HEALTHIER COMMUNITIES AND ADULT SOCIAL CARE SCRUTINY COMMITTEE

Meeting held Monday 18th July 2011

PRESENT:

Councillor Clive Skelton	(Chair)
Councillor Ibrar Hussain	(Deputy Chair)
Councillor Jane Bird	
Councillor Janet Bragg	
Councillor Kathleen Chadwick	
Councillor Qurban Hussain	
Councillor Bob Johnson	
Councillor Ali Qadar	
Councillor Chris Rosling-Josephs	
Councillor Jackie Satur	
Councillor Janice Sidebottom	
Councillor Diana Stimely	
Councillor Garry Weatherall	
Helen Rowe (Observer)	Sheffield Local Involvement Network

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1. **APOLOGIES FOR ABSENCE AND SUBSTITUTE MEMBERS**

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Apologies	Substitutes
Councillor Gail Smith	Councillor Diana Stimely
Anne Ashby (LINK)	No substitute appointed

2. **EXCLUSION OF PRESS AND PUBLIC**

2.1 No items were identified.

3. **DECLARATIONS OF INTEREST**

3.1 There were no declarations of interest.

4. **PUBLIC QUESTIONS AND PETITIONS**

4.1 There were no public questions and petitions.

5. **MINUTES OF PREVIOUS MEETINGS**

The minutes of the meetings of (a) the former Health and Community Care Scrutiny Committee held on 18th April 2011 and (b) this Committee held on 18th May and 4th July, 2011 were approved as a correct record.

6. COMMUNITIES PORTFOLIO PRIORITIES 2011/12

6.1 Richard Webb, Executive Director, Communities, outlined the major priorities for the Communities Portfolio in 2011/12 including improving care and support for adults, joint working with the NHS on the Government's NHS proposals including the implementation of Clinical Commissioning Groups (CCGs), the establishment of a Health and Well-being Board for Sheffield, the transition of the current Sheffield Link to a new Healthwatch organisation (the new group representing patients' interests), the transfer of the Public Health function from NHS Sheffield to the Council and the scrutiny of the major changes occurring in the NHS and in the care of older people in general.

6.2 In terms of improving care and support, he advised the Committee work with the Portfolio would work with the NHS at developing Birch Avenue and Woodland View Residential Homes as a Centre of Excellence in the provision of care, the provision of dementia care for older people in their own homes and the long-term financial implications of the Andrew Dilnot report on the future resourcing of care and support for older people. Further work would be also be carried out on how to address poverty, inequality and financial exclusion, the movement of emphasis to prevention and early intervention in care model, which would seek to promote personal independence, assisted by closer links with GP Practices and support from Assistive Technology.

6.3 Attention would also be given to action which would help to determine and facilitate the appropriate care provision required by young people with disabilities in order to assist to assist their transition from childhood to adulthood, improvements in provision for carers, including extended breaks, and the maintenance of quality care, given the state of the current care market. There was also an impending report on the outcome of joint working between the Council and the NHS on responses to the challenges of Unscheduled Care.

6.4 Members of the Committee made a number of comments and asked questions to which the following responses were given:-

- As far as the recent problems experienced by Southern Cross was concerned, the Council had, periodically, to act in similar situations where there were failing Residential Homes, by working to identify new care service providers and/or providing management support into other care homes. The Council would look to support existing managers in Southern Cross homes and work jointly with the NHS to maintain all aspects of required care. Contingency plans were in place locally and nationally.

- Increasing numbers of people with care needs were being supported to live at home and independent living was being encouraged wherever possible.

- It was acknowledged that attention needed to be paid to accurately assessing the care needs of those young people making the transition from childhood to adulthood and co-ordinating that transition more effectively in the light of the different experiences encountered by care recipients before and after the age of 18. It was acknowledged that action needed to be taken to plan individual care needs at an earlier stage prior to the age of 18.

- The issue of Respite Care, where, in the current circumstances, increasing numbers of older people were being encouraged to live at home with daily support from care staff and family carers, was acknowledged and the Council was examining the different ranges of Respite Care available and current and future availability of resources for emergency and planned respite care. However, it was recognised that all carers were entitled to a carer's assessment.

6.5 **RESOLVED:** That (a) the information provided by the Executive Director, Communities, be noted;

(b) the Director of Care and Support, Communities Portfolio, be requested to circulate to the Committee, details of the outcome of the resource review and criteria relating to emergency and planned respite care services; and

(c) the issue of Safeguarding Adults and the provision of a briefing on Aids and Adaptations be added to this Committee's Work Plan.

7. HEALTH TRANSITION PROGRAMME

7.1 The Executive Director, Communities, submitted a report providing a summary update of the changes which were taking place at a local level to prepare for the changes initially announced in the Department of Health's White Paper – "Equity and Excellence: Liberating the NHS", including the outcome of the Government's recent "listening exercise".

7.2 In particular, the report referred to various workstreams that were being pursued to effect the changes proposed by the Government which, amongst other things, included :-

- The development of clinically-led commissioning of the majority of NHS care by statutory Clinical Commissioning Groups (CCG) led by GPs, but including other clinicians such as hospital doctors and nurses and representatives of public health and social care.

- The establishment of a new statutory local Health and Wellbeing Board by April 2013 at the latest which would act as a local partnership between the Local Authority and CCGs, comprising of representatives from these two bodies as well as local community

representatives. The Board would have responsibility for a Health and Wellbeing Strategy, overseeing CCG strategic plans to ensure they supported the Board's strategy.

- The development of a new Healthwatch organisation to replace the LINK, which would act as a "consumer champion" in relation to local health and social care, will be commissioned by local authorities and be in place by April 2013.

