SHEFFIELD CITY COUNCIL

Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee

Meeting held 20 September 2017

PRESENT: Councillors Pat Midgley (Chair), Pauline Andrews, Steve Ayris, David Barker, Lewis Dagnall, Tony Downing, Mike Drabble, Adam Hurst, Dianne Hurst, Talib Hussain, Douglas Johnson, Richard Shaw, Garry Weatherall and Sue Auckland (Substitute Member)

Non-Council Members (Healthwatch Sheffield):-

Margaret Kilner and Clive Skelton

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1. APOLOGIES FOR ABSENCE

1.1 An apology for absence was received from Councillor Sue Alston, with Councillor Sue Auckland attending as her substitute.

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. PUBLIC QUESTIONS AND PETITIONS

4.1 Responses were provided to two questions asked by Deborah Cobbett on behalf of Sheffield Save Our NHS, as follows:-

(a) The Policy and Improvement Officer stated that issues relating to the wider geographical footprint, such as the introduction of Accountable Care Systems and service reconfigurations, came under the remit of the South Yorkshire, Derbyshire, Nottinghamshire and Wakefield Joint Health Overview and Scrutiny Committee. She confirmed that this issue was not currently included in this Committee's Work Programme, but she would check with Leicester City Council, which it had been reported was threatening formal complaints about the process. A written response would then be provided to the questioner.

(b) In relation to the proposal for the introduction of charges for migrants and asylum seekers using health services other than emergency and GP care, the Chair, Councillor Pat Midgley, indicated that information would be sought to understand the present position in Sheffield and a written

response would be provided to the questioner by the Policy and Improvement Officer.

5. REDUCING DELAYED DISCHARGES FROM HOSPITAL

5.1 The Committee received a joint presentation of Michael Harper, (Chief Operating Officer, Sheffield Teaching Hospitals), Phil Holmes, (Director of Adult Services, Sheffield City Council) and Peter Moore (Director of Strategy and Integration, NHS Sheffield Clinical Commissioning Group (CCG)), on reducing delayed transfers of care in Sheffield.

5.2 The item was introduced by Phil Holmes, who suggested that the Committee should take the presentation as a background paper and indicated that last Winter, Sheffield was not in a good position with regard to delayed discharges from hospital. He added that plans were now being put in place for this Winter for people to have the right to treatment and leave hospital when appropriate. He also commented that there were issues both inside and outside the hospitals which had resulted in the poor performance last Winter.

5.3 Peter Moore reported that, last Summer the system in Sheffield had become full and, following meetings with the three relevant organisations, those being the Sheffield Teaching Hospitals Trust, the Sheffield City Council and the Sheffield CCG, a task team had been set up from last September and the delays had been reduced before Christmas, but the system had then filled up again.

5.4 Michael Harper indicated that there was now a changed focus on patients in hospital who didn't need to be there, together with the right level of care post-hospital. In relation to Sheffield being identified as one of three hotspots, alongside Cumbria and Fylde Coast, this was because, at the relevant time, Sheffield had a similar number of patients in hospital (90) who didn't need to be there, as those authorities. The present position was that Sheffield now had 52 such patients, with the emphasis being on moving to a 'why not home and why not today' attitude. He added that there were three main routes out of hospital, these being home, home with support and intermediate care to assess, and that success in keeping delayed discharges to a minimum relied on partnership working between the three aforementioned organisations.

5.5 In relation to the issues behind the problem, Phil Holmes stated that one-third was related to a lack of care in the community, one-third was about a route out of hospital not being clear and one-third was about assumptions on the care home requirement. He added that the issues were about human rights and interests and that the system would be severely tested this Winter.

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

- All reablement services were provided by the public sector, namely the Sheffield City Council and Sheffield Teaching Hospitals, and there were no plans to outsource these services.

- There were 154 intermediate care beds in Sheffield and access to these was arranged through the relevant hospital. There were also intermediate care services which provided additional support and all these services were covered by the Care Quality Commission. Consideration was being given to increasing the number of these beds for access by the Primary Care Service.

- The key was how organisations and staff worked together, so that capacity and skills were in the right place to provide an improved system of intermediate care.

- Work was being undertaken on getting assessments right to ensure that people were fit to leave hospital and go home or into residential care and it was important to strike the right balance. It was important to consider what was normal for any particular patient and there was a movement from assessing people in hospital to assessing people in their own home to facilitate this. Families could also be supported to provide a last chance for a patient to live at home and it was recognised that some patients may return to hospital. The Council would hear about any unsafe discharges, and experience of this was very rare in Sheffield, with more concerns being expressed about people getting infections in hospital.

