

Health

April 2006



Health and social care review and studies programme

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Foreword

- 1 The National Audit Office, the Audit Commission, the Commission for Social Care Inspection and the Healthcare Commission have joint aims to promote improvement in patient care and efficiency in the NHS and public health. We are all signatories to the *Concordat between bodies inspecting, regulating and auditing healthcare* (June 2004). The Concordat agreement underpins our shared intent to work together and develop a coordinated approach.
- 2 We are working with increasing collaboration on our national level studies of health and social care, to enable us to avoid duplication, and provide a valuable and joined-up response on national priorities. We are clear that we must have a joint approach to national studies. This document sets out our combined programme of national studies for 2006/07 and approach to 2007/08. It is proof of our commitment to work together to implement coordinated and complementary programmes which fulfil our statutory responsibilities and which promote improvement.

Introduction

- 3 This publication sets out plans for the national studies programme for 2006/07 for the Commission for Social Care Inspection, the Healthcare Commission and the National Audit Office and Audit Commission (both health only).
- 4 It also supports the Audit Commission's formal consultation on its proposals for health work 2006/07, and is aligned to the Healthcare Commission's recently published formal consultation *Developing the annual health check in 2006/2007*.
- 5 A summary list of the topics included in the 2006/07 programme for all organisations appears on pages 15 to 22. If you have any views on the programme, we would be pleased to hear from you.

Strategic context

- 6 Good regulation and rational inspection means that inspection and audit bodies need to work more closely together to ensure their activities are coordinated.
- 7 The Audit Commission, Commission for Social Care Inspection, Healthcare Commission and National Audit Office have specifically undertaken to establish an approach to joint working in our work in the health and social care sectors.
- 8 Our joint working is set within the context of the *Concordat between bodies inspecting, regulating and auditing healthcare*, which has been developed by a number of inspecting bodies, in conjunction with the NHS itself. It identifies ten objectives that are aimed at:
 - delivering more consistent and coherent programmes of inspection;
 - improving services for patients, clients and their carers; and
 - reducing unnecessary burden of inspection on staff providing healthcare.

Why we undertake studies

- 9 Our studies provide independent, authoritative analysis of national evidence and local practice, identifying the practical changes needed to improve health and social care services. They identify practice that works, highlight emerging findings and examine national trends to influence local practice and national policy, and they support the accountability of public bodies and officials to Parliament and the public.
- 10 Our findings are aimed primarily at local NHS bodies and practitioners, although a number of studies will be of interest to social services authorities where there are implications for them (for example, on public health, national policymakers, regulators and decision makers, Parliament, taxpayers and those who use the services we are commenting on). We maximise our impact by aligning our review and study programme with the key challenges facing the delivery of national and local health and social care services. Our findings are widely communicated by publishing national reports (available to people using services and the wider public as well as health and social care professionals), holding national and regional events and developing improvement tools for use by local health and social care bodies and our staff through relationships with those responsible for improving health and well-being and health and social care services.

Why we are sharing our proposed programme with you

- 11 Communication of our proposals with stakeholders is a key part of the process of ensuring that we maximise the effectiveness and impact of the programme.
- 12 This paper sets out a long list of issues that the Audit Commission, Commission for Social Care Inspection, Healthcare Commission and National Audit Office could study in 2006/07 and possibly the longer term. It is unlikely that we will carry out work in all of the topics listed. Our decision about which to take forward will be informed by the comments we receive from you, and other statutory requirements and organisation objectives. As a result we may wish to defer reviewing some areas until the following year and we may decide not to pursue others. We welcome your view on which topics we should prioritise, which we might defer, which we should not pursue, and other topics we might address going forward.
- 13 We value all your views and you can respond to us by email, by post, or through the comments addresses you can find on any of our websites.

1

Our joint studies approach

- 14 We are working increasingly closely together to align our work on national studies. This will enable us to:
 - develop a shared view on the major risks and issues in health and social care;
 - understand the challenges in supporting improvement and accountability in health and social care; and
 - work collaboratively on the development of future national studies.
- 15 By working together we have a valuable opportunity to paint a picture of the system across priority areas of health and social care, while reducing unnecessary demands placed on staff providing them.
- 16 We are aligning the way that we identify and plan topics for our national studies. We are also increasingly working together on individual projects where input from more than one body will add greater value and prove beneficial. We may work together in a variety of different ways, choosing the right approach for the topic. This includes:
 - developing a joint assessment framework and making a joint assessment on a given topic;
 - sharing and using each other's findings in our assessments;
 - consulting each other when planning our studies to ensure they are as widely useful as possible; and
 - combining our findings on a given topic to enable us to make more valuable and powerful conclusions.
- 17 Through our close collaboration, we aim to maximise our impact and minimise demands placed on others, ensuring our programmes complement and reinforce each other's, while avoiding duplication of effort. It is our aim that through closer collaboration in 2006/2007, we will be in a stronger position to provide joint conclusions in a number of priority areas for health and social care.
- 18 We each have our own drivers behind our approach to and choice of topics in keeping with our separate statutory responsibilities. We have worked together to prepare a forward programme of individual and joint work. At appropriate points we will capture the

main themes from all our work under the following priorities that we have identified, reflecting today's health and social care landscape. As we get better at working jointly we will collaborate more to coordinate our work around these themes:

- system reform;
- public health;
- social care;
- long-term conditions; and
- mental health.

19 It is our intention that our joint studies programme will move towards focusing on these themes in the medium term. Our particular areas of emphasis are outlined below:

System reform

20 The NHS is halfway through a ten-year programme of reform which began with the NHS Plan (July 2000). The Department of Health describes these reforms as four related streams of activity: transactional reforms, demand-side reforms, system management reforms, and supply-side reforms. These include practice-based commissioning; workforce reform; Foundation Trusts, Payment by Results, and Patient Choice. We will look to assess the overall impact and value for money that taxpayers receive from these reforms.

