

# Health Scrutiny Panel

## Minutes - 2 March 2017

### Attendance

#### Members of the Health Scrutiny Panel

Cllr Craig Collingswood

Cllr Jasbir Jaspal (Chair)

Cllr Peter O'Neill

Cllr Wendy Thompson (Vice-Chair) Cllr Wendy Thompson (Vice Chair)

#### In Attendance

Sue Green

Jeff Blankley

Katie Jobling

Helen Brownk

Andrea Smith

Deputy Director of Nursing & Quality, WMAS

Chair of the Wolverhampton Local

Pharmaceutical Committee

Beacon Centre for the Blind

Beacon Centre for the Blind

Wolverhampton CCG

#### Employees

Julia Cleary

Ros Jervis

Neeraj Malhotra

Katie Spence

Systems and Scrutiny Manager

Service Director - Public Health and Wellbeing

Consultant in Public Health

Consultant in Public Health

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## Part 1 – items open to the press and public

*Item No.*     *Title*

1     **Apologies**

Apologies were received from Cllr Page, Cllr Rowley, Cllr Simkins and Cllr Photay.

2     **Declarations of Interest**

Cllr Waite declared an interest in item 8 on the agenda as he was employed by the Ambulance Service.

3     **Minutes of previous meeting**

Resolved: That the minutes of the meetings held on 12 January 2017 and 25 January 2017 be agreed as correct records of the meetings.

4     **Matters Arising**

The Chair drew the Panels attention to the joint meeting that had been held with the Staffordshire Healthy Select Committee on 13 February 2017 and confirmed that a letter had subsequently been written to the Secretary of State requesting clarity as to the future of various health establishments in the area.

The Panel also considered the start time of the meeting and agreed that meetings of the Health Scrutiny Panel commence at 1.30 pm from the next meeting.

The Chair also confirmed that the minutes of the Health and Wellbeing Board would be brought to future meetings of the Panel.

Resolved: That meetings of the Health Scrutiny Panel commence at 1.30 pm from the next meeting.

## 5 **Update on Funding Reductions to Community Pharmacies**

The Director for Public Health introduced a report to update and identify any further opportunities to support community pharmacy services across Wolverhampton. The Director for Public Health introduced Katie Spence – Consultant in Public Health and Jeff Blankley – Chair of the Wolverhampton Local Pharmaceutical Committee to the Panel.

Mr Blankley provided a presentation to the Panel.

There were 74 community pharmacies in Wolverhampton providing a range of services, from dispensing medicines and self-care support through to public health promotion. NHS England commissioned community pharmacies, with CCGs, public health departments and others commissioning specific additional services.

In December 2015, the government announced that funding for community pharmacies in 2016/17 would be reduced by £170 million. The cut was a reduction of more than 6% in cash terms.

It had been expected that the reduction would be implemented in October 2016, however after the change of Government (post-Brexit), pharmacy minister announced that the proposed funding reduction would not be implemented.

It was thought that there was a lack of understanding in relation to pharmacies and Officers were keen to communicate to members of the public what was on offer. It was stated that many pharmacies already operated with a 7 day a week mind-set with some also opening late. The training to become a pharmacist took 5 years and it was thought that one of the roles of the pharmacist was to help treat people before they became unwell.

The Panel queried what action the pharmacist could take if they became aware of customers consistently purchasing non-prescription medication such as paracetamol. Officers stated that in circumstances such as this the Pharmacist could refer the customer to the GP and had the ability to refuse to make the sale. Officers stated that there was a requirement for a pharmacist to be present on the premise and that they had a duty of care towards the customers.

The Panel also considered whether leaflets could be distributed to customers providing detailed information regarding services the Pharmacy could provide. Officers stated that this was possible and that leaflets were already distributed to diabetic patients providing them with information such as getting their eyes tested.

Members queried whether an early warning system could be provided in relation to pharmacies that were particularly stressed financially or under risk so that preparations could be made if they were going to close.

The Panel agreed that the idea of the Healthy Living Pharmacy was good and that work was needed to build on promotion and inform people who did not normally use a pharmacy of what was on offer and encourage them to use the services. Members encouraged the idea of self-care. The Director for Public Health agreed and stated that it was important for the pharmacy service to link and align with other services so that it did not become isolated.

The Panel queried how the work was being tracked and it was stated that each piece of work was being monitored differently and that each community pharmacy was being asked to keep records about how many people requested information in relation to specific areas such as smoking cessation or diabetes or requested a review of their medication.

