

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

MEETING, 29TH AUGUST, 2023

Present – Councillors Veevers (Chairman), Morgan (Vice-Chairman), Ali, Atcha, Barnard, Cowen, Dean, Hon, Aalaina Khan, Livesey, Moller, Morrissey, Patel and Shaikh.

Lay Member

Ms. F. Hill - Bolton and District Pensioners Association
(as deputy for Bernie Gallagher)

Also in attendance

Councillor Mrs. Thomas - Executive Cabinet Member for Adults, Health and Wellbeing.
Ms. R. Tanner - Director of Adults, Communities and Integration
Ms. N. Ledwith - Greater Manchester ICB

Ms. F. Noden - Place Based Lead, Chief Executive of Bolton NHS Foundation Trust
Ms. J. Street - Divisional Director of Operations, Bolton NHS Foundation Trust
Mr. A. Maloney - Deputy Chief Executive, Greater Manchester Mental Health Foundation Trust
Dr. K. Neelam - Greater Manchester Mental Health Foundation Trust
Ms. R. Wheatcroft - Chief Operating Officer Bolton NHS Foundation Trust
Ms. C. Mc Peake - Divisional Director of Operations and Performance, Bolton

Foundation Trust

Mr. I. D. Mulholland - Deputy Democratic Services
Manager

Apologies for absence were submitted on behalf of Councillors Wilkinson, Rotheram, Eckersley- Fallon and Wright and Ms. B. Gallagher (Bolton Pensioners Association), Ms. A. Schenk (Health Watch Bolton) and Ms. S. Hilton (Age UK Bolton).

Councillor Veevers in the Chair.

6. MINUTES OF PREVIOUS MEETINGS

The minutes of a meeting of the Committee held on 18th July, 2023 were submitted.

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

7. THE COMMITTEE WORK PROGRAMME, 2023/24

The Committee received a report which set out the proposed work programme for the remainder of the Municipal Year.

Resolved – That the work programme be approved.

8. GREATER MANCHESTER MENTAL HEALTH FOUNDATION TRUST IMPROVEMENT PLAN

Mr. Andrew Maloney, Deputy Chief Executive, Greater Manchester Mental Health Foundation Trust and Dr. Kishen Neelam, Greater Manchester Mental Health Foundation Trust gave a presentation, updating on the Greater Manchester Mental Health improvement plan.

Members were provided with background information regarding the work of the Trust, including that it served the populations of Bolton, Salford, Trafford, Wigan and Manchester.

Members were also reminded that the Trust was placed in NHS

Oversight Framework Segment 4 in November, 2022. The CQC had issued a number of Section 29A warning notices to the Trust since April, 2022. Issues related to-

- Community mental health services for adults of working age;
- Fire and ligature safety : adults of working age, PICU and forensic inpatient services;
- Medicines Management at HMP Wymott;
- Safe staffing and governance;
- Woodlands Hospital (older adults); and
- Well led.

The CQC report published in July, 2023 gave a rating of inadequate, however, noted improvements. Improved ratings at Woodlands for the safe domain from inadequate to requires improvement.

Members were advised of matters around leadership reviews. Also advised were the key messages from the Trust which included that the Trust had a clear understanding of the scale and complexity of the key underlying issues and a commitment to deliver the improvements required. Also, they were working to deliver fundamental changes to the safety culture, clinical corporate governance assurance systems and leadership focus and visibility in the Trust.

The meeting was also apprised of the improvement plan which was agreed at the Trust Board in July, 2023, details of the risks to the delivery of the improvement plan, Bolton Mental Health Integrated Partnership priorities and Bolton achievements and challenges, matters specifically around the woodlands facility and Greater Manchester Mental Health Foundation Trust and the ICB – challenges and opportunities.

Members in their discussions referred to –

- Access point for mental health;
- Beds and stays and targets;
- Staffing levels;

- Matters around single sex wards and when they would be achieved;
- GM Police and working with them;
- Crisis interventions in care homes and the elderly;
- Social worker recruitment in mental health;
- Attendance of the Trust at the Locality Board;
- The provision at the Woodlands site;
- Under funding and ambitious plans and how funding is realised and staff were attracted;
- How to progress but keep Bolton people here; and
- Prevention and early identification.

Resolved - That Mr. Andrew Maloney and Dr Kishen Neelam be thanked for the detailed update and that the position be noted.

9. NHS FOUNDATION TRUST PLAN- ELECTIVE CARE, URGENT CARE AND CROSS BORDER / TRUST WORKING

Ms. Fiona Noden, Chief Executive of Bolton Foundation Trust, Ms. Joanne Street, Divisional Director of Operations and Ms. Claire McPeake, Divisional Director of Operations and Performance gave a joint presentation on the NHS Trust Plan regarding elective care, urgent care and cross border / Trust working.

Members were reminded of the arrangements in Bolton including that there were three districts moving to six neighbourhoods.

