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## HEALTH OVERVIEW AND SCRUTINY COMMITTEE

**08 APRIL 2008**

Present – Councillors Morgan (Chair), Mrs. Fairclough (Vice Chair), P. Allen, L. Byrne, Clare, Connell, Higson, Greenhalgh, Murray, Mrs. Rothwell, J. Silvester and Spencer.

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Also in attendance:-

Mr. T. Evans PCT	-	Chief Executive, Bolton
Mr. A. White Bolton PCT	-	Assistant Chief Executive
Mrs. J. Hutchinson	-	Director of Public Health
Mrs. B. Andrews Trust	-	Bolton NHS Hospitals
Mrs. J. Leonard	-	Bolton PCT
Mrs. H. Clarke	-	Bolton PCT
Ms. M. Leyland Trust	-	Bolton NHS Hospitals
Mr. L. Hollando	-	Adult Services
Mr. J. Addison	-	Scrutiny Support Manager

Apologies for absence were received from Councillors Lord, Morris and R.Ronson and from Mr.D.Fillingham, Mr. M. Maguire and Mr. D. Grogan

Councillor Morgan in the Chair

**58 MINUTES**

The minutes of the meeting of the Committee held on 4th March, 2008, were submitted and signed as a correct record

## **59 MONITORING OF DECISIONS**

The Director of Legal and Democratic Services submitted a report which 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 \(enclosure\)](#)

## **60 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 - That the report be noted.

## **61 ANNUAL HEALTH CHECK DECLARATION - BOLTON PCT**

The Committee received a detailed presentation on the Bolton Primary Care Trust self declaration of performance. The presentation set out the background to the declaration and that the PCT was rated on the use of resources and quality with the ratings being published in October, 2008.

Members were informed that the declaration was split into seven domains. The presentation provided details of performance against the following seven domains:-

- Safety;
- Clinical and cost effectiveness;
- Governance;

- Patient Focus;
- Accessible and responsive care;
- Care, environment and amenities; and
- Public Health.

It was reiterated that it was not the role of the Committee to “sign off” the declaration but to comment on the performance of the Trust against core standards.

The Committee was advised that it could choose whether or not to make a commentary on the declaration.

The PCT advised that it intended to declare itself compliant with all core standards.

Resolved – That Committee supports the intention of Bolton PCT to declare full compliance with all core standards and would advise the PCT that it values the open and honest relationship which exists between it and the Committee.

## **62 ANNUAL HEALTH CHECK DECLARATION - GREATER MANCHESTER WEST MENTAL HEALTH NHS FOUNDATION TRUST**

The Director of Legal and Democratic Services submitted a report reminding Members that, at its meeting on 13th February, 2006, the Committee agreed to delegate authority to a Joint Committee established to undertake all the necessary functions of a Joint Committee established in accordance with Sections 7 and 8 of the Health and Social Care Act 2001.

The Committee was then advised that the Joint Committee had met on 29th February, 2008, to consider the Greater Manchester West Mental Health NHS Foundation Trust's Annual Health Check Declaration to the Healthcare Commission.

Members were informed that the declaration was split into the following seven domains and details of performance against each domain was provided :-

- safety;
- clinical and cost effectiveness;
- governance;

- patient focus;
- accessible and responsive care;
- care, environment and amenities; and
- public health.

- The Greater Manchester West Mental Health NHS Foundation Trust had declared itself fully compliant on all criteria in regard to its 2007/08 Annual Health Check and the Joint Committee had raised no issues.

- Resolved - That the report be noted.

*Attached Reports:*

[Annual Health Check Declaration - Greater Manchester West Mental Health NHS Foundation Trust \(enclosure\)](#)

### **63 BOLTON PCT "BUILDING BETTER HEALTH FOR BOLTON" - RESULT OF CONSULTATIONS**

Mr. Tim Evans, Chief Executive Bolton PCT gave a presentation to the Committee on the results of the consultation exercise on "Building Better Health for Bolton" a reorganisation of urgent care services across the Borough via the construction of 10 newly built health centres.

The presentation concentrated on the following issues:

- The methodology used to effect the consultation;
- The response and participant profile;
- Whether the programme would achieve the PCT's 5 aims;
- The level of agreement on the proposals; and
- The main themes emerging from the feedback form and meetings.

