

SHEFFIELD CITY COUNCIL

Health Scrutiny Sub-Committee

Meeting held 7 December 2022

PRESENT: Councillors Ruth Milsom (Chair), Steve Ayris (Deputy Chair), Martin Phipps (Group Spokesperson), Mary Lea, Kevin Oxley, George Lindars-Hammond (Substitute Member) and Ann Woolhouse (Substitute Member)

1. APOLOGIES FOR ABSENCE

1.1 Apologies for absence were received from:-

<u>Member</u>	<u>Substitute</u>
Councillor Abtisam Mohamed	No substitute
Councillor Anne Murphy	Councillor George Lindars-Hammond
Councillor Gail Smith	Councillor Ann Woolhouse
Lucy Davies (HealthWatch	Dr. Trish Edney (HealthWatch)

2. EXCLUSION OF PRESS AND PUBLIC

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. PUBLIC QUESTIONS AND PETITIONS

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

5. RELOCATION OF STEP DOWN SERVICES FROM WAINWRIGHT CRESCENT TO LIGHTWOOD HOUSE - PROGRESS

5.1 The Sub-Committee received a follow up report regarding the progress and impact of the relocation of the Step-Down service from Wainwright Crescent to Beech, on the Trusts Lightwood Lane site in July 2022.

5.2 Present for this item were Heather Burns (Deputy Director, Mental Health Transformation, NHS South Yorkshire) and Greg

Hackney (Senior Service Manager, Sheffield Health and Social Care NHS Foundation Trust).

- 5.3 Heather Burns referred to Appendix A to the report which had been circulated to Members the previous day. She said that comments received from Lucy Davies, Healthwatch, had been included within the Appendix. Heather Burns then referred to the report itself stating that she had attended a meeting of this Sub-Committee in June, asking for support for the Plan. The Sub-Committee had asked for a follow-up report to be brought to a future meeting on progress made in the relocation of Step-Down Services. She said the Service would be a safe place for patients with acute mental health illnesses to be transported from hospital to the Unit to aid their recovery and rebuild their confidence, so that they could make the transition back into the community as smooth as possible. Heather Burns said that since the service had relocated on 5th July 2022, there had been no adverse impact on access to the service, and positive feedback had been received from service users with regard to the availability of ensuite rooms, separate kitchens and the aesthetic environment with enclosed gardens providing plenty of space for patients to relax and receive visitors. One downside to the Unit was that some residents had reported difficulties in getting to the nearest bus stop to the Unit. She said that it was proposed to provide an additional wheelchair accessible toilet within the Unit.
- 5.4 The Chair (Councillor Ruth Milsom) and Councillor Mary Lea said that they had visited the Unit last week, and both were very impressed with the atmosphere, the quality of the rooms, outside areas etc., and said that the staff were very enthusiastic in providing the best care possible to patients. Dr. Trish Edney, Healthwatch, raised the issue of accessibility to nearby bus stops and also asked whether, due to the Unit being further out of the city, would people still choose this facility due to its distance to other areas of the city.
- 5.5 Greg Hackney said that there had been no variation to home locations, the pathway for patients was to offer support, the distance from the previous site was minor. He said the Trust would be looking at travel issues for staff, service users and their families.
- 5.6 RESOLVED: That the Sub-Committee:-
- (a) notes the progress made in the relocation of Step-Down Services and that positive steps had been taken to improve the experiences and outcomes; and
 - (b) asked that a further progress be brought back to the Sub-Committee in 12 months' time.

