SHEFFIELD CITY COUNCIL

Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee

Meeting held 1 September 2021

PRESENT: Councillors Steve Ayris (Chair), Talib Hussain (Deputy Chair), Sue Auckland, Lewis Chinchen, Francyne Johnson, Bernard Little, Ruth Mersereau, Ruth Milsom, Garry Weatherall and Alan Woodcock.

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1. APOLOGIES FOR ABSENCE

1.1 Apologies for absence were received from Councillor Vic Bowden and Lucy Davies (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. MINUTES OF PREVIOUS MEETINGS

4.1 The minutes of the meetings of the Committee held on 7th and July, 2021 were approved as correct records.

4.2 *Matters Arising*

4.2.1 Emily Standbrook-Shaw, Policy and Improvement Officer, referred to Item 6.5(f) of the minutes of the meeting held on 14th July, 2021 and said that she had circulated a letter to all Members regarding the Adult Dysfluency and Cleft Lip and Palate Service and that should anyone not be in receipt of such letter to contact her. She added that the CCG had confirmed that they will be bringing a report to the meeting of the Scrutiny Committee to be held on 29th September, on the Consultation Plan, which should address any questions/issues raised and to answer further questions/issues that might arise at the meeting.

5. PUBLIC QUESTIONS AND PETITIONS

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

6. WORK PROGRAMME

6.1 Emily Standbrook-Shaw, Policy and Improvement Officer, gave a verbal update on the Work Programme. She stated that items of business for the next meeting to be held on 29th September were:

- Adult Dysfluency and Cleft Lip and Palate Service Consultation Plan
- Care Trust – Update on CQC Inspections
- Primary Care – Capital Programme and Update

6.2 RESOLVED: That the Committee agreed for the following items of business to be included in the Committee's Work Programme for the year ahead:-

- Integrated Care System. To place as a standing item on every agenda as this matter will unfold throughout the year;
- Mental Health Services coming out of Covid; and
- Annual Update on the Dental Care Service (Jan 2022).

7. DEVELOPMENT OF THE SOUTH YORKSHIRE AND BASSETLAW INTEGRATED CARE SYSTEM

7.1 The Committee received a report which summarised the proposed legislative changes to the Clinical Commissioning Groups (CCGs) and Integrated Care Systems (ICS) and the development of the South Yorkshire and Bassetlaw ICS.

7.2 Present for this item were Alexis Chappell (Director of Adult Health and Social Care, Sheffield City Council) and Dr. Terry Hudsen (NHS Sheffield CCG Clinical Chair).

7.3 Dr. Terry Hudsen introduced the report and stated that the Health and Care Bill, which was now at the committee stage of the legislative process, was the natural progression of and building upon the NHS Long Term Plan, which was formally launched in 2019, setting out priorities over the next ten years to improve and reform the NHS. He said the reforms were about delivering better integration at three levels: health and social care; primary, community and secondary care; and physical and mental health. Dr. Hudsen said that if the legislation was passed, the changes would come into effect on 1st April, 2022. Also, following an assessment of the impact of boundary changes for Bassetlaw, the district of Bassetlaw would align with the Nottingham and become part of the Nottinghamshire Integrated Care System from 1st April, 2022. Dr. Hudsen stated that CCGs would no longer exist, but its functions and the vast majority of its staff would transfer into the new Integrated Care Board. He said the ICS Partnership would be a committee formed by the NHS and representatives from the four local authorities in equal partnership, to develop an integrated care strategy for their local population. He said that the although the plan was still vague and would evolve as it passed through many stages, one of the important ICS features was placed-based partnerships between the NHS, local councils and voluntary organisations, residents, people who access services, carers and families, such partnerships to

design and deliver integrated services. The ICS was to bring about major changes in how health and care services are planned, paid for and delivered, to achieve greater integration of health and care services; to improve population health and reduce health inequalities; and support productivity and sustainability of services. Finally, Dr. Hudsen stated that the introduction of the Integrated Care System was not a case of the CCGs going, but a transition of its functions from the CCG to the ICS.

