

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

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**Wednesday 11 January 2017 at 4.00 pm**

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

**The Press and Public are Welcome to Attend**

## **Membership**

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Councillor Pat Midgley (Chair), Sue Alston (Deputy Chair), Pauline Andrews, David Barker, Lewis Dagnall, Mike Drabble, Adam Hurst, Douglas Johnson, Zahira Naz, Moya O'Rourke, Bob Pullin, Peter Rippon, Gail Smith and Garry Weatherall

## **Healthwatch Sheffield**

Helen Rowe and Clive Skelton (Observers)

## **Substitute Members**

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

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## PUBLIC ACCESS TO THE MEETING

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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](http://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](mailto:alice.nicholson@sheffield.gov.uk)

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## FACILITIES

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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.

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**HEALTHIER COMMUNITIES AND ADULT SOCIAL CARE SCRUTINY AND  
POLICY DEVELOPMENT COMMITTEE AGENDA  
11 JANUARY 2017**

**Order of Business**

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- 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 9<sup>th</sup> November, 2016
- 6. Public Questions and Petitions**  
To receive any questions or petitions from members of the public
- 7. Overview of Care Quality Commission Rating for Sheffield General Practices** (Pages 13 - 16)  
Report of the Chief Nurse, Sheffield Clinical Commissioning Group
- 8. Adult Safeguarding Priority Setting and Future Plans** (Pages 17 - 22)  
Report of Jayne Haywood, Adult Safeguarding
- 9. Joint Health Overview and Scrutiny Committee - The Commissioners Working Together Programme** (Pages 23 - 26)  
Report of the Policy and Improvement Officer
- 10. Work Programme 2016/17** (Pages 27 - 36)  
Report of the Policy and Improvement Officer
- 11. Date of Next Meeting**  
The next meeting of the Committee will be held on Wednesday, 15<sup>th</sup> March, 2017, at 4.00 pm, in the Town Hall

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## ADVICE TO MEMBERS ON DECLARING INTERESTS AT MEETINGS

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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 Audit and 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](mailto:gillian.duckworth@sheffield.gov.uk).

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

**Meeting held 9 November 2016**

**PRESENT:** Councillors Pat Midgley (Chair), Sue Alston (Deputy Chair),  
Pauline Andrews, David Barker, Lewis Dagnall, Mike Drabble,  
Adam Hurst, Douglas Johnson, Bob Pullin, Peter Rippon, Gail Smith  
and Garry Weatherall

**Non-Council Members (Healthwatch Sheffield):-**

Helen Rowe and Clive Skelton

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**1. APOLOGIES FOR ABSENCE**

1.1 An apology for absence was received from Councillor 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 In relation to Agenda Item 7 (Shaping Sheffield – The Plan), the Chair (Councillor Pat Midgley), declared a personal interest as she was a member of the Manor and Castle Development Trust.

**4. MINUTES OF PREVIOUS MEETING**

4.1 The minutes of the meeting of the Committee held on 14<sup>th</sup> September 2016, were approved as a correct record, subject to the substitution of the word 'Cumulative' for the word 'Accumulative' in the penultimate bullet point of paragraph 4.4 (Development of a Public Health Strategy for Sheffield).

**5. PUBLIC QUESTIONS AND PETITIONS**

5.1 In response to written questions from Mike Simpkin (Sheffield Save Our NHS) concerning the Sheffield Local Sustainability and Transformation Plan (STP), the Chair (Councillor Pat Midgley), asked Mr Simpkin to put these questions to the Committee when the item on the STP was considered.

5.2 In response to questions asked by Jillian Creasy regarding the STP, the Chair indicated that the Committee would look at how the Sheffield Plan fitted with the South Yorkshire and Bassetlaw STP and added that all Members were aware of the associated resource issues, with the aim being to do what was best for the

people of Sheffield. She added that she had attended regional meetings and would bring any issues back to the Committee, emphasising that this was the start of a journey. Alison Knowles (Locality Director, NHS England) stated that the STP for the South Yorkshire and Bassetlaw region would be published shortly. With regard to this, it was agreed that the Policy and Improvement Officer would provide Committee Members with an overview of key upcoming dates, including consultation and approvals and the potential role of Scrutiny going forward.

