

HEALTH OVERVIEW AND ADULT SOCIAL CARE SCRUTINY COMMITTEE

MEETING, 1ST FEBRUARY, 2023

Present – Councillors Haworth (Chairman), T. Wilkinson (Vice-Chairman), N. Ayub, Brady (as deputy for Councillor Eckersley-Fallon), Challender, Fletcher, Hartigan, Khurram, McGeown, Meehan, Radcliffe, Taylor-Burke, Mrs. Thomas, Walsh (as deputy for Councillor Rimmer) and Wright.

Also in attendance

Councillor Morgan	- Executive Cabinet Member for Adult Social Care
Councillor Baines	- Executive Cabinet Member Wellbeing
Ms. R. Tanner	- DASS, Director of Adults
Ms. F. Noden	- Chief Executive, Bolton NHS FT
	- Bolton Place Based Lead, GMIC
Ms. T. Minshull	- Assistant Director Commissioning
Mr. B. Squires	- Head of Primary Care – GM Integrated Care Partnership
Ms. N. Ledwith	- Delivery Director Bolton Locality GMIC
Mr. I. D. Mulholland	- Deputy Democratic Services Manager

Apologies for absence were submitted on behalf of Councillors Bullock, Rimmer, Eckersley- Fallon, Ann Schenk (Health Watch Bolton) and Bernie Gallagher (Bolton and District Pensioners Association)

Councillor Haworth in the Chair.

29. MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting of the Committee held on 13th December, 2022 were submitted.

Resolved – That the minutes be agreed and signed as a correct record.

30. THE COMMITTEE WORK PROGRAMME, 2022/23

The Committee received a report which set out the work programme items for consideration during the Municipal Year.

Resolved – That the updated work programme for 2022/2023 be approved.

31. WIDER PRIMARY CARE INC PHARMACY, DENTAL, OPTOMETRY

Mr. Ben Squires, Head of Primary Care – GM Integrated Care Partnership gave a presentation on the provision and access to NHS dentistry.

It was explained that questions would be taken regarding the issues of wider primary care including pharmacy and optometry but the presentation would not cover those matters specifically.

Members were updated in terms of the various dental facilities in Bolton in terms of general dental care, specialist dental services and secondary dental services.

The pandemic had had a huge impact and dental services were trying to recover to pre-pandemic levels.

The Committee was informed that the main issue of patient feedback had centred around patients being unable to get an appointment and health watch officers would be engaged with in terms of all feedback.

F3

All NHS dental practices continued to prioritise patients in pain, children, patients who were deemed at risk. Access was slowly increasing.

The meeting was informed of access to urgent dental care. There were 40 hubs in Greater Manchester and 4 within Bolton.

Further information was provided in terms of the post pandemic recovery of secondary care dental services.

In terms of the way forward for planning and recovery it was highlighted that –

- To ensure capacity was in place for on-going activity;
- Return critical services to agreed standards;
- Address back log of services; and
- Retain changes and innovations from the pandemic that we wished to keep.

Mr. Squires also addressed the issue of the prioritisation of opening up access to dental services and what Greater Manchester was doing in this regard including the GM access Plus Scheme, the child friendly dental scheme, the healthy living dental project, a dental home for looked after children, evacuee and asylum seeker pathway, oral health improvement and the GM Transformation programme.

Members in their discussions referred to –

- Capacity on dependent adults;
- Whether it was now easier to become an NHS dental patient since the pandemic;
- One dentist per 1,000 people in Bolton and the challenges around this;
- Whether dental practices were private businesses; and
- Missed appointments and getting struck off.

Resolved – (i) That Mr Squires be thanked for his detailed and informative presentation and that the position be noted.

(ii) That the Committee be provided with a note regarding children who need a general anaesthetic and also information on patients who can complain regarding Greater Manchester and reasonableness.

32. HEALTH AND INTEGRATED CARE – GM ICS AND LOCALITY BOARD

Ms. Fiona Noden, Chief Executive of Bolton NHS Foundation Trust and Bolton Place Based Lead, Ms. Rachel Tanner, Director of Adults and Ms. Naomi Ledwith, Delivery Director Bolton Locality GMIC gave a joint presentation on health and care integration.

Members were reminded of the previously published Bolton Locality Plan, 2020-2024 which was the blue print for the transformation and integration of health and social care.

The key priorities included –

- Prevention and Early Intervention;
- Mental Wellbeing;
- Keep People Living Well in their Community;
- Develop our workforce and culture as a locality; and
- Digital First approach.

The Committee was informed of the membership of the Bolton Locality Board, its key purpose and how working together was undertaken.

The Committee was also informed of the move towards six health and care neighbourhoods with integrated teams aligned to Primary Care Networks and connected to place.

Information regarding the diverse nature of Bolton was given including life expectancy and deprivation matters.

