

Agenda

Health Overview and Scrutiny Committee

Tuesday, 18 April 2023, 10.00 am

Council Chamber, County Hall, Worcester

All County Councillors are invited to attend and participate

This document can be provided in alternative formats such as Large Print, an audio recording or Braille; it can also be emailed as a Microsoft Word attachment. Please contact Scrutiny on telephone number 01905 844965 or by emailing scrutiny@worcestershire.gov.uk

DISCLOSING INTERESTS

There are now 2 types of interests:
'Disclosable pecuniary interests' and **'other disclosable interests'**

WHAT IS A 'DISCLOSABLE PECUNIARY INTEREST' (DPI)?

- Any **employment**, office, trade or vocation carried on for profit or gain
- **Sponsorship** by a 3rd party of your member or election expenses
- Any **contract** for goods, services or works between the Council and you, a firm where you are a partner/director, or company in which you hold shares
- Interests in **land** in Worcestershire (including licence to occupy for a month or longer)
- **Shares** etc (with either a total nominal value above £25,000 or 1% of the total issued share capital) in companies with a place of business or land in Worcestershire.

NB Your DPIs include the interests of your spouse/partner as well as you

WHAT MUST I DO WITH A DPI?

- **Register** it within 28 days and
- **Declare** it where you have a DPI in a matter at a particular meeting
 - you must **not participate** and you **must withdraw**.

NB It is a criminal offence to participate in matters in which you have a DPI

WHAT ABOUT 'OTHER DISCLOSABLE INTERESTS'?

- No need to register them but
- You must **declare** them at a particular meeting where:
You/your family/person or body with whom you are associated have a **pecuniary interest** in or **close connection** with the matter under discussion.

WHAT ABOUT MEMBERSHIP OF ANOTHER AUTHORITY OR PUBLIC BODY?

You will not normally even need to declare this as an interest. The only exception is where the conflict of interest is so significant it is seen as likely to prejudice your judgement of the public interest.

DO I HAVE TO WITHDRAW IF I HAVE A DISCLOSABLE INTEREST WHICH ISN'T A DPI?

Not normally. You must withdraw only if it:

- affects your **pecuniary interests** **OR** relates to a **planning or regulatory** matter
- **AND** it is seen as likely to **prejudice your judgement** of the public interest.

DON'T FORGET

- If you have a disclosable interest at a meeting you must **disclose both its existence and nature** – 'as noted/recorded' is insufficient
- **Declarations must relate to specific business** on the agenda
 - General scattergun declarations are not needed and achieve little
- Breaches of most of the **DPI provisions** are now **criminal offences** which may be referred to the police which can on conviction by a court lead to fines up to £5,000 and disqualification up to 5 years
- Formal **dispensation** in respect of interests can be sought in appropriate cases.

Health Overview and Scrutiny Committee

Tuesday, 18 April 2023, 10.00 am, Council Chamber

Membership

Worcestershire County Council Cllr Brandon Clayton (Chairman), Cllr Salman Akbar, Cllr David Chambers, Cllr Lynn Denham, Cllr Adrian Kriss, Cllr Jo Monk, Cllr Chris Rogers, Cllr Kit Taylor and Cllr Tom Wells

District Councils

Cllr Sue Baxter, Bromsgrove District Council
 Cllr Mike Chalk, Redditch District Council
 Cllr Calne Edginton-White, Wyre Forest District Council
 Cllr John Gallagher, Malvern Hills District Council
 Cllr Frances Smith, Wychavon District Council (Vice Chairman)
 Cllr Richard Udall, Worcester City Council

Agenda

Item No	Subject	Page No
1	Apologies and Welcome	
2	Declarations of Interest and of any Party Whip	
3	Public Participation Members of the public wishing to take part should notify the Democratic Governance and Scrutiny Manager in writing or by email indicating the nature and content of their proposed participation no later than 9.00am on the working day before the meeting (in this case 17 April 2023). Enquiries can be made through the telephone number/email listed in this agenda and on the website.	
4	Confirmation of the Minutes of the Previous Meeting To follow	
5	Community Pharmacies (indicative timing 10:05 – 10:55am)	1 - 8
6	Carenotes Electronic Patient Records Outage (indicative timing 10:55 – 11:40am)	9 - 12
7	Work Programme (indicative timing 11:40 – 11:50am)	13 - 18

