



**Annual Report of Wigan  
Council's Health Select  
Committee  
2005/06**

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## **1. Introduction and Role of Health Scrutiny**

Local authorities were given responsibility for the Overview and Scrutiny of NHS and Social Care Services in January 2003. In Wigan, this responsibility is delegated to the Health Select Committee of the Overview and Scrutiny Committee.

This report contains a summary of the key areas of activity for the Health Select Committee from June 2005 to March 2006.

It has been another busy year with the Committee looking at a range of topics that includes:

- Responding to formal consultations
- Scrutinising local NHS and Social Care developments
- Scrutinising national and regional health care issues.

As a regular part of our work we also take an overview of the performance of Ashton, Leigh and Wigan PCT and Wrightington, Wigan and Leigh NHS Trust. You will find a summary of their performance in the next section.

The Select Committee is chaired by Councillor John O'Brien and its membership includes Councillor Joan Hurst, Councillor Maggie Coghlin, Councillor Bob Splaine, Councillor Michael Winstanley and Councillor Charles Rigby. The Committee is advised and supported by Katherine Fairclough and Diane Taylor.

## **2. Overall performance of NHS Trusts 2005/06**

Each quarter the Committee looks at the performance of our local NHS Trusts.

Overall performance on national performance indicators has been on target. A summary of performance from information received up to the end of the financial year is shown below:

### **ALWPCT**

The Healthcare Commission awarded the PCT a rating of 3\* for 2004/5. All key targets were achieved and the trust was placed in the top band of performance for access to quality services, improving health and quality provision.

Our response to the trusts health care standards declaration for April 2006 includes comments about our successful relationship with the them, the improvements in performance information, success in the implementation of the LIFT buildings and improved methods of using feedback from the public and patients to improve services. We did however feel that the trust could be more proactive in the way it provides the committee with information to update health scrutiny members.

The PCT's newly introduced performance monitoring framework, identifies high, medium and low risk targets and additional targets such as those included in the Local Area Agreement (LAA).

January 2006 performance papers identify 19 out of 50 Healthcare Commission targets as low risk. Based on the latest data 12 targets have been categorised as high risk and a further 7 targets are categorised as medium risk.

Members are provided with performance management information on those targets that are classed as high risk. We are assured by the Trust that these targets are discussed with service providers at routine contract monitoring meetings and action plans detailing work being undertaken have been received. We will continue to monitor performance on a monthly basis and feedback to members on a quarterly basis.

### **Wrightington, Wigan, & Leigh NHS Trust**

The Healthcare Commission awarded the Trust a rating of 3\* for 2004/5. All key targets were achieved with the exception of financial management, which was classed as under achieving and the Trust was placed in the top band of performance for clinical focus, patient focus and capacity and capability.

Our response to the Trusts health care standards declaration for April 2006 includes comments about our successful relationship with the Trust, improved levels and formats of information for patients and the public and improved methods of using feedback from the public and patients to improve services. However we found limited examples of real patient experiences collected as part of Patient and Public Involvement and we feel that the trust could be more proactive in the way it provides the committee with information to update health scrutiny members.

Members are provided with high level monitoring of agreed performance areas and areas of low performance are highlighted.

### **5 Boroughs Partnership NHS Trust**

The performance of the 5 Boroughs Partnership is monitored through the PCT and we will continue to check progress through our regular performance reporting. The Healthcare Commission awarded the Trust a rating of 2\* for 2004/5. All key targets were achieved particularly in relation to the Mental Health Trust perspective.

We have been in discussion with the Trust regarding current and future information requirements from a Specialist Mental Health Trust perspective.

We have agreed to review future information requirements focussing on the provision of summary information in respect of overall financial performance, levels of service currently provided in Wigan and feedback from users and carers. This will link into revisions to the Trust's current Corporate Reporting framework and complement information already submitted to us by the PCT.

## Topics considered 2005/06

Mental Health Options Appraisal	June 2005
Provision of health information in other formats	June 2005
Podiatry Services	June and September 2005
Wigan Borough's Children and Young Peoples Plan	August 2005
Joint working with PPI Forums	August 2005
Commissioning a Patient Led NHS	September 2005
Healthcare Standards Declaration	September 2005 and March 2006
Assisted conception	October 2005
Patient and Public Involvement	December 2005
Report back on progress with the implementation of the Health Inequalities review	February 2006
Consultation on new Strategic Health Authority arrangements in the North West of England	March 2006
Consultation on reconfiguration of Ambulance Services NHS Trust in the North West	March 2006
Formal consultation on the reconfiguration of children's health services in Greater Manchester, East Cheshire, High Peak and Rossendale - 'Making it Better' proposals	March 2006

## **4. Local Developments**

### **Mental Health Options Appraisal**

John Marshall, Project Director at Ashton, Leigh and Wigan PCT attended the Committee to describe the Options appraisal. The Primary Care Trust had commissioned the Options Appraisal in April 2005 to consider the future arrangements for the management, organisation and delivery of modern Mental Health Services for the residents of the Borough.

Although commissioned by the PCT this piece of work was undertaken in partnership with the Local Authority, the 5 Boroughs Partnership Trust, together with service users and carers.

The Select Committee particularly focused on social inclusion and mental health service users and involvement of the voluntary sector and whether the CAMHS service would be part of this options appraisal. (CAHMS will be considered as part of the wider restructure of Children and Young People's services to achieve the 'Every Child Matters' agenda.)

Bernard Walker, Director of Adult Services attended the Committee in February 2006 to update on progress. The outcome of the options appraisal was a report to the November 2005 meeting of the PCT Board.

