S H E F F I E L D C I T Y C O U N C I L

Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee

Meeting held 14 September 2016

PRESENT: Councillors Pat Midgley (Chair), Sue Alston (Deputy Chair), Mike Drabble, Adam Hurst, Douglas Johnson, George Lindars-Hammond, Anne Murphy, Zahira Naz, Bob Pullin and Garry Weatherall

Non-Council Members (Healthwatch Sheffield):-

Helen Rowe

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1. APOLOGIES FOR ABSENCE

1.1 Apologies for absence were received from Councillors Pauline Andrews, David Barker and Moya O'Rourke.

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. DEVELOPMENT OF A PUBLIC HEALTH STRATEGY FOR SHEFFIELD

4.1 The Committee received a report of the Director of Public Health (Greg Fell) on the development of a Public Health Strategy for the City Council. The report indicated that it was the ambition to achieve a strategy that sets the direction of travel for public health, and which did not override existing plans, but enhanced them. The ambition was also to engage a wider set of stakeholders into public health, and the Strategy had been developed following a review of the public health function in 2015, as well as linked external work undertaken by the Kings Fund. The report also set out information in terms of the structure of the draft Strategy, which was attached to the report, and what the Strategy would mean for the people of Sheffield.

4.2 Councillor Cate McDonald (Cabinet Member for Health and Social Care), who was also in attendance for this item, stated that the draft Strategy needed to be considered alongside the Director of Public Health's Annual Report, and that she and the Director of Public Health would welcome the Committee's views on its contents.

4.3 Mr Fell stated that one of the aims of the Strategy was to ensure, as far as possible, that the deployment of resources met the aims of the Strategy. The

Strategy had been designed to be a statement of intent, and had been kept deliberately brief, with 'easy to read' text. The principal aim of the Strategy was to increase healthy life expectancy by one year over the next 10 years, explicitly focusing on improving fastest in those with lowest healthy life expectancy, and it was hoped that this aim could be achieved not by one specific intervention, but by a collection of a number of different pieces of work. The draft Strategy, which was intended to be more an enabling document, set out four main objectives, in that the Council would use existing skills, expertise and resources to enable such outcomes to be delivered, and which were as follows:-

1 - Refresh and revise our approach to health inequalities.

2 - Optimise health outcomes as an output of public service reform, integrate health and wellbeing as a core consideration in all City Council policies and processes, and upgrading our approach to prevention across the totality of the City Council.

3 - Maintain and develop a robust system to protect the population from preventable infections and environmental hazards.

4 - Develop ambitious policy and service-based approaches to healthy lifestyles to support people to be as healthy as they can.

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

- Whilst there had been improvements in terms of dental health, particularly regarding children, this was viewed as a very important issue, and steps would be taken to make it more explicit within the Strategy.

- Staff within Public Health would be more than happy to speak to representatives of Healthwatch Sheffield in order to discuss the issue of the nature of the language used in the Strategy.

- Consideration would be given to public health issues in connection with the determination of licensing and planning applications.

- There were a number of proposed changes set out in the Sheffield Alcohol Strategy 2016-2020, which was to be considered by the Cabinet at its meeting to be held on 21st September 2016. Discussions had also been held with the Co-Chairs of the Licensing Committee in connection with the determination of applications dealing with Premises Licences.

- Whilst it was acknowledged that decisions made with regard to health issues were generally made based on evidence provided, as was usually the case in other areas of policy-making, there was a belief that there needed to be other considerations as part of the decision-making process.

- Whilst the decision in terms of some GP Practices not being able to carry out certain sexual health treatments was a public health decision, current data

indicates that sexual health services were performing adequately at the present time.

- Whilst the average life expectancy for Sheffield was rising, the City's healthy life expectancy was not. There was more information on healthy life expectancy in the Director of Public Health Report for Sheffield 2016. It was appreciated that the reference in the section on risks to the delivery of the intentions in this Strategy, relating to the potential loss of the ring-fence on the public health grant presenting significantly more opportunities than threats, may be optimistic. However, it provided an opportunity to put health in a different context, such as highlighting the fact that it was a good investment to improve the economy. For this reason, it was viewed as more of an opportunity rather than a threat.

- It was not totally clear as to what action the Council would take in terms of resolving conflict in connection with improving public health. One example in terms of proposed action would be the need to factor in the adverse consequences of the effects of poor air quality.

- Public Health staff were working with schools and the Planning Service in connection with providing advice and guidance on the benefits of improved public health in these areas. Progress in terms of working with schools was more advanced, with most schools wanting to engage in the health agenda. It was considered that it was in the schools' interest to work with Public Health staff as statistics showed that healthier children perform better at school. Staff, however, were only able to provide advice and give ideas to the two services, and not able to provide any funding.

