



**Annual Report of Wigan Council's
Health Select Committee
2006/7**

Contents

1.	Introduction and Role of Health Scrutiny	3
2.	Overall Performance of NHS Trusts – The Annual Health Check	3
3.	Topics Covered	6
4.	Local Developments	6
5.	Regional & National Issues	13
6.	Future work	15
7.	Recommendations	16

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 2006 to March 2007.

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 and The 5 Borough's Partnership Trust through the Annual Health Check. 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 Ged Bretherton, Councillor Bob Splaine, Councillor Ian Franzen, Councillor Charles Rigby and co opted member, Councillor Michael Winstanley. The Committee is advised and supported by Diane Taylor and Nicola Payne.

2. Overall performance of NHS Trusts 2006/7

2.1 The annual health check 2006/7

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 responded to the standards set out below in April 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.

Below are the results and comments for each trust given by the Healthcare Commission and included extracts from our comments. The overall results and details of specific areas for improvement can be seen at:

http://annualhealthcheckratings.healthcarecommission.org.uk/annualhealthcheckratings/searchourfindings.cfm/cit_id/21002/widCall1/customWidgets.content_view_1/search_string/Wigan

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 or from feedback from the PPI Forums.

2.2 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.

The Annual health check scores in two areas:

Quality of services

There was evidence that the services provided by this organisation were of **good** quality.

Use of resources

This organisation **performed well** and financial targets have been met for at least the past two years.

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

- Positive in the methods used to gain the right balance between offering privacy to patients and security of staff.
- Real improvements in the way the Trust handles and responds to complaints.
- Clear evidence of where consultations or direct feedback from patients has changed the way that services are delivered.
- The excellent relationships that have been developed between the PCT and ourselves to improve the health of local people
- That the importance of working together effectively was highlighted and praised in feedback from inspectors in our recent Comprehensive Performance Assessment by the Audit Commission
- The delay in receiving the results from the health survey recently undertaken.

2.3 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 Annual health check scores in two areas:

Quality of services

There was evidence that the services provided by this organisation were of good quality.

Use of resources

This organisation performed adequately with regard to its financial arrangements. Our response was a positive one and really focussed on the relationship we continue to build with the trust.

We commented on the following:

- Positive input from senior management to support our review of audiology services
- Real improvements in the way that the trust handles and responds to complaints.
- Our satisfaction with the level and type of information that the trust is providing to patients and the work undertaken to involve patients and the public in designing, planning and improving services.
- That the importance of working together effectively was highlighted and praised in feedback from inspectors in our recent Comprehensive Performance Assessment by the Audit Commission
- Our concern over the changes to management structures within the trust and how these changes will affect future delivery of services.

2.4 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.

Quality of services

The assessment of the quality of services provided by this organisation highlighted **areas for improvement**.

Use of resources

This organisation performed **adequately** with regard to its financial arrangements.

We commented on the following

- Our relationship with the Trust and how it is improving.
- Real examples of how work locally such as Wigan Access Group has had a direct impact on awareness raising in the community.
- Development of joint working between the Trust, Ashton, Leigh and Wigan PCT and the council in achieving our Disability Equality Duty.
- Their robust methodology for handling and responding to complaints.
- Ways in which they are improving information and making it available in different formats.
- Concern over the changes to management structures within the trust and how these changes will affect future delivery of services.
- We would like further information to understand the wider public health implications of providing a mental health service in Wigan.

3. Topics considered 2006/7

Making it better for children and young people, parents and babies	Continuing from 2006 through to present time
Building links with PPI Forums	Ongoing
Application for foundation trust	June 2006
The extended role of pharmacies in the community	September 2006
Progress on health inequalities and access to dental health	October 2006
Changes to cancer services	December 2006
Consultation – Ince Project – delivery of primary care services in Ince	April 2006
Audiology – Review of hearing services in the borough	From June 2006 to March 2007
Centre For Public Scrutiny – Health Support Programme	February 2007

4. Local Developments

4.1 Making it better for children and young people, parents and babies – continuing from 2006 through to present time

This was a piece of consultation that we contributed to between January and May 2006. It was one of the largest consultations in the country with almost 242,000 people taking part. Our role went beyond simply the consultation itself. We undertook work prior to and after, which is still on-going to ensure that the right people were consulted with and in the right way. And that answers and questions on structures and funding arrangements were answered.

