

**Healthier Communities and Adult Social Care Scrutiny and Policy Development
Committee**

Meeting held 23 September 2015

PRESENT: Councillors Cate McDonald (Chair), Pauline Andrews, Katie Condliffe, Mike Drabble, George Lindars-Hammond, Peter Price, Jackie Satur, Geoff Smith, Garry Weatherall, Brian Webster, Joyce Wright, Pat Midgley (Substitute Member) and Denise Reaney (Substitute Member)

Non-Council Members (Healthwatch Sheffield):-

Helen Rowe

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1. APOLOGIES FOR ABSENCE

1.1 Apologies for absence were received from Councillor Sue Alston with Councillor Denise Reaney attending as her substitute, Councillor Anne Murphy with Councillor Pat Midgley attending as her substitute, Councillor Jenny Armstrong and 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 In relation to Agenda Item 7 (Carers' Strategy), Councillor Jackie Satur and Denise Reaney each declared a personal interest as they were carers.

4. MINUTES OF PREVIOUS MEETING

4.1 The minutes of the meeting of the Committee held on 22nd July 2015, were approved as a correct record and, further to their consideration, it was noted that:-

- (a) the report on the issue of whistleblowing referred to at paragraph 5.1, would now be submitted to the Council's Standards Committee in December 2015;
- (b) written responses to the public questions referred to at paragraph 6.1 had been provided to the questioner; and
- (c) Councillor Katie Condliffe had been appointed to the Task and Finish Group to discuss the quality of Home Care, referred to at paragraph 9.2(b) and that a meeting of this Group had now been set up.

5. PUBLIC QUESTIONS AND PETITIONS

- 5.1 In response to a question from Sylvia Sellers, regarding the difficulties experienced as a carer for her brother-in-law and particularly the lack of continuity of Social Workers, the Chair, Councillor Cate McDonald, asked her to send in written details of her experiences, so that these could contribute towards improving the service.
- 5.2 In response to a question from Alan Kewley, regarding the lack of public involvement in the Council's Scrutiny Committees, the Chair agreed to meet him outside the meeting so that a proper discussion could take place.

6. CARERS' STRATEGY

- 6.1 The Committee was asked to consider the development of the Carers' Strategy and had been provided with a series of documents to inform its discussion. These were a slide presentation on the Carers' Strategy, comments from carers compiled by Healthwatch Sheffield and a paper outlining issues that affected young carers from the Sheffield Young Carers' Project.
- 6.2 In attendance for this item were Councillor Mary Lea (Cabinet Member for Health, Care and Independent Living), Councillor Olivia Blake (Cabinet Adviser on Health, Care and Independent Living), Councillor Aodan Marken and Jules Jones (representing the Children, Young People and Family Support Scrutiny and Policy Development Committee), Tim Furness (Director of Business Planning and Partnerships, NHS Sheffield Clinical Commissioning Group (CCG)), Phil Holmes (Director of Adult Services), Emma Dickinson (Commissioning Manager), Sara Gowen (Sheffield Young Carers' Project) and Angela Barney and Chris Sterry (representing carers).
- 6.3 Councillor Mary Lea introduced the item, stating that at some point in their lives most people would become a carer and that, presently, there were about 50,000 carers in the City, with about 4,000 of these being young carers. In addition, about 20,000 became carers each year. She added that the development of the new Carers' Strategy was a response to the introduction of the Care Act, the ending of existing contracts and the forthcoming national strategy. She also emphasised that carers should be seen as agencies' partners and that the effect on their lives should be recognised and the right support provided.
- 6.4 Phil Holmes outlined the need to strike the right balance with more emphasis being placed on putting the carer and customer first and a reduction in fighting over payment between the Council and NHS. He expressed his concern that carers in Sheffield felt less supported than in other local authorities in Yorkshire and the Humber and, in regard to recognising accountability, made reference to the work of the Carers' Service Improvement Forum which included carers. He went on to state that carers wanted dignity and respect and emphasised the importance of engagement with staff and decent customer care. In conclusion, he wanted to provide reassurance to carers that their difficulties and needs were being taken

account of.

- 6.5 Emma Dickinson then took the Committee through the circulated presentation on the Carers' Strategy, covering the definition of who was a carer, key facts, the changing carer population, the co-production approach, the Strategy's City-wide aspect, consultation, messages from carers, key actions and the timeline of the process. She also emphasised the importance of the 3 action plans relating to young carers, transitions and adults.
- 6.6 Tim Furness indicated that the CCG played a part in the development of the Strategy and that he would take the actions from the Strategy to his governing body to ensure that carers' rights and carers' own health needs were properly recognised. He added that training and awareness of staff was a large part of the process and emphasised the involvement of all parties in the development of the action plans.
- 6.7 Members made various comments and asked a number of questions, to which responses were provided as follows:-
- Carers did not want to be pigeonholed, but it was important to know what worked for them. There was a need to be more open about the Integrated Commissioning Plan and this could be achieved by more working together.
 - Carers' isolation was a big issue and voluntary sector partners were undertaking excellent work in this regard. It was recognised though that information on opportunities needed to reach a wider audience.
 - As part of the Strategy development process, officers were now going back to carers to see how things could be improved for them.
 - The issue of continuity of Social Workers was recognised. It was felt that managers had responded to resource restrictions by becoming more insular. There was a need to make a judgement where an allocated worker was needed and it was recognised that the current balance was wrong and needed to be addressed.
 - It was accepted that there was a need for some quick delivery of actions.
 - In relation to transitions, the totality of the journey of the carer and support needed to be considered and there was a need to look at carers' requirements holistically. The all age disability approach would contribute to this process.
 - The Royal College of General Practitioners had issued guidance to GPs to recognise carers' needs and the action plans were expected to include this.
- 6.8 The following responses were provided to questions asked by the invited representatives of the Children, Young People and Family Support Scrutiny and Policy Development Committee:-