In conclusion, the members were informed of the next steps in the Bolton Locality Plan.

Members in their deliberations referred to –

- the public health team – inequality in Bolton;
- Responsibility and accountability matters;
- Innovative ways from hearing from patients and users;
- and
- Ward councillors input going forward.

Resolved – That Fiona Noden, Rachel Tanner and Naomi Ledwith be thanked for their detailed and informative presentation and that the position be noted.

33. CARERS STRATEGY

Ms. Tracy Minshull, Assistant Director Social Care and Public Health Commissioning gave a presentation on the Carers Strategy. A copy of the strategy had also been previously circulated to the Committee.

The carers strategy was formed following discussions with carers across Bolton, partners and Bolton Council. The strategy was based on outcomes that made a difference to people's lives.

The presentation went on to address –

- Matters around inequality;
- What carers had said;
- Bolton's Partnership commitment;
- The five priorities and objectives;
- Bolton young carers pledge; and
- How it would be known that a difference was made.

Members in their discussions referred to –

- How unknown carers were reached;
- 40% of carers felt isolated and how this number could be brought down;
- Respite and various options; and
- The work of Bolton CVS.

Resolved – That Tracy Minshull be thanked for her detailed and informative presentation and that the position be noted.

34. MEMBERS BUSINESS

- (a) The committee considered the following members questions, viz -

The following question was submitted by Bernie Gallagher, Lay Member in accordance with Standing Order 36 and the response was prepared by NHS Greater Manchester Integrated Care.

Q.

The Parliamentary Select Committee on the future of GP Services reported that:

"the decline of continuity of care in general practice was one of the most concerning impacts of the pressure on general practice. Since 2004 the majority of GPs had not had individual lists of patients even though there was clear international and UK research showing that seeing the same GP over a long period of time lead to fewer hospital visits, lower mortality and less cost for the NHS....."

Furthermore, "We recommend abolishing the Quality and Outcomes Framework (QOF) and Impact and Investment Framework (IIF) which had become tools of micromanagement and risked turning patients into numbers. GPs should be treated like professionals and incentivised to provide

relationship-based care for all patients by restoring individual patient lists"

Given the clear benefits to the patient, job satisfaction for GPs and savings for the NHS was this something which could be introduced in Bolton ?

A.

The QOF was a national framework, therefore it would require national change.

Patients could request to see their GP of choice to ensure continuity of care – the BQC asked that all GPs provide 10 sessions per week and also provide pre-bookable appointments a month in advance.

Obviously if urgent on the day care was required, the 'usual' GP might not be available but for long standing issues, where continuity of care would be beneficial patients should be able to pre-plan those appointments to see their preferred GP .

QOF and IIF were national schemes and would require national changes - Bolton practices could / would continue to participate.

The following questions were submitted by Councillor Haworth in accordance with Standing Order 36 and the responses were set out below.

Q.

Question for the Chief Executive of Bolton NHS FT

In the third quarter of 2022 2023 what percentage of patients waiting in A&E services had been waiting longer than the target time of four hours.

Also in the third quarter, what percentage of patients had been waiting longer than the target time of 18 weeks for routine treatments.

Question for the Chief Executive of NWAS

Did NWAS or Bolton NHS FT monitor the handover wait times of Ambulance services.

In the third quarter of 2022 2023 what percentage of ambulances arriving at the Bolton NHS FT A&E were queuing outside with handover rates exceeding the target time.

Also in the third quarter, what percentage of blue light 999 ambulance service response was delayed past the target time in the Bolton Borough.

Question for the Chief Executive of GMMHFT

In the third quarter of 2022 2023 for Bolton Borough patients;

What percentage of service users were waiting for outpatient mental health appointments were waiting longer than the target time.

What percentage of service users were waiting for alcohol and drug services including inpatients services that exceeded the target time.

What percentage of young people were waiting for CAMHS appointments that exceeded the target time.

Question – Performance reports

There had been significantly more questions at the Council in 2022 and 2023 about delayed access to GP and primary care appointments, delayed access to Bolton NHS Foundation Trust community services and long queues for acute care at Bolton NHS Foundation Trust. Members of the Health and Adult Services Overview and Scrutiny Committee were seeking update performance reports on GP and primary care in the Borough and on secondary care and community services at Bolton NHS Foundation Trust. Health and Adult Services Overview and Scrutiny Committee had no real history of quarterly performance reports on health services to the scrutiny

committee. There were years when the committee received minutes of the Health and Wellbeing Board which referenced Bolton CCG health service performance reports. At other scrutiny committees, such as environment, performance reports had been quarterly. It was not the right time to ask for bespoke performance reports for this committee, as the NHS was in crisis. were there regular performance reports that could be provided to members of the Health and Adult Services Scrutiny Committee?

