

SHEFFIELD CITY COUNCIL

Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee

Meeting held 11 September 2019

PRESENT: Councillors Cate McDonald (Chair), Steve Ayris (Deputy Chair), Sue Alston, Angela Argenzio, Vic Bowden, Mike Drabble, Jayne Dunn, Adam Hurst, Talib Hussain, Martin Phipps and Gail Smith

Non-Council Members (Healthwatch Sheffield):-

Lucy Davies

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1. APOLOGIES FOR ABSENCE

1.1 An apology for absence was received from Councillor Jackie Satur.

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 Councillor Mike Drabble declared a personal interest in Item 6 – The Sheffield Mental Health Transformation Programme – due to his work as a self-employed Counsellor.

4. MINUTES OF PREVIOUS MEETING

4.1 The minutes of the meeting of the Committee held on 24th July, 2019, were approved as a correct record.

4.2 Matters Arising

4.2.1 With regard to item 5.3, the Chair, (Councillor Cate McDonald), stated that an update on Dementia Strategy and its impact in the City, would be included in item 7 on the agenda. Councillor McDonald confirmed that, further to item 7.7, she had written to the BBC urging them to promote Pension Credit uptake as they transition to the new system regarding funding of TV licences for people over 75 years of age.

5. PUBLIC QUESTIONS AND PETITIONS

5.1 There were no public questions or petitions.

6. THE SHEFFIELD MENTAL HEALTH TRANSFORMATION PROGRAMME

- 6.1 The Committee received a joint report setting out the Sheffield Mental Health Transformation Programme, which has been jointly developed by Sheffield City Council, NHS Sheffield (CCG) and Sheffield Health and Social Care NHS Foundation Trust.
- 6.2 Present for this item were Sam Martin, Head of Commissioning – Vulnerable People (Sheffield City Council), Jim Millns, Deputy Director of Mental Health Transformation (Sheffield City Council, NHS Sheffield CCG and Sheffield Health and Social Care NHS Foundation Trust), Melanie Hall, Strategic Commissioner Mental Health (Sheffield City Council), Heather Burns, Head of Commissioning, Mental Health, Learning Disabilities and Dementia Commissioning Portfolio (NHS Sheffield CCG), Heidi Taylor, Clinical Effectiveness Pharmacist (NHS Sheffield CCG), Dr Abhijeeth Shetty, Consultant Psychiatrist (Sheffield Health and Social Care NHS Foundation Trust), Dr Steve Thomas, Clinical Director for Mental Health, Learning Disability and Dementia (Sheffield Clinical Commissioning Group) and Andrew Wheawall, Head of Service for Future Options (Sheffield City Council).
- 6.3 Jim Millns introduced the report and stated that the Programme had been jointly developed and is being delivered by the City Council, NHS Sheffield CCG and Sheffield Health and Social Care NHS Foundation Trust and is halfway through a four year programme. He said that the Scrutiny Committee had received a report in January 2018 which outlined the programme and its individual component projects and the purpose of this report was to give more detail on some of the impacts and outcomes which have been delivered by the programme to date. With regard to delivering a better service to those with mental health problems, areas had been identified which needed improvement and by working in partnership it was felt that this would achieve better results. He added that prevention was an important element of the overall programme and if the principles relating to health and social wellbeing, prevention, promotion and early intervention were adopted, it would improve the outcomes for service users.
- 6.4 Members made various comments and asked a number of questions, to which responses were provided as follows:-
- As data shows that Sheffield was higher than the national average for prescribing antidepressant medication, part of this project was to explore potential and possible options to reduce prescribing. It was felt that ongoing and additional investment in IAPT (Improving Access to Psychological Therapies) and providing education and training amongst GP practices to offer access to alternatives, would have an impact on prescribing patterns, thereby with greater access and reduced waiting times to psychological therapy, it was felt that the use of antidepressants might reduce. It was acknowledged that whilst there was an increase in IAPT services, it may not always be adequate or sufficient to meet the ever changing demands, however no-one should be rejected without access to care. CCG representatives encouraged Councillors to share with them any cases they have come across where individuals have had difficulty in accessing IAPT services.

