

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

MEETING 17TH JANUARY, 2012

Present – Councillors Murray (Chairman), Chadwick (Vice-Chairman), P. Barrow, D. Brierley, L. Byrne, Iqbal, Jones (as deputy for Councillor Peacock), Kell, Mistry, Morgan, Radlett and A. S. Walsh.

Also in attendance:-

Councillor Morris	-	Chair RBH NHS Foundation Trust
Councillor Mrs Thomas	-	Executive Member for Corporate Resources and Health
Mrs. L. Doherty	-	RBH NHS Foundation Trust
Ms. B. Andrew	-	RBH NHS Foundation Trust
Mrs. J. Wright	-	GM West Mental Health Foundation Trust
Mrs. L. Dormer	-	GM West Mental Health Foundation Trust
Ms. D. Malone	-	NHS Bolton
Mr. A. Cogan	-	Director of Operations
Ms. D. Sissons	-	Director of Patient Safety and Experience / Chief Nurse
Dr. S. Liversedge	-	Bolton Health Consortium
Ms. A. Baines	-	Bolton Links
Mr. A. Kilpatrick	-	Chief Officer for Health and Social Care
Ms. S. Johnson	-	Deputy Director of Corporate Resources and Committee Chief Officer Support
Mr. I.D. Mulholland	-	Principal Scrutiny Officer

Apologies for absence were received from Councillors Clare and Peacock and Mr. J. Firth.

Councillor Murray in the Chair

20. DECLARATIONS OF INTEREST

Councillor Morgan declared a personal interest as a Governor of the Greater Manchester West Mental Health Trust.

21. MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting of the Committee held on 8th November, 2011 were submitted.

Resolved- That the minutes be signed as a correct record.

22. MONITORING OF DECISIONS

The Director of Chief Executive's Department submitted a report which detailed the progress of decisions taken at previous meetings of this Committee.

Resolved – That the position be noted.

23. WORK PROGRAMME

The Director of the Chief Executive's Department submitted a report which set out details of the updated Committee Work Programme for the, 2011/12 Municipal Year.

Resolved – That the updated Work Programme be approved.

24. PROPOSALS FOR CHANGING AND IMPROVING MENTAL HEALTH SERVICES IN BOLTON

Ms. Jayne Wright of the Greater Manchester West Mental Health Foundation Trust gave an update presentation following her attendance at the last meeting when draft proposals were outlined for the rationalisation of all health and social care services provided to people aged over 65 who might have

functional or organic mental health problems in Bolton.

In Bolton there were currently three inpatient wards for older people all based at the Royal Bolton Hospital. The wards provided 50 beds in total (15 in Hawthorne House, 20 in Redwood Ward and 15 in Hazelwood Ward) of which 35 were for people with an organic illness such as dementia and 15 beds were for people with a functional illness such as depression or anxiety. Following national benchmarking, an analysis of bed occupancy rates and mapping of local needs, it was proposed to close Hawthorne House, provide 35 beds overall, via two wards, with 20 beds in Redwood Ward for people with organic illness and 15 beds in Hazelwood Ward for people with a functional illness who also had complex physical health care needs.

The reduction in inpatient beds would generate savings from the Trust's estates/building related costs and enable the Trust to increase nursing levels on the remaining wards and provide an enhanced in-reach and outreach service to care homes across Bolton. The Trust had also identified significant capital monies of £846,000 to improve the ward environment for the two wards.

The Committee was informed that the consultation period had now ended and various comments had been received –

- support for improved ward environments;
- concerns regarding staffing levels;
- concerns regarding the HR process and future employment;
- concerns regarding the potential pressure on beds;
- queries regarding the design of the wards and whether they would be compliant with DSSA (same sex wards) requirements;
- queries relating to the impact on EMI Nursing Homes; and
- support for the investment in community services and creation of the Dementia Navigator Post.

The Committee was also informed of the Trust's response to these comments.

Resolved – That support be given to the proposals for changing and improving mental health services in Bolton.

25. HOSPITAL STANDARD MORTALITY RATES

Doctor Jackie Bene, Medical Director, gave a presentation regarding the position of, Hospital Standard Mortality Rates (HSMRs) at the Royal Bolton Hospital.

By way of background information, it was explained that there had been a significant effort over the past two years to reduce HSMR for example in 2008/9 it was 122 and in 2010/11 this was 104.

Members were also advised of the Mortality reduction Plan for 2010/11 which included the following areas:-

- respiratory illnesses;
- response to the physiologically deteriorating patient;
- end of life planning;
- care bundles and safety initiatives; and
- recording and coding.

The Committee was informed that the HSMR as at October, 2011 was down to 99. Nationally all Trusts were now measured and compared by SHMI (Summary Level Hospital Mortality Indicator) which considered the diagnosis throughout the entire hospital episode and up to 30 days post discharge and not just on admission.

Doctor Jackie Bene went on to present various pieces of statistical information on the areas which made up the SHMI statistic.

Finally in terms of the Mortality Reduction Plan for 2012, it was indicated that the following were included –

- heart failure;
- septicaemia;
- COPD and pneumonia;

- emergency response to physiological deterioration;
- surgical enhanced recovery programme; and
- end of life care.

Members in their discussion referred to matters around comparisons with other hospitals and case reviews for hospital mortality cases.

