

Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee

Wednesday 17 September 2014 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

Councillor Mick Rooney (Chair), Sue Alston (Deputy Chair), Jenny Armstrong, Olivia Blake, John Campbell, Katie Condliffe, Qurban Hussain, Anne Murphy, Denise Reaney, Jackie Satur, Brian Webster, Philip Wood and Joyce Wright

Healthwatch Sheffield

Helen Rowe and Alice Riddell (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. 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 and recording is allowed under the direction of the Chair. Please see the website or contact Democratic Services for further information regarding public questions and petitions and details of the Council's protocol on audio/visual recording and photography at council meetings.

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 Matthew Borland, Policy and Improvement Officer on 0114 27 35065 or [email matthew.borland@sheffield.gov.uk](mailto:email.matthew.borland@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
17 SEPTEMBER 2014**

Order of Business

- 1. Welcome and Housekeeping Arrangements**
- 2. Apologies for Absence**
- 3. Exclusion of Public and Press**
To identify items where resolutions may be moved to exclude the press and public
- 4. Declarations of Interest** (Pages 1 - 4)
Members to declare any interests they have in the business to be considered at the meeting
- 5. Minutes of Previous Meeting** (Pages 5 - 16)
To approve the minutes of the meeting of the Committee held on Wednesday, 23rd July, 2014, and to note the attached Actions List
- 6. Public Questions and Petitions**
To receive any questions or petitions from members of the public
- 7. Right First Time Programme - Update** (Pages 17 - 34)
Report of Kevan Taylor, Sheffield Health and Social Care Foundation Trust
- 8. Care Act 2014 - Progress on Implementation** (Pages 35 - 38)
Report of Luke Morton, Programme Manager, Communities
- 9. Work Programme 2014/15** (Pages 39 - 46)
Report of the Policy and Improvement Officer
- 10. Date of Next Meeting**
The next meeting of the Committee will be held on Wednesday, 15th October, 2014, at 10.00 am, in the Town Hall

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ADVICE TO MEMBERS ON DECLARING INTERESTS AT MEETINGS

If you are present at a meeting of the Council, of its executive or any committee of the executive, or of any committee, sub-committee, joint committee, or joint sub-committee of the authority, and you have a **Disclosable Pecuniary Interest (DPI)** relating to any business that will be considered at the meeting, you must not:

- participate in any discussion of the business at the meeting, or if you become aware of your Disclosable Pecuniary Interest during the meeting, participate further in any discussion of the business, or
- participate in any vote or further vote taken on the matter at the meeting.

These prohibitions apply to any form of participation, including speaking as a member of the public.

You **must**:

- leave the room (in accordance with the Members' Code of Conduct)
- make a verbal declaration of the existence and nature of any DPI at any meeting at which you are present at which an item of business which affects or relates to the subject matter of that interest is under consideration, at or before the consideration of the item of business or as soon as the interest becomes apparent.
- declare it to the meeting and notify the Council's Monitoring Officer within 28 days, if the DPI is not already registered.

If you have any of the following pecuniary interests, they are your **disclosable pecuniary interests** under the new national rules. You have a pecuniary interest if you, or your spouse or civil partner, have a pecuniary interest.

- Any employment, office, trade, profession or vocation carried on for profit or gain, which you, or your spouse or civil partner undertakes.
- Any payment or provision of any other financial benefit (other than from your council or authority) made or provided within the relevant period* in respect of any expenses incurred by you in carrying out duties as a member, or towards your election expenses. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.

*The relevant period is the 12 months ending on the day when you tell the Monitoring Officer about your disclosable pecuniary interests.

- Any contract which is made between you, or your spouse or your civil partner (or a body in which you, or your spouse or your civil partner, has a beneficial interest) and your council or authority –
 - under which goods or services are to be provided or works are to be executed; and
 - which has not been fully discharged.

- Any beneficial interest in land which you, or your spouse or your civil partner, have and which is within the area of your council or authority.
- Any licence (alone or jointly with others) which you, or your spouse or your civil partner, holds to occupy land in the area of your council or authority for a month or longer.
- Any tenancy where (to your knowledge) –
 - the landlord is your council or authority; and
 - the tenant is a body in which you, or your spouse or your civil partner, has a beneficial interest.
- Any beneficial interest which you, or your spouse or your civil partner has in securities of a body where -
 - (a) that body (to your knowledge) has a place of business or land in the area of your council or authority; and
 - (b) either -
 - the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body; or
 - if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which you, or your spouse or your civil partner, has a beneficial interest exceeds one hundredth of the total issued share capital of that class.

If you attend a meeting at which any item of business is to be considered and you are aware that you have a **personal interest** in the matter which does not amount to a DPI, you must make verbal declaration of the existence and nature of that interest at or before the consideration of the item of business or as soon as the interest becomes apparent. You should leave the room if your continued presence is incompatible with the 7 Principles of Public Life (selflessness; integrity; objectivity; accountability; openness; honesty; and leadership).

You have a personal interest where –

- a decision in relation to that business might reasonably be regarded as affecting the well-being or financial standing (including interests in land and easements over land) of you or a member of your family or a person or an organisation with whom you have a close association to a greater extent than it would affect the majority of the Council Tax payers, ratepayers or inhabitants of the ward or electoral area for which you have been elected or otherwise of the Authority's administrative area, or
- it relates to or is likely to affect any of the interests that are defined as DPIs but are in respect of a member of your family (other than a partner) or a person with whom you have a close association.

Guidance on declarations of interest, incorporating regulations published by the Government in relation to Disclosable Pecuniary Interests, has been circulated to you previously.

You should identify any potential interest you may have relating to business to be considered at the meeting. This will help you and anyone that you ask for advice to fully consider all the circumstances before deciding what action you should take.

In certain circumstances the Council may grant a **dispensation** to permit a Member to take part in the business of the Authority even if the member has a Disclosable Pecuniary Interest relating to that business.

To obtain a dispensation, you must write to the Monitoring Officer at least 48 hours before the meeting in question, explaining why a dispensation is sought and desirable, and specifying the period of time for which it is sought. The Monitoring Officer may consult with the Independent Person or the Council's Standards Committee in relation to a request for dispensation.

