

Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee

Wednesday 18 July 2012 at 10.00 am

To be held at the Town Hall, Pinstone Street, Sheffield, S1 2HH

The Press and Public are Welcome to Attend

Membership

Councillors Councillors Mick Rooney (Chair), Clive Skelton (Deputy Chair), Sue Alston, Janet Bragg, Tony Downing, Adam Hurst, Cate McDonald, Denise Reaney, Peter Rippon, Jackie Satur, Diana Stimely, Garry Weatherall and Joyce Wright

Sheffield Local Involvement Network

Alice Riddell, Helen Rowe and Anne Ashby (Observers)

Substitute Members

In accordance with the Constitution, Substitute Members may be provided for the above Committee Members as and when required.

PUBLIC ACCESS TO THE MEETING

The Healthier Communities and Adult Social Care Scrutiny Committee exercises an overview and scrutiny function in respect of the planning, policy development and monitoring of service performance and related issues together with other general issues relating to adult and community care services, within the Neighbourhoods area of Council activity and Adult Education services. It also scrutinises as appropriate the various local Health Services functions, with particular reference to those relating to the care of adults.

A copy of the agenda and reports is available on the Council's website at www.sheffield.gov.uk. You can also see the reports to be discussed at the meeting if you call at the First Point Reception, Town Hall, Pinstone Street entrance. The Reception is open between 9.00 am and 5.00 pm, Monday to Thursday and between 9.00 am and 4.45 pm. on Friday, or you can ring on telephone no. 2734552. You may not be allowed to see some reports because they contain confidential information. These items are usually marked * on the agenda.

Members of the public have the right to ask questions or submit petitions to Scrutiny Committee meetings. Please see the Council's website or contact Democratic Services for further information.

Scrutiny Committee meetings are normally open to the public but sometimes the Committee may have to discuss an item in private. If this happens, you will be asked to leave. Any private items are normally left until last. If you would like to attend the meeting please report to the First Point Reception desk where you will be directed to the meeting room.

If you require any further information about this Scrutiny Committee, please contact Emily Standbrook, Scrutiny Policy Officer on 0114 27 35065 or email emily.standbrook@sheffield.gov.uk.

FACILITIES

There are public toilets available, with wheelchair access, on the ground floor of the Town Hall. Induction loop facilities are available in meeting rooms.

Access for people with mobility difficulties can be obtained through the ramp on the side to the main Town Hall entrance.

**HEALTHIER COMMUNITIES AND ADULT SOCIAL CARE SCRUTINY AND
POLICY DEVELOPMENT COMMITTEE AGENDA
18 JULY 2012**

Order of Business

- 1. Welcome and Housekeeping Arrangements**
The Chair to welcome attendees to the meeting and outline basic housekeeping and fire safety arrangements.
- 2. Apologies for Absence from Members of the Assembly**
- 3. Exclusion of Public and Press**
To identify items where resolutions may be moved to exclude the press and public.
- 4. Declarations of Interest**
Members to declare any interests they have in the business to be considered at the meeting.
- 5. Minutes of Previous Meeting**
To approve the minutes of the meetings held on 16th and 30th April and 16th May, 2012.
- 6. Public Questions and Petitions**
To receive any questions or petitions from members of the public.
- 7. Health, Wellbeing and Care in Sheffield**
To receive presentations from representatives of key health and social care organisations on introductions to their organisations and overviews of their priorities and challenges for 2012/13.

Sheffield City Council Communities Portfolio

Miranda Plowden, Director of Commissioning.

Department of Public Health

Jeremy Wight, Director of Public Health.

Sheffield Children's Hospital Foundation Trust

John Reid, Director of Nursing and Clinical Operations

Sheffield Clinical Commissioning Group

Tim Moorhead, Clinical Commissioning Group Chair and Ian Atkinson, Chief Operating Officer.

Sheffield Health and Social Care Foundation Trust

Kevan Taylor, Chief Executive.

Sheffield Local Involvement Network

Helen Rowe.

8. Work Programme

Report of the Scrutiny Policy Officer

9. Dates of Future Meetings

To note that future meetings of the Scrutiny and Policy Development Committee will be held on Wednesdays 12th September and 21st November, 2012 and 16th January, 20th March and 8th May, 2013, at 10.00 am in the Town Hall.

ADVICE TO MEMBERS ON DECLARING INTERESTS AT MEETINGS

A new Standards regime was introduced on 1st July, 2012 by the Localism Act 2011. The new regime made changes to the way that your interests needed to be registered and declared. Prejudicial and personal interests no longer exist and they have been replaced by Disclosable Pecuniary Interests (DPIs).

The Act also required that provision is made for interests which are not Disclosable Pecuniary Interests and required the Council to introduce a new local Code of Conduct for Members. Provision has been made in the new Code for dealing with “personal” interests.

Guidance on declarations of interest, incorporating regulations published by the Government in relation to Disclosable Pecuniary Interests, has been circulated to you previously, and has been published on the Council’s website as a downloadable document at [-http://councillors.sheffield.gov.uk/councillors/register-of-councillors-interests](http://councillors.sheffield.gov.uk/councillors/register-of-councillors-interests)

If at all possible, you should try to identify any potential interest you may have before the meeting so that you and the person you ask for advice can fully consider all the circumstances before reaching a conclusion on what action you should take.

Further advice can be obtained from Lynne Bird, Director of Legal Services on 0114 2734018 or email lynne.bird@sheffield.gov.uk

Agenda Item 5

HEALTHIER COMMUNITIES AND ADULT SOCIAL CARE SCRUTINY COMMITTEE

Meeting held Monday 16th April 2012

PRESENT: Councillors Clive Skelton (Chair), Ibrar Hussain (Deputy Chair), Janet Bragg, Qurban Hussain, Bob Johnson, Pat Midgley, Joe Otten, Peter Rippon, Jackie Satur, Gail Smith and Garry Weatherall

Sheffield Local Involvement Network (LINK) Members
Alice Riddell and Helen Rowe

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1. **WELCOME AND HOUSEKEEPING ARRANGEMENTS**

1.1 The Chair welcomed attendees to the meeting and outlined basic housekeeping arrangements.

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

2.1	<u>Apologies</u>	<u>Substitutes</u>
2.2	Councillor Janice Sidebottom	No substitute appointed
	Councillor Ali Qadar	Councillor Joe Otten
	Councillor Kathleen Chadwick	No substitute appointed
	Councillor Jane Bird	Councillor Pat Midgley
	Anne Ashby (LINK)	No substitute appointed

3. **EXCLUSION OF PUBLIC AND PRESS**

3.1 No items were identified.

4. **DECLARATIONS OF INTEREST**

4.1 There were no declarations of interest.

5. **MINUTES OF PREVIOUS MEETING**

5.1 The minutes of the meeting of the Committee held on 19th March 2012 were approved as a correct record, and there were no matters arising.

6. **PUBLIC QUESTIONS AND PETITIONS**

6.1 There were no questions or petitions received from members of the public.

7. **BIRCH AVENUE AND WOODLAND VIEW UPDATE**

7.1 Tim Furness, NHS Sheffield, presented Members with an update upon the dementia Care Homes at Birch Avenue and Woodland View. Jill Rhodes (South Yorkshire Housing Association), Dr. Peter Bowie (Clinical Director, NHS Sheffield), Sarah Burt (Sheffield Teaching Hospitals), Professor David Jolley (NHS Sheffield), and friends and relatives of the residents of the Care

Homes were also in attendance for this item. Sue Harding from the Birch Avenue and Woodland View Action Group spoke on behalf of the residents' relatives.

- 7.2 Mr. Furness provided an overview of the roles of the two Homes, and emphasised that, although aspiring to have excellent standards, it had not been specified that the two Homes would become 'Centres of Excellence' in the proposals agreed by NHS Sheffield.
- 7.3 He reported that revised contractual arrangements had now been agreed with providers, and funds had been secured for both Homes to ensure their success and survival in the long-term, as well as increased funding to ensure enhanced care was provided for residents with more challenging behaviour. He added that these changes had included a full review of ensuring that best value for money was achieved. He further noted that the number of people with dementia was increasing on a national level.
- 7.4 Mr. Furness went on to report that the Homes were moving away from the notion of a separate admissions bungalow, and towards a more inclusive model. He also added that residents were not moved from their rooms where possible, and were only moved once or twice a year at the very most, as creating a stable environment was extremely important.
- 7.5 Ms. Harding commented that members of the Action Group would welcome an opportunity to have a greater involvement in such areas of operation at the Homes, and welcomed a suggestion to possibly amalgamate the Action Group with the existing stakeholder group at the Homes, 'Support 67', and reconstitute the group to make it more effective.
- 7.6 **RESOLVED:** That the Committee;
- (a) thanks everyone for their involvement with the cause;
 - (b) welcomes granting members of the Action Group the opportunity to have a greater involvement in areas of operation at the Homes, as well as the possible amalgamation of the Action Group with the existing stakeholder group at the Homes, 'Support 67';
 - (c) requests that any moves of residents at the Homes be entirely for the benefit of the patients, and that a full consultation be carried out with all relevant parties before any move takes place, and
 - (d) requests that a full update on the situation be submitted to the Committee in six months' time.

8. **SHEFFIELD TEACHING HOSPITALS QUALITY ACCOUNTS**

- 8.1 Sandi Carman, Head of Patient and Healthcare Governance, Sheffield Teaching Hospitals Foundation Trust, and Neil Riley, Trust Secretary, Sheffield Teaching Hospitals Foundation Trust, presented Members with the Quality Accounts for 2011/12 for the Sheffield Teaching Hospitals.

