Public Document Pack

Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee

Wednesday 23 March 2016 at 10.30 am

To be held at the Town Hall, Pinstone Street, Sheffield, S1 2HH

The Press and Public are Welcome to Attend

Membership

Councillor Cate McDonald (Chair), Sue Alston (Deputy Chair), Pauline Andrews, Jenny Armstrong, Katie Condliffe, Mike Drabble, George Lindars-Hammond, Shaffaq Mohammed, Peter Price, Mick Rooney, Jackie Satur, Geoff Smith, Garry Weatherall, Brian Webster and Joyce Wright

Healthwatch Sheffield
Helen Rowe and Alice Riddell (Observers)

Substitute Members
In accordance with the Constitution, Substitute Members may be provided for the above Committee Members as and when required.

Sheffield City Council

PUBLIC ACCESS TO THE MEETING

The Healthier Communities and Adult Social Care Scrutiny Committee exercises an overview and scrutiny function in respect of the planning, policy development and monitoring of service performance and related issues together with other general issues relating to adult and community care services, within the Neighbourhoods area of Council activity and Adult Education services. It also scrutinises as appropriate the various local Health Services functions, with particular reference to those relating to the care of adults.

A copy of the agenda and reports is available on the Council's website at www.sheffield.gov.uk. You can also see the reports to be discussed at the meeting if you call at the First Point Reception, Town Hall, Pinstone Street entrance. The Reception is open between 9.00 am and 5.00 pm, Monday to Thursday and between 9.00 am and 4.45 pm. on Friday. You may not be allowed to see some reports because they contain confidential information. These items are usually marked * on the agenda.

Members of the public have the right to ask questions or submit petitions to Scrutiny Committee meetings and recording is allowed under the direction of the Chair. Please see the website or contact Democratic Services for further information regarding public questions and petitions and details of the Council's protocol on audio/visual recording and photography at council meetings.

Scrutiny Committee meetings are normally open to the public but sometimes the Committee may have to discuss an item in private. If this happens, you will be asked to leave. Any private items are normally left until last. If you would like to attend the meeting please report to the First Point Reception desk where you will be directed to the meeting room.

If you require any further information about this Scrutiny Committee, please contact Alice Nicholson, Policy and Improvement Officer on 0114 27 35065 or email alice nicholson@sheffield.gov.uk

FACILITIES

There are public toilets available, with wheelchair access, on the ground floor of the Town Hall. Induction loop facilities are available in meeting rooms.

Access for people with mobility difficulties can be obtained through the ramp on the side to the main Town Hall entrance.

HEALTHIER COMMUNITIES AND ADULT SOCIAL CARE SCRUTINY AND POLICY DEVELOPMENT COMMITTEE AGENDA
23 MARCH 2016

Order of Business

1. **Welcome and Housekeeping Arrangements**

2. **Apologies for Absence**

3. **Exclusion of Public and Press**
To identify items where resolutions may be moved to exclude the press and public

4. **Declarations of Interest** (Pages 1 - 4)
Members to declare any interests they have in the business to be considered at the meeting

5. **Minutes of Previous Meeting** (Pages 5 - 12)
To approve the minutes of the meeting of the Committee held on 24th February, 2016

6. **Public Questions and Petitions**
To receive any questions or petitions from members of the public

7. **Access to GP Services** (Pages 13 - 30)
(a) Report of the Policy and Improvement Officer (for information only)

(b) To receive a presentation from the CCG on the Draft Primary Care Strategy for Sheffield

8. **Adult Safeguarding and Scrutiny - Developing the Relationship** (Pages 31 - 34)
Report of the Policy and Improvement Officer (for information only)

9. **Activity 2015-2016 and Future Work Programme 2016-2017** (Pages 35 - 40)
Report of the Policy and Improvement Officer

10. **Date of Next Meeting**
The next meeting of the Committee will be held on a date to be arranged

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ADVICE TO MEMBERS ON DECLARING INTERESTS AT MEETINGS

If you are present at a meeting of the Council, of its executive or any committee of the executive, or of any committee, sub-committee, joint committee, or joint sub-committee of the authority, and you have a **Disclosable Pecuniary Interest** (DPI) relating to any business that will be considered at the meeting, you must not:

- participate in any discussion of the business at the meeting, or if you become aware of your Disclosable Pecuniary Interest during the meeting, participate further in any discussion of the business, or
- participate in any vote or further vote taken on the matter at the meeting.

These prohibitions apply to any form of participation, including speaking as a member of the public.

You **must**:

- leave the room (in accordance with the Members' Code of Conduct)
- make a verbal declaration of the existence and nature of any DPI at any meeting at which you are present at which an item of business which affects or relates to the subject matter of that interest is under consideration, at or before the consideration of the item of business or as soon as the interest becomes apparent.
- declare it to the meeting and notify the Council's Monitoring Officer within 28 days, if the DPI is not already registered.

If you have any of the following pecuniary interests, they are your **disclosable pecuniary interests** under the new national rules. You have a pecuniary interest if you, or your spouse or civil partner, have a pecuniary interest.

- Any employment, office, trade, profession or vocation carried on for profit or gain, which you, or your spouse or civil partner undertakes.

- Any payment or provision of any other financial benefit (other than from your council or authority) made or provided within the relevant period* in respect of any expenses incurred by you in carrying out duties as a member, or towards your election expenses. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.

  *The relevant period is the 12 months ending on the day when you tell the Monitoring Officer about your disclosable pecuniary interests.

- Any contract which is made between you, or your spouse or your civil partner (or a body in which you, or your spouse or your civil partner, has a beneficial interest) and your council or authority –

  - under which goods or services are to be provided or works are to be executed; and
  - which has not been fully discharged.

- Any beneficial interest in land which you, or your spouse or your civil partner, have and which is within the area of your council or authority.

- Any licence (alone or jointly with others) which you, or your spouse or your civil partner, holds to occupy land in the area of your council or authority for a month or longer.

