



ADULT SERVICES AND HEALTH COMMISSION **7 December 2009**

Report of the Corporate Director of Corporate and Adult Services and
Deputy Chief Executive

Care Quality Commission's feedback to the Annual Health Check Statements on Local Health Trusts

RECOMMENDATION

- 1.1 To consider and note the Care Quality Commission's feedback to the
ASH Commission's statements on Local Health Trusts

SUPPORTING INFORMATION

- 2.1 On 1 April 2009 the Care Quality Commission (CQC) became the new regulator for health and social care services in England and replaced the functions carried out by three previous regulators, namely the Healthcare Commission, the Mental Health Act Commission and the Commission for Social Care Inspection. The main role of the new regulator is to register health and social care providers to ensure they are meeting essential common quality standards and that organisations are work towards the improvement of care services. This function is carried out by using a range of monitoring and inspection measures including considering comments received from third parties such as health scrutiny committees.
- 2.2 At its March 2009 meeting the ASH Commission considered and submitted its comments as part of the core standards declaration on the local health bodies to the CQC's predecessor, the Healthcare Commission. These comments were used by the by the Commission as part of its assessment and rating of the Trusts.
- 2.3 The CQC is introducing changes to the way it receives comments from third parties. It is for example replacing the annual health check with a more regular statements which may be submitted at any time throughout the year.
- 2.4 From April 2010, all NHS trusts (including primary care trusts as providers) must be registered with the Care Quality Commission whilst adult social care and independent healthcare providers will need to be registered by 1 October 2010. Statements from third parties may influence any conditions the CQC may wish apply to the registration.
- 2.5 In order to help improve the quality of future statements, the CQC has given its feedback on how these have been used. This included a more

detailed response on the statements relating to Derby PCT and Derbyshire Mental Health Services Trust, shown in Appendix 2.

For more information contact:	Mahroof Hussain 01332 255597 e-mail Mahroof.hussain@derby.gov.uk
Background papers:	None
List of appendices:	Appendix 1 – Implications Appendix 2 – Standards based assessment Feedback for Derby City PCT

Appendix 1

IMPLICATIONS

Financial

1. None arising from this report.

Legal

2. The Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002 gives health scrutiny committees powers to review any matter relating to the planning, provision and operation of health services.

Personnel

3. None arising from this report.

Equalities impact

4. Effective scrutiny will benefit all Derby people.

Corporate Priorities

5. This report links with Council's priority of helping us all to be healthy, active and independent

Appendix 2



Standards based assessment Feedback for Derby City PCT

Thank you for your commentary on your trust's core standards declaration. We invited third parties – local involvement networks, overview and scrutiny committees, foundation trusts' boards of governors, local safeguarding children's boards and learning disability partnership boards to comment and they responded well. We really appreciate the hard work that went into providing commentaries that produced so much useful intelligence. This report is in response to requests from the third parties for individual feedback.

How we used the commentaries

In 2009, we received 2881 comments from third parties.

Data quality

We make a general assessment of the evidence found in the whole commentary/declaration. Most commentaries will be given a medium score for data quality. The table below outlines the 'criteria' we use to award a higher or lower data quality score. The higher the data quality score applied to a commentary the more impact it will have, however commentaries given a low data quality score will also contribute to the overall risk assessment profile of a trust. **NB If the commentary merely states that the 3rd party has no comment to make on any of the standards, it will not be given a data quality score.**

A whole commentary is likely to be given a high, or low score if:	
High data quality	<ul style="list-style-type: none">• It relates to the timescale of the Annual Health Check• Shows regular involvement of the forum (visits or inspections)• Contains detailed information such as dates and outcomes• Makes reference to evidence to substantiate comments that can be produced if requested
Low data quality	<ul style="list-style-type: none">• Outside of the Annual Health Check timescale• Evidence is unavailable or incomplete• Contains incomplete measures of outcomes• Suggests that the information on the trust performance is not based on concrete facts

In 2009, across all the 3rd parties, 8% of commentaries were given a high data quality rating, 37% a medium rating, 37% a low rating and 18% fell into the 'no comment' category.

What we did with the intelligence we extracted

In 2009 8949 items of intelligence were extracted and used because they related to one or more of the standards. These might be a single sentence or several paragraphs. **NB Not all information from the commentaries will be**

used; if it cannot be applied to a standard(s) or relates to a period of time outside the annual health check timescale, it will not be analysed as above. Each item was then defined as either positive or negative intelligence in relation to the trust's compliance with the Standard. In 2009 75% of the items of intelligence were positive about a trust's compliance with a standard.

Weighting the intelligence

Analysts then apply weighting scores to each item of intelligence according to the strength of relationship that the item has with a particular core standard, its coverage of the trust (whole/service) and how well it was supported with evidence. Again the default position is to award a medium weighting. The table below sets out the 'criteria' used to award a higher or lower weighting. The higher the weighting score applied to an item of intelligence the more impact that item will have, however items of intelligence given a low weighting score will also contribute to the overall risk assessment profile of a trust.

