

Report to: Overview & Scrutiny Co-ordinating Committee

Date: 26 May 2009

Subject: Annual Report of Wigan Council's Health Select Committee 2008/09

Report of: Deputy Chief Executive

Contact officer: Diane Taylor 01942 827135

Purpose / summary: To inform members of the key areas of activity for the Health Select Committee from June 2008 to March 2009.

Alternative options considered and reason for selecting the one recommended: No

Recommendation / decision: Recommendations are within the report.
The decision will be made as a result of this report and will be published within 48 hours

Risks / Implications: None

Financial:	None
Staffing:	
Policy:	Overview & Scrutiny
Equal Opportunities - Has a Diversity Impact Assessment been conducted?	A diversity impact assessment is not necessary at this stage, however, equality and diversity implications have been considered.
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?

A diversity impact assessment is not necessary at this stage, however, equality and diversity implications have been considered when producing this report.

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

A diversity impact assessment is not necessary at this stage, however, equality and diversity implications have been considered when producing this report.

Has the Service Director - Borough Solicitor confirmed that the recommendations within this report are lawful and comply with the Council's Constitution? **Yes / No ***

Has the Service Director - Corporate Services confirmed that any expenditure referred to within this report is consistent with the Council's budget? **Yes / No ***

Are any of the recommendations within this report contrary to the Policy Framework of the Council? **Yes / No ***

* delete which applicable

For Cabinet reports only :

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

Tracking/Process:

	Consultation	Ward Members	Partners
Panel	Overview & Scrutiny	Cabinet	Council

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

Proper Officer Sue Johnson

Date 15 May 2009

Purpose of report:

The main purpose of this report is to inform members of the key areas of activity for the Health Select Committee from June 2008 to March 2009.

The report highlights another busy year with the Committee looking at a range of topics that include:

- Responding to formal consultation
- 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. This is now done in our response to the Standards for better health. The report also highlights our findings from this area.

Background:

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.

Each year we inform members of the work that the committee has undertaken for the current year. A report is attached.

The main areas we have covered are:

- Overall performance of NHS Trusts.
- Topics scrutinised such as Care Closer to Home.
- Local developments such as Ashton, Leigh and Wigan PCT's Community Health Care.
- Regional and national issues such as responding to the Standards for Better Health – Declaration.
- Formal consultation such as the consultation in respect of the closure of Whelley Hospital.

Recommendations:

That the Overview and Scrutiny Committee consider this report.



**Annual Report of Wigan Council's
Health Select Committee
2008/09**

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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.

This report contains a summary of the key areas of activity for the Health Select Committee from June 2008 to March 2009.

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

- Updating and developing new and existing members on health matters
- Responding to formal consultations
- Scrutinising local NHS and Social Care developments in particular issues around delivering care closer to home
- 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 (ALWPCT), Wrightington, Wigan and Leigh NHS Foundation Trust (WWL), The 5 Boroughs Partnership NHS Trust and North West Ambulance Service 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 Barry Fagin, Councillor Mrs Joan Hurst, Councillor Charles Rigby, Councillor Dewhurst, Councillor, Pat, Lynne Holland and has a co-opted member in Councillor Michael Winstanley. The Committee is advised and supported by Diane Taylor and Alison Cain.

2. Overall performance of NHS Trusts 2008/9

2.1. Annual Health Check 2008/9

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 each trust has achieved against certain standards within the assessment.

In 2008 -09, we responded to three trusts, ALWPCT, WWL NHS Foundation Trust and 5 Boroughs Partnership NHS Trust.

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.

All 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://2008ratings.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.

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.
- Use of different methods to ensure service availability and accessibility is communicated effectively
- Joint working arrangements
- Engagement within our Townships enabling services to be tailored to need.
- Action taken in relation the Big Event feedback which really demonstrates how the Trust has used of patient feedback in developing services.

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

- A more proactive and timely approach to informing the Committee on their performance issues and progress reviews relating to past review areas.

2.2.2 Wigan, Wrightington and Leigh NHS Foundation 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 Trusts achievement of Foundation Trust status.
- The way in which information is provided to patients and then used to design new services such as 'The Hospital at Home Scheme'.

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

- A more timely response on the impact of the closure of Whelley Hospital and how consultation had been used to inform the decisions made.
- That they inform the committee on how they intend to improve the quality of food provided in hospitals, as this remains an issue.
- 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 across the age groups, including people with dementia and other organic illnesses and people with learning disability. The services provided by mental health trusts range from psychological and other therapies to very specialist medical services for people with severe mental health problems requiring in-patient treatment, emergency care, or crisis care in their own homes. In addition, low and medium secure care is provided, with very specialist high secure units provided by some mental health trusts. Treatment for people with less severe mental health problems is also provided in primary care.

