

Health Overview and Scrutiny Committee

Tuesday, 13 December 2016, County Hall - 9.30 am

Minutes

Present:

Mr A T Amos, Mrs J L M A Griffiths, Mr A P Miller,
Mrs F M Oborski, Mrs M A Rayner, Ms T Biggs,
Dr B T Cooper, Mrs A T Hingley and Mrs F S Smith

Also attended:

Richard Yeabsley, NHS England
Michelle Deenah, NHS England
Andrew Sant, Worcestershire Health and Care NHS Trust
Melanie Roberts, Worcestershire Health and Care NHS
Trust
Peter Pinfield, Worcestershire Healthwatch

Dr Frances Howie (Director of Public Health),
Samantha Morris (Overview and Scrutiny Officer) and
Jo Weston (Overview and Scrutiny Officer)

Available Papers

The members had before them:

- A. The Agenda papers (previously circulated);
- B. Presentation handouts for 7 and 8 (circulated at the Meeting)
- C. The Minutes of the Meeting held on 16 November 2016 (previously circulated).

(Copies of documents A and B will be attached to the signed Minutes).

818 Apologies and Welcome

Apologies had been received from Councillors Baker, Grove, Hill, Vickery and Wood-Ford.

819 Declarations of Interest and of any Party Whip

Cllr Frances Smith declared that Cllr John Smith was her husband and Cabinet Member with Responsibility for Health and Well-Being.

820 Public Participation

None.

821 Confirmation of the Minutes of the Previous Meeting

The Minutes of the Meeting held on 16 November 2016 were agreed as a correct record and signed by the Chairman.

**822 Dentistry
Services in
Worcestershire**

Attending for this Item from NHS England were:

Richard Yeabsley, Head of Commissioning
Michelle Deenah, Senior Contracts Manager

The HOSC Chairman introduced the Item by reminding Members of the implications of the closure of St Johns Dental Practice in Worcester in May 2016 and, in the knowledge that a wider dental review was being undertaken by NHS England, the request for Officers to attend to provide an overview of dentistry services in Worcestershire.

Members were reminded that there are two types of dental contract:

- General Dental Services (GDS) – usual contract
- Personal Dental Services (PDS) – time limited contracts to supply a need in a specific area, which at the end of the contract has three possible routes:
 - to be re-procured
 - to do nothing and therefore the contract and service is ended
 - to elect to transfer to a GDS

In relation to St Johns Dental Practice, although the opportunity to convert to a GDS contract was given, it was not taken up and therefore the PDS contract ceased and the Practice closed.

When asked what lessons had been learned from the St Johns experience, it was reported that a comprehensive strategy with a procurement and negotiation programme had been developed and implemented across the West Midlands, which there hadn't been available at the time of the closure of the St Johns dentist.

In Worcestershire, 9 PDS time limited contracts were due to end by April 2017 and conversations with current providers were already taking place with decisions expected to be taken early in 2017.

Members were disappointed that Officers could not provide a more detailed overview of Dentistry in the County at the meeting and requested further information be circulated for consideration.

However, in the ensuing discussion, the following key points were raised:

- The Head of Commissioning recognised that public access to information on dentists was not

823 Pharmacy Services in Worcestershire

as detailed as it should be and standards and competencies between Practices may differ, however, patients can access information about individual Dentists and their qualifications from the NHS Choices website. In addition, many Practices had websites which gave further detail on individuals

- Some Members believed that children were missing out on good dental care due to a number of factors, including the lack of regular visits by family members, for example due to cost. In response, the Council's Director of Public Health advised Members that one of the Directorate's duties was around promotion of good oral health and was particularly highlighted through the Health Visitor service and visits to Schools
- In relation to public engagement, NHS Officers agreed that they need to be clearer with those with whom they contract on how to engage with the public throughout the term of a contract. Examples were given whereby charges were not clearly displayed, or when there was confusion as to whether treatment was NHS or private
- It was clarified that Practices administered their own service as they saw fit, and NHS England was not involved at a local level, which was why there was discrepancy in the way in which each Practice operated, particularly in relation to how appointments were made and how patients were informed or reminded
- Although it was acknowledged that the number of larger organisations operating Practices was increasing, it was not NHS England's intention to contract with only those companies, rather it was vital to consider quality over quantity

The Chairman requested NHS England representatives return in six months to provide an update on the Worcestershire PDS contracts under consideration.

Richard Yeabsley, Head of Commissioning and Michelle Deenah, Senior Contracts Manager from NHS England were present for the discussion.

Although the Department of Health had announced cuts to community pharmacy budgets, the Committee heard that there was no plan to remove access to Community Pharmacy and NHS England saw it as a growth area as Pharmacies were increasingly taking on more work, such as administering immunisations (i.e. flu jab) and providing more advice and guidance to the public.

To mitigate potential cuts, 14 Pharmacies in Worcestershire will be able to access Pharmacy Access Scheme funding, in essence protecting them from any reduction in future funding. Although a list had been provided, the locations were unclear. Members asked for clarification and were also advised that there was an appeal process if it was felt the geographical spread of Pharmacies was not sufficient.

Other funding was also available as new ways of working evolved, such as working with GP Surgeries and NHS 111, in addition to providing more self-care services (for example for patients with Asthma or Dementia) in order to potentially reduce hospital admissions.