Public health

21 The Department of Health has introduced a range of public health initiatives, including 'Choosing Health' (November 2004), which sets out the key principles for supporting the public to make healthier and more informed choices about their health. Public health professionals work with others to monitor the health status of the community, identify health needs, develop programmes to reduce risk and screen for early disease, control communicable disease, foster policies which promote health, plan and evaluate the provision of healthcare, and manage and implement change. The field of public health therefore covers a wide range of potential health and social care studies, ranging from specific topics such as tobacco control and sexual health through to wider health inequalities and the role of the Health Protection Agency, making this a particularly important area for us to work together.

Social care

- 22 The White Paper, *Our Health, Our Care, Our Say* will be the main guide to how the Commission for Social Care Inspection selects the social care study topics for 2007/08. Working with the Healthcare Commission and Audit Commission to support the closer integration of health and social care services in ways which are meaningful and beneficial to people who need them and which put them in control, will be the central theme. Helping to develop and support the expansive commissioning role of new Directors of Adult Social Services, working closely with Directors of Public Health, will be a key means of achieving these objectives. Another important theme for 2007/08 will be commenting on the workforce implications of the new agenda for all parts of the social care sector.

Long-term conditions

- 23 Long-term illnesses such as diabetes, heart failure and respiratory illness are making increasingly heavy demands on hospital and other NHS resources. The successful management of long-term conditions is a great challenge for NHS management. It has the potential to improve the quality of life for service users and their families and also generate significant savings. Continuity of care, particularly for patients with long-term conditions, has been proven to result in increased patient satisfaction and reductions in hospitalisations, emergency department use, inappropriate prescribing and inappropriate diagnostic testing, improved receipt of preventative services and a significant reduction in costs (*Journal of Family Practice*, December 2004). This theme will look at progress of NHS and social care bodies in improving coordination of care for people with long-term conditions and their success in shifting the focus of care from acute to community settings.

Mental health

- 24 The following statistics show the potential impact of mental health on healthcare provision. At any one time, one in six adults has a mental health disorder (ONS Psychiatric Morbidity study). The World Health Organisation (WHO) predicts that depression will be the leading cause of disability internationally by 2020. One in five young people under the age of 15 suffers from severe to mild mental health difficulties. Suicide is the most common cause of death in men under 35. In one in four consultations with GPs, a mental health problem is the sole or major reason for the consultation.

- 25 The social exclusion unit report into mental health and social exclusion calculated that mental health problems cost the country an estimated £77 billion/year through costs of care, economic losses and premature death.
- 26 The health and well-being of mental health service users relies on a range of health and social care needs being met. One cannot be considered in isolation to the other and therefore it is essential we work closely together to ensure that there is a coherent framework within which to assess the health and social care outcomes across all age ranges.
- 27 Along with the joint programme of work, each organisation will also be producing a number of other products during 2006/07. For the Healthcare Commission, these will include a programme of work around value for money, their work on accessible information, and the State of Healthcare report. The 2006/07 State of Healthcare report will be focusing on: meeting the needs of people with learning disabilities; children's services and maternal care; living with long-term conditions; and mental health (theme to be decided).

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Reviews and studies in progress

- 28 This section outlines the current programme of work underway for each of the organisations.

Audit Commission

Learning lessons from financial failure in the NHS (May 2006)

- 29 In the past year there have been several significant financial failures in the NHS. This study draws out the contributory factors leading to the failures, highlighting the steps that could have been taken to prevent the failures taking place and makes recommendations to help prevent similar situations in other NHS bodies.

Financial management from back office to front line in the NHS (Summer 2006)

- 30 The study examines financial management from two different perspectives. It looks firstly at how finance staff will need to embrace the challenges presented by the new NHS. Secondly, it assesses how non-financial managers can play a part in understanding and contributing to the effective management of finances.

Financial management in mental health (June 2006)

- 31 This is a detailed study into the current financial management arrangements across mental health provider trusts in the NHS, focusing on trust finance systems and governance to support the development of good practice.

Practice-based commissioning (February 2007)

- 32** With the introduction of practice-based commissioning (PBC) these responsibilities will be transferred from PCTs to GP practices, creating a new set of opportunities and challenges.
- 33** This study will produce a range of reports on PBC over the next year. A national report planned for publication in early 2007 is expected to review progress with the implementation of PBC. It will also comment on specific implementation arrangements, including budget setting, devolving budgets to practices, activity data flows and payment validation arrangements and on how the financial incentives are working.

Audit Commission and National Audit Office

Financial management in the NHS 2004/05 (April 2006)

- 34** This joint report provides a commentary on the financial position of the NHS as a whole as at the end of 2004/05 and latest estimates of the 2005/06 position, and considers the financial management issues facing NHS bodies now and in the future. The report will also focus on why some bodies are finding it difficult to achieve financial balance. It will include recommendations to help NHS bodies get their finances back on track.

Audit Commission and Healthcare Commission

Preventing accidental injury to children, especially the under fives (September 2006)

- 35** This joint study aims to increase understanding of how local authorities, the NHS and others are addressing this agenda, focusing specifically on efforts to reduce accidental injury to children.
- 36** The disruption accidents cause to children and families is considerable. Furthermore, accidental injury to children, especially the under fives, has a strong inequalities aspect, with children in families from lower socio-economic classes particularly at risk.
- 37** The output will be a joint national report, based on findings from health bodies, local authorities and other relevant partners working together in an area.

Commission for Social Care Inspection

Supporting People (April 2006)

- 38 This report will assess the impact of the *Supporting People* programme in delivering housing and support services for vulnerable people, focusing on the interface between supported housing and the delivery of social care services. It will draw on the joint Audit Commission/CSCI *Supporting People* inspection reports and on CSCI's own adult and children's service inspections from 2004/05. It will offer an overview of the current achievements and challenges facing councils with social care responsibilities as they work to embed the programme into mainstream activity. It will also contain some messages for policymakers across a number of government departments.

