SHEFFIELD CITY COUNCIL

Health Scrutiny Sub-Committee

Meeting held 25 January 2023

PRESENT: Councillors Ruth Milsom (Chair), Steve Ayris (Deputy Chair), Mary Lea, Abtisam Mohamed, Kevin Oxley and Gail Smith

1. COUNCILLOR ANNE MURPHY

1.1 The Chair, Councillor Ruth Milsom, referred to the recent death of Councillor Anne Murphy, who had passed away shortly before Christmas. Councillor Milsom said that Councillor Murphy had worked tirelessly as a Councillor over a number years and asked those present to stand and observe a minute's silence in Anne's memory.

2. APOLOGIES FOR ABSENCE

2.1 An apology for absence was received from Lucy Davies (Healthwatch).

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 There were no declarations of interest.

5. MINUTES OF PREVIOUS MEETINGS

5.1 **23rd November, 2022**

5.1.1 The minutes of the meeting of this Sub-Committee held on 23rd November, 2022, were approved as a correct record.

5.1.2 The Chair referred to Item 6.12, which stated that Greg Fell would report back to this Sub-Committee regarding mobility training at GP surgeries and asked the Policy and Improvement Officer to follow this up.

5.2 **7th December, 2022**

5.2.1 The minutes of the meeting of this Sub-Committee held on 7th December, 2022, were approved as a correct record, subject to an apology for absence from Councillor Abtisam Mohamed being recorded and at item 5.4, the word 'Edley' be changed to read 'Edney'.

6. PUBLIC QUESTIONS AND PETITIONS

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

7. CQC INSPECTION FRAMEWORK

7.1 The Chair stated that the report on this item of business had not been received. She said that a report would be submitted to a future meeting of the Adult Health and Social Care Policy Committee.

8. CAMHS CQC INSPECTION - UPDATE

8.1 The Sub-Committee received a report giving an update on the Child and Adolescent Mental Health Services (CAMHS) that had been inspected by the Care Quality Commission (CQC) during 2022.

8.2 Present for this item were Yvonne Millard (Chief Nurse, Sheffield Children's Hospital and CQC Lead) and Dr. Jeff Perring (Executive Medical Director, Sheffield Children's Hospital).

8.3 Yvonne Millard stated that the Sheffield Children's NHS Foundation Trust was responsible for the provision of Child and Adolescent Mental Health Services (CAMHS) in the city, treating children and young people with a range of difficulties that seriously impacted on their mental health and emotional wellbeing. Inpatient services were provided at three lodges. These were the Sapphire Lodge, a 10 bedded unit for 13 to 18 year olds, the Emerald Lodge had nine beds for children aged between eight and 13, and the Ruby Lodge which had seven beds for children and young people with mental health issues and learning disabilities aged between eight and 18. She said community services were available widely across Sheffield supporting children with a variety of problems such as anxiety, anger and aggression, Attention Deficit Hyperactivity Disorder ADHD, Autistic Spectrum Disorders (ASD), self-harm, eating disorders etc.

8.4 Dr. Jeff Perring referred to the inspections that had been carried out for Inpatient and Community CAMHS during July, 2022 and had been rated as "good". He said that following the pandemic, the CQC had been tight on their inspection regimes, so the Service was quite proud to have maintained their status. Dr. Perring said that the biggest challenge facing the Service was reducing waiting lists so there was some medium to longer term work required to address this. He said Sheffield had also carried out a system review of CAMHS under the Mental Health Act which involved partners Sheffield Teaching Hospitals and Sheffield Health and Social Care NHS Foundation Trusts. There were conflicting interpretations of the review for all providers regarding the availability of services and their access criteria, and a system wide action plan had been put in place to address this. He said the Ruby Lodge at the Becton Centre in Beighton, was a seven bed CAMHS ward for children aged eight to 18 with learning disabilities and mental health difficulties and was commissioned by NHS England and looked after young people from all over the country. The aim of the Unit was to deliver services in a timely, sensitive and compassionate manner, with a vision is to improve the well-being of those using the service by delivering high quality, evidence-based care. Inspections at the Unit were carried out completely unannounced. Dr. Perring said two beds on the ward had been closed since the COVID-19 outbreak and that five

beds were currently not being used due to the patient mix on the ward and the staffing levels, and an action plan had been put in place to address this.

