

Healthier Communities and Adult Social Care Scrutiny and Policy Development  
Committee

Meeting held 15 November 2017

**PRESENT:** Councillors Pat Midgley (Chair), Sue Alston (Deputy Chair), Pauline Andrews, Steve Ayris, David Barker, Lewis Dagnall, Tony Downing, Adam Hurst, Dianne Hurst, Talib Hussain, Douglas Johnson, Richard Shaw and Garry Weatherall

Non-Council Members (Healthwatch Sheffield):-

Margaret Kilner

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**1. APOLOGIES FOR ABSENCE**

1.1 Apologies for absence were received from Councillor Mike Drabble and Clive Skelton (Healthwatch Sheffield).

**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 8 (The Sheffield Mental Health Transformation Programme), Councillor Lewis Dagnall declared a Disclosable Pecuniary Interest as his partner was a Non-Executive Director of the Sheffield Health and Social Care Trust, but felt that his interest was not prejudicial in view of the nature of the report and chose to remain in the meeting during consideration of the item.

3.2 In relation to Agenda Item 9 (Sheffield Teaching Hospitals NHS Foundation Trust - Quality Account Objectives), Councillor Sue Alston declared a Disclosable Pecuniary Interest as she was an employee of the Sheffield Teaching Hospitals NHS Foundation Trust, but felt that her interest was not prejudicial in view of the nature of the report and chose to remain in the meeting during consideration of the item. In addition, Councillor Richard Shaw declared a Disclosable Pecuniary Interest in Agenda Item 9 as his wife was employed by the Sheffield Teaching Hospitals NHS Foundation Trust, but felt that his interest was not prejudicial in view of the nature of the report and chose to remain in the meeting during consideration of the item.

**4. WORK PROGRAMME 2017/18**

4.1 The Committee received a report of the Policy and Improvement Officer which set out the Committee's Work Programme for 2017/18.

4.2 The Policy and Improvement Officer took the Committee through the Work Programme, making reference to some of the items to be considered at the remaining meetings in the Municipal Year and the list of items to be scheduled.

4.3 The Chair, Councillor Pat Midgley, suggested that the item relating to the Health and Wellbeing Board be brought up the Programme and that the item on Emergency Preparedness be considered before the end of the Municipal Year. She added that Urgent Care would be considered when the outcome of the consultation had been released.

4.4 RESOLVED: That the Committee:-

(a) approves the contents of the Work Programme 2017/18, subject to the suggestions now reported; and

(b) requests that:-

(i) the Policy and Improvement Officer circulates information on the Health and Wellbeing Board to Committee members;

(ii) the Policy and Improvement Officer investigates the issue of unnecessary repeat prescriptions to people in residential care homes and reports back to the Committee on her findings; and

(iii) Committee Members with any further suggestions for the Work Programme 2017/18, send these by email to the Policy and Improvement Officer.

## **5. PUBLIC QUESTIONS AND PETITIONS**

5.1 There were no questions raised or petitions submitted by members of the public.

## **6. FOOD AND WELLBEING STRATEGY**

6.1 The Committee received a report of the Director of Culture and Environment on the new Food and Wellbeing Strategy, to which a draft copy of the Strategy was attached. The Committee had requested sight of the draft strategy for comment and to inform its development prior to the Cabinet decision-making process.

6.2 The report was supported by a presentation, given by Jessica Wilson (Health Improvement Principal) which provided some context, key changes from the previous Food Strategy, the mission, vision, underpinning themes and impact. Also present for this item was Rizwana Lala (Trainee Consultant in Dental Public Health).

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

- There was a need to work out a balance between an individual and a

population approach.

