
HEALTH OVERVIEW AND SCRUTINY COMMITTEE

06 NOVEMBER 2007

Present – Councillors Morgan (Chair), P. Allen, L. Byrne, Clare, Connell, Greenhalgh, Higson, Hollick (as deputy for Mrs. Fairclough), Lord, Murray, R. Ronson, Mrs. Rothwell, J. Silvester, and Spencer.

- | | | |
|---|---|--|
| Mr. T. Evans
PCT | - | Chief Executive, Bolton |
| Ms. P. Senior | - | Chair, Bolton PCT |
| Mr. A. White
Bolton PCT | - | Assistant Chief Executive |
| Mrs. B. Andrews
Trust | - | Bolton NHS Hospitals |
| Mr. D. Grogan
and Democratic. | - | Assistant Director of Legal
Services. |
| Mrs. A. Gannon
Social Care Integration | - | Director of Health and |
| Mr. L. Hollando
Older Adults | - | Commissioning Manager |
| Mrs. A. Bain | - | Patients Forum |
| Mr. J. Addison | - | Scrutiny Support Manager |

Apologies for absence were received from Councillors Mrs. Fairclough and Morris and from Mrs. J. Hutchinson and Mr. D. Fillingham

Councillor Morgan in the Chair

22 MINUTES

The minutes of the meeting of the Committee held on 19th September, 2007, were submitted and signed as a correct record.

Arising from the minutes, the Committee was advised that owing to ongoing discussions around the contract details in respect of the Independent Sectors CATS contact had yet to be made with the GMPTA in regard to a review of the bus routes to the Watersmeeting area. However, this would be actioned following the resolution of contract matters.

Attached Reports:

[Minutes of the last meeting](#)

23 MONITORING OF DECISIONS

The Director of Legal and Democratic Services submitted a report that informed members of the progress of decisions taken and issues raised by the Committee.

Resolved - That the report be noted

Attached Reports:

[Monitoring of Decisions \(enclosure\)](#)

24 WORK PROGRAMME

The Director of Legal and Democratic Services submitted a report which informed Members of the progress with the Committee's work programme.

Members were advised that the work programme had been prepared following the facilitated event in June and would be amended, as necessary, to take account of changing circumstances.

Resolved – (i) That the report be noted.

(ii) That the work programme be amended to reflect that reports on the current position in regard to the contract details of the Independent Sector CATS and a review of the coronary care process would be submitted to the meeting of the Committee on 15th January, 2008.

Attached Reports:

[Work Programme \(enclosure\)](#)

25 NATIONAL SCHOOL FRUIT AND VEGETABLE SCHEME

The Director of Public Health submitted a report advising that the School Fruit and Vegetable Scheme was part of the national 5 a day programme to increase fruit and vegetable consumption.

All four to six year old children in local authority maintained infant, primary and special schools were entitled to a free piece of fruit or vegetable each day. All 102 eligible schools in Bolton were participating in the scheme.

The report explained what was offered to children and advised that there had been a significant increase in the number of children achieving the 5 a day target. The report went on to detail other initiatives aimed at getting children to eat healthily.

Members sought clarification as to whether schools were implementing any schemes whereby children would grow and eat their own vegetables.

Resolved – (i) That the report be noted.

(ii) That the Director of Children's Services, in conjunction with the PCT, be requested to submit a report to the next meeting on any local initiatives or proposals to progress the National Fruit and Vegetable Scheme in an effort to raise the number of children taking part in the scheme above the 44% indicated in the report and in relation to schools participation in the programme.

Attached Reports:

[National School Fruit and Vegetable Scheme \(enclosure\)](#)

26 UPDATE ON LINKS

Mr. Larry Hollando, Commissioning Manager Older Adults, gave a presentation on the current position in relation to the establishment of the local LINKs.

The Committee was advised that, under the Local Government and Public Involvement in Health Bill, which had received Royal Assent in October, 2007, Patient and Public Involvement Forums (PPIF) would, from 1st April, 2008, be replaced by Local Involvement Networks (LINKs).