Further advice can be obtained from Gillian Duckworth, Interim Director of Legal and Governance on 0114 2734018 or email gillian.duckworth@sheffield.gov.uk.

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**Healthier Communities and Adult Social Care Scrutiny and Policy Development
Committee**

Meeting held 23 July 2014

PRESENT: Councillors Mick Rooney (Chair), Sue Alston (Deputy Chair), Jenny Armstrong, Olivia Blake, John Campbell, Katie Condliffe, Qurban Hussain, Anne Murphy, Denise Reaney, Brian Webster, Philip Wood, Joyce Wright and Pat Midgley (Substitute Member)

Non-Council Members (HealthWatch Sheffield):-

Helen Rowe and Alice Riddell

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1. INTRODUCTION

1.1 The Chair, Councillor Mick Rooney, wished to place on record his thanks to previous Members of the Committee, namely Councillors Roger Davison, Tony Downing, Adam Hurst and Diana Stimely, and former Councillors Janet Bragg, Martin Lawton and Garry Weatherall, for their valuable contributions to the work of the Committee.

2. APOLOGIES FOR ABSENCE

2.1 An apology for absence was received from Councillor Jackie Satur and Councillor Pat Midgley attended as her substitute.

3. EXCLUSION OF PUBLIC AND PRESS

3.1 No items were identified where resolutions may be moved to exclude the public and press.

4. DECLARATIONS OF INTEREST

4.1 The Chair, Councillor Mick Rooney, declared a Disclosable Pecuniary Interest in Agenda Item 6 (Public Questions and Petitions – Petition regarding the potential privatisation of the Learning Disability Service in Sheffield) as a Non-executive member of the Sheffield Health and Social Care NHS Foundation Trust and indicated that he would vacate the Chair and leave the room during consideration of the petition.

4.2 Councillor John Campbell declared a personal interest in Agenda Item 6 (Public Questions and Petitions – Petition regarding the potential privatisation of the Learning Disability Service in Sheffield) as he was the Deputy Convenor for Yorkshire and Humberside Unison.

4.3 Councillor Denise Reaney declared a personal interest in Agenda Item 6 (Public

Questions and Petitions – Petition regarding the potential privatisation of the Learning Disability Service in Sheffield) as her husband was a user of the Adult Social Care Service.

5. PUBLIC QUESTIONS AND PETITIONS

(NOTE: At this point, the Chair, Councillor Mick Rooney, left the room and the position of Chair was taken by the Deputy Chair, Councillor Sue Alston.)

- 5.1 The Committee received a petition opposing the potential privatisation of the Learning Disability Service in Sheffield and was addressed by Susan Highton. Also present for consideration of the petition was Councillor Mary Lea, Cabinet Member for Health, Care and Independent Living. Officers present were Moira Wilson, Interim Director of Care and Support, Richard Parrott, Strategic Commissioning Manager, Barbara Carlisle, Head of Strategic Commissioning and Partnership and Jo Daykin-Goodall, Director of Substance Misuse Strategy/Head of Domestic Abuse Services.
- 5.2 Susan Highton, addressing the meeting as lead petitioner, explained that the petition contained in excess of 2,500 signatures, with a further 1,000 additional signatures having been obtained and with further signatures still being added. She went on to refer to the cost of making staff redundant, the impact on the Mental Health Service in Sheffield, the lack of formal consultation with service users, the uncertainties for the present staff and the impact on service users. She also queried if an Equality Impact Assessment had been carried out.
- 5.3 In response, Moira Wilson stated that the aim was to provide the best possible service for people with learning disabilities with significant needs. The process had been going on for two to three years to make the service more personalised and, to this end, it was proposed to deregister nine care homes and move towards supported living. This was particularly important in the case of younger people who wanted more independence and control over their lives. Consultation activity had increased during the last six months with staff, users and family carers being involved and it was proposed to embark on consultation with individual service users. Service users would be helped through the whole process. A specification had gone out for tender, with users being involved in this process, and the outcome of this was expected shortly. It should be noted that the Sheffield Health and Social Care NHS Foundation Trust (the Trust) had put in a specification. In relation to staffing, it was important that any new organisation and the old organisation worked together to ensure a smooth transition from the Trust. It was emphasised that the aim was to make best use of public money without sacrificing quality. In conclusion, it was stated that full Equality Impact Assessments had been undertaken and that individual assessments would be completed on a home by home basis in order to mitigate any negative impacts.
- 5.4 In response to questions and comments from representatives of staff and service users, the following points were made:-
- The aim was to work with individuals and families to provide the right care and

ensure that any change was not difficult and that individual needs were met. A similar change in two supported living arrangements in Sheffield had worked well and it was considered that supported living was a successful model and that was why the change was proposed.

- The need to support older people in the process was recognised.
- Consultation had taken place with individuals and groups on the plans to deregister and this had led to proposals, with some plans involving the South Yorkshire Housing Association, but unfortunately it had been unable to invest. This consultation had however indicated a movement toward deregistration. There had also been consultation on the selection of a support provider and this had started in January 2014 with unions and managers. A meeting with relatives had also taken place at St. Mary's Church, with the outcome being that specific information was required in relation to each of the care homes.
- Tenders had come in and been evaluated, with service users being involved in the process and discussions were now taking place with individual homes. It should be noted that national and regional information had been taken into account and that it would be possible to monitor standards and achieve the desired ambitions and aims.
- Consultation had taken place at the Handsworth care home following the meeting at St. Mary's Church and this reflected the point made at that meeting.

5.5 In response to questions and comments from Members of the Committee, the following points were made:-

- The health reconfiguration project had started after 2010 when funding from the Department of Health transferred to local authorities for learning disability services.
- It would be possible for officers to draw up a timeline of the consultation process and steps would be taken to ensure that any gaps with regard to consultation would be filled.
- The Accommodation Strategy had been approved by Cabinet and this would involve a move from hostels to supported living. Phase 2 of the reconfiguration project included consultation on deregistration and supported living.
- The supported living framework involved the development of a preferred list of service providers so that users would have confidence in them.
- The service would be made client centred but the cost issue had to be borne in mind. The process was not just about cost but also about quality and individual care, but it was important to ensure that good quality care was provided and that value for money was obtained.

