SHEFFIELD CITY COUNCIL

Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee

Meeting held 10 March 2021

(NOTE: This meeting was held as a remote meeting in accordance with the provisions of The Local Authorities and Police and Crime Panels (Coronavirus) (Flexibility of Local Authority and Police and Crime Panel Meetings) (England and Wales) Regulations 2020).

PRESENT: Councillors Cate McDonald (Chair), Steve Ayris (Deputy Chair), Sue Alston, Angela Argenzio, Vic Bowden, Lewis Dagnall, Mike Drabble, Jayne Dunn, Adam Hurst, Talib Hussain, Abdul Khayum, Martin Phipps, Gail Smith and Garry Weatherall

Non-Council Members (Healthwatch Sheffield):-

Lucy Davies

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1. APOLOGIES FOR ABSENCE

1.1 An apology for absence was received from Councillor Jackie Satur.

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 In relation to Agenda Item 7 (Covid 19 Pandemic and Mental Health), the following declarations were made:-

- Councillor Lewis Dagnall declared a disclosable pecuniary interest as his partner was a Non-Executive Director of the Sheffield Health and Social Care Trust, but felt that his interest was not prejudicial in view of the nature of the report and chose to remain in the meeting during consideration of the item

- Councillor Mike Drabble declared a personal interest by virtue of him providing mental health counselling services in non-urgent Primary Care and chose to remain in the meeting during consideration of the item.

4. MINUTES OF PREVIOUS MEETING

4.1 The minutes of the meeting of the Committee held on 10th February, 2021 were approved as a correct record.

4.2 *Matters Arising*

4.2.1 The Chair confirmed that the meeting, referred to in Item 4.1 with Healthwatch Disability Sheffield, had taken place and would be taken as an item of business at this meeting;

4.2.2 The Policy and Improvement Officer confirmed that the Chair had written to the appropriate organisations regarding greater local flexibility in the contracting arrangements for dental services, that an acknowledgment had been received and the response to this would be circulated to Members when it had been received; and

4.2.3 With regard to the Committee supporting fluoridation, as stated at item 6.9(e), the Chair stated that the National Health Service had now taken away the power of Local Authorities to look into this issue, so it was no longer within the remit of the Committee.

5. PUBLIC QUESTIONS AND PETITIONS

5.1 Jeremy Short, on behalf of Sheffield Save our NHS (SSONHS), submitted the questions set out in full below, and gave a brief outline of those questions.

1. Acute Beds

The report to Scrutiny states that the number of nurses per 10 beds has increased to well above national average but gives no figures for total numbers:

(a) How many acute beds did the Trust have available in 2016, 2019 and currently?
(b) How does this compare to the national average and other large cities (e.g. Leeds, Manchester) in terms of numbers of beds per 100,000 population?
(c) Are there sufficient beds to cope with expected increase in demand as a result of the Covid-19 pandemic?
(d) Has the closure of dormitories solved the problems of sexual safety?

2. Community Services

(a) Given the significant capital programme, are there plans to restore the number of community mental health services/recovery centres from 2 to 4 as there were before the last reorganisation to improve accessibility?
(b) The report appears to recognise the connection between art and improved mental health, but we understand that art therapy services have been severely curtailed over the last few years. What services does the Trust provide and does it still employ art therapists directly?
(c) At the Scrutiny Meeting in August 2020, the Trust reported on a new service for those in need of more complex help than that available under IAPT: how successful has this and other services (e.g. CERT) been in preventing patients needing hospitalisation?

3. Staffing

(a) The CQC found that staff were generally unaware of the whistle-blowing

procedures and the Speak Up Guardian. Has this been rectified?

(b) We understand that there have been long waiting times to access some services (e.g. clinical psychologists): in addition to nursing recruitment, is the Trust recruiting sufficient professional staff to resolve this?

c) Does the Trust anticipate that the Government's suggestion of only a 1% pay increase for NHS workers will cause further problems for morale and staff shortages, with workers leaving the NHS?

4. Future

(a) How much additional funding has been secured to cope with the expected increase in demand due to the Covid-19 pandemic?

(b) In the joint report on the impact of Covid-19, it is stated that 'A formal review has not begun' of the shift to digital services. Should this be prioritised due to the struggles many people face with digital services (and that over-use of Zoom etc can create its own health problems)?

