

Healthier Communities and Adult Social Care Scrutiny and Policy Development  
Committee

Meeting held 10 October 2018

**PRESENT:** Councillors Pat Midgley (Chair), Sue Alston (Deputy Chair), Steve Ayriss, Mike Drabble, Adam Hurst, Talib Hussain, Francyne Johnson, Mike Levery, Chris Rosling-Josephs, Jackie Satur, Gail Smith, Garry Weatherall and Douglas Johnson (Substitute Member)

Non-Council Members (Healthwatch Sheffield):-

Margaret Kilner

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**1. APOLOGIES FOR ABSENCE**

1.1 Apologies for absence were received from Councillor David Barker and Councillor Martin Phipps, with Councillor Douglas Johnson attending as his nominated substitute.

**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 Councillor Sue Alston declared a personal interest in Item 5 – Urgent Care – NHS Sheffield Clinical Commissioning Group Response to Scrutiny – as she is an employee of Sheffield Teaching Hospitals NHS Foundation Trust.

**4. PUBLIC QUESTIONS AND PETITIONS**

4.1 Mike Simpkins submitted written information regarding Urgent Care and Risk Analysis requesting that the Committee consider the importance of making public involvement more effective in future consultations on urgent care and drawing the Committee’s attention to potential risks around workforce and staffing any future proposals.

**5. URGENT CARE - NHS SHEFFIELD CLINICAL COMMISSIONING GROUP  
RESPONSE TO SCRUTINY**

5.1 The Committee received a report from Brian Hughes, Director of Commissioning, NHS Sheffield CCG which provided a response to the Scrutiny Committee’s formal response to the proposals for change to the Urgent Primary Care Services in the City.

- 5.2 Present for this item were Mandy Philbin (Chief Nurse, NHS Sheffield Clinical Commissioning Group), Kate Gleave (Deputy Director of Commissioning, Sheffield Clinical Commissioning Group (SCCG)), Rachel Dillon (Senior Programme Manager, (SCCG))and Lucy Ettridge (Deputy Director of Communications, Engagement and Equalities (SCCG)).
- 5.3 In response to a question from Councillor Pat Midgley, Kate Gleave informed Members that the requirement to implement Urgent Treatment Centres was set out by NHS England with a national timescale for implementation by December 2019, although such timescale had now been relaxed, due to the fact that the Government had required a certain number of areas to implement new treatment centres, and this number had now been achieved.
- 5.4 Kate Gleave stated that the Clinical Commissioning Group (CCG) were now reflecting on what proposals worked and what didn't work so well following the consultation process. She said that the position of urgent care provision in the city remained the same, that demands were increasing, but it was intended to use the information received, listen to what the people of Sheffield have said and refresh the proposals. She added that waiting times in A&E were still too long and there was a need to revisit this to address the problem. It was aimed to build on what the CCG had learned and take a different approach. Kate Gleave then stated that since the Accountable Care Partnership had been set up in Sheffield, care providers and organisations were working closer together in partnership with the public to bring about change.
- 5.5 Members made various comments and asked a number of questions, to which responses were provided as follows:-
- It was recognised that there were health inequalities in deprived areas in the city and the CCG valued working with Councillors who knew the areas of deprivation, by working closer amongst the communities, to be better able to tackle such inequalities.
  - Over the next few months, the CCG would be developing a new set of options for consultation. It will take on board information received from members of the public and what has been learned from the previous consultation and hoped to be in a position by the middle of 2019 to bring these back to the Committee. It was anticipated that the outcome of the consultation would be decided during the Spring, 2020.
  - The CCG have acknowledged the need to improve access to primary care and one of the key areas was accessibility to GPs. It was felt that the general public should be able to see their GP when they need to. There was a need to make better use of resources i.e. workforce, costs, educating the public to what is available, to highlight the differences between minor injuries and minor illness.
  - All of the 81 GPs practices throughout the city received information regarding the consultation, but only 11 specific responses were received. The CCG had many discussions with individual GP practices,

neighbourhoods, localities and the Local Medical Committee before and during the consultation period and all of these were fed into the consultation.

