

SHEFFIELD CITY COUNCIL

Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee

Meeting held 5 December 2017

PRESENT: Councillors Pat Midgley (Chair), Sue Alston (Deputy Chair), Pauline Andrews, Steve Ayris, David Barker, Lewis Dagnall, Tony Downing, Mike Drabble, Adam Hurst, Talib Hussain, Douglas Johnson, Richard Shaw and Garry Weatherall

Non-Council Members (Healthwatch Sheffield):-

Clive Skelton
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1. APOLOGIES FOR ABSENCE

- 1.1 Apologies for absence were received from Councillor Dianne Hurst and Margaret Kilner (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 6 (Call in of the Decision on the "Sheffield Accountable Care Partnership"), the following declarations were made:

- Councillor Lewis Dagnall declared a pecuniary interest as his partner was a Non-Executive Director of Sheffield Health and Social Care Trust. However, as the agenda item focussed on a decision made by Sheffield City Council and would have no bearing on this role, Councillor Dagnall undertook to remain and participate in the meeting.
- Councillor Mike Drabble declared a personal interest by virtue of him providing mental health counselling services in non-urgent primary care.
- Councillor Richard Shaw declared a personal interest as his partner works for Sheffield Teaching Hospitals NHS Foundation Trust.
- Councillors Steve Ayris and Adam Hurst declared personal interests by virtue of being Governors of Sheffield Health and Social Care Foundation Trust.

4. PUBLIC QUESTIONS AND PETITIONS

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

5. CALL IN OF THE DECISION ON THE "SHEFFIELD ACCOUNTABLE CARE PARTNERSHIP"

- 5.1 The Committee considered the decision of the Cabinet Member for Health and

Social Care, made on 10th November 2017, to:

- (i) note the establishment of the South Yorkshire and Bassetlaw Accountable Care System;
- (ii) note the development of the Sheffield Place Based Plan;
- (iii) endorse the establishment of the shadow Sheffield Accountable Care Partnership Board subject to the following principles:
 - That the Cabinet Member for Health and Social Care should co-chair the Board
 - That a formal relationship should be created between the Health and Wellbeing Board and the ACP Board to ensure appropriate oversight of its work
 - That the ACP Board is provided with appropriate officer support from across its membership to allow it to make rapid progress
 - That other health and social care transformation programmes should be absorbed into the work of the ACP to avoid the potential for duplication, overlap and wasted resource.
 - That the ACP Board should focus on the wider transformational change required within the health and social care system, in line with the Sheffield Place Based Plan, and should commission activity in line with this;
- (iv) continue to progress the Accountable Care Partnership through arrangements and agreements consistent with the principles above; and
- (v) note that a further executive report will be presented to formally establish the Accountable Care Partnership Board following its 'shadow' period.

5.2 Signatories

The Lead Signatory to the call-in was Councillor Douglas Johnson, and the other signatories were Councillors Magid Magid, Sue Alston, Steve Ayris, Lewis Dagnall and Adam Hurst.

5.3 Reasons for the Call-in

The signatories had confirmed that they wished to further scrutinize the decision because formal scrutiny arrangements had been agreed for the Sheffield Health and Wellbeing Board but not for the Healthier Communities and Adult Social Care Scrutiny Committee, the only cross-party scrutiny available to the Local Authority.

5.4 Attendees

- Councillor Cate McDonald (Cabinet Member for Health and Social Care)
- Greg Fell (Director of Public Health)

5.5 Councillor Douglas Johnson, addressing the Committee as Lead Signatory, explained that the purpose of the call-in was to ensure proper scrutiny was taking

place with regard to decision making concerning the future of social care services. The need for scrutiny was recognised in the Cabinet Member's report, but with regard to the Sheffield Health and Wellbeing Board rather than this Committee. Councillor Johnson highlighted a need for more independent, cross-party scrutiny which could only be carried out by this Committee.

- 5.6 Co-signatories of the call-in, Councillors Steve Ayris, Lewis Dagnall and Deputy Chair Sue Alston, raised further reasons for the call in regarding concerns over the speed at which Accountable Care Organisations were moving, the need for Sheffield City Council to contribute to the process and ensure a robust approach with a beneficial result for Sheffield residents, and the need for as much public engagement and involvement as possible.
- 5.7 In response, Councillor Cate McDonald stated that this decision was published in order to be transparent and so discussions like today's call-in could take place. She advised that a large part of her involvement in the Partnership was to promote accountability and openness.
- 5.8 Councillor McDonald reaffirmed the Executive's commitment to the NHS, but criticised its top-down processes, most recently seen through the development of the Sustainability and Transformation Plan – now the Accountable Care System in South Yorkshire & Bassetlaw. She highlighted the need for Sheffield City Council to work with the NHS on a local level. She advised that there was no suggestion of an Accountable Care Organisation being developed in Sheffield. The Partnership was instead a collaboration, rather than something focused on organisational changes, to secure better outcomes and shift the focus on prevention.
- 5.9 The Cabinet Member stated that the Sheffield Health and Wellbeing Board was being positioned to set the mission as part of the Health and Wellbeing Strategy. She advised that the Board had recently expanded its membership to encourage more robust decision making, but that she would be willing to provide an update at a future meeting of the Scrutiny and Policy Development Committee.
- 5.10 The Director of Public Health agreed with the Cabinet Member, and confirmed that there were no plans to develop an Accountable Care Organisation. This decision concerned a Partnership, not a merger, with all organisations involved remaining legally sovereign.
- 5.11 Questions from Members of the Public

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

- The lack of publicity was characteristic of the NHS. The Partnership Board would be an opportunity for Sheffield City Council to encourage the NHS to be more open and transparent about changes and decisions.
- Sheffield City Council had distanced themselves from Sustainability and Transformation Partnerships (STPs), which had been widely criticised. It

was confirmed that Sheffield was not entering into an Accountable Care Organisation (ACO) or Accountable Care System (ACS).