- A written summary could be provided to any questions submitted by email by Councillor Douglas Johnson, for circulation to the Committee.

- The Accountable Care approach was based on people's experiences and this needed to be extended.

- The aim was to try to simplify a complex solution, but at least the problem could now be articulated. It was accepted that Winter would be a challenge, with the test being the number of patients in hospital. It was important to note that the organisations involved were regulated by different bodies, with no single point of regulation and different motivations and it would be necessary to step outside this framework to obtain solutions.

- There were two important elements in making progress on reducing delayed discharges from hospital. The first of these related to the role of the hospital in the process, putting into practice the 'why not home why not today' questions, as well as getting people fit and planning for what was to happen when they were fit. The second element related to the three routes out of hospital already mentioned at the point of fitness and these were managed outside the hospital. It was possible for change to be demonstrated, in that six months ago patients were waiting for long periods before discharge and now this was no longer than one week, with no significant issues being reported.

- The figures for re-admission were one of the metrics considered by the Delayed Transfer of Care Programme Board.

- Nationally, Accident & Emergency attendances were increasing but were down in Sheffield last year.

- The Programme Board was looking at external factors such as the use of step-up beds and links with urgent care.

- Work in the localities was presently at an early stage in terms of preventative work and ensuring that people weren't kept in hospital for social reasons.

- Early assessment and care was important in relation to decompensation, which was where patients became more frail as a result of being in hospital.

- Earlier that week there had been 52 people in hospital who didn't need to be there and now there were 46. This needed to be down to 40 during the Winter to be sustainable. In reducing delayed discharges, it was important to hear people's experiences.

5.7 RESOLVED: That the Committee:-

(a) thanks those attending for their contribution to the meeting;

(b) notes the contents of the presentation, officer comments and responses to questions; and

(c) requests that, in relation to reducing delayed discharges from hospital in Sheffield:-

(i) officers work with Sheffield Healthwatch in order to understand what was happening in the communities and ensure that the third sector be presented with all relevant information;

(ii) details of any complaints be shared with the Committee;

(iii) appropriate emphasis be placed on the quality of life issues in the community such as food and heating;

(iv) Phil Holmes (Director of Adult Services) meets with the Chair of the Committee, Councillor Pat Midgley, to assess the present situation; and

(v) a short update report be presented to the Committee in Spring 2018.

6. REVIEWING URGENT PRIMARY CARE ACROSS SHEFFIELD - PUBLIC CONSULTATION

6.1 The Committee received a report of the Director of Strategy and Integration, Sheffield Clinical Commissioning Group (CCG), which outlined the process undertaken to develop the Urgent Primary Care options, which were to be taken out to formal public consultation, and described the options for service reconfiguration which were to be included in the consultation. Attached to the report was the Urgent Care Strategy Review Engagement report, the draft Consultation Plan and a Neighbourhood map which provided details of the

locations of GP practices in the City.

6.2 In attendance for this item were Peter Moore (Director of Strategy and Integration, Sheffield CCG), Kate Gleave (Deputy Director of Strategy and Integration, Sheffield CCG) and Eleanor Nossiter (Sheffield CCG).

6.3 The report was supported by a presentation given by Kate Gleave, which covered the current system pathway, the revised system pathway, options within the consultation, what this meant for Sheffield patients and what the benefits were for Sheffield patients.

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

- The consultation would include a clear map of practices in the neighbourhoods, to give people an idea of how far they may need to travel and assessments had been made of travel times to get to these centres. There were also estate and workforce considerations to bear in mind when considering these locations.

- It was felt that GPs didn’t need to see all patients and, in order to relieve the pressure on practices, practices would work together to see patients within their local area (neighbourhoods), rather than them necessarily being seen in their own practice. Patients with minor illness or injuries who attended Accident and Emergency Departments would be directed to the Urgent Treatment Centre (UTC). It was important to make primary care consistent and offer the right level of support.

- By improving local access, it was hoped that patients would choose to be seen in the neighbourhoods, ideally on the same day. The UTC at the Northern General Hospital was there as a national requirement and people seemed to like using it.

- The aim was to simplify the services available, ensure patients could access urgent care quickly, take out duplication from the system and invest in more effective primary care. An out of hours GP service would still be provided from the Northern General Hospital site.

- Whilst people with mental health needs had been covered in the engagement report, this would be revisited to ensure the significant representation of this group.

- The advantage of localisation was that those working locally would know the area and its people and could direct them appropriately.

- Whilst initial access to urgent care for the majority of people would be by telephone, access may be tailored for different neighbourhoods and groups of people, eg a drop in service may be needed for the homeless, and consideration was also being given to the use of skype and email.