- 8.2 Mrs. Carman informed the Committee that Foundation Trusts were required to produce an Annual Quality Report to sit alongside the Annual Report, and that specific reporting requirements were detailed in the NHS Foundation Trust Annual Reporting Manual 2011/2012. The report had two key aims, which were to report on the quality of services delivered by Sheffield Teaching Hospitals in the year 2011/2012 and to identify the Quality Improvement Priorities for 2012/13.
- 8.3 She went on to detail that Quality Improvement Priorities for 2012/13 were proposed in the following areas:
1. Reduce length of stay in hospital
 2. Improve discharge letters for GPs
 3. Making it easier to communicate with the organisation (improving feedback)
 4. Deliver harm free care – reviewing morality rates at the weekend
 5. Improve dementia awareness by promoting a good experience for those with mental health problems or dementia.
- 8.4 Mrs. Carman reported that version 0.4 was currently before Members, and that a final version would be produced at the end of April 2012, alongside a newspaper style easy-read document to complement the full report.
- 8.5 Members were concerned that priority one currently listed as ‘reduce length of stay in hospital’ gave out the wrong message, and that more suitable wording might be ‘ensure appropriate length of stay in hospital’, so that patients were not sent home before they were ready. Members also wished to see some comparison drawn within the report to national averages with regard to length of stay in hospital.
- 8.6 Members welcomed improvements in the presentation of the report, and requested that it be published somewhere on the document that members of the public could request a copy of the Quality Accounts if they so wished. It was noted that there were still high numbers of patients being readmitted into hospital after initial discharge, and Members wished to see more information provided regarding whether these patients were being readmitted for the same condition, or a different condition, and they wished this information to be included within the report.
- 8.7 **RESOLVED:** That the Committee thanks representatives from Sheffield Teaching Hospitals for the report.
9. **SHEFFIELD CHILDREN'S HOSPITAL QUALITY ACCOUNTS**
- 9.1 John Reid, Director of Nursing and Clinical Operations, Sheffield Children's Hospital Foundation Trust, reported upon the Quality Accounts for the Sheffield Children's Hospital for 2011/12.
- 9.2 He indicated that the purpose of the report was to summarise the

performance of Trust in 2011/12 in relation to quality of care, and to set the quality priorities for 2012/13 in consultation with families, governors and agency partners.

- 9.3 He reported that Sheffield Children's NHS Foundation Trust was one of the best performing Foundation Trusts in the country, as recorded by Monitor (the Foundation Trust regulator), and he believed that the freedom permitted to concentrate on what was best for children had continually led to the best use of resources for families. He reported that the reputation was built on the high satisfaction survey results and the quality of care provided. He added that a more accessible version of the report was also being produced and would be made available at the end of April 2012.
- 9.4 Mr. Reid stated that areas where improvements were needed at Sheffield Children's Hospital had been identified, for example, provision of car parking, renewed ward accommodation, signage around the building, more facilities for parents and easier access to out-patient departments. He added that a £40 million scheme was planned to improve facilities at the site, including increased parking, which would take place over a three year period. Mr. Reid reported that, in the expanded building, 70% of the new rooms would be single en-suite rooms which was a great change from the current ward-based operation.
- 9.5 He reported ongoing high numbers of people accessing the Accident and Emergency facility, primarily because they could be guaranteed to see a doctor within four hours, whereas they might be waiting a good deal longer for a doctor's appointment at their local GP surgery.
- 9.6 Concerns were raised from Members about the long waiting times for families accessing the Children and Adolescent Mental Health Service (CAMHS). It was clarified that the waiting times for CAMHS had not increased, yet remained an issue for the tier three level of mental health care. An action plan had been formulated to attempt to reduce these waiting times.
- 9.7 **RESOLVED:** That the Committee thanks representatives from Sheffield Children's Hospital for the report.

10. **YORKSHIRE AMBULANCE SERVICE QUALITY ACCOUNT**

- 10.1 The Committee received the Quality Accounts for the Yorkshire Ambulance Service (YAS) for 2011/12.
- 10.2 The report indicated that YAS, like all NHS provider trusts, was required to publish annual Quality Accounts which provided information for service users and the public on the quality of their services.
- 10.3 The report stated that, for everyone at YAS, providing high quality patient care was the number one priority, and that progress made had once again been acknowledged by the Care Quality Commission (CQC), which agreed in January 2012 that YAS had met the full requirements for continued

registration with them, meaning that all of the essential standards of quality and safety were being achieved.

10.4 **RESOLVED:** That the Committee;

(a) notes the contents of the report now submitted, and

(b) requests that a representative from the Yorkshire Ambulance Service attend a future meeting to answer Members' questions.

11. **URGENT ITEM: REVIEW OF CARE4YOU RESOURCE CENTRES**

11.1 The Committee received a report of the Director of Care and Support, Communities Portfolio, regarding the proposed closure of the Care4you Resource Centres at Sevenfields and Hazlehurst. In attendance for this item were Tim Furness, NHS Sheffield, Eddie Sherwood, Sheffield City Council, and Councillor Mary Lea, Cabinet Member for Heath, Care and Independent Living.

11.2 Mr. Sherwood presented the report to the Committee, explaining that, during December 2011 and February 2012, the Council had undertaken formal consultation on a proposal to decommission Hazlehurst and Sevenfields; two resource centres managed by the Council's Care4you service. He outlined the reasons behind the selection of 'Option 5' in relation to the future of the Resource Centres at Sevenfields and Hazlehurst, which was to 'Decommission 42 beds in the current buildings and commission alternative care elsewhere based on current needs and demand.'

11.3 He added that, on 4th April 2012 a petition had been presented to full Council opposing this proposal and Council had referred the petition to this Scrutiny Committee. He explained that Cabinet was likely to consider the matter in May 2012 and would be informed by the consultations so far, the petition, the Council debate and the deliberations of this Scrutiny Committee.

11.4 **RESOLVED:** That a special meeting of the Committee be held on 30th April 2012 at 1000 hours in order to fully consider the issue, with all relevant parties to be invited to attend.

11.5 (**NOTE:** At the commencement of the meeting, the Chair indicated that the above item was to be considered as an urgent item under Council Procedural Rule 26 of the Council's Constitution, in view of the need to facilitate the arrangements for a special meeting in connection with the Resource Centres as soon as possible.)

12. **DATE OF NEXT MEETING**

12.1 The next meeting of the Committee would be a special one-item agenda meeting to be held on 30th April 2012 at 1000 hours in a Committee Room at the Town Hall to consider the Review of Care4you Resource Centres in

full.

HEALTHIER COMMUNITIES AND ADULT SOCIAL CARE
SCRUTINY COMMITTEE (SPECIAL)

Meeting held Monday 30th April 2012

PRESENT: Councillors Clive Skelton (Chair), Ibrar Hussain (Deputy Chair), Janet Bragg, Qurban Hussain, Bob Johnson, Pat Midgley, Ali Qadar, Peter Rippon, Jackie Satur and Garry Weatherall

Sheffield Local Involvement Network (LINK) Members
Anne Ashby and Helen Rowe

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1. WELCOME AND HOUSEKEEPING ARRANGEMENTS

1.1 The Chair welcomed attendees to the meeting and outlined basic housekeeping arrangements.

2. APOLOGIES FOR ABSENCE AND SUBSTITUTE MEMBERS

2.1	<u>Apologies</u>	<u>Substitutes</u>
2.2	Councillor Jane Bird Councillor Gail Smith Councillor Kathleen Chadwick	Councillor Pat Midgley No substitute appointed No substitute appointed

3. EXCLUSION OF PUBLIC AND PRESS

3.1 No items were identified.

4. DECLARATIONS OF INTEREST

4.1 Councillor Ibrar Hussain declared a personal interest in item 5 on the agenda, as a member of the union GMB.

5. REVIEW OF CARE4YOU RESOURCE CENTRES

5.1 The Committee considered a report of the Executive Director, Communities, regarding the Review of Care4you Resource Centres. In attendance for this item were Councillor Mary Lea (Cabinet Member, Health, Care and Independent Living), Carol Hardman (Unison), Dean Harper (Unison), Peter Davies (GMB), Diane Wragg (GMB), Jade Bann (Commissioning Officer, Sheffield City Council), Joanne Knight (Strategic Commissioning Manager, Sheffield City Council), Eddie Sherwood (Director of Care and Support, Sheffield City Council), Tim Furness (Associate Director of Business Planning and Partnerships, NHS Sheffield) and Margaret Gibson (Community Intermediate Care Service Transformation Programme Lead, Sheffield Teaching Hospitals).

5.2 Mr. Sherwood presented the report to the Committee, outlining the reasons behind the selection of 'Option 5' in relation to the future of the Resource

Centres at Sevenfields and Hazlehurst, which was to-

'Decommission 42 beds in the current buildings and commission alternative care elsewhere based on current needs and demand.'

- 5.3 He outlined the main reasons behind the selection, which were the importance of nurse-led beds, and the more effective outcome for patients which they yielded, and the drive towards more care delivered in individuals' homes, led by personal budgets, as opposed to long stays in residential facilities.
- 5.4 Mr. Sherwood reported that, at most, Sheffield City Council only required 11 of the 42 beds available at the Centres, and that the NHS would be able to purchase nurse-led beds when required instead from independent providers.
- 5.5 He further commented that the idea of developing the two Centres as a social enterprise did not add up financially, and he added that the facilities at the two Centres were increasingly becoming outdated, were not designed for intermediate care and did not have en-suite facilities.
- 5.6 Mr. Furness went on to report that the Intermediate Care Strategy agreed upon by the NHS in 2008 had agreed that a new facility for intermediate care with 120 beds would be developed in future, although there had been difficulties in locating an appropriate site, and 21 sites had been examined over a four year period, with no success.
- 5.7 Ms. Gibson emphasised that the outcomes for patients from nurse-led care were better than from non nurse-led care, and that evidence for this had been gathered from core cities, including Leeds, Birmingham and Bristol.
- 5.8 Mr. Harper then addressed the Committee, outlining Unison's concerns around the decommissioning of the two Centres. He stated that the discussion around the need for en-suite rooms was a 'red herring', as, in fact, communal bathrooms prevented patient isolation, and encouraged increased mobility travelling to and from the facility.
- 5.9 He stated that the petition which had been submitted in favour of retaining the Centres had contained 7,300 signatures, which was an unprecedented amount for Sheffield, and should not be ignored.
- 5.10 He added that the report had portrayed the Centres in a bad light, which had had a detrimental impact upon staff, whereas in fact the Centres had been rated as 'excellent' in the most recent inspection from the Care Quality Commission (CQC). He was disappointed that a Cabinet Member had openly said that they would not place a family member at the Centres. He commented that a potential loss of staff and expertise would be very unfortunate.
- 5.11 Mr. Harper stated that the NHS had reported that the Centres were not operating at capacity, whereas the occupancy sheets for the Centres stated

otherwise, and they were both nearly always full, often with a waiting list also.