In Wigan these services are provided by 5 Boroughs Partnership NHS Trust. The Trust serves people living in the boroughs of Halton, 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:

- 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.
- We were pleased to see that the Trust has in place a 3 year Public Health Strategy and its use of the Modern Matron concept in ensuring the top ten tips for public health approach is effectively implemented.

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.
- That we are kept informed with some demonstrated outcomes from forums such as 'Peoples Voice'.

3. Topic considered for 2008/09

We have undertaken this review looking at Care Closer to Home in our responsibility to scrutinise health services as part of our wider role in health improvement in Wigan.

The aim of reviewing this topic area was to suggest recommendations for improvements in services that deliver care which promotes independence and care closer to home, with a particular focus on older people. It investigated what current services were available, proposals for future provision, effectiveness of service delivery and impact on patients and carers.

The objectives of the review were:

- To understand the services that are provided through the 'hospital care at home' scheme including care provided at home and in the community
- To understand how the closure of Whelley hospital will impact on this service and the residents of Wigan.
- To gain a picture of our performance
- To identify gaps in provision and areas for improvement.
- To explore good practise nationally and locally

3.1 A number of methods were chosen to investigate the review's objectives – they are summarised below:

- Baseline research to find out the current position including current performance against key indicators.
- Consultation with those already receiving the service. This had already been undertaken by Wrightington, Wigan and Leigh (WWL) NHS Foundation Trust. They undertook a survey in July 2008 to explore patient and public views regarding the development of the Hospital at Home Service.
- Witness hearings, these are formal meetings where key people are interviewed by the Select Committee. This involved officers from the Primary Care Trust, the Acute Trust, officers from the council's Adult Services Department, ALW Community Health Care (provider arm of the ALWPCT) and a carer representative.
- Research of national, regional and local good practice.

3.2 Recommendations

Assessment through to discharge

- The Joint Discharge Policy between adult services and WWL and NHS Ashton Leigh and Wigan should be reviewed in light of the outcomes from the recent reviews and audits of joint discharge arrangements. As an interim measure to this, we would suggest that multi disciplinary teams provide patients and carers with at least 24 hours notice of discharge, and there should be no late night or weekend discharge for vulnerable or older patients.

Co-ordination, collaboration and communication

- Ensure all professionals who are involved in arranging discharges continue to have effective information and training in order to assess and refer patients and carers to appropriate services
- The professionals involved explore the possibility of strategically developing on a regional basis the integrated system as highlighted by the North West Ambulance Trust

Support to carers

- Medical records should be tagged by named staff to identify carers at an early stage to involve them in patients care and to ensure their take up of relevant support services.
- Develop a joint agency Carers Charter to provide clarity on what you can expect when a patient in your care is admitted and then discharged from a hospital setting.
- Social Care professionals should ensure that a separate, holistic Carers Assessment is offered and recorded.
- Develop robust systems to jointly monitor complaints and problems or re-admissions which have resulted from poor discharge arrangements and ensure that this information is used to improve future discharge arrangements.

4. Local Developments

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

In December 2008, Wrightington, Wigan and Leigh NHS Trust were successful in their bid for Foundation Trust Status. The Trust will 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. They will now have greater freedoms and flexibilities than NHS Trusts in the way they manage their affairs.

The trust fed back an excellent response from the Foundation Trust application and stressed that the Trust is now independent and owned by the people of Wigan. They are establishing strong governance arrangements for the new board which will enable them to tailor these arrangements to the individual circumstances of the community.

4.2 Closure of Whelley Hospital

In August 2008 the committee received a presentation from WWL to assist us to complete our response to the consultation on the closure of Whelley Hospital. Members asked a number of questions ranging from how the trust had consulted with patients and the community to the impact on other provision to support rehabilitation. They were interested in the financial implications and the future use of the land.

Members were happy with the extent of consultation and public engagement around the closure of the hospital and provided a positive response to the consultation document. The committee have considered the implications of

impact on other service provision through our care closer to home review and asked the Trust to keep them informed around any cost savings made through the scheme and how these would be distributed to improve health care across the borough.

4.3 Equitable Access to Primary Medical Care

In August, the committee was provided with an overview of the changes taking place in the NHS/PCT and on progress in relation to the introduction of new GP led practices and health centres across the borough by way of LIFT, Fairness in Primary Care and the equitable access to primary care procurement.

