

Health Scrutiny Sub-Committee

Meeting held 21 December 2023

PRESENT: Councillors Steve Ayris (Chair), Dianne Hurst, Sophie Thornton, Ann Whitaker and Mary Lea (Substitute Member)

1. APOLOGIES FOR ABSENCE

1.1 Apologies for absence were received from the Chair (Councillor Ruth Milsom) and from Councillors Laura McClean and Martin Phipps. The meeting was chaired by the Deputy Chair (Councillor Steve Ayris). Councillor Mary Lea attended as substitute for Councillor McClean.

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 meeting of the Sub-Committee held on 11th October 2023 were agreed as a correct record.

5. PUBLIC QUESTIONS AND PETITIONS

5.1 Two questions had been received from Members of the public however as they related to items on the agenda, the Chair stated that they would be read out during consideration of those items.

6. MEMBERS' QUESTIONS

6.1 There were no questions from Members of the Committee.

7. CONTINENCE SERVICES

- 7.1 The report which provided an update regarding the review of the Sheffield continence service 2019 and related recommendations was presented by Dr Zak McMurray.
- 7.2 Dr McMurray advised that he was representing the Independent Commissioning Board (ICB), as colleagues who were directly responsible for the matter were on annual leave or engaged as a result of the Junior Doctor's strike.

He explained that a restructure had led to a loss of staff. The stated aim of the restructure had been to decrease bureaucracy but in fact it had increased it. He expressed his disappointment that the improvements in Continence Services had not so far been progressed. As there was no extra money available, changes would have to be funded by improvements in efficiency and productivity or by the taking of difficult decisions regarding where current funding should be invested. He suggested that the ICB and Sheffield Teaching Hospitals could come back to the Sub-Committee in the new year to have a wider conversation.

- 7.3 A question had been received from Paul Sugars, who attended the meeting to ask the question:

"The context to my questions is the lived experience of my 87-year-old father-in-law and his family of continence services in Sheffield since his discharge from the Royal Hallamshire Hospital ("RHH") to his own home late last month for end-of-life care and how that experience evidences progress against the recommendations made by this committee in its 2020 report into continence services across the city, in particular those at paragraphs 4.3.5 and 4.4.5 encouraging better feedback from service users and improvement in waiting for continence assessments respectively.

My questions are as follows:

- 1. Why could the Continence Service only offer an assessment several weeks after hospital discharge and given the patient's continence needs are unchanged irrespective of the care setting, why could his continence assessment not have been performed prior to discharge from RHH?*
- 2. Why, following assessment, is there a further significant wait for the provision of continence wear? Is this aspect of the service outsourced and if so, what are the contractual service level agreements governing the service and how can they be improved?*
- 3. Given the inability of the Continence Service to promptly undertake an urgent assessment of the patient's needs, the 7-days' continence wear provided upon discharge was clearly insufficient. In view of the 'person-centred care' principle described in the 2020*

- report, who determines that 7-days' continence wear is sufficient for patients and on what factual basis is such a determination made?*
- 4. Confronted with the certainty that continence wear would quickly run out, the family has purchased a supply at its own expense, which will almost certainly need to be repeated given the timelines quoted by the Continence Service. This clearly contravenes the principle that Continuing Health Care be provided free at the point of delivery to qualifying patients. Who will reimburse the family for this and how?*
 - 5. Despite repeated requests to RHH that community-based care bodies such as the Continence Service be part of the discharge planning, none attended any of the meetings. What is standard practice for the involvement of community services in planning Continuing Healthcare hospital discharge and if they are not part of the process, should they not be so?*
 - 6. Given that the Scrutiny Committee has previously raised concerns about hospital discharge and made recommendations in 2020 on how to improve outcomes, why is it that similar problems continue to occur, in contravention of the principle of 'person-centred care'?"*

Dr McMurray responded as follows:

- He would ensure that a full written answer was provided to Mr Sugars.
- He agreed that the situation described was not acceptable. It would be necessary to investigate whether the circumstances had arisen due to a one-off mistake or whether there was a wider issue with staff not following the relevant pathway.
- He was not sure whether any mechanism was in place for reimbursement but felt that it would be worth colleagues having a conversation with the provider.
- He also agreed that the cost of getting the service right first time was less than the cost of getting it wrong and then having to rectify the error.
- It was possible that pressure to discharge patients from hospital had led to the service not being as joined up as it should be.
- Conversations were underway at the Health and Wellbeing Board regarding where money should be invested. Currently the NHS prioritised a medical model, rather than supporting wellbeing in the community, which if done properly could avoid many hospital admissions altogether.

