SHEFFIELD CITY COUNCIL

Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee

Meeting held 11 July 2018

PRESENT: Councillors Pat Midgley (Chair), Sue Alston (Deputy Chair), Steve Ayris, David Barker, Mike Drabble, Adam Hurst, Talib Hussain, Francyne Johnson, Mike Levery, Martin Phipps, Gail Smith 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 Tony Downing.

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 The Chair, Councillor Pat Midgley, declared a personal interest by virtue of being a member of the Manor and Castle Development Trust.

4. MINUTES OF PREVIOUS MEETINGS

4.1 The minutes of the meetings of the Committee held on 18th April and 16th May 2018 were approved as a correct record.

5. PUBLIC QUESTIONS AND PETITIONS

5.1 Responses were provided to three questions asked by Deborah Cobbett on behalf of Sheffield Save Our NHS, as follows:-

5.2 With regard to the Urgent Care Review the Chair, Councillor Pat Midgley, advised that the meeting today would scrutinise the consultation process and the responses submitted. A Working Group would then meet to discuss and put together the Committee's formal response to the proposals.

5.3 The Policy and Improvement Officer stated that a report from the South Yorkshire, Derbyshire, Nottinghamshire and Wakefield Joint Health Overview and Scrutiny Committee would be coming to this Committee in due course regarding the Hospital Services Review.

5.4 With regard to the public profile of scrutiny, the Chair acknowledged that public awareness of decision making in Local Government was low but advised that effort was being made by the Council to improve public engagement and partner agencies were encouraged to be more transparent and accessible.

5.5 The Policy and Improvement Officer advised that a report responding to a recent Select Committee publication regarding raising the profile of scrutiny was being considered by the Overview and Scrutiny Management Committee at their meeting next week, and undertook to send Ms Cobbett this report and the combined scrutiny work programme considered at Council last week.

6. REVIEWING URGENT PRIMARY CARE ACROSS SHEFFIELD - PUBLIC CONSULTATION

6.1 The Committee received a report of the Director of Commissioning, NHS Sheffield Clinical Commissioning Group which summarised the feedback received from the consultation on proposed changes to urgent primary care services in Sheffield and provided information on the consultation process and the work being undertaken to review and reflect on this feedback.

6.2 Present for the item were Brian Hughes, Director of Commissioning, Kate Gleave, Deputy Director of Commissioning, and Eleanor Nossiter, Urgent Care Communications and Engagement, NHS Sheffield Clinical Commissioning Group.

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

- With regard to further consultation, Eleanor Nossiter reported that if the final decision taken was not the one being proposed, further consultation would be needed. Although this could not be predicted, it was a possibility the CCG remained mindful of, particularly with regard to costings.

- Kate Gleave confirmed that there was no mandate for the urgent treatment centre to be on the Northern General site, but that there was guidance that showed benefit to being co-located with an A&E department. She also advised that there were other opportunities from being on the Northern General site such as proximity to other services and other teams, giving more opportunities for managing and training staff.

- Ms Gleave confirmed that neighbourhoods were 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. She agreed that these weren't well understood by the public, but advised that there were ongoing conversations about them.

- Brian Hughes reported that neighbourhoods were not developed as part of the urgent care review, and confirmed that they were evolving naturally rather than to a mandate, and as such some were developing faster than others and

sharing best practice.

- Ms Nossiter confirmed that copies of the consultation material had been sent to all GPs and chemists with a request to make them available for the public. Spot checks were carried out to ensure this had been carried out. She advised that, in addition to the 5,000 responses received, extra consultation was carried out with targeted groups and postcodes. In response to concern that this was a low response rate, she advised that this was in keeping with response rates to other NHS consultations.

- With regard to the challenge from Healthwatch that the consultation material wasn't clear, Ms Nossiter advised that face-to-face activity had helped to make sure people understood the proposals and had generated a lot of constructive discussions.

- With regard to improving the availability of urgent/same day GP appointments, Kate Gleave stated that this would be achieved through improvements to the signposting from 111 or GP surgeries. She confirmed that, for example, from the next financial year, changes to the 111 service would mean callers would speak directly with clinicians.

- Ms Gleave explained that other areas were increasing their use of different health professionals in primary care to help manage demand whereas Sheffield was still relying heavily on GPs. The funding realised through the proposals could be used in practices and neighbourhoods to increase the variety of professionals and skills in the workforce. This would allow more time with GPs for those patients who needed to see a GP and ensure that patients were being seen by the most appropriate clinician.