- 5.12 He added that there were no guarantees in the report that the same level of service would be received under any new arrangements. He stated that if care was transferred to private sector beds, there would not be the same incentive for these facilities to discharge patients as effectively as possible, as they were profit making organisations, requiring beds to be full.
- 5.13 Mr. Harper stated that the argument about the effectiveness of nurse-led beds seemed to be 'added on', and that staff at the two Centres had all undergone recent palliative care training which had been a successful investment.
- 5.14 He summed up by saying that the report overstated the cost savings from the exercise, and did not guarantee excellent outcomes for the patients.
- 5.15 Mr. Davies then stated that nobody had consulted with or informed GMB about the proposals, and that that he was extremely disappointed that the idea of a cooperative model had been rejected without full exploration, and that he had seen this type of model work extremely effectively in the past. He also stated that staff had not been consulted at any stage about the proposals.
- 5.16 Ms. Wragg wished to see more evidence that nurse-led care produced better outcomes than none nurse-led care. She emphasised that it was essential not to lose highly trained and knowledgeable staff.
- 5.17 Ms. Hardman asked the Committee why staff at the Centres had undergone intensive training upon providing effective palliative care if they were deemed to be 'not fit for purpose'.
- 5.18 Mr. Sherwood responded by saying that the quality of care provided by the staff was not in dispute, and that the proposals were not a reflection of the work carried out by the staff at the Centres. He stated that the proposals were part of a much bigger picture overall.
- 5.19 Mr. Sherwood stated that the cooperative model was unfeasible, and he had not wanted to raise false hopes by exploring it. He highlighted his concerns with a community based model, including the fact that if such a model were to be employed, it would face an increasing cost base with no guaranteed income, and would have to competitively tender for work, and may also experience difficulties in accessing loans for refurbishment and paying for the employment of nursing staff, all within the context of knowing that the intermediate care beds were to be replaced with the new 120 bed intermediate care facility in the long term.
- 5.20 Mr. Furness stated that nurse-led care was the preferred model, and a core part of the NHS Strategy. He stated that the private sector would not unnecessarily retain patients as Unison had suggested, and that they were subject to the same contractual agreements and service standards as any

other public sector run home.

- 5.21 Mr. Sherwood stated that the aspiration for en-suite facilities was a key part of the dignity and respect agenda, adding that the two Centres also had major ongoing costly maintenance issues. Mr. Sherwood commented that en-suite facilities could be guaranteed in private sector facilities.
- 5.22 Members asked how the Centres had gone from being rated 'excellent' to being seen as 'not fit for purpose', and Mr. Sherwood replied that the staff were indeed professional and highly regarded, but that the arrangements overall were not fit for purpose in terms of the long term vision for intermediate care in the City. Mr. Sherwood added that the two Centres had originally been designed for long term care residential facilities.
- 5.23 Members questioned the discrepancies over bed occupancy figures and Mr. Sherwood clarified that the NHS had provided some information early on in the process which had been incorrect, and had subsequently been rectified.
- 5.24 Mr. Furness was fully confident that sufficient private sector beds could be located if option 5 was accepted.
- 5.25 Members commented that any new facilities should aspire to have rooms to accommodate couples.
- 5.26 Mr. Furness commented that a full discussion was still to be had with staff, and acknowledged that there may be TUPE conversations to be had.
- 5.27 Members were extremely concerned with the length of time it was taking to locate a suitable site for the new 120 bed facility, and wished to know what the site selection criteria was. Mr. Furness confirmed that the site had to be appropriate in terms of location and transport links, and that potential sites were not dismissed without thorough investigation. He added that the establishment of the new facility, and the associated closure of the current beds for Intermediate Care, would need to be consulted on, upon selection, before any building work commenced.
- 5.28 With regard to a recent Panorama documentary about abuse in private care homes, Members wished to know how standards could be guaranteed in private facilities. Ms. Gibson replied that patients were seen every day by numerous members of staff and also by visiting therapists, and that private homes were subject to the same quality standards and expectations from the CQC as public sector run homes. Mr. Sherwood commented that the problem of patient abuse was not limited to the private sector, and that he was aware of dismissals in the public sector run homes for abuse, but he emphasised that, across both sectors, this was only ever a minority of staff.
- 5.29 Mr. Furness acknowledged that the construction of the new 120 bed facility was subject to the adoption of the 2008 NHS Strategy by the newly formed Clinical Commissioning Group (CCG).
- 5.30 Mr. Sherwood wished to clarify that Trade Unions had been consulted

throughout the process of the proposed closure of the two Centres, and that staff had been allowed to have their say, although they had not been allowed to speak to the Press about the situation.

5.31 Members wished to see the performance data from the private care homes which would potentially be used for intermediate care, and it was confirmed that the minutes from the Monitoring Advisory Board, the body who examined this data, would be attached to the agenda for the Healthier Communities and Adult Social Care Scrutiny Committee (or any subsequent related Committee) in future.

5.32 The Chair thanked everyone for their attendance at the meeting, and it was noted that the comments and recommendations made by the Committee would be fed into a meeting of the Cabinet to be held on 23rd May 2012.

5.33 **RESOLVED:** That the Committee:

(a) supports the proposal detailed in the Cabinet report to decommission the two resource centres;

(b) recognises the value of the skill and expertise of the staff currently employed in the resource centres, and requests that all efforts are made to retain them;

(c) supports the aim expressed by NHS Sheffield, that in commissioning an increased number of nurse led intermediate care beds from the independent sector, the number of sites providing intermediate care is not increased;

(d) recognises that in the case of these two resource Centres, running the service as a staff mutual or social enterprise is not a viable option. However this should be explored as an option in the earliest stages of the development of any future proposals involving the decommissioning of services; and, furthermore,

(e) expresses concern over the length of time it is taking to find a suitable site for the 120 bed intermediate care facility that was proposed as part of the Intermediate Care Strategy developed in 2008; and

i) requests that Cabinet offers the Council's assistance to NHS Sheffield in finding an appropriate site, and

ii) will be asking NHS Sheffield to attend a meeting of the Committee in six months' time to provide an update on progress, including whether the newly established Clinical Commissioning Group will be continuing with this Strategy; and the selection criteria for the site.

6. **DATE OF NEXT MEETING**

6.1 To be confirmed.

SHEFFIELD CITY COUNCIL

**HEALTHIER COMMUNITIES AND ADULT SOCIAL CARE SCRUTINY AND
POLICY DEVELOPMENT COMMITTEE**

Meeting held 16th May 2012

PRESENT: Councillors Sue Alston, Janet Bragg, Tony Downing, Adam Hurst, Ibrar Hussain, Cate McDonald, Peter Rippon, Mick Rooney, Clive Skelton, Diana Stimely and Garry Weatherall

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1. **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillors Denise Reaney and Joyce Wright.

2. **APPOINTMENT OF CHAIR**

RESOLVED: That Councillor Mick Rooney be appointed Chair and Councillor Clive Skelton be appointed Deputy Chair of the Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee.

3. **DAY AND TIME OF MEETINGS**

RESOLVED: That meetings of the Committee be held on a bi-monthly basis on dates and times to be determined by the Chair, and as and when required for call-in items.

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Information about SHSC



We are the main provider of a wide range of specialist health and social care services to individuals and their carers or families in Sheffield.

We provide:

- Mental health services for adults and older people
- Services for people with learning disabilities
- Services for people with drug and alcohol problems
- A wide range of other specialist services, such as for people accessing maternal mental health, gender dysphoria services and psychology for people with physical health problems.

We also provide a full range of services at sites where people live. These services aim to provide care and treatment to individuals and their families and help people to maintain their independence and continue with their day-to-day lives as far as possible. We provide a range of in-patient and residential services for individuals who cannot be appropriately helped in a community-based setting. Within our learning disability services we work closely with a large number of supported living settings/residential care homes in partnership with housing associations. Many of the people we help are seen in their own homes by members of staff, and some people attend our clinics to see nurses, social workers, therapists or doctors. We provide treatment, care and help on an individual or group basis where support and guidance is provided.

We also work alongside GPs and other staff in local health centres, or with staff from other organisations often in the voluntary sector.

We often see people for short periods of time, providing advice and treatment which helps resolve the person's problems. For people with more serious longer term difficulties we will support them and work with them for a number of years.

As a Foundation Trust we work in partnership with Sheffield City Council and have formal agreements with them, called a section 75 agreement, to provide a range of social care services on the Council's behalf. Through these arrangements, we have made good progress in developing 'integrated' services for the people of Sheffield - an important goal that is shared by ourselves and the City Council.

We have placed great importance on working with other organisations to deliver integrated health and social care services to local people. In doing this we have aimed to reflect and provide for the diverse needs of the people and communities of Sheffield.

Working for the Trust

We were one of the first Care Trusts in the country, the first in South Yorkshire and home to dedicated professionals who are committed to delivering innovative and pioneering methods of care.

Our aim is to improve the health, wellbeing, mental health and social inclusion of the people of Sheffield. We are focussed on breaking down the traditional barriers between health and social care systems and working towards improving the quality of services provided to people with mental health needs living in the city.

