Tackling social care

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Our 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

State of Care 2016: described a challenging environment

- Ageing population with complex needs, 85+ up 33%
- Greater demand for adult social care, but less access
- Two thirds of NHS providers recorded a deficit last year
- Shortage of GPs and increasing vacancy levels
- Improvement increasingly difficult

Figure 1.17 NHS trust year-end financial positions, 2012/13 to 2015/16
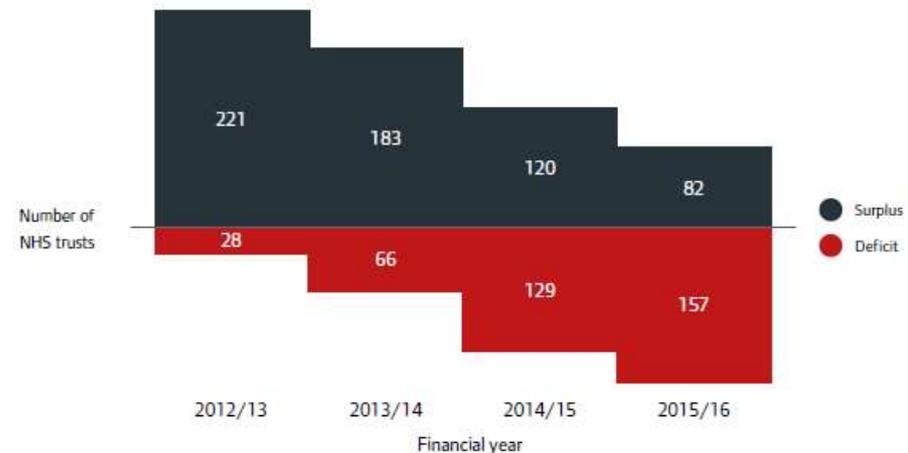
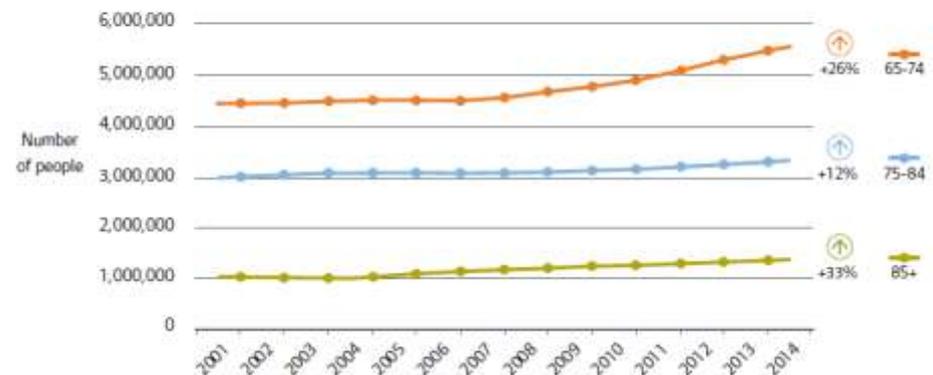Number of NHS trusts

221 · 183 · 120 · 82 — Surplus
28 · 66 · 129 · 157 — Deficit

2012/13 · 2013/14 · 2014/15 · 2015/16

Financial year

Figure 1.16 Population estimates for older people, 2001 to 2014

Number of people

+26% 65-74
+12% 75-84
+33% 85+

State of Care 2016: social care approaching a tipping point?

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- Age UK estimated in 2015 over a million older people have unmet social care needs, up 800,000 from 2010

- 26% fewer older people receive LA funded care – 81% of councils reduced spending on social care

- Five-year increase in nursing home beds now stalled

- Improvements are becoming harder to make

- Some providers resigning contracts, councils warn of more

State of Care 2016: system failing the Mum Test

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Causes of delayed transfers of care
April 2012 to July 2016