7.4 Emily Standbrook-Shaw, Policy and Improvement Officer, stated that she had contacted the Centre for Governance and Scrutiny regarding any updates on changes to scrutiny powers as a result of the Health and Care Bill. She said that the Centre for Governance and Scrutiny would give evidence of this to Parliament on 9th September and the Centre was interested in receiving any thoughts of Members around local accountability.

7.5 Alexis Chappell stated that there had been a number of guidance notes published by NHS England in support of the Bill. She said that within the Bill, there was also a note regarding adult social care and development on the inspection framework and added that this was something the Council ought to be prepared for. Alongside that the key point was that the Health and Wellbeing Board would not change and would remain the strategic body for Sheffield and that focus remained on building and securing relationships with the NHS.

7.6 The Chair then asked questions on behalf of Lucy Davies, Healthwatch as follows:

"Where does a member of the public go with concerns?
Where can its concerns be raised?
How can Sheffield influence and change the way ICS makes its decisions?"

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

- There are multiple layers within the Health and Wellbeing Board and the Health and Care Partnership, and through the work of the Joint Committee and the CCG there has been an evolution of challenge internally on how to do things well and whilst it was accepted that things were not perfect, some of the engagement work carried out during Covid had been successful, particularly in relation to those in South Yorkshire who haven't been vaccinated, where the approach taken was to work with local communities in an attempt to overcome barriers, as often people within communities had the solution to the problem.

- In terms of the larger scale, there will always be increased pressures on the NHS. In relation to funding, it was not clear at present how each area would be resourced but there was an indication that the current allocation to the four CCGs would remain the same. The CCG budget at present was available to use on health services around the region, and the ambition was to bring in more resource to enable local decision making and planning for how services might be delivered. The transition process was to ensure that we continue to have the NHS working in place so that there wasn't a

strategic health body not connected to where decisions were taken.

- With regard to privatisation, it should be recognised that there was a hybrid provision of privately run services, such as those within social care, that were provided on behalf of the NHS.

- One of the functions of the ICS, would be to assist in the development and funding of local organisations, voluntary sector organisations, community enterprises, etc., Detailed discussions were ongoing as to how support could be given to those organisations.

- With regard to the question relating to the Joint Strategic Needs Assessment, NHS England has stated that this would remain in place as it was tied into the Sheffield Health and Wellbeing Board, and as such will be a partnership component of the ICS so that the existing mechanisms can continue. If this was not the case in other local authorities around South Yorkshire, it was considered that Sheffield could lead the way with the other three local authorities on developing the partnership.

- Whilst there is a legislative framework for how ICSs are to be designed, there was no blueprint for their design or how they should be designed. Place based arrangements and leadership are for local agreement, so that partners within each ICS can decide how best to address the needs of localities, and build on the understanding of neighbourhoods and primary care networks

- The NHS green plan has been discussed at CCG level and also within some provider organisations, and was still being considered to form part of the ICS. It was stated that 5% of all car journeys made in the UK every day, were made by people travelling to and from NHS appointments, so it was felt that there was a need to maximise the use new technologies, and also the opportunity for local authority colleagues and local communities to apply pressure for the use of new technology in facilitating climate change.

- Within the current structure of the Sheffield CCG, support was given to locality groups in two ways, one was to bring a frontline clinical voice to decision making and the reverse of that would be for the commissioner to support frontline services. One of the core purposes was to help improve health within the local population and address health inequalities, but there was a struggle to find a real link between health outcomes and the environment in which people live. There was an opportunity for the Primary Care Networks and localities to align with Local Area Committee (LAC) structures. If members of the LACs wanted representation on the Joint Area Committee, it would be for local determination not for the ICS to make that decision. As the CCG moved into the ICS, there was an opportunity to provide input into the Terms of Reference for the local committees and decide on what system would look like.

- Co-design and co-production were key factors in terms of the development of the Adult Health and Social Care Strategy, which has been put together

by colleagues from across the sector, and this ensured that it was fit for purpose and would shape how it evolved for the future. One area of the Strategy could be to see how the ICS could contribute to climate change and also focus on communities and LACs.