## **6. COMMUNITY PHARMACY IN 2016/17 AND BEYOND - NATIONAL CONTRACT CHANGES**

- 6.1 The Committee received a report which provided information on proposed national changes to Community Pharmacy Contracts in 2016/17, the funding settlement and the potential impact of the funding reduction. The report was presented by Alison Knowles (Locality Director, NHS England).
- 6.2 In presenting the report, Alison Knowles emphasised that NHS England recognised the importance of community pharmacies and that the proposals, which were published in October 2016, would have little or no impact on patient health. It was not possible at the present time to say how many practices in Sheffield would be affected, but work was being undertaken with existing pharmacies in this regard.
- 6.3 In response to a question from the Chair (Councillor Pat Midgley), Alison Knowles explained that there was a scheme to protect pharmacies, but to qualify for this protection the pharmacy had to be more than a mile away from its nearest pharmacy, have been on the pharmaceutical list as at 1<sup>st</sup> September 2016, and dispense less than 9,000 prescriptions per month.
- 6.4 The Committee then received a further report which provided a response on behalf of the Local Pharmacy Committee to national changes to Community Pharmacy Contracts in 2016/17. This report was presented by Tom Bissett (Community Pharmacy Sheffield).
- 6.5 In presenting the report, Tom Bissett indicated that the two year funding package being imposed on Community Pharmacy meant that there would be a £113m reduction in funding in 2016/17 and that this would be followed by a further reduction of £95m in 2017/18. He added that there were 128 community pharmacies in Sheffield and that between 70 and 80 were dispensing less than 9,000 prescriptions per month. The pharmacies benefitted from a mix of income but a majority were getting 90% of their income from the NHS.
- 6.6 Members made various comments and asked a number of questions, to which responses were provided as follows:-
- There was an establishment payment to cover advice given by pharmacists, but this was to be replaced by a single activity fee.
  - Reports that one in four community pharmacies would close could not be substantiated at the present time and there was still a need to undertake local impact assessments. In terms of the national impact, it was felt that by

reinvesting the savings this would result in more health gain, but it was acknowledged that a reduction in access needed to be looked at.

- The proposed funding reductions were in line with other NHS reductions, but there was a need to work on the local picture.
- It was acknowledged that there were some pharmacies in Sheffield which were in close proximity to each other with low dispensing volumes.
- These proposals had come about as a result of a national consultation with the industry and there had been a delay in implementation due to the extension of this consultation.
- The multiple chain pharmacies provided value and there was a good range of services being provided by both these and the independent pharmacies.
- The role of the NHS was to push up quality and an example of this was the advice scheme supported through the NHS 111 initiative.
- The effect on pharmacies in the ten most deprived areas of Sheffield was being looked at.
- The process would take time and the NHS would work with the Sheffield Clinical Commissioning Group (CCG) and the Director of Public Health in understanding and mitigating the impacts.
- The national consultation was imposed on the industry.
- There should be no distinction between independent and chain pharmacies, as they were all pharmacies.
- In deprived areas, pharmacies may not have the same mix of business, e.g. they may not sell such items as perfume.
- Extra journey time may be an important impact, together with the free services available, e.g. delivery, which might have to be charged for. It was difficult to imagine though that a pharmacist would not give free advice.
- It was possible that some pharmacies may close if there were two in an area which were run by the same company.
- It was hoped that there might be a move back to independent pharmacies.
- This was not the first line of services which had been subject to budget reductions and ways to protect the service were being looked at in relation to advice giving and emergency dispensing. Most patients did not go to the pharmacy as a first line of advice and it was important to ensure that the right primary care services were available in each area. These changes had been introduced on a national level and there had been little discussion on them.

Ideally, measures should be introduced to ensure that community pharmacies were the entry point for health services.

- The Prime Minister's Challenge Fund, which funded pharmacies in GP practices, played an important role in diverting patients to pharmacies.

6.7 RESOLVED: That the Committee:-

- (a) thanks Alison Knowles and Tom Bissett for their contribution to the meeting;
- (b) notes the contents of the reports and the responses to questions;
- (c) requests that it be kept informed of the impacts in Sheffield of the proposed national changes to Community Pharmacy Contracts, particularly in terms of the effect in deprived areas; and
- (d) notes that Alison Knowles will write to the Committee at the beginning of April 2017, with an assessment of local progress on the Community Pharmacy Contract changes.

## **7. SHAPING SHEFFIELD - THE PLAN**

7.1 The Committee received a joint report of Greg Fell (Director of Public Health) and Peter Moore (Director of Integration and Strategy, Sheffield Clinical Commissioning Group (CCG)) which was supported by a presentation which intended to introduce the Committee to the Sheffield Local Sustainability and Transformation Plan (STP), its purpose, key messages and next steps.

7.2 The presentation was given jointly by Greg Fell and Peter Moore and covered how the Sheffield Place Based Plan had been developed, which had preceded the development of the South Yorkshire and Bassetlaw STP, the Sheffield Vision, the reasons why Sheffield had to change, what was different about the Sheffield Place Based Plan and what actions were going to be taken, governance, timescales to March 2017, communications and engagement and risks.