- Efforts were being made to ensure that funding could be secured in terms of health trainers and other initiatives, in connection with a social model of health. Recent budget cuts in the Health Service had resulted in a serious adverse effect on community health work.

- The City was developing a model of social prescribing, the aim of which was to add to the range of options available to GPs, and others, beyond traditional medical interventions.

- As the effects on health did not form part of the criteria in connection with licensing and planning applications, the public should be encouraged to lobby their local Members of Parliament in terms of seeking changes to the law in this regard. There was a need to consider the Accumulative Impact Policy in terms of the number of licensed premises in a given area, and it was hoped that this could be explored through the Council's Alcohol Strategy.

- The comments received in terms of the layout of, and language used in, the draft Strategy were acknowledged, and consideration would be given to including a contents list at the front, and a glossary at the end of the draft Strategy, as well as including a short description of other plans and strategies. The Director of Public Health would be more than happy with the principle of

adopting a more ambitious approach in terms of the draft Strategy, particularly with regard to targets relating to child poverty. It was, however, considered that there was a need to focus on stopping the worse causes of child poverty, rather than stopping it all together.

4.5 The following comments were also made:-

- The fact that the aim of the Strategy was explicitly highlighted was welcomed.
- There should be more detail in terms of the links between public health and housing.
- An action plan, with clear targets which could be monitored and reviewed, would be welcomed.
- There was a need to balance the two approaches to improving health and wellbeing, in terms of the medical and social models of health, recognising that both models were important.
- It would be helpful if reference could be made to public health implications on the front sheets of reports being submitted to Council meetings.
- Consideration should be given to some of the wording and terminology in the draft Strategy.

4.6 RESOLVED: That the Committee:-

(a) notes the contents of the report and the draft Public Health Strategy, now submitted, and the comments now made and questions raised; and

(b) requests the Director of Public Health to submit a report to a meeting to be held at the end of the 2016/17 Municipal Year, providing a full and detailed account of how the Public Health Strategy was progressing and highlighting any areas that needed addressing.

5. PUBLIC QUESTIONS AND PETITIONS

5.1 Mike Simpkin requested that the Committee noted its crucial role in relation to the Sustainability and Transformation Plan (STP) process and the Working Together Commissioner and Provider initiatives. He stated that, as these processes, particularly the STP, were happening without the statutory NHS decision-making process, Local Authority Scrutiny Committees were the only semi-independent public bodies able to formally comment on, and influence, these processes on behalf of local citizens. Mr Simpkin added that, although there were likely to be many good proposals in the STP, he requested that the Committee should pay particular attention to the following elements at this stage:-

(1) The degree of public consultation and the extent to which this is genuine

consultation, or mere public gratification/mollification, after decisions have been made.

(2) The extent to which the STP decisions were made because of having to work within a cost envelope controlled from the centre, which left local services far short of what they needed, and by then, because of this, service changes and closures, however well intentioned, would actually increase the level of failure to meet genuine need.

(3) The implications of the sub-regional dimension, particularly for services in Sheffield – what would the effect be, particularly on the capacity of Sheffield acute services, of projected additional demand from elsewhere?

(4) The implications of the STP for any change in service models and, in particular, the potentially growing commercialism of health care if more services are broken up for tendering (including subcontracting) and patients becoming customers.

5.2 The Chair thanked Mr Simpkin for attending the meeting and raising the questions/issues, and stated that the Committee would consider his comments when looking at the STP at this meeting, and in the future.

6. SOUTH YORKSHIRE AND BASSETLAW SUSTAINABILITY AND TRANSFORMATION PLAN - UPDATE

6.1 The Committee received a report of Will Cleary-Gray, NHS Programme Director, South Yorkshire and Bassetlaw Sustainability and Transformation Plan (STP), providing an update on the developing STP, and informing of the next steps for engagement.

6.2 The report was accompanied by a presentation from Mr Cleary-Gray, and Tim Moorhead, Chair, Sheffield Clinical Commissioning Group, was also in attendance.

6.3 As part of the presentation, Mr Cleary-Gray referred to the Five Year Forward View for the NHS in England, referring specifically to a radical upgrade in prevention and public health, the provision of support for people to take more control of their own health and care, the removal of barriers between organisations, with the aim of joining up health and care, and new models of care. Reference was also made to the Five Year Forward View for Mental Health. He reported on the local view of the three gaps, referring to the key contributors to the gaps, namely care and quality, health and wellbeing, and finance and sustainability. Mr Cleary-Gray reported on the STP partners and Plan's approach, including details of the governance arrangements, and referred to the emerging themes from the Strategic Plan, and some early examples of improvements, which included hyper-acute stroke services and children's surgery and anaesthesia. He concluded by reporting on the next steps in the process, which included an expectation that local conversations with patients, voluntary groups and partners would have progressed by mid-October 2016, the understanding of the three gaps, including resources, would be further developed by early October 2016, the STP ambitions would be further developed

by mid-October 2016 and it was expected that firm proposals would be developed, and shared more widely, in early 2017.

