SHEFFIELD CITY COUNCIL

Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee

Meeting held 11 January 2017

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

Non-Council Members (Healthwatch Sheffield):-

Helen Rowe

.....

1. APOLOGIES FOR ABSENCE

1.1 There were no apologies for absence.

2. EXCLUSION OF PUBLIC AND PRESS

2.1 No items were identified where resolutions may be moved to exclude the public and press.

3. PUBLIC QUESTIONS AND PETITIONS

3.1 There were no public questions raised or petitions submitted from members of the public.

4. DECLARATIONS OF INTEREST

4.1 There were no declarations of interest.

5. OVERVIEW OF CARE QUALITY COMMISSION RATING FOR SHEFFIELD GENERAL PRACTICES

5.1 The Committee received a report of the Chief Nurse, Sheffield Clinical Commissioning Group (CCG), which provided an overview of the outcomes of the inspections of Sheffield based General Practices which had been undertaken by the Care Quality Commission (CQC).

5.2 In attendance for this item were Jane Harriman (Head of Quality, Sheffield CCG), Sue Berry (Senior Quality Manager, Sheffield CCG) and Mandy Philbin (Deputy Chief Nurse, Sheffield CCG).

5.3 Jane Harriman introduced the report, indicating that, since it had been written, 83% of General Practices in the City had been visited, with 96% rated as 'Good', 3% as 'Requiring Improvement' and one as 'Inadequate'. The remaining 14 practices had been visited, but the reports on them had not yet been received. Whilst none of the

practices had been rated as 'Outstanding', three had been rated as 'Outstanding' in relation to the responsiveness of services and a number of areas of outstanding practice, which were outlined in the report, had been identified. When compared with the inspection outcomes across South Yorkshire and Bassetlaw, Sheffield's came somewhere in the middle and were much the same as those for Leeds. The Sheffield CCG had joint responsibility with NHS England for General Practices and they would work together to resolve any issues which arose following these inspections. The Sheffield CCG was proactive on quality, particularly in relation to infection control and safeguarding and, if a practice was found 'Inadequate', it would work with that practice as to how it could improve. With regard to the future, a CQC strategy was presently being consulted on and this may result in a movement toward self-assessment and intervention where necessary.

5.4 Sue Berry then provided the meeting with information on the CQC, explaining that it was set up to monitor Health and Social Care in relation to a set of fundamental standards, with the results of its inspections being published. The CQC rated their inspections against five key lines of enquiry, which were whether services were safe, effective, caring, responsive and well led. Following an inspection, the inspected practice would receive a report and a grading, which could be challenged, and the results were examined by a moderation panel. The final report was then sent to the practice and published. If a practice was found to be 'Inadequate', the CQC could then invoke powers such as issuing warning notices, changes to providers' registration, the implementation of special measures and holding the practice to account by means of fines, cautions or prosecution.

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

- The Sheffield CCG employed 2/3 staff to work on quality and these were assisted by a wider team of support staff.

- Patient experience was considered as part of these inspections, with CQC representatives speaking to patients in waiting rooms, assessing patient survey results and consulting with Patient Participation Groups. This came under the caring/responsive heading, with all practices scoring 'Good' on caring.

- Access to GP services was recognised as a national issue and there was a need for more people to become GPs and nurses.

- The CQC inspection reports were available online.

- In relation to the 23 practices where Disclosure and Barring Service (DBS) checks had not been carried out on some staff, CCG officers were waiting for all the inspections to be completed, so that full evidence could be obtained and remedial measures taken. It was important to ensure that the CCG was informed when all outstanding DBS checks had been completed.

- It should be recognised that it was only possible to assess practices for that

present moment in time and also that they operated as private businesses.

- The turnover of staff could partly explain why DBS checks had not been carried out on some people.

- In relation to fridge temperatures, NHS England was responsible for vaccine management and there was a strict process of monitoring.

- The CQC had indicated that risk assessments were required where emergency equipment was not available on site, but it was accepted that most practices did have oxygen available. NHS England commissioned GP services through a national core contract, but this contained no requirement for certain equipment to be available in practices.