Resolved – (i) That Ms. Bene be thanked for her presentation and that the position be noted.

(ii) That the Committee be furnished with a copy of the presentation.

26. UPDATE ON PERFORMANCE ON KEY AREAS

Mr. Andrew Cogan, Director of Operations and Ms. D. Sissons, Director of Patient Safety and Experience / Chief Nurse gave a presentation updating the Committee on the key performance areas of falls, pressure ulcers and infection control and on performance against monitor targets for accident and emergency and 18 week referral treatment.

The Committee was also provided with an update in terms of the Noro Virus which was the most common cause of diarrhoea and vomiting.

Members in their discussions referred to Accident and Emergency attendances and issues concerning the Noro Virus.

Resolved – That Mr. Cogan and Ms. Sissons be thanked for their presentation and that the update be noted.

27. ACTION TO ADDRESS HEALTH INEQUALITIES

Ms. Debra Malone, Consultant in Public Health gave a presentation on health inequalities within ethnic minority groups including access to maternity services within the first twelve weeks of pregnancy.

Members were advised of the detail of the disease incidence / prevalence rates and the mortality rates.

In conclusion, the on-going challenges were highlighted. These were-

- aspiration for good health;
- symptom awareness & recognition;
- early presentation;
- adherence to treatment;
- reducing barriers to service access;
- driving up quality of service provision;
- improving confidence in confidential services;
- flexibility of services to meet diverse need;
- collection of robust data by providers; and
- impact of deprivation versus impact of ethnicity.

Resolved – (i) That Ms. Malone be thanked for her presentation and that the position be noted.

(ii) That the Committee be furnished with a copy of the presentation.

28. MEMBERS' BUSINESS

The following question was submitted by Councillor Radlett in accordance with Standing Order 36 -

Q.

Following a report publicised in the Mail online (Thursday December 29th) on alcohol-related hospital admissions, would Bolton NHS Hospital Trust and the NW Ambulance Service please advise this Committee of the annual numbers and approximate costs to services of alcohol-related admissions by gender and whether changes had occurred since the 2003 24-hour licensing act?

A.

The following answer was prepared by NHS Bolton-

In 2011 NHS Bolton published a comprehensive Health Needs Assessment on alcohol related harm. The key point was that alcohol related harm had been increasing across all age and socio-economic groups for the past decade. This meant that there were large numbers of adults and children in Bolton who were experiencing the consequences of excess alcohol use.

It was difficult to independently assess the impact of the change in licensing laws because prior to the introduction of these laws alcohol related harm was already increasing. It might not be possible to ascertain whether it would have increased less steeply had the change in legislation not occurred. An added challenge in this respect was that data was largely unavailable prior to 2002/3 as at this time the adverse impact of excess alcohol use was only just beginning to be realised.

What was clear from the (2011) Alcohol Health Needs Assessment (HNA) was that:

Overall, alcohol related admissions rose from 3,444 in 2002/3 to 5,275 in 2008/9.

The main conditions for admission were hypertension (35.5%), mental and behavioural conditions (18.5%) and cardiac arrhythmias (14.6%). These 3 conditions totaled 68.6% of the alcohol-related admissions.

- Alcohol specific admissions (such as intoxication) and admissions for alcohol related violence were more common in younger age groups.
- Admissions caused by accidents and injuries were more common in older age groups.
- Male admissions far outnumbered female admissions (generally by 2:1).

- Men were at least twice as likely to be admitted for hypertensive conditions (24% and 12% respectively) and mental health conditions (13%% and 5% respectively) than women.
- In Bolton the number of months of life lost due to alcohol-specific conditions was higher than that seen at a national level (11.6 vs. 9.2 months) but lower than the regional figure (12.0 months). For females the Bolton figure (6.5 months) was higher than that seen at both a national and regional level (4.3 and 6.0 months respectively).
- For both sexes mortality was far higher in the deprived areas of Bolton than it was for Bolton as a whole.

Most recent data, taken from the 2012/13 draft Drug & Alcohol Treatment Plan indicated that in 2010/11 the financial burden on Royal Bolton Hospital of caring for only the most frequent users of alcohol related acute care was estimated at £650k. This was for 43 individuals requiring a total of 290 episodes of care for mental illness, gastro-intestinal, liver and nervous system disorders.

The most common diagnoses were:

- Patients older than 19 years of age and younger than 69 years with a Mental Health Primary Diagnosis (treated by a Non-Specialist Mental Health Service Provider). 60 episodes of care costing £181,800.
- Endoscopy and Radiology with critical care. 13 episodes at a cost of £55,874.
- General abdominal diagnostic procedures with critical care. 13 episodes at a cost of £50,115.

- Very major procedures for gastrointestinal bleed. 7 episodes of care at a cost of £40,512.
- Liver failure disorders. 12 episodes of care at a cost of £34,248.

Generally it was considered that, nationally:

- Alcohol costed the NHS £2.7 billion each year.
- An average alcohol related admission costed a PCT £1,824 per admission.

Resolved – (i) That the Member's Question and its response be noted.

(ii) That the Executive Member for Corporate Resources and Health be asked to consider further this issue of alcohol related hospital admissions and its impact at a future meeting of the Health Policy Development Group.

(The meeting started at 5.00pm and ended at 6.29pm)