- The Core Development Team had worked over a number of years on deregistration and, whilst it was important to recognise that younger people wanted supported living, the system needed to work for all users. It should be noted that nationally, supported living was the model of choice.
- In relation to the transition to supported living, individual assessment of needs had been undertaken and support plans developed with the families of users.
- It was recognised that the right mix of users was required at any particular location.
- The new Accommodation Strategy recognised the need for the right sort of accommodation for each user.

5.6 RESOLVED: That the Committee:-

- (a) notes the petition and thanks the petitioners for bringing this matter to its attention;
- (b) agrees to refer the petition to the decision makers, namely the Cabinet Member for Health, Care and Independent Living and the Interim Executive Director, Communities;
- (c) requests that:-
 - (i) an update on the consultation process be presented to a future meeting of the Committee within 6 months; and
 - (ii) in the meantime, further information on the consultation process be circulated to the Committee, to include a timeline of the consultation process and a list of the homes affected, together with the Wards in which they were situated; and
- (d) thanks those attending the meeting in support of the petition for their contribution to the meeting.

6. MINUTES OF PREVIOUS MEETINGS

(NOTE: At this point, Councillor Mick Rooney re-joined the meeting and took the Chair.)

6.1 The minutes of the meeting of the Committee held on 19th March 2014, were approved as a correct record and, arising from their consideration, it was noted that:-

- (a) a written response had been provided to the questioner with regard to Sheffield being a 'Dementia Friendly' City. This had provided information on Local Area Partnership Ward Plans and dementia training within the City

and also information on the Dementia Friends and Dementia Friends Champions initiatives which were co-ordinated by the Alzheimer's Society; and

- (b) a response had been received from Jeremy Wight, Director of Public Health, with regard to the public health issues raised at Paragraph 7.3(d) and this had been shared with Committee Members.

6.2 The minutes of the meeting of the Committee held on 10th April 2014, were approved as a correct record and, arising from their consideration, the Committee noted that:-

- (a) its recommendations regarding the Congenital Heart Disease Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber) were approved in full by Council at its meeting on 2nd July 2014; and
- (b) the Chair, Councillor Mick Rooney, had been confirmed as the representative from Sheffield on that Committee.

6.3 The minutes of the meeting of the Committee held on 4th June 2014, were approved as a correct record.

7. SHEFFIELD HEALTH AND WELLBEING BOARD - PLANS FOR 2014/15

7.1 The Committee received the joint report of the Accountable Officer, NHS Sheffield Clinical Commissioning Group (CCG) and the Chief Executive, Sheffield City Council, to which was appended a document detailing Sheffield's Plans for Integrated Commissioning 2014/15 and beyond, and the Sheffield Joint Health and Wellbeing Strategy 2013/18 (the Strategy). The report set out the Sheffield Health and Wellbeing Board's priorities for 2014/15 which were based on the Strategy.

7.2 In attendance for this item were Tim Furness, Director of Business Planning and Partnerships, NHS Sheffield CCG, and Louisa Willoughby, Commissioning Officer, Sheffield City Council.

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

- The Health and Wellbeing Board (HWB) team was presently working on data to demonstrate progress against the outcomes in the plan, some of which still needed to be collected. All data would be presented to the Board so that progress could be reviewed.
- Generally, the Council and CCG wanted to move to more outcome based specifications for services but there would be limitations. Some home support contracts were coming up for renewal and work on these specifications would be expressed in the contracts in 2016.
- There were a number of projects relating to community support for people to

keep well and a model was to be developed for this involving practices, community health services and local voluntary, community and faith organisations. It was important to have an anchor organisation in the community so that there was a single point of contact.

- It was estimated that between 15 and 16,000 people in the City would benefit from care planning.
- The CCG and the Council were presently involved in running a shadow pooled budget in 2014/15, prior to setting a formal pooled budget for 2015/16. It was recognised that the Council started its budget planning at an early stage and the CCG needed to work within this timetable.
- A pilot scheme in Low Edges, Batemoor and Jordanthorpe on community support had been community led.
- The problem of health inequalities was acknowledged and it was accepted that not a lot of progress had been made in this regard. It was hoped to target interventions on areas with lower life expectancies, but this would take time to have effect.
- The Strategy set out what was wanted to be achieved in relation to intermediate care, but detailed calculations had not yet been completed and modelling was required. It was recognised that more step up services were required to prevent people going into hospital.
- Members' comments on the omission of issues such as climate change, pollution and allergy increases in the Strategy would be reported to the HWB and considered in any refresh.
- It should be borne in mind that the proposals regarding intermediate care were aspirational.
- Issues regarding supported living were picked up in relation to long term care, but it was accepted that the Strategy, as a relatively brief and high level document, didn't say much on this issue.
- It was recognised that the Board's plans had human resources implications and conversations in this regard had been started with providers.

7.4 RESOLVED: That the Committee:-

- (a) thanks Tim Furness and Louisa Willoughby for their contribution to the meeting;
- (b) notes the contents of the report and the responses to questions;
- (c) requests that the Sheffield Health and Wellbeing Board considers the impact of environmental factors on health, such as climate change, pollution and

allergy increases, together with increased focus on children and young people, for inclusion in any refresh of the Sheffield Joint Health and Wellbeing Strategy; and

- (d) requests that it be involved at an earlier stage in any refresh of the Sheffield Health and Wellbeing Board's Health Inequalities Action Plan, particularly in relation to:-
- (i) working closely with local communities;
 - (ii) issues regarding communities supporting each other; and
 - (iii) flexibility in care plan arrangements in the context of developing the Council's strategic plans.

