Agenda Item No.10

Select Committee on Health and Adult Social Care – 22nd March 2007

Report of the Lead Officer to the Committee

The Health Care Commission's 'Annual Health Check'

Purpose of Report

1.1 To provide the committee with an overview of the 'annual health check' and as part of this consider the draft 2006/07 commentaries of the committee on the relevant performance of NHS bodies.

Background

Introduction

2.1 The Healthcare Commission was established in 2004 primarily to ensure improvement in health and healthcare.

2.2 The Commission is tasked with assessing the implementation of the Government's Standards for Better Health[1] based on the commitment that the assessment system will:

- provide organisations with clearer expectations on standards of performance
- help people to make better informed decisions about their care
- allow health professionals to develop and share information on good practice
- enable managers to focus on areas of concern and learn from good practice
- provide information to the Government about the quality and equity of services delivered locally to inform policy development[2]

2.3 The Healthcare Commission is therefore responsible for carrying out independent, authoritative, and patient-centred assessments of the performance of each local NHS organisation within England.

2.4 In 2005, the Commission launched the new approach to assessing performance, known as the annual health check. The system is based on considering the performance of every local NHS organisation within the framework of national standards and targets set by Government.

2.5 Self-assessments and declarations about performance against standards can be supplemented by comments from representatives of patients and other partners in the community such as patient and public involvement forums, local authority overview and scrutiny committees (OSCs), the boards of governors of foundation trusts and Strategic Health Authorities. These are important for substantiating the self assessments and ensuring that different perspectives are incorporated into the final assessment. OSCs

[1] Department of Health, Standards for Better Health in National Standards, Local Action: Health and Social Care Standards and Planning Framework 2005/6-2007/8, July 2004
[2] Healthcare Commission, Partial regulatory Impact Assessment, March 2005

and other third parties provide important and useful feedback from communities and from the experiences and views of patients, that can help the Healthcare Commission to understand how trusts are performing. More importantly, the third party commentaries help the Commission to ensure that trusts are putting patients and the public at the heart of everything they do.

2.6 As well as direct input from OSCs, the Commission also works with representatives and related organisations, such as the Centre for Public Scrutiny, to gain a national perspective. Although NHS Trusts are required to invite them, OSCs and other third parties are not required to provide comments to the Healthcare Commission. In the first year of the health check, a number of OSCs chose not to comment for a number of reasons. It is important for OSCs and the officers supporting them, to be clear about the opportunity that is being presented to them by the Healthcare Commission. 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.

2.7 The Commission hopes that in addition to formal information exchanges between OSCs and NHS bodies, the annual health check will develop the relationship between OSCs and trusts resulting in improved dialogue at a local level.

2.8 OSCs may wish to use the health check to inform their work plans, for example to follow up issues identified in the previous year's assessment, and to focus discussions with the Trust during the year.

The Core Standards

2.9 The core standards (below) represent the minimum standards for services that must be met, for all patients, by all NHS bodies. The 24 standards were agreed by the Department of Health, in July 2004, and published in the document *Standards for Better Health*. The standards 'describe a level of service which is acceptable and which must be universal.'

Core standards

Domain 1: Safety
Domain outcomes: patient safety is enhanced by the use of healthcare processes, working practices and systemic activities that prevent or reduce the risk of harm to patients.

Domain 2: Clinical and cost effectiveness
Domain outcomes: patients achieve healthcare benefits that meet their individual needs through healthcare decisions and services, based on what assessed research evidence has shown provides effective clinical outcomes

Domain 3: Governance
Domain outcomes: managerial and clinical leadership and accountability, as well as the organisations' culture, systems and working practices, ensure that probity, quality assurance, quality improvement and patients safety are central components of all activities of the healthcare organisation.

Domain 4: Patient focus
Domain outcomes: healthcare is provided in partnership with patients, their carers and relatives, respecting their choices, and in partnership with other organisations (especially social care organisations) whose services impact on patient well being.

Domain 5: Accessible and responsive care
Domain outcomes: patients receive services as promptly as possible, have choice in access to services and treatments, and do not experience unnecessary delay at any stage of service delivery or the care pathway

Domain 6: Care environment and amenities
Domain outcomes: care is provided in environments that promote patient and staff well-being and respect for patients' needs and preferences in that they are designed for the effective and safe delivery of treatment, care or a specific function.