Quality in care – series of bulletins (throughout 2006/07)

- 39 Early in 2006, CSCI published two bulletins on the performance of care homes in meeting critical national standards on management of medication and meals and mealtimes. Further bulletins will be published throughout 2006/07. They will address such topics as: checking the suitability of staff in care homes; managing money for care home residents; and tackling the abuse of older people in care homes. Together these will give an overview of how people are being safeguarded in care settings.

Transition for childhood to adulthood (September 2006)

- 40 This study will address the experience of young people with profound disabilities, as they cross the threshold into adulthood. It will explore how well councils and their partners are working together to assist young people and their families through this transition period. It will identify the best practice and will include recommendations for commissioners and service providers.

Children's Rights Director Reports (throughout 2006)

- 41 The national Children's Rights Director will publish around 14 reports, conveying the views of children and young people on a range of topics. This is the continuation of an existing series of reports. In 2006/07 this will include a boarders' guide to standards in boarding schools; the views of looked after children on their placements and reviews; and their experience of the legal system.

Healthcare Commission

- 42 The Healthcare Commission has recently published its formal consultation *Developing the annual health check in 2006/07*. The annual health check, launched on 31 March 2005, is an entirely new approach to assessing the performance of NHS organisations, replacing the previous system of ‘star’ ratings and providing a much richer picture of health and healthcare in England. The Healthcare Commission carries out reviews as part of the annual health check that provide an in-depth, patient-centred assessment of performance and outcomes in a small number of priority areas.
- 43 ‘Improvement Reviews’ that will contribute to the 2005/06 performance rating for healthcare organisations:

Tobacco control

- 44 The Healthcare Commission is undertaking an improvement review into tobacco control to assess PCTs’ contribution to reducing smoking prevalence in the local population and reducing exposure to second hand smoke. This forms part of a wider framework to improve public health.
- 45 The improvement review will examine a number of elements including effective targeting of high prevalence areas and high risk groups, tobacco control capacity in health visiting and school nursing workforce, the promotion of smoke free environments by PCTs, and the effectiveness of the PCT’s role in championing and working in partnership to support the tobacco control agenda.

Adult community mental health services

- 46 The Healthcare Commission and the Commission for Social Care Inspection have made arrangements to undertake a joint review of community mental health services for adults aged 18-65. The partnership review is based on standards and policy guidance issued by the Department of Health for the NHS and social care. The Healthcare Commission and the Commission for Social Care Inspection have developed partnership criteria and questions, which underpin the standards against which organisations will be assessed.
- 47 The Assessment Framework for this review is now due to be published and data collection will begin in late April 2006.

Heart failure

- 48 The Healthcare Commission will be carrying out an improvement review of services for people with heart failure during 2006/07. As well as producing a local level assessment for healthcare organisations, findings will also be reported at national overview level.

Services for children in hospital

- 49 The Healthcare Commission has developed a review methodology to assess the quality of healthcare for children in hospital. This is based on elements of the hospital standard of the Children's National Service Framework (NSF). The review will focus on five key themes, which are applied across a hospital, inside and outside of paediatric areas: do children get access to child-specific services; how localised are services that children access; are services appropriately staffed; are staff child-trained; can staff maintain their skills?
- 50 Reviews in the 'Acute hospital portfolio' that will contribute to the 2005/06 performance rating for healthcare organisations:
- Admissions management.
 - Medicines management.
 - Diagnostic services.
- 51 Reviews in the acute hospital portfolio assess the performance of acute trusts in relation to value for money, including quality, efficiency and effectiveness. They also aim to provide trusts with benchmarking data to help them improve performance.

National Audit Office

National Programme for IT in the National Health Service

- 52 The Department of Health established a National Programme for IT in the NHS in October 2002. The Programme plans to create an IT information infrastructure for the NHS that will improve patient care by increasing the efficiency and effectiveness of clinicians and other NHS staff. The study is examining the procurement processes used for placing the contracts; whether contracts are likely to deliver good value for money; how the Department is implementing the Programme, and the progress made by the Programme so far.

The use of temporary nursing staff in acute NHS trusts

- 53 Temporary nursing staff working for nursing banks and agencies provide essential cover when posts are vacant, when permanent staff are off sick or on leave and when there are unexpected peaks in demand. However, there are also potential risks: bank and agency staff generally cost more than permanent staff and the way cover is arranged can sometimes risk undermining the quality of patient care. The study is examining whether the NHS is managing its use of bank and agency nurses in the most economic and effective manner. The study has drawn on input from experts at both the Healthcare and Audit Commissions.

Out of hours services

- 54 The Department of Health transferred responsibility for providing out of hours urgent care services in England from GPs to PCTs during 2004. The study is examining the progress PCTs have made in commissioning sustainable services, what the outcomes for patients have been and how much progress has been made in developing integrated urgent care arrangements. A key part of the evidence used in the report will be the findings of a study of PCTs carried out jointly with the Audit Commission.

Progress in implementing clinical governance in primary care

- 55 While the quality of primary care service received by patients can vary considerably depending on whether the provision is timely and safe, whether providers have sufficient up-to-date training, and whether they make efforts to understand what patients' expectations and needs are. These elements of quality are expected to be delivered through the 1999 'clinical governance' initiative. The study will provide a comprehensive assessment of what has been achieved through implementing the clinical governance initiative in PCTs, what lessons have been learned and what more needs to be done.

The collapse of the Paddington Health Campus scheme

- 56 This study is examining the reasons for the recent collapse of the Paddington Health Campus scheme.

Consultants' contract

- 57 In October 2003, a new pay contract was introduced for NHS consultants with the aim of improving productivity and rewarding consultants for commitment to the NHS. This contract has increased the earnings potential of consultants, on average, by 15 per cent over the lifetime of their career; in return for more transparent work plans.

- 58 In 2004/05 consultants' earnings accounted for £2.7 billion of the wage bill for the NHS. It is estimated that by the end of the financial year 2005/06 the new contract will have cost the NHS at least an additional £250 million to implement.
- 59 The study will focus on the question: 'Are the public and the NHS receiving the benefits of the new consultants' contract and was it effectively implemented?'

