

SHEFFIELD CITY COUNCIL

**Healthier Communities and Adult Social Care Scrutiny and Policy Development
Committee**

Meeting held 23 March 2016

PRESENT: Councillors Cate McDonald (Chair), Sue Alston (Deputy Chair),
Pauline Andrews, George Lindars-Hammond, Shaffaq Mohammed,
Mick Rooney, Jackie Satur, Geoff Smith, Garry Weatherall,
Brian Webster and Joyce Wright

Non-Council Members (Healthwatch Sheffield):-

Helen Rowe

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1. APOLOGIES FOR ABSENCE

1.1 Apologies for absence were received from Councillors Katie Condliffe and Peter Price and Alice Riddell (Healthwatch Sheffield).

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 There were no declarations of interest.

4. MINUTES OF PREVIOUS MEETING

4.1 The minutes of the meeting of the Committee held on 24th February 2016, were approved as a correct record subject to:-

- (a) an apology being recorded for Councillor Joyce Wright; and
- (b) Paragraph 9.2(a) (Work Programme 2015/16) being amended to read 'a report would be submitted to a future meeting of the Council with regard to proposals for the establishment of a regional Joint Overview and Scrutiny Committee, at the request of NHS England and NHS Sheffield Clinical Commissioning Group, to comprise representatives from the local authorities of Sheffield, Barnsley, Doncaster, Rotherham, Wakefield, Nottinghamshire County Council and Derbyshire County Council, to consider substantial variations to local health services under the Working Together Programme, and'.

4.2 Arising from consideration of the minutes, it was reported that the Council's Cabinet had thanked the Home Care Scrutiny Task Group for its report which it had recently received.

5. PUBLIC QUESTIONS AND PETITIONS

5.1 Responses were provided to public questions as follows:-

- Consideration would be given to the inclusion of the Dementia Strategy on the Committee's Work Programme for the next Municipal Year.
- The Working Together Programme would assist in maintaining the valued features of Primary Care in the wider region. Furthermore, the Committee's value of Primary Care was reflected in it being included on the agenda for this meeting. The Committee was also working with the Clinical Commissioning Group and the Health and Wellbeing Board to ensure that these valued aspects were preserved.
- The issue as to whether the proposed Primary Care Strategy had been piloted elsewhere would be addressed in the following item on Access to GP Services.

6. ACCESS TO GP SERVICES

6.1 The Committee received a report of the Policy and Improvement Officer on Access to GP Services which included an extract from the National Patient Survey on making an appointment. This was supplemented by a presentation on the Draft Primary Care Strategy for Sheffield and a handout on the Enhancing Primary Care Programme.

6.2 In attendance for this item were Katrina Cleary (Programme Director, Primary Care, NHS Sheffield Clinical Commissioning Group (CCG)), Dr. St. John Livesey (GP Clinical Lead Primary Care, NHS Sheffield CCG) and Steven Haigh (Enhancing Primary Care Programme, Prime Minister's Challenge Fund).

6.3 Katrina Cleary opened the presentation on the Draft Primary Care Strategy for Sheffield, making reference to the way in which the strategy had been developed and the reasons why Primary Care needed to change in Sheffield. In doing this, she highlighted the increasing volume of demand for Primary Care services and the increasing proportion of patients with complex needs, together with increasing physical and mental health co-morbidity.

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

- It was important for Primary Care practices to consider sustainability, which could include either merging or working more collaboratively together to take advantage of economies of scale.
- Katrina Cleary indicated that, with effect from 1st April 2016, she would be the contact point at the CCG for any problems relating to General Practice issues. She added that the CCG would be taking responsibility for any issues and

would work closely with NHS England in this regard.

- Whilst each age group had shown increased GP visits per symptom, there had been a big increase in respect of the elderly, due to their longevity and more complex needs.
- The weighted payment was a national formula which took account of deprivation, level of demand and the amount of long-term limiting illness. The CCG was currently looking at practices that had lost money as a result of the weighted payment formula.
- It should also be noted that there was a national GP recruitment shortage.
- The development of a local Primary Care Strategy would enable some local issues to be addressed and would reflect the knowledge of the City and the GPs in it. GPs were clear that change was required and, in answer to the earlier public question, other areas had introduced their own strategies, but as yet there had been no evaluation of them.
- It was not anticipated that fewer GPs would be required, but this was a possibility. The need to make Sheffield more attractive for GPs to come and work here was recognised and it was felt that the neighbourhood way of working would contribute to this. Managing the work of a GP was challenging and interesting and it was felt that if the job was made more do-able, then GPs would come to the City.
- Rather than passing the buck, the increased use of pharmacists and practice nurses to perform certain tasks currently undertaken by GPs, was more about using skills as appropriate. It was also worth noting that a large number of practice nurses and practice managers were nearing the point of retirement.
- Other areas were in a worse position than Sheffield with regard to attracting GPs, but it all went back to making the job more do-able. There was a need to be clear about the workforce strategy and to see Information Technology as an enabling capacity.

