

SHEFFIELD CITY COUNCIL

Health Scrutiny Sub-Committee

Meeting held 25 January 2024

PRESENT: Councillors Ruth Milsom (Chair), Steve Ayriss (Deputy Chair), Martin Phipps (Group Spokesperson), Dianne Hurst, Laura McClean, Mick Rooney, Sophie Thornton and Ann Whitaker

1. APOLOGIES FOR ABSENCE

1.1 There were no apologies for absence.

2. EXCLUSION OF PRESS AND PUBLIC

2.1 There were no items of business identified where the public and press may be excluded from the meeting.

3. DECLARATIONS OF INTEREST

3.1 Item 7

Councillor Sophie Thornton declared that she was an employee of Sheffield MENCAP and Gateway, which was an organisation involved in the consultation under discussion, but she had not personally been involved.

4. MINUTES OF PREVIOUS MEETING

4.1 The minutes of the meeting of the Sub-Committee held on 21st December 2023 were agreed as a correct record.

5. PUBLIC QUESTIONS AND PETITIONS

5.1 One question had been received from a member of the public, however as it related to item 9, the Chair stated that it would be read out during consideration of that item.

6. MEMBERS' QUESTIONS

6.1 There were no questions from Members of the Sub-Committee.

7. FUTURE OF HEALTH SERVICES FOR ADULTS WITH A LEARNING DISABILITY IN SHEFFIELD

- 7.1 The report, which updated the Sub-Committee on the work that had progressed since the last update in June 2003, on the emerging model for the delivery of community and in-patient services for people with a learning disability/autism, and informed the Sub-Committee on the move to the implementation of the Transforming Care Programme, was introduced by Hassan Mahmood (Clinical Director and Consultant Psychiatrist, NHS Sheffield Health and Social Care Trust), Richard Bulmer (Head of Service, NHS Sheffield Health and Social Care Trust), Adam Butcher (Service User Engagement and Experience Team) and Louisa King (Head of Commissioning - Mental Health, Learning Disabilities, Dementia and Autism, South Yorkshire Integrated Care Board, Sheffield Place).
- 7.2 Richard Bulmer clarified that Primary Care services were not within the scope of the report, however the service would work closely with GPs to encourage service users to have regular health reviews. Social Care was still provided by Sheffield City Council who worked closely with the Health and Social Care Trust. Hassan Mahmood added that they also worked closely with other primary care services such as dentistry to ensure service users' health was considered holistically and to promote STOMP (Stopping Over Medication of People with a Learning Disability, Autism or Both). This was particularly important due to the life expectancy of people with learning disabilities being significantly lower than average. Adam Butcher added that the "Health Passport" had been evaluated to establish whether it was fit for purpose, which helped services establish who else should be contacted. Louisa King confirmed that they would clarify the structure of the service and how it related to other services as part of the communication plan.
- 7.3 Members asked when Phase 2 would be completed. Richard Bulmer advised that the aim was to complete Phase 2, i.e. development and recruitment, by July 2024.
- 7.4 Members asked for further information regarding the engagement process. Louisa King advised that the next stage of the process would be a joint engagement plan with partner organisations, which would take shape over the next 4-6 weeks.

Adam Butcher stated that engagement work had taken place throughout the project to ensure it would be supported by clients and carers. This had included the formation of a co-production group and a session with stakeholders at Hillsborough Arena. Hassan Mahmood added that diverse communities had been involved in the consultation, and feedback had been incorporated into service action plans i.e. a constant feedback loop was in place which included evaluation.

- 7.5 Members inquired whether there would be capacity for overall money saving. Richard Bulmer explained that it was not anticipated that the scheme would provide any cost saving to the service. Any savings would be to the health system in general and by enabling service users to better contribute to society.

Hassan Mahmood advised that the team had been asked to share their learning at an international forum in London in April 2024.

