

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

Meeting held 9 November 2016

PRESENT: Councillors Pat Midgley (Chair), Sue Alston (Deputy Chair),
Pauline Andrews, David Barker, Lewis Dagnall, Mike Drabble,
Adam Hurst, Douglas Johnson, Bob Pullin, Peter Rippon, Gail Smith
and Garry Weatherall

Non-Council Members (Healthwatch Sheffield):-

Helen Rowe and Clive Skelton

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1. APOLOGIES FOR ABSENCE

1.1 An apology for absence was received from Councillor Moya O'Rourke.

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 In relation to Agenda Item 7 (Shaping Sheffield – The Plan), the Chair (Councillor Pat Midgley), declared a personal interest as she was a member of the Manor and Castle Development Trust.

4. MINUTES OF PREVIOUS MEETING

4.1 The minutes of the meeting of the Committee held on 14th September 2016, were approved as a correct record, subject to the substitution of the word 'Cumulative' for the word 'Accumulative' in the penultimate bullet point of paragraph 4.4 (Development of a Public Health Strategy for Sheffield).

5. PUBLIC QUESTIONS AND PETITIONS

5.1 In response to written questions from Mike Simpkin (Sheffield Save Our NHS) concerning the Sheffield Local Sustainability and Transformation Plan (STP), the Chair (Councillor Pat Midgley), asked Mr Simpkin to put these questions to the Committee when the item on the STP was considered.

5.2 In response to questions asked by Jillian Creasy regarding the STP, the Chair indicated that the Committee would look at how the Sheffield Plan fitted with the South Yorkshire and Bassetlaw STP and added that all Members were aware of the associated resource issues, with the aim being to do what was best for the

people of Sheffield. She added that she had attended regional meetings and would bring any issues back to the Committee, emphasising that this was the start of a journey. Alison Knowles (Locality Director, NHS England) stated that the STP for the South Yorkshire and Bassetlaw region would be published shortly. With regard to this, it was agreed that the Policy and Improvement Officer would provide Committee Members with an overview of key upcoming dates, including consultation and approvals and the potential role of Scrutiny going forward.

6. COMMUNITY PHARMACY IN 2016/17 AND BEYOND - NATIONAL CONTRACT CHANGES

6.1 The Committee received a report which provided information on proposed national changes to Community Pharmacy Contracts in 2016/17, the funding settlement and the potential impact of the funding reduction. The report was presented by Alison Knowles (Locality Director, NHS England).

6.2 In presenting the report, Alison Knowles emphasised that NHS England recognised the importance of community pharmacies and that the proposals, which were published in October 2016, would have little or no impact on patient health. It was not possible at the present time to say how many practices in Sheffield would be affected, but work was being undertaken with existing pharmacies in this regard.

6.3 In response to a question from the Chair (Councillor Pat Midgley), Alison Knowles explained that there was a scheme to protect pharmacies, but to qualify for this protection the pharmacy had to be more than a mile away from its nearest pharmacy, have been on the pharmaceutical list as at 1st September 2016, and dispense less than 9,000 prescriptions per month.

6.4 The Committee then received a further report which provided a response on behalf of the Local Pharmacy Committee to national changes to Community Pharmacy Contracts in 2016/17. This report was presented by Tom Bissett (Community Pharmacy Sheffield).

6.5 In presenting the report, Tom Bissett indicated that the two year funding package being imposed on Community Pharmacy meant that there would be a £113m reduction in funding in 2016/17 and that this would be followed by a further reduction of £95m in 2017/18. He added that there were 128 community pharmacies in Sheffield and that between 70 and 80 were dispensing less than 9,000 prescriptions per month. The pharmacies benefitted from a mix of income but a majority were getting 90% of their income from the NHS.

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

- There was an establishment payment to cover advice given by pharmacists, but this was to be replaced by a single activity fee.
- Reports that one in four community pharmacies would close could not be substantiated at the present time and there was still a need to undertake local impact assessments. In terms of the national impact, it was felt that by

reinvesting the savings this would result in more health gain, but it was acknowledged that a reduction in access needed to be looked at.