8. SHEFFIELD NHS CLINICAL COMMISSIONING GROUP - COMMISSIONING INTENTIONS 2014/16

8.1 The Committee received a report of the Director of Business Planning and Partnerships, NHS Sheffield Clinical Commissioning Group (CCG), which introduced the CCGs commissioning intentions for 2014/16, set in the context of the Group's 5 year ambitions. The report was introduced by Tim Furness, Director of Business Planning and Partnerships, NHS Sheffield CCG.

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

- The CCG's first annual report was expected to be available before September 2014.
- The zero figures shown for savings on continuing health care costs for the three years from 2016/17 indicated that it was unlikely that further savings would be made during those years.
- The voluntary sector were very much stakeholders in the CCG's commissioning intentions.
- The progress made by Right First Time was being built upon by the plans for integrated commissioning, and it was acknowledged that a stronger commissioning voice was required in the City's partnerships for health and social care. Discussions were taking place as to how Right First Time would continue and change as integrated commissioning arrangements took effect.
- Training was very much a providers' issue but the CCG's plans informed this process. Work was being undertaken with the Foundation Trusts in Sheffield on where the CCG wanted to be in five years' time and a report on this was presently in draft form.

8.3 RESOLVED: That the Committee:-

- (a) thanks Tim Furness for his contribution to the meeting;
- (b) notes the contents of the report and the responses to questions; and
- (c) strongly recommends that the attitude of suppliers and sub-contractors with regard to zero hours contracts and the living wage be taken into account when contracts were agreed.

9. "HOW DID WE DO?" - SHEFFIELD'S LOCAL ACCOUNT OF ADULT SOCIAL SERVICES 2014

9.1 The Committee received a report of the Interim Executive Director, Communities, which provided an overview of the initial structure proposals for the 2014 Local Account of Adult Social Care Services and gave the Committee an opportunity to review the 2013 Account in order to provide a steer for the direction of the 2014 Local Account.

9.2 In attendance for this item were Howard Middleton, Development Manager, Communities, and Chris Blackburn, Development Officer, Communities.

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

- Officers noted the comments made by the HealthWatch Sheffield representative relating to presentational issues, the direct payment service, contact with users, self-directed support, the time taken for financial assessments and the Sheffield Dignity Code and indicated that a written response would be provided.
- Performance management was undertaken through the individual Cabinet Member with quarterly reporting to the Executive Management Team and regional monitoring through the Association of Directors of Adult Social Services.
- The annual survey of service users was undertaken using a random sample of such users.
- Officers were not aware of any instances where financial assessment teams were undertaking non-financial assessments.
- Work was being undertaken on the provision of access to information and advice about care and support and it was accepted that reliance should not be placed purely on website based information.
- Priorities were arrived at using common measures which applied across the country, with the focus being on areas which were seen to be not doing well. In addition, priorities may be affected by feedback and instances where new

issues came to light.

9.4 RESOLVED: That the Committee:-

- (a) thanks Howard Middleton and Chris Blackburn for their contribution to the meeting;
- (b) notes the contents of the report and the responses to questions; and
- (c) requests that:-
 - (i) a response be provided to the issues raised by the HealthWatch, Sheffield representative;
 - (ii) the Adult Social Care Services' Local Account includes the amounts spent set against the amounts budgeted; and
 - (iii) consideration be given as to how people obtain the information and advice about care and support so as not to place over-reliance on the use of the Council website.

10. NUTRITION AND HYDRATION WORKING GROUP

10.1 The Committee received a report of the Policy and Improvement Officer which included two reports on the work of the Nutrition and Hydration Working Group. The first of these related to the Group's visit to the Hallamshire Hospital, Weston Park Hospital and Jessops Wing, and the second relating to a visit to the Sheffield Children's Hospital.

10.2 RESOLVED: That the Committee:-

- (a) notes and approves the contents of the two reports produced by the Nutrition and Hydration Working Group; and
- (b) agrees to formally share the two reports with the respective Trusts and requests a response.

11. DRAFT WORK PROGRAMME 2014/15

11.1 The Committee received a report of the Policy and Improvement Officer which outlined the Committee's Draft Work Programme 2014/15.

11.2 RESOLVED: That the Committee:-

- (a) notes the Draft Work Programme as detailed in the report;
- (b) requests that the update report on the petition received from the Learning Disability Services Campaign be included on the agenda for the Committee's December 2014 meeting; and

- (c) agrees that:-
- (i) the Chair, Deputy Chair and the Policy and Improvement Officer meet to clarify what was required, following a request from the Sheffield Health and Social Care NHS Foundation Trust, for the inclusion in the Committee's Work Programme of an item on how patients with specific needs were supported when they were in hospital; and
 - (ii) a representative from the Access Liaison Group could attend the Committee meeting at which any such item was considered.

12. SHEFFIELD ADULT SAFEGUARDING PARTNERSHIP - 2014/15 BUSINESS PLAN

- 12.1 RESOLVED: That the Committee notes the contents of the July 2014 update of the Sheffield Adult Safeguarding Partnership 2014/15 Business Plan.

13. UPDATE REPORT ON DEVELOPING A SOCIAL MODEL OF HEALTH/HEALTH COMMUNITIES REVIEW

- 13.1 RESOLVED: That the Committee notes the contents of the Update Report on Developing a Social Model of Health/Health Communities Review.

(NOTE: In accordance with the Council Procedure Rule 26 of the Council's Constitution and the provisions of Section 100B(4)(b) of the Local Government Act 1972, as amended, the Chair decided that the above item be considered as a matter of urgency as due to ongoing contract negotiations a report was not available to go out with the meeting papers.)

14. DATE OF NEXT MEETING

- 14.1 The next meeting of the Committee will be held on Wednesday, 17th September 2014, at 10.00 am in the Town Hall.