NOTES

Agenda produced and published by the Assistant Director for Legal and Governance, County Hall, Spetchley Road, Worcester WR5 2NP. To obtain further information or hard copies of this agenda, please contact Emma James/Jo Weston 01905 844965, email: scrutiny@worcestershire.gov.uk

All the above reports and supporting information can be accessed via the [Council's Website](#)

Date of Issue: Thursday, 6 April 2023

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Webcasting

Members of the Committee are reminded that meetings of the Health Overview and Scrutiny Committee are Webcast on the Internet and will be stored electronically and accessible through the Council's Website. Members of the public are informed that if they attend this meeting their images and speech may be captured by the recording equipment used for the Webcast and may also be stored electronically and accessible through the Council's Website.

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

18 APRIL 2023

COMMUNITY PHARMACIES

Summary

1. The Health Overview and Scrutiny Committee has requested an overview of community pharmacy provision in Worcestershire.
2. Representatives from NHS England (NHSE) have been invited to attend this meeting.

Background

3. Community Pharmacies (CPs) are an integral part of the NHS family and every day about 1.6 million people visit a pharmacy in England.
4. Community Pharmacies are mainly situated in high street locations, in neighbourhood centres, in supermarkets and in the heart of the most deprived communities; many are open long hours when other health care professionals are unavailable. They range from large chains with shops on every High Street to small individually owned pharmacies in small communities, in the suburbs and often in deprived areas or rural settings.
5. The traditional role of the Community Pharmacist as the healthcare professional who just dispenses prescriptions written by doctors has changed. In recent years Community Pharmacists have been developing clinical services, in addition to the traditional dispensing role, to allow better integration and team working with the rest of the NHS and to provide easier access to services for patients. Medicines delivery services are not a contractual requirement however some pharmacies provide the service.
6. In August 2021, the Department of Health & Social Care, NHS England and the Pharmaceutical Services Negotiating Committee (PSNC), reached an agreement (DHSC, NHS England and the PSNC reached an agreement) for Year 3 of the Community Pharmacy Contractual Framework (Community Pharmacy Contractual Framework) which commits to the vision in the 5-year deal for pharmacy to be more integrated in the NHS, provide more clinical services, be the first port of call for healthy living support as well as minor illnesses and to support managing demand in general practice and urgent care settings.

Current Community Pharmacy (CP) Structure in Worcestershire

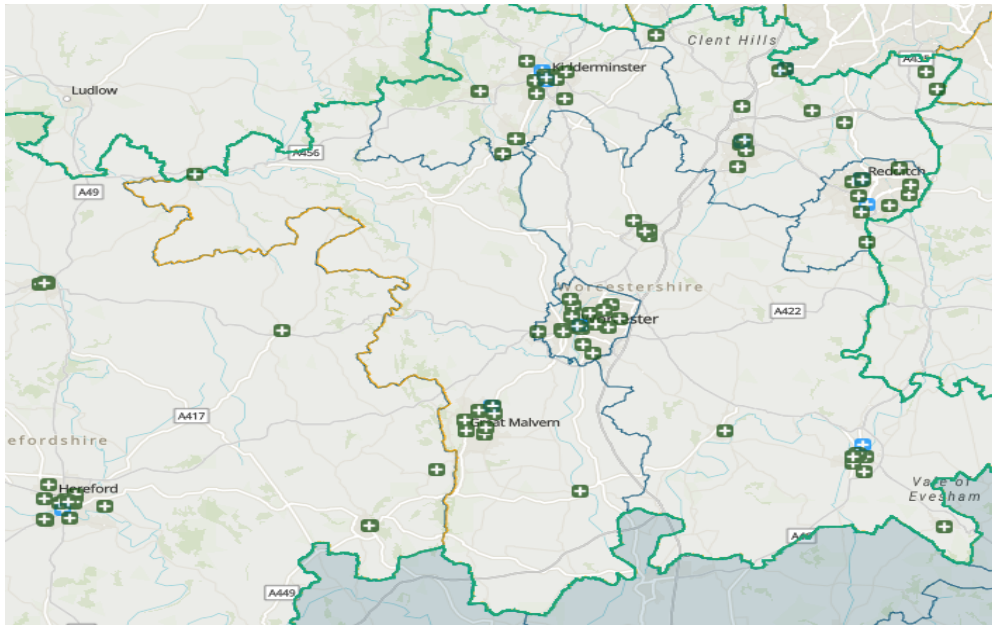
7. There are 122 Community Pharmacies across Herefordshire and Worcestershire ICB area with:
 - 27 Pharmacies in Herefordshire area
 - 95 Pharmacies in Worcestershire area
 - and 1,233 Pharmacies across the West Midlands