During the discussion that followed, points raised included:

- Members were concerned about access to pharmacy services in rural areas, especially for those who are single or without transport and although 14 pharmacies had been highlighted for access funding, it was felt the geographical spread may not be sufficient and it was disappointing that no local Member engagement had been undertaken beforehand
- It was clarified that repeat prescriptions can be administered by Pharmacists, however, a GP is the prescriber. In addition, prescribed medications can vary across brand and may be a generic drug unless a brand is specified by a GP
- For those Pharmacists who wish to undertake additional services, such as self-care and immunisations, there is a requirement for the premises to have a private room to ensure patient privacy
- The Director of Public Health directed the Committee to the Health and Well-being Board's Pharmaceutical Needs Assessment which found no evidence of needing additional pharmacies in Worcestershire. The Director also highlighted the Public Health work that Pharmacies undertake, such as promoting healthy living and supplying the morning after pill
- The Chairman of Healthwatch Worcestershire commented that the work of pharmacies would be key in the coming years as the newly published Sustainability and Transformation Plan put increasing emphasis on community health and well-being.

The Chairman thanked those present for a useful

824 Fast Food Outlets and Health

discussion, and requested an update in 6 months' time. It was agreed that the HOSC would be provided with a list of pharmacies and specific locations.

Following a recent report from Public Health England, the Director of Public Health gave an overview of fast food outlets and the impact on health and obesity.

Discussion points included:

- It was reported that although fast food covers a range of outlets, it was noted that some outlets may be classed as bakeries instead
- It was not surprising that of the 12 Worcestershire wards that had more than 10 outlets, all were in urban centres
- The percentage of adults aged over 16 who were classified as obese was increasing, with 65.5% of Worcestershire now falling into that category. The subsequent health impact was discussed and recent trends in diet were noted
- There was no proven link between fast food outlets and obesity, however, society and lifestyle was ever changing. Work within Schools was vital, however, parents also had a role to play in educating young people about healthy living
- The HOSC could play a role in promoting healthier lifestyles and working together with stakeholders to promote new ways of working. This could involve District Councillors influencing Planning guidance for example
- In relation to the sale of Alcohol, changes to licensing now allow health objections for applications
- Members fully supported the Director in efforts to improve healthy lifestyles across the County, however, appreciated that change will not be instant, rather seen over a number of years.

825 Stroke Services - Community Specialist Rehabilitation

Attending for this Item from Worcestershire Health and Care NHS Trust (WHCT) were:
Andy Sant, Medical Director
Mel Roberts, Service Delivery Unit Lead for Community Care South Worcestershire

The Committee received a presentation on the proposals for change for Stroke Services - Community Specialist Rehabilitation Services.

Community Specialist Rehabilitation Services is the pathway for patients following a period of time with

Worcestershire Acute Hospitals. For stroke patients, WHCT currently provide 32 specialist stroke rehabilitation beds across 3 Worcestershire sites:

- 8 at the Princess of Wales Community Hospital, Bromsgrove
- 8 at the Timberdine Community Unit, Worcester
- 16 at the Evesham Community Hospital.

Stroke Consultant cover at the 3 sites is already being provided by two organisations and there is often a reliance on locums to cover shifts. Stroke admissions to Timberdine and Evesham have had to be closed on several occasions since April 2016. The picture in Worcestershire is not unique and there are national shortages of Stroke Consultants, with less than 1,000 across the UK.

The County's Stroke Strategy Forum has recommended that all stroke specialist rehabilitation beds be centralised on one site to ensure safe services remain available. It would also provide an opportunity to create a centre of excellence and provide increased opportunities for staff.

Evesham Community Hospital provides the best opportunity to meet this proposal, with 32 beds available. The existing beds at Bromsgrove and Worcester are proposed as general rehabilitation beds.

A six week engagement exercise will take place with Staff, stakeholders and the general public via a number of forums, with the hope to start the new service from mid February 2017.

In the ensuing discussion, the following main points were made:

- It was clarified that the proposals only affected stroke rehabilitation beds, not Acute beds
- Transportation to and from Evesham for visitors was highlighted as a concern as the average length of stay was 30 days
- When asked whether the current model was preferred if resources were available, it was reported that neighbouring Authorities were also experiencing problems with recruitment, therefore there was no alternative
- General rehabilitation beds continued to be in demand due to demographic changes, mainly the health needs of the elderly
- When asked how the proposal fitted with the Sustainability and Transformation Plan, it was stated that care closer to home was key and

providing increased general rehabilitation beds in Worcester and Bromsgrove would support the principles

- The community teams have excellent links with the Acute Trust and are able to provide support for up to 6 weeks.

Brendan Young, representing the Worcester Stroke Forum was invited to speak and commented that he was a patient voice for stroke patients and carers who had seen much change in recent years, with increased partnership working and organisations jointly working to increase outcomes for patients.

He was optimistic about the future and noted that much progress had been made recently to maximise resources and reduce length of stay. The Community Team had received national recognition for its good practice and although he had heard concerns about transportation, referred Members to the differing community transport schemes around the County. Overall he was in total support of the proposal.

Peter Pinfield, Chairman of Healthwatch Worcestershire reminded Members that the engagement process was not consultation and to be mindful of the difference. He also reported that transport concerns was a recurring theme.

The HOSC agreed that although transport was an issue, clinical safety was paramount importance, and that the Committee was supportive of the proposals as outlined.

The Chairman thanked those present for a useful discussion.

826 Health Overview and Scrutiny Committee Round-up

The Chairman invited brief updates from Members, where it was reported that:

- A request was made to programme Health Visitor/Midwifery Services on a future HOSC Agenda
- Kidderminster was working towards becoming a Dementia friendly town
- As the next meeting involved an update from West Midlands Ambulance Service, some Members who were also Fire Authority Members were keen to explore opportunities for joint working.

The meeting ended at 12.10 pm

Chairman