HEALTH OVERVIEW AND SCRUTINY COMMITTEE

19TH SEPTEMBER 2006

Councillors Morgan (Chair), Greenhalgh (Vice–Chair), Burrows, L. Byrne, A. Connell, Hollick, Hornby, J. Rothwell (as deputy for Hamilton), Mrs Rothwell and Spencer.

Councillor Clare	-	Executive Member for Adults' Social Care and Health
Councillor Morris	-	Chair, Bolton Hospital Trust
Ms. A. Gannon	-	Assistant Director, Older People
Mr. S. Fazal	-	Assistant Director of Children's Services
Ms. J. Leonard	-	Bolton PCT
Mr. M. Maguire	-	Bolton PCT
Mr. T. MacKay	-	Bolton PCT
Ms. P. Senior	-	Bolton PCT
Ms. S. Quigley	-	Bolton PCT
Mr. W. Greenwood	-	Bolton PCT
Ms. J. Campbell	-	Salford Royal FHT
Ms. K. Saunder	-	Bolton Hospitals
Mr. C. Dunn	-	Bolton Hospital Trust
Mr. R. Landon	-	Head of Democratic Services
Mr. N. Aspey	-	Senior Democratic Services Officer
Miss. K. Treadwell	-	Democratic Services Officer

Councillor Morgan in the Chair

17. MINUTES OF THE LAST MEETING

The minutes of the meeting of the Health Overview and Scrutiny Committee held on 1st August, 2006 were submitted and signed as a correct record.

18. BOLTON, SALFORD AND TRAFFORD MENTAL HEALTH TRUST - FOUNDATION STATUS

Ms. J. Campbell and Ms. K. Saunder gave a presentation which outlined how Bolton, Salford and Trafford Mental Health Trust would become a Foundation Trust, why the Trust was bidding for Foundation Status, what this would entail and the possible implications for the Trust.

The presentation outlined that a Foundation Trust was:-

- a ‘public benefit Corporation’, a ‘co-operative’;

- within the NHS

- where diverse communities had a real say; and

- appropriate to local need.

The presentation highlighted that Foundation Trust status had the following benefits:

- more freedom for innovation and improvement;

- allowed a greater say;

- increased choice; and

- increased competition.

However the risks were also highlighted by the presentation which included:-

- finance;

- single issues influence;

- competition; and

- fragmentation of services.

The presentation stated that these risks had been considered and it was felt the Trust was well prepared.

The presentation stated that all members of the Trust would have a vote, be able to discuss plans and developments with the Trust Board and be able to elect Governors. Every employee would automatically be a member of the trust unless they deliberately decided to opt out. Members of the public who lived in the area could also become members as well as service users and carers.

The presentation stated that this would enable staff to elect staff governors and would ensure their involvement in the development and running of the Trust.

The presentation advised that it was hoped that Foundation status would enable improved services such as:-

- responding closely to what local and diverse communities were saying;

- close working with members and governors;

- development and strengthening of specialist services; and

- the development of new services locally in the future.

The presentation stated that the next steps for achievement of Foundation Trust Status was the submittal of a business plan to the Department of Health to assess if this was fit to go to the Consultation stage. Once this was given the go ahead the consultation could begin and this was scheduled to be completed in October, 2006.

The presentation advised that if the principle of the Foundation Trust was approved, Bolton Salford and Trafford Mental Health Trust could become a Foundation Trust by April, 2007, although there was no rigid timetable

which had to be adhered to.

Members discussed the approximate number of members and precisely who would be allowed to become a member of the Trust. Members were informed that, unlike other Foundation Trusts, Bolton, Salford and Trafford would not be looking to have all patients past and present as members. Instead, a meaningful membership was sought from patients.

Members discussed the importance of ensuring that the money Bolton Council invested in the Trust remained within Bolton and stated that this Committee would monitor the matter.

Resolved – That the application on behalf of Bolton, Salford and Trafford Mental Health Trust for Foundation Status be supported subject to the guarantee about funding provided from Bolton remaining in Bolton.

19. PALLIATIVE CARE

Mr. T. MacKay, Bolton PCT, submitted a report which set out, a five year strategy to jointly develop end of life services throughout Bolton for people with long term conditions in their last six to twelve months of life.

The report stated that the Strategy would be supported and implemented through the establishment of a local end of life network with all key partners. The report advised that the Strategy, built upon the work carried out in specialist palliative care across the health economy of Bolton and the need to review the provisions of services for end of life care within community health and care and the Hospitals Trust.

The Strategy acknowledged that this service should apply to persons of all ages and abilities dying from any cause and not just cancer.