This recommended the establishment of a Joint Mental Health Partnership Board to develop a model of management, which delivers locally sensitive and integrated Mental Health Services. The Director of Adult Services, Director of Children and Young People's Services and Assistant Director Commissioning represent the Authority on the Board.

The Committee asked to receive a further progress report in six months time.

## **Podiatry - Best Foot Forward!**

Adrian Mather, Podiatry Services Manager from Ashton, Leigh And Wigan PCT attended the Committee to describe changes to services in the borough. This was not classed as a substantial variation to the service and therefore was not a formal consultation.

In essence the changes amount to targeting of resources at people with greatest need, to reduce waiting times and ensure those that really need the service get it. Such service redesign had already been implemented in neighbouring areas of Bolton and St Helens. Waiting times at the time of the presentation, September 2005 amounted to more than 140 weeks.

The proposals are for a stricter assessment process based on clinical need.

Adrian referred to a report carried out highlighting the view of elderly people on podiatry services. The link to this report 'Best Foot Forward – report summary' <http://www.research.plymouth.ac.uk/podiatry/>. It identifies that older people seek NHS podiatry services for various reasons including limited mobility, inability to manage self-care, and a belief that free care should be available for people with 'bad feet' who have difficulty paying for private treatment. When patients are discharged from NHS podiatry care they may opt for private podiatry care if they can afford it. Others may rely on their partner or a family member for help, but this can often be problematic, especially if the partner or relative is also old and has difficulty bending.

Adrian described in response to Members questions that of all 65 year olds, receiving services under the old scheme the percentage that experienced long term conditions was 10% – but this wasn't always a condition that affected the feet.

Adrian's conclusion was that there was no real clinical need for the vast majority to be seen. Hence the need to review the assessment criteria and provide the service in an alternative way.

Members accepted the reasons behind the necessary changes to podiatry services. But felt it would be useful to compare the impact of the changes in other areas.

We received responses to our enquiry for comparative information from Rochdale PCT, Sheffield PCT, Oxfordshire PCT, Bolton PCT. All had reviewed the way in which they provided their service and had introduced a more targeted approach based on clinical need. It had resulted in shorter waiting times.

Members asked to be kept informed of the implementation of the new scheme.

### **Provision of health promotion information in other formats**

A local resident approached the Committee concerned about the quality and range of health information in other formats. His wife is blind and he was unhappy about the lack of preventative health care information available in Braille, tape and so on.

We approached Wrightington, Wigan and Leigh Trust and Ashton, Leigh and Wigan PCT and Wigan Council's Social Services department to find out what plans they have in place to improve the provision of health information in diverse formats.

All agencies responded to our requests. It emerged that information is available in Braille or tape or via a one-to-one discussion on request.

Documents are not routinely translated and this does raise broader issues about access to preventative health information for people with disabilities. This was therefore one of the issues we raised in our response to the draft health care standards declaration in October and the final declaration in March 2006.

## **Wigan's Children and Young People's plan**

### **A Joint Consultation with the Patient and Public Involvement Forum's of Ashton, Leigh and Wigan PCT and Wrightington, Wigan and Leigh NHS Trust.**

Elected Members and Forum members received a presentation on the background to Every Child Matters, highlighting the need for new Children and Young People's Plan for the Borough. The plan is based around the five outcomes:

- Be healthy
- Stay safe
- Enjoy and achieve
- Make a positive contribution
- Achieve economic well-being

This was followed up by a workshop session, which was used to complete the consultation document. The consultation sought their views on the strategic priorities and actions to deliver the priorities.

#### **Being Healthy**

The council and its partners have decided that the way in which they will achieve this for every child will be by:

- ◆ **Improving the overall mental and physical health of children and young people in the Borough.**
- ◆ **Reducing health inequality amongst different groups of children and young people.**

#### **Staying Safe**

The council and its partners have decided that the way in which they will achieve this for every child will be by ensuring that:

- ◆ **All children and young people live in a caring and safe environment that supports their personal and social growth.**
- ◆ **The provision for children and young people at risk of harm is strengthened.**

### **Enjoying and Achieving**

The council and its partners have decided that the way in which they will achieve this for every child will be by ensuring that:

- ◆ **All children and young people grow up in a stimulating and inclusive environment where they are helped to achieve their full potential and to celebrate their achievements. This might be through education, informal learning, leisure and recreation**

### **Making a positive contribution**

The council and its partners have decided that the way in which they will achieve this for every child will be by ensuring that:

- ◆ **Positive images of children and young people are established as active members of their family and community.**
- ◆ **All children and young people have opportunities to make a positive contribution to the wellbeing of the community.**

### **Achieving economic well being**

The council and its partners have decided that the way in which they will achieve this for every child will be by ensuring that:

- ◆ **We prepare and equip all children and young people to achieve economic well-being.**

A full consultation document was completed but in summary there was overall support for the priorities and the actions to deliver them.

Members were particularly keen that best use be made of available resources across all sectors to achieve improved outcomes for children and young people.

**Reconfiguration of children's and young people 's health services across Greater Manchester, East Cheshire, High Peak and Rossendale.**

The reconfiguration consultation continued into the 2005/06-year and looks likely to be concluded by **Friday 12 May 2006**. Councillor John O'Brien chairs the Joint Committee.

During September 2005 we responded to the Making It Better discussion document, participating in the Joint Committees response. Members agreed that it picked up on all points made by Wigan in our Select Committee review of 2004/05.

The formal consultation is underway and our response can be found in the next chapter.