8. The public can check which pharmacies are available in their locality by checking on the NHS website: www.nhs.uk/service-search/pharmacy/find-a-pharmacy
9. The Worcestershire Pharmaceutical Needs Assessment (PNA) completed and published in October 2022 provides further detail on the current service provision and proposals going forward: www.worcestershire.gov.uk/research-reports-and-local-statistics/joint-strategic-needs-assessment-jsna/jsna-pharmaceutical
10. The table below outlines the pharmacy provision across the West Midlands by Integrated Care Board (ICB) footprint.

West Midlands Pharmacy Provision

ICB	Community Pharmacy	100 Hr Pharmacy	Distance Selling Pharmacy	Total
Black Country	236	28	14	278
Birmingham and Solihull	253	46	15	314
Coventry and Warwickshire	170	16	12	198
Herefordshire and Worcestershire	110	9	3	122
Shropshire, Telford and Wrekin	75	8	0	83
Staffordshire and Stoke on Trent	207	21	10	238
Total	1051	128	54	1233

11. The map below shows the CPs in Worcestershire, there are three distance selling pharmacies whose head offices are registered in Worcestershire (*reflected as blue plus-sign shed on the map*) but these supply medicines even outside the county. Other choices of distance selling pharmacies can be accessed on www.nhs.uk/Service-Search/other-services/pharmacies/internetpharmacies



SCW CSU MAP with LA districts and Health and Wellbeing Board boundary

Covid-19 Vaccination Services

12. Following the outbreak of the Covid-19 pandemic, NHS England commissioned a range of community pharmacy vaccination centres to ensure appropriate access to vaccinations across the West Midlands. These centres were situated in existing community pharmacies, and other external venues such as mosques and community centres. There were 188 community pharmacy led Covid-19 vaccination centres, and they covered all 6 ICB areas. The vaccination programme for boosters will be reviewed to ensure effective delivery.

	Community pharmacy sites	Other community venues	Total Venues
Herefordshire & Worcestershire	18	3	21
Black Country	42	13	55
Birmingham and Solihull	45	5	50
Shropshire, Telford & Wrekin	16	7	23
Coventry & Warwickshire	11	7	18
Staffordshire and Stoke On Trent	15	6	21
Total	147	41	188

Other services provided by Community Pharmacies

13. Other services can be provided by CPs.

- Advanced Services (Appendix 1)
 - Community Pharmacist Consultation Service (CPCS)
 - Hepatitis C Testing Service