- It was important to note that, on occasion, it was absolutely necessary for both medication and psychological interventions to be prescribed. Sometimes, antidepressants are prescribed for treating other conditions e.g. anxiety, migraine or premenstrual syndrome.
- Since the onset of austerity following the financial crash in 2007, there have been ever-increasing mental health illnesses and to date there was still an unmet need in addressing those illnesses.
- The Mental Health Strategy aims to raise awareness and hopes that it resonates to where it is needed the most. Housing + have been offered specialist training to officers to help them deal with mental health in the more deprived areas of the city and an experienced Mental Health Social Worker forms part of the Anti-Social Behaviour Team to identify problems there. There is also a mental health professional seconded from Sheffield Health and Social Care (SHSC) to the Sheffield City Council's (SCC) Housing and Medical Priority Team. Jim Millns said that he would circulate a link to "The Sheffield Mental Health Guide" to Members who might find it useful when they are working in their local areas. The website is aimed at anyone who is struggling in Sheffield, whether they've been diagnosed by a clinician or are just having a bad day. The website is available 24/7, and offers a comprehensive guide to mental health services, support and activities in the city.
- With regard to children and young people, there is an overarching ambition to create a "one stop shop" approach towards mental health, so that parents and children can be treated by a single team of professionals. Included within the mental health strategy timetable is a plan to work alongside the Cabinet Member for Children and Families and the Cabinet Member for Health and Social Care to shape this strategy.
- There is a rolling programme to train all new nurses and social workers so that they are more aware of mental health illnesses and able to signpost those in need towards the crisis care they require. There are adult mental health professionals seconded from SHSC to the SCC MAST services.
- GPs are fully aware of the professional responsibilities around mental ill-health, and over the last three years there has been positive training support for GPs to provide alternatives in the treatment of mental ill-health, through number of protected learning events ran by the CCG for primary care.
- Sheffield has secured additional funding from NHS England to support extending its perinatal mental health service across South Yorkshire, which will provide a more effective service for mums-to-be and partners/fathers who experience mental health problems, to enable them to have a more positive pregnancy and birth experience and make for a better start in life for their babies, as it has been discovered that the family dynamic during pregnancy can have a direct impact on a child's mental health and wellbeing. CCG representatives welcomed discussion with Councillors if

they were aware of specific cases where they had concerns.

- Part of the Transformation Programme was looking at packages that were on offer and identifying what care, although on offer, was not being delivered.
- Collaborative working was required between all health professionals, as it was not just the role of GPs, but also the Primary Care Trust, to be able to direct patients to the correct pathway.
- The Service Improvement Forum invites anyone to attend and talk about shaping and supporting commissioning functions to procure and influence mental health services. It was hoped to shape new services based on listening to what people want, involving service users, experts by experience and carers. The Transformation Programme has an increasingly strong focus on genuine co-production.
- With regard to Crisis Care, it was found that the self-referral system has revealed unmet need, and was not set up to meet this increased level of demand. The IT and telephony infrastructure was challenged and this was being improved by the Health and Social Care NHS Foundation Trust. The attendance of people at A&E and in Sheffield Teaching Hospitals (STH) has a mental health offer from the psychiatric liaison service. The service sees people and offers training support to STH staff who are treating physical health needs and their mental health requires support at the same time.
- When a patient has been admitted into hospital, part of the discharge plan was to send a letter to their GP, within 24 hours if the case was urgent or within seven days if not. All patients are seen at least within seven days post discharge by a mental health professional.