## **Assisted Conceptions**

Paul Carroll, Assistant Director, Acute Services Ashton, Leigh and Wigan PCT attended the meeting to share the *Assisted Conception Discussion Document: Intra Uterine Insemination and In Vitro Fertilisation*.

The National Institute for Clinical Excellence had published guidance in February 2004 on fertility and the assessment of treatment for people with fertility problems. The Greater Manchester, Lancashire and South Cumbria PCT's had set up a task force to comment on the staged implementation of the NICE guidance with particular reference to in vitro fertilisation.

The task force recommended that

- The NICE female age criteria of 23-39 years inclusive at the time of treatment be adopted
- PCT's should commission just one cycle of treatment
- PCT's should aim for an 18 month waiting maximum waiting time from referral to tertiary care to treatment by March 2007.
- Treatment should be offered only to people who have a medically identified cause to their infertility of at least 3 years duration. (2 years for women over 35)
- Smokers would be expected to stop smoking before being accepted for treatment
- Prospective mothers should have a body mass index of 19-30 before being accepted for treatment and to maintain that whilst waiting for treatment.
- Each PCT was to consider how they would define childlessness. For Ashton, Leigh and Wigan PCT at the current time this is that "neither partner should have any live children regardless of the children's age". However the task force recommends that they adopt a policy of "only one partner must not have any live children" by March 2007.

Member's questions focused on comparable services across the country; how it is evidenced that people have quit smoking; access to information and the referral process.

The new policy will be implemented from 3 April 2006.

## **Patient and Public Involvement in Wigan Borough**

One of the issues that had emerged when responding to the Healthcare draft core standards declaration was a lack of awareness of the extent of patient and public involvement in service delivery and planning in the Borough.

Following submission of our responses we were contacted by ALW PCT and WWL NHS Trust. Subsequently Helen Hand Patient & Public Involvement Manager for ALW PCT and WWL NHS Trust attended the committee.

This presentation was extremely valuable and highlighted that a range of different methods has been used to consult with patients and the public of all ages. Real examples were provided of how services had changed directly as a result of consultation or participation with patients and the public. We were pleased to see that feeding back to participants the impact of their comments was also high on their agenda.

We found this extremely helpful and it helped the Committee in their response to the Healthcare Commission's assessment of core standards, which was completed in March 2006.

**Progress report on 2004 Review 'Health Inequalities in Wigan Borough'**

Julie Hotchkiss, Director of Public Health at Ashton, Leigh and Wigan PCT,  
Sue Elliott, Strategic Manager Children and Young peoples Services and  
Nick Colledge, Sport and Health Manager at Wigan Leisure and Culture Trust  
have provided an update of progress on the 2004 review. It shows good  
performance across all recommendations and strong links to the Borough  
Partnership's current work in delivering the Local Area Agreement.

See progress report on the following page

## Health Overview & Scrutiny Committee

Recommendations	Actions	Evidence
<p>1. DPH to lead the development of an effective and integrated strategic plan that reduces health inequality in the Borough.</p>	<p>Worked closely with Council staff to develop the Goal 2 causal map.</p> <p>Establishment of multi-sectoral Public Health Inequalities Strategy Group to oversee development of Borough-wide Health Inequalities Strategy;</p> <p>Goal 2 of the Community Plan outlines integrated strategy for reduction of health inequalities and key performance indicators. Currently collating the action plans into one document.</p> <p>The LAA has proved to be the most useful vehicle for promoting intersectoral work to reduce health inequalities.</p>	<p>See Performance Plus</p> <p>Minutes of PHIS meetings</p> <p>Community Plan</p>
<p>2. DPH to lead the development of an interagency performance management system</p>	<p>DPH has worked closely with Council staff to develop a set of 51 indicators for Goal 2. Still hoping to develop the sub-borough measures</p>	<p>Spreadsheet or visit Performance Plus.</p>

Recommendations	Actions	Evidence
<p>3. PCT to implement existing protocols for service redesign in primary care settings to ensure those areas that have greatest health need have increased access to services</p>	<p>Although many community based services developed over last 2 years (diabetes services and dermatology), still a long way to go to get more service where need is greatest.</p> <p>The Quality and Outcomes Framework (QOF) has allowed us (for the first time ever) to see actual prevalence of CHD, severe mental illness, diabetes, hypertension, high cholesterol levels by practice. This highlights variation in prevalence. Now working (through the PEC) to define expected prevalence (taking into account age and sex structure of each practice) and asking questions of practices with much lower than expected prevalence.</p> <p>Development of Practice Based Commissioning and introduction of 'Fair Shares'</p> <p>Health Equity Audits undertaken to inform Cardiovascular Disease (CVD) Action Plan and future provision of health visiting and school nursing.</p> <p>PCT 'Priority Neighbourhoods' group established to identify opportunities for re-direction of mainstream resources to support most deprived geographical communities.</p>	<p>PBC Steering Group minutes</p> <p>Health Equity Audits</p> <p>Priority Neighbourhood Group minutes</p>

