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

## Wednesday 11 July 2018 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**

Councillor Pat Midgley (Chair), Sue Alston (Deputy Chair), Steve Ayris, David Barker, Tony Downing, Mike Drabble, Adam Hurst, Talib Hussain, Francyne Johnson, Bob Johnson, Mike Levery, Bryan Lodge, Martin Phipps, Gail Smith 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 Emily Standbrook-Shaw, Policy and Improvement Officer on 0114 27 35065 or email emily.standbrook-shaw@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
# 11 JULY 2018

## 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 Meetings** (Pages 5 - 12)
To approve the minutes of the meeting of the Committee held on 18th April and 16th May, 2018

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

**7. Reviewing Urgent Primary Care Across Sheffield - Public Consultation** (Pages 13 - 24)
Report of the Director of Commissioning, NHS Sheffield Clinical Commissioning Group

**8. Draft Work Programme 2018/19** (Pages 25 - 34)
Report of the Policy and Improvement Officer

**9. Date of Next Meeting**
The next meeting of the Committee will be held on Wednesday, 26th September, 2018, at 4.00 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 18 April 2018**

**PRESENT:** Councillors Pat Midgley (Chair), Sue Alston (Deputy Chair), Pauline Andrews, David Barker, Lewis Dagnall, Dianne Hurst, Talib Hussain, Douglas Johnson and Richard Shaw

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## 1. APOLOGIES FOR ABSENCE

1.1 Apologies for absence were received from Councillors Steve Ayris, Tony Downing, Mike Drabble, and Adam Hurst, and from Margaret Kilner and Clive Skelton (Healthwatch Sheffield).

## 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. MINUTES OF PREVIOUS MEETING

4.1 Subject to a correction made regarding Councillor Talib Hussain's declaration of interest, the minutes of the meeting of the Committee held on 21st March 2018 were approved as a correct record.

## 5. PUBLIC QUESTIONS AND PETITIONS

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

## 6. SHEFFIELD ADULT SAFEGUARDING PARTNERSHIP - 2016-17 ANNUAL REPORT

6.1 The Committee received a report of the Independent Chair of Sheffield Safeguarding Adults Board which set out the activities and performance of the Board for 2016/17. Present for the item was Simon Richards, (Head of Adult Safeguarding, Sheffield City Council), and Adam Butcher, Blake Williamson, Chris Sterry and Lee Harker from the Safeguarding Adults Customer Forum.

6.2 Simon Richards confirmed that although this report was the most recently published, owing to the cycle of reporting it was already out of date. He advised that the 2017/18 report would be published sometime after May 2018.

6.3 He reported that previous discussions with this Committee had recognised the

need to move away from a regime of reporting on things after they've happened and into an evolving relationship where Members were able to comment on and feed into plans as they developed. As such, Mr Richards advised that the 2018/19 Annual Report would mark a major departure from usual reporting formats, and introduced colleagues from the Safeguarding Adults Customer Forum.

6.4 Adam Butcher advised Members that the Annual Report for 2018/2019 was being produced by the Customer Forum, members of which were Adult Safeguarding 'experts by experience' and had an extensive and unique insight of safeguarding adults in Sheffield.

6.5 Lee Harker, Blake Williamson and Chris Sterry outlined the Customer Forum's approach; a series of interviews with a range of individuals involved with Safeguarding: commissioners, service deliverers and service users themselves. This approach would ensure that the 2018/2019 Annual Report would not only reflect the voice of these people but will have been produced by them. The Forum operated through a true co-production model, allowing participation to be balanced regardless of power structure in order to enable services to be reviewed, designed and commissioned by those who use and experience them.

6.6 The interviews used the same questions for everyone to ensure equality, with every voice given the same weight. Encouraging individuals to talk about their experiences of financial, sexual and organisational neglect or harassment first-hand allowed the individual's voice to be heard, driving change in a meaningful way with real-world solutions, and at the same time empowering others to speak up about their own experiences and interact with the Forum.

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

- Previous reports had been produced through a largely officer-driven approach. This led to reports providing organisational perspectives rather than focussing on those who are at risk of abuse or neglect themselves.

- Simon Richards advised that one of the main drivers for the move to co-production was the need for accountability, to ensure the voice of the customer was heard strongly and enabling an insightful and informed view of what happens. Adam Butcher added that when speaking with potentially traumatic experiences, it was important to hear individuals' voices in addition to statistics.

- Lee Harker advised that the report was shaped to be as accessible as possible, using plain English and Chris Sterry explained that past reports didn't give the real feelings and impressions of the process which the videos were capturing. Blake Williamson emphasised the importance of this, highlighting that all citizens could become ill or disabled and would want to engage with accessible, effective and friendly services.

- With regard to capturing a variety of voices during interviews, Adam Butcher advised that this was a challenge being faced. The Forum had set up an Annual Report Working Group which was reflecting on the process as it

developed, and were seeking to ensure a wide pool of customers was being represented. Chris Sterry advised that this was not an easy task; safeguarding by its nature required high levels of confidentiality, so the Forum relied on individuals being willing to speak about their experiences.

