

Health Scrutiny Sub-Committee

Meeting held 21st June 2022

PRESENT: Councillors Ruth Milsom (Chair), Steve Ayris (Deputy Chair), Vic Bowden, Abtisam Mohamed, Anne Murphy, Kevin Oxley, Martin Phipps, Garry Weatherall.

Lucy Davies, HealthWatch Sheffield representative.

1. WELCOME AND HOUSEKEEPING

1.1 The Chair welcomed attendees to the meeting and outlined housekeeping arrangements.

1.2 The Chair explained that the Committee would be taking the agenda items in a different order to that which had been published – items 1-6, then 8, 9, 7.

2. APOLOGIES FOR ABSENCE

2.1 Apologies were received from Councillor Gail Smith with Councillor Vic Bowden as substitute.

3. EXCLUSION OF PRESS AND PUBLIC

3.1 No items were identified where resolutions may be moved to exclude the public and press.

4. DECLARATIONS OF INTEREST

4.1 Councillors Abtisam Mohamed, Garry Weatherall and Martin Phipps declared a personal interest in relation to item 8 on the agenda, as patients of GP surgeries involved in the proposals.

4.2 Lucy Davies, HealthWatch Sheffield representative, declared a personal interest (once appointed) in relation to item 8, as a patient of a GP surgery involved in the proposals.

4.3 Councillor Ruth Milsom declared a personal interest in relation to item 7, knowing a user of the service under discussion.

5. PUBLIC QUESTIONS AND PETITIONS

5.1 Two questions were received from Michael Suter, Chair of Sheffield Save our NHS. These were read out by the Policy & Improvement Officer:

5.2 Q: The new South Yorkshire Integrated Care System Board has not consulted

with the public on their constitution or responded to members of Sheffield Save Our NHS about the new constitution. This does not bode well for public accountability and transparency. Can the Sheffield Health scrutiny committee ensure all meetings of the ICS/ ICB are in public and the public are allowed to submit questions? Can the ICB confirm that no private companies will be members of the Board. Why has there been no consultation with the public, as there has been in other parts of England and Wales in the setting up of the Board and its functions?

The Policy and Improvement Officer confirmed that a response had been requested from the Integrated Care Board, and would be sent to the questioner and members of the sub-committee once received.

- 5.3 Q: Since the CQC audit of Sheffield Teaching Hospitals last year where they found the Trust was no longer good but requires improvement. Has the Health Scrutiny Committee followed this report up by monitoring any improvements in the health care specifically has there been an increase in staffing levels if so can you report on them. Has the mental health services improved and can you find out what improvements have taken place. The maternity services are of particular concern due to the ongoing staffing shortages and the safety levels for patients. Can you inform the public on whether the maternity services have improved and find out what the staffing levels are at present.

The Chair confirmed that these issues would be added to the Committee's work programme, and a written response sent to the questioner.

6. CO-OPTION OF HEALTHWATCH REPRESENTATIVE

- 6.1 The Policy & Improvement Officer presented a report asking the Sub-Committee to co-opt a (non-voting) HealthWatch Sheffield representative to the Committee for the 2022/23 year. This would provide a framework for the statutory relationship between Health Scrutiny and HealthWatch, and strengthen the sub-committee's approach to public engagement as HealthWatch Sheffield will feed the views and experiences of local people into scrutiny discussions.

- 6.2 The report explained that in previous years HealthWatch Sheffield was appointed as an 'Observer' member to Health Scrutiny by full council, but under the new Council Procedure rules the Sub-Committee can appoint co-opted members itself.

- 6.3 **RESOLVED UNANIMOUSLY** that the Health Scrutiny Sub-Committee:-

Co-opts a HealthWatch Sheffield representative to the Health Scrutiny Sub-Committee for the 2022/23 municipal year.

- 6.4 The Chair welcomed Lucy Davies, Chief Operating Officer HealthWatch Sheffield, as a co-opted member of the sub-committee.

7. PROPOSAL TO RELOCATE STEP DOWN BEDS FROM WAINWRIGHT CRESCENT TO LIGHTWOOD HOUSE

7.1 Greg Hackney, Senior Service Manager, Sheffield Health and Social Care NHS Foundation Trust, and Heather Burns, Deputy Director Mental Health Transformation, NHS Sheffield Clinical Commissioning Group presented a report seeking the sub-committee's view on whether proposals to relocate Step Down beds from Wainwright Crescent to Lightwood House constitute a 'substantial change' to the service and therefore require formal consultation with the Health Scrutiny Sub-Committee.

7.2 The Sub-Committee heard that the current site at Wainwright Crescent does not support the provision of dignified, respectful of modern community-based care; and that there were significant limitations to making meaningful improvements to the current building. The report stated that moving the service to Lightwood House would provide therapeutic care and support in a modern facility; dignity and privacy; meaningful activities through more and flexible private and communal space and better local leisure facilities. The proposal would result in a reduction of 1 bed, however improvements to patient flow would mitigate this.

7.3 In response to concerns that moving the site further to the south of the city may deter some patients from using the (voluntary) service, NHS representatives felt that the improvement in quality to the service as a result of the move would be likely to encourage uptake of the service – but that more work would be done to look at this.