- The proposed funding reductions were in line with other NHS reductions, but there was a need to work on the local picture.
- It was acknowledged that there were some pharmacies in Sheffield which were in close proximity to each other with low dispensing volumes.
- These proposals had come about as a result of a national consultation with the industry and there had been a delay in implementation due to the extension of this consultation.
- The multiple chain pharmacies provided value and there was a good range of services being provided by both these and the independent pharmacies.
- The role of the NHS was to push up quality and an example of this was the advice scheme supported through the NHS 111 initiative.
- The effect on pharmacies in the ten most deprived areas of Sheffield was being looked at.
- The process would take time and the NHS would work with the Sheffield Clinical Commissioning Group (CCG) and the Director of Public Health in understanding and mitigating the impacts.
- The national consultation was imposed on the industry.
- There should be no distinction between independent and chain pharmacies, as they were all pharmacies.
- In deprived areas, pharmacies may not have the same mix of business, e.g. they may not sell such items as perfume.
- Extra journey time may be an important impact, together with the free services available, e.g. delivery, which might have to be charged for. It was difficult to imagine though that a pharmacist would not give free advice.
- It was possible that some pharmacies may close if there were two in an area which were run by the same company.
- It was hoped that there might be a move back to independent pharmacies.
- This was not the first line of services which had been subject to budget reductions and ways to protect the service were being looked at in relation to advice giving and emergency dispensing. Most patients did not go to the pharmacy as a first line of advice and it was important to ensure that the right primary care services were available in each area. These changes had been introduced on a national level and there had been little discussion on them.

Ideally, measures should be introduced to ensure that community pharmacies were the entry point for health services.

- The Prime Minister's Challenge Fund, which funded pharmacies in GP practices, played an important role in diverting patients to pharmacies.

6.7 RESOLVED: That the Committee:-

- (a) thanks Alison Knowles and Tom Bissett for their contribution to the meeting;
- (b) notes the contents of the reports and the responses to questions;
- (c) requests that it be kept informed of the impacts in Sheffield of the proposed national changes to Community Pharmacy Contracts, particularly in terms of the effect in deprived areas; and
- (d) notes that Alison Knowles will write to the Committee at the beginning of April 2017, with an assessment of local progress on the Community Pharmacy Contract changes.

7. SHAPING SHEFFIELD - THE PLAN

7.1 The Committee received a joint report of Greg Fell (Director of Public Health) and Peter Moore (Director of Integration and Strategy, Sheffield Clinical Commissioning Group (CCG)) which was supported by a presentation which intended to introduce the Committee to the Sheffield Local Sustainability and Transformation Plan (STP), its purpose, key messages and next steps.

7.2 The presentation was given jointly by Greg Fell and Peter Moore and covered how the Sheffield Place Based Plan had been developed, which had preceded the development of the South Yorkshire and Bassetlaw STP, the Sheffield Vision, the reasons why Sheffield had to change, what was different about the Sheffield Place Based Plan and what actions were going to be taken, governance, timescales to March 2017, communications and engagement and risks.

7.3 At this point, the Chair (Councillor Pat Midgley), invited Mike Simpkin (Sheffield Save Our NHS) to ask his written public questions, which related to the examination of the South Yorkshire and Bassetlaw STP and the need to ensure that the Sheffield Place Based Plan caused no detriment to health care services, that the financial strategy was acceptable and secure and that delivery of the plan would not be affected by the current or further rounds of so-called efficiency savings. The Chair indicated that these points would most likely be covered in the discussion to follow, but Mr Simpkin would be allowed to respond afterwards.

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

- In relation to public engagement, officers had met with Healthwatch representatives the previous week to scope out a Clinical Commissioning Group (CCG) engagement event on the 8th December and the possibility of

the Health and Wellbeing Board being held across local communities was also discussed. In addition, there was a proactive communications strategy using a range of media.