6.5 Katrina Cleary then continued the presentation, making reference to the Out of Hospital Services plan and the need to do something about Primary Care but as part and parcel of the Health and Social Care system. Dr. St. John Livesey added that the system was struggling to adapt to a new type of patient, which were those living with illness or frailty and highlighted the need for such patients to be looked after out of hospital. He went on to illustrate the position by means of a diagram which showed how GPs were carrying out the vast majority of out of hospital work and how this should change with the involvement of district nurses, practice nurses and other practitioners to free up GP's time. Dr. Livesey emphasised the importance of people being looked after at home where possible and the importance of neighbourhood support.

6.6 Members made various comments and asked a number of questions, to which

responses were provided as follows:-

- A number of engagement events were being planned for over the Summer, with members of the public and local groups being encouraged to comment on the overall strategy.
- It was accepted that the perception of non-GP access was a challenge, but if a nurse or other practitioner thought there was a need for the patient to see the GP, then this would happen. It was important to reinforce this message, but it appeared that people were now getting used to this way of working.
- Pharmacy was a much wider profession than merely dispensing prescriptions, so the next stage in the process was looking at pharmacists being part of the Primary Care team.
- Representatives of the CCG were happy to engage with Councillors in an attempt to improve communication and establish links with local groups.
- Hospitals were not resistant to the proposals being put forward.
- The way in which funding would be redistributed as a result of the proposals would be solved nationally.
- In relation to the National Patient Survey, it was recognised that not everyone had a computer or visited a GP, so Healthwatch Sheffield had been engaged, together with community groups and local media, with a view to reaching as many people as possible.
- The aim was to encourage collaboration between the providers of Primary Care with a view to looking for integrated provider solutions, but there would be occasions where the market would need to be used.

6.7 Steven Haigh then referred the Committee to the circulated handout on the Enhancing Primary Care Programme and explained that Sheffield had been awarded £9.3m by the Prime Minister's Challenge Fund to deliver the programme. Primary Care Sheffield, which was a federation of GPs in the City, had been set up to lead the programme, working together with other health and social care organisations. He went on to refer to proposals for seven day access, the use of Satellite Units to provide urgent primary care appointments and the positive feedback received from patients who had been seen by pharmacists. In conclusion, he informed the Committee of an evaluation of the programme which was being undertaken by Sheffield Hallam University, which would look at issues such as added value and the citizen experience.

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

- The Satellite Units were designed to deal with urgent cases, with the key question being their impact on A&E attendance, however it was too early to

evaluate this. Data was being collected on outcomes, but there was no reason to suspect that patients were getting a second opinion from their own GP.

- A decision would be taken in the surgery as to whether to use the City-wide Rapid Access Team in any particular situation.
- The £9.3m was not a recurring sum, but the Department of Health and NHS England had indicated that they didn't want to see features of the programme (those that specifically provided extended access) discontinued. This was likely to result in additional funding being made available.
- Primary Care Sheffield was accountable to the GPs who had signed up to it and to the Prime Minister's Challenge Fund, which required reporting on the progress in achieving set milestones. In addition, there was a local programme board, with all key stakeholders, including the Council, being members.
- The CCG and Local Authority had a role in assessing need and the Primary Care Strategy also set out health needs. The Local Delivery Group had also requested that the Primary Care Strategy reflected health needs and these were also accounted for in the wider CCG Strategy and the Better Care Fund Strategy. The key point was whether commissioning and contracting decisions had made an impact on the delivery of Primary Care.

6.9 RESOLVED: That the Committee:-

- (a) thanks those attending for their contribution to the meeting;
- (b) notes the contents of the report, presentation and circulated handout and the responses to questions; and
- (c) requests that:-
 - (i) the Policy and Improvement Officer includes Access to GP Services on the Committee's Work Programme for the next Municipal Year;
 - (ii) the Primary Care Strategy and the Enhancing Primary Care Programme adequately reflect the key issues of public communication, access and equity;
 - (iii) the results of the consultation on the Primary Care Strategy and the evaluation of the Enhancing Primary Care Programme be sent to the Policy and Improvement Officer for circulation to Committee Members; and
 - (iv) a final version of the Primary Care Strategy be sent to the Policy and Improvement Officer for circulation to Committee Members.

7. ADULT SAFEGUARDING AND SCRUTINY - DEVELOPING THE RELATIONSHIP

- 7.1 RESOLVED: That the Committee notes the contents of the report now submitted on proposals for strengthening communication and developing the relationship between the Adult Safeguarding Service and the Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee.

8. ACTIVITY 2015/16 AND FUTURE WORK PROGRAMME 2016/17

- 8.1 RESOLVED: That the Committee:-
- (a) notes the contents of the Activity 2015/16 and the Future Work Programme 2016/17 report; and
 - (b) requests that any comments on the report be communicated to the Policy and Improvement Officer.

9. DATE OF NEXT MEETING

- 9.1 It was noted that the next meeting of the Committee would be held on a date to be arranged.