- Work strands could be developed to promote what a healthy weight looked like for both children and adults. This would link to planned initiatives targeting schools and their approaches to food and communications and marketing at a population level, which it was hoped would influence the parents of young children.
- In relation to influencing food outlets, some authorities had used planning regulation near schools and Council contracts could take account of the types of food provided. It was also possible to influence public sector partners.
- Activities which were community led, co-produced and targeted were important in ensuring that good food was physically and financially accessible to everyone. A good example of this was a pilot scheme which had operated in Barnsley and which had been externally funded, whereby people on benefits were given vouchers for fruit and vegetables. In Sheffield, the school holiday hunger pilot was to be evaluated and it was hoped to be able to continue with this,
- In relation to diabetes, NHS guidance was promoted and this covered most people, but there would always be differences. Work was being undertaken to highlight the natural sugars in fruit, with whole fruit rather than juice being preferable.
- Officers would report on roles and responsibilities in relation to this work in due course.
- The effectiveness of the Food and Wellbeing Strategy would be considered at the appropriate time. Work was ongoing to develop indicators to monitor impact.
- There had been no overall evaluation of the Food Strategy which expired this year, but this could be done. Although not in a formal report, learning from the expired Food Strategy had informed the development of the new Food and Wellbeing Strategy.
- Much work was being undertaken on food poverty.
- It was felt that the previous strategy was too broad, which had limited its impact.
- Cabinet leads would be consulted over whether and/or how to incorporate some of the suggested actions in the new Strategy. These included food production, links with local small businesses, use of Council land, allotments, the role of farmers' markets, promotion, packaging, food mile reduction, promotion of cook and eat sessions and lunch clubs.

- The consideration of food and wellbeing initiatives would need to have regard for cost against public health gain.
  - Officers were looking at an external food partnership to consider some of the broader food system issues, but this had not yet been developed.
  - The present Food Strategy had strong links with the Poverty Strategy and officers were looking to continue this with the refresh of the Poverty Strategy.
- 6.4 The Chair, Councillor Pat Midgley, summarised the Committee's concerns as relating to food poverty, access to cheap, nutritional food, the effects of mental illness and stress on food consumption, factors associated with having a high 16-25 aged population, the concept of what was a normal weight and the effect of grandparents on children's diet and activity.
- 6.5 RESOLVED: That the Committee:-
- (a) thanks Jessica Wilson and Rizwana Lala for their contribution to the meeting;
  - (b) notes the contents of the report and presentation, comments made and responses to questions; and
  - (c) requests that Committee Members identifying any major omissions from the Draft Food and Wellbeing Strategy send these by email to the Policy and Improvement Officer for forwarding to Jessica Wilson.

## **7. THE SHEFFIELD MENTAL HEALTH TRANSFORMATION PROGRAMME**

- 7.1 The Committee received a report of the Director, Commissioning, Inclusion and Learning, which was presented to the Committee in order to seek views, comments and/or recommendations for future delivery of the Joint Transformation Programme on Mental Health in Sheffield. The Programme had been designed, developed and implemented jointly by the Sheffield City Council, Sheffield Health and Social Care NHS Foundation Trust and NHS Sheffield Clinical Commissioning Group.
- 7.2 In attendance for this item were Dawn Walton (Director, Commissioning, Inclusion and Learning), Jim Millns (Deputy Director of Mental Health Transformation and Integration) and Dr Steve Thomas (Clinical Lead).
- 7.3 The Chair, Councillor Pat Midgley, indicated that Members felt that there was insufficient information in the report and asked the attendees to reconsider the content, with a view to submitting a more detailed report to a future meeting of the Committee. She added that Members would comment on the report and it was hoped that these comments would be helpful in such reconsideration.
- 7.4 Jim Millns informed the Committee that, in 2016/17, Sheffield City Council and the Sheffield Clinical Commissioning Group (CCG) had created a pooled budget for

social care and that, for 2017/18, there was a £4 million cost pressure on this with the obvious impact on care purchasing. The Sheffield Health and Social Care NHS Foundation Trust (the Trust) had asked for help as it had its own cost pressures and so a transformation programme had been co-designed to tackle inefficiency. Workshops held earlier in the year had resulted in a Sheffield Transformation Programme and this had been initiated in April 2017. The Programme consisted of five large-scale transformational schemes which focused on:-

- (a) Residential Care;
- (b) Dementia Care;
- (c) Liaison Mental Health;
- (d) Primary Care Mental Health
- (e) Integrated Psychological Therapies.