- With regard to the lack of involvement of the Department for Public Health, again the blueprint was still work in progress so public health can be involved to whatever extent it was deemed necessary to be part of the ICS. Public Health Directors could be involved in Integrated Care Partnerships to help steer the strategy. Sheffield's Director of Public Health is a member of the Health and Wellbeing Board and also a non-voting member of the CCG Board and there was no reason why he and other Directors of Public Health shouldn't be involved in the Joint Commissioning Committee moving forward.

- There would be no impact on NHS employees under the ICS, particularly those working in hospitals and GP surgeries, and as such would remain totally unaffected by the proposals. The staff who will be affected by the change, are those who work for the CCGs, NHS England and some staff of the Commissioners for England, but some form of employment will be guaranteed for these employees. The CCG staff would transfer directly into the ICS, and those at Executive Director level would be found suitable alternative employment.

- Working at scale means all services across South Yorkshire would work alongside each other to provide the best of care in local areas and help reduce the carbon footprint by reducing the need for patients to travel to appointments any further than necessary.

- With regard to the budget, it was not known what the financial allocation would be. The Department of Health and NHS England have put in place five-year plans to allow for better planning rather than disclosing the budget days prior to the start of the financial year. There was a need to ensure that every area was adequately resourced.

- The CCGs are the commissioning bodies that plan, purchase and monitor health care services and any changes to their employees' terms and conditions of employment will be subject to consultation. Should redeployment and redesign of staff be made in the future, it would be done to ensure the ICS was able to get the best out of human resources. The constitution of the ICS is to be written by outgoing CCGs as an NHS organisation cannot constitute itself.

- The decision to close the stroke unit at Barnsley Hospital was not a decision taken by the CCG, but was due to a number of reasons, one was the difficulty to recruit to the role of a consultant specialising in stroke cases, so ambulances would turn up at Barnsley only to be redirected elsewhere. The decision was taken to reconfigure stroke services throughout the whole of the five South Yorkshire CCGs so that stable and concentrated services could be provided. Anyone in South Yorkshire suffering a stroke would be

taken to the Acute Stroke Unit in Sheffield and once assessed and stabilised, be transferred to their local hospital for continuing care if required.

- Work was ongoing to ensure democratic accountability at a local level and the continuing role of Scrutiny Committees.

- Contractual model GP practices are partnerships between GPs and their contract is to provide services on behalf of the NHS, so they are not quite organisations, but not publicly owned either. The ICS was not planning on consolidating NHS honed GP led services in Sheffield, but the partnership model does allow for a lot of innovation at community level. Many GP practices in Derbyshire were struggling financially and with their workforce so the local hospital has taken them on, and they have become subsidiary divisions of the hospital, but Sheffield was not heading in the same direction.

- With regard to governance for the ICS, there are statutory obligations to answer to scrutiny and the relevant Act would be sought relating to those obligations.

7.8 The Chair felt that there was potential for disruption as the Authority goes through transition and also the potential for a negative impact on delivering services.

7.9 RESOLVED: That the Committee:-

(a) thanks Alexis Chappell and Dr. Terry Hudsen for attending the meeting;

(b) notes the contents of the report and responses to questions raised;

(c) asks the CCG to consider the following issues as part of the development of the South Yorkshire ICS:

- does not lead to increased privatisation of the NHS in Sheffield, and seeks assurance that private providers will not sit on the ICS Board.
- stresses the importance of local accountability in the NHS, and is keen to see that mechanisms that allow local people and Councillors to engage with, and challenge, the NHS are a valued part of the ICS;
- engagements with seldom heard groups should be a priority for the developing ICS;
- should maximise on opportunities to deliver on the City's carbon reduction and ethical procurement commitments;
- Public Health expertise should be sufficiently represented in ICS structure;
- consideration should be given as to how the NHS will engage with Local Area Committees in the new system; and
- changes resulting from the development of the ICS should empower front line staff, not be detrimental to them.

8. DATE OF NEXT MEETING

8.1 It was noted that the next meeting of the Committee will be held on Wednesday, 29th September, 2021, at 4.00 p.m., in the Town Hall.

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