

HEALTH OVERVIEW AND ADULT SERVICES SCRUTINY COMMITTEE

MEETING, 31ST MARCH, 2021

Present – Councillors Donaghy (Chairman), Pattison (Vice-Chairman), Bagnall, Connor, Cunningham, Dean, Eckersley-Fallon, Fletcher, Haworth, Peel (as deputy for Councillor Mistry), Radcliffe, Sherrington and Wright.

Also in attendance

Councillor Morgan	-	Executive Cabinet Member for Adult Social Care
Councillor Baines	-	Executive Cabinet Member for Wellbeing
Ms. R. Tanner	-	Managing Director ICP DASS
Ms. H. Lowey	-	Director of Public Health
Ms. S. Long	-	Chief Officer, Bolton CCG
Ms. F. Noden	-	Chief Executive Bolton FT
Ms. M. Maguinness	-	Director of Strategic Commissioning Bolton CCG/Bolton Council
Ms. T. Minshull	-	Assistant Director Social Care and Public Health Commissioning
Ms. R. Sutton	-	NHS Bolton CCG
Mr. R. Colton	-	Commissioning Manager (Learning Disabilities)
Mrs. V. Ridge	-	Democratic Services Manager

Apologies for absence were submitted on behalf of Councillor Mistry and Ms. S. Hilton.

Councillor Donaghy in the Chair.

27. RETIREMENT OF DR WIRIN BHATIANI – CHAIR OF THE CLINICAL COMMISSIONING GROUP

The Chairman advised members that Dr Wirin Bhatiani had retired as Chair of the Clinical Commissioning Group (CCG) today and Dr Niruban Ratnarajah would be taking up the position as from 1st April, 2021.

Resolved – That this Committee conveys its thanks and appreciation to Dr Wirin Bhatiani for his contributions to the work of the CCG and this Scrutiny Committee and wishes him well in his retirement.

28. MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting of the Committee held on 3rd February, 2021 were submitted.

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

29. THE COMMITTEE WORK PROGRAMME, 2020/2021

The Committee received a report which set out details of the work programme items.

Resolved – That the work programme be noted.

30. COVID 19 UPDATE

Dr. Helen Lowey, Director of Public Health, Ms. Fiona Noden, Chief Executive of Bolton Foundation Trust, Ms. Rachel Tanner, Managing Director ICP DASS and Ms. Su Long, Chief Officer of Bolton CCG gave a joint presentation updating the Committee on the Covid 19 position.

Members were apprised of the public health data which highlighted that as at 26th March, 2021, the estimated

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Reproduction Rate for the north west was between 0.7 and 1.0 with a daily infection growth rate of -4% to 1%.

As at 19th March, 2021 there had been a total of 765 Covid-19 deaths in Bolton Hospital.

In terms of the testing model, the Council would continue to provide Covid-19 testing throughout 2021. It was expected that home testing would become the predominant route for residents' asymptomatic testing and access to asymptomatic testing was being expanded via the Community Collect offer.

Members were also advised of what the revised testing model would include.

Members were apprised of information regarding in patient peaks in waves one to three, capacity issues concerning the workforce, the opening of the Same Day Emergency Care and the restoration of elective services post wave 3. The biggest challenges included, staff fatigue, maintaining Covid safe pathways, delivering cancer and urgent elective patient pathways and the increase in demand for Urgent Care.

With regard to the community, members were advised that community demand levels had returned to pre Covid levels and the significant vaccination progress across Health and Social care was having a positive impact. Plans were also being put in place to step down some of the additional Covid capacity in the care sector with the ability to step back up if and when required.

In terms of the Covid-19 vaccination programme it was stated that cohorts 1-9 were now all being invited for their first dose and the announcement from NHS England of the date for the next cohort (aged 45-49) was awaited. As of 29th March, 2021, the total for Bolton registered patients was 127,638 first doses and 7,944 second doses. With regard to take up, areas of highest deprivation and ethnic diversity had the lower take up in Bolton which reflected the national pattern and plans to increase take up were being rolled out through engagement and in communities.

Members in their discussions referred to the following-

- The potential outbreak at Wingates Industrial Estate; and
- The Governments actions in respect of the lockdown for wave 3 and the preparations in place going forward.

Resolved- That Dr. Lowey, Ms. F. Noden, Ms. R. Tanner and Ms. S. Long be thanked for the detailed presentation and that the position be noted.