Joint venture between the Health and Social Care Information Centre and Dr Foster LLP

- 60 The Health and Social Care Information Centre has entered into a joint venture with a private company to form a new company Dr Foster Intelligence. Dr Foster Intelligence is owned 50:50 by the Health and Social Care Information Centre, and a private company, Dr Foster Holdings LLP. The value of the investment into the private company is £12 million. The aim of the joint venture is to improve the use and accessibility of information across the health and care system, in support of the overall aim of giving people more choice and control over health and social care. Dr Foster Intelligence is a commercial organisation which will compete to provide management information to health and social care organisations including to the voluntary and private sectors.
- 61 The study will examine the following question – 'does the investment by the health and social care information centre in 50 per cent of a private company offer good value for money and was the transaction conducted fairly?'

3

Reviews and studies to be developed in 2006/07

- 62 The section below outlines possible studies starting in 2006/07. They are listed under the organisation that has suggested the topic, but many of the studies are expected to take place across more than one organisation (where they will be focused towards the themes outlined earlier, and some may not necessarily be led by the nominating organisation). They do not at present include proposed new studies by the National Audit Office, which is still considering its plans for new studies in 2006/07.

Audit Commission

Payment by Results in an era of patient choice

- 63 Payment by Results will continue to present challenges for the NHS as it is rolled out over the period to 2008/09; coverage will be expanded and the introduction of patient choice and restructuring of commissioning bodies will change the landscape quite considerably. Drawing on finding from funding flows audit work in 2005/06, this study would continue the Commission's commentary on this important financial reform, tracking developments in the policy and organisational responses into 2006/07. It would look specifically at how the NHS is meeting the greater financial management challenges of the impact of Payment by Results and patient choice on funding flows and on configuration of services, where greater uncertainty will make financial planning and forecasting more difficult due to the volatile activity levels.

Risk management in the NHS

- 64 With the introduction of Payment by Results, Foundation Trusts and patient choice, NHS bodies are having to learn to operate with a greater element of risk in their environment. Risk management is a central element of corporate governance, and has been a theme in several of the Commission's recent health studies. This study would review best practice in risk management across sectors (both public and private), including how risks are assessed, mitigated and reported (including to the Board). It would then consider the risk management arrangements and approaches to risk sharing across NHS bodies, and identify opportunities for strengthening arrangements.

Improving medium-term financial planning in the NHS

- 65 NHS bodies find it very difficult accurately to predict what their financial position will be at the year-end, a matter of months away, let alone over a three- to five-year period. There is an argument that the level of structural change that traditionally takes place makes medium-term planning difficult, but there is no doubt that it could be improved. This has been highlighted as a key area for improvement in recent Commission reports on financial management and Payment by Results. This study would consider longer-term approaches to reducing costs or increasing efficiency, looking at factors such as benchmarking, predicting levels of demand for services, scenario modelling and service developments, aiming to change NHS bodies' focus from short-term solutions to thinking about longer-term sustainability.

Financial management in the NHS: 2005/06

- 66 This study would continue the commentary by the Audit Commission and the National Audit Office on the financial position and financial management issues facing the NHS. Similar to the reports produced for 2003/04 and 2004/05 (due for publication shortly) the study would review the financial performance of NHS bodies in 2005/06, the key financial management issues for the NHS during this period, and the challenges faced in 2006/07 and beyond. It would provide a summary of auditors' views on financial management arrangements including, for the first time, an analysis of scores given to individual bodies under the new Auditors' Local Evaluation (ALE).
- 67 The following subjects are also suggested for study on a joint basis, with the Audit Commission's contribution deriving from its statutory responsibility relating to financial management in the NHS.

Invest to improve: NHS modernisation agenda

- 68 The majority of NHS bodies have been involved in service redesign and modernisation, whether self-initiated or through Modernisation Agency or strategic health authority-led schemes. All NHS organisations are experiencing workforce contracts modernisation through the new GP and Consultant Contracts and Agenda for Change. However the initial investments made have not always been tracked to see if modernisation has resulted. The study could focus on, for example, workforce contracts; their financial implications and what can be done to realise the benefits; and how much control NHS bodies have over this.

Quality and outcomes framework

- 69 The Quality and Outcomes Framework (QoF) was introduced as part of the GP contract to reward primary care teams for providing high quality care to patients, by linking payments to performance against a set of indicators, representing approximately 15-20 per cent of total practice remuneration. This study would review the impact of QoF and the financial incentives in place in primary care. It would focus on data quality, accuracy of payments, consistency of approach, and whether the additional payments represent value for money.

Long-term conditions

- 70 The successful management of long-term conditions is a great challenge for NHS and social care management and has the potential to generate significant savings. Improving continuity of care, particularly for patients with long-term conditions, has been proven to result in increased patient satisfaction, and reduced hospitalisations, emergency department use, inappropriate prescribing and inappropriate diagnostic testing, and overall a reduction in costs. This study would look at progress of NHS and social care bodies in improving coordination of care for people with long-term conditions. It would look at the extent to which funding policies and existing financial incentives support long-term care; and how changes in primary care have helped such developments. The study might also consider the use of pooled budgets and funding packages of care (and care pathways) and the financial management challenges that this presents.

Healthcare Commission

- 71 'Improvement Reviews' that will contribute to the 2006/2007 performance ratings for healthcare organisations:

Diabetes

- 72 The number of people with diabetes is increasing in all age groups and all populations. There is an increasing prevalence of diabetes among older people, people who are overweight and obese, those with a family history of diabetes, people who are poor, and people from South Asian, African and Afro-Caribbean backgrounds.
- 73 The improvement review will assess how the NHS supports adults with diabetes to care for themselves; a vital component of care for diabetes for some time. The national

services frameworks, NICE guidance and the policy of the Department of Health have reinforced this position.

- 74 The review will begin in the summer of 2006 and be timed to enable information provided by the Healthcare Commission's national survey of people with diabetes, and the general medical services contract's quality and outcomes framework to be used.

