Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee

Wednesday 20 September 2017 at 5.00 pm

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

The Press and Public are Welcome to Attend

Membership

Councillor Pat Midgley (Chair), Sue Alston (Deputy Chair), Pauline Andrews, Steve Ayris, David Barker, Lewis Dagnall, Tony Downing, Mike Drabble, Adam Hurst, Dianne Hurst, Talib Hussain, Douglas Johnson, Richard Shaw and Garry Weatherall

Healthwatch Sheffield
Margaret Kilner 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.

Sheffield City Council

PUBLIC ACCESS TO THE MEETING

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

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

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

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

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

FACILITIES

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

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

HEALTHIER COMMUNITIES AND ADULT SOCIAL CARE SCRUTINY AND POLICY DEVELOPMENT COMMITTEE AGENDA
20 SEPTEMBER 2017

Order of Business

1. Welcome and Housekeeping Arrangements

2. Apologies for Absence

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

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

5. Minutes of Previous Meeting (Pages 5 - 10)
To approve the minutes of the meeting of the Committee held on 19th July, 2017

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

7. Reducing Delayed Discharges from Hospital (Pages 11 - 34)
Phil Holmes, Head of Adult Services, Sheffield City Council, Michael Harper, Chief Operating Officer, Sheffield Teaching Hospitals and Peter Moore, Director of Strategy and Integration, NHS Sheffield Clinical Commissioning Group in attendance

8. Reviewing Urgent Primary Care Across Sheffield - Public Consultation
The NHS Sheffield Clinical Commissioning Group to report

9. Oral and Dental Health in Sheffield - Follow Up (Pages 35 - 38)
Report of the Policy and Improvement Officer

10. Work Programme 2017/18 (Pages 39 - 44)
Report of the Policy and Improvement Officer

11. Date of Next Meeting
The next meeting of the Committee will be held on Wednesday, 15th November, 2017, at 5.00 pm, in the Town Hall

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ADVICE TO MEMBERS ON DECLARING INTERESTS AT MEETINGS

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

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

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

You **must**:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

You have a personal interest where –

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

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

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

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

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

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

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SHEFFIELD CITY COUNCIL

Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee

Meeting held 19 July 2017

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

Non-Council Members (Healthwatch Sheffield):-

Margaret Kilner and Clive Skelton

....

1. APOLOGIES FOR ABSENCE

1.1 An apology for absence was received from Councillor Tony Downing.

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

5. ORAL AND DENTAL HEALTH IN SHEFFIELD

5.1 The Committee received a joint report of the Director of Public Health, Public Health England, University of Sheffield and NHS England, which provided information on the oral and dental health of children and adults in Sheffield from both a public health and NHS services angle.

5.2 The report was introduced by Greg Fell (Director of Public Health, Sheffield City Council) and supported by a presentation which was given jointly by Dr Sarah Robertson (Consultant in Dental Public Health, Public Health England), Dr Zoe Marshman (Reader/Honorary Consultant in Dental Public Health, University of Sheffield) and Emma Wilson (Head of Co-Commissioning (Yorkshire and Humber), NHS England). Also in attendance for this item were Sarah Hipkiss (Contract Manager, NHS England), Prof. Barry Gibson (Head of Dental Public Health Unit, University of Sheffield), Joanne Charlesworth (Oral Health Promotion Manager, Sheffield Teaching Hospitals), Mel McCart (General Dental Practitioner), Debbie

Hanson (Health Improvement Principal, Sheffield City Council) and Helen Lomas (Assistant Service Manager, Sheffield City Council).

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

- It was accepted that oral health improvement programmes had to be developed and implemented through involving the local community.

- Health visitors provided tooth brushing packs at 12 month checks to all children, and to targeted 2 year olds in the most socially deprived areas. Oral health promotion by health visitors had been underpinned by research with parents into how they could be better supported to improve their care of their children’s teeth.

- The Community Dental Service (CDS) (six city-wide clinics and three clinics within special schools), cared for children who could not be treated in the general dental services. Patients were referred to the CDS by general dental practitioners and other professionals. Such patients included children with physical or learning difficulties or medical conditions, children who were looked after or on the at risk register, children with extensive untreated tooth decay who were particularly anxious or uncooperative, adults with complex needs who had a proven difficulty in accessing or accepting care in the general dental services, including adults with moderate and severe learning and physical difficulties or mental health problems and severe dental anxiety, adults with medical conditions who needed additional dental care and housebound and homeless people. Monthly clinical sessions were provided at Sheffield Cathedral at the Archer Project for homeless people. Care was also provided at the Charles Clifford Dental Hospital and the Royal Hallamshire Hospital. Jordanthorpe clinic provided cognitive behavioural therapy for anxious/phobic adult dental patients, a sedation service and a service to Aldine house, a secure centre for Children. CDS was currently under procurement. It was planned that by October 2018, there would be a new CDS service covering the whole of South Yorkshire.

- The budget for commissioning dental services for Yorkshire and the Humber had now been brought together and it was important to commission services which were right for the population. Urgent dental care and general access to general dental practices was currently under review and redesign by NHS England.

- Many people did not wish to access regular routine dental care, opting to attend urgent dental care services only when in pain. This may be due to anxiety, phobia, lifestyle and cultural issues. The ‘111’ and urgent dental care services in Yorkshire and Humber were currently under review and redesign by NHS England.

- Three dental practices in Sheffield were trialling the new NHS dental contract prototypes, with the aim of changing the focus of dental service provision from the delivery of treatment to a more preventive approach. The idea was to

promote a shared responsibility to improve and maintain patients' oral health.

- There were three NHS dental charge bands which were based on the level of treatment required. These were set out in detail in the report.

- Dentists worked under general dental service or personal dental service contracts and were contracted to provide an agreed annual number of Units of Dental Activity (UDAs). They received UDAs dependent on the band of treatment provided. The diagram in the report showed the UDAs commissioned per population in Sheffield by Ward in 2012/13, with the darker areas indicating a higher level of funding. More UDAs were commissioned on the east side of the city than the west, reflecting those wards which experienced greater social deprivation and also higher levels of tooth decay. Improving access to dental care did not necessarily equate with improvements in oral health. Improving oral health and reducing oral health inequalities required community-based oral health promotion programmes and a more prevention-focused dental service.

- NHS England was aware that some people accessed dental services on a regular basis whereas others did not have a regular dentist. It should be noted that there were also high 'did not attend' rates. The figures on access presented in the paper only applied to NHS dentists and not those operating privately. Access figures in Sheffield were relatively good, but some people only accessed services when they were in pain.

- A request had been received from one school asking for an ice cream van not to be positioned at the school entrance and officers were considering an appropriate response.

- There was a clear link between poor dental health and deprivation. Children living in the most deprived areas of the City had average tooth decay levels that were four times higher than those living in the least deprived areas.

- Both dental health and oral health were important, with consideration being given to the health of the teeth and the mouth more generally. Poor diets, tobacco and alcohol were all significant risk factors for poor oral health and also the risk factors for a number of other chronic diseases.

- In relation to safeguarding, dental decay could be an indicator of wider neglect and it was important for practitioners to be aware of these issues. Dentists should know what to do in these circumstances and, if they were seriously concerned, should follow the local safeguarding policy. Safeguarding processes at the Dental Hospital were considered to be very good.

- Dentists were well trained in safeguarding and this was included as part of the Care Quality Commission (CQC) inspections, which set a high level of expectation.

- The return on investment figures in the report had been taken from Public Health England.

- The Sheffield City Council budget for oral health improvement was £120,000.

