
HEALTH OVERVIEW AND SCRUTINY COMMITTEE

1ST AUGUST 2006

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

Councillor Clare Adults' Health - Executive Member for Social Care and

Councillor Morris Trust - Chair, Bolton Hospital

Also in attendance:-

Ms. B. Andrews Services, - Director of Corporate Hospital Trust

Ms. J. Hutchinson Health - Director of Public

Ms. J. Wright Trafford - Bolton, Salford and Mental Health Trust

Ms. L. Dormer - Bolton Hospitals Trust

Ms. A. Gannon Older People - Assistant Director,

Mr. S. Fazal Children's - Assistant Director of Services

Ms. J. Holt ordinator, Bolton PCT - Food Strategy Co-

Dr. L. Smith Management, Manchester - Public Policy and University of

Mr. R. Landon Services	-	Head of Democratic
Mr. N. Aspey Services Officer	-	Senior Democratic
Miss. K. Treadwell Services Officer	-	Trainee Democratic

Councillor Councillor Morgan in the Chair

Apologies for absence were received from Councillors Hamilton, R. Ronson, A.Wilkinson and Dr. Fillingham.

9 MINUTES OF THE LAST MEETING

The minutes of the meeting of the Health Overview and Scrutiny Committee held on 13th June were submitted and signed as a correct record.

With respect to attendance at the meeting on 13th June, 2006 it was stated that the minutes should be amended to include Councillor Mrs. Rothwell as in attendance.

10 MINUTES OF THE SPECIAL MEETING HELD ON 27TH JUNE, 2006

The minutes of the Special Meeting of the Health Overview and Scrutiny Committee held on 27th June, 2006 were submitted and signed as a correct record.

With respect to attendance, it was stated that the minutes should be amended to include Councillor J. Silvester in the apologies for absence.

With respect to, Minute 8, it was stated that the reduction in beds at the Royal Bolton Hospital meant that there would be spare facilities not, as was minuted, that wards would be updated.

11. RECONFIGURATION OF OLDER PEOPLE'S MENTAL HEALTH WITHIN INPATIENT SERVICES AND DAY HOSPITAL SERVICES IN BOLTON

Ms. J. Wright, Bolton, Salford and Trafford Mental Health Trust, submitted a report which detailed the consultation process and proposals for change affecting Older People's Mental Health Services and their impact for patients in the local area.

The report stated that it was proposed that the bed compliment on J1 and J2 Wards of Belmont Day Hospital be reduced to enable refurbishment to take place to meet the requirements of safety, privacy and dignity standards. The Proposal maintained existing Inpatient capacity in line with the Service demand experienced in the last year.

Members were informed that the Proposal also enabled the development of a hub and spoke model of Day Care Services for Older People with mental health problems whilst maintaining capacity at current levels of demand experienced in the last year.

The report stated that their had already been a significant amount of informal consultation on the development of the model of service and the proposed services changes. Members were informed that formal consultation would take place from 1st August, 2006 to 13th October 2006 with the outcome being reported to the statutory bodies at their board meetings in November, 2006.

Members inquired as to what would happen to the J2 ward. The Committee was informed that as the J2 Ward was on the top floor of the Hospital plans were underway to utilise the ward in a way where public access was not required. Accordingly, the Hospital planned to move consultants officers to this floor.

It was also explained to members that, once the refurbishment of the wards had been completed, members of the Committee would be invited to view the changes.

Resolved – (i) That the proposals be endorsed as being in the interest of service users of the local mental health and social care service.

(ii) That the consultation process outlined in the report be endorsed.

(iii) That a report be submitted to the November,

2006 meeting of the Committee on the outcome of the consultation.

12 FLU EPIDEMIC AND WINTER PRESSURES - PCT

Ms J. Hutchinson, Director of Public Health, submitted a report and gave a presentation which defined what constituted a flu pandemic, how a pandemic would affect Bolton and the preparations in place to cope with such an event.

The report advised that there was no certainty about when a pandemic may occur. Therefore it was wise for all agencies to develop their plans now.

