

Healthier Communities and Adult Social Care Scrutiny and Policy Development  
Committee

Meeting held 15 January 2020

**PRESENT:** Councillors Cate McDonald (Chair), Steve Ayris (Deputy Chair), Sue Alston, Angela Argenzio, Vic Bowden, Lewis Dagnall, Mike Drabble, Jayne Dunn, Adam Hurst, Talib Hussain, Martin Phipps, Jackie Satur and Garry Weatherall

Non-Council Members (Healthwatch Sheffield):-

Lucy Davies

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**1. APOLOGIES FOR ABSENCE**

1.1 No apologies for absence were received.

**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 meeting of the Committee held on 27<sup>th</sup> November, 2019, were approved as a correct record.

4.2 Matters Arising

4.2.1 The Policy and Improvement Officer confirmed that a report on the written responses to public questions would be provided at the next meeting and published on the Council's website.

4.2.2 The Chair stated that she had forwarded the questions raised at the last meeting to the Clinical Commissioning Group and she would report back on their responses to the next meeting of this Committee.

**5. PUBLIC QUESTIONS AND PETITIONS**

5.1 Jeremy Short, on behalf of Sheffield Save Our NHS (SSONHS) asked "what action is the Scrutiny Committee considering taking over the continued closure of the Hadfield Ward of the Northern General Hospital and the loss of 168 beds?"

- 5.2 The Chair, Councillor Cate McDonald, stated that the Policy and Improvement Officer had received a response from Sheffield Teaching Hospitals Trust regarding this matter, which stated that the beds had been re-provided across the Trust Estate and additional capacity had been created to deal with winter pressures and contingencies through two modular wards on the Northern General Site. There had been no adverse impact on service delivery, and work was ongoing to make the Hadfield Ward fit for purpose.
- 5.3 Jeremy Short asked a further question about the costs of the work to the Hadfield Ward and who will pay for it. Councillor McDonald stated that she would contact the Teaching Hospitals Trust and when a response had been received, she would respond in writing and publish the response on the Council's website.
- 5.4 Michael Briscoe stated that he is the Managing Director of a company which provides a service for recipients of direct payments. He referred to a list of management companies which currently provided these types of services in Sheffield and asked if that list could be opened up to the competitive market. Councillor McDonald said that she would contact the appropriate officer of the City Council and provide him with a response.

## **6. NEIGHBOURHOOD AND PRIMARY CARE NETWORK UPDATE**

- 6.1 The Committee received a report of Nicki Doherty, Director of Delivery, Care Outside of Hospital, Sheffield Clinical Commissioning Group (CCG) giving an update on the neighbourhood transformation monies and an overview of the current position since the introduction of the Primary Care Network Enhanced Service.
- 6.2 Present for this item were Sarah Chance (Neighbourhood Development Manager), Anthony Gore, GP (Woodseats Medical Centre) and Clinical Director (Sheffield CCG) and Nicki Doherty.
- 6.3 Anthony Gore stated that as part of the five-year GP contract introduced in April last year, it was agreed that the new Primary Care Networks (PCNs) would deliver seven national service specifications, five of which will come into effect in April 2020. The service specifications form part of the network contract Directed Enhanced Service which was designed to enable general practice to take a leading role in every Primary Care Network. Recently, NHS England launched a consultation on the draft outline specifications for the services and, following strong feedback, a number of concerns had been raised with regard to funding, phasing in requirements and clinical leads and it was felt that little thought had been given to the impact that these specifications would have on PCNs. Dr. Gore said that the potential new services needed time, through joint and collaborative working, to develop and grow over many years.
- 6.4 Members made various comments and asked a number of questions, to which responses were provided as follows:-
- Since the introduction of the neighbourhood way of working, Phase One has

seen some success in building relationships across organisations and the main criteria for Phase Two was the model for change or a new way of working based on the priorities set out in the NHS Long Term Plan to meet the needs of the population, however new phases of the plan were still in the transformational process and details of how these were progressing would be brought to a future meeting of this Committee.