- The CCG is aware of problems facing GP practices throughout the city and is working to support each of them with their individual needs.
- The CCG had received short term funding to improve access to GP services during 2018/19 but the consultation proposals were designed to release long term funding which would have been used to improve same day access within GP practices by employing more Nurse Practitioners, Pharmacists, etc. The CCG was now looking at ways to fill the funding gap that had been created by deciding to reconsider the consultation options.
- Workforce was a big issue and the CCG had to be realistic. It was acknowledged that for neighbourhood working to succeed, there was a need to recognise skills set and redirect staff to work in the right areas. Staff working in a number of different areas with different skills could be redeployed into primary care to provide the necessary services.
- There was a need to review where people live and the services they can easily access. It was acknowledged that many people did not want to attend the Northern General Hospital due to its location and it being difficult to access by public transport for those living in the south of the city.
- There was also a need to recognise that primary care is as important as urgent care and fundamentally about finding the right care from the right person.
- The consultation had cost approximately £50,000. The information gained from the consultation was valuable and would be utilised going forwards, so that it had not been a waste of resources.
- With regard to the number of GPs per patient, Sheffield was currently in a better position than the rest of South Yorkshire, but does expect to reach a similar position as the rest of South Yorkshire over the next 3-5 years. There was a need to attract more nurses with different skills to be able to triage all patients and signpost them to the most appropriate service and clinician.
- There was a need to work together following a direct requirement from NHS England to facilitate improvements in primary care from the NHS regarding extended hours at GP surgeries. It was found that surgeries cannot extend surgery hours by themselves, and needed help to find ways to achieve this.
- It was not considered viable to set up a minor illness service alongside the Minor Injuries Unit at the Royal Hallamshire Hospital as two separate stand-alone units as it was felt that patients might find it confusing and go to the wrong service and it would not be an efficient use of the workforce.

5.6 RESOLVED: That the Committee:-

- (a) thanks those attending for their contribution to the meeting;
- (b) notes the contents of the report and the responses to questions; and
- (c) requests that the CCG keep the Committee updated on progress and brings an update report in early 2019.

## **6. PUBLIC HEALTH OUTCOMES IN SHEFFIELD**

6.1 The Committee received a report of the Director of Public Health giving an update on public health outcomes in Sheffield. The report was self-explanatory and gave a profile of people's health in Sheffield. The aim was to help local government and health services understand the community's needs so that they can work together to improve health and reduce health inequalities.

6.2 Greg Fell, Director of Public Health, gave a brief overview, outlining the differing life expectancies in different parts of the city and the health inequalities in those areas. He gave comparisons between Sheffield and the rest of England of deaths caused by cancer and cardio-vascular disease; infant mortality; teenage pregnancies; obesity in both children and adults; alcoholism, smoking and its related illnesses and death from suicide. He stated that it had been found that obesity in childhood remained a lifelong problem and that 60% of children in the city lived in poverty.

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

- With regard to children being taken into care, there had been a reduction in numbers between 2010 and 2017, however the figures had since started to rise. It was believed that this was an accurate measure to show that children were being abused either physically, emotionally or mentally.
- Numbers of midwives were rapidly decreasing, therefore maternity services were declining and this could be reflected in the numbers in infant mortality rates.
- Every year, the number of winter deaths increased or decreased due to a number of factors. The severity of the winter weather, take-up of flu vaccinations throughout the city and levels of fuel poverty were all indicators.
- NHS England and Public Health Services were investing in intervention and were working closely together to promote healthier lifestyles. With regard to healthy eating there was no single answer. The use of food banks was on the rise and it was hoped that more healthier foods could be given out at the banks and that those using them were made more aware of this.
- The Public Health Service was actively intervening in the type of food

served in hospitals and schools, and was in contact with those companies who supplied sugary drinks to schools, in an attempt at reducing their sale.

- There were projects to raise awareness of child obesity to parents and some schools had already bought into this. It was thought that schools needed to educate families as a whole towards living a better, healthier life.
- Sheffield International Venues has introduced a “sugar tax” in all of its facilities and was the first in the country to do so. Over the past six months, intake of 10million calories have been saved.

6.4 RESOLVED: That the Committee:

- (a) thanks Greg Fell for his contribution to the meeting; and
- (b) notes the contents of the report and the responses to Members’ questions and comments.

## **7. DATE OF NEXT MEETING**

7.1 It was noted that the next meeting of the Committee would be held on Wednesday, 14<sup>th</sup> November, 2018, at 4.00 p.m., in the Town Hall.

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