6.5 RESOLVED: That the Committee:-

- (a) thanks Sam Martin, Jim Millns, Melanie Hall, Heather Burns, Heidi Taylor, Dr Abhijeeth Shetty, Dr Steve Thomas and Andrew Wheawall for their contribution to the meeting;
- (b) welcomes the approach of greater integration and the focus on prevention;
- (c) is concerned to hear examples from Councillors of cases where individuals are falling through gaps in the system, and is keen to see that further work is done to understand how this happens and prevent it happening in future;
- (d) requests that the Mental Health Guide is circulated to Councillors, and that efforts are made to spread this information to private landlords;
- (e) asks that the focus is on outcomes rather than outputs when measuring progress and performance of the Mental Health Transformation Programme – considering what we are trying to achieve, what difference this is making to people's lives and how we know it is working; and

- (f) notes that the Mental Health Strategy will come back before the Committee at an appropriate time.

7. UPDATE ON THE DEVELOPMENT OF THE JOINT DEMENTIA STRATEGY COMMITMENTS AND THE COMMISSIONING PLAN FOR DEMENTIA

- 7.1 The Committee received a report written by Dawn Walton (Director, Commissioning, Inclusion and Learning, Sheffield City Council) and Brian Hughes (Director of Commissioning and Performance, Deputy Accountable Officer, Sheffield CCG), which summarised the progress in developing a joint city strategy for dementia, the current commissioning plan achievements and some detail about the dementia friendly communities work.
- 7.2 Present for this item were Nicola Shearstone (Head of Commissioning for Prevention and Early Intervention, Sheffield City Council), Heather Burns (Head of Commissioning, Mental Health, Learning Disabilities and Dementia Commissioning, NHS Sheffield CCG) and Kath Horner (Sheffield Dementia Action Alliance).
- 7.3 Nicola Shearstone introduced the report and stated that dementia was a broad term used to describe neurological disorders, alzheimers being the most common type, between 60% to 70%, vascular dementia accounting for approximately 20% of sufferers, although vascular disease can be prevented with the reduction in smoking and obesity levels. In Sheffield, there are approximately 7,000 people suffering with some form of dementia, aged 65+, which accounts for 1.2% of the city's population and the prediction was that this could rise to 10% by the year 2035. It was acknowledged that Sheffield was very good at recognising the symptoms of dementia, the best out of all the core cities, and nationally has a significantly higher rate of emergency admissions into hospital. The Sheffield Dementia Strategy took place over 12 months and the outcome was very encouraging and positive especially around joint working and the desire to help people with dementia and their families. There are 13 commitments which form part of the strategy, starting with prevention through to end of life and looking at ways of how to support carers. A Project Officer has been recruited to look at ways to identify and take forward the priorities to help those with dementia and support for their families.
- 7.4 Kath Horner stated that there are over 10,000 volunteer Dementia Friends Champions encouraging people to learn a little bit more about dementia. Champions are trained and supported to run information sessions in their community and help inspire others to help those living with dementia live well.
- 7.5 Members made various comments and asked a number of questions, to which responses were provided as follows:-
- The aim was for improved working across systems to offer people in Sheffield dementia support which will become personalised, local and accessible to help to remain independent for as long as possible. Information regarding this was available, but people living with dementia

and their families/carers are not always empowered to know where to seek such information, advice and help.

- Part of the strategy aims to offer local support and activities for people with dementia and their families and that support is tailored to the local community, with every person diagnosed by the memory service having a contact within that community, and then proactive follow up contact within six months, recognising that people's support needs change over time.
- The Sheffield Teaching Hospitals are working together with the Dementia Care Group to develop improved co-ordination and quality of support to those faced with crisis situations which could ultimately lead to admission to longer term care or hospitalisation.
- It was hoped that by creating dementia friendly communities, the stigma some patients associate with dementia could be reduced and environments become more conducive and accommodating and ensure people understand and use approaches which make people with dementia feel accepted and safe.
- In conjunction with GP surgeries in the south east of the city, to better support people with dementia and their carers live well at home, visits to patients in their homes and follow-up visits has been trialled.
- Day activities are a different offer to day care – and take a different approach to meet individual needs. Change is difficult to accept and dementia patients push back against this, but it has been found that patients with cognitive decline thrive when they are engaged and have a set routine to follow. Good evaluation around these projects is essential so that success in the city can be measured.
- Work is ongoing with Public Health to develop a set of measures that will demonstrate how well we are progressing on the commitments within the strategy.

