

## **Draft Equality Impact Assessment for changes proposed in CQC's consultation on more flexible and responsive regulation**

The COVID-19 pandemic has made health and social care services think differently. We are no exception. The pandemic has made clear that some of the ways we currently work prevent us from being flexible and responding to situations as they happen. Following on from the consultation on our new strategy and ambitions launched earlier in January, we're now proposing some specific changes that will enable us to deal with ongoing challenges from the pandemic and move us towards our ambition to be a dynamic, proportionate and flexible regulator.

The content in this consultation links directly to the smarter regulation theme of our [proposed next strategy](#) for 2021 and beyond. Full details are available as part of the strategy consultation and associated engagement.

To help us develop the proposals in our consultation, we've engaged with groups that represent people who use health and care services and groups representing service providers, colleagues in CQC, and a range of other groups with an interest in our regulation.

### **Impact of our proposed changes on equality and human rights**

To develop this draft equality impact assessment, we considered the possible impact of the proposed changes on equality and human rights for people.

For each of the main proposals within the consultation, we summarise:

- the opportunities for improving and promoting equality and human rights and how we propose to maximise these
- the risks to equality and human rights and how we propose to mitigate them.

We'll revise these further when we analyse the feedback in response to the consultation.

You can see our proposals for this consultation for more flexible and responsive regulation on our website: [www.cqc.org.uk/regulatorychanges](http://www.cqc.org.uk/regulatorychanges).

# Flexible and responsive regulation: our proposals

## 1. Assessing quality

Impact of proposals and risks to equality and human rights	Opportunities to improve and promote equality and human rights and ways to mitigate risks
<p>Currently, site visits are the main way that we gather information related to human rights and people’s lived experiences of health and social care services.</p> <p>As we move away from relying on a set schedule of large inspections, we need to ensure we have sufficiently accessible alternative ways to gather people’s views. This is particularly true during the ongoing pandemic. It is important that we do not exclude or add to the exclusion of people in how we enable them to communicate with us.</p> <p>This includes people who cannot or do not wish to use digital methods and those who feel that face-to-face is the most effective way to communicate.</p>	<p><b>Opportunities:</b></p> <ul style="list-style-type: none"> <li>• We’ll be able to capture information about people’s experience and views on equality and human rights in a range of ways that are accessible and easy to use. We can build this into how we produce our ratings in stronger ways.</li> <li>• By moving away from using site visits as the main way to gather information, we’ll be able to reach a broader cross-section of people using services, and implement better ways to collect and use information relating to equality and human rights.</li> </ul> <p><b>Mitigations:</b></p> <ul style="list-style-type: none"> <li>• When we develop alternative methods of gathering the views of people who use services, we need to consider the best ways to obtain evidence and that we do it in a tailored, accessible way.</li> <li>• We need to involve service providers, Experts by Experience and a diverse group of people who use health and care services when we review and redesign our regulatory model.</li> </ul>

## 2. Reviewing and updating ratings

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<p>Moving towards a targeted and risk-based model for assessing, rather than inspection frequencies based on previous rating, can have a positive impact on equality and human rights. We'll need to incorporate the evidence and ensure it influences our assessment of quality and ratings in a timely and accurate way.</p> <p>To do this, we'll need to significantly develop our current regulatory approach. This includes using up-to-date information to help us target our regulatory work to where it is most needed, including in relation to equality and human rights risks.</p> <p>The equality information in data sets that we use can be poor quality. For example, data from care providers has low completion rates of equality monitoring of people using their services. This can make it more difficult to analyse whether people are receiving equal outcomes from care.</p>	<p><b>Opportunities:</b></p> <ul style="list-style-type: none"> <li>• We can make the right intervention at the right time, rather than waiting for set scheduled inspections. This is a more flexible approach, that will enable us to be more responsive to equality or human rights issues as they arise.</li> </ul> <p><b>Mitigations:</b></p> <ul style="list-style-type: none"> <li>• By using the data we receive proactively, we can focus more on risks to safe care, including equality and human rights risks.</li> <li>• We'll work with providers to make sure they collect and provide robust data about services for people with protected equality characteristics, and extend this to socio-economic status. We can also link to evidence from people who use health and care services.</li> <li>• By working with other stakeholders, we can maximise how we use the data on equality and human rights that they already hold.</li> </ul>

