

HEALTH OVERVIEW AND ADULT SOCIAL CARE SCRUTINY COMMITTEE

MEETING, 26TH OCTOBER, 2022

Present – Councillors Haworth (Chairman), T. Wilkinson (Vice-Chairman), N. Ayub, Bullock, Fletcher, Grant (as deputy for Councillor Wright), Hartigan, McGeown, Meehan, Radcliffe, Sherrington (as deputy for Councillor Challender), Taylor-Burke and Mrs. Thomas.

Lay Members

Ms. B. Gallagher - Bolton and District Pensioners Association

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
Ms. S. Gilman	- Consultant in Public Health
Ms. F. Noden	- Chief Executive, Bolton NHS FT
Mr. N. Smith	- Bolton Safeguarding Adults Board
Mr. I. D. Mulholland	- Deputy Democratic Services Manager

Apologies for absence were submitted on behalf of Councillors Challender, Rimmer and Wright and Anne Schenk- Health Watch, Bolton and Suzanne Hilton - Age UK Bolton.

Councillor Haworth in the Chair.

17. MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting of the Committee held on 31st August, 2022 were submitted.

Mention was made of whether justice had been done to the primary care access item and the possibility of it being added back onto the work programme. Also the Health and Care Select Committee had published information on access to GP's.

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

(ii) That Councillor Haworth, as Chairman, meets with Bernie Gallagher to discuss matters around the primary care access item.

18. THE COMMITTEE WORK PROGRAMME, 2022/23

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

It was suggested that, with a full work programme, the joint meeting with Children's Scrutiny Committee, be held in the next Municipal Year.

Also, that consideration be given to the four items scheduled for the December, 2022 meeting.

Matters around inviting experts, as appropriate, to the meeting was mentioned.

Matters around continuity of care was referred to and the possibility of this being considered further.

Resolved – (i) That the updated work programme be approved and the Chairman and Vice-Chairman give consideration to the practicalities of the December meeting in consultation with officers.

(ii) That the joint meeting with Children's Scrutiny Committee be held in the next Municipal Year.

(iii) That protocols in terms of inviting experts to attend this meeting, as appropriate, be discussed with officers.

19. SAFEGUARDING ANNUAL REPORT

Mr. Neil Smith, Bolton Safeguarding Adults Board and Ms. Rachel Tanner, Managing Director of Bolton Integrated Care Partnership gave a presentation on matters around the Bolton Safeguarding Adults Board.

It was explained that in Bolton, they were committed to ensuring that every adult at risk and their carers were safe, well, able to meet their full potential and live happy, healthy and independent lives.

The core duties were to develop and publish a strategic plan, to commission safeguarding adult reviews and publish an annual report detailing how effective the work had been.

It was explained that a new Board had been established with a new independent Chair that aimed to expand the capacity of the Board to achieve its aims.

In terms of making a difference, the following was referred to –

- Maintained or improved the good or outstanding ratings;
- Reviewed and refreshed the safeguarding policy;
- Promoted another successful eyes wide open campaign;
- Developed a persons in a position of trust policy;
- Provided intensive support via the ICP;
- Continued to develop the close links established during the pandemic;
- Provided 6031 adaptations, equipment and telecare products;
- Work with approximately 700 vulnerable households;
- Supported over 400 people with care partners;
- Given over 190,000 covid vaccines;
- Had 385,000 community health contracts;
- Supported over 2000 people via Bolton at Home Careline Service; and

- Delivered training to 900 staff.

In terms of the progress against the strategic priorities, members were informed of matters concerning domestic violence and abuse, reduction in the prevalence of self-neglect inclusive hoarding and raising the profile of safeguarding in Bolton.

Members in their discussions referred to –

- People at risk and the working out of the risk factors;
- Targets in relation to the above;
- Efforts to get people home from hospital;
- Care homes and the CQC;
- Matters around the centre for autism being branded inadequate;
- 1/5 of dementia care homes sub -standard;
- Un-regulated accommodation for vulnerable people; and
- Matters around scams and where do people go about this.

Resolved – (i) That Mr. Neil Smith and Ms. Rachel Tanner be thanked for the presentation and that the position be noted.

(ii) that the full Safeguarding report be circulated to members of this Committee.

(iii) That information regarding scams and actions regarding this be provided to members of this Committee.

