S H E F F I E L D C I T Y C O U N C I L

Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee

Meeting held 20 March 2013

PRESENT: Councillors Mick Rooney (Chair), Sue Alston, Janet Bragg, Katie Condliffe, Roger Davison, Tony Downing, Adam Hurst, Cate McDonald, Pat Midgley, Jackie Satur, Diana Stimely, Garry Weatherall and Joyce Wright

Non-Council Members (LINK):-

Anne Ashby and Helen Rowe

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1. APOLOGIES FOR ABSENCE

1.1 There were no apologies for absence.

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 Members declared the following personal interests in Items 7 and 8 on the agenda – Birch Avenue and Woodland View – Feedback from Visits and Sheffield Health and Social Care Foundation Trust – Quality Account, respectively:-

- Councillor Mick Rooney – Non-Executive Member of the Sheffield Health and Social Care Foundation Trust
- Councillor Roger Davison – Governor of the Sheffield Health and Social Care Foundation Trust.

4. MINUTES OF PREVIOUS MEETING

4.1 The minutes of the meeting of the Committee held on 16th January, 2013, were approved as a correct record and, arising therefrom, it was reported that:-

(a) whilst the Business Case for the new End of Life Care Home Care Model had planned to be approved in 2012, further work had been required, which had resulted in delays, and the Policy Officer (Scrutiny) would circulate an update in terms of its progress shortly;

(b) the final version of the booklet "How Did We Do?" – Sheffield's Local

Account of Adult Social Care Services, had recently been circulated to Members;

(c) a briefing note on the arrangements regarding the holding of a joint meeting with the Children, Young People and Family Support Scrutiny and Policy Development Committee on the End of Life Care for Children up to the age of 18, would be circulated to Members shortly;

(d) further to the question raised by Mr. Mike Simpkin, Sheffield Save Our NHS Group, relating to the Health and Social Care Act 2012 and the possible consequences for the LIFT PFI scheme, the Policy Officer (Scrutiny) had contacted Mr. Simpkin and informed him that she would write to the NHS Property Company in the hope of seeking a response to his question;

(e) the Policy Officer (Scrutiny) had drafted a letter to be sent to the Secretary of State for Health, expressing the Committee's concerns regarding the lack of a national framework and regulation for male circumcisions, but was waiting for clinical input before finalising the draft;

(f) a response was still awaited from the Right First Time Programme Manager in connection with the Committee's request for details of the funding arrangements for the Programme;

(g) the Policy Officer (Scrutiny) would contact Kevan Taylor, Chief Executive and Programme Director of the Right First Time Programme, to discuss the issue of further engagement between the Council and the Yorkshire Ambulance Service; and

(h) a further request would be made for Eddie Sherwood, Director of Care and Support, Sheffield City Council, to attend a future meeting of the Committee to provide an update on the Home of Choice Programme.

5. PUBLIC QUESTIONS AND PETITIONS

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

6. BIRCH AVENUE AND WOODLAND VIEW - FEEDBACK FROM VISITS

6.1 The Policy Officer (Scrutiny) submitted a report summarising the issues raised with members of the Committee, together with responses from NHS Sheffield and the Sheffield Health and Social Care Foundation Trust, following the visits made by the Committee to Woodland View Care Home on 15th January, 2013 and Birch Avenue Care Home on 7th February, 2013. The Committee had become involved with the care homes in 2011, following the proposal from NHS Sheffield to withdraw funding for the homes, which would have resulted in their closure. The Committee had actively supported the campaign to keep the homes open, and had maintained a relationship with the relatives of residents in the homes and in 2012, the Committee decided to visit the homes to listen to staff, relatives and residents.

6.2 Rita Brookes, Friends and Relatives Association of Birch Avenue and Woodland View Care Homes, addressed the Committee, initially expressing her thanks, on behalf of Association, to the Committee for visiting the homes and for the report following the visits. She stated that, whilst the Association welcomed the report, it still had concerns about the numbers of empty beds at the homes and, further to the responses provided by the Sheffield Clinical Commissioning Group (CCG), as set out in the report, such concerns had intensified. She expressed concerns that only clients in receipt of Continuing Health Care (CHC) funding were referred to the homes, and that since November 2012, the Association had experienced, what they viewed, as a campaign to remove as many people as possible from CHC funding, which they considered as very unfair. This not only reduced their client base, but resulted in them not receiving enough referrals from CHC to fill vacancies. This situation was exacerbated by the fact that they were aware that private homes were getting referrals for enhanced care.

Despite the level of vacancies at the homes, there had been reports of planned remedial action by the CCG in terms of reducing the capacity of the homes permanently and reducing the number of beds. The Association found this very difficult to understand, particularly when it had been made very clear to them that the number of dementia cases was increasing. Ms. Brookes referred to the comments made by Tim Furness, Chief of Business, Planning and Partnerships, NHS Sheffield, at this Committee's meeting held on 21st November, 2012, relating to the fact that there would be sufficient demand for places at the homes and that they would provide care 19% cheaper than other homes, and questioned what had happened for this situation to change. She also expressed concerns regarding the possibility of the Council having to pick up the costs. The Association had been approached for help by worried relatives of patients at the homes and had written to Eamon Harrigan, CCG, in January, 2013, but the responses received had not satisfied its concerns. The Association was also awaiting news on a date for a meeting with Mr. Harrigan following their request made in February, 2013, to discuss their concerns.

