential standards of **quality**, protect their **safety** and **respect** their dignity and rights, **wherever care is provided, wherever they live**
- ✎ People have a right to **choice** and to know that **providers are held accountable**





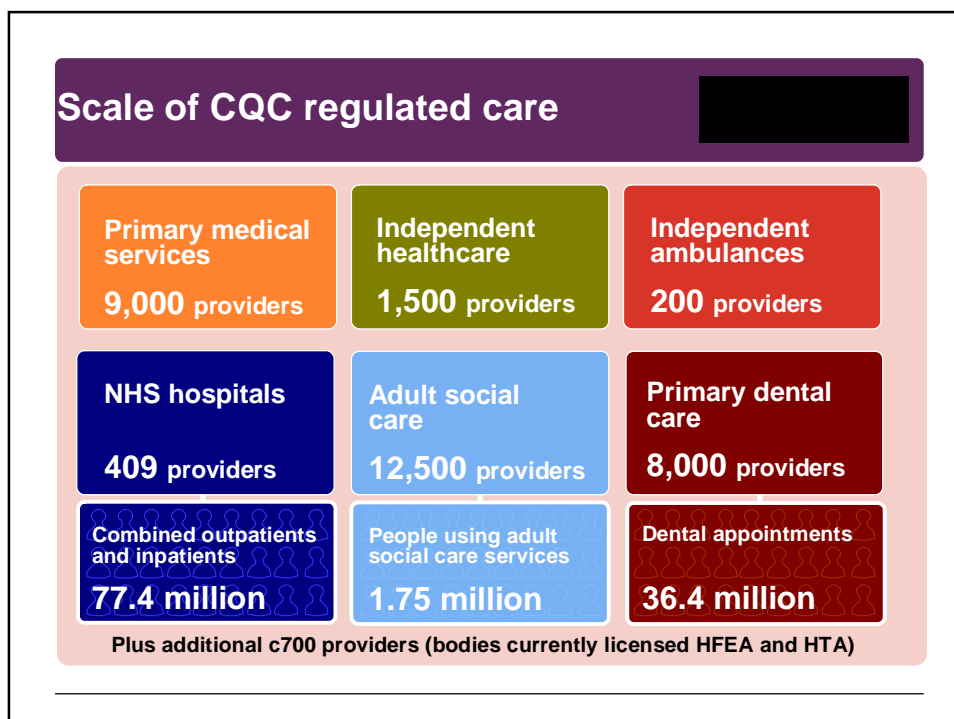
Rationale for joint regulation



- ✔ All health and adult social care providers are meeting a single set of **essential standards of quality and safety**
- ✔ Standards are **focused on what is needed to make sure people who use services have a positive experience**
- ✔ A **single regulatory framework** across health and adult social care; people should expect safe and quality care across the board
- ✔ **Reduce the regulatory burden** and reduce costs. Three predecessors 2006/07: £210m, CQC 2009/10: £160m

Our new model of regulation

Pre 2009	Now
☒ Rules based	☒ Judgement within a framework
☒ Retrospective	☒ Near real time
☒ Annual cycle	☒ Continuous
☒ Provider level only	☒ Provider, location, service levels over time
☒ Non-specific rating	☒ Specific conditions (e.g. service, regulation)
☒ 20% inspections	☒ Risk-based inspections of providers
☒ Few investigations	☒ Multiple specific targeted checks and visits
☒ No enforcement for NHS	☒ Strong enforcement powers for all



State of Health and Adult Social Care – the good news....

There have been improvements across health and social care

- ✦ 35% drop in reported cases of MRSA between 08/09 and 09/10; 29% drop in C difficile within the same period.
- ✦ 96% of inpatients thought their hospital room was either 'very clean' or 'fairly clean'.
- ✦ Vast majority of councils continue to improve the delivery of social care with 95% performing either 'excellently' or 'well'. In particular, many councils are demonstrating they have the ability to help people live independently.
- ✦ On the whole, trusts are keeping waiting times down, as nationally 98% of patients waited less than 4 hours in A&E.

The State of Health and Social Care in England – An overview of key themes in care 2009/10

State of Health and Adult Social Care – BUT....

However, there is still a lot of work to be done.

- ✦ 40% of patients experienced a delay when being discharge from hospital.
- ✦ 1/3 of patients did not receive adequate information on the signs they should watch out for and 45% left without sufficient information on the side effects of their medication.
- ✦ 13% of people using community mental health services said their view were not taken into account.
- ✦ Personalisation of services varies considerably across the country including variable access to personal budgets and stroke services.
- ✦ 28 % of care homes not meeting minimum standards in relation to management of medication, which includes record keeping and staff training.