- Simon Richards confirmed that the report sought to foster a greater understanding of customers' experiences but could not practically include everything from a first-hand experience; a balance was needed between what the Customer Forum was trying to achieve with what was feasible. Representation and inclusion came from a variety of sources, for instance human trafficking could be included through Police Officer accounts.

- Simon Richards undertook to report back with regards to possible reasons for figures to have changed in October 2016, but advised that there had been changes to how the 'front door' contact operated.

- In response to questions from the Chair, Customer Forum members discussed some of the recent issues they had outlined, including health passports and mate crime, and outlined the priorities they wished would be addressed. These included ensuring the correct checks and balances are in place on an organisational level, making it easier to challenge processes and practices, and making disability equality training mandatory to ensure understanding preceded the point of need. They also included the need to increase the level of accountability of organisations, encouraging honesty about what, why, and how things are being done, and acknowledgement when things are done badly.

6.8 The Chair took the opportunity to thank Customer Forum members for their attendance and their work. It was agreed that future collaboration should take place through informal meetings and Councillors attending a Forum meeting, and that the minutes of today's meeting be sent to the Customer Forum.

6.9 **RESOLVED:** That the Committee thanks those attending for their contribution to the meeting and notes the contents of the report and the responses to the questions.

## 7. AGE BETTER IN SHEFFIELD

7.1 The Committee received a presentation from South Yorkshire Housing Association (SYHA) which set out the work to date and next steps of the SYHA programme to reduce loneliness and social isolation in people aged 50+. Present for this item were Ruth Hawke and Vic Stirling from SYHA.

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

- Vic Stirling reported that the Big Lottery Fund was funding 14 projects across the UK seeking to reduce loneliness and social isolation. This was the only project being led by a Housing Association, but that did not mean it was limited to those living in social housing. Although the project had four wards and five

groups being targeted, Ms Stirling confirmed that anyone across the City could be involved.

- Members noted that a lot of data was being collected on levels of isolation throughout the duration of individuals' involvement with initiatives, and Sheffield Hallam University was acting as the project's local evaluator. SYHA Officers undertook to share data and information about how effective the project had been over the course of the first three years and the learning so far.

- Vic Stirling confirmed that the project was trying lots of approaches and initiatives, gathering learning from each project and seeing if it could be applied with other groups, or in other areas. Other organisations would then be able to use and build on that information to commission and create future programmes and services.

- In response to a question about targeting people who weren't already linked to an existing group or service, Ms Stirling advised that there were numerous 'on-the-ground' initiatives (including comedy nights, engaging people on the street, and speaking with people on buses) as well as work with existing organisations in order to build on what was already known and being done.

- Ms Stirling acknowledged the danger of leaving a gap in the provision of services once funding had run out, and advised that as such the next three years were focussing on legacy, sustainability, and adding value to existing services for the long term.

- Members noted that there was no single project which had been more effective than others, but there had been a number of successes which would enable people to become more community-minded rather than providing a service which would end once funding ran out.

- SYHA officers gave a number of examples, including frontline staff who were already going into homes for services and repairs being trained to recognise signs of loneliness and/or social isolation; enabling people to set up their own community groups; and a counselling programme which began in an individual's home and, over the course of a few weeks, helped encourage them to access services in the community. Ms Stirling also advised that intergenerational initiatives were also being increasingly explored.

- In response to a query about the causes of loneliness and social isolation, Vic Stirling advised that there were a number of life factors involved with causes of loneliness and social isolation (i.e. bereavement, retirement, children leaving home etc.) but that, generally, loneliness was both increasing and being increasingly recognised.

7.3 SYHA were seeking Members' feedback as to the next three years of the project. Members urged officers to promote the initiatives throughout the City and, in particular, in GP surgeries and waiting rooms. Members also encouraged intergenerational projects where possible and asked the Housing Association to

report back in due course with their action plan for the City.

7.4 **RESOLVED:** That the Committee thanks those attending for their contribution to the meeting, notes the contents of the presentation and the responses to the questions, and invites the South Yorkshire Housing Association to report back at a future meeting and present their action plan for the City.

## 8. PLANS FOR DEMENTIA SUPPORT IN THE CITY

8.1 The Committee received a report of the Director of Commissioning, Inclusion and Learning which set out Sheffield City Council's (SCC) draft approach to support people with dementia and their families. Present for the item was Councillor Michelle Cook (Cabinet Advisor for Health and Social Care), Emma Dickinson (Commissioning Manager, SCC), Nicola Shearstone (Head of Commissioning for Prevention and Early Intervention, SCC), and Jim Millns (Deputy Director of Mental Health Transformation and Integration), who worked across NHS Sheffield Clinical Commissioning Group, Sheffield City Council and Sheffield Health and Social Care NHS Foundation Trust.

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

- In response to a question concerning the workstreams over the next six months, Nicola Shearstone confirmed that 'Prevention' and 'Early Identification & Living Well' were being led by Sheffield City Council and 'Assessment & Transitions' and 'High Dependency' were being led by the Clinical Commissioning Group.

- Emma Dickinson confirmed that poor lifestyles could contribute to dementia, in particular high blood pressure and vascular disease, and that a generally active lifestyle was beneficial.

