

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

MEETING 6TH MARCH, 2007.

Present – Councillors Morgan (Chair), Greenhalgh (Vice-Chair), Burrows, L. Byrne, Connell, Mrs. Fairclough, Hamilton, Hornby, Lord, R. Ronson, Mrs. Rothwell, J. Silvester, Spencer and J. Walsh (as substitute for Councillor Hollick).

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

Councillor Morris Chair, Bolton Hospital Trust

Also in attendance:-

Ms. P. Senior Chair, Bolton PCT

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

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

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

Mr. T. Evans Interim Chief Executive Bolton PCT

Ms. J. Hutchinson Director of Public Health

Mr. C. Dunn Bolton Hospitals Trust

Mr. C. Russ Bolton PCT

Mrs. G. Braunold National Clinical Lead General Practice

Mr. J. Addison Scrutiny Support Manager

Apologies for absence were received from Councillors Hollick and A. Wilkinson and from Mr. J. Fillingham

Councillor Morgan in the Chair

39. MINUTES

The minutes of the meetings of the Committee held on 16th January and 6th February, 2007, were submitted and signed as a correct record.

40. FINANCIAL POSITION OF THE ROYAL BOLTON HOSPITAL AND BOLTON PCT

The Committee considered a report which detailed the current financial positions of the Bolton Hospitals NHS Trust and the Bolton Primary Care Trust (PCT).

In relation to Bolton Hospitals NHS Trust, Mr. C. Dunn, Finance Director Bolton Hospitals NHS Trust advised that there was a small operational overspend of £95,000 as at January, 2007. This was due to slippage against savings plans which was counterbalanced by income from additional patients seen and treated under "Payments by Results". The Trust was anticipating breaking even by 31st March, 2007. The Hospital Trust had also been granted a working capital loan to address historical debts pending the sale of Fall Birch Hospital whilst the report gave information on future financial projections as part of the application for NHS Foundation Trust status.

The Committee received clarification from Mr. Dunn in respect of issues around the sale of Fall Birch Hospital and how the Trust would resolve the issue of slippage against savings plans

Mr. T. Evans, Interim Chief Executive Bolton PCT reported on the financial position of Bolton PCT and reminded Members that the PCT must carry out its duties within its total Revenue Resource Limit (RRL) as allocated by the Department for Health. For the 2006/07 financial year, the PCT had a RRL of £354m. Current projections showed that PCT performance against secondary care services was close to plan whereas the PCT primary care services had an overspend against the dental services contract. In addition, decisions taken throughout the year had resulted in expenditure of £687,000 being added to the financial pressures. These costs and variances had been offset by an underspend in pharmaceutical costs.

The report advised that the PCT had identified a number of risks which could have affected the delivery of a balanced financial position and developed contingency plans to ensure that they were managed. The PCT's forecast Capital Resource Limit for 2006/07 was £1.308m. The current planned expenditure on the PCTs estate including the refurbishment of its health centres accounted for £750,000. The balance would be carried forward to 2007/08.

In regard to the financial position of Bolton PCT, the Committee received an explanation of the issues around payment by results and how this differed from historic costs. The Committee also sought clarification on the reasons for the underspend on pharmaceutical costs especially around the dispensation of generic rather than branded drugs and the source and quality of drugs sourced from China and the far east. It was suggested that the sourcing of medical supplies from China and the far east might be a topic for inclusion on the Committee's 2007/08 Work Programme.

Resolved – That the report, together with the supplementary information given at the meeting as a result of Members questions, be noted.

41. MRSA UPDATE

Beverley Andrews, Director of Corporate Resources submitted a report informing the Committee that the Health Care Infection Action Plan was now fully operational and that apart from orthopaedics, the instances of avoidable infections had reduced significantly. The report went on to outline planned further work and investment to maintain the current position.

The Committee enquired whether the Hospital had considered screening relatives and visitors to wards as infections could be introduced into the environment in this fashion. Members referred to measures taken on the Continent to reduce infections including laundering uniforms on site and discussed at length the cleaning arrangements at the Hospital.

Members also made reference to issue around patients leaving the Hospital to smoke outside and how the Hospital proposed to manage this in the light of new legislation.

Resolved – That the report, together with the supplementary information given at the meeting as a result of Member's questions, be noted.

42. RESPONSES TO MEMBERS QUESTIONS

The Director of Legal and Democratic Services submitted a report the purpose of which was to provide responses to questions raised by Members at the meeting of the Committee on 16th January, 2007.

At its meeting on 16th January, 2007, the following questions were raised by Councillors Hollick (a) and Mrs. Rothwell (b and c) in accordance with Standing Order 35:-

- (a) In 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 and surgical treatment?

A reply from the Bolton PCT was made in respect of question (a).

Bolton Hospitals Trust replied orally in respect of questions (b) and (c).

Members commented on the fact that basic nursing training should identify any patients who were having difficulty eating meals whilst a detailed reply was given to a question about reporting mechanisms if patients were leaving food at meal times.

Resolved – That the responses be noted.

43. BUILDING COMPLIANCE FOR THE NEW SMOKE FREE ENGLAND

The Director of Public Health submitted a report the purpose of which was to explain the implications of the new Health Act 2006 and to outline Bolton's readiness for the impact of the legislative change.

By way of background information, the report detailed the various national and local initiatives undertaken in an effort to reduce smoking and which had culminated in the 2005 White Paper "Choosing Health – Making Healthier Choices Easier". The White Paper was widely consulted on and included proposals to restrict smoking in the workplace and in enclosed public places.