We offer the full range of specialist adult and older people's services, including psychology and therapy services and specialist learning disability mental health services. We're also further developing our close working relationship with other agencies providing mental health services in Sheffield. The great thing about Health & Social Care Trusts like ours is that they are a 'one-stop shop' that can deal with all service users health and social care needs.

Working in partnership with a vast number of people - from service users and carers to staff; from the City Council, primary care, voluntary and community organisations to universities and other health and social care services - we're active in the fields of research, education and teaching, ensuring a skilled, supported and motivated workforce is in operation. What's more, as a major employer in the city, we actively seek to assist social regeneration.

IAPT - Who we are & what we do

We are Improving Access to Psychological Therapies. Our aim is to provide psychological treatments, sometimes called talking treatments, to help people who are stressed, be that feeling low in mood (depressed) or very nervous (anxiety).

The treatments we offer are in line with the NICE guidelines for [anxiety](#) and [depression](#).

We have three types of workers:

- [Psychological Wellbeing Practitioners](#)
- [Cognitive Behavioural Therapists](#)
- [Counsellors](#)

All of our workers are trained and their work regularly supervised.

We try to offer our service in different ways to suit different people, e.g. online treatments, large Stress Control evening classes, small workshops, telephone treatment, as well as more standard face to face treatment.

Our treatments are available through all the GPs in Sheffield, a range of voluntary sector organisations and for some you can book yourself in directly, online or by phone.

We are part of Sheffield Health and Social Care NHS Foundation Trust and we adhere to NHS standards for clinical care, record keeping and [confidentiality](#).

The Clover Group Practice

The Practice formed in 2011 through the merger of four established GP practices, Darnall Community Health, Highgate Surgery, Jordanthorpe Health Centre and The Mulberry Practice.

The practice has over 15000 patient and consists of four lively GP sites, with a dedicated team of GPs, Nurses and other health care professionals committed to delivering patient centred care.

We are dedicated to training and education and provide placements for medical students and administrative apprentices. We also provide training opportunities for our own staff and encourage all our administrative and reception staff to complete a Customer Care NVQ.

We want to work closely with our patients to create the best possible service. We have an active Patient Group with over 70 members, many of whom volunteer and attend meetings at the practices with the managers and clinical staff.

SCAIS

Sheffield Community Access and Interpreting Service (SCAIS) is an interpreting service that provides face-to-face interpreting, telephone interpreting, written translations and training.

Established in 1997, SCAIS started out as a small project. Our ongoing provision of first class services has enabled us to grow year-on-year to 29,000 requests in 2010/2011 to the NHS, private, statutory and voluntary sector.

We are a non-profit making NHS organisation who pride ourselves on supporting some of the most disadvantaged people in society to access services and gain the support and information they need throughout South Yorkshire and beyond.

SCAIS has face-to-face interpreters in over 80 languages and can provide written translation and telephone-based interpreting services in over 240 languages. With the introduction of a new database, telephone system and online booking facility, SCAIS has the capacity to provide a first class service to its users whether large or small.

Learning Disabilities

Specialist services for adults with a learning disability in Sheffield are provided by the Joint Learning Disabilities Service. Both Sheffield City Council and Sheffield Health and Social Care NHS Foundation Trust provide these services as a single joint learning disabilities service. We are working to make sure that the vision people with learning disabilities and their family carers have for their lives, becomes a reality.

Further useful information about the Joint Learning Disabilities Service can be found on the Signpost Sheffield website at: www.signpostsheffield.org.uk

More information about the services we offer is available in our service leaflet. Click on this link to download the [Joint Learning Disabilities Service leaflet](#).

LDS Services we provide

- [North and South Community Learning Disabilities Teams](#)
- [Case Register](#)
- [Older Carers Support Service](#)
- [Assessment and Treatment Unit \(ATU\)](#)
- [Improving Mental Wellbeing Team](#)
- [Community Assessment and Intensive Support Service \(CAISS Team\)](#)

Provider Services

- [Supported Living](#)
- [Registered Residential and Nursing Home Services](#)
- [Respite Services \(Short Breaks\)](#)
- Employment Services - information coming soon...

Other Specialist Services

- [Asperger Service](#)
- [Eating Disorders Service](#)
- [Perinatal Mental Health](#)
- [Electro-Convulsive Therapy](#)
- [Homeless Assessment & Support Team \(HAST\)](#)
- [Liaison Psychiatry](#)
- [Transcultural Team](#)
- [Sexual & Relationship, Sexual Medicine & Transgender Services](#)



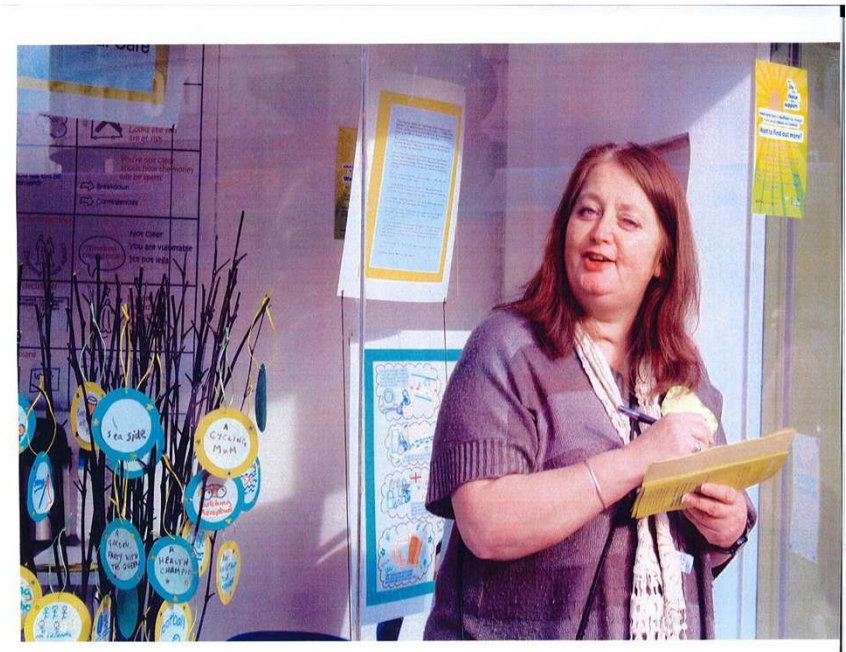
Healthier Communities and Adult Social Care Scrutiny

Communities Portfolio

Richard Webb
Executive Director

Today is about...

- Sharing an overview of the areas that Communities cover
- The priorities, challenges, changes etc that are likely to be coming up over the coming year.
- How this will help the Committee to develop its work programme for the year.



“We’re all about people”

- We make a major contribution to the wellbeing of Sheffield’s people.
- We work with individuals, families, households, communities and partner organisations.
- We help build safe, strong and active communities, and ensure good quality housing and housing services for all.
- We make sure people have access to the information they need to lead fulfilling lives, and help people be independent, healthy, safe and well.

Care & Support – Eddie Sherwood

“We start with the person and their family/household. We support people to exercise choice and control over services they need. We involve people in the design of services, and we deliver high quality services in line with their needs and expectations.”

What we do

- Professional social work support
- Support to help people stay at home including Care4you and other in-house services
- Carers support
- Homeless prevention, asylum seekers and adaptations

Challenges & priorities

- Changing demographics
- Increasing homelessness
- Embed personal budgets, faster and more simply.
- Switch resources to more prevention & early intervention
- Integrated working with Health.
- Young carers.
- Lettings Policy Review



Community Services – Jan Fitzgerald

“We influence the communities and places where people live to make sure they contribute positively to people’s health and wellbeing.”



What we do

- Community Assemblies
- Community Safety
- ASB
- Cohesion & Migration
- Community Buildings
- Libraries

Challenges & priorities

- Localism agenda including Community Assemblies
- Anti-social behaviour review
- Police & Crime Commissioner
- Cohesion, migration & asylum
- Libraries review

Commissioning - Miranda Plowden

“We make connections across people who use our services, carers, service providers and commissioners. We develop jointly with others our understanding of need and the investment plans that will improve outcomes for health and wellbeing. We bring together stakeholders across the city to deliver projects and programmes.”

What we do

- Relationships with landlords – Sheffield Homes, social and private landlords
- Supporting People
- Intelligence & needs assessment
- Commissioning & contracting of adult social care

Challenges & priorities

- Future of Council housing
- Self-financing HRA
- NHS changes
- Care Trust Review
- Care market
- Offer for older people
- Future funding of social care



Business Strategy – Bev Coukham

“We operate as a whole with shared systems and infrastructure within the context of One Council. We provide quality assurance to the portfolio including safeguarding.”



