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

Health Scrutiny Sub-Committee

Meeting held 23 March 2023

PRESENT: Councillors Ruth Milsom (Chair), Steve Ayris (Deputy Chair), Martin Phipps (Group Spokesperson), Mary Lea, Kevin Oxley and Gail Smith

1. APOLOGIES FOR ABSENCE

1.1 Apologies for absence were received from Councillors Dawn Dale and Abtisam Mohamed.

2. EXCLUSION OF PRESS AND PUBLIC

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 The minutes of the meeting of the Sub-Committee held on 25th January, 2023, were approved as a correct record.

5. PUBLIC QUESTIONS AND PETITIONS

5.1 The Chair stated that she had received one written question from a member of the public and as the question related to Item 7 (Item 8 on the agenda), it would be read out during consideration of that item.

6. LEARNING FROM FIRSHILL RISE CQC INSPECTION

6.1 The Sub-Committee received a report informing Members of lessons learned from the inadequate CQC Rating of the Assessment and Treatment Service (ATS) at Firshill Rise.

6.2 Present for this item were Richard Bulmer (Head of Service, Rehabilitation and Specialist Services, Sheffield Health and Social Care NHS Foundation Trust), Heather Burns, Deputy Director of Mental Health, Learning Disability, Autism and Dementia Transformation, NHS South Yorkshire Integrated Care Board) and Greg Hackney ((Senior Head of Service, Sheffield Health and Social Care NHS Foundation Trust).

6.3 Richard Bulmer referred to the report and stated that in 2020 a new leadership structure was introduced to the learning disability service and following on from

this, concerns surfaced about the care and treatment at the Assessment and Treatment Service (ATS), which led to immediate actions and an external review by the Care Quality Commission (CQC), who found that the Service was inadequate. An external review and the CQC review resulted in consideration and actions relating to accountability. Richard Bulmer said that a new leadership structure was then implemented which strengthened multi-disciplinary leadership. This included recruitment to a new matron role, a clinical director who was an experienced Learning Disability Consultant Psychiatrist and a general manager. He said that the Sheffield Health and Social Care Foundation NHS Trust had reviewed and enhanced governance arrangements since receiving the inadequate rating from the CQC. He said the Service had engaged with service users and carers to support service transformation and develop current practices and design new models of care, adding that a clinical and social care strategy had been developed across all services. Finally, Richard Bulmer said that a project to oversee the strategic direction of learning disability services in Sheffield had been established and the main focus of this was to avoid re-admittance into hospital, change where people were treated and try to ensure that the good quality care could be given within the community.

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

- A future report would provide detailed feedback from service users. The Service had met with all services users at the time, and it was important to hear their views and experience of the Service so that we could see how we could improve what was available to them, both as inpatient patients and those being offered support at home. It should be noted that not all feedback currently received was negative, some service users were very supportive. The Service had identified that some staff at the Unit were very supportive to the service users.

- It was acknowledged that many staff had left following closure of the Unit, development and support had been given to those members of staff to help them find employment in other areas of the Trust. It was noted that in the past there had been a failure to ensure that staff were supervised and now they were receiving effective supervision for practice development, on a regular basis.

- The evidence base was crucial to building the right support to service users and offering alternatives to admitting people straight into hospital. Best practice was to keep people in a lessrestrictive place and be closeto home. There is a gap in out of hours provision therefore it was hoped to enhance the services that were already available Mondays to Fridays 9.00 a.m. to 5.00 p.m. for specialist learning disability services into the evenings and weekends.

- As identified in the report, training needs to be improved. . Regarding the service user who was an inpatient for two years at the Assessment and Treatment Service (ATS), it was found that the needs were greater than the Unit could provide. After concerns were raised, it was acknowledged that

more should have been done and the South Yorkshire Integrated Care Board (SYICB) have now put in place six weekly health checks for anyone in a hospital placement. Unfortunately, it was thought that hospital was always the safest place, it was easy for service users to get institutionalised. The Service was working hard to prevent service users being admitted into hospital and provide more care in the community.

- When Service Users were discharged, they were supported within the community and work was ongoing where necessary to provide the right support to them and their families. The Trust had worked with a national organisation called Respond, a charity providing therapy and specialist support services to people with learning disabilities, autism or both who have experienced abuse, violence or trauma and support had been individually tailored for all ex patients.