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

- Work to reduce waiting times for people to access the Services was ongoing. The number of young people accessing the Service had significantly increased since the pandemic. Other areas and ways of supporting young people were being explored, and an external provider was carrying out online risk assessment sessions with young people, giving them support whilst waiting for a full assessment, and also identifying earlier intervention to prevent young people reaching crisis point before being able to access the Service. This was freeing up time to allow the Teams to be able to concentrate on those already using the Service.

- Waiting times were still significantly longer than the Service wanted them to be and whilst extra funding would help, one of the biggest problems was the availability of staff to be recruited. There was a relatively small number of trained mental health workers, so it was not easy to recruit. A workforce review of CAMHS had recently been completed and that had resulted in some uplifting of some bands and additional senior posts had been created in an attempt to retain and attract more staff. Due to the shortage of nurses, and particularly fully trained mental health services, a model was now in place where traditionally, a nurse to be able to work in the CAMHS had to be trained in mental health, the Service was now moving away from this, in a safe way, to recruit experienced children's nurses who had a wide range of nursing skills.

- A Liaison Service for 16- and 17-year-olds was provided by Sheffield Health and Social Care at the Northern General hospital and provided the full breadth of care as would be given to adults who presented at the A&E Department with mental health problems. The Sheffield Health and Social Care team at the Northern General Hospital provide a range of mental health, learning disability and substance misuse services to the people of Sheffield and some of the specialist services support people from across the region. The Team was supported by a CAMHS psychiatrist who could be called upon 24 hours a day, seven days a week if required.

- There was very strict guidance around restraining children and was always used as a last resort. In cases where it was found to be necessary to restrain patients, four or five trained members of staff would be required to carry out the procedure safely. At Sheffield Children's Hospital, there were in-house support officers who were all trained and could be called upon. All training was monitored and where it had been necessary to restrain a child, it was reported and recorded in the monitoring system.

- With regard to caseloads, one model of care that was currently ongoing was more group work to ascertain whether it was beneficial to involve five or six patients as a group rather than just one person at a time. CAMHS

had worked with an external provider for the past two years and had built up a good relationship with them. The Service was confident that should the provider have any problems, these would be referred to CAMHS. Whilst it was not ideal, it was a reasonable solution. There was an increase in the number of referrals to CAMHS since the pandemic.

- An initial risk assessment was carried out on first referral. If someone was deemed to be at high risk, they would be seen within two to three weeks.

- Work was being carried out regarding transition for 17-year-olds so that they were not cared for under one system and then have to move into a different, adult system. It was agreed that a report on this would be brought back to this Sub-Committee on progress being made around transition.

- The Service does engage with parents and carers of children, but it was acknowledged that more needed to be done to offer support to families whilst their children were waiting for an appointment. Work was being carried out to improve support being given to families with a real opportunity to engage more fully with them.

- CAMHS had a very good relationship with universities, but student mental health nurses were very limited. Sheffield Teaching Hospitals engaged with students about the possibility of them becoming mental health nurses, but more needed to be done earlier than university level to attract students to train as mental health staff, possibly by introducing the courses available at Year 10 level in schools.

- All medical students on rotation had a paediatric placement at the Children's Hospital as part of their training, and it was felt that there was a need to inspire these students to return to return to paediatrics and psychiatry once qualified.

- Due to over-recruitment in paediatrics staff in recent years, Sheffield was fortunate that at present there were very few vacancies.

- CAMHS had recently engaged with the Youth Forum which was made up of new and former patients who were very articulate in their views. CAMHS was very much involved with the Children and Young People's Empowerment Project (Chilipep), a charity dedicated to raising the voice of children and young people, giving them the platform to shape their world and stay connected and through this, it had been found that there was a need to refresh the parent/carer strategy, possibly by becoming more digital.