- The use of fluoride varnish came under the Band 1 activity.

- It might be worthwhile for headteachers to consider what was on sale in school shops in terms of sugar content.

- There had been significant investment in Sheffield in the provision of hearing loops in all practices and there were some courses on sign language available to practitioners. Interpreters, funded by NHS England, were available and these could be used for either language or signing.

- The cost of tooth brushing clubs was approximately £1.29 per year per child and the School of Clinical Dentistry was presently evaluating the tooth brushing programme for Sheffield City Council.

- The application of fluoride varnish should be offered under the dentist's contract free of charge to all children aged 3-16 years at least twice a year, and to children younger than 3 if they were at high risk of tooth decay.

- The use of school dentists had been discontinued as school dental screening had been found to be not effective.

- The Charles Clifford Hospital served the region for specialist care and also provided treatment by undergraduates.

- Patients needed to be referred to the Charles Clifford Hospital and analysis had shown that some patients could have been seen in a primary care setting e.g. for some minor oral surgery procedures.

- There were no data available on the link between accessing a dentist and detecting oral cancer, but dentists were the right people to detect oral cancer, as it formed part of the routine check-up procedure. However, some work had been undertaken in South Yorkshire on the late presentation of oral cancer.

- It was acknowledged that costs might be a prohibiting factor for some in deprived areas, but all NHS dental care was free for children.

- The effect of sports drinks on dental health should also be considered.

- The targets set for oral health improvement were fairly challenging and were set as a commissioner to a provider.

- Work was being undertaken with the voluntary sector, nurseries and schools to set up tooth brushing clubs and there was a focus on health visitors and

early years' settings to integrate oral health into their work. One way of increasing the uptake of tooth brushing clubs would be to put this on the early years' curriculum.

- It was important for people to attend their dentist regularly, however there is no longer 'registration' of patients. Registration would be included in the new NHS dental contract prototypes for dental services.

- The reason why dental practices stopped taking on new patients was generally due to lack of capacity and the need to allocate each patient sufficient time to provide quality care. Each practice had a webpage on the NHS Choices website and people could use this to check if any particular practice was taking new patients at any one time. However, there were issues with these pages not being kept up to date by practices.

- The impact of HPV (Human Papilloma Virus) immunisation on mouth cancers would not be known for decades, as this was a new development and mouth cancers did not usually occur until people were in their 40's.

- Whilst the use of tobacco linked strongly with mouth cancer, no real research had been undertaken on vaping and oral cancer specifically, as this was a relatively new development.

- Local people were engaged in the process of the provision of dental services through Healthwatch and the NHS England workstreams and Local Dental Networks, and consideration was being given to including a patient and carer on the CDS procurement group.

- 'Universal proportionalism' was applied to oral health recommending population-wide oral health initiatives to improve oral health overall, whilst investing additional resources in targeted initiatives in more deprived areas, to help reduce inequalities. To reduce the steepness of the social gradient in health, actions needed to be universal, but with a scale and intensity which was proportionate to the level of disadvantage. It was not possible to predict who would get tooth decay and it was felt that this approach gave everybody a chance to improve their oral health and also supported the more disadvantaged.

- Discussions were taking place on extending the distribution of tooth brushing packs to food banks if additional resources were available.

- Dentists purchased their own dental materials, including fluoride varnish, with the money they were paid by NHS England for providing dental services. Application of fluoride varnish had been subject to two audits in Barnsley, and this seemed to help raise awareness amongst practitioners of the need to apply fluoride varnish to all 3-16 year olds. A similar audit could be undertaken in Sheffield to raise awareness amongst Sheffield's dentists. The referral criteria for paediatric dentistry at the Charles Clifford Dental Hospital required children to have been previously treated with fluoride varnish.

5.4 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 the Policy and Improvement Officer arranges a meeting of the Committee as a Working Group to identify priorities for progressing the oral health improvement agenda and areas where further information was required, with any recommendations from the Working Group to be brought to the September meeting of the Committee for consideration.

6. MINUTES OF PREVIOUS MEETINGS

6.1 The minutes of the meetings of the Committee held on 15th March, 12th April, and 17th May, 2017, were each approved as a correct record.

7. DRAFT WORK PROGRAMME 2017/18

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

7.2 RESOLVED: That the Committee approves the contents of the Draft Work Programme 2017/18 report.

8. DATE OF NEXT MEETING

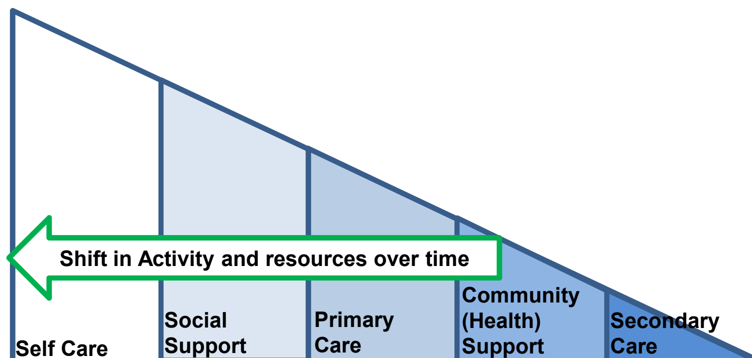
8.1 It was noted that the next meeting of the Committee would be held on Wednesday, 20th September 2017, at 5.00 pm, in the Town Hall.

Sheffield Teaching Hospitals NHS
NHS Foundation Trust

NHS
Sheffield
Clinical Commissioning Group

Sheffield
City Council

Reducing Delayed Transfers of Care in Sheffield



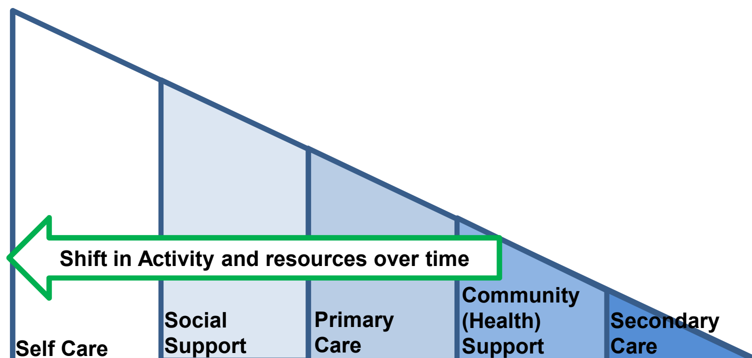
Introductions

Sheffield Teaching Hospitals NHS
NHS Foundation Trust
NHS Sheffield
Clinical Commissioning Group
Sheffield City Council

Michael Harper
Chief Operating Officer
Sheffield Teaching Hospital

Phil Holmes
Director of Adult Social Services
Sheffield City Council

Peter Moore
Director of Strategy and Integration
Sheffield CCG

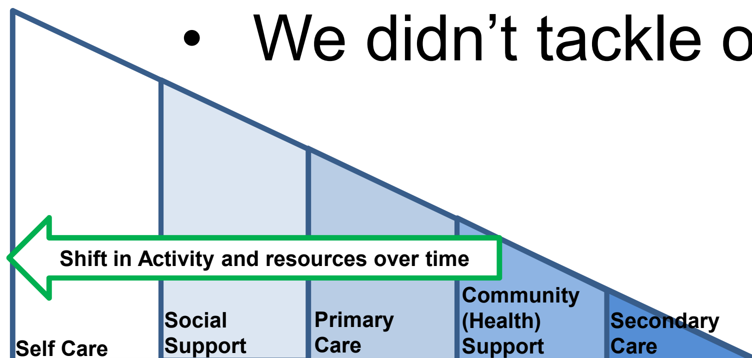


Winter 2016/17

- September 2016 – put in place The Task Team and brought in a jointly funded Senior Manager
- Set up the task team
- Bought additional NH Capacity
- Reduced in DTOCs through Q3 down to circa 70 near Christmas

But…

- We basically improved how well we did ‘fire-fighting’
- Underlying issues prevailed
- We didn’t tackle our behaviours.



