SHEFFIELD CITY COUNCIL

Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee

Meeting held 20 November 2013

PRESENT: Councillors Mick Rooney (Chair), Sue Alston, Janet Bragg, John Campbell, Katie Condliffe, Tony Downing, Adam Hurst, Martin Lawton, Jackie Satur, Diana Stimely, Garry Weatherall and Joyce Wright

Non-Council Members (Healthwatch Sheffield):-

Anne Ashby and Helen Rowe

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1. APOLOGIES FOR ABSENCE

1.1 An apology for absence was received from Councillor Roger Davison.

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 Councillor Mick Rooney declared a personal interest in Agenda Item 9 (Memory Management Services) as a Non-Executive Member of the Sheffield Health and Social Care NHS Foundation Trust.

3.2 Councillor Sue Alston declared a personal interest in Agenda Item 10 (Nutrition and Hydration Working Group) as an employee of the Sheffield Teaching Hospitals NHS Foundation Trust.

3.3 Councillor John Campbell declared a personal interest in Agenda Item 10 (Nutrition and Hydration Working Group) as an employee of the Sheffield Teaching Hospitals NHS Foundation Trust.

4. MINUTES OF PREVIOUS MEETING

4.1 The minutes of the meeting of the Committee held on 18th September 2013, were approved as a correct record and, arising therefrom, it was reported that:-

(a) a response had been received from St Luke's Hospice, indicating that they would be happy to host the Committee's meeting in January 2014, at which the Chief Executive and Deputy Chief Executive of the Hospice would give a short

presentation and arrangements would also be made for a tour of the Hospice. "The Nature of Funding for Hospice Care in Sheffield" had previously been identified as a topic for the Committee's Work Programme 2012/13, and Members therefore agreed that they would like to request that the Chief Executive of the Hospice produces a report on this subject for discussion at the meeting; Members welcomed the invite and requested the Policy and Improvement Officer to contact the Hospice to make the necessary arrangements;

(b) Members would be welcome to attend one of two Open Day sessions on Friday, 22nd and Tuesday, 26th November 2013, from 12 noon to 2.00 pm, regarding the Home from Home Scheme; the Policy and Improvement Officer would circulate full details of the sessions to Members of the Committee;

(c) a response had still not been received to the letter 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, and the Chair agreed that he would send one more letter on this issue, which would be sent to the six Sheffield MPs, and would request that this issue be raised as a question in Parliament;

(d) arrangements had been made for Councillor John Illingworth, Chair of the Yorkshire and Humber Joint Health Overview and Scrutiny Committee, and Steven Courtney, Principal Scrutiny Adviser Officer, Leeds City Council, to give a presentation to all Members of the Council on the review of adult congenital heart disease services on 30th January 2014, at the Town Hall, Sheffield.

(e) the Policy and Improvement Officer had forwarded a paper provided by Ken Lawrie, Director of Commercial Relations, Sheffield Health and Social Care NHS Foundation Trust, containing information relating to the contracts that had been let to voluntary and faith sector organisations around offering help and advice to patients with mental health, drug and alcohol problems;

(f) the Policy and Improvement Officer had circulated the current draft of the Sheffield Clinical Commissioning Group's (CCG) Engagement Plan on 5th November 2013; Members were asked to forward any comments to the Policy and Improvement Officer, who would collate and submit them to the CCG; and

(g) the suggested changes raised by the Committee in respect of the contents and layout of the Adult Social Care Local Account 2012/13, had been forwarded to Ben Arnold, Development

Officer, Business Strategy, Communities, and a response had been received from Mr Arnold, which had been circulated to Members of the Committee.

5. PUBLIC QUESTIONS AND PETITIONS

5.1 Sylvia Parry, representing Stocksbridge and Upper Don 50+ Group and Stocksbridge Community Health Forum, raised questions and responses were provided as follows:-

(a) Has the City Council responded as part of the consultation on the Government's 'Caring for Our Future' plans and if so, could a copy of the response be made available?

