

**CHANGES TO THE ANNUAL HEALTH CHECK**

**Report of the Chief Executive**

**STRATEGIC PRIORITIES: SP2: Healthy City.**

**CORPORATE PRIORITIES: CIO1: Delivering Customer Focused Services, CIO4: Improving Partnership Working to Deliver 'One City'.**

**1. Why has this report come to the Committee?**

1.1 To discuss the changes in the reporting support evidence gathering for this year's policy review 'Tackling Health Inequalities in Sunderland' and prepare for the Jury event to be held on 22<sup>nd</sup> February 2009. The Expert Jury is designed to allow Members to question internal staff, service users, carers and external providers in addition to the opportunities presented at Committees and the Community Day.

**2. Background**

2.1 The Care Quality Commission (CQC) is the independent regulator of health and adult social care in England. The CQC regulates all health and care services whether they're provided by the NHS, local authorities, private companies or voluntary organisations. The CQC also protect the interests of people held under the Mental Health Act.

2.2 The CQC were established to ensure that essential quality standards are being met everywhere that care is provided and also looks to aide further improvement. The CQC also promotes the rights and interests of people who use services and they have a wide range of powers to take action if services are unacceptably poor.

**3. Current Position**

3.1 Overview and scrutiny committees working on health issues have been an important source of evidence of people's views and experiences of health services for the Healthcare Commission. The CQC now want to build on this relationship and to encourage committees to develop an ongoing dialogue with them, to inform our new assessment processes.

3.2 Scrutiny committees have a key role in bringing together and articulating the views of local people who use health and social care services in their area, and to check whether their needs and concerns are being addressed by service commissioners and providers. In many ways, scrutiny committees operate like a local regulator, holding services to account.

- 3.3 The CQC can now receive information from committees throughout the year, and use it both in key assessments (such as decisions to register a service) and in our ongoing monitoring of services throughout the year. The old system of a once-a-year commentary from scrutiny committees is being replaced by a system that will give a more continuous influence in assessments. It will also give a more regular feedback on what is being done with the information received. The CQC are committed to publishing the information received from people who use services and their representatives, including overview and scrutiny committees – and to showing what has been done with it.
- 3.4 The CQC are also interested in developing relationships with scrutiny committees that work on either health or social care scrutiny or both. As well as from LINKs and Overview and scrutiny committees working together, as well as the work of joint scrutiny committees. Many joint committees are developing in-depth knowledge of the strengths and weaknesses of service commissioners and large service providers working across several local authorities. The findings from these joint service reviews are very helpful, particularly in the commissioning assessments of primary care trusts.
- 3.5 A key part of the CQC's work with scrutiny committees is to build local relationships between committees and local area managers from the Care Quality Commission. This will help ensure the information is used in assessments. There will also be opportunities to coordinate local efforts and to work more closely together to drive improvements in services which are performing poorly.
- 3.6 The CQC so far are looking to invite committees to get involved in discussions about how to work together in the new assessment systems, (including systems for registering health and social care providers, and assessments of PCTs and councils as commissioners).

#### **4. Conclusions**

- 4.1 The old system of once a year reporting on health and social care services is being replaced with a more continuous assessment.
- 4.2 The Care Quality Commission is looking to develop a relationship with scrutiny committees over the coming months.

#### **5. Recommendation**

- 5.1 That members note the report and look to invite the local representative of the Care Quality Commission to a future meeting of the committee.

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