

SHEFFIELD CITY COUNCIL

Health Scrutiny Sub-Committee

Meeting held 14 March 2024

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

1. APOLOGIES FOR ABSENCE

- 1.1 An apology for absence had been received from Councillor Nighat Basharat (Councillor Mary Lea acted as a substitute).
- 1.2 An apology for absence had been received from Lucy Davis of Healthwatch.

2. EXCLUSION OF PRESS AND PUBLIC

- 2.1 No items were identified where resolutions may be moved to exclude the press and public.

3. DECLARATIONS OF INTEREST

- 3.1 There were no declarations of interest.

4. MINUTES OF PREVIOUS MEETING

- 4.1 The minutes of the meeting of the Sub-Committee held on the 25th January 2024 were agreed as a correct record.

5. PUBLIC QUESTIONS AND PETITIONS

- 5.1 There were no public questions.

6. MEMBERS' QUESTIONS

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

7. CHANGES TO SCRUTINY STATUTORY REFERRAL POWERS.

- 7.1 A verbal update was given by Laurie Brennan, Head of Policy and Partnerships, who drew the Sub-Committee's attention to a document tabled at the meeting and subsequently published as a supplement on the Council's website, "Health Scrutiny and the New Configuration Arrangements: A Further Guide for Scrutiny Practitioners", published by the Centre for Governance and Scrutiny (CFGS). This outlined the changes to the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.
- 7.2 Laurie Brennan advised that the changes were summarised on Page 2 of the CFGS guide, i.e. that from 31st January 2024 local health overview and scrutiny committees would no longer be able to formally refer matters relating to reconfigurations of local health services to the Secretary of State. Instead, the Secretary of State would have a broad power to intervene in local services, and scrutiny committees would have the right to be formally consulted on how the Secretary of State used their powers to "call in" proposals. The Sub-Committee would be able to ask the Secretary of State to intervene but this would not constitute a formal referral and so would not guarantee intervention.
- 7.3 Members expressed their disappointment regarding this change and commented that the former official referral power had not been used frequently, but its existence had provided useful leverage. In future it would be increasingly important to work in partnership with the community sector, such as Healthwatch, to bring about change.
- 7.4 Members discussed the desirability of developing a Memorandum of Understanding between commissioners, providers and the Sub-Committee as outlined on page 8 of the CFGS guide, in order to establish ways of working under the new regulations. A request was made for this to be added to the Sub-Committee's work plan for the upcoming municipal year.
- 7.5 **RESOLVED:** That the Sub Committee:
(a) notes the update and
(b) agrees that the development of a Memorandum of Understanding with local providers and commissioners be placed on its work programme for the 2024-25 municipal year.

8. RELOCATION OF STEP DOWN SERVICES

- 8.1 The report was presented by Gemma Robinson, General Manager, Acute Services, Sheffield Health and Social Care, and Richard Bulmer, Head of Service, Sheffield Health and Social Care.
- 8.2 Members offered their thanks for the report and praised the positive work which had gone into developing the facility.
- 8.3 The following additional information was provided in response to questions from

Members of the Sub-Committee:

- Whilst it was acknowledged that the Step-Down model saved money overall, there would still be a resource issue in creating more similar beds, as that would involve releasing money from other parts of the NHS system. Additionally bed resource (i.e. space) was an issue.
- Improved recovery times were due to a range of factors including the provision of a more enriching and positive environment for patients, and improved infection control.
- Greater integration of patients into the community also aided recovery, e.g. a minibus was used to help patients access local transport.
- Investment in buildings had greatly contributed to quality of care.
- Work was being done to address the shortage of staff workspace.
- Research could be conducted to learn more about what the outcomes for patients were when they returned to the community.
- The cost of staffing was less than in an acute ward as it did not require registered nurses.
- An ongoing conversation was required around where new investment should be targeted, i.e. in the community in order to try and prevent hospital admissions by capturing people before they are in crisis, or in acute care.
- Efforts were being made to prevent patients being stuck in a cycle of admission, but re-admission should not be assumed to be a failure as it was often what the patient needed.
- Waiting times in the NHS could contribute to people reaching a mental health crisis. With regards to Sheffield Health and Social Care services, investment had been made in “waiting well” to try and target people most at need of mental health services.

8.4 The Chair (Councillor Ruth Milsom) advised that she had visited the Centre and the photographs in the report were an accurate representation of the facilities.