The new GP led practices will have around 3,000 patients registered but other people who are not registered at the practise will also be able to receive services such as minor surgery. The plan is to have a new GP led practise in Wigan town centre with plans to expand services at Leigh. There are also plans to have the same set up in Ashton. The vision is to have a 'hub' in each area where people can access a wide range of services that are currently provided in hospitals. Consultation had also highlighted a need for a core GP practise in Marsh Green.

Peter Rowe explained that many of the new practises (42) were going to offer extended hours. The Health Scrutiny Committee offered to feedback about whether the extended hours were working and having a benefit

ALWPCT outlined the current situation and the next stages involved. They suggest that recommendations would be made to the board in November and the contract should be signed by the end of December.

There have been some delays in proceeding to the award of contracts, mainly linked to awaiting confirmation of funding. However, this has now been resolved and, following Board approval to proceed to contract award in April 2009, this is now being taken forward. It is envisaged that the new practices (1 in Marsh Green and 2 in Leigh) will be established in late summer 2009.

The procurement for the GP led Health Centre was unsuccessful in that no successful bidder was identified. The PCT has agreed that a new procurement will commence. Bidder information events will be held to stimulate the market, and the PCT is confident that the re-procurement will be successful. Whilst this does mean that service commencement will be later than initially planned, it is expected that this service will be in place by late 2009/early 2010. Premises have been identified in Wigan Town Centre for this service and work is underway to ensure it will be ready for occupation by the revised service commencement date.

4.4 Leigh Community Hospital

In September, the committee received a presentation from Kim Godsman on the update of community hospitals. There was a Public consultation on the proposal of services in June 2008 and there will be further consultation later in the year.

Kim explained that the services in these facilities will be available for all borough residents registered with a borough G.P.

The project was described in three phases; the first phase implies a new primary community care centre to be built through the LIFT scheme. The second phase includes a series of community hospital facilities to provide a range of health and social care facilities. The third phase will be for WWL in upgrading and replacing services as required at Leigh Infirmary.

In February, funding was formally agreed for this project.

4.5 WWL NHS Foundation Trust –Update on plans for developing the estates of RAEI and Wrightington Hospital

R.A.E.I.

The trust proposed development plans for R.A.E.I. which included plans to demolish the Christopher home site to be replaced by ambulatory care centre and associated facilities and expansion to parking facilities and changes to the main building area in order to improve facilities. These will involve a phased approach over the next five years.

Leigh Infirmary

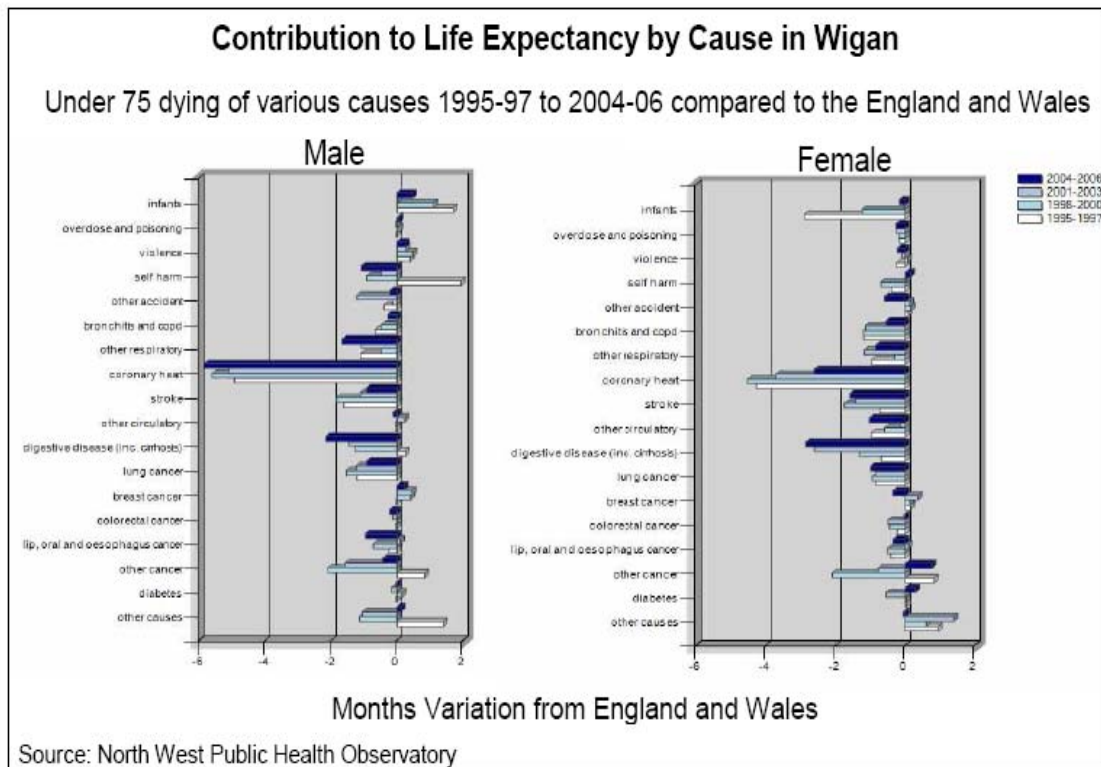
Linking to the update above there are a number of developments planned at Leigh Infirmary which include the demolition of a number of buildings on the site and the introduction of a PCT LIFT project.