Substance misuse

- 75 Substance misuse covers the misuse of illegal and prescribed drugs and alcohol abuse. There are an estimated 287,000 problem drug users nationally (not including alcohol) and around 160,000 people were treated for substance misuse in 2004/05.
- 76 The National Treatment Agency (NTA) and the Healthcare Commission have agreed to work jointly to establish a review process for substance misuse services. The memorandum of understanding that governs this work is available at www.nta.nhs.uk.
- 77 In 2005/06, the first improvement review of community prescribing services, care planning and care coordination was carried out.
- 78 The improvement review now being developed for 2006/07 will look at:
- the reduction of harm – focusing on the exchange of needles and blood borne viruses; and
 - management of systems including commissioning.

Mental health services

- 79 Historically, inpatient services for people with mental health problems have been neglected, while the emphasis in mental health services has shifted to treatment in the community. Pressures on inpatient services include falling numbers of beds, shortages of staff, high occupancy of beds, and inadequate arrangements for safety.
- 80 The recently published social exclusion unit report into mental health and social exclusion calculated that mental health problems cost the country an estimated £77 billion per year through costs of care, economic losses and premature death. The total cost of mental health problems in England (based on 1996/97 prices) was estimated to be at least £32 billion. It is estimated that the figure for 2000/01 was £38.5 billion.

- 81 Mental health remains a priority area for the Healthcare Commission and, building on the joint review with the Commission for Social Care Inspection (CSCI) of community mental health services in 2005/06, we intend to assess the performance of acute inpatient services in 2006/07. This work will be undertaken in partnership with colleagues from the National Institute for Mental Health in England (NIMHE), the National Mental Health Partnership and other key bodies. Work on developing the framework for assessment is under way and we intend to begin piloting the review in mid- to late 2006.

Race and equality

- 82 We are proposing to undertake an improvement review with the Commission for Racial Equality, which will look at the performance of healthcare organisations in relation to race equality. Work to define the scope for the review is under way and we aim to complete this in the spring of 2006. The aim of this review will be to assess how well healthcare organisations are meeting their statutory obligations, including systematically addressing the needs of patients and users of services from black and minority ethnic groups. There will be potential to make the policies and procedures of healthcare organisations more inclusive, as well as highlighting some areas where significant progress has already been made.
- 83 Reviews in the 'Acute hospital portfolio' that will contribute to the 2006/07 performance rating for healthcare organisations:

Maternity services

- 84 Recent investigations by the Healthcare Commission into maternity services at three separate trusts found worrying similarities in care and treatment. These investigations suggested that a national review of maternity services needed to be carried out. About one in ten requests to the Healthcare Commission for investigation of particular trusts relate to maternity services.
- 85 The acute hospital portfolio review will be carried out jointly with a national survey of mothers who have recently given birth. There will also be a smaller national survey carried out by the Department of Health to identify the matters of greatest importance for new mothers. As well as taking account of the information already available on maternity services, the review will look at the latest data on the provision of antenatal care, rates of caesarean section and immediate post natal care. It will include care in the community as well as care in hospital.

Emergency care

- 86 A review of emergency care will also commence during 2006/07, looking at ambulance services and care not provided by hospitals, as well as building on our previous work on accident and emergency services. The review has been delayed in light of the reconfiguration of ambulance services scheduled to take place during 2006/07. It will therefore not feed into the annual health check until 2007/08.
- 87 Additional reviews that will be carried out during 2006/2007:

COPD (National study)

- 88 This national study uses case studies, patient views and national data to identify key themes in the management of COPD and opportunities for improving services for those with COPD. The report also places these issues in the context of wider government strategies for the management of chronic disease in the community. The report will be followed by the publication of an assessment framework for use as a self-assessment tool by health communities.

Sexual health (National Report Assessment Framework)

- 89 The sexual health report aims to provide a snapshot of sexual health services, initiatives, policies and drivers in England with a view to proposing a suitable framework for assessing performance in sexual and reproductive health. It will highlight models of good service as well as reviewing the incentives and barriers to improving the service. The report will be published in Spring 2006. There will be further work in 2006/07, drawing on the national report, to develop robust mechanisms to assess sexual health work in England.

Commissioning

- 90 Our aim is to achieve a set of measures that accurately reflect the quality of commissioning. Together with the Commission for Social Care Inspection, we will work with the Department of Health to develop a 'fitness for purpose' toolkit for primary care trusts (PCTs). This toolkit will take account of plans to restructure PCTs, the introduction of practice-based commissioning, and the need to ensure greater emphasis on joint commissioning by PCTs and local authorities. This will inform the development of our annual health check around commissioning. Only when we have appropriate measures will we be able to measure the things that matter to patients as well as providing an

independent view on whether commissioners are making good use of public money to improve the health of the populations that they serve. We will work more closely with other regulators (especially the Commission for Social Care Inspection and the Audit Commission) to ensure that our measures cover all methods of commissioning including joint commissioning and practice based commissioning.

Learning disabilities

- 91 The Healthcare Commission is determined to make a difference to people with learning disabilities and monitor what really matters to them. We released an ambitious draft three-year plan in November 2005. This plan is an indication that we are serious about raising awareness of the needs of people with learning disabilities and that by integrating this strategy into our work; we will change people's experiences of health services. We will develop and start implementation of a joint learning disability audit with CSCI in 2006/07.

Healthcare Associated Infection

- 92 Linking in with the unannounced reviews on hospital cleanliness in the summer of 2005, we intend to look more closely at MRSA and infection control, firstly in acute trusts and then in other settings. This work will be developed during 2006/2007

Commission for Social Care Inspection

Making choices, taking risks

- 93 The White Paper *Our Health, Our Care, Our Say* proposes a national approach to risk management, with standardised procedures for people working in multi-disciplinary settings. In a culture which can sometimes be seen as risk averse, CSCI has been talking to people who use services, to get their perspectives on staying independent, making choices and taking risks. CSCI intends to draw together these views along with other evidence from a variety of sources – including our performance assessment and regulatory work – with the aim of contributing to the development of a national framework on risk.

