Report to: East Sussex Health Overview and Scrutiny Committee (HOSC)

Date: 24th September 2009

By: Director of Law and Personnel

Title of report: Changes to the regulation of health and social care

Purpose of report: To update HOSC on the creation of the Care Quality Commission and

the use of the Annual Health Check to assess NHS organisation's

compliance against national core standards.

### **RECOMMENDATIONS**

#### **HOSC** is recommended to:

1. Agree that the Committee will not submit commentary as part of the final Annual Health Check process in November 2009 for the reasons set out in paragraph 4.2.

## 1. The Care Quality Commission

- 1.1 On the 1<sup>st</sup> April 2009 a new regulator for health and social care came into being. The Care Quality Commission (CQC) was formed from the merger of three previous organisations the Healthcare Commission, the Commission for Social Care Inspection and the Mental Health Act Commission. The regulator now covers the whole of health and social care, which is seen as beneficial given the fact that people often receive both health and social care services and care is becoming increasingly integrated.
- 1.2 In relation to the regulation of health services, the CQC has taken over the responsibility to monitor the compliance of NHS organisations with nationally agreed standards, to undertake reviews of the quality of services and to intervene where there are serious concerns. However, the Commission is in the process of developing a new regime for making these assessments of compliance, based on new regulations. These regulations set out a single set of standards which will apply across all health and social care organisations (although not all standards will be relevant to all organisations).
- 1.3 The new regime will be based around a system of 'registration'. NHS providers of health services (and social care and independent sector providers) will have to register their compliance with the regulations. CQC will then check the information given against their own sources of data to identify any areas of concern requiring further investigation. The details of this new system for regulation are still being developed but NHS Trusts will be required to register by April 2010.
- 1.4 As this new registration regime does not begin until 2010/11, CQC considered how it could meet its obligation to provide an annual assessment of NHS organisations compliance with national standards in 2009/10. CQC has decided to run the Healthcare Commission's previous process, known as the Annual Health Check, one more time in 2009/10.

### 2. The Annual Health Check Process

- 2.1 The Annual Health Check requires all NHS organisations to submit a self-assessment against the national 'Standards for Better Health'. This self-assessment is usually submitted around April each year. For this last year of the process, the CQC has moved the process forward and expects the self-assessment to be submitted in November 2009, to avoid overlap with the new registration process which starts in spring 2010.
- 2.2 As part of the self-assessment process, NHS organisations are required to invite third parties including HOSCs, Local Involvement Networks (LINks) and Strategic Health Authorities to make any comments on the organisation's performance against the standards based on evidence

gathered during the year. Third parties are not required to comment and there is no penalty for the NHS organisation or the third party if commentary is not submitted. Any comments received must be included verbatim by the NHS organisation within their self-assessment.

- 2.3 The CQC will then cross-check the self-assessments against nationally held data and the comments received by third parties to identify any inconsistencies and any areas of non-compliance with the standards. On the basis of this analysis, further investigation or inspection may be carried out by the Commission.
- 2.4 The Commission uses the self-assessments, their analysis and any inspection findings to calculate two ratings for each organisation one for the quality of services and one for the use of resources.

# 3. HOSC commentary in previous years

- 3.1 HOSC has taken various approaches to providing commentary in previous years of the Annual Health Check, depending on the resources available to support the process and the range of work undertaken during each year. The range of options open to the Committee in relation to submitting commentary for the Annual Health Check are, in summary:
- Submit no comments.
- Submit general comments, based on an overview of the committee's work during the year.
- Submit detailed comments, based on a full analysis of HOSC's work during the year.
- 3.2 In 2008/9, HOSC chose to submit general comments in the form of a letter to each relevant NHS organisation, particularly focussing on their patient and public involvement work. These letters were sent in March 2009.

### 4. HOSC proposed approach for 2009/10

- 4.1 It is proposed that HOSC makes no comments this year and that the HOSC Chairman writes to each local NHS organisation to confirm this decision.
- 4.2 The reasons for this are:
  - Because the process has been moved forward to November 2009 (instead of March/April 2010) only a short time has elapsed since HOSC last submitted commentary.
  - Because only a short time has elapsed, and this time included the period of local elections and the summer break, HOSC has undertaken no further detailed review work which could be a source of evidence on which to base commentary.
  - HOSC's resources are currently devoted to the priorities identified by Members, including the review of nutrition and feeding in hospitals and the organisation of an event to explore rural health issues.

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