LINKs were aimed at providing a way for local people to engage with health and social care organisations; supporting and strengthening open communication between the public, commissioners and providers; and increasing the accountability of commissioners and providers.

The Committee was advised of the differences between PPIF and a LINK, what LINKs would do and the steps to be taken in the very near future to ensure that LINKs were in place by the target date of 1st April, 2008.

Arising from the presentation Members sought clarification or raised concerns on the following issues:-

- The role of the “host” organisation which would administer the LINK;
- The unrealistic timescale for the establishment of LINKs;
- Concern around the possible duplication by LINKs of the work currently undertaken by Health Overview and Scrutiny Committees and of the consequent need to establish formal links to avoid this possibility;
- The possibility/desirability of a number of authorities joining together to make any proposal for a joint host organisation a viable proposition;
- The role of LINKs when compared to the former Community Health Council structure;
- The role and membership of the Steering Group formed to establish the LINK, with a view to the Chief Officer adviser to the Committee becoming a member;
- Concern that the knowledge and expertise of current PPIF members would be lost should they decide to become Trust Foundation Governors which could exclude them from being part of the LINK structure; and
- The funding of LINKs once the initial 3 year central funding had expired.

The views of the stakeholder organisations present at the meeting were also sought and discussed.

- Discussion on this matter concluded by advising that the next stage of the process would be for the Steering Group to decide on the form of the host organisation tender and then to go out to public advertisement.

- Resolved (i) That the concerns of the Committee be communicated to the Steering Group.

(ii) That a progress report on this issue be submitted to the next meeting of the Committee.

-

27 "BUILDING BETTER HEALTH FOR BOLTON" - STRATEGIC SERVICES DELIVERY PLAN - CONSULTATION PROCESS

Anna Basford, Bolton PCT, gave a presentation to the Committee which detailed the results of the Estates Strategy Review undertaken by Bolton PCT. The review had been undertaken in recognition that service delivery and development was being limited by accommodation.

The Committee was advised that the review had taken place between February and October, 2007, and had utilised a process which established a fact base (comprising current services, demographic issues, health needs inequalities, current estate maps and transport and communication networks); sought stakeholder views (public, local authority, providers, commissioners and learning establishments) which in turn generated options, evaluation criteria and a scoring mechanism.

One of the main results of the fact base was the realisation that to deliver outcomes would require an 84% increase in accommodation relating to an additional 20,000 square feet of space.

- The whole process resulted in the production of 7 options which were subjected to the evaluation and scoring criteria to attain the preferred option which was a mixture of new build, extensions and refurbishments to 20 sites.

The options were to be included in a Strategic Service Delivery Plan with the brand "Building Better Health for Bolton"

In order to ensure that the preferred option received the widest possible consultation, the Bolton PCT Public Board Meeting on 14th November, 2007, would consider a report on the scope, form and resources required to deliver a comprehensive consultation on its Strategic Service Delivery Plan (SSDP).

In addition to the PCT's Estates Strategy Review, the SSDP was linked to the Urgent Care Review and DTC Business Case and was aimed at enhancing plans to ensure that health inequalities were removed through improved estates, urgent care and diagnostic facilities targeted to areas of health need.

The consultation process would target community groups with a variety of backgrounds for their views and provision had been made to commission outreach work with harder to reach communities, groups and individuals. The Council's Citizens Panel would be used to conduct a specific consultation with its Members.

The consultation would be undertaken over a three month period ending in March, 2008, and a report on the results of the consultation would be submitted to an appropriate meeting of this Committee.

Members made various suggestions to compliment the proposed consultation mechanisms.

An issue was also raised in respect of the use of monies made available via section 106 agreements arising from the planning process.

Resolved – (i) That the report, together with the supplementary information given at the meeting as a result of Members questions, be noted.

(ii) That Members obtain any comments/observations on the proposals contained in the SSDP to be discussed at the meeting of the Committee on 15th January, 2008.

