

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

MEETING, 16TH JANUARY, 2007

Present – Councillors Morgan (Chair), Greenhalgh (Vice–Chair), L. Byrne, Connell, Mrs. Fairclough, Hamilton, Hornby, Lord, R. Ronson, Mrs Rothwell , Spencer and A. Wilkinson.

Councillor Clare - Executive Member for Adults' Social Care and Health

Councillor Morris - Chair, Bolton Hospital Trust

Also in attendance:-

Ms. A. Gannon - Director of Health and Social Care Integration

Ms. B. Andrews - Director of Corporate Services, Hospital Trust

Mr. D. Grogan - Assistant Director Legal and Democratic Services

Mr T. Evans - Bolton PCT

Ms. J. Hutchinson - Director of Public Health

Ms L. Dormer - Bolton Hospitals Trust

Ms. P. Senior - Chair, Bolton PCT

Ms. J. Wright - Bolton, Salford and Trafford Mental Health Trust

Mr. R. Landon - Head of Democratic Services

Mr. N. Aspey - Senior Democratic Services Officer

Miss. K. Treadwell - Democratic Services Officer

Apologies for absence were received from Councillors Burrows, Hollick and J. Silvester.

Councillor Morgan in the Chair.

32. MINUTES

The minutes of the meeting of the Health Overview and Scrutiny Committee held on 7th November, 2006 were submitted and signed as a correct record.

33. DIRECTOR OF PUBLIC HEALTH – DRAFT ANNUAL REPORT

The Director of Public Health submitted a report and gave a presentation which outlined the state of public health in Bolton for 2006.

By way of background information, members were informed that the report provided data on inequalities in life expectancy and outlined the action that would need to be taken.

The report advised that the main causes of reduced life expectancy in Bolton were:-

- circulatory disease;
- digestive disease (mainly alcohol related);
- respiratory disease; and
- cancer particularly lung cancer.

The report stated that a Strategy to address life expectancy in Bolton would need to:

- based on work with partners on addressing the root causes of health inequalities;
- address the determinants of health;
- involve neighbourhood renewal and the Local area Agreement; and
- work within the NHS in a targeted and focused way to tackle inequalities in life expectancy for the current generation.

The presentation went on to state that services should be re-orientated towards a focus on primary prevention and that further mainstream

development of services to support behaviour change should also be encouraged. In addition, it was recommended that there should be expansion of the chronic disease management service which could target practices serving deprived areas.

The presentation went on to highlight the proposed measures needed to be taken to tackle reduced life expectancy. These included:-

- a programme of work to encourage people with a chronic cough to present to their GP;
- ensuring the Stop Smoking Service was accessible and appropriate for those from deprived areas;
- delivering the Food Access Bolton Project and other programmes to improve access to a healthier diet, targeting deprived areas;
- implementing the alcohol strategy; and
- providing clear information, local services, patient choice and culturally sensitive services to increase access to services and high quality care.

Members discussed the possibility of redesigning the GP referral scheme particularly in the area of mental health.

Members also discussed the importance of GPs being well acquainted with a patient's history and being receptive to a patient's needs when they approached their GP about any medical complaint.

Resolved – That the report be noted.

34. BOLTON, SALFORD AND TRAFFORD MHT – OUTCOME OF CONSULTATION UPON MENTAL HEALTH INPATIENT AND DAY HOSPITAL SERVICES

Ms J. Wright, Bolton, Salford and Trafford Mental Health Trust, submitted a report which informed members of the outcome of the consultation exercise on the proposed changes to Bolton's Older People Mental Health Inpatient and Day Hospital Services.

The report advised that the following groups had been consulted:-

- service users and their carers;
- the general public;
- staff groups;
- Primary Health Care teams;
- Elected Members and MPs;
- statutory and voluntary partners; and
- Bolton Overview and Scrutiny Committee (1st August, 2006)

The report stated that service users and carers had the following concerns:-

- that this was a cost cutting exercise; and
- no continuity of care, particularly for current service users at the day hospital.

In response to this, reassurance was given that all resources currently in the in-patient area and day hospital would be reinvested into the redesigned service. In addition, service users and carers were informed that there would be an opportunity for individual meetings with clinicians, ongoing review of care and treatment plans and the potential for a seamless transfer to re-provided services.

Other concerns raised by consultees included:

- the potential pressures on K wards and an inappropriate mix of patients;
- concern that J1 ward would remain on the first floor with no direct access to the outside space; and
- the length of time it had taken to address environmental concerns on these wards.

In response to these comments, reassurance was given that analysis of previous data showed that there would be no extra pressures on K1 wards. The concern about J1 ward was also acknowledged but a move to the ground floor could not be facilitated. In addition, the environmental concerns were acknowledged as having been raised over

a number of years.

The report went on to state that there had been a positive response to this consultation. The proposed significant capital allocation by the Trust had been positively received and recognised as a catalyst to drive forward service improvements for older people in Bolton.

Members discussed the possible problem that might arise if the bed capacity of 40 was exceeded. Members were informed that the new system was designed so that the whole process kept moving and delayed discharges were avoided.

Resolved - (i) That the outcome of the Consultation, as now detailed, be noted; and endorsed:-

(ii) The reconfiguration of Bolton's Older Peoples' Mental Health Services Inpatient and Hospital Day Services, as now detailed.

35. SCANNING REPORT

The Director of Legal and Democratic Services submitted the Scanning Report which set out the significant new issues relevant to the Committee.

Resolved – That the Scanning report be noted.

36. WORK PROGRAMME

The Director of Legal and Democratic Services submitted the Work Programme which set out the items for consideration at future meetings of the Committee.

Resolved – That the Work Programme be noted.

37. MEMBERS QUESTIONS

The following questions were raised by Councillors Hollick (a) and Mrs Rothwell (b and c), in accordance with Standing Order 35:-

(a) In the Horwich and Blackrod Ward there appeared to be a high number of cases of Cancer being diagnosed. Could the PCT/NHS arrange for some form of research to be carried out in the area to try and find possible causes?

(b) In view of concerns expressed both nationally and locally by some relatives of elderly hospital patients and also concerns expressed by Age Concern, about not only patients losing weight but becoming seriously malnourished, could the Committee be assured that the Hospital had in place strategies to deal with this issue?

(c) Could the Committee be given details of how the Hospital copes with patients who cannot feed themselves and with patients who needed assistance to visit the toilet etc. In short, could the Committee be given assurances that elderly patients received the social care they needed as well as their medical or surgical treatment?

These questions would be responded to at the next ordinary meeting of the Committee

Resolved – That the questions be noted for future consideration of this Committee.

(The meeting started at 9.30am and finished at 11.30am)