- With regards to the national statements, Members discussed their experiences both from their own lives and from their casework. In particular they noted the person-centric approach and its importance in day to day life as well as care.

- Ms Dickinson advised that safeguarding was included implicitly in the draft approach, but undertook to make this more explicit, raising awareness of the risk of abuse or safeguarding issues and facilitating intervention at the appropriate time, before critical help was required.

- Members noted the need to involve provider organisations with regards to Dementia-friendly communities in order to raise awareness in staff and empower them to offer assistance. Emma Dickinson advised that this was one of the intentions under the high level priorities, building capacity and awareness beyond statutory services.

- With regard to the fragmentation of health services, Ms Dickinson advised that community-based roles could help address the need for closer engagement with families coping with dementia, and Nicola Shearstone added that this

would ensure expertise in dementia care was available to everyone and discussions were being held at the earlier stages of care.

8.3 **RESOLVED**: That the Committee (i) thanks those attending for their contribution to the meeting, (ii) confirms that the national statements reflect the needs of Sheffield, and (iii) notes the contents of the report and the responses to the questions.

## 9. WORK PROGRAMME REVIEW AND ANNUAL REPORT 2017/18

9.1 The Committee received a report of the Policy and Improvement Officer which provided the Committee with a summary of its activities over the municipal year for inclusion in the Scrutiny Annual Report 2017/18.

**RESOLVED**: That the Committee:

(a) notes and endorses the content for inclusion in the Annual Report; and

(b) requests that: (i) comparison of GP surgeries, (ii) how commissioned services handle complaints, (iii) domestic violence (with particular focus on violence against men), (iv) City-wide emergency preparedness, and (v) operational details regarding the Urgent Care consultation, be added to the Work Programme for 2018/19.

## 10. DATE OF NEXT MEETING

10.1 It was noted that the next meeting of the Committee would be held on a date to be arranged.

10.2 Members noted that Councillor Pauline Andrews was note seeking re-election on 3rd May 2018 and therefore was attending her last formal meeting of this Committee.

10.3 **RESOLVED:** That the Committee places on record its thanks and appreciation (i) for the work undertaken by Councillor Pauline Andrews during her time on this Committee, (ii) to Council officers for their work over the last year, and (iii) to the Chair for her leadership of the Committee.

10.4 Subsequent to the meeting, the Chair extended thanks on behalf of the Committee to the Healthwatch representatives for their participation over the last year.

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

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

## Meeting held 16 May 2018

**PRESENT:** Councillors Sue Alston, Steve Ayris, David Barker, Tony Downing, Mike Drabble, Talib Hussain, Francyne Johnson, Mike Levery, Bryan Lodge, Pat Midgley, Martin Phipps, Gail Smith and Garry Weatherall

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## 1. APOLOGIES FOR ABSENCE

1.1 An apology for absence was received from Councillor Robert Johnson.

## 2. APPOINTMENT OF CHAIR AND DEPUTY CHAIR

2.1 RESOLVED: That Councillor Pat Midgley be appointed Chair of the Committee and Councillor Sue Alston be appointed Deputy Chair for the Municipal Year 2018/19.

## 3. DATES AND TIMES OF MEETINGS

3.1 RESOLVED: That meetings of the Committee be held on a bi-monthly basis, on dates and times to be determined by the Chair, and as and when required for called-in items.

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**Report to Healthier Communities & Adult Social Care Scrutiny & Policy Development Committee**

**11th July 2018**

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**Report of:** **Brian Hughes, Director of Commissioning, NHS Sheffield CCG**

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**Subject:** **Reviewing Urgent Primary Care across Sheffield – Public Consultation**

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**Author of Report:** **Kate Gleave, Deputy Director of Commissioning and Eleanor Nossiter, Urgent Care Communications & Engagement, NHS Sheffield CCG**

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**Summary:**
The purpose of this paper is to provide the Committee with feedback received from the consultation on proposed changes to urgent primary care services in Sheffield. It also provides information on the consultation process and the work currently being undertaken to review and reflect on this feedback.

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

| | |
|---|---|
| Reviewing of existing policy | |
| Informing the development of new policy | |
| Statutory consultation | **Yes** |
| 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:**

- Note the approach taken to the consultation
- Consider the feedback received and key themes identified
- Agree timings for providing NHS Sheffield CCG with a formal response to the consultation

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**Background Papers:**
Reports presented to the Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee on 20th September and 15th November 2017

**Category of Report: Open**

## 1. Introduction

1.1 NHS Sheffield CCG ran a formal public consultation between 26th September 2017 and 31st January 2018 on proposals to redesign urgent primary care within Sheffield.