31. SUPPORT TO UNPAID CARERS

Ms. T. Minshull, Assistant Director Social Care and Public Health Commissioning, gave a presentation to members which provided information in relation to the support available for unpaid carers.

Members were advised that, at the last estimate, there were about 40,000 unpaid carers in Bolton, of whom over 1,200 were young carers. It was the Council's aim to continue to publicise and raise awareness for the support that could be provided which included carers assessment and the potential to receive Carers Direct Payments.

The presentation gave information about who the Carers Strategy was aimed at and also stated that listening to and acting on the voice of carers was critical.

Statistical information was also provided in relation to the data we had on carers in Bolton.

Information was also provided in relation to the following, viz:-

- The Council's current commitment to our carers;
- The current position and an update on recent progress;
- The tailored support for young carers;
- Additional support for our carers during Covid;
- The outcomes that the Council was looking to achieve for our carers; and
- Next steps.

Following the presentation, members made the following comments/observations, viz:-

- The support required for isolated carer groups and how could the strategy support them;
- The age brackets for young carers and older carers;
- The introduction of an exit strategy for those people who were no longer carers to seek their views on the system;
- A top priority should be to aim to have no young carers; and
- Thanks to Ms. Minshull and her team and also to all carers in the Borough.

Resolved – That the position be noted and that Ms. Minshull be thanked for her very informative presentation.

32. LEARNING DISABILITY STRATEGY AND COVID RESPONSE

Mr. R. Colton, Commissioning Manager (Learning Disabilities), gave a presentation to members which provided an update on the Learning Disability Strategy.

By way of background, members were advised that Bolton currently had approximately 4,000 residents with a learning disability, with over 900 having a moderate or severe learning disability. In terms of the future, it was predicted there would be a 10.8% increase in the number of people aged between 18-24 with moderate and severe learning disabilities by 2030. It was also stated that over 770 people were supported by the integrated Community Learning Disability Team across a wide range of ages and the majority of these people lived:-

- With their family/friends: approximately 46%;
- With support in a care setting, primarily supported living services, care homes and shared lives: approximately 34%; or
- In other mainstream housing.

Information was also provided in relation to the following, viz:-

- The Learning Disability Strategy which Bolton Council, the Integrated Care Partnership, Clinical Commissioning Group and other partners were collaboratively delivering the 10 strategic priorities in the co-designed GM Learning Disability Strategy;
- The progress which had been made for 2020/2021 on the Learning Disability Strategy;
- The Council and CCG Commissioning response to Covid-19;
- Social care and health support response to Covid-19;
- Learning Disability Nursing response to Covid-19;
- Primary care response to Covid-19;
- Vaccinations response to Covid-19; and
- Strategic Development and Innovation Plans.

A question was raised in relation to the transition of young people to adults, its effects and support mechanisms.

Resolved – That the position be noted and Mr Colton be thanked for his very informative presentation.

33. MEMBERS BUSINESS

The following questions were submitted by Councillor Haworth in accordance with Standing Order 36:-

Q1.

The progressing Integrated Care System ICS in Greater Manchester involves the ending of Clinical Commissioning Groups CCGs and so a profound change to the commissioning of health and care for the Bolton Borough. Will there be any robust local systems for accountability for this commissioning here in the Borough? Will there be any influence on this commissioning at a local level here in the Borough? How further, will the public of the Borough, need to be informed about these changes in health and care and are there stand out changes the public need to be informed about?

A.

The NHS White Paper "Integration and innovation: working together to improve health and social care for all" was published 11 February 2021. It outlines intentions for legislation to establish a statutory Integrated Care System (ICS) at Greater Manchester Level. CCGs will cease at end March 2022 and the ICS at Greater Manchester level would take on the statutory functions of CCGs, including resource allocation to the NHS and strategic planning. The proposals will also allow for the ICS NHS Body to delegate significantly to place level (ie Borough level) and to provider collaboratives.

Greater Manchester, as a devolved system, has already developed a strong partnership across NHS organisations and Local Authorities and the intention is to build on this. The strong integration within Bolton, with pooled budgets and joined up decision making is a model that is intended to continue with expectation of delegation of responsibilities from the ICS. Existing NHS legislative rules have led to some cumbersome governance arrangements in order to bring decision making for health and social care together. The stated intention of the legislation is to "remove these barriers and streamline and strengthen the governance for this type of decision-making."

On Friday 26 March 2021, the Greater Manchester Health and Care Board received and discussed an update on the work being undertaken across partner organisations to design the GM ICS level and place level arrangements for the future. This described place-based working as a cornerstone of ICS, with person centred models of service delivery in neighbourhoods a key building block. It is expected that place representatives will continue to have a strong part to play in Greater Manchester level decision making.

