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Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee

Wednesday 27 February 2019 at 4.00 pm

To be held at the Town Hall, Pinstone Street, Sheffield, S1 2HH

The Press and Public are Welcome to Attend

Membership

Councillor Pat Midgley (Chair), Sue Alston (Deputy Chair), Steve Ayris, David Barker, Mike Drabble, Adam Hurst, Talib Hussain, Francyne Johnson, Bob Johnson, Mike Levery, Martin Phipps, Chris Rosling-Josephs, Jackie Satur, Gail Smith and Garry Weatherall

Healthwatch Sheffield
Margaret Kilner and Clive Skelton (Observers)

Substitute Members
In accordance with the Constitution, Substitute Members may be provided for the above Committee Members as and when required.

Sheffield City Council

PUBLIC ACCESS TO THE MEETING

The Healthier Communities and Adult Social Care Scrutiny Committee exercises an overview and scrutiny function in respect of the planning, policy development and monitoring of service performance and related issues together with other general issues relating to adult and community care services, within the Neighbourhoods area of Council activity and Adult Education services. It also scrutinises as appropriate the various local Health Services functions, with particular reference to those relating to the care of adults.

A copy of the agenda and reports is available on the Council's website at www.sheffield.gov.uk. You can also see the reports to be discussed at the meeting if you call at the First Point Reception, Town Hall, Pinstone Street entrance. The Reception is open between 9.00 am and 5.00 pm, Monday to Thursday and between 9.00 am and 4.45 pm. on Friday. You may not be allowed to see some reports because they contain confidential information. These items are usually marked * on the agenda.

Members of the public have the right to ask questions or submit petitions to Scrutiny Committee meetings and recording is allowed under the direction of the Chair. Please see the website or contact Democratic Services for further information regarding public questions and petitions and details of the Council's protocol on audio/visual recording and photography at council meetings.

Scrutiny Committee meetings are normally open to the public but sometimes the Committee may have to discuss an item in private. If this happens, you will be asked to leave. Any private items are normally left until last. If you would like to attend the meeting please report to the First Point Reception desk where you will be directed to the meeting room.

If you require any further information about this Scrutiny Committee, please contact Emily Standbrook-Shaw, Policy and Improvement Officer on 0114 27 35065 or email emily.standbrook-shaw@sheffield.gov.uk

FACILITIES

There are public toilets available, with wheelchair access, on the ground floor of the Town Hall. Induction loop facilities are available in meeting rooms.

Access for people with mobility difficulties can be obtained through the ramp on the side to the main Town Hall entrance.

HEALTHIER COMMUNITIES AND ADULT SOCIAL CARE SCRUTINY AND POLICY DEVELOPMENT COMMITTEE AGENDA
27 FEBRUARY 2019

Order of Business

1. Welcome and Housekeeping Arrangements

2. Apologies for Absence

3. Exclusion of Public and Press
To identify items where resolutions may be moved to exclude the press and public

4. Declarations of Interest (Pages 1 - 4)
Members to declare any interests they have in the business to be considered at the meeting

5. Minutes of Previous Meeting (Pages 5 - 10)
To approve the minutes of the meeting of the Committee held on 23rd January, 2019.

6. Public Questions and Petitions
To receive any questions or petitions from members of the public

7. Joint Commissioning for Health and Care (Pages 11 - 16)
Report of Greg Fell, Sheffield City Council and Brian Hughes, NHS Sheffield CCG.

8. Urgent Care Review (Pages 17 - 42)
Report of Brian Hughes, NHS Sheffield CCG.

9. Scrutiny Prevention Working Group
The Committee to consider, comment on and agree the findings of the Scrutiny Prevention Working Group.
(Report of the Policy and Improvement Officer – will be circulated in advance of the meeting).

10. Work Programme 2018/19 (Pages 43 - 50)
Report of the Policy and Improvement Officer.

11. Date of Next Meeting
The next meeting of the Committee will be held on Wednesday, 20th March, 2019, at 4.00 p.m., in the Town Hall.

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ADVICE TO MEMBERS ON DECLARING INTERESTS AT MEETINGS

If you are present at a meeting of the Council, of its executive or any committee of the executive, or of any committee, sub-committee, joint committee, or joint sub-committee of the authority, and you have a **Disclosable Pecuniary Interest** (DPI) relating to any business that will be considered at the meeting, you must not:

- participate in any discussion of the business at the meeting, or if you become aware of your Disclosable Pecuniary Interest during the meeting, participate further in any discussion of the business, or
- participate in any vote or further vote taken on the matter at the meeting.

These prohibitions apply to any form of participation, including speaking as a member of the public.

You **must**:

- leave the room (in accordance with the Members' Code of Conduct)
- make a verbal declaration of the existence and nature of any DPI at any meeting at which you are present at which an item of business which affects or relates to the subject matter of that interest is under consideration, at or before the consideration of the item of business or as soon as the interest becomes apparent.
- declare it to the meeting and notify the Council's Monitoring Officer within 28 days, if the DPI is not already registered.

If you have any of the following pecuniary interests, they are your **disclosable pecuniary interests** under the new national rules. You have a pecuniary interest if you, or your spouse or civil partner, have a pecuniary interest.

- Any employment, office, trade, profession or vocation carried on for profit or gain, which you, or your spouse or civil partner undertakes.

- Any payment or provision of any other financial benefit (other than from your council or authority) made or provided within the relevant period* in respect of any expenses incurred by you in carrying out duties as a member, or towards your election expenses. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.

  *The relevant period is the 12 months ending on the day when you tell the Monitoring Officer about your disclosable pecuniary interests.

- Any contract which is made between you, or your spouse or your civil partner (or a body in which you, or your spouse or your civil partner, has a beneficial interest) and your council or authority –

  - under which goods or services are to be provided or works are to be executed; and
  - which has not been fully discharged.

- Any beneficial interest in land which you, or your spouse or your civil partner, have and which is within the area of your council or authority.

- Any licence (alone or jointly with others) which you, or your spouse or your civil partner, holds to occupy land in the area of your council or authority for a month or longer.

- Any tenancy where (to your knowledge) –
  - the landlord is your council or authority; and
  - the tenant is a body in which you, or your spouse or your civil partner, has a beneficial interest.

- Any beneficial interest which you, or your spouse or your civil partner has in securities of a body where -

  (a) that body (to your knowledge) has a place of business or land in the area of your council or authority; and

  (b) either -
    - the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body; or
    - if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which you, or your spouse or your civil partner, has a beneficial interest exceeds one hundredth of the total issued share capital of that class.

If you attend a meeting at which any item of business is to be considered and you are aware that you have a **personal interest** in the matter which does not amount to a DPI, you must make verbal declaration of the existence and nature of that interest at or before the consideration of the item of business or as soon as the interest becomes apparent. You should leave the room if your continued presence is incompatible with the 7 Principles of Public Life (selflessness; integrity; objectivity; accountability; openness; honesty; and leadership).

You have a personal interest where –

- a decision in relation to that business might reasonably be regarded as affecting the well-being or financial standing (including interests in land and easements over land) of you or a member of your family or a person or an organisation with whom you have a close association to a greater extent than it would affect the majority of the Council Tax payers, ratepayers or inhabitants of the ward or electoral area for which you have been elected or otherwise of the Authority's administrative area, or

- it relates to or is likely to affect any of the interests that are defined as DPIs but are in respect of a member of your family (other than a partner) or a person with whom you have a close association.