Wrightington Hospital

There are a number of developments planned across the whole site of Wrightington and an ongoing programme of capital investment to improve the facilities.

4.6 JSNA, locality working to tackle health inequalities

In October, Kate Adern, Director of public Health for the Borough of Wigan explained to the committee the issues around life expectancy and health inequalities across the borough. The following figures highlight the issues in Wigan.



Joint Strategic Needs Assessment (JSNA)

The Local Government and Public Involvement in Health Act (2007) places a duty on all Upper Tier Local Authorities and PCT's to undertake a Joint Strategic Needs Assessment (JSNA). Wigan is an upper tier authority which means that we share the responsibility with the PCT to produce a JSNA.

The JSNA is expected to describe the future health, care and well-being needs of the borough.

The JSNA will be an ongoing process and in order to gather information, a live web based model is currently being developed which will easily be updated. The system used to develop the model is **WISDOM**, which stands for Wigan Information System for Dynamic Online Maps. This model will then enable us to carry out analysis on a regular basis which will highlight the main issues emerging within the borough and will form the basis of the JSNA final report.

Tackling health inequalities

Kate explained the approach to reducing health inequalities and how it depends on the delivery of both **short** (by 2010) & **medium to long** (beyond 2010) term strategies for health improvement, which need to be underpinned by:

- **Effective interventions**
- **Implementation of health policy and delivery of health care systems that facilitate & empower local people to stay healthy**
- **Robust intelligence & performance improvement systems**
- **Action to prevent premature death for people who already have cardiovascular disease and cancer or are at high risk of disease.**

- Underpinned by **delivery plans** for the five priorities (prevention of CVD, acute CVD management, tobacco control, cancer prevention and seasonal excess deaths) identified by Health Inequalities NST review February 2008.
- 2015 target for lifestyle risk factors & 2020 for delivering improvements in health determinants & some cancer mortality targets – e.g. lung cancer) primarily disease prevention & reduce inequity of health determinants including housing, employment, education & transport
- Action across all Local Strategic Partners in development of Sustainable Communities Strategy & lifestyle factors that increase **prevalence of obesity (adults & children), type II diabetes & alcohol supply and consumption.**

4.7 External Support for Commissioners (FESC)

In October 2007, the Department of Health launched a Framework for procuring External Support for Commissioners (FESC). Ashton, Leigh & Wigan PCT was one of several PCTs that were identified as a pilot to use FESC to support part of their commissioning activities. The FESC programme will help PCTs invest in services that will make a positive difference to the health of their population and improve value for money. This will enable the PCT and local practice based commissioners to become World Class Commissioners of services.

In October 2008 the committee received an update on the partnership between ALWPCT and commissioning experts Tribal. This highlighted how they were to provide future commissioning support services using the FESC framework. Tribal was chosen because of its focus on supporting and strengthening NHS commissioning so that resources can be effectively invested in improving the health of local people.

Wigan's programme aims to improve the health and wellbeing of local people, increase peoples life expectancy and support people to live healthier lifestyles. It has been developed in recognition of the fact that people who live in Ashton, Leigh and Wigan are more likely to die early from heart disease, stroke and cancer than the national average.

The outcome of this programme should see the redesign of health and social care services that will make a real and lasting improvement to the health of the people living in the borough. Shifting resources into the community and so providing a wider range of clinical services and greater investment in prevention and health improvement services.

The programme commenced in September 2008 and members are happy to see the following:

- Structured and accountable arrangements for practice based commissioning along with a programme of support to produce delivery plans.
- Production of an initial 'person centred' demand management plan.
- A clear understanding of current demand for services.
- Development of an organisational plan to support the changes required linked to the wider World Class Commissioning agenda.

