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## Health Scrutiny Committee

11 June 2007

### Report of the Head of Civic, Democratic and Legal Services

### Annual Health Check 2006/2007

#### Summary

1. This report is to update members about the commentaries on the self-assessment declarations of NHS trusts which were submitted by this Committee in April 2007.

#### Background

2. The Healthcare Commission is an independent body which is responsible for assessing and reporting on the performance of NHS and other healthcare organisations.
3. In 2005/6 they introduced a new system of assessment for the NHS – the annual health check. This looks at a broader range of performance than the previous system of star ratings. A key part of the annual health check is the rating of every NHS organisation on quality of services and use of resources. The aim is to ensure that healthcare organisations offer high quality services as well as value for money.
4. The first year of the annual health check concentrated on ensuring that basic core standards were being met. This continued into year two but with an increasing focus on whether NHS bodies are driving improvement in the commissioning and delivery of healthcare.
5. To demonstrate achievement of the core standards NHS trust boards are required to make a self assessment and a public declaration on the extent to which they consider that they have met the standards. These declarations can be supplemented by third party comments from partners in the community such as local authority overview and scrutiny committees (OSCs). These are considered to be important as they substantiate the self-assessments and ensure that different perspectives are included in the returns. OSCs can provide important feedback to the Healthcare Commission from communities and their

elected representatives that can help develop understanding as to how the trusts are performing. Also third party commentaries help the commission to ensure that trusts are putting patients and the public at the heart of everything they do.

6. The former Social Services and Health Scrutiny Committee participated in the first health check in 2005/6. In order to prepare for this the Committee held an informal seminar in October 2005 with the Patient and Public Involvement Forums and representatives of the NHS Trusts. The Trusts were asked to discuss their draft declarations and then Committee members held a formal meeting to agree which of the core standards they wished to comment on.
7. There was no draft declaration for 2006/7 and final declarations were due by the end of April 2007.
8. On 12 February 2007 this Committee delegated to Cllr Sandy Fraser and former Cllr Ian Cuthbertson the task of creating a commentary on the declarations of any of the NHS trusts that they consider to be appropriate with a view to reporting back to a future meeting.
9. The supporting Scrutiny Officer and Cllr Fraser attended a briefing by the Healthcare commission in February 2007 in which they learned about the kind of data that creates good quality commentaries. This needed to be clear and concise, relate to one or more of the standards that trusts have to measure and also contain evidence from a wide range of sources.
10. They also learned that the Healthcare Commission uses a software tool to extract relevant intelligence from the commentaries and allocate them to the standards – each piece of intelligence could be weighted as positive or negative and have different levels of association with a particular standard.
11. In view of the methods of data management used by the Healthcare Commission the two members decided to comment only on the standards for which they had measurable evidence. They recognised that their attempts in 2005/6 to comment on all 24 standards may have resulted in anecdotal evidence which might not have been good quality data.
12. If members do provide evidence-based information about how patients and the public are experiencing NHS services it forms a valuable contribution to the self-assessment. OSCs are invited to comment because the Healthcare Commission recognises that information collected in Scrutiny reviews and through discussions between Health OSCs and NHS Trusts about the

planning and development of health services can provide a view of patient and public experience that cannot be collected from anywhere else. Consequently the comments that were sent to the trusts by City of York Council's Health Scrutiny Committee were as follows:

### **13. North Yorkshire and York PCT**

*Core Standard 22a – Healthcare organisations promote, protect and demonstrably improve the health of the communities served, and narrow health inequalities, by cooperating with each other and with local authorities and other organisations.*

Examples of cooperative work between the Council and the PCT include:

- Decommissioning a sheltered housing scheme and then leasing it at a peppercorn to the PCT for use as an intermediate care centre
- Recent closure of 2 long stay units for people with a learning disability and replacement with supported living schemes in the community
- Jointly commissioning a new long term supported housing scheme for people with mental health problems with funding from the Housing Corporation and Supporting People Programme.

The Council recognises that there could be improvements from stronger structural integration of commissioning & delivery processes at the individual and service level.

### **14. York Hospitals NHS Trust**

*Core Standard 16 – Healthcare organisations make information available to patients and the public on their services, provide patients with suitable and accessible information on the care and treatment they receive and, where appropriate, inform patients on what to expect during treatment, care and after care.*

A member of the Health Scrutiny Committee is a representative on the Hospital's Patient Experience Monitoring Group, an initiative which provides evidence to the hospital of patients' views about the services it provides. Health Scrutiny committee members also see reports on contacts that the Hospital's PALS service has received via an informal group for all Health stakeholders in York. Members are also in contact with the Hospital's Patients' forum and have been represented at their meetings and are aware of their work.

*Core Standard 22a – as above*

Officers from York District Hospital have co-operated with City of York Council's Health Scrutiny Committee and made a valuable contribution to their scrutiny of local health services.

The Chief Executive, the Director of Operations and other officers frequently attended formal Scrutiny Committees as well as a high-profile public meeting to explain the impact on their services of the PCT's cost-saving measures.

At all these meetings the Hospital Trust were open about the need reduce the number of procedures carried out at the hospital. They always emphasised that these decisions must be made with the PCT for clinically sound reasons and that community alternatives must be in place before services can be reduced.

They also explained fully that the move to under 24-hour stays in the hospital would increase procedures completed whilst reducing risk of infection, whilst recognising that a longer period of care or assessment would still be available for those who were in need of it.

#### **15. Yorkshire Ambulance Trust**

*Core Standard 22a – as above*

Officers from Yorkshire Ambulance Trust have cooperated with City of York Council's Health Scrutiny Committee by providing information whenever requested. Their response to requests has been acceptable, they have also consulted members about proposed changes to the organisation of services and provided full details of provision.

They have also provided speakers on aspects of their services if requested by members and been open and forthcoming about all issues.

#### **Consultation**

16. During March 2007 Cllr Fraser and former Cllr Cuthbertson held briefings with representatives of York Hospitals NHS Trust and North Yorkshire and York Primary Care Trust in order to discuss their declarations.

#### **Options**

17. This report is for information only so there are no options for members to select from.

### **Analysis**

18. This report is for information only so no analysis is relevant at this stage.

### **Corporate Priorities**

19. Relevant to Corporate Priority 7 – Improve the health and lifestyles of the people who live in York, in particular among groups whose levels of health are the poorest.

### **Implications**

20. There are no known financial, HR, equalities, legal, crime and disorder, IT or other implications at this stage.

### **Risk Management**

21. In compliance with the Councils risk management strategy, there are no known risks associated with the recommendations of this report.

### **Recommendations**

22. Members are asked to note this update, reflecting the position as at the end of the last municipal year;

23. Members are asked to note that at the end of 2007 or early 2008 they will be invited to prepare a commentary on the trusts' performances during 2007/8 and they should take this into consideration when planning their work for the rest of the municipal year.

Reason: In order to carry out their duty to promote the health needs of the people they represent.

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**Report Approved**



**Date** 1.6.07

**Specialist Implications Officer(s)** *None*

**Wards Affected:**

**All**



**For further information please contact the author of the report**

**Annexes**

None

**Background Papers**

None