

# SHEFFIELD CITY COUNCIL

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

Meeting held 23 January 2019

**PRESENT:** Councillors Pat Midgley (Chair), Sue Alston (Deputy Chair), Steve Ayris, David Barker, Adam Hurst, Francyne Johnson, Mike Levery, Martin Phipps, Chris Rosling-Josephs, Gail Smith and Garry Weatherall

Non-Council Members (Healthwatch Sheffield):- Dr. Trish Edney (Observer) (substitute Member for Margaret Kilner)

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### **1. APOLOGIES FOR ABSENCE**

1.1 Apologies for absence were received from Councillors Mike Drabble, Talib Hussain and Jackie Satur, and from Margaret Kilner (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. HEALTHWATCH BRIEFING ON ACCESS TO AND QUALITY OF PRIMARY CARE**

4.1 Dr. Trish Edney referred to the submitted briefing paper which gave feedback that had been shared with Healthwatch Sheffield regarding the quality of, and access to, primary care services over the past 18 months. She stated that she was slightly encouraged by the slowly increasing response rate to a simple questionnaire about dentists, GPs, pharmacies and opticians. Dr. Edney said that 447 responses to the questionnaire had been received e.g. a small percentage of primary care users in the city, and had been completed either online or by filling in the questionnaire that could be found in GP waiting rooms. She added that the survey was ongoing and Members could see the results on the Healthwatch website.

4.2 The Chair thanked Dr. Edney for attending the meeting and providing Members with an update.

### **5. UPDATE ON PRIMARY CARE**

- 5.1 The Committee received a report from Nicki Doherty, Director of Delivery, Care Out of Hospital, NHS Sheffield Clinical Commissioning Group (CCG) which provided an update on the progress to date and future plans to achieve the priorities identified in the Sheffield Place Based Plan and GP Transformation Plan.
- 5.2 Also present for this item were Abby Tebbs, Maggie Sherlock, Jane Harriman (NHS Sheffield CCG) and Dr. Mark Durling (Vice Chair, Local Medical Committee).
- 5.3 Nicki Doherty gave a short presentation outlining three key approaches in achieving the priorities for the delivery of high quality, sustainable care as described in the transformation plan for GP services across Sheffield. The first approach was to ensure a consistent quality offer to patients through investment, listening to what people had to say and working closely with GP practices. Secondly, to develop a new way of working through neighbourhoods to support efficient use of professionals, ensuring that their time was spent in the right places, understanding what people need and tackling inequalities in those services provided. Thirdly, enhanced communication and information sharing for more effective ways of working, care navigation and communication with patients and partners. Nicki Doherty added that the aim was for a broad range of professionals to be working within neighbourhood practices and that there was equality of investment to deliver services to meet the particular needs of different populations across the city. She said that there was a role for Healthwatch and other sources who provided feedback, through patient surveys, which assisted in identifying practices where patients had reported issues such as access to GP services.
- 5.4 Jane Harriman referred to the next report on the agenda, which provided an Overview of Sheffield General Practice and stated that over the past two years, the Care Quality Commission (CQC) had carried out inspections at Sheffield based GP practices and there had been a 7% increase in improvement in ratings, and she added that the overall satisfaction with practices throughout the city was very close to the national average. She said that the Quality Framework for Primary Care which had been approved in May, 2018, aimed to provide a consistent and equitable approach to managing practice quality and performance across practices in Sheffield and give support to areas of weakness.
- 5.5 Dr. Mark Durling stated that, nationally, the NHS was struggling to recruit and retain GPs nationally, and although Sheffield was a popular place to work there was an ageing workforce with workload pressures and this needed to be addressed. He said that the ageing population had more complex needs, and there had been a 15% rise in consultation rates.

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

- It was stated that Neighbourhoods were emerging and most areas had committed GPs. Development was needed around the concept of working more efficiently.
- With regard to where money was coming from for investing in primary care, it was stated that the Government had announced a ring-fenced pot for primary care within its recently published NHS Long Term Plan. There was also a need, however, to use existing resources more efficiently.
- The integration of commissioning between clinicians, healthcare professionals, patients and the public, to deliver high quality, efficient and cost effective healthcare services for people across the whole of Sheffield, was needed to work towards the prevention strategy as set out by the NHS.
- Not all Neighbourhoods are developing at the same rate. There was an emphasis on giving support to those neighbourhoods that were struggling, by offering support and training by developing receptionists' knowledge, the introduction of new IT systems and forming stronger partnerships with other service providers.
- The neighbourhood model helps to share information and raise standards of care.
- Work was being done towards Practice Nurses being more clinically trained in diabetes care, and if successful, the same approach could be rolled out across other conditions.
- A question was asked on whether fewer, bigger GP Practices was a solution to some of the current problems. The response was given that many people prefer the "cradle to the grave" type of medical practice, and want to keep their link with a local practice. The advantage of the neighbourhood model was that it has the potential to offer a wider range of services than can be provided at practice level i.e. from Community Nurses, Mental Health Workers, Physiotherapists, First Responders, Specialist Nurses.
- A series of workshops will be held during the coming year to see what needs to be changed within Neighbourhoods.
- In response to a question about whether GP practices have enough time and capacity to give to neighbourhood development, the response was given that all Neighbourhoods have a Clinical Lead and a Project Manager to oversee and

give support to practices. There wasn't a "quick-win" solution, but the aim was to take the pressure off GPs, to enable them to spend more time with their patients.

