

**REPORT TO:** Health Halton Policy & Performance Board  
**DATE:** 13<sup>th</sup> January 2008  
**REPORTING OFFICER:** Strategic Director, Health & Community  
**SUBJECT:** Annual Health Check  
**WARDS:** Borough Wide

## **1.0 PURPOSE OF THE REPORT**

1.1 To describe process for responding to annual health check 2008/09.

## **2.0 RECOMMENDATION: That**

i) **The report is noted and the approach in 3.9 and 3.10 undertaken.**

## **3.0 SUPPORTING INFORMATION**

### **Introduction**

3.1 Since its introduction in 2005, the Healthcare Commission's new approach to assessing performance, known as the annual health check, has remained largely unchanged. This enables patients and the public to compare performance over time and identify where improvement has been made. Each NHS trust receives an overall performance rating in two parts – one rating for the quality of services and one for financial management. The detail behind the annual assessment has, however, been refined to make it relevant to particular trust types. More specifically, to do well trusts will need to give greater priority to the experience of their patients and service users, safety, the quality of clinical care, and the commissioning of services.

### **Applying the powers of health scrutiny to the annual health check**

3.2 The Health and Social Care Act 2001 enables OSCs to consider factors impacting the health of local people (the overview role) and to call the NHS to account on behalf of the local communities (the scrutiny role). The powers vested in local authorities to scrutinize health and healthcare are part of a package of the government public service reform agenda to ensure that communities, patients and the public can influence local services. The annual health check is thus a key opportunity for health scrutiny to comment on the performance of local trusts.

### **Feedback on Annual Health Check for 2007/08**

- 3.3 The Healthcare Commission says that the picture is one of “general improvement” with more trusts scoring “excellent” and “good”, and fewer scoring “fair” and “weak” for both parts of the overall performance rating. The report highlights good performance in relation to cancer waiting times, with improvements in smoking cessation. Performance in relation to convenience and choice in relation to hospital appointments “remains a concern”. The Healthcare Commission also expresses concern about the consistent failure of a significant number of trusts to meet hygiene standards, despite an improvement in reducing levels of MRSA.
- 3.4 The health check has received a largely favourable response from professional bodies and policy organisations, with some reservations. For example, The King’s Fund has expressed a worry that trusts are “responding to the measuring system more than the actual issues”, but points out that once Patient Recorded Outcome Measures become available, quality of service will be assessed in areas that matter most to patients and their families. The importance of the patient, carer and service-user perspective is something that HHPPB may wish to highlight in any submissions to the Care Quality Commission about how it goes about its work.

### **The Use of Evidence**

- 3.5 OSCs are not being asked to judge compliance, as that is the job of the Commission. They are being asked to provide evidence-based comments about how the NHS commissions and provides services, that relate to the Department of Health’s standards for healthcare services, and which the Healthcare Commission can use as part of its assessment to gauge whether the NHS body’s own assessment of compliance is accurate.
- 3.6 As with all forms of scrutiny, it is important that the comments made by a committee as part of the annual health check are supported by evidence:
- 3.7 ‘Evidence’ can be defined as *information and facts that are helpful in forming a conclusion or judgement.*
- 3.8 If the OSC commentary differs substantially from the Trust’s self-assessment, the OSC may be asked for further information to substantiate comments made.

### **Recommended approach for HHPPB**

- 3.9 Members of the HHPPB may find it helpful to receive a presentation from each of the local NHS trusts on progress to meeting the core standards followed by a formal presentation to the March HHPPB. It is therefore recommended that a working group be established in keeping with the approach adapted for the last annual health check. In addition, to evidence arising from these meetings, the response of the HHPPB would be enhanced by seeking the views and experiences of LINK members as

well as LINK representative being a member of the board from the end of 2008.

- 3.10 This annual health check report will be the final report that the Healthcare Commission will produce, as it is being merged into the new Quality Care Commission, which will commence work in April 2009. HHPPB may wish to give their views on the assessment criteria and process at an early stage to the new Commission-in-waiting, so as to influence its policy development in relation to the standards it prioritises when making assessments and how it goes about that process with individual trusts.

#### **4.0 POLICY IMPLICATIONS**

Local government and primary care trusts have a joint responsibility for improving the health and well-being of the local population through effective commissioning. As a consequence these two bodies are mutually dependent on each other's performance in order to make a significant difference to the lives of local people.

#### **5.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

##### **5.1 Children and Young People in Halton**

The annual health check covers all NHS Trusts including maternity services and childrens hospitals. Given these services are checked against national quality standards, the outcome of this process will have a detrimental or beneficial effect on the realisation of council priorities.

##### **5.2 Employment, Learning and Skills in Halton**

None identified.

##### **5.3 A Healthy Halton**

Effective health service delivery supports and complements HBC efforts to improve the health and well-being of the people of Halton.

##### **5.4 A Safer Halton**

None identified.

##### **5.5 Halton's Urban Renewal**

None identified.

## **6.0 RISK ANALYSIS**

6.1 Evidence provided to the Board will assess the extent to which local NHS trusts are meeting Better Standards for Health.

## **7.0 EQUALITY AND DIVERSITY ISSUES**

7.1 The key standards for self-assessment include equality and diversity issues.

## **8.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

None