The State of Health and Social Care in England – An overview of key themes in care 2009/10

Changes to the way we regulate adult social care

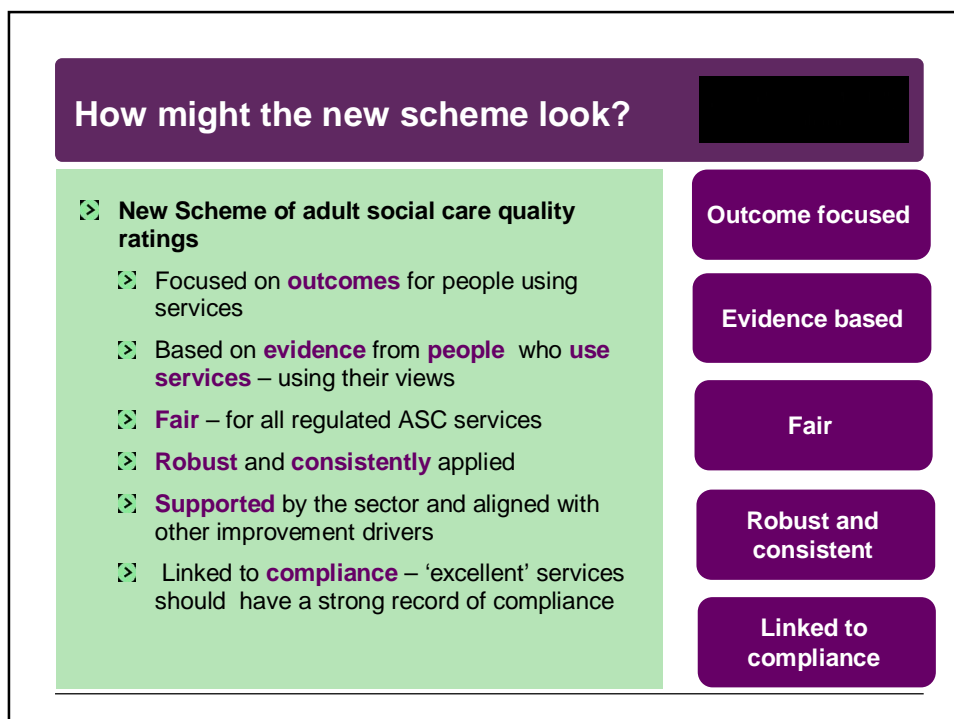
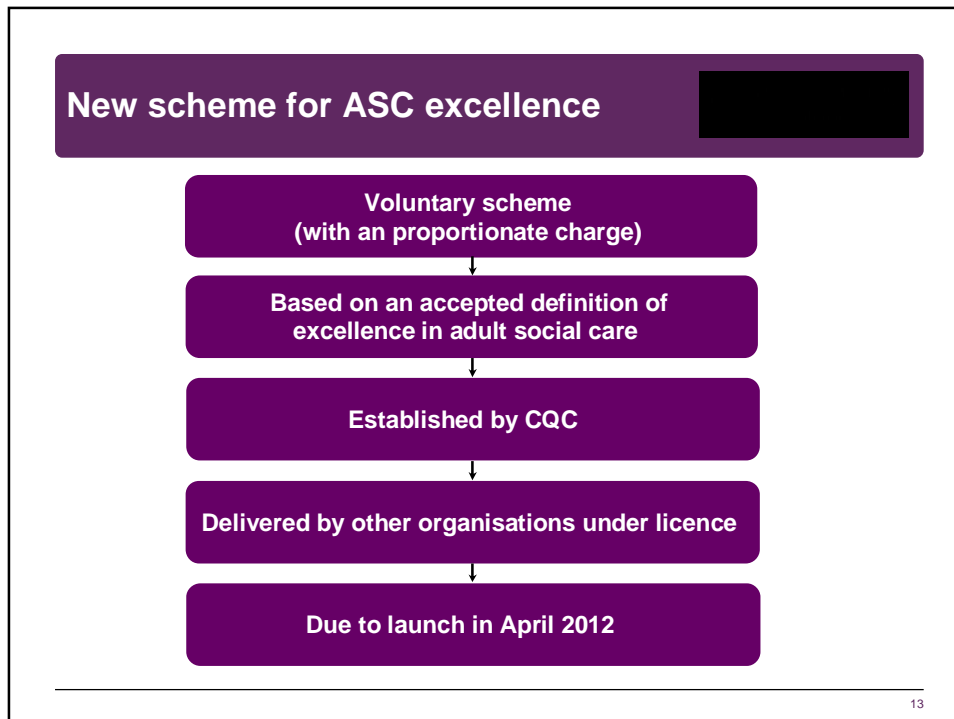
- ❑ Performance assessment of adult social care providers under the Care Standards Act 2000 has come to an end.
- ❑ From October 2010 all providers of adult social care were required to register with CQC.
- ❑ Registration requires providers of health and social care to comply with the 'Essential standards of quality and safety'.
- ❑ These standards represent what the government say people can expect from providers of health and social care – it is CQC's job to monitor compliance against these standards.
- ❑ CQC has been actively seeking ways to incentivise quality within adult social care to drive-up standards and help people make choices.

