



Report to: Overview & Scrutiny Committee
No

Date: 14 July 2008

Subject: Annual Report of Health Overview & Scrutiny

Report of: Health Overview & Scrutiny

Contact officer: Diane Taylor 2135

Purpose / summary: To provide members with information relating to the work of the Health Overview and Scrutiny Committee for 2007-08

Alternative options considered and reason for selecting the one recommended: None

Recommendation / decision: The Overview and Scrutiny Committee is asked to endorse the recommendations set out within the report and acknowledge the work of the Overview and Scrutiny in Health Committee.

This report does not involve a key decision

Risks / Implications:

| | |
|---|---|
| Financial: | None identified |
| Staffing: | None identified |
| Policy: | Overview and Scrutiny of Health and Wellbeing |
| Equal Opportunities - Has a Diversity Impact Assessment been conducted? | No, a diversity impact assessment is not necessary at this stage, however, equality and diversity implications have been considered when producing this report. |
| Wards affected: | All |

Property Implications – Does the proposal involve a reduction, addition or change to the Council’s asset base or its occupation?

No

If yes, have the property implications been agreed with the Corporate Property Officer?

Does this proposal have significant implications for the Council and the local population?

None significant at this stage. An equality impact assessment is attached

Does this proposal involve a new policy or procedure or significant changes to an existing policy or procedure?

No

Has the Service Director - Borough Solicitor confirmed that the recommendations within this report are lawful and comply with the Council’s Constitution?

Yes *

Has the Service Director - Corporate Services confirmed that any expenditure referred to within this report is consistent with the Council’s budget?

None identified

Are any of the recommendations within this report contrary to the Policy Framework of the Council?

No *

* delete which applicable

For Cabinet reports only :

| | |
|-------------------------------------|----------|
| Categorisation of the report: | X |
| | |
| Discussion leading to a decision | |
| Monitoring | |
| Sharing for corporate understanding | X |

| | |
|-------------|----------|
| | X |
| | |
| Discussion | X |
| Decision | |
| Information | X |

Tracking/Process:

| | Consultation | Ward Members | Partners |
|-------|---------------------|--------------|----------|
| | | | |
| Panel | Overview & Scrutiny | Cabinet | Council |
| | 14 July | | |

There are no Background Papers to this Report within the meaning of Section 100D of the Local Government Act 1972.

Proper Officer Diane Taylor
 Date 3 July 2008

Diversity Impact Assessment form

Section: Chief Executives Services

Policy/Service Area: Scrutiny

Person Completing Form:
Diane Taylor

Date:
3 July 2008

Do any of the below groups suffer specific disadvantage (please indicate)

| | Yes | No | | Yes | No |
|-----------|-----|----|--------------------|-----|----|
| Race | | ✓ | Disability | | ✓ |
| Ethnicity | | ✓ | Gender | | ✓ |
| Age | | ✓ | Religion | | ✓ |
| Class | | ✓ | Sexual Orientation | | ✓ |

Is there evidence of disadvantage or associated problems?

no

How was the information collected and/or who have you consulted with?

We have consulted with representatives from all four health trusts and national organisations.

Action Plan – *What specific actions are planned to tackle any disadvantage identified?*

None identified

Is the policy in line with current equality legislation and relevant codes of practice?

Yes

| | |
|----------------|--------------------------------|
| Timescale | June 2007 to March 2008 |
| Responsibility | Principal Officer Diane Taylor |
| Comments | None |

Are the actions specified included in any other documents/plans?

| | |
|---------------------------|---------------------|
| Departmental Service Plan | No |
| Section/Team Plan | Democratic Services |
| Other (Specify) | No |

Date for further review. We will continue to review this area as part of our Scrutiny function and policy.

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**Annual Report of Wigan Council's
Health Select Committee
2007/08**

Contents:

| | |
|---|-----------|
| 1. Introduction and Role of Health Scrutiny | 7 |
| 2. Overall performance of NHS Trusts 2007/08 | 7 |
| 3. Topics considered for 2007/08 | 10 |
| 4. Local Developments | 11 |
| 5. Regional & National Issues | 14 |
| 6. Review updates | 15 |
| 7. Future work | 19 |
| 8. General updates | 19 |
| 9. Recommendations | 20 |

Annual Report

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.