Home care package
Nursing home
Residential home
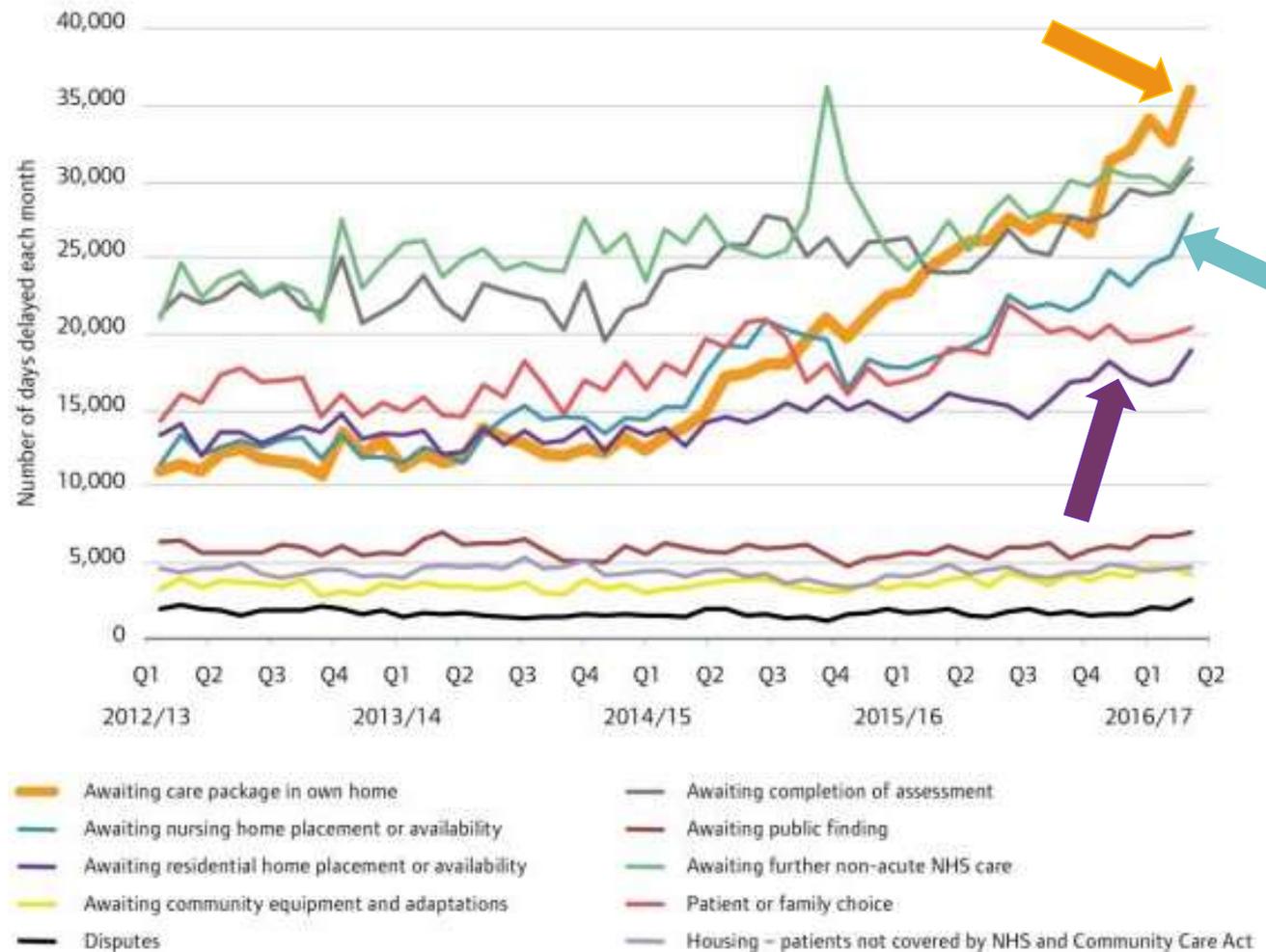
Regulating in a complex environment

- Strategic priority to:
  - encourage improvement, innovation and sustainability in care
- As new care models develop, we aim to:
  - support services to innovate, collaborate and improve – while ensuring high quality care continues
  - build our capability to assess new care models
  - adapt our regulatory approach to support innovation

As providers work more closely together, CQC's regulatory role increasingly requires greater understanding of integration and quality of care in an area. Eventually it moves beyond CQC's provider regulatory remit, and becomes about systems.

Individual Provider	Individual provider delivering services across multiple sectors in a place	Individual provider holding a place-based budget. The provider may be a new legal entity comprised of previously individual providers	Multiple providers jointly holding a place-based budget through a joint-venture / governance board comprised of provider reps	Providers that work together locally to improve the quality of care within a pre-determined area (possibly based around a pathway)	Place
Regulated provider operating within a place, no direct integration with other providers	Often described as a **combined provider**. Also can be known as a **complex provider** Examples include Surrey and Borders (MH Trust running ASC services) or Yeovil FT directly employing GPs. Often an NHS Trust, but independent sector may offer similar set-up	This might be called an **Accountable Care Organisation** (ACO) A key element of a genuine ACO from CQC's perspective is that it is ultimately a single individual provider. It wouldn't be comprised of multiple individually registered providers	This can be called an **Accountable Care System** (ACS) A key element of an ACS is that providers remain individually registered with CQC The joint-venture/ governance board may be deemed a controlling mind. These models are likely to be far more common than ACOs	These may be a relatively common part of the existing health and social care landscape An example would be the **Urgent and Emergency Care Networks.** Individual providers work together to drive improvements on specific care quality issues	A set area, rather than a provider It could be CCG, LA, STP or agreed devolution area

10 principles for regulating in a complex changing landscape

1. Take action to protect people
2. Accountability
3. Transparency
4. Work closely with our partners
5. Proportionality
6. Minimise complexity for combined providers
7. Comparable assessment for each type of service
8. Timely and meaningful reports and ratings
9. Fair to those taking over poor providers in order to improve them
10. Bring together inspectors with knowledge of different sectors

CQC and STPs

We support Sustainability and Transformation Plans by:

1. **Providing constructive challenge** to encourage footprints to consider quality

2. **Providing information** to help footprints access helpful evidence and insight about care quality (eg every footprint received bespoke CQC data-pack about local ratings)

3. **Gathering local intelligence** to identify if CQC can support or change (eg Inspection Manager/Head of Inspection nominated as point of contact per footprint)

For those STP footprints evolving into ACS-type configurations, CQC support will be modelled on our approach to new models of care

CQC Local systems reviews

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Reviews will answer the question:

- How well do people move through the health and care system, notably the interface between the two, and how could this improve?