Guidance on declarations of interest, incorporating regulations published by the Government in relation to Disclosable Pecuniary Interests, has been circulated to you previously.

You should identify any potential interest you may have relating to business to be considered at the meeting. This will help you and anyone that you ask for advice to fully consider all the circumstances before deciding what action you should take.

In certain circumstances the Council may grant a **dispensation** to permit a Member to take part in the business of the Authority even if the member has a Disclosable Pecuniary Interest relating to that business.

To obtain a dispensation, you must write to the Monitoring Officer at least 48 hours before the meeting in question, explaining why a dispensation is sought and desirable, and specifying the period of time for which it is sought. The Monitoring Officer may consult with the Independent Person or the Council's Audit and Standards Committee in relation to a request for dispensation.

Further advice can be obtained from Gillian Duckworth, Director of Legal and Governance on 0114 2734018 or email gillian.duckworth@sheffield.gov.uk.

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SHEFFIELD CITY COUNCIL

Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee

Meeting held 23 January 2019

PRESENT: Councillors Pat Midgley (Chair), Sue Alston (Deputy Chair), Steve Ayris, David Barker, Adam Hurst, Francyne Johnson, Mike Levery, Martin Phipps, Chris Rosling-Josephs, Gail Smith and Garry Weatherall

Non-Council Members (Healthwatch Sheffield):- Dr. Trish Edney (Observer) (substitute Member for Margaret Kilner)

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1. APOLOGIES FOR ABSENCE

1.1 Apologies for absence were received from Councillors Mike Drabble, Talib Hussain and Jackie Satur, and from Margaret Kilner (Healthwatch Sheffield).

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. HEALTHWATCH BRIEFING ON ACCESS TO AND QUALITY OF PRIMARY CARE

4.1 Dr. Trish Edney referred to the submitted briefing paper which gave feedback that had been shared with Healthwatch Sheffield regarding the quality of, and access to, primary care services over the past 18 months. She stated that she was slightly encouraged by the slowly increasing response rate to a simple questionnaire about dentists, GPs, pharmacies and opticians. Dr. Edney said that 447 responses to the questionnaire had been received e.g. a small percentage of primary care users in the city, and had been completed either online or by filling in the questionnaire that could be found in GP waiting rooms. She added that the survey was ongoing and Members could see the results on the Healthwatch website.

4.2 The Chair thanked Dr. Edney for attending the meeting and providing Members with an update.

5. UPDATE ON PRIMARY CARE

5.1 The Committee received a report from Nicki Doherty, Director of Delivery, Care Out of Hospital, NHS Sheffield Clinical Commissioning Group (CCG) which provided an update on the progress to date and future plans to achieve the priorities identified in the Sheffield Place Based Plan and GP Transformation Plan.

5.2 Also present for this item were Abby Tebbs, Maggie Sherlock, Jane Harriman (NHS Sheffield CCG) and Dr. Mark Durling (Vice Chair, Local Medical Committee).

5.3 Nicki Doherty gave a short presentation outlining three key approaches in achieving the priorities for the delivery of high quality, sustainable care as described in the transformation plan for GP services across Sheffield. The first approach was to ensure a consistent quality offer to patients through investment, listening to what people had to say and working closely with GP practices. Secondly, to develop a new way of working through neighbourhoods to support efficient use of professionals, ensuring that their time was spent in the right places, understanding what people need and tackling inequalities in those services provided. Thirdly, enhanced communication and information sharing for more effective ways of working, care navigation and communication with patients and partners. Nicki Doherty added that the aim was for a broad range of professionals to be working within neighbourhood practices and that there was equality of investment to deliver services to meet the particular needs of different populations across the city. She said that there was a role for Healthwatch and other sources who provided feedback, through patient surveys, which assisted in identifying practices where patients had reported issues such as access to GP services.

5.4 Jane Harriman referred to the next report on the agenda, which provided an Overview of Sheffield General Practice and stated that over the past two years, the Care Quality Commission (CQC) had carried out inspections at Sheffield based GP practices and there had been a 7% increase in improvement in ratings, and she added that the overall satisfaction with practices throughout the city was very close to the national average. She said that the Quality Framework for Primary Care which had been approved in May, 2018, aimed to provide a consistent and equitable approach to managing practice quality and performance across practices in Sheffield and give support to areas of weakness.

5.5 Dr. Mark Durling stated that, nationally, the NHS was struggling to recruit and retain GPs nationally, and although Sheffield was a popular place to work there was an ageing workforce with workload pressures and this needed to be addressed. He said that the ageing population had more complex needs, and there had been a 15% rise in consultation rates.

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

- It was stated that Neighbourhoods were emerging and most areas had committed GPs. Development was needed around the concept of working more efficiently.

- With regard to where money was coming from for investing in primary care, it was stated that the Government had announced a ring-fenced pot for

primary care within its recently published NHS Long Term Plan. There was also a need, however, to use existing resources more efficiently.

- The integration of commissioning between clinicians, healthcare professionals, patients and the public, to deliver high quality, efficient and cost effective healthcare services for people across the whole of Sheffield, was needed to work towards the prevention strategy as set out by the NHS.

- Not all Neighbourhoods are developing at the same rate. There was an emphasis on giving support to those neighbourhoods that were struggling, by offering support and training by developing receptionists' knowledge, the introduction of new IT systems and forming stronger partnerships with other service providers.

- The neighbourhood model helps to share information and raise standards of care.

- Work was being done towards Practice Nurses being more clinically trained in diabetes care, and if successful, the same approach could be rolled out across other conditions.

- A question was asked on whether fewer, bigger GP Practices was a solution to some of the current problems. The response was given that many people prefer the "cradle to the grave" type of medical practice, and want to keep their link with a local practice. The advantage of the neighbourhood model was that it has the potential to offer a wider range of services than can be provided at practice level i.e. from Community Nurses, Mental Health Workers, Physiotherapists, First Responders, Specialist Nurses.

- A series of workshops will be held during the coming year to see what needs to be changed within Neighbourhoods.

- In response to a question about whether GP practices have enough time and capacity to give to neighbourhood development, the response was given that all Neighbourhoods have a Clinical Lead and a Project Manager to oversee and give support to practices. There wasn't a "quick-win" solution, but the aim was to take the pressure off GPs, to enable them to spend more time with their patients.

- There was city-wide commitment to Neighbourhoods from pharmacies, the voluntary sector, community services, mental health teams and the police, with the aim of building relationships over the long term. Currently, Neighbourhoods are at differing levels of maturity.

- A Workforce Group had been established within the Accountable Care Partnership to look at different roles, training, Practice Nurse development; and to look at ways of retaining professionals.

- It was stated that it takes 10 years to train a GP, and a further number of years for them to become accomplished in general practice. It was further stated that there was a serious problem with investment in General Practice and there needed to be a way to make General Practice more attractive to recruit to, and to create posts that were versatile. Reforms in inspection and licensing have been good for improving quality in General Practice, however, they had also added to the pressures GPs face.

- With regard to the variation in gaps in funding, there was a need to target resources to practices that were struggling.

- All the results of the primary care survey can be found on the CCG website by accessing each practice.

- It was recognised that work needed to be done on how to link Councillors in to the Neighbourhood model.

5.7 RESOLVED: That the Committee:-

(a) notes the information reported and thanks those attending for their contribution to the meeting; and

(b) requests that the CCG keep the Committee updated on progress and brings an update report in Autumn 2019.