The consultation concentrated on major changes to the location and provision of in-patient maternity, children's and neonatal services throughout Greater Manchester, East Cheshire and High Peak.

A decision has now been made. **Option A** will see the creation of eight centres of excellence for maternity and children's services with neonatal care provided at three large, specialist Neonatal Intensive Care Units. Wigan will be one of the eight. In addition, the changes will mean:

- Community services and health care in the home will be developed
- Greater opportunity and support provided to manage conditions in the home
- More experienced consultants dealing with specialist areas.

It is anticipated that changes will be established over the next 3 – 5 year.

Wigan will not be affected by the location changes; however, we will have to ensure that we have effective health and social care provision available in the community to support the proposed changes.

On March 6 it was announced that the Secretary of State for Health had asked the Independent Reconfiguration Panel (IRP) to conduct two "independent, but related, reviews" of Making it Better and Healthy Futures (which covers adult health care in North East Manchester).

The consultation and the proposed improvements affect over 3.1 million people served by 15 Hospitals in 10 towns and cities and generated over 240,000 public responses.

The IRP reports on both reviews are expected to be published by the end of June. The final decision on changes to services in the area will be made by the Secretary of State.

The committee will monitor progress of the changes through the Greater Manchester Health Committee.

4.2 Building links with Patient and Public Involvement Forums (PPIFs)

Involving communities, patients and the public in order to influence public services is part of the Government's agenda to modernise public services. Part of the agenda included establishing PPIFs.

The roles and responsibilities of OSCs and PPIFs are different, but complimentary. For example, PPIFs have powers to enter and inspect places where NHS services are provided, whereas OSC's have powers to call staff of NHS bodies to explain decisions and proposals. However, when considering issues together, we can see how PPIFs and OSCs can use their roles and powers in partnership to achieve improved local health services.

4.2.1 Examples of how we have worked together this year

A health scrutiny support officer regularly attends both the PCT and WWL Patient and Public Involvement Steering Groups. This year discussion topics have been around video diary results and use of mobile phones in hospitals.

They also feed back on patient surveys, which are useful to the scrutiny committee when looking for evidence.

We have met twice as a committee with the PPI Forums. Once to receive a presentation about the Department of Health White Paper: A stronger local voice and once to receive a presentation from Peter Rowe and colleagues about the changes to the health economy in the future.

The hospital PPI Forum has also provided us with useful information relating to the review of Audiology and the issues around the facilities provided at Leigh Infirmary. This has now been reported formally to the trust.

4.3 Consultation – Ince Project – delivery of primary care services in Ince – April 2006

We received a consultation document for response from the PCT relating to the future delivery of primary care services in Ince.

A number of consultees had been involved and we agreed with **Option A** – Relocation of patients to Clare House – LIFT building, but with a concern around transport for those travelling from Higher Ince.

The actual proposal agreed was the location of GP premises at both Clare House and Ince Community Clinic, which answers our original concern around transport.

We have suggested that the real issue will be the level of services available at the Higher Ince site and have asked to be kept informed about the level and quality of provision provided here.

4.4 Application for foundation trust – June 2006

NHS Foundation Trusts are a new type of NHS organisation, established as independent, not for profit public benefit corporations with accountability to their local communities rather than Central Government control.

The Secretary of State for Health has no powers of direction over them. NHS Foundation Trusts remain firmly part of the NHS and exist to provide and develop healthcare services for NHS patients in a way that is consistent with NHS standards and principles - free care, based on need not ability to pay.

NHS Foundation Trusts have greater freedoms and flexibilities than NHS Trusts in the way they manage their affairs for example:

- Freedom from Government 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

WWL Trust applied for foundation trust status last year. This application failed in the area of financial planning and issues around orthopaedic services.

We received a presentation by the Chief Executive at the time to explain that improvements had been made in these areas and to performance in general. She stressed to us that a decision had not been made on whether they would apply. More recent feedback has reported a new appointment to Chief Executive in Andrew Foster and a decision to re apply for foundation trust status.

The committee will follow progress on this application.

4.5 The extended role of pharmacies in the community – September 2006

Arising from our review of health inequalities we requested that the head of community pharmacy come to speak to us to outline what services are provided and how they are impacting on some of the borough's health issues.