The Chair stated that he was not sure if the Council had responded as part of the consultation, but would check with Councillor Mary Lea, Cabinet Member for Health, Care and Independent Living.

(b) Members of the above groups were very concerned that the Council's Adult Care budget had been cut, and were querying how best they could help to support people who may now receive less care at home.

The Chair confirmed that the budget had been cut, but stated that if people were struggling to fund the care they received in their homes, they could request a review of their care package. In addition to this, the Council provide advice on how people could maximise their income in terms of benefit entitlement.

(c) When do you think that the Council's Social Care and Health Service Care will be joined up to provide the best care for those who need it?

The Chair stated that it has always been the aim of both the Health and Social Care elements of the Health sector to work together in order to provide the best care for those who need it. He added that if there were continuing problems, the Committee would request a report on why progress was not being made to improve the links between the two elements, and highlighting any problem areas.

(d) Will the new area structure be able to report to this Committee on how care and health issues for older people were being dealt with as the Community Assemblies previously did?

The Chair stated that as the Local Area Partnerships were in their infancy, he was not in a position to respond, but would refer the question to Councillor Mazher Iqbal, Cabinet Member for Communities and Inclusion.

6. RIGHT FIRST TIME PROGRAMME - UPDATE

6.1 The Committee received a report on the progress of work undertaken in connection with Phase 2 of the Right First Time Programme.

6.2 In attendance for this item were Kevan Taylor, Chief Executive, Sheffield Health and Social Care NHS Foundation Trust and Right First Time Programme Director, and Zak McMurray, Joint Clinical Director, NHS Sheffield Clinical Commissioning Group.

6.3 Kevan Taylor reported on the aims of the Right First Time Programme, referring specifically to the agreed priorities in respect of Phase 2 of the Programme. The main priority was to develop effective and timely discharges from and through the acute hospitals and intermediate care provision across the City, with the aim of reducing the average length of stay in hospital and/or intermediate care, and to maximise individuals potential to return home and live as independently, and as long, as possible. Mr Taylor reported on the work being undertaken under the Programme to achieve this aim. He made specific reference to Project 4 under Phase 2, which involved focussing on patients with serious mental illness and their physical health needs as such people could be particularly vulnerable to becoming seriously ill with physical health conditions, such as heart disease or diabetes, and the aim of Project 4 was to make sure all organisations and service users work together to change this. Zak McMurray added that there was a need to identify high risk patients as there were high numbers of people in hospital, who did not necessarily need to be there.

6.4 Members of the Committee raised questions and the following responses were provided:-

- One of the main aims of the Programme was, by using patients' profiles, to try and target emergent risk patients, investing resources in the community and drafting a care plan and an escalation plan. The Virtual Ward model was able to target those patients who were not known to mainstream services and/or who would be best supported by an intensive co-ordinated approach from the ICT. Whilst this model was being tested at two GP practices, it was likely that it would be rolled out to other practices. Efforts were being made to ensure that GP practices were more assertive and targeted such people.

- In the light of the increased risk of potential death and a reduced life expectancy of 16 years for women and 20 years for men for people suffering from a serious mental illness, special efforts were being made to look at ways of making it easier for such people to access health services. A high number of people having a serious mental illness smoked and the drugs a number of such people took had an adverse impact on their physical wellbeing, such as making them hungry, which often led to weight problems.

- In terms of the involvement of the voluntary sector under the Programme, some Support Workers were employed by voluntary sector organisations.

- There were no plans at the present time to appoint any Admiral Nurses, who worked with family carers and people with dementia, in the community and other settings, but significant developments in dementia services have been made in the community, such as rapid response teams.

- Sheffield will follow the guidance on each "at risk" patient, having a named practitioner, as recently announced by the Government. In Sheffield, all patients in primary care have had their degree of risk "stratified". The NHS Trust was rolling out a programme where GPs and their teams identify those people at emergent risk, and develop a care plan to help such people to stay well and healthy at home.

