

Healthier Communities and Adult Social Care Scrutiny and Policy Development  
Committee

Meeting held 17 January 2018

**PRESENT:** Councillors Pat Midgley (Chair), Sue Alston (Deputy Chair), Steve Ayris, David Barker, Lewis Dagnall, Tony Downing, Mike Drabble, Adam Hurst, Dianne Hurst, Douglas Johnson and Richard Shaw

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**1. APOLOGIES FOR ABSENCE**

1.1 Apologies for absence were received from Councillors Pauline Andrews and Talib Hussain 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 7 (The Sheffield Mental Health Transformation Programme), 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, but take no part in any discussion.

**4. PUBLIC QUESTIONS AND PETITIONS**

4.1 Three public questions were submitted by Dr Anne Hollows as follows:-

- (1) What is the current availability of acute mental health beds and how many patients subject to compulsory admission have had to go out of the area last year, and where had they gone to? In particular regarding patients aged 15 to 25.
- (2) Cuts in alcohol treatment services in the community mean that more patients are being admitted to acute wards with liver failure. Could the NHS be more effective with greater community support and what steps are being taken to ensure this?

- (3) How many acute admissions of elderly people have resulted from underfunding of effective Adult Social Care and what cost savings could be achieved by acute hospital services if Social Care was effectively funded?

4.2 The Chair, Councillor Pat Midgley, indicated that Dr Hollows would be provided with a written response to these questions and Dr Mike Hunter (Medical Director, Sheffield Health and Social Care NHS Foundation Trust) added that no young adults had been placed outside the area in the last three years and that Sheffield was leading the way in this regard.

## **5. THE SHEFFIELD MENTAL HEALTH TRANSFORMATION PROGRAMME**

5.1 The Committee received a report of the Director of Commissioning, Inclusion and Learning, which provided an outline and described key areas and objectives of the Sheffield Mental Health Transformation Programme, which was a collaborative programme of work that had been jointly developed and was being jointly delivered by Sheffield City Council (SCC), NHS Sheffield Clinical Commissioning Group (SCCG) and Sheffield Health and Social Care NHS Foundation Trust (SHSC).

5.2 Present for this item were Dawn Walton (Director of Commissioning, Inclusion and Learning), Jim Millns (Deputy Director of Mental Health Transformation and Integration, SCCG, SHSC and SCC), Dr Mike Hunter (Medical Director, SHSC) and Clive Clarke (Deputy Chief Executive, SHSC).

5.3 The report was supported by a presentation given by Jim Millns which provided some context, described the story so far including achievements, provided a Programme overview and set out a number of points for Members' consideration.

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

- Evidence suggested that investment in mental health could significantly improve physical health and that the Integrated Improving Access to Psychological Therapies Programme would assist in providing better support to those with both mental health and physical health problems and achieve better outcomes.
- There was a need to look at prevention in more detail in order to reduce attendances at A&E and this was not as developed as required. It was important to get mental health aspects into day to day situations and integrate into health access.
- The financial efficiency savings were about reducing unnecessary health and social care usage, whilst the Short Term Educational Programme looked to reduce the budget but with a negligible reduction in spend in quantum.
- The savings for this financial year were forecast at £1.94 million and it was felt that this would stand the programme in good stead to exceed projected

savings in Years 2, 3 and 4.

- Sheffield spent around £148 million on mental health services each year which would be an absolute minimum and could in fact increase. A big part of the programme was to invest in mental health, so that the benefits would be seen in other areas.
- It was important to consider what prevention looked like, particularly in terms of reducing isolation and building resilience in local communities.
- Whilst the projected savings in Year 1 had not been fully achieved, it was hoped to achieve what had been set out for Year 2.
- Whilst it was conceded that use of the expression 'unduly compromised' in paragraph 3.2 of the report might have been a poor use of language, it was emphasised that the clinical/professional leads for the five large scale transformational schemes were the guardians of quality. It should also be borne in mind that everything that had been done has had, or will have, a positive impact on patient care.
- Thirty-seven people had been returned from high cost placements and were now living closer to their families, and there had been no adverse reports arising from this. This also served to increase efficiencies, as less money was going into the private sector as a consequence.
- There needed to be conversations about long term care with regard to how services could work with older people, to ensure that they were in the right place at the right time.
- SHSC would not directly benefit financially from the programme and had its own different separate savings to make.
- The first £800,000 of efficiencies would be made available to the SCC, up to £1.6 million. Efficiencies generated after that point would be shared on a 50:50 basis with the SCCG.
- The A&E target for seeing people was four hours, but if the Mental Health Liaison Team were called they could usually be seen within two hours, although experiences had been reported of longer waits.
- The mobilisation of the Integrated Improving Access to Psychological Therapies Programme was now on schedule, with a Planning Officer now being employed.
- Outcomes of the Open Book session had not yet been scoped.
- Assumptions around early intervention were based on the fact that primary care was cheaper than secondary care, with those individuals with complex issues being dealt with at the primary care stage. This would mean a

transfer of resources in terms of improving GP time allocations.

- Employment was regarded as being very important for people with mental health issues and a £6million bid around employment from the Department of Work and Pensions had resulted in 20 people being supported in employment.
- It was felt that poor mental health could now be identified earlier and that there was now more opportunity to join up working.
- Where urgent care was provided, it was important to take into account mental health considerations.