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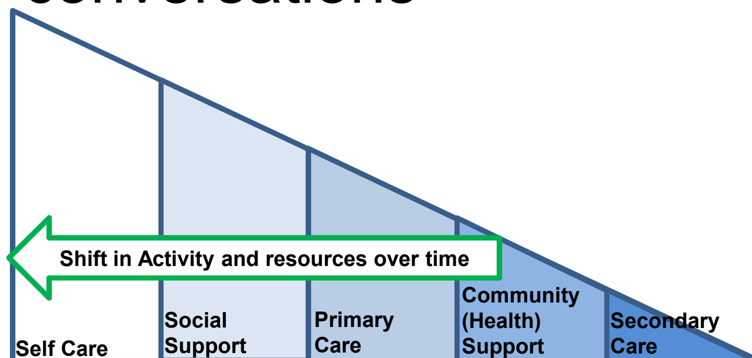
Winter 2016/17 – post Christmas

Three 12 Hour breaches – a Sheffield "Never Event"

Challenging A&E performance and very little flexibility or additional capacity in the system

Working relationships strained and responsibilities became unclear.

Tension escalating up to CEO level with several difficult conversations



Sheffield Teaching Hospitals NHS Foundation Trust
NHS Sheffield Clinical Commissioning Group
Sheffield City Council

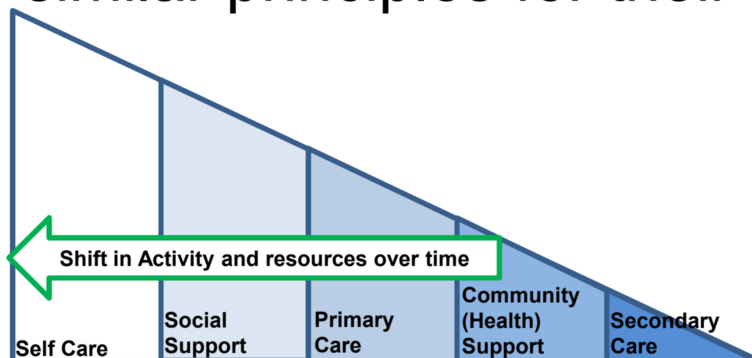
Newton Europe Engagement

Opportunity arose to have some support from NE.

Regional approach to tackling the issue of DTOCs; reducing bed capacity and therefore impacting on A&E 4 hour target

Sheffield identified as one of three hotspots (Sheffield, Cumbria, Fylde Coast)

Agreement to share learning across other areas and to adopt similar principles for their systems



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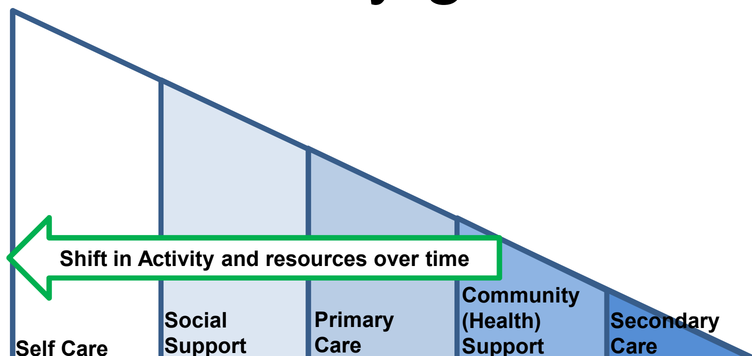
Newton Europe Remit

1. Work with localities to diagnose DTOC system issues

2. In depth analysis to identify and support change

3. Ensure change is embedded and sustained

4. Identify generic lessons and share more widely



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NHS Sheffield
Clinical Commissioning Group

Sheffield City Council

The Newton Process in Sheffield

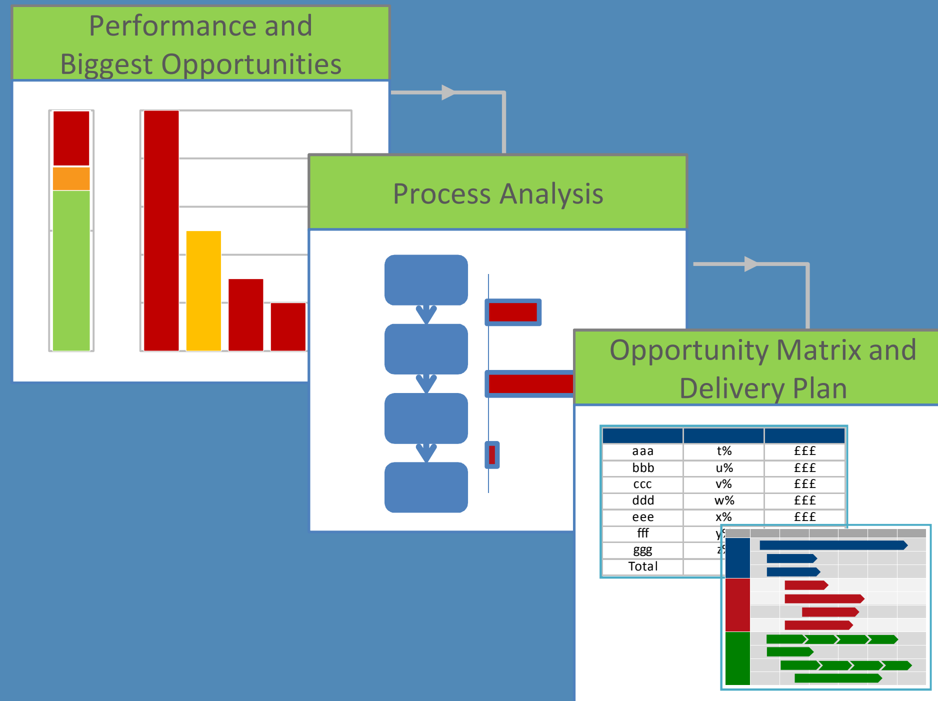
2 PATIENT PATHWAY WORKSHOPS WITH **50 STAFF**

200 CASES REVIEWED

500 DAYS OF PERFORMANCE AND FINANCIAL DATA

2 IN-DEPTH SURVEYS

40+ ONE-TO-ONES



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Some good stuff acknowledged

THERE'S A LOT TO CELEBRATE

A common purpose to always put the **patient first**.

Some outstanding **best practice**.

Significant progress made to **increase reablement capacity**.

Common view of the **behaviours** needed in a good system.

Unanimously high desire to **improve**.

Source: Interviews; workshops; online survey; meetings.

Sheffield Teaching Hospitals NHS
NHS Foundation Trust

NHS
Sheffield
Clinical Commissioning Group

Sheffield
City Council

A single shared vision exists already

THERE IS A COMMON VIEW OF WHAT MAKES AN IDEAL OUTCOME

Collaboration Relationship Best-setting
Dignity
Home Independence
Optimum
Choice
Appropriate
Patient-centred Wellbeing
Timely
Value-adding
Communication Respect Whole-system

Interviews and discussions with more than 50 people from across Sheffield

Newton
The science of performance

Sheffield Teaching Hospitals NHS
NHS Foundation Trust

NHS Sheffield
Clinical Commissioning Group

Sheffield City Council

The opportunity

REDUCING THE UNECESSARY DAYS PEOPLE SPEND IN SHEFFIELD HOSPITALS

35% of those impacted by DTOC are waiting for a pathway to be allocated to them.

