

Commissioner assessment guide

Introduction and overview of the
assessment process for Health
and Adult Social Care
Commissioners 2009/10

About the Care Quality Commission

The Care Quality Commission is the independent regulator of health and adult social care services in England. We also protect the interests of people detained under the Mental Health Act.

Whether services are provided by the NHS, local authorities, or private or voluntary organisations, we make sure that people get better care.

We do this by:

- Driving improvement across health and adult social care.
- Putting people first and championing their rights.
- Acting swiftly to remedy bad practice.
- Gathering and using knowledge and expertise, and working with others.

Vision and values

The Care Quality Commission aims to:

- put the people who use services first, be informed by what they tell us and stand up for their rights and dignity
- be independent
- be expert and authoritative, basing our actions on high quality evidence
- be a champion for joined up care across services
- work with service providers and the professions to agree definitions of quality
- be visible, open, transparent and accountable.

Our vision is of high quality health and social care which:

- Supports people to live healthy and independent lives
- Helps people and their carers make informed choices about care; and
- Responds to individual needs.

Introduction

What is the purpose of the guide?

The Care Quality Commission's statutory responsibilities include carrying out reviews of councils and primary care trusts, as commissioners of care. We are also working with other inspectorates on CAA, concluding on how a range of public sector agencies are working together to improve outcomes for people in their local area.

The guide sets out our approach to the assessments of the quality of Health and Adult Social Care Commissioners for 2009-10, to assess how well each Primary Care Trust (PCT) and Adult Social Care (ASC) department in councils in England have commissioned services for the people in its area. This will replace the Annual Health Check for Primary Care Trusts as commissioners. The guide also sets out how we plan to contribute the information we hold about health and adult social care to CAA for 2009/10. The guide is supported by a number of annexes.

Who this guide is for?

The guide is for use and reference by Commissioner PCTs and ASC departments. Within CQC the guide is for Regional Directors, Area Managers or equivalent (AMs), Local Area Managers (LAMs), Regional Intelligence and Evidence Officers (RIOs), Assessors, and Service Inspectors (SIs) to use to assess health and adult social care.

Where can you find more information?

Signing up to the newsletter

<http://www.cqc.org.uk/newsandevents/newsletter.cfm> and regularly accessing the CQC Professional webpage

<http://www.cqc.org.uk/guidanceforprofessionals.cfm> will alert you when new briefings about the commissioner assessment process are available.

What is commissioning?

Commissioning by primary care trusts and councils assesses the needs and wishes of local people in order to make sure that they receive timely and good-quality services. Commissioning should meet the needs of the community, promote independence, provide choice, be cost effective and support the whole community by promoting health and wellbeing.

What are 'Assessments of Quality of Health and Adult Social Care Commissioners'?

The term 'Assessments of Quality of Health and Adult Social Care Commissioners' refers to our assessment of each Primary Care Trust and Adult Social Care department in councils in England. It will assess how well they have commissioned services for people in their area. Our assessment takes into account the impact of a range of commissioned services, using the information we hold about them, including the views of people who use those services.

What difference will this make for people?

Our assessments will allow people to have:

- Information about how well commissioners put people first, meet their needs and ensure the right outcomes;
- Assurances about the safety and quality of services;
- Assurances that where there is poor practice it will be highlighted;
- Assurances that commissioners are achieving value for money

Our assessments will also give us information that will help us to inform how we should seek to influence health and adult social care policy at either local or national level.

How to use the guide

The guide gives an overall description of the process, followed by sections containing detailed guidance and information. Some appendices will be published later to take account of learning from the first year of the Care Quality Commission and CAA.

What has changed for 2009-10 Assessment of Commissioners and why?

Consultation on the assessment process for 2009-10

We have already set out in high level detail the way we propose to carry out assessments of quality health and social care commissioners in 2009/10. This is set out in 'Reviews in 2009/10 - Assessing and rating health and adult social care organisations'. Before finalising our plans, we consulted with a range of stakeholders including NHS trusts, Councils, Local Involvement Networks, and independent providers of health and social care.

We have particularly taken account of the fact that 2009/10 is a transitional year between regulatory systems and approaches. In their responses to our consultation, the health and adult social care sectors favoured stability and consistency with existing frameworks in the lead up to changes for 2010/11.

