

SHEFFIELD CITY COUNCIL

Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee

Meeting held 20 February 2013

PRESENT: Councillors Mick Rooney (Chair), Janet Bragg, Katie Condliffe, Roger Davison, Tony Downing, Adam Hurst, Pat Midgley, Jackie Satur, Diana Stimely, Joyce Wright and Clive Skelton (Substitute Member)

Non-Council Members (LINK):-

Helen Rowe

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1. APOLOGIES FOR ABSENCE

- 1.1 Apologies for absence were received from Councillor Cate McDonald, with Councillor Clive Skelton attending as a duly appointed substitute, Councillor Sue Alston and Anne Ashby.

2. EXCLUSION OF PUBLIC AND PRESS

- 2.1 No items were identified where resolutions may be moved to exclude the public and press.

3. DECLARATIONS OF INTEREST

- 3.1 Councillor Clive Skelton declared a Disclosable Pecuniary Interest in Agenda item 6 (Sheffield Teaching Hospitals – Quality Report 2012/13 – Overview), as his wife was a doctor, but chose to remain in the meeting during consideration of that item given that no material decision was to be made.

Councillor Diana Stimely declared a personal interest in relation to Agenda item 12 (Provision of Daily Living Equipment Costing Less Than £50), which was to be considered as an emergency item of business, in that she had campaigned on behalf of the Sheffield Royal Society for the Blind.

4. PUBLIC QUESTIONS AND PETITIONS

- 4.1 There were no public questions or petitions.

5. SHEFFIELD TEACHING HOSPITALS - QUALITY REPORT 2012/13 - OVERVIEW

- 5.1 The Committee considered a report of Dr. David Throssell, Medical Director, Sheffield Teaching Hospitals Foundation Trust, which provided information on the quality of services delivered by Sheffield Teaching Hospitals in the year 2012/13 and identified the Quality

Improvement Priorities for 2013/14. This was supported by a presentation given by Neil Riley, Trust Secretary, and Sandi Carman, Head of Patient and Healthcare Governance.

5.2 Members made various comments and asked a number of questions in relation to the report and presentation, to which responses were provided as follows:-

- The issue of people awaiting discharge from hospital having to wait for medication from the pharmacy would be investigated.
- Processes relating to the obtaining of full information about the admission of patients suffering from dementia would be examined to ensure they were sufficiently robust.
- Cleaning was not contracted out across the Trust and there was an annual inspection which involved the quality of cleaning. The latest technology was now being used for deep cleaning and there was now more focus on this.
- The Frequent Feedback Form scheme was operated across the in-patient areas.
- The issue of pressure ulcers was a complex one involving a range of issues, but specialist equipment was available and observation was clearly an important aspect. The Trust's Board of Directors had received a presentation on pressure ulcers in order to improve their understanding of the issue.
- It was generally found that the less affluent members of society tended to use hospitals as an emergency service, whilst the more affluent used the more preventative aspects. The uptake of preventative services was important, particularly in relation to cancer services.
- Work was being undertaken on the socio-economic background of patients, particularly in relation to non-attendance and appointments.
- There had been significant change in working across seven days amongst clinical colleagues, with more consultants being available at the weekend and steps being taken for a routine consultant presence on delivery wards. It had been found that people understood that Accident and Emergency facilities were available at all times at the Northern General Hospital.
- The Trust was in the process of considering its response to the Francis Report and this would be considered alongside the Quality Report. It was hoped that, by the end of April, there would be a clearer idea of how to embed the report's findings

into the Trust's strategy. It should be noted that the Francis Report also included commentary in relation to mortality and patient experience, but there had been insufficient time to consider the report for inclusion in the Quality Report objectives this year.