The report contains a summary of the key areas of activity for the Health Select Committee from July 2007 to March 2008.

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

- Updating and developing new and existing members on health matters
- 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 and The 5 Borough's Partnership Trust through the Annual Health Check. You will find a summary of our responses in the next section.

The Select Committee is chaired by Councillor Ged Bretherton and its membership includes Councillor Richard Derricutt, Councillor Ian Franzen, Councillor Mrs Joan Hurst, Councillor Mrs Susan Loudon, Councillor Charles Rigby, Councillor Neil Whittingham, Councillor Rona Winkworth, and Councillor Michael Winstanley. The Committee is advised and supported by Diane Taylor and Julie Gibson.

2. Overall performance of NHS Trusts 2007/08

2.1. Annual Health Check 2007/08

Launched in April 2005, the health care commission developed a new approach to assessing and reporting called the Annual Health Check. We are asked to contribute to that check, by assessing how we think that each trust has achieved against certain standards within the assessment.

We responded to all three trusts including the 5 Borough's Partnership NHS Trust to fulfil this requirement. We were asked for comments on the Greater Manchester Ambulance NHS Trust, but didn't feel that we could do so at the time, however, we have now developed those relationships and will work with them in the future.

We responded to the standards set out below in March this year.

- Respect and dignity of patients
- Access to services and information
- Involvement in designing and planning of services
- Public health matters such as narrowing health inequalities and health promotion.

Three of the trusts attended a special meeting of the Select Committee to give presentations on their performance and compliance or otherwise to the core standards. Below is a summary of our comments provided to each trust for submission to the Healthcare Commission. The overall results and details of specific areas for improvement can be seen at:

<http://2007ratings.healthcarecommission.org.uk/patientsandthepublic.cfm>

2.2 Our response and comments

We have particularly focused on feedback from the community and experiences of patients that have emerged from issues we have scrutinised.

The Annual health check scores the trusts in two areas the quality of services provided and use of the resources available.

2.2.1 Ashton, Leigh and Wigan PCT

The first point of contact with the NHS for most people is primary care. Primary care provides treatment for routine injuries and illnesses from a range of healthcare professionals, including GPs, nurses, dentists, pharmacists and opticians. They also provide access to preventative care, such as services to smoking cessation. Primary care trusts are responsible for managing these services in a particular area. They are also responsible for purchasing (or commissioning) many other services from the NHS and the independent healthcare sector, which benefit the health and wellbeing of their local population.

Our response was a positive one and really focussed on the relationship we continue to build with the trust. We commented on the following:

- The Trust's proactive approach to informing the Committee about service delivery changes and the impact that these might have on the residents of Wigan.
- The robust systems in place to deal with complaints.
- The Trust's consideration of patients' dignity when developing current and new services. The use of patient feedback in developing services.
- Joint working arrangements

However we did challenge them in some areas. We suggested:

- A more proactive approach to informing the Committee on their performance issues and progress reviews relating to past review areas.
- Regular updates are provided on the impact and quality of the provision of preventative services.

2.2.2 Wigan, Wrightington and Leigh NHS Trust

Acute trusts manage hospitals. They make sure that hospitals provide high quality care and treatment to patients, and that services in hospitals are efficient and effective. This includes services for inpatients, outpatients and emergency care. It can also include services that are provided in the community, for example, through health centres, clinics or in a person's home.

The Trust continues to respond in a positive way to our Committee. We have developed and maintained relationships with the Trust and are confident that the changes to management structures are now embedded and are having a positive effect on the Trust's performance. We commented on the following:

- The Trust has low numbers of complaints and has procedures in place to ensure that action is taken, monitored and reviewed to ensure that complaints are addressed.
- The Trust compares well in the area of cleanliness. The figures are reducing and action plans are in place, which have changed the culture of the organisation.
- Feedback from patients shows that 53% felt that food quality was good or very good, and this compared well with others.

However we did challenge them in some areas. We suggested:

- They inform the committee when major changes occur and provide us with updates on past reviews every six months.
- They inform the committee on how they intend to improve the quality of food provided in hospitals
- That future presentations highlight how the Trust intends to work with partners and patients to address some of the wider determinants of health.

