SHEFFIELD CITY COUNCIL

Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee

Meeting held 15 January 2014, at St. Luke's Hospice

PRESENT: Councillors Mick Rooney (Chair), Sue Alston, Janet Bragg, John Campbell, Katie Condliffe, Roger Davison (Deputy Chair), Tony Downing, Adam Hurst, Martin Lawton, Jackie Satur, Diana Stimely, Garry Weatherall and Joyce Wright

Non-Council Members (Healthwatch Sheffield):-

Anne Ashby and Helen Rowe

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1. APOLOGIES FOR ABSENCE

1.1 An apology for absence was received from Alice Riddell (Healthwatch Sheffield).

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 Councillor Sue Alston declared a personal interest in Agenda Item 7 – Sheffield Adult Safeguarding Partnership – Annual Report 2012/13 - as an employee of the Sheffield Teaching Hospitals NHS Foundation Trust.

4. MINUTES OF PREVIOUS MEETINGS

4.1 *Special Meeting on 5th November 2013*

The minutes of the special meeting of the Committee held on 5th November 2013, were approved as a correct record.

4.2 *20th November 2013*

The minutes of the meeting of the Committee held on 20th November 2013, were approved as a correct record, and the Committee noted the Actions Update attached to the minutes and, arising therefrom, it was reported that:-

(a) all the actions, as listed at 4.1(a) to (g), 8.5(c)(i) and 9.3(b), on the attached Actions Update, had been completed;

(b) responses had been sent by Councillors Mary Lea and Mazher Iqbal to questions relating to their respective Portfolio areas, to the questions raised

by Sylvia Parry; and

(c) the Policy and Improvement Officer would contact Sarah Burt, Senior Commissioning Manager, NHS Sheffield Clinical Commissioning Group (CCG), to chase up the information requested, (i) relating to the provision of a link to the modelling system used to compile the data in the report on Memory Management Services, to be shared with Councillor Martin Lawton and (ii) to clarify the request as to whether the CCG could encourage GPs to display posters in surgeries to encourage people to seek advice if they were experiencing memory problems.

5. PUBLIC QUESTIONS AND PETITIONS

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

5.2 The Chair reported that he had been contacted by several members of the public, asking the Committee to consider whether the new, privately funded Digital Autopsy Service, based in Sheffield, could be made more widely available in the future, through funding from either the NHS or the Government. He stated that arrangements were to be made for himself, the Deputy Chair (Councillor Roger Davison) and the Policy and Improvement Officer to discuss this issue with Linda Dale, Medico-Legal Centre Manager and Christopher Dorries, City Coroner, prior to formally considering the question at a future meeting of the Committee.

5.3 The Committee requested that information on the costs of undertaking both digital and physical autopsies be obtained prior to Members considering the questions.

6. SHEFFIELD ADULT SAFEGUARDING PARTNERSHIP - ANNUAL REPORT 2012/13

6.1 The Committee received a report of the Director of Business Strategy, Communities Portfolio, containing the Sheffield Adult Safeguarding Partnership Annual Report 2012/13, which provided an overview of Adult Safeguarding activity and information on the contribution individual partners had made towards Adult Safeguarding in the City.

6.2 In attendance for this item were Susan Fiennes, Independent Chair, Sheffield Adult Safeguarding Partnership, and Simon Richards, Head of Quality and Adult Safeguarding, Communities Portfolio.

6.3 Members of the Committee raised questions and the following responses were provided:-

- All alerts referred to the Council regarding Adult Safeguarding concerns were given serious consideration. All complaints were assessed, and in those cases where it was considered that there had been no actual abuse, whilst no further action was taken by the Council, the victims and/or complainants were directed to the appropriate groups/organisations who could provide the relevant support. Efforts were made to encourage anyone

who had contact with vulnerable adults to raise any concerns they had and, if it was not considered a safeguarding issue, officers were happy to discuss any other forms of support available. Representatives from all the Council's partners were trained to recognise any safeguarding issues.

- There was a significant connection between safeguarding and domestic abuse. The Partnership was aware of such a connection as the Lead for Domestic Abuse in the City was a member of the Safeguarding Adults Board.

- There was support available for alerters in that there was a policy to ensure that they were recognised and protected, and that there was a route for them to take any action they deemed necessary. There was a continuous process whereby people who had contact with vulnerable adults were educated and informed of what was acceptable or not in terms of the care of such people. Whilst every effort possible was made to encourage people to report any concerns, there was a strong reliance on people informing the Council of any issues.

