

THE CABINET

MEETING, 20TH OCTOBER, 2014

Councillor Morris	Executive Cabinet Member
Councillor Adia	Executive Cabinet Member
Councillor Peel	Executive Cabinet Member

Cabinet Members

Councillor J. Byrne	Culture and Youth
Councillor Cunliffe	Public Health
Councillor Chadwick	Highways and Transport
Councillor McKeon	Education and Schools
Councillor Bashir -Ismail	Community Services
Councillor Peacock	Adult Social Care
Councillor Zaman	Development and Regeneration
Councillor Lewis	Housing and Social Inclusion

Other Members in Attendance

Councillor Murray	
Councillor Greenhalgh	
Councillor Mrs. Fairclough	
Councillor Cox	
Councillor Allen	
Councillor Hayes	
Councillor Richardson	(as deputy for Councillor Parkinson)

Officers

Mr. S. Harriss	Chief Executive
Mrs. H. Gorman	Borough Solicitor
Ms. S. Johnson	Borough Treasurer
Mr. A. Jennings	Democratic Services Manager

Councillor Morris in the Chair.

Apologies for absence were submitted by Councillors D. Burrows, A. Ibrahim, Jones, Parkinson and Mrs Thomas.

12. MINUTES

The minutes of the proceedings of the meeting of the Cabinet held on 18th August, 2014 were submitted and signed as a correct record.

13. MINUTES OF AGMA/COMBINED AUTHORITY

The Minutes of the meeting of AGMA/Combined Authority held on 29th August and 26th September, 2014 were submitted for information.

Resolved – That the minutes be noted.

14. CORPORATE STAFF SURVEY AND IIP FEEDBACK 2014: RESULTS AND ACTION PLAN

The Chief Executive submitted a report that set out the key conclusions from the Council's recent IiP re-assessment and bi-annual staff survey, together with a continuous improvement action plan.

It was explained that the combined feedback from the two pieces of research provided a strong endorsement of the Council's approach to leading and managing people. Results across staff satisfaction, motivation and engagement measures

were all at least as, or more, positive than the last set of assessments.

The key messages highlighted were that:

- Staff felt there was a clear strategic vision; staff knew how they contributed and were well motivated at work;
- Staff were aware of and understood the need for change, although the latter had fallen since 2012;
- Staff wanted to do their job well, were clear what they were expected to achieve and had a good relationship with their colleagues. There were concerns about pay levels, job security and development opportunities;
- Line managers were seen positively across all areas; and
- Training and development was prioritised and robust and had improved since 2012.

Detailed analysis against each piece of research was set out in the report.

The following improvement actions were proposed:

- Maintain and expand the current communications strategy, including management cascade briefings, to ensure all staff had the information about the Council's operating challenges; the savings strategy and the leadership response;
- Review the current "staff suggestion scheme" format and profile, to identify more effective ways through which people could feed in their ideas to make cost savings/work differently and ensure the scheme was accessible to staff from all groups;
- Continue to seek to raise awareness of Bolton's Best and seek views from staff as to other recognition arrangements that would further recognise their contributions as appropriate;
- Review and revisit the Leadership and Management Competency Framework to ensure it remained valid and relevant to the changing climate; and
- Develop a Council Health and Wellbeing Strategy.

Resolved - That the response to the results of the corporate staff survey and IIP feedback be agreed.

15. RESPONSE TO THE HEALTHIER TOGETHER CONSULTATION

The Chief Executive submitted a report that provided an outline of the Healthier Together programme and consultation and the responses submitted by Association of Greater Manchester Authorities (AGMA) and Bolton NHS Foundation Trust (FT).

Members were reminded that Greater Manchester's health and social care reforms were focused on ensuring people had access to excellent quality services to support their needs at every stage of life.

There were three elements to the reforms as follows

- the integration of health and social care services within communities;
- improved access to and quality of primary care services; and
- reconfiguration of some hospital services (Healthier Together)

Bolton's ambition was to fully integrate health and social care services within the Borough and ensure a joined up approach to care with a roll-out in April 2015. These included Integrated Neighbourhood Teams to carry out assessment and care planning of people at high risk of being admitted to hospital; a Care Coordination Centre to bring together access points with a single number to ring, 24-hours per day; an Intermediate Tier Review, resulting in the expansion of home based services; and the Staying Well project, to prevent, delay and reduce the risk of future needs in older people. A project to test out a new approach to people with Complex Lifestyles was also underway.

The Healthier Together consultation had highlighted some of the changes that were proposed within primary care over the next two years, which included:-

- supporting people to manage their own health better;
- seven day a week working;
- the management of complex conditions; and
- the integration of hospital and social care records.

The principles of the hospital changes as outlined in the Healthier Together programme emphasised that:-

- planning such services would take account of the sustainable transport needs of patients and their carers;
- hospital changes would take place only after community-based services had been improved;
- every hospital would meet higher standards;
- some services would be relocated to other hospitals but hospitals would work together; and
- as part of this consultation no District General Hospitals would close and no accident and emergencies would close.

A number of configurations and combinations of the above principles had been suggested as part of the Healthier Together proposals, some of which included Bolton as a general hospital, and some of which included Bolton as a specialist hospital.

Consultation regarding the proposals finished on 24th October, 2014 and the next stage would include a period of analysis, which was expected to be around 3 months.

Greater Manchester Combined Authority had prepared a collective response to the Healthier Together consultation. With Bolton being at the forefront in developing the response, which supported the case for change and highlighted a number of areas of specific issue or concern (appendix 1).

Bolton NHS FT had responded with an agreed statement of shared intent from Bolton, Salford Royal and Wrightington and

Leigh NHS Foundation Trusts (appendix 2) with the trusts supporting the case for change. However, whilst the Trusts acknowledged the proposal for the creation of specialist hospital sites, the collective preference was to see the development of a sector based model which supported specialist care being concentrated onto the sites best able to deliver that care.

The report outlined a clear rationale for Royal Bolton Hospital to be one of the five specialist hospitals, including:-

- superior accessibility for non-elective care;
- Bolton was one of the best performing yet busiest Accident and Emergency departments;and
- choosing Bolton would mean fewer patients requiring a transfer by ambulance.

Resolved – That the Cabinet supports the Association of Greater Manchester Authorities (AGMA) submission and the Bolton NHS Foundation Trust (FT) in its response to become a specialist hospital for emergency high-risk surgery as attached in the appendices to the report.