7.3 At this point, the Chair (Councillor Pat Midgley), invited Mike Simpkin (Sheffield Save Our NHS) to ask his written public questions, which related to the examination of the South Yorkshire and Bassetlaw STP and the need to ensure that the Sheffield Place Based Plan caused no detriment to health care services, that the financial strategy was acceptable and secure and that delivery of the plan would not be affected by the current or further rounds of so-called efficiency savings. The Chair indicated that these points would most likely be covered in the discussion to follow, but Mr Simpkin would be allowed to respond afterwards.

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

- In relation to public engagement, officers had met with Healthwatch representatives the previous week to scope out a Clinical Commissioning Group (CCG) engagement event on the 8<sup>th</sup> December and the possibility of

the Health and Wellbeing Board being held across local communities was also discussed. In addition, there was a proactive communications strategy using a range of media.

- Co-production was being used at a strategic and service delivery level and at a local level using the energy of experts who were delivering or receiving services.
- The timeline for production of the STP had been imposed by NHS England and was very challenging, with the cost of this being full engagement in the Plan as it was being developed. It was highlighted that there was still a requirement to consult in the case of any significant service change, as was happening currently in South Yorkshire in relation to stroke care.
- There was no mention of mental health in the 'What are we going to do?' section of the presentation, as the City already had a strategy covering this.
- It was important that all stakeholders in Sheffield were involved in determining the desired outcomes, so that the extent to which they were locally owned and not imposed was increased.
- The STP recognised that employment was a major contributor to good health, with employment and health being firmly embedded in it. In this respect, Sheffield was ahead of other parts of the country.
- In relation to the care of older people, work was being undertaken with the smaller organisations involved, but it should be noted that the homecare market was funded at a level that only national organisations could meet, so there was a need to rebalance investments.
- The majority of resources were spent on high cost interventions and the aim was to bring spending lower down the scale, to the third sector and the public, to promote prevention rather than treatment.
- In relation to reducing smoking, it was intended to scale-up interventions to reduce smoking prevalence, especially in high risk groups.
- The Sheffield Place Based Plan was intended to set a long term direction of travel rather than be highly specific about certain services or interventions. As such, it was quite flexible. The aim was to get organisational leaders together and agreeing and to sell the Plan to the leaders of the governance structures. It would take 3/4 years to get to a sustainable position.

7.5 In response, Mike Simpkin highlighted the need to work differently and asked about the point of no return for a financially costed deliverable plan and whether the regional plan was no more than a sum of the place parts. In response to this, Greg Fell referred to the situation in West Yorkshire where it was understood that the regional plan had been rejected by individual Council Leaders. Peter Moore highlighted the importance of the right things being said in the Sheffield Place Based Plan and making sure that everything in it happened.

7.6 RESOLVED: That the Committee:-

- (a) thanks Greg Fell and Peter Moore for their contribution to the meeting;
- (b) notes the contents of the report, presentation and the responses to questions; and
- (c) notes the concerns expressed by some Committee Members at the late circulation of the final version of the presentation and, in the light of these concerns, requests that consideration be given to the holding of a Special Committee meeting to allow further scrutiny of the Sheffield Place Based Plan and agrees that the Chair (Councillor Pat Midgley), in conjunction with the Policy and Improvement Officer, considers the best way forward once the timetable for the Plan was known.

## **8. BETTER CARE FUND**

8.1 Joe Fowler (Director of Commissioning) gave a presentation which provided the Committee with an update on the Better Care Fund (BCF), which was a Government initiative to support the integration of health and care services.

8.2 The presentation covered what the BCF was about, the BCF Work Programme, people keeping well in their community, with statistical information on referrals, impacts in relation to Carers' Allowance and Attendance Allowance, the present position and the Community Equipment Service. The presentation went on to highlight Active Recovery Services and provided information on the costs of delay, ongoing care and finances.

8.3 In response to a question from the Chair (Councillor Pat Midgley), Joe Fowler indicated that the information in this presentation was being shared with the Local Area Partnerships.

8.4 RESOLVED: That the Committee:-

- (a) thanks Joe Fowler for his contribution to the meeting; and
- (b) notes the contents of the presentation.

## **9. DRAFT WORK PROGRAMME 2016/17**

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

9.2 RESOLVED: That the Committee:-

- (a) notes the Draft Work Programme 2016/17 as set out in the report; and
- (b) requests that Members with any comments or suggestions on the Work Programme, specifically with regard to de-prioritising items due to the large

number of items contained therein, contact the Policy and Improvement Officer and that any such comments or suggestions be worked through by the Chair (Councillor Pat Midgley), in conjunction with the Policy and Improvement Officer, so that the Work Programme can be revised and updated accordingly.