- In one neighbourhood, a piece of work started off around pain management with the Roma Slovak community, and quickly expanded to cover other issues. There has been good engagement with the Roma/Slovak community, the voluntary, community and faith (VCF) sector and GPs and a lot of work done to identify the specific needs of the local community.
- In the Peak Edge network area in the south of the city, a link worker has been engaged to focus on teenage mental health, to identify low level mental health issues, giving support to young people in identifying and managing their condition, thereby preventing escalation of the issues into adulthood. This has been developed with two local secondary schools in the area.
- Some Primary Care Networks have matured quicker than others due to quicker GP engagement. A lot depended on the make-up of practices and it was an ongoing process. It was not a reflection of the service but more about how areas have worked together.
- Each neighbourhood was now providing monthly highlight reports and presenting them at the Neighbourhood Development Group to update and raise any risk or issues that need escalating.
- The Integrated Care System has provided development funds for PCNs, which is separate to clinical funding. Networks are involved in identifying their own development and supports needs – they are not imposed.
- Concerns were raised about possible difficulties for some patients in travelling to a different practice within their neighbourhood. Changes to commissioned services would consider the impact of distance and travel on people using services. Grant funding is being allocated to local organisations to consider this – the Committee asked that information on which organisations have been commissioned be circulated to Councillors.
- Councillors were keen to understand how we will know if this way of working is effective. The response was that it is difficult to measure the impact of neighbourhood working and Primary Care Networks. Specific projects were easier to evaluate. There were some specific measures, but the greater strategic benefits were harder to measure.
- Four years ago, there was little interest from Primary Care in working in a neighbourhood way - now there is demand for it, and a recognition that it is the right thing to do.

- Networks have chosen their own names, and whilst the names might not have much meaning for members of the public, they are recognised by partners and stakeholders.
- At present, each Network receives a recurrent funding of £1.50 per patient for network development and £1.45 per patient for extended hours, however from April 2021, Networks will also receive an extra £6 per head for improving access.
- Concerns were expressed that investment in social prescribing link workers will lead to capacity issues for the VCF as demand increases. The CCG recognised this concern, and the need to ensure that there is capacity, and it was explained that the PCNs are working closely with People Keeping Well Partnerships. Joint Commissioners are also aware of the VCF capacity issue and are considering this further.
- The national Primary Care contract is based on raw capitation, and does not factor in health inequalities or deprivation. However, there is locally led innovation going on, based on need, and designed to target local inequality issues. Councillors were keen to express their concerns that investment in Primary Care should reflect inequalities in the City, and agreed that the Chair should write to the Secretary of State on this issue.
- The CCG reported that conversations were happening amongst the Clinical Directors of Primary Care Networks in the City, and a recognition that there was a need to make sure that investment follows need, to reduce inequalities and strengthen partnership working at a neighbourhood level by delivering integrated models of care.
- Social prescribing infrastructure is local in nature so there should not be a need for people to travel across the city to access services.
- Invitations would be sent to Members of the Committee to attend the Landing Event of Phase 1 of the Transformation and the launch of Phase 2. The aim was to make sure Leaders engage with local Councillors and take up their offer of help and support.

6.5 The Chair stated that she would write to the Secretary of State to make sure the voices of local people were heard. Dr. Gore said he would be happy to assist with this.

6.6 RESOLVED: That the Committee:-

- (a) thanks Sarah Chance, Dr Anthony Gore and Nicki Doherty for their contribution to the meeting;
- (b) notes the contents of the report and the presentation and the responses to the questions; and
- (c) raises the following issues:-

- the Committee is keen to understand how and when we will be able to assess the impact of the network and neighbourhood working arrangements.
- the Committee looks forward to seeing the outcome of the work being done to ensure that there is sufficient capacity within the VCF to meet the demands of social prescribing.
- the Committee agreed that the Chair would write to the Secretary of State to express the Committee's concerns that national funding for Primary Care is not addressing health inequalities.
- the Committee is keen to see that work is undertaken to ensure that Councillors are linked in to Primary Care Networks and aware of what is going on locally within Primary Care.
- The Committee is keen to see that travel and transport is a consideration as this work develops, ensuring that people are not disadvantaged by services being located in different parts of a neighbourhood.