Recommendations	Actions	Evidence
<p>4. PCT to take a proactive role in encouraging and measuring the role and impact of GPs and primary care professionals in health promotion work</p>	<p>Development of locally enhanced services for depression including the provision of mental health promotion for all patients experiencing depression, stress and anxiety (launched 1<sup>st</sup> March 2006)</p> <p>'Books on Prescription' scheme launched 14<sup>th</sup> Feb 2006 with Leigh and Standish, this initiative is currently being rolled out across the borough</p> <p>Individuals with severe mental health problems have some of the worse physical health within the community. A project highlighted in choosing health – The 'Well-being programme' will focus on improvement to the provision of health; better health care in primary care for those on the Severe Mental Illness Register</p> <p>The QOF (referred to above) awards GPs points (i.e. money) for recording risk factors, e.g. smoking status, measures of obesity (BMI) which has helped our efforts enormously. Increasingly the points will depend on not just identifying, but intervening, and not just intervening but actually achieving desired levels (of blood pressure, blood cholesterol, etc).</p> <p style="text-align: center;">20</p> <p>Support for development of Public Health Practice in Worsley Mesnes to act as a pilot for developments in other practices.</p>	<p>Depression care pathway. Minutes from Mental Health Primary Care Reference group.</p> <p>'Books on Prescription' literature.</p> <p>Draft Service Specification for 'Well-being Programme'.</p> <p>PH Practice Steering Group notes Local Enhanced Services (LES) submission</p>

<b>Recommendations</b>	<b>Actions</b>	<b>Evidence</b>
5. WLCT to lead a review of the Physical Activity Strategy to ensure it contributes to the delivery of health improvement in the borough.	Draft SHAPE Strategy has had the full support Wigan Borough Partnership, Wigan Council, the PCT, the PEC and WLCT Board. Launch of policy proposed for July 06 (with targets identified from partners).	
6a. CYPF Partnership to address health needs of children & young people and ensure mechanisms are in place to monitor, evaluate and act upon the results of the lifestyle survey.		
6b. PCT to give consideration to the provision of a dedicated resource to co-ordinate and support healthy eating in schools	Additional funding committed to increase hours of the Food Policy Coordinator. Additional day per week has enabled the Co-ordinator to develop and implement a strategic action plan to meet the Healthy Schools framework for healthy eating. Also funded various projects through the year.	Healthy Eating in Schools Action Plan
6c. PCT, in partnership with Education Dept. to develop an approach that ensures smoking cessation in schools is available to meet need across the borough.		

<b>Recommendations</b>	<b>Actions</b>	<b>Evidence</b>
6d. Education Dept. to obtain commitment from 100% of schools to have healthy schools action plans in place.	<p>The PCT has supported through Health Inequalities funding a post within Healthy Schools to facilitate the achievement of a 100% uptake for Healthy Schools</p> <p>LAA targets for Healthy Schools include the achievement of 100% uptake by 2008</p>	<p>Job description and person spec for Health Development Officer, Healthy Schools. Copy of work programme for Health Development Officer, Healthy Schools</p> <p>‘Achieving Our Potential’, Wigan’s Local Area Agreement</p>
6e. Education Dept. to lead the development of an inter-agency strategy to address in activity in young people during and outside of school hours.		

Recommendations	Actions	Evidence
<p>7a. DPH to lead the development of more proactive preventative services that address the needs of those that are likely to become ill in the future.</p>	<p>The PCT has supported the delivery of a range of health promotion/ illness prevention interventions within the community:  The Stepping Stones collection of mental health materials is available through libraries, GPs Surgeries and Health Centres.  A collection of mental health literature is available at Leigh Library, This initiative is being replicated in Ashton and Wigan later in 2006.  The Wigan in Mind Website is free to everyone living in the borough and offers information on stress, anxiety, depression and sleep problems.</p> <p>Working closely with Wigan and Leigh College The Public Health Directorate has supported the college to attain 'Healthy College' status. Initiatives that the college has looked closely at have included provision of smoking cessation and sexual health services within the college</p> <p>The Health Development Officer for Healthy Workplaces is working in conjunction with colleges in the local authority to developing a draft alcohol policy</p> <p>A pilot project working with staff within two of the boroughs major employers focuses on improving the health of people through the workplace.</p> <p>Within the Prison we are developing health promotional materials for use with young</p>	<p>Copies of 'Stepping Stone' leaflets;  Reading list for book collection;  Wigan in Mind registration cards</p> <p>Notes from Healthy College meetings;  Healthy College Action Plan;</p> <p>Draft Alcohol Policy;</p> <p><u>Well@Work</u> minutes and action plan;</p> <p>Notes from meeting between Prison and Mentality;</p>

<b>Recommendations</b>	<b>Actions</b>	<b>Evidence</b>
7b. PCT to develop more accurate and local information and research to identify need now and in the future	<p>A programme of Health Equity Audits is underway. Completed to date:            CHD            Smoking and deprivation            Flu</p> <p>Still in progress:            School nurse            Practice nurse            Health visitor</p> <p>Much better practice information now available, on an easy to use system.</p> <p>Dissertation projects undertaken within Public health department contribute to the body of knowledge of local health needs. Three dissertations to be submitted for marking in April 2006</p>	<p>Copies of audits</p> <p>PCT intranet</p>

<b>Recommendations</b>	<b>Actions</b>	<b>Evidence</b>
<p>7c. PCT to lead the development of more effective mechanisms to ensure health improvement schemes are concentrated in areas of greatest need.</p>	<p>NRF and SRB funded Health Development posts have undertaken targeted health improvement work in some of the most deprived areas of the borough including Marsh Green, Worsley Mesnes, Shakerley, Hag Fold, Trees Estate (Leigh) and Ince.</p> <p>Plans to implement the Health Trainers programme in most deprived SOAs of the borough and to strengthen the capacity within neighbourhood based health improvement teams.</p> <p>Support for development of Public Health Practice</p> <p>The LAA has completely incorporated targeting (of schools with poorest children, of crime in “hotspot” areas, and physical activity work). Also targeting a particular high needs group – Looked After Children.</p>	<p>SRB &amp; NRF Progress Reports</p> <p>Minutes of Health Trainers Steering Group</p> <p>Minutes of Steering Group and LES Project submission</p> <p>Wigan’s LAA</p>