2.2.3 5 Boroughs Partnership NHS Trust

Mental health trusts provide specialist care for people with mental ill health. The services provided by mental health trusts range from psychological therapy to very specialist medical services for people with severe mental health problems. Treatment for people with less severe mental health problems is also provided in primary care. In Wigan these services are provided by 5 Borough's Partnership Trust. They serve people living in the boroughs of Halton (including Frodsham and Helsby), Knowsley, St Helens, Warrington and Wigan & Leigh. They work in partnership with the local authorities in each of the five boroughs to ensure local delivery of services and their development in accordance with national guidance and local needs.

The Committee's relationship with the Trust continues to grow in a positive way. Members have more understanding now about the role of Trust and the part it plays in the delivery of mental health services in the Borough. We commented on the following:

- The Trust has a robust methodology in place for the handling and responding to complaints and has introduced a more personalised approach to handling complaints.

- Provision of suitable patient information is in place and improving.
- The work being undertaken in helping patients into employment.
- The Trust's commitment to involving service users and carers and ensuring their views are considered in developing and reviewing services.
- The wider public health implications of providing mental health services in Wigan.

However we did challenge them in some areas. We suggested:

- The Trust keeps the committee informed about the impact their services are having on those living in Wigan
- The Trust works to improve the committees understanding of the assistance provided to patients and carers during eating a drinking.

2.3 Developing the annual health check 2007/08 consultation

The Health Select Committee also responded to the Annual Health Check consultation giving our views on how the Health check can develop and improve further.

3. Topics considered for 2007/08

3.1 Research on health inequalities and well being

The Wigan Borough is amongst some of the worst areas in the country in relation to life expectancy and deaths as a result of cancer and heart disease. The Health Select Committee looked at Health Inequalities in and what was taking place in the Borough to reduce them. As a result the Health Select Committee is working with the PCT on how to involve Elected Members and Townships to improve their roles as health advocates. We received a presentation from the PCT outlining their role in developing preventative services which will impact on the health and well being of the residents of the Borough.

4. Local Developments

4.1 Wrightington, Wigan & Leigh NHS Trust – application for Foundation Trust Status

In April 2008, Wrightington, Wigan and Leigh NHS Trust applied for Foundation Trust Status for the second time. If successful, the Trust would continue to be part of the NHS and adhere to NHS principles and standards. The key difference is that local people and users of the Trust's services would have the opportunity to be involved by becoming members of Trust. This means that members of the Trust would be able to nominate themselves for election to the Council of Governors and have an influence over future decisions. If successful in their application the Trust would have greater freedoms and flexibilities than NHS Trusts in the way they manage their affairs for example:

- Freedom from Whitehall control and performance management by Strategic Health Authorities
- Freedom to access capital on the basis of affordability instead of the current system of centrally controlled allocations
- Freedom to invest surpluses in developing new services for local people
- Freedom of local flexibility to tailor new governance arrangements to the individual circumstances of their community

The Trust consulted with key stakeholders including residents on their application. The Health Select Committee responded to the consultation. At the time of writing this report, the Trust had not received feedback on whether or not its application had been successful.

4.2 Wrightington Hospital

The committee received a presentation from Wrightington, Wigan and Leigh NHS Trust to explain their plans to re-develop and expand the Wrightington Hospital site. They are working with the Planning Department of West Lancashire District Council on the development of the site.

The trust emphasised that these improvements would secure the future of a world class institution that provides excellent services to the local population. The committee were consulted with and agreed with the proposals, but encouraged involvement of public in a consultation process within the planning process. We felt that the proposals would:

- Improve the patients experience
- Provide better choice
- Increase income into the hospital which will enable improvements in accommodation and will make it a more attractive place to work.

4.3 Whelley Hospital

Wrightington, Wigan and Leigh NHS Trust have plans to close the Whelley Hospital site during 2008, once they have found alternative accommodation for the services currently provided at the site.

The committee was asked if we felt this was a substantial variation to services and we responded. The committee felt it was and requested a full consultation timetable be developed and the Trust to keep them informed.