5.5 RESOLVED: That the Committee:-

- (a) thanks those attending for their contribution to the meeting;
- (b) notes the contents of the report and presentation and the responses to the questions;
- (c) requests that the Director of Commissioning, Inclusion and Learning submits a short written piece, setting out how Committee Members could contribute to the implementation of the Mental Health Transformation Programme, to the Policy and Improvement Officer for circulation to Committee Members; and
- (d) requests that an update report on the Mental Health Transformation Programme be presented to the Committee in 12 months' time, such report to include details of achievements in relation to Liaison Mental Health, efficiency savings and investment.

## **6. ADULT SOCIAL CARE PERFORMANCE - UPDATE**

6.1 The Committee received a report of the Director of Adult Services, to which was appended the draft final version of "Independent, Safe and Well": Sheffield's Local Account for 2017, together with the Adult Social Care Outcomes Framework Regional Benchmarking Overview (2016/17).

6.2 Phil Holmes (Director of Adult Services) took the Committee through the report, which set out how Adult Social Care was performing in Sheffield across a number of key measures, provided an update on improvement measures and queries covered with the Committee in March 2017, and described what would be done over the next year to improve performance. In conclusion, Phil Holmes indicated that he expected cautious improvement when the next survey of performance was undertaken, but a greater improvement onwards.

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

- Over the last year, significant improvements had been made with regard to

delayed transfers of care from hospital, with the NHS England target being met in October. It had been a difficult Winter, which had led to figures now being higher, but it was expected that they would get better in future.

- It was acknowledged that further work needed to be undertaken to find the reasons why a proportion of people using services did not feel safe, but it should be noted that the proportion of those using services which made them feel safe and secure was relatively high.
- A one stop shop for carers had been commissioned from a voluntary partner and it was acknowledged that further work was required to improve upfront expertise.
- Direct payments gave the individual a choice and control, but it was felt that better mechanisms were needed in this regard.
- Sheffield picked up on what others were doing better in relation to Adult Social Care performance and was learning all the time from comparators.
- Adult Social Work services in Sheffield were restructured in September 2017, and these new arrangements were still 'finding their feet'. The aim was to be more connected with communities and work more closely with the people in them.
- There was a need to be clear as to what Sheffield needed in relation to the Accountable Care Partnership and delayed transfers of care was one aspect where the Council had been involved.

6.4 In conclusion, Phil Holmes considered that the Council was making modest improvements in Adult Social Care Performance after poor performance in the past and was looking to put a decent foundation in place, with investment in Home Care and Supported Living being successful. Furthermore, Social Workers were adopting a different approach to the public, with an emphasis on people's strengths as well as their problems. It was felt that the process was now at a stage of acceleration and a positive shift was expected by the end of the year.

6.5 RESOLVED: That the Committee:-

- (a) thanks Phil Holmes, Director of Adult Services, for his contribution to the meeting;
- (b) notes the contents of the report and appended documents and the responses to questions; and
- (c) requests that Phil Holmes, Director of Adult Services:-
  - (i) liaises with Dawn Shaw, Head of Libraries and Community Services, to better understand the work previously undertaken on employment and skills for people with learning disabilities; and

- (ii) provides the Policy and Improvement Officer with the annual Adult Social Care Complaints Report when next published, for circulation to Committee Members.

(NOTE: At this point, the Chair, Councillor Pat Midgley, left the meeting and the Chair was taken by the Deputy Chair, Councillor Sue Alston.)

## **7. MINUTES OF PREVIOUS MEETINGS**

7.1 The minutes of the meeting of the Committee held on 15<sup>th</sup> November 2017, were approved as a correct record subject to:-

- (a) the tenth bullet point in paragraph 6.3 (Food and Wellbeing Strategy) being amended to read, "In response to a comment that the new Strategy was too narrow, it was felt that the previous Strategy was too broad, which had limited its impact."
- (b) a further bullet point being added to paragraph 6.3 (Food and Wellbeing Strategy) to read "A request for the new Strategy to recognise the risks/opportunities around Brexit and the impact on food in Sheffield was noted."

Arising from consideration of the minutes it was noted that:-

- (i) in relation to paragraph 4.4(b)(ii) (Work Programme 2017/18), the Policy and Improvement Officer had not yet received a reply to enquiries made regarding the issue of unnecessary repeat prescriptions to people in residential care homes; and
- (ii) in relation to paragraph 10.3(b)(ii) (Urgent Primary Care Consultation Update), the Policy and Improvement Officer would circulate to Committee Members the email response received with regard to her following up the Clinical Commissioning Group's lack of contact with Committee Members.

7.2 The minutes of the meeting of the Committee held on 5<sup>th</sup> December 2017, were approved as a correct record and, arising from their consideration, it was noted that the Policy and Improvement Officer would follow up the recommendation in paragraph 5.13(e) (Call In of the Decision on the "Sheffield Accountable Care Partnership") that Accountable Care Partnership Board meetings take place in public and that reports and minutes are published in the public domain.

## **8. WORK PROGRAMME 2017/18**

8.1 The Committee received a report of the Policy and Improvement Officer which set out the Committee's Work Programme for 2017/18.

8.2 RESOLVED: That the Committee:-

- (a) approves the contents of the Work Programme 2017/18; and

(b) notes that:-

- (i) the Neighbourhood Working Approach would be included as part of the Care Quality Commission's visits to GPs report at the next Committee meeting;
- (ii) the Adult Social Care Annual Complaints Report would be included in the Work Programme; and
- (iii) the Home Care changes, together with a service users' perspective on those changes would be included in the Work Programme.

## **9. DATE OF NEXT MEETING**

9.1 It was noted that the next meeting of the Committee would be held on Wednesday, 28<sup>th</sup> February 2018, at 5.00 pm, in the Town Hall.

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