8.5 Members discussed their support for the Step-Down model and how in their view the NHS should invest more in this type of service, in order to expand similar provision. It was agreed that a letter should be written to the Integrated Care Board (ICB) in recognition of the positive work that was taking place and the effect the facility had had on service users and on acute care. It was also agreed that the facility should be submitted as an example to the Council’s developing Health and Wellbeing Strategy. Members also requested that their positive feedback be passed to facility staff.

8.5 **RESOLVED:** that the Sub Committee:

(a) Requests the Chair write a letter to the ICB:

- Highlighting the positive work that has been done in terms of relocating, managing staff and service user consultation, and the successes of the new facility;
- Requesting positive feedback be passed on to the facility’s staff;
- Including Members thoughts on the value of the service and how it might be developed in the future to provide more

- capacity in the non-acute setting; and
- (b) Requests that the Step-Down facility be referenced as an example, within the emerging Health and Wellbeing Strategy.

9. CONTINENCE SERVICES

- 9.1 The Chair, (Councillor Ruth Milsom), advised that there were no representatives from the Integrated Care Board (ICB) present to update the Sub-Committee. She drew the attention of Members to a report of March 2022 which was tabled at the meeting and subsequently published as a supplement on the Council's website, entitled "Response to Scrutiny Recommendations on Continence Services". This had outlined the NHS response to the findings of a Member working group to the Healthier Communities & Adult Social Care Scrutiny Committee (the predecessor of the Health Scrutiny Sub Committee) and had provided the recommendations to improve Continence Services which the Sub-Committee wished to monitor.
- 9.2 The meeting adjourned for a short break and the webcast was paused to enable Members to read the report and familiarise themselves with its recommendations.
- 9.3 The meeting reconvened, the webcast restarted, and the Chair explained that the Sub-Committee had expected a further update on work towards achieving the recommendations of the 2022 report, but this had not been forthcoming from the ICB on this occasion.
- 9.4 Members expressed their disappointment and frustration at the lack of reported progress. They had appreciated Dr Zak McMurray attending the Sub Committee in December 2023 to provide an update but as he had advised that he was not directly connected to the service, a further update from the relevant staff had been scheduled. Members agreed that the recommendations should be treated as urgent and an appropriate person from the ICB should be prepared to interact with the Sub Committee. It was noted that there was a strong contrast between this service and the Step-Down service discussed in Item 8 with regards to the comparative importance given to patient dignity. It was also felt that issues with the supply chain were used as an excuse.
- 9.5 Members discussed their desire to be informed of the outcome of the issues raised in the public question by Mr Sugar at the meeting of the Sub Committee in December 2023, which was being dealt with by the ICB as a formal complaint. Members requested that Officers write to Mr Sugar to keep him updated and to thank him for his contribution.
- 9.6 Laurie Brennan, Head of Policy and Partnerships, advised the Sub-Committee that he shared their disappointment and was keen to further develop the Council's relationship with the new NHS infrastructure and identify new ways of working to enable them to appreciate the positive role that Scrutiny can play. He advised that he would follow this up with the ICB and would also add the topic to the work programme for the first Sub-Committee meeting of the upcoming municipal year. He suggested that the topic also be considered further in the workshop on End-of-

Life care which his team were in the process of scheduling.

9.7 **RESOLVED:** that the Sub-Committee:

- (a) Requests senior ICB representatives attend the first Sub Committee meeting of the 2024/25 municipal year to give a further update regarding the implementation of the agreed recommendations of the working group on Continence Services and;
- (b) Expects further communication to take place between Officers and the ICB to encourage positive engagement with Scrutiny.

10. **WORK PROGRAMME**

10.1 The report was presented by Laurie Brennan, Head of Policy and Partnerships who advised the following:

- A workshop on dentistry was scheduled to take place on the 25th March 2024 and the online survey which would inform this conversation was still open.
- Outstanding items on the work programme would be carried forward into the next municipal year including a further update on Continence Services at the first meeting.
- A Workshop on End-of-Life Care was being arranged and would be likely to take place in April 2024.
- The drawing up of a Memorandum of Understanding between commissioners, providers and the Sub-Committee, would be added to the work programme.
- The report on Adult Autism Services, which had been deferred from this meeting of the Sub-Committee, would be rescheduled.

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