7.6 RESOLVED: That the Committee:-

- (a) thanks Nicola Shearstone, Heather Burns and Kath Horner for their contribution to the meeting;
- (b) notes the contents of the report and the responses to the questions;
- (c) asks that population figures re dementia prevalence are circulated to members of the Committee;
- (d) is pleased to note that a face to face approach to navigation is being used, – recognising that online and internet support and information aren't suitable for everyone;

- (e) is pleased to note that People Keeping Well partnerships are now required to proactively offer support at regular intervals following a dementia diagnosis;
- (f) is pleased to note that support is moving away from day care and services based on institutions and into day activities and flexible services based on people's needs;
- (g) recognises that carers are central to this work; and
- (h) is keen to hear more about evaluation of Dementia Friendly Sheffield and requests that the link be sent to the Policy and Improvement Officer.

8. URGENT CARE REVIEW UPDATE

- 8.1 The Committee received a report providing an update on the findings of the Urgent Care Review, following a report and recommendations that had been submitted in September, 2018, when it had been agreed that the approach and proposals should be reconsidered and new proposals developed.
- 8.2 Present for this item were Kate Gleave (Sheffield Clinical Commissioning Group), Rachel Dillon (Sheffield CCG) and Lucy Ettridge (Sheffield CCG).
- 8.3 Kate Gleave stated that a lot of work had been carried out in identifying the problems and issues that the public of Sheffield had with urgent care services in the city. Engagement with partners and public representatives had taken place to understand why people use services, their experiences and what is important to them and what required most improvement. The outcome was to improve urgent care services by simplifying services, reduce duplication and confusion and improve access to GP appointments.
- 8.4 Members made various comments and asked a number of questions, to which responses were provided as follows:-
 - There was a national shortage of GPs, which puts more pressure on surgeries to guarantee appointments when required.
 - GPs have tried different approaches throughout the years and it has been found impossible for every surgery to operate its appointments system the same way. However, the proposed primary care networks were about groups working together to meet demand in their local communities. When surveyed, a number of GPs have said that they wish to improve access by broadening their teams and were willing to try a different approach.
 - The NHS Choose Well campaign was designed to help people choose the best place to get treatment if they fall ill, freeing up emergency services to help those most in need, but as this is a national campaign, it is not necessarily tailored to local services. Ways to increase awareness about the range of local services available to assist people in receiving the most appropriate treatment were sought.

8.5 RESOLVED: That the Committee:-

- (a) thanks Kate Gleave, Rachel Dillon and Lucy Ettridge for their contribution to the meeting;
- (b) notes the contents of the report and the responses to the questions; and
- (c) welcomes the approach of evolution not revolution, wishes the CCG success with this approach, and will request an update in 18 months' time looking at the impact of the approach and how it is improving outcomes for Sheffield people.

9. WRITTEN RESPONSES TO PUBLIC QUESTIONS

9.1 The Committee received and noted a report of the Policy and Improvement Officer setting out the written responses to the public questions raised at its meeting held on 24th July, 2019.

10. WORK PROGRAMME

10.1 The Committee received a report of the Policy and Improvement Officer, attaching the Committee's draft Work Programme for 2019/20.

10.2 RESOLVED: That the Committee approves the contents of the draft Work Programme 2019/20.

11. DATE OF NEXT MEETING

11.1 It was noted that the next meeting of the Committee will be held on Wednesday, 16th October, 2019 at 4.00 p.m., in the Town Hall.