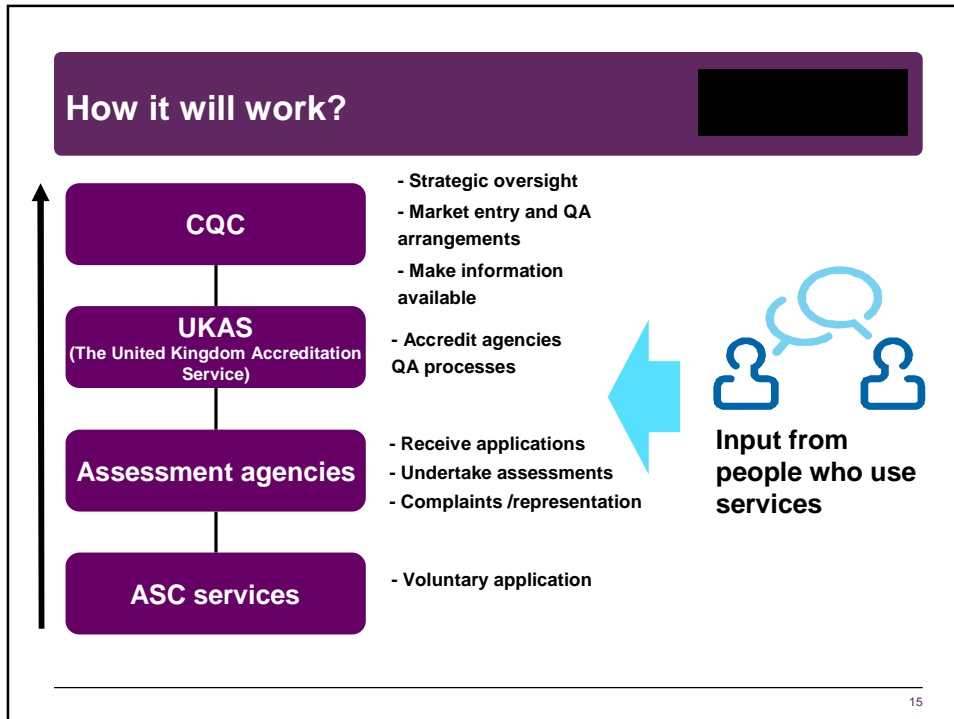
Purpose

The Department of Health asked CQC to develop an excellence scheme for adult social care. The purpose of this scheme is to:

- ❑ provide information about the quality of services to help users and commissioners make choices and decisions
- ❑ motivate providers to improve the quality of care to give people using services the best possible outcomes and experiences
- ❑ link excellence in adult social care to the broader strategy of quality and outcomes







Where do you CQC intend to display this information?

Excellence Award

Essential Standards

Please note this is a draft

Timetable for the new scheme

Summer 2010	<ul style="list-style-type: none"> Defining excellence with people using services and the sector ✓
Autumn 2010	<ul style="list-style-type: none"> Launch of new registration system (1 Oct) ✓
Winter 2010	<ul style="list-style-type: none"> Engagement ✓
Spring 2011	<ul style="list-style-type: none"> Seek expressions of interest ✓ Consultation (May 2011) ✓
Summer 2011	<ul style="list-style-type: none"> Roll out of the 'Provider Profile'
Winter 2011	<ul style="list-style-type: none"> Agencies pilot assessments
Spring 2012	<ul style="list-style-type: none"> Roll out scheme for excellence