- Any tenancy where (to your knowledge) –
  - the landlord is your council or authority; and
  - the tenant is a body in which you, or your spouse or your civil partner, has a beneficial interest.

- Any beneficial interest which you, or your spouse or your civil partner has in securities of a body where -

  (a) that body (to your knowledge) has a place of business or land in the area of your council or authority; and

  (b) either -
    - the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body; or
    - if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which you, or your spouse or your civil partner, has a beneficial interest exceeds one hundredth of the total issued share capital of that class.

If you attend a meeting at which any item of business is to be considered and you are aware that you have a **personal interest** in the matter which does not amount to a DPI, you must make verbal declaration of the existence and nature of that interest at or before the consideration of the item of business or as soon as the interest becomes apparent. You should leave the room if your continued presence is incompatible with the 7 Principles of Public Life (selflessness; integrity; objectivity; accountability; openness; honesty; and leadership).

You have a personal interest where –

- a decision in relation to that business might reasonably be regarded as affecting the well-being or financial standing (including interests in land and easements over land) of you or a member of your family or a person or an organisation with whom you have a close association to a greater extent than it would affect the majority of the Council Tax payers, ratepayers or inhabitants of the ward or electoral area for which you have been elected or otherwise of the Authority's administrative area, or

- it relates to or is likely to affect any of the interests that are defined as DPIs but are in respect of a member of your family (other than a partner) or a person with whom you have a close association.

Guidance on declarations of interest, incorporating regulations published by the Government in relation to Disclosable Pecuniary Interests, has been circulated to you previously.

You should identify any potential interest you may have relating to business to be considered at the meeting. This will help you and anyone that you ask for advice to fully consider all the circumstances before deciding what action you should take.

In certain circumstances the Council may grant a **dispensation** to permit a Member to take part in the business of the Authority even if the member has a Disclosable Pecuniary Interest relating to that business.

To obtain a dispensation, you must write to the Monitoring Officer at least 48 hours before the meeting in question, explaining why a dispensation is sought and desirable, and specifying the period of time for which it is sought. The Monitoring Officer may consult with the Independent Person or the Council's Standards Committee in relation to a request for dispensation.

Further advice can be obtained from Gillian Duckworth, Director of Legal and Governance on 0114 2734018 or email gillian.duckworth@sheffield.gov.uk.

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SHEFFIELD CITY COUNCIL

Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee

Meeting held 24 February 2016

PRESENT: Councillors Cate McDonald (Chair), Sue Alston (Deputy Chair), Pauline Andrews, Jenny Armstrong, Mike Drabble, Peter Price, Mick Rooney, Garry Weatherall, Brian Webster, Denise Reaney (Substitute Member) and Cliff Woodcraft (Substitute Member)

Non-Council Members (Healthwatch Sheffield):-

Helen Rowe and Alice Riddell

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1. APOLOGIES FOR ABSENCE

1.1 Apologies for absence were received and substitutes attended the meeting as follows:-

Apology	*Substitute*
Councillor Katie Condliffe	Councillor Denise Reaney
Councillor Shaffaq Mohammed	Councillor Cliff Woodcraft
Councillor Jackie Satur	No substitute nominated
Councillor Geoff Smith	No substitute nominated

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 In relation to Agenda Item 9 (Learning Disabilities Supported Living Evaluation Report), Councillor Mick Rooney declared a disclosable pecuniary interest as his partner was an employee of the Sheffield Health and Social Care NHS Foundation Trust, and indicated that he would be leaving the meeting during the consideration of that item.

4. MINUTES OF PREVIOUS MEETING

4.1 The minutes of the meeting of the Committee held on 27th January 2016, were approved as a correct record and, arising therefrom, the Chair reported that, in connection with Item 7 – Quality Care Provision for Adults with a Learning Disability in Sheffield - Improvements and Next Steps, (a) she had raised the concerns of the Committee, as well as those of the Clinical Commissioning Group and the Sheffield Health and Social Care NHS Foundation Trust, regarding some of the appendices to the joint report submitted under this item not being available

to the press and public, and that following discussions on this issue, the appendices were to be publicly available with effect from the beginning of March 2016, and (b) further to a meeting held with the Chair of the Sheffield Safeguarding Children Board, a paper setting out details with regard to the link between scrutiny and adult safeguarding would be submitted to the next meeting of the Committee.

5. PUBLIC QUESTIONS AND PETITIONS

5.1 There were no public questions raised or petitions submitted from members of the public.

6. IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES

6.1 The Committee received a report of the Service Director, Sheffield Health and Social Care NHS Foundation Trust, on Sheffield Improving Access to Psychological Therapies (IAPT). The report provided a description of the Service, an overview of what was currently offered by the Service, informed of the enhancements to the current service model that were currently being developed and set out details on the outcomes of the Service, and benefits to patients.

6.2 The report was supported by a presentation from Toni Mank, Sheffield IAPT Head of Service. Ms Mank reported on the work of Sheffield IAPT, indicating that there were around 137 staff, working in collaboration with General Practitioners (GPs), across 109 GP practices in the City, to deliver evidence-based psychological therapies for over 12,000 patients suffering with mild to severe anxiety and depression each year. She made reference to the number of patients seen by the Service, the length of time patients waited to enter treatment, and reported on the outcomes in terms of patients treated. Ms Mank reported on current developments within the Service, which included improving wellbeing sessions, stress control and a new enhanced computerised cognitive behavioural therapy (CBT) package, and referred specifically to developments in terms of technology with regard to improvements to the Service. She concluded by referring to the planned IAPT service model with effect from April 2016.

6.3 Members of the Committee raised questions and the following responses were provided:-

- It was accepted that the services offered by IAPT were heavily weighted towards Cognitive Behavioural Psychotherapy (CBT), but the Service was working to a specific remit, as determined by the National Institute for Clinical Excellence (NICE). The Service, however, did offer a range of other therapies.