6. FIRSHILL RISE - UPDATE

- 6.1 The Sub-Committee received a report regarding the provision of health services for people with learning disabilities/autism. The report set out the development and implementation of a future model for the delivery of community and inpatient health services for people with learning disabilities, following changes in patterns of demand over the period of delivery of the national Transforming Care programme.
- 6.2 Present for this item were Heather Burns (Deputy Director, Mental Health Transformation, NHS South Yorkshire), Alexis Chappell (Director of Adult Health and Social Care), Greg Hackney (Senior Service Manager, Sheffield Health and Social Care NHS Foundation Trust) and Richard Kennedy (Engagement Manager, NHS South Yorkshire).
- 6.3 Heather Burns outlined background information to the existing learning disability/autism service in Sheffield. She said that the national Transforming Care Programme expected all areas to reduce its overreliance and length of stay in inpatient beds and provide care in the least restrictive environments closer to home. She said that currently there were 26 people in Sheffield with autism who had been referred to treatment units. She said the future model was to modernise service delivery and work closely with the City Council and the NHS to look at how they provided their services. Heather Burns said that the aim was to prevent people from being admitted into hospital by focusing on wraparound support and reduce the need for hospital beds. She said that NHS Sheffield had commissioned seven out of the eight available beds at the inpatient Assessment and Treatment Unit at Firshill Rise, the other bed being available to other commissioners in the South Yorkshire area, as this was the only unit available to them as they had closed their inpatient provision. She stated that at present, Sheffield had one person with learning disability requiring inpatient care and one person in secure care, therefore due to the success of the programme, there were resources available to invest and provide better community services. The aim was to engage with service users, their families, carers and stakeholders on how to develop a new model for learning disability services to further enhance community services. She said that currently, the community service on offer was Monday to Friday, nine to five, with no availability at weekends so there were limited interventions. The aim was for service users to receive the right support and care and be in the right culture at the right time to reduce reliance on inpatient beds. She said enhanced community provision would support earlier, more intensive intervention and would mean the

- resources could be directed to a wider group of people with greater need.
- 6.4 Richard Kennedy said that NHS South Yorkshire were keen to commence the programme and deal with a number of issues and opportunities. He said the engagement process had already begun and talks had been held with different community groups who were better placed in advising the Trust of the best way to engage with service users. It was expected that consultation would start in January 2023, and dependant on the outcome of the consultation, the full process and sign off would likely be around May, 2023.
- 6.5 Heather Burns acknowledged that, on occasion, some people had no option but to be admitted into hospital. She said that work was ongoing with the South Yorkshire ICB to set up the facility. She said that pre-pandemic and after, cases of people with autism had risen, so the focus was whether patients needed to be admitted into acute mainstream hospital wards.
- 6.6 Alexis Chappell said that the focus for the City Council's Adult Social Care Service was to enable people to live independently, the way they want to live in their own home. The Service was looking at how to make improvements to enable patients to be discharged from hospital into their own homes.
- 6.7 Members made various comments and asked a number of questions, to which responses were provided as follows:-
- There was a significant amount of learning to be done from Firshill Rise and the CQC inspection. Part of the national, regional and local learning formed part of why the whole Transforming Care programme had been initiated and the focus now was what had been offered in the past to what would be offered going forward.
 - As part of the Council's delivery plan, there was a need to develop a Joint Care Quality Board to ensure quality of care doesn't get lost. It would be helpful to get Members' views on this.
 - The option going forward was to develop an appropriate facility and consider whether there was another facility close by which would reduce travel. Part of enhancing community services, was to have more clinical staff available. Currently there was a full-time clinical nurse that robustly oversees the process of monitoring patient care.
 - The difference the facility would make to the lives of

24 patients currently in a semi secure facility could completely transform their lives. Reference was made to someone who had been hospitalised for over 20 years, but after two years was now living in a community facility, and many other people were going through the same process. There was a national programme to reduce time spent in hospital beds. NHS England had scrutinised care in order to reduce patients being admitted into hospital and also to try to make sure that they were not readmitted into hospital.

- Currently there was one person in need of hospital care in an out of city bed. There was a need to think for the future, that there was still need for beds, and to ensure that there was a secure facility as an alternative to taking up a hospital bed. This type of facility needed to be staffed in a certain way, by trained specialists
- NHS South Yorkshire had been working in partnership with other South Yorkshire authorities and Rotherham and Doncaster have stated that they don't want a facility, so they are not part of the consultation process. However, work was ongoing with the South Yorkshire partners to provide a safe space step-up facility for those who could not be stabilised sufficient to stay at home but wouldn't necessarily need to be admitted to hospital and it was hoped to be able to develop that type of facility for the whole area.
- There was no longer a need for an eight-bed facility, it was not an effective way to deliver a service. Other South Yorkshire areas have said they don't want assessment treatment beds, but the conversation on this was ongoing, and talks would still continue.

6.8 RESOLVED: That the Sub-Committee:-

- (a) notes the report;
- (b) indicated that they looked forward to hearing the next stage of the Consultation; and
- (c) requested that a report on the learning from Firshill Rise be brought to a future meeting of the Sub-Committee.