20. SUPPORTING PEOPLE AT DISCHARGE

Ms. Fiona Noden, Chief Executive, Bolton NHS FT and Ms. Rachel Tanner, Managing Director, Bolton Integrated Care Partnership DASS gave a joint presentation on supporting people home at discharge.

Members were informed that the aims and ambitions included wanting the best for all patients and to support people to be discharged safely as soon as they were medically well enough. A home first approach was taken and the promotion of independence.

Prolonged stays in hospital were not good for patients especially those who were frail or elderly and can be associated with increased risks of falling, sleep deprivation and catching infections.

The meeting was advised of the national context in relation to discharge and the Pathway assessment model was referred to. Furthermore, in relation to Greater Manchester, it was indicated that people who no longer met the clinical criteria for being an inpatient should be discharged as soon as possible. The ambition for Bolton was that there should be no more than 60 patients who meet the criteria residing in the Royal Bolton Hospital at anyone time. The current position in the Hospital was also referred to and the challenges in this regard in relation to the Pathway model.

The Committee was also informed of matters around how the Partnership was doing including –

- Home pathways and partnership working to embed across the locality via the pathway;
- Winter system planning to create additional capacity over winter to support Hospital flow;
- Focus on flow across the community services;
- Improved engagement with people with lived experiences;
- Improving communications with relatives and carers; and
- Communication campaigns to raise awareness.

Members in their deliberations referred to –

- Darley Court closure and the future intermediate care beds provision;
- More funding needed to get people out of hospital;
- Prescriptions from on-site pharmacies and the practicalities;

- GM's integrated care system and discharge matters and set criteria;
- The explanation of home being better and the information available;
- When the discharge assessment came in;
- The effect of the pandemic and isolation and previous earlier support; and
- Delays regarding discharge due to additional aids.

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

21. HEALTHWATCH ANNUAL REPORT

Members of the Committee had been provide with a copy of the annual Healthwatch Bolton annual report for 2021/ 22, entitled, championing what mattered to you.

The report highlighted the vision of a world where all could get the health and care we needed and the mission of making sure people's experiences helped make health and care better.

It was indicated that 820 people had shared their experiences of health and social care and 343 had given Healthwatch advise and information on topics such as mental health and Covid.

The five reports that had been published were referred to about making the improvements people would like to see.

The report also highlighted about the experiences that had been listened to, the advise and information given by Healthwatch, the work of the volunteers and matters around funding.

It was explained that the lay member from Healthwatch was unable to attend this meeting but that any questions should be directed to Healthwatch via Ian Mulholland.

Resolved – That the annual report be noted.

22. MEMBERS BUSINESS

The Committee considered the following members questions and their answers in accordance with Standing Order 36, viz –

The following questions were submitted by Bernie Gallagher, Lay Member representing Bolton and District Pensioners Association in accordance with Standing Order 36 and the response was prepared by Dr Stephen Liversedge, Clinical Director Primary Care and Lynda Helsby, Associate Director Primary Care.

On behalf of Bolton & District Pensioners Association I would like to ask the following questions relating to Patient Participation Groups:

Q.

How many GP practices had a Patient Participation Group?

What was the average number of patients in the group?

Was there any monitoring of age demographics and other protected characteristics of members of the PPG?

How was the information collated from PPGs used?

A.

- **Overview of PPGs – national perspective**

There was guidance available for practices from the Patient's Association UK. This was the link to the guidance:

<https://www.patients-association.org.uk/Handlers/Download.ashx?IDMF=3a099b36-93af-4582-a267-d4806ddb1f8>

This guidance helped practices to understand the importance of having a PPG, and what the aims were.

The Patient's Association UK stated there should be no set way for these groups to work. This should depend on local need. The main aim was to make sure the practice put the patient and their health improvement at the heart of everything.

- **How many GP practices in Bolton had a Patient Participation Group?**

49 – every practice in Bolton

It was a requirement of the Bolton Quality Contract that every practice had a PPG. The BQC stated that PPGs could be held either virtually or F2F, or a combination of both.

However, during the pandemic practices were advised that all PPGs should be organised as virtual meetings. Current advice was still the same - keep everyone safe, and organise those as a virtual meeting.

The original requirement was for a practice to have at least 2 meetings per year. During the pandemic, to address the unprecedented demand facing general practice, the requirement for a PPG was reduced to at least one per year (including the current year)

- **What was the average number of patients in the group?**

The membership of practice PPGs was variable. The range being from 208 members to 3 members.

The median number of members for a PPG in Bolton was 9.