- The consultation into the CQC inspection regime would include consideration of the connectivity of all providers.

- General Practices operated under a core contract which was set nationally and the CQC would take this into account in its inspections. Any central support given to practices would be controlled by the CCG.

- The CQC scoring system meant that a practice could fail in all of the five key lines of enquiry, but it may be only one issue which affected all of these lines. If there were any concerns about a practice the CCG would offer help and support.

- The CCG had a tight governance structure which comprised a Primary Care Commissioning Committee and a Quality Assurance Committee.

- The CQC inspection would include relevant questions on issues such as appointments and home visits, which would come under the responsive key line of enquiry. These aspects had not been identified as issues in Sheffield.

- All CQC inspection reports were published on its website and Jane Harriman would provide the appropriate link to the Policy and Improvement Officer for circulation to Committee Members.

- General Practices needed to be registered with the CQC and there was an enforcement model on assessment which was enforceable by law so, in addition to sanctions such as the imposition of fines and special measures, non-compliant practices could be taken to the criminal courts. Any measures taken were dependent on the level of risk.

- Every GP was accountable to their professional body, the British Medical Association, and this ran alongside any responsibility to the CQC.

- If a practice was rated ‘Inadequate’, the CQC would set out a plan for that practice which would be monitored and a further inspection would take place.

This was the process whether the failure related to an individual or the practice in general and there was an escalation process. Sheffield had practices with good scores, with only one being rated as 'Inadequate'. Any action would depend on the risk associated with the level of failure, but Members could be assured that dangerous issues would not be left unaddressed.

- GP surgeries should display a notice informing patients as to how they could complain.

5.6 RESOLVED: That the Committee:-

(a) thanks the attending officers for their contribution to the meeting;

(b) notes the contents of the report and the responses to questions;

(c) notes Members' concerns at some of the areas for improvement referred to in the report, particularly those relating to Disclosure and Barring Service checks not being carried out, lack of defibrillators and oxygen and issues regarding fridge temperatures; and

(d) requests that a report on the final outcomes of the Care Quality Commission's inspections on General Practices in Sheffield be submitted to the Committee in six months' time.

6. ADULT SAFEGUARDING PRIORITY SETTING AND FUTURE PLANS

6.1 The Committee received a joint briefing paper prepared by Jane Haywood (Chair, Adult Safeguarding Board) and Simon Richards (Head of Quality and Safeguarding) which set out the outline business plan for the Sheffield Adults' Safeguarding Board for 2017/18. Both of these representatives were in attendance.

6.2 Jane Haywood introduced the item, making reference to a training session on Adult Safeguarding, which had been held for Members of the Committee, during which the Board's early thinking on priorities had been communicated, with the aim of the two bodies influencing each other's agenda. She went on to describe the Board's current activity, which included implementing the Care Act 2015, Child Sexual Exploitation and work on Female Genital Mutilation. She also referred to the four key priorities outlined in the briefing paper and advised that the outline plan would be circulated to all partners for comment.

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

- A member of Healthwatch Sheffield attended the Safeguarding Board Operational Group meetings and any safeguarding issues were raised with Simon Richards as they arose. The Safeguarding Board was committed to extending its reach to other agencies as a priority and any reports would be

circulated appropriately.

- It was important to assess the level of risk to isolated individuals and, where agencies had contact with them, their representatives should be particularly mindful of any fire risk. It was proposed to undertake targeted work on fire risk, in order to make the job of these frontline staff easier.

- It was acknowledged that the Fire and Rescue Service provided a good way of reaching vulnerable people, but all agencies should be used in this regard.

- Whilst the Safeguarding Board's remit did not extend to the provision of providers' training, it could seek assurances that contracts were monitored and managed properly and provide information in its communications as to where complaints about care services could be directed. It was commissioning colleagues who monitored contract performance and it was proposed that contracting colleagues would be working in conjunction with Safeguarding officers.

