

Report Title: **Annual Health Checks – Overview and Scrutiny Committee Comments on Core Standards Self- Declarations by Local NHS Trusts**

Report of: **Chair of Overview and Scrutiny Committee**

Wards(s) affected: **All**

Report for: **Non-Key Decision**

### **1. Purpose**

To seek approval for the proposed method by which the Committee will feed back comments on the Annual Health Check in 2008.

### **2. Recommendations**

- 2.1 That the proposed role of the Committee in feeding back comments on the on Core Standards Self-Declarations by local NHS Trusts, as part of the Annual Health Check process, be approved.
- 2.2 That the dates of meetings that have been arranged with PPI Forum members for each of the local NHS trusts relevant to Haringey to consider their core standards self declarations be noted.

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### **4. Reasons for any change in policy or for new policy development (if applicable)**

Not applicable

### **5. Local Government (Access to Information) Act 1985**

The background papers relating to this report are:

Assessment for Improvement – The Annual Health Check; Criteria for Assessing Core Standards (Healthcare Commission)

These can be obtained from Robert Mack – Principal Scrutiny Support Officer on 020 8489 2921,  
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## 6. Report

- 6.1 The Annual Health Check is the way that all NHS trusts are now assessed on their performance. It was introduced two years ago to replace the previous “star rating” system and is undertaken by the Healthcare Commission, who are the body charged with ensuring that healthcare services are meeting standards. It aims to determine whether NHS trusts are getting the basics right and making and sustaining progress. Final results are announced each autumn.
- 6.2 A key part of the assessing whether trusts are getting the basics right is looking at their performance in meeting 24 “core standards”. These are fundamental responsibilities that the government believes that all NHS trusts should meet. All trusts undertake a self assessment and comments on how well they are doing against these are requested from Patient and Public Involvement (PPI) Forums and Overview and Scrutiny Committees (OSCs). The comments are supposed to act as a “reality check” so that the self declarations reflect how local communities view their local NHS trusts.
- 6.3 For this process, the Committee has previously decided to focus its attention on the four NHS trusts that are of most relevance to Haringey. These are:
- Haringey Teaching Primary Care Trust (TPCT)
  - Barnet, Enfield and Haringey Mental Health Trust (MHT)
  - The North Middlesex University Hospital (NMUH)
  - The Whittington Hospital
- 6.4 In both 2006 and 2007, the Committee held a Health Scrutiny Conference to consider, amongst other issues, the self assessments of these trusts. A small number of core standards (8) were selected for the event, which were ones that stakeholders and, in particular, patient and voluntary and community organisations, were felt most likely to be able to comment meaningfully on. These covered issues like the quality of patient care, provision of information, hospital food and partnership working.
- 6.5 The final comments were drafted after consideration of feedback and conclusions from the conferences. In addition, a trawl of all health scrutiny work that the Overview and Scrutiny Committee undertook during the previous year, such as information from health scrutiny reviews, was undertaken and relevant issues from these taken into account.
- 6.6 The Healthcare Commission has stated that comments should, if possible, be backed up by evidence. By evidence, it means that comments should be as

factually based as possible, although they do not ask for any supplementary evidence to be provided. It has also stated that it welcomes all comments as virtually any can be linked into individual standards.

- 6.7 There is some evidence to suggest that in the first year of health check, the comments from health OSCs were of limited use in cross-checking declarations. The Healthcare Commission undertook an analysis of responses and information from third parties such as OSCs and PPI Forums. All items of intelligence were weighted as “good”, “average” and “poor” in terms of their usefulness as evidence. While 53% of evidence from PPI forums was considered “good”, only 14% of evidence from health OSC was considered “good”.
- 6.8 It appears therefore that whilst all comments may be welcome, they may not necessarily be that effective in providing a “reality check” unless they are backed up with some supporting evidence. Feedback from in depth scrutiny reviews is therefore more likely to be of use in this process. Many of the comments that were obtained via the scrutiny conferences, whilst they provided a very useful perspective on user perceptions of local NHS services, could not be backed up to the same degree. However, the conferences provided a number of additional benefits for the OSC including raising issues of concern for consideration for inclusion within the OSC’s workplan and developing better links with health stakeholders and patient groups.
- 6.9 Since last year’s conference, there have been some major changes in the patient and public involvement in health due to the Local Government and Public Involvement in Health Act. Patient and public involvement (PPI) forums will be abolished from 1 April and be replaced by local involvement networks (LINKs). Patient organisations are therefore currently in period of transition and are still likely to be so when comments on the core standards self declarations are due in April. If another conference were to be held, it would be important to ensure that there were significant numbers of patient representatives present and this would be a considerable challenge due to the timing.
- 6.10 It is therefore proposed instead that Members of the Committee visit each of the local NHS trusts when the core standards are being discussed with appropriate patient and public representatives. Information from these discussions can subsequently be fed into the OSCs comments on the core standards. The following meetings have so far been arranged:
- NMUH; 6 March at 2:00 p.m.
  - Haringey TPCT; 10 March at 2:00 p.m.
  - The Whittington Hospital; 17 March at 2:00 p.m.
  - MHT; 14 April at 2:00 p.m.
- 6.11 In addition, the OSC’s draft comments will also be derived from a trawl through all health scrutiny work that has so far taken place this Municipal Year. A report outlining suggested OSC comments on the core standards declarations of all the local NHS trusts will be submitted to the April meeting of the Committee.

- 6.12 It is again suggested that the discussion on the core standards be focussed on a select number of them, which are those that Members are most likely to be able to provide feedback on. These are attached as Appendix A.
- 6.13 LINKs will be operational from 1 April and will provide the OSC with a means of engaging with a wide range of patient groups and health and social care organisations. This may provide the opportunity for the OSC to consider the feasibility of another health scrutiny event in 2009, in collaboration with LINKs.

## **7. Equalities Implications**

- 7.1 The Core Standards refer to the need for health and social care to be accessible for all sections of the community and one of the select number of standards that it is suggested that Members focus discussion on when meeting with local trust – C18 – refers explicitly to equalities issues.