

Agenda Item 4

SHEFFIELD CITY COUNCIL

Health Scrutiny Sub-Committee

Meeting held 7 November 2024

PRESENT: Councillors Ruth Milsom (Chair), Steve Ayris (Deputy Chair), Toby Mallinson (Group Spokesperson), Rob Bannister, Mick Rooney and Ann Whitaker

19. APOLOGIES FOR ABSENCE

19.1 Apologies for absence had been received from Councillors Julie Grocutt, Laura McClean and Sophie Thornton, and from Lucy Davies (Healthwatch).

20. EXCLUSION OF PRESS AND PUBLIC

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

21. DECLARATIONS OF INTEREST

21.1 There were no declarations of interest.

22. MINUTES OF PREVIOUS MEETING

22.1 The minutes of the previous meeting of the Sub-Committee held on 12th September 2024 were agreed as a correct record.

23. PUBLIC PETITIONS, QUESTIONS AND STATEMENTS

23.1 There were no public petitions, questions or statements.

24. MEMBERS QUESTIONS

24.1 There were no new questions from Members.

24.2 Councillor Toby Mallinson submitted supplementary questions relating to those asked at the meeting on 12th September, which it had been agreed could be deferred to this meeting of the Sub -Committee. It was confirmed that answers to these questions would be obtained from the NHS, provided to Councillor Mallinson and published in due course.

- 24.3 A discussion took place regarding whether the Sub-Committee could play a role in scrutinising how protected characteristics are managed in the NHS. The Chair advised that this would be a topic which would be beyond the capacity of the Sub-Committee. Deborah Glen suggested that there was likely to be monitoring work already ongoing in the ICB (Integrated Care Board) and she would make enquiries as to whether this could be shared.

25. WINTER PLAN - URGENT CARE SERVICES

- 25.1 The report, which provided an update on the ICB (Integrated Care Board) preparations for winter, was presented by Sarah Burt (Assistant Director of Transformation and Delivery, ICB), Michael Harper, (Chief Operating Officer, Sheffield Teaching Hospitals), and StJohn Livesey (Urgent Care Lead, ICB). A presentation was delivered which was published with the agenda on the Council's website, as was an update to the midwife retention figures, which had been provided shortly before the meeting.
- 25.2 Members asked for further information on Respiratory Hubs and were advised that the aim of these was to deal with patients with acute respiratory infections. The Hubs had protected appointments, to avoid that group of patients having to use GP appointments, and also to provide a rapid response which was likely to help them to stay at home.
- 25.3 Members asked how the problem of delayed discharge from hospital was being dealt with and were advised a discharge programme was in place which contained a variety of schemes which aimed to reduce the number of patients waiting to be released from hospital and have their care handed over to community services. More details on this could be shared with Members if requested. The ICB collaborated with Health and Social Care on this, e.g. on "Home First". Peaks in pressure had been identified so that improvements could be made in how these peaks were responded to.
- 25.4 In response to a question regarding ambulance response times, Michael Harper advised that regarding queueing times for ambulances, 9/10 patients were being handed over in under 30 minutes. Some issues continued when Accident and Emergency was busy, and patients had to wait for handover. This could have a knock-on effect on people at home waiting for an ambulance. A number of schemes had been put in place to tackle this with the aim of releasing ambulances quicker, but there was still work to do. StJohn Livesey advised that issues with ambulance transfer were symptomatic of wider issues in the Health Service. There had been an expanding need for community care, and a 50% increase in the number of consultants, but no expansion in the number of GPs. This meant that patients were being admitted to, or staying in, hospital when they should be being looked after in the community. Ambulance transfer issues were a symptom of this. A review of all urgent care services was ongoing to make community services more robust, and thereby improve the situation in hospital.