- New Medicines Service (NMS)
 - Stop Smoking Service
 - Flu Vaccination Service
 - Hypertension Case-finding Service
 - Appliance Use Review (AUR)
 - Stoma Appliance Customisation (SAC)
 -
 - Enhanced Services (Appendix 2)
 - Extended Care (Tiers 1,2 and 3)
 - Pilot Schemes (Appendix 3)
14. In Worcestershire, only 16 Community Pharmacies have not signed up to provide **Tier 2** of the extended care services which include Impetigo, Bites and Eczema although almost all signed up to Extended care Tier 1, which are UTI and Bacterial Conjunctivitis and UTI.
15. 19 CPs are providing Stop Smoking Service across Worcestershire, the majority are providing Community Pharmacist Consultation Service (CPCS) and 12 CPs have been providing covid vaccinations.
16. Community pharmacies are an accessible and convenient place for people to receive advice and support for a whole range of medical issues, and this can also serve to relieve pressure on other parts of the NHS system.
17. A number of national and local community pharmacy pilot schemes are currently running, which will be evaluated to assess their suitability for wider roll out. These include:
- New Medicine Service – Depression
 - Referrals from additional Emergency & Urgent care (UEC) settings to NHS Community Pharmacist Consultation Service (CPCS)
 - Community Pharmacy Oral Contraception Management Service
 - Maternity Smoking Cessation Service
18. Herefordshire and Worcestershire Integrated Care Board commissions:
- 35 pharmacies to provide pharmaceutical advice and supply of medicines commonly used in palliative care working closely with a range of healthcare professionals in and out of hours;
 - 35 pharmacies to hold stock of specific antibiotic vancomycin used when needed urgently for Clostridium difficile (C.Diff) allowing the patient to be treated at home; and
 - 9 pharmacies to work closely with Public Health UKHSA, infection prevention colleagues when managing outbreaks of both human influenza and also avian influenza.
19. All local information on Herefordshire and Worcestershire NHS community pharmacy services can be found here:
[Pharmacy: Herefordshire and Worcestershire Integrated Care System \(hwics.org.uk\)](http://hwics.org.uk)
20. During 2023, the ICB is proposing to work closely with GP practices to enable patients to order their medicines in a more consistent way; improving the number of referrals from GP practices to pharmacies for conditions which the community

pharmacist is best placed to advise upon; plus increasing the offer of blood pressure checks and stop smoking upon discharge as the national service specification changes permit.

Performance of Community Pharmacies in Worcestershire

21. Community Pharmacies in Worcestershire have overall performed relatively well even as most services have been challenged during the Covid-19 pandemic and post Covid-19 recovery. CPs are essential NHS services for all communities across the County, however, they have not been completely immune to the challenges facing all NHS services around **workforce, increasing demand** and the **challenges in the economy**.
22. Some of these challenges have manifested themselves in bank holiday planning and service provision. CPs have been finding it **challenging in recruiting locums to work on bank holidays** and to support them NHSE has recently approved an increase in the rates they are paid for opening on bank holidays.
23. Disruption of provision due to staff shortages has been an issue that has perhaps affected disproportionately CPs in the most rural parts of the County resulting in unplanned closures. CPs are independent NHS contractors and the level of service they offer is often defined by their workforce capacity and business strategy although they are mandated to offer essential services.
24. Recent national developments, which have seen large pharmacy chains disinvesting and closing stores, have also impacted on the situation further and this is causing the current pharmacy network to become even more unstable, putting extra pressure on the remaining pharmacies, which negatively impacts further on the workforce.
25. Periodically pharmacies can struggle to source a variety of medications. High demand or manufacturing issues along with supplier and price changes are contributory factors which may account for reasons why certain medicines are unavailable. If, in the Secretary of State for Health and Social Care's opinion, serious shortages of supply are reported national protocols are implemented to help manage any serious shortage of medicines. This eliminates the need for a pharmacy to refer the patient back to the prescriber.

Future opportunities

26. There are several opportunities for Community Pharmacies in the future:
 - The **commissioning responsibility of CPs will transition to ICBs** and there are governance arrangements which have been agreed between NHS England's Regional Team and all the ICBs which will ensure an uninterrupted seamless transition.
 - Greater integration through alignment of all pharmacy services that were previously commissioned across Clinical Commissioning Groups and NHSE.
 - More integration and collaboration across the system in tackling health inequalities using skills, knowledge and expertise of teams as part of integrated care.

- Further development on the Community Pharmacy service offer to respond to the growing need for NHS services and promotion of health living within ICBs.
- Potential to align community pharmacies bank holiday opening more closely with GP access and urgent care centres.

Purpose of the Meeting

The HOSC is asked to:

- consider and comment on the information provided on community pharmacies
- determine whether any further information or scrutiny on a particular topic is required.