**10. DATE OF NEXT MEETING**

- 10.1 It was noted that the next meeting of the Committee would be held on Wednesday, 11<sup>th</sup> January 2017, at 4.00 pm, in the Town Hall.

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## Report to Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee

**Report of:** Chief Nurse Sheffield CCG

**Subject:** Overview of CQC rating for Sheffield General Practices

**Author of Report:** Sue Berry- Senior Quality Manager

**Summary:**

All General Practitioners are required to register as a provider with the CQC. The CQC will carry out inspections and will rate the provider against 5 key lines of enquiry. Ratings are graded as 'Outstanding', 'Good', 'Requires Improvement' and 'Inadequate'.

This briefing paper was requested by the Committee

**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:**

The Committee is asked to note the contents of the briefing paper.

**Category of Report:** open

## **Report from NHS Sheffield Clinical Commissioning Group** **Overview of CQC ratings for General Practices in Sheffield**

### **1. Introduction**

- 1.1. All General Practitioners are required to register as a provider with the CQC. The CQC will carry out inspections and will rate the provider against 5 key lines of enquiry. Ratings are graded as 'Outstanding', 'Good', 'Requires Improvement' and 'Inadequate'.
- 1.2. The CQC have been inspecting Sheffield based general practices and are expected to complete all inspections by the end of December 2016. A dashboard providing an overview of the CQC ratings, incorporating trends and themes of non-compliance has been developed. The dashboard also shows the level of support offered to the practices by the CCG Quality team when the practices have been assessed and rated as either 'inadequate' or 'requiring improvement in all 5 domains.
- 1.3. This paper is being submitted to the Committee following a request from a previous Committee meeting.

### **2. Overview of CQC rating in Sheffield General Practices.**

- 2.1 To date the CQC has inspected 61 (74%) practices, 57 (93%) have been rated as 'Good', 3 (5%) have been rated as 'Requiring Improvement' and 1 (2%) has been rated as Inadequate.
- 2.2 For those practices that have either been rated as 'Requiring Improvement' or 'Inadequate' the CCG Quality team have been supporting practices ensuring that the practice action plans meet the requirements identified in the CQC report. Additionally the Quality team have worked alongside both the practices and NHSE to gain assurance that the actions within the action plan have adequately been implemented. This has been achieved by reviewing the evidence required to achieve the action and by verbal assurance from the practices

### **3. Trends and Themes**

- 3.1. The CQC rate the inspection against 5 key lines of enquiry (KLOE) these form the categories of: Are services safe, Are services effective, Are services caring, Are services responsive and Are services well led. There are 4 practices that have been rated as 'Outstanding' against the standard 'Are services responsive. Table 1 below shows how many practices have been rated as 'requiring improvement' against the 5 KLOE. Please note that a practice may be represented against more than 1 KLOE.

Are services safe?	13
Are services effective?	2
Are services caring?	2
Are services responsive?	2
Are services well led?	7

Table 1: Number of practices rated as requiring improvement in the 5 KLOE

Additionally, 1 practice has been rated as 'inadequate' against 'Are services well led', 'Are services effective' 'Are services well-led'.

#### 4 Areas of outstanding practice

- One practice had embraced a number of innovative approaches to providing integrated patient-centred care. For example they hosted a Health Trainer and encouraged patients to participate in the 'Move More' Olympic Legacy programme to increase physical activity. The practice also worked collaboratively with a local District Forum around a 'Keeping People Well' public health agenda which forms part of the local authorities work in Active Support and Recovery.
- A practice had trained its GPs to use specialist equipment to perform a procedure, normally carried out by a practice nurse for a patient who worked away all week so they could offer the patient the regular monitoring treatment they required on a Saturday at the extended hours clinic (when there was no nurse on duty).
- A practice funded a private taxi service for those patients who found it difficult to access the practice. This was funded at the discretion of the practice based on their knowledge of the patient.
- A practice had initiated a project to improve the care for patients with advance care plans. They had identified a number of incidents where agreed care plans had not been adhered to for patients in care home settings and 999 ambulances had been called resulting in-patient admissions to hospital. This had been discussed at peer review meetings which identified this as a problem locally. Data collection and an initial review of the systems in place were being undertaken with peers and other agencies such as the out of hour's team and emergency department. The aim of the project was to reduce unnecessary emergency department attendances and hospital admissions for patients and ensure patients wishes were respected.
- A practice had reviewed referral processes to secondary care as they had identified the practice had high referral rates. Actions taken included discussing all referrals with a second GP to ensure the referral was appropriate. This process had helped them to identify where there may be an alternative to secondary care referrals. For example, referring to an in house or federation/locality based service. The lead GP told us this had resulted in a reduction in referrals made by the practice. The practice had also identified this was a good mechanism.