6. OVERVIEW OF SHEFFIELD GENERAL PRACTICE

6.1 The Committee received and noted a report from Mandy Philbin, Chief Nurse, NHS Sheffield Clinical Commissioning Group, which gave an overview of Sheffield General Practices, and which had been covered in the previous item on Update on Primary Care.

7. UPDATE ON THE WORK OF THE ACCOUNTABLE CARE PARTNERSHIP

7.1 The Committee received a joint report of Councillor Chris Peace (Cabinet Member for Health and Social Care) and Dr. Tim Moorhead (Chair of the Clinical Commissioning Group (CCG)) which gave an update on the work of the Accountable Care Partnership (ACP).

7.2 Also present for this item were Becky Joyce (Accountable Care Partnership) and Kevan Taylor (Sheffield Health and Social Care Trust).

7.3 Councillor Chris Peace referred to the recently announced NHS Long Term Plan and stated that the Partnership was focused on how Sheffield fits into that plan. She made reference to Sheffield's Health and Wellbeing Board which was a partnership between Sheffield City Council, the NHS and a range of partners in the City with the aim of delivering a single approach to improving the health and wellbeing of Sheffield residents.

7.4 Becky Joyce referred to the seven guiding principles for the forthcoming Green

Paper on Social Care, which the Government has said will ensure that the care and support system is sustainable in the long term, and the context of these principles would help in developing "Shaping Sheffield: The Plan", a collected and shared ambition of patients, clinicians and organisations, a draft of which Plan should be available by April, 2019.

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

- Sheffield is already one of the leading areas in the country for detection and diagnosis of dementia. A Dementia Strategy Implementation Group has been established under the governance of the Accountable Care Partnership which is led jointly by senior responsible officers from both the CCG and Sheffield City Council. Patients were able to access specialist support quicker.

- Part of the Neighbourhood model was trying to encourage the employment of multi-disciplinary teams. Different areas require different needs. Some people visit their GPs for reasons other than medical issues, therefore the voluntary and community sector can play a vital role and make a difference in the success of the model.

- In response to a question regarding the elderly and the use of the Nomad system, Members were informed that pharmacists, not GPs, were responsible for these, which were pre-packed medications that are delivered weekly by the pharmacy, after they had obtained the prescriptions from GPs. They are available for elderly patients on complicated drug regimens or people with memory problems, but not suitable for those on prescriptions that change regularly.

- The ACP had looked at the system network from Wigan Council and felt that they could learn from it. However, what works in one part of the country would not necessarily work in Sheffield, and it would have to be tailor made to fit the city.

- A role for the voluntary sector needed to be factored into Neighbourhoods, but whilst they have access to communities, they don't always have the workforce and this was something that needed to be supported and developed.

7.6 RESOLVED: That the Committee:-

(a) notes the information reported and thanks those attending for their contribution to the meeting; and

(b) as part of the six monthly updates on the Accountable Care Partnership, agrees to consider progress, performance and emerging issues; and will consider adding further issues to its work programme, as appropriate.

8. MINUTES OF PREVIOUS MEETING

8.1 The minutes of the meeting of the Committee held on 14th November, 2018 were approved as a correct record.

9. PUBLIC QUESTIONS AND PETITIONS

9.1 A public question had been received regarding the Hospital Services Programme and was asking what impact this would have on Sheffield. The Policy and Improvement Officer stated that this matter was not part of the agenda for this meeting, but that she would respond to the questioner in writing.

10. WORK PROGRAMME

10.1 The Committee received a report of the Policy and Improvement Officer which set out the Committee's Work Programme for 2018/19.

10.2 The Policy and Improvement Officer reminded Members that there were two meetings remaining in the current Municipal Year and asked them to consider the work programme and prioritise issues identified to date.

10.3 RESOLVED: That (a) an update on the Urgent Care Review and a report on the proposed Joint Commissioning Arrangements be brought to the February meeting of the Committee; and (b) a report be requested for the March meeting looking at Adult Social Care Performance, the Improvement and Recovery Plan, and Quality Improvement in Adult Social Care.

11. DATE OF NEXT MEETING

11.1 It was noted that the next meeting of the Committee will be held on Wednesday, 27th February, 2019, at 4.00 p.m., in the Town Hall.

Report to Healthier Communities and Adult Social Care Scrutiny & Policy Development Committee

Report of: Greg Fell

Subject: Joint Commissioning for Health and Care

Author of Report: Nicola Rust, Lead Project Manager, Nicola.rust@sheffield.gov.uk

Summary:

This paper provides a summary of proposals to establish a Joint Commissioning Committee between Sheffield City Council (SCC) and the Clinical Commissioning Group (CCG). It also summarises proposals for a joint commissioning plan and identifies the priority areas for commissioning new preventative services that will seek to reduce inequalities, increase the capacity of community based services and reduce demand on acute services.

Type of item: The report author should tick the appropriate box

Reviewing of existing policy	
Informing the development of new policy	
Statutory consultation	
Performance / budget monitoring report	
Cabinet request for scrutiny	
Full Council request for scrutiny	
Call-in of Cabinet decision	
Briefing paper for the Scrutiny Committee	✓
Other	

The Scrutiny Committee is being asked to:
Cllr Chris Peace has asked that this Scrutiny Committee is kept updated with proposals. The committee is asked to review the update and comment on the summarised proposals.

Background Papers:
None

Category of Report: OPEN

Report of the Director of Public Health – Greg Fell

Joint Commissioning for Health and Care

1. Introduction/Context

1.1 People in Sheffield are more likely to be admitted to hospital than in other cities and are more likely to stay for longer than they need to. We need to do more to develop a joined up approach to prevention across the city so that people do not need to use acute services and if they do, the duration of their stay is shorter.

1.2 This is also an inequalities issue. This problem is seen more frequently in deprived communities, where inequitable access to preventative, primary and community care services, or how well people are able to engage in early access or preventative behaviours, results in a higher rate of emergency hospital admissions.

1.3 Children and young people with special educational needs are not achieving the outcomes that we would expect. We jointly face significant challenges outlined in the Ofsted/CQC local area inspection report published in January 2019.

1.4 Sheffield City Council and the Clinical Commissioning Group (CCG) is proposing some changes to increase the pace of change to deliver preventative, outcomes focussed, cost effective services across Health and Social Care for the people of Sheffield.

1.5 Shared commissioning arrangements and positive joint working have been in place for some time via the Better Care Fund (BCF) programme and the more recent mental health risk share arrangements. The recent Care Quality Commission (CQC) Local System Review recognised that some good, preventative interventions are happening, but at neither scale nor pace and thus there is more to do to scale up our response in the community and primary care to keep people as well as possible and reduce the need for more acute services. This in turn will drive a different system and balance of investment across the system.

1.6 We have not yet achieved our stated goal of greater emphasis on prevention at all levels of complexity. The main purpose of the joint commissioning committee is to ensure we maintain a focus on a preventative model that aims to keep people living independent, healthy, active lives, this is what is required to sustainably reduce demand for hospital care and ensure that Sheffield remains a healthy and successful city.

1.7 This report was recommended by Cllr Chris Peace to update the Committee on proposals and specifically to comment on how this Scrutiny Committee would like to engage in proposals going forward.