People with profound disabilities

- 94 This report will take as its starting point a concern that people with profound and multiple disabilities may not be benefiting to the same extent as others from the reforms set out in *Valuing People*. CSCI and its partners have been exploring how we could better fulfil our

duties and functions in relation to this group. A series of seminars have been held with our partners and stakeholders. The report will set out the conclusions, recommendations and proposed actions for CSCI and its partners.

Services which support people to live at home

- 95 This study will look at the current state of the domiciliary care sector, and future trends. It will incorporate data and key findings from CSCI's work to regulate and inspect domiciliary care services since April 2004. It will explore what will help to expand, improve and develop services to support people to remain at home, focusing particularly on the role of local authority commissioners.

Adoption inspections

- 96 This report will present the findings of inspections of council and voluntary adoption services, carried out over three years by CSCI and CSCI intends to publish the findings of its consultation and engagement with carers, focusing on their experience of being assessed for and provided with services by councils and other agencies.

State of social care

- 97 CSCI will publish its statutory overview of the state of social care in December 2006. While reporting on the overall performance of councils and service providers, the report is likely to focus particularly on the theme of 'putting people in control'. It will describe some of the most important commissioning and service challenges facing the sector in meeting this important objective.

Fair Trade in the regulated care homes sector

- 98 In May 2005, the Office of Fair Trading published a report on the care homes market which gave rise to considerable concern. CSCI is committed to addressing the recommendations of this report. For example, it intends to carry out checks to ensure that people are offered reliable information about services, that they have fair and transparent written contracts, and avenues of redress when their rights are not upheld. This report will present the findings of CSCI's follow-up work.

Appendix 1 – recently published studies

| Date | Title | Organisation |
|---------------|-------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| March 2006 | National Service Framework for Older People Review | Healthcare Commission/ Commission for Social Care Inspection/Audit Commission |
| February 2006 | Delivery Chain Analysis: obesity in under 11s | Audit Commission/ Healthcare Commission/ National Audit Office |
| February 2006 | Handled with Care? Special Study report | Commission for Social Care Inspection |
| February 2006 | Supporting parents, safeguarding children Special Study report | Commission For Social Care Inspection |
| December 2005 | Management, prevention and surveillance of Clostridium difficile – interim findings from a national survey of NHS acute trusts in England | Healthcare Commission |
| December 2005 | A snapshot of hospital cleanliness in England | Healthcare Commission |
| December 2005 | Performance Assessment Framework 2004-05 | Commission For Social Care Inspection |
| December 2005 | Star Ratings 2005 | Commission For Social Care Inspection |
| December 2005 | The State of Social Care in England 2004-05 | Commission For Social Care Inspection |
| November 2005 | Department of Health- Reducing Brain Damage: Faster access to better stroke care HC 452, Parliamentary Session 2005-06 | National Audit Office |

| Date | Title | Organisation |
|----------------|------------------------------------------------------------------------------------------------------|---------------------------------------|
| November 2005 | A Safer Place for Patients: learning to improve patient safety HC 456, Parliamentary Session 2005-06 | National Audit Office |
| October 2005 | Early lessons from Payment by results | Audit Commission |
| October 2005 | Making Every Child Matter | Commission for Social Care Inspection |
| October 2005 | Code of Practice in relation to Confidential Information | Commission for Social Care Inspection |
| October 2005 | Leaving Hospital revisited – follow-up report | Commission for Social Care Inspection |
| September 2005 | Managing the financial implications of NICE guidance | Audit Commission |
| August 2005 | Acute Hospital Portfolio Review: accident and emergency | Healthcare Commission |
| July 2005 | Safeguarding Children – 2nd joint Chief Inspector’s report on arrangements to safeguard children | Commission for Social Care Inspection |
| July 2005 | Making Social Care Better for People 2005-08 | Commission for Social Care Inspection |
| July 2005 | CSCI – Inspecting for Better Lives – Delivering Change | Commission for Social Care Inspection |
| July 2005 | State of Healthcare Report 2005 | Healthcare Commission |
| July 2005 | Safeguarding Children | Healthcare Commission |
| July 2005 | Acute Hospital Portfolio Review: day surgery | Healthcare Commission |
| July 2005 | Review of Foundation Trusts | Healthcare Commission |
| June 2005 | Acute Hospital Portfolio Review: ward staffing | Healthcare Commission |

| Date | Title | Organisation |
|---------------|---------------------------------------------------------------------------------------------------------------------|--------------------------------------------|
| June 2005 | Financial Management in the NHS 2003/04 | Audit Commission/ National Audit Office |
| May 2005 | Department of Health – Innovation in the NHS: Local Improvement Finance Trusts HC 28, Parliamentary Session 2005-06 | National Audit Office |
| May 2005 | CSCI Race Equality Scheme | Commission for Social Care Inspection |
| March 2005 | Department of Health: The NHS Cancer Plan – A Progress Report HC 343, Parliamentary Session 2004-05 | National Audit Office |
| March 2005 | Acute Hospital Portfolio Review: pathology, facilities management, therapy & dietetics, and information & records | Healthcare Commission |
| March 2005 | Coronary Heart Disease National Service Framework Review | Healthcare Commission |
| February 2005 | Tackling Cancer: Improving the Patient Journey HC 288, Parliamentary Session 2004-05 | National Audit Office |
| February 2005 | CSCI Race Equality Scheme (Consultation) | Commission for Social Care Inspection |
| January 2005 | Patient Choice at the Point of GP Referral HC 180, Parliamentary Session 2004-05 | National Audit Office |
| January 2005 | Palliative Care/Terminal illness consultation (Joint CSCI/Healthcare Commission) | Commission for Social Care Inspection |