The Trust agreed this was necessary and are using the Council's citizens panel in June, to gain an understanding of how the public feel about plans to treat some of our patients within or close to their own homes meaning that there would be no longer a need for Whelley Hospital.

The consultation is due to commence on 1 June, with closure of the hospital scheduled for October 2008. This is subject to consultation and successful implementation of the 'hospital at home' programme.

4.4 Ince Project – Ince Project – delivery of primary care services in Ince

In our annual report written in 2007, we were consulted with on developments in of GP services in Ince. The committee asked to be kept informed of any progress made. Since then decisions have been taking by the PCT and the committee have commented again. The Health Selected Committee commented on the positive work undertaken to determine future service needs in the area and agreed in principal with the relocation of GP premises to Claire House, but questioned patient transport and access arrangements, and asked for patient opinion on these matters. In May, this year, we received notification of the changes to services proposed.

However, at the time of writing this report, further discussions between the local GP's and the PCT were taking place to establish a suitable position.

We will continue to monitor the effects that these changes have on service delivery. And will continue to keep members informed of any changes decided.

4.4 LIFT (Local Improvement Finance Trust) Initiative

In November, the Committee heard a presentation by Rita Chapman, Chief Executive on the borough's LIFT initiative. The LIFT initiative is run by Foundation for Life Limited, which became a company in 2003 and is a public / private company. Its private partner is the Eric Wright Group, with public sector partners being Ashton, Leigh and Wigan PCT and Partnerships for Health. It is a fixed term partnership of 25 years.

The emphasis is on partnership working to bring added value to health care and support innovative and accessible ways of service delivery.

In order for a scheme to be considered it must be in the PCT's Strategic Service Development Plan. It must then go to the PCT Board, the Strategic

Health Authority, Strategic Partnership Board and Partnerships for Health for approval, and a business case made to get financial close.

From 2005 there have been six completed developments across the borough the company also plan other developments. They provide a variety of services in a Primary Care Setting

Other schemes include:

- Extension to Pemberton Primary Care Resource Centre
- Refurbishment of Hindley Clinic
- Improvements to other PCT premises
- Temporary structure in Ashton
- Professional advice re property issues

Other developments are planned at Leigh, Ashton and for the Scholes, Whelley and Aspull corridor.

In October, the committee considered the PCT's announcement of two developments planned for health services on the Leigh Hospital site, as part of a wider commitment between themselves and Wrightington, Wigan and Leigh NHS Trust to renew the site. The first phase is a LIFT development to provide 21st century facilities for GPs and include a wide range of community services and a new NHS Walk-in Centre. The second phase is a new community hospital.

4.5 Equitable Access to Primary Medical Care

In March, the committee was provided with background information relating to the Equitable Access to Primary Medical Care Programme. We were asked to advice on and agree the consultation requirements.

Ashton, Leigh and Wigan PCT will receive additional funding to procure up to three additional GP practices in the borough. The timescales for these procurements is challenging with contracts to be awarded and signed by 31 December 2008.

The committee have requested to be informed immediately once the premises and location of the new GP practices and GP led health Centres have been agreed. We also requested a breakdown of consultation and communication activity and a presentation from the lead within the PCT at our first meeting in the New Year.

We feel the new GP practices, in addition to providing essential, additional and enhanced services, will also focus on ill health prevention and provide a wide range of health and well being services to the people of Wigan.

4.6 Joint Public Health Strategy

In December 2007, the Joint Public Health Strategy was launched. The committee chair and support attended. The Strategy is the first joint strategy produced for the borough by the PCT and the Council.

The Strategy sets out a vision for the future and highlights that by working and doing more together will mean that we can share resources, work on the same priorities and be much more effective in improving health and well-being in all our communities. The committee will continue to scrutinise the outcomes of the strategy.

5. Regional & National Issues

5.1 External Support for Commissioners (FESC)

In October 2007, the Department of Health launched Framework for procuring External Support for Commissioners (FESC) and it is hoped that the framework will bring in a change in the shape and strength of commissioning in the NHS. Ashton, Leigh & Wigan PCT is one of several PCTs that have been identified as a pilot to use FESC to support part of their commissioning activities. The lessons learnt from these will be shared with the wider NHS and influence the future direction of the use of the framework and its role in supporting the development of World Class Commissioning.