- It would still be possible for people to consult their pharmacy or optician if they so wished. However, technological issues prevented these services from booking appointments for patients at their local GP service or UTC.

- Engagement with walk-in centre patients in the consultation process was progressing.

- A programme of work was being undertaken on improving mental health care to cut down on waiting times, but incidents relating to mental health tended to be more of an emergency situation rather than relating to urgent care.

- The implementation of neighbourhood solutions was designed to address situations where GPs could not manage their workloads.

- Full implementation was expected by 2020 and additional organisation may be required to provide services in the interim.

- The aim was for those patients requiring urgent care to be seen at a GP practice or in a neighbourhood setting. In the evenings and at weekends, four neighbourhood sites would be available across the City. Alternatively patients could attend the UTC. The process was designed to help patients get an early appointment and the appropriate care.

- Discussions were taking place with regard to communicating the new proposals to as many people as possible during the consultation and communications staff at the CCG would be undertaking work in the neighbourhoods.

- Whilst it was acknowledged that car parking at hospitals could be seen as a barrier, the aim was for people to be seen in the community.

- The report just outlined the proposals, as officers wanted to keep things simple, but it did include all the options. The draft document was to be considered by a Committee of the CCG the following week, with the consultation to start after that. Members of the Committee would be able to see the document at the same time at which it was released publicly.

- The reason why there was no option 3 in the presentation was that originally, six options were considered and three were identified from these. In the final consultation document, they would be designated as options 1, 2 and 3.

- The Royal Hallamshire Hospital had been considered as a location for the UTC, but this had not been progressed as it was not feasible.

- Patient care was a fundamental driver behind these proposals, with the intention being to avoid duplication and invest in those patients who had more complex conditions.

- It was important to get core standards in terms of telephone calls and

appointments, and it was hoped to get these arrangements in place quickly.

- The contracts with hospitals and the National GP Contract had a different performance management regime, but it was important to get a clear, consistent offer to the public.

- Officers would receive weekly and monthly reports on the responses to the consultation and it was hoped to have a good flavour of the outcome by the end of October 2017.

6.5 RESOLVED: That the Committee:-

(a) thanks those attending for their contribution to the meeting;

(b) notes the contents of the report and presentation and the responses to questions; and

(c) requests that:-

(i) Members' concerns regarding neighbourhood, inequality, mental health and language issues be taken into consideration in carrying out the consultation;

(ii) Members be kept informed of progress with the consultation process so that they could participate in events such as discussion groups; and

(iii) an update report on the consultation be presented to the Committee at its November 2017 meeting.

7. ORAL AND DENTAL HEALTH IN SHEFFIELD - FOLLOW UP

7.1 The Committee received a report of the Scrutiny Working Group on Oral and Dental Health which had met to consider areas for recommendations and where further information was required, following consideration of this issue at the Committee's previous meeting. The report set out the Group's findings and recommendations.

7.2 RESOLVED: That the Committee:-

(a) agrees the findings and recommendations of the Scrutiny Working Group on Oral and Dental Health as set out in the report, subject to the inclusion of an additional recommendation at paragraph 2.9 worded as follows:-

'The Group recognises that despite all the hard work that goes into oral health promotion, inequality persists in levels of child tooth decay across the City, with a fourfold difference between areas with the highest and lowest levels. There is also a clear link between deprivation and levels of child tooth decay. The report clearly indicates the importance of increasing children's exposure to fluoride in fighting decay, and the effectiveness of water fluoridation in ensuring all children benefit from fluoride. The Group notes the action in the draft Oral Health Strategy that a review of the

appropriateness of water fluoridation in Sheffield be conducted. It is 12 years since the Council last debated water fluoridation - the Group believes that it is time the issue be re-examined and asks the Cabinet Member and Director of Public Health to take this forward in the appropriate forum, reporting back to this Committee on how they plan to do this.'; and

(b) requests the Policy and Improvement Officer, in conjunction with the Chair, Councillor Pat Midgley, to progress the recommendations and report back to the Committee.

(**NOTE**: Councillor Douglas Johnson wished it to be recorded that he did not support the recommendation for the Council to debate water fluoridation.)

8. WORK PROGRAMME 2017/18

8.1 The Committee received a report of the Policy and Improvement Officer which set out the Committee's Work Programme for 2017/18.

8.2 RESOLVED: That the Committee:-

(a) approves the contents of the Work Programme 2017/18 report; and

(b) supports the suggestion now made for the Work Programme to be discussed at the Committee's pre-meeting held before each Committee meeting.

9. MINUTES OF PREVIOUS MEETING

9.1 The minutes of the meeting of the Committee held on 19th July 2017, 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, 15th November 2017, at 5.00 pm, in the Town Hall.