An item of intelligence is likely to be given high or low score if:	
High weighting	<ul style="list-style-type: none"> • It makes specific reference to compliance or non compliance of the trust to a particular standard and has a clear evidence base for this opinion • The statement/intelligence covers the entire scope of the referenced standard • The statement is representative of the whole trust
Low weighting	<ul style="list-style-type: none"> • The statement confirms compliance or non compliance with the standard, but there is an absence of supporting evidence • It covers a small aspect of the standard • The statement is not representative of the whole trust • It merely quotes the standard

In 2009, across all the 3rd parties, 256 (3%) of the items were given a 'high' weighting, 5534 (62%) a 'low' weighting and 3159 (35%) a 'medium' weighting.

Nuggets are comments that would have a significant impact on likelihood of compliance/non-compliance with a standard. In 2009 there were 20 nuggets - 10 from local children's safeguarding boards, 3 from LINK commentaries and 7 from overview and scrutiny committee commentaries.

We really appreciate the time an effort that goes into providing commentaries.

If we were able to extract information from your commentary for this years' annual health check, then the details will be set out in a table below. If we have not included a table it will be because we have not been able to extract information this time.

Trust	5N7 Derby City PCT Commissioner			
Care Quality Commission area	East Midlands			
Data quality rating	2			
Number of items of information extracted	3			
Number of items of information strength of relationship to core standard	High: 0	Medium: 1	Low: 2	Nugget: 0
Core standards commented on	C07, C17, C23 (Cardio vascular disease / diabetes)			

Annual Health Check Commentary

Thank you for your letter requesting comments from the Adult Services and Health Commission for the Annual Health Check. The Commission discussed the commentaries on healthcare bodies at its 16 March 2009 meeting and agreed the following commentary on NHS Derby City:

The Adult Services and Health Commission has a good working relationship with NHS Derby City and has reviewed wide range of activities involving the Trust. In May 2008 for example the Commission considered a report on the NHS Resettlement of People with Learning Disabilities. This joint report with Social Services proposed to resettle service users from NHS campus sites into the community and asked the Commission for its comments. The commission supported the direction of travel and the capital funding bid to the Department of Health to finance the required accommodation.

In the September 2008 the Director of Public Health updated the Commission on its progress to tackle health inequalities in partnership with other agencies in the city. During the debate members raised concerns about the increase in type 2 diabetes amongst children which they felt was caused by rise in obesity levels.

The Commission has been extensively consulted by the Trust on its commissioning strategy and action plan for Mental Health Day Services. The Commission is pleased that its comments have been taken on board as far as possible which will help to improve the day services. The Commission has also been consulted on:

??? Out of hours dental health provision

??? Changes GP surgery provision

??? Maternity Services Strategy

NHS Derby City has separated its role as a commissioner and provider of NHS health service in line with national requirements. The Commission was slightly disappointed at not being given an early opportunity to comment on the direction of travel of the PCT provider services, which was not helped by the scheduling of the Commission meetings. Members had been concerned about the potential affect on Derby residents if the provider services were to be merged with the County however a subsequent presentation by the Chief Executive and the Acting Director of Strategy of NHS Derby City assured them that any changes will not adversely affect provision in the city.

The Commission is also regularly briefed on the progress the Trust is making in achieving world class commissioning status.

Summary of the intelligence extracted from your commentary

Trust	RXM Derbyshire Mental Health Services NHS Trust Provider			
Care Quality Commission area	East Midlands			
Data quality rating	1			
Number of items of information extracted	1			
Number of items of information strength of relationship to core standard	High: 0	Medium: 0	Low: 1	Nugget: 0
Core standards commented on	C17			

Annual Health Check Commentary Thank you for your letter requesting comments from the Adult Services and Health Commission for the Annual Health Check. The Commission discussed the commentaries on healthcare bodies at its 16 March 2009 meeting and agreed the following commentary on Derbyshire Mental Health Services Trust: The Commission has had some involvement with the Trust during the past year. It received a presentation from the Chief Executive about the Trusts current and future activities. The Commission also received a presentation on the healthcare of adults with Learning Disabilities. It was reported that nationally people with learning difficulties have worse health than the general population and that an independent inquiry had been set up by the Secretary of State to focus on the action needed. The Commission has an ongoing interest in the Trusts approach to psychological therapies services. The commissioning process for this service is being led by the Derbyshire County PCT and it is understood that senior clinicians are being given opportunity to comment on the service redesign. The Commission is also being consulted by the Trusts on its bid for foundation status. Please contact me if you have any queries. Yours sincerely Mahroof Hussain Overview and Scrutiny Co-ordination Officer