1.2 The proposals were:

- **Change the way people get urgent GP appointments:** groups of GP practices (known as neighbourhoods) will work together to offer urgent appointments within 24 hours. People will be assessed to decide if they need to see their own GP or can be seen by at a different GP practice in their local area.
- **Change where people would go for minor illness and injuries:** replace the walk-in centre at broad line (which treats minor illness) and the Minor Injuries Unit at the Royal Hallamshire hospital with two urgent treatment centres, one for children and one for adults, which would treat both illness and injury and offer both booked and walk-in appointments. The preferred option was for the adult urgent treatment centre (UTC) to be at the Northern General Hospital and the children's UTC to be at Sheffield Children's Hospital.
- **Change where people go for urgent eye care:** urgent eye care would be provided at locations across the city with extended opening times rather than the Emergency Eye Clinic at the Royal Hallamshire. The Emergency Eye Clinic would remain at the Royal Hallamshire but only treat emergency (sight-threatening) conditions.
- **Improve the way people access services:** people would be able to contact either their practice or NHS 111 and be assessed quickly over the phone. They would be then be booked an appointment or signposted to the right place for the care they need.

1.3 These were primarily designed to:

- Ensure that patients were signposted to the most appropriate service,
- Ensure that patients who need an urgent appointment receive one within 24 hours – and mostly the same day
- Ensure that most care is provided closer to home so that fewer people have to travel outside their local area to receive urgent care

1.4 The consultation was originally planned to end on the 18th December 2017 but the decision was taken to extend the consultation by a further 6 weeks. This was in direct response to feedback from the public and key stakeholders to ensure as many people as possible in the city had the opportunity to share their views.

1.5 This Committee received feedback on the activities undertaken during the first four weeks of the consultation period on 15th November 2017. Due to the extension of the consultation and purdah requirements, this is the first opportunity the CCG has had to provide the Committee with details of the feedback from the consultation and how this is being considered.

1.6 This paper summarises the key themes from the consultation process and how the CCG is taking the feedback into account. The full reports on the consultation feedback are attached as appendices A, B and C.

## 2 The consultation process

2.1 As set out in the consultation plan previously presented to the Committee, the objectives of the consultation were to:

- Facilitate genuine and meaningful engagement with patients, the public and health professionals to determine the most effective approach for delivering urgent primary care.
- Reach as many people as possible across Sheffield
- Ensure engagement with all sectors of our communities, including groups traditionally classed as 'hard to reach' or 'seldom heard'.
- Generate discussion and feedback from stakeholders to help inform decision-making and identify solutions to issues raised.
- Build on the learning from pre-consultation engagement to ensure that approaches meet statutory requirements and best practice.

2.2 The consultation aimed to raise awareness of the changes being proposed and give people a wide variety of opportunities to give their views. It included a focus on reaching people with protected characteristics and those from vulnerable groups or living in deprivation to help to ensure that the views of all communities in Sheffield were represented. This incorporated the learning from the engagement work carried out, and involved working with a wide variety of voluntary and community organisations.

2.3 Awareness raising

- 11,000 consultation summary documents and 750 full documents distributed across the city including to GP practices, community centres, leisure centres, libraries, lunch clubs, hospitals and university students unions.
- Versions provided in Urdu, Bengali, Mandarin and Cantonese and in audio and British Sign Language formats, and shared through relevant community groups.
- 30,000 postcards and 1,500 posters advertising the consultation and public meetings distributed to venues and handed out at markets, bus and train stations and the local universities.
- Publicised via local media, as well as articles in community magazines, the talking newspaper, political party newsletters and student

publications. In total, there were 34 separate media articles and features on the consultation.

- Social media also key to raising awareness with over 1400 views of our Facebook videos on the consultation and there was a dedicated section on the consultation on the CCG website.

2.4 Engagement activities

- Three large-scale public meetings, plus 4 all day drop-ins at Stockbridge, Manor, Crystal Peaks and Firth Park libraries.
- Additional large-scale meetings for GP patient participation groups and students, plus large-scale drop-in event with Gleadless Valley Labour Group.
- Attended variety of focus groups, 16 community group meetings and 42 meetings with other stakeholders including partners, clinicians and staff working in the current services.
- Engagement via social media (NB: All feedback from Twitter and Facebook was included in the consultation analysis.
- Targeted work to increase responses from specific communities (see below)

2.5 Weekly updates were provided on the demographic data from responses so that the CCG could identify areas with lower response rates and target activity accordingly to reach under-represented groups and communities. These included Black, Asian, minority ethnic and refugee communities, people with sensory impairments, people with a mental health disability, young people and students, and homeless people.

2.6 Additional activities were put in place to encourage responses from these groups, with support from the Refugee Council, the student unions and student representatives, Springboard Cafes, the Improving Access to Psychological Therapies service, The Pakistani and Muslim Centre, Cathedral Archer Project, SOAR, Chilypep and ShipShape.

2.7 These updates also identified specific geographic areas with lower response rates, notably S1, S2, S3, S4, S9, S13, S14, S36. Again, additional activity was carried out to target these areas, including targeted mail outs, attending community forums at Manor, Park, Stocksbridge and Woodhouse, and the drop-in event in Gleadless Valley.

2.8 Despite the additional activity, concern remained about low response rates in several geographic areas. To address this and ensure views from all areas of the city were included in the responses, a telephone survey was commissioned to target people living in under-represented areas

2.9 To provide additional confidence that the consultation had captured views from all communities in Sheffield, an additional city-wide telephone survey

was commissioned. This provides a representative profile of Sheffield residents and captured a more randomised sample for comparison with the responses from self-selecting activities.