2. Main body of report and matters for consideration

2.1 Shared Ambition for strengthened Joint Commissioning

Our shared aspiration is to improve health outcomes and inequalities for Sheffield people. To do this, we are developing proposals that we believe will strengthen the way that we jointly commission health and care between Sheffield Clinical Commissioning Group (CCG) and Sheffield City Council (SCC). It is proposed that changes in joint commissioning will focus on:

- Whole system change
- Giving a single commissioner voice
- Single commissioner plan
- Ensuring new models of care deliver the outcomes required by the city
- Build on Better Care Fund and Section 75, drive forward change

2.2 This would be based on the following principles:

- A preventive model built into delivery at all levels of complexity
- Care closer to home or a home via neighbourhood, localities hubs
- Reduced health inequalities in Sheffield
- Person centred commissioning joined up with placement and brokerage
- Effective and efficient use of resources whilst assuring safe and effective standards of service
- Collective management of risks and benefits
- A democratic voice at the forefront of commissioning.

2.3 Our objectives are to create:

- A single health and social care commissioning plan that redesigns the health and care system, reducing reliance on hospital and long term care so that we can continue to provide the support people need within a reduced total budget for health and social care.
- An approach to a financial framework based on a capped risk-share budget.
- A joint commissioning committee that has oversight of commissioning for all age groups made up of SCC cabinet and CCG governing body members.

2.4 Within this, our proposed priorities for 2019/2020 will be:

- to develop a service improvement framework for frailty that better incentivises the system to invest in a set of preventive interventions though a risk sharing arrangement. to develop a partnership approach to SEND, in the context of the Ofsted / CQC inspection and local required outcomes and resources.
- to consolidate and build on our integrated mental health work.

More information on the service proposition priorities are shown in section 3.

2.5 The proposed Joint Commissioning Committee

- We developing proposals for an enhanced governance model for a more integrated health and care system in Sheffield including a strengthened joint commissioning function between Sheffield Clinical Commissioning Group (CCG) and Sheffield City Council (SCC).
- A key part of the proposals is the establishment of a Joint Committee that will provide a steer around the timeline and approach for, and clarity around, priorities. It is envisaged that the Committee will develop proposals for appropriate engagement of peoples/public, service providers and all relevant stakeholders and oversee single health and social care commissioning plan to invest in prevention and community provision. It is hoped that the new Joint Commissioning Committee will start in April and will be made up of 4 Cabinet Members and 4 members of the CCG Governing Body.
- It is anticipated that the new committee with work with and complement existing arrangements such as the Health and Wellbeing Board and ACP.

2.6 A summary of equality implications

The draft Equality impact assessment indicates that there will be a positive implication for Older People, People with Learning Disabilities and Long Term Conditions and Children and Young People with SEND

For staff working in services that will be part of the joint commissioning plan it is expected that implications will be neutral.

We anticipate a targeted positive impact on those who are experiencing greater inequality in deprived areas.
Individual EIAs will be drafted for each new service commission that will be part of the joint commissioning plan.

A single workforce development plan, focussed on preventative outcomes and shared principles, will optimise our collective strengths, skills and resources, and develop our staff to give the best care and support. This will be co-developed by representatives from Sheffield City Council, the CCG and ACP members.

2.7 A summary of financial implications

We will use our shared principles to look for ways to shift resources from acute services to prevention. Short term additional funding will be required and it is anticipated that we will need to pool resources. Current local delivery plans show that social care will still require funding to balance and therefore the proposed financial risk share agreement that underpins the proposed integrated commissioning plan is the only way that the outcomes can be met. We are intending to consider different funding sources such as:

- Using existing spending differently within the Sheffield health and care system;

- Using one off money from within the Sheffield health and care system,
- Seeking new, one-off money from beyond Sheffield or social investment arrangements

3 What does this mean for the people of Sheffield?

3.1 Better Health and Wellbeing Outcomes

The proposals directly align with the current Health and Wellbeing outcomes for Sheffield set out below:

- Sheffield is a healthy and successful city
- Health and wellbeing is improving
- Health inequalities are reducing
- People get the help and support they need and feel is right for them
- The health and wellbeing system is innovative, affordable and provides good value for money.

3.2 New Service Propositions

- The new service propositions are currently being developed further and, if approved, the new Joint Commissioning Committee will shape those new commissions. The areas of focus are services for frail people, mental health services and Special Educational Needs and Disabilities.

- The immediate priorities are around frailty and the model will cover wider community based change such as housing conditions through to re-shaping specific services that are likely to be accessed by frail people, to focus on a more preventative approach. We will also focus on ensuring that any joint commissioning intentions from the SEND inspection Ofsted statement of action are followed through.

4. Recommendation

4.1 The Committee is being asked to consider the proposals and provide views.

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Report to Healthier Communities & Adult Social Care Scrutiny & Policy Development Committee

Report of: Brian Hughes (Director of Commissioning, NHS Sheffield Clinical Commissioning Group (CCG)

Subject: Urgent Care Review – Update

Author of Report: Rachel Dillon, Strategic Programme Manager NHS Sheffield Clinical Commissioning Group

Summary:
The purpose of this report is to update the Committee of the progress made on the review of urgent care since it took the decision in September 2018 to agree that the approach and proposals would be reconsidered.

The report describes the new approach to the review of urgent care and its focus on identifying the key problems and issues in urgent care services in Sheffield which need addressing.

This update is being provided as requested by the Committee at its meeting in October 2018.

Type of item: The report author should tick the appropriate box

Reviewing of existing policy	
Informing the development of new policy	**x**
Statutory consultation	
Performance / budget monitoring report	
Cabinet request for scrutiny	
Full Council request for scrutiny	
Call-in of Cabinet decision	
Briefing paper for the Scrutiny Committee	
Other	

The Scrutiny Committee is being asked to:
The Committee is asked to consider the new approach taken, and to provide views of what their problems and issues are with urgent care in order to contribute to what needs addressing to make urgent care services right in Sheffield.

Background Papers:
Papers from OSC meeting of the 10th October 2018

Category of Report: OPEN

Report of the Director of Commissioning, NHS Sheffield Clinical Commissioning Group
Update on the Urgent Care Review

1. Introduction/Context

1.1. The CCG undertook a consultation between September 2017 and January 2018, seeking public input into the proposals to reducing duplication and simplifying access to urgent care services; improving access to urgent care in GP practices; and reducing pressure on A&E. Following the consultation, analysis was undertaken of the feedback, reviewing the vision and objectives, considering the feedback in detail and exploring whether the issues could be mitigated and reviewing the alternative suggestions put forward. A final report and recommendations was taken to the CCG's Primary Care Commissioning Committee (PCCC) in September 2018. It was agreed that the approach and proposals would be reconsidered. This is because whilst feedback was supportive of:

- The vision to ensure the most appropriate responses in the most appropriate setting that is easy to understand and access
- More urgent care in practices,
- A Children's' Urgent Treatment Centre (UTC),
- And no negative evidence of the concept of an Adult Urgent Treatment Centre,

1.2. Many did not agree with the way we were proposing to achieve the proposals. There was considerable opposition to the siting of a UTC at the Northern General Hospital, there were also a number of alternative suggestions put forward worth exploring and possible opportunities to do more to reduce health inequalities.

1.3. Since the PCCC meeting, the CCG have evaluated the approach taken to date to identify lessons learnt and started to undertake a refresh of the work, engaging widely with partners and public, knowing that a do nothing option is not viable.

2. New approach

2.1. We need to be absolutely clear what the problems and issues in urgent care are and to gain the buy in to these, to make urgent care right in Sheffield now and for the future.