| Date | Title | Organisation |
|----------------|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| November 2004 | Reforming NHS Dentistry: ensuring effective management of risks HC 25, Parliamentary Session 2004-05 | National Audit Office |
| November 2004 | CSCI Initial Corporate Plan 2004-07 | Commission for Social Care Inspection |
| November 2004 | Inspecting for Better Lives (Consultation) | Commission for Social Care Inspection |
| November 2004 | Performance Assessment Framework 2003-04 | Commission for Social Care Inspection |
| November 2004 | Star Ratings 2004 | Commission for Social Care Inspection |
| November 2004 | Valuing People much achieved, more to do | Commission for Social Care Inspection |
| November 2004 | Draft CSCI Corporate Plan 2005-08 | Commission for Social Care Inspection |
| October 2004 | Leaving Hospital Special Study Report – the Price of Delays | Commission for Social Care Inspection |
| October 2004 | Improving emergency care in England HC 1075, Parliamentary Session 2003-04 | National Audit Office |
| September 2004 | An Independent Voice (Consultation) | Commission for Social Care Inspection |
| August 2004 | Direct Payments – What are the Barriers, report | Commission for Social Care Inspection |
| August 2004 | Procedure for Complaints | Commission for Social Care Inspection |
| July 2004 | Improving patient care by reducing the risk of hospital acquired infection a progress report HC 876, Parliamentary Session 2003-04 | National Audit Office |

| Date | Title | Organisation |
|-------------|------------------------------------------------------------------------------------------------------|---------------------------------------|
| July 2004 | Confidentiality Code of Practice (Consultation) | Commission for Social Care Inspection |
| June 2004 | CSCI Initial Corporate Plan 2004-07 | Commission for Social Care Inspection |
| April 2004 | Introducing Payment by Results; getting the balance right in NHS Finances | Audit Commission |
| April 2004 | Achieving first-class Financial Management in the NHS: a sound basis for better healthcare | Audit Commission |
| April 2004 | When I Get Older – What People want from Social Services as they Get Older, report | Commission for Social Care Inspection |
| March 2004 | Information and Data Quality in the NHS Report | Audit Commission |
| March 2004 | Tackling cancer in England: saving more lives HC 364, Parliamentary Session 2003-04 | National Audit Office |
| March 2004 | Transforming Primary Care: how primary care trusts can improve their support for service development | Audit Commission |

Appendix 2 – Protocol for joint studies

1) Introduction:

- 99 The government has set a clear expectation of better regulation and the rationalisation of inspection and enforcement arrangements in both the public and business sectors. This means that regulatory bodies need to work closely together to ensure their activities are coordinated. This has been expressed in legislation whereby the Audit Commission (AC), Commission for Social Care Inspection (CSCI), and Healthcare Commission (HC) have a statutory duty to work in partnership with each other.
- 100 In addition, our joint working, including joint studies, is set within the context of the *Concordat between bodies inspecting, regulating and auditing healthcare*. This also includes the National Audit Office's (NAO) value for money audit investigations of the Department of Health and the NHS.
- 101 The Healthcare Concordat sets out a range of objectives that are aimed at:
- delivering more consistent and coherent programmes of inspection;
 - improving services for patients, clients and their carers; and
 - avoiding unnecessary burdens on staff providing healthcare.
- 102 We will select topics for national studies in consultation with each other and other relevant stakeholders, and design studies so that they draw on inputs from more than one of the constituent agencies wherever this will add greater value, although this does not preclude single body studies where appropriate.

2) How do we make our choice of studies?

- Study will contribute to the achievement of strategic priorities.
- Outcome will lead (either directly or indirectly) to improvement to health and social care services, support public accountability and, where appropriate, inform future national policy and local practice.

- Risk-based approach to studies addresses concerns articulated by our stakeholders, and delivers maximum impact on those providing and using health and social care services and the taxpayer.
- Contributes to a good balance of study programmes, be topical and of interest to our stakeholders.
- Contributing agencies are well placed to contribute significantly to the area of study through knowledge, skills and capacity.

3) Under what circumstances will the four organisations work together on a joint study?

- Shared organisational priority, which contributes to strategic priorities of individual organisations.
- Complementary knowledge and expertise.
- Where working individually could increase the risk of duplication and overall burden of reporting faced by health bodies.

4) What practical considerations must we make when working together?

- Scoping
 - Identify the research questions; formalise these before progressing.
 - Ensure all existing data sources accessed, both generally and within organisations.
- Planning
 - What will the governance arrangements look like – joint editorial board / agreement of format etc?
 - What sort of joint approach is appropriate in this area – Scoped jointly/ Developed jointly/ Researched jointly/ Written jointly/ Badged jointly?
 - Do we have budget and resources for this study? How do we make appropriate and best use of each organisation's available resource?
 - Who takes overall responsibility/ how are roles and accountabilities to be assigned for each study?

- What legislative / policy aspects need to be considered when working in this way / sharing data?
- How will we communicate, both between ourselves and with others, the rationale for and scope of joint working on each study?
- Research and field work
 - Agree approach to data collection, and structure to field visits
 - How do we minimise any unnecessary burden that this study might place (we are placing) on health and social care bodies?
- Monitoring
 - How will progress be monitored?
 - How will delay and implementation of contingency plans be addressed?
- Publishing
 - How will clearance of drafts be arranged?
 - Which publishing protocols will be followed?
 - How will publication and communication be designed to maximise impact?
 - How will the impact of the study be measured?

5) What are our guiding principles when working together?

- Early sharing of study outlines and proposals.
- Clear understanding of, and respect for, each organisation's independence, policies, and functions. Activities should not conflict with duties, policies or functions of any constituent organisation.
- Openness and transparency about involvement with individual health and social care bodies and our approach to working jointly.
- Working jointly to improve trust, confidence and involvement of those using health and social care services.
- Maximise sharing of existing information, relevant scoping documents and data.
- Ensuring that activities are complementary by making use of each organisation's

strengths.

- All activities must be economic, efficient and effective, and in the public interest.

6) What outcomes will be delivered by a joint approach to studies?

- It will ensure that all audit and inspection undertaken at health and social care bodies is focused on a common understanding of the greatest risk, therefore assuring ourselves that the right areas are covered.
- It will ensure that the burden on individual bodies is the minimum possible consistent with our responsibilities.
- We will have greater combined impact for patients, users, carers and the taxpayer.