Healthier Communities & Adult Social Care Scrutiny Committee
Actions update for meeting on 17th September 2014

Action	Minutes	Update	R A G
<p>Sheffield Adult Safeguarding Partnership - Annual Report 2012/13 The committee requests that, 6.4 (c.) (iii) Susan Fiennes shares details of any steps taken to improve safeguarding procedures, in the light of the Winterbourne Care Home case, with Members of this Committee when available;</p>	15 th January 2014	An update is not yet available.	
<p>Child and Adolescent Mental Health Service (CAMHS) Working Group Report 7.2 (c) agrees that in light of tight timescales, the CAMHS Working Group approach the parents who have been involved in this piece of work to invite them to a meeting to discuss the draft response to the report in more detail. The Policy & Improvement Officer will contact the parents with this suggestion</p>	10 th April 2014	The Working Group met with parents in May, the parents have asked for some additional time to review the documents and will provide final feedback in the coming weeks. Discussions are ongoing with Chair and Cabinet Members as to how to proceed.	
<p>Learning Disability Service Petition 5.6 (c) (i) an update on the consultation process be presented to a future meeting of the Committee within 6 months</p>	23 rd July 2014	Scheduled for December meeting	
<p>Learning Disability Service Petition 5.6 (c)(ii) further information on the consultation process be circulated to the Committee, to include a timeline of the consultation process</p>	23 rd July 2014	Circulated to Committee Members and petitioners 3/9/14	
<p>Sheffield Health and Wellbeing Board – plans for 2014/15 7.4 (d) Committee be involved at earlier stage in any refresh of the Health Inequalities Action Plan</p>	23 rd July 2014	Committee to consider progress on Action Plan in February.	
<p>“How did we do?” Sheffield’s Local Account of Adult Social Services 2014 9.4 (c) (i) response be provided to issues raised by HealthWatch (ii) Adult Social Care Services Local Account includes the amount spent against the amounts budgeted</p>	23 rd July 2014	Response provided to HealthWatch Issues will be taken into account in planning the local account	

(iii) Consideration be given as to how people obtain information and advice about care and support so as not to place over reliance on the use of Council website			
Nutrition and Hydration Working Group 10.2 (b) formally share the reports with the trusts	23 rd July 2014	Reports shared, response requested for October meeting	
Request from SHSCFT re request on how patients with specific needs are supported in hospital	23 rd July 2014	Meeting with Governors requested – awaiting response	



Report to Healthier Communities and Adult Social Care Scrutiny & Policy Development Committee 17th September 2014

Report of: Chief Executive, Sheffield Health & Social Care NHS
Foundation Trust

Subject: Right First Time Programme Update

Author of Report: Kevan Taylor, Chief Executive.

Summary:

The attached presentation provides an update on the Right First Time Programme, as requested by the Committee.

Type of item: The report author should tick the appropriate box

Reviewing of existing policy	x
Informing the development of new policy	
Statutory consultation	
Performance / budget monitoring report	
Cabinet request for scrutiny	
Full Council request for scrutiny	
Community Assembly request for scrutiny	
Call-in of Cabinet decision	
Briefing paper for the Scrutiny Committee	
Other	

The Scrutiny Committee is being asked to:

Consider and comment on progress made on the Right First Time Programme.

Category of Report: OPEN

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Right First Time Update

17th September 2014

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“ENSURING ALL SHEFFIELD’S RESIDENTS LIVE LONGER AND HEALTHIER LIVES”

Sheffield Health and Social Care 
NHS Foundation Trust

Sheffield Teaching Hospitals 
NHS Foundation Trust



Sheffield Children’s 
NHS Foundation Trust


Sheffield Clinical Commissioning Group

What is the Right First Time Programme?

- Joint Health and Social Care Programme and a Partnership
- Sponsored by the Chief Executives of
 - Sheffield City Council
 - NHS Sheffield CCG
 - Sheffield Health and Care Trust FT
 - Sheffield Teaching Hospital FT
 - Sheffield Children’s Hospital FT
- Working together to deliver better outcomes for patients

‘Right Care, Right Time, Right Place, Right Person’



The Vision



‘Ensure all Sheffield’s residents live longer and healthier lives, and are supported in their local community wherever possible by joined up, high quality, responsive, health and social care services which offer continuity of care, shared decision making, and a lifelong, personalised, preventative approach to health and wellbeing’

Structure



- Achievements over the last two years
- Impact – Dashboard
- Evaluation
- RFT Transition

1. Developing Integrated Care in the Community



- Risk Stratification – 98% population risk stratified
- Care Planning – 3500 commissioned
- ICT development workshops, including joint working between social workers at a practice level – across all 4 localities
- Virtual Ward tests – in HaSL
- Community nursing developments – 8-10am, 7/7
- Community Support Workers – 8 across 7 Associations
- Medicines Optimisation – 26% had reduced level of support
- Psychological Wellbeing Practitioners – 2 cohorts of community staff trained

2: Transitional/ Intermediate Care



- Active Recovery – 95% of patients access within 24 hours (in January ave wait was 10 days)
- IC beds (step up and down) – most transfer within 48 hours (in January was up to 2 weeks)
- Non Re-ablement Pathway – 10 day pathway working and Home of Choice closed down in 2013
- Community equipment – less discharge delays
- SPA – near threefold increase in calls/ triage since 2011
- Dementia Liaison – fully integrated community based model
- Discharge to Assess from STHFT wards – All GSM wards and rolling out to respiratory and endocrine wards
- FMI/ FICS/ STIT – small numbers of patients discharged earlier
- Front Door Response Team – integrated into D2A process

3: Urgent Care

- Frequent Flyers
- Primary Care Stream



4: Improving the Physical Health Needs of People with Serious Mental Illness



- Annual Physical Health checks (audit, Care Planning SMI template, Insight)
- Community Development Worker – CPM 30-70, frequent attenders – has supported close to 50 clients in the last few months
- E learning training package – for primary and community services
- Smoking cessation (SCIMITAR bid successful)

5. System Oversight



- System Operational Flow – reportable delays in January were 135, now around 40
- 7/7 – 7 day discharging, acute clinical standards and influencing the development of community standards.
- Development of a system wide dashboard