- There was a feedback process whereby alerters were informed of where and how their concerns were considered. Training was offered, through the voluntary sector, to highlight the issues facing carers and family members in terms of the Home Care Service. The Quality and Adult Safeguarding Service, using what resources were available, continued to provide information and advice on what carers and family members should be aware of in terms of safeguarding. Communication was viewed as an active part of the Partnership's work.

- Statistics in terms of criminal prosecutions or cautions, as compared with other local authorities, were not available, but such information could be circulated to Members of the Committee. The Police would make a judgement in terms of whether they prosecuted or cautioned perpetrators, and there had been a number of recent cases where prosecutions had been made. A recent review of policy by the Crown Prosecution Service was likely to have an impact on the consideration given to evidence provided in terms of safeguarding cases. The Partnership had to have confidence in companies' recruitment processes in terms of the suitability of care workers appointed by them, and was also dependent on the standard of the companies contracted by the Council.

- It was not clear whether there was any specific training available for those people who had the Power of Attorney of relatives or friends receiving care so that they can be made aware of what they should or should not be doing in order to stop them being accused of making their relatives or friends vulnerable. It was believed that such people having the Power of Attorney would be provided with some basic advice on this issue when taking up the role, and there was also an expectance that such people would have some level of responsibility.

- The Safe Places Scheme was jointly funded by the Adult Safeguarding Partnership and Safer and Sustainable Communities, and comprised a number of 'safe places' in all areas of the City which provide a 'refuge' to vulnerable people who were feeling afraid or were lost or unwell. As part of the scheme, a part-time co-ordinator, based at Heeley City Farm, was employed to work with a dedicated group of service users to advertise and embed the Scheme. A number of staff and volunteers had been given education and support to provide vulnerable adults with the confidence to engage with the local and wider communities.

- An active Customer Forum was in operation in Sheffield. The Forum was led by service users and included people who were at risk of harm. The Forum was influential and was consulted on a broad range of safeguarding issues, a recent example of this being the consultation on the revised South Yorkshire safeguarding procedures.

- A number of actions had been taken, and procedures improved, following the Winterbourne View Care Home case, including an initial review, and an ongoing review of existing placements and consideration of contracting arrangements. A number of assurances had been made that safeguarding procedures had been improved after this case.

- The Partnership welcomed the views of Healthwatch Sheffield, and aimed to build up a relationship so that its views could be fed into the process. Simon Richards had met with Jason Bennett, Chief Officer, Healthwatch Sheffield, to discuss their views on adult safeguarding in the City and extended an invitation to meet with the Healthwatch Sheffield members on this Committee to discuss their views.

- It was appreciated that there was pressure on care workers in terms of their workloads, particularly when they were forced to spend more time with certain clients, which impacted on the time they could spend with others. If Members had any specific concerns, the Chair suggested that they be raised with Barbara Carlisle, Head of Strategic Commissioning and Partnership, Communities, and that a request be made of Councillor Mary Lea, Cabinet Member for Health, Care and Independent Living, to see if the Committee could have any involvement in the discussions with regard to the letting of contracts for Home Care Services. It was acknowledged that it was likely to be too late in the process, but that the question would still be raised.

- It was accepted that there was a need to raise awareness levels in connection with self-referrals which, at present, remained at a low level. Ideally, the best option would be to give people the confidence to make self-referrals, but, if this was not the case, they needed to be able to trust someone to make a referral on their behalf.

- The non-reporting of safeguarding issues relating to individuals with mental health problems was a priority for the Partnership, and representatives were

due to meet with the Social Care Trust this week to discuss their concerns.

- It was imperative that victims themselves who were reporting any safeguarding concerns, or any relatives or friends reporting concerns on the victims' behalf, were protected as part of the process. A Protection Plan and Strategy discussions took this into account. Although it could not be quantified with hard evidence, it was believed there were robust procedures to protect people raising safeguarding concerns.

- The Partnership needed to undertake more work to ensure that people most at risk were aware of the safeguarding process and to promote what safeguarding involved. There had recently been a major publicity campaign, raising awareness of the issues. The results of the Partnership's customer satisfaction survey had indicated that it was performing satisfactorily in this regard.