The report stated that Pandemic flu may not necessarily be 'bird flu'. The 'normal' flu virus mutated all the time which was why it was not possible to have immunity to next year's strain. Members were informed that it was possible that the next pandemic could be caused by the mutation of the 'normal' seasonal virus or by a version of 'bird flu'. Therefore, it could not be predicted what the particular strain would be until it actually occurred.

It was explained to members that it was prudent to emphasise the importance of improving the uptake of the seasonal flu vaccine, since being infected with the two strains could potentially be serious. The report stated that, in Bolton, GPs had been written advising them of possible delays in supplies reaching surgeries and reminded them of the prioritisation criteria which recommended the vaccine be given to everyone over the age of 65 and anyone in a clinical risk group.

Members were advised that planning assumptions had been based on previous pandemics and modelling of the current H5N1 virus. This had led to predictions that 35% to 50% of the population may be affected. Members were informed that this would have a severe impact on health and public services, could lead to schools being closed, mass gatherings being banned and travel restrictions imposed. Members were further advised that a vaccine was unlikely to be available for four to six months after first cases were confirmed so access to anti-viral drugs would be important. The UK was stocking an anti viral drug to cover 25% of the population in preparation for a pandemic.

Members were informed that infection control had assumed a greater importance in the light of the limitations of both anti viral drugs and the vaccine. In Greater Manchester, infection control guidance had been developed for primary care health settings, Universities/Colleges, Prisons etc. In addition, a national and local campaign had been prepared to remind people of the 'coughs and sneezes spread diseases' message.

In conclusion, the report stated that the PCT, in conjunction with the Hospital Trust, had produced the annual winter plan to address the expected surges in demand that the winter placed on the health service. Members were informed that, although winter plans were updated and improved annually, during a time when a flu pandemic might occur such plans were important and supported ongoing work regarding preparedness for a flu pandemic.

Members discussed how GPs would deal with the amount of home visits that may be required of them if a pandemic occurred. It was stated that a phoneline, dealing with enquiries specific to the Pandemic, could be set up to help with diagnosis and to identify the appropriate medical attention needed for the individual.

Members also enquired what contingency plans were in place in case many medical staff became infected. Members were informed that the CVS would be called in to support existing members of staff if such an event occurred. Members were further informed that if a shortage of staff occurred in frontline services within the Council members of staff from other departments would be temporarily redeployed.

Resolved – That the report be noted.

13 PREGANCY TERMINATION RATES

Ms J. Hutchinson, Director of Public Health, submitted a report which informed members of how abortion services were provided and the choices available. It also analysed figures for abortion rates in relation to the size of the population.

The report stated that a woman seeking termination of pregnancy in Bolton would be referred to the PCT Referral and Booking Management System (RBMS). This service had dedicated phoneline advisors who allocated

appointments to patients based on availability and gestation. The report advised that the PCT provided terminations of pregnancy at a number of different providers which included the Royal Bolton Hospital, the British Pregnancy Advisory Service, Marie Stopes International and South Manchester Private Clinic. Members were informed that these providers offered a range of procedures that may be used to terminate a pregnancy depending on the duration of gestation and the circumstances of the individual woman. The report added that women who required an abortion must be offered a timely referral for a procedure as evidence showed that the risk of complications increased the later the gestation.

The report stated that, in 2005, 960 women in Bolton had a termination of pregnancy. It was explained to members that this absolute figure could only be interpreted in relation to other factors such as size of population. Therefore, in considering the Abortion Statistics for England and Wales, 2005 in relation to Bolton, the abortion rates per 1,000 women needed to be examined.

It was explained to members that the rate of abortions per 1,000 women, resident in Bolton and aged 15-44 years of age, was 19 per 1,000. However, this figure was not as high in places such as, North or Central Manchester.

The report stated that Bolton was particularly strong in the provision of sexual health services for young people. The Parallel, a centrally located drop-in health centre for young people, had been recognised as an example of national best practice and the Regional Co-ordinator for Teenage Pregnancy in the North West had praised the Partnership working regarding sexual health services.

Resolved – That the report be noted.

14 CHILDHOOD OBESITY

The Director of Legal and Democratic Services submitted a report which outlined the specific recommendations for each of the Stakeholders involved in the Review Into Childhood Obesity in Bolton. It also gave an indication of the content of the response of stakeholders.