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

- Whilst it was known that healthy life expectancy rates in Sheffield were lower than the national average, there was no detail, at the present time, in terms of what steps and initiatives people were taking to help increase their healthy life expectancy.

- Social Care were key partners in the work being undertaken as part of the Plan, and discussions had been held in terms of whether Social Care and Adult Social Care were to be brought together. The Better Care Fund in Sheffield was at its highest level at the present time, and there were plans to bring the finances of Health and Social Care together, therefore Sheffield was ahead of many other local authorities in terms of the integration of resources.

- The offer of assistance from Sheffield Healthwatch was appreciated, particularly regarding reaching, and disseminating information to, members of the public, as part of the consultation process, and there were plans to work with the Organisation on the next level of involvement.

- It was accepted that changes need to be made in terms of children's surgery as a number of targets in this area were still not being met.

- The issue regarding a shortage of GPs was recognised.

- Details in terms of the monitoring of progress had not been given any consideration at this stage. It would be a case of working out whether the plans had any measurable benefit.

- It was the ambition to reach the position where everything outlined in the Plan was something that all organisations would be able to support as an ambition. It was anticipated that there would be the necessary support.

- The manner in which patients are treated was very important. It was accepted that not everything was done as well as it should be, but it was important to ensure that people were dealt with correctly.

- It was envisaged that the Plan would provide an opportunity for hospital providers in particular to have a more collaborative approach, and it was considered that this could well be the case. It had also been noted by NHS England that guidance regarding governance arrangements should be issued.

- The primary purpose of the Plan was to implement the Five Year Forward View and ways of improving services. Whilst there was likely to be an increase in Government funding, this would not be at a rate to keep pace with

current demand. It was acknowledged that there were still inefficiencies and waste in the system, as well as issues regarding sustainability, particularly with regard to the shortage of GPs and key clinical workforce. Even if the Government's resource settlement was favourable, the work in connection with the Plan would still be required.

- Whilst it was not confirmed, there had been mention of an indicative figure of £105 million, in terms of sustainability and transformation funding, to be made available to the South Yorkshire and Bassetlaw region. There was no confirmation as to when the funding would be made available, but indications suggested it could be in 2021.

- It was hoped that, by 21st October 2016, there will be a firm, coherent set of plans and conditions, which would contain sufficient detail in order to provide an idea in terms of a sense of the changes required to help bridge some of the gaps identified, and that this would form the basis of the final submission of the Plan.

- There was no ring-fence allocation of funding to allow for the provision of short-term support for older people who were not IT literate. There was a large number of older people who were able to perform a number of things online, such as booking GP and hospital appointments.

- Whilst there had not been any cuts to the Health Service budget, there had been cuts in Social Care, which would impact on both.

- After 21st October 2016, a series of interim governance arrangements would be established, which would include the development of a Partnership Board, and working through a communications strategy.

6.5 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) requests Will Cleary-Gray to attend a future meeting to report on the progress made in respect of the South Yorkshire and Bassetlaw Sustainability and Transformation Plan; and

(c) expresses its thanks to Will Cleary-Gray and Tim Moorhead for attending the meeting.

7. JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE - COMMISSIONERS WORKING TOGETHER PROGRAMME

7.1 The Committee received a report of the Policy and Improvement Officer (Alice Nicholson), on the recent establishment, within the "Commissioners Working Together" programme area, of a Joint Regional Health Overview and Scrutiny

Committee, to consider proposed substantial variations to local health services, and attaching the minutes of the last meeting of the Joint Scrutiny Committee held on 8th August 2016.

7.2 RESOLVED: That the Committee:-

(a) notes the contents of the report now submitted, together with the minutes of the meeting of the Joint Scrutiny Committee held on 8th August 2016; and

(b) requests Members of this Committee to refer any issues relating to the work of the Joint Scrutiny Committee to the Chair, for her to raise at the next meeting of the Joint Scrutiny Committee to be held on 21st November 2016.

8. DRAFT WORK PROGRAMME 2016/17

8.1 The Committee received a report of the Policy and Improvement Officer which set out the Committee's Draft Work Programme for 2016/17.

8.2 RESOLVED: That the Committee:-

(a) notes the Draft Work Programme 2016/17 as set out in the report; and

(b) requests the Policy and Improvement Officer, in consultation with the Chair, to look at redefining the scope of the Healthier Communities Task Group.

9. MINUTES OF PREVIOUS MEETING

9.1 The minutes of the meeting of the Committee held on 13th July 2016, were approved as a correct record.

10. DATE OF NEXT MEETING

10.1 It was noted that the next meeting of the Committee would be held on Wednesday, 9th November 2016, at 4.00 pm, in the Town Hall.