

SHEFFIELD CITY COUNCIL

Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee

Meeting held 17 December 2014

PRESENT: Councillors Sue Alston (Deputy Chair), Jenny Armstrong, Olivia Blake, Katie Condliffe, Anne Murphy, Denise Reaney, Jackie Satur, Brian Webster, Joyce Wright, Pat Midgley (Substitute Member) and Geoff Smith (Substitute Member)

Non-Council Members (Healthwatch Sheffield):-

Helen Rowe

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1. APOLOGIES FOR ABSENCE

- 1.1 An apology for absence was received from the Chair, Councillor Mick Rooney, and as a consequence, the position of Chair was taken by the Deputy Chair, Councillor Sue Alston.
- 1.2 Apologies for absence were also received from Councillor John Campbell, with Councillor Pat Midgley deputising, and Councillor Philip Wood, with Councillor Geoff Smith deputising.

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 There were no declarations of interest.

4. PUBLIC QUESTIONS AND PETITIONS

- 4.1 In response to a public question regarding the decision-making process on closing Health Centres, the Chair, Councillor Sue Alston, indicated that NHS England had been asked to provide a written response to the questions raised on Primary Care. Joe Fowler, Director of Commissioning, added that discussions were taking place between the Clinical Commissioning Group (CCG) and NHS England about the future of Primary Care and that responsibilities for this might transfer to the CCG.
- 4.2 **RESOLVED:** That the Policy and Improvement Officer be asked to include this issue in Work Programme discussions.

5. PETITION - OPPOSING THE POTENTIAL PRIVATISATION OF THE LEARNING DISABILITY SERVICE

- 5.1 The Committee received a report of the Interim Executive Director, Communities, which summarised the Council's position regarding the petition, which had been received by the Committee on 23rd July 2014, the issues raised and Unison's Ethical Care Charter, a copy of which had been circulated, together with a consultation timeline summary.
- 5.2 In attendance for this item were Susan Highton, Lead Petitioner, Councillor Mary Lea, Cabinet Member for Health, Care and Independent Living, Joe Fowler, Director of Commissioning, Richard Parrott, Commissioning Manager, Kate Anderson, Contracts Manager, and Anne Flanagan, Interim Head of Learning Disabilities Service.
- 5.3 Susan Highton addressed the meeting and emphasised that the consultation in 2010 was about moving from residential to supported living and that there had been no suggestion of a change of provider until the meeting which had taken place at St. Mary's Church, following which the consultation had begun. She went on to state that the Sheffield Health and Social Care NHS Foundation Trust (the Trust), had not been selected as the provider for the Handsworth and Cottam Road schemes, and that the new providers may not be able to absorb all the existing staff. She considered that users had no choice in the matter and that it was all about changing the service to another provider to save on costs and further commented on the lack of consultation.
- 5.4 In response, Joe Fowler, Director of Commissioning, stated that supported living was the preferred model nationally and that staff were constrained by the residential model, which made it difficult to provide flexibility. With regard to the Handsworth scheme, the same three providers would have been selected if price was ignored and, in relation to the Transfer of Undertakings Protection of Employment Regulations (TUPE), the individual organisations would have to decide on this. An outstanding issue was who would provide the care, with the focus being on transition so it was likely that many of the staff would be operating in the same setting. He added that the Council did not want to see an erosion of staffs' terms and conditions and wished to see the situation managed sensitively and appropriately. He emphasised that the Council had no contract with the housing providers and that this was between the Housing Associations and the Trust.
- 5.5 Richard Parrott, Commissioning Manager, made reference to the consultation event which had taken place at St. Mary's Church in January 2014, at which Trust staff and relatives/users had been present. He had checked that people understood that there was a possibility of a change in staff provider and accepted that residents and relatives may experience a period of uncertainty. In relation to the best way of communicating with relatives and users, the response had been that this was best done home by home.
- 5.6 Kate Anderson, Contracts Manager, indicated that a timescale had been set for each home and that relatives had been contacted, with drop-in sessions for relatives and users being held, and that an advocacy service was available if

required. Contact details had been provided for relatives not living locally and there had been telephone contacts to keep people informed, together with the production of a monthly newsletter. Each relative and user had worked through an assessment and support plan from scratch in situations where the provider was to be changed. The providers had been contacted and asked for their proposals on delivery and shortlists of three or four providers had been drawn up, with Deciding Together events being held subsequently. Attempts had been made to accommodate different provider choices and relatives and users of the Handsworth scheme had wanted a single provider. Work had been undertaken with relatives and users to ensure that people's best interests were served and that they were being kept up to date with regard to the transition.

5.7 The following responses were provided to public questions:-

- The proposal was to deregister nine homes and users with higher needs tended to be supported by the independent sector. For example, Handsworth was used to dealing with those with brain injuries. In situations where the provider changed, it was vital that the transition was managed sensitively. The aim was to achieve sustainable supported living and, if there was a change in provider, TUPE would almost certainly apply, with long term continuity being envisaged.
- The contracts would be for three/four years with a period of notice, so that they could be terminated if the support was unsatisfactory.
- The deregistration discussion had started in 2010 when the decision to consider supported living had been made.
- Officers did not take part in the decision-making meeting and Cloverleaf Advocacy was an independent organisation which could challenge officers and feed in the thoughts of relatives and users, and which was paid for by the Council. Funding for this was also provided by the Citizens' Advice Bureau and Healthwatch.
- Officers would be happy to come back to the Committee with a before and after report on the care of residents.
- The Council had lost 50% of its Government funding, so any change had to be affordable. As a consequence of the pooled Health Budget, funds had been put into a learning disability service with the aim of trying to do the right thing in terms of the financial constraints which had been imposed.
- Guidance had been supplied to all providers in an open, fair and transparent manner, with each home being looked at to ensure that needs could be met.
- National and local user studies had shown that supported living was the future for the Learning Disability Service.
- It was important to have a fair process and it should be noted that the Trust

offer had not been up to standard.

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

- It was recognised that carers needed to be well trained and appropriately paid and that there were concerns across the country about carers' terms and conditions. Sheffield was currently looking at best practice and should be moving towards payment of a living wage.
- Care Managers were not registered Social Workers but worked under Team Managers who were. They had been involved with users over a number of years and all had to go through a quality assurance process and appear before a Senior Manager Panel. All assessments and support plans were signed off at senior level by qualified people and there was accountability through the management structures.
- If relatives were not happy with an assessment, there would be an initial discussion and the process would be looked at again. It should be noted that support plans for individuals would have undergone extensive scrutiny. Clear instructions had been provided to the providers so that assessment and support plans were based on future requirements in order to provide a degree of flexibility.
- The tenancies at the homes would remain with the Housing Associations and would be subject to a service charge. In addition, users would get other benefits for their living expenses. Some of the schemes would be in the form of shared housing and an element would be included in the rent for upgrades and repairs.
- Ideally, it was hoped to pay carers a living wage before 2023, but it was estimated that this could cost £10/20m in pay over the care sector in Sheffield. It should also be borne in mind that the Council had had to make £240m in savings.
- There were no significant differences in quality between NHS homes and the independent sector.
- The payment of benefits, staff qualifications and continuity were all considered as part of the tendering process. Twenty-seven providers had been approached and these were all required to maintain training under the