

An update from CQC

Our new strategy and
what it means for
regulation



*Rob Assall, Deputy Chief Inspector – Adult Social Care
C&SW 2021 Conference
09 June 2021*

Our role and purpose

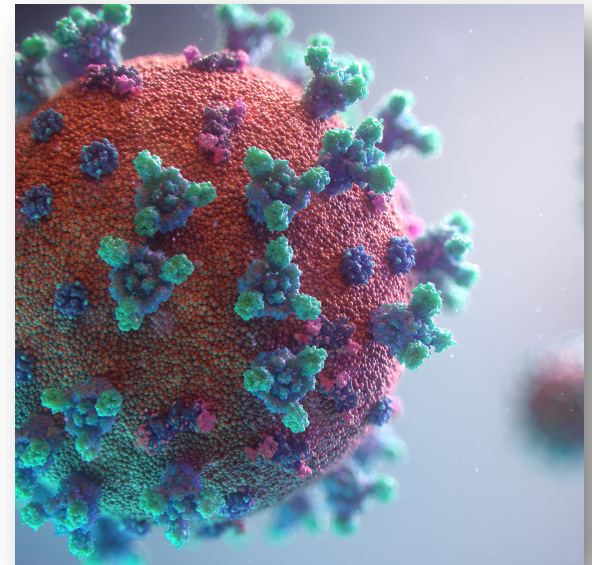


The Care Quality Commission is the independent regulator of health and adult social care in England

We make sure health and social care services provide people with safe, effective, compassionate, high-quality care and we encourage care services to improve



- Forced us to **adapt how we work** so we could support providers, allowing them to **focus on the emergency**
- While routine inspections were paused, **we never stopped regulating**
- Deliver our purpose by:
 - Gathering and analysing information
 - Working with providers and partners
 - Acting on what we know
 - Developing new monitoring tools
 - Sharing learning



Our purpose is even more vital than ever

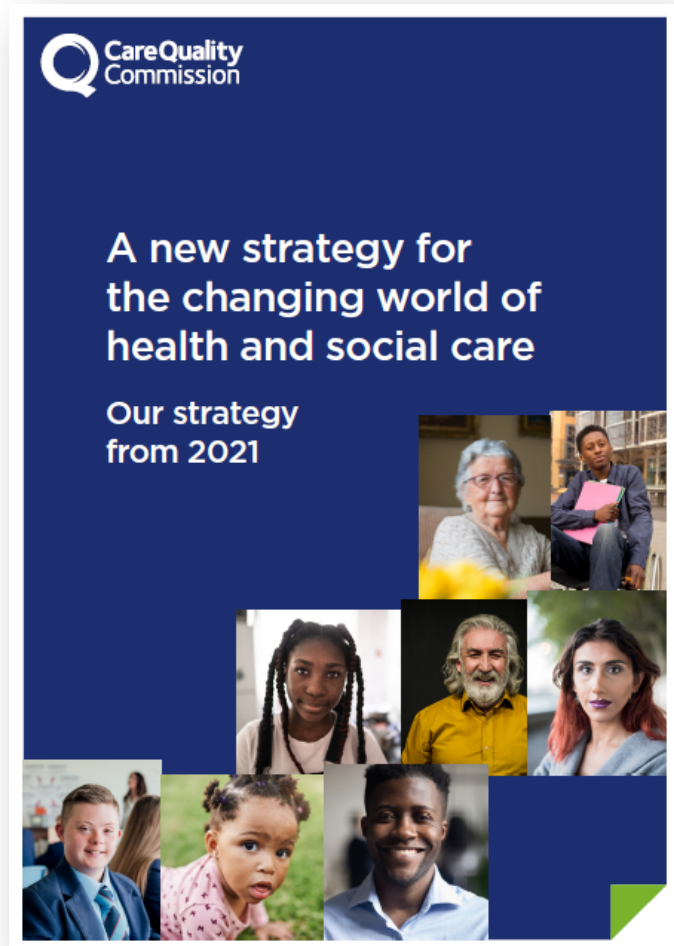


We're changing how we regulate to improve care and services for everyone.

Our purpose and role isn't changing but we're responding to how services are changing – how we work will be different.

Regulation will be more relevant to how care is delivered, and more flexible to manage risk and uncertainty.

This is our new strategic direction as the health and care environment continues to evolve.



Our strategic themes

Built on four interlinked themes that set out the changes we will make.

We'll review our strategy regularly so we can be flexible and adapt to changes in health and care.



Core ambitions throughout each theme



Assessing local systems:

- Providing independent assurance to the public of the quality of care in their area.

Tackling inequalities in health and care:

- Pushing for equality of access, experiences and outcomes from health and social care services



Priorities for year one



Working in partnership with others we will:

Develop how we monitor risk, and test a new assessment framework

Use our insight from this work to drive improvement using our independent voice - supported by the development of a new provider portal and a mobile-friendly website

Carry out further research and engagement to develop our collaborative work on safety and improvement

Explore our approach to assessing how local systems understand the needs of people in their area, especially those who face the most barriers to accessing good care and those with the poorest outcomes



- Our transitional approach is **building on what we've learnt**, but will have to look and feel different
- Any changes to our approach will be developed in partnership with providers and people who use services.
- We are using **Provider Collaborative Reviews** to look at how local systems have handled the pandemic
- On-site inspections are a crucial tool and one we will always use

- *Beyond Barriers* highlighted how peoples' experience depends on how well services work together with and for them, their families and carers
- The pandemic has further demonstrated the benefits of creativity and innovation through collaborative approaches
- We are conducting **COVID-19 Provider Collaboration Reviews (PCRs)**
- PCRs will review how providers are working collaboratively across a system in response to the COVID-19 pandemic



Provider Collaboration Reviews (PCRs)



Why? To understand how providers have worked collaboratively to meet the challenges posed by the COVID-19 pandemic

Key Findings:

- The pandemic required providers to deliver care in new ways
- Good existing relationships between local providers were key
- Providers expressed concerns for the mental health of staff
- Examples of good collaboration, but little sign of shared strategies
- Positive examples of care received through efficiency
- Complaints about disjointed care with lack of communication between services and care pathway
- Challenging communication for providers to public about what service to access and when
- Lack of capacity and closures in mental health, dental and primary care affected UEC services, especially NHS 111
- Inequality was found for people and staff, including people from BAME groups
- Digital technology was used more widely and more often

Where next for PCRs?

- By the end of 2020/21, we will have looked at provider collaboration in all ICS and STP areas in England
- Our full programme will focus on different topics and areas
- We will also look at how providers are re-establishing services and pathways in local areas

We are now focussing on urgent and emergency care in eight systems



Advanced care planning review



- Government asked CQC to review how **Advanced Care Planning** (including DNACPR / DNAR) decisions were used during the pandemic
- Concerns that elderly and vulnerable people may be being subjected to blanket decisions **without their consent**
- In 2020, we published a joint statement with the BMA, CPA and RCGP on DNACPR
- Early findings show that at the beginning of the pandemic, a combination of unprecedented pressure on care providers and other issues may have led to decisions concerning DNACPR being incorrectly combined with other clinical assessments around critical care
- **Report out now:** this includes recommendations on how people can be properly supported in this area and support good practice that protects people's human rights



Learning lessons: future of adult social care



People focus

Inequalities in the system reflected in the outcomes for people receiving care

Partnership

Local systems have an impact beyond providers of care, and into the public health and commissioning response

Pathways

Changing access and boundaries directly impacts on care



Thank you and questions?



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