35% of those impacted by DTOC are on a pathway to either intermediate, nursing and residential care.

16% of those impacted by DTOC are waiting to go home with some extra support.

What it looked like on 9th May

Sheffield Teaching Hospitals NHS Foundation Trust | NHS Sheffield Clinical Commissioning Group | Sheffield City Council

The findings…

THE OPPORTUNITY FOR SHEFFIELD

GETTING READY FOR WINTER

4,000+ people impacted each year

14,000 - 19,600 bed days could be avoided

£3million+ annualised system wide savings

OPERATIONS

FINANCIALS

5,000+ people impacted each year

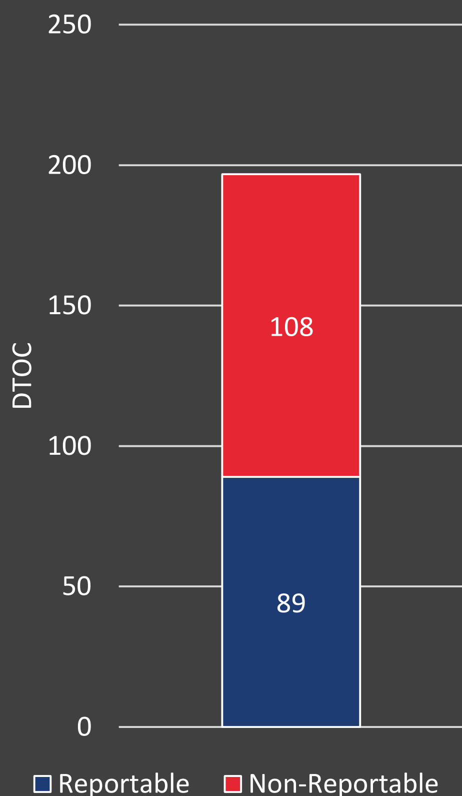
70,000 bed days could be avoided

£22million+ annualised system wide savings

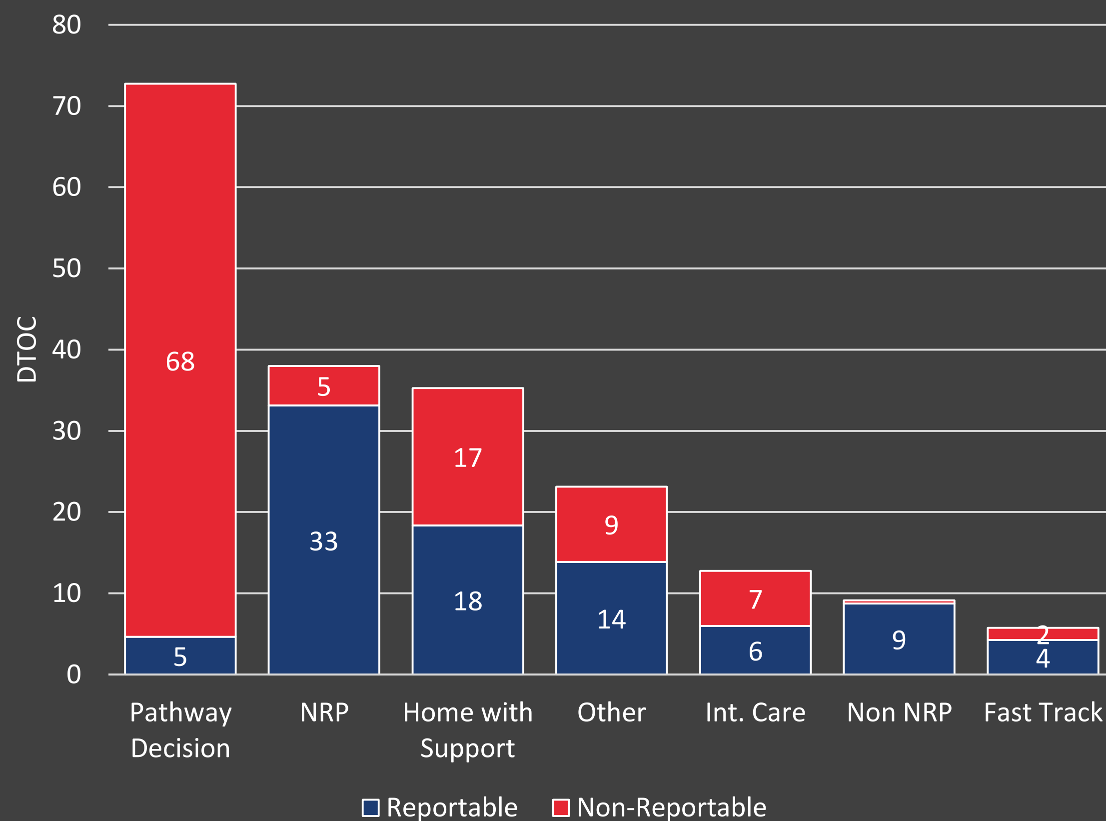
BECOMING A NATIONAL LEADER

What this could mean for patients, our staff and financially

The data…



THE AREAS TO TARGET



Baseline Period: 25th April – 13th June 2017

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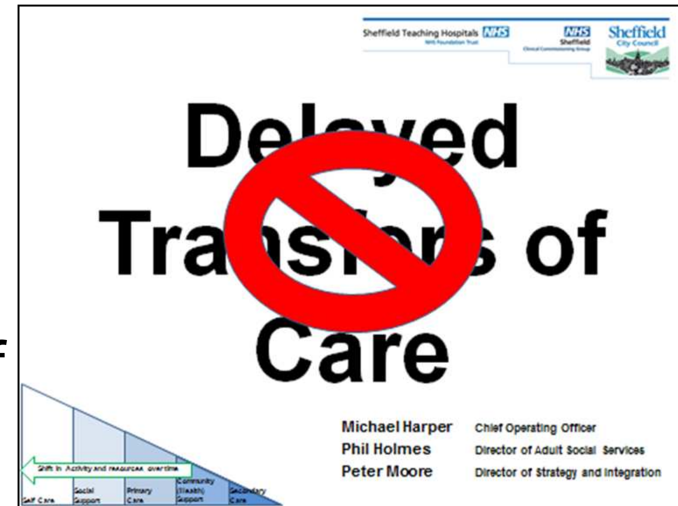
Sheffield Teaching Hospitals NHS
NHS Foundation Trust

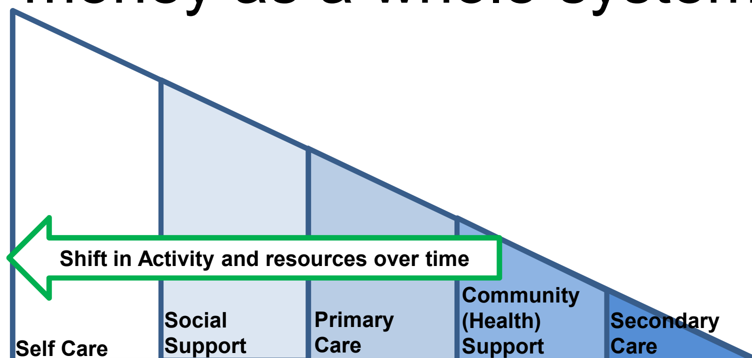
NHS Sheffield
Clinical Commissioning Group

Sheffield City Council

The Summit

CEO led – John Mothersole CEO of the Council
Clearly shared the findings from the diagnostic
Put aside our own preconceived ideas of 'the fixes'
Tasked groups to do the work on the day and develop workstreams
Played in the use of the new social care money as a whole system support.