- The stakeholder group for the Carers' Strategy involved representatives from the Care Trust and Teaching Hospitals. Jules Jones could become involved with this group if she so wished.
- Officers were undertaking significant work on young carers in relation to the Children and Families Act, particularly in relation to assessments. Joint working was being undertaken with colleagues from Children and Families Services so that there were no gaps.
- It should be borne in mind that both the NHS and the Council had finite budgets, so a joint discussion of needs was required which used a national framework. There would still be eligibility tests to ensure that funding decisions were applied fairly.

6.9 At this point, the Chair invited the carers' representatives to address the Committee.

6.10 Sara Gowen circulated two further documents produced by Sheffield Young Carers. These were the Young Carers' Manifesto and a document which outlined the gaps in services for young carers. The latter document contained two recommendations for the Committee to consider, namely that young carers be recognised as carers by medical staff and given medical information in understandable language about the people they cared for, and that good quality support needed to be available to all pupils in schools and colleges with young carers' support being something that OFSTED inspected schools on.

6.11 Angela Barney felt that it was not possible to separate carers and the cared for person and that the co-production approach required resources and people to get involved. She also referred to carer identification and felt that this should be taken up by the CCG in Sheffield, with GPs being responsible for registration. In conclusion, she emphasised the importance of working together.

6.12 Chris Sterry indicated that he agreed with the circulated documents and comments made, but felt that the statistics under-estimated the number of carers as many did not recognise themselves as such. He also considered that the holistic approach was not suitable due to the large spectrum of needs and also recommended the introduction of a 24 hour contact facility. In addition, he emphasised that everyone needed to work together and include carers in the process. Furthermore, there were practicalities which needed addressing and he requested that the Council be open, honest and transparent, and, whilst he appreciated that budgets were restricted, felt that it was not appropriate for people to be told there was no more money, as the need for care nevertheless continued.

6.13 Members then asked further questions, to which responses were provided as follows:-

- In relation to consultation, there would always be limitations as to its coverage, but reassurance could be provided that this had been as

widespread as possible.

- In addition to known carers being mapped, engagement had been undertaken with organisations such as Healthwatch and the Over 50s Group to obtain information about others. Officers were open to suggestions as to how to widen their contact groups.
- Intense work was being undertaken in schools to identify young carers and it was hoped that the national kitemark award in supporting young carers could be promoted across the City.

6.14 The Chair then asked each of the carers' representatives to identify one issue that would make things better for carers. Angela Barney highlighted continuity of contact, Chris Sterry called for agencies to listen, understand and take appropriate action, and Sara Gowen referred to the wider issue of transitions, particularly coverage of carers aged between 16 and 18.

6.15 A brief discussion then took place, during which Members were asked to identify the messages which officers engaged in the development of the Carers' Strategy needed to be aware of.

6.16 RESOLVED: That the Committee:-

- (a) thanks those attending for their contribution to the meeting;
- (b) notes the contents of the presentation, circulated documents and the responses to questions;
- (c) approves the general direction of travel in the development of the Carers' Strategy;
- (d) in the light of Members' and Carers' representatives' comments, requests that the Carers' Strategy takes account of the following:-
 - (i) continuity of contact between carers and those providing support, so that carers are not experiencing the frustration of being shunted from pillar to post and constantly dealing with professionals who are unfamiliar with the specifics of their case;
 - (ii) ensuring the right balance is struck between the needs of the carer and the cared for person, which are related but not the same;
 - (iii) increasing the role of schools in identifying and supporting young carers, through mechanisms such as Learn Sheffield, and considering how current examples of good practice can be rolled out and embedded across the City;
 - (iv) recognising that transitions can be an extremely difficult time for carers, with the Strategy and Action Plan ensuring that there are no service "gaps" during transitions from Children's to Adult Services, or between a young carer becoming an adult carer;
 - (v) seeking to "normalise contingency", with carers being encouraged to

- ask for help and assistance when they need it, not just in the event of an emergency or dramatic event; and
- (vi) actions rather than fine words, with short term improvements needing to be seen as a result of the Strategy and Action Plans; and
- (e) requests that the final version of the Carers' Strategy and Action Plans be presented to the Committee for comment.

7. WORK PROGRAMME 2015/16

7.1 The Policy and Improvement Officer submitted a report attaching the draft Work Programme 2015/16.

7.2 RESOLVED: That the Committee:-

- (a) notes the draft Work Programme 2015/16;
- (b) notes that meetings of the Task Group on Homecare and Subgroup on Quality Accounts have now been arranged; and
- (c) notes that information would be circulated to Committee Members with regard to the Subgroup meeting on Public Health.

8. DATE OF NEXT MEETING

8.1 It was noted that the next meeting of the Committee would be held on Wednesday, 25th November 2015, at 10.30 am, in the Town Hall.