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What we do

- Budget & service business planning
- Governance & transformation
- Performance management
- Safeguarding of adults & delivery of statutory responsibility for DOLS
- Risk management & Information security
- Equality, Diversity & Inclusion
- Quality assurance
- Engagement & involvement
- Multi agency & business partner relationships

Key Challenges & priorities – across the portfolio

- Service business planning & VFM
- Customer First – making it real
- Sharing information – one source of customer information
- Strengthen Equalities – more emphasis on Inclusion, improved Diversity in the workforce
- Exploiting technology
- Information and Advice - Informed decision making, channel Shift
- Fairness Commission
- Welfare Reform operating model – fair for all

Fairness Commission

- Remit:
 - “... to make a non-partisan strategic assessment of the nature, extent, causes and impact of inequalities in the City **and** to make recommendations for tackling them.”
- Independently chaired Commission reporting back to the Council and also considered by Sheffield Executive Board
- Using a Select Committee approach, including a call for evidence and public hearings
- Final report and recommendations in the Autumn
- www.sheffield.gov.uk/fairnesscommission

Welfare Reform

- Government believes reform is needed as the current system is too complex and work incentives are poor. It also aims to save £18bn / per year by 2014/15
- Changes include: Universal Credit; Housing Benefit; Council Tax Support; Benefit Cap; Incapacity Benefit reassessed; Social Fund; Personal Independence Payment; Pensions; Child Benefit and Tax Credits
- Potential impact very significant for households and for the city's economy.
- Working up options for new form of Council Tax Support and the Social Fund
- Impact - in particular for Communities customers, vulnerable adults and families

So....some milestones for the year ahead

- **Managing change in provision**
 - Implementation of Sevenfields and Hazelhurst plan
 - Stocksbridge
- **Dementia consultation** - current
- **Rolling out**
 - Self Directed Support
 - Re-ablement
- **Active Ageing Strategy** – ‘A great place to grow older’
- **Right First Time**
- **Health and Social Care**
 - Public Health transition and priorities
 - Partnership Review, SHSC and SCC
 - Health and Wellbeing Board
 - Statutory basis from April 2013
 - Joint Health and Well-being Strategy
 - Health watch – specification and tender - Summer
- **NHS changes**
 - CCG authorisation - September
 - Commissioning Support Services
 - New Act live from April 2013

The new arrangements for Public Health in Sheffield

Jeremy Wight

Director of Public Health

Health scrutiny committee, July 18th 2012

Healthy Lives, Healthy People
the new public health system

December 2011

Healthy Lives, Healthy People: our strategy for public health in England



The Government aims to:

- empower local leadership to strengthen health and wellbeing
- support self esteem, increased confidence and personal responsibility
- promote healthier behaviour and lifestyles
- change the environment to support healthier choices
- protect the public from threats to health.

Following extensive consultation, further details published in July 2011's *Update and Way Forward*



December 2011: finalising key elements of the design of the new public health system

The new public health system

new roles and responsibilities

leadership role for local authorities

supported by a new integrated public health service, Public Health England

working alongside the NHS, with its continuing role promoting health through clinical services

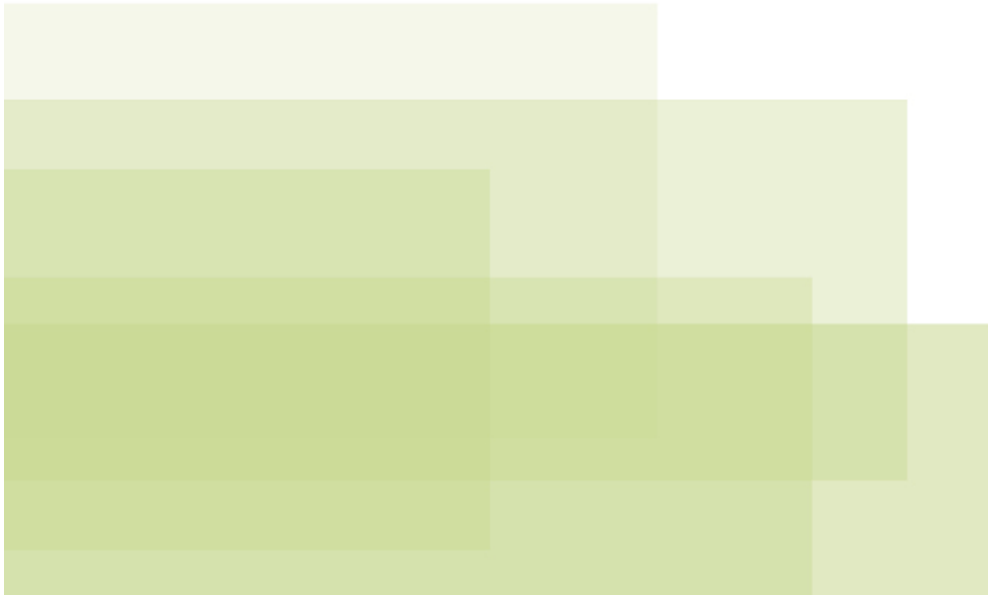
clear priorities

stronger focus on health outcomes, supported by the Public Health Outcomes Framework

public health as a clear priority for Government, backed by ring fenced resources

Who does what locally

Page 33



Local government leadership

Local government should lead for public health because of its:

- **population focus**, as the democratically accountable stewards of local health and wellbeing
- role as the **shapers of place**
- ability to address many of the **wider social determinants** of health, and
- experience of, and ability to tackle, **inequalities** in health.

Factsheet: local government
leading for public health

Local government's new functions

New duty to improve the health of the population:

- commissioning services from a range of providers
- working with Clinical Commissioning Groups to integrate care pathways
- using health and wellbeing board to integrate commissioning approaches
- providing population healthcare advice to the NHS
- duty to ensure plans in place to protect health.

Local political leadership critical to making this work.

**Factsheet: local government's
new public health functions**

Local authority commissioning responsibilities (1)

- Tobacco control & smoking cessation
- Alcohol and drug misuse
- Services for children 5-19
- National Child Measurement Programme*
- Obesity and weight management
- Local nutrition services
- Increasing physical activity

- NHS Health Checks*
- Public mental health services
- Dental public health services
- Injury prevention
- Birth defect prevention
- Behavioural and lifestyle campaigns to prevent LTCs
- Local initiatives on workplace health

- Support and challenge of NHS services (imms and screening)
- Public health advice to NHS*
- Sexual health services*
- Seasonal mortality initiatives
- Local role in health protection incidents*
- Community safety
- Social exclusion

* Indicates mandated services

Role of the Director of Public Health

- **Leadership role** within the local authority for the DPH and their team, to exercise these new functions:
 - DPH should be the lead officer for health and championing health across the whole of the authority's business
 - we expect there to be direct accountability between the director of public health and the local authority chief executive for the exercise of the local authority's public health responsibilities
 - the DPH should have direct access to elected members
- Produce an **annual report**
- Statutory member of **Health and Wellbeing Board** – and engaging across the health and wellbeing system.
- Further work to follow on **transition process and appointments**, building on Faculty of Public Health standards

**Factsheet: role of the Director
of Public Health**

Local leadership for health protection

- ➔ Secretary of State responsible for health protection via PHE
- ➔ Local authority under a duty to ensure plans are in place to protect the local population

Local authority role

- Ensuring plans in place for:
- outbreaks and emergencies; and preventing them occurring
 - immunisation and screening
 - infection control

How the role will work

- DPH leadership, rather than managerial role to highlight, advise, challenge and advocate.
- Supported by PHE expertise and infrastructure
- NHS commissioners duty to cooperate
- Lead DPH to co-ordinate local authority public health input to LRF emergency planning and response
- DPH challenge and advice to NHS on local screening and immunisation plans
- Professional relationship between DsPH and the Chief Medical Officer

Factsheet: commissioning responsibilities

Population health advice to the NHS

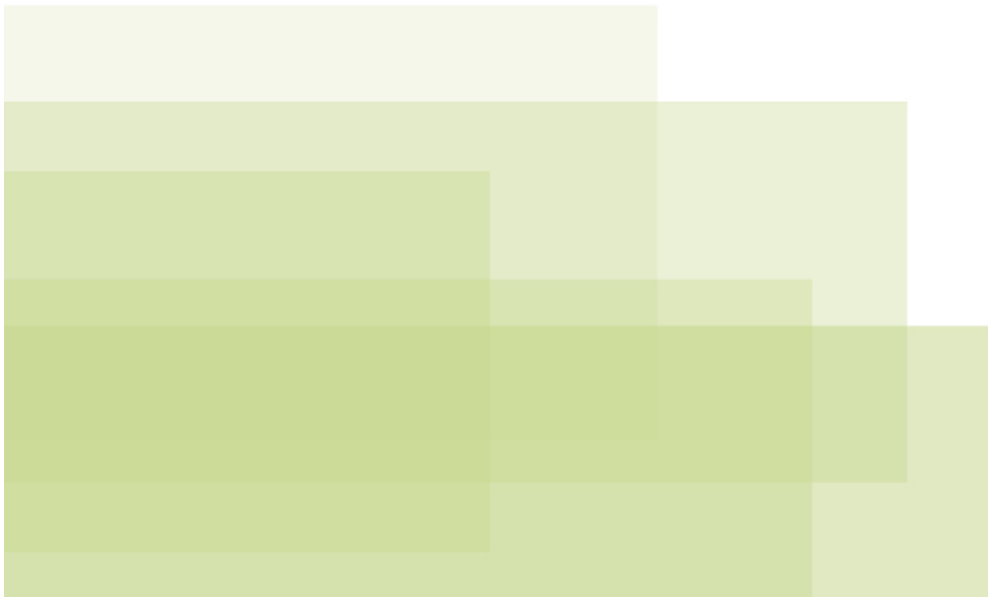
Local authorities will provide population healthcare advice to the NHS

- To support healthcare commissioners, including via the JSNA, with strategic population data from many sources
- Applying skills to interpret data
- Advice at all stages of the commissioning cycle alongside:
 - advice from new commissioning support organisations, which will focus on processes and clinical systems
 - PHE role through information and intelligence service to LAs e.g. by providing baseline data
- Further work on role for supporting the NHS Commissioning Board and how this advice will meet the needs of CCGs

**Factsheet: public health advice
to NHS commissioners**

How Public Health England fits in

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PHE will have three functions

delivering services

- deliver specialist public health services to national and local government and the NHS
- deliver information and intelligence service to support effective action, locally and nationally
- support the commissioning and delivery of effective health and care services and public health programmes
- design and deliver nationwide communications and interventions to support the public to protect and improve their health

leading for public health

- encourage transparency and accountability across the system
- support public health policy development through evidence and advice on the best operational means to achieve strategic goals
- allocate its budget and manage relationships effectively to
- work with partners to build the evidence base about what works in improving and protecting health and wellbeing
- act for public health science and delivery on the international stage

workforce

- Public Health England will support the development of the specialist and wider public health workforce

Factsheet: PHE functions

PHE's Units

- **Directors of public health** are the local leaders for public health
- Alongside this, **PHE will deploy expert and specialist capacity** at a level that allows it to understand and respond to local needs and support local leaders.
- The units' main areas of work:
 - **deliver services** and advice to local government, the NHS and work in partnership to protect the public, involving national centres where appropriate
 - make an effective contribution to **emergency, preparedness, resilience and repose system**
 - **support effective local action** to promote and protect health, and wellbeing and tackle inequalities.
- PHE's units will develop from the current health protection units of the Health Protection Agency.