- 7.4 Members expressed disappointment that no progress had been made since the last report to the Sub-Committee. They thanked Mr Sugars for attending to ask his question. It was noted that it was not only people in end-of-life care who were users of continence services and who were therefore adversely affected when it failed. It also affected people with learning difficulties. A particular concern was regarding inequity, as not everyone would be able to afford to purchase items for themselves and continence was an issue that was known to affect mental health self-esteem, dignity, and quality of life.

Members agreed that the matter should be addressed with greater urgency and agreed that a further update should take place in the new year.

- 7.5 **RESOLVED:** That the Sub Committee notes the update and request a further update in 2024.

8. CITY CENTRE GP HUB UPDATE

- 8.1 A question had been received from James Martin of Disability Sheffield. James Martin did not attend the meeting therefore a written response will be provided and published on the Council's website, however the question was read out by the Chair as follows:

"The following questions relate to the original health centre hub projects (i.e. separate from the City Centre item later in the agenda). I ask the committee to revisit the response we gave on the 10th of November to the request for input from this committee on this matter. The following questions give a summary of specific points for the Integrated Care Board (ICB) which the committee might wish to probe:

- 1. Whether the ICB contract with the third-party architecture firm working on the new health centres locked in the requirements for the collaborative/co-design approach to cover accessibility and other community input?*
- 2. Whether the selection criteria for appointing the chosen firm included either invited or volunteered commitments to community engagement and accessibility engagement?*
- 3. What action the ICB has taken to hold their contractor to account (if in contract or the basis of picking one firm over another) or other action taken to influence the outcome?*
- 4. Has the ICB been told either verbally or in writing that community engagement and accessibility engagement are not a requirement of the contract?*

Finally, noting the item 8 on your agenda today for which at the time of writing there are no papers: we have had no approach from the ICB or another organisation regarding the City Centre health centre plans. Therefore, I refer to the original concerns, that ICB has lost interest in input that they had stated would happen in both previous papers and answers to the committee.

- 5. Has any outreach on accessibility happened at all for the City Centre plans?"*

Beyond the question the last contact on the topic was on the 27th of July and purely mentioned the planning application.

8.2 The report which aimed to inform the Committee about the progress of the Sheffield Primary Care Hubs and informed the Committee about the activity and outputs of a 12-week consultation on the proposals, was presented by Mike Speakman (Programme Manager, South Yorkshire ICB) and Richard Kennedy (Head of Involvement, South Yorkshire ICB)

8.3 Mike Speakman advised the Sub-Committee that since the writing of the report, Page Hall medical practice had confirmed that they would not be proceeding with the proposed relocation, and this would mean that the Foundry 2 scheme would not be able to proceed.

8.4 In response to questions from Members the following additional information was given:

- The ICB was committed to engagement with Disability Sheffield and would write to them formally to this effect.
- The consultation had not been about building designs but about ascertaining patients views on the proposal to move the practices.
- As tenants of Sheffield City Council, the NHS would pay a service charge towards the upkeep of the buildings.
- The Foundry 1 scheme was being paused and taken back to market as it had been felt that the ICB were not getting value for money, but the scheme was not being stood down.
- Patients were being informed of the decision regarding Foundry 2 and stakeholder briefings would be released shortly. It was too soon to be able to advise whether there could be investment in the practice's existing infrastructure instead, but this would be considered.

8.5 **RESOLVED:** That the Sub Committee

- (a) Notes the update on progress of the Sheffield Primary Care hubs; and
- (b) Notes the consultation activity undertaken to inform the decision to proceed with proposals to develop a City Centre hub and for two GP practices to relocate into.

9. **WORK PROGRAMME.**

9.1 The report which gave an update on the Sub Committees work programme was presented by Deborah Glen (Policy and Improvement Officer), who advised that workshops for the Sub-Committee would be taking place in February, March and May 2024.

9.2 Members requested that Sheffield Adult Autism and Neurodiversity Service be added to the work programme. This had been requested at the previous meeting

of the Sub-Committee.

It was also agreed that a further report on Continence Services would be brought in May 2024

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