SHEFFIELD CITY COUNCIL

Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee

Meeting held 19 March 2014

PRESENT: Councillors Mick Rooney (Chair), Sue Alston, Janet Bragg, John Campbell, Roger Davison (Deputy Chair), Tony Downing, Adam Hurst, Martin Lawton, Jackie Satur, Diana Stimely, Garry Weatherall and Joyce Wright

Non-Council Members (Healthwatch Sheffield):-
Helen Rowe

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1. APOLOGIES FOR ABSENCE

1.1 An apology for absence was received from Councillor Katie Condliffe.

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 15th January 2014, were approved as a correct record. The Committee also noted the Action Update attached to the minutes and, arising from their consideration, the Chair, Councillor Mick Rooney, reported, in connection with Hospice Care in Sheffield, that the Committee had received a letter of response from Ian Atkinson, Accountable Officer, NHS Sheffield Clinical Commissioning Group (CCG), a copy of which had been circulated to Committee Members, which confirmed that the CCG had extended their contract with St Luke's Hospice from one year to two years, effective from 1st April 2014, and proposing that, by the end of June 2014, the CCG would work with the Hospice to produce a joint Contingency Plan. The Committee considered that their concerns had been taken on board and were pleased with the steps that had been taken by the CCG.

5. PUBLIC QUESTIONS AND PETITIONS

5.1 In response to a public question regarding dementia friendly training and links to Ward level plans, the Chair, Councillor Mick Rooney, stated that discussions were taking place with regard to piloting dementia friendly areas in the City and that he would find out more and send a written response to the questioner.

6. SHEFFIELD CHILDREN'S FOUNDATION TRUST ANNUAL QUALITY REPORT 2013/14

6.1 The Committee received a report of the Director of Nursing, Sheffield Children's Foundation Trust, to which was appended a draft of the Trust's Annual Quality Report 2013/14, which summarised the performance of the Trust in 2013/14 in relation to quality of care. It set out the quality priorities for 2014/15, which had been arrived at in consultation with user families, governors and agency partners.

6.2 As a preliminary, the Policy and Improvement Officer, indicated that, as there had been no formal feedback from Healthwatch Sheffield, the intention of this meeting was to discuss and capture comments on the draft Annual Quality Report and then delay a formal response until the consultation with Healthwatch Sheffield had been completed.

6.3 In attendance for this item was John Reid, Director of Nursing, Sheffield Children's Foundation Trust, who referred the Committee to the draft report, making particular reference to the fallout from the Mid Staffordshire Public Inquiry, Children's Psychiatry and the building of the new hospital wing. He added that a plain English version of the report would be produced when it had been finalised.

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

- The 2014/15 priorities reflected comments from the Trust's governors, clinicians and surveys for improvements. Other priorities had stemmed from the recommendations of the Mid Staffordshire Public Inquiry and the fact that the Children's Psychiatry Service was overwhelmed.

- The outcomes of the actions relating to newborn screening in the Neonatal Surgical Unit were that the Children's Service received a handover communication which was reported on regularly and the results of a health visiting survey, which had been commissioned in January, would be placed on the Trust's website in March and reflected in the final Annual Quality Report.

- All complaints were regarded as valid and were used as a learning tool. They were all reviewed and responded to and this had resulted in an improved service. A Governors' Group examined a sample of anonymised complaints, which was a procedure set out by the National Patient's Association. It was also proposed to check that all responses were compassionate.

- Selection and training of staff included the potential to care and be part of a team.

- Psychological illness in children was difficult to define as they were in the process of development, but one major sign of this was when anxieties interfered with their normal life. From the ages of 8 to 9 upwards, attempts were made to treat children with psychological illnesses as outpatients but sometimes it was necessary to have them admitted. There had been an

upswing in eating disorders and self-harming and strategies were devised involving both therapy and exercise to address these conditions. The City had two units with a good success rate, but it should be appreciated that there was no quick fix. Referrals were usually made by GPs, schools or relatives.

- Attention Deficit Hyperactivity Disorder (ADHD) was measured by how much it prevented normal life, such as being unable to participate in education or becoming involved in the criminal justice system. The Trust tended to use talking therapies to address this condition, with the use of drugs being avoided unless absolutely necessary. In cases where drugs were used, physical monitoring took place to assess any side effects.