Michael Harper — **Chief Operating Officer**
Phil Holmes — **Director of Adult Social Services**
Peter Moore — **Director of Strategy and Integration**

Sheffield Teaching Hospitals NHS
NHS Foundation Trust

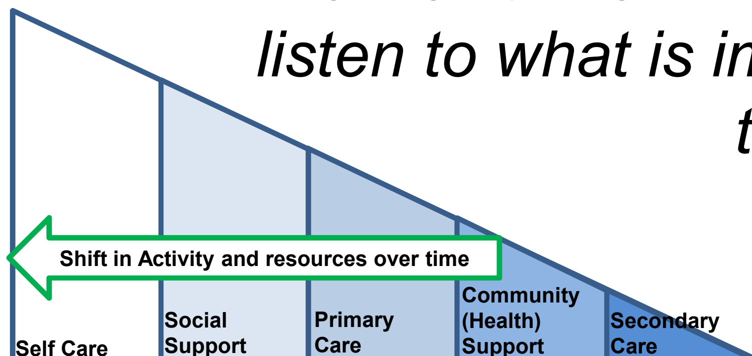
NHS Sheffield
Clinical Commissioning Group

Sheffield City Council

SUMMIT SLIDES
A shared set of outcome measures

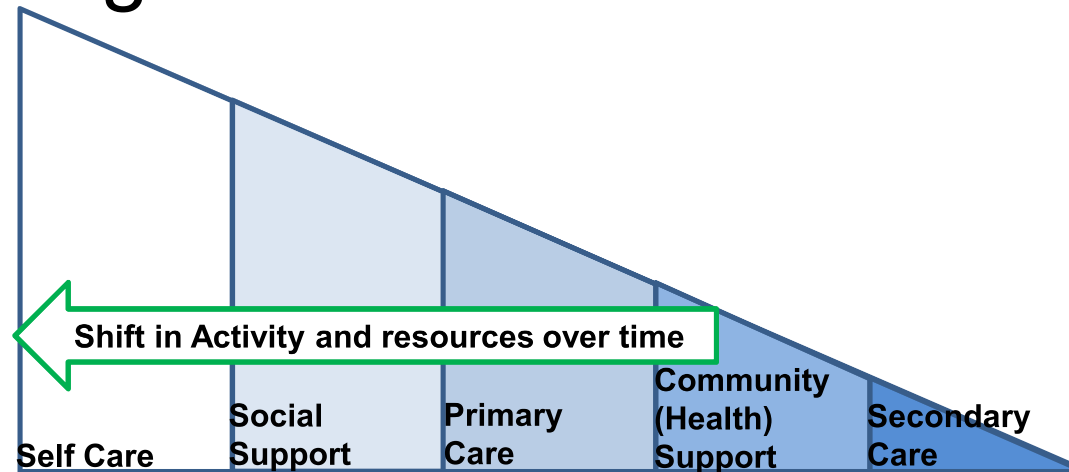
1. Get the person medically fit as quickly as possible.
2. Get them home.
3. Then get them back to being as independent as possible *for them*

We won't know what 'for them' means unless we actively listen to what is important to them and understood where they came from.



Sheffield Teaching Hospitals NHS Foundation Trust | NHS Sheffield Clinical Commissioning Group | Sheffield City Council

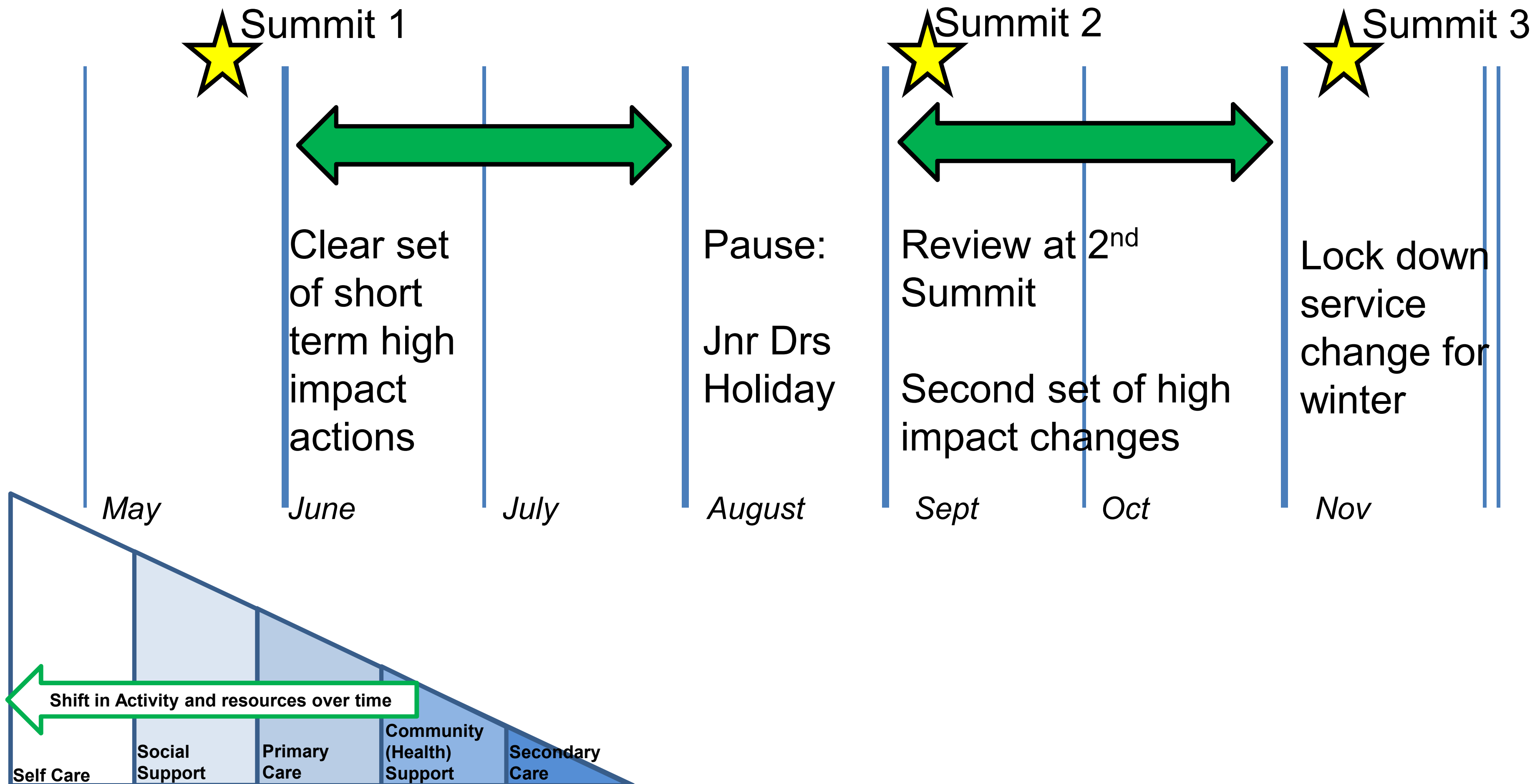
SUMMIT SLIDES
Sheffield's long term aim



Over time, **redistribute funding from high intensity and high emergency care to less costly earlier interventions**