A.

Question for the Chief Executive of Bolton NHS FT

In Q3 of 2022/23 we had 34,036 people attend Bolton NHS Foundations Trusts Emergency Department. Of those people, 16,691 were not treated within the 4 hour standard. This equated to 50.96% of people who attended our emergency department in this quarter.

At the end of Q3 of 2022/23, there were 15,499 people waiting longer than 18 weeks for their treatment with Bolton NHS Foundation Trust (for treatment types to which the 18 week referral to treatment standard applies). This equated to 58.9% of all people waiting for this type of treatment.

Question for the Chief Executive of NWAS

In the period 1.10.22 to 31.12.22 there were 5,605 ambulance arrivals at Bolton FT. Of these 4,838 went to the Emergency Department.

The time standards for Bolton FT and for comparison, the GM average were:

	Standard	Bolton FT	GM Area
Arrival to Handover (mins)	15:00	52:31	45:14
Handover achieved in 15 minutes	100%	37.7%	42.1%
Handover to Clear (mins)	15:00	09:57	10:57
Total Turnaround (mins)	30:00	54:52	50:45

Emergency ambulance responses were categorised into 5 priority categories.

Category 1 was the highest clinical acuity category, including cardiac arrest, electrocution, drowning etc. Those calls were comparatively few (12% of all our incidents) but obviously carried the greatest need for patients. The response standard for this category was a mean response of 7 minutes and to be on scene in 90% of cases in 15 minutes. (Referred to as the 90th centile response).

Category 2 included serious but not immediately life-threatening patients, including heart attack, stroke, breathing problems. Those make up between 55% and 60% of our activity. The response standard for this category was a mean response of 18 minutes and to be on scene in 90% of cases in 40 minutes.

Category 3 included patients who were not serious or life threatening but did have a clinical need that required ambulance attendance, including falls, mental health problems, sporting injuries. Those made up around 21% of our incidents. The response standard for this category was a mean response of 60 minutes and to be on scene in 90% of cases in 120 minutes.

Category 4 included patients with a transport need but not a significant medical need. These were very few (<1% of our incidents).

Category 5 included patients who did not have an ambulance requirement and were generally managed with signposting advice or referral to another service at the time of call. Those were circa 8% of our incidents. Those incidents did not have a response time standard.

Question for the Chief Executive of GMMHFT

NHS Mental Health services did not operate an outpatient model of care but did provide community based support. GMMH provided community based mental health support for

Bolton people, alongside VCSE partners. There was not a universal NHS national waiting time target for mental health, but specific service areas did have NHS targets for access. For Early Intervention in Psychosis services, the national target was that 60% of people should start treatment within 2 weeks of referral. In Q3 2022/23, Early Intervention in Psychosis services in Bolton met this target as 65% of treatment starts were within 2 weeks of referral.

Additionally, there was a local target in Greater Manchester for Memory Assessment Services (MATS). This target was that 80% of individuals should be diagnosed within 12 weeks of referral. GMMH MATS services in Bolton did not meet this target during Q3 2022/23. Performance was 33% (October), 48% (November) and 68% (December). Demand for MATS had increased 20% in the last year - in December 2022, Bolton services were managing 703 open cases.

For community drug and alcohol services, the national target was that the time from triage to modality start should be within 21 days. During Q3 2022/23, all patients in the Bolton service were seen by the GMMH-led Achieve partnership within this time, i.e. no one had a wait exceeding the target.

For inpatient drug and alcohol services, the local performance management framework sets a 6 week maximum target for waits. In Q3 2022/23, there were 5 Bolton patients admitted to inpatient services who had waited longer than 6 weeks and 4 who were admitted within 6 weeks of referral. It should be noted that the arrangements for commissioning inpatient services were through a variety of commissioners with GM contracting for three inpatient beds in total to serve the Greater Manchester footprint.

The national NHS target for CAMHS access was 18 weeks for referral treatment start. Of the people open to the Bolton service at the end of December 2022, 97.3% were seen within the target time. 2.7% had waited more than 18 weeks for their treatment start.

Question – Performance reports

We would be publishing the Bolton Locality Performance report on the ICB website on a monthly basis. The Performance reporting process had been established. We were just working through with GMICB how to publish locality information.

Performance reporting was available of the Bolton NHS FT website [26-January-2023-Board-of-Directors-Final-Set.pdf](#) (boltonft.nhs.uk)

(b) The Committee also received the extracts of minutes of other meetings of the Council relevant to the remit of this Committee:-

- (i) Executive Cabinet Member Adult Social Care held on 9th January, 2023.

Resolved – (i) That the minutes of the meetings be noted.

- (ii) That the members questions and the responses be noted.

(The meeting started at 6.00 p.m. and finished at 7.45 p.m.)