- In relation to psychological services, the Commissioners were anxious to ensure that nothing was missed in the transition from child and adolescent to adult services.

- In relation to prescribing antipsychotics for children and adolescents, it was proposed to explore the possibility of a joined up protocol with GPs.

- The friends and family test was a national one, with the question being directed to the parents of children under 8 and with children over 8 being asked directly.

- A contract had been agreed at the beginning of the year with NHS England in relation to payment for referrals to the Children and Adolescent Mental Health Service (CAMHS) at the Becton Centre from other parts of the country.

- In relation to the Patient Experience surveys, the Trust was looking at detail, with anything less than 'excellent' indicating a problem. Benchmarking was undertaken against other Trusts, with the Sheffield results comparing favourably.

- It was a truism to say that in all acute services there was a difference in service at weekends. Clinics were held on weekdays and at weekends it was emergencies which tended to be dealt with. Evening clinics were to be introduced and it had been noted that there was an upsurge in Accident and Emergency admissions during the week. On weekdays, there were different teams working, different diagnostic services available and different access to laboratories. There was a need to change to deal with changing public expectations and work-life balance, and it was intended to provide a different, but not worse, service at weekends.

- Difficulties were experienced in the week in relation to pharmacy waiting times at the Children's Hospital, as children preferred liquid medicines, which commercial pharmacies tended not to stock. The pharmacy at the Hospital had now introduced pagers to help reduce queues at the pharmacy counter.

- The Director of Nursing assessed the nursing established with a Senior Nurse twice a year and at the entrance to each ward there was a noticeboard giving details of staffing.

- In an attempt to reduce pharmacy waiting times for patients awaiting discharge, ward based pharmacists had been introduced who would write up prescriptions for such patients.

- Whilst there was only one formal complaint relating to car parking, it remained that this was the biggest source of feedback received. The main source of complaints relating to care and treatment were as a result of parents disagreeing with diagnosis and treatment. Generally though, the complaints rate in Sheffield was low in comparison to the number of interactions.

- The reason for the number of internet links in the Annual Quality Report was to make the detail behind it available. Printed copies of the report were made available in public areas and the easy read version contained only one link, which was to the full report.

6.5 RESOLVED: That the Committee:-

(a) thanks John Reid for his contribution to the meeting; and

(b) notes the contents of the report and the responses to questions.

7. PUBLIC HEALTH INVESTMENT 2014/15

7.1 The Committee received a report of the Director of Public Health which set out the proposed use of the Public Health Grant for 2014/15. The report was introduced by Jeremy Wight, Director of Public Health, who emphasised that the philosophy behind the spending proposals was to address the root causes of ill health.

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

- Attempts were made to join up all services and Public Health staff were now working in different parts of the Council, using the distributed model across Portfolios. Many of these staff had worked together at the Primary Care Trust (PCT) and now liaised across the Council. In addition they had contact with colleagues in the NHS, e.g. health trainers, so that the trainers knew what support was available.

- £100,000 had been allocated to the Eat Well campaign to support the Food Strategy. This was led from the Place Portfolio and included work by officers in the Children, Young People and Families Portfolio. If it was felt that cook and eat classes would make a difference, then these would be organised. The Healthy Communities Programme had operated cook and eat classes, and the Healthy Schools Programme linked with the Children, Young People and Families Portfolio. It was accepted that child poverty and the welfare reforms were an issue with regard to healthy eating and obesity.

- The Food Plan had been considered at the Economic and Environmental Wellbeing Scrutiny and Policy Development Committee and the

implementation and effectiveness of the Food Strategy would be monitored.

- It was agreed that poverty was detrimental to public health, but the anti-poverty strategy was led elsewhere.

- Work was being undertaken with Job Centre Plus and GP Practices to remove barriers to employment caused by ill health, which appeared to predominately relate to mental health and musculoskeletal conditions.

- £400,000 was being invested in Activity Sheffield, with additional funding being allocated to the Move More strategy and cycling opportunities. The Healthy Walking sessions had been discontinued as they did not appear to be providing the biggest health return, with participants being people who were not usually inactive. Public Health staff in the Place Portfolio worked with the Council's Planners to encourage cycling and walking.

- The zero funding allocations shown in the report for 2014/15 were as a result of those programmes being commissioned by other organisations.

- To ensure that the Portfolio funding was used for public health benefit, the Council's Chief Executive was required to sign off a document confirming this for the Department of Health.

