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In your most recent review of the Care Quality Commission (CQC, the Commission), published in December 2015, you asked us to report to you by the end of this year on your sixth recommendation, on how the Department will support the Commission to ensure that inspections take proper account of the needs of users in ensuring services provided by different health and social care organisations are properly joined up.

The Commission's Strategy for 2016 to 2021, published in May this year¹, sets out how it will assess the quality of care for population groups and how well care is coordinated across organisational boundaries. The strategy recognises that the needs of service users are central to the quality of care, and are a key element of the Commission's inspection model.

While the Commission will continue to regulate and rate individual providers, it recognises that the way that services are used and delivered is changing. The Commission is continuing to work closely with partners in the health and social care system to make sure that its operating model keeps pace with new models of care, reflects the way that patients move between services and does not stifle innovation. To help stakeholders understand its general approach, in July this year the Commission published its statement of intent for how it will approach the regulation of new care models².

The Department is and will continue to be supporting the Commission on this agenda in three main ways.

First, we are working closely with CQC as it develops its methodologies for regulating and inspecting new models of care. As the Department is responsible for the legislative framework in which the Commission operates, a key focus here is taking steps to adapt this framework if required by any new models of care.

¹ http://www.cqc.org.uk/content/our-strategy-2016-2021

http://www.cqc.org.uk/content/new-care-models

The Commission is at a relatively early stage of developing its methodologies for new models of care, which will form part of its broader updates to its inspection models outlined in its Strategy for 2016 to 2021. The Commission will shortly publish a consultation on changes to its inspection model for health and care sectors. This will be followed by further consultations covering the way in which NHS trusts' use of resources will be assessed, and in the spring, on further elements of the inspection model for the primary and adult social care sectors.

The Department is confident that the key principles underpinning the legislative framework are robust enough to cope with care being delivered in new ways, including across organisational boundaries. In particular, the legislative framework focuses on regulating 'activities' rather than 'provider types', which creates flexibility to adapt to organisational and care pathway changes while ensuring that all relevant health and care services remain regulated. To date, the Commission has yet to identify a new care model which could not be regulated under the existing legislative framework but, should any such model be identified, we will work with the Commission to make any necessary changes to legislation.

An example of how the Department is adapting the legislative framework is in broadening the scope of the Commission's duty to rate providers. In August this year, the Department consulted on proposals to expand the scope of the Commission's duty to rate providers, to include cosmetic surgery providers, termination of pregnancy providers and substance misuse services amongst other sectors. CQC ratings of these sectors will give the public a clearer understanding of how well these providers are performing. Legislative changes flowing from this consultation are planned to be laid before Parliament in 2017, and the Department will continue to work closely with the Commission to keep the legislative framework under review.

Second, although the detail of how the Commission turn their commitment to user-centredness into reality is for it to deliver, the Department is strongly supportive of the Commission's approach which is to continually refine how it gathers user feedback and intelligence. For example, the Commission is finalising a public engagement strategy that will be more collaborative, targeted and responsive. The Commission is also exploring with Healthwatch England, now within the Commission, how it can make even more use of the user voice and intelligence that Health Watch England gathers to influence national decision-making. Further, because the results of the Commission's Patient Experience Survey programme are used by many parts of the health and care system, the Department is continuing to convene broader discussions with the Commission and other partners on how the survey programme and other sources of feedback might evolve in the context of new models of care and other developments.

Third, the Department will support the Commission to take these proposals forward through the business planning and quarterly review process. We have worked closely with the Commission to develop a shared approach to assurance, including quarterly accountability meetings with senior officials and/or ministers. This gives the

Department regular opportunities to review and challenge, where appropriate, the CQC's progress in delivering its key business priorities, realising efficiency savings, and implementing its Strategy from 2016 to 2021. This includes formal review of the Commission's progress in ensuring that the operation of its regulation and inspection methodologies is fit for purpose given changing models of care.

With the National Audit Office's latest review of the Care Quality Commission's progress having begun this month, my officials are working closely with those of the Comptroller and Auditor General to support their fieldwork.

Yours sincerely,

CHRIS WORMALD

PERMANENT SECRETARY

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