The presentation concluded with the following messages:

- The consultation had been undertaken to explain the proposals for the development of community based buildings and listen to public views;
- The findings demonstrated that there was overall public support for the proposals described in the consultation;
- A final Strategic Service Development Plan would

be updated to take account of, where possible, those areas of concern raised during the consultation;

- The PCT would publish a further document which sets out their response to all themed issues raised whether or not they resulted in the Plan being amended; and
- Both documents would be submitted, for final approval, to the public meeting of the PCT Board in June, 2008, before being shared widely with staff, public, partners and other stakeholders.

Following the presentation Members raised issues around the following:

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- The siting of the health centres and the need for further local consultation prior to any final decision being made;
- The vital importance of a travel plan being in place for every new health centre;
- Ongoing maintenance issues at the health centres; and
- The method of questioning and the validity of the data as a result of the low percentage return of questionnaires.

Resolved – (i) That Mr. Evans be thanked for his informative presentation.

(ii) That a report be made to the next meeting of the Committee in relation to the responses to the themed issues.

## **64 EQUITABLE ACCESS - GP PROCUREMENTS**

The Committee considered a report of Bolton PCT outlining proposed primary care procurement in Bolton as part of the Equitable Access to Primary Medical Care Services Programme.

As part of national priorities for improved health access to primary medical services, Primary Care Trusts (PCTs)

deemed in greatest need had been invited to bid for resources to fund additional GP practices. In addition, there was also an expectation that over 150 GP led health centres would be secured and that there would be an increase in the number of practices having extended hours. The additional practices had to be in place by December, 2008.

Additional revenue resources would be made available to procure the additional GP Practices although there would be no new resources to fund the GP led Health Centre beyond what was already allocated to PCTs. The new GP Practices had to be commissioned following national core requirements and Bolton PCT had made an expression of interest for one additional practice which would be situated in the Gt Lever/Rumworth area.

There was also an expectation that there would be a GP led health centre in all PCTs irrespective of whether they were in the cohort being described as being in greatest need.

In relation to the service specification for procuring an additional practice, options had been considered through appropriate mechanisms to design an additional practice that supported the PCTs current strategy of supporting primary care growth aimed at addressing health inequalities. The recommended option was for a new practice to be designed to deliver three main objectives:-

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- To support patients with long term conditions or other debilitating illness in achieving and or maintaining employment;
- To provide outreach services in targeted areas of deprivation to improve primary prevention; and
- To be located and have a registered list in an area of high deprivation.

A specialist Occupational Health GP would be located in the new practice.

The procurement processes would be monitored nationally and other key performance outcome measures confirmed.

The report went on to advise of progress made to date,  
Resolved - That a further report be submitted to the  
Committee following local consultation on the proposals  
by the PCT

*Attached Reports:*

[Equitable Access - GP Procurements \(enclosure\)](#)

[Equitable Access - GP Procurements \(enclosure\)](#)

[Equitable Access - GP Procurements \(enclosure\)](#)

[Equitable Access - GP Procurements \(enclosure\)](#)

## **65 TEENAGE SEXUAL HEALTH**

Pursuant to Minute 50 of the meeting of the Committee held on 8th March, 2008, Members were reminded that it had been resolved to monitor progress of teenage sexual health issues not via a dedicated scrutiny panel but as part of the Committee's work programme.

In this regard, the Director of Legal and Democratic Services submitted a report suggesting that, as a first step in this process, it would be appropriate for the Committee to receive and consider the Bolton Teenage Pregnancy Partnership's Draft Action Plan 2008/09 which incorporated recommendations made by the National Support Team on Teenage Pregnancy.

Members referred to target 11 – Improving the provision of sexual health services from secondary school sites and the issues around achieving this target in faith schools.

Resolved - That progress reports on Teenage Sexual Health Issues be submitted to Committee on a quarterly basis.

*Attached Reports:*

[Teenage Sexual Health \(enclosure\)](#)

[Teenage Sexual Health \(enclosure\)](#)

## **66 CHLAMYDIA SCREENING UPDATE**

The Director of Public Health submitted a report advising Members of the progress made towards achieving the Chlamydia screening target.

The report advised that a three phase Chlamydia screening programme had been rolled out across Bolton.

The first phase involved screening being offered at the Centre for Sexual Health at Royal Bolton Hospital and The Parallel Young People's Health Centre. Phase 2 would involve screening being offered via the Youth Offending Team and Substance Misuse Service as well as via contraceptive and family planning services, the Lever Chambers Walk In Centre and by some youth services whilst phase 3 would involve GP practices, school nursing and colleges and the university.