The report stated that this vision would be achieved through:-

- Co-ordinated Care;
- better training and education;
- 24 hour access;

- dignity at the End of Life; and

- choice

These five priorities were part of a response to the key requirements set out in the White Paper: Our Health, Our Care, Our Say: a New Direction for Community Services.

A public event was planned for October, 2006 to anticipate the short consultation process of two months and give the document high prominence.

Members discussed the importance of such a strategy meeting all sections of the communities particularly ethnic minorities and isolated elderly people.

Members also felt that it was important to encourage G.P's to follow and understand the strategy. Members were informed that three G.P Practices were currently piloting the Strategy and were already giving positive support to it.

Resolved - That the report be noted.

20. RECONFIGURATION OF CANCER SERVICES

Ms. A. Schenk, Director of Service Development, Bolton PCT, submitted a report which outlined the reasons for the reconfiguration of cancer services in Greater Manchester and Cheshire.

By way of background information, the report stated that a set of guidelines, the Improving Outcomes Guidance (IOG), had been published which lay down best practice in respect of the organisation of services for all major cancer tumours.

In response to these guidelines, a submission of tumour specific implementation plans to the Department of Health (DoH) in 2004 for achievement of the IOG Standards was submitted. The DoH deemed these plans to be suitable.

The report stated that, by way of response, the Dr. Harrison report, 2005, was commissioned to improve these plans. Dr Harrison proposed a three tier model accepted by the DoH:-

- lead cancer centre such as Christies for

complex surgery etc;

- associated cancer centres (Salford, South Manchester,Oldham and Central Manchester); and

- cancer units, situated in local hospitals.

The report stated that this meant that the diagnosis, treatment and care for the majority of people with more common cancers such as lung, breast and colorectal should remain in cancer units such as Bolton. However, the Harrison Report stated that for rare or more complex cancers such as Urological, Gynaecological, Oesopho – gastric, Pancreatic, Head and Neck and Haematological treatment should be located at places which gave specialist treatment to these types of cancers.

The report stated that, although patients with rare and complex cancers may have to travel out of their area, the majority of care for most of these patients, such as initial diagnosis, non surgical and follow up care in hospital and the community, would remain local.

The report concluded by stating that local planning was focused on ensuring that all cancer patients locally received timely, accessible and excellent care at each stage of their diagnosis, treatment and follow up.

Resolved - That the report be noted.

21. DENTAL CONTRACT

Mr. W. Greenwood and Ms J. Leonard, Bolton PCT, submitted a report and gave a presentation which outlined the changes to the system by which primary care dental services were contracted and assessed whether the new system had increased capacity.

The presentation stated that the key elements of this new contract included:-

- that PCTs, for the first time, would be responsible for local commissioning of primary dental services (1st April, 2006);

- investment based on historic activity levels plus some growth e.g historic low activity/registrations lead to reduced allocations;

- patient registrations (introduced in the 1990s)

would be abolished;

- patients charge system now redesigned (only three levels);

- mandatory services provided for in base contract framework. A range of additional services could be commissioned by PCTS;

- PCTs commission on the basis of units of dental activity (UDAs). PCT targets set nationally; and

- PCTs would retain contract values to commission'new' services when a dentist left the NHS.

The presentation stated that with the new contract came risks at Community Level which included:-

- if Dentists were unhappy with the contract they might build up private practice and leave the NHS within a 12month period;

- Dentists might restrict new patients to children or charge exempt adult patients which would impact on the dental budget;

- additional capacity commissioned by the PCT may be taken up by non Bolton residents working in the area; and

- patients with unmet clinical need might not attend services due to NHS charges and the new charging system.

The presentation stated that risks were also present at PCT level which included sustaining contract activity for future periods if dentists exited the NHS, value for money and protecting charge income and contractor capacity if demand increased.

Members discussed the implications of check-ups moving from every six months to every two years. They were assured that these guidelines were there for the majority of the population. However, in cases where patients were at risk or were classed as being in a specialist group more frequent check ups would be provided.

Members discussed the ways in which data could be collected due to the end of the standard registration

techniques.

Resolved - That the report be noted.

22. FINANCIAL UPDATE

Mr. C. Dunn, Director of Finance, Bolton Hospitals NHS Trust submitted a report which updated members on the current financial state of the Royal Bolton Hospital.

The report advised that, although there had been a small amount of slippage against the in year savings plan the Trust was currently within budget. This was a significant improvement on recent years.

However, there remained significant challenges around the implementation of the remaining saving schemes planned for later in the year and the financial results from the sale of the Fall Birch Hospital site remained uncertain.

Resolved - That the update be noted.

23. 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 - That the Scanning Report be noted