7.6 In response to a query regarding when the changeover from use of the Firshill Rise Centre, to the new model would take place Richard Bulmer stated that the Firshill site had closed, and some staff had moved across to the new model which was in an evolutionary phase and should be operating 7 days a week by July 2024, provision was being increased gradually. Early recruitment had taken place into the areas with the longest waiting lists, e.g. Speech Therapy, and to specialist nurse roles.

7.7 Members asked where the short stay residential model for South Yorkshire would be provided. Louisa King advised that this was currently mid procurement so could not be shared publicly but she would update the Chair of the Sub-Committee when she was able to do so.

7.8 Members requested examples of where feedback/co-production had had a direct influence on the service.

Richard Bulmer advised that the opening hours of the service had been arrived at via consultation with users who had also clarified what support was needed at weekends. Louisa King advised that a “You Said, We Did” would also be produced explaining how the co-production exercise had made a difference to the model.

Adam Butcher stated that he was keen to continue the involvement of service users and their carers who had often developed expertise due to their own experiences. Richard Bulmer added that co-production would be ongoing, it was not a one-off process. Hassan Mahmood stated that the introduction of service users having a “lead professional” to prevent having to repeat their story, had been a response to feedback.

7.9 Members requested a further update be provided in 12 months on phase 2, to include information regarding care quality and outcomes, the progress of staffing and recruitment, a summary of complaints and how they were handled, and information on any cases dealt with out of area.

7.10 **RESOLVED:** That the Sub Committee:
(a) notes that phase one of implementing the model of delivery for the new Sheffield LDA (Adult Learning Disability) service, has begun; and
(b) requests that a further update should be provided in 12 months.

8. ADULT STAMMERING SERVICE UPDATE

8.1 The report which gave an update on the provision of adult stammering services had been submitted by Chris Hayden (Deputy Chief Operating Officer, Community and Mental Health, Sheffield Children’s NHS Foundation Trust).

- 8.2 The Policy and Improvement Officer advised that due to the proposed changes to the service no longer constituting a significant variation, it had been agreed prior to the meeting of the Sub-Committee, that no presentation was necessary.
- 8.3 Members agreed that a letter would be sent to the Service thanking them for the briefing note, advising that no further formal update was required at this stage but stating that the Sub Committee wished to be informed if any future issues arose, and also requesting written advice as to how service users had been affected when the service was disrupted and how they were being prioritised now the service had resumed.
- 8.2 **RESOLVED:** That the Sub-Committee notes the update.

9. **PALLIATIVE AND END OF LIFE CARE**

- 9.1 The report which shared details of the South Yorkshire Integrated Care Board's All Age Palliative and End of Life Care Strategy and offered Members an opportunity to give feedback, introduced the ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) project and shared details regarding the ongoing funding of specialist therapeutic bereavement services in Sheffield, was introduced by Louise Potter (PEOLC [Palliative and End of Life Care] Commissioning Manager, Sheffield Place SY ICB, [South Yorkshire Independent Commissioning Board]), Lucy Crowder (ReSPECT Project Manager), Dr. Hannah Weston (GP and PEOLC clinical advisor for Sheffield Place, SY ICB), Jane Howcroft (Head of Commissioning, Long Term Conditions, PEOLC, Sheffield Place, SYICB) and Joanna Rutter (Health Improvement Principal, Public Health, Sheffield City Council).
- 9.2 Jane Howcroft explained that the Health and Social Care Act 2022 gave the ICB a statutory duty for Palliative and End of Life Care, and this had necessitated the drawing up of the strategy.
- 9.3 Presentations on the Palliative and End of Life Care Strategy and on Bereavement Services, subsequently published on the Council's website, were delivered by Louise Potter who advised that the consultation link for feedback on the strategy would be kept open for Members of the Sub-Committees to comment, until the following Monday.
- 9.4 Joanne Rutter explained that there was a particular need for feedback regarding how Bereavement Services, which were evolving since the Covid Pandemic, should be owned and governed.
- 9.5 Members expressed concerns that NHS funding for bereavement services was due to end, particularly as there were economic reasons for its continuance as people taking days off work associated with grief was costly.