Recommendations	Actions	Evidence
<p>8. PCT to lead on the development of improved monitoring &amp; evaluation of current schemes so that evidence of delivering health improvement is available.</p>	<p>The Public Health directly –commissioned action we are explicit about collecting data, and increasingly trying to collect outcome data, not simply activity data.</p> <p>Development of Health Inequalities Strategy which will include clear performance indicators and targets linked to goal 2 of the Community Plan.</p>	

### Areas for Improvement

- Sub-borough measures of the various indicators (I originally suggested the six most deprived wards, but now superseded by the 3% poorest Super-output areas)
- Health partnership currently re-examining its terms of reference – need for wider engagement (not just a health and social care issue)
- Greater support from the Council for health (not health care) work, i.e. more joint appointments, a base in the Council, a place for DPH in the Council structure, ? a budget!!!!
- Higher level support for the input from other sectors to the health agenda

## 5. Formal Consultation

**Making it better, Making It Real** is the title of Consultation into the reconfiguration of children's, neonatal and maternity services across Greater Manchester, East Cheshire, High Peak and Rossendale.

NHS bodies have the duty to consult the overview and scrutiny committees on any proposals it may have in consideration for any substantial development of the health service in the area of the committees' jurisdiction.

This is in line with the legislation and guidance set out in section 11 of the Health and Social Care Act 2001.

A Joint Scrutiny Panel, facilitated by AGMA and chaired by Councillor John O'Brien of Wigan is leading this consultation. This committee was established in accordance with sections 7 and 8 of the Health and Social Care Act 2001 and associated regulations and guidance. They act as the statutory consultee for the NHS consultation on the future of children's, neonatal and maternity services across the geographical area covered by the Greater Manchester local authorities and parts of Cheshire, Derbyshire and Lancashire County Councils.

It is constituted for a limited time period, ending when the NHS formally reports its decision on the consultation outcome to the Committee. Unless the Committee wishes to refer the service reconfiguration to the Secretary of State.

The Children and Young People's Network was set up to review, redesign and develop health services for children and young people across of Greater Manchester, East Cheshire and High Peak and South Lancashire to ensure they meet the needs of the 21<sup>st</sup> century.

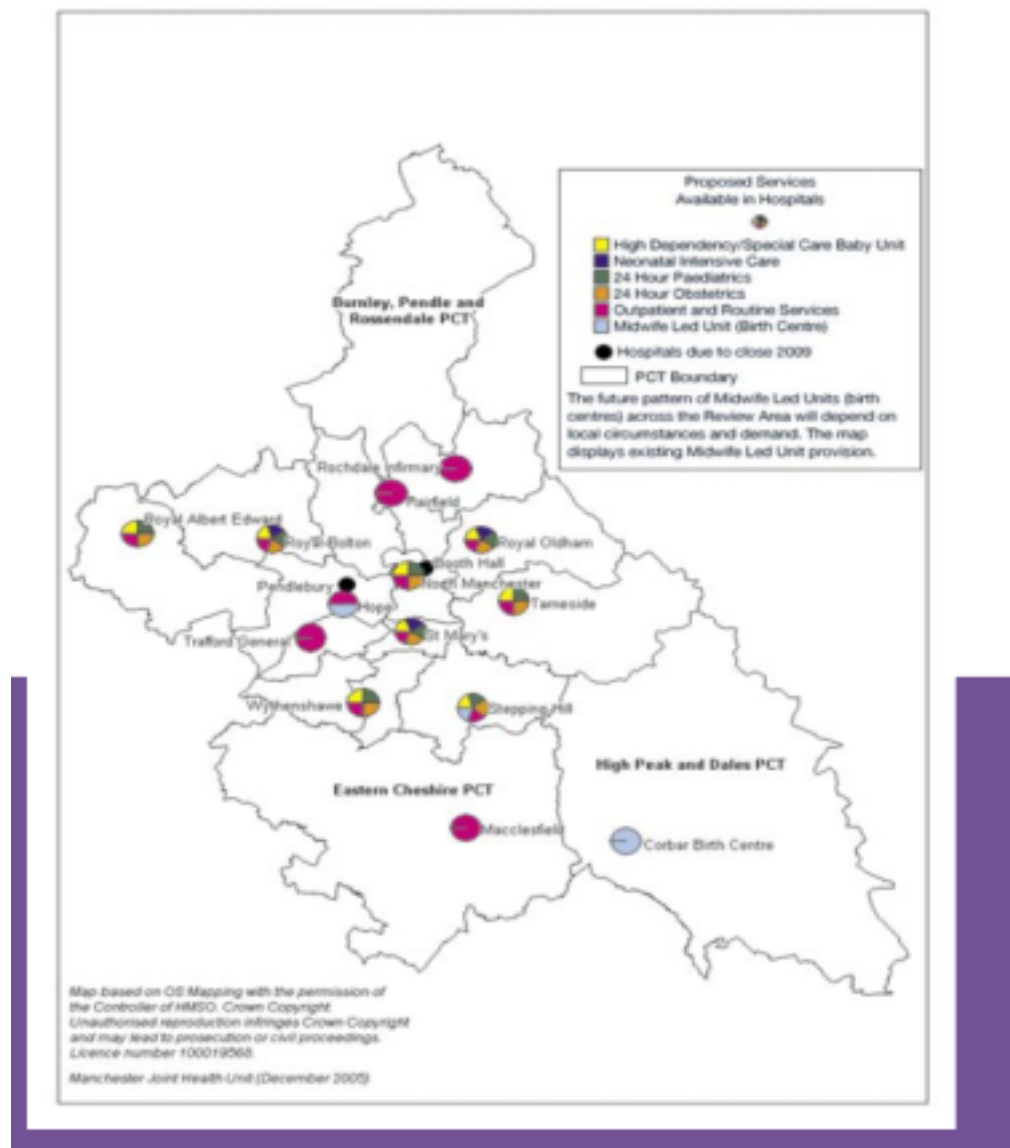
A comprehensive package of proposals to modernise and develop health services for children in Greater Manchester, East Cheshire, High Peak and Rossendale form the basis of this formal consultation. Primarily these proposals involve a major shift of the focus of care from hospital to community and home settings, more skilled and experienced staff and more choice.