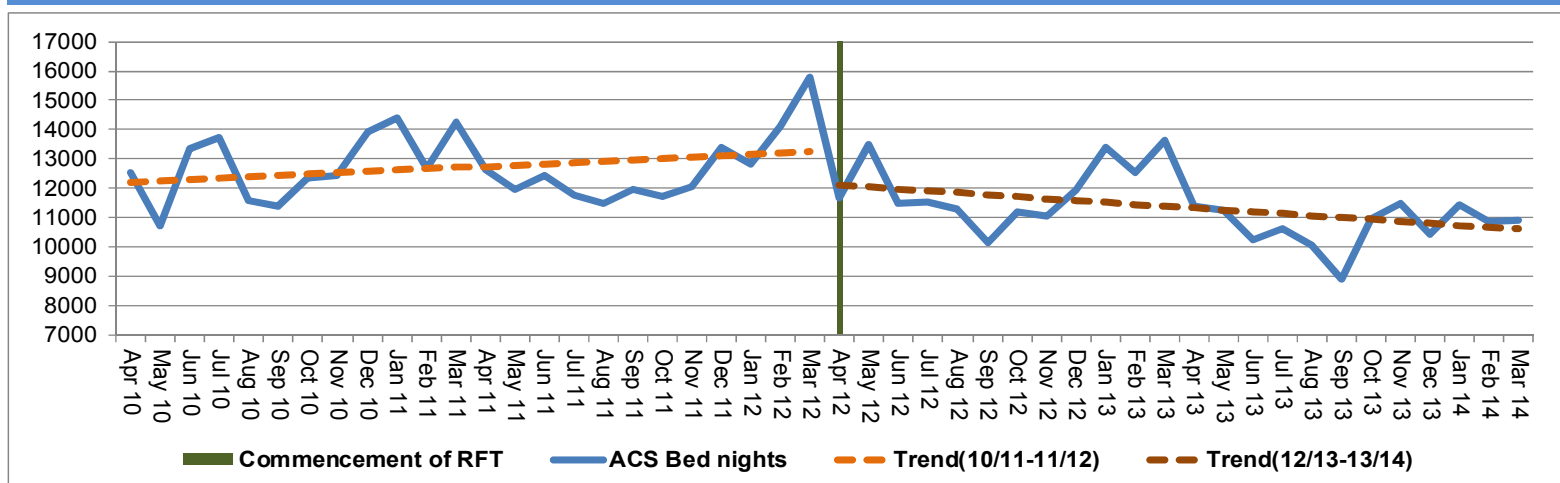
6. Cross Cutting Work streams

- Informatics (vision and options appraisal)
- Engagement (Citizens Reference Group)
- Organisational Development
- Communications

Impact of RFT



Chart 1: Ambulatory Care Sensitive (ACS) Emergency bed nights



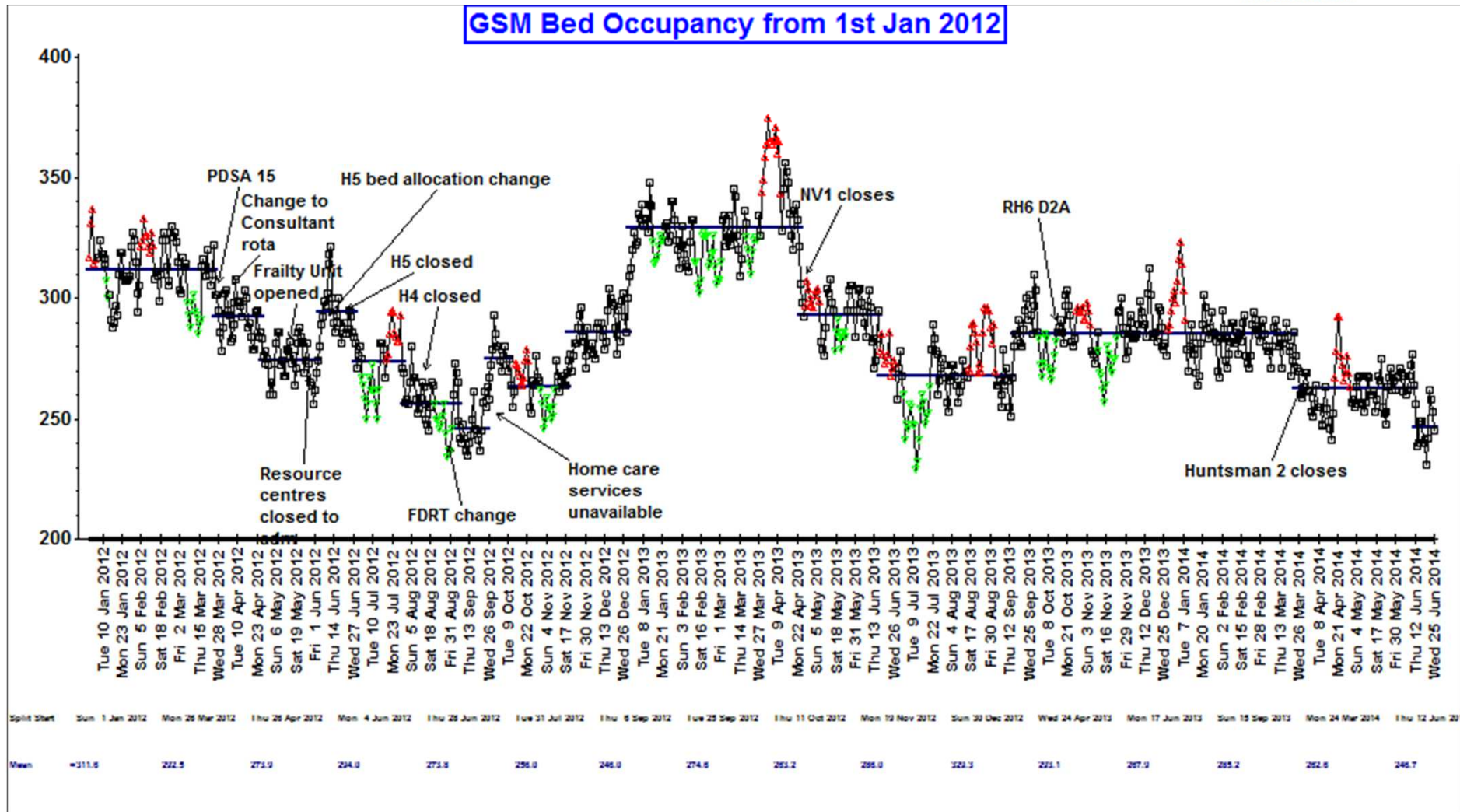
- This is a measure of preventable (= ambulatory care sensitive) hospital bed usage – a key indicator of success in reducing the need for emergency hospital care.
- RFT started in April 2012. Before that preventable bed usage was increasing. Since April 2012 preventable bed usage has been declining steadily.
- We can't say with certainty that RFT has uniquely caused this, but it tells us something about a positive aggregate impact from the various measures in place across the city to reduce usage of emergency care resources.