Supporting Information

Appendix 1 – Information and explanation of Advanced Services within the NHS Community Pharmacy Contractual Framework

Appendix 2 – Information on Enhanced Services commissioned by NHS England

Appendix 3 – Information on Community Pharmacy Pilot Schemes

Contact Points

Emma James/Jo Weston, Overview and Scrutiny Officers, Tel: 01905 844964/844965
Email: scrutiny@worcestershire.gov.uk

Pharmacy Contracting Team
Email: england.pharmacy-westmidlands@nhs.net

Background Papers

In the opinion of the proper officer (in this case the Assistant Director for Legal and Governance) there are no background papers relating to the subject matter of this report.

[All agendas and minutes are available on the Council's website here.](#)

Appendix 1 – Advanced Services

There are currently eight Advanced Services within the NHS Community Pharmacy Contractual Framework (CPCF). Community pharmacies can choose to provide any of these services as long as they meet the requirements set out in the Secretary of State Directions. The current services are:

- i. **Community Pharmacist Consultation Service (CPCS)** - connects patients from GPs, NHS 111 and NHS 111 online who have a minor illness or need an urgent supply of a medicine with a community pharmacy.
- ii. **Flu Vaccination Service** - seasonal campaign which aims to vaccinate all patients who are at risk of developing more serious complications from the virus.
- iii. **Hepatitis C Testing Service** - provision of point of care testing (POCT) for Hepatitis C (Hep C) antibodies to people who inject drugs (PWIDs), but who haven't yet moved to the point of accepting treatment for their substance use.
- iv. **Hypertension Case-finding Service** - identifies people at risk of hypertension by offering blood pressure measurement and onward referral for treatment.
- v. **New Medicine Service (NMS)** - Provides support for people with long-term conditions newly prescribed a medicine to help improve medicines adherence; it is focused on specific patient groups and conditions.
- vi. **Appliance Use Review (AUR)** – Carried out by a pharmacist to establish the way a patient uses a specified appliance and the patient's experience of such use.
- vii. **Stoma Appliance Customisation (SAC)** - Aims to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste.

Appendix 2 – Enhanced Services

Enhanced services are the third tier of services that pharmacies may provide and they can only be commissioned by NHS England. In the WM, the following enhanced services are currently commissioned:

Extended Care - The Community Pharmacy Extended Care Service, Tiers 1, 2 and 3, aims to provide eligible patients who are registered with a General Practitioner access to support for the treatment of the following:

Tier 1:

- Treatment of Simple UTI in Females (from 16 years up to 65 years of age)
- Treatment of Acute Bacterial Conjunctivitis (for children aged 3 months to 2 years)

Tier 2:

- Treatment of Impetigo
- Treatment of Infected Insect Bites
- Treatment of Infected Eczema

Tier 3:

- Treatment of Otitis Media (aged 3 months to 16 years)

Appendix 3 – Community Pharmacy Pilot Schemes

In the West Midlands, the following pilot schemes are currently in operation:

New Medicine Service (NMS) – Depression - The aim of the pilot is to test the inclusion of depression as a therapeutic area in the NMS and to test the expansion of the NMS to include people newly prescribed eligible antidepressants for depression. The pilot is being run from 3 PCN sites in the Black Country (2 in Sandwell, and 1 in West Birmingham).

Referrals from additional Emergency & Urgent care (UEC) settings to NHS CPCS - This project aims to test referral routes for patients with low acuity minor illnesses and Urgent Repeat Medicines Supply requests from Urgent and Emergency care (UEC) settings to community pharmacies (CPs). (N.B. For the purposes of this pilot “additional UEC settings” will include Accident & Emergency (A+E) and Urgent Treatment Centres specifically). This pilot is currently running from 3 Minor Injuries Units in Worcestershire, and the Haywood Walk-in Centre in Stoke on Trent.

Community Pharmacy Oral Contraception Management Service: Access to Ongoing Oral Contraception Management via PGD (Tier 1) - The aim of this pilot (Tier 1) is to provide greater access to ongoing contraception to create the environment for people so that they feel confident in choosing community pharmacy for their ongoing oral contraception with the right support in place. Registration for Tier 2 will open on 17th November. This will enable pharmacies delivering Tier 1 to initiate oral contraception prescribing.