- It was appreciated that the Service did not meet the needs of the deaf and hard of hearing as much as it would like to, but every effort would be made to ensure that anyone with such an impairment wanting to access the Service would be treated to the best possible standard. As part of the planned, new enhanced services, IAPT was exploring options to have a signer present at its

stress control psycho-education course. The Service had access to an interpreter service, which included British Sign Language. Therefore, if anyone had hearing problems, they would still be able to access the Service for anxiety and/or depression. The Service was designed to deliver psychological therapy for anxiety and depression, and anyone could access this service. If they are deaf or hard of hearing, the Service would ensure that they have a signer present.

- IAPT was a service for 18 year-olds and older, with no upper age limit. Whilst the Service would consider assisting some 16 or 17 year olds, where possible, most under 18-year olds would be referred to the Child and Adolescent Mental Health Service (CAMHS). There were two younger people's and two older people's champions, who worked with other services to improve access to those groups. The Service worked very closely with the Children and Young People's Empowerment Project (CHILYPEP), which worked with excluded groups of children and young people, supporting them to make a positive contribution to their communities and neighbourhoods. CHILYPEP had also undertaken training for staff of the Service. It was hoped that the Service's new computer-based programmes would both be more appealing and useful for young people. Statistics in terms of young people accessing the Service were not available at the meeting, but could be circulated to Members at a later date.

- Information or statistics with regard to referrals to the Service from different areas of the City was not available at the meeting, but could be forwarded to Members at a later date. There was, however, huge demand at all GP practices in the City.

- The Service worked with all GP practices in the City, at a local level, in order to manage need, as well as demand, within the remit of the Service as it was commissioned to deliver structured psychoactive services. Each practice had access to a Psychological Wellbeing Practitioner (PWP). The level of service provided varied in terms of the requirements and need. The Service would determine the provision at the different practices based on data regarding the number of referrals to each practice, and thereby provide services based on such demand. Due to the level of resources available, operating on a demand basis was viewed as the most appropriate approach. It was also considered more effective working at a local level rather than having a centralised service.

- IAPT offered a short-term service, although it offered other sessions in line with the National Institute of Clinical Excellence (NICE) guidelines. The recovery rates of patients were determined at the point of discharge from the Service.

- The new National Waiting Time Standards referred to when the patient entered treatment. Waiting times were variable, with some patients having to wait up to six weeks or more. The waiting times in terms of appointments for counselling had reduced dramatically over the last year, following the re-

organisation of services across the City, which had included a redistribution of resources.

- Whilst there were IAPT services at the vast majority of GP practices in the City due to levels of demand in specific areas, some practices would have more resources. There would also be different arrangements in terms of the provision of services in different practices. Whilst the actions of GPs prescribing medication was out of the control of the Service, it was hoped that the services offered would reduce such prescribing levels.

- IAPT's remit was to offer a service for all, which could include people with a terminal illness. The services offered were available for everyone.

- It was envisaged that if the Service received additional resources, this could possibly result in such waiting times reducing.

- Whilst the positive feedback in terms of the services offered was welcomed, the one element of the service that required improvement was the waiting times in terms of the counselling service. It had been identified that there was a gap in the psycho-dynamic offering, which would need to be looked at.

- Whilst there were no figures available at the meeting, it was envisaged that the demand for IAPT services in Sheffield compared similarly with regard to other cities.

- The feedback in terms of the Friends and Families Test was collected independently. As well as there being boxes where people could post their responses in GP practice reception areas, patient testimonies were also received and passed on to other patients.

- IAPT have asked for meetings with managers of other mental health services to discuss the issues of referrals, specifically in order to look at the most convenient method of referrals. There were plans for improved communication and information-sharing between the different services to look at how they could work together more effectively. It was accepted that there was a high number of inappropriate referrals from GPs, which was mainly due to the pressures being placed on them in terms of demand. IAPT was working very closely with GPs to look at appropriate referral routes.

- As IAPT was a relatively new profession, starting in 2008, this had resulted in there being a problem, in terms of a shortage of Psychological Wellbeing Practitioner trainees. There wasn't a facility to provide training in-house as the training course for PWPs was a national curriculum delivered by Universities at post-graduate level. In the past, it had been possible to recruit a number of trainees but, due to current financial restraints, this was now no longer possible. This, and the fact that there was a high turnover of staff, was one of the factors contributing to increased waiting times. Despite these issues, IAPT was achieving its targets locally at the present time but, in the light of the problems, such achievement may be affected in the future.

Another issue was that nationally, there was not a high number of agency staff with relevant qualifications or expertise in this area.

- The Service was developing a patient booking system online, so that patients would be able to book directly on to stress control or improving wellbeing sessions, or by ringing up the central office.

6.4 RESOLVED: That the Committee:-

(a) notes the contents of the report now submitted, together with the information reported as part of the presentation and the responses to the questions raised;

(b) thanks Robert Carter and Toni Mank for attending the meeting and responding to the questions raised; and

(c) highlights the following issues/areas, for future consideration/action by the IAPT Service:-

(i) service gap regarding development for the deaf/hard of hearing – identified as an area of concern for the Committee;

(ii) the focus on GPs was really useful; need to widen access and look at different routes into the Service; Committee requests information/statistics on referral routes and geographic access across the City; and

(iii) include service user feedback in future reports.

7. HOME CARE SCRUTINY TASK GROUP

7.1 The Committee received a report of the Home Care Scrutiny Task Group, which had been established to look at how the Council would improve the quality of home care services.

7.2 The report set out details in terms of the work of the Task Group, together with details of its findings and recommendations.

7.3 Councillor Sue Alston, a Member of the Task Group, reported that the Group had met seven times, with providers, commissioners and staff in order to assess the overall picture in terms of the quality of home care services, and referred specifically to problems the Group identified in terms of the recruitment/training of staff. Helen Rowe, Task Group Member, added that the Group had not been able to look at two areas – people who need direct payments and feedback from users.