Reducing the number of hospital admissions will *release funding for other areas of the system* –primary care, community care - importantly some of this will be within secondary care

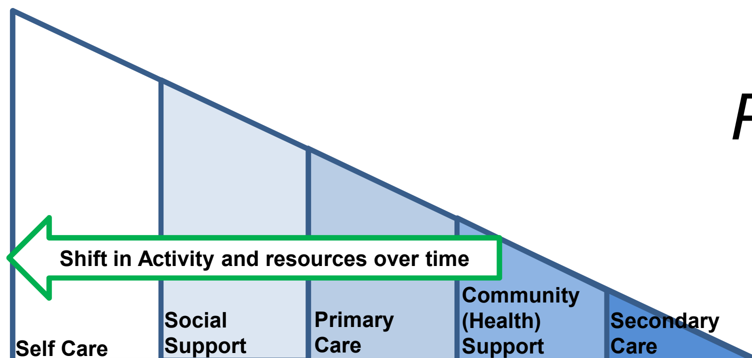
SUMMIT SLIDES
Getting to winter 2017



Sheffield Teaching Hospitals NHS Foundation Trust | NHS Sheffield Clinical Commissioning Group | Sheffield City Council

SUMMIT SLIDES
Shift in thinking

We will be moving towards more integrated teams and organisations, we can behave like this from today….



Peter Senge, Winter 2015

Sheffield Teaching Hospitals NHS
NHS Foundation Trust

NHS
Sheffield
Clinical Commissioning Group

Sheffield
City Council

SUMMIT SLIDES

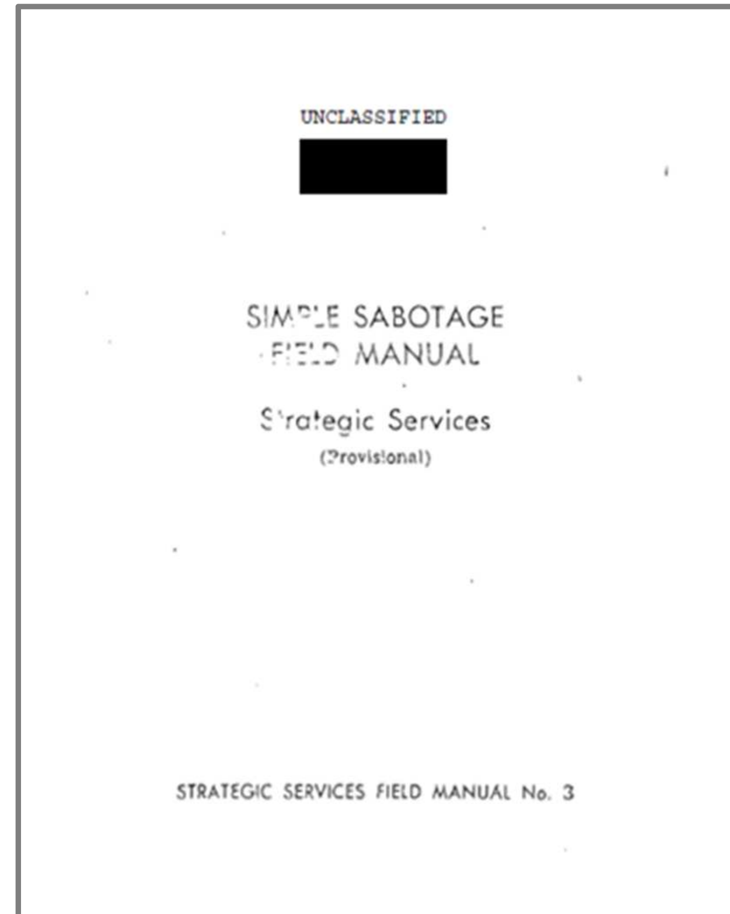
We reminded our colleagues that how we work can stop us delivering our potential…

SIMPLE SABOTAGE

1. *INTRODUCTION*

a. The purpose of this paper is to characterize simple sabotage, to outline its possible effects, and to present suggestions for inciting and executing it.

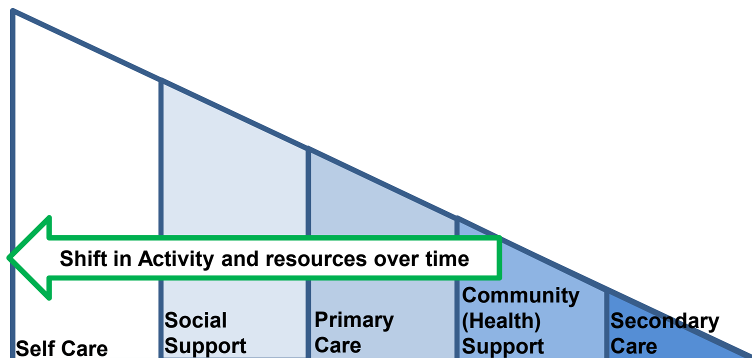
b. Sabotage varies from highly technical *coup de main* acts that require detailed planning and the use of specially trained operatives, to innumerable simple acts which the ordinary individual citizen-saboteur can perform. This paper is primarily concerned with the latter type. Simple sabotage does not require specially prepared tools or equipment; it is executed by an ordinary citizen who may or may not act individually and without the necessity for active connection with an organized group; and it is carried out in such a way as to involve a minimum danger of injury, detection, and reprisal.


UNCLASSIFIED

SIMPLE SABOTAGE
FIELD MANUAL

Strategic Services
(Provisional)

STRATEGIC SERVICES FIELD MANUAL No. 3



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The Summit - Outcomes

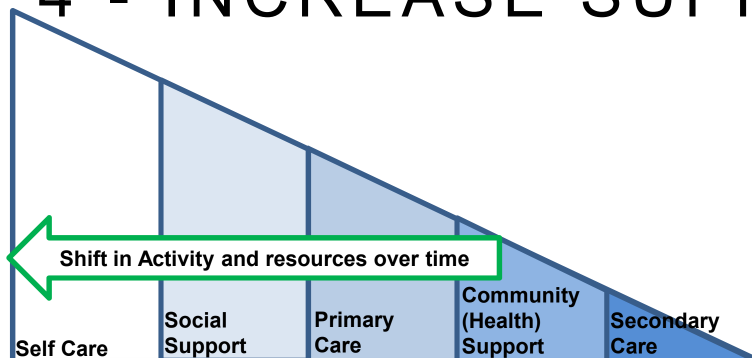
GET PEOPLE HOME

1 - CELEBRATE SUCCESS ON EVERY WARD

2 - ESTABLISH THREE ROUTES FOR HOSPITAL DISCHARGE

3 - UNDERSTAND PERCEIVED BARRIERS TO DISCHARGE

4 - INCREASE SUPPORT TO THERAPISTS



Michael Harper	**Chief Operating Officer**
Phil Holmes	**Director of Adult Social Services**
Peter Moore	**Director of Strategy and Integration**