- Concerns regarding the capacity of the Northern General site were acknowledged, and Ms Gleave confirmed this was being looked at very closely. Kate Gleave advised that patients currently going to the walk-in centre or minor injury unit would be signposted to their local practice rather than the Northern General site, though it was recognised that some would still go there. Ms Gleave stated that annually approximately 60,000 used the walk-in centre and 18,000 used the minor injury unit, whereas GP surgeries saw 600,000 same day/urgent appointments.

- In response to further questioning, Ms Gleave confirmed that the walk-in centre and minor injury unit were used disproportionately by some groups, and that there was a lot of anecdotal evidence from staff that many users were seeking a second opinion and had already visited their GP, and that many users could treat themselves with over the counter medication. Ms Gleave agreed that the expectations of patients needed to be addressed, along with the quality of initial visits to the GP and the explanations given at that point.

- With regards to continuity of care, Kate Gleave confirmed that all providers involved had emphasised the need for certain patients to receive continuity of care, and the proposals sought to ensure that. Although details of how this would be achieved would vary depending on neighbourhood or area, Ms

Gleave confirmed that by patients being seen by the most appropriate clinician, the needs of those requiring continuity of care were being recognised.

- With regard to a challenge that the decision seemed made already, Brian Hughes confirmed that a preferred option had been required before consultation could take place, but that the final decision was yet to be made and would depend on whether alternatives were viable or if objections to the preferred option could be mitigated.

- In response to a question regarding how the options had been identified, Eleanor Nossiter confirmed that the CCG had come to the Committee when developing options, which had been informed by engagement feedback and that from specific groups which were likely to be disproportionately affected. Those options had then been appraised based on published criteria, and the three highest scoring had gone out for consultation.

- Ms Nossiter confirmed that the process was about reviewing the feedback on the proposed options rather than revisiting previous approaches that had been considered and that the minor injury unit could not be decided upon separately as the decision was looking at urgent care as a whole. Equality Impact Assessments had been carried out prior to the consultation and this was used to inform consultation activity and consider potential mitigations for affected groups.

- With regard to sending out a mass text to all numbers registered by patients in Sheffield, Brian Hughes stated this was not possible owing to the strict rules regarding use of patient contact information and subsequent GDPR restrictions.

- Ms Gleave confirmed there were no cost savings from the closure of the walk-in centre and the minor injury unit, as the money would go to fund additional staff elsewhere. She confirmed that recruitment was an issue and that current staffing needs were unsustainable. The proposal to address this was to broaden the skill mixture of practitioners in Sheffield.

- With regard to the involvement of professional bodies, Kate Gleave confirmed that conversations with the Local Medical Council were ongoing, who were on board with the principles of the proposal but had raised concerns over the practicalities of implementation. She confirmed that the University Health Service recognised the likely impact of the proposals from closing the walk-in centre but supported this. However, they had expressed concern about moving the minor injuries unit.

- Kate Gleave confirmed that the possibility of these changes creating additional pressures on the ambulance service had been raised, and that it was something that the Ambulance Trust and 111 were addressing through working more closely together to ensure ambulances not sent out inappropriately. She confirmed that comments from secondary care providers were being looked at before the decision was made to ensure these proposals would not add to health inequalities in Sheffield.

6.4 The Policy and Improvement Officer advised that the CCG would make their decision after receiving the Committee's formal response. There was a Working Group session at end of this meeting which would pull together the Committee's thoughts, after which a smaller group of Members would meet over the summer to draft the formal response for the end of August.

6.5 The Policy and Improvement Officer also advised that if the Committee believed the decision taken by the CCG was unreasonable, further discussions could take place to try and mitigate the impact, but ultimately the Committee could make a referral to the Secretary of State.

6.6 RESOLVED: That the Committee notes the approach taken to the consultation, the feedback received and key themes identified, and agree that a formal response to the consultation be provided to NHS Sheffield CCG by the end of August 2018.

7. DRAFT WORK PROGRAMME 2018/19

7.1 The Committee received a report of the Policy and Improvement Officer which set out the Committee's Draft Work Programme for 2018/19.

7.2 Members discussed additional issues including suicide prevention and the variation in life expectancy rates across Sheffield, and noted that volunteers were needed for a joint group with the Children, Young People and Family Support Scrutiny and Policy Development Committee to look at mental health services for young people.

7.3 RESOLVED: That the Committee approves the contents of the Draft Work Programme 2018/19 report.

8. DATE OF NEXT MEETING

8.1 It was noted that the next meeting of the Committee would be held on Wednesday, 26th September, 2018, at 4.00 pm in the Town Hall.

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