Maternity Smoking Cessation Service - The purpose of this pilot is to test a model for community pharmacy teams to manage the provision of smoking cessation services for individuals referred by maternity services.

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

18 APRIL 2023

CARENOTES ELECTRONIC PATIENT RECORDS OUTAGE

Summary

1. The Health Overview and Scrutiny Committee (HOSC) has requested an update on the Carenotes electronic patient records outage, which was experienced recently at Herefordshire and Worcestershire Health and Care NHS Trust (the Trust). The HOSC seeks assurances around systems in place to mitigate any impact on patient care.
2. Senior representatives from Herefordshire and Worcestershire Health and Care Trust will be present in order to respond to any question the HOSC may have.

Background

3. In early August, the supplier of a number of national IT systems were subject to an external cyber security attack. This incident disabled access to Carenotes, an electronic patient record system used by a number of Trusts across the country, provided by OneAdvanced, including Herefordshire and Worcestershire Health and Care NHS Trust. Carenotes enables the Trust to digitally input patient records and clinical notes, and to plan, manage, record and analyse care across a range of settings.
4. When the incident was reported, the Trust adopted its business contingency processes, which essentially involved manual recording of patient information and other activities. However, manual downtime processes were not intended for long-term use, so when it became clear that Carenotes would remain unavailable for a longer period, the Trust's IT team developed an interim electronic system, called THEA. This was not a replacement for Carenotes, but from early September did give staff the ability to view historic clinical information and digitally record new clinical notes and related patient activity. The Trust's teams have adapted well to THEA and developed their own comprehensive downtime processes.
5. Carenotes was unavailable for a prolonged time period, due to the complexity of the work required by OneAdvanced to ensure that all of its systems and services were working correctly, and additional security implemented. The rebuild of Carenotes for the Trust concluded on 21 November 2022 with isolated Trust testing commencing on that date which lasted several weeks to ensure the system was fully fit for purpose and it was officially received back by the Trust in December 2022.

6. During the downtime period, the Trust instigated a Command Centre to plan and oversee how individual teams and services would return to using Carenotes. This complex process considered the different downtime processes adopted by the teams and planned how each service would transition back to using Carenotes to minimise any disruption to patient care and stress to staff.
7. The Command Centre approach reviewed and established what clinical information was essential to be restored to the Carenotes record before teams started to use it again, as it was recognised that given the large volume of downtime information being created each day it would not be possible to get all clinical information back onto the system before teams began to use it. Certain teams, such as Integrated Safeguarding and the Mental Health Act Team followed bespoke and specific manual restoration plans.
8. The phased re-introduction of Carenotes to clinical teams began in January 2023 and over a period of eight weeks, 158 clinical teams, with 4166 individual user accounts, returned successfully to using Carenotes as their electronic patient record.
9. During the return to active use of Carenotes, essential clinical information was restored for each service which included:
 - 11,000 new patient records
 - 41,000 new referrals to clinical services
 - 440,000 clinical notes that had been recorded within THEA
 - 1,800 inpatient stays
10. It is recognised that this prolonged downtime period led to some disruption in patient care and impacted the Trust's ability to access and share key documents with partners which is acknowledged to have had an impact on partners as well. For example, the Trust's partners in the Multiagency Safeguarding Hub would usually have access to read Carenotes so the internal Integrated Safeguarding Team utilised downtime processes to ensure information was still shared. The Trust's Social Care and Continuing Health Care colleagues would also usually have read access to Carenotes to find information.
11. Mitigations and new processes were developed by teams to ensure information was shared but this was not as efficient as using the direct route into an electronic patient record. Furthermore; the Trust was unable to provide assurance to stakeholders with regards to key performance indicators, including waiting times, as this information is generated via reporting from the electronic patient record.
12. All patient activity continued during downtime with no specific cancellations as a result of the downtime, and the Trust website shared updates as to what patients might expect during an appointment due to the unavailability of the patient record.
13. All clinical services continued to fully function during this period of prolonged downtime, and it is recognised that this caused significant additional challenges for staff who are already under pressure, and the Trust remains very grateful for their perseverance and flexibility during the downtime period and their enthusiasm and commitment to returning to active use of Carenotes and helping to achieve full restoration.

