Shaping the future
THE NEXT STAGE IN CQC’S JOURNEY IN IMPROVING HEALTH AND SOCIAL CARE
MARCH 2015
Our purpose
To make sure health and social care services provide people with safe, effective, compassionate, high-quality care and to encourage care services to improve.

Our role
- We register care providers.
- We monitor, inspect and rate services.
- We take action to protect people who use services.
- We speak with our independent voice, publishing regional and national views of the major quality issues in health and social care.

Our values
- Excellence – being a high-performing organisation
- Caring – treating everyone with dignity and respect
- Integrity – doing the right thing
- Teamwork – learning from each other to be the best we can
THE CHANGING HEALTH AND CARE LANDSCAPE

The good news is we are living longer than our parents’ generation. The bad news is that those extra years of life are often lived with more complex health problems and with more frailty as we get older.

Our population is growing, people’s needs are changing and technology is advancing. Inevitably, demand for health and social care will increase at a pace that resources cannot match. One result is that services may find it difficult to meet public expectations.

In this context, NHS England’s *Five Year Forward View* signals the necessity for radical change in our models of care delivery – it outlines the new ones that will be developed. All of these new care models emphasise the need to deliver care designed around individual needs to deliver better outcomes for people using services.

These new models of care are a radical shift away from the traditional health and social care that people have experienced over the last 60 years. The organisations that deliver care have had very significant separations between them. Residential adult care is separated from domiciliary care, which is separated from GP services, which is separated from mental health services, which is separated from community health services. And all of these are separated from acute hospital services.

Care can be fragmented and based on old ways of delivery, so it is no wonder that people can find it difficult to navigate services.
CQC’S ROLE IN ENABLING CHANGE

CQC is on the side of people using health and social care services, their families and carers, highlighting where services are good and outstanding, and taking action where there is need for improvement. We have changed the way we assess services through a stronger regulatory framework.

CQC is proving its ability to deliver effective assessments of organisations we regulate. Compared to the past, when there was no shared view of what good quality looked like, we are now able to provide a comprehensive description of the quality of care delivered by health and adult social care providers. We will bring together our information, evidence and expertise to support change and improvement by highlighting excellence. We will continue to refine and improve how we assess the quality of providers, and we will set this out in our strategy for 2016 and beyond.

To support innovation, we will be adaptable in the way we regulate as new models of care develop. New models may bring together organisations that currently provide fragmented services to deliver joined-up pathways of care. This means that CQC should consider the quality of care along these pathways, as well as within separate organisations. We will also see communities giving a much greater focus to health and care ‘economies’ or ‘systems’ and population groups, rather than particular providers. The planned arrangements for devolution to Greater Manchester are an early example of this shift. As the legislation in the Care Act 2014 comes into effect, we will see changes in the way that adult social care is funded, commissioned and delivered.

There is commitment throughout the health and care system to transform the way we care for people and CQC has a critical role here. We will be a catalyst for change that improves the quality of care people receive, playing our part in finding solutions to the challenges the health and care system faces, working with innovative providers and focusing our efforts where we can make a unique impact.
OUR JOURNEY IN 2015/16

In 2015 and beyond, we will remain focused on registration, ratings and enforcement, and improving the way we gather information so that we can identify risks of poor care. We are working to understand and improve our effectiveness and to demonstrate the value for money we provide.

We will take action to protect people who use services. We will use our new enforcement powers where providers are not meeting the fundamental standards, and place providers in special measures where we find serious problems, but we will also identify and champion good and outstanding practice.

We now need to carry out this role for the new as well as the old models of care, and will continue to work closely with the Department of Health on our approach and remit as we adapt to reflect new ways of working across health and social care. We will continue to encourage collaboration, joined-up care and improvement across local areas, not just within individual organisations. We are already working with other arms length bodies to support new models of care and the wider implementation of NHS England’s Five Year Forward View. We will work with people, providers and other organisations such as commissioners to develop our approach and encourage collaboration and improvement. As the quality regulator, we act on the side of people who use services, their families and carers and this is what they expect of us.

