

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

MEETING, 18<sup>TH</sup> JULY, 2023

Present – Councillors Veevers (Chairman), Morgan (Vice-Chairman), Ali, Atcha, Barnard, Hon, Aalaina Khan, Livesey, Morris (as deputy for Councillor Patel), Morrissey, Rotheram, Sanders, Shaikh, Taylor-Burke (as deputy for Councillor Eckersley-Fallon), Tighe (as deputy for Councillor Cowen), Webb (as deputy for Councillor Moller), Wilkinson and Wright.

Lay Member

- Ms. B. Gallagher - Bolton and District Pensioners Association
- Ms. A. Schenk - Health Watch Bolton.

Also in attendance

- Councillor Mrs. Thomas - Executive Cabinet Member for Adults, Health and Wellbeing.
- Ms. L. Donkin - Director of Public Health
- Ms. F. Noden - Place Based Lead, Chief Executive of Bolton NHS Foundation Trust
- Mr. I. D. Mulholland - Deputy Democratic Services Manager

Apologies for absence were submitted on behalf of Councillors Patel, Moller, Eckersley-Fallon, Dean and Cowen and Ms. S. Hilton from Age UK, Bolton.

Councillor Veevers in the Chair.

**1. MINUTES OF PREVIOUS MEETINGS**

The minutes of a meeting of the Committee held on 29<sup>th</sup> March, 2023 were submitted. Also submitted were the minutes of the informal meeting held on 4<sup>th</sup> July, 2023.

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

## **2. THE COMMITTEE WORK PROGRAMME, 2023/24**

The Committee received a report which set out the proposed work programme for the ensuing Municipal Year, following discussions with members at the previous informal meeting.

Resolved – That the work programme be approved but the, End of Life Care including Bolton Hospice, item be moved to the meeting to be held on 25<sup>th</sup> October, 2023.

## **3. PUBLIC HEALTH ANNUAL REPORT**

Ms. Lynn Donkin, Director of Public Health submitted her annual report for 2022.

In her accompanying presentation, members were reminded that the publication of the report was a statutory obligation and provided an independent assessment of the health and well-being of the population.

The meeting was informed that Covid had highlighted the important role of communities and local action, Bolton's population was growing and was more diverse, the cost of living had changed how people supported themselves and others, Bolton Locality Board was forming and brought new opportunities to work together to improve outcomes and there was an established evidence base for action to address inequalities.

The meeting was also informed of the factors that made us healthy – socio economic conditions, lifestyle behaviours and chronic conditions and that life expectancy was declining and showed a gradient with an 11 year gap.

The meeting was also advised of the health conditions that accounted for the life expectancy gap in Bolton and health / lifestyle behaviours account for much of the difference and,

### F3

most importantly, the wider determinants such as housing and income.

There was also a focus on mental health and wellbeing and understanding the local picture. People were struggling but Bolton had lots of assets.

The presentation concluded with the highlighting of the report's eight recommendations and informing of the next steps.

Members in their deliberations referred to –

- The difference in life expectancy with mental health issues and Greater Manchester Mental Health Scrutiny in this regard;
- Matters around the national average in England, Wales and Scotland regarding life expectancy and mental health;
- The vulnerable people in the town centre;
- Causes of life expectancy variations;
- The GM Commission into anti-poverty and the free travel issue;
- It being a good informative report;
- The number of people who were struggling in the Borough;
- Statistics in the report compared to the national averages;
- Mental health – gathering insight information;
- Matters around the 26,000 unpaid carers;
- Effectiveness of outcomes and being able to make a difference;
- Matters concerning veterans, CAMHS (Child and Adolescent Mental Health Services) was stretched and support in this area;
- The recommendations in the report and the programme going forward.

Resolved – That's Ms Donkin be thanked for the report and the accompanying presentation.

#### **4. HEALTHWATCH ANNUAL REPORT**

The Committee received the Healthwatch Bolton annual report for 2022/23 and also received a presentation from Ms. Ann Schenk, lay member of this Committee from Healthwatch Bolton.

Members were informed about the project to make cancer screening more accessible, the smears means years project. This had reached out to deprived and hard to reach communities and 75 were carried out. Also 259 health checks were carried out in community settings. The project was innovative and allowed things to be done differently.

The meeting was also informed of matters around access to NHS dentistry and the impact on health and well-being. This was the top theme of all the enquiries that Health Watch Bolton received and people said that they were still unable to access a dentist taking on NHS patients in Bolton. 52% of respondents did not have access to either a NHS or private dentist. Only 30% had access to a NHS dentist. 45% said that it had impacted on their physical and mental wellbeing. The meeting was also advised of the Health Watch recommendations in this regard.

Ann Schenk also advised of matters around the information, advice and guidance service which was provided and how people have been helped recently in relation to find dental care and GP access.