- From a wider Trust perspective, following on from the inadequacy rating, improvements have been put in place. The Learning Disabilities Unit was a standalone Unit, however the Trust has tried to ensure that all services were accessible to give the right level of support where appropriate.

- The Green Light Toolkit was a framework and self-audit toolkit for improving mental health support services for people with learning disabilities. It provides a picture of what services should be aiming to achieve, including quality outcomes, and a self-assessment checklist. There was a need to make sure that care was person-centred and that it promoted dignity, privacy and human rights and that staff were skilled and enabled. It was necessary to make sure that care was needs-led so that someone could access the care that necessary to them.

- Investment was being made to train an Autism Crisis Nurse, and although not available around the clock, they would be able to give expertise and advise staff on other wards. When someone was being admitted into care, there needed to be a full review of their needs and part of that would be to identify what would be the best place for this person. A meeting was to take place with the Acting Chief Nurse to look into autism training and progress had been made over the last 12 months and improvements had been made on the wards. The key was to avoid admission.

- It was challenging to get the right provision in the community, placements were monitored and reviewed, as it was not always easy getting together the correct multi-agency teams to get people into the right provision and offer the right options available for people.

- The ethos was to improve and offer more intensive care into the community.

- A lot of work had been carried out with the Quality Directorate to ensure that staff received training in learning disability and autism, including how to interact appropriately with autistic people and people who have a learning disability. Whilst improvements had significantly been made to meet the

needs of these people, there was still more work to be done. The Community Intensive Support Team is a specialist health service for people with learning disabilities, and their carers, living in Sheffield and works closely with the Community Learning Disability Team and Firshill Rise ATS (inpatient service). It provides intensive support to people who are very unwell and may be struggling with mental health problems.

· The service users were supported by mainstream services, but there needed to be more wraparound services and better trained staff. The Trust had developed a Clinical and Social Care Strategy based on its values and the recovery principle, delivering care that is Person-Centred, Strengths-Based, Evidence-Led and Trauma-Informed to help those who were accessing secondary care services and looking at how to support those who have suffered trauma and how they were supported.

· Within the NHS Sheffield ICB there was a Physical Health Improvement Group which was made up of partners of all health organisations, primary care and social care, and had a number of projects aimed at improving peoples access to health care and a couple of examples of this were there had been a 19% increase in women with a learning disability accessing breast screening, similarly a 28% increase in access to bowel screening. The Group was seeking to improve access and quality of access. There were Learning Disability Nurses employed by Sheffield Teaching Hospitals, who look at the experiences of people with learning difficulties when being admitted into hospital. Sometimes if someone was non-verbal going into hospital, it could be difficult for staff to understand their needs, which can be variable.

· The SYICB members go out and visit on a regular basis to meet service users who had experience of using the service. They spend some time talking with them and report back on their findings. The Freedom To Speak Up (FTSU) model was in place at Firshill Rise and had been strengthened, which encouraged people to talk about their experiences and raise issues either openly or in private and any concerns would be looked into and acted upon. The Trust welcomed applications from anyone who had learning disabilities or autism and was developing roles specific to those who have had lived experience to offer peer support.

6.5 RESOLVED: That the Sub-Committee:

(a) thanks Richard Bulmer, Heather Burns and Greg Hackney for their attendance at the meeting;

(b) notes the contents of the report; and

(c) a report on the feedback received from users of mainstream services would be distributed to Members via email.

7. FUTURE MODEL FOR THE PROVISION OF HEALTH SERVICES FOR PEOPLE WITH LEARNING DISABILITY/AUTISM

7.1 The Sub-Committee received a report giving an update on the work that had progressed on developing a future model for the delivery of community and inpatient health services for people with a learning disability/autism, following changes in patterns of demand over the period of delivery of the national Transforming Care programme and to update the Sub-Committee on engagement and co-production to date in Phase 1 of the programme and the move to the phase 2 of this work.

7.2 Present for this item were Richard Kennedy, Engagement Manager, and Heather Burns, Deputy Director of Mental Health, Learning Disability, Autism and Dementia Transformation, NHS South Yorkshire Integrated Care Board).