## **5 Areas for improvement - themes noted**

- DBS checks of staff was noted as not being carried out on some staff at 23 practices, and adequate recruitment checks weren't carried out in at least 12 practices (NB, 3 practices are included in both the aforementioned)
- Practice governance, record keeping and policy maintenance has been identified as an issue at 16 practices.
- The staff immunity status was not recorded at 6 practices
- Staff training was out of date or requiring further training, noted at 11 practices
- References to defibrillators noted at 9 practices and oxygen noted at 8 practices. In addition there was a lack of risk assessments where emergency equipment was not available on site.
- References to fridge temperatures, noted at 6 practices (lack of temperature records or not following the public health guidance).
- References to poor PPG, noted at 5 practices (lack of public engagement and communication about Patient Participation Groups)
- References to lack of fire drills and fire alarm servicing was noted in 11 practices
- Lack of recording or maintaining staff appraisals was recorded and noted within 9 practices
- Issues relating to prescriptions and medicine management were noted at 7 practices.
- Issues relating to infection prevention and control were noted within 18 practices. This ranged from inadequate floor coverings to missing/lacking infection control training for staff and inadequate infection prevention and control audits.

## **6 What does this mean for the people of Sheffield?**

- 6.1 This report outlines the quality of current provision of general practice within the city of Sheffield as measured by the Care Quality Commission inspection teams.

## **7. Recommendation**

- 7.1 The Committee is asked to note the report

## Outline 2017/18 Business Plan for Sheffield Adults Safeguarding Board

1. In November Jane Haywood, Chair of the Safeguarding Board and Simon Richards, Head of Adult Safeguarding held a training session on adult safeguarding for the scrutiny committee. It was agreed that it was important that the Board and the Committee keep in close touch with each other's work and influence each other's plans for next year.
2. The attached outline business plan gives the committee a very early sight of the planned activity. It is set out under the 4 key themes of the proposed revised strategy. These are:-
  - Hear the voice of the service user
  - Learn and improve
  - Provide support
  - Deliver targeted interventions
3. It is important to note that this plan is at a very early stage and so the content may change. This gives the Committee an opportunity to comment and influence before the plans are agreed.
4. The Committee is invited to offer their views on the priorities and specific actions.

Jane Haywood and Simon Richards

December 2016

## Everyone Safe in Sheffield – 2017/18 Business Plan

The key areas of activity for the Partnership are set out below.

<b>Hear the voice</b>	<b>Actions</b>	<b>By when</b>	<b>Impact</b>
We will use feedback from safeguarding interventions to understand whether people feel safer and identify improvements for our delivery.			
We will launch a communications campaign so that Sheffield people understand the help and support that is available to them, they are able to contact us quickly and easily and they are able to give us feedback and advice on the services we provide.			
We will support the dignity awards so that those staff who make safeguarding personal feel recognised and valued by the people they serve			

<b>Learn and improve</b>	<b>Actions</b>	<b>By when</b>	<b>Impact</b>
We will introduce a robust quality assurance framework which helps to improve the work of the partnership and individual partners			
We will work with the customer forum to develop user friendly information for those who use our services and the wider community. We will support the Forum to identify opportunities for them to use their expertise to directly influence safeguarding practice and use their feedback to improve our service.			
We will work with Healthwatch Sheffield to understand the Safeguarding needs of the people of Sheffield and identify where there are gaps in Safeguarding provision			

or poor Safeguarding practice.			
We will use learning to provide targeted and effective training for our colleagues working across the city			

<b>Provide support</b>	<b>Actions</b>	<b>By when</b>	<b>Impact</b>
When looking at how best to safeguard people we will consider what other services and support needs to be in place so that we can offer help before people reach crisis			
We will deliver an effective safeguarding process which responds quickly and appropriately to those in need. We will make safeguarding personal and responsive to individual need.			

<b>Deliver targeted interventions</b>	<b>Actions</b>	<b>By when</b>	<b>Impact</b>
We will focus on the			



quality of care by seeking assurances that the commissioners and providers prioritise safeguarding in residential and domiciliary care and have effective systems in place.			
We will undertake a review of self-neglect in the city to understand how professionals respond to the issue and to understand whether further training or support is required.			
We will work with the children's safeguarding board to improve the transition of vulnerable young people to adult services including continued support for the CSE transitions project			
We will continue to support Safe in Sheffield			
We will continue to support work to reduce financial scams in Sheffield.			





## Briefing for Healthier Communities & Adult Social Care Scrutiny & Policy Development Committee 11<sup>th</sup> January 2017

**Report of:** Policy & Improvement Officer

**Subject:** Joint Health Overview and Scrutiny Committee 2016 – Commissioners Working Together Programme

**Author of Report:** Alice Nicholson, Policy and Improvement Officer  
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NHS England and NHS Sheffield CCG formally requested that local authorities in the ‘Commissioners Working Together’ programme area establish a Joint Health Overview and Scrutiny Committee to consider proposed substantial variations to local health services. Full Council agreed on 4<sup>th</sup> March 2016 to participate in this. This report provides information on activity to date.