Impact of RFT



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GSM Bed Occupancy from 1st Jan 2012



Evaluation of Impact



Transitional Care – OPM now leading an evaluation of investments made into:

- Active Recovery
- Intermediate Care Beds
- Non Reablement Pathway
- SPA
- SCELS
- Front Door Response Team
- Community IVs

Evaluation of Impact



- **Integrated Care Team Development** project lines already evaluated/ being evaluated
- Aim to bring individual evaluations together under process known as “Sharing the Learning”, which will start in September

Moving Forward



- BCF alignment
- Provider Alliances

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Report to Healthier Communities & Adult Social Care Scrutiny & Policy Development Committee

Report of: Moira Wilson, Interim Director of Care and Support

Subject: Progress on the implementation of the Care Act

Author of Report: Luke Morton, Programme Manager (07989 189 359/luke.morton@sheffield.gov.uk)

Summary:

The information presented has been requested by the Committee to enable it to understand the implications of the Care Act and scrutinise the progress of its implementation. The report highlights why the Care Act has been introduced, identifies the actions that have taken place to support its implementation in Sheffield and describes the implications of the Act for the people of Sheffield.

Type of item: The report author should tick the appropriate box

Reviewing of existing policy	
Informing the development of new policy	✓
Statutory consultation	
Performance / budget monitoring report	
Cabinet request for scrutiny	
Full Council request for scrutiny	
Community Assembly request for scrutiny	
Call-in of Cabinet decision	
Briefing paper for the Scrutiny Committee	
Other	

The Scrutiny Committee is being asked to:

The Committee is asked to consider the proposals and provide' views, comments and recommendations

Background Papers:

Not applicable

Category of Report: OPEN/

Report of the Director of Care and Support **Care Act Implementation**

1. Introduction/Context

- 1.1 The Healthier Communities and Adult Social Care Scrutiny Committee have requested a report on the implications of the Care Act for Sheffield, and how things are progressing.
- 1.2 The Care Act places care and support law into a single, clear modern statute for the first time and enshrines the principle of individual wellbeing as the driving force behind it.
- 1.3 The Care Act is intended to put into effect the policies that were set out in the White Paper Caring for our future: reforming care and support (July 2012), to implement the changes put forward by the Commission on the Funding of Care and Support, (Dilnot Report), and to meet the recommendations of the Law Commission in its report on Adult Social Care (May 2011) to consolidate and modernise existing care and support law.
- 1.4 The Act also establishes a fund for the integration of care and support with health services, to be known as the Better Care Fund and makes provision for additional safeguards around the general dissemination of health and care information

2. Progress to date

- 2.1 The Care Act sets out a series of reforms to care and support services in law and places a range of new duties on local authorities. These new duties include ones around the provision of information and advice, the prevention of people's needs becoming more serious and ensuring people can have a range of high-quality care providers to choose from.
- 2.2 The Care Act introduces a cap on care costs of £72,000 after which the local authority will be responsible for meeting the persons care and support costs. In addition there will be an increase in the capital allowance (from £23,250 to £118,000) that is used to calculate the amount that someone contributes towards the cost of their care and support.
- 2.3 The Care Act also sets out new requirements to consider the needs of carers and ensure that they have the right information, advice and support. It identifies best practice in the safeguarding of adults and describes the support that local authorities are required to provide to self funders.
- 2.4 The majority of the reforms are due to be implemented by April 2015 with the reforms to the funding of care and support to be implemented by April 2016.
- 2.5 Following enactment of the Care Act in May of this year Department of Health published draft guidance and regulations and the Council has provided a range of feedback on that guidance. The Department of

Health are currently considering the feedback that they have received and will publish the final regulations and guidance in October of this year.

- 2.6 A local implementation project has been established to make the changes that are needed happen. The project is being led by Moira Wilson, Director of Care and Support and has its own project board with engagement of key stakeholders from across the council and health. The project reports to Communities PLT and there are dedicated staff working on it. Regular updates are provided to the Cabinet Member for Health, Care and Independent Living.
- 2.7 The project has been working through the guidance that has been published and identifying what needs to be done to make sure that the Council does what it needs to do to implement the Act. Plans are being put in place to make the changes needed and with some immediate changes being made for April 2015 and others during the year 15/16.
- 2.8 Work is underway to make sure that the public, service users, staff and colleagues know what is happening in relation to the Care Act with more formal communications taking place in the New Year.
- 2.9 Work is also underway to identify what the expected costs of implementing the changes that the Act requires and to understand the implications of those costs will be for Sheffield. Those costs will increase over time as more people become eligible for support from the Local Authority.
- 2.10 The introduction of the Care Act will require the development of new guidance and practice for health and social staff both internal and external to the Council. A plan is being developed to ensure that this revised practice and guidance is communicated effectively to all these staff.

3 What does this mean for the people of Sheffield?

- 3.1 It will be easier for you to find relevant information and advice about care and support – there is a requirement in the Act to provide a comprehensive information and advice service that offers people information and advice that promotes people’s wellbeing and is personal and specific.
- 3.2 When talking to you about your care and support we will focus on your wellbeing and the outcomes you want to achieve – this represents a significant shift with the “wellbeing principle” running as a golden thread through the whole of the Act.
- 3.3 You will be in control of how your care and support is provided – the emphasis in the Act is that people are given as much control of their care and support as they want or are able manage and people will have a legal entitlement to a personal budget and the right to ask for a direct payment
- 3.4 We will help you maintain your independence – the local authority will work to actively promote wellbeing and independence and not just respond when people are in crisis.