- The Partnership Board had no delegated decision making powers from the constituent partner organisations. Instead it was currently discussing and troubleshooting issues in existing programmes and sought to look at more strategic, transformational issues in the future. The role of the Sheffield Health and Wellbeing Board was for it to take on more of a leadership role and be more pro-active around setting the overall mission, in the context of the Joint Strategic Needs Assessment and the Health & Well Being Strategy.
- There was likely to be aspirational differences between NHS England and for services operating on a local basis in Sheffield and there was no guarantee that the Partnership would be successful. The Council's engagement was dependent on successful collaboration and the Cabinet Member advised that, regarding the mechanism to withdraw, she could walk away if it became clear the Partnership were not working effectively.
- The Partnership Board was not linked to the Better Care Fund, which, in governance terms, was overseen by the Sheffield Health and Wellbeing Board.
- The decision had been published in order to promote transparency and facilitate wider discussion of the proposal, but was not a Key decision.
- One consultancy bill had been received, the Council's share of which was £30,000. Sheffield City Council was not liable for any costs regarding the South Yorkshire and Bassetlaw Accountable Care System.
- Sheffield City Council had not signed the Memorandum of Understanding for the South Yorkshire and Bassetlaw Accountable Care System. The Cabinet Member for Health and Social Care continued to meet with her counterparts in other Councils and continued to take note and comment, but Sheffield had maintained its independence from the ACS.
- It was confirmed that the Regional Scrutiny Committee (Commissioners Working Together Joint Health and Overview Scrutiny Committee) was open to the public for their questions and attendance.

5.12 Questions and Comments from Members of the Committee

Members made various comments and asked a number of questions, to which responses were provided as follows:-

- Ongoing conversation, rather than top-down decision making, was needed to ensure virtual integration of services and robust transformative change. Difficult financial decisions would need to be taken and the Partnership Board would endeavour to ensure these were made jointly, for the benefit of the people of Sheffield, rather than for a single organisation's needs.

- The Director of Public Health accepted the challenge that flexibility in the role of the Partnership might result in a drift in remit, but advised that the structure and role of the Board had been set out and protracted discussions regarding organisational form should be avoided.
- Currently the approach of Health Services was focussed on ‘business as usual’ but, through the Partnership Board, it was hoped this could develop into a shift to a primary care-led system. It was also hoped that further support could be given to health issues caused or exacerbated by unemployment.
- The individual organisations involved in the Partnership Board remained the legal decision makers, and this Committee retained their right to scrutinise any of those decisions. With regard to the relationship between the Partnership Board and this Committee, the Cabinet Member was happy to have further discussions to determine the most effective way for Scrutiny to remain informed and involved.
- The Cabinet Member agreed with the criticism regarding the lack of public involvement and transparency. She confirmed that the membership of the Health and Wellbeing Board had been expanded to try and facilitate wider participation and advised that, through her involvement with the Partnership Board, Sheffield City Council sought to address the democratic and transparency issues in the NHS and apply pressure for accountability.
- Compared with Sheffield, other Councils had been much more involved with STPs. The Cabinet Member continued to meet with her counterparts to ensure accountability from the South Yorkshire and Bassetlaw Accountable Care System without associating with it. The Cabinet Member highlighted the need to be involved and ensure no decisions taken by other organisations would impact the Council in a negative way.

5.13 RESOLVED: That the Committee:-

- (a) notes the contents of the report together with the comments made and the responses provided;
- (b) notes the decision of the Cabinet Member for Health and Social Care, taken on 10th November 2017, in relation to the Sheffield Accountable Care Partnership, and recommends that no action be taken in relation to the called-in decision;
- (c) welcomes the Cabinet Member’s approach to putting decision-making on this issue into the public domain; and that a further executive report will be presented before the formal establishment of the Accountable Care Partnership Board;
- (d) requests that an update on the Accountable Care Partnership is brought to the Committee at a future meeting before it moves out of shadow phase,

with a focus on how the Accountable Care Partnership will address the challenges set out in the report, particularly how the Accountable Care Partnership will be accountable to local people through democratic structures, including scrutiny; and

- (e) Recommends that the Cabinet Member requests that Accountable Care Partnership Board meetings take place in public, and that reports and minutes are published in the public domain.

(NOTE: Prior to the passing of the above resolution, an alternative motion, moved by Councillor Douglas Johnson and seconded by Councillor Steve Ayris, namely to 'refer the decision back to the Cabinet Member for Health and Social Care for reconsideration so that 'a formal relationship between the Health and Wellbeing Board, Accountable Care Partnership Board and this Committee be created', was put to the vote and negatived.)

6. DATE OF NEXT MEETING

- 6.1 It was noted that the next meeting of the Committee would be held on Wednesday, 17th January 2018, at 5.00 pm, in the Town Hall.