## 3 Consultation feedback

3.1 All of the feedback we received has been independently analysed by external companies and their reports are included as appendices as below.

- Appendix A: Report by Engaging Communities on the feedback from all activities undertaken by NHS Sheffield CCG with the support of partners across the city
- Appendix B: Report by The Campaign Company on the findings from the selected postcodes telephone survey
- Appendix C: Report by The Campaign Company on the findings of city-wide telephone survey

3.2 These reports contain details of the methodologies used, the full questionnaire results and the key themes broken down by different cohorts of the population. The reports also include analysis of how representative the samples are compared to the Sheffield population across different cohorts e.g. protected characteristics, postcodes etc.

3.3 The main themes arising from the consultation are summarised below. To aid comparison, the results from the 3 sets of questionnaires are included in Appendix D.

3.3.1 <u>Areas that people were in favour of</u>

- Most people indicated that they would be happy to have an appointment at another local practice if it meant being seen quicker (although there was variation between different cohorts).
- The majority of patients would prefer to be seen in a practice in their local area rather than travel to an urgent treatment centre for minor illness symptoms.
- These views support the CCG's belief that the most appropriate place for the majority of patients needing treatment for urgent minor illness symptoms is within local practices.
- There was also strong support for an urgent treatment centre for children, based at Sheffield Children's Hospital as per the CCG's preferred option.

3.3.2 <u>Areas of particular concern</u>

- Locating services at the Northern General Hospital (NGH), particularly with regard to transport, journey times, parking and access for people in the south of the city
- Moving the minor injuries unit

- GPs' capacity to cope with more urgent patients and if this can definitely be achieved
- Loss of services in the city centre – strength of feeling that need urgent care services in the city centre (people were particularly in favour of maintaining the Minor Injuries Unit or creating an urgent treatment centre at the current Minor Injuries Unit location)
- Potential detrimental impact on vulnerable groups from moving the walk-in centre
- Potential exacerbation of health inequalities if the adult urgent treatment centre is sited at NGH UTC – particularly for the homeless and those who would find it difficult to travel to NGH.
- The 'do-ability' of delivering the general practice/neighbourhood aspects of proposals including resourcing (both staff and financial) and the lack of detail around their design

*NB: Five petitions were received, including from the Sheffield Labour Party, and Sheffield Save Our NHS, which related to the proposals to relocate the minor injuries unit and walk-in centre services at Northern General Hospital.

3.3.3 Areas where there were mixed views

- Whether the proposals would make accessing urgent care simpler or easier
- Which would be the best option for an urgent treatment centre (divided between Option 1 or Option 3) but a significant number of people did not agree with any of the options or chose not to answer this question.
- Proposed changes to urgent eye care. (It was noted that while this wasn't a main focus of responses from the public, some strong concerns were expressed)

3.3.4 It was also noted that:

- The public response had focused on the elements of the proposals relating to the Minor Injuries Unit and Walk-in Centre, rather than the plans to improve GP access, which was the main tenet of the proposals.
- There were significant differences in the responses to the consultation survey and those from the telephone survey, with a more positive response overall from telephone survey participants.
- 50% of respondents to the consultation survey came from three postcode areas: S8, S10 and S11. The all Sheffield telephone survey was a stratified representation of the Sheffield population.
- Concerns were expressed around what was felt to be limited options and that there was not an option to retain the minor injuries unit or walk-in centre.
- There was no official response from Sheffield Health and Care Trust and it was felt very important that they should be involved in discussions going forward.

- There is a discrepancy between the views expressed by some GPs that they are managing urgent care well already and the views expressed by patients that they are unable to get urgent appointments.
- There was a willingness from providers to work with the CCG on addressing issues raised and exploring solutions.
- Queries raised around the data used had been investigated and additional data sought for verification.
- Regardless of the service model eventually implemented, further work is needed by the health care system to provide clear messages about where and when to access urgent primary care.

3.3.4 Alternative suggestions

A number of alternative approaches were suggested in the feedback, although it should be noted that these were ideas/comments rather than worked up proposals and no detail was provided. These are set out verbatim below:

<u>Adult Urgent Treatment Centre (UTC)</u>

- Keep the Walk In Centre open (and shut the Minor Injuries Unit)
- Keep the Minor Injuries Unit open (and shut the Walk In Centre)
- Keep the Emergency Eye Clinic open
- Keep all of the services open (i.e. no change)
- Reinstate the A&E at the Royal Hallamshire Hospital
- Site the UTC at the Walk In Centre (instead of at the Northern General Hospital)
- Have an UTC in the south as well as one in the north i.e. 2 in the city
- Site the UTC at the Royal Hallamshire Hospital (instead of at the Northern General Hospital)
- Option 1 plus a second UTC at the Royal Hallamshire Hospital
- Set up a minor illness service alongside the Minor Injuries Unit at the Royal Hallamshire Hospital
- Develop an urgent care village where all aspects of urgent care could be provided
- Enable online consultations with staff at the UTC
- Provide an enhanced minor ailments Walk In Centre staffed by prescribing nurses and prescribing pharmacists at the Wicker Pharmacy and Mobility shop
- Keep all “primary care urgent activity” in primary care rather than establishing it at a secondary care provider site
- 4 UTC hubs in primary care

It should be noted that there were several suggestions about piloting the GP neighbourhood service to demonstrate it is deliverable before any decision is made regarding the location of the adult UTC and also

suggestions around increasing the role of pharmacists as a first point of contact for urgent care.