**Type of item:**

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 contents of the report provided for information

**Background Papers:** N/A

**Category of Report:** OPEN

## **Joint Health Overview and Scrutiny Committee 2016 – Update Report** **December 2016**

### **1. Background**

- 1.1 NHS England and NHS Sheffield CCG formally requested that local authorities in the ‘Commissioners Working Together’ programme area establish a Joint Health Overview and Scrutiny Committee to consider proposed substantial variations to local health services. The services identified are Children’s surgery and anaesthesia and Hyper acute stroke services in South Yorkshire, Bassetlaw, North Derbyshire, Wakefield area.
- 1.2 Full Council agreed on 4<sup>th</sup> March 2016 to participate in this Joint Health Overview and Scrutiny Committee. The Chair of Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee is the nominated Sheffield City Council representative.
- 1.3 The Joint Health Overview and Scrutiny Committee 2016 is made up of 7 Councillors from the Member Authorities of Barnsley Metropolitan Borough Council, Derbyshire County Council, Doncaster Metropolitan Borough Council, Nottinghamshire County Council, Rotherham Metropolitan Borough Council, Sheffield City Council, and Wakefield Metropolitan District Council.
- 1.4 The Joint Health Overview and Scrutiny Committee 2016 covers the work of NHS England and 8 NHS Clinical Commissioning Groups (CCGs), Barnsley CCG, Bassetlaw CC, Doncaster CCG, Hardwick CCG, North Derbyshire CCG, Rotherham CCG, Sheffield CCG, and Wakefield CCG.

### **2 Activity to date**

- 2.1 The Joint Health Overview and Scrutiny Committee met three times in 2016:
  - **23<sup>rd</sup> May 2016** – consideration of pre-consultation report and draft strategy and plans for Children’s surgery and anaesthesia and Hyper acute stroke services. Agenda and papers link <http://barnsleymbc.moderngov.co.uk/ieListDocuments.aspx?CId=468&MId=3975&Ver=4>
  - **8<sup>th</sup> August 2016** – consideration of Commissioners Working Together HASU (Hyper Acute Stroke Unit) Stage 3 detailed option appraisal, non-specialised Children’s surgery and anaesthesia options appraisal, draft consultation documents: Providing hyper acute stroke services in South Yorkshire and Bassetlaw, North Derbyshire; and Providing children’s surgery and anaesthesia services in South and Mid Yorkshire, Bassetlaw

and North Derbyshire. Agenda and papers link

<http://doncaster.moderngov.co.uk/ieListDocuments.aspx?CId=375&MId=2506>

- **21<sup>st</sup> November 2016** – Ambulance Support in the review of Hyper acute stroke services in South Yorkshire and Bassetlaw North Derbyshire and Children’s surgery and anaesthesia services in South and Mid Yorkshire, Bassetlaw and North Derbyshire, Yorkshire Ambulance Service and East Midlands Ambulance Service presented information. Agenda and papers link  
<https://imgmeetings.sheffield.gov.uk/ieListDocuments.aspx?CId=520&MId=6567>

### **3 Future activity**

- 3.1 The Joint Health Overview and Scrutiny Committee 2016 is due to meet early 2017 to consider a post consultation analysis and a review of the full business case for the proposed service changes.

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## Report to Healthier Communities & Adult Social Care Scrutiny & Policy Development Committee 11<sup>th</sup> January 2017

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**Report of:** Policy & Improvement Officer

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**Subject:** WORK PROGRAMME 2016/17

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**Author of Report:** Alice Nicholson, Policy and Improvement Officer  
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0114 273 5065

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The current work programme is attached at appendix 1 for the Committee's discussion and prioritisation if required.

The work programme contains a number of items and scheduled Committee dates are suggested. The work programme ideally should aim 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 2 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.

