SHEFFIELD CITY COUNCIL

Health Scrutiny Sub-Committee

Meeting held 11 October 2023

PRESENT: Councillors Ruth Milsom (Chair), Steve Ayris (Deputy Chair), Martin Phipps (Group Spokesperson), Sophie Thornton, Ann Whitaker, Dawn Dale (Substitute Member) and Mary Lea

1. APOLOGIES FOR ABSENCE

1.1 Apologies for absence had been received from Councillors Talib Hussain, Laura McLean, Abtisam Mohammed and Mick Rooney.

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 There were no declarations of interest.

4. MINUTES OF PREVIOUS MEETING

4.1 The minutes of the previous meeting of the Sub-Committee held on 7th September 2023 were agreed as a correct record.

5. PUBLIC QUESTIONS AND PETITIONS

5.1 Question asked by Adam Butcher

"Item 7 Walk in Centre

Did you use Service users as part of your mock CQC inspection?

Was this people who have use the service or Healthwatch"

The Chair invited Rachel Beverley Stevenson and Dr William Dawson of One Medicare to answer this question. They stated that service users had not been used in the mock inspection, however they had considered feedback from patients

who had used the service.

The Chair stated that the second question received from a member of the public related to item 10 and would be read out during consideration of that item.

6. MEMBERS' QUESTIONS

6.1 There were no questions received from Members of the Sub-Committee on matters not on the agenda for the meeting.

7. WALK IN CENTRE UPDATE

7.1 The report was presented by Rachel Beverley Stevenson (Executive Chair) and Dr William Dawson (CEO) of One Medicare, the independent NHS health care provider of the Walk in Centre.

The report gave an overview of the Sheffield Walk in Centre, details of the recent unannounced Care Quality Commission inspection of the service and the improvement work in response to the CQC's findings.

7.2 In response to questions raised by Members, the following information was provided:

- Regarding the action on confidentiality, there was now a Confidential Room near the reception.
- The capacity of 70 patients was in line with fire safety. Usually there was not more than 50 people in the room at one time.
- The figure of 96.4% of patients having a clinical consultation within 60 minutes referred to the initial triage rather than the subsequent clinical consultation.
- Data on the areas patients resided in, could be provided.
- The legal challenge to the inspection was in respect of the two warning notices. One Medicare had also had concerns regarding the consistency of inspections and the different ratings given in different regions.
- Staff "huddles" and "circuit breakers" were mandatory. Notes of them were taken which staff could access.
- Figures for complaints could be provided. Staff behaviour and patient waiting times were the most common complaints, however this related to waiting times overall, including for 111 advice not just at the Walk in Centre.
- One Medicare would be happy to work with Healthwatch to improve patient engagement.
- The service employed a Clinical Educator, and time for staff training was made by "double running" staffing. Also, paid learning time was provided for the Clinical Practitioner Programme.

- Staff turnover rate had improved and increased recruitment had taken place. Figures for staff retention could be provided.
- Data was tracked in order to anticipate periods of high demand.
- The service had to see every patient that walked through the door, they could not turn people away or send them elsewhere.
- The senior leaders from One Medicare who were overseeing improvements would have a 3-month handover period with the new Operational Manager who was in the process of being recruited.
- Some extra training for staff was paid and some was in their own time.
- The NHS representatives were not sure why patients who lived in Chesterfield and Rotherham were using the service, but it could be due to them working in Sheffield.
- Managing "patient flow" was key to infection control, but this was challenging due to staff resources. Also, the ability to separate different categories of patients was limited by the available space.
- The potential of expanding into some spare available space in the same building, was being discussed with the Landlord.
- More similar centres which fill the gap between GP Services and A&E would be of benefit to the City.

7.3 The Chair stated that she had visited the Centre and had been shown around the Wellbeing Hub, she asked why this service had been started, what the uptake had been and whether it could be scaled up and replicated elsewhere? Dr Dawson advised that this service was at the heart of their model and had been put in place around four years earlier in a different Centre. It aimed to offer people time to talk about any wider problems with their physical and mental health. The Hub had been worked on with Sheffield Teaching Hospitals and had seen over 1000 patients in the last year.

7.4 Members requested a further update be brought to the Committee when the CQC report was received.

7.5 **RESOLVED**: That the Sub Committee notes the update.

8. WINTER PLAN PROPOSALS

8.1 A presentation, which had been published as a supplement on the Council website, was introduced by Kate Gleave (Deputy Director Children and Young People and Urgent Care, South Yorkshire Integrated Care Board), Ian Atkinson (Deputy Place Director Sheffield, SYICB), Michael Harper (Chief Operating Officer Sheffield Teaching Hospitals) and Greg Hackney (Senior Head of Service and Deputy to the Director of Operations, Sheffield Health and Social Care).

The presentation gave a summary of the Sheffield Urgent and Emergency Care Winter Plan for 2023/24.

