SHEFFIELD CITY COUNCIL

Health Scrutiny Sub-Committee

Meeting held 1 June 2023

PRESENT: Councillors Ruth Milsom (Chair), Steve Ayris (Deputy Chair), Laura McClean, Abtisam Mohamed, Ann Whitaker and Sophie Thornton

1. APOLOGIES FOR ABSENCE

1.1 No apologies for absence were received.

2. EXCLUSION OF PRESS AND PUBLIC

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

2.2 At this point in the meeting, the Chair asked members to consider an urgent item, “St Luke’s Hospice Quality Account”. Members agreed to this, and it was heard at item 9 of the agenda.

3. DECLARATIONS OF INTEREST

3.1 Councillor Sophie Thornton declared a pecuniary interest in item 7 of the agenda ‘Sheffield Children’s Hospital Trust Quality Report’ by virtue of her being an employee of Sheffield Mencap and Gateway. She noted that she had not been involved in any of the consultation work outlined in item 7.

3.2 Councillor Laura McClean declared a personal interest in item 8 of the agenda ‘Sheffield Teaching Hospital Trust Quality Report’ by virtue of having made two complaints about care received at the Jessop Wing. She noted that both complaints had concluded and pre-dated the report now presented.

4. MINUTES OF PREVIOUS MEETING

4.1 The minutes of the meeting of the Sub-Committee held on 23 March, 2023, were approved as a correct record.

5. PUBLIC QUESTIONS AND PETITIONS

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

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

6.1 The Sub-Committee received a report informing Members on the future of health

services for adults with a learning disability in Sheffield.

6.2 Present for this item were Greg Hackney (Senior Head of Service, Sheffield Health and Social Care NHS Foundation Trust), Dr. Hassan Mahmood (Clinical Director, Learning Disability Service, Sheffield Health and Social Care NHS Foundation Trust), Heather Burns, Deputy Director of Mental Health, Learning Disability, Autism and Dementia Transformation, NHS South Yorkshire Integrated Care Board) and Richard Kennedy (Engagement Manager, NHS South Yorkshire Integrated Care Board).

6.3 Heather Burns thanked the Committee for inviting the team and gave some background on the work being carried out over the last year on the future of learning disability services for adults in Sheffield. This was part of a large programme of work called 'Transforming Care' that aimed to keep people with learning disabilities out of long-stay specialist in-patient units, and encouraged enhancement of community services as an early intervention and prevention method. Ms Burns explained that due to the success of this work, it had been found that Sheffield no longer needed the number of beds that had been previously commissioned. Firshill Rise was a seven-bed in-patient unit, and the success of the programme had led to very few admissions. The pandemic had led to a further reduction in admissions, and along with some quality concerns, the decision to close the unit was made. The unit had remained closed whilst work carried on around enhancing community services. This had been an extensive piece of work involving two organisations of experts (Mencap and Sheffield Voices) to look at how this might impact on the population. It was then proposed to bring a further report as the development of the model is progressed and implemented. She explained that analysis suggested that a maximum of one to two admissions was needed into this type of specialist unit due to the improvement work carried out to keep people at home in a less restrictive environment. The Integrated Care Board had liaised with Sheffield City Council social workers and clinicians at Sheffield Health and Social Care Trust on prevention work. Dynamic Risk Registers were utilised to oversee admissions and avoid admissions where possible. Despite the unit being closed since May 2021, there had been no increase in the need for admissions to this type of specialist in-patient unit.

6.4 Ms Burns explained that the Sheffield Health and Social Care Trust had signed up to the 'Green Light Toolkit', a national toolkit that supported people with a learning disability or autism if they were in need of in-patient admission for acute mental health conditions rather than behavioural challenges, which Firshill Rise had been a specialist unit for. An audit of South Yorkshire in-patient facilities had found that 33% of patients in in-patient units for specialist learning disability placements did not require to be in that restricted environment. 13% of those in more secure services had struggled to be discharged into appropriate placements, mainly due to the lack of specialist support in the community. Teams had worked closely with the South Yorkshire Integrated Care Board and partners to see if there were any options for co-commissioning, however, as their need for this type of in-patient unit had also reduced, this was not considered to be an option for the foreseeable future. Continuing to provide beds that were no longer needed restricted enhancement of prevention work by community learning disability services.