6.3 Members of the Committee and representatives of Sheffield LINk made the following comments:-

- Concerns that the Association was not receiving any answers from the CCG regarding the CHC.

- Whilst there had been some changes in terms of referral procedures, the situation with regard to commissioning and the level of vacancies at the homes still remained a major issue.

- There was confusion as to why the cost of providing care at the homes had become more expensive, when the original forecasts indicated that such provision would be cheaper.

- It was considered that the levels of care and activities at the homes should be showcased as exemplars.

- Historically, Sheffield was one of the lowest funders of continuing health

care, and it had become one of the highest funders. There was a need to be satisfied that the assessments were being carried out correctly and to ensure that funding in respect of the care homes should be dictated by need and not any other means.

6.4 RESOLVED: That the Committee:-

(a) notes the contents of the report now submitted, the comments now made by Rita Brookes, representing the Friends and Relatives Association of Birch Avenue and Woodland View Care Homes, and the comments now made by Members; and

(b) in the light of the concerns now raised, requests that representatives from the Clinical Commissioning Group and the Sheffield Health and Social Care Foundation Trust attend a future meeting of the Committee to respond to the Committee and the Friends and Relatives Association, specifically with regard to purchasing intentions and policy and practical issues with regard to the financial viability of the care homes.

7. SHEFFIELD HEALTH AND SOCIAL CARE FOUNDATION TRUST - QUALITY ACCOUNT 2012/13

7.1 The Committee received a report from Jason Rowlands, Director of Planning, Performance and Governance, Sheffield Health and Social Care NHS Foundation Trust, on the Trust's Draft Quality Account 2012/13. The report set out details on the quality of the NHS services provided by the NHS Trusts, and was supported by a presentation by Mr. Rowlands and Tania Baxter, Head of Integrated Governance.

7.2 Members of the Committee and representatives of Sheffield LINk raised questions and the following responses were provided:-

- The provision of statistics regarding serious incidents in terms of safety, was not a mandatory requirement.

- Contact has been made with Sheffield LINk in order to arrange dialogue on the Quality Account.

- In terms of inspection visits by the Care Quality Commission (CQC), 11 such visits had been undertaken during the nine-month period commencing 1st April, 2012, which had all been unannounced. This equated to 11 visits out of approximately 25 to 30 care homes or wards. Inspection visits in respect of Adult Social Care were undertaken on an annual basis, whereby such visits regarding other services were undertaken within a three-year period.

- In terms of the waiting times regarding access to health services by people with mental health issues, there had been a general acceptance by the Department of Health that such patients were not meeting the same access criteria as other patients, and that this issue would be

addressed.

- With regard to those health services being managed by the voluntary and/or faith sector, it had been identified that there was a need for some form of referral or advice service in terms of clients suffering from mental health, drug or alcohol problems. The Trust had undertaken some work recently with housing associations on this issue. It had been identified that the issue needs discussion through the Mental Health Partnership Forums, and that there was a need to identify ways of formulating dialogue on this issue.

- The figure of 396 people returning to work after accessing Improving Access to Psychological Therapies (IAPT) delivered in primary care, which equated to 18.6% of those seen by the service, were off work or not in employment at the beginning of their treatment.

- In terms of early intervention regarding mental health patients, it was the aim to fast-track such patients into mental health services to ensure that they are assessed at the earliest possible opportunity and, to help to ensure that their symptoms did not get any worse and cause any long-term damage to their health.

- With regard to intervention in terms of people suffering from dementia, there was a range of intensive community teams, who worked to keep sufferers in their own homes for as long as possible as evidence showed that there were better outcomes for those people supported in this way.

- The statistics relating to staff clearly indicated that the Trust had been successful in some areas, and not so successful in others. A need to look at specific job-related training had been identified and an action plan was required in terms of dealing with those lowest performing areas. With regard to staff working extra hours, they were simply asked, on the questionnaire, whether they had been asked to work additional hours, without having to provide any detail as to whether they were paid or unpaid hours.

- Work in connection with monitoring and reducing the number of falls from beds would be implemented in the forthcoming year, by the increased use of bed or floor sensors.

- In terms of Quality Objective 3 – to improve the identification and assessment of physical health in at-risk client groups, the Trust did refer to the importance of sleep, exercise and other factors when dealing with this issue.

- The reduction in the number of incidents reported where service users had been secluded had been attributed to staff training and the provision of improved care. The Trust had undertaken a complete rethink on this issue, whereby staff had been trained to deal with incidents of violence in a more humane manner. Steps had also been taken to improve the

physical environment of wards or rooms in an attempt to provide a more calming atmosphere.