4.8 Ashton, Leigh and Wigan Community Healthcare (ALWCH)

In his recent review Lord Darzi supported the creation of strong independent community provider services. ALWCH are one of six NHS organisations pioneering the transition to a community foundation trust. The main objective of this organisation is to improve and modernise patient services. This means combining many individual services to create an integrated healthcare organisation that can deliver the right care for the right patient in the right place at the right time. ALWCH is one of the UK's first PCT provider arms to begin the process of separating from the host PCT to develop and improve services across Wigan for patients. It will aim to provide joined up services by looking at care pathways in the following areas:

- Scheduled and Primary Care
- Long Term Conditions
- Acute Care
- Unscheduled Care
- Children and Young People
- Learning Disabilities

Members were confident that this approach will achieve ALWCH's main objective of improving and modernising patient services in the borough whilst addressing raised levels of expectations from the patients/public for local 24/7 care. They welcomed the development of ALW Community Healthcare and their aim for Foundation Trust status, closer working between agencies and improved accountability local people.

4.9 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.

The committee has kept itself informed on the implementation of a LINK in Wigan. 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 have established early relationships with the Links host - Carers' Federation. In January, project support workers attended our meeting to discuss protocols for joint working and sought our agreement in relation to a number of working documents and processes. Members queried several areas and suggested amendments. The committee has been formally invited to a launch event in March, where the Chair will sign these documents to establish our protocol and agreements for future working arrangements. There was also a discussion around attendance at meetings, for which we will seek legal advice.

5. Regional & National Issues

5.1 Consultations

North West Ambulance Trust, communication and engagement strategy

In January, Members were asked to comment on the above strategy and to give their views for any amendments to the proposals. Members responded positively and found the document useful. They did suggest that the trust include the statutory requirement of 28 days to respond to the request for information as a guideline. The trust has responded to us and has thanked us for our prompt feedback and valuable suggestions, which they will use.

5 Boroughs Partnership NHS Trust 's Application for Foundation Trust Status consultation

In early February the committee were asked to comment on the above consultation. Similar to the foundation trust application applied for by WWL, the 5 Boroughs Trust is now at consultation stage in their application. The committee responded and agreed with their proposals to become a foundation trust, the suggested governance arrangements and membership of boards. The consultation closes in April this year.

6. Review updates

6.1 Health inequalities update

This has been superseded by our comments at 4, regarding the JSNA and locality working to tackle health inequalities.

6.2 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.

6.3 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 Select 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.

6.4 Audiology services update

The department has reduced its waiting times to an average of 3 weeks. This was achieved by a combination of overtime and changes to service provision. For example, adopting new technologies; reviewing the skill mix and improved efficiency of staff time whilst implementing a 4 day working week.

The Audiology department has been using the new "Corda" fittings since April 2007. They are now able to offer a "one stop shop" to around 80% of patients. For those patients whose hearing loss is not suitable for this type of aid, an aural impression is taken and an appointment to have their aid issued 4 weeks later is made with the patient before they leave clinic.

The department is now open from 8.00 am - 6.00 pm Monday – Friday. These are increased opening hours to match patient need.

In relation to recommendations to improve accommodation at the Leigh site, a suitable area has been identified, however this does not currently belong to the Trust and they are awaiting instruction from the Trust's legal team to take this forward.

Further alternative accommodation has been identified but is currently occupied by another service and is dependant upon them transferring into a lift building.

7. Future work

7.1 Strengthened scrutiny role and changes to committee structures

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

- Executives to respond to Overview and Scrutiny Reports;
- External partners to supply information to Overview and Scrutiny Committees;
- The enabling of 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 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.

There will be a further role for scrutiny, in understanding its community leadership role and ensuring that scrutiny of health services contributes to the health and wellbeing of our communities.

7.2 Relationships

We will continue to build relationships with our partners and in particular will concentrate on developing a stronger approach to partnership working arrangements with 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, so aligning our work programmes with those of our partners will be of utmost importance.

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 Foundation Trust giving an overview of the functions of the Acute Trust and their successful application for foundation trust status and how this will affect the people of Wigan.
- An introduction to our new Director of Public Health for the Borough of Wigan.

9. Recommendations

Recommendation 1

That elected members are kept updated about availability and access to the different services that are offered within their communities. Particularly what is available within each premises. Although this information is available on the internet, members find it difficult to explain how accessible services are within their communities.

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

We would be grateful if you could share with us how you intend to address these recommendations with responsibilities and timescales identified.

April 2009