6.5 In terms of engagement, Ms Burns said that the feedback previously received from the Health Scrutiny Sub-Committee had been very useful. There had been concerns about increased travel for those who needed a specialist hospital placement and whether there would be adequate oversight of those admitted to hospitals outside of the city. She explained that improved community services aimed to prevent the need for those admissions. At the Health Scrutiny Sub-Committee meeting of 23 March, 2023, members had discussed how to move forward and align with the national 'Building the Right Support' model, aiming to prevent admissions and enhance community services. Ms Burns stated that in terms of the proposed way forward, Firshill Rise was not considered a viable means of delivering a dynamic and high quality service.

6.6 Ms Burns explained the criteria for further exploration: Is there a strategic benefit to the proposed model, and is it in-line with the national model of transforming care? Is the option deliverable? Does it give an improvement to services? Is there a service user benefit? Does it address the findings from the Service User and Care Engagement? Is there a financial benefit, and does it represent value for money and is it affordable? She explained that following evidence and feedback received from the Health Scrutiny Sub-Committee, and through the NHS England Assurance Checkpoint, it was now intended to develop a more sustainable and enhanced community service for the population of Sheffield. The aim was to use funding for the Firshill Rise in-patient unit more creatively to enhance community services, and to jointly develop a financial support 'pot' should a bed need to be commissioned elsewhere.

6.7 In recognition of the concerns raised regarding the proposed changes, Ms Burns stated that work would continue with Sheffield Voices and Mencap to further mitigate any impacts. 'Safe and Well' checks of anyone in a hospital placement were required every 6-8 weeks. It was proposed to enhance this standard by carrying out monthly visits for anyone placed in hospital outside of the city. Through the work carried out with NHS England on the assurance process, a proposed clinical model would be taken to the Clinical Senate (a national team of experts), to look at the proposal in detail and to shape it in line with best practice. The proposal would remain open to any commissioning trends across South Yorkshire Integrated Care Board, in particular, around the increase of the needs of adults with autism presenting in crisis. The proposed model had been outlined in section 6 of the report and planned a central point of access into an integrated team. A co-ordinated community, multi-disciplinary team would take a care plan approach, including management of medication within the community. Opening hours would be extended during the week, in-line with feedback from families. The overall aim was to prevent crisis admissions with early intervention by a clinical team.

6.8 Ms Burns explained that options were being considered on the provision of short-term crisis beds across South Yorkshire for the few occasions that this was needed, and as another alternative to hospital admission. In effect, the service would work on the full needs of the learning disability population, plus the enhanced support when emotional behaviour breaks down. The next step would be to prepare a full business case, subject to feedback from the Health and

Scrutiny Sub-Committee, which would then go through the relevant decision-making process. NHS England had commented that the engagement activity was an example of good practice and would be shared nationally. In addition, the Clinical Senate would assist in further honing the model. The extensive engagement had provided sufficient insight on the views and concerns of individuals, and it was felt that further engagement might cause confusion or uncertainty, or delay the benefits of implementing the alternative provision outlined. Ms Burns asked for a view from the Health Scrutiny Sub-Committee on whether sufficient engagement had taken place and to note the proposed model for future services within Sheffield.

6.9 Greg Hackney noted that a supplementary action had been taken following the Health Scrutiny Sub-Committee meeting of 23 March, 2023, which was to provide an appraisal of the experience of service users with a mild learning disability that may have accessed acute mental health hospital wards. These were not service users that would have accessed Firshill Rise, and the proposals set out within the model would enable a more enhanced offer to these service users in the future.

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

- Currently there were no Sheffield citizens in specialist learning disability placements outside of the city, and there had been one admission in the last 18 months. Firshill Rise had been a very specialist provision, and it had been demonstrated that this type of provision was required less due to the recent work to better support people within the community.