It was clear from the presentation that the provision of smoking cessation and emergency hormonal contraception (E.H.C.) – morning after pill within a pharmacy setting was having an impact on results.

- | | |
|--------------------------|--|
| Smoking cessation | <ul style="list-style-type: none"> ▪ 5,484 patients accessed the service ▪ 55% of those have quit |
| E.H.C. | <ul style="list-style-type: none"> ▪ 52 pharmacies offer this service out of 66 ▪ 350 clients accessed service ▪ Impact on using Brook Advisory services ▪ Easier access ▪ 35 pharmacies out of 52 offer this service |

The aims of providing the services are clear; to reduce the number of residents who smoke and to reduce the numbers of unintended pregnancies in all groups, by offering easier and convenient access to free or cheap services from someone you trust.

The committee has requested regular updates on the progress of this service and will continue to monitor as part of its review of health inequalities in the coming year.

4.6 Progress on health inequalities and access to dental health – October 2006

We received an update report on progress on these reviews in October 2006.

4.6.1 Health inequalities

We were due to receive a presentation from the Acting Director of Public Health on 22 February on the results from the health survey 2006. This was not available at this time. However, once it is available it should enable us to see any impact of preventative services. We will analyse the results and compare them to the survey of 2001. And will follow the progress on how the PCT react to these results.

We were encouraged by the development of a new service – Stop Smoking Service – Wigan, which encourages - all GP practices to participate in stop smoking activities. The service offers:

- Positive and practical support.
- A step-by-step approach tailored to your needs.
- A choice of free workshops.
- Small group and individual support.
- Helpful information.
- Resources and techniques that will help residents stop and stay stopped.

This should help to greatly reduce the number of those who smoke in the borough.

4.6.2 Access to dental health

From the progress report we fed back last time on domiciliary care and use of lift buildings in dental health there appear to be issues arising. In relation to use of the lift sites little progress has been made in this area. The PCT is undertaking work to develop community dental services in Leigh and Pemberton but no decision has been made as to where these will be as yet. The domiciliary care service is scheduled to commence from 1 April 2007. It should be noted, that even when this service is provided it will be a triage service only, as surgery cannot be carried out in the home due to lack of equipment, hygiene, and so on. The committee will be kept informed of any changes.

4.7 Changes to cancer services – December 2006

In the summer last year we received a presentation from Gill Harris, Acting Director of Nursing and Operations Trust relating to the changes to the provision of cancer services. The impact could mean major surgery to be undertaken outside of Wigan. The committee expressed their concerns in relation to transport, parking and public services at Christie and Hope Hospital.

The trust welcomed a formal response from the committee.

We are aware that the principle of centralising this type of service is in line with national guidance. However we stressed our concern about how this might impact on our local population. The following are concerns that we as a committee stressed in our response. In bold is the response from the trust.

1. Has Hope Hospital got the capacity to take on extra patients?

We are currently working across the network to establish the capacity Hope will require to deliver these services and then to confirm that this is available.

2. Would our local population have access to parking and transport?

I am advised that as part of their Private Finance Initiative Hope Hospital have included additional car parking capacity, however, I am unclear to what level this may be.

3. Would Wigan continue to provide emergency services?

The impact on the local emergency services is being assessed as part of the work streams identified. Clearly it is the Trusts intention to continue to provide these services.

4. Has consultation taken place with the local population, if so when did this take place or is it planned to take place and what are the outcomes?

Consultation has not been undertaken locally. As you are aware this was raised within the discussions at the Reebok Stadium where the strategy was presented. The advice we were given led to the presentation to you, as I was informed there was not believed to be a requirement for full consultation.

5. Is there any evidence available that suggests this type of reconfiguration has been successful elsewhere in the country?

These types of reconfigurations have been undertaken across a range of specialities nationally successfully.

6. Could you please confirm that the centralisation of services will not affect pathology services available to remaining cancer services?

Pathology services are not a part of this reconfiguration and thus this will not affect our local service.

We also highlighted that we are keen to ensure that as much care as possible is delivered locally. We will continue to monitor this provision of service.

4.8 Audiology – Review of hearing services in the borough

We have now finalised our report on the review of the provision of hearing services in the borough.

Below is a copy of information from the health survey of 2001 which reports that of those responding 13% wear a hearing aid for more than three hours a day.