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Urgent Eye Care

- Scale up the existing PEARs service (to accommodate urgent eye conditions). N.B: PEARS - the Primary Eye Acute Referral service – is an NHS service provided by local optometrists with enhanced training to treat minor eye problems and conditions, thus avoiding unnecessary referrals to hospital eye departments.
- Use optometrists working in clusters similar to neighbourhoods

## 4 Consideration of consultation feedback

4.1 The CCG has been considering the feedback from all three reports in detail and exploring whether the issues raised in relation to the proposals can be mitigated. We have also been reviewing the alternative suggestions put forward through the consultation. This is being done in a number of different ways, some of which are set out below.

4.2 Work is being undertaken to provide further confidence in the 'do-ability' of delivering same day access for urgent primary care. This includes ongoing work with the neighbourhoods to share existing examples of good access and discuss how this could be replicated, the development of neighbourhood workforce, service and estates plans to support improvements in access (both planned and same day urgent) and progress on the potential solutions for inter-operability. Discussions have also commenced with the practices likely to be most affected by the proposed changes to confirm how they would manage the potential impact.

4.3 The CCG's Governing Body reviewed the programme's vision and strategic objectives in the light of the public consultation feedback. These were originally developed on the back of the public engagement undertaken in 2015 and 2016, so it was important to test whether these were in line with the views expressed by the public during the consultation process. The consultation feedback was felt to be in line with the pre-consultation vision and objectives, with strong support for the principle of a more sustainable and accessible primary care system. It was however recognised that the feedback questioned the ability of the proposed changes to achieve the vision and objectives.

4.4 A number of workshops have been held to discuss and review the feedback raised through the consultation with different clinical and commissioning audiences and the public, including CCG governing body members and current and potential providers.

4.5 The purpose of the workshops was to

- Provide stakeholders with an opportunity to review and discuss the themes/concerns arising from the public consultation
- Identify any mitigating actions for main concerns raised during the consultation

- Consider the alternative suggestions made during the consultation and if any evidence to suggest these would be a) viable or b) preferable to the options consulted on.

4.6 To support the consideration of the alternative suggestions, discussion has focused on their potential viability to ensure that any potential alternative options are properly considered.

4.7 The CCG has set up a Public Reference Group to work with us during the process of considering feedback to inform the final decision. This comprises members of the public who reflect the diverse communities across Sheffield, both in terms of location and those with protected characteristics under the Equality Act or who are from vulnerable groups.

4.8 Members of the group were recruited from GP patient participation groups networks, the equality hubs, representatives from community and partner organisations and the student unions, Healthwatch and Sheffield Save Our NHS.

4.9 The initial focus for the group has been to consider the issues raised in relation to transport and the alternative suggestions made. This was done at a workshop on 11 June and further activities are being planned.

4.10 All of these discussions will inform the recommendation of next steps to the Primary Care Co-Commissioning Committee.

## 5 Next steps

5.1 Once the work to review the issues raised and alternative suggestions has been completed, a report will be brought to PCCC which sets out the CCG's response and proposed next steps.

5.2 Our initial aim was to do this in June but further time has been required to consider the outputs from the stakeholder and public workshops.

5.3 We are working towards bringing recommendations to PCCC for approval in October but this may be delayed if any further work is required

5.4 The timings will also need to accommodate the response from the Committee so that this can be considered before any recommendations are made.

## 6 Recommendations

The Committee is asked to:

- Note the approach taken to the consultation
- Consider the feedback received and key themes identified
- Agree timings for providing NHS Sheffield CCG with a formal response to the consultation

Appendix A: Report by Engaging Communities on the feedback from all activities undertaken by NHS Sheffield CCG with the support of partners across the city

Sheffield UC consultation final rep

Appendix B: Report by The Campaign Company on the findings from the selected postcodes telephone survey

Selected postcodes final report 120318.p

Appendix C: Report by The Campaign Company on the findings of city-wide telephone survey