7.4 Members of the Sub-Committee welcomed the opportunity to visit the site.

7.5 **RESOLVED UNANIMOUSLY:** That the Health Scrutiny Sub-Committee:-

1. Does not consider the proposal to relocate step down beds from Wainwright Crescent to Lightwood House to be a 'substantial service change' and therefore does not require further formal consultation with the Sub-Committee.
2. Requests a progress report come back to the sub-committee in 6 months; to include information on whether the move has affected demand for the service, and an offer of a site visit for members of the sub-committee.

8. PRIMARY CARE ESTATE TRANSFORMATION PLANS AND ENGAGEMENT FINDINGS

8.1 Representatives from NHS Sheffield Clinical Commissioning Group - Abigail Tebbs, Deputy Director of Delivery, Primary Care Estates and Digital, Lucy Ettridge, Deputy Director, Communications, Engagement and Equality and Dr Terry Hudson, Chair (apologies from Jackie Mills, Director of Finance) – attended the meeting to present a report on a programme to invest and transform primary

care in three areas of the city, including the proposal to build 5 new health centres.

8.2 The Sub-Committee discussed the report, which set out the Draft Pre-Consultation Business Case (PCBC), the Pre-Consultation Engagement Findings, and the draft consultation plan and asked for the Sub-Committee's consideration and comments prior to approval for the PCBC and consultation being sought from the CCG's Primary Care Commissioning Committee at its meeting on the 23rd June 2022.

8.3 The Sub-Committee expressed comments and concerns on the reports. The Health Scrutiny Sub-Committee:-

1. Is concerned that there may be some inaccuracies in the way the survey data from the pre-engagement exercise was analysed - specifically around the 'net agree' figures and how 'neutral' responses may have been counted.
2. Is disappointed that the 'Carry Forward' options from the long list will not be included in the consultation, and would like the PCCC to look carefully at whether the 'carry forward' offers could be viable.
3. Is concerned that the Pre-Consultation Business Case does not adequately address or mitigate:
 - Negative impacts identified through the Equality Impact Assessment
 - Negative patient responses from the pre-consultation engagement around ability and willingness to travel further to access services.
4. Is concerned that the low response rate to the pre-consultation engagement (2%) undermines its findings, and runs counter to the NHS '4 tests for service change' requirement around strong public and patient engagement.
5. Is concerned that the travel times to new sites have not been properly considered in this process, and has doubts around the accuracy of some of the walking travel times as set out in the Pre-Consultation Business Case – eg local members felt that walking from Burngreave Surgery to Spital Street in 4 minutes would be challenging.
6. Is disappointed that travel by bus was not considered as a factor in identifying suitable locations for the new sites.
7. Is concerned that the proposals don't address the fundamental issue facing patients trying to access primary care - the lack of GP appointment availability.
8. Is concerned that the proposals will result in an increase in travel - running counter to the City's ambitions around carbon reduction and '15 Minute Neighbourhoods'.
9. Thinks that the consultation document should be clearly and informatively set out – making it clear how this consultation is different to the pre-consultation engagement process; and addressing upfront the issues raised through that engagement. Committee members welcome the opportunity to

be involved in the 'Readers Panel'.

8.4 RESOLVED UNANIMOUSLY: That the Health Scrutiny Sub-Committee:-

Agrees to submit its comments and concerns on the Primary Care Estate Transformation Plans, as set out in 8.3 above, to the meeting of NHS Sheffield Clinical Commissioning Group's Primary Care Commissioning Committee on the 23rd June 2022.

9. ICB UPDATE

9.1 Present for this item were Joe Horobin, Director of Integrated Commissioning, Sheffield City Council and Dr Terry Hudson, Chair, NHS Sheffield Clinical Commissioning Group. Apologies were received from Jackie Mills, Director of Finance, NHS Sheffield CCG.

9.2 A briefing on the NHS reforms was provided, setting out the current and future structures and relationships in Sheffield, and explaining the NHS and Social Care System in Sheffield.

9.3 The Sub-Committee heard that the governance arrangements for the new system were still evolving and further updates could be brought to future meetings – but that the changes provide an opportunity to reshape relationships across commissioning and delivery to get the best outcomes for localities, neighbourhoods and residents across the city. Maintaining accountability to local people, and a commitment from the system to 'place' and neighbourhood level would be important in this. The transition from CCG to ICB will remove the leading role that local clinicians have played in the health and care governance system, and maintaining the local insight, intelligence and accountability that this provided will be key.

9.4 It was confirmed that there is no local accountability of the ICB Chair written into the ICB constitution. The ICB Chair will be accountable to the Secretary of State.

9.5 It was expected that Local Authority representation on the Integrated Care Board would be a Chief Executive. There may be opportunities for elected member involvement in the Integrated Care Partnership, but no detail was available yet.

9.6 RESOLVED: That the Health Scrutiny Sub-Committee:-

Notes the update with thanks, and looks forward to future discussions on this issue.

10. ANY OTHER BUSINESS

10.1 The Chair agreed to email members of the Sub-Committee for suggestions for the work programme.

- 10.2 Further to the public question on CQC inspections, the Chair stated that an item would be included in the work programme for the Trusts to give an update on their CQC inspection improvements plans – to include information on staffing levels, maternity services and mental health services.