Domain 7: Public health
Domain outcomes: programmes and services are designed and delivered in collaboration with all relevant organisations and communities to promote, protect and improve the health of the population services and reduce health inequalities between different population groups and areas.

A full list of the standards is available on the Healthcare Commission website www.healthcarecommission.org.uk

2.10 The core standards apply to all NHS services, whether they are provided by PCTs, ambulance trusts, care trusts, mental health trusts, learning disability trusts, specialist trusts or acute trusts (including foundation trusts). It is recognised, however, that some standards will not be as applicable to some NHS bodies, and that some will need to be applied differently to reflect the activity of that particular organisation.

2.11 The 24 standards are divided into 7 'domains', each addressing a specific area of expertise. Within each domain are individual standards to be met.

Health and Adult Social Care Select Committee context

2.12 It is not the role of the Select Committee on Health and Adult Social Care (SCHASC) to verify whether an NHS body has assessed its evidence correctly. This is an opportunity for the SCHASC to consider services and issues that they have scrutinised or discussed during the municipal year.

2.13 The Healthcare Commission has been clear that Health OSCs are invited to comment on the core standards that are most relevant to them based on EVIDENCE put forward to committee for example through scrutiny reviews undertaken, presentations to the committee etc. The Committee should not feel obliged to comment on all standards and should identify their local priorities and the standards that are most appropriate to comment on.

2.14 However, it is NOT a requirement for OSCs to comment but the Commission is keen to ensure that the views of communities, as identified by OSC members in their role as democratically elected community leaders, are incorporated into the final assessment. A commentary on a trust is an opportunity for an OSC to collate information about its engagement with the trust over the year, and to link it to the standards of performance that the trust has to meet.

2.15 Based on limited evidence put forward to the committee relating to the 24 standards over the past year it has only been possible to comment on a few of the domains and standards. The draft comments for the Primary Care Trust, West Midlands Ambulance Service and the Dudley Group of Hospitals are attached for endorsement.

2.16 In order to improve on depth and frequency of commentaries next year it is recommended that the HASCSC use each of the domains to inform the 07/08 work programme. One way of achieving this could be requesting each NHS body to present compliance with each of the domains and standards throughout the committee. This would enable the HASCSC to highlight areas for improvement for scrutiny. Another approach could be the working/sub group system below which worked well at Swindon Borough Council:

CASE STUDY

swindon borough council –

using a task group approach

Profile

A unitary authority with four NHS bodies commissioning or providing services for local people. Three of the NHS bodies also provide or commission services within neighbouring local authorities.

Process

The OSC met with the PCT and Trusts in October 2005 when the trusts provided an outline of their draft declarations. The OSC agreed a statement to be included with the draft declaration stating that at the time it was not in a position to provide a commentary.

The OSC established a small task group to focus on the core standards with the intention of providing an informed and detailed commentary for inclusion in the final declarations. The task group met with the NHS, discussed performance against core standards and provided a commentary to each Trust by April 2006. The process was divided into three distinct phases:

1 consolidation and work planning
2 evidence gathering
3 recommendations and commentary

The Task Group was supported by an advisor from the Centre for Public Scrutiny who had been involved elsewhere in commenting on draft declarations. The advisor helped the OSC to identify an action plan. The Group also tried to engage with PPI Forums but this was not successful.

The Task Group invited all trusts to present their declarations on the core standards and focussed on:

- whether there was evidence of compliance or non-compliance and in what areas;
- plans for improvement.

Challenges

- The Task Group found the initial discussions challenging and was not able to comment at the draft stage;
- discussions with the NHS suggested that they found the self-assessment process difficult;
- commenting on services that cross the boundary with Oxfordshire.

Outcomes from scrutiny

- Informing the work plan and aiming to improve commentaries in the second year;
- forming a task group early in 2006/07 to provide comments on the core and developmental standards in April 2007.

Proposals

3.1 The committee endorse the evidence based commentaries of the Primary Care Trust, West Midlands Ambulance Service and Dudley Group of Hospitals on the 'Health Check' domains that have converged with the work of the committee 2006/07.

3.2 The committee employ the Commission's standards/domains to inform the 2007/08 work programme using the methods in 2.16 in order to broaden OSC commentaries in 2008.

Finance

4.1 There are no direct financial implications arising from this report at this stage.

Law

5.1 The relevant statutory provisions regarding the Council's Constitution are contained in Part 11 of the Local Government Act, 2000, together with Regulations, Orders and Statutory Guidance issued by the Secretary of State.