- Community Support Workers and Nurses had a remit on safeguarding and the Clinical Commissioning Group Lead Nurse worked closely with the Safeguarding Board.

- Everything seemed to be in place in Sheffield and there were no outstanding issues. It was just necessary to make existing procedures work in a better manner.

- Ideally, a preventative approach was required to safeguarding, for example the early identification of carer stress, so that support or assistance could be provided. As well as intervention before crisis, there should also be more emphasis on quality.

6.4 RESOLVED: That the Committee:-

(a) thanks Jane Haywood and Simon Richards for their contribution to the meeting;

(b) notes the contents of the briefing paper and attached outline business plan for the Sheffield Adults' Safeguarding Board 2017/18 and the responses to questions; and

(c) requests that:-

(i) a short summary of how Community Support Workers and Nurses contribute to safeguarding be provided to the Policy and Improvement Officer for circulation to Committee Members;

(ii) the Committee's report on Domiciliary Services be made available to the Sheffield Adults' Safeguarding Board; and

(iii) details of any drop-in sessions held by the Sheffield Adults' Safeguarding Board be provided to the Policy and Improvement Officer for circulation to Committee Members.

7. MINUTES OF PREVIOUS MEETING

7.1 The minutes of the meeting of the Committee held on 9th November 2016, were approved as a correct record, subject to the addition of the sentence 'It was noted that the report and final version of the presentation had only been received the previous evening and Members had not had the opportunity to read through them.' at the end of paragraph 7.1 (Shaping Sheffield – The Plan).

7.2 Arising from consideration of the minutes, it was noted that, in relation to Item 6 (Community Pharmacy in 2016/17 and Beyond – National Contract Changes) the Community Pharmacists' national body, the Pharmaceutical Services Negotiating Committee, had been granted permission by the High Court for a judicial review of the proposals, on the grounds that the Secretary of State was believed to have failed to carry out lawful consultation on the proposed changes to Community Pharmacy Contracts, and that the hearing was expected to take place during the week commencing 6th February 2017.

8. JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE - THE COMMISSIONERS WORKING TOGETHER PROGRAMME

8.1 The Committee received a report of the Policy and Improvement Officer which provided information on activity to date of the Joint Health Overview and Scrutiny Committee, which had been established as part of the Commissioners Working Together Programme.

8.2 The Policy and Improvement Officer referred the Committee to the report, which had been provided for information, and indicated that the period for consultation on proposals for Children's Surgery and Anaesthesia and Hyper Acute Stroke Services in South Yorkshire, Bassetlaw, North Derbyshire and Wakefield, had been extended until 14th February 2017, and that the next meeting of the Joint Health Overview and Scrutiny Committee would take place towards the end of March 2017.

8.3 RESOLVED: That the Committee notes the contents of the report.

9. WORK PROGRAMME 2016/17

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

9.2 The Policy and Improvement Officer reported that the 'Shaping Sheffield: The Plan' item was to be considered at a Special Meeting to be held on Wednesday, 8th February 2017, and that the Adult Social Care Performance item was to be considered at the Committee's meeting on Wednesday, 15th March 2017.

9.3 Councillor Sue Alston expressed her concern that the Sheffield Place Based Plan was to be considered by the Committee on 8th February 2017, which was after 31st January 2017, that being the date on which she believed the Plan was to be signed off. The Policy and Improvement Officer stated that comments made at the last Council meeting had suggested that the Plan would not be signed off on 31st January 2017, but she would make enquiries and inform Committee Members accordingly.

9.4 RESOLVED: That the Committee notes the contents of the report.

10. DATE OF NEXT MEETING

10.1 It was noted that the next meeting of the Committee would be a Special Meeting to consider the Sheffield Place Based Plan and would be held on Wednesday, 8th February 2017, at 4.00 pm, in the Town Hall.

10.2 The next scheduled meeting of the Committee would be held on Wednesday, 15th March 2017, at 4.00 pm, in the Town Hall.

This page is intentionally left blank