7.4 Members of the Committee raised questions and the following responses were provided:-

- The collation of feedback from users was a requirement of registration with

the Clinical Quality Commission (CQC). The sites do it differently, therefore it was difficult to quantify.

- The information in terms of why Adult Social Care performance indicators show that user satisfaction with social services in Sheffield compared poorly with other Core Cities and Yorkshire and Humber Authorities was not available as there was such a wide range of services provided by the different authorities, together with too many possible variables. The main purpose was to try and improve the provision of services for all users.

7.5 RESOLVED: That the Committee:-

(a) notes and approves the report of the Home Care Scrutiny Task Group now submitted;

(b) agrees that the report be presented to the Cabinet, requesting that the Cabinet Member for Health, Care and Independent Living responds to the Committee within three months, including a timetable for implementing the recommendations within the re-commissioning process; and

(c) expresses its thanks to those members of the Task Group for the work undertaken in this regard.

8. LEARNING DISABILITIES SUPPORTED LIVING EVALUATION REPORT

8.1 The Committee received a report of the Executive Director, Communities, on the progress made in terms of Learning Disabilities Supported Living, following the decommissioning and transferral of five Learning Disability Residential Homes into supported living arrangements. The aim of the evaluation had been to gather views from tenants, family members and staff about the move to supported living, and how the transfers had been handled. The information gathered would be used to inform any similar future changes to ensure that people's experience of the change, and outcomes from change, were better.

8.2 The report contained details of the method used for collating the information, the respondees, and attached, as an appendix, the main findings as part of the evaluation.

8.3 In attendance for this item were Barbara Carlisle (Head of Strategic Social Care Commissioning) and Christine Anderson (Strategic Commissioning Manager, Communities Portfolio).

8.4 Members of the Committee raised questions and the following responses were provided:-

- To date, the service users had not been involved in the production of the newsletter. The Service had just received updates from providers in terms of what people were doing. Users' stories would be included in future editions.

- It was believed that the comment suggesting that it would be beneficial for each site to have its own minibus to take tenants on outings more easily had been made by a member of staff at one of the homes. Whilst some users were getting mobility vehicles, it was considered that transport should be provided, based on the personal needs of users.

8.5 RESOLVED: That the Committee:-

(a) notes the contents of the report now submitted; and

(b) agrees the recommendations set out in the report.

9. WORK PROGRAMME 2015/16

9.1 Alice Nicholson, Policy and Improvement Officer, submitted a report setting out the Committee's draft Work Programme for 2015/16.

9.2 Ms Nicholson reported that (a) a report would be submitted to a future meeting of the Committee with regard to proposals for the establishment of a regional Joint Overview and Scrutiny Committee, to comprise representatives from Sheffield, Barnsley, Doncaster, Rotherham, Wakefield, North Derbyshire, Hardwick and Bassetlaw, to consider the Working Together Programme, at the request of NHS England and NHS Sheffield Clinical Commissioning Group, and (b) the Quality Accounts Sub-Group would be meeting in April 2016, to discuss how the Sub-Group should proceed in terms of its work.

9.3 The Committee noted the contents of the draft Work Programme for 2015/16, together with the information now reported.

10. DATE OF NEXT MEETING

10.1 It was noted that the next meeting of the Committee would be held on Wednesday, 23rd March 2016, at 10.30 am, in the Town Hall.

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Report to Healthier Communities & Adult Social Care Scrutiny & Policy Development Committee 23rd March 2016

Report of: Policy & Improvement Officer

Subject: Access to GP Services – additional information

Author of Report: Alice Nicholson, Policy and Improvement Officer
alice.nicholson@sheffield.gov.uk
0114 273 5065

There are two data sources for useful additional information in regard to performance of local GP services: The Care Quality Commission inspection reports and the National Patient Survey: GP Patient Survey.

The Scrutiny Committee is being asked to:

- Note the information

The Care Quality Commission (CQC)

The CQC is the independent regulator of health and social care in England. On their website they state: 'we make sure care services are safe, caring, effective, responsive and well-led.' and; 'we monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety and we publish what we find, including performance ratings to help people choose care.' In regard to GP services CQC inspect: NHS GP practices; NHS out of hours services; walk-in centres; and minor injury units. www.cqc.org.uk

A scan of CQC inspection information on the website shows of around 20 NHS GP practices inspected recently in Sheffield – one rated inadequate (lowest rating) and one requiring improvement – the remainder good, none outstanding (highest rating). For the two lower rated practices the inspection reports note patient treatment satisfaction is good. With reference to appointments: one practice urgent appointments are available same day with any GP; one practice urgent appointments are easy, there can be a 3 week wait for routine appointments.

National Patient Survey: GP Patient Survey

The GP Patient Survey is an independent survey run by IPSOS Mori on behalf of NHS England. It measures how people feel about their GP practice.
https://gp-patient.co.uk/
It asks questions on 'experience of your GP surgery' and 'success in getting an appointment' and provides 'slide packs' for each CCG – for the latter question in Sheffield the survey indicates a good satisfaction rate across the CCG of 85% at the latest survey compared with 84% in December 2013. The slide pack includes information by GP practice within Sheffield CCG – there are 3 slides for this question - for clarity they are best viewed online:

https://gp-patient.co.uk/slidepacks/January2016#S NHS SHEFFIELD CCG

Success in getting an appointment: how the CCG's practices compare

The last time you wanted to see or speak to a GP or nurse, were you able to get an appointment to see or speak to someone?