2.2. Our new approach is based on the lessons learnt and feedback we received from our partners and public from the last consultation. In summary, these were:

- A clearer narrative would have assisted in the understanding of what we wanted to achieve. We covered a range of ideas within the consultation document, including neighbourhoods, primary care

extended access hubs and broader primary care access. This meant our core proposals were somewhat lost and we were challenged for not being clear enough.

- Whilst our pre-engagement and consultation engagement was extensive, there were specific groups we could have engaged further.
- The public were keen to see more data and information to help them understand our problems and issues and more could have been done to make it more widely accessible.
- More engagement with our partners, stakeholders and public could have been undertaken in the shaping of our options and selection criteria.

3. Progress to date

3.1. Based on the above, the first step has been to develop a collective understanding of the urgent care problems and issues with our partners and public. It is crucial to do this before considering how these might be addressed and what solutions are needed. Since December we have been:

- Working together with partners and the public transparently to agree what needs to improve and why
- Engaging staff at all levels to bring in their views of urgent care services
- Engaging with communities we did not engage with first time round to understand more of their experiences of urgent care.
- Seeking public views about why they use the urgent care services they choose to go to.
- Making data and information more accessible to public as problems and issues are identified.
- Working on developing clear language and communication which is concise and universally understood.

3.2. We have not started from scratch. There is a wealth of information drawn from our pre consultation engagement, engagement during and after the consultation which we are using to inform the review.

3.3. We recognise that the development of our original objectives to address challenges of increasing demand, pressure on services and workforce sustainability was undertaken in the early stages of the Accountable Care Partnership (ACP). These challenges are system wide and therefore we are refreshing our approach and tackling these challenges with partners within the ACP context. Further detail of the work we are doing is in Appendix 1 and 2. A presentation is also provided to share the work we are doing.

4. Timeline

4.1. The first phase of the new approach started in December 2018. As described above, this includes gathering data/intelligence/experience from partners and public on what the problems and issues are in urgent care in order to identify the main strategic objectives. The aim is to complete this part of the stage by the end of March. Then as described above, the problems and issues will be taken to system partners and the CCG's Primary Care Commissioning Committee in April to gain sign up of this stage and agree the approach thereafter. A decision will be made on what the key problems are and which order they are tackled. This will determine the focus of the work going forwards and how it is done.

5. What does this mean for the people of Sheffield?

5.1. The people of Sheffield have another chance to voice their issues with and solutions for urgent care services in Sheffield. We have launched an online survey for the people of Sheffield to voice their views and share why they use the services they do. This will give us a much richer view of why and who uses our urgent care services.

6. Recommendation

6.1. This report provides an update of the urgent care review now in progress. The committee is asked to:

6.1.1. Note the report and refresh of the approach
6.1.2. Comment on anything further we should be doing as part of the review
6.1.3. Provide views of the current problems and issues, they and their communities face in urgent care services.

Appendix 1

Engagement Plan

Gaps in what we know and gaps in who we have heard from:

- Views from black, traveller and Roma Slovak communities
- Views from patients at practices that have highest walk in centre attendances (eg Darnell)
- Communities in north and east of the city – main source of feedback was telephone survey
- Gleadless Valley and Lowedges – heard lots about these areas from politicians but not much directly from people living there
- Areas of greatest deprivation
- Disability – although views not different from those generally expressed, need to do more to take into account specific issues of sub-group especially people with physical disability and learning disability and mental health problems
- Different views heard re homeless in consultation and engagement – need to explore further
- Individual GP views
- Staff working in urgent care services
- Students
- People with substance misuse problems
- CCG staff
- Face to face engagement of overrepresented and underrepresented urgent care users, and those underrepresented in previous engagement and consultation.

Qualitative - targeted

- Face to face engagement working with community groups and cross health working group as identified above
- In-situ surveys with patients in walk in centre, minor injuries centre, A&E and the hubs.
- Alongside this we will engage people from groups we have already reached to give them an opportunity to share anything else via social media.

Quantitative – general population

- Engagement with general population using social media – surveys promoted through our Facebook and Twitter
- Polls on Twitter (and using existing networks to circulate and share).

Co-production

- Workshops on defining problem and issues

Appendix 2

Workshop Programme Update

Workshop 1 Partners – 4th December 2018

- To develop a collective view of the problems the system faces delivering urgent care and their root causes (case for change)
- To draft objectives to address the problems that all partners can identify with and help deliver

Workshop 1 Public Reference Group– 11th December 2018

- To develop a collective view of the problems Sheffield faces regarding urgent care
- To draft objectives to solve the problems

Workshop 2 Public Reference Group and Partners – 10th January 2019

- To continue to develop a collective view of the problems Sheffield faces regarding urgent care
- Revisit the draft objectives to solve the problems
- Gain a common understanding of what urgent care services look like in Sheffield
- Map the current patient journey

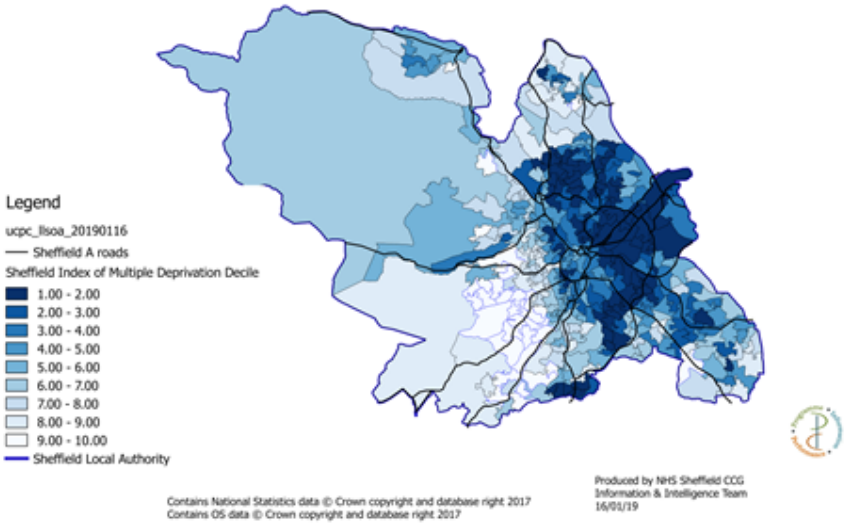
Workshop 3 Public Reference Group and Partners – 14th February 2019

- Continue to identify current pathways/patient journeys – through feedback so far.
- Revisiting the problems and issues – have we captured everything from the patient journey information
- Urgent Care services – what is available in Sheffield
- Which areas are the most important and/or need most improvement.