## **7. LOCALITY SOCIAL CARE AND SOUTH EAST NEIGHBOURHOOD WORKING UPDATE**

- 7.1 The Committee received a report giving an update on Locality Social Care and South East Neighbourhood Working. The report described the various values, principles and elements that make up locality working in Adult Social Care and neighbourhood working within communities.
- 7.2 Present for this item were Dr. Tim Gollins, Head of Localities, Adult Social Care and Lorraine Wood, Head of Communities, Libraries, Learning, Skills and Communities.
- 7.3 Tim Gollins gave a brief introduction to the report, stating that Locality Social Care had been introduced two years ago and referred to the key challenges, solutions, training and development for staff.
- 7.4 Members made various comments and asked a number of questions, to which responses were provided as follows:-
- It was difficult to give specific timescales for measuring impact of and progress of the locality social work model, but better performance is expected over the coming two years.
  - An evaluation was taking place with regard to the South East Neighbourhood Hub and that should be complete by the end of March and a report would be taken to Cabinet before any decisions are taken about wider roll out.

- Risks were assessed through the Adult Social Care Leadership Group. The risk register is reviewed regularly and mitigations identified.
- There was recognition that the move towards locality social work was challenging in terms of specialisation. Some groups were affected more than others, e.g. Learning Disability and Continuing Healthcare, and there has been a range of experiences. Workshops on Learning Disabilities and Autism are planned for this year.
- In localities, a series of workshops were scheduled to start in the next quarter and will continue to run throughout the year, focussing on thematic elements and the standards that need to be met.
- Locality arrangements are about putting teams together so that there is a single point of contact. At present, people go to their nearest contact centre for issues to be resolved. In the long term they will go to localities. The risk of a 'postcode' lottery was acknowledged, and work was ongoing to set service wide standards whilst giving flexibility for services to innovate.
- Connecting Practices and how they support each other, their workforce and people was very much work in progress.
- 16 workshops have been very successful in identifying different professionals to give support to one person. Within the South East of the city, the Clinical Commissioning Group are supporting the City Council with the implementation of the HUB, providing the "Team around a Person" approach to care.
- The South East Neighbourhood Hub was already working alongside local Ward Councillors.

7.5 RESOLVED: That the Committee:-

- (a) thanks Dr. Tim Gollins and Lorraine Wood for their contribution to the meeting;
- (b) notes the contents of the report and the responses to the questions;
- (c) looks forward to seeing the development and further embedding of locality working across the City, and is keen to see evaluations, especially around the loss of specialisation and how this has affected people;
- (d) is keen to see the evaluation of the multi-disciplinary hub model, and understand how it can be mainstreamed and the implications of rolling out the model across the city; and
- (e) is keen to see that there are consistent, city wide social work standards, and that we get the key things right for everyone across the city.

**8. WORK PROGRAMME**

8.1 The Committee received a report of the Policy and Improvement Officer which set out the Committee's Work Programme for 2019/20.

8.2 RESOLVED: That the Committee:-

- (a) approves the contents of the Work Programme 2019/20;
- (b) notes that Continuing Healthcare would be considered at the March meeting of the Committee, and that the issues raised at the last meeting regarding Continuing Healthcare would be considered then; and
- (c) notes that the NHS Annual Quality Accounts would be circulated to Members for comment via email in March/April.

**9. DATE OF NEXT MEETING**

9.1 It was noted that the next meeting of the Committee will be held on Wednesday, 26<sup>th</sup> February, 2020, at 4.00 p.m., in the Town Hall.

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