- Although quarterly figures regarding emergency admissions and length of stay in hospitals could not be produced at this meeting, such information could be provided.

- The request relating to whether the work of the 50+ Group to reach missing voices could be passed to the Community Support Workers as another method of getting people some involvement would be forwarded to the relevant Service in the City Council responsible for the Workers.

- The additional investment identified to expand the Community Nursing Service would be provided by the CCG.

- The suggestion of having one name for intermediate care services – such as the Re-enablement Service – would be reconsidered in the light of potential confusion.

- There were still some outstanding areas regarding the age range of people seen by the Child and Adolescent Mental Health Service (CAHMS) and the Adult Service that needed to be resolved, and these would be reported back to the Committee when agreement had been reached.

- In terms of sharing the work undertaken under the Programme, there was a national pilot under the auspices of the NHS Improving Quality. This would involve networking and sharing learning. Although Sheffield was more advanced than other areas on risk stratification and primary care, lessons could, and would, be learnt from work being undertaken under the Programme in other areas.

6.5 RESOLVED: That the Committee:-

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

(b) (i) thanks Kevan Taylor and Zak McMurray for attending the meeting and responding to the questions raised and (ii) requests that they attend a future meeting to report on the progress in respect of Phase 3 of the Right First Time Programme, including data/statistics on the impact of the Programme to date.

7. SHEFFIELD DEMENTIA STRATEGY AND COMMISSIONING PLAN

7.1 The Committee received a report on the Sheffield Dementia Strategy and Commissioning Plan, which outlined the approach to dementia care across the City, including Continuing Healthcare funding criteria and the role of bed-based facilities in the Strategy. The report also attached, at Appendix ‘A’, a copy of the Plan, together with the 2013/14 Work Plan and the NICE Guidance ‘Support for Commissioning Dementia Care’.

7.2 In attendance for this item were Sarah Burt, Senior Commissioning Manager, NHS Sheffield Clinical Commissioning Group (CCG), Eamon Harrigan, Head of Clinical Services, Sheffield Clinical Commissioning Group (CCG), and Steve Jakeman, Commissioning Officer, Communities.

7.3 Sarah Burt reported that good progress had been made in terms of the key objectives of the Sheffield Dementia Strategy and Commissioning Plan, building on the long history of the collaborative approach to the commissioning of dementia services in the City. Health and Social Care Commissioners in the City were continuing to work hard in order to ensure that people with dementia and their carers were able to live well with the condition, and since the National Dementia Strategy was published in 2009, Sheffield had made significant progress in all key objectives. In terms of benchmarking against key outcome indicators, Sheffield was presently ranked second in England and Wales for its diagnosis rate. Ms Burt stated that she had recently met with Alistair Burns, National Clinical Director for Dementia, to discuss dementia commissioning in the City, and he had indicated that Sheffield was progressing well in terms of its dementia strategy and plans.

7.4 Members of the Committee raised questions and the following responses were provided:-

- Particular efforts were being made, as detailed under the heading ‘Early Diagnosis and Intervention’ in the 2013/14 Work

Plan, appended to the report, with regard to making people aware of the signs of dementia at an early stage so they can access health services and receive the care and support they need. The CCG was working with Public Health in terms of raising public awareness of early signs of dementia and the Alzheimer's Society had also undertaken considerable work on this issue. In addition to the work already undertaken, a national campaign in terms of raising awareness of dementia was planned for early 2014.

- In terms of public involvement, there had been a number of involvement exercises and consultations with people with dementia, their carers and the public on dementia and dementia services. Since the Local Dementia Alliance had been created, the structure of the City's Dementia Board was being reviewed to ensure service user views were integral to the planning process.

- The CCG was considering whether to change its arrangements for procuring nursing home care for people with challenging behaviour. The CCG purchased most nursing home care using the NHS national contract and a defined specification. Nursing home care for people with dementia and challenging behaviour was usually provided by two local homes, who were also contracted to the CCG. However, a small number of patients with challenging behaviour had nursing home care spot-purchased and the CCG was considering how to introduce specifications for their services so that quality could be better assured.

