

## **HEALTH OVERVIEW AND ADULT SOCIAL CARE SCRUTINY COMMITTEE**

MEETING, 31ST AUGUST, 2022

Present – Councillors Howarth (Chairman), T. Wilkinson (Vice-Chairman), Ayub, Bullock, Challender, Hartigan, Khurram, Meehan, Murray, Radcliffe, Taylor-Burke, Mrs. Thomas and Wright

### Lay Members

- |                  |   |  |
|------------------|---|--|
| Ms. B. Gallagher | - | Bolton and District Pensioners Association |
| Ms. S. Hilton    | - | Age UK, Bolton                             |

### Also in attendance

- |                   |   |   |
|-------------------|---|---|
| Councillor Morgan | - | Executive Cabinet Member for Adult Social Care                        |
| Councillor Baines | - | Executive Cabinet Member for Wellbeing                                |
| Ms. R. Tanner     | - | Managing Director, Bolton Integrated Care Partnership DASS            |
| Dr. H. Lowey      | - | Director of Public Health   |
| Ms. F. Noden      | - | Chief Executive, Bolton NHS FT  |
| Dr. S. Liversedge | - | Clinical Director Primary Care, Greater Manchester Integrated Care    |
| Ms. L. Helsby     | - | Associate Director Primary Care, Greater Manchester Integrated Care   |
| Dr. Ratnarajah    | - | Bolton Locality Clinical Director, Greater Manchester Integrated Care |

- |                      |   |
|----------------------|---|
| Ms. M. Cox           | - Divisional Director of Operations<br>NHS FT |
| Mr. I. D. Mulholland | - Deputy Democratic Services<br>Manager       |

Apologies for absence were submitted on behalf of Councillors Rimmer and Priest and Anne Schenk- Health Watch, Bolton.

Councillor Haworth in the Chair.

## **11. MINUTES OF THE PREVIOUS MEETING**

The minutes of the meeting of the Committee held on 20<sup>th</sup> July, 2022 were submitted.

Further to minute five relating to details of the employment statistics for those with learning disabilities working for the Council and the NHS, it was explained that the progress system was being amended and the Disability Partnership will be consulted. Furthermore, it was indicated that it was not envisaged that the figures would be available at the next meeting.

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

(ii) That the issue of the provision of details of the employment statistics for those with learning disabilities working for the Council and the NHS be added as a note on the Committee work programme.

## **12. THE COMMITTEE WORK PROGRAMME, 2022/23**

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

Resolved – That the work programme be approved, subject to the inclusion of the Annual Report of Health Watch, indicatively for February, 2023.

### **13. CIVIL CONTINGENCIES ANNUAL REPORT**

The Director of Public Health submitted a report which set out details of the Bolton Civil Contingency Assurance and Governance Annual Report, 2021-22.

The report provided assurance and governance that the local authority was compliant with its duties under the Civil Contingency Act, 2004, and included an update on key local developments since the commencement of the portfolio being led by the Public Health Team in April, 2021. The report highlighted -

- Governance and assurance arrangement were in place for the Council's responsibilities as a Category 1 responder and included oversight and expert advice from GM Resilience Unit;
- All functional plans had been reviewed or were being reviewed and updated to ensure contacts and procedures were in line with GM standardised plans;
- Incident responses and associated recovery had totalled 37 during the period, 1st April, 2021- 31st March, 2022 including two significant weather events related to storms and flooding;
- Learning from incidents was captured in post-incident reviews and incorporated into future learning and training for Council on-call and functional responders;
- An emergency response on-call rota operated with a total of 54 responders across the roles of forward incident officers, tactical officers and strategic officers;
- Communication and infrastructure checks were completed frequently to ensure that the Council's response to incidents was timely and effective. This also included a comprehensive review of emergency control centre sites and familiarisation of responders to those centres;
- The training and development plan was set each year by the GM Resilience Unit and Bolton Council's Public Health Team with the opportunity to include bespoke training in response to emerging local and national learning to incidents;

- Training was provided to all on-call responders and Bolton Council's Civil Contingency training matrix was reviewed regularly to ensure compliance;
- Bolton Council in partnership with GM Resilience Forum provided horizon scanning assessments affecting emergency planning, resilience and response and the Bolton Council civil contingency work plan including; impacts of climate change and forthcoming new legislation such as the Protect Duty Legislation (expected Autumn, 2022), and reviews of legislation – The Civil Contingencies Act 2004; and
- Risk assessments and identification of risks are integral to the Bolton Council Contingency work plan, practice, and continuous review. Risks that are identified are recorded on the Corporate Risk Register as appropriate.

Members in their discussions referred to –

- Emergency financial assistance;
- The role of Councillors and to avoid duplication; and
- Staff welfare and volunteer recruitment and care for people after incidents.

Resolved – That the report and discussions be noted.

#### **14. ELECTIVE WAITING LIST RECOVERY**

Ms. Fiona Noden, Chief Executive of Bolton NHS FT and Ms. Michelle Cox, Divisional Director of Operations NHS FT gave a joint presentation matter concerning the elective waiting list recovery.