(iii) That a report be submitted to the next meeting on the use of section 106 monies generated as a result of the planning process and how such monies are made available to the PCT.

Attached Reports:

["Building Better Health for Bolton" - Strategic Services](#)

28 BOLTON NHS HOSPITALS TRUST - HEALTHCARE COMMISSION RATING

The Committee considered a report advising that on 18th October, 2007, the Healthcare Commission published the annual performance ratings for all NHS Trusts in England.

The report advised that Royal Bolton Hospital's performance rating for the two aggregate areas of the use of resources and quality of services was rated as good. This was an improvement on the 2005/06 ratings when the Hospital scored fair on both areas.

Although the Hospital achieved 14 out of 20 separate targets, there were some areas in the quality of service score in which it underachieved in the existing and national targets.

On the existing targets, the areas of underachievement were:-

-

- Maintaining a maximum wait of 26 weeks for in-patients;
- Patients who had operations cancelled for non-clinical reasons to be offered another binding date within 28 days or the patients treatment was to be funded at the time and hospital of the patients choice; and
- monitoring the four hour maximum wait in Accident and Emergency from arrival to admission, transfer or discharge.

On the new national targets, the areas of underachievement were:-

- Achieving a year on year reduction in MRSA levels;
- Reduce health inequalities by 2010; and
- Substantially reduce mortality rates by 2010 from

heart disease, stroke and related diseases.

The report detailed the work being undertaken to address these issues

-

Resolved - That the Board and staff of the Bolton NHS hospitals Trust be congratulated on their ratings

Attached Reports:

[Bolton NHS Hospitals Trust - Healthcare Commission Rating \(enclosure\)](#)

29 BOLTON PCT - HEALTHCARE COMMISSION RATING

Mr. Tim Evans, Chief Executive Bolton PCT, submitted a report advising that on 18th October, 2007, the Healthcare Commission published the annual performance ratings for all NHS Trusts in England.

The report advised that Bolton PCT's performance rating for the two aggregate areas of the use of resources and quality of services was rated as good for quality of resources (compared to fair in 2005/06) and fair for use of resources (as in 2005/06).

Under the quality of service heading, the report advised that the PCT had fully met its core standards but that the following areas needed to be addressed for 2007/08 where the organisation underachieved or failed to meet standards:-

- All ambulance trusts to respond to 75% of category A calls within 8 minutes (underachieved);
- All ambulance trusts to respond to 95% of category B calls within 19 minutes (underachieved); and
- Maintain the four hour maximum wait in Accident and Emergency from arrival to admission, transfer or discharge.

On the new national targets, the areas of underachievement were:-

- Reduce the under 18 conception rate by 2010 as part of the broader strategy to improve sexual health;
- Substantially reduce mortality rates by 2010 from heart disease and stroke related diseases; and
- Half the rise in obesity among children by 2010 as part of a broader strategy to tackle obesity in the population as a whole.

The report went on to detail a number of initiatives to be investigated and implemented in an effort to improve the use of resources rating.

Resolved - That the Board and staff at Bolton PCT be congratulated on their Healthcare Commission ratings.

Attached Reports:

[Bolton PCT - Healthcare Commission Rating \(enclosure\)](#)

30 UPDATE ON INDEPENDENT SECTOR CATS - CONTRACT DETAILS

The Committee was advised that contract details were still being finalised for the Independent Sector CAT and that a further report would be made to the meeting of the Committee on 15th January, 2008.

Resolved - That the position be noted

31 BOLTON NHS HOSPITALS TRUST - FINANCIAL UPDATE

Mrs. Beverley Andrew, Bolton Hospitals NHS Trust, submitted a report on the financial performance of the Hospital Trust for the period 1st April to 30th September, 2007.

The report advised that the Trust's financial performance at the end of September, 2007, was an under spend of £215,000 against plan. This was an improvement of £146,000 from the August position.

The report advised that the Trust was on course to achieve its anticipated surplus of £2,500,000 and to make

its required payments against its working capital loan.