Equality Impact

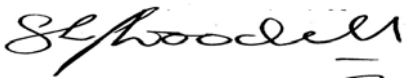
6.1 This report complies with the Council's equality and diversity policy.

Recommendations

7.1 That the proposals set out in paragraph 3.1 and 3.2 above be approved.

Background Papers

8.1 The annual health check in 2006/2007, Commission for Healthcare Audit and Inspection, 2006.



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Appendices

Dudley MBC
Select Committee on Good Health
Annual Health Check 2007
West Midlands Ambulance Service

The Healthcare Commission has been clear that Health OSCs are invited to comment on the core standards that are most relevant to them based on EVIDENCE put forward to committee for example through scrutiny reviews undertaken and detailed presentations on performance of a particular area of service.

In light of this, the Dudley Health OSC are unable to submit any comments as the work of the committee over the 2006/07 has not addressed any of the standards relating to WMAS. This was not helped by the controversial merger of the West Midlands, Coventry & Warwickshire, and Hereford & Worcester Ambulance Service NHS Trusts in July 2006. The organisational restructure that followed caused break down in what used to be a clear line of communication between the OSC and WMAS.

Pre July 2006 the WMAS was in regular contact via a dedicated community liaison officer who was easily contactable and a useful ‘one stop’ contact to facilitate health scrutiny work.

It must be noted that although the OSC considered a presentation by the WMAS in January 2007 its purpose was only to provide an update for members of progress in the post merger phase. The presentation covered a wide range of issues but lacked depth and therefore was not considered as ‘hard evidence’ of compliance on the relative standards.

The lack of commentary should not be a reflection of the OSC view on the working relationship with or performance of the WMAS. The OSC recognises that it must improve on the frequency and depth of commentaries next year. To do this it has been recommended that the OSC use each of the domains to inform the 07/08 work programme. To achieve this it has been suggested that the OSC request the WMAS to present evidence of compliance with each of the domains and standards over the 07/08 term of committee meetings. The OSC expects that by building in the standards to the OSC programme it would highlight areas for improvement for further scrutiny work and develop the relationship between the OSC and WMAS resulting in improved dialogue at a local level.

Dudley MBC
Select Committee on Good Health
Annual Health Check 2007
Dudley PCT

Background.

The OSC has maintained a robust working relationship with the new Dudley PCT throughout the merger of the former Dudley South and Dudley Beacon and Castle PCTs. We attend all PCT board meetings and PCT representatives also attend our six-weekly committee meetings. Additionally, we consult the PCT about the development of our work programme and the PCT consults with us at an early stage about service developments. The PCT have given us excellent support so far at the evidence gathering phase of the Stroke Services Review.

The OSC recognises that it must improve on its third party commentaries on the health check standards for 2008. In order to progress the depth and frequency of commentaries next year it has been recommended that the OSC use each of the domains to inform the 07/08 work programme. To achieve this it has been suggested that the OSC request the PCT to present evidence of compliance with each of the domains and standards over the 07/08 term of committee meetings. The OSC expects that by building in the standards to the OSC programme it would highlight areas for improvement for further scrutiny work and develop the relationship between the OSC and PCT resulting in improved dialogue at a local level.

Clinical Cost and Effectiveness.

Since its creation the PCT has always achieved financial balance, although this has not been an easy task. This sound financial management has enabled it to develop its services.

Committee has received some very useful reports on performances of services over 2006/7. For example, the OSC learned from a report on audiology that the current waiting time in Dudley for a hearing aid for a new patient is under 13 weeks for both adults and children, which is in line with the national target. Members welcomed the fact that despite national funding issues highlighted by the RNID an extra £500,000 was invested in audiology services for 2006/07. This investment directly resulted from the consideration of findings from a paper presented to the PCT Board in November 2006. The PCT have also identified an additional £200,000 in the LDP for 2007/08.

Patient Focus.

The PCT has set up a number of excellent initiatives. Foremost among these are the Expert Patient Programme and the Health Panel, which has a large membership for its Health Panel. The Panel meets bi-monthly to discuss many local health matters and the views of the Panel are fed into the PCT's decision-making process.

The Expert Patient Programme has been very successful and the PCT has decided to expand its activities and has appointed a full-time manager so that more patients with long-term conditions can be involved.