14. The Trust's incident reporting system had a category to specifically report any incidents related to Carenotes downtime and these were monitored by the patient safety team and the Command Centre. There have been no incidents of patient harm attributable to Carenotes downtime, all incidents have been resolved with appropriate business continuity from clinical teams.

Current Position

15. All clinical services have now returned to full use of Carenotes as their electronic record, all activity and clinical information is being recorded within this system. The planned phased return to using the system has minimised any further disruption to patient care.
16. All clinical services have robust plans in place so that all clinical information is available to them when they are seeing patients whilst they await the full restoration of this information to the electronic patient record.
17. Given that there is still information to be restored to the system, it is not yet possible for the Trust to report of some of its performance data, including waiting times. All clinical teams were able to maintain interim waiting lists during the downtime period and new referrals to services were restored to the Carenotes record prior to services returning to active use, ensuring that patients are seen based upon clinical priority and time waiting.
18. The Command Centre continues to oversee the complex process of full restoration to the electronic record for each service with formal sign off as teams complete this process, with dedicated support being provided to teams identified as requiring a specific focus. Several services have significant volume clinical documents organised and stored within their business continuity downtime processes that need restoring to the record; Health Visiting within the Starting Well Service have 44,000 documents, Community Paediatrics 12,000 documents and the Community Stroke Service 23,000 documents.

Purpose of the Meeting

19. The HOSC is asked to:
 - consider and comment on the information provided; and determine whether any further information or scrutiny on a particular topic is required.

Contact Points

Emma James / Jo Weston, Overview and Scrutiny Officers, Tel: 01905 844964 / 844965
Email: scrutiny@worcestershire.gov.uk

Background Papers

In the opinion of the proper officer (in this case the Assistant Director Legal and Governance) there are no background papers relating to the subject matter of this report.

All agendas and minutes are available on the Council's website here.

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

18 APRIL 2023

WORK PROGRAMME

Summary

1. From time to time the Health Overview and Scrutiny Committee (HOSC) will review its work programme and consider which issues should be investigated as a priority.

Background

2. Worcestershire County Council has a rolling annual Work Programme for Overview and Scrutiny. The draft 2023/24 Work Programme has been developed by taking into account issues still to be completed from 2022/23, the views of Overview and Scrutiny Members and other stakeholders and the findings of the budget scrutiny process.
3. Suggested issues have been prioritised using scrutiny feasibility criteria in order to ensure that topics are selected subjectively and the 'added value' of a review is considered right from the beginning.
4. The HOSC will need to retain the flexibility to take into account any urgent issues which may arise from substantial NHS service changes requiring consultation with HOSC.
5. The Health Overview and Scrutiny Committee is responsible for scrutiny of:
 - Local NHS bodies and health services (including public health and children's health).
6. The overall 2023/24 Scrutiny Work Programme has recently been refreshed and will be considered by the Overview and Performance Board on 28 April. Council will be asked to agree the Work Programme at its meeting on 18 May.

Dates of Future 2023 Meetings

- 10 May at 10am
- 15 June at 10am
- 10 July at 2pm
- 11 September at 2pm
- 11 October at 10am
- 13 November at 10am
- 7 December at 10am

Purpose of the Meeting

7. The HOSC is asked to consider the 2023/24 Work Programme and agree whether it would like to make any amendments. The Committee will wish to retain the flexibility to take into account any urgent issues which may arise.