In 2015/16 we will do this in three ways:

1. Regulating new care models.
2. Looking at the quality of care pathways.
3. Looking at quality of care in your locality.
1. REGULATING NEW CARE MODELS

CQC will continue to register new care providers and assess their commitment to deliver safe, effective, responsive, caring and well-led services. Our approach to regulation recognises the development of innovative services, and our registration system will reflect new models of service delivery and support their implementation. We have already started work to develop a more modern and efficient online registration process.

CQC will work with the Five Year Forward View vanguard sites to understand how we can assure high quality and encourage improvement. We will share our learning and good practice with providers and the public. Also, we will be clear with health and social care providers about how new care models should be registered, so that providers know the legal requirements that must be in place to allow the development of their chosen model.

We will also reinforce our expectations about joined-up care centred around the people who use services. Providers that register with CQC will be urged to consider their obligation to work closely with other providers to deliver joined-up care. At the point of registration we will ask for evidence about how providers intend to deliver care that is focused on individuals’ needs. Inspections will examine how well providers are working with others to deliver a good experience for people in their care.
CQC’s inspections enable a programme of themed work that focuses on specific health and social care issues that matter to people. We will use these thematic reviews to better understand care pathways.

For example, in 2014, our *Cracks in the pathway* report highlighted the problems people living with dementia face as they move between hospitals and care homes. Looking at the pathway for people with dementia between different organisations highlighted the problems of fragmented care.

We will continue our work to look at different pathways of care to better understand the outcomes they achieve for people. This year, we will follow up inspections we have made of A&E departments, out-of-hours provision and the 111 service by carrying out a review of urgent care pathways.

In 2015/16 we will do more thematic reviews of care pathways, looking at mental health crisis care, end-of-life care, care for older people, and diabetes care in the community. High quality joined-up care often needs to extend beyond health and social care services, so we will work with Ofsted, HMI Probation and HMI Constabulary to deliver multi-agency inspections of children’s services, with a focus on safeguarding. We will develop and implement new ways of inspecting health services in secure settings, including prisons.

We will test a variety of approaches to better understand how to assess coordinated care provision, including looking at how commissioning arrangements may affect the quality of care. We will share our learning and the good practice we find to help others improve.
3. QUALITY OF CARE IN YOUR LOCALITY

CQC has a unique remit to assess the quality of care across health and adult social care sectors. By the end of 2015 we will have inspected the majority of all health and adult social care services in some local places, and will be able to bring together our inspection findings across sectors to describe how well people in those communities are being served by their local health and care system. We will use this opportunity to strengthen our reporting on health inequalities and unmet need. We will analyse how health and adult social care works within a community – not just in single organisations in that area.

This is a new dimension to CQC’s reporting capability. We will carry out this approach in two places in 2015/16. We will develop a comprehensive picture of the quality of care in a local place and identify issues that need to be addressed at the cross-organisational level as well as at the provider level. As part of this, we will explore how we can better understand and comment on the impact that quality of leadership, funding and commissioning have on quality across a local area.
Encouraging services to improve

We work closely with providers, commissioners and other regulators. CQC will be co-chairing the National Quality Board with NHS England to ensure stronger alignment and collaboration of national organisations in quality improvement.

CQC will review and share learning from the early implementation of the new fundamental standards, especially the duty of candour. We will work to understand how this is helping to improve quality and safety, alongside an increased focus on learning from complaints and concerns.

There are a number of areas where CQC will do more to support services to improve following an inspection, including signposting to external resources such as guidance and improvement agencies, and making it easier to access examples of excellence and shared learning from organisations that have improved. Finally, we will review the quality summit process to explore the potential for a greater focus on whole system improvement.

CONCLUSION

All of the work set out here will help CQC fulfil its purpose – to make sure people receive safe, effective, compassionate, high-quality care and to encourage services to improve. There is an increasing recognition that improvement requires the whole local health and care system to work together to make the transformations needed. We will play our part in enabling this.
How to contact us

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