Whole city report FINAL 090318.pdf

Appendix D Summary of questionnaire responses

| Question | Main report (App. A) | Telephone survey – stratified Sheffield population (App. C) | Telephone survey – selected residents only (App. B) |
|---|---|---|---|
| **1. Do you think these changes will make it simpler to know where to go if you need urgent care?** | | | |
| Yes | 21% | 54% | 63% |
| No | 65% | 25% | 19% |
| Not sure | 14% | 21% | 18% |
| **2. Do you think that providing more urgent care in local communities will make it easier to get urgent care when you need it?** | | | |
| Yes | 48% | 75% | 81% |
| No | 26% | 11% | 7% |
| Not sure | 26% | 13% | 11% |
| **3. Would you be happy to have your appointment at another practice in your local area if this meant you would be seen more quickly?** | | | |
| Yes | 53% | 62% | 67% |
| No | 28% | 30% | 23% |
| Not sure | 20% | 9% | 10% |
| **3 If you need an urgent GP appointment and it's not relating to a longstanding health issue, would you rather be seen at** | | | |
| GP practice in my local area | 80% | 61% | 54% |
| An UTC at NGH (for adults) or SCH (for children) | 4% | 8% | 6% |
| Either | 17% | 31% | 40% |
| **4 If you needed an urgent appointment would you find it more convenient to be seen during the day or in the evening?** | | | |
| Daytime | 14% | 22% | 22% |
| Evening | 13% | 16% | 20% |
| Either | 73% | 62% | 57% |
| **5 Which of the 3 options for where urgent care services are provided would you prefer?** | | | |
| Option 1 (preferred) | 31% | 27% | 40% |
| Option 2 | 5% | 10% | 12% |
| Option 3 | 16% | 30% | 37% |

| | | | |
|---|---|---|---|
| None of the above | 49% | 33% | 11% |

Notes

1. The percentages have been rounded so will not all add up to 100% - please see full reports for detailed percentages

2. ‘None of the above’ was not an option included in the main consultation questionnaire, however significant numbers of patients left this question blank or stated none of the above. These have been included in the results above. The full breakdown of responses to this question are included on pages 19-21 of the full report.

# Report to Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee
# Wednesday 11th July 2018

**Report of:** **Policy and Improvement Officer**

**Subject:** **Draft Work Programme 2018/19**

**Author of Report:** Emily Standbrook-Shaw, Policy and Improvement Officer
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The attached report aims to assist the Healthier Communities and Adult Social Care Scrutiny Committee to develop its work programme for 2018/19.

It covers the role and purpose of scrutiny, an overview of how the 'long list' draft work programme has been drawn up to date, and a draft work programme for the Committee's consideration and 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 | |
| Call-in of Cabinet decision | |
| Briefing paper for the Scrutiny Committee | |
| Other | **X** |

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

- Consider and comment on the draft work programme for 2018/19
- Nominate members to carry out the scoping of a joint scrutiny session on Mental Health with members from the Children Young People and Family Support Scrutiny Committee

**Category of Report:** OPEN

## 1 What is the role of Scrutiny?

1.1 Scrutiny Committees exist to hold decision makers to account, investigate issues of local concern, and make recommendations for improvement. The Centre for Public Scrutiny has identified that effective scrutiny:

- Provides 'Critical Friend' challenge to executive policy makers and decision makers
- Enables the voice and concern of the public and its communities
- Is carried out by independent minded governors who lead and own the scrutiny process
- Drives improvement in public services and finds efficiencies and new ways of delivering services

1.2 Scrutiny Committees can operate in a number of ways – through formal meetings with several agenda items, single item 'select committee' style meetings, task and finish groups, and informal visits and meetings to gather evidence to inform scrutiny work. Committees can hear from Council Officers, Cabinet Members, partner organisations, expert witnesses, members of the public – and has a link to patient and public voice through observer members from HealthWatch sitting on the Committee. Scrutiny Committees are not decision making bodies, but can make recommendations to decision makers.

1.3 This Committee has additional powers and responsibilities in relation to scrutinising NHS services. The Committee can scrutinise the planning, provision and operation of any NHS services, and where a 'substantial variation' to NHS services is planned, the NHS is required to discuss this with the Scrutiny Committee. If the Committee considers that the proposed change is not in the best interests of the local area, or that consultation on the proposal has been inadequate, it can refer the proposal to the Secretary of State for Health for reconsideration. Department for Health Guidance for health scrutiny can be found here – and has already been circulated to Members of the Committee.

## 2 Developing the Scrutiny Work Programme

2.1 Attached to this report is a draft work programme for 2018/19. The Chair has had discussions with a range of organisations, Council Officers and Cabinet Members to come up with a 'long list' of topics. There are also some issues carried over from last year's work programme.

2.2 It is important the work programme reflects the principles of effective scrutiny, outlined above at 1.1, and so the Committee has a vital role in ensuring that the work programme is looking at issues that concern local people, and looking at issues where scrutiny can influence decision makers. The work programme remains a live document, and there will be an opportunity for the Committee to discuss it at every Committee meeting, this might include:

- Prioritising issues for inclusion on a meeting agenda
- Identifying new issues for scrutiny
- Determining the appropriate approach for an issue – eg select committee style single item agenda vs task and finish group
- Identifying appropriate witnesses and sources of evidence to inform scrutiny discussions
- Identifying key lines of enquiry and specific issues that should be addressed through scrutiny of any given issue.

Members of the Committee can also raise any issues for the work programme via the Chair or Policy and Improvement Officer at any time.

## 3 The Draft Scrutiny Work Programme 2018/19

3.1 Attached is the draft work programme for 2018/19. Members are asked to consider it and reflect on questions such as:-

- Are there any gaps?
- Are there any issues on the list that don't feel appropriate for scrutiny?
- What are the priority issues?
- What approach should the Committee take for each item, what are the key lines of enquiry, and who is it important to hear from?