The consultation document explains the process used to draw up 4 options for change.

Option A is the favoured option of most doctors, nurses midwives, NHS managers and NHS staff across the review area. They feel this option is safe, feasible and fair.

The map below shows proposed services available in hospitals under option A.

Option A – the preferred option for change



We investigated this issue fully in 2004 and used this along with our input to the joint committee to inform our response to the consultation. This is attached below.

<p><b>Considering the Proposals</b> (OSC comments in relation to the questions posed in the consultation document)</p>
<p><b>The Need for Change (Do you agree that services need to change?)</b></p> <p>We agree that services need to change to achieve:</p> <ul style="list-style-type: none"> <li>• More experienced staff delivering services to children</li> <li>• More efficiency in occupancy levels in children's wards</li> <li>• More choice as to where care is received</li> <li>• More community based services</li> </ul>
<p><b>The Vision for Services in the Future (Do you agree with our proposals for the way that services will be provided in the future?)</b></p> <p>We agree with proposals on how services will be provided in the future, however we do have reservations about the provision of staffing and finance for the increased delivery of community based services. With this in mind, we would like evidence that the finance for staff and their training will be in place to give sufficient time for completion of the training before the changes to services.</p>
<p><b>The Criteria for Selecting Options (Do you agree with our criteria for selecting options? If not, why not and what other criteria would you suggest?)</b></p> <p>Yes we agree in principle. However we would like to see more information on the likely impact on providing future services through Option A – a map detailing option A is over the page). For example what would be the likely increase in numbers of outpatient appointments in the community under option A and the potential impact on waiting times due to this increase?</p> <p>We would also like to gain some understanding of the timescales involved in implementing this option. In our feedback to the discussion document we requested a greater level of detail within the formal consultation document, particularly on how community services will be developed and improved.</p>
<p><b>Options for Change (Are the proposed options for change supported. If not, must provide reasons and evidence ; see below)</b></p> <p>We support Option A, however please see reservations outlined above and below.</p>
<p><b><u>Local Evidence</u></b> (general issues/ concerns that the OSC has expressed in relation to the proposals as they affect the local authority area)</p>
<p><b>Impact on local authority services</b></p> <p>This is extremely hard to comment on, as we have received no actual figures on how services in the community will increase. See comments above.</p>

<b>Financial impact</b>
We have yet to receive sufficient information to allow us to comment efficiently on the financial aspects of the proposals.
<b>Long term impact on the future of local NHS services</b>
<p>We have some concerns about transport provision to the proposed larger hospitals especially in view of the proposed merger of Ambulance Trusts. We would like guarantees that provision will be made before the changes to enable all members of the community, irrespective of their circumstances, to utilise the services at the regional centres.</p> <p>However we are aware that parents are in favour of travelling to obtain the best service for their child.</p> <p>On a positive note the options for change appear to demonstrate a more joined up feeling rather than services being stand alone.</p> <p>If more qualified staff are in place in the larger units, we need to ensure this is not detrimental to our local hospitals.</p>
<b>Implications for the workforce</b>
We have yet to receive sufficient information to allow us to comment efficiently on the staffing aspects of the proposals. It was pleasing to know that our local Children and Young People's services have been involved in discussions with the workforce developed team for the developments.
<b>Accessibility and transport issues</b>
See above
<b>Other</b>
<b>Consultation Activity</b> (OSC comments on planned local consultation activity – will it be rigorous and inclusive?)
<p>To date there has been a large amount of evidence of consultation as to the possible options. We would like to see that consultation / awareness of the implications of the changes continues after the options have been agreed. This will ensure that the public / patients and their families are left in no doubt as to how they will access services both locally and within Greater Manchester as a whole.</p>

## 6. Regional & National Issues

### Standards for Better Health - Declaration

From 2005/06 the Health Select Committee will be required to assess the compliance of all local NHS trusts to the national standards for better health each year. In 2005/06 we undertook this task twice

- a draft declaration was submitted to us in October and
- the final declaration in March.

We used the “Guidance on the assessment of core standards” from the Healthcare Commission to aid our response to the baseline assessments. It was particularly helpful as it encouraged us to focus on those areas we had scrutinised in the recent past and not all of the core standards areas.

In relation to **Ashton, Leigh and Wigan PCT** and **Wrightington, Wigan and Leigh NHS Trust** we particularly focused on feedback from the community and experiences of patients that emerged from issues we have scrutinised and standards C17, C13-C16. We believe that this provided a reality check on the assessment and demonstrates the links between services and the experience of local people. It also helps us to see how well they are meeting the standards.