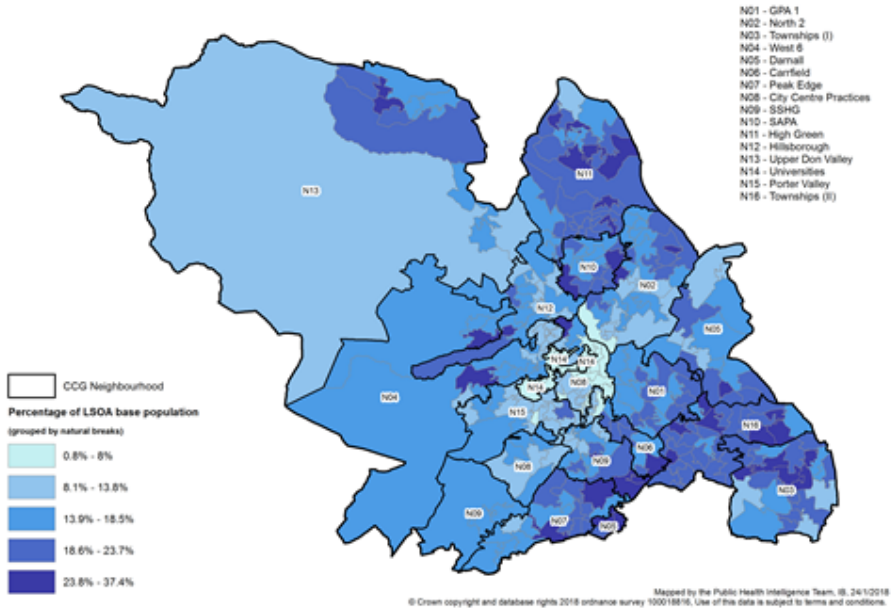
Appendix 3

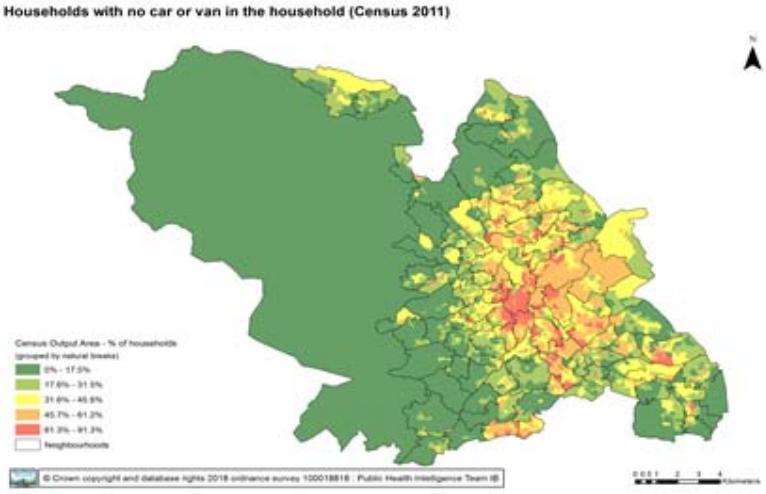
Information shared with the Public Reference Group on Sheffield demand and need of Urgent Care Services and discussed at Workshop 2.

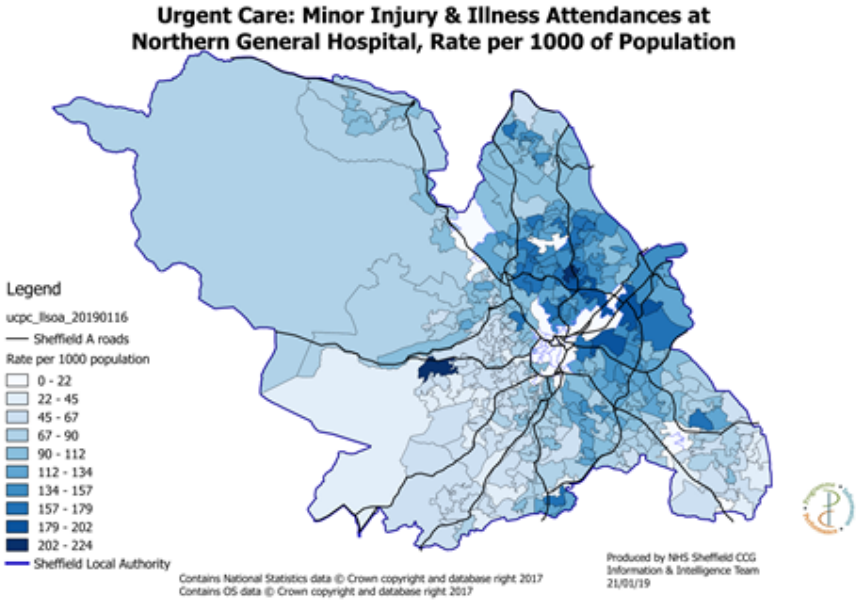
Sheffield Index of Multiple Deprivation Deciles
(1 most deprived, 10 least deprived)



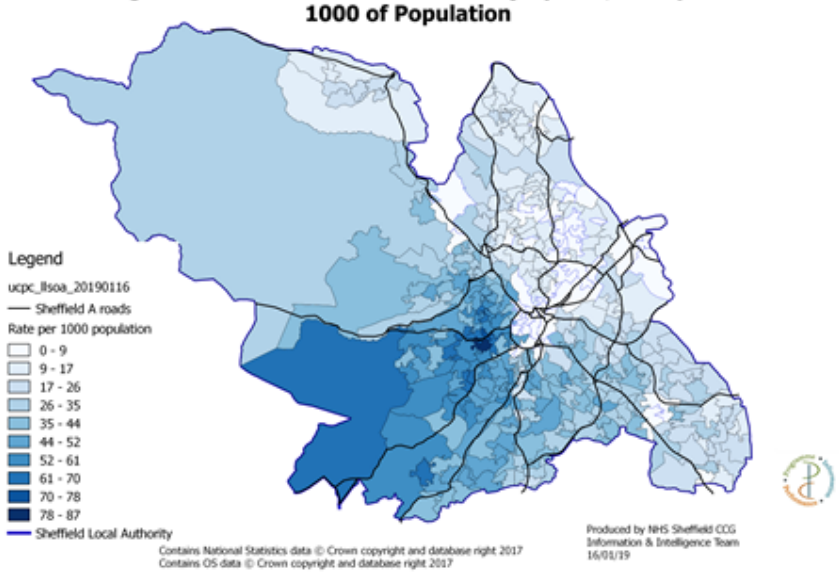
Prevalence of two or more GP-recorded physical / mental health long term conditions



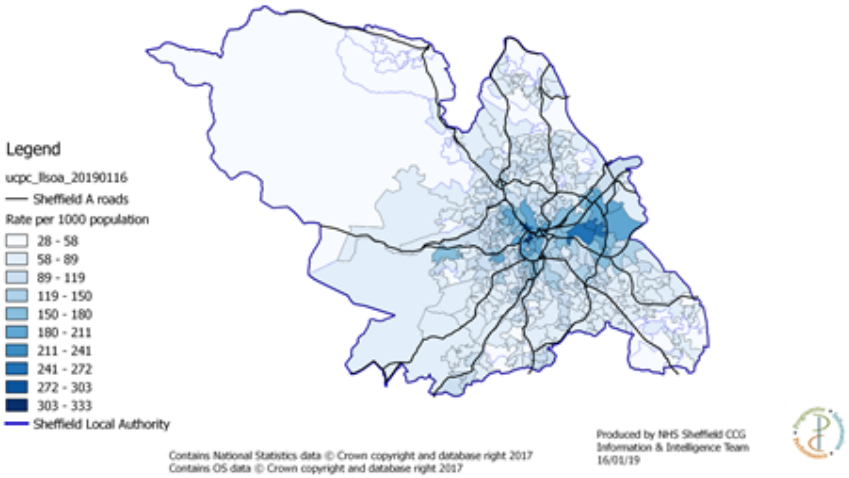

Households with no car or van in the household (Census 2011)
Census Output Area - % of households (grouped by natural breaks)
0% - 17.5%
17.6% - 31.5%
31.6% - 45.6%
45.7% - 61.2%
61.3% - 91.3%
Neighbourhoods
© Crown copyright and database rights 2018 ordnance survey 100018816 / Public Health Intelligence Team