The NHS's role in public health

- The NHS will continue to play a key role in improving and protecting the public's health. The provision of health services and ensuring fair access to those services will contribute to improving health and reducing inequalities.
- The NHS will also continue to commission specific public health services and will seek to maximise the impact of the NHS in improving the health of the public, making every clinical contact count.
- PHE will have a close working relationship with the NHS Commissioning Board.
- The NHS Future Forum is currently considering how the NHS can contribute to improving the health of the public. Its interim findings have been published on the DH website.

Timeline – transfers to local authorities

- Jan 2012: *Transition Planning Guidance* issued
- Jan 2012: *Local Government HR Transition Guidance* published
- Mar 2012: Local transition plans completed
- From Apr 2012: Local areas agree arrangements for any in year delegation of functions and secondments/assignment of transferring staff in line with guidance
- By Oct 2012: Local area test arrangements for delivery of specific public health services in particular screening and immunisation, and Emergency Response
- Oct 2012: Agree arrangements on public health information requirements and information governance
- Jan 2102: Ensure final legacy and handover documents produced
- Apr 2013: Local authorities formally take on new responsibilities.

In Sheffield

- Long history of joint working to build on
- Coterminosity, single tier
- Joint appointments
- ‘Hub and spoke’ model agreed, including allocation of functions to Portfolios
- Cabinet paper approved
- Alignment of PCT PH directorate staff

In Sheffield

Transition steering group

PID, transition dashboard

Supporting workstreams

Finance, HR, Contracts, Accommodation, IT

- PH business plan for 12/13
- Transition year
- Risks
 - Managing the transition
 - Functions transferring to PHE

Sheffield Children's NHS Foundation Trust

HOW ARE WE DOING?

Our progress and performance in 2011/12

Improving
services in line
with our five
strategic aims



Our five main aims:

1. Provide healthcare for children of the highest quality in the UK
2. Reshape healthcare in Sheffield
3. Develop specialist services
4. Expand specialist pathology
5. Be a national leader in research & education

Review of 2011/12

3

- **Progress made against our main aims during 2011/12:**
 - **Improvements in quality**
 - **Developing our services**
 - ✦ Services for children in Sheffield
 - ✦ Specialist services
 - ✦ Specialist pathology
 - ✦ Activity & demand for services
 - **Performance against key performance indicators**
 - **Financial performance**

Healthcare of the highest quality

4

✓ Infection Control

- No cases of MRSA
- C-Difficile – 3 cases

✓ Compliant with CQC Registration requirements

✓ CQC inspections

- ✓ Visit to Children's Hospital :no areas identified for improvement
- ✓ Visit to Becton: Good report with a few recommendations

■ CQUINs - Achieved majority of agreed quality measures with exclusion of:

- Asthma
- Underperformance - Diabetes & staff appraisal CQUINs

Developing our services – Sheffield children

5

- **Community Services** -successfully transferred to the Trust
 - Health Visitors & HV Liaison Service
 - School Nurses
 - Speech & Language Therapy
 - Sure Starts
 - Family Nurse Partnership
- **Core member-Children’s Health and Wellbeing Partnership Board**
- **More care outside hospital - working with CCG & partners**
 - Advice service for GPs for planned care
 - Development of common care pathways
 - Unscheduled Care Project – Consultant led GP Advisory Service for acute care
 - Working on plans for development of a Community Nursing Service
- **Complex child -working with partners to improve services**

Developing our services - Specialist care

6

- **Strengthening Neurosciences**
 - Appointment of 4th Neurosurgeon
 - Development of partnership with Tadworth Trust for head injuries
 - 2nd Telemetry bed in place for investigations
 - Appointment of two Neurologists – team of five
 - Specialist Nurse appointed
 - Data collection systems developing
 - Expansion of epilepsy surgery

Developing our services – Specialist care

7

- **Developing Musculo-skeletal Services**
 - Now have in-house Paediatric Rheumatology Service
 - National Metabolic Bone Service established
- **Interim status as Major Trauma Centre for Children awarded**
 - One of two Major Trauma Centre for children in Yorkshire & the Humber
 - Plans to meet standards fully over next two years
- **Specialist Learning Disability/MH service set up**
 - New service at Becton – Ruby Lodge
 - In-patient assessment & treatment of children with complex needs and very challenging behaviour

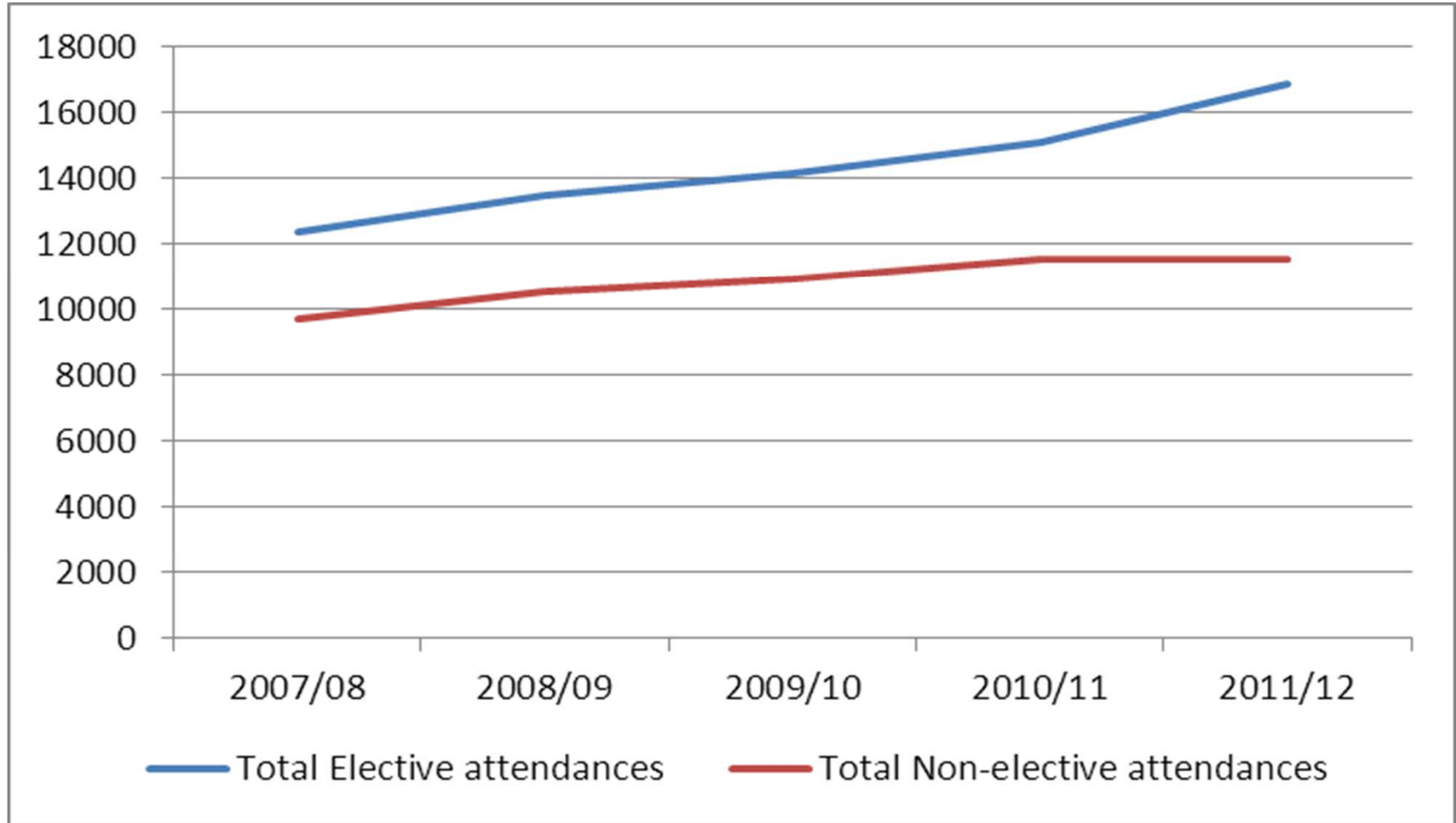
Developing our services – specialist pathology

8

- **Further developments in genetic services:**
 - Increase in tests undertaken
 - Next Generation Gene Sequencer now being procured
- **Developments in Newborn Screening:**
 - National Extended Screening programme pilot – led by Trust
 - Possible commercial partnership opportunities
- **Inherited Metabolic Diseases**
 - New Network with Nottingham & Leicester, with Sheffield as lead