The framework is comprised of organisations, which have undergone a robust pre-qualification process, and will offer a menu of services such as data analysis and contract management expertise to Primary Care Trusts (PCTs). The organisations on the FESC will not deal with the delivery of direct patient care.

Although a number of PCTs already seek external support in undertaking their commissioning activities, it is expected that the framework will provide easy access to a bank of specialist expertise. The FESC suppliers have been appointed by the Department of Health on the basis of their technical and commercial ability to deliver a range of appropriate services.

5.2 18 weeks, end waiting, change lives

In February, Paul Carroll, Assistance Director of Commissioning at the PCT, came to talk to the committee about the NHS Improvement Plan target of “ By 2008, no one will wait longer that 18 weeks from GP referral to hospital treatment”. He emphasised what this will mean for patients:

- Waiting times and lists will disappear
- Patients will be given booked appointments at their GP surgery for their hospital appointment and at the consultant clinic for their tests or hospital admission.
- More diagnostic tests will be done outside of hospital
- More patients managed in primary care and minor operations carried out in GP practices
- By March 2008, the majority of patients will be treated within 18 weeks of referral.

The committee will continue to monitor the achievement of this target and the effect is having on patient satisfaction and wellbeing.

5.3 LINKs

The Local Government and Public Involvement in Health Act, requires the establishment of a Local Involvement Network in each Social Care Authority area. This will replace the Public and Patient Involvement Forum (PPIF) that exists for each of the Trusts in the borough (currently 4).

The committee has kept itself informed on the implementation of a LINK in Wigan. Members were asked their views on the draft guidance and how it might adversely impact on the work of the LINK and Health Scrutiny Committee. We have been involved with establishing an independent organisation that will give Wigan residents a powerful new voice in how their health and social care services are provided.

Wigan is one of the first councils in Greater Manchester to set up a Local Involvement Network, or LINK for short. This will be an independent network of local people and community groups with real teeth since it will have the power to investigate and hold services to account.

Wigan's LINK will be run by its members with support from the Carers' Federation, a well-respected national charity.

The committee believe it will give people the chance to say what they think about their services – what's working well and what's not so good. And it will have special powers to say how those services should improve."

The committee will need to establish relationships with the Carers' Federation in the New Year, so that we can address the needs of local people effectively, whilst ensuring they have voice in the way health and social care services are delivered in the borough.

6. Review updates

6.1 Health inequalities update

We reported in 2003/04, that the number of GPs per head of population in Wigan was very low, making the borough "under-doctored". To improve our poor health status we need more than the average, if to reduce health inequalities. There is now a process of procurement being undertaken which should result in approximately 14 GP whole time equivalents, in up to 7 new practices, which are all targeted in areas of greatest need. This is referred to in the local developments section above.

Health equity audits have been undertaken on:

- Flu immunisation, and as a result a number of service initiatives have been targeted at those groups who had the lowest flu jab uptake, it looks like this year's campaign will be several percentage points higher than last year, although final figures will not be in until the end of January.
- Health visiting service. It showed that the health visitor input (hours) was not targeting areas of highest need, so the service has been reorganised to address this need.

- School nursing service. Again showed that the school nurse placement was more related to historical placement, than need, so that service too is being re-organised.

The Stop Smoking Service has been successful in getting most quitters from the most deprived small areas, which shows that targeting is working. The PCT are now tackling the next particularly difficult group - those with long-term mental health problems.

The Find and Treat programme, is a cardiovascular disease screening programme. It will risk assess all 50-74 year olds in the borough, and call in for a lifestyle assessment any found to be high risk (or who have missing data in their GP records). From there tests, advice and if necessary, referral or treatment can be started early, to prevent heart attacks or strokes later on in life. A similar (although less comprehensive) programme in Stockport reduced inequalities, as people from more deprived backgrounds were as likely to attend, and had more to benefit from the interventions.

Unfortunately these measures are all fairly recent and the latest figures (up to 2005) showed that the life expectancy gap between Wigan and England had actually widened in recent years.