6.4 RESOLVED: That the Committee:-

(a) notes the information contained in the report now submitted, together with the responses to the questions raised;

(b) thanks Susan Fiennes and Simon Richards for attending the meeting and responding to the questions raised; and

(c) requests that:-

(i) the Chair writes to (i) the District Commander, South Yorkshire Police and Member of the Adult Safeguarding Executive Board, requesting a response in terms of why the number of criminal prosecutions for alleged perpetrators was so low and (ii) the Health and Social Care Trust, requesting a response from the Trust with regard to the low number of referrals from mental health, and to feedback to the Committee thereon;

(ii) the Sheffield Adult Safeguarding Partnership (i) looks into how it could maximise publicity in respect of the Safeguarding Adults Safe Places project, (ii) considers a specific piece of work, aimed at enhancing safeguarding training through the Council's contracting process, such as reviewing safeguarding processes and ensuring providers recruitment procedures were robust, and also to look at providers offering safeguarding training to people who use their services and (iii) provides a progress report to the Committee on a quarterly basis;

(iii) Susan Fiennes shares details of any steps taken to improve safeguarding procedures, in the light of the Winterbourne Care Home case, with Members of this Committee when available;

7. AN INTRODUCTION TO ST LUKE'S HOSPICE

7.1 Peter Hartland, Chief Executive, St Luke's Hospice, Sheffield, gave a presentation on the operation of St Luke's Hospice, referring to the care provided, the business model, the recent development of the new In Patient Centre and challenges for the future.

7.2 In attendance for this item were Peter Hartland, Chief Executive, Judith Park, Deputy Chief Executive, and Mark Harrington, Risk Management Co-ordinator, St Luke's Hospice.

7.3 Members of the Committee raised questions and the following responses were provided:-

- The nursing establishment at the Hospice comprised 71% qualified registered nurses, with the remainder being Health Care Assistants, who worked very closely with the registered nurses and received training and development, with a key focus on their caring skills and attitude. A dedicated consultant-led qualified medical team worked with the nursing team and other healthcare professionals to provide a full service for patients and families, both for in-patients and day patients at the Hospice, and in the community, where St Luke's provides 12 community Specialist Palliative Care Nurses for the City. Supporting teams of Hospitality and Housekeeping staff worked closely with the clinical teams and ensured that nutrition and cleanliness were addressed without compromising nursing time dedicated to patients. All these posts – medical, nursing, support and community – were funded by St Luke's.

- The annual funding requirement for the Hospice was £7.5 million, with just less than one-third of this amount (£2.34m in 2013/14) being funded by the Clinical Commissioning Group (CCG). St Luke's also had some separate arrangements with other parts of the NHS, in particular, the Post Graduate Deanery, which funded a portion of the salary costs of junior doctors on rotation at the Hospice (part of their training programme), and other more minor funding for particular projects from time to time. Other than this, the remaining £4.5m annually required to run St Luke's was raised through fundraising, supported by some limited investment income.

- The Hospice had to raise £4.5 million each year through fundraising. This comprised receipts from the charity shops, legacies, corporate partnerships, individual donors and funds raised from special community events. 75%-80% of this fundraising was generally deemed to be secure and, due to the success of the charity shops and the goodwill of donors, the Hospice had always been successful in achieving this level of funding. The Hospice could only hope that such funding could be achieved in the future, and would continue to work hard in publicising its excellent work and highlighting its fundraising activities.

- Whilst there had been an increase in engagement between GPs and the

Hospice Community Team over the last few years, and the Clinical Commissioning Group (CCG) had continued to emphasise the importance of end of life care to GPs, there was still a number of GPs who were not engaging with the Hospice or other palliative care services in the City. The CCG would continue to target such GPs.

- The Macmillan Cancer Care Charity differed from St Luke's in many ways, despite some misunderstanding by the public. Macmillan was a national, rather than local, charity. It concentrated on support for cancer, unlike St Luke's, which provided care for all life-limiting conditions, not just cancer. St Luke's provided ongoing, recurrent services to the people of Sheffield, and funded them for the long-term. Macmillan tended to focus more on providing initial funding for projects or initiatives, in the form of pump-priming, for some specific areas – using its charitable funds that had been generated nationally – and once the initial funding had ceased, these services, if they continued, were funded by either the statutory services or third sector. In most cases however, they would continue to carry a Macmillan badge once Macmillan's initial funding contribution had ended, which was a condition attached to Macmillan's participation.