Resolved - That the report be noted

Attached Reports:

[Bolton NHS Hospitals Trust - Financial Update \(enclosure\)](#)

32 HIV SERVICES IN GREATER MANCHESTER

Sarah Stephenson, Project Manager – Commissioning, Greater Manchester Sexual Health Network, submitted a report the purpose of which was to update Members on the development of a Greater Manchester HIV outpatient payment by result (PbR) tariff.

The report advised that when the first cases of HIV/AIDS appeared in the UK in the late 1980s, medical expertise was limited and consequently cases were treated by a small number of skilled clinicians at specialist centres. Across Greater Manchester patients were historically treated centrally at the Regional Infectious Diseases Unit (RIDU) at North Manchester General Hospital (NMGH). Over time, the numbers of HIV+ residents across Greater Manchester grew with the result that other hospitals had grown in expertise and were treating and managing patients.

Currently the RIDU received treatment and care costs for the service it provided to 1448 patients whereas other hospitals were now providing substantial amounts of care (e.g. 208 at Bolton; 857 at MRI; 748 at ten local genito-urinary (GU) clinics) and were only receiving drug costs. The MRI in particular was failing to meet its 48-hour GU access due to the large numbers of unfunded HIV+ patients using GU clinic slots.

It was intended to pilot across Greater Manchester a PbR tariff (paid by usage) for HIV services. Work had already started and included a Finance Working Group which was looking at the current cost of the service and a Pathway Group was meeting to agree how patients respond and should move through services to receive the care they needed. Once the group, which included clinicians; the voluntary sector; a GP and nurses, had finished its discussions the pathway would be shared with patients and their carers who would have the opportunity to give their views. It was further intended that the finalised pathway would also be assessed in line with obligations in

relation to the Equality Act 2006.

A deadline of April, 2008, had initially been set as an implementation date for the new process, however, this was likely to slip to the Autumn of 2008.

Members sought clarification on the following points/issues:-

- The maintaining of service standards and the quality of treatment currently provided when the new process was introduced;
- The needs of the new and emerging communities and whether the service would include babies born with HIV or young children later presenting with HIV;
- The make up of the funding of the service;
- The accuracy of patient numbers; and
- The involvement of the voluntary sector in Bolton in this realm.

Resolved – (i) That the current report, together with the information provided as a result of Members questions at the meeting, be noted.

(ii) That a further report on progress made in implementing the scheme be considered in April, 2008.

Attached Reports:

[HIV Services in Greater Manchester \(enclosure\)](#)

33 CORONARY CARE - OVERVIEW OF PROCESS

The Committee was advised that this item had been rescheduled for discussion at the meeting on 15th January, 2008.

Resolved - That the matter be noted

34 ACCESS TO GP SERVICES

Joan Leonard, Bolton PCT, gave a presentation on work

being undertaken by the PCT to improve access and responsiveness in primary medical services.

The recent national survey provided the PCT with a platform to reinforce the need to achieve improved dialogue with patients and communication and involvement in service changes. The survey provided a key focus in achieving a better understanding of the patient requirements of different practice populations and to working with practices on an individual basis to redesign access and work towards meeting these requirements.

The PCT was currently undertaking the following developments in an effort to improve access to services:-

- Procurement of a New Innovative Practice;
- Workforce Growth Initiative;
- Improved Primary Care Triage;
- Re-Commissioning and Redesigning GP Out of Hours Services;
- Introduce Peer Group Clustering; and
- Practice Improvement Programme.

In addition, the national survey had prompted the PCT to draw up the following, additional plans to improve access :-

- Further Understanding of Patient Preferences in Accessing Services;
- Provision of Medical Services beyond Core Hours;
- Improve Access and Responsiveness of Services in the 9 Identified Lowest Scoring Practices;
- Use the “Lean” Management Model to redesign Access;
- Training for Practices, including Reception Staff; and
- Communication and Consultation.

The PCT had identified additional resources to deliver the proposals detailed above.

Resolved – That the presentation be noted.

-(The meeting started at 9.30am and ended at 12.25pm)

-
-