- Workforce planning was about making the culture of the organisation an attractive choice for staff to come and work in Sheffield, by making Sheffield the employer of choice. The mental health crisis was not going to go away, there needed to be a large pool of staff.

- CAMHS services were commissioned through three different routes, some

through NHS England, some through provider collaboratives and some services through the Integrated Care Board.

· It was acknowledged that more work needed to be done within primary care to offer support to families whilst awaiting assessment.

8.6 RESOLVED: That the Sub-Committee:- .

(a) thanks Yvonne Millard and Dr. Jeff Perring for their contribution to the meeting;

(b) notes the contents of the report, and;

(c) requests that reports be brought back on the following:

- the Community Engagement and Co-Design Programme;
- the Recruitment Strategy; and
- the 17-18 year old Management Strategy.

9. SHEFFIELD TEACHING HOSPITALS QUALITY STRATEGY

9.1 The Sub-Committee received a report on Sheffield Teaching Hospitals Quality Strategy.

9.2 Present for this item were Jennifer Hill (Medical Director (Operations) and Angie Legge (Quality Director), Sheffield Teaching Hospitals Trust.

9.3 Angie Legge said that the Quality Strategy was structured around safety, and the key principle was the need to engage better with the public.

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

· Improvements for minority groups was not referenced in the strategy. There was a need to engage with groups that hadn't previously been contacted, to listen to them to find out what was required to make improvements, as quite often simple changes could be made to make a difference. This was a draft strategy, and the Trust was aware that it needed to listen more.

· A "what matters to you" conversation was held early on when planning discharge from hospital, the emphasis was on individual personal care.

· With regard to friends and families, a lot more could be done by listening to them and lessons learned from those who had spent long periods of time in hospital and the impact on them and their families. Perhaps by contacting former patients and families a couple of weeks after discharge when they have had time to reflect on their stay in hospital would be beneficial.

· There was Central Data Collection Team driving the need for change. Nurse recruitment levels were significantly better than they were three

years ago, however delays in discharging patients from hospital beds placed added pressures on nurses, but it was hoped that winter pressures would ease which would help with the safety of all.

- There was a need to identify in which areas were paperwork heavy, make changes to give staff more time to carry out other essential safety duties.

- The strategy had been influenced by the first National Patient Safety Strategy which incorporated plans to implement the requirements of that Strategy to include and expand the role of Patient Safety Partners to support safety improvement programmes, strengthening how we manage and learn from incidents through implementing the new Patient Safety Incident Response Framework (PSIRF), and continuing to strengthen our safety culture. Work was ongoing with Human Resources Team around training and making sure that the teaching was helpful and purposeful. Sheffield was on course to ensure that all its staff were fully trained with regard to safety.

- Training in Sheffield was much better, now back up to acceptable levels and this was regularly monitored, there had been a huge improvement in staff numbers. Inpatient ward staffing levels had been up to speed but there was a need to address staffing levels and how incident pressures affected those working in A&E.

- The Trust were always looking to see if what they were doing, they were doing it well and tuned into the National Safe Patients Network to ensure that it continuously improved patient safety and built on the foundations of a safer culture and safer working systems.

RESOLVED: That the Sub-Committee:-

(a) thanked Jennifer Hill and Angie Legge for their contribution to the meeting; and

(b) requested that a report on Patient Engagement be brought to a meeting of this Sub-Committee.

10. WORK PROGRAMME

10.1 The Chair, Councillor Ruth Milsom, explained that this item had not been included on the agenda but requested that it be considered as an urgent item of business.

10.2 The Policy and Improvement Officer circulated a copy of the report on the Work Programme and Members considered items of business to be brought to the March meeting of the Sub-Committee.

10.3 RESOLVED: That the Sub-Committee agreed the Work Programme as set out in report. ???