

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

MEETING 2ND NOVEMBER, 2010.

Present – Councillors Morgan (Chairman), P. Allen ,P. Barrow, Chadwick (substitute for Councillor Harkin), Clare, A. Connell (substitute for Councillor Jones), M. Connell, Cottam, Mistry, R. Ronson, Mrs. Ronson, Spencer, and Wild .

Also in attendance:-

Councillor Morris	-	Chair RBH NHS Foundation Trust
Mrs. P. Senior	-	NHS Bolton
Mr. I. Hafeji	-	NHS Bolton
Mr. G. Atkinson	-	NHS Bolton
Dr. A. Talbot	-	NHS Bolton
Mrs. B. Andrew	-	RBH NHS Foundation Trust
Mr. M. Owen	-	RBH NHS Foundation Trust
Ms. A. Schenk	-	RBH NHS Foundation Trust
Mrs M. Clark	-	RBH NHS Foundation Trust
Mrs. J. Hutchinson	-	Director of Public Health
Ms. S. Johnson	-	Deputy Director of Corporate Resources and Chief Officer Support
Mr. A. Kilpatrick		Bolton MBC
Mr. J. Addison	-	Bolton MBC
	-	

Apologies for absence were received from Councillors Harkin, Jones and Mrs. Thomas and from Mrs. L. Doherty and Mrs A. Bain.

Councillor Morgan in the Chair

18. MRS. L. DOHERTY

The Committee extended its congratulations to Lesley Doherty on her appointment as Chief Executive of Royal Bolton Hospital NHS Foundation Trust.

19. MINUTES

The minutes of the meeting of the Committee held on 15th September, 2010, were submitted and signed as a correct record.

20. WORK PROGRAMME 2010/11

The Director, Chief Executive's Department submitted a report which informed members of the Committee's indicative work programme for 2010/11.

Resolved – That, the 2010/11 work programme be noted.

21. NHS BOLTON - 2010/2011 FINANCIAL OUTLOOK – 6 MONTH REVIEW

Mr. Ismail Hafeji, Director of Finance, NHS Bolton, attended the meeting and gave a presentation on the financial position at month 6 of the 2010/11 financial year of NHS Bolton.

Members were reminded that for 2010/11 NHS Bolton had a funding gap of £12.1m of which £9.5m would be met from implementing the Quality, Innovation, Productivity and Prevention (QUIPP) Programme which looked at a wide range of areas where costs could be reduced or efficiencies identified with the remaining £2.6m being met by way of routine efficiency measures.

The presentation went on to give an overview of NHS Bolton's financial plan and progress made to date. Members were advised that although the financial plan was on target, it had been necessary to set aside £4m of contingencies to cover risk. The following were identified as key financial pressures for the next 6 months:-

- __The need to manage demand, GP referrals had grown by 2.96% to end of August although there had been some improvement in September;
- __Actions needed to be put in place to ensure that CARE UK contract fully utilised;
- __Work with North West Strategic Commissioning Group to address over performance in specialist services
- __Independent sector activity was over performing which was linked to increase in GP referrals;
- __The need to reduce spending on prescribing; and
- __The fact that contingencies had been fully utilised and that there was no spare resource.

In summary:-

- __Financial plan was on target in year;
- __Contingencies and other non recurrent measures were being applied;
- __Recurrent position not at 2% surplus;
- __Referrals, Care UK contract and specialist commissioning were causing additional pressures;
- __Work streams were in place focussing on solutions; and
- __Under delivery in 2010/2011 would add pressure for the 2011/12 financial year.

Following the presentation, Members sought further information/clarification on the following issues:-

- __An assurance that specialist services would not be compromised by the current financial climate;
- __The impact of overspending on prescribing and the changing role of NICE; and
- __The need to fully utilise the Care UK Contract as NHS Bolton was paying a fixed price.

Resolved – That Mr. Hafeji be thanked for his informative presentation

22. ROYAL BOLTON HOSPITAL – 2010/2011 FINANCIAL OUTLOOK – 6 MONTH REVIEW

Mr. Michael Owen, Associate Director of Finance, Royal Bolton Hospital, attended the meeting and gave a presentation on the financial position at month 6 of Royal Bolton Hospital.

The presentation advised that the headlines for the six months ending September, 2010, were as follows:-

- __There was a surplus of £0.9m to date;
- __Variance was £0.1m above plan;
- __Income was £0.2m below plan;
- __There was a small overspend of £0.1m on pay;
- __There was an under spend of £0.4m on non-pay items;
and
- __Savings of £6.3m had been made to date against a target of £7.2m.

The presentation went on to outline the financial outlook for the remainder of the 2010/2011 financial year and gave an indication of the financial outlook post April, 2011.

Following the presentation members sought clarification/further information on the following issues:-

- __ Whether accident and emergency and maternity services impacted on the non-elective threshold targets;
- __ The number of non-elective patients;
- __ The basis on which tariff reduction figures had been calculated; and
- __ The current performance against accident and emergency targets.

Resolved – That Mr. Owen be thanked for his informative presentation.

23. NORTH WEST AMBULANCE SERVICE – 2010/2011 FINANCIAL OUTLOOK – 6 MONTH REVIEW

Resolved – That this item be deferred to the meeting of the Committee to be held on 11th January, 2011.