Wigan and Bolton Health Authority - Health Survey 2001

It is important to consider the special health needs of those people with hearing and visual problems. With this in mind, respondents were asked if they have difficulty hearing someone talking in a quiet room or difficulty following conversation if there is a background noise. In a separate question they were asked if they wore a hearing aid and if so for how long. The first column combines those who said they wear a hearing aid or were experiencing difficulties with their hearing. Just under one in five adults in Wigan reported having a hearing problem and this group is predominantly elderly. There is a large variation with the lowest rate seen in Langtree (14.5%) and the highest in Ince (30.1%).

The proportion of those with hearing problems that wear a hearing aid for more than three hours a day is shown in the map opposite. Only 13.0% of those with a hearing problem wear a hearing aid for three or more hours per day. Some of those wards with a higher proportion with hearing problems had the lowest proportions that wear their hearing aid for three or more hours per day.

People in the more deprived wards are more likely to suffer with tinnitus with wards such as Atherton (14.2%), Whelley (12.9%), and Ince (12.7%) having much higher levels than Swinley (5.1%).

Almost four in ten people had not had an eyesight test in the previous two years with areas such as Ince (47.8%), Norley (45.1%) and Hindley Green (44.4%) scoring particularly poorly. Men in the 18-44 age group showed the highest rate with 56.5% not being tested in the last two years. A quarter of people aged 65 and over have not had an eyesight test in the last two years. Glaucoma is more of a risk to this age group and this condition can be picked up during an eyesight test.

Ward	% with hearing problems	% of those with hearing problems who wear a hearing aid for 3+ hours a day*	% with tinnitus	% not had an eyesight test in last 2 years
Abram	22.1	8.8	12.2	43.1
Ashton-Golborne	17.8	9.9	5.9	38.0
Aspull-Standish	17.9	10.5	6.5	37.1
Atherton	22.1	10.0	14.2	39.6
Bedford-Astley	18.5	12.3	5.6	41.0
Beech Hill	19.4	13.4	6.8	35.8
Bryn	18.5	14.3	6.6	38.5
Hindley	20.0	18.4	8.2	37.1
Hindley Green	17.3	9.9	6.9	44.4
Hindsford	20.0	16.5	8.3	38.3
Hope Carr	17.4	18.7	5.8	37.4
Ince	30.1	8.4	12.7	47.8
Langtree	14.5	11.6	5.8	38.8
Leigh Central	22.2	15.8	9.8	40.3
Leigh East	19.3	18.2	8.2	38.5
Lightshaw	19.0	14.0	7.4	30.8
Newtown	20.5	8.1	7.7	41.0
Norley	20.2	8.3	6.4	45.1
Orrell	18.4	13.6	9.8	37.2
Swinley	18.1	10.0	5.1	35.6
Tyldesley East	15.5	16.9	7.0	36.0
Whelley	27.5	14.6	12.9	34.1
Winstanley	15.6	12.2	5.5	39.4
Worsley Mesnes	20.1	13.3	5.4	36.9
WIGAN	19.3	13.0	7.8	38.6
Data based on survey question	Q 12/24	Q 12/24	Q12	Q23

* not weighted

The review of Audiology services was our third review. It began in October 2006. The aim of the review was to understand the social and physical impact on those patients waiting for treatment for loss or limited hearing. And to investigate methods for decreasing those waiting times leading to improvements to the whole patient experience. And it was only when we requested the true data that the Trust realised

how bad the situation was in Wigan. It is pleasing for the Committee that we can see real impact in ensuring the NHS co-operates with us to improve services for our residents

To explore the issue fully we developed a terms of reference. It comprised of a number of tasks:

- To understand the process that residents go through when accessing services for hearing difficulties
- To identify waiting lists and timescales for both adult and paediatrics provision.
- To identify gaps in provision
- To understand the impact that loss of hearing might have on our residents.
- To explore good practise nationally and regionally

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

- Baseline research to find out the current position
- Consultation with those already receiving the service. We sought the Acute Trust's assistance in this. They undertook on our behalf a video diary session and distributed a number of questionnaires to patients both at Wigan and Leigh hospitals.
- Witness hearings, these are formal meetings where key people are interviewed by the Select Committee. This involved officers from the Primary Care Trust and the Acute Trust.
- Review of national research on good practice in addressing waiting lists for hearing services and the interventions seen to be most effective.
- Review of local and regional plans to address waiting lists for hearing services.