(c) Overall, how will the Trust measure the impact of the Back to Good programme and what improvements will users experience directly (e.g. reduction in waiting times, ease of access to services)?

5.2 The Chair, Councillor Cate McDonald, stated that some of the issues raised by Mr. Short could be answered during the meeting and should some of those questions remain unanswered, the Chair would submit them to the Health and Social Care Trust and the answers received would be published on the Council's website.

5.3 Neil Calderwood introduced himself as a Junior Doctor based at the Northern General Hospital and was at the meeting on behalf of the Med at Sheffield Healthcare Workers and was supporting the Campaign for Vaccines for All, to ensure that vaccines were accessible to everyone, with particular regard to people who might not have documentation or have other barriers around data sharing. He asked two questions as follows:-

1. Would Sheffield City Council be willing to sign up to the Vaccines for All Campaign as other Councils had done e.g. Oxford and Bristol?
2. The Government had said that the vaccine was available to everyone but there were a number of reasons why some people were hesitant, and that although Sheffield had done great work to address those concerns around health and safety but this was more about practicalities. How could the City Council assist further in addressing these fears?

5.4 Councillor Cate McDonald asked Mr. Calderwood what the campaign wanted to achieve and invited him to address the meeting.

5.5 Neil Calderwood stated that the campaign had been organised by several groups, alongside wider access groups. He said that Government had made promises that the vaccine would be available but there were issues around registration for the vaccine, and although the Government had stated that there was no mandate to say that people should produce ID to have the vaccine, people were afraid that data collected would be shared between the NHS and the Government which could lead to detention or deportation. He said the issue

around data sharing was still unclear and lots of people are working together on this campaign but at local level there was room to protect data sharing.

5.6 The Chair stated that the Committee was proactive in supporting health inequalities, but the vaccination programme was governed by the NHS, not the City Council. She said that she would raise the question of whether the Council would sign up to the campaign to broaden the approach to ensure everyone was vaccinated. The implementation fell within the arena of the NHS but she would draw Dr. Calderwood's questions and comments to the attention of Greg Fell, Director of Public Health for Sheffield, and with his agreement share the questions with the Health Service. The Chair said that the Policy and Improvement Officer would share the website link to Members and that colleagues in attendance at the meeting from the Clinical Commissioning Group (CCG) would also share this information with the Chief Nurse who was the lead for the Vaccination Programme.

6. SHEFFIELD HEALTH AND SOCIAL CARE TRUST - CQC IMPROVEMENT PLAN PROGRESS REPORT

6.1 The Committee received a progress report and presentation on the Care Quality Commission (CQC) Improvement Plan. An update had been requested by the Committee to enable Sheffield Health and Social Care NHS Foundation Trust (SHSC) to demonstrate the progress being made in relation to the delivery of its Improvement Plan following the 2020 CQC inspection and subsequent report in August, 2020.

6.2 Present for this item were Dr. Mike Hunter, Executive Medical Director and Beverley Murphy, Executive Director of Nursing, Professions and Operations (Sheffield Health and Social Care NHS Foundation Trust).

6.3 Mike Hunter introduced the report and presentation and stated that following improvements, the inpatient care team had been able to ensure that patients were now receiving better mental health care than there were previously receiving. Staff were being trained to deal with a range of conditions, such as diabetes and the management of symptoms from the withdrawal from drinks and drugs. He stated that overall mental health care was better now than it was 12 months ago. He said that one of the main factors that contributed to mental health issues was smoking and smoking cessation was very important to stop people dying 20 years earlier than they would have done had they not smoked, and the introduction of the smoke free wards had proved successful. Dr. Hunter said that some patients admitted onto smoke free wards that were smokers, left the ward as "vapers", and although there were some concerns around vaping, it was thought that vaping would ultimately make a difference to life expectancy. Safeguarding issues have improved across the board, and a report published in October stated that safeguarding issues had been addressed and improvement seen across the board and patients were receiving better care with dignity and privacy. Two wards within the Unit were now single sex wards. Psychologists were working alongside psychiatric nurses to offer a highly integrated approach to specialist mental health care. Although in-patient wards were where the serious patients were seen, the vast majority of mental health care was carried

out within the community so there was a need to work together to fix problems by getting specialist mental health care out into communities and plan for the future.