These were designed to tackle issues which were problematic in Sheffield.

- 7.5 Dawn Walton indicated that the focus would be on the themed areas with a view to stimulating change. She highlighted two areas of significance, these being engaging/reviewing Special Education Needs and children with mental health problems, with these subjects being part of her responsibilities. She also offered to meet with the Chair to have themed discussions.
- 7.6 In relation to dementia, Dr Steve Thomas informed the Committee that prevention, living well, assessment and community support and end of life were being looked at as one programme of work.
- 7.7 Members indicated that they wanted to know what had happened, what will happen and when and who was going to make things happen, and needed more detail from the user perspective, as well as needing to be convinced that this reflected a clinical issue and not just a money saving exercise. A request was also made for Members to see a full breakdown of the £4 million cost pressure.
- 7.8 Jim Millns indicated that savings assumptions would be included and that the quality of service would be unaffected. Dr Steve Thomas added that no one had been sent out of the City for acute mental health issues and this had not been the case for dementia sufferers.
- 7.9 The Chair commented that Members were greatly concerned about mental health and wished to support the Programme and hoped that the comments made would be helpful.
- 7.10 RESOLVED: That the Committee:-
- (a) thanks those attending for their contribution to the meeting;
  - (b) notes the contents of the report, and Member and officer comments; and
  - (c) requests that:-

- (i) Members send any specific questions on the Sheffield Mental Health Transformation Programme to the Policy and Improvement Officer for forwarding to the attending officers; and
- (ii) a more detailed written report be presented to a future meeting of the Committee.

## **8. SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST - QUALITY ACCOUNT OBJECTIVES**

8.1 The Committee received a report of the Medical Director, Sheffield Teaching Hospitals NHS Foundation Trust, which presented a number of proposed themes for quality objectives for Sheffield Teaching Hospitals during 2018/19 and invited Members' views and comments.

8.2 RESOLVED: That the Committee:-

- (a) notes the contents of the report; and
- (b) requests that Members email their comments to the Policy and Improvement Officer for circulation and subsequent forwarding to the Medical Director, Sheffield Teaching Hospitals NHS Foundation Trust.

## **9. MINUTES OF PREVIOUS MEETING**

9.1 The minutes of the meeting of the Committee held on 20<sup>th</sup> September 2017, were approved as a correct record and, arising from their consideration, it was noted that the Policy and Improvement Officer would circulate the written response to the public question referred to in paragraph 4.1(b) to Committee Members.

## **10. URGENT PRIMARY CARE CONSULTATION UPDATE**

10.1 The Committee received a report of the Director of Commissioning, Sheffield Clinical Commissioning Group, which outlined the progress of the public consultation on reviewing Urgent Primary Care across Sheffield, as requested by the Committee at its previous meeting.

10.2 Members commented that, although there was not a huge public understanding of the proposals, there was an awareness of those relating to the closure of the Minor Injuries Unit and Walk-In Centre.

10.3 RESOLVED: That the Committee:-

- (a) notes the contents of the report and Members' comments; and
- (b) requests that:-
  - (i) Margaret Kilner (Healthwatch Sheffield) circulates Committee Members with details of the public meetings which were to be held as part of the consultation process; and

- (ii) the Policy and Improvement Officer follows up the Clinical Commissioning Group's lack of contact with Committee Members, which had been promised.

## **11. DATE OF NEXT MEETING**

- 11.1 It was noted that the next meeting of the Committee would be held on Wednesday, 17<sup>th</sup> January 2018, at 5.00 pm, in the Town Hall.

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