Standards C17, C13-C16 include:

- Standard C17, which relates to the involvement of patients and public in designing, planning, delivering and improving services.
- Standards C13 to C16 which include their treatment of patients with dignity and respect, providing access for patients to suitable information about the services they receive and the trust’s complaints process, and the choice, availability and suitability of food
- Standards C22 to C24 which outline issues of public health.

From the reviews we have undertaken and other feedback we have had from the public, we had seen many examples of patient and public involvement. However, when completing the draft assessment, it was not always clear how

consultation and involvement of the patients and the public informs local policy development and decision making. (The earlier chapter describes how this issue has subsequently been addressed)

We have built up a strong relationship with the PCT and Trust at Executive and Board level and on a day to day basis with key people. Our early focus on establishing a 'working together protocol' with both bodies certainly aided this. We have also developed our relationship with the PPI Forums. In the last year this has allowed us to manage our different roles more effectively to achieve improvements in health service provision for local people. We reflected this back in our response to the declaration.

We felt that there appeared to be a robust approach to addressing complaints and feedback on the quality of services. However it was less clear how the process would work for hard to reach groups such as people that are blind and those that do not speak English as a first language. In general terms it was also unclear how information on preventative health care is made available to hard to reach groups and those that do not have access to the web.

We have established an excellent relationship with the PPI Co-ordinator for the Trust, and were keen to raise this in our response. Building these relationships has been useful in informing members of the consultation and involvement that has occurred with the public (including children and young people)

Excellent relationships have been developed between the PCT and the local authority to maximise the health of the local population and this was another key issue members wished to raise. Recent reviews of progress on our earlier reviews tell us that changes have taken place within the PCT as a result of our reviews such as increasing the priority given to dental health provision, reviewed focus on addressing health inequalities and improvements in performance of the smoking cessation program.

**The Five Borough's Mental Health Trust** also sought our views on their draft and final declarations. However we had had so little contact with them in recent years that we felt unable to comment. As result a presentation on the Trust's performance was provided to the Committee and we now have a regular contact officer.

## **National developments in NHS policy and strategy**

### **Commissioning a patient led NHS**

Bernard Walker, Director of Adult Services attended the Committee in September 2005 to describe the latest proposals to Commission a patient led NHS. Proposals included the reorganisation of Strategic Health Authorities and PCT's.

It could include commissioning all primary health care service to GP practices and changes to the provider role for PCT's. Bernard explored the potential impact of such changes for local authorities.

This included,

- There will be changes to the delivery of social care with a more joined up approach to the delivery and integrated commissioning.
- More opportunities for integrated provider services.

Subsequently we found that Wigan Borough would retain its single PCT for the Borough but that Greater Manchester Strategic Health Authority would merge with Cumbria and Merseyside.

### **Consultation on reconfiguration of Strategic Health Authorities**

During early 2006 we took part in a national response to the new arrangements for Strategic Health Authorities.

## **Background to the changes**

The Department of Health's document 'Commissioning a patient led NHS' published on 28 July 2005, sets out a changed role for Strategic Health Authorities and PCT's.

This consultation document contains a proposal to dissolve the three existing North West Strategic Health Authorities (SHA) of:

- Cheshire and Merseyside SHA
- Cumbria and Lancashire SHA
- Greater Manchester SHA – this serves Wigan Borough

And to form a new SHA, which will cover the same area as the 3 SHA's.

This is a formal consultation but because it amounts to management and administrative changes only there is no duty to consult under Section 11 of the Health and Social Care Act 2001. The duty to consult Overview and Scrutiny Committees under Regulation 4 of the Local Authority (Overview and Scrutiny Committee Health Scrutiny functions) Regulations 2002 does not arise.

In order to create a patient led NHS - where patients have greater choice and autonomy for improving their own health - structural changes in how the NHS is organised are proposed. They suggest that healthcare systems get in the way of delivering improvements for patients – such systems may include organisational boundaries and barriers between different professional groups.

Developing a stronger commissioning role for the PCT locally as suggested in 'Commissioning a patient led NHS' will inevitably lead to changes in the way the SHA currently operates.

The focus for SHA's will be on building a new system of commissioning and then monitoring a strategic overview on the NHS in their area and its programme. They may then have greater bargaining power to draw resources to the region.

The proposed 'North West Strategic Health Authority' will have a population of 7.1 million and will cover a geographic area of 5,500 square miles.

It is anticipated that the new SHA would be established during the period 1<sup>st</sup> July 2006 to 31<sup>st</sup> March 2007.

There was general support for the reconfiguration of the SHA boundaries from Elected members. However there was strong feeling that Wigan Borough residents should not suffer a reduction in health resources as a result of these changes and that any resources released from the review process should be redirected to frontline services. It was also emphasised that Wigan Council wished to keep an overview of the new structures to ensure that the merger did not diminish the voice of Greater Manchester and its associated resources. To this end the Health Select Committee, on behalf of the Overview and Scrutiny Committee, committed itself to ongoing scrutiny of the new authority and reports back on progress in 12 months time.

### **Reorganisation of Ambulance Service NHS Trust's**

During early 2006 we took part in a national response to the new arrangements for the reconfiguration of ambulance trust boundaries and the possible impact that this could have in our area.

The Department of Health issued the consultation document on the 14<sup>th</sup> December 2005, the consultation period ends on 22<sup>nd</sup> March 2006. Greater Manchester Strategic Health Authority made the document available to the external stakeholders of all four ambulance trusts and to all employees.