Adult Social Care

We will produce an aggregated grade for each council, based on outcomes for people who use services. It will be calculated from the seven grades in the existing performance framework, based on outcome areas in '*Our Health, Our Care, Our Say*'¹. We will also report on two additional domains covering leadership, and commissioning and use of resources. This reflects little change from previous years.

We are introducing a new process of **qualified self declaration by councils** against the outcomes. In prescribed circumstances this will replace the submission of full self assessment evidence by councils and completion of a full assessment by CQC. Where a council declares they continue to be performing well or excellently, the judgement from 2008-09 will be carried forward into the 2009-10 assessment.

Key parameters to this approach will be;

- All councils will still be required to complete a **full self assessment for the dignity and respect outcome** - no self declarations will be allowed as this is where most of our evidence on council safeguarding appears;
- For the 32 councils judged as **performing excellently** in 2008-09 will have the opportunity to self declare on their performing well and excellently outcomes – the self declaration will only be challenged if any specified **adverse indicators of performance come to light** ;
- For the bulk of councils **performing well** last year will have the opportunity to self declare on their performing well and excellently outcomes. The **same reserve power to call in a full assessment** based on adverse indicators of performance will apply. In addition, up to **1 in 4 self declaring well councils will, based on a part risk/ part random sample, be required to complete the full self assessment**;
- The ability for CQC to **override the whole self declaration process if something really serious comes to light** will need to be used sparingly. We will specify the types of adverse indicator that could trigger the override – the list will include a new serious case review, a recent poor service inspection, and any other adverse evidence that might come to our notice. Only Director level staff will be able to authorise such triggers.

For 2009-10 we will **score each council's performance in relation to the quality of regulated services that they purchase**. This is a helpful stepping stone to the introduction of a National Indicator on this area, which is in the DH led programme for indicator development. We will also address councils' concerns about how this area of performance was assessed last year – this year we will apply quality ratings to a councils profile later to make the results more

¹ Department of Health, *Our health, our care, our say*, 2006.

contemporary and will have longer to talk through any issues around the scores prior to publication.

Primary Care Trusts (PCTs)

We will assess PCTs against 14 existing commitments indicators and 24 national priorities indicators in tiers 1 and 2 of the Vital Signs framework.

We will also provide a score for financial management based on the 'Managing Finance' part of the Audit Commission's use of resources assessment.

We will report a subset of the scores that PCTs have been awarded under the World Class Commissioning assessment of competency and governance.

We will not require commissioning PCTs to make a mid-year declaration on core standards as we will derive assurance in this transitional year from the outcomes of the World Class Commissioning assessment. During the year, PCTs will need to revise assurance systems and processes to reflect the implementation of full registration of NHS providers from April 2010.

Reporting Adult Social Care and PCT commissioner performance in 2009-10

There are two elements to the reporting of performance for ASC and PCT commissioners in 2009-10 that are distinct but linked. These are:

- reporting through the CAA framework;
- meeting the legislative requirement for reviewing, and assessing PCTs and ASC and then reporting on the assessment.

Reporting through the Comprehensive Area Assessment framework

The Comprehensive Area Assessment (CAA) examines how effectively local public services are performing together and the outcomes for the people they serve. It brings together a number of inspectorates, including the Care Quality Commission, to share data and intelligence. The aim is to provide a snapshot of the quality of services in each local area and to identify where more effort is needed, or where services have made exceptional improvements from which others may learn.

The results of the first of these annual assessments were reported in December 2009. As the providers and commissioners of health and adult social care play an important part in the quality of local services, our assessment of their performance is a major contribution to each CAA.

The ASC assessment will form the basis of our contribution to CAA and CAA will, in turn, inform the ASC assessment. The aim is to make sure that adult social care issues are appropriately covered in CAA through the alignment of the frameworks and process.

For the contribution of our health evidence to CAA we will provide a separate briefing for each area, which will be developed over the year.

Assessment and analysis of data will be extracted and formally provided at set points in the year for CAA purposes. This will be supported by further work with partner inspectorates, and may be supplemented with additional substantiated evidence at other points in the year to take account of a relevant service inspection or urgent emerging issue.

Our assessment of ASC will be embedded in both the area and organisational assessments of the CAA.

The aggregated outcome judgment for ASC will inform the Managing Performance element of the scored CAA organisational assessment as well as providing the narrative for the CAA area assessment. Our health contribution to CAA will inform the area assessment.