The Summit - Outcomes

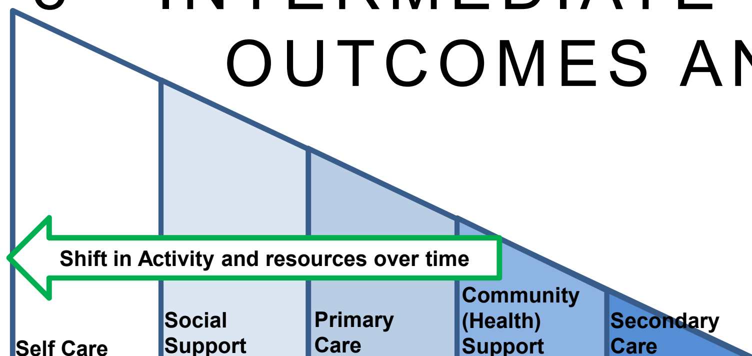
RAPID COMMUNITY CARE

5 - INTEGRATE ACTIVITY RECOVERY SERVICE

6 - TO PROVIDE A SEAMLESS SERVICE TO PATIENTS MPROVE OUTCOMES AND PRODUCTIVITY

7 - INCREASE RESILIENCE OF IS HOMECARE

8 - INTERMEDIATE CARE BEDS: IMPROVE OUTCOMES AND PRODUCTIVITY



Michael Harper Chief Operating Officer
Phil Holmes Director of Adult Social Services
Peter Moore Director of Strategy and Integration

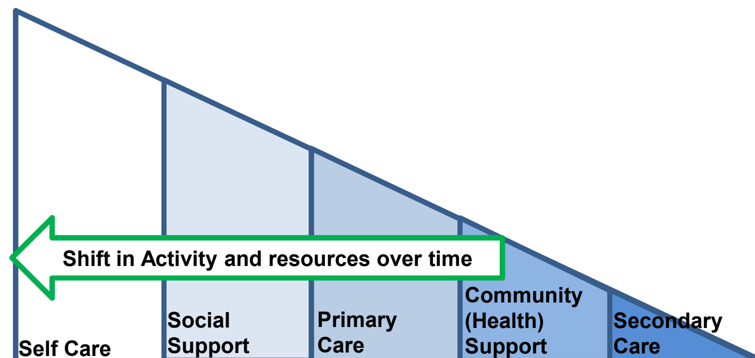
Sheffield Teaching Hospitals NHS Foundation Trust
NHS Sheffield Clinical Commissioning Group
Sheffield City Council

The Summit - Outcomes

ASSESSMENT AT HOME

9 - INCREASE COMPLEX DISCHARGES VIA D2A

10 - RESTRUCTURE ASSESSMENT CAPACITY TO DELIVER MORE HOME BASED ASSESSMENTS



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Sheffield Teaching Hospitals NHS
NHS Foundation Trust
NHS Sheffield
Clinical Commissioning Group
Sheffield City Council

The Summit - Outcomes

Process

Each Action has a
- Jobcard
- Milestones
- Support from NE
- Clinical Lead

DTOC
A CLOSER LOOK

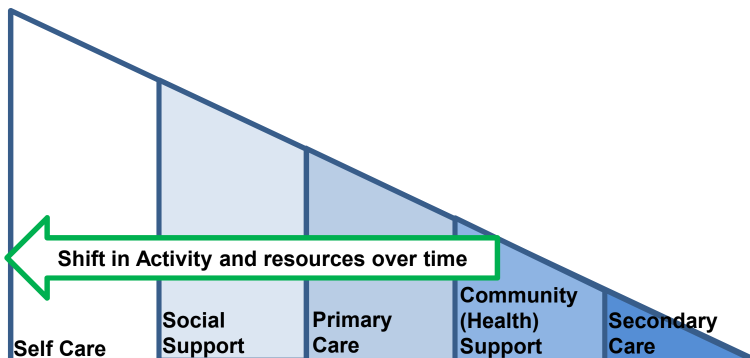
Sheffield Teaching Hospitals NHS
NHS Sheffield
Sheffield City Council

Action 1
ESTABLISH THREE ROUTES FOR HOSPITAL DISCHARGE

1. Home with no additional support required, *or if not possible*:
2. Home for intermediate support and further assessment, *or if not possible*:
3. To another care setting for intermediate support and further assessment

Milestones
- Draft guidance / comms for patients and staff: by end June
- Engagement / consultation with patients and staff: by end July
- Finalised guidance and communication materials: by end August

28



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DTOC

A CLOSER LOOK

Sheffield Teaching Hospitals NHS Foundation Trust | NHS Sheffield Clinical Commissioning Group | Sheffield City Council

CHECKPOINTS

Progress in June

- System wide agreement on outcomes from assessment and summit
- DTOC action plan developed AND additional social care funding to pump prime the plan
- Links established to existing work and governance (AS&R, 5Qs, Single Active Recovery Service, UEC Delivery Board)
- Workstream sponsors / leads agreed and mobilisation underway

June | July | August | September | October | November | December | January | February

End of July

- Pilots underway
- Initial system wide / workstream metrics and targets defined
- Cross system mindset expectations clear
- Quick Wins including recognition of local success

End of September

- Cross system mindset becoming the norm
- Front line feedback
- System wide metrics in place
- Initial trajectory for winter
- Pilot findings fed into next pilot and informing the medium term plan
- Draft medium term plan developed

End of November

- Cross system mindset everywhere
- Front line feedback loop established
- Trajectory for winter understood
- System wide metrics in active use
- Rollout underway
- Medium term plan complete and activities underway

End of February

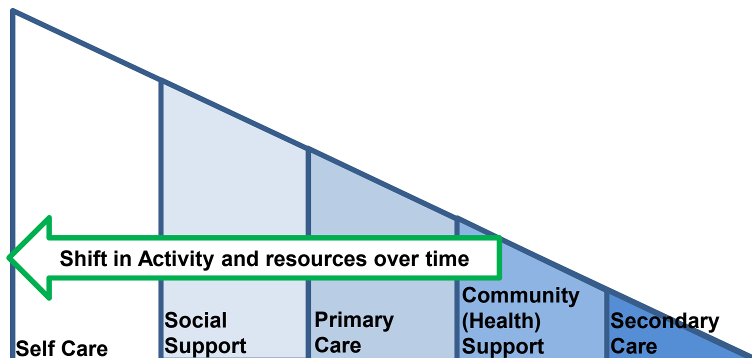
- Effectively managed winter pressures, whilst maintaining the cross system mindset
- Work completed to incorporate learnings from 17 / 18 into the medium term plan
- Medium term activities well underway to create a significant change in the system ahead of winter 18 / 19

We needed some additional capacity not just some more data.

We do have the resources locally to deliver this

It takes a real commitment to make it happen – twice weekly face to face meetings

NE have been instrumental in supporting us deliver this.



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Report to Healthier Communities and Adult Social Care Scrutiny & Policy Development Committee
20th September 2017

Report of: Scrutiny Working Group – Oral and Dental Health

Subject: Oral and Dental Health in Sheffield – Follow up

Author of Report: Emily Standbrook-Shaw, 0114 27 35065
Policy & Improvement Officer

Summary:
At its meeting on the 19th July 2017, the Healthier Communities and Adult Social Care Scrutiny Committee looked at oral health in Sheffield. The Committee agreed that it would meet as a working group to consider areas for recommendations and where further information was required. The working group met on the 9th August, and this report sets out the group's findings and recommendations.

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

Reviewing of existing policy	**x**
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	
Other	

The Scrutiny Committee is being asked to:

Agree the findings and recommendations of the working group, and task the Policy and Improvement Officer, in conjunction with the Chair to progress the recommendations and report back to the Committee.