- In addition to clinical activity and contact, there was a national ‘Safe and Well’ standard of 6-8 week checks which this model proposed to exceed. An identified worker would visit the patient monthly with an identified plan to move them out of that placement, together with clinical oversight.

- There had been a change in focus on transforming care, using intensive support to prevent admissions. Teams had learned to work with different agencies in a way to prevent admissions, respond more proactively to the needs of patients and prevent lengthy admissions.

- An out-of-area hospital bed manager had been appointed who would work directly with the multi-disciplinary teams and all service users placed out of Sheffield. This had proved to be very effective in reducing placements out of Sheffield, and was expected to continue for those with learning disabilities.

- Following the initial engagement, a health inequality impact assessment had also been carried out in a collaborative way, which considered feedback and experience of individuals, and reviewed impacts that might result from the proposals made in the report. Section 5 of the report outlined this, and included a commitment to provide a programme of support for parents and carers to travel to out of area placements, with an overview of patient experience.

- The proposed clinical model was an exciting time for the services involved, and was an opportunity to learn from each other to transform care by keeping people out of hospital, ensuring the right level of medication and enhance their quality of life. The model aimed to offer a more dynamic service in-line with other parts of the country.

- Sheffield Health and Social Care Trust had a Learning Disability Autism Programme Board, co-chaired by a person with a learning disability. The model developed had been co-produced throughout the year, and engagement would continue as the business case was developed. The enhanced travel offer recognised that some families needed that level of inclusion and financial and/or physical support.

- At the start of the Transforming Care programme, there were 26 people in long hospital stays. Money had been 'locked-in' to beds that were not needed due to people at risk of admission being monitored more closely. A hospital was not considered to be a home, which is why the aim was to enhance community services.

- A good community model had the benefits of attracting specialist learning disability staff, and would involve the local authority in providing residential and supported living support. Hospital placements would be sought as close to Sheffield as possible, with a profile and CQC rating appropriate to the needs of the patient. A multi-team approach would offer intervention as needed, and would allow staff and family members to develop their skills. The diversity of Sheffield and different organisations helped to ensure that the needs of all communities were met.

- An enhanced pathway would allow teams to be more responsive according to patient need. Functions of service providers would be clearly defined to enhance patients' quality of care and life.

- A comprehensive development plan would be in place to ensure clinicians received advanced training on community setting support.

- Work would be carried out closely with local authority colleagues to manage complex situations more effectively via a whole system approach.

6.11 RESOLVED: That the Sub-Committee:

(a) thanks Heather Burns, Greg Hackney, Dr Hassan Mahmood and Richard Kennedy for their attendance at the meeting;

(b) notes the proposed models and options for future of services in Sheffield;

(c) agrees that sufficient engagement has taken place to enact these proposals following the engagement that had previously been reported to committee; and

(d) requests a further update in autumn 2023 around implementation of the proposed model.

7. SHEFFIELD CHILDREN'S HOSPITAL TRUST QUALITY REPORT

7.1 The Sub-Committee received an update on Sheffield Children's Hospital Trust Quality Report.

7.2 Present for this item were Dr Jeff Perring (Medical Director, Sheffield Children's Hospital) and Yvonne Millard (Chief Nurse, Sheffield Children's Hospital).

7.3 Ms Millard noted that this had been an exciting journey with lots of change in the organisation over the last 12 months, and since the last report. Last year the Clinical Strategy was launched and the Quality Promise was about to be launched, which played in a big part in the quality of the organisation. The three priorities had been chosen carefully after lots of engagement with children and young people, families and colleagues:

- Implement the Patient Safety Incident Response Framework to improve systems, processes and training for patient safety;
- Reduce elective waiting times to achieve 65 weeks, whilst ensuring "well prepared" outpatients and surgical pathways; and
- A focus on ensuring outstanding experience at Sheffield Children's through co-production of a vibrant involvement and engagement approach with children, young people, families, and communities.

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

- As an anchor institution, Sheffield Children's Hospital was committed in its clinical strategy to providing close care. Work with schools would form part of the programme, in particular providing health education, and it was hoped to employ local people in the programme.