- Trust officers were mindful of discharged patients failing to understand the information they were provided with, which also went to their GPs, and steps would be taken to address this. One of the objectives of the Right First Time initiative was to address issues such as this, with increased partnership working being a key feature. It was also important that those who would now be commissioning services were involved.
- In relation to cancelled operations, information on the type of operations cancelled and the reasons for their cancellation were acted upon.
- The new Friends and Family Survey forms could be responded to at the point of contact, on-line, by post or through a phone application. They were also sent out to people after they had been discharged.
- Colour coding was applied to areas in hospitals to assist dementia patients, but not necessarily in bathrooms.
- The issue of communications had this year been focused on GPs and there were good arrangements in place for those with learning difficulties. It was important that Ward Managers were aware of the care plan for each patient.

5.3 RESOLVED: That the Committee:-

- (a) thanks Neil Riley and Sandi Carman for their contribution to the meeting;
- (b) notes the contents of the report, the presentation and the responses to questions and comments; and
- (c) requests that:-
 - (i) the issue relating to the length of time that discharge patients have to wait for the issue of medication from the hospital pharmacy be added to the list of Quality Improvement Priorities for 2013/14;
 - (ii) a mechanism be developed whereby patient complaints and the outcome of these complaints be reported to the Committee;

- (iii) a short information paper be presented to a future meeting of the Committee on the progress made in respect of the improvement of the quality of patient discharge forms to patients and GPs; and
- (iv) a collective discussion on the Francis Report be held by the Committee with all appropriate partners.

6. ST. LUKE'S HOSPICE - QUALITY ACCOUNTS

6.1 The Committee considered a report of Judith Park, Deputy Chief Executive, St Luke's Hospice, on the St Luke's Hospice Quality Accounts. This provided the information on the 2012/13 Quality Priorities and set out items which were under consideration for inclusion in the 2013/14 Quality Priorities.

6.2 In attendance for this item were Judith Park, Deputy Chief Executive, St Luke's Hospice, and Mark Harrington, Risk Management Co-ordinator, St Luke's Hospice.

6.3 Members made various comments and asked a number of questions, to which responses were provided as follows:-

- Funding was a major challenge for St Luke's as it was important to ensure that it was financially sustainable. A restructuring had put St Luke's in a strong financial position. The annual running costs for the Hospice to continue providing care was £4.5m, of which 31% was provided through Government funding via a contract with NHS Sheffield and the remainder via its charity fundraising activities. In addition a £5m capital appeal was underway for the new build for the Hospice In Patient Unit and, to date, £2.4m had been raised towards this. The Hospice had ten shops in the City, which for the past three years had won the best UK performing charity outlets ten and under, and the Hospice's fundraising team were successful in raising funds.
- During Phase 2 of the In Patient Unit development, capacity would be reduced to 16 beds, but on completion this would increase to the present capacity of 20 beds. This would mean that approximately 36 patients would not be able to be admitted as in patients, but an internal coping strategy meant that the Hospice would be able care for approximately 78 patients and their families within the community during that period.
- St Luke's had two nurses who provided support and education to the nursing homes in the City which made referrals. This involved work with patients, families and staff at the nursing home.

6.4 RESOLVED: That the Committee:-

- (a) thanks Judith Park and Mark Harrington for their contribution to the meeting;
- (b) notes the contents of the report and the responses to questions and comments; and
- (c) recognises that funding is a concern for St Luke's Hospice and requests that a collective discussion on its funding be held by the Committee with Health and Social Care Funders.

7. YORKSHIRE AMBULANCE SERVICE - QUALITY ACCOUNTS

(NOTE: At this point Councillor Mick Rooney left the meeting and Councillor Roger Davison took the Chair.)

7.1 The Committee considered a report of Hester Rowell, Head of Quality and Patient Experience, Yorkshire Ambulance Service, on the Yorkshire Ambulance Service Quality Accounts which set out the progress made on the 2012/13 Quality Priorities and considered what Quality Priorities should be included for 2013/14.

7.2 In attendance for this item were Hester Rowell, Head of Quality and Patient Experience, Yorkshire Ambulance Service, and David Williams, Deputy Director of Operations, Yorkshire Ambulance Service.

(NOTE: At this point Councillor Mick Rooney returned to the meeting and took the Chair.)