6.1.2 Access criteria to the Podiatry Service provided by Provider arm of Ashton Leigh and Wigan PCT

In September 2005, and as part of our review of health inequalities in the Borough, Dr Kate Fallon, the Primary Care Trust's Medical Director attended our committee to give a presentation illustrating the services offered to the residents of the Borough in this area. We discussed proposed changes to our access criteria and some of the challenges for both the service and the profession in the 21st century.

In December 2005 the access criteria moved from one of age, to one of medical need. This change was accompanied by setting up a partnership with "Age Concern" along with regular patient information events at which patients are actively encouraged to self-care. Podiatry continues to accept self-referrals.

The average number of new referrals per month is 200, of which approximately 90(45%) are given an initial assessment that is followed by a treatment plan or discharge, and 60(30%), who do not meet the medical criteria are given the offer of a foot health talk. At the foot health talk information is given about the nail cutting service offered by "Age Concern". Approximately 50(25%) other patients are offered treatment in specialist areas of the service for example; diabetes, nail surgery and verrucae management.

These changes have impacted upon waiting times, but the PCT assures us the Committee that a constant review of both process and resource takes place.

In 2005 the PCT reported a waiting time of 65 weeks for treatment for diabetic patients and 142 weeks for non-diabetic patients. Currently there is an average of 30 weeks wait for diabetic patients and 40 weeks wait for other

patients. The known diabetic population has risen by approximately a further 2000 since 2005. A large proportion of the diabetic population, show no signs of the secondary complications which can affect the foot's blood and nerve supply, therefore all of these patients require and are offered annual foot screening.

The final challenge reported in 2005 was that of recruitment. Under the government's policy of widening access The University of Salford have introduced a part time course and have in the last 2 years filled their full time course. This has greatly assisted the PCT in the recruitment of Podiatrists.

6.3 Access to Dental Health

The PCT has commissioned an additional 13,000 Units of Dental Activity from existing practices in the most deprived areas across the Borough.

Areas gaining additional access to NHS dental services are as follows:

- Norley/Pemberton
- Newtown
- Platt Bridge
- Leigh
- Atherton

This will enable around 4,300 new patients to receive regular NHS dental treatment.

The PCT is also in the process of commissioning two new NHS dental practices, one in Atherton and one in Pemberton. Both Atherton and Pemberton are in wards of high deprivation and the procurement of these new dental practices will provide the PCT with an opportunity to commission innovative services and address poor access and improve health inequalities. It is anticipated that this capacity will be available from August/September 2008. Each practice will be able to treat approximately 2,100 new patients.

The Operating Framework for the NHS for 2008/09 requires PCT's to have a robust commissioning strategy for primary care dental services, based on assessments of local needs with the objective of ensuring year on year improvements in the numbers of patients accessing NHS dental services. To support PCT's in commissioning primary dental services the central budget has been increased to £2,081 million, net of patient charge income, for 2008/09. This is an increase of 11 per cent on the 2007/08 budget. In the case of ALW PCT the increase to the dental budget will be in the region of £1.1 million, net of patient charge income. The increase will fund approximately 44,000 additional units of dental activity and provide access to NHS dental services for around 14,500 new patients.

To address poor access and improve health inequalities, priority would be given to areas with IMD (Index of Multiple Deprivation) scores of 4 plus. Both adults and children residing in deprived areas are likely to have high needs with low access to NHS dental services. The aim will be to address this situation whilst ensuring that additional activity is available across the borough.

Options being considered to provide this additional access include the following: -

- Commission all additional activity from existing practices.
- Commission two additional NHS dental practices
- Support practices wishing to retain their current vocational dental trainee
- Commission additional capacity through a combination of the three options given above

The dental strategy is to improve the oral health of the population of ALW PCT and also reduce inequalities and inequitable access to NHS dental services across the borough. Which the Health select committee wholly supports.

6.4 Audiology services update

Waiting times in Audiology have greatly reduced, with no patient requiring a diagnostic appointment waiting over 6 weeks. The reduction in waiting times this year has been achieved through a number of service reforms, including extended opening hours, which have also resulted in both an increase in patient and staff satisfaction, reduction in complaints, increase in activity and better use of limited resources. After securing additional funding from the PCT the service intends to reduce current waiting times to 2 weeks for initial consultation and 4 weeks for assess and fit by the end of 08/09 financial year.