- **Was there any monitoring of age demographics and other protected characteristics of members of the PPG?**

Practices were not monitored on factors such as the above.

However, a practice was advised that members of the PPG should reflect the demographics of the practice population – and all adult patients should be given the opportunity to participate if they wanted.

Basically, a PPG should be made up of:

- Volunteer patients
- The Practice Manager
- One or more GPs

- **How was the information collated from PPGs used?**

The information from PPGs should be used to develop new services for the practice population, and to improve existing services for the benefit of patients.

The following questions were submitted by Councillor Haworth in accordance with Standing Order 36 and the response was prepared by Dr Stephen Liversedge, Clinical Director Primary Care and Lynda Helsby, Associate Director Primary Care.

Q.

Question - Vaccine Access in Farnworth and Kearsley .
Since September enquiries showed that flu vaccination for those adults eligible was available from residents GP practices and from pharmacists. However, in regards to Covid 19 vaccination for those eligible the only place listed when last checked in Farnworth and Kearsley was a Covid vaccine clinic running at Kearsley Medical Centre and it was for anyone eligible who was registered with the practice.

Residents in Farnworth were in touch asking for access to Covid 19 vaccination in Farnworth. People at Plodder Lane searched for a booking and complained that the booking availability was for Brightmet. Their complaint centred around the fact that they had a car and would travel at little inconvenience and did not mind for themselves but people who lived near them did not have a vehicle and this annoyed them and they felt the offer was not right. People in Farnworth wanted more of their own quality health care provision and wanted access to vaccinations in their town.

What was the plan going forward for Covid 19 vaccine access for people who lived in Farnworth and Kearsley?

Could the service at Kearsley Medical Centre be expanded at all so other patients could get access to vaccines there?

Could arrangements be made for a base in Farnworth to have a Covid 19 vaccination offer?

A.

The current provision for patients registered with the 4 practices in F&K was as follows:

- Stonehill Medical Centre – pop-up clinics were available only for patients registered with this practice – good availability of vaccine – patients could ring the practice to access the vaccine.

- Kearsley Medical Centre – several pop-up clinics had been available over the last 2 weeks for patients registered with this practice – however, there was only a small supply left, and this would only be used for registered patients – patients could ring the practice to access a vaccine.
- Fig Tree Practice & Farnworth Family Practice – vaccine was being made available specifically for those practices via the GP Federation – sites include Market Place Bolton, Pikes Lane Centre and Avondale Health Centre.

Bolton residents could also access vaccination at other Bolton walk-in sites – Horwich RMI, Hootons (BWFC) and Brightmet Health Centre.

The latest information advertising availability in Bolton – these posters were updated weekly on a Friday.

Future provision for Farnworth & Kearsley (F&K)

Stonehill Medical Centre - was considering opening as a walk-in site for any Bolton residents to access the covid vaccine – however, it was early days and the service needed to be fully scoped. This would offer a convenient site for all F&K residents.

Kearsley Medical Centre - had no plans to open up the vaccine offer to other F&K residents other than those registered with the practice.

In addition, the GP Federation had secured funding from the GM Health Inequalities and Access fund. They were in the process of organising dedicated sessions in areas of high deprivation in order to specifically address covid vaccine health inequalities. Their offer would include access to residents from F&K. These sessions would be advertised as soon as they are operational.

The following questions were submitted by Councillor Haworth in accordance with Standing Order 36 and the response was prepared by Dr Stephen Liversedge, Clinical Director Primary Care and Lynda Helsby, Associate Director Primary Care.

Q.

Question - Patient online view of new entries to GP health record.

It was publicised that from 1 November, 2022, most patients aged 16 and over with an online account (such as through the NHS App or other patient online apps) would automatically be able to view new entries in their GP health record. An NHS news bulletin said that feedback from early adopters was that it took four to six weeks to prepare.

How did patients who wished to see their records for the time period before 1st November 2022 go about it?

How was this new system to be rolled out in the Bolton Borough?

Would patient experience vary from one GP practice to the next on this at all?

A.

Patients with an existing online account would automatically be given access to future (prospective) entries to their patient record, including free text, letters and documents when a new system of access was implemented. This would come into effect for EMIS and TPP (clinical systems) practices from 1st November 2022, arrangements for access for GP practices who use Vision as the clinical system were under discussion. NHS Digital were providing supporting resources and webinars ahead of the introduction.

