

# Annual Health Check 2005/06 – Bebington and West Wirral PCT & Birkenhead and Wallasey PCT

## 1. Introduction

On October 12<sup>th</sup> the Healthcare Commission released the results of the first annual health check for all NHS organisations in England. This paper outlines the results for Bebington and West Wirral and Birkenhead and Wallasey PCTs, and gives an overview of systems being put in place to maintain existing good practice and to improve performance where required.

## 2. Health Check Components

The annual rating is made up of a number of components, which the Healthcare Commission combines to produce scores for 'Quality of Services' and 'Use of Resources'.

- The Quality assessment comprises the declaration against the core standards, performance against existing and new national targets, and assessments from relevant Improvement Reviews conducted in-year.
- The Use of Resources score is based on the Auditors' Local Evaluation' (ALE) assessment, which considers financial management, financial reporting, value for money, internal control, and financial standing.

Organisations are assessed as 'excellent', 'good', 'fair' or 'weak' for each of the two measures.

## 3. PCT Results

The results for Wirral PCTs were as follows:

Assessment	Component	BWW PCT	BKW PCT
<b>Quality of Services</b>	Core Standards	Fully met	Fully met
	Existing Targets	Almost met	Almost met
	New Targets	Good	Good
	Improvement review (Tobacco Control)	Excellent	Excellent
	Improvement Review (Substance Misuse)	Excellent	Excellent
	Improvement Review (mental health services)	Good	Good
<b>Overall quality score</b>		<b>Good</b>	<b>Good</b>
<b>Use of Resources</b>	Financial management	2	3
	Financial reporting	3	3
	Financial standing	3	3
	Value for money	2	2
	Internal Control	2	2
<b>Overall resources score</b>		<b>Fair</b>	<b>Fair</b>

Appendix 1 details targets not fully met by either or both organisations (sheet 1), and overall results for providers in the local area and for local PCTs (sheet 2) It should be noted that Birkenhead and Wallasey & Bebington & West Wirral were the only PCTs in Cheshire and Merseyside to be awarded a score of 'good' for quality of services, and that no PCT in the old SHA area scored above 'fair' for use of resources.

Nationally, results for PCTs were:

	Excellent	Good	Fair	Weak
Quality of Services	2%	31%	59%	8%
Use of Resources	0%	8%	51%	41%

#### **4. 2006/07 Annual Health Check**

Systems are being put in place to ensure that examples of good practice, which contributed to the achievement of most of the core standards and targets for both PCTs, are maintained and where possible improved. However Wirral PCT will need to ensure an increased focus on areas for improvement, and on effective systems to respond to increasingly challenging standards and targets.

##### **4.1. Quality of Services**

###### **4.1.1. Healthcare Standards**

Preparation is underway for assessment and completion of the 2006/07 Declaration. This includes identifying lead Directors and committees or working groups for each standard, assessing evidence available to support compliance, and identifying sources of assurance against which to judge commissioned services. Board assurance for performance against the standards will be driven via the Assurance Framework, which will be further developed to ensure that any risks are quickly identified and mitigation plans developed and implemented.

As before, the PCT will be held accountable for the quality of services it commissions from all providers, but the Healthcare Commission is likely to focus more strongly on this area for 2006/07. As agreeing and monitoring quality standards and metrics was highlighted as an area needing improvement within the FfP assessment, further work will need to be focused on this area.

###### **4.1.2. National Targets**

Wirral PCTs had a robust monitoring system in place for the targets, with monthly reports submitted to the Joint Finance and Performance Committee, and a similar process will continue for Wirral PCT. Published performance for both PCTs was as expected, however for some targets detailed thresholds for achievement are not clear until the Health check ratings are made available.

Both PCTs achieved 20 and in combination failed 3 of the new and existing targets. As shown in Appendix A, areas where targets were not fully met principally focus on ambulance response times, provision of mental health services, case management for very high intensity users and (for Bebington and West Wirral) smoking cessation targets. In all these areas significant efforts have already succeeded in improving performance, but considerable work remains if targets are to be achieved for 2006/07.

###### **4.1.3. Improvement Reviews**

The Healthcare Commission will publish topics for reviews in advance, although detailed plans are unlikely to be available. However by ensuring a system of effective horizon scanning, and building on close links with health and social care partners, Wirral will work to achieve good results in future reviews.

Over time, the number of improvement reviews is likely to reduce as assessment against developmental standards is made more robust and comprehensive. As these standards focus more on system-wide performance than do the core standards, effective joint working will be an important factor in success.

#### **4.2. Use of Resources**

Lessons learnt from the ALE process for 2005/06 will be applied to that for 2006/07, both in the way in which the organisation responds to the review and in work needed to improve actual performance. Wirral PCT will need to ensure evidence is available to demonstrate concerted efforts to ensure 'value for money', as this is one of the three key areas which need to score at least 3 for the organisation to be judged 'good' or better.

#### **4.3. Monitoring**

Monitoring reports will be presented to the Corporate Directors Group, Finance and Performance Committee and Board. Where risk of non-compliance is identified, mitigation plans will be produced setting out the level of risk, resources required to improve performance, and consequences to the organisation of non-achievement.

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