Supporting Information

Appendix 1 – Health Overview and Scrutiny Committee Work Programme 2023/24 (Draft)

Contact Points

Emma James / Jo Weston, Overview and Scrutiny Officers, Tel: 01905 844964 / 844965
Email: scrutiny@worcestershire.gov.uk

Background Papers

In the opinion of the Proper Officer (in this case the Assistant Director for Legal and Governance), the following are the background papers relating to the subject matter of this report:

[Agenda and Minutes for Overview and Scrutiny Performance Board 29 June 2022](#)

[Agenda and Minutes for Council 14 July 2022](#)

All Agendas and Minutes are available on the Council's website [weblink to Agendas and Minutes](#)

SCRUTINY WORK PROGRAMME 2023/24

Health Overview and Scrutiny Committee

Date of Meeting	Issue for Scrutiny	Date of Last Report	Notes / Follow-up Action
18 April 2023	Community Pharmacies		Agenda planning September 2022
	CareNotes Electronic Patient Records outage		HOSC member suggestion March 2023
10 May 2023	Workforce (TBC)	10 June 2022	Requested at 17 October 2022 meeting
	Update on the Integrated Care Strategy	2 November 2022	Requested at 2 November 2022 meeting
	Maternity Services (to monitor progress of the Acute Trust's Action Plan for improvement)	9 May and 17 October 2022 and 21 September 2021	Requested at 17 October 2022 Meeting
15 June 2023	Update on Improving Patient Flow* to include Onward Care Team and Integrated Intermediate Care Service	10 February 2023	Requested at 10 February 2023 meeting
10 July 2023	Worcestershire Mental Health Needs Assessment (TBC)	21 September 2021 19 September 2018 (CAMHS)	Following discussion of the Needs Assessment the priorities for scrutiny will be identified
	Update on CQC Inspection (which would include a range of mental health and physical health services including Hillcrest Mental Health Ward) – TBC when report is available		Agenda planning March 2023
	Public Health Ring Fenced Grant (PHRFG) – Twice Yearly Budget Monitoring		
Possible Future Items			
2023 – date TBC	Community Paediatric Services		Suggested at Agenda Planning 23 August 2022
2023 – date TBC	Screening (Cervical/Antenatal/Newborn/Diabetic Eye/Abdominal Aortic Aneurysm (AAA)/Breast/Bowel)		Suggested at 19 July 2021 meeting

2023 – date TBC	Commissioning Arrangements under the Integrated Care System (ICS)		Including Pharmacy, Dentistry, Optometry, Specialised Acute, new arrangements for Mental Health, Specialist Mental Health and Prison Health
2023	Routine Immunisation		Suggested at 19 July 2021 Meeting
2023	Hospital at Home Service		Requested at 10 June 2022 meeting
Ongoing	Integrated Care System (ICS) Development	2 November 2022	
TBC	Update on Garden Suite Ambulatory Chemotherapy Service	19 July 2021	To review service relocation from February 2023
TBC	Stroke Services – update		
TBC	Update on Dental Services Access		Requested at 9 March 2022 meeting
TBC	End of Life Care		Requested at 10 June 2022 meeting
TBC	Prevention		Suggested at 17 October 2022 meeting
TBC	Glaucoma Services		Suggested at 17 October 2022 meeting
TBC	NHS Health Checks Programme		Requested at 13 January 2023 meeting
TBC	Podiatry services		Requested at 10 February 2023 meeting
TBC	Wider work around Adult Mental Health Inpatient Pathways		Herefordshire and Worcestershire Health and Care Trust suggestion (will include work on bedbase)
ASAP?	Management of Cyber Attacks to prevent impact on patient care		HOSC member suggestion
	Long Term plan for WAHT Theatres		Requested at 13 March HOSC
Sep/Oct 2023	Progress against targets for the elective recovery programme and future plans		Requested at 13 March HOSC
Standing Items			

TBC	Substantial NHS Service Changes requiring consultation with HOSC		
TBC	NHS Quality Accounts Quality and Performance		
TBC	Annual Update on Health and Wellbeing Strategy	17 October 2022	
TBC – January/July	Public Health Ring Fenced Grant (PHRFG) – Twice Yearly Budget Monitoring	13 January 2023, 8 July 2022	
TBC	Performance Indicators		
TBC	Annual Update from West Midlands Ambulance Service	27 June 2019	
TBC	Review of the Work Programme		

*Scrutiny of patient flow is a continuation of the Scrutiny Task Group in November 2021

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