3.2 It is proposed that members from this Committee come together with members from the Children, Young People and Family Support Scrutiny Committee to for a joint scrutiny session looking at Mental Health. The Committee is asked to nominate a number of members to carry out the scoping of this joint session.

## 4 Recommendations

The Committee is asked to:

- Consider and comment on the draft work programme for 2018/19

- Nominate members to carry out the scoping of a joint scrutiny session on Mental Health with members from the Children Young People and Family Support Scrutiny Committee.

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

**Draft Work Programme 2018-19**

| Topic | Reasons for selecting topic | Lead Officer/s | Approach |
|---|---|---|---|
| **Wednesday 11th July 4-7pm** | | | |
| Urgent Care Proposals | Following on from discussions in 2017/18, the Committee will consider the process that has been undertaken since the public consultation, looking at options for delivering urgent care in the city. | Kate Gleave, NHS Sheffield CCG | Agenda Item |
| **Wednesday 26th September 4-7pm** | | | |
| Continuing Health Care | To consider how the CCG and Council are working together to ensure that those eligible for CHC funding are receiving the appropriate support. | Phil Holmes, SCC Mandy Philbin NHS Sheffield CCG | Agenda Item |
| **Wednesday 14th November 4-7pm** | | | |
| **Wednesday 23rd January 4-7pm** | | | |
| **Wednesday 27th February 4-7pm** | | | |

| | | | |
|---|---|---|---|
| **Wednesday 20th March 4-7pm** | | | |
| **Possible future items - scope to be determined** | | | |
| **Adult Social Care** | | | |
| Quality in Adult Social Care | To consider the approach and progress that SCC is taking to improve quality in adult social care services - to include information about Home Care services (inc service user view from HealthWatch), and how SCC and the organisations it deals with deal with complaints. | Phil Holmes, SCC | |
| Adult Social Care Improvement and Recovery Plan | Progress report - is the plan working? | Phil Holmes, SCC | |
| Adult Safeguarding | To continue to develop a relationship with the Customer Forum, and receive the 2018/19 Annual Report | Simon Richards, Gillian Hallas SCC | |
| Performance - Adult Social Care | To consider the adult social care performance indicators and seek assurance that performance is improving, and where it isn't, adequate plans are in place to address this. | Phil Holmes, SCC | |

| | | | |
|---|---|---|---|
| **NHS Services** | | | |
| Joint Strategic Hospital Services Review | To consider the outcome of the review and the potential impact on Sheffield | NHS Sheffield CCG | |
| Moving Services into Primary Care | Suggested as possible area of interest by CCG, as this work will be increasing in pace. | Nicki Doherty, NHS Sheffied CCG | |
| Quality in Primary Care | Detailed consideration of how NHS CCG is driving up quality in Primary Care. Inequality in access and services across the city has been raised by Councillors. | Mandy Philbin, Chief Nurse NHS CCG, Dr Anthony Gore, Clinical Lead, NHS CCG | . |
| **Health and Wellbeing** | | | |
| Prevention | To consider how well we are shifting resources to focus on prevention - including how we are supporting communities and the VCF. Include People Keeping Well, Social Prescribing, MAST, etc | Nicola Shearstone | Single Item Agenda - 'Select Committee' Style |
| Mental Health - Joint Session | Dedicated session for HCASC and CYPFS Scrutiny Committees to consider mental health in the round - scope and fomat to be determined. | | |

| | | | |
|---|---|---|---|
| Oral and Dental Health | Keep updated re recommendations made during 2017/18 - particularly the potential consideration of fluoridation | Greg Fell, Director of Public Health | |
| 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 | Agenda Item |
| Health and Employment | To consider activity and programmes aimed at supporting people with health conditions into work. What's working well, what can we do more of? | | |
| Dementia Strategy | To consider latest approach to refreshing the strategy | Nicola Shearstone SCC | |
| Social Prescribing | What is Sheffield's approach? Is it working? | | |
| **Joint Working, systems and structures** | | | |
| Accountable Care Partnership Board | To understand how the Accountable Care Partnership works, what its aims are, how it plans to achieve them and the role of the Accountable Care Partnership in the wider health and social care landscape, particularly in relation to the Health and Wellbeing Board. | Chris Peace, Tim Moorhead – co-Chairs of ACP Board<br>Becky Joyce, ACP Director | |

| | | | |
|---|---|---|---|
| CQC Local System Review | To consider the findings of the CQC Local System Review, and to understand how the system plans to address the issues raised. | Phil Holmes, Director of Adult Services, SCC | Agenda Item |
| Delayed Transfers of Care | Update following consideration in 2017/18 | | |
| Transforming Care Programme | To seek assurance that the Council and NHS are working together to deliver the Transforming Care Programme. | Phil Holmes SCC | |
| Mental Health Transformation Programme | Update following consideration in 2017/18 - with a focus on savings and investment | Jim Millns, Dawn Walton | |
| **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 NHS service reconfigurations - Hyper Acute Stroke Services; Children's Surgery and Anaesthesia; Joint Hospital Services Review | | |

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