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### **The Scrutiny Committee is being asked to:**

- Comment on the proposed work programme
  - Identify and consider priority items for inclusion on agendas
  - Identify and consider items for written briefings
- 

**Category of Report:** OPEN

<b>Draft work programme 2016/17</b>	
Meeting Dates 2016/17	<i>13 July 2016, 14 September 2016, 9 November 2016, 11 January 2017, 15 March 2017, 12 April 2017</i>

**Last updated:** 1<sup>st</sup> November 2016

**Please note:** the draft work programme is a live document and so is subject to change.

<b>Topic</b>	<b>Reasons for selecting topic</b>	<b>Lead Officer/s</b>	<b>Agenda Item/ Briefing paper</b>
<b>Wednesday 16th July 4-7pm</b>			
<b>Discussion item</b>			
<i>CQC Inspection Reports - Sheffield Teaching Hospitals NHS Foundation Trust</i>	<i>To consider local inspection report outcomes - to consider recommendations to the provider direct or as part of QA activity. Brief committee of local announced inspections</i>	<i>STH NHSFT - TBC</i>	<i>Agenda Item</i>
<i>Draft Work Programme</i>	<i>To consider the Committee's draft work programme 2016/17</i>	<i>Alice Nicholson - Policy &amp; Improvement Officer</i>	<i>Single Agenda Item</i>
<i>Task Group 2016/17 - scope</i>	<i>To consider scope of a task group that enhances the QA sub-group approach within the joint themes of Performance and Patient Experience</i>	<i>Alice Nicholson - Policy &amp; Improvement Officer</i>	<i>Agenda Item</i>
<b>For information</b>			
<i>Quality Accounts –membership of sub group 2016/17; QA submissions 2015/16</i>	<i>For information - responses to NHS Trust QA's</i>	<i>Alice Nicholson - Policy &amp; Improvement Officer</i>	<i>Briefing Paper</i>
<i>JHOSC - The Commissioners Working Together Programme</i>	<i>To update the committee - Chair is member</i>	<i>Alice Nicholson - Policy &amp; Improvement Officer</i>	<i>Briefing Paper</i>

Page 28



Primary Care Strategy - CCG (Katrina Cleary)	<i>This item is for information - At its meeting in March 2016 the committee considered Access to GP and requested that this be presented/forwarded when available</i>	<a href="http://www.sheffieldccg.nhs.uk/Downloads/CCG Board Papers/May 26 2016/PAPER D Primary care strategy for Sheffield.pdf">http://www.sheffieldccg.nhs.uk/Downloads/CCG Board Papers/May 26 2016/PAPER D Primary care strategy for Sheffield.pdf</a>	Briefing Paper
<b>Wednesday 14th September 4-7pm</b>			
South Yorkshire and Bassetlaw Sustainability & Transformation Plan (STP)	<i>Consideration of this service response to NHS Plan - 5 year forward view - footprint is SY &amp; Bassetlaw: The Committee to receive a report and presentation update on the STP. The Committee to consider the Sheffield Place Plan at the meeting 9th November 2016</i>	<i>Will Cleary-Gray, Programme Director (Sheffield CCG)</i>	Single Agenda Item
Public Health Strategy SCC	<i>The Committee to receive a report and presentation on the development of a public health strategy for Sheffield CC; Public health is a core aspect of Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee activity - public health and its wider determinants underlay tackling health inequalities</i>	<i>Greg Fell - Director Public Health</i>	Single Agenda Item
JHOSC - The Commissioners Working Together Programme	<i>To update the committee - Chair is a member</i>	<i>Alice Nicholson - Policy &amp; Improvement Officer</i>	Briefing Paper
Work Programme	<i>To consider the Committee's work programme 2016/17</i>	<i>Alice Nicholson - Policy &amp; Improvement Officer</i>	Single Agenda Item

<b>Wednesday 9th November 4-7pm</b>			
<i>Shaping Sheffield: The Plan</i>	<i>To consider the Sheffield place based plan of the wider footprint Sustainability &amp; Transformation Plan (STP) - the latter was considered by the Committee on 14th September.</i>	<i>Peter Moore (CCG/SCC)</i>	<i>One-off Agenda Item</i>
<i>Better Care Fund</i>	<i>Following consideration of the Better Care Fund at its meeting in November 2015, the committee wanted to look at it again in the future. A focus on whether the programme is achieving its intended outcomes and financial savings.</i>	<i>Joe Fowler, Director of Commissioning SCC</i>	<i>One-off agenda item for discussion and consideration</i>
<i>Community Pharmacy in 2016/2017 and beyond - national contract changes</i>	<i>Community Pharmacy in 2016/2017 and beyond - national contract changes</i>	<i>NHS England and Local Pharmaceutical Committee (Tom Bissett)</i>	<i>One-off agenda item</i>
<i>Work Programme 2016/17 discussion and prioritisation</i>	<i>To consider and discuss the committee's work programme for 2016/17</i>	<i>Alice Nicholson - Policy &amp; Improvement Officer</i>	<i>Standard agenda Item</i>
<b>Wednesday 11th January 4-7pm</b>			
<i>CQC Visits to GP Reports - Sheffield CCG</i>	<i>To consider a summary report of results from inspections and support for General Practices</i>	<i>Sheffield CCG Director of Nursing</i>	<i>Agenda Item</i>
<i>Adult Safeguarding priority setting and future plans</i>	<i>To consider and inform outline 2017/18 Business Plan for Sheffield Adults Safeguarding Board</i>	<i>Jane Haywood - Chair Adult Safeguarding</i>	<i>agenda item – discussion and consideration and input</i>
<i>Adult Social Care Performance</i>	<i>At its meeting in January 2016, the Committee 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.</i>	<i>Phil Holmes, Director Adult Services</i>	<i>agenda item – discussion and consideration or for information</i>