Practices · CCG · National Average

Percentage of patients who said they were able to get an appointment last time they tried to see or speak to a GP or nurse

100% 90% 80% 70% 60% 50% 40% 30% 20% 10% 0%

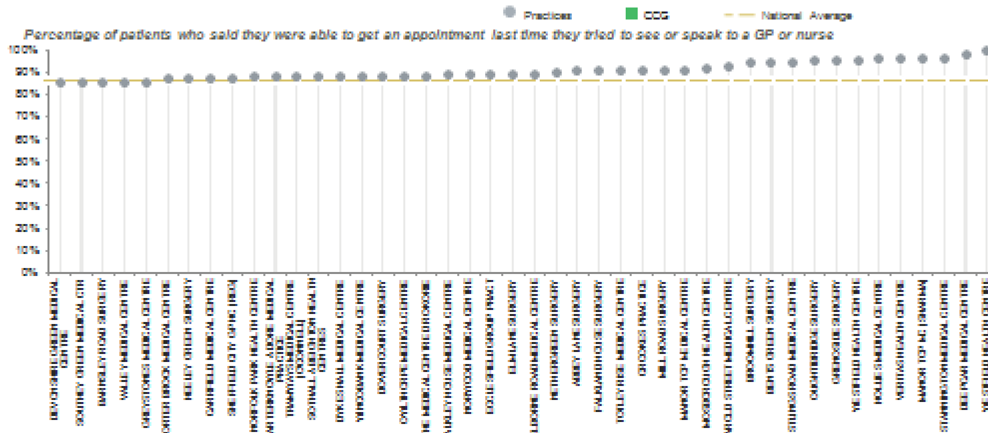
Comparisons are indicative only: differences may not be statistically significant, particularly at practice level due to low numbers of responses

Ipsos MORI
Social Research Institute

1

Success in getting an appointment: how the CCG's practices compare

The last time you wanted to see or speak to a GP or nurse, were you able to get an appointment to see or speak to someone?



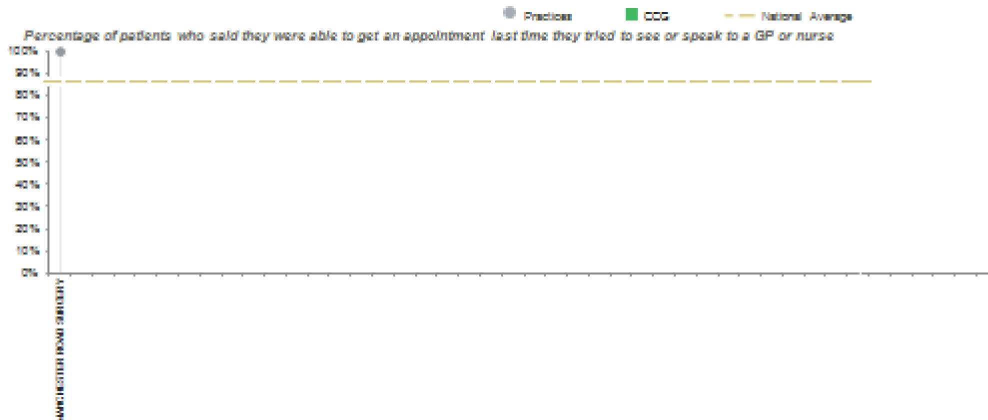
Comparisons are indicative only: differences may not be statistically significant, particularly at practice level due to low numbers of responses

Base: All those completing a questionnaire: National (915,057); CCG (9,136); Practice bases range from 28 to 133

%Yes = %Yes + %Yes, but I had to call back closer to or on the day

Success in getting an appointment: how the CCG's practices compare

The last time you wanted to see or speak to a GP or nurse, were you able to get an appointment to see or speak to someone?



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Draft Primary Care Strategy For Sheffield

Katrina Cleary, Programme Director Primary Care
St John Livesey, GP Clinical Lead Primary Care
Sheffield CCG

How has the primary care strategy been developed?

Why does primary care need to change in Sheffield?

- Increasing volume of demand for all primary care services from worried well through to complex co-morbidities
- Increasing proportion of patients with complex needs; increasing physical and mental health co-morbidity
- Increasing undefined grey area of provision between primary and secondary care
- Many practices are reporting they are in crisis
- GPs leaving the profession early, including practice partners; difficulties in recruitment
- Increasing workload and demand is taking its toll emotionally and financially
- Patient care is in danger of being compromised if the status quo continues
- Part of wider system changes – Out of Hospital Strategy
- Health inequalities across the city persist

Changes in primary care are part of a wider system change

- All parts of health and social care are experiencing increased demand and health inequalities persist
- Realisation that current system encourages a ‘fortress mentality’
- Explicit policy to develop ‘place based systems of care’ and person-centred care