Activity Trends

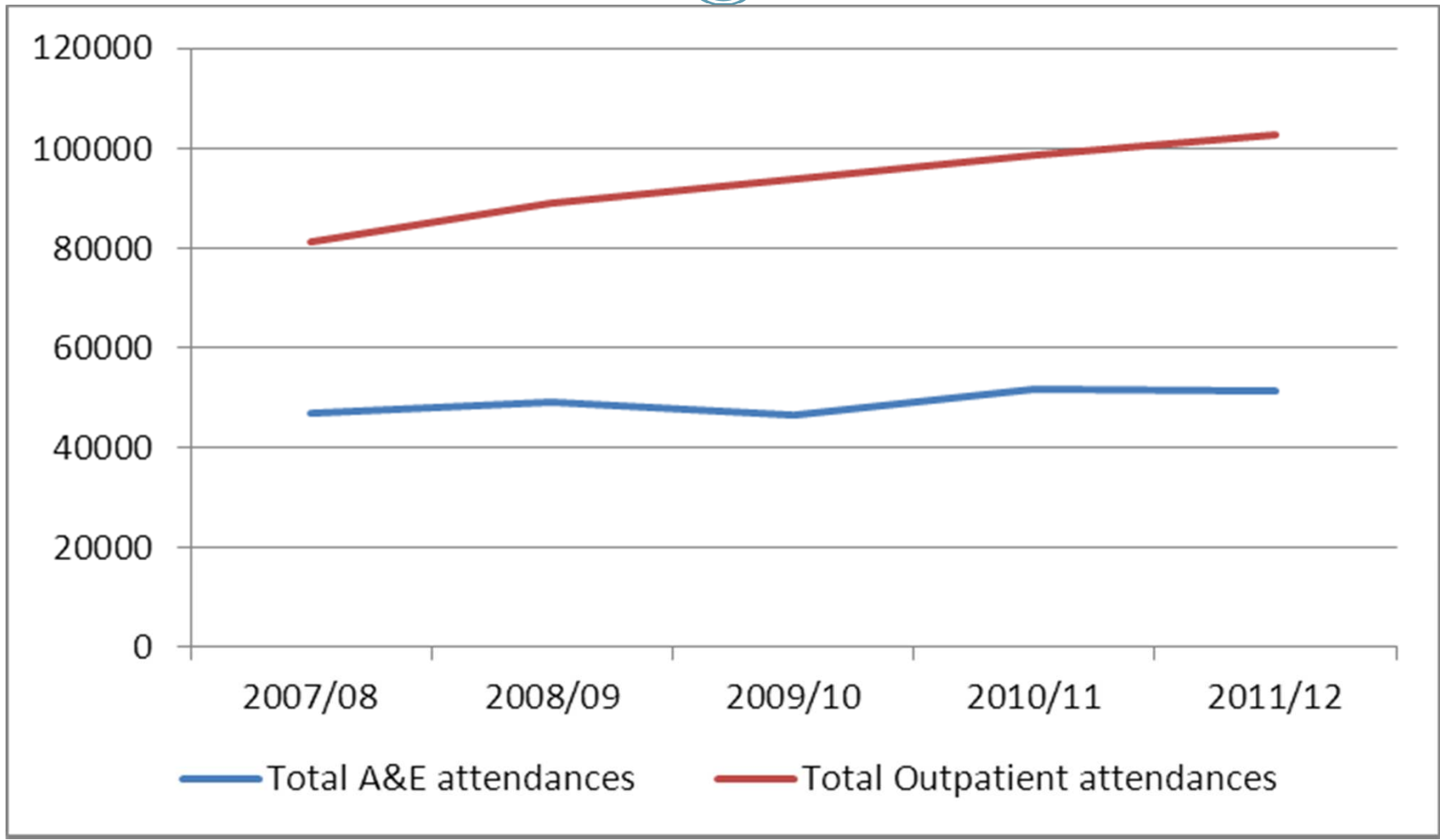
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Activity Trends

10

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Key Performance Targets

11

- ✓ Key targets met throughout year
 - 18-week waiting times
 - Cancer Targets
 - A+E Waiting Times
- ✓ Good progress on Diagnostic waiting times

Financial Performance

12

- ✓ Achieved key financial duties in 2011/12
- ✓ Over-achieved on financial plan
- ✓ 75% delivery of CIPs

Key issue is delivering 3-year cost improvement plan

Progress on future plans – Hospital development

- ✓ Architect competition completed
- ✓ Full Business Case agreed

Next Steps

- Commissioner Support
- Response to increased efficiency requirements from Monitor
- Secure loan



A Summary of 2011/12

14

- **Strong performance in all key areas, including quality, key targets and finance.**
- **First year as provider of children's community services**
- **A number of important developments to patients services, both Sheffield services and specialist**
- **Moving forward in new partnership arrangements**
- **Good progress on hospital development plans**

Sheffield Children's NHS Foundation Trust

Any Questions?

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Sheffield Clinical Commissioning Group



NHS Sheffield CCG Role

To:

- Improve health outcomes for our patients
- Promote the NHS Constitution
- Improve the quality of health services
- With the National Commissioning Board, improve the quality of primary care
- Commission all non-specialised care for our patients (£740 million)

Other Commissioning Roles

- National Commissioning Board will commission primary care and specialist services
- Local authority responsible for health improvement services



Sheffield CCG Vision

- To improve patient experience and access to care
- To improve the quality and equality of healthcare in Sheffield
- To work with Sheffield City Council to continue to reduce health inequalities in Sheffield
- To ensure there is a sustainable, affordable healthcare system in Sheffield

SHEFFIELD CCG VALUES

1) Making it work for our patients in Sheffield

Patient centred quality and outcomes;

- *Clinicians at the heart of the decisions*
- *Build on clinical links to deliver improved services*
- *Engage with public on their contribution*
- *A city health strategy*

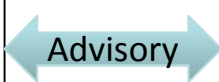


Practices

Locality 1 member practices
Locality 2 member practices
Locality 3 member practices
Locality 4 member practices



Engine Room CET QIPP Themes
--



Governing body CCG Committee
--



Practices

Skills & Resources				
Internal CCG	GPs and Clinicians in practices	CSO	Partners: LA other CCG	Other external support

A Membership Organisation

Challenges

- Austerity
- Managing financial risk in the system
- Clear communication
- Achieving effective practice engagement in our CCG
- Working with other CCGs
- Building refreshed city relationships



Clinical Commissioning will make a difference through:

- Placing patients at the heart of all our discussions and decisions
- Working with the practices in each of our localities
- Drawing upon the evidence of opportunities for improvement
- Leadership by senior clinicians, collaborating with clinicians and patients
- Collaborative working across practices, through localities
- Strengthening relationships between organisations and between clinicians

Our Partnerships

- Sheffield City Council
- Wider Sheffield Community (Police, Universities, etc)
- Sheffield Foundation Trusts
- Third Sector
- South Yorkshire CCGs
- National Commissioning Board

Transition

- Acting in Shadow form in 2012/13, with delegated authority from the PCT Cluster
 - Prospectus
 - Business Plan
 - Organisational Development
 - Engagement
 - Health and Well Being Board
- Authorisation from 2013, as a Statutory Body

Opportunities

- High clinical support and Sheffield wide endorsement for the Sheffield CCG
- Ambition
- Our providers are strong
- Our systems can be changed
- Clinical Autonomy



- Any Questions



Presentation to Scrutiny Committee

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Wednesday 18th July 2012
Kevan Taylor, Chief Executive



Sheffield Health & Social Care NHS Foundation Trust

Sheffield Health and Social Care NHS Foundation Trust Vision

To provide best value, high quality, **integrated health and social care services**, which aspire to national excellence and improve individuals **health and wellbeing**. We will be the **first choice** for service users, carers, staff and commissioners

Integrated health and social care services

- Primary Care
- IAPT
- Long Term Conditions
- Substance Misuse
- Learning Disabilities
- Dementia
- Specialist Mental Health

To improve individuals health and well being

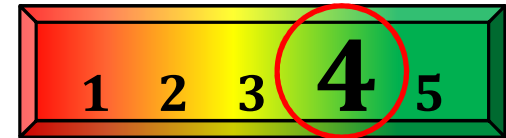
- Integrated health and social care
- Primary, Secondary and Tertiary service provision
- Self help and education/recovery
- Public Health
- Prevention/Anti Stigma

Aim to be first choice

- Partnership with NHS and Local Authority Commissioners
- Partnership with health and other providers
- Partnership with people who use our services
- Shared clinical and managerial leadership and high levels of staff engagement

Our Performance

Financial Risk Rating



Governance Rating



Staff Survey Results



Service User Survey Results



Reference Costs



Praised by CQC



What are our challenges?

- Finances
- Demographic changes
- Future of social care provision
- Acute mental health care
- Scale and pace of change

What is our ambition for the future?

- Bringing people in need of specialist services back to Sheffield with shared risk
- Improving acute care through reconfiguration and an increased community orientation
- Integrate primary and secondary mental health care, building on CMHT reconfiguration and IAPT
- Health promotion and anti stigma

What is our ambition for the future?

- Leading system improvements in dementia care
- Specialist support to increasing numbers of people with complex and multiple disabilities
- Integrating psychological and physical health eg:
 - Right First Time
 - IAPT and unexplained medical conditions
 - Psychological support to people with long term conditions
- Deliver our transformation programme
- Revise our corporate strategy

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**Report to the Healthier Communities &
Adult Social Care Scrutiny and Policy
Development Committee
18th July 2012**

Report of: **Emily Standbrook**
Policy Officer (Scrutiny)
emily.standbrook@sheffield.gov.uk; 0114 27 35065

Date: 18th July 2012

Subject: **Work Programme and Cabinet Forward Plan**

The Committee's draft work programme for the coming municipal year is attached for consideration.

The Committee is asked to identify any further issues for inclusion in the work programme as agenda items, or in depth task and finish reviews.

To ensure that information coming to the Committee meets requirements, Members are requested to identify any specific approaches, lines of enquiry, witnesses etc that would assist the scrutiny process for items on the work programme.

The latest version of the Cabinet Forward Plan is also attached. Consideration of issues at an early stage in the development process gives scrutiny an opportunity to make recommendations to decision makers and maximises scrutiny's influence. The Committee is therefore requested to identify any issues from the Forward Plan for inclusion on a future agenda.

