

From: Graham Gibbens, Cabinet Member for Adult Social Care and Public Health
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To: Adult Social Care and Health Cabinet Committee – 11 October 2016

Subject: **SHAPING THE FUTURE – CQC STRATEGY FOR 2016 TO 2021**

Classification: Unrestricted

Past Pathway of Paper: Social Care, Health and Wellbeing DMT - 31 August 2016

Future Pathway of Paper: None

Electoral Division: All

Summary: This paper set out the essential summary of ‘Shaping the future’ – Care Quality Commission’s strategy for 2016 to 2021. The contents of the strategy should be of interest to commissioners and providers for reasons which are set in this report. The paper also highlights some of the potential implications that may arise from the Care Quality Commission’s delivery of the ambitions and priorities described in the strategy and the accompanying document for the attention of health and adult social care services.

Recommendation: The Adult Social Care and Health Cabinet Committee is asked to **CONSIDER** and **COMMENT ON** the content to this report.

1. Introduction

- 1.1 The Care Quality Commission (CQC) published its latest strategy called ‘Shaping the future’ on 24 May 2014. This is a five-year strategy covering the period 2016 to 2021 as driver to fulfil its ambition of mounting a more targeted, responsive and collaborative approach to regulation, with a view to ensuring that more people receive high quality care.
- 1.2 The strategy affirms the CQC’s core statutory objectives - (1) to protect and promote the health, safety and welfare of people who use health and social care services by encouraging improvement of those services; (2) encouraging the provision of those services in a way that focuses on the needs and experiences of people who use those services; and (3) encouraging the efficient and effective use of resources in the provision of those services.
- 1.3 As the independent regulator of health and social care in England, the CQC’s stated values are (1) Excellence in terms of being a high-performing organisation; (2) caring in respect of treating everyone with dignity and

respect; (3) integrity by doing the right thing and (4) teamwork through learning from each other to be the best we can.

- 1.4 The CQC's primary functions have remained the same, that is to say, its responsibilities are (1) to register health and social care providers which gives organisations license to operate, (2) to monitor the quality of care, inspect and rate services, and exercise market oversight function in respect of the financial health of difficult-to-replace adult social care providers; (3) to carry out its enforcement responsibilities necessary and (4) to act as the independent voice and highlight good practice through its report to Parliament.
- 1.5 The purpose of the report is to provide the Adult Social Care and Health Cabinet Committee with the opportunity to consider the potential issues arising from the implementation of the CQC's strategy.

2. Financial Implications

- 2.1 In the context of the Council being both a commissioner and provider of services it is important that any potential impact on the Authority, arising from the market response which may or may not convert into financial consequences is understood. As Members of this Committee will observe from the report on the Vision and Strategy for Adult Social Care, the issue of quality of care and sustainability of the market is a key focus for the service and the matters that the CQC strategy deals with do have a bearing on this priority.

3. KCC Strategic Statement Policy Framework

- 3.1 Both the overarching strategic outcomes of 'Older and vulnerable residents are safe and supported with choices to live independently and Kent communities feel the benefits of economic growth by being in-work, healthy and enjoying a good quality of life' are pertinent to the issues set out in this report. In general, the provision of care and support will influence and be influenced by the CQC strategy.

4. Essential highlights of the CQC strategy

- 4.1 The strategy sets out the CQC's ambitious vision for a more targeted, responsive and collaborative approach to regulations, so that more people can receive high quality care. It is accompanied by a document addressed to health and adult social care providers that are regulated by the independent body. The second document gives further explanation as to what the strategy means for health and social care providers.
- 4.2 According to the CQC, it will focus on four priorities to deliver its ambition. The first priority is to "**encourage improvement, innovation and sustainability in care**". It intends to do so by working with others to support improvement, adapt its approach as new care models develop and publish new ratings of NHS trusts' and foundations trusts' use of resources. How CQC carries out its registration function will be informed by this priority and significantly, it will make sure that the 'responsible' person for care can be held accountable for

quality even if it means registering a provider at a corporate level where care is delivered through subsidiary providers. As part of its monitoring of quality, it will use information on a geographical basis to identify quality priorities and risks for local areas. It will inspect and rate services and build its capacity to inspect new models of care, such as care that is organised around conditions or population groups or where hospitals, GP practices and care homes work together to deliver care. Finally, when closing services, it will work closely with local organisations to ensure people can continue to receive their care.