- Much work had been carried out on recruitment and the retention strategy since the previous report. Sixty internationally trained nurses had been recruited so the nursing workforce gap was very small. New pathways of care had been adopted.

- A close eye was being kept on all waiting lists, and work was ongoing to ensure that the correct services and resources were being put into each waiting list. Theatre utilisation was as high as possible to ensure maximum output was achieved. Partnership options across South Yorkshire were being looked at, as well as different ways of working, extending hours and working into weekends. It was hoped that all of these measures would have a positive impact. Active work had been carried out around the co-creation of communities, including some artificial intelligence to look at the areas and families most likely to not to attend appointments. Workstreams had been put in place and 'was not brought' figures had reduced by 50%.

- The hospital was committed to having voices of colleagues heard, and had a very good relationship with staff and had manged to maintain staff in all services, delivering safe and quality care.

- Another set of industrial action was planned within the next few weeks and to keep patient safety first, some elective work would be stepped down to cover urgent and emergency work. Industrial action did have an impact on throughput on theatre work.

- There was a process to track every child that didn't make their appointment or surgery and to ensure that these were rebooked in a timely way.

- The health and wellbeing of the workforce was a high priority, and there was a 'People Plan' in place that underpinned this. Issues such as the pandemic and the cost of living had not only affected patients and their families, but also the staff looking after them. The results from the staff survey had reflected this commitment.

- A question was raised regarding the upward trend of self-harm referrals requiring a biopsychosocial assessment and officers present agreed to investigate this and provide further detail.

- The reasons for the increase in patient safety incidents were due to an increase in incidents involving complex mental health needs, and also due to, over the last year or so, promoting a positive reporting culture.

- There was a statutory duty for the quality accounts of NHS Trusts to be scrutinised by the Local Authority, which was via this Sub-Committee. Such reports would not automatically be referred to the Education, Children and Families Policy Committee, but could be done so if the Sub-Committee felt there was specific content that necessitated this.

- In terms of progress on actively keeping child and adolescent mental health services waiting lists under constant review, it was confirmed that there had been a reduction in this over the last 12 months.

7.6 RESOLVED: That the Sub-Committee:

(a) thanks Dr Jeff Perring and Yvonne Millard for their attendance at the meeting;

(b) notes the content of the report;

(c) acknowledges the work carried out by the Trust in reducing the workforce gap and considering the longer-term effects of workforce stability;

(d) acknowledges the use of new technologies to reduce waiting times;

(e) requests that the context of patient safety figures is added to the Report; and

(f) requests an update on self-harm referrals and assessments, via email.

8. SHEFFIELD TEACHING HOSPITAL TRUST QUALITY REPORT

8.1 The Sub-Committee received an update on the Sheffield Teaching Hospital Trust Quality Report.

8.2 Present for this item were Sandi Carman (Assistant Chief Executive, Sheffield Teaching Hospitals Trust) and Angie Legge (Quality Director, Sheffield Teaching Hospitals Trust).

8.3 Sandi Carman introduced this item and explained that this was a regulatory compliant report, so was lengthy as it required a lot of detail.

8.4 Angie Legge explained that the recovery from the pandemic had led to longer waiting lists. This was being addressed, and new initiatives to speed up the process were being looked at. The pandemic and the cost of living crisis had put significant pressures onto staff, which had taken an emotional toll on much of the workforce. Strikes had also impacted on the ability to deliver services. The Trust was working hard to support staff, and was working on implementing the PROUD Behaviours framework across the organisation, to help foster a positive culture. She noted that the Care Quality Commission had undertaken an inspection of the Trust in September 2022, which resulted in no 'inadequate' ratings, and two areas rated 'good'. The feedback given confirmed that the Trust was doing well and was improving. There had been significant improvements in maternity care, including the introduction of 'Tommy's App', which was a simple electronic process that aimed to ensure all mothers received the same access to information and services, to avoid incidents and flag up issues quickly.