- The programmes invested in were monitored to ensure that funding was spent in the best manner possible, although in some cases, such as smoking cessation, it was not possible to obtain a full picture as some people would stop smoking without any support.

- It was not thought that there was any link between oral health promotion programmes and food banks.

- Finding employment opportunities for those with learning disabilities was a difficult area, and helping them to stay in employment more difficult still.

- Free school meals were seen as making a positive contribution to public health, as it meant that children and young people receiving them had at least one nutritious meal per day.

- E-cigarettes were less damaging than normal ones as they contained less tar and, if used in withdrawing from smoking normal cigarettes, were seen as a good thing. The danger with e-cigarettes though was that they tended to re-normalise smoking, particularly where young people were taking them up and they were proving to be a gateway to conventional smoking. New EU regulations were looking to control the use of e-cigarettes.

7.3 RESOLVED: That the Committee:-

(a) thanks Jeremy Wight for his contribution to the meeting;

(b) notes the contents of the report and the responses to questions;

(c) requests that:-

(i) it be kept informed of the performance of the Food Strategy; and

(ii) the Children, Young People and Family Support Scrutiny and Policy Development Committee considers how children and young people were being taught to cook and eat healthily at school; and

(d) requests the Director of Public Health to consider:-

(i) whether it could view the 2015/16 Public Health Budget prior to it being agreed, so Members could have an opportunity to comment on it;

(ii) the means by which details of where Public Health funding had been spent, together with confirmation that it had been spent appropriately, could be made publicly available;

(iii) the provision of a statistical analysis at the end of each year on the effectiveness of Public Health spending;

(iv) the establishment of a connection between Food Banks and the Oral Health Assessment Tool Programme; and

(v) the most appropriate route for dealing with the effect of e-cigarettes in the City.

8. DEVELOPING THE SOCIAL MODEL OF PUBLIC HEALTH

8.1 The Committee received a report of the Director of Public Health, which provided Members with an update on the development of a Social Model of Health/Health Communities Review, as requested at the Special Meeting of the Committee on 5th November 2013.

8.2 The report was introduced by Chris Shaw, Head of Health Improvement, who particularly referred Members to the four appendices attached to the report which covered an update on the Healthy Communities Review, a definition and examples paper on Social Capital, a summary delivery structure and a project delivery chart with timelines. He also emphasised that a full outcomes and measures document for Social Capital commissioning had not been provided as this had not yet been completed and that this would be commercially sensitive until the Commissioning Specification had been published.

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

- The work undertaken so far on the Commissioning Specification was

included, but this had not been completed because of having to focus on the Managing Employee Reductions procedure.

- The intention was to develop a more focused approach to Social Capital in relation of Public Health, with a view to synchronising processes. It was hoped to have a plan in place by October 2014, by which time there could be more added value.

- The Healthy Communities Programme comprised 14 separate programmes and the proposal was to break this down into manageable pieces.

- It was hoped to see evidence of smaller providers being given opportunities and the Procurement Team were to hold training sessions with providers.

- The Council's Public Health officers had established links with the Right First Time initiative.

8.4 RESOLVED: That the Committee:-

(a) thanks Chris Shaw for his contribution to the meeting;

(b) notes the contents of the report and the responses to questions; and

(c) requests that a written update report on progress with the Social Model of Public Health/Healthy Communities Review be included on the agenda for each future meeting of the Committee.

9. UPDATE ON SELF DIRECTED SUPPORT AND PERSONALISATION

9.1 RESOLVED: That the Committee:-

(a) notes the contents of the Update Report on Self Directed Support and Personalisation; and

(b) requests the Policy and Improvement Officer to obtain a response to the questions put by Councillor Adam Hurst, from the Interim Director of Care and Support, and circulate the response to Committee Members.

10. UPDATE ON PROGRESS IN IMPLEMENTING PLANS FOR IMPROVING MAJOR TRAUMA WITHIN YORKSHIRE AND THE HUMBER

10.1 RESOLVED: That the Committee notes the contents of the very readable Update Report on Progress in Implementing Plans for Improving Major Trauma within Yorkshire and the Humber.

11. DATE OF NEXT MEETING

11.1 A special meeting of the Committee will be held on Thursday, 10th April 2014, at 12.00 noon in the Town Hall, to consider Quality Accounts.