7.4 RESOLVED: That the Committee:-

(a) notes the information reported as part of the presentation, together with the responses to the questions raised;

(b) requests that the Chair meets with Jackie Gladden, Senior Commissioning Manager, Long-Term Conditions and End of Life Care, Sheffield Clinical Commissioning Group, to discuss GP engagement with the Hospice; and

(c) (i) thanks Peter Hartland and his colleagues at the Hospice for hosting the meeting, arranging a visit of the new In Patient Centre and providing lunch and (ii) acknowledges the excellent work being carried out at the Hospice.

8. HOSPICE CARE IN SHEFFIELD

8.1 The Committee considered a report of Peter Hartland, Chief Executive, St Luke's Hospice, on the nature of hospice care in Sheffield. The report contained details on how such care was funded in terms of the charitable/donation-based nature of funding, and how the situation in Sheffield compared with the picture nationally.

8.2 In attendance for this item were Peter Hartland, Chief Executive, Judith Park, Deputy Chief Executive, and Mark Harrington, Risk Management Co-ordinator, St Luke's Hospice, and Jackie Gladden, Senior Commissioning Manager, Long-Term Conditions and End of Life Care, Sheffield Clinical Commissioning Group (CCG).

8.3 Jackie Gladden stated that the CCG valued the Hospice, both in terms of the provision of end of life care and, as a partner in the future development of these services in Sheffield. As well as providing an element of funding for the Hospice, the CCG also funded a number of other services, including the Home Care Nursing

Service, Continuing Health Care Service and the Macmillan Unit at Sheffield Teaching Hospitals, which provided 18 specialist palliative care beds in out-patient services. She added that the CCG would be meeting with the Hospice next week, to discuss its contract for the forthcoming financial year.

8.4 Members of the Committee raised questions and the following responses were provided:-

- Whereas the main hospitals in Sheffield were funded 100% by the NHS, the Hospice received less than a third of the £7.5 million funding required annually.

- Jackie Gladden offered to attend a future meeting of the Committee to talk to Members on the future of end of life care in the City.

- The CCG was not in a position to provide funding over and above the level it currently provided to the Hospice and, in terms of contingency, there was no legal requirement on the CCG to make up any shortfall suffered by the Hospice. The CCG did, however, have a responsibility to ensure care for all patients at the end of life, and should the Hospice not be able to provide its current service, the CCG would have to review the position, which would potentially mean that more patients would be cared for in hospital.

- The Hospice was generally ineligible for major National Lottery funding, mainly due to its physical location in a more prosperous area of the City.

- The term of the Hospice's contact with the CCG has historically been one year, but Peter Hartland stated that the CCG was to looking into the possibility of extending the next contract for a two year period.

8.5 RESOLVED: That the Committee:-

(a) notes the contents of the report now submitted, together with the responses to the questions raised; and

(b) requests that:-

(i) Jackie Gladden feeds back to (i) colleagues in the Clinical Commissioning Group, that the Committee strongly urges the CCG to consider longer-term contracting arrangements with the Hospice on the basis that the present one-year arrangement is not acceptable in terms of the Hospice's ability to plan its future finances and (ii) the Committee, following the contract negotiations between the Hospice and the CCG in late January, 2014;

(ii) arrangements be made for the Committee to look at the End of Life Care Strategy in the 2014/15 Municipal Year, and that this item includes feedback on the Department of Health's response to the report on the Liverpool care Pathway and any consequent actions in

Sheffield; and

(iii) the CCG should consider a contingency plan for the services provided by the Hospice should there be a substantial funding shortfall, which may include the availability of emergency short-term contingency funding to sustain services at the Hospice, if appropriate.

9. ADULT SOCIAL CARE PERFORMANCE - QUARTER 2 - 2013/14

9.1 The Committee received and noted a report of the Director of Care and Support, Communities Portfolio, on the Adult Social Care Performance – Quarter 2 – 2013/14, which summarised recent performance against the main Adult Social Care performance measures and demonstrated recent performance improvements in terms of reducing customer journey waiting times.

10. WORK PROGRAMME

10.1 The Committee received and noted its Work Programme 2013/14, as set out in the report of the Policy and Improvement Officer now submitted.

11. DATE OF NEXT MEETING

11.1 It was noted that the next meeting of the Committee would be held on Wednesday, 19th March 2014, at 10.00 am, in the Town Hall.

(NOTE: At the conclusion of the meeting, the Committee was taken on a brief visit of the Hospice's new In Patient Centre.)

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