6.4 Beverley Murphy stated that progress had been made to ensure safe staffing levels on inpatient wards and that the Trust was rated highest nationally for Adult Acute Registered Nurses and the Ward Manager and Assistant Ward Manager roles had improved, ensuring that junior nursing staff received a high standard of leadership, ensuring patients received better care. She said that a recovery plan had been developed to include a daily oversight of patient flow to reduce the average length of stay on acute wards and although there had been significant challenges due to Covid 19, which had created an increase in the number of "out of area" placements of older adults due to a lack of beds within the city, the older adults' wards had now reopened, and work was ongoing to return patients back to Sheffield as soon as possible. Work had also been carried out to eradicate dormitory wards and improve inpatient services. Beverley Murphy said that "step down" beds had been introduced which offered patients the choice of where they received care in accordance with their individual needs. However, there were plans to improve inpatient services so that all acute inpatient units would see significant improvement. She said that there had been a number of Covid related absences, which had caused significant challenges, but due to the vaccine programme rollout, the recovery plan was now back on track. It was acknowledged that there were still risks and the need to mitigate and manage those risks. There were still issues around access to care and the length of waiting lists but these were being addressed. Ms. Murphy stated that investment was required into providing additional posts and improving the IT infrastructure. She stated that the Trust was working with NHS England to model what the future demands look like to flex the service.

6.5 Members of the Committee made various comments and asked a number of questions, to which responses were given as follows:-

- The overall rating of the Sheffield Health and Social Care NHS Foundation Trust (SHSC) remained inadequate. As stated in the report, the Trust had been reinspected in August, 2020 and a report published in October had listed very clear, significant improvements, in part because of Covid and in part because there were parts of the service that had not been inspected and re-rated. The Care Quality Commission (CQC) were content and comfortable to let the Section 29A Warning Notice temporarily lapse based on finding improvement.

- Covid had raised many challenges with over 100 members of staff, at some point, being absent, either due to testing positive for the virus or shielding due to health issues so it was difficult to fulfil their commitments. However some staff members who were shielding were able to use technology to facilitate continuity of care and assess service users, look into their specific needs and looked for changes to identify people who needed to be seen regularly and routinely. The Trust tailored clinical interventions to facilitate individual patient needs and have taken a patient-centred approach to match individual needs.

- The acute inpatient wards based at Forest Close, Middlewood, had been rated as good by the CQC and the rehabilitation team based there have won Positive Practice Awards for Mental Health Services. The challenges facing these longer-term rehabilitation wards were known and was thought to be in good shape.

- Refurbishment works were underway with the development of 10 single bedrooms with en-suite facilities, being made available for those in distress to ensure their privacy and dignity was maintained and the possibility of preventing patients going into a NHS acute hospital bed, and the Trust along with the third sector were working to manage the service to assist with recovery and de-stigmatisation of mental health. A White Paper on the reform of the Mental Health Act was out for consultation and currently going through Parliament, and part of that reform was to offer more single bedroom facilities which offer privacy and dignity to patients.

- The Trust was keen to work with Healthwatch to collect equality data. Two main areas of concern had been identified as patients being unable to access the mental health service and restrictive intervention methods that were used to restrict the movement of an individual or limit their freedom to act independently. The Trust needs to understand the best way of serving communities and currently there was no data to convincingly assure the Board of Directors there weren't any access issues.

- With regard to the delivery model, the evaluation report looked at staff and service users to make sure that the Trust had the right technical abilities so that it doesn't fall back on the organisation's preferences for offering treatment as it had been found that some clinicians were keen to return to offering face-to-face treatment because that was the way they had worked historically, but there was a need to understand during the initial assessment process, what type of treatment the patient preferred and improve the service offer.

- One group who were often digitally poor and excluded, were asylum seekers and it should be borne in mind the terrible trauma these people had experienced on their way to safety in this city and the impact on their mental health such experiences would have taken, and there needed to be a link to these people so that they do not remain digitally excluded.

- Sheffield Psychology Board, whose membership included the voluntary and community sector, the Children's Hospital, the Teaching Hospitals and partners working in the psychological wellbeing service, had agreed to carry out a review across all services from the perception of clinicians having concerns about whether the digital offer was safe in all cases, and to assess risk to children when adults remain in the room, and to look at the impact of the digital service on offer and carry out a risk assessment and process what was suitable.