In addition to these the PCT has encouraged the creation of Patient Panels in GP surgeries, which have also made several achievements. For example, one such achievement was the successful campaign for planning permission for a pharmacy.

Public Health.

The PCT recently gave the Committee helpful information when we examined
a) The local prevalence of tuberculosis.
b) The withdrawal of blanket vaccinations in Dudley schools.
c) The measures in place to tackle obesity in the borough.

A presentation was submitted by the Nurse Consultant on Communicable Diseases, on behalf of Dudley Public Health, on the prevalence of tuberculosis and implications of the withdrawal of blanket vaccinations in Dudley schools. A member of the public had raised the issue of withdrawal of blanket vaccinations in schools at a previous meeting of the committee. The Nurse Consultant on Communicable Diseases stated that in July 2005 the Chief Medical Officer had issued a statement outlining the changes in BCG vaccination policy. It had been agreed that blanket vaccinations would be withdrawn as the BCG vaccination was not guaranteed to give a 100% protection, numbers of cases had dramatically fallen and “at risk“ groups were easier to identify. It was noted that Dudley had had on average thirty-three cases since 2003, a rate of eleven per every hundred thousand cases of tuberculosis, and was not considered a high risk in the list of contagious diseases. Vaccinations were now given based on occupation such as National Health Service workers where they could have to care or nurse patients with the disease, veterinary staff due to tuberculosis in cattle and people who had to travel to endemic areas for long term work such as health care workers. Following discussion by Members, It was agreed that to ease public concern the Director of Public Health be requested to issue a statement on the BCG vaccination to be distributed to Dudley schools by the Directorate of Children’s Services. It was also confirmed that members of the public could contact the Nurse Consultant on Communicable Diseases at any time with concerns over such diseases.

Another example of OSC and Public Health interaction was the tabling of the first obesity strategy annual monitoring report in January 2007 detailing progress from July 2005 to July 2006, highlighting areas of good progress and problem areas for 2006 targets and early warning signs for problem areas for 2007 – 2010 targets. Members noted that obesity was now recognised as a major public health problem requiring action both by the NHS and Local Government. It was resolved that the OSC should monitor progress relating to the implementation of the Multi-Agency Strategy to tackle Obesity.

Dudley MBC
Select Committee on Good Health

Annual Health Check Statement
Dudley Group of Hospitals

Background.

The Select Committee on Good Health and Dudley Group of Hospitals have a good working relationship. The DGOH Chief Executive and senior officers are in regular contact with us and answer our questions promptly. We consult DGOH about the development of our work programme. We had excellent support and cooperation from DGOH when we were carrying out our review into Wheelchair Services. We have also had excellent support so far in the evidence gathering stage of the Stroke Services Review.

The OSC recognises that it must improve on its third party commentaries on the health check standards for 2008. In order to progress the depth and frequency of commentaries next year it has been recommended that the OSC use each of the domains to inform the 07/08 work programme. To achieve this it has been suggested that the OSC request the PCT to present evidence of compliance with each of the domains and standards over the 07/08 term of committee meetings. The OSC expects that by building in the standards to the OSC programme it would highlight areas for improvement for further scrutiny work and develop the relationship between the OSC and PCT resulting in improved dialogue at a local level.

Clinical Cost and Effectiveness

The committee understands that Dudley Group is in the top 60 hospitals nationally and it the only three star trust in the Black Country.

Patient Focus.

It is worth noting that DGOH treats around 500,000 patients each year and receives on average around 360 complaints and ten times as many compliments as complaints.

Our recently concluded review of the Wheelchair Service in Dudley found that is well run, provides a good service for users, and is well thought of by those who use the Service. The Committee commends the Wheelchair Service Department for the excellent work it does in providing a high quality service and in particular the provision of bespoke chairs and cushions for its clients and for the skill of its staff.

We have made a series of recommendations which we hope will improve still further what is already a very good service.

DGOH has an excellent PALS and has a number of patient groups. We are aware that DGOH does listen to what patients are saying and does improve systems and practices as a result of patients' comments gathered from NHS surveys, PALS' reports and complaints.

The DGOH works well with Social Services and other Local Authority Directorates, the Voluntary Sector and local business. During an OSC working group visit to the Stroke

Unit Russell’s Hall Hospital, as part of the ongoing Stroke Services Review, members were provided with one of the packs provided by the stroke services association containing information leaflets and useful support contacts. Members were also informed that representatives from the association provide support to ward patients.