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

Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee

Meeting held 12 April 2017

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

Non-Council Members (Healthwatch Sheffield):-

Helen Rowe

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1. APOLOGIES FOR ABSENCE

1.1 Apologies for absence were received from Councillors Mike Drabble, Moya O'Rourke and Gail Smith.

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. MINUTES OF PREVIOUS MEETING

4.1 The minutes of the Special Meeting of the Committee held on 8th February 2017, were approved as a correct record and, arising from their consideration, it was noted that, in relation to paragraph 5.6(c)(iii) (Shaping Sheffield – The Plan), consideration would be given to inviting a group of grassroots practitioners to address a future meeting of the Committee in relation to their work and that this would be added to the Committee's Work Programme.

5. PUBLIC QUESTIONS AND PETITIONS

5.1 In response to a question from Mike Simpkin (Sheffield Safe Our NHS) regarding the Urgent Primary Care Review, the Chair (Councillor Pat Midgley) indicated that the issues raised in the question would be covered in the forthcoming presentation on the Review.

6. URGENT CARE STRATEGY - SHEFFIELD CLINICAL COMMISSIONING GROUP

6.1 The Committee received a presentation, given by Kate Gleave (Sheffield Clinical Commissioning Group (SCCG)) on Reviewing Urgent Primary Care across Sheffield. Also present for this item were Dr Marion Sloane, Eleanor Nossiter and Alistair Mew (SCCG).

6.2 The presentation covered definitions, a current overview of Urgent Primary Care in Sheffield, details of the opening hours of the various facilities, key issues, adjusting investment to meet patient need, what it was desired to achieve, the process, development of options and plans for consultation.

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

- There was some flexibility in the approach to an Urgent Care Strategy, but the main feature was ensuring that it worked for Sheffield.

- All stakeholders would be included in the consultation process.

- Those involved in the development of the Urgent Care Strategy were very aware of issues such as the reduction in inequalities, the need to stop people who required Primary Care going to A&E and making the Strategy sustainable.

- With regard to the participation in consultation of those who didn't speak English, a consistent approach with set questions was to be used, together with face to face contact with members of the Roma and Asian communities. Interpreters would also be used in this regard.

- It was planned to consult over the period of June to September and, even though this was over the Summer holiday period, officers were confident that a targeted approach would reach the relevant people. It should be noted that there were timescales to work to in developing the revised options for Urgent Primary Care and also contract related issues. It was also preferable to consult during the proposed time as, in the period September to March, providers needed to focus on care delivery.

- The language and communication needs involved in the consultation were recognised.

- The decision as to what was urgent would be arrived at after discussion between the patient and the relevant professional. How this contact would be managed would come out in the options.

- The results of the consultation would be shared for comment.

- Consideration would be given to the further involvement of the Police and Fire and Rescue Service in the engagement process, to inform the development of options.

- There was a long list of options which were being worked through with providers, but it was necessary to await the outcome of the public engagement process. No decisions had been made yet, but it was likely that a model of care would be developed, with the options focusing on the types of service to be delivered.

- In relation to service entry points, consideration would have to be given as to whether services could be linked together or provided at one central facility.

- The options would be brought to this Committee when they had been developed, with one of the aims making it more simple as to where people should go to access Urgent Care services.

- It was hoped that health care records could be shared, so that patients would not have to continually repeat their health histories.

- Professionals would engage with patients in relation to care planning.

- Whilst active support and recovery was outside the scope of the review, there was an interdependency in that it impacted upon Urgent Care responses.

- Officers were working with independent people and organisations such as Healthwatch in relation to the conduct of the consultation process.

- A wide range of individuals would be included in the consultation, including those living on travellers sites.

- The way in which other areas dealt with Urgent Care had been looked at, but it was important that the review had a local focus.

- Officers had had their first meeting with a wide range of providers, including GPs and local representatives, on the previous day.

- It was important to get people to the right service and how this was managed needed to be addressed. It was recognised that people were accessing different services as they were unable to get appointments with their GP. There was a need to manage more appointments during the day and when the options had been shared, it would be possible to have a more constructive conversation on appointment waiting times.

- In relation to timescales, the SCCG needed to make a decision on the options for consultation on 25th May 2017, so that the consultation could take place between June and September 2017. There would then be a period of reflection, with the options being presented to the Governing Body in October 2017. Implementation of the options would then be considered and a period of 3 to 12 months' notice may be needed for this if providers needed to make any changes.

- In relation to GP access, it was recognised that a more urgent response was

required.

- Coverage of neighbourhood services was worked out between the local GP practices.

- It was not always necessary for someone to see a GP and it may be that someone such as a pharmacist may be a more appropriate point of contact. In some cases, practice care navigators were used and in these instances the patient would be directed to the appropriate service.

6.4 In summing up, the Chair (Councillor Pat Midgley) stated that the Committee wanted to work with the SCCG in the development of the review of Urgent Primary Care, adding that further areas for consideration could include the provision of some night duty service in the neighbourhoods, engagement with a wide range of people in the consultation process, the addressing of delays in obtaining GP appointments, inequalities, particularly in relation to those who did not speak English, and the inclusion of projects working alongside public health in the process.