- The abolition of Strategic Health Authorities and Primary Care Trusts (PCTs) and the establishment of the NHS Commissioning Board to allocate budgets to CCGs. Arrangements up to that date for managing on-going business and over-seeing the process of transition would be overseen by the South Yorkshire and Bassetlaw PCT Cluster Board of which NHS Sheffield was part.

7.3 The Executive Director, Communities, further explained that CCGs would comprise eight places (4 GPs from localities and 4GPs from across the City), one place from a social care representative, two places for lay members and one place each for a medical clinician and a nurse. The Groups would be accountable to a NHS Commissioning Board, sub–divided at Regional level.

7.4 In terms of the transfer of Public Health from PCTs to Local authorities, discussions were currently being held with the Department of Health on the transfer of the budget for public health.

7.5 The Health and Wellbeing Board would comprise GPs and Council Members and would have responsibility for the overall health strategy for the City, integrated working between health and social care and be accountable for public health in the City. The Council was working with the Sheffield Local Involvement Network (LINK) and other organisations on the specification for the tendering process for Healthwatch and a joint bid had been submitted to the Government for Sheffield to become a Pathfinder for the development of Healthwatch.

7.6 Additionally, Sheffield's bid to become a Scrutiny Development Area had been successful and a stakeholder workshop was planned for August/September, 2011 to contribute ideas for a future vision for health scrutiny.

7.7 Members of the Committee made a number of comments and the Executive Director responded to questions raised by Members as follows:-

- All GP Practices would be required to be part of CCGs and the Secretary of State for Health would have power to compel Practices to join CCGs if necessary.

- Healthwatch would provide a public platform for views and responses

on health and social care matters as well as providing personal advice on these matters.

- The PCT currently spent approximately £1 billion per annum. On the transfer of commissioning responsibilities to CCGs, the bulk of that sum would be allocated to CCGs with a small proportion going to Local Authorities (Public Health), the NHS Commissioning Board (Specialist Services), which would include dental care and pharmacies.

- Although there was a potential risk that GPs could inherit a deficit on the health care commissioning budget, the Department of Health would require details of NHS finances as respects health care prior to the transfer of responsibility for such commissioning to CCGs.

- The Committee were advised that a new contract would be let for Healthwatch which would build on the current work of the LINK and also include new responsibilities. Healthwatch organisations would be bodies corporate and tenders for service specifications would be developed through a procurement process overseen by the Local Authority. It was suggested that the current system of contract monitoring provided could result in a conflict of interest as the current LINK contract was monitored by the Social Services and that, in future, the Healthwatch contract should be monitored by the Chief Executive.

- Further concerns were raised that although Healthwatch might have a place on the Health and Wellbeing Board, that Board would be established prior to Healthwatch with a possibility that a void should be created by the disestablishment of the current LINK before firm foundations were laid for its replacement. The Executive Director stated that the Board would with the LINK pending the establishment of Healthwatch.

- It was pointed out that current funding for the LINK had been identified to March, 2012 but none thereafter and that concerns existed about the appropriate notice which had had to be served on employees and also the potential for dissatisfaction with the service.

- There was a need to raise public awareness of the organisational changes to be implemented.

- In respect of the contract monitoring of the procurement process for Healthwatch, and the avoidance of conflict of interests for reciprocal contract monitoring arrangements between the Council and the other South Yorkshire Local Authorities might be explored.

- The process for nomination and appointment to the Health and

Wellbeing Board was still to be finalised and legal advice was being sought as to whether the Board should be established as a Sub-Committee of Cabinet or a Committee of the Council. It was anticipated that only Council Members and GPs serving on the Board would have voting rights. There would be no remuneration for members of the Board, but some recognition of GP Locum cover arrangements needed to be made for those GPs appointed members of the Board.

8. **WORK PROGRAMME**

8.1 The Policy Officer (Scrutiny) submitted a report referring to the Committee's remit for 2011/12 which included, amongst other things, scrutiny of local NHS Services and health service commissioning (including services for children), public health, health inequalities, adult social care and support and adult safeguarding.

8.2 The report also contained a draft Work Plan for 2011/12 which contained a description of the issues the Committee would consider with a target date by which a report on the issues would be considered. Also attached to the Work Plan was the Cabinet's Forward Plan.

8.3 It was explained in the report that formal meetings of the Committee would take place every two months, freeing up the Committee's capacity to undertake task and finish work, engage with staff and service users and visit facilities etc. on the same time and day as formal Committee meetings in the alternate month. The Chair of the Committee stressed the need for Members to make allowances for these new arrangements.

8.4 The Policy Officer also referred to the success of the Council's bid to be a Scrutiny Development Area which would now result in support being provided by the Centre for Public Scrutiny for two issues in the Work Plan namely, Scrutiny and Health Reforms and Health Inequalities

8.5 **RESOLVED:** That (a) the approval be given to the proposals within the report of the Policy Officer (Scrutiny) including the Work Plan for 2011/12 with the additions set out in paragraph (b) below ;

(b) the following additions be made to the Work Plan now submitted:-

- Update by Sheffield Teaching Hospitals Foundation Trust on their key priorities for 2011/12 (September, 2011)

- Informal briefing from the Chief Executive of the Sheffield's Children's Hospital on the specialist work being undertaken by the hospital. (October, 2011)

- Update on the development of the Birch House and Woodland View Residential Homes as "Centres of Excellence" (January, 2012)

- Present position on Adult Safeguarding

- Overview of current position on Aids and Adaptations

And (c) the Director of Care and Support (Communities) be requested to circulate to the Committee a briefing note on the Cabinet report – "Fairer Contributions for Non – Residential Social Care Support – Outcome of Consultation" which was to be considered by Cabinet on 24th August, 2011.