The Committee was also informed of matters around why recovery was needed including that the overall waiting list had grown and continued to grow, the lasting impact of the pandemic, the increasing number of people who needed to access the services and people were living longer.

Details of the NHS elective care recovery plan were referred to and details of the period 2022/23 compared to 2021 /22 were explained and the progress so far. Information around diagnostic progress was also provided.

Members were advised that current pressures included,

workforce gaps, continued industrial actions, an ageing estate, impact of winter pressures and increasing cancer demand.

Information was also provided regarding investing in the future, transforming pathways and working as a system.

In terms of urgent care, members were apprised of the numbers in 2022/ 23, including 7, 384 surgical acute referral clinic and DVT Clinic referrals and 219,393 domiciliary contact visits focusing on people at home.

Also mentioned was the NHS plan to recover urgent and emergency care, urgent care close to home, accident and emergency department performance information, transformation pathways, getting people home after hospital and delayed days away from home and working as a system.

With regard to cross border / Trust working integration and working across Greater Manchester Members were advised of matters around planned care and that Bolton during 2022/23 had supported other areas across Greater Manchester to provide care through mutual aid.

Also, no patients for planned care were sent to other areas outside of Bolton, the GM Paediatric Hub at Bolton FT would open in March, 2024 and a new GM Urgent Care Operational Group had been established so all GM Trusts could work together on common care issues.

Resolved – That Ms. Fiona Noden, Jo Street and Claire Mc Peake be thanked for the detailed and informative presentation and that the position be noted.

10. GREATER MANCHSTER INTEGRATED CARE AND LOCALITY DEVELOPMENTS UPDATE

Ms. Naomi Ledwith, Greater Manchester ICB, gave a presentation on Greater Manchester integrated care and locality developments.

By way of background information, Members were reminded that the Health and Care Act, 2022 abolished CCG's and created new Integrated Care Boards (ICB's) and Integrated

Care Partnerships (ICP's) bringing providers and others partners together. This meant that there had been some changes to the health and care landscape.

Also provided were details of the GM ICS vision and six Missions, governance details and ways of working, issues around commissioning of NHS services, matters concerning transformation programmes and Bolton's Locality Plan.

Members in their deliberations concerning this minute and the previous minute referred to –

- Radiology waiting times;
- Neighbourhoods and PCN's;
- Work force gaps;
- Matters around the Hospital working at maximum capacity;
- The three districts and their priorities;
- Communication between Trusts;
- Waiting times at A and E;
- Children awaiting Autism diagnosis;
- Those using private health care; and
- The GM Scrutiny function.

Resolved – That Ms. Naomi Ledwith be thanked for the detailed and informative presentation and that the position be noted.

11. MEMBERS BUSINESS

The following question was submitted by Bernie Gallagher, Lay Member (Bolton and District Pensioners Association) in accordance with Standing Order 36 and the response was prepared by Lynda Helsby of the NHS Greater Manchester.

Q.

One of our members on end-of-life care had brought to our attention the Gold Standard Framework which we understood was an enhanced primary care service which provided an

increased level of support and priority treatment. Our members personal experience was that from her GP practice she was treated as any other patient with the same wait time, no home visits and telephone appointments.

Please could the Committee be provided with details of how the Gold Standard was monitored across primary care services and if there were areas of concern the Committee should know about?

A.

There was nothing in the GP core contract stating GPs had to use the Gold Standard Framework, however we recognised this was good practice.

The GP contract required a GP to have a Palliative Care register.

Palliative care (PC)

Indicator	Points	Thresholds
Records		
PC001. The contractor establishes and maintains a register of all patients in need of palliative care/support irrespective of age	3	N/A

PC – rationale for inclusion of indicator set

Palliative or end of life care is the active total care of patients with life-limiting disease and their families by a multi-professional team. The first National End of Life Care (EoLC) Strategy¹¹⁷ was published in July 2008 followed by:

¹¹⁶ NICE NG100 (2018, updated 2020) Rheumatoid arthritis in adults.

<https://www.nice.org.uk/guidance/ng100>

¹¹⁷ DH. National EoLC strategy. 2008. <https://www.gov.uk/government/publications/end-of-life-care-strategy-promoting-high-quality-care-for-adults-at-the-end-of-their-life>

We understand this was an important arena therefore we had included the following requirements in the locally commissioned Bolton Quality Contract –

End of Life

1. Had a named EOL Lead
2. Hold monthly (as a minimum) Palliative Care/Gold Standards Framework (GSF) meetings

3. Undertake one audit to help identify potential non-cancer EOL patients, using prognosis indicator guides to improve detection of non-cancer EOL patients.
4. Share care plans electronically with other health and social care professionals involved in the care of the patient.
If any patient / carer believed that GSF meetings were not happening or they were not receiving the care they need, we could investigate this further with the individual practices.

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

- (i) Executive Cabinet Member Adults, Health and Wellbeing held on 24th August, 2023.

Resolved – That the members question and the minutes be noted.

(The meeting started at 6.00pm and finished at 8.20pm)