### 3. Removing ratings for population groups in GP practices

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<p>Removing population group level ratings for GP services could be perceived as a step backwards in our recognition of the importance of how different groups experience care in this setting.</p> <p>However, the six existing population groups do not cover all groups of people who could be more likely to experience poor care or health inequalities. In addition, the six groups are equally weighted, which does not always reflect the demography of a GP practice's patient list.</p>	<p><b>Opportunities:</b></p> <ul style="list-style-type: none"> <li>• Providing care to specific population groups is often influenced by wider local health systems. We have already started to adapt our Health Inequalities tool, which forms part of the <a href="#">Provider Collaboration Review programme</a>, to record and respond to how well health and social care services work together to ensure equality and reduce inequalities. Understanding this can be critical for the health and wellbeing of people in different groups, such as older people.</li> <li>• We also consider a health inequalities focus within the wider review topics, for example we currently have a focus on reducing health inequalities for Black and minority ethnic people in our Provider Collaboration reviews.</li> <li>• By not having fixed categories of 'population groups' there is an opportunity to look at a wider range of health inequalities more flexibly, depending on the local circumstances (including how services are organised and the demographics of the patient population).</li> <li>• GP practices are increasingly working in collaboration through Primary Care Networks (PCNs). So, removing the fixed 'population group' categories will provide an opportunity for us to consider how providers within a PCN have worked together to identify and respond to the needs of their population.</li> </ul> <p><b>Mitigations:</b></p> <ul style="list-style-type: none"> <li>• This change doesn't mean that we'll stop looking at how practices provide personalised and proactive care to</li> </ul>

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	<p>their local populations and considering people's different needs when receiving primary medical care. This will still be a key part of our assessment activity.</p> <ul style="list-style-type: none"> <li>As part of how we implement our next strategy, we will review our assessment frameworks later in 2021. This will include strengthening our approach to health inequalities as well equality and human rights issues.</li> </ul>

#### 4. Changes to NHS trust level ratings

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<p>Under our current assessment framework, equality and human rights are captured primarily under the responsive and caring key questions.</p> <p>At present, these are not 'assessed' at the trust level but are merely an aggregation of ratings at service level.</p>	<p><b>Opportunities:</b></p> <ul style="list-style-type: none"> <li>We have the opportunity to carry out much stronger assessment of a range of issues at the trust level, which is not merely an aggregation of service level findings or limited to areas.</li> </ul> <p><b>Mitigations:</b></p> <ul style="list-style-type: none"> <li>We need to develop our approach to assessing the well-led key question at trust level to make sure that we look at the overall organisational performance on quality and safety effectively as part of that assessment. This will need to consider a range of areas that are key themes in our new strategy, including health inequalities, equality and human rights issues.</li> <li>We aren't proposing any changes at service level and we will continue to look at these issues at the point at which people receive care (for example, in a maternity service).</li> </ul>

## Changes to how we engage and consult in the future

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<p>When we conduct a formal consultation on changes that we want to make to how we work we also use a formalised process for assessing the impact on equality and human rights through an Equality Impact Assessment.</p> <p>If we don't conduct a formal consultation with a separate focus on equality and human rights, there's a risk that we may not consider it in any changes we make.</p>	<p><b>Opportunities:</b></p> <ul style="list-style-type: none"> <li>• Going forward, we'll be able to hear the views of people on a regular and ongoing basis through a wider range of channels, making it easier for us to design solutions together.</li> <li>• Being able to engage with people in different ways, outside of formal consultation, offers an opportunity for us to reach people who may not have previously participated in formal consultation. It will enable us to have better targeting and tailor our engagement with groups of people.</li> <li>• Spending less time planning for formal consultations provides opportunities for us to engage a lot earlier in the process with our stakeholders.</li> <li>• We have the opportunity to make changes with lasting effect on equality and human rights issues in a more responsive and faster way without the need for formal consultation, helping people sooner.</li> </ul> <p><b>Mitigations:</b></p> <ul style="list-style-type: none"> <li>• We need to ensure that our new approach to engaging about planned changes includes the same level of consideration for any impact on equality and human rights. This includes getting the same level of feedback from people using services, the public, service providers and other stakeholders.</li> <li>• We will also need to ensure a more targeted approach includes engagement with people with different equality characteristics and those whose human rights might be at greatest risk, and their representatives.</li> </ul>

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	<ul style="list-style-type: none"> <li>• We are starting work to ensure that we carry out Equality Impact Assessments more consistently from the start of new projects. This will help to ensure that we always consider any impact on equality and human rights early on in the process, when we are thinking of changing how we regulate - regardless of whether we conduct a formal consultation.</li> </ul>

**This draft impact assessment reflects our early thoughts on the potential opportunities and risks from the proposals in our consultation for more flexible and responsive regulation. We'd like to know what you think about them. For example, you can tell us your thoughts on:**

- Whether these changes will have an impact on some groups of people more than others, such as people with a protected equality characteristic.
- Whether any impact would be positive or negative.
- How we could reduce or remove any negative impacts.

**You can read our proposals in the [consultation](#) document and let us know your thoughts by using the [online response form](#).**

**Thank you.**