Members were advised that 887 people had shared their experiences of health and social care with Health Watch. 266 people came for clear advice and information on topics. Health Watch had published five reports about the improvements people would like to see in their health and care services.

Ann Schenk also highted the funding for Health Watch Bolton which came from the Local Authority and was £151, 523.

In conclusion, the priorities for 2023/24 were mentioned, viz-

## F5

- Access to care working with Bolton Deaf Society;
- Menopause and information;
- maternity services;
- support the cervical cancer screening outreach project; and
- work with Health Watch in Greater Manchester and Greater Manchester integrated Care Board.

Members in their deliberations referred to-

- dentistry survey and information and how elected members could help;
- The smears means years project and working with different groups and eligibility for screening within the national programmes;
- access to dentistry for the elderly and those in residential accommodation;
- there being many preventive issues and also matters around backlogs. Also issues of people self-medicating and the elderly didn't want virtual appointments;
- matters around the loss of the physical base of Health Watch Bolton;
- work at the University;
- the priorities for 2023/24 that related to men's health;
- Health Watch being on top of the projects which were important to people;
- Women and regular smear tests (cervical screening);
- dentistry – schools and university pathways; and
- Health Watch funding issues.

Resolved – That Ms. Ann Schenk be thanked for the report and the accompanying presentation.

## **5. MEMBERS BUSINESS**

The following question was submitted by Bernie Gallagher, Lay Member (Bolton and District Pensioners Association) in accordance with Standing Order 36 and the response was

prepared by Helen Wright, Strategic Commissioning Manager  
Elective Care (Bolton).

**Q.**

NHS Wheelchair Service

One of our members had asked me to raise the issue of Bolton Wheelchair service which he had recently discovered was no longer provided by the NHS. He had been told the service had been privatised and now operated from Leeds.

He and his partner had used this service for their son for almost 30 years and rated it as A star. Whenever there was a problem, the phone was answered promptly, usually by a friendly person who knew their son. The response was often within the day but no later than the day after. The person who came to fix the wheelchair also knew their son and had a chat with him. An all-round customer focused service with speedy response times.

**A.**

**Bolton response:**

Thank you for your query regarding The Bolton Wheelchair Service.

We had investigated the matter with the service provider, Bolton NHS Foundation Trust and they had provided the following answers to the questions.

If you had any further queries, please do not hesitate to contact us.

Questions and Answers

Q1. Why had a key service performing at a very high standard been privatised?

A. The Bolton Wheelchair Service had not been privatised. Regarding the Wheelchair Repair Service – this was currently provided by the Trusts iFM Division (and had been for many years). Unfortunately, over the past 2 years iFM had

## F7

experienced difficulty in recruiting engineers to vacant posts and had subsequently been unable to respond to repair requests within the agreed timeframes. To help resolve this issue, iFM had utilised the service of an external company to assist with repairs and maintenance to wheelchairs. The clinical service currently remained unchanged.

Q 2. What were the savings in making this move or would the cost to the NHS increase?

A. There was no associated impact on NHS costs/ savings.

Q 3. What would happen to the staff who currently ran the service?

A. There was no change in the staffing model for the wheelchair service.

Q 4. How could a Leeds based service provide a better service than one provided locally.

A. Currently there was no 'local' repair service available – due to the issue highlighted above; the external company was based in Leeds but was completing Bolton work as per the iFM repair service: i.e. repairs were completed in Bolton with only exceptional circumstances requiring completion at Leeds.

Q 5. what happened to equipment, property etc. currently in Bolton.

A. There was no change to any equipment or property related to the wheelchair service.

Q 6. Would there be any change in the role of the physio who was closely involved with wheelchair users?

A. The Bolton Wheelchair Service remained unchanged regarding clinical staffing.

Q 7. Was there any consultation with service users and their families?

A. There had been no reason to consult with service users as the Wheelchair Service model remained unchanged; timely repairs were still offered regardless of the repair service being Leeds-based.

Q 8. How was this change of service delivery agreed?

A. The external company had been commissioned via iFM to assist due to lack of staffing in the repair service; there was no change to service delivery.

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

- (i) Executive Cabinet Member Adult Social Care held on 6<sup>th</sup> April, 2023.
- (ii) Executive Cabinet Member Wellbeing held on 6<sup>th</sup> April, 2023.
- (iii) Executive Cabinet Member Adults, Health and Wellbeing held on 12<sup>th</sup> June, 2023.

Resolved – (i) That the members question and the minutes of the various meetings be noted.

(ii) that in terms of the members question, additional information be sought regarding was use of the Leeds based company for repair and maintenance of wheelchairs temporary while engineers are recruited locally?

(The meeting started at 6.00pm and finished at 7.50pm)