

Health Scrutiny Sub Committee – 21st December 2023

Petitions and Questions Received from Members of the Public

Name	Question	Response
Paul Sugars	<p>Question: (Relates to Item 7- Continence Services)</p> <p>Introduction <i>Thank you Chair for the opportunity to pose questions to the Council's Health Scrutiny Committee today.</i></p> <p>Context <i>The context to my questions is the lived experience of my 87-year-old father-in-law and his family of continence services in Sheffield since his discharge from the Royal Hallamshire Hospital ("RHH") to his own home late last month for end-of-life care and how that experience evidences progress against the recommendations made by this committee in its 2020 report into continence services across the city, in particular those at paragraphs 4.3.5 and 4.4.5 encouraging better feedback from service users and improvement in waiting for continence assessments respectively.</i></p> <p>Questions <i>My questions are as follows:</i></p> <ol style="list-style-type: none"> <i>1. Why could the Continence Service only offer an assessment several weeks after hospital discharge and given the patient's continence needs are unchanged irrespective of the care setting, why could his continence assessment not have been performed prior to discharge from RHH?</i> <i>2. Why, following assessment, is there a further significant wait for the provision of continence wear? Is this aspect of the service outsourced and if so, what are the contractual service level agreements governing the service and how can they be improved?</i> <i>3. Given the inability of the Continence Service to promptly undertake an urgent assessment of the patient's needs, the 7-days' continence wear provided upon discharge was clearly insufficient. In view of the 'person-centred care' principle described in the 2020 report, who determines that 7-days' continence wear is sufficient for patients and on what factual basis is such a determination made?</i> <i>4. Confronted with the certainty that continence wear would quickly run out, the family has purchased a supply at its own expense, which will almost certainly need to be repeated given the timelines quoted by the Continence</i> 	<p>Dr Zak McMurray, Medical Director (Sheffield), South Yorkshire ICB</p>

	<p><i>Service. This clearly contravenes the principle that Continuing Health Care be provided free at the point of delivery to qualifying patients. Who will reimburse the family for this and how?</i></p> <p>5. <i>Despite repeated requests to RHH that community-based care bodies such as the Continence Service be part of the discharge planning, none attended any of the meetings. What is standard practice for the involvement of community services in planning Continuing Healthcare hospital discharge and if they are not part of the process, should they not be so?</i></p> <p>6. <i>Given that the Scrutiny Committee has previously raised concerns about hospital discharge and made recommendations in 2020 on how to improve outcomes, why is it that similar problems continue to occur, in contravention of the principle of ‘person-centred care’?</i></p> <p>Response:</p> <p>Response will be given at the meeting and published in the minutes.</p> <p><u>Agenda for Health Scrutiny Sub-Committee on Thursday 21 December 2023, 10.00 am Sheffield City Council</u></p>	
James Martin	<p>Question: Relates to Item 8 City Centre GP Hub Update</p> <p><i>The following questions relate to the original health centre hub projects (i.e. separate from the City Centre item later in the agenda). I ask the committee to revisit the response we gave on the 10th of November to the request for input from this committee on this matter. The following questions give a summary of specific points for the ICB which the committee might wish to probe:</i></p> <ol style="list-style-type: none"> 1. <i>Whether the ICB contract with the third-party architecture firm working on the new health centres locked in the requirements for the collaborative/co-design approach to cover accessibility and other community input?</i> 2. <i>Whether the selection criteria for appointing the chosen firm included either invited or volunteered commitments to community engagement <u>and</u> accessibility engagement?</i> 3. <i>What action the ICB has taken to hold their contractor to account (if in contract or the basis of picking one firm over another) or other action taken to influence the outcome?</i> 	Mike Speakman, Programme Manager, NHS South Yorkshire ICB

4. *Has the ICB been told either verbally or in writing that community engagement and accessibility engagement are not a requirement of the contract?*

Finally, noting the item 8 on your agenda today for which at the time of writing there are no papers: we have had no approach from the ICB or another organisation regarding the City Centre health centre plans. Therefore, I refer to the original concerns, that ICB has lost interest in input that they had stated would happen in both previous papers and answers to the committee.

5. *Has any outreach on accessibility happened at all for the City Centre plans?"*

Beyond the question the last contact on the topic was on the 27th of July and purely mentioned the planning application.

Response:

The Primary Care Hubs are being designed by a specialist practice of healthcare architects. The appointment is via a framework operated on behalf of Sheffield City Council, who will ultimately award any contract and own the premises that are proposed (not the ICB). The process being followed is called Design & Build (D&B) and the detailed design elements have not yet been fully determined, and will not be until an award of contract is made and Stage 4 design is commenced. However, we fully acknowledge the commitments made during the public consultation processes and confirm the requirement to engage on matters of accessibility and community input is included in all professional team instructions.

The work undertaken to date has drawn on extensive experience in designing healthcare premises and the issues raised by stakeholders so far. In summary we fully support and welcome the input of stakeholders in determining and shaping design parameters when we reach this stage of design. Timescales for each scheme will be different but this can be expected to commence from around February 2024

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