Work Programme 2016/17	To consider and discuss the committee's work programme for 2016/17	Alice Nicholson - Policy & Improvement Officer	Standard Agenda Item
JHOSC - The Commissioners Working Together Programme	To update the committee on activity - Chair is member of Joint Health Overview and Scrutiny Committee	Alice Nicholson - Policy & Improvement Officer	Briefing Paper
<b>Wednesday 15th March 4-7pm</b>			
Urgent Care and Primary Care Strategies - Sheffield CCG	Consideration of the 'draft' / 'current' Urgent Care and Primary Care Strategies	Peter Moore Sheffield CCG - Mar-16	Briefing Paper
Patient Experience and Quality and Improvement in Sheffield Health System Task Group Report	Task group final report including Quality Account comments	Alice Nicholson - Policy & Improvement Officer	For information
Director of Public Health Report for Sheffield	To consider progress in delivery and any matters requiring in-depth examination.	TBC	Agenda Item
Home Care Task Group - response to report	recommendations to Cabinet 9th March 2016 - response due no later than December 2016	Andy Hare, Contracts Manager, Commissioning	Agenda item
Work Programme 2016/17	To consider and discuss the committee's work programme for 2016/17	Alice Nicholson - Policy & Improvement Officer	Standard Agenda Item
<b>Wednesday 12th April 4-7pm</b>			
Dental access and dental health	A select Committee approach to hear from appropriate commissioners (NHS England), providers (NHS & private) and users on access to dental services and the dental health of children in particular - date to be determined	TBC	one-off agenda item in the style of Select Committee

Quality Care Provision for Adults with a Learning Disability in Sheffield	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	Phil Holmes, Director Adult Services	One-off agenda item – discussion and consideration or for information
<b>Task Group</b>			
Patient Experience and Quality and Improvement in Sheffield Health System Task and Finish Group	Are the people of Sheffield listened to and have voice and influence in health system provision - How does patient experience and patient opinion data influence quality and improve a Sheffield health system; do all people in Sheffield have their say and does it make a difference to commissioning and provision	Alice Nicholson - Policy & Improvement Officer	Task Group: Aug-16 to Mar-17
<b>Future items to be scheduled - scope to be determined</b>			
Shaping Sheffield: The Plan	In depth look at Shaping Sheffield, Place Based Plan of South Yorkshire & Bassetlaw Sustainability and Transformation Plan - request of members at 9th November Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee meeting - <b>TBC when</b>	Peter Moore and Nicki Doherty (CCG); Greg Fell, Director of Public Health	

Page 32

PREVENT	The PREVENT task group of Safer and Stronger Communities Scrutiny and Policy Development Committee recognised that there was a particular aspect of PREVENT that needed further consideration and was more suited to Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee. <b>Work in progress to determine scrutiny style, when and scope - date not fixed.</b>	Appropriate organisation(s)/officer(s) to be determined	TBC
CAMHS	There is an NHS procurement of CAMHS Tier 4 - full NHS timeline for each package not known yet - South Yorkshire will be one package; a topic of interest to the Committee a previous Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee Task Group reported March 2014. <b>TBC</b>	Appropriate officer(s) to be determined when further information/timeline known	TBC
Dementia Strategy	Raised as a public question 23.03.2016 for inclusion in work programme. <b>Work in progress to determine scrutiny style, when and scope - TBC</b>	Appropriate organisation(s)/officer(s) to be determined	TBC
Health & Wellbeing Board	It is understood the terms of reference are to be reviewed, this item could consider new terms of reference and progress in the 5 outcomes of Sheffield Health & Wellbeing Board. <b>TBC</b>	Appropriate officer(s) to be determined	Briefing on review and/or agenda item for discussion and consideration

Yorkshire Ambulance Service - CQC Inspection Report	To consider when report is published if there are any issues/actions of direct concern for Sheffield area. <b>TBC</b>	TBC	one-off agenda item
<b>Training</b>			
Adult Safeguarding	A drop in training/ awareness session for all members of the Committee to be scheduled outside of set meetings – to enhance scrutiny role in Adult Safeguarding in line with protocol.	Simon Richards – Head of Adult Safeguarding and Practice Development - 24th November 2016	separate training session

## 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

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