The report went on to highlight that the target for 2007 was to screen 15% of the 15 to 24 years population. Bolton had achieved 4.4% and were 60th out of 152 local authorities. The target was very challenging and depended upon good publicity and information for young people and opportunistic screening being undertaken by a range of services. The report compared Bolton to other areas in Greater Manchester and nationally. It also highlighted plans to continue implementation and accelerate progress towards the target.

Resolved - That the report be noted.

*Attached Reports:*

[Chlamydia Screening Update \(enclosure\)](#)

## **67 ALCOHOL STRATEGY**

The Committee considered a report advising that Bolton's Alcohol Strategy was launched in October, 2006, in response to the increasing contribution that alcohol made to poor health in Bolton. The strategy had a number of aims and was delivered via a number of different work streams including education, treatment, licensing and the promoting of sensible drinking in communities, workplaces and other settings.

The implementation of the strategy was overseen by a multi-agency Alcohol Strategy Group.

The initial priority for the implementation of the strategy was via the alcohol treatment system which had the following features

- Single point of access into the system;
- Clients entered the system quickly, usually within



48 hours;

- There was a clear pathway including evidence based interventions;
- There had been a significant increase in the number of patients accessing the system each year; and
- The treatment system had an outcomes based monitoring system.

A new, locally enhanced service had been developed and approved to enable general practices to identify hazardous and harmful drinkers and offer effective brief intervention or onward referral as appropriate.

The Council had reviewed its licensing policies and invited stakeholders to present key issues in order to inform the reviews with the result that all licensees whose license was being renewed were required to sign up to a statement of intent which encouraged responsible sales of alcohol.

Royal Bolton Hospital had established a Group to lead work to maximise the contribution that it could make in addressing alcohol issues. The Group had provided alcohol awareness training to staff and developed an alcohol assessment tool to ensure that a systematic approach was taken to identifying and recording alcohol issues.

A social marketing project was currently underway using data from the health survey to identify key groups that were drinking over the limits for the purpose of developing tailored information and delivering key messages.

The strategy was currently under review with the purpose of identifying any new actions to be taken. A stakeholder event would take place on 22nd April, 2008, following which the action plan would be updated.

In considering the report, Members sought assurances that there was sufficient resources available to treat all persons who presented for treatment and that the Workplace Alcohol Strategy currently being implemented by the PCT could be introduced for the Council.

Members also expressed concern over the fact that, although it was an offence for under 18s to attempt to purchase alcohol, it was not an offence for them to consume it in a public place thus hampering any efforts made by the Police to reduce anti social behaviour caused by alcohol consumption.

Resolved - That the report, together with the information supplied at the meeting as a result of Members questions, be noted.

*Attached Reports:*

[Alcohol Strategy \(enclosure\)](#)

[Alcohol Strategy \(enclosure\)](#)

## **68 INFECTION CONTROL**

The Committee considered:-

- (a) a report from Royal Bolton Hospital NHS Trust updating the Committee on the Trust's activities towards the prevention and control of health care associated infections (HCAI); and
- (b) the Infection Control Annual Report prepared by Bolton Primary Care Trust

The report prepared by Royal Bolton Hospital advised that the Trust had continued to focus on reducing the number of HCAs for MRSA, C.Diff and surgical site infections. It had also continued the reinforcement of good infection control practice which was a fundamental principle of the Trust's patient safety focus and linked into both the governance and board assurance frameworks. The Hospital also focussed attention on working on its improvement plan based on feedback from external visits as well as internal reviews.

The Infection Control Annual Report prepared by Bolton PCT:-

- summarised the work of the Community Infection Control Team in supporting the prevention, management and control of infection within community services and settings;
- summarised the work undertaken in partnership with the Acute Trust Infection Control Team in the prevention, management and control of infection within hospital settings; and
- highlighted key issues which would inform the

2008/09 work programme.

In response to a Members question, information was provided on the incidences of MRSA being contracted away from the hospital environment.

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Resolved - That the report, together with information supplied at the meeting as a result of Members questions, be noted.