- Data which was gathered last summer formed part of the report on the next item on the agenda for this meeting. Included within the report were details from several different groups, and different people across the city, who felt excluded from mental health services and support. Gaps are being identified and by speaking to different groups, some of those gaps were being filled.

- One solution to improve the Improving Access to Psychological Therapies (IAPT) services was to get specialist care staff into primary care. IAPT was a specifically designed service. There was enthusiasm amongst clinical directors and primary care networks to work collectively on this to resource the alignment of primary and secondary care services to fill the gaps in mental health services.

6.6 RESOVED: That the Committee:-

(a) thanks Mike Hunter and Beverley Murphy for their contribution to the meeting; and

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

7. COVID 19 PANDEMIC AND MENTAL HEALTH

7.1 The Committee received a report giving an update on how the Covid 19 Pandemic had impacted on the emotional and mental wellbeing of the people of Sheffield.

7.2 Present for this item were Heather Burns (Head of Commissioning (Mental Health, Learning Disability, Autism and Dementia) NHS Sheffield Clinical Commissioning Group (CCG)), Sandie Buchan (Director of Commissioning Development Sheffield CCG), Colette Harvey (Sheffield MIND), Sam Martin (Head of Commissioning for Vulnerable People, Sheffield City Council), Eleanor Rutter (Consultant in Public Health), Joanna Rutter (Health Improvement Principal, Sheffield City Council), Steve Thomas (Clinical Director for Mental Health, Learning Disability and Dementia, Sheffield CCG) and Councillor George Lindars Hammond (Cabinet Member for Health and Social Care).

7.3 Sam Martin introduced the report stating that since August, 2020, a comprehensive Impact Assessment on Mental Health had been completed, the assessment had formed of a suite of rapid impact assessments, commissioned by the Sheffield Health and Wellbeing Board, and conducted to assess the impact of the Covid-19 pandemic on mental health. He stated that the purpose of the report was to provide Members with more detail of the likely ongoing impact of the pandemic on mental health and emotional wellbeing, based on local and national emerging evidence, and he referred to a short update at the beginning of the report on the recommendations contained within the rapid impact assessment report.

7.4 Colette Harvey said that her role within Sheffield MIND was to co-ordinate up to

50 community groups and organisations across the City which focused on mental health. She gave a brief update on service demands and said that overall data showed that as the pandemic continued, mental health problems had worsened and the charity was dealing with more complex cases, as people were experiencing disadvantage and there were growing issues around housing, employment, relationships, financial uncertainty, and the impact of long-covid. She said many people had expressed their nervousness of when the restrictions were lifted. She said that community associations were overstretched and their resources were overstretched to enable them to support communities in their homes. The lockdown had impacted on mental health, social isolation and increased levels of stress and anxiety so there was a need for preventative support. The pandemic had impacted on the mental health of the black and minority ethnic (BAME) communities in particular, but also other groups such as children, young people, carers, those whose lives were complex, digital exclusion, and also people who had been bereaved, so there was a need for more resources to be put into these areas. People with autism were facing difficulties at being unable to access mental health services.

7.5 Members of the Committee made various comments and asked a number of questions, to which responses were given as follows:-

- It was not known whether long covid had more of an impact on women than men. Work with clinicians was being carried out following discharge from intensive care wards and follow up on the psychological wellbeing of those patients. The CCG was to investigate whether there were any trends in gender or traits to see if Covid had more of an impact on these groups. Meetings had taken place with the deaf community to identify their problems throughout the pandemic.

- Statistics had shown that there was a disproportionate burden on women not only contracting the disease, but also the socio-impact on women who had disproportionately lost their jobs, had shouldered the increased burden of caring both for children and elder relatives or visiting relatives in care homes. It was thought that many of the socio-economic problems caused by Covid, could ultimately lead to suicide, as well as poverty, isolation, unemployment etc. Regarding intersectionality and strains within the system, those that were disadvantaged suffered more, whether they were women or from the BAME community and this needed to be addressed.