Out of Hospital Services for Sheffield

Out of Hospital Services

Primary Care strategy

Urgent Care strategy

AS&R strategy

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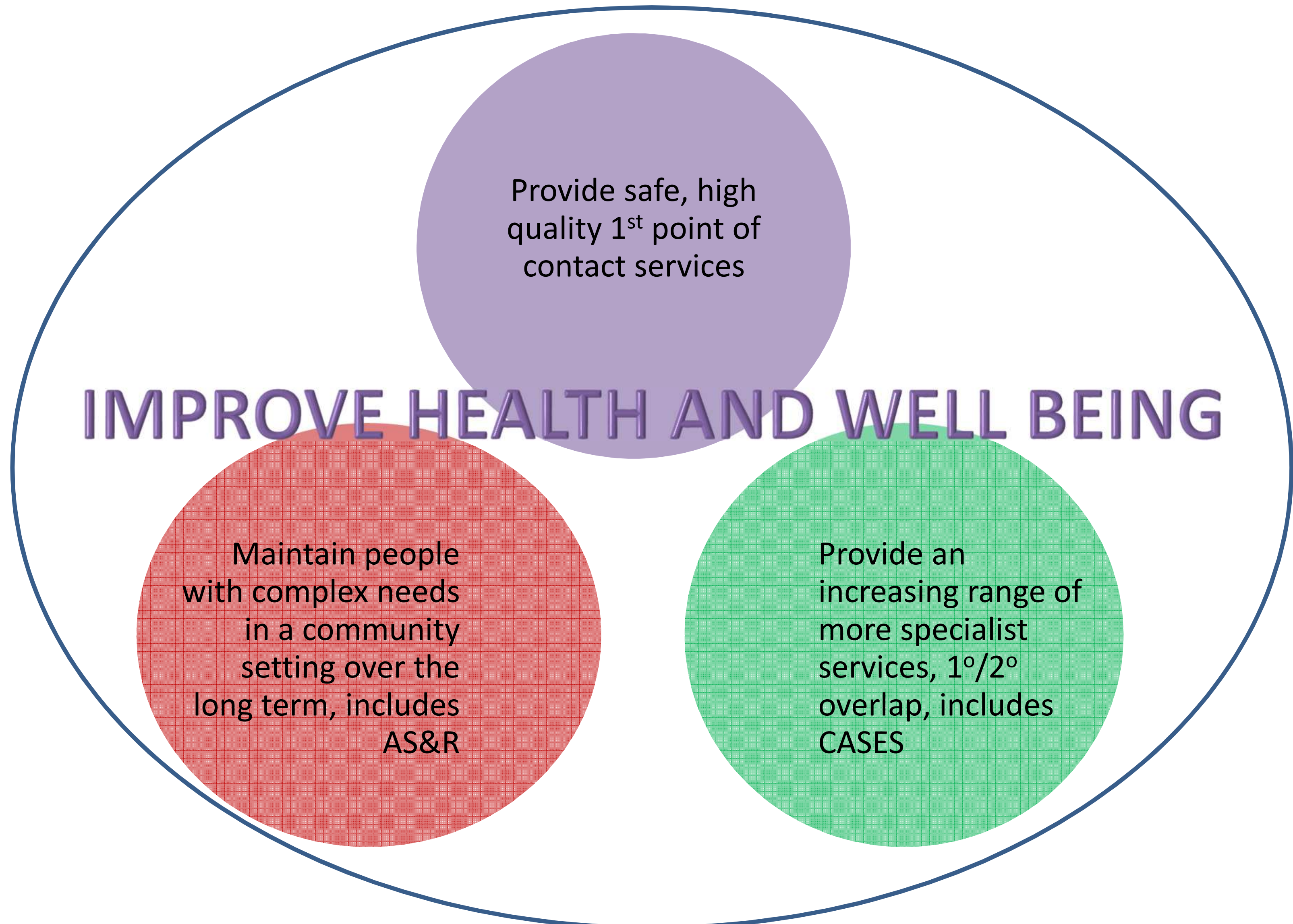
What do we want primary care to do – next 5-10 years?



What needs to happen to build capacity – providing safe, high quality 1st point of contact services?

Assumption: It doesn't take a qualified GP to see all the presentations they currently see

- Free GP time up from less complex work so they can concentrate on managing more complex patients; allow GPs to be expert medical generalists
- Use the existing community pharmacist workforce to better effect
- Develop a workforce that can manage the less complex work – nurses, pharmacists, physician's associates, HCAs
- Educate people to use resources differently and with a greater emphasis on self care

What needs to happen to build capacity – maintaining people with complex needs in the community?

- GPs to work as Primary Care Consultants – the joint decision maker **with the patient** in the care and support of patients with complex needs; repatriate work most appropriate to be managed by GPs to primary care
- Make better use of the health, social care and voluntary services already there; work as a multi-agency team providing flexible packages of support to patients and carers
- Wrap around resources to be organised and coordinated across populations of 30,000-50,000

What needs to happen to build capacity – provide an increasing range of services in the primary/secondary care overlap?

- Build further knowledge and skill within the primary care workforce; primary and secondary care to work jointly in community based settings
- Pool specialist skills, using all professions, across groups of practices
- **Contract** for secondary care services to be provided in a community based setting:

This should be a merging of primary and secondary care approach and skill; applying specialist treatment in the community but in the context of all needs of the patient

City

· Out of hours GP service · GP led urgent care service at the front of A&E ·

Individual GPs employed by a citywide Primary Care services provider

Locality 100-150,000

Joint working between Primary and Secondary Care

· 7 day per week/extended hours Primary Care services ·

· Rapid access to advice from Secondary Care as part of AS&R and CASES ·

Active Support & Recovery Multidisciplinary Team

GPs, Practice Nurses and PAs working on behalf of a large number of practices

Neighbourhood 30-50,000

GP role is of Primary Care Consultant

· Management of frail elderly · Assisted Support & Recovery · Medication optimisation · GPwSI · Minor ailments ·

· Complex LTC management · Management of co-morbidity incl. physical and mental health · First point of contact ·

GPs, Practice Nurses, PAs & Pharmacists working across a number of practices

Wraparound care by an MDT of GPs, voluntary sector, carers, community nurses, community mental health & pharmacists

Practice

GP as expert medical generalist; maintain continuity of care

· Medication advice & dispensing · Screening programmes ·

· Health promotion and prevention · Non-complex LTC management · Wound care ·

Community Pharmacists, Pharmacy Technicians, Practice Nurses, PAs & HCAs

· General dental and optometry services ·

Dentists & Optometrists

What needs to change in primary care to enable this?

- Use current resources to best effect; community pharmacists under-utilised at present; primary and community based services do not work in an integrated way
- Have a clear implementation plan for developing a primary care workforce fit for purpose
- Have a clear implementation plan for enabling inter-operability of IT systems across multiple providers

What does this mean for practices?

- Greater skill mix and more integration indicates services provided over a wider footprint
- Practices to collaborate/join forces to establish Primary Care Home/Multi-Specialty Community Provider
- Practices to work much more in partnership with community, voluntary and secondary care
- GPs, practice nurses, community nurses, community pharmacists will work differently
- CCG will look to practices to provide for a community according to the needs of that community
- Some services will need to be provided at a neighbourhood, locality or city wide level; CCG will be looking for a strong primary care provider offer at all these levels

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Briefing for Healthier Communities & Adult Social Care Scrutiny & Policy Development Committee

23rd March 2016

Subject: Adult Safeguarding and Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee

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Contact Officer: Alice Nicholson, Policy & Improvement Officer
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Overview

It is a given that there is a role for scrutiny in regard to Adult Safeguarding. The Care Act 2014 put Safeguarding Adults Board on a statutory footing. Here in Sheffield there is the Sheffield Adult Safeguarding Partnership and Safeguarding Adults Board.