Urgent Care: Minor Injury & Illness Attendances at Northern General Hospital, Rate per 1000 of Population
Legend
ucpc_lsoa_20190116
Sheffield A roads
Rate per 1000 population
0 - 22
22 - 45
45 - 67
67 - 90
90 - 112
112 - 134
134 - 157
157 - 179
179 - 202
202 - 224
Sheffield Local Authority
Contains National Statistics data © Crown copyright and database right 2017
Contains OS data © Crown copyright and database right 2017
Produced by NHS Sheffield CCG
Information & Intelligence Team
21/01/19

Urgent Care: Attendances at Minor Injury Unit, Rate per 1000 of Population



Urgent Care: Attendances at Walk In Centre, Rate per 1000 of Population



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NHS Sheffield Clinical Commissioning Group

Healthier Communities & Adult Social Care Scrutiny and Policy Development Committee

27th February 2019

Urgent Care Review

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Aims of presentation

Inform the Committee on the new approach and current position of the Urgent Care Review

To develop a collective view of the problems Committee members face regarding urgent care

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Our work so far

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Work so far to determine the key problems and issues which need to be addressed.

First workshops with Public Reference Group and partners in December

- Seek issues and problems and what works in Sheffield

Design group – first met 20 December

2 workshops after Christmas (staff and members of the public) to review urgent care

- Learn more about patient journeys – why do people chose the services they do.
- What do urgent care services look like in Sheffield

On line survey for wider public.

Engagement in hard to reach communities not captured in first consultation

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Key Outputs so far.

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Workshop Outputs

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Definition of Urgent Care

Urgent Care means

- Advice and treatment for illness and injuries for all ages thought to be urgent (within 24 hours) - but not life threatening.

This does NOT mean

Emergency care

- Which is for people with serious illness or injury or life threatening conditions that need immediate medical attention.

Illness includes mental and physical health

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Key Problems so far..

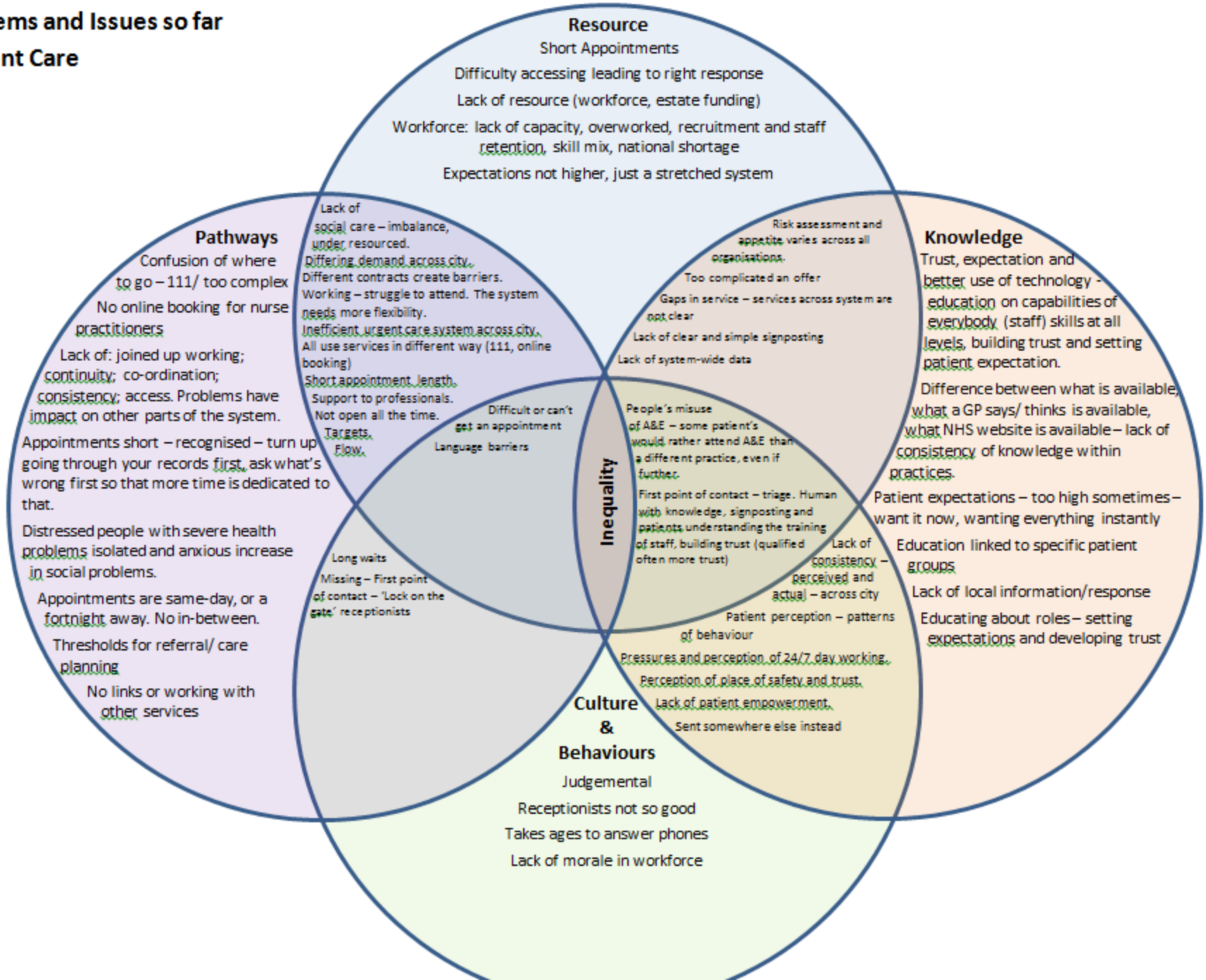
***confusing and inconsistent* PATHWAYS**

***ineffective use of and lack of* RESOURCE**

***inconsistent and lack of* KNOWLEDGE**

***issues with* CULTURE and BEHAVIOUR**

Key Problems and Issues so far with Urgent Care



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Engagement Outputs

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Last 4 weeks

Engagement

- 77 semi-structured interviews / patient journeys
  - 59 from Lowedges, Batemoor and Jordanthorpe which includes people with learning disabilities, with English as a second language, people living with complex mental health conditions and physical impairments
  - 18 from Darnall – includes people living with mental health conditions, respiratory conditions and physical impairments

Online survey launched to target general public and gain quantitative information

Communications

- Promotion of survey in media and social media, and with student population via universities
- Updated web pages
- Updates to Sheffield Clinical Commissioning Group Patient Engagement, Experience and Equality Committee meeting

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Next 4 weeks

Engagement

- 30 semi-structured interviews with Roma, Slovak and traveller community
- Increase number of semi-structured interviews and patient journeys with:
  - People who live with respiratory conditions
  - People with physical impairments and learning disabilities
  - People with mental health conditions
  - People in waiting rooms at the WIC, MIU, Children's A&E, Adult A&E
- Begin semi-structured interviews and patient journeys with:
  - People who are likely to break / dislocate joints
  - In General Practice waiting rooms
  - People with sensory impairments
  - Homeless community (particularly via Nomad)
  - People with experience of substance misuse

Communications

- Latest position on review in new CCG stakeholder briefing.
- Continue to promote online survey
- PR on extended access hubs
- Infographics on key themes from each key group
- Social media/ media on latest workshops

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Over to you……
We need to incorporate your views and your local communities views.