8.2 In response to questions raised by Members, the following information was provided:

- The capacity of the Virtual Ward was being increased over winter, it would then be evaluated, and consideration would be given as to whether the funding should be extended longer term.
- The mental health measures were ongoing investment, which would continue beyond winter.
- The extra service being located at Darnall should not have any adverse effect on patients there or on existing services.
- The Yorkshire Ambulance Service Mental Health Emergency Response Vehicle was a different service to one which was still being run by the Police. Work was being done to see if these services could be brought together. The aim was to support people in the Community, so they did not have to attend A&E.
- Data would be collected on the demographics of who was accessing the service.
- Work would be done to communicate to the public what winter services were available. Members suggested that this information should be standardised on GP websites where possible.
- The milestone regarding patients needing support from Health and Social Care to go home from hospitals without delay, was achieved partially by the Joint Discharge Plan work being done with the Council and also by the 38-hour capacity of home care hours as part of the Winter Plan.

8.3 Members asked with regards to infection control, how the learning gained in the Covid pandemic had been taken forward. Michael Harper advised that Sheffield Teaching Hospitals had set up a tiered system of monitoring for Covid which involved bringing in certain measures such as mask wearing. This was intended to be consistent across South Yorkshire. Greg Hackney advised that an engagement plan to make infection control measures more visible to the public was being put together by Health and Social Care as it was their top priority.

8.4 Members also asked whether staff were still required to test for Covid. Mike Harper stated that this was not compulsory and if staff felt well they were able to attend work. Different levels of testing would be stepped up if infections rates rise. Currently it was up to individual trusts to decide.

8.5 **RESOLVED**: That the Sub Committee notes the update.

9. ADULT A&E PERFORMANCE POSITION

9.1 A presentation, which had been published as a supplement on the Council website, was introduced by Kate Gleave (Deputy Director Children and Young People and Urgent Care, South Yorkshire Integrated Care Board).

The presentation gave information about how activity and waiting times had

changed since before COVID, how the service was performing against the four-hour A&E target and what the main challenges were to performance.

9.2 A discussion took place regarding patient expectations of the service, which Kate Gleave had advised had increased since the pandemic. Some Members felt that in fact patients had very low expectations e.g. that it was pointless trying to make a GP appointment as it was impossible. It was suggested that this idea should be reframed and that maybe the issue rather than expectations was that patients tended to be in the wrong place for whatever they needed at the time. It was also felt that services in the City needed to improve the communication between them.

9.3 Members asked for the current position regarding waiting lists for testing for general conditions. Michael Harper advised that waiting lists had grown due to the pandemic but this was being tracked as part of the recovery plan. There had also been a move to Patient Integrated Follow Up Care, rather than giving people an arbitrary return appointment for a check-up.

9.4 Members asked whether patients had been moving across to private care. Michael Harper stated that in Adult Acute Care it was difficult to track. The number of patients accessing care had remained the same and referral numbers were back to pre-Covid levels. Walk in Centre demand was down.

A streaming nurse system had been implemented in the reception of Northern General A&E to see which patients could be diverted to another service at the hospital.

9.5 Members asked whether the health inequalities between the East and West of the City had worsened since the pandemic. Michael Harper advised that the demographics of waiting lists had not changed.

9.6 It was agreed by Members of the Health Scrutiny Sub Committee to extend the meeting by 15 minutes.

9.7 The Chair advised that the reason for bringing this item to the Committee was because there had been a plan in 2017, which had not been carried out, to relocate some services to the Northern General Hospital, however there had been strong public feeling in support of keeping them in the city centre. She asked whether there were any plans contrary to this at present.

Ian Atkinson stated that he could not definitely say “no”. Future pathways for the next 5-10 years of same day urgent care, were beginning to be considered and would be discussed with Members at the appropriate time. It could not be guaranteed at this stage that everything would stay the same. The Chair requested that engagement with Members take place as early as possible in the process and in a way that was collaborative.

9.8 **RESOLVED**: That the Sub Committee notes the update.

10. WORK PROGRAMME

10.1 Question submitted by Dave Berry:

"I would like to ask the public question to the Scrutiny Committee on Wednesday but I am unable to attend in person.

I am aware of an occasion recently when the family member of an elderly patient at Northern General Hospital felt pressurised when asked to sign a Do Not Resuscitate Form on admittance of their partner to the hospital. The family member refused to sign but was then upset to find a Respect form issued on discharge which they had not been consulted on and felt did not reflect the family's wishes.
I am concerned that DNR forms are becoming overused and that protocols on consultation with the patient and family are not being followed and that there is confusion regarding the legal status of DNR and Repect forms and the required consultation required.

I would ask that your Committee ask for a report and consider this issue at a future meeting.
The report may include:

- *information on the legal status of DNR and Repect forms*
- *copies of protocols regarding the two forms*
- *training of health professionals in the use of and consultation required on the forms*
- *any statistics on the use of the two forms".*

Members agreed that this issue should be added to the work programme as a formal item to be considered at a future meeting of the Sub Committee. A written response would be sent to Mr Berry confirming this.

10.2 Members agreed that with regards to Bereavement Services- a workshop should be held to ascertain what services were currently available.

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