This item briefs members on proposals for strengthening communication and developing the relationship between Healthier Communities and Adult Social Services Scrutiny and Policy Development Committee and Adult Safeguarding in Sheffield. Particularly briefing members on the agreed actions in regard developing the relationship which will be shared at the Adult Safeguarding Board on 18th March 2016. The notes of a meeting held to discuss developing the relationship are attached for information.

Type of item: The report author should tick the appropriate box

Reviewing of existing policy	
Informing the development of new policy	
Statutory consultation	
Performance / budget monitoring report	
Cabinet request for scrutiny	
Full Council request for scrutiny	
Community Assembly request for scrutiny	
Call-in of Cabinet decision	
Briefing paper for the Scrutiny Committee	**x**
Other	

The Scrutiny Committee is being asked to:

- Note the information

Healthier Communities and Adult Social Services Scrutiny and Policy Development Committee and Adult Safeguarding – Developing the relationship

Notes from Meeting 29/01/16

Attendees

Cllr McDonald - Chair Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee
Sue Fiennes - Independent Chair Adult Safeguarding
Simon Richards - Head of Adult Safeguarding [notes]

1. Overview of discussion

1.1 There is mutual agreement that developing the relationship between Scrutiny and Adult Safeguarding Partnership is a priority. Regular, direct and open communication is welcomed as contributing to this objective. Promoting an open dialogue is fundamental to the health of the relationship.

1.2 Whilst it is recognised that a governance and oversight function are legitimate part of the relationship there needs to be a better balance enabling Scrutiny to proactively contribute and meaningfully influence developments at an appropriate point. This will ensure that there is a real focus on the added value that Scrutiny can provide. Scrutiny's role is not seen as one in which it is required to passively endorse decisions taken elsewhere.

2. Agreed Actions

2.1 It is proposed that there are regular meetings between Chair and Deputy Chair Healthier Communities and Adult Social Care scrutiny and policy development committee with Chair of Adult Safeguarding. Meetings to be at intervals of no longer than 6 months. A schedule of meetings to be agreed once outcome of local elections are known, and identity of Chair Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee is confirmed. Meetings to include ongoing discussion on how to further develop the relationship in the context of the Scrutiny Work programme for 2016/17. It is recognised that the Scrutiny Work Programme may present opportunities, where specific topics have an Adult Safeguarding aspect, for this to be considered as part of the wider topic. A briefing note, providing key information on Adult Safeguarding, highlighting issues of note to be provided to Chair and Deputy Chair Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee in advance of further discussions. Briefing note potentially used to brief members of Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee.

2.2 An update on Adult Safeguarding to be provided to Chair and Deputy Chair Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee annually. Scheduling of this to be discussed at meetings between Chair, Deputy Chair and Chair Adult Safeguarding.

2.3 Adult Safeguarding Board to consider how best to engage with Scrutiny and to feed into future discussions through Safeguarding Chair. It was agreed that it would be helpful to arrange a training session for scrutiny members on adult safeguarding. It was also agreed that, where needed, it would be possible to put together a sub group of the Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee to discuss safeguarding related issues. Recent models for effective engagement with Scrutiny have included the Carers Strategy and the Quality Account work with Hospitals.

2.4 It was proposed that minutes of Safeguarding Executive Board meetings are shared with Chair and Deputy Chair Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee. Proposal to be formally considered at the next Safeguarding Executive Board meeting on 18/03/16.

2.5 Ongoing contact as necessary between Adult Safeguarding Partnership and Chair and Deputy Chair Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee is welcomed. Where relevant issues are to be communicated initially via email to be followed up with phone call or meeting as necessary. Chair Healthier Communities and Adult Social Care Scrutiny and Policy Development committee would appreciate notification of any significant issues that may arise in advance, where possible, or as soon after as is practicable. It is important that Scrutiny is supported with horizon scanning for any significant emerging issues.

Simon Richards on behalf of Sue Fiennes – independent Safeguarding Chair
29/01/16

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Report to Healthier Communities & Adult Social Care Scrutiny & Policy Development Committee
23rd March 2016

Report of: Policy & Improvement Officer

Subject: Activity 2015/16 and future work programme 2016/17

Author of Report: Alice Nicholson, Policy and Improvement Officer
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A summary of activity by the committee 2015/16 – appendix 1 and future work programme for 2016/17 – appendix 2 are attached for the Committee's comment, consideration and discussion.

The table of items 2015/16 is a reminder of activity for information. The future work programme 2016/17 is a carry over of items identified but not considered 2015/16.

The future work programme aims to focus on a small number of issues, in depth. This means that the Committee will need to prioritise which issues will be included on formal meeting agendas. In doing this, the Committee may wish to reflect on the prioritisation principles attached at appendix 3 to ensure that scrutiny activity is focussed where it can add most value.

Where an issue is not appropriate for inclusion on a meeting agenda, but there is significant interest from members, the Committee can request written briefings or presentations outside of formal scrutiny meeting time.