- Whilst it could not be confirmed, it was believed that the figure of zero in terms of the number of cases submitted with regard to enquiries into suicide and homicide by people with mental illness was simply due to the fact that no such enquiries had been concluded.

- Whilst some of the figures referring to incidents showed a downward trend, this was partly due to the fact that the figures for 2012/13 only related to the first nine months of that year. It was therefore likely that in some categories, the addition of the statistics for the final three months would show a reverse in the trends. With regard to the potential increase in violence, aggression and verbal abuse incidents, which was likely to show an upward trend, it was likely that a large number of incidents had resulted from the behaviour of a small number of patients. The number of violent incidents in Sheffield was previously less than the national average. The numbers of infection control incidents were considered to be far too low, and the Trust would like this figure to be higher in response to improved awareness and reporting.

- It was accepted that there were differences in the various types of in-patient services and that this should be taken into account when reading the Quality Account. Some services held more information than others, therefore more targets were set for these services.

- There were plans to produce a more customer-friendly version of the Account, which would include explanations as to how the information and statistics had been gathered.

7.3 Members of the Committee and representatives of Sheffield LINk made the following comments/suggestions:-

- In terms of the provision of guidance regarding all Trusts, performance information should be provided for a three-year period, and should be consistent all the way through the Quality Account.

- There was a need for comparatives, in terms of national averages with regard to performance figures, so that people could make their own choices as to where they went to receive care.

- In connection with Quality Objective 3 – more emphasis should be placed on focusing on the diets and activity levels of those at-risk client groups, in terms of the assessment of their physical health problems. Steps should also be taken to look at using an alternative to anti-psychotic drugs for such patients as they were known to result in problems of obesity.

- Steps should be taken to reduce the waiting times in respect of patients accessing drug and alcohol services.

- The film on dementia should be available for other groups, such as this Committee and the Sheffield 50+ Group.

- With regard to the statistics on the Memory Service, it is not clear whether these refer to new patients, new applicants or follow-up appointments for existing patients.

- There was a need to emphasis that the Quality Account was the result of consultation with Governors and service users.

- Consideration could also be given to placing more emphasis in the Quality Account on the Trust's built environment, with more work being undertaken in terms of the capital issues, rather than revenue.

- The Trust should give consideration to making reference to how its internal structures work.

7.4 RESOLVED: That the Committee:-

(a) notes the contents of the report now submitted, the information reported as part of the presentation and the responses to the questions now raised; and

(b) requests (i) that the Director of Planning, Performance and Governance, Sheffield Health and Social Care NHS Foundation Trust, looks, in conjunction with the Primary Care Trust, at what steps could be taken to further reduce waiting times for memory management services, and for the Director to attend a future meeting of this Committee, in approximately three months time, to report on the Trust's initial thoughts on this issue and (ii) in connection with the issue regarding the provision of assistance to those voluntary and faith organisations offering help and advice to patients with mental health or drug or alcohol problems, that this issue be referred the Health and Wellbeing Board to see if any such assistance could be provided.

8. SCRUTINY UPDATE - FRANCIS REPORT AND NEW HEALTH SCRUTINY REGULATIONS

8.1 The Policy Officer (Scrutiny) gave a presentation on an update of the Francis Inquiry and Health Scrutiny Regulations. She reported that the final report on the public inquiry, which had been launched in 2010, with the aim of looking at the role that commissioning, supervisory and regulatory bodies played in monitoring the work of the Mid Staffordshire NHS Foundation Trust, had been published in February, 2013. The report contained 290 recommendations, of which six related to scrutiny issues. A Government response was still awaited, but the Department of Health was encouraging all organisations involved to debate and discuss the findings and recommendations of the Francis Report.

8.2 Ms. Standbrook-Shaw referred to the scrutiny recommendations and reported

on the key points with regard to the Health and Social Care Act 2012 – Regulations, which had been published in February, 2013, and would come into force on 1st April, 2013.

8.3 Members of the Committee and representatives of Sheffield LINk made the following observations:-

- There had historically been poor dialogue with the Care Quality Commission (CQC).
- In terms of the scrutiny recommendations, the Committee needed to be careful that it did not become an operational body, as opposed to continuing with its role of analysing and providing feedback on all aspects of the NHS.
- Would it be possible for the Scrutiny Committee to look at how the NHS had responded to complaints about the service?
- The Committee needed to focus on whether the correct arrangements in terms of clinical audit were in place.
- The Committee needed to be more proactive, as opposed to reactive, in terms of its work.
- There was a need for a review as to what work the Committee undertook in the future, as well as how the Committee operated.

8.4 RESOLVED: That this Committee notes the information reported as part of the presentation, together with the comments now made.

9. WORK PROGRAMME AND CABINET FORWARD PLAN

9.1 The Committee received and noted a report of Policy Officer (Scrutiny), containing the Committee's draft Work Programme and the latest version of the Cabinet Forward Plan.

10. DATE OF NEXT MEETING

10.1 It was noted that the next meeting of the Committee would be held on Wednesday, 8th May, 2013, at 10.00 am, in the Town Hall.