Recommendations:

That the Committee:

- Considers the work programme and Cabinet Forward Plan
 - Identifies further issues for inclusion on the work programme
-

Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee

Draft Work Programme

Last updated 9 July 2012

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What	Why	How	When
Overview of Health, Wellbeing and Social Care Priorities in Sheffield	<i>To introduce the Committee to the Health, Wellbeing and Social Care Partners in the City and make the Committee aware of the challenges facing the city and priorities of Sheffield's commissioners and providers</i>	Presentations from: SCC Communities Portfolio Director of Public Health Sheffield Clinical Commissioning Group Sheffield Children's Hospital Sheffield Health and Social Care Foundation Trust	18 th July 2012
Transforming Support for People with Dementia Living at Home.	<i>To consider the results of the consultation prior to submission to Cabinet.</i>	Report	12 th September 2012
Child and Adolescent Mental Health Services - update	<i>To update the Committee on progress made in reducing waiting times to access CAMH Services.</i>	Report	12 th September 2012
Experience of Care and Support – performance review	<i>To consider and comment on activity being undertaken to improve experience of care and support</i>	Report	Autumn 2012
Sheffield City Council/Care Trust Review	<i>To consider and comment on the review of the partnership between Sheffield City Council and the Sheffield Health and Social Care Foundation Trust.</i>	Report	Autumn 2012

End of Life Care	<i>To consider progress on the End of Life Care Strategy – particularly around meeting the needs of the increasing number of people who choose to die at home.</i>	Report	21 st November 2012
Intermediate Care	<i>As part of its review into the future of intermediate care resource centres, the Committee expressed concern about the length of time it is taking to find a suitable site for the planned intermediate care facility. An update was requested.</i>		21 st November 2012
Local Account	<i>To consider and comment on the Council's Local Account, detailing performance in</i>		21 st November 2012
Adult Safeguarding	<i>To consider the annual safeguarding adults report and any issues arising from it.</i>	Report	16 th January 2012
Protocol for the Scrutiny of Health in Sheffield	<i>To refresh the protocol for the Scrutiny of health in Sheffield to reflect the changes to health and wellbeing structures in Sheffield brought about by the Health and Social Care Act 2012.</i>	Report	20 th March 2012
Right First Time	<i>To consider the progress, future plans and outcomes from the Right First Time programme</i>	TBD	TBD

Quality Accounts	<i>To consider and comment on the annual quality accounts of NHS providers in the City, as required by the Department of Health</i>	TBD	TBD
Sheffield Food Plan	<i>To scrutinise progress of the Sheffield Food Plan</i>	TBD	TBD
Diabetes in South Asian Communities	<i>To consider how best to improve and target information at at risk groups</i>	TBD	TBD
Paediatric Cardiac Surgery	<i>To scrutinise outcomes for children in Yorkshire and the Humber following the decision to reconfigure children's heart surgery centres.</i>	Through the Yorkshire and Humber Joint Scrutiny Committee.	Ongoing

Cabinet Forward Plan of Key Decisions – July to October 2012

Date decision is expected to be taken and who will take the decision?	Description of decision K = Key Decision P = Statutory Plan - part of budget and policy framework	Cabinet Member and relevant Scrutiny Committee	Who will be consulted?	What documents will be considered by the decision maker?	Who can I contact about this issue?
3/7/12 Individual Cabinet Member Decision	Acquisition of former South Yorkshire Passenger Transport Executive (SYPTe) Office, Exchange Street (K)	Councillor Bryan Lodge Overview and Scrutiny Management		Individual Cabinet Member Report	Place Neil Jones Tel: 2735539 Neil.jone@sheffield.gov.uk
11/7/12	Bus Rapid Transit Northern Route	Councillor Leigh	All known land owners and	Cabinet report	Place

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Cabinet	(BRT North): Approval for Compulsory Purchase Order publication and the acquisition of land necessary for the scheme. (K)	Bramall Economic and Environmental Well-being	parties/organisations believed to have a legal interest in the land necessary for the scheme.		David Budd, Tel: 2735031, david.budd@sheffield.gov.uk
11/7/12 Cabinet	Capital Programme Monitoring 2012-13 (Month1) (K)	Councillor Bryan Lodge Overview and Scrutiny Management		Cabinet report	Resources Allan Rainford Tel: 2752596 Allan.rainford@sheffield.gov.uk
11/7/12 Cabinet	Air Quality Action Plan for Sheffield(K)	Councillor Jack Scott Economic and Environmental Wellbeing	<ul style="list-style-type: none"> • Community Assemblies • The established Sheffield Clean Air Partnership¹, • For the general public via the Council website, 	Cabinet report	Place: Ogo Osammor Tel:2734655 ogo.osammor@sheffield.gov.uk

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			<ul style="list-style-type: none"> • Statutory consultees², for example, the Secretary of State, the Environment Agency, the Highways Agency, all neighbouring Local Authorities, any National Park Authority, other public authorities as appropriate, such as NHS Sheffield • Bodies representing local business interests and other organisations as appropriate, for example, via the Chamber of Commerce, and 		

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			business adviser panel.		
12/7/12 Cabinet Highways	Upperthorpe and Netherthorpe Permit Parking Scheme	Councillor Leigh Bramall Economic and Environmental Wellbeing		Cabinet Highways Report	Place Nel Corker Tel: 2736157 Nel.corker@sheffield.gov.uk
1/8/12 Cabinet	The Sheffield Investment Fund (K)	Councillor Bryan Lodge Overview and Scrutiny Management		Cabinet report	Resources Nalin Seneviratne Tel: 273 4120 nalin.seneviratne@sheffield.gov.uk
1/8/12 Cabinet	Revenue Budget and Capital Programme monitoring 2012-13 (Month 2) (K)	Councillor Bryan Lodge Overview and Scrutiny Management		Cabinet report	Resources Allan Rainford Tel: 2752596 Allan.rainford@sheffield.gov.uk
1/8/12 Cabinet	Establishment of HealthWatch Sheffield (K)	Cllr Mary Lea Healthier Communities and	Workshops and events have been held by Sheffield City Council and Sheffield LINK to enable	Cabinet report	Communities Kate Register Tel: 2734990 kate.register@sheffield.gov.uk

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		Adult Social Care	key organisations, groups and citizen representatives to shape proposals for Sheffield HealthWatch, including involvement in the tendering process.		gov.uk
1/8/12 Cabinet	Equalities Overview Report (K)	Councillor Julie Dore Overview and Scrutiny Management	Consultation after the report approved with key community of interest networks and forums	Cabinet report	Deputy Chief Executive's Adele Robinson Tel: 2735861 Adele.Robinson@sheffield.gov.uk
1/8/12 Cabinet	Wybourn Sites Disposal	Councillor Harry Harpham Safer and Stronger Communities	The East community Assembly, residents and other key stakeholders	Cabinet report	Place Tamsin Auckland Tel: 20 52677 Tamsin.auckland@sheffield.gov.uk
1/8/12 Cabinet	Fox Hill Redevelopment	Councillor Harry Harpham	The North – East Community Assembly and other key stakeholders	Cabinet report	Place Christine Rose Tel: 2734373 Christine.rose@

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		Safer and Stronger Communities			sheffield.gov.uk
1/8/12 Cabinet	Disposal of the former Foxwood Elderly Care Home, Ridgeway Road	Councillor Bryan Lodge Overview and Scrutiny Management	East Community Assembly	Cabinet report	David White Resources Tel: 2735465 David.White2@kier.co.uk
1/8/12 Cabinet	Lifelong Learning Skills and Communities Draft Fees Policy for the Academic Year 12-13	Councillor Jackie Drayton Children, Young People and Families	Community Assembly Committees	Cabinet report	Children, Young People and Families Dee Desgranges/ Sheila Brown Tel:2296162 sheila.brown@sheffield.gov.uk
9/8/12 Cabinet Highways Committee	Building Schools for the Future – Bradfield School Outcome of Public and Traffic Regulation Order Consultations	Councillor Leigh Bramall Economic and Environmental Wellbeing	Community Assembly, local residents & businesses, emergency services	Cabinet Highways Report	Place: Matt Longstaff Tel: 2736170 Matt.longstaff@sheffield.gov.uk
22/8/12	Primary School Places in Sheffield	Councillor Jackie	Local Members, Local	Cabinet report	Children, Young People

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Cabinet	(K)	Drayton Children, Young People and Families	Schools (including Governors) and the wider community (focus on parents)		and Families Joel Hardwick Tel: 27 35476 Joel.hardwick@sheffield.gov.uk
22/8/12 Cabinet	The Successful Families Programme (K)	Councillor Jackie Drayton Children, Young People and Families		Cabinet report	Children, Young People and Families Sam Martin Tel: 2296140 Sam.martin@sheffield.gov.uk
22/8/12 Cabinet	Westfield Sports Development (K)	Councillor Isobel Bowler Economic and Environmental Wellbeing	South East Community Assembly	Cabinet report	Place Paul Billington Tel: 2735071 Paul.billington@sheffield.gov.uk
12/9/12 Cabinet	Revenue Budget and Capital Programme monitoring 2012-13 (Month 3) (K)	Councillor Bryan Lodge Overview and Scrutiny Management		Cabinet report	Resources Allan Rainford Tel: 2752596 Allan.rainford@sheffield.gov.uk

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17/10/12 Cabinet	Revenue Budget and Capital Programme monitoring 2012-13 (Month 4) (K)	Councillor Bryan Lodge Overview and Scrutiny Management		Cabinet report	Resources Allan Rainford Tel: 2752596 Allan.rainford@sheffield.gov.uk
31/10/12 Cabinet	Revenue Budget and Capital Programme monitoring 2012-13 (Month 5) (K)	Councillor Bryan Lodge Overview and Scrutiny Management		Cabinet report	Resources Allan Rainford Tel: 2752596 Allan.rainford@sheffield.gov.uk
<p>A key decision* is one that is either part of the budgetary/policy framework, sets or shapes a major strategy, results in income or expenditure of £500,000+, is a matter of major public concern or controversial by reason of representations made or likely affects two or more wards. The full definition of a key decision can be found in Part 2, Article 13.3 of the Council's Constitution which can be viewed on the Council's Website www.sheffield.gov.uk. Requests for copies or extracts from any of the publicly available documents or other documents relevant to the key decisions, or for details of the consultation process and how to make representations, can be made by ringing the contact officer or via Democratic Services, Deputy Chief Executive's, Town Hall, Sheffield S1 2HH email to: committee@sheffield.gov.uk</p>					

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