6.5 RESOLVED: That the Committee:-

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

(b) notes the contents of the presentation, Members' comments and the responses to questions; and

(c) requests that an update on progress on the development of the Urgent Primary Care Review be circulated to Committee Members following the end of the consultation period in September 2017.

7. PUBLIC HEALTH STRATEGY FOR SHEFFIELD

7.1 The Committee received a report of the Director of Public Health on the Public Health Strategy which had been agreed by Cabinet. The report was presented by Louise Brewins (Head of Public Health Intelligence) who made particular reference to the Strategy's public health focus, the adoption of the concept of Health in All Policies and the ten priorities outlined in the report. She also directed Members to the eight ideas to develop implementation.

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

- Building Health Impact Assessments into the decision making process was one of the first things it was desired to implement. Identifying conflicts in the process was also important.

- It was acknowledged that there was a gap with regard to children of school age in the Strategy.

- All Council services would be encouraged to consider the health benefits of

their actions.

- Improving air quality ticked a number of outcomes in improving health.
- School was an important setting for the promotion of public health, with documents being tailored to different age ranges.
- Black and minority ethnic groups were targeted in terms of vulnerability and need.
- Work had been undertaken in relation to sport and activity.
- Members' comments on smoking and drinking were noted, as were their comments on integrating public health impacts into the Scrutiny process.
- The inclusion on reports of a tick box referring to the health impacts of decisions, was worthy of consideration.
- Conversations were taking place as to the best way for the Senior Leadership Team to lead the Strategy.

7.3 RESOLVED: That the Committee:-

(a) thanks Louise Brewins for her contribution to the meeting;

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

(c) welcomes the Public Health Strategy in its promotion of public health in the City; and

(d) requests that Committee Members e-mail their preferences in relation to the ten priorities listed in the report to the Policy and Improvement Officer.

8. HOME CARE TASK GROUP - FORMAL RESPONSE

8.1 The Committee received a report of the Director of Adult Services which set out the responses to the recommendations made by the Committee's Home Care Task Group. The report was presented by Ian Ramshaw (Interim Head of Commissioning) who went through each of the recommendations in turn, together with the responses to each of them. In some cases this described work that had already taken place, was underway or planned. He concluded by indicating that good progress was being made and that there were robust plans to go forward.

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

- There was a move away from short call times and the home care workers undertook other tasks whilst the patient was occupied with such matters as eating or going to the toilet.

- It was recognised that the Social Workers and Care Managers in the localities had a better knowledge of what was locally needed.

- People were entitled to have gender specific carers and if this was not the case then it should be reported to the appropriate people.

8.3 RESOLVED: That the Committee:-

(a) thanks Ian Ramshaw for his contribution to the meeting;

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

(c) welcomes the progress being made with regard to the recommendations of the Committee's Home Care Task Group; and

(d) requests that:-

(i) any issues arising with regard to the implementation of the recommendations within the next six months be the subject of a short report to be submitted to the Committee; and

(ii) details of the geographical locations of Home Care service providers be sent to the Policy and Improvement Officer for circulation to Committee Members.

9. SHAPING SHEFFIELD SCRUTINY MEMBERS' WORKING GROUP

9.1 The Committee received a report of the Shaping Sheffield Scrutiny Members' Working Group which set out the Group's draft recommendations on the Shaping Sheffield Plan.

9.2 RESOLVED: That the Committee:-

(a) thanks the members of the Shaping Sheffield Scrutiny Members' Working Group for their work in producing the report and recommendations;

(b) approves the draft recommendations as set out in the report; and

(c) requests that these recommendations be forwarded to the Sheffield Place Based and Director Leads.

10. WORK PROGRAMME REVIEW 2016/17

10.1 The Committee received a report of the Policy and Improvement Officer which set out a summary of the Committee's activities over the Municipal Year for inclusion in the Scrutiny Annual Report 2016/17, together with a priority topic, which it was recommended for carry forward for consideration as part of the Committee's 2017/18 Work Programme.

10.2 RESOLVED: That the Committee:-

(a) thanks the Policy and Improvement Officer for the report and notes its contents; and

(b) notes that the Deputy Chair (Councillor Sue Alston) was prepared to act as the Chair's representative at the meeting of the Yorkshire and Humber Joint Health Overview and Scrutiny Committee to be held on 16th May 2017 if required, provided she was given reasonable notice.

11. DATE OF NEXT MEETING

11.1 As this was the last meeting of the Committee in this Municipal Year, the Chair (Councillor Pat Midgley) thanked everyone for their work during the year and particularly Helen Rowe (Healthwatch Sheffield), who had announced that this was to be her last Committee meeting, for her valued contribution to the work of the Committee over a number of years.

11.2 It was noted that the next meeting of the Committee would be held on a date to be arranged in the Municipal Year 2017/18.

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