Consultation - what you need to know

- ✘ From **Monday 9th May to the 1st August CQC will** hold a consultation for all those involved/ interested in adult social care to respond to our proposals on the forthcoming excellence scheme .
- ✘ During this time we will be seeking people's views on:
 - ✘ our proposed principles for the scheme
 - ✘ the definition of excellence
 - ✘ key aspects of the assessment process
- ✘ A consultation package will be made available, which will include details of our proposals and how to submit responses.
- ✘ Respondents can send their views via an online webform
 - ✘ Alternatively responses can be emailed to excellenceconsult@cqc.org.uk or sent Freepost to Finsbury Tower
- ✘ Further details are available at <http://www.cqc.org.uk/yourviews/consultations.cfm>

Changes: ALB review 2010 and Health and Social Care Bill 2011

- ✘ CQC's role (Health and Social Care Bill):
 - ✘ regulating quality and safety in partnership with Monitor, the economic regulator
 - ✘ regulating health and social care as mixed markets with public, private and voluntary providers – 'any willing provider'. Agility and flexibility.
 - ✘ working with GP consortia, NHS Commissioning Board, NICE and other major players
- ✘ New responsibilities (ALB review):
 - ✘ Human Fertilisation and Embryology Authority
 - ✘ Human Tissue Authority
 - ✘ HealthWatch
 - ✘ National Information Governance Board

HealthWatch

The White Paper *Liberating the NHS* says:

“We will strengthen the collective voice of patients and the public through arrangements led by local authorities, and at national level, through a powerful new consumer champion, HealthWatch England, located in the Care Quality Commission.”

Health and Social Care Bill 2011 and a changing system

- ❑ HealthWatch England
 - ❑ Consumer champion' for health and adult social care services in England
 - ❑ Independent body within CQC
 - ❑ Leadership, advice and support to Local HealthWatch, and advice to Monitor, NHS Commissioning Board and Secretary of State
 - ❑ Structures and systems set up during 2011/12 – official launch 1 April 2012

- ❑ Different players in a changing system – economic / provider / professional – must work in tandem

HealthWatch England 2

- ✘ 'Consumer Champion' within CQC for health and adult social care services in England
- ✘ HealthWatch England committee (HWE) within CQC-independent body within the regulator
- ✘ HWE functions: national leadership, advice and support for local HW(no involvement in individual advocacy)
- ✘ HW will provide advice to IC about information about care that people will find useful.
- ✘ HW can ask CQC and other bodies to investigate concerns
- ✘ HWE will report annually setting out its views on standards, and on advice it has given (to SoS, Commissioning Board, LAs) on health and social care
- ✘ Lots to be clarified: funding, local structures, relationship between HWE and CQC at operational level

Working with Monitor (joint licensing)

- ✘ Relationship with Monitor improved considerably in past two years – strong working relationships at local and national level
- ✘ White Paper delivered greater clarity around respective roles
- ✘ Information sharing part and parcel of how we work; joint action against poor quality providers
- ✘ Work well underway on joint licensing: two-part (CQC 'part A' for quality and safety of services, Monitor 'part B' looking at economic fitness: competition, price regulation and continuity of services)
- ✘ Need to ensure low-impact for providers – good customer service, simple front end, streamlined processes, shared services

Working in partnership

- ✦ Quality and safety are the organising principles of the NHS. CQC seeks aligned and co-ordinated regulatory responses within this framework. Continuous compliance monitoring by CQC will seek to safeguard quality and safety
- ✦ NQB early warning system review makes clear that safeguarding quality is not the responsibility of a single organisation or single process
- ✦ There is on-going regional dialogue between SHAs and Monitor and an MoU between CQC and Monitor.
- ✦ CQC is using intelligence from other organisations to reduce duplication and burden and to use expertise elsewhere eg. Monitor, NPSA, NHSLA, NICE, Royal Colleges, LINKs, OSCs, third sector, the public and service users.

Working with others

Primary care trusts

English local authorities

Strategic health authorities
(for PCT and NHS trusts)

Monitor

OSCs/ Links

Voluntary sector

✦ These are 'bodies required to be notified of certain matters' *Health and Social Care Act 2008, Regulation 39:*

- ✦ notices of proposal
- ✦ notices of decision
- ✦ warning notices
- ✦ notices about urgent procedure for suspensions, variation, etc
- ✦ penalty notices
- ✦ commencement of proceedings in respect of Part 1 offence