SHEFFIELD CITY COUNCIL

Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee

Meeting held 21 March 2018

PRESENT: Councillors Pat Midgley (Chair), Sue Alston (Deputy Chair), Steve Ayris, David Barker, Lewis Dagnall, Tony Downing, Mike Drabble, 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 An apology for absence was received from Councillor Pauline Andrews.

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 - Neighbourhood Model of Working (Item 5 of these minutes), the following declarations were made:-

- Councillor Mike Drabble declared a disclosable pecuniary interest by virtue of working one day a week in a GP surgery, and undertook not to participate in the discussion for that item.

- Councillor Talib Hussain declared a disclosable pecuniary interest by virtue of his wife's employment at the Pakistan Muslim Centre, and undertook not to participate in the discussion for that item.

4. PUBLIC QUESTIONS AND PETITIONS

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

5. NEIGHBOURHOOD MODEL OF WORKING

5.1 The Committee received a presentation from NHS Sheffield Clinical Commissioning Group (CCG) which provided some context and detail for the Neighbourhood Working approach, geographic populations of approximately 30,000-50,000 people being supported by joined up health, social, voluntary sector and wider services to enable people to remain independent, safe and well at home and in the community.

5.2 Present for this item were Nicki Doherty, Director of Delivery - Care Outside of Hospital, and Dr Anthony Gore, Clinical Director - Care Outside of Hospital.

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

- With regard to the rationale for the size of neighbourhoods, Dr Gore confirmed that evidence had been gathered from around the world which demonstrated that care provided on that scale was the best in ensuring effective engagement and service delivery.

- In response to a question about outcomes, Ms Doherty advised that numerous programmes were being implemented which sought to increase healthy life expectancy and reduce the inequality gap. The neighbourhood approach was a way of working that incorporated those programmes, adapting local service provision to address the needs of the local population, not just regarding health but also care and community initiatives.

- A further challenge would be assessing whether these programmes had been effective, proving services were better integrated and evaluating whether people were experiencing a better service.

- With regard to patient experience, Dr Gore advised that access should be seamless; patients wouldn't necessarily notice any change in how they accessed care, instead the neighbourhood approach sought to ensure better communication and joined-up working between service providers 'behind the scenes'.

- Ms Doherty advised that, through previous reorganisations, professional networks of communication had broken down and that this approach was trying to re-establish the relationships between services to build trust and ensure better continuity of care.

- Dr Gore confirmed that the neighbourhood working approach was not changing any service provision and that when a service was being changed (unrelated to the neighbourhoods approach) consultations were being carried out.

- In response to a question regarding community partnerships, CCG officers confirmed these were recognised by neighbourhoods who were liaising closely with them, and were also linked in with 'People Keeping Well', an important strand of Sheffield City Council's approach to integrating health and social care services.

- In response to a question regarding Unified Patient Records, Dr Gore advised that technology was being developed and piloted to enable key pieces of information such as care planning information to be shared between service providers as necessary.

- With regard to the incoming General Data Protection Regulation (GDPR), this shouldn't affect data-sharing as there would be justifiable reasons for sharing that data. Dr Gore confirmed that when systems integrate the patient would still need to give permission for data to be shared, generally at point of care.

- With regard to investment, Ms Doherty advised that neighbourhoods were predominantly still working within the limited health and care budget, but there were opportunities that would be explored.

- In response to a question about the closure of the Duke Street clinic, Ms Doherty and Dr Gore advised that ear, nose and throat care was being looked at on a City-wide scale, with services then being configured in a cost-effective way, and undertook to obtain further detail as to why this specific provision was being replaced and what that replacement care was.

- Ms Doherty advised some mature neighbourhoods such as Darnall and North 2 were further along in co-producing solutions to the health needs of the local area through engagement with voluntary sector organisations, but confirmed that this could be improved with further engagement with patients, ensuring a bottom-up approach to health and care provision.

- It was noted that neighbourhoods had been allowed to self-brand, but that some names didn't describe the area they represented very clearly and therefore might make it harder for voluntary and community organisations to engage. Dr Gore advised that the neighbourhoods would have an opportunity to change their names in order to address this.

- Although one of the intentions of this approach was to empower service providers to work differently, CCG officers took the challenge to similarly empower local people to engage with this approach through informing and communicating with them, and Ms Doherty welcomed Councillors' involvement with this.

5.4 **RESOLVED:** That the Committee thanks those attending for their contribution to the meeting and notes the contents of the presentation and the responses to the questions.

6. OVERVIEW OF CARE QUALITY COMMISSION RATINGS FOR SHEFFIELD GENERAL PRACTICES

6.1 The Committee received a report of the Chief Nurse for Sheffield Clinical Commissioning Group (CCG) which detailed the results of the Care Quality Commission (CQC) inspections of Sheffield's General Practices. Present for the item was Chief Nurse Mandy Philbin.

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

- All 85 practices had been inspected to date, of which 83 had been rated 'Good', 1 rated 'Requiring Improvement' and 1 rated 'Inadequate'. Ms Philbin

confirmed the latter two were Barnsley Road Surgery and the Mathews Practice respectively.

- These inspections had been carried out in 2017, with the Inadequate rated practice being inspected twice.