The passing of the Health Act 2006 formalised these proposals and introduced smokefree laws for workplaces, enclosed public spaces and vehicles. This included all licensed premises, pubs, clubs, bars, restaurants and private membership clubs without exemption. The implementation date for the law was set at 6.00am on 1st July, 2007, which left some 5 months to prepare premises and people in Bolton to be in a position to comply with the change in law.

The report advised that there were five sets of regulations about to be approved:-

- (a) The Smoke Free (Premises and Enforcement) Regulations;
- (b) The Smoke Free (Exemptions and Vehicle) Regulations;
- (c) The Smoke Free (Penalties and Discounted Amounts) Regulations;
- (d) The Smoke Free (Signs) Regulations; and
- (e) The Smoke Free (Vehicle Operators and Penalty Notices) Regulations.

Detailed information on the contents of the Regulations along with penalties to be imposed if broken was included in the report.

The report then turned to issues which needed to be addressed if the new legislation was to be implemented successfully. These included:-

- ____ Encouraging businesses to plan ahead before the regulations came into force;
- ____ Providing information about the requirements to supplement the Department of Health campaign;
- ____ Enforcement activity; and
- ____ Other, wider considerations.

Funding for the implementation of the smoke free regulations would be made available by Government via the Local Government Association. Council's would receive notifications of their exact allocation which was expected to equate, on average, to 2 enforcement officer posts per authority. The use of this funding in Bolton had yet to be resolved. Revenue from

fixed penalty notice payments was not to be retained by the Council but returned to the Treasury.

The Committee received clarification about exemptions to the Regulations especially for Care Homes and of the challenges around enforcing the Regulations for older people with mental health problems and learning difficulties who smoked. The Committee also asked if any research had been undertaken in Countries which had already banned smoking in public places as to whether it had led to an increase in smoking at home with the attendant risks to children's health.

Resolved – That the report, and the supplementary information received at the meeting as a result of Member's questions, be noted

44. CHILDHOOD OBESITY IN BOLTON – FEBRUARY 2007.

Jan Hutchinson, Director of Public Health submitted a report updating Members on the implementation of the recommendations contained in the report of the Childhood Obesity Scrutiny Panel, and detailing actions to be taken and timescales for addressing outstanding actions.

The report outlined each of the Panel's 20 recommendations and the action taken to implement them.

The Committee made comments and observations as follows:-

- (a) Recommendation 4 Ensuring that all pupils have the option of choosing well balanced meals

Disappointment that at secondary level, students in 90% of schools having free choice rarely chose the balanced option;

- (b) Recommendation 9 Universal participation of schools in the National Healthy Schools Programme and National Fruit and Vegetable Scheme

Disappointment that 4 schools were still not participating in the School Fruit and Vegetable Scheme.

- (d) Recommendation 10 Practical Cookery skills to be made a compulsory part of the national curriculum at key stage 1 and 2

Noted that this recommendation had now been passed to the appropriate Government Department.

- (e) Recommendation 20 Raise the level of breast feeding in the Borough.

Committee would continue to support the introduction of the World Health Organisation centile charts.

Resolved (i) That the progress made in respect of the implementation of the recommendations of the Childhood Obesity Panel, be noted.

(ii) That the Executive Member for Children's Services be invited to comment on the current situation in respect of recommendations 4 (Ensuring that all pupils had the option of choosing well balanced meals) and 9 (Universal participation of schools in the National Healthy Schools Programme and National Fruit and Vegetable Scheme).

45. NHS CARE RECORD – SUMMARY RECORD

Chris Russ, Assistant Director IM&T Bolton PCT and Dr. Gillian Braunold submitted a report advising Members that Bolton PCT had been selected as one of six trusts across the Country to implement the Summary Health Record.

The Summary Record was a national programme which would enable patient record details to be accessed anywhere in England via the patients unique NHS number. Access to the record would be controlled via a personal smart card. The scheme would enable clinicians in locations such as Accident

and Emergency Departments to have access to a patients previous medical history. Reliable information about previous diagnoses, current medication and drug allergies and adverse reactions could provide a valuable contribution towards making correct diagnoses.

Bolton PCT was currently working with two practices and intended to write to all registered patients over the age of 16 who attended those practices to inform them of the project. The report advised that an implied consent model would be used with the patient having an 8 week period during which they could opt out of the scheme.

The project was progressing in line with the local implementation plan and it was expected that by April, 2007, all patients across Bolton would be contacted and that by Summer 2007 the majority of patients would have a Summary Record.

The Committee received an explanation or clarification on the following issues:-

- ____ The position of next of kin;
- ____ The allocation of levels of responsibility;
- ____ The capacity of GPs to cope with additional workloads;
- ____ The security of the system;
- ____ The consultation processes undertaken;
- ____ The validation of medical history;
- ____ The positions of guardians;
- ____ The rights of parents to have access to children's records; and
- ____ The identity of the two GP practices taking part in the scheme.

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

46. GREATER MANCHESTER SURGICAL CENTRE

Tim Evans, Interim Chief Executive, Bolton PCT submitted a report detailing the operational history of the Greater Manchester Surgical Centre (GMSC) since it opened in May, 2005. The GMSC took a specific case mix in relation to orthopaedics, ear, nose and throat(ENT) and general surgical specialities. The report advised that there had been a steady increase in the number of patients accessing the GMSC. However, the case mix was disproportionate across the medical specialities with a result that Bolton PCT was left with a shortfall in activity of around £500,000 this financial year.

Bolton PCT was working with GMSC to review the criteria around the submission of joint procedures in an effort to improve on the current position.

Resolved – That the report be noted.

47. 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 – (i) That the Scanning report be noted.

(ii) That a further report be submitted to a future meeting of the Committee in respect of the Review of the PCT's Estate Strategy.

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

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NOTES