Nationally another increase has been reported in the time people in England have to wait to get a hearing aid fitted on the NHS, and across the UK more than a third of all hospitals reported increased waiting times. Across the UK, patients will have to wait on average between 60 and 64 weeks to have their analogue hearing aid replaced, compared with an average UK wait for a first hearing aid of 45 weeks. And a wait of between 68 and 72 weeks for a digital instrument.

In Wigan a wait on average of 63 weeks is experienced through the current pathway of care.

Feedback from consultation confirms these long waits, although patient experience is not highlighted as poor. There are however issues with accommodation at the Leigh Clinic which are highlighted in the report.

We have summarised our recommendations under 2 areas. These are improvements to the patient pathway and improvements to facilities and whole patient experience.

We will continue to monitor these recommendations on a 6 monthly basis as with previous reviews.

5. Regional & National Issues

5.1 Centre for Public Scrutiny (CFPS) – Health Scrutiny Support Programme

The CFPS runs a Department of Health funded support programme for the ISO health OSCs of social services authorities. The programme has three key elements:

- Practical advice and support
- Action learning programme
- Measuring the impact

From December through to February this year we received advisory support on national policy, local focus (the local impact of health care policies).

The centre provided us with a personal advisor who undertook research, support and guidance to enable him to run a workshop for members to identify health care policies – what they are and how they have impacted locally.

Members felt this was an extremely useful exercise which not only improved their knowledge, but enables them to consider how they can get involved in implementing national policies locally.

5.2 Links

A Stronger local voice sets out the Government's plans for the future of patient and public involvement in health and social care. These plans include the establishment of Local Involvement Networks (LINKs) which will replace patient forums. LINKs will work with existing voluntary and community sector groups, as well as interested individuals to promote public and community influence in health and social care. The package of plans is designed to promote the importance of user and public involvement at all levels of the health and social care system, and to create a system which enables more people to become involved and have their voices heard.

It will be the responsibility of local authorities to make arrangements for the establishment of LINKs by contracting with a 'host' which in turn will put in place arrangements to attract people to participate in and form the LINK; - the Department of Health will make targeted grants available to local authorities to enable them to fund the establishment of LINKs through the procurement of the 'host'.

- Their statutory functions will be:
 - promoting and supporting the involvement of people in the commissioning, provision and scrutiny of local care services;
 - obtaining the views of people about their needs for, and experiences of, local care services and making these views known to people responsible for commissioning, providing, managing or scrutinising those services;
 - Making reports and recommendations about how local care services could be improved, to people responsible for commissioning, providing, managing or scrutinising those services.

-
- They will have a set of ‘powers’ which will enable them to:
 - Enter specified types of premises and view the services provided as well as collecting the views and experiences of recipients of services
 - Request information and receive a response within a specified timescale.
 - Make reports and recommendations and receive a response within a specified timescale
 - Refer matters to the relevant Overview and Scrutiny Committee (OSC) and receive a response.

- They will also:
 - have the power to focus on issues which are of concern to the local community;
 - Work closely with Overview and Scrutiny Committees, but will remain independent of each other;

For LINKs to be effective they will need to be inclusive and draw on a wide range of views and inputs; they will need to develop close working relationships with commissioners and providers, to enable them to perform a role of critical friend.

To enable them to make a head start with the process, encourage people and organisations to start to develop ways of working locally which can foster the development of LINKs early, our health scrutiny support officer has already started to research what this will mean to the committee.

6. Future work

Future work will involve closer working with PCT’s on local health and well-being. PCT’s will be given statutory duty to produce joint local health assessments with councils. This will help to jointly address health needs across the borough and will be our focus of review for the coming year.

Establishing Local Improvement Networks (LINKs). As a local authority, we will have a duty to make contractual arrangements for the involvement of people in the commissioning, provision and scrutiny of health and social care services as described above.

7. Recommendations

Recommendation 1

It is recommended that the Chief Executive of Wigan, Wrightington and Leigh NHS Trust report back and present progress on their application for Foundation Trust Status at our first meeting of the new year in July 2007.

Recommendation 2

It is recommended that the Chief Executive of Ashton, Leigh and Wigan PCT report back on the results and issues arising from the health survey 2005 – 2006.

Recommendation 3

That all three trusts keep us informed and up to date on all local developments referred to in this report.