Louise Potter advised that the yearly commissioned costs for services relating to the strategy had been as follows: Cruise £97,000, Faith Star £47,000, Mind

£75,000. Joanna Rutter confirmed that the funding had come from Covid Recovery funds, Public Health reserves and the ICB. Cruise acted as a gateway to direct people to the correct help and the organisations worked collaboratively.

9.6 Members welcomed the proposal to have information on bereavement services available in one place on a website and in readily understandable language. A suggestion was made that local businesses could be approached for funding for bereavement services.

9.7 A workshop was being scheduled later in the year which would give Members the opportunity to discuss bereavement services in more detail.

9.8 A question had been received from Dave Berry who attended the meeting to ask the question:

"I have friends who have had poor experience of the DNR and the recently introduced Respect process. How is the consent and involvement of the patient and family to be evidenced within the process. Will it be formally recorded or signed for by the family within the documentation process?"

Dr Weston advised Mr Berry that his question would be addressed in the presentation on the ReSPECT project.

9.9 A presentation on the ReSPECT project, which was subsequently published on the Council's website, was delivered by Lucy Crowder

9.10 The Chair referring to the public question asked how a patient would have had a ReSPECT plan withOUT their family being consulted. Dr Weston advised that this was disappointing and was not best practice as whilst it was a medical decision, family/carers should be involved. She stated that she would encourage the family mentioned by Mr Berry to find out what had happened via PALS (Patient Advice and Liaison Service).

9.11 Members asked where accountability for the ReSPECT programme lies. Healthwatch had had feedback which relayed experiences similar to that of Mr Berry and had said that more time for discussion and reflection as part of the process, would have been useful.

Dr Weston explained that plans could be formulated in various settings and were a paper document which should remain with the patient. The plan should be reviewed if circumstances, care settings or the wishes of the patient changed. This should be outlined on the form itself but there was scope for it to be spelled out more clearly. The process was a collaboration with the patient and the family, but the final say was with the clinician and it could be beneficial for the family to feel that the final decision did not rest with them. "Not For Resuscitation" did not mean that other care was withdrawn.

9.12 Louise Potter advised that the change from "Do Not Resuscitate" to ReSPECT would take up to 2 years to embed, and was being phased in at the same time

as the previous process was being phased out. Staff were being trained. The information being held electronically was on the forward plan. Lucy Crowder stated that an audit of organisations who had adopted ReSPECT was being conducted and this would be used to set benchmarks. The audit would also look at complaints and assess performance against national standards. Dr Weston explained that patients were being encouraged to approach GPs to initiate ReSPECT programmes.

9.13 The Chair stated that regarding the earlier discussion on Bereavement Services, she was concerned that according to Healthwatch findings, the further the service was away from hospital acute care, the lower the customer satisfaction was. She suggested that the strategy should not be fully owned by the ICB but should be co-owned with other partners such as the council, voluntary organisations and hospices. Jane Howcroft responded that the strategy was created with partners and their logos would be included but the idea of co-ownership could be explored further, and Compassionate Sheffield should be invited to the proposed workshop.

9.14 **RESOLVED:** That the Sub-Committee notes the update.

(NOTE: During the discussion of the above item the Sub-Committee agreed, in accordance with Council Procedure rules, that as the meeting was approaching the two hours and 30 minutes time limit, the meeting should be extended by a period of 15 minutes).

10. WORK PROGRAMME

10.1 The report, which gave an update on the Sub Committee's work programme was presented by Deborah Glen (Policy and Improvement Officer), who advised that the workshop in February 2024 would be focussed on dentistry and a related survey would be going on the "Have Your Say" section of the Council's website soon.

10.2 **RESOLVED:** That the Sub-Committee agrees the work programme, including the additions and amendments identified.