- The eligibility criteria for continuing healthcare is set out in the National Framework for Continuing Healthcare, published by the Department of Health. Eligibility was determined by assessing the individual's needs and whether they had a 'primary health need'. This assessment was carried out by looking at all of their care needs and relating them to four key indicators – nature, complexity, intensity and unpredictability.

- Trends in terms of people suffering from dementia were taken into consideration as part of the long-term planning process. There was a need to ensure that the system was sustainable in the light of the predicted longer life-expectancy and projected increase in population.

- Care planning was currently being tested in primary care, and for people with dementia, and should focus on living well, promoting independence, understanding the disease and managing other co-morbidities.

- Advanced care planning was on the agenda, and whilst there was significant work to do, there had been some good progress made.

- The issues regarding personalised care and how this would be included in the Commissioning Plan, would be discussed at a future meeting.

- The question of whether there were any plans to increase the number of carer breaks should be directed to the relevant Council officer.

- In response to what people with dementia have told the CCG, and through a planned joint commissioning project in 2014/15, all dementia sufferers would receive the offer of an annual review.

7.5 RESOLVED: That the Committee:-

(a) notes the contents of the report now submitted, together with the comments now made and the responses to the questions raised; and

(b) (i) thanks Sarah Burt, Eamon Harrigan and Steve Jakeman for attending the meeting and responding to the questions raised and (ii) requests (A) the Director of Business, Planning and Partnerships, Sheffield Clinical Commissioning Group, to submit a report to a future meeting of the Committee, containing details of the progress made in terms of the Sheffield Dementia Strategy and Commissioning Plan, with an emphasis on the Action Plan, financial details and work undertaken in terms of public engagement, together with details of an explanation as to how the service was integrated, and (B) the Executive Director, Communities, to attend the same meeting to explain how the Council and Health were responding to the requirement for integrated service provision.

8. MEMORY MANAGEMENT SERVICES - DEVELOPMENT OPTIONS

8.1 The Committee received a report outlining the plans being explored by the Sheffield Clinical Commissioning Group (SCCG) and Sheffield Health and Social Care NHS Foundation Trust (SHSC) to improve access to memory services for the people of Sheffield. The report summarised the current position and outlined the areas being explored to inform future service development planning within the City. The development was being progressed jointly by the SCCG and SHSC and together, both organisations had delivered a range of improvements over previous years, and remained committed to ensuring future improvement remained a priority, and were delivered

upon.

8.2 In attendance for this item were Jason Rowlands, Director of Planning, Performance and Governance and Michelle Fearon, Service Director, Sheffield Health and Social Care NHS Foundation Trust, and Sarah Burt, Senior Commissioning Manager, Sheffield Clinical Commissioning Group.

8.3 Jason Rowlands stated that the purpose of the report was to provide the Committee with an update on the progress made in terms of the steps taken to further reduce waiting times for memory management services, as requested by the Committee at its last meeting. Mr Rowlands reported that over the last three-year period, the number of people assessed, and who had received diagnosis support, had increased by 22.5%, and that Sheffield had estimated to have had 63.6% of people diagnosed with dementia, which had resulted in the City being ranked second in England and Wales in terms of diagnosis rates in 2012. Whilst the waiting time from referral to assessment had been reduced from 40 weeks to between 16 and 18 weeks, this was still not considered reasonable. He referred to the work undertaken, as well as the planned work, in order to help reduce such waiting times, which included, by way of shifting resources, to build capacity in the community with regard to primary care.

8.4 Members of the Committee raised questions and the following responses were provided:-

- The resource implications of the proposed model were still being considered and evaluated. The work undertaken as part of the proposed model would be funded through a shift in resources and a key area of focus had been how to improve capacity within primary care services to enable them to provide ongoing re-assessment support. Achieving this was expected to deliver the benefits of care closer to home and free up resources within the City-wide specialist services for them to see more people, and to see them within more acceptable timescales. The preferred approach to achieving this was based upon a ‘hub and spoke’ model of care, which would comprise initial assessment through a City-wide specialist service, and ongoing support and monitoring of progress being provided in primary care.