7.3 Heather Burns said that the purpose of the report was to update Members on work that had progressed since their previous report in December, 2022 and this item overlapped from the previous item relating to Firshill Rise. She said that due to the success of the Transforming Care Programme, the demand and need for inpatient beds has greatly reduced. She referred to page 32 of the report which summarised the outcome from Phase 1 Engagement on the key issues and challenges. She said the NHS South Yorkshire Integrated Care Board (NHS SYICB) had engaged with service users, families, carers and stakeholders in a person-centred way. Theyhad provided grants to two community organisations (Sheffield Voices and Sheffield Mencap and Gateway) to develop a set of open questions to promote meaningful dialogue on the issues faced. She referred to the feedback received and said that full engagement reports could be shared by request. The key themes arising from a series of events run by Sheffield Voices and Healthwatch Sheffield were that more work needed to be done to prevent people from reaching a point where they need to go to hospital and more support is needed from generic services. Some patients had a fear of being locked up or being sent away from their homes and their families. Heather Burns said that information had been gathered through speaking with a large number of people and options had been developed.

7.4 Richard Kennedy referred to feedback received from 178 individuals overall, with 109 responses being from those with a learning disability and/or autism, which he felt showed strength and expertise. He said the next stage was to inform NHS England of their progress. He said taking account of the feedback received, all viable options would be considered and if it was deemed necessary, a further report would be brought back to the Sub-Committee to decide the next steps in the process.

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

- Following the Panorama documentary showing an undercover operation which had been carried out at a secure unit run by Greater Manchester Mental Health Trust, highlighting a toxic culture and deficits in the system. The Transforming Change Programme is to improve health and care for everyone and have the robust scrutiny in place to check people's placements. In response, Sheffield Health and Social Care Foundation

NHS Trust recognised the role of leaders to prevent these cultures developing and to ensure good standards of care were maintained.

- There was a need to invest in Community Services, particularly with regard to providing better out of hours teams. Work was being carried out to develop a step-down facility in order to prevent admission into care. If wraparound support was available, breakdowns would be prevented.

7.6 Councillor Ruth Milsom said that a public question had been received from Geoff South as follows:-

Firshill has always had good reports prior to this last one, it always had long waiting lists for admissions from many areas outside Sheffield. Our son Andrew had three stays with excellent outcomes. It has never been intended to be a Long-stay hospital, any cases of more than six months duration would be the result of a lack of suitable placements from care providers outside the hospital's remit, exacerbated by Covid restrictions and related staff shortages.

We strongly believe that this hospital should be kept open to give people with learning disabilities who also suffer from severe mental health problems a compassionate and safe environment not available anywhere else.

In response, Heather Burns said that she thought that Mr South's question probably related to an experience a number of years ago, as with regard to out of are waiting lists, this hasn't been an issue for some time. Circumstances have changed dramatically and they are now looking at options with regard to community provision, the step up, step down facility mentioned earlier, and the availability of specialist clinicians. Prevention work is key.

Andrew Weawood, Assistant Director of Adult Social Care referred to a recent case where someone with extreme mental health problems said been supported in an establishment out of the city, his family had been assisted with travel costs and now that he was back in Sheffield and had been supported by an Enhanced Framework Provider and to live and work in the city and had one to one all support and has a high quality of life. These challenges can and do work and were available in Sheffield.

He said that there had been strong challenge on money from the NHS, particularly where there were people with lower care needs but these people still have life ambition and look for support and the local authority was getting to where it needed to be. With regard to carers, the local authority has pulled together small numbers of staff and was hoping to run some clinics over the next few months for carers with children in their 40s and 50s and support them through the life developments of their children and would be working through a supported plan of action be addressed in the next financial year.

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

- There was a need for wraparound support to families, particularly for those

whose children were older and had other children within the family and to offer some kind of enhanced community service to them.

- Any options that come out of the process will have Equality Impact Assessment attached to those options and would expect that to be a fundamental part of it and be properly mitigated for, where possible.

7.9 Councillor Ruth Milsom said that a written summary would be sent to Mr. South in response to his question.

7.10 RESOLVED: That the Sub-Committee:

(a) thanked Heather Burns, Andrew Weawood and Richard Kennedy for their attendance at the meeting;

(b) notes the contents of the report; and

(c) would receive a further update on the future options to the next meeting of this Sub-Committee.