- Co-production was being used at a strategic and service delivery level and at a local level using the energy of experts who were delivering or receiving services.
- The timeline for production of the STP had been imposed by NHS England and was very challenging, with the cost of this being full engagement in the Plan as it was being developed. It was highlighted that there was still a requirement to consult in the case of any significant service change, as was happening currently in South Yorkshire in relation to stroke care.
- There was no mention of mental health in the 'What are we going to do?' section of the presentation, as the City already had a strategy covering this.
- It was important that all stakeholders in Sheffield were involved in determining the desired outcomes, so that the extent to which they were locally owned and not imposed was increased.
- The STP recognised that employment was a major contributor to good health, with employment and health being firmly embedded in it. In this respect, Sheffield was ahead of other parts of the country.
- In relation to the care of older people, work was being undertaken with the smaller organisations involved, but it should be noted that the homecare market was funded at a level that only national organisations could meet, so there was a need to rebalance investments.
- The majority of resources were spent on high cost interventions and the aim was to bring spending lower down the scale, to the third sector and the public, to promote prevention rather than treatment.
- In relation to reducing smoking, it was intended to scale-up interventions to reduce smoking prevalence, especially in high risk groups.
- The Sheffield Place Based Plan was intended to set a long term direction of travel rather than be highly specific about certain services or interventions. As such, it was quite flexible. The aim was to get organisational leaders together and agreeing and to sell the Plan to the leaders of the governance structures. It would take 3/4 years to get to a sustainable position.

7.5 In response, Mike Simpkin highlighted the need to work differently and asked about the point of no return for a financially costed deliverable plan and whether the regional plan was no more than a sum of the place parts. In response to this, Greg Fell referred to the situation in West Yorkshire where it was understood that the regional plan had been rejected by individual Council Leaders. Peter Moore highlighted the importance of the right things being said in the Sheffield Place Based Plan and making sure that everything in it happened.

7.6 RESOLVED: That the Committee:-

- (a) thanks Greg Fell and Peter Moore for their contribution to the meeting;
- (b) notes the contents of the report, presentation and the responses to questions; and
- (c) notes the concerns expressed by some Committee Members at the late circulation of the final version of the presentation and, in the light of these concerns, requests that consideration be given to the holding of a Special Committee meeting to allow further scrutiny of the Sheffield Place Based Plan and agrees that the Chair (Councillor Pat Midgley), in conjunction with the Policy and Improvement Officer, considers the best way forward once the timetable for the Plan was known.

8. BETTER CARE FUND

8.1 Joe Fowler (Director of Commissioning) gave a presentation which provided the Committee with an update on the Better Care Fund (BCF), which was a Government initiative to support the integration of health and care services.

8.2 The presentation covered what the BCF was about, the BCF Work Programme, people keeping well in their community, with statistical information on referrals, impacts in relation to Carers' Allowance and Attendance Allowance, the present position and the Community Equipment Service. The presentation went on to highlight Active Recovery Services and provided information on the costs of delay, ongoing care and finances.

8.3 In response to a question from the Chair (Councillor Pat Midgley), Joe Fowler indicated that the information in this presentation was being shared with the Local Area Partnerships.

8.4 RESOLVED: That the Committee:-

- (a) thanks Joe Fowler for his contribution to the meeting; and
- (b) notes the contents of the presentation.

9. DRAFT WORK PROGRAMME 2016/17

9.1 The Committee received a report of the Policy and Improvement Officer which set out the Committee's Draft Work Programme for 2016/17.

9.2 RESOLVED: That the Committee:-

- (a) notes the Draft Work Programme 2016/17 as set out in the report; and
- (b) requests that Members with any comments or suggestions on the Work Programme, specifically with regard to de-prioritising items due to the large

number of items contained therein, contact the Policy and Improvement Officer and that any such comments or suggestions be worked through by the Chair (Councillor Pat Midgley), in conjunction with the Policy and Improvement Officer, so that the Work Programme can be revised and updated accordingly.

10. DATE OF NEXT MEETING

- 10.1 It was noted that the next meeting of the Committee would be held on Wednesday, 11th January 2017, at 4.00 pm, in the Town Hall.

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