By asking:

- What is currently happening and what are the outcomes for people?

- How mature is the local area in managing the interface between health and social care?
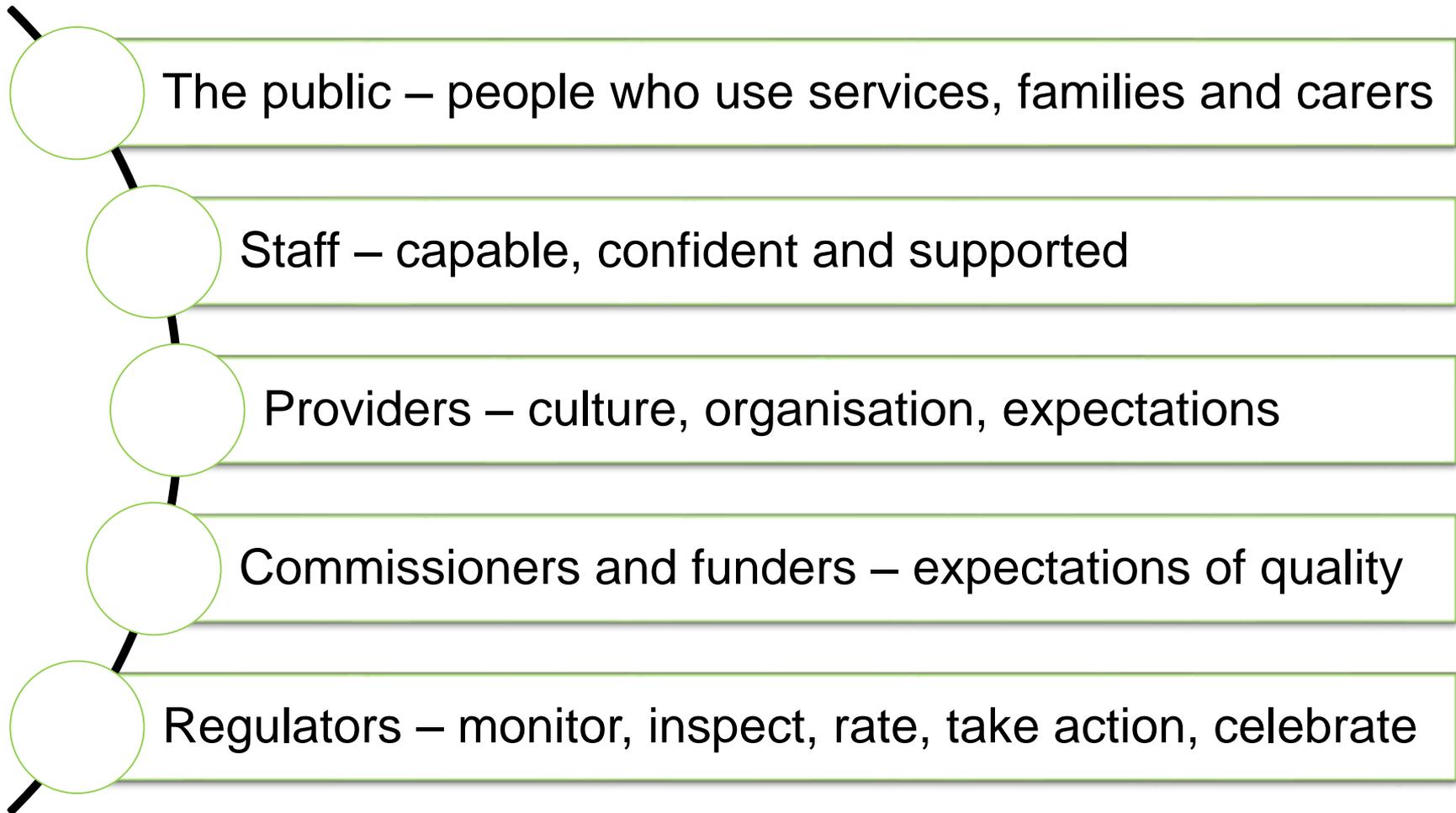
- What else needs to happen?

Quality matters:
a shared commitment to high quality,
person-centred adult social care

Quality Matters: a collective effort

The public – people who use services, families and carers

Staff – capable, confident and supported

Providers – culture, organisation, expectations

Commissioners and funders – expectations of quality

Regulators – monitor, inspect, rate, take action, celebrate

A shared view of quality

High quality person-centred care for all

Thank you

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