- After negative rating, the CCG provided intensive support through a recovery plan in order to address the areas needing help and to ensure resilience through medical leadership and accountability. If the service didn't improve, the intensity of that support would increase.

- With regard to those practices not improving, the CQC could take a decision to shut down a practice during their inspection. Alternatively, the CCG could serve notice of withdrawing funding owing to contractual agreements within the recovery plan not being met. After this point the CCG could make the practice financially non-viable and effectively close it down.

- If a service were shut down, the CCG would ensure alternative provision of care was available immediately, such as through other providers in the neighbourhood.

- Ms Philbin emphasised that the process to close a GP surgery was highly regulated with a long timescale to encourage improvement, and that conversations would be held with partners to explore options and alternative provision before any decision to effectively close a GP surgery was taken.

- Members were pleased to see the improvements made to those issues and areas which had been commented on last year and that the vast majority of practices were rated as 'Good' with some 'Outstanding' areas of work. Members also noted that the aspiration was to increase the level of 'Outstanding' activities through sharing best practice, case studies and research

6.3 **RESOLVED:** That the Committee thanks those attending for their contribution to the meeting and notes the contents of the report and the responses to the questions.

7. DELAYED TRANSFERS OF CARE - PERFORMANCE UPDATE

7.1 The Committee received a report of the Director of Adult Services. Phil Holmes (Director of Adult Services) took the Committee through the report, which set out how the NHS and the Council were performing in Sheffield with regard to Delayed Transfers of Care, the factors causing it, and how they would be addressed over the next year.

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

- Although the figures for this period were similar to last year, the situation had been much more complicated owing to the weather conditions. It was noted

that measures put in place for this year allowed this difficult period to be controlled and prevented it from being unmanageable.

- There had been a significant improvement in relationships between the Council, Sheffield Teaching Hospitals and Sheffield Clinical Commissioning Group, with much greater shared understanding of the root causes of people staying too long in hospital. This meant a programme of work could be set up to tackle these core issues comprising both “in-hospital” and “out-of-hospital” workstreams.

- Although adult social care did not directly affect Delayed Transfers of Care figures, Members noted that capacity had been increased which enabled a greater number of people to return home with care.

- In terms of improvements, the immediate focus was to reduce the numbers of people waiting in hospital from current levels, then move on to strategic actions to ensure that performance did not slip again once the next winter approaches. Another area for improvement was to provide consistent practice within and out of hospital so that queues did not develop around holiday periods.

- Members noted that Sheffield had recently been subject to a System Review by the Care Quality Commission (CQC) on health and care arrangements for older people, which included Delayed Transfers of Care.

- Sheffield would receive a report of the CQC findings in June and will then hold a local summit to set out improvement actions including operational measures to ensure Delayed Transfers of Care reduce, as well as preventative action so that a greater number of older people could stay at home. The aim was to ensure the voices of older people in Sheffield and their carers were being listened to, and that those views would drive the provision of care and identify prevention points.

7.3 **RESOLVED:** That the Committee thanks those attending for their contribution to the meeting and notes the contents of the report and the responses to the questions.

8. ORAL AND DENTAL HEALTH IN SHEFFIELD - UPDATE ON RECOMMENDATIONS

8.1 The Policy and Improvement Officer confirmed that Cabinet had requested the Director of Public Health, in consultation with the Cabinet Member for Health and Social Care, to re-examine the issue of water fluoridation, and undertook to keep this issue on this Committee’s work programme.

8.2 The Policy and Improvement Officer also advised that she had received some additional information on water fluoridation from a member of the public which she would circulate to Members for their information outside the meeting.

8.3 **RESOLVED:** That the Committee notes the update report and keeps the issue of water fluoridation on the work programme.

9. WORK PROGRAMME 2017/18

9.1 The Committee received a report of the Policy and Improvement Officer which set out the Committee's work programme for 2017/18.

9.2 The Policy and Improvement Officer advised that, consideration would be given to the most appropriate way to involve members of the safeguarding Customer Forum in Scrutiny.

9.3 The Policy and Improvement Officer also advised that proposals were being developed for the Accountable Care Partnership to hold their meetings in public, with agendas and minutes publically accessible, and that an update report would be received by this Committee in six months.

9.4 RESOLVED: That the information now reported be noted.

10. MINUTES OF PREVIOUS MEETING

10.1 The minutes of the meeting of the Committee held on 17th January 2018 were approved as a correct record.

11. UPDATE ON THE ACTIVITY OF THE SOUTH YORKSHIRE, DERBYSHIRE, NOTTINGHAMSHIRE AND WAKEFIELD JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

11.1 The Committee received and noted a report of the Policy and Improvement Officer which provided an update on the activity of the South Yorkshire, Derbyshire, Nottinghamshire and Wakefield Joint Health Overview and Scrutiny Committee.

12. WRITTEN RESPONSES TO PUBLIC QUESTIONS

12.1 The Committee received and noted a report of the Policy and Improvement Officer setting out the written responses to the public questions raised at its meeting held on 17th January 2018.

13. DATE OF NEXT MEETING

13.1 It was noted that the next meeting of the Committee would be held on Wednesday, 18th April 2018, at 5.00 pm, in the Town Hall.