8. NHS COMMISSIONING IN 'PLACE' - SHEFFIELD COMMITTEE ARRANGEMENTS

8.1 The Sub-Committee received a presentation highlighting the Sheffield Committee arrangements to work in partnership with NHS Commissioning and the Place based plans.

8.2 Emma Latimer, Executive Place Director for Sheffield stated that the presentation sets out the approach to developing the Sheffield Partnership Framework, and by working with partners across Sheffield there would be an opportunity to refresh the framework approach, and pool collective efforts to drive forwards a transformational place based plan for the benefit of our local communities. She gave details of the Strategic Framework Development, its vision, purpose and principles, the strategic priorities, governance and decision making, making the best use of resources and performance assurance and risk management.

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

- The Sheffield City Partnership was led by the local authority, the officers being the Chief Executive, the Director of Finance, the Chair of the Health and Wellbeing Board and the Director of Public Health and representation from the South Yorkshire Integrated Care Board (SYICB). The Sheffield Health and Care Partnership is an SYICB Sub-Committee. At partnership level, we are trying to integrate more services to see more efficiencies and offer more opportunities to do better.

- Since January, 2023, Sheffield had seen improvements in discharges from hospital, there had been a large reduction in waiting times, which was one of the many pressures faced by the NHS. There were also significant

pressures on health system in every aspect of care, there was some duplication of work that needed to be addressed. Since covid, people were tired, the workforce had worked really hard. By listening to the views of the workforce and communities, to start to shape things in primary care and other areas, a difference could be made by working together. There has to be more consistency, not complexity and work from the bottom up.

- To tackle health inequalities, employment is key. Rather than look at the whole of the city, as some parts were more affluent, we need to see where we need to target the most deprived, learn from it and see how to do things differently. There was a need to build confidence in the voluntary and community sector and support them. There were many issues that we should be focusing on and need to prioritise where to put resources.

- GPs were still involved in the delivery groups and were still very much involved in the work being carried out. There needed to be a blend of people.

- There was something in place called Operational Health Management which drills down data on patients. The NHS has lots of information and there was a need to give clinicians more time because they were constantly dealing with the frontline. GPs know their population and put interventions in place where needed. Data was there but not used in the way it should be. The NHS was hugely complex and fragmented and we need to find out how to engage with communities better.

- In Sheffield, £3.5m had been spent on health inequalities and a list of initiatives would be provided for members. This year £2.4 m will be focused on tackling deprivation, working through the Partnership Board. It will be transparent and have open and honest discussions about taxpayers' resources and information will be shared on where money had been spent.

- In the past, there has been a piecemeal approach on deciding where to allocate grants. This had not been a well thought through approach and not spent in a structured way.

8.5 RESOLVED: That this Sub-Committee:-

(a) thanked Emma Latimer for her presentation and responses to questions; and

(b) looks forward to receiving a report on Inequalities Funding.

9. SHEFFIELD TEACHING HOSPITALS - MATERNITY IMPROVEMENT UPDATE

9.1 Due to illness, this item of business was deferred and would be considered at the next meeting of the Sub-Committee.

10. QUALITY ACCOUNTS 2022/23

10.1 Deborah Glen, Policy and Improvement Officer gave an update on the Quality Accounts. In the past the timing of reports on Quality Accounts for the NHS Trusts, clashed with the election period. Under the Committee system, on advice from Legal Services, she reported there was a need to formally delegate responsibility to an officer in consultation with the Chair to approve the accounts during the interim period. Deborah Glen said that she had been in contact with the three NHS Trusts responsible for providing those accounts and said that as it was hoped that at the next meeting of the Sub-Committee would be held at the beginning of June, the Quality Accounts could be submitted then, therefore there was no need to delegate responsibility to an officer.

10.2 RESOLVED: That the Sub-Committee formally agrees the process for the Quality Accounts.

11. WORK PROGRAMME

11.1 The Chair referred to the Work Programme stating that it was quite organised for the next municipal year, referring to the deferred item on Maternity Services, and also a couple of separate informal sessions which had been requested on mental health interventions and a primary care workshops.

11.2 RESOLVED: That the Work Programme be agreed.