For new entries after launch, a patient would be able to access free text, letters and documents. GPs and practice staff would need to consider the impact of each entry, including documents and test results, as they added them to a patient's record. Patients would not see

their historic, or past, health record information unless they had already been given access to it by their GP practice. NHS England/Improvement were aiming to enable patients to request their historic coded records in 2023 through the NHS App.

If a patient asked to amend or correct information they could see in their record the GP considering the request could refer to published guidance on the circumstances in which they could amend medical records and how to safely amend medical records.

There were exceptions to this access and data protection legislation said access could only be limited or denied if:

- it would be likely to cause serious harm to physical or mental health of the data subject or another individual - except for information of which the patient was already aware
- it gave information about a third party, other than healthcare professionals involved in the treatment, unless that other person consents, or it was reasonable in all the circumstances to disclose without the third party's consent.

Excerpt from the General Medical Services (GMS) Standard Contract was also provided in support.

The following questions were submitted by Councillor McGeown in accordance with Standing Order 36 and the response was prepared by Fiona Noden, Chief Executive of Bolton NHS FT.

Q.

I had been advised that Bolton had a collaboration with Wigan for Urology 'same day/urgent' referrals from GPs. It was not clear how the arrangement worked in terms of timings – which days or weeks but if the referral was a 'Wigan' 'day' then patients had to travel to Wigan and because Wigan did not

have the same separate diagnostic facilities as Urology at Bolton those patients had to present to Wigan A & E and that the department then decided if they were sent on to the Wigan Urology Department.

The majority of patients that were referred on this basis to Urology tended to be older people with a higher proportion of men. According to the mid-2020 population estimates, 29% of the Bolton population (84,237 people) was aged 55+. Urology referrals to secondary care had risen by nearly 20% over the last 20 years and now accounted for 5% of all outpatient appointments (NHS Digital, 2017).

Was this a temporary measure or was this a permanent commissioning arrangement? If the latter how long was the contract and was this considered a really good service for our more vulnerable residents?

A.

The Urology on-call model with Wrightington, Wigan and Leigh (WWL) was a joint scheme across both Trusts allowing us to work differently with our system partners to deliver safer and better quality of care within small surgical specialties.

There was a national shortage of Consultant Urologists and as a consequence, smaller departments like Bolton and WWL found it more difficult to recruit to those roles. Working in partnership with WWL enabled us to deliver out of hours care using a larger joint workforce, which had helped improve both our ability to recruit and retain Urology Consultants. As a consequence of this new way of working Bolton had been able to recruit one new Consultant Urologist. Should this model not had been created, the Trust would have been in the position where we would not had been able to safely staff the service for patients to provide a standalone Urology service here at Bolton.

The move towards collaborating with our partners through a network model was in line with the 2018 Getting It Right First Time (GIRFT - a national programme designed to improve the

treatment and care of patients through in-depth review of services, benchmarking, and presenting a data-driven evidence base to support change) report which stated:

“A further example was the need to develop Urology networks, made up of clusters of adjacent urology departments (Urology Area Networks). It was clear that comprehensive, high-quality urology services could not be provided across a geographical region without a more structured approach to interdepartmental cooperation.”

As part of the implementation of the pilot model we had sought and continued to collate patient feedback to understand the impact this change was having on our patients. The feedback had been mixed and a theme from the initial data was concerns from patients around waiting times, due to patients attending at two different Emergency Department and the waiting times for transport. Whilst we understood that the transfer to WWL could be an inconvenience for some of our patients, our intention was to work to improve the quality and safety of Urology care offered to Bolton residents by making it more robust and ensure it was fit for the future and this model would support in delivering this.

To ensure that patients got to the right hospital and did not have to make more than one Emergency Department visit , we were working with our GP partners to improve the pathway from GP referral into hospital with a Urology condition and ensure that patients attended the open site first time. We had also contracted a private ambulance service to support with inter-site transfers to reduce delays for patients waiting in an Emergency Department.

We were committed to continuing to collate patient feedback and continuously reviewing and improving the new partnership arrangement with WWL, to ensure that Bolton residents continued to receive safe care for their urology concerns.

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 12th September, 2022; and
- (ii) Executive Cabinet Member Adult Social Care held on 12th September and 18th October, 2022.

Members discussed matters around the grant for each Ukrainian guest and housing issues and the Healthwatch contract and democratic accountability.

Resolved – (i) That the members questions and the answers provide be noted.

(ii) That the minutes of the meetings be noted.

(The meeting started at 6.00 p.m. and finished at 7.58 p.m.)