Responses were received from the following stakeholders:

- PCT;

- Adult Services;
- Children's Services; and
- Environmental Services.

Members discussed the amount of schools that had introduced the Healthy Schools Programme and expressed concern over those who had opted out of the Programme. However, members were advised that some of the schools who had opted out had done so because they had already implemented their own healthy eating plan.

Members also discussed the importance of teaching pupils how to cook nutritionally sound meals. Members felt that such a life skill should play a larger role within Food Technology lessons in Schools. The lobbying of local MPs and the Health Minister concerning this issue was also referred to by members.

Members were concerned that not all of the Review's recommendations had been responded to by all the stakeholders and requested that a formal response should be made to the next meeting by all stakeholders on the following:

- Recommendation 5: continue to evaluate and develop new menus - response from Children's Services;
- Recommendation 7: maximise the beneficial health impact of food consumption in schools – response from Children's Services;
- Recommendation 8: maximising the achievements of the 5 a day scheme – response from Children's Services;
- Recommendation 11: schools to be encouraged to explore ways of introducing basic cooking skills and addressing healthier eating in their lessons – response from Children's Services; and
- Recommendation 15: developing joint working to address childhood obesity – response from Children's Services.

Resolved – That a further report be submitted to the

Committee setting out the formal response to those recommendations not yet responded to.

15 MRSA UPDATE

Ms. B. Andrews, Director of Corporate Services Hospital Trust, submitted a report which outlined the Trust's approach to infection control, detailed the action currently being taken and gave the Trust's current performance.

The report stated that the Trust recognised the public concern regarding Hospital Acquired Infections (HACI). However, a higher proportion of the public were at risk from clostridium difficile, E Coli and MSSA which were more often than not community acquired but had less public awareness the report stated. Therefore, the report explained that, whilst accepting the public's concern on MRSA, its link to clean environments and hand washing were looking to combat all Hospital Acquired Infections.

The report stated that clearly designated roles had been given for infection control accountability. Effective containment of all Diarrhoea and Vomiting outbreaks in 2005/06 had occurred and a significant reduction in the requirement to close beds over the winter period compared with 2004/05.

The report also advised that in 2005/06 a decrease was seen in the numbers of MRSA cases. However, this did not meet the National Target to reduce MRSA bacteraemia to 28. The report stated that the Trust's target for 2005/06 was a total of 21 bacteraemia and included the reduction of 6 from last year. The report added that from a national perspective the Trust was seen as improving, although it missed the National Target, as it had a reduced rate against increasing activity and reduced bed base which had caused an increase in other hospitals.

Members were informed that a framework for infection control performance improvement was in the process of being implemented. The report added that the Trust also aimed to improve monitoring information for divisions and wards. Members were informed that clinical engagement and accountability at every level in the organisation was present and non clinical colleagues were being informed and equipped with the knowledge to work effectively in a health care environment.

Members discussed which patients were tested for MRSA. Members were informed that high risks patients would be screened preadmission to the Hospital for MRSA and, if necessary, the appropriate treatment would be given. Members were also informed that any homecare staff or district nurses would be aware of any discharged patient still carrying MRSA in their charge.

Members also commented upon the importance of Hospital Staff refraining from wearing uniform after their shift finished to avoid the spread of HACIs and encouraging the visible washing of their hands on wards.

Resolved – That the report be noted.

16 SCANNING REPORT

The Director of Legal and Democratic Services submitted the Scanning Report which set out the significant new issues relevant to the Committee. The Work Programme was also submitted for information.

Members requested that the following items on the Scanning Report be considered at a future meeting:-

- relocation of Cancer Services to Hope Hospital;
- £750 million in extra funding for community hospitals;
- respiratory Treatments; and
- Herceptin Tests in Bolton.

Resolved – That the suggested items be agreed for inclusion in the work programme.

17 GP'S SCRUTINY PANEL

Mr. N. Aspey, Democratic Services, updated members on the progress of the GPs Scrutiny Panel.

Members were informed that the meeting of the Panel had been delayed due to the recent changes of the membership. However, a meeting was scheduled for 9th

August, 2006 at which a scoping exercise would take place to enable the Panel to commence its work.

Resolved - That the update be noted