The proposals have also been considered by the Greater Manchester, High Peak and East Cheshire Joint Health Scrutiny Committee, chaired by Councillor John O'Brien. They have produced a joint response and Members of Wigan's Health Select Committee took this into account when preparing their response.

The final decision on the new boundaries will not be made until the end of the consultation period.

### **Background**

- NHS Ambulance trusts reach over three quarters of critically ill patients within eight minutes.
- They answer almost six million 999 calls a year and
- Attend almost five million incidents.

The consultation has arisen from two key policy documents that were issued in the summer of 2005. **Taking Healthcare to the Patient: Transforming NHS Ambulance Trusts**, which laid out plans for,

- The future structure and service delivery of ambulance services.
- Transforming ambulance services from a transport service to a mobile healthcare resource; taking healthcare to the patient.
- Reducing the number of ambulance services nationally to strengthen capacity and the capability to take forward other recommendations within the report.

The second document is **Commissioning a Patient Led NHS**, which laid out clear recommendations for,

- How the NHS would be configured in the future to ensure an NHS which was responsive to the needs of patients
- A reduction in management costs to enable the increase of funding of front line deliver of care.

The consultation document sets out the reasons why a change to the configuration of ambulance services is needed. This includes the fact that 90% of patients' contact with the NHS happens in the community and primary care setting. There is also a need for a shift in the focus of service to more patient-centred care.

Ambulance trusts also need modern structures and the capability and capacity to deliver and sustain change. This also requires strategic capacity and leadership to improve quality and performance. To fit ambulance trusts with other NHS and regional boundaries to improve joint planning and service delivery.

### **The Department of Health and Greater Manchester Strategic Health Authority preferred option**

The consultation document puts forward a preferred option that proposes:

- 11 large integrated ambulance trusts nationally.
- Boundary changes to the organisation of ambulance services in the North West of England.
- Integrating the four ambulance trusts of Cumbria, Lancashire, Mersey region and Greater Manchester into one single North West Ambulance Service.
- No operational service changes.

The proposal outlines the following benefits:

- Improved patient care by raising the standard of service provided by all trusts to the level of the best performing trusts.
- Increased capacity and resilience for the management of major incidents.
- Reduced management costs, which will be re-invested in front line services.
- More effective management with a better-equipped and trained workforce providing greater job satisfaction for staff.
- Improved capacity to undertake research and quality monitoring.

Members of the Health Select Committee agreed in principal to the changes. Some reservations were expressed about the possible impact on local service delivery – but the proposal does reassure that local management boards will be in place to address these issues. Concerns were also expressed about the maintenance of performance standards across this

larger region. Would the poor performers dilute the more effective services?  
The Committee intends to keep a watching brief on the local situation.

Members overall saw the reconfiguration as an inevitable part of NHS Modernisation and hoped that through more effective leadership and procurement the capacity of the service to deliver to patient needs would be enhanced. Support was given to the proposals but the Health Select Committee, on behalf of the Overview and Scrutiny Committee, intends to scrutinise the performance of the new body.

## **5. Recommendations**

### **Recommendation 1**

#### **Mental Health Services**

The Director of Adult Services attended the Committee in February 2006 to update on progress with the Mental Health services options appraisal. The outcome of the options appraisal was a report to the November 2005 meeting of the PCT Board.

This recommended the establishment of a Joint Mental Health Partnership Board to develop a model of management, which delivers locally sensitive and integrated Mental Health Services. The Director of Adult Services, Director of Children and Young People's Services and Assistant Director Commissioning represent the Authority on the Board.

It is recommended that the Director of Adult Services be requested to report back on progress in August 2006.

### **Recommendation 2**

#### **Changes to Podiatry Services**

The Podiatry Services Manager of Ashton, Leigh And Wigan PCT attended the Committee to describe changes to services in the borough. This was not classed as a substantial variation to the service and therefore was not a formal consultation. In essence the changes amount to targeting of resources at people at greatest need to reduce waiting times and ensure those that really need the service get it.

It is recommended that the Chief Executive of Ashton, Leigh and Wigan PCT report back on progress with the implementation of the new service by September 2006.

### **Recommendation 3**

#### **Assisted conceptions**

The Assistant Director for Acute Services Ashton, Leigh and Wigan PCT attended the meeting to share the *Assisted Conception Discussion Document: Intra Uterine Insemination and In Vitro Fertilisation*. He described the possible changes to the current approach to assisted conception in Wigan Borough.

It is recommended that the Chief Executive of Ashton, Leigh and Wigan PCT report back on progress with the implementation of the new service by October 2006.

### **Recommendation 4**

#### **Reconfiguration of Strategic Health Authorities**

There was general support for the reconfiguration of the SHA boundaries from Elected members. However there was strong feeling that Wigan Borough residents should not suffer a reduction in health resources as a result of these changes and that any resources released from the review process should be redirected to frontline services.

It is recommended that the Overview and Scrutiny Committee keep an overview of the new structures to ensure that the needs of Greater Manchester residents and its associated resources is not diminished by the merger. The Health Select Committee should seek a progress report from the North West Strategic Health Authority in March 2007.

### **Recommendation 5**

#### **Reconfiguration of Ambulance NHS Trusts**

Members overall saw the reconfiguration as an inevitable part of NHS Modernisation and hoped that through more effective leadership and procurement the capacity of the service to deliver to patient needs would be enhanced.

It is recommended that the Overview and Scrutiny Committee keep an overview of the new structures to ensure that the needs of Greater Manchester residents and its associated resources is not diminished by the merger. The Health Select Committee should seek a progress report from the North West Ambulance NHS Trust in March 2007.