Appendix 3 – Organisational roles and objectives

Audit Commission

- 103** The Audit Commission is an independent body responsible for ensuring that public money is spent economically, efficiently and effectively, to achieve high-quality local services for the public. Our remit covers around 11,000 bodies in England, which between them spend more than £180 billion of public money each year. Our work covers local government, health, housing, community safety and fire and rescue services.
- 104** As an independent watchdog, we provide important information on the quality of public services. As a driving force for improvement in those services, we provide practical recommendations and spread best practice. As an independent auditor, we ensure that public services are good value for money and that public money is properly spent.
- 105** In the health sector, we play a vital role in helping NHS organisations to make the best use of their resources and address the challenges they face. We appoint independent auditors to all NHS trusts, primary care trusts and strategic health authorities in England, to audit the financial statements and to review the arrangements NHS bodies have in place for securing value for money. Auditors have their own statutory powers and duties, and are also governed by the Commission's statutory Code of Audit Practice which is approved by Parliament. The Commission also comments nationally on key issues related to financial management.
- 106** The Audit Commission requires its appointed auditors to work closely with the Healthcare Commission and other Regulators. The Commission signed the Concordat in June 2004.

Commission for Social Care Inspection

- 107** CSCI replaced the regulatory responsibilities in social care of the National Care Standards Commission, the Social Services Inspectorate (SSI) and the joint review function of the SSI/Audit Commission. It aims to encourage the improvement not only of services registered with it, but also the quality of local council social services' commissioning and care management.

108 CSCI's remit is fourfold:

- i. Statutory registration and inspection of social care services. Services are both registered (in order to enter the market) and then regularly inspected against statutory Regulations and associated National Minimum Standards of care across a wide range of criteria. CSCI has powers to take enforcement action against poor or failing services and, in extreme cases of serious risk to individuals, can secure closure.
- ii. Assessing how well local councils in England undertake their social services functions. CSCI assesses all areas of the care services commissioned and provided by the 150 local councils in England. Local councils are also required to complete a Delivery and Improvement Statement (DIS) each spring that provides a self-assessment of their progress. Each year CSCI produces an overall assessment, providing comprehensive information for the public about local services and promoting improvement in local services.
- iii. Policy analysis and comment. The Commission has responsibilities to analyse and comment on the impact of government and local policies on people who use services, using, for example, information from its databases of registration and inspection, research and special studies, etc. For instance, it published reports in 2004 and 2005 on the impact on service users of policies to reduce delayed transfers of care from hospital.
- iv. Working effectively with other agencies involved in health and social care. CSCI is one of the original signatories to a Healthcare Concordat coordinated by the Healthcare Commission. Two of the overarching principles of that concordat are that inspections should focus on the experience of patients, users and carers and that they should support improvements in quality and performance.

Healthcare Commission

109 The Healthcare Commission exists to promote improvements in the quality of healthcare and public health in England and Wales.

110 In England, we are responsible for assessing and reporting on the performance of both NHS and independent healthcare organisations, to ensure that they are providing a high standard of care. We also encourage providers to continually improve their services and the way they work.

111 In Wales our role is more limited and relates mainly to working on national reviews that cover both England and Wales, as well as our annual report on the state of healthcare. In this role, we work closely with the Health Inspectorate Wales, who are responsible for the NHS in Wales, and the Care Standards Inspectorate Wales, who are responsible for independent healthcare in Wales.

112 We aim to:

- Safeguard patients and promote continuous improvement in healthcare services for patients, carers and the public.
- Promote the rights of everyone to have access to healthcare services and the opportunity to improve their health.
- Be independent, fair and open in our decision making, and consultative about our processes.

These aims are reflected in everything we do.

113 Our statutory roles are to:

- Assess the provision of healthcare including public health in the NHS and independent sector.
- Produce an annual rating for each NHS trust in England.
- Regulate the independent sector through registration and inspections.
- Consider and carry out independent reviews of complaints.
- Investigate serious service failings.
- Coordinate healthcare inspections by others.

National Audit Office

- 114** The Comptroller and Auditor General, and the National Audit Office, of which he is head, are completely independent of government. The Comptroller and Auditor General has two main functions. The first is to certify the accounts of government departments and a wide range of other public sector bodies and to express an opinion on those accounts. The second is to carry out examinations into the economy, efficiency and effectiveness with which government departments and other public sector bodies have used their resources. In each case the Comptroller and Auditor General has the statutory authority to report to Parliament on the outcome of his work.
- 115** The value for money team that examines the Department of Health (the Health VFM team) was among the signatories that established the Concordat between bodies inspecting, regulating and auditing healthcare, on 24 June 2004. The Health VFM team produces around six reports a year on varying subjects on the delivery and implementation of the Department of Health's key policies and spending programmes. These reports are usually the subject of a Committee of Public Accounts (PAC) hearing, where Sir Nigel Crisp, as the Accounting Officer for the Department of Health, and other relevant witnesses, are examined on the NAO findings and recommendations. The PAC then produce their own report and recommendations to which the government must respond.
- 116** In constructing our reports, the health VFM team will carry out primary and/or secondary data collection. Before carrying out any prime data collection we would establish from the outset what information and data is available from the Department or Concordat partners to reduce the need to duplicate data collection. Our methodologies include surveys, visits to NHS trusts and other relevant bodies, interviews, focus groups, web tools, benchmarking projects, financial analysis and economic modelling, expert panels, literature reviews. We also work closely with other stakeholders such as clinical reference groups, charities and patient groups to improve the completeness of our evidence collection and analysis. As we audit all of central government, we are also well placed to venture into cross-cutting studies that involve other government departments.

This report is available on our website at www.audit-commission.gov.uk. Our website contains a searchable version of this report, as well as a text-only version that can easily be copied into other software for wider accessibility.

If you require a copy of this report in large print, in braille, on tape, or in a language other than English, please call **0845 0522613**.

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