4.3 The second priority that the strategy outlines focuses on “**delivering an intelligence-driven approach to regulations**”. By this, the CQC intends to use information from the public and providers more effectively to target its resources where the risk to quality of care provided is greatest. Under this priority, the CQC will check where quality is improving, and where it can introduce a more proportionate approach to registration. The CQC plans to bring together information from people who use services and their carers, knowledge from inspections and data from its partners to help it better monitor changes in quality and make more use of unannounced inspections, focusing on building a shared understanding of the local context and the quality of services between inspections, providers and partners. This will enable it to change the frequency of re-inspections for services rated good and outstanding to be less often than those rated as require improvement or inadequate.

4.4 The third priority area that the CQC strategy describes is to “**promote a single shared view of quality**”. The case that the strategy puts forward is that there are multiple views as to what constitute quality. As a result it can be resource intensive for providers as they are required to meet different information requests. Under this priority the CQC will seek to work with other stakeholders to agree a consistent approach to defining and measuring quality, collecting information from providers to deliver a single vision of high quality care. The CQC has already introduced a way of assessing quality based on five key questions that it asks of every service: (1) Is it safe? (2) Is it effective? (3) Is it caring? (4) Is it responsive? (5) Is it well-led? In addition, it will pull together information from people who use services, national and local oversight bodies and providers and staff. To this end, the CQC will encourage providers to develop their own quality assurance based on the five key questions and share this with the CQC as part of the ongoing dialogue about quality.

4.5 The fourth priority area for the CQC deals with its objective to “**improve its efficiency and effectiveness**”. In order to meet this objective the CQC is determined to work more efficiently to achieve savings year on year, at the same time as improving how it works with the public and providers. It is clear that the CQC’s purpose, role and operating model in terms of inspections which focus on the assessment of quality will stay the same.

5. What the strategy means for adult social care providers

5.1 The CQC is on public record that it will work with providers when new models of care are being implemented. Therefore in recognising that the delivery of care and support is changing, providers should consider how best they can

engage the CQC at the most opportune moment. This should include the need to better understand how the collection of information about local services will be used to inform future inspections as well as the need for providers to describe what quality is, against the five key questions (is it safe, effective, caring, responsive and well-led?). The last issue will be handled through the provider information return (PIR).

- 5.2 The PIR process will require providers, to say in their own words, what had changed in the course of the past year, their plans for improvement and what they consider to be examples of good practice.
- 5.3 As mentioned earlier there is an opportunity for providers to work with the CQC to develop a shared view of quality as this does not exist at the moment. This is an issue that should of interest to commissioners and providers. It should be noted that people who use services will continue to play an important role in the determination of what constitutes quality of service.
- 5.4 The length of time between inspections will be based on the rating of services. Services rated as inadequate will be inspected every six months whilst those rated as requires improvement will be subject to annual inspections. Over the course of the strategy, the CQC will move to longer intervals for services rated as good and outstanding.

6. Financial Implications

- 6.1 There are no financial implications associated with this report.

7. Legal Implications

- 7.1 There are no legal implications associated with this report.

8. Equality Implications

- 8.1 There are no equality implications associated with this report.

9. Conclusions

- 9.1 The CQC's role as independent regulator of health and social care in England is set out in statute and relevant regulations and this has not changed. However, for reasons such as the need to better reflect changing models of care and the drive for improved efficiency, the CQC had consulted on changes to how it approaches the way the organisation goes about its work.
- 9.2 This report has reminded the Adult Social Care and Health Cabinet Committee that the CQC remains resolute in testing how well services are delivered against the five key questions (is it safe, effective, caring, responsive and well-led?). As the Council moves to becoming a strategic commissioning authority, there are factors contained in this report that should be useful for Members in discharging their scrutiny role.

10. Recommendation

10.1 Recommendation: The Adult Social Care and Health Cabinet Committee is asked to **CONSIDER** and **COMMENT ON** the content of this report.

11. Background Documents

‘Shaping the future – CQC strategy for 2016 to 2021’

‘Shaping the future – CQC strategy for 2016 to 2021, What our strategy means for the health and adult social care services we regulate’

<http://www.cqc.org.uk/content/our-strategy-2016-2021>

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