- There was city-wide commitment to Neighbourhoods from pharmacies, the voluntary sector, community services, mental health teams and the police, with the aim of building relationships over the long term. Currently, Neighbourhoods are at differing levels of maturity.
- A Workforce Group had been established within the Accountable Care Partnership to look at different roles, training, Practice Nurse development; and to look at ways of retaining professionals.
- It was stated that it takes 10 years to train a GP, and a further number of years for them to become accomplished in general practice. It was further stated that there was a serious problem with investment in General Practice and there needed to be a way to make General Practice more attractive to recruit to, and to create posts that were versatile. Reforms in inspection and licensing have been good for improving quality in General Practice, however, they had also added to the pressures GPs face.
- With regard to the variation in gaps in funding, there was a need to target resources to practices that were struggling.
- All the results of the primary care survey can be found on the CCG website by accessing each practice.
- It was recognised that work needed to be done on how to link Councillors in to the Neighbourhood model.

5.7 RESOLVED: That the Committee:-

- (a) notes the information reported and thanks those attending for their contribution to the meeting; and
- (b) requests that the CCG keep the Committee updated on progress and brings an update report in Autumn 2019.

## **6. OVERVIEW OF SHEFFIELD GENERAL PRACTICE**

6.1 The Committee received and noted a report from Mandy Philbin, Chief Nurse, NHS Sheffield Clinical Commissioning Group, which gave an overview of Sheffield General Practices, and which had been covered in the previous item on Update on Primary Care.

## **7. UPDATE ON THE WORK OF THE ACCOUNTABLE CARE PARTNERSHIP**

- 7.1 The Committee received a joint report of Councillor Chris Peace (Cabinet Member for Health and Social Care) and Dr. Tim Moorhead (Chair of the Clinical Commissioning Group (CCG)) which gave an update on the work of the Accountable Care Partnership (ACP).
- 7.2 Also present for this item were Becky Joyce (Accountable Care Partnership) and Kevan Taylor (Sheffield Health and Social Care Trust).
- 7.3 Councillor Chris Peace referred to the recently announced NHS Long Term Plan and stated that the Partnership was focused on how Sheffield fits into that plan. She made reference to Sheffield's Health and Wellbeing Board which was a partnership between Sheffield City Council, the NHS and a range of partners in the City with the aim of delivering a single approach to improving the health and wellbeing of Sheffield residents.
- 7.4 Becky Joyce referred to the seven guiding principles for the forthcoming Green Paper on Social Care, which the Government has said will ensure that the care and support system is sustainable in the long term, and the context of these principles would help in developing "Shaping Sheffield: The Plan", a collected and shared ambition of patients, clinicians and organisations, a draft of which Plan should be available by April, 2019.
- 7.5 Members made various comments and asked a number of questions, to which responses were provided as follows:-
- Sheffield is already one of the leading areas in the country for detection and diagnosis of dementia. A Dementia Strategy Implementation Group has been established under the governance of the Accountable Care Partnership which is led jointly by senior responsible officers from both the CCG and Sheffield City Council. Patients were able to access specialist support quicker.
  - Part of the Neighbourhood model was trying to encourage the employment of multi-disciplinary teams. Different areas require different needs. Some people visit their GPs for reasons other than medical issues, therefore the voluntary and community sector can play a vital role and make a difference in the success of the model.
  - In response to a question regarding the elderly and the use of the Nomad system, Members were informed that pharmacists, not GPs, were responsible for these, which were pre-packed medications that are delivered weekly by the pharmacy, after they had obtained the prescriptions from GPs. They are available for elderly patients on complicated drug regimens or people with memory problems, but not suitable for those on prescriptions that change regularly.
  - The ACP had looked at the system network from Wigan Council and felt that they could learn from it. However, what works in one part of the country would not necessarily work in Sheffield, and it would have to be

tailor made to fit the city.

- A role for the voluntary sector needed to be factored into Neighbourhoods, but whilst they have access to communities, they don't always have the workforce and this was something that needed to be supported and developed.

7.6 RESOLVED: That the Committee:-

- (a) notes the information reported and thanks those attending for their contribution to the meeting; and
- (b) as part of the six monthly updates on the Accountable Care Partnership, agrees to consider progress, performance and emerging issues; and will consider adding further issues to its work programme, as appropriate.

## **8. MINUTES OF PREVIOUS MEETING**

8.1 The minutes of the meeting of the Committee held on 14<sup>th</sup> November, 2018 were approved as a correct record.

## **9. PUBLIC QUESTIONS AND PETITIONS**

9.1 A public question had been received regarding the Hospital Services Programme and was asking what impact this would have on Sheffield. The Policy and Improvement Officer stated that this matter was not part of the agenda for this meeting, but that she would respond to the questioner in writing.

## **10. WORK PROGRAMME**

10.1 The Committee received a report of the Policy and Improvement Officer which set out the Committee's Work Programme for 2018/19.

10.2 The Policy and Improvement Officer reminded Members that there were two meetings remaining in the current Municipal Year and asked them to consider the work programme and prioritise issues identified to date.

10.3 RESOLVED: That (a) an update on the Urgent Care Review and a report on the proposed Joint Commissioning Arrangements be brought to the February meeting of the Committee; and (b) a report be requested for the March meeting looking at Adult Social Care Performance, the Improvement and Recovery Plan, and Quality Improvement in Adult Social Care.

## **11. DATE OF NEXT MEETING**

11.1 It was noted that the next meeting of the Committee will be held on Wednesday, 27<sup>th</sup> February, 2019, at 4.00 p.m., in the Town Hall.