

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

MEETING, 28<sup>TH</sup> JULY, 2015

Present – Councillors Mistry (Chairman), C. Burrows (Vice-Chairman), Darvesh, Mrs. Fairclough, Francis, Graham, Greenhalgh, Iqbal, Martin, Morgan, Murray, Richardson and Wilkinson.

### Also in attendance

Councillor Cunliffe	-	Cabinet Member for Public Health and Safeguarding Children
Councillor A. Ibrahim	-	Cabinet Member for Adult Safeguarding and Adult Social Care
Ms. S. Long	-	Clinical Commissioning Group
Mr. J. Livesey	-	Acting Director of Children's and Adult Services
Mr. A. Crook	-	Assistant Director Integration and Provider Services
Dr. J. Bene	-	Bolton NHS Foundation Trust
Mr. D. Smith	-	Acting Assistant Director Children's and Adult Services
Mrs. V. Ridge	-	Deputy Democratic Services Manager

Apologies for absence were submitted on behalf of Councillors Bashir-Ismail, Irving, Jones and Mrs. Thomas (Executive Cabinet Member Deputy Leader's Portfolio) and Ms. S. Hilton and Ms. W. Meredith.

Councillor Mistry in the Chair.

## **6. MINUTES OF THE PREVIOUS MEETING**

The minutes of the meeting of the Committee held on 16<sup>th</sup> June, 2015 were submitted.

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

## **7. THE COMMITTEE WORK PROGRAMME 2015/2016**

The Borough Solicitor submitted a report which set out the remit of the Committee and also put forward a proposed work programme for 2015/2016.

Resolved – That the proposed work programme for 2015/2016 be approved.

## **8. UPDATE ON GREATER MANCHESTER DEVOLUTION AND LOCALITY PLAN**

Ms. S. Long, from the Clinical Commissioning Group, gave a presentation to members which provided an update on the Bolton 5 Year Locality Plan which had been developed by the Clinical Commissioning Group, the Bolton NHS Foundation Trust and Bolton Council.

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

- What was the Locality Plan;
- The Greater Manchester 'ask';
- The Bolton Vision;
- The case for change;
- The ambition; and
- How the ambition would be delivered.

Members were also advised that Locality Plan was across Greater Manchester and it was intended to try and bridge the gap and bring down money from the Comprehensive Spending Review. It would also give greater responsibility at a local level.

Resolved – That the presentation be noted.

## **9. UPDATE ON HEALTHIER TOGETHER**

Ms. S. Long, Clinical Commissioning Group circulated a paper which provided an update on the Healthier Together Programme.

Members were advised that prior to the Healthier Together consultation, commissioners decided that there should be at least three single services in Greater Manchester which were Salford Royal, Central Manchester Hospitals and the Royal Oldham. These would specialise in general surgery and emergency medicine due to the existing clinical services they currently provided and to ensure all areas in Greater Manchester had equitable access to specialist services. Each of these hospitals would work in a single service with other neighbouring hospitals in Greater Manchester.

The Healthier Together Committees in Common (CiC) which was the decision maker for Healthier Together and was made up of GPs from each Clinical Commissioning Group (CCG) also agreed that the implementation of four single services would be the best way to deliver hospital services in Greater Manchester to improve standards of care and save more lives. Consequently, a meeting of the CiC was held on 15<sup>th</sup> July, 2015 where it was unanimously decided that Stepping Hill Hospital in Stockport would be the fourth hospital in Greater Manchester.

Members were informed that the key reason for choosing this hospital was the promise made during the consultation that the travel time in an ambulance should be less than 45 minutes to the specialist site for someone who needed high risk surgery and there were communities which used Greater Manchester Hospitals in the south of the region that would not have otherwise had this standard met for them. It was also explained that the arrangements focused on high risk general surgery and most Bolton people would still use Royal Bolton Hospital for the majority of their hospital services. The estimated number of people from Bolton who would travel to Salford for high risk general surgery in a year was 1,400.

In conclusion, it was envisaged that the preparation for implementation start-up would commence in September, 2015

with a focus on the configuration of the first 'single service'. It was only when the first 'single service' had been established would the subsequent three 'single services' then be rolled out. This would enable appropriate processes, assurances and lessons learned to drive the roll out of the further three single services across Greater Manchester.

Following the presentation, the following comments/observations were made:-

- Concern regarding the travel time and whether it was an achievable target;
- The decision on the fourth hospital was taken by people outside of AGMA;
- The impact on the Accident and Emergency Unit at the Royal Bolton Hospital; and
- Had the decision been challenged?

Resolved – That the update be noted.

## **10. NEW STANDARDS AND CHANGES TO GP PRACTICES**

Ms. S. Long, Clinical Commissioning Group, gave a presentation and circulated a paper which outlined the new standards and changes to GP Practices.

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

- Current resource issues for GP services;
- The Bolton Quality Contract;
- The nineteen standards which had been developed with member practices;
- The evidence from referrals meeting;
- Patient experience;
- Issues associated with mental health;
- Health improvement;
- Screening;
- The decision making process;
- The business case; and
- The progress/success made to date.

In conclusion, members were advised that all 50 GP Practices had signed up to the contract and submitted their plans, with the contract commencing in April, 2015. In terms of the financial implications, it was intended that the Quality Contract would pay for itself. There was potential to deliver 100% return on investment in year 1, with additional longer term benefits to population health that the focus on prevention and early intervention would bring.

Resolved – That the presentation and update be noted.

## **11. BOLTON NHS FOUNDATION TRUST QUALITY REPORT**

Dr. J. Bene, Bolton NHS Foundation Trust submitted the Trust's Quality Report and gave a presentation on the main issues contained within it.

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

- The performance of the Trust during 2014/2015;
- Statistical information in relation to mortality rates;
- Statistical information in relation to the targets for clostridium difficile; pressure ulcers; and falls;
- The performance of the Accident and Emergency Unit;
- Performance of the workforce; and
- The priorities for 2015/2016.

Resolved – That the report and presentation be noted.

## **12. MEMBERS BUSINESS**

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

- (a) The Executive Cabinet Member Deputy Leader's Portfolio held on 8<sup>th</sup> June and 6<sup>th</sup> July, 2015; and
- (b) Health and Wellbeing Board held on 8<sup>th</sup> July, 2015.

Resolved – That the minutes be noted.

(The meeting started at 5.30p.m. and finished at 7.05 p.m.)