*Attached Reports:*

[Infection Control \(enclosure\)](#)

[Infection Control \(enclosure\)](#)

[Infection Control \(enclosure\)](#)

[Infection Control \(enclosure\)](#)

[Infection Control \(enclosure\)](#)

## **69 HIV SERVICES IN GREATER MANCHESTER**

Pursuant to Minute 32 of the meeting of the Committee held on 5th November, 2007, the Committee received a report from Sarah Stephenson, Project Manager Commissioning, Greater Manchester Sexual Health Network, updating the Committee on developments in relation to a Greater Manchester HIV outpatient payment by result (PbR) tariff.

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The HIV outpatient pathway was almost complete. Greater Manchester (GM) was one of the 3 Department of Health-sponsored pilot sites, along with Birmingham and London, for a national tariff and discussions had been held to agree a common pathway for England. London and GM had both produced patient pathways and it was agreed that these would be amalgamated. There were some aspects of the two pathways that were currently incompatible and needed to be discussed further before a common pathway could be agreed nationally.

Now that the pathway was almost finished work had started to attribute costs to it. A mapping exercise would take place at each hospital site to test the pathway's robustness and ensure that it was practical. The mapping exercise had been planned with clinical input from Manchester Royal Infirmary.

At its last meeting on 20 March 2008 the Greater Manchester Sexual Health Network Board agreed that the

public consultation be delayed until June/July 2008 to give time to complete the mapping exercise and further test the pathway. It was not clear whether the national project would carry out co-ordinated public consultation work later in the year but work would continue to plan local consultation. The consultation would be largely web-based although the need for face-to-face discussion was recognised which would be done in conjunction with George House Trust.

A small focus group including GPs, nurses, commissioners and a HIV physician had met to discuss the role of GPs in HIV primary care. Their focus was managing the cessation of primary care prescribing in outpatient departments, discussing in particular quality standards, prescribing protocols and confidentiality. Historically, HIV patients were treated for all their health needs – including primary care – at outpatient clinics. With the growth in expertise and the need to recognise HIV as a long-term condition rather than a specialist condition there was a growing need to separate out HIV outpatient care from primary care. This would need to form part of the public consultation and for some patients it would be a very difficult change to manage especially those who had had all their health needs managed in outpatient clinics for long periods. From a clinical point of view it was much safer and more appropriate for GPs to manage general medicine, as they were trained in this area and had referral access to other methods of support.

- Further work was taking place on a co-ordinated approach to community and voluntary sector organisation provision across GM. The Commissioning Business Service had indicated that it might be able to provide expertise and further discussions were due to take place shortly.

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Resolved – That the report be noted and any detailed questions on this issue be submitted to the Greater Manchester Sexual Health Network via the Director of Legal and Democratic Services.

*Attached Reports:*

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

## **70 UPDATE ON LINKS**

The Director of Adult Services submitted a report the purpose of which was to

update Members on progress made in establishing the Bolton LINKs since the Committee was last updated in January 2008.

The report covered the financial allocation for establishing the Bolton LINK and the powers of the new organisation as set out in the 'LINKs Regulations' published in March 2008.

Significant preparation had already taken place including numerous presentations to stakeholders organisations and the establishment of a Transitional Group, chaired by an independent person. A Stakeholder event attended by approximately 70 people had also been held.

The report also set out, in some detail, the proposed transitional arrangements between the 1 April 2008 until the appointment of the LINK's host organisation and covered the financial allocation for both the transitional arrangements and the ongoing contract monitoring.

Members sought assurances that the host organisation would have a proven record of management and administration in the health/voluntary sector.

It was also stressed that clarification was required about the relationship of the LINKs with independent sector providers and the possible implications on future contract arrangements which should reflect the right of entry afforded to LINKs.

Resolved – That a further report on the progress made in establishing the Bolton LINK be submitted to the first meeting of the Committee in the 2008/09 Municipal Year.

*Attached Reports:*

[Update on LINKs \(enclosure\)](#)

## **71 FLUORIDATION**

Mr. Tim Evans, Chief Executive Bolton PCT, advised that there had been little progress around the fluoridation issue since his last report.

Resolved – That this issue be placed on the Committee's 2008/09 Work Programme for regular updates.

## **72 VOTE OF THANKS**

Resolved – That the best thanks of the Committee be extended to the Chair and Vice Chair of the Committee for the efficient and courteous manner in which they have conducted the business of the Committee during the last Municipal Year.

(The meeting started at 9.30am and ended at 12.20pm)

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