- 3.5 We will make it easy for you to understand how we work including how much it will cost you for your care and support – the processes we follow and how we make decisions need to be clear to people
 - 3.6 There will be a range of provision that meets people's needs – we have a responsibility to make sure that the services and support people want are available through our market shaping work and commissioning decisions
 - 3.7 If you are a carer we will support you in your caring role – there is a real emphasis that we should have a comprehensive offer to carers whatever their caring responsibilities are and where their caring role is having a significant impact offer them a personal budget
 - 3.8 Health, social care and other services will have to work better together to support you – we will reduce the level of duplication and improve how we share information
- 4. Recommendation**
- 4.1 The Committee is asked to consider the proposals and provide views and comments.

**Healthier Communities & Adult Social Care Scrutiny & Policy Development Committee
Draft Work Programme 2014-15**

Chair: Cllr Mick Rooney **Vice Chair:** Cllr Sue Alston

Meeting day/ time: Wednesday, 10am-1pm

Please note: the Work Programme is a live document and so is subject to change.

Topic	Reasons for selecting topic	Contact	Date	Expected Outcomes
17th September 2014				
Care Act 2014	Implications of the Bill and progress so far.	Luke Morton, Programme Manager.	Sep-14	Gain understanding of Act and Sheffield City Council's response
Right First Time Programme.	Minutes from 20th November 2014: the committee requests a report in terms of progress in respect of Phase 3 of the Right First Time Programme. including data/statistics on the impact of the Programme to date	Kevan Taylor Sheffield Health & Social Care Foundation Trust	Sep-14	

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Agenda Item 9

Work Programme 2014-15	Discussing work programme for 2014-15.	Emily Standbrook-Shaw, Policy & Improvement Officer	Sep-14	To receive comments / suggestions regarding the work programme.
15th October 2014				
End of Life Care Strategy	Minutes from 15th January. The Committee requests that “arrangements be made for the Committee to look at the End of Life Care Strategy in the 2014/15 Municipal Year, and that this item includes feedback on the Department of Health’s response to the report on the Liverpool care Pathway and any consequent actions in Sheffield”	Jackie Gladden, Senior Commissioning Manager, Long-Term Conditions and End of Life Care / St Luke's Hospice	Oct-14	
Dementia Strategy & Integrated Working	Minutes from 20th November 2014: the committee requests, “the Director of Business, Planning and Partnerships, Sheffield CCG, 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	Sarah Burt Senior Commissioning Manager (CCG) SCC Executive Director, Communities	Oct-14	

	<p>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</p>			
<p>17th December 2014</p>				
<p>Learning Disability Service Petition – Update</p>	<p>Petition presented on 23rd July 2014 – minutes request an update on the consultation process be presented to a future meeting within 6 months</p>	<p>Moira Wilson, Interim Director of Care and Support</p>	<p>Dec 14</p>	

25th February 2015

Health Inequalities Action Plan	Request from 23 July meeting. Committee to be involved at early stage in any refresh of HIAP esp in regard to (i) working closely with local communities;(ii) issues regarding communities supporting each other; (iii) flexibility in care plan arrangements in the context of developing the Council's strategic plans	Jeremy Wight	Feb 2015	Committee to consider progress on action plan and make comments in advance of Health and Wellbeing Board's consideration of the action plan in March.
Date TBC				
GP Practices	Minutes from 17th July 2013 the Scrutiny Committee identifies (i) the need for discussions "(A) with the National Commissioning Board's Local Area Board regarding GP practices in the City, including the numbers, location and skill mix."	tbc	tbc	
A Guide to Health Scrutiny in Sheffield	Presenting the final draft health protocol for approval by the Scrutiny Committee.	Cllr Mick Rooney, Chair	tbc	

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Transitions within the CAMHS service	There was a recommendation in the CAMHS Working Group Report to include this topic on the work programme for 2014-15.	Anthony Hughes (CYPF), Tim Furness (CCG), Steve Jones (SCH)	tbc	
Joint Commissioning strategy	A report providing an overview of the Joint Commissioning Strategy, to include an overview of the services, timescales etc.	Laraine Manley, Executive Director Communities	tbc	
Page 43 HSCFT - how patients with specific needs are supported when they are admitted to adult acute care at the Teaching Hospitals	The governors have asked if Scrutiny could look into how patients with specific needs are supported when they are admitted to adult acute care at the Teaching Hospitals. They have identified people with dementia, significant mental health issues, learning disabilities, deafness and blindness. They are particularly interested in how a person's level of need is firstly identified and then how the Trust assures itself that this need has been met	Sam Stoddart Membership Manager	tbc	

Briefing Papers				
Sheffield Adult Safeguarding Partnership - Annual Report 2012/13	Minutes from 15th January 2014, the Committee requests that the Sheffield Adult Safeguarding Partnership (iii) provide a progress report to the Committee on a quarterly basis.	Simon Richards, Head of Quality & Safeguarding & Sue Fiennes, Independent Chair	(April 2014) July, Oct 2014, Feb 2015	
Update Report on developing a Social Model of Health/ Health Communities Review	Minutes from 19th March 2014, That the Committee:- 8.4 (c) "requests that a written update report on progress with the Social Model of Public Health/Healthy Communities Review be included on the agenda for each future meeting of the Committee"	Chris Shaw, Director of Health Improvement	(April 2014) July, Oct, Dec 2014, Feb & April 2015	
Task & Finish Work				

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CAMHS Working Group	Report finalised and response received. Awaiting progress update	Emily Standbrook-Shaw, Policy and Improvement Officer		
Nutrition & Hydration Working Group	Report finalised, awaiting response from Trusts	Emily Standbrook-Shaw, Policy and Improvement Officer	Oct 14	
Joint Health Overview and Scrutiny Committee – Cardiac Services	Work ongoing, awaiting JHOSC meeting date, likely to be late Sept, early Oct.	Led by Leeds City Council		

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