24. TRANSFORMING COMMUNITY SERVICES

The Committee received a presentation from Ann Schenk, and Helen Clark, Royal Bolton Hospital on the progress to date and work programmes being put in place to ensure that the Integrated Care Organisation would be fully operational by the hand over date of 31st March, 2011.

Members had already received a paper previously presented to the Board of NHS Bolton which summarised the progress made in implementing Board decisions around Transforming Community Services, viz:-

- __ that Royal Bolton Hospital NHS Foundation trust would be the preferred provider with which to integrate its provider services and to create a new integrated care organisation delivering both acute and community services;
- __ that special care dentistry would be transferred to a regional model of delivery in the light of new information received from the Strategic Health Authority about this proposed model; and
- __ the extraction of the Bolton Community Practice from the transfer to Royal Bolton Hospital owing to strong

objections raised by the PBC Leads arising from the conflict of interest between the Commissioning role of the practice and the provider employment arrangements.

In respect of special care dentistry, arrangements were in place to transfer this element of the service to Ashton, Wigan and Leigh Community Foundation Trust on 1st April, 2011, with due diligence information about the service being provided to the appropriate organisations.

The decision to extract the Bolton Community Practice from the transfer to Royal Bolton Hospital had resulted in a “Right to Request” response from that organisation to become a social enterprise (see Minute 25 below).

The report then went on to describe the actions taken in respect of the establishment of the new Integrated Care Organisation and the steps to be taken in the near future to ensure that outstanding matters would be resolved by 1st April, 2011.

Members sought clarification/further information on the following issues:-

- __ what joint working arrangements were in place with the local authority;
- __ what was Bolton’s position in regard to free dental health care;
- __ what were the major concerns/aspirations of staff; and
- __ what processes were in place to avoid duplication of staffing resources.

Resolved – That the report, presentation and information provided at the meeting as a result of Members questions, be noted.

25. BOLTON COMMUNITY PRACTICE – SOCIAL ENTERPRISE BOARD

Further to Minute 24 above, the Committee received a paper which detailed a proposal to consider a “Right to Request for

Bolton Community Practice to become a Social Enterprise” which had recently been considered by the Board of NHS Bolton in September, 2010.

The proposal contained detailed information under the following headings:-

- __ Summary;
- __ Background;
- __ Aims and Objectives;
- __ Range of Services;
- __ Stakeholder engagement;
- __ Partnership Collaboration;
- __ Costs;
- __ Risks;
- __ Governance; and
- __ Timescales.

Mr. G. Atkinson, NHS Bolton, advised the Committee that although a social enterprise bid was the preferred option of the Board of NHS Bolton, measures needed to be put in place should the bid fail. This fall back position took the form of a market tested bid for either a single or multiple practices and the process had begun with the invitation for expressions of interest.

Dr. Ann Talbot then gave a presentation on Bolton Community Practice’s proposal to become a social enterprise. The presentation gave detailed information under the following headings:-

- __ Ethos of BCP;
- __ Outcome focussed and needs led;
- __ Proposal to become a social enterprise;
- __ What was a social enterprise;
- __ How would it work;
- __ What would it mean for patients;
- __ What would it mean for staff;
- __ What were the advantages of a social enterprise model;
- __ What were the risks;

- __What was the approval process; and
- __Staff and stakeholder involvement.

Following Dr. Talbot's presentation, members sought clarification on the relationship between the Community Practice and the GP Consortia proposed in the NHS White Paper. Dr. Talbot confirmed that there was no intention for the social enterprise to become a separate GP consortium.

Resolved – That Dr. Talbot be thanked for her informative presentation.

26. MEMBERS QUESTIONS

The Director, Chief Executive's Department submitted a report the purpose of which was to advise of the receipt of the following questions raised by Councillors Greenhalgh, Wild and Morgan respectively in accordance with Standing Order 36:-

- (1) Can NHS Bolton confirm that it has withdrawn its contribution to the bus link which ensured that transport was available on a daily basis to the Health centre at the junction of Tonge Moor Road and Crompton Way?
- (2) During a presentation to this Committee on Directly Managed practices (20th June, 2010), questions were asked as to the level of consultation undertaken prior to the proposal to implement the grouping together of several GP surgery practices.

This matter was raised at a meeting of the Heaton and Lostock Area Forum (29th September, 2010), when many residents expressed their concerns about the new arrangements and the difficulties experienced in making an appointment. The Forum resolved to make representations to the Health Overview and Scrutiny Committee in that residents felt that consultations on the proposal had been inadequate and that representations

made directly to the practices about the level of service had not been given sufficient consideration

(3) Given the importance and significant investment into “Bolton One” can NHS Bolton submit a report to the next meeting of the Committee setting out, in detail, the following :-

- __ Its proposals for which services were to be provided at “Bolton One” when it opened;
- __ Confirmation that the business case on which “Bolton One” was predicated was still valid; and
- __ That the funding identified in the business case to sustain services and the facility in light of the proposed abolition of NHS Bolton and the subsequent transfer of funding to GP’s via the GP Consortium was still secure.

A reply from NHS Bolton was made in respect of the questions listed above.

27. GREATER MANCHESTER WEST MENTAL HEALTH FOUNDATION TRUST JOINT SCRUTINY COMMITTEE

Resolved – That the minutes of the meeting of the Greater Manchester West Mental Health Foundation Trust Joint Scrutiny Committee held on 20th September, 2010, be noted

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