Background Papers:
Oral and Dental Health in Sheffield, Healthier Communities and Adult Social Care Scrutiny Committee, 19th July 2017

Category of Report: OPEN

Report of the Scrutiny Working Group – Oral and Dental Health Oral and Dental Health in Sheffield – Follow up

1. Introduction

1.1 At its meeting on the 19th July, the Healthier Communities and Adult Social Care Scrutiny Committee looked at oral and dental health in Sheffield. After hearing from a range of witnesses, including Sheffield's Director of Public Health, Public Health England, University of Sheffield Dental Public Health Faculty, the Oral Health Promotion Team and Dental Practitioners, the Committee decided to meet as a working group to consider areas for recommendations or where further information is required.

1.2 The working group – Cllrs Midgley, Alston, Hurst, Johnson, Shaw and Weatherall met on the 9th August, to review the information that the Committee had heard. Their findings and recommendations are set out in section 2.

2. Working Group Findings and Recommendations

2.1 The group was concerned that there is a gap in our knowledge about accessibility of NHS dental services. They were keen to know how many people are unable to find an NHS dentist near them, and as a result are accessing private dentistry or not using dental services at all. The group would like NHS England to look at the data we have on urgent/emergency care to see if we can determine whether people accessing emergency dental care are less likely to be registered with a dentist, or whether we hold any further data that could inform our knowledge of service accessibility.

2.2 At its meeting, the Committee heard that NHS England is currently trialling prototype contracts across the country with a view to introducing a new contract in 2018 – although this is now likely to be delayed. The group strongly supports the new contract having more of a preventive approach, and urges NHS England to ensure that the new contract has appropriate incentives that will encourage improvements to oral health rather than solely reward treatment. The group would like to be kept up to date with progress on the development of the new contract, including the experiences of the Sheffield practices trialling prototype contracts.

2.3 The report stated that currently in Sheffield, 56% of child treatments include fluoride varnish application. The group felt that this was too low. NHS England advised that this may be, in part, due to low recording rates. In Barnsley, the Local Dental Committee audited fluoride varnish applications among practitioners in 2014 and 2017, which helped raise awareness and increased fluoride varnish application rates. The group is keen to see that Sheffield LDC is asked to consider carrying out a similar

exercise. The group also asked if it is possible to break down the data further, to see whether rates of fluoride varnish applications vary in different parts of the city. The group heard that low application rates may also be due, in part, to the fact that individual practitioners have to meet the cost of providing fluoride varnish themselves, and would like to investigate this issue further.

2.4 Given the increasing use of food banks in some areas of the city, the group feels that there is an opportunity for the oral health promotion teams/oral health action teams to look at ways we could make fluoride toothpaste and toothbrushes accessible through food banks, free of charge.

2.5 The report explains that tooth brushing packs are distributed by health visitors for all children age 12 months, and at 2 yrs old in the most deprived areas. The group would like to explore how these contacts could be used to provide more support and information about registering with a dentist, including providing families with details of local dentists currently accepting NHS patients. The group also would like to look at how existing mechanisms could be used to further promote oral health – for example, using MAST Teams, Health Champions etc to support individuals and families to register with dentists.

2.6 The report states that there will be an evaluation of the toothbrushing clubs that have been set up in schools and nurseries. Depending on the outcome of the evaluation, the group would like to explore how the Council can use its links with schools and early years settings to expand the clubs further across the city.

2.8 The group was pleased to hear that the University of Sheffield's School of Clinical Dentistry supports its students to get involved in oral health promotion, and that it is keen to develop its civic mission within the wider city region. The group would like to hear more about what changes are planned, and how the Council and School might be able to work together to improve oral health in the City.

3. Recommendation

The Committee is being asked to

3.1 agree the findings and recommendations of the working group, and task the Policy and Improvement Officer, in conjunction with the Chair to progress the recommendations and report back to the Committee.

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Report to Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee
Wednesday 20th September 2017

Report of: Policy and Improvement Officer

Subject: Work Programme 2017/18

Author of Report: Emily Standbrook-Shaw, Policy and Improvement Officer
Emily.Standbrook-Shaw@sheffield.gov.uk
0114 273 5065

The Committee's work programme is attached at appendix 1 for consideration and discussion.

The work programme remains a live document throughout the year and can be added to and altered as issues arise. The work programme is presented at every meeting of the Committee for discussion.

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	
Other	X

The Scrutiny Committee is being asked to:

- Consider and discuss the committee's work programme for 2017/18

Category of Report: OPEN

Appendix 1

Healthier Communities & Adult Social Care Scrutiny Committee Work Programme 2017/18			
Topic	**Reasons for selecting topic**	**Lead Officer/s**	**Agenda Item/ Briefing paper**
Wednesday 20th September 5-8pm			
Transfers of Care	How are we currently performing? What are key issues? How are they being resolved? How can we improve?	Phil Holmes, co-ordinating with CCG and STH	Agenda Item
Urgent Care Review	To consider the proposals and consultation plan	Kate Gleave, NHS Sheffield CCG	Agenda Item
Oral Health Follow Up	To report back any findings/recommendations from the working group set up following the Committee's July session on Oral Health	Policy and Improvement Officer	Agenda item
Wednesday 15th November 5-8pm			
Food Strategy	To consider the draft food strategy.	Jess Wilson, Health Improvement Principal	Agenda Item
Mental Health Transformation	Gain an understanding of the mental health transformation programme and the impact it will have on Sheffield people.	Jim Milns, NHS Sheffield CCG	Agenda Item

Quality Accounts - Sheffield Teaching Hospitals	To consider the draft priorities that STH have selected for their Quality Account 2017/18	Hannah Constantine	Agenda item (no attendees)
Wednesday 17th January 5-8pm			
Wednesday 28th February 5-8pm			
Wednesday 21st March 5-8pm			
Future items to be scheduled - scope to be determined			
Dementia Friendly City	What progress is being made on becoming a Dementia Friendly City - what more can we do?	Greg Fell, Director of Public Health	
Care and Support Performance	Request for 6 month update following 2016/17 consideration. OSMC considering at meeting on 20th July - issues may filter out of that.	Phil Holmes, Director of Adult Services	Agenda Item
Accountable Care Partnership and Shaping Sheffield	To consider how the Accountable Care Partnership is developing, and how it is driving forward Shaping Sheffield, with a focus on how the plan is translating into action.	NHS Sheffield CCG, Sheffield City Council	
Social Prescribing	What is Sheffield's approach? Is it working? How do the costs and savings work? Is social prescribing being implemented in an equal way across the City?		
Emergency Preparedness	To seek assurances that Sheffield's health system is prepared for major incidents.	STH/CCG	

Health in All Policies	To consider how well the public health strategy is being embedded across all areas of Council activity.	Greg Fell, Director of Public Health	
CQC visits to GPs	Follow up from issues considered in 2016/17 - how do we ensure high quality GP services across the city - report on progress.	NHS Sheffield CCG/CQC	
Joint Strategic Hospital Services Review	To consider the outcome of the review and the potential impact on Sheffield	NHS Sheffield CCG	
Health & Wellbeing Board	To understand the role of the Health and Wellbeing Board and its relationship with Scrutiny	Policy and Improvement Officer	
Joint Overview and Scrutiny Committees			
South Yorkshire, Derbyshire, Nottinghamshire and Wakefield Joint Health Scrutiny Committee	This Committee meets in relation to Health Service Change across the geographical footprint. Focussing on two NHS service reconfigurations - Hyper Acute Stroke Services; and Children's Surgery and Anaesthesia. (Note different footprint than South Yorkshire and Bassetlaw STP)		
Yorkshire and the Humber Joint Health Overview and Scrutiny Committee	This Committee is currently considering changes to congenital cardiac surgery services.	Leeds City Council are lead body	

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