8.5 Ms Legge noted that there were four quality objectives last year; three were now complete and had met their aims, and the fourth one was dementia, which was a two-year objective and work was continuing on this. There had been a lot of good work done on this, including the introduction of dementia friendly wards. As a direct result of listening to patient and staff groups, some improvements had been made to the Accessible Information Standard

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

- Caring for staff was considered a priority. A 'People Plan' had been launched, aiming to attract, retrain and grow colleagues within the organisation. The 'Proud Behaviours Framework' set out a clear set of expectations in terms of how colleagues should work together, and there was zero tolerance to inappropriate behaviours. The Trust recognised the work being done to support staff through the cost of

living crisis.

- The staff survey had highlighted a fall in morale. Staff reductions and pressures in the workplace had impacted on staff morale as well as their ability to learn and develop.

- A lot of work was being done on the Accessible Information Standard, via the Electronic Patients Record system, which had a number of capabilities around letters and discharge, and plain language could form part of this.

- The intensity of roles had changed, and managing significant waiting lists had impacted on individuals that were delivering care. A 24-hour support line and other health and wellbeing initiatives were available to staff. The People Plan aimed to address this, and would continue to be an area of focus.

- The workforce was fairly static, and the Trust had one of the lowest staff turnover rates in the country. Post Covid, had seen higher retirements rates, so this would continue to be an area of focus.

- A Silver Command structure had been implemented for every event of strike action, which was led at executive level. As much elective work was taking place as possible, but there were times when this was stood down in order to maintain safety. Training was given for 'stepping up' to roles to maintain delivery and safety across wards. Industrial action was a national issue and the Trust had sought to maintain dialogue with those taking strike action.

- The response rate to the staff survey had been disappointing (39% in 2022/23). The staff survey was quite lengthy and there were improvements that could be made. Reflections included: giving staff dedicated time to complete the survey, providing access to computers to those who might not have this option, consideration of incentivising options, and liaising with other organisations that had received better response rates. The survey and related comments were collected and anonymised via an external company. The Trust aimed for staff to feel supported, respected and fairly paid.

8.5 RESOLVED: That the Sub-Committee:

(a) thanks Sandi Carman and Angie Legge for their attendance at the meeting;

(b) notes the content of the report; and

(c) undertakes to submit comments to the report, to be collated by Deborah Glen.

9. ST LUKE'S HOSPICE QUALITY ACCOUNT

9.1 Deborah Glen, Policy and Improvement Officer, introduced the report. As no officers were available to present the report, she advised that she would provide feedback to officers following on from this discussion of the Sub-Committee.

9.2 Councillor Ruth Milsom, Chair of the Sub-Committee, noted that there had been an ongoing focus on equality, diversity and inclusion, and the ambitions and evaluations in the report were welcomed, along with the detail around implementation of further improvements. She wished to congratulate St Luke's Hospice on achieving an 'outstanding' rating, and was pleased to note that there had been a focus on wellbeing. She noted that it might be interesting to hear accounts from staff at St Luke's Hospice and to share examples of best practice.

9.3 Members of the Sub-Committee provided additional comments, including praise of the thorough responsive action taken following the Post-Fall Protocol, and querying whether Sheffield City Council could offer any support to the Hospice in terms of identifying funding.

9.4 RESOLVED: That the Sub-Committee:

(a) notes the content of the report; and

(b) undertakes to provide feedback to be collated into a comment by Deborah Glen, and submitted by the deadline of 21 June, 2023.

10. WORK PROGRAMME

10.1 The Chair referred to the Work Programme and highlighted the items yet to be heard.

10.2 RESOLVED: That the Sub-Committee:

(a) agrees the Work Programme as set out in the report;

(b) requests a report on changes to the health visitor service provision compared with pre-Covid times, including a report on backlogs and waiting lists;

(c) requests a report on urgent care services following the proposed closure of the Minor Injuries Unit at the Hallamshire Hospital and the Brook Hill Walk-in Centre;

(d) requests a Commissioning Priorities workshop;

(e) requests a Bereavement Services workshop; and

(f) requests a report on the state of primary care in dentistry.

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