Resolved: 1. That the good joint working on community pharmacy between the City of Wolverhampton Council, the Local Pharmaceutical Committee, Wolverhampton CCG and NHS England be noted.  
2. That the Panel receive future updates on developments

6 **Proposed engagement and consultation plan for the re-commissioning of Substance Misuse Services in Wolverhampton.**

The Panel received a report setting out the engagement and consultation plans to inform the re-commissioning of the city's substance misuse system (including primary care, the voluntary sector, specialist and acute services) by the Public Health and Wellbeing team. The report provided members with an opportunity to inform the process prior to commencing the engagement and consultation period in late March.

The key requirements of the new system would be to deliver a safe and effective service to all Wolverhampton residents and would incorporate the core treatment functions plus the prescribing function, supervised consumption, needle exchange service, community and residential detox and rehabilitation, aspects of dual diagnosis client pathways and drug testing.

A Substance Misuse Commissioning Steering Group has been established with representation from the Public Health and Wellbeing team, the CCG, Local Authority commissioners and other key teams e.g. Children's Services and Housing services, Royal Wolverhampton NHS Trust, West Midlands Police, Healthwatch and Public Health England. This group had now met twice and would be responsible for overseeing the engagement and consultation process as well as the development of the re-commissioning process.

Based on significant changes in drug trends over the last five years and with the emerging evidence of prescribed/over the counter medication, the acknowledgement of alcohol related harm as well as awareness regarding New Psychoactive Substances (NPS formerly known as legal highs), there was a need to commission services which sought to continually innovate, meet emerging needs and that were flexible to the changing landscape.

The Panel queried whether the Council was happy with its current providers including *Recovery Near You* and questioned the size of the market place for such services. The question was also raised as to what services were on offer to children who had alcoholic parents. Officers stated that there had been a huge change from the medical model to a recovery focused model which had been difficult to embed given

the tough nature of the work involved. However the QCQ had highlighted some exemplary practices and that the Recovery Near You service was performing very well given the large number of people presenting with addictions in the area. Officers also stated that there were a few good providers in the market place and that there had previously been a high response to the tendering process. The question was raised as to whether the tender could include a requirement for service providers to look to address underlying issues about why people were turning to substance misuse and to try to identify any triggers. Officers agreed that this was possible and that a family oriented, holistic approach was required.

The Panel queried the scale of addiction in Wolverhampton and it was estimated that around 40,000 people had problems with alcohol and that there was an issue with it becoming normalised and therefore not being addressed at the primary care level. It was thought that work needed to be done to address this low lying drinking and engage with GPs without appearing to be interfering overtly in people's lifestyle choices. The Director for Public Health stated that she had responded to a letter from Liam Byrne in relation to children of alcoholics and that the Council was adopting a whole family approach and working in partnership with Adult and Children Services.

Resolved: 1. That the Panel note the background information and commissioning plans for Substance Misuse services  
2. Endorse the proposed engagement and consultation process, subject to any comments listed above.

## 7 **Beacon Centre for the Blind**

The Panel welcomed Helen Brown and Katie Jobling from the Beacon Centre for the Blind.

It was stated that around 3600 people had suffered a fall in Wolverhampton in the last year due to sight issues and that in many cases this could then lead to further complications and issues for patients. It was also stated that issues such as isolation and loneliness were often big concerns for people with reduced sight. One of the most effective ways to help alleviate some of the problems experienced was through the introduction of new technology and training including:

- Mobile advice Services / adaptations advice
- Information points in retail outlets
- Community programmes such as Activeeyes
- Link Line – befriending support
- Talking newspaper / audio transcription
- Employment programmes
- Activity clubs (all ages)
- New to sight loss courses

The Director for Public Health highlighted that pharmacies could be used to help in relation to referring to the appropriate service and that the sight loss newsletter could be distributed by the pharmacies.

Resolved: That the presentation be noted and that Helen Brown and Katie Jobling be thanked for the presentation.

8 **WMAS Quality Account 2016/17**

The Panel received a presentation from Sue Green, Deputy Director of Nursing & Quality, WMAS in relation to the Quality Account 2016/2017.

The Panel congratulated Mrs Green and the WMAS in relation to the outstanding rating that had been awarded by the Care Quality Commission. It was noted that activity had been improving consistently and that there had been many changes since the previous year with a very obvious improvement on New Year's Day this year.

A question had been submitted by Health Watch in relation to the fact that there used to be a paramedic responder vehicle based at Tettenhall Fire Station and another at Merridale Fire Station which were thought to be no longer operating and the community ambulance Station at Tettenhall had now closed. The question focused of the clinical risks of not having a clinician based in the locality for residents suffering a cardiac arrest in Tettenhall?

Mrs Green stated that the Service looked carefully at where activity occurred when organising services and that unfortunately the Fire Service facility did not meet the governance requirements or the WMAS. Concerns included the fact that the ambulances and vehicles could not be cleaned on the Fire Service premises and as such they had been moved back to the hub.

Resolved: That the report and presentation be received and noted.

9 **Work Plan**

Resolved: That the workplan be updated and noted.