In terms of the impact of changes, NHS England are referring to the coming year as a year of transition. The expectation is that staff continue to carry out their valuable work and move into the new arrangements without too much disruption. There will not be a CCG making decisions on NHS resources in Bolton from April 2022, but the intention is that there will be a Locality Board in each borough of Greater Manchester which

aligns local leadership (combining organisational, political and clinical) and sets strategy for health and care locally.

Local people will be informed as plans develop through meetings held in public and more concerted engagement once the legislative changes are confirmed.

Q2.

Figures released by Bolton NHS Foundation Trust show that in February 2020 there were 11 patients waiting more than a year for surgery. In February 2021 there are 2,600 patients who are waiting more than a year for surgery. This is a reflection of the large volume of backlog demand there is in the Borough for health services. It is also reported that there is new demand for health services such as for mental health brought about under the Covid-19 pandemic. What can the Bolton CCG and others involved in the commissioning of health and care services do to respond to this urgent demand situation?

A.

As a result of the impact of Covid-19, routine elective capacity was significantly reduced to allow NHS resources to be focussed on the urgent healthcare response. Then, in Autumn 2020, there was a national mandate to totally cease the provision of non-urgent elective care as a result of the significant additional pressures across the NHS because of the ongoing pandemic.

This has unfortunately meant that there has nationally and locally been a large increase in the number of patients waiting for treatment, with an increasing proportion waiting a significant length of time.

Bolton CCG has been working with Bolton FT and other providers across the locality to ensure that patients are treated in clinical and chronological priority (in this order). All providers are working very hard to ensure that patients are not subject to any clinical risk as a result of these delays. Resources have been ring-fenced throughout the pandemic to ensure that cancer patients and clinically urgent patients receive their

treatment in a timely way. Bolton CCG and Bolton FT have worked within the GM system to ensure that the additional capacity in NHS and independent sector providers is used effectively to keep waiting times as low as possible and to ensure that urgent patients are prioritised.

Bolton CCG and Bolton FT have proactively encouraged patients not to delay in contacting local healthcare services and to seek care when they need it. During the first 10/11 months of the pandemic, we saw a marked decrease in the number of referrals but these are now starting to return to pre-covid levels. Bolton CCG and Bolton FT are now working collaboratively to restart elective activity as part of the national and GM recovery programme. This will involve continued use of all available capacity including at independent sector providers as clinically appropriate.

Bolton CCG has been working closely with Greater Manchester Mental Health Trust (GMMH) and wider emotional wellbeing providers across the voluntary sector to support additional demand which has been seen during the pandemic. Whilst there has been pressures due to increased numbers of both known and unknown patients presenting at A+E resulting in high demand for acute mental health beds, the Mental Health Liaison Service have worked hard to ensure people are dealt with promptly and where appropriate signposted to onward provision. The mental health ambulatory care area on the Royal Bolton site has helped to reduce waits in A+E, and the established links with Bolton Samaritans has provided important follow up calls for anyone who has presented across mental health services. Work continues around crisis care alternatives and the development of a listening lounge model which will provide a clinical and voluntary sector support offer. The GMMH help line has also been extended for both existing and new patients and has been well utilised. Alternatives to admission such as clinical and non-clinical accommodation based support have been well utilised and additional roles such as housing support have been established within in-patient settings to address those with complex housing needs to avoid long admissions.

Community services such as talking therapies and counselling have offered increased virtual and telephone appointments across extended hours to help with access, and additional resources have been put in place which has significantly reduced waiting times. The CCG are working with local and GM wide partners to ensure there are a range of new and existing support options to meet the emotional wellbeing and mental health needs of the Bolton population. Secondary care services provided through the Community Mental Health Teams (CMHT) have continued to offer direct support and despite Covid pressures, staff have continued to work hard under very challenging and pressured conditions to ensure there is capacity to safely deliver services.

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

- (a) Executive Cabinet Member Wellbeing held on 8th February and 1st March, 2021; and
- (b) Executive Cabinet Member Adult Social Care held on 8th February and 8th March, 2021.

Resolved – That the minutes of the meeting be noted.

34. VOTE OF THANKS

The Chairman, on behalf of the Committee, thanked all members for their participation together with officers and partners during this Municipal Year.

(The meeting started at 6.00 p.m. and finished at 8.00 p.m.)

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NOTES