- 25.5 Sarah Burt advised that investment had been made in the voluntary sector, e.g. with Sheffield Churches Council for Community Care, to assist people with transport home and with settling in once there. Age UK also assisted with this.
- 25.6 Members asked whether presenters agreed that the risks identified on page 39 of the agenda pack were the key risks. Michael Harper advised that regarding electronic patient records, the upgrade which would have introduced these had been planned to take place in early October, but it had been deferred. The implementation was now unlikely to take place in winter, so this had reduced the resulting risk.
- 25.7 Members asked whether additional hygiene measures were being put in place to prevent the spread of infection, in particular following lessons learned during the Covid pandemic. Michael Harper advised that infection prevention and control was key, and handwashing and cleaning protocols for staff in between seeing patients, remained in place throughout the year. National guidance, which stated that mask wearing did not have to be universal, was being followed at present. There was a framework for this, which was dependent on Covid prevalence and that was what advice to staff was based on. Members asked whether people could be encouraged to wear masks, by the display of appropriate signage. Michael Harper explained that people with symptoms were encouraged to wear masks, however experience had shown that it was difficult to enforce mask wearing in hospital when it was not being enforced elsewhere.
- 25.8 The Chair stated that in her view, too much of the learning from the Covid pandemic on mask wearing had been dropped, and the Council and the health service could take more of a lead in fostering a culture of mutual responsibility. She had also heard that some citizens were too nervous to attend hospital either for their own appointments or to visit relatives. Michael Harper advised that there was a need to be mindful of the clinical evidence, and the risk of wearing versus not wearing masks. The hospital's policy was led by clinical teams and by national guidance and decisions were made on that basis rather than on individual's opinions, which were likely to differ. However, he would welcome a debate on this in the city.
- 25.9 Members asked for further information regarding staff wellbeing. Michael Harper advised that work was being done on how to support staff health and wellbeing, e.g. to ensure they took breaks. Investment was being made in core staff, where there was a high demand in a service. Spaces for staff to take breaks had been retained from the Covid period and regular conversations took place between colleagues and managers. The organisation was trying hard to develop an empathetic, listening culture, with compassionate leadership. Health and wellbeing was a key priority, and was monitored over winter, including tracking the reasons for sickness absence and the use of bank staff.
- 25.10 Members referred to the information on mental health services performance, in the presentation. Sarah Burt advised that work was being done in the city by the Council and Sheffield Health and Social Care Trust, and following significant investment the situation regarding delayed discharge and timely transfers had improved. There were further improvements to be made, and this was still a work

in progress.

- 25.11 Regarding opening beds, mentioned on page 28 of the agenda pack, Michael Harper confirmed that this was part funded through the Sheffield Teaching Hospitals Budget and part by negotiation with the ICB.
- 25.12 **RESOLVED:** that the Sub-Committee notes the contents of the report on the Winter Plan for Urgent Care Services.

26. MATERNITY SERVICES

- 26.1 The report, which provided an update on the improvement programme for Sheffield Teaching Hospitals Maternity Services, was presented by Andrea Galimberti (Clinical Director), Chris Morley (Chief Nurse), and Laura Rumsey (Director of Midwifery). Nupur Chowdhury (Sheffield Maternity and Neonatal Voices Partnership) was also present at the meeting.
- 26.2 The following additional information was given in response to questions from Members:
- The national average for stillbirths was not included in the figures as it was strongly affected by socio-economic factors, in particular population health. Members advised that they felt that the information would still be useful.
 - Caesarean rates had risen nationally, and the current advice was not to try to contain this.
 - No significant challenges were anticipated in the recruitment and retention of midwives if the current support for staff was maintained.
 - Several recruitment pipelines were in place for midwives including the undergraduate course, the MSc course (for registered nurses to become midwives) and degree apprenticeships.
 - The removal of formula milk provision had not been undertaken lightly but was necessary to maintain accreditation with the UNICEF Baby Friendly scheme and was informed by national evidence. It had been done by many hospitals. Mothers could still bring formula into hospital with them. The Infant Feeding Team were available to support women.
 - The Service was keen to hear feedback from staff and the national NHS staff survey was one means of doing this.
 - Serious incident reporting was included in the Executive Summary report presented annually to the Board of Directors. Harm arising from incidents and the seriousness of the incidents was monitored and was currently felt to be satisfactory.
 - All women had the opportunity to develop a personal care plan. These were currently on paper, but an electronic format would be introduced shortly. Many training opportunities for staff to develop these plans were in place.
 - Around 20 Professional Midwifery Advocates had been appointed to help to develop staff. This had made a strong contribution to staff welfare.
- 26.3 Members agreed that there was no need for further updates to be added to the work programme as they were satisfied with the progress made in improving the

service.

- 26.4 **RESOLVED:** that the Sub-Committee
- (a) notes the contents of the Maternity Service Update; and
 - (b) does not require any further updates at present.

(NOTE: During the discussion of the above item the Sub-Committee agreed, in accordance with Council Procedure rules, that as the meeting was approaching the two hours and 30 minutes time limit, the meeting should be extended by a period of 30 minutes).

27. **HEALTHWATCH UPDATE**

- 27.1 This item was postponed due to speaker availability.

28. **WORK PROGRAMME**

- 28.1 The report was presented by Deborah Glen (Policy and Improvement Officer, Sheffield City Council) who advised that the work programme had been updated following a recent work planning session. A new item on continuing care, which had been requested by Healthwatch was still to be added. A response from the ICB on the Sub-Committee's recommendations arising from its recent workshop on Dentistry, was expected by the end of the month and an item would be added to the December meeting agenda to discuss this.
- 28.2 **RESOLVED:** That the Sub-Committee agrees the work programme, including the additions and amendments identified

This page is intentionally left blank