The most popular service redesign is the 'One Stop Service for Hearing Aid Issue'. This service has been dramatically transformed through the use of Corda fit as opposed to traditional ear moulds resulting in a less invasive technique, immediate issue reducing waiting times by a minimum of 6 weeks, reduction in overall cost and improved sound quality for patients. As a result of these service reforms within Audiology the team have been proposed for no less than three 'Recognising Excellence Awards' for both patients and staff.

A further improvement to the service is the 'Booked Repair Clinic'. In consultation with PALS, the service conducted a public consultation exercise incorporating video interviews and structured questionnaires in order to understand our patients' needs. This has led to the introduction of a repairs service which provides choice of appointment, incorporating extended opening hours, and flexibility through various modes of contact.

The relocation of Audiology services currently located on the Leigh site remains outstanding and is one of the Divisions priorities. The team have looked at a number of proposed alternative sites both within Leigh Infirmary and nearby Health Centres. Unfortunately, for a variety of reasons; none of the suggested sites have been suitable. Work is ongoing to identify suitable alternative accommodation on the Leigh site and the Trust are currently working with a number of parties to secure relocation of services. This in turn will allow expansion our services, decreased waiting times and support patient's choice to receive services within a local setting.

The Audiology team is keen to build on its recent success and are constantly looking to improve services. Some future development proposals include

close liaison with ENT (Ear, Nose and Throat) consultants to identify patients requiring audiology assessment on the day of outpatient consultation to further expand our Secondary care one stop service and staggered start and finish times for Audiology staff to ensure support of Consultant clinics. The service has recently recruited to two Graduate Band 5 Audiology posts, which will enable them to not only maintain waiting times but also support the move to an overall reduction in patient waits. The additional resource will also allow them to review, in collaboration with the ENT team and physiotherapy service their Vestibular Assessment service and work towards a one-stop balance service. Further developments include reviewing their current tinnitus clinic and, in conjunction with our hearing therapists explore the possibility of expanding the list of treatments currently available.

We are encouraged by the continued good work by the PCT and WWL NHS Trust who have responded to our reviews and have produced good results to improve the health and well being of our communities.

7. Future work

7.1 Strengthened scrutiny role

The Local Government and Public Involvement in Health Act 2007 including legislation that requires:

- Executives to respond to Overview and Scrutiny Reports;
- External partners to supply information to Overview and Scrutiny Committees;
- The enabling individual councillors' powers to place items on the agendas of Overview and Scrutiny Committees, and to use scrutiny to ensure that the Council acts on matters of concern to local communities (the Councillor Call for action).

This will mean we have to respond to any changes to Overview and Scrutiny structures and support to enable this strengthened role.

7.2 Relationships

We will continue to build relationships with our partners and will develop new partnership arrangements with North West Ambulance Service and the Carers' Federation in respect of LINKs. We believe that this coming year, we will be faced with more issues that will need to be addressed together.

8. General updates

Throughout the year, we have received updates on the following:

- Presentation by Peter Rowe, Chief Executive of PCT about the functions of the PCT and the challenges they face. How Overview and Scrutiny can support these challenges in helping to improve the health and well-being
- Presentation by Andrew Foster, Chief Executive of Wrightington, Wigan and Leigh NHS Trust giving an overview of the functions of the Acute Trust and their application for foundation trust status.

- Mental Health Services. Overview of how services are provided and how the organisations work together to support this.

9. Recommendations

Recommendation 1

That Ashton, Leigh and Wigan PCT present their plans to develop equitable access to Primary Medical Care Services at our first meeting of the New Year in July 2007.

Recommendation 2

That all four trusts including the North West Ambulance Trust and Adult and Children's Services remain proactive in informing the committee of future developments and changes to services in both health and social care settings.

Recommendation 3

That all Trusts and Adult Services and Children's Services keep us informed and up to date on all local developments referred to in this report

Recommendation 4

That the select committee further develops its relationship with all partners and develops its future work plan in consultation with them

June 2008