- The expected increased numbers of people with dementia in the future was mainly due to the increased number of elderly people and the fact that medical staff were getting better at recognising and diagnosing those who already have dementia.

- Whilst dementia was predominantly age-related, and that the National Model was based mainly on an age-profile, there were

a number of other factors taken into consideration.

- There has been a major shift in the views of GPs in terms of dementia.

- Efforts were being made to look at how and where the process could be speeded up in terms of contacting patients, following their first assessment appointments. In connection with this, it had been identified that there was a need to look at producing an information pack for patients and their families in terms of action they could be taking whilst waiting for treatment.

- It was accepted that the current waiting times were unreasonable.

- By continuing to work together on a number of tasks required to reduce waiting times in terms of referral to assessment, it was deemed possible that the current waiting time of between 18 and 22 weeks could be reduced to between six and eight weeks within a period of 12 to 24 months. The feasibility of this was the focus of the final stages of the current development work.

- There would be problems in terms of capacity, but efforts would be made to look at how resources could be re-directed to address this issue. It was accepted that the current waiting times were unreasonable. The main challenge with regard to reducing the timescales for delivery down to 12 months would be capacity, and so efforts would need to be made to look at how resources could be redirected to address this.

- If possible, Michelle Fearon would provide a link to the modelling system used to compile the data in the report, which could then be shared with Councillor Lawton.

8.5 RESOLVED: That the Committee:-

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

(b) thanks Jason Rowlands, Michelle Fearon and Sarah Burt for attending the meeting and responding to the questions raised; and

(c) requests that:-

(i) further consideration be given to the information/resources available to people whilst they are

on the waiting list for the service, such as what is available through the Voluntary and Community Sector;

(ii) Sarah Burt, as lead for Early Diagnosis and Intervention, ensures that information on memory management services is displayed in GP surgeries; and

(iii) with regard to the proposed reduction in waiting times, to around six to eight weeks, the Chair writes to Ian Atkinson, Chief Officer of the Clinical Commissioning Group, requesting that consideration be given to whether the planned improvements can be introduced within 12 months, as opposed to the current 12-24 month timescale.

9. NUTRITION AND HYDRATION WORKING GROUP

9.1 The Committee received a report on the work of the Nutrition and Hydration in Hospitals Working Group, which had been established by this Committee, in November 2012, to look at the quality of food in the City's hospitals, as well as the support that people got to eat and drink whilst they were in hospital. Attached at Appendix A, was the final draft report of the Working Group, containing its draft findings and recommendations following the work it had undertaken.

9.2 Councillor Garry Weatherall, Chair of the Working Group, reported briefly on the work undertaken, and expressed his thanks and appreciation to those members of staff of the Sheffield Teaching Hospitals NHS Foundation Trust who had reported to the Working Group, and the staff and management of the Services and Wards at the Northern General Hospital for accommodating the Working Group on its visits. Councillor Weatherall confirmed that 77 volunteers, across eight Wards, who had been recruited to assist with mealtimes, had been in place since February 2013.

9.3 RESOLVED: That the Committee:-

(a) notes and welcomes the report now submitted, together with the draft findings and recommendations of the Nutrition and Hydration in Hospitals Working Group;

(b) requests that its thanks be conveyed to members of staff of the Sheffield Teaching Hospitals NHS Foundation Trust who had reported to the Working Group, and the staff and management of the Services and Wards at the Northern General Hospital, for accommodating the Working Group on its visits; and

(c) approves the recommendations set out in Section 4 of the report now submitted.

10. DATE OF NEXT MEETING

10.1 It was noted that the next meeting of the Committee would be held on Wednesday, 15th January 2014, at 10.00 am, at St Luke's Hospice, Little Common Lane, Sheffield, S11 9NE.