7.3 Members made various comments and asked a number of questions, to which responses were provided as follows:-

- Whilst it was a challenge for ambulances to get around any City, the Yorkshire Ambulance Service obtained up to date road and traffic information from a variety of sources, including the Council.
- A typical call procedure was described and it was emphasised that the aim was to match resources with the condition of the patient.
- The Quality Accounts formed part of the Yorkshire Ambulance Service Annual Report, surveys undertaken were used to compile an annual report of patient experience and there were focus groups which aimed to improve the patient experience for those suffering dementia.
- The high standard of the work of the Community First Responders was acknowledged.

7.4 RESOLVED: That the Committee:-

- (a) thanks Hester Rowell and David Williams for their contribution to the meeting;
- (b) notes the information reported and responses provided to questions and comments;
- (c) acknowledges the improvement in the quality of the presentation of the Quality Accounts and in performance; and
- (d) wishes to record its appreciation of the service provided by the Yorkshire Ambulance Service and its contribution to health services in the Sheffield area.

8. THE FRANCIS INQUIRY - HEADLINE IMPLICATIONS FOR SCRUTINY

(NOTE: In view of the amount of business to be considered at the meeting, this item was deferred to a future meeting of the Committee.)

9. PROVISION OF DAILY LIVING EQUIPMENT COSTING LESS THAN £50

- 9.1 The Chair, Councillor Mick Rooney, explained that this item had been included on the agenda as an urgent item of business, following the receipt of a public question at the Overview and Scrutiny Management Committee held on 13th February 2013, which had been referred to this Committee for consideration.
- 9.2 In attendance for this item were Euin Hill, representing the Sheffield Royal Society for the Blind, and Eddie Sherwood, Director of Care and Support.
- 9.3 Euin Hill referred the Committee to the circulated submission made on behalf of the Sheffield Royal Society for the Blind relating to the Council's proposal to no longer provide, free of charge, individual small items of daily living equipment costing less than £50. In doing so he made particular reference to the legal issues involved and the Council's Care and Reablement Strategy. In conclusion, he requested that the proposal be reconsidered and removed from the Council's budget proposals.
- 9.4 In response, Eddie Sherwood gave a short presentation on the proposal, making particular reference to the fact that this was an extension of current policy on the provision of items with a value of under £50 to those items that required an element of installation. He also emphasised that the proposal excluded all equipment for sensory impaired people and that such equipment would continue to be provided in cases of severe hardship. In conclusion, he stated that a review of the proposal was to take place six months after its

implementation.

9.5 A short discussion then took place on the operation and effect of the proposal.

9.6 RESOLVED: That the Committee:-

- (a) recognises that given the current financial circumstances, there are difficult decisions to be made;
- (b) requests that it receives a report with the results of the review that is planned six months after the implementation of the proposal to no longer provide and fit, free of charge, small items of daily living equipment costing less than £50;
- (c) requests that the Cabinet Member for Health, Care and Independent Living gives consideration to implementing a cap on the total amount people would have to pay if they required multiple items of daily living equipment;
- (d) requests that the Cabinet Member for Health, Care and Independent Living gives consideration to setting aside funds for a hardship fund to assist those who could not afford daily living equipment; and
- (e) requests that communication around the proposal be made clearer so that organisations and individuals were aware of the implications of the proposal, particularly in relation to the exclusion of equipment for sensory impaired people.

(NOTE: This item was considered by the Committee as an urgent item of business under Council Procedure Rule 26 of the Council's Constitution, on the recommendation of the Chair, in order that it could be considered prior to Budget Council on 1st March 2013.)

10. WORK PROGRAMME AND FORWARD PLAN

10.1 The Policy Officer (Scrutiny) submitted the Committee's Work Programme for 2013 and the Forward Plan for the period 1st February 2013 to 31st May 2013, for consideration.

10.2 RESOLVED: That:-

- (a) the contents of the Committee's Work Programme for 2013 be approved; and
- (b) the Forward Plan for the period 1st February 2013 to 31st May 2013 be received and noted.

11. DATE OF NEXT MEETING

- 11.1 The next meeting of the Committee will be held on Wednesday, 20 March 2013, at 10.00 am in the Town Hall.

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