The Scrutiny Committee is being asked to:

- Comment/Feedback on items considered 2015/16
- Comment on a future work programme for 2016/17
- Identify priorities for inclusion on agendas
- Identify items for written briefings

Category of Report: OPEN

Healthier Communities & Adult Social Care Scrutiny & Policy Development Committee
Activity 2015/16

Date: 14 03 2016

Topic	Date	Notes
Single Item Agenda Issues		
Transforming Care – Update on Winterbourne Actions	22 July 2015	Considered an update on Winterbourne Actions
Update on the De-registration of Learning Disability Care Homes	22 July 2015	Considered the present policy, at both national and local Government level, to ensure that people with learning disabilities lived in accommodation that met their individual needs.
Carers' Strategy	23 September 2015	Considered the developing Carers' Strategy and requested that the final version of the Carers' Strategy and Action Plans be presented to the Committee for comment.
Better Care Fund – Active Support and Recovery	25 November 2015	Considered the Better Care Fund, the Committee determined it wants to look at it again in the future, focusing on whether the programme is achieving its intended outcomes and financial savings
Adult Social Care Performance	27 January 2016	Considered and welcomed the approach being taken to improve adult social care performance, and requested that the Director of Adult Services provide a further update in a year's time.
Quality Care Provision for Adults with a Learning Disability in Sheffield	27 January 2016	Considered improvements and action plans following reviews of Council and Care Trust learning disability services. The Committee requested a further update on progress in 12 months from the Director of Adult Services.
Improving Access to Psychological Therapies	24 February 2016	Considered how Sheffield can maximise the benefits of the Improving Access to Psychological Therapies programme.
Consideration of the Home Care Task Group	24 February	Considered the report of the scrutiny task group that has been looking at

report	2016	home care services, and approved the report to be put to Cabinet.
Access to GP Services	23 March 2016	To consider what progress is being made in improving access to GP Services, and how we could be doing better in Sheffield.
Task Group		
Home Care	reported 24 February 2016	A scrutiny task group that looked at home care services – the report and recommendations of the task group was presented to Cabinet on 9th March 2016 – with a response due back within 3 months
Sub-Group		
Quality Accounts	Autumn 2015 April 2016	Sub group of Committee Members to carry out work on Quality Accounts on behalf of the Committee. The group met in October to consider the issues to be included. The group will meet again in April, to consider the draft quality reports and hear from representatives of each trust how the sub group's comments have been incorporated into the reports. The group will then develop formal comments for the trusts to include in their final quality reports.
Issues for briefings/information/updates		
Child and Adolescent Mental Health Service (CAHMS) – update	22 July 2015	Information item
Urgent Care Review	22 July 2015	Information item
Scrutiny and the Adult Safeguarding Board	23 March 2016	Information item - proposals for strengthening communication and the relationship between Scrutiny and the Safeguarding Board.
Follow Ups		
Deregistration of Learning Disability Care Homes	24 February 2016	Update on progress following the Committee's consideration of this in July 2015, with a focus on service user experience.

Healthier Communities & Adult Social Care Scrutiny & Policy Development Committee
Future Work Programme 2016/17

Last updated: 14 03 2016
Please note: the future work programme is a live document and so is subject to change.

Topic	Date	Notes
Single Item Agenda Issues		
Public Health Vision		The cabinet member is planning to review and refresh the vision for public health, adopted when the Council took on responsibility for the service. This would give the Scrutiny committee the opportunity to challenge and comment on the proposed vision.
Children's health and food		To look at the current picture in terms of obesity and under-nutrition in children in Sheffield, understand the influencing factors and consider how Sheffield could improve its approach.
Elective Care Review (CCG)		
Sub-Group		
Quality Accounts	Autumn 16 & Spring 17	Sub group of Committee Members to carry out work on Quality Accounts on behalf of the Committee. To continue the sub group approach taken 2015/16 with an autumn meeting to consider the issues that provider trusts should include and a spring meeting to consider the draft Quality Account reports.
Joint Health Scrutiny		
The Commissioners Working Together Programme	Spring 2016 onwards	NHS England and NHS Sheffield CCG have formally requested that Scrutiny Committees across the CCG 'Working Together' footprint – Sheffield,

		Barnsley, Doncaster, Rotherham, Wakefield, North Derbyshire, Hardwick and Bassetlaw establish a Joint Overview and Scrutiny Committee to consider the Working Together Programme. Hyper acute stroke services and children's surgical services will be the focus of the first phase of work. Full Council approved on 4th March 2016 participation in this work and to appoint the Chair of the HCASC Scrutiny Committee to the Joint Committee.
Issues for briefings/information/updates		
Dementia Strategy		
Care Act		
Follow Ups		
Better Care Fund	Winter 2016	Following consideration of the Better Care Fund at its meeting in November 2015, the Committee wanted to look at it again in the future, focusing on whether the programme is achieving its intended outcomes and financial savings
Adult Social Care Performance	Early 2017	At its meeting in January 2016, the Committee welcomes the approach being taken to improve adult social care performance, and requested that the Director of Adult Services provide a further update in a year's time.
Quality Care Provision for Adults with a Learning Disability in Sheffield	Early 2017	In January 2016, the Committee considered improvements and action plans following reviews of Council and Care Trust learning disability services. The Committee requested a further update on progress in 12 months from the Director of Adult Services.
Carers' Strategy		At its meeting in September 2015 the committee considered the developing Carers' Strategy and requested that the final version of the Carers' Strategy and Action Plans be presented to the Committee for comment.

Selecting Scrutiny topics

This tool is designed to assist the Scrutiny Committees focus on the topics most appropriate for their scrutiny.

- **Public Interest**
  The concerns of local people should influence the issues chosen for scrutiny;

- **Ability to Change / Impact**
  Priority should be given to issues that the Committee can realistically have an impact on, and that will influence decision makers;

- **Performance**
  Priority should be given to the areas in which the Council, and other organisations (public or private) are not performing well;

- **Extent**
  Priority should be given to issues that are relevant to all or large parts of the city (geographical or communities of interest);

- **Replication / other approaches**
  Work programmes must take account of what else is happening (or has happened) in the areas being considered to avoid duplication or wasted effort. Alternatively, could another body, agency, or approach (e.g. briefing paper) more appropriately deal with the topic

Other influencing factors

- **Cross-party -** There is the potential to reach cross-party agreement on a report and recommendations.

- **Resources**. Members with the Policy & Improvement Officer can complete the work needed in a reasonable time to achieve the required outcome