- The Sheffield Psychology Board had carried out a lot of work at the start of the pandemic giving advice and psychological wellbeing advice targeted at certain groups, but the information needed to be revisited on how to give advice moving forward. Leaflets had been distributed in 30 supermarkets around the city giving advice on the Improving Access to Psychological Therapies (IAPT) Services. In terms of how we come out of lockdown, there was a need to look at several areas on how to offer targeted support. The mantra of “It’s OK not to feel OK” was applicable to all because everyone had experience of the pandemic and had been impacted upon in some way, and it was perfectly acceptable to have

good days and bad days, but people should be aware of where to access mental health services if required. The Sheffield IAPT website contained very useful information, some regarding self-help.

- The narrative about recovery and coming out of lockdown was a national narrative but we have a local role to play. There was a need to develop resilience specific service delivery that can grow and respond to needs as they emerge.

- Non-medicalisation doesn't negate or decrease the impact on the severity of mental illness, the perspective changes so there was a need for preventative level education to bring people's attention to what was important and point them in the direction of what was important to minimise risk. Employers have a responsibility for the health and wellbeing of their employees and, in the city, the Sheffield Occupational Health Advisory Service looks at risk and challenges around employment and offers advice to employers.

- There had been a dramatic increase in the numbers of referrals and retention in secondary care under the Mental Health Act, as there had been an increase in the police bringing in people in mental distress. It was difficult to forecast what Covid would do to demand for mental health services, but there were toolkits available to try and do some local modelling to see where demand might start to emerge. As a Joint Commissioning Service, it was not intended to "wait and see", but to try and get ahead in anticipating demand. Things have got worse form a Council social care perspective, spending had gone up although if was not possible to identify any spend that could be directly due to Covid. Home care costs were rising due to people staying more in their homes and there were big pressures on the system.

- There has been an indication from the spending review that additional funding of around £5m for Sheffield would be made available to identify pressures and where investment was needed the most to make a difference. The CCG and its partners would be looking at, amongst other services, perinatal mental health services, children's support and crisis intervention services and individual placement support services for those with mental health conditions.

- Particularly around IAPT, going forward in a joint commissioning way we must make sure that its not just about improving services, but a need to communicate to the public what was being done well and by working together to make Sheffield a mentally well healthy city.

- One of the recommendations contained within the impact assessment was for additional resources to be made available to the Voluntary and Community Sector (VCS) and this investment was being made to develop a framework for rapid and progressive commissioning of mental health services to enable a timely response to changing community mental health support needs and service demands.

- Funding bids had been put together and one such funding stream that had been successful was the creation of crisis buddies and it was planned to place some of those crisis buddies where needed with the assistance of the voluntary sector. We are trying to get a closer relationship with the VCS to collaborate more, to develop bids together and look where to invest additional resource into the VCS.

- There was a strategic approach to VCS, and the Accountable Care Partnerships (ACP) hold a strategic position and was working with VCS colleagues who were members of the ACP, looking at the approach to Sheffield as a whole. The Primary Care Mental Health Framework has four Primary Care Networks covering 200,000 of population and VCS colleagues were working into that programme and £300,000 had been invested into that programme for delivery through VCS colleagues.

7.6 RESOLVED: That the Committee:-

(a) thanks Heather Burns, Sandie Buchan, Collette Harvey, Sam Martin, Eleanor Rutter, Joanna Rutter, Steve Thomas and Councillor George Lindars Hammond for their contribution to the meeting; and

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

8. COVID 19 AND DISABILITY

8.1 The Committee received a report of the Scrutiny Sub-Group on Covid and Disability which had met to consider a report from Disability Sheffield and HealthWatch Sheffield, setting out what disabled people have been telling them about their experiences during Covid.

8.2 The Chair asked for comments on the report and thanks were expressed to those involved in the Sub-Group for the work they had undertaken.

8.3 RESOLVED: That the Committee receives and notes the report.

9. WORK PROGRAMME

9.1 The Committee received a report of the Policy and Improvement Officer on the Work Programme for the Committee.

9.2 RESOLVED: That the Committee:-

(a) approves the contents of the Work Programme;

(b) considers that the nine meetings that had been held during the past year had been very useful;

(c) thanks the Chair for the hard work she had undertaken over the past Municipal Year; and

(d) thanks the officers who have supported the work of the Committee this year.

10. DATE OF NEXT MEETING

10.1 It was agreed that the next meeting would be on a date to be arranged.

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