The meeting was advised of matters why recovery was needed

–

- The overall waiting list had grown ;
- The lasting impact of the pandemic;
- People still had COVID-19;
- People coming forward later ;
- Impact on the workforce ;
- Increasing number of people who needed to access the services;

## E5

- People were living longer with conditions that needed regular review and treatment; and
- People were more anxious about their health due to the pandemic and seeking advice and reassurance.

Members were advised of matters around the national targets and the progress that had been made so far in Bolton to reduce the 104 week waiters to zero.

The pressures were –

- Trust waiting list size was growing;
- GM waiting list was growing at 3,000 people per week;
- Reduced capacity to treat patients and
- Urgent care pressures impacting capacity further.

To aid recovery, theatre capacity was expanding as was endoscope provision. A personalised follow up system was being undertaken and also issues of management of the patients care in the most appropriate setting. Also improved use of digital applications for health were being pursued.

Members were also advised of matters around care priorities –

- National priorities exist;
- People with protected characteristics and from lower social economic groups had poorer outcomes;
- Barriers existed that made it harder to navigate the complicated health system;
- It was recognised that new ways of working ran the risk of unintended consequences; and
- To drive change we need to understand our data – currently there were gaps.

Information around helping people stay well and keeping them informed was key.

Resolved – That Ms. Noden and Ms. Michelle Cox be thanked for the detailed and informative presentation and that the position be noted.

## **15. PRIMARY CARE ACCESS, WORKFORCE, DEMAND**

Dr Stephen Liversedge, Clinical Director Primary Care, Greater Manchester Integrated Care, Dr Ratnarajah, Bolton Locality Clinical Director, Greater Manchester Integrated Care and Ms. Lynda Helsby Associate Director Primary Care, Greater Manchester Integrated Care gave a joint presentation on primary care access, workforce and demand issues.

The meeting was informed of the GP Patient Survey (GPPS) which was an annual England-wide survey about patients experiences of their GP practice and was administered by Ipsos on behalf of NHS England.

In Greater Manchester, the Integrated Care Partnership had issued, 186,074 questionnaires and 44,970 were returned completed. This represented a response rate of 24%.

Various questions were asked in the survey and an analysis of the responses was given to the Committee.

What the Bolton Health and Care Partnership did know –

- Local people raising concerns about access to GPs: difficulty getting through on the phone and frustration with not getting a face to face appointment;
- Concerns about General Practice access were not just a local issue;
- Pressure on General Practice had never been higher;
- Demand increasing;
- Number of GPs reducing;
- GPs were providing a mix of face to face and other appointments;
- GPs were working long hours, were receiving abuse, and morale was suffering;
- There were changes to the way you accessed GP services;
- A wider range of professionals were now available;
- Local work to provide additional support; and
- we needed to work together to give the best support we could to local people.

The Committee was informed that Pressure on General Practice has never been higher.

Further information was presented to Members on the following points –

National Figures for England Workforce from British Medical Association;

- How had accessing a GP changed;
- How had accessing a GP changed;
- Additional Roles in GP Practices;
- Primary Care Access figures;
- Community Care Actions on Primary Care Access; and
- Extended Access.

Members were also advised of the following key messages, viz;

- General Practices were required to provide general medical services (not just urgent, on the day, care) to their registered patients within the hours of 8am – 6:30pm each weekday;
- Outside of these hours, practices provided extended services and an out of hours service operated to pick up urgent issues;
- Practices were very unlikely to return to open access with crowded waiting rooms;
- Digital and phone access;
- Triage and directing people to the right professional; and
- Judgement on whether face to face or remote consultation was needed.

Members in their discussions referred to-

- PCN's and maps of areas;
- The calls league table and how Bolton was doing in Greater Manchester;
- GP's working arrangements and trying to get more;
- An appreciation of what GP's do;
- The new theatres at the Hospital and staffing issues;
- Staffing is a main issue and the role of HM Government;

- Different experiences at GP practices;
- Patient satisfaction;
- Adult social care and flow and issue for the hospital;
- It being a depressing message and there needs radical change;
- Bolton pensioners experiences of trying to access GP's – many very elderly and pressure to go on-line;
- Good experience of 111 service;
- Good service from GP's and the hospital;
- Face to face at GP surgery – three week wait or having to travel to another site;
- Management of the worst waiting times;
- The practicalities of taking pressure off GP services; and
- Referrals to secondary care.

Resolved – That Dr Stephen Liversedge, Dr Ratnarajah and Ms. Lynda Helsby be thanked for their detailed and informative presentation and that the position be noted.

## **16. MEMBERS BUSINESS**

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

- (i) Executive Cabinet Member Wellbeing held on 18<sup>th</sup> July and 15<sup>th</sup> August, 2022; and
- (ii) Executive Cabinet Member Adult Social Care held on 15<sup>th</sup> August, 2022.

Members discussed matters around the public health community engagement programme as indicated in the minutes of the Executive Cabinet Member for Wellbeing held on 18<sup>th</sup> July, 2022, particularly in respect of outcome issues.

Resolved – That the minutes of the meetings be noted.

(The meeting started at 6.00 p.m. and finished at 8.26 p.m.)