7. DRAFT DECISION MAKING BUSINESS CASE - NEW HEALTH CENTRES

7.1 The Sub-Committee received a report setting out the draft Decision-Making Business Case which had been developed taking account of, and in response to, feedback from the public, other stakeholders and this Sub-Committee following a 10-week consultation exercise on the proposal to relocate some GP

- practices into new health centres.
- 7.2 Present for this item were Jackie Mills (Chief Finance Officer, Sheffield, NHS South Yorkshire), Abigail Tebbs (Deputy Director, Primary Care Estates and Digital, NHS South Yorkshire), Dr. Alice Deasy and Mike Speakman.
- 7.3 Jackie Mills introduced the report and stated that following on from the consultation, the business case had been developed and the draft recommendations were set out in Section 5 of the report. She said that the proposal was for three new hubs to be built in the Burngreave, Fir Vale and Parson Cross areas, a fourth hub was no longer being pursued. She said the draft Business Case would be presented to the NHS South Yorkshire Integrated Care Board (NHS SYICB) on 20th December, in advance of a presentation of the full business case on 4th January, 2023. The report asked the Sub-Committee to provide a formal response to the Draft Decision Making Business Case by 14th December 2022.
- 7.4 Dr. Alice Deasy said that from the Page Hall Medical Centre perspective, the scrutiny that had gone into this matter was really valued and had huge value to the Page Hall area. She added that the Centre did not want to reduce staff costs and said they also shared concerns about derelict buildings as she valued the community she worked within and did not want to see vacated GP surgeries left empty.
- 7.5 Members made various comments and asked a number of questions, to which responses were provided as follows:-
- It was recognised that there would be empty buildings once the practices had moved into the new hubs, but it was difficult to give a commitment, but it was something that would be given consideration to.
 - It was acknowledged that there were issues around transport generally and there was a need to look in more detail at the impact on patients on a practice-by-practice basis. There was a commitment from the Mayoral Combined Authority that should demand be demonstrated, alternative proposals, diversion/rerouting of buses, etc., would be considered. There could be revenue savings in the area, so there was a possibility that there would be resources to pay for a minibus.
 - The Page Hall practice was very positive about this for a number of reasons, one being the significant health inequalities in the area and also ownership of the building. It was stated that the practice worked really

hard, was financially stable and would not be “out of pocket” to move into a new building, but it was felt that it was the right way forward to provide the best health care to the area, but in the current building, there was simply not enough space to be able to do what it wanted to do.

· The principle was that costs would not be higher than practices were paying at present. It was realised that costs would be higher in the new buildings, although the new buildings would be rent free, the service costs would be higher. With regard to energy costs, the new buildings would be low energy carbon, so there would be savings elsewhere.

· It was hard to measure the success of the project. It was interested in measuring success of the whole programme in delivering primary care and decide upon the outcome. In terms of the hubs, it would look at affordability of practices and whether recruitment had improved and to see if the developments had helped. Simple measures such as access and access times was not necessarily helpful as so much more would be happening.

· There was a need to set out an evaluation framework to look at the objectives and how they might be measured. There was a need to understand the lessons that could be learned and deal with the issues highlighted in the areas at present.

· Funding would be provided to discover the best and different ways of working, deliver the transformation programme and provide support to the Primary Care Networks and work with them to achieve what they were not currently achieving.

· There had been a huge increase in need and demand for health care services across the board, and it was hard to judge on how much of this was a product of covid and it would remain to be seen as to whether this would settle down to historic levels. It was about the breadth and quality of services.

· NHS South Yorkshire were looking at Primary Care Networks across the city as demand for that care had increased. A dashboard for primary care was being developed to see if there was a need to make adjustments to deliver on the wider needs of primary care and other funding routes, other than funding through the Government, would be explored.

Beighton was one of the areas currently being worked on as the health centre there had been derelict for a number of years and plans were now in place to look at how to make the building sustainable and ensure the building would be well used.

7.6 RESOLVED: That the Sub-Committee agrees to delegate the development and submission of the formal response to the NHS to the Director of Legal and Governance in consultation with the Chair. The Chair invited Members to send through comments to be included in the response by the 14th December, 2022.

8. WORK PROGRAMME

8.1 The Policy and Improvement Officer reported on the Work Programme and set out the proposed agendas for forthcoming meetings. The Sub-Committee agreed to look at how an item on how NHS bodies are addressing the recommendations of the Race Equality Committee could be brought to a future meeting, and agreed to hold a workshop on primary care, to involve a range of perspectives including clinicians, patient groups, the Local Medical Committee and Primary Care Networks.

8.2 RESOLVED: That the Sub-Committee supports the Work Programme as set out in Appendix 1.