- Refresh - Problems and Issues?
- What's good?
- Can you help with the engagement into hard to reach communities?

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Summary and next steps

- Two workshops in February
- On line Survey for public and staff
- Patient Journeys
- Community group engagement
- Practice engagement
- Present Findings in March/April to achieve system collective understanding and sign up.

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CONTACT US

- Questions
- https://www.surveymonkey.co.uk/r/sheffieldurgentcare2019
- Email us on sheccg.engagementactivity@nhs.net
- Twitter: @NHSSheffieldCCG
- Facebook: www.facebook.com/NHSSheffieldCCG
- Write to us: NHS Sheffield CCG, 722 Prince of Wales Road, Sheffield S9 4EU

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Report to Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee
Wednesday 27th February 2019

Report of: **Policy and Improvement Officer**

Subject: **Work Programme 2018/19**

Author of Report: Emily Standbrook-Shaw, Policy and Improvement Officer
Emily.Standbrook-Shaw@sheffield.gov.uk
0114 273 5065

The attached report aims to assist the Healthier Communities and Adult Social Care Scrutiny Committee to develop its work programme for 2018/19.

It covers the role and purpose of scrutiny, an overview of how the 'long list' draft work programme has been drawn up to date, and a draft work programme for the Committee's consideration and discussion.

Type of item: The report author should tick the appropriate box

Reviewing of existing policy	
Informing the development of new policy	
Statutory consultation	
Performance / budget monitoring report	
Cabinet request for scrutiny	
Full Council request for scrutiny	
Call-in of Cabinet decision	
Briefing paper for the Scrutiny Committee	
Other	**X**

The Scrutiny Committee is being asked to:

- Consider and comment on the draft work programme for 2018/19

Category of Report: OPEN

1 What is the role of Scrutiny?

1.1 Scrutiny Committees exist to hold decision makers to account, investigate issues of local concern, and make recommendations for improvement. The Centre for Public Scrutiny has identified that effective scrutiny:

- Provides 'Critical Friend' challenge to executive policy makers and decision makers
- Enables the voice and concern of the public and its communities
- Is carried out by independent minded governors who lead and own the scrutiny process
- Drives improvement in public services and finds efficiencies and new ways of delivering services

1.2 Scrutiny Committees can operate in a number of ways – through formal meetings with several agenda items, single item 'select committee' style meetings, task and finish groups, and informal visits and meetings to gather evidence to inform scrutiny work. Committees can hear from Council Officers, Cabinet Members, partner organisations, expert witnesses, members of the public – and has a link to patient and public voice through observer members from HealthWatch sitting on the Committee. Scrutiny Committees are not decision making bodies, but can make recommendations to decision makers.

1.3 This Committee has additional powers and responsibilities in relation to scrutinising NHS services. The Committee can scrutinise the planning, provision and operation of any NHS services, and where a 'substantial variation' to NHS services is planned, the NHS is required to discuss this with the Scrutiny Committee. If the Committee considers that the proposed change is not in the best interests of the local area, or that consultation on the proposal has been inadequate, it can refer the proposal to the Secretary of State for Health for reconsideration. Department for Health Guidance for health scrutiny can be found here – and has already been circulated to Members of the Committee.

2 Developing the Scrutiny Work Programme

2.1 Attached to this report is a draft work programme for 2018/19. The Chair has had discussions with a range of organisations, Council Officers and Cabinet Members to come up with a 'long list' of topics. There are also some issues carried over from last year's work programme.

2.2 It is important the work programme reflects the principles of effective scrutiny, outlined above at 1.1, and so the Committee has a vital role in ensuring that the work programme is looking at issues that concern local people, and looking at issues where scrutiny can influence decision makers. The work programme remains a live document, and there will be an opportunity for the Committee to discuss it at every Committee meeting, this might include:

- Prioritising issues for inclusion on a meeting agenda
- Identifying new issues for scrutiny
- Determining the appropriate approach for an issue – eg select committee style single item agenda vs task and finish group
- Identifying appropriate witnesses and sources of evidence to inform scrutiny discussions
- Identifying key lines of enquiry and specific issues that should be addressed through scrutiny of any given issue.

Members of the Committee can also raise any issues for the work programme via the Chair or Policy and Improvement Officer at any time.

3 The Draft Scrutiny Work Programme 2018/19

3.1 Attached is the draft work programme for 2018/19. Members are asked to consider it and reflect on questions such as:-

- Are there any gaps?
- Are there any issues on the list that don't feel appropriate for scrutiny?
- What are the priority issues?
- What approach should the Committee take for each item, what are the key lines of enquiry, and who is it important to hear from?

4 Recommendations

The Committee is asked to:

- Consider and comment on the draft work programme for 2018/19

Healthier Communities and Adult Social Care Scrutiny Committee Draft Work Programme 2018/19			
Topic	**Reasons for selecting topic**	**Lead Officer/s**	**Agenda Item/ Briefing paper**
Wednesday 20th March 4-7pm			
Improving Quality in Adult Social Care	To consider adult social care performance indicators, progress on the improvement and recovery plan, and work going on to improve adult social care.	Phil Holmes	Agenda Item
Continuing Health Care update	To consider improvements to the Continuing Healthcare process following consideration by Scrutiny in September 2018.	Mandy Philbin, NHS Sheffield CCG Phil Holmes, SCC.	
Transforming Care Programme	To consider how the Transforming Care Programme is being delivered to ensure that people with learning disabilities receive the right care, as close to home as possible.	NHS Sheffield CCG	

Possible future items - scope to be determined			
Adult Social Care			
Adult Safeguarding	To continue to develop a relationship with the Customer Forum, and receive the 2018/19 Annual Report	Simon Richards, Gillian Hallas SCC	
NHS Services			
Joint Strategic Hospital Services Review	To consider the outcome of the review and the potential impact on Sheffield	NHS Sheffield CCG	
Moving Services into Primary Care	Suggested as possible area of interest by CCG, as this work will be increasing in pace. Members have already picked up on changes to the Duke St Aural Clinic.	Nicki Doherty, NHS Sheffield CCG	
Health and Wellbeing			
Mental Health - Joint Session	Dedicated session for HCASC and CYPFS Scrutiny Committees to consider mental health in the round - scope and format to be determined.	Deborah Glen, Policy and Improvement Officer.	
Oral and Dental Health	Keep updated re recommendations made during 2017/18 - particularly the potential consideration of fluoridation	Greg Fell, Director of Public Health	
Health in All Policies	To consider how well the Public Health Strategy is being embedded across all areas of Council activity	Greg Fell, Director of Public Health	Agenda Item

Health and Employment	To consider activity and programmes aimed at supporting people with health conditions into work. Whats working well, what can we do more of?		
Joint Working, systems and structures			
Delayed Transfers of Care	Update following consideration in 2017/18	SCC, NHS Sheffield CCG, STH.	
Mental Health Transformation Programme	Update following consideration in 2017/18 - with a focus on savings and investment		
Integrated Care System	What is its scope and parameters, purpose etc - what will we look like in 5 years - what is impact on Sheffield?		
Joint Overview and Scrutiny Committees			
South Yorkshire, Derbyshire, Nottinghamshire and Wakefield Joint Health Scrutiny Committee	This Committee meets in relation to Health Service Change across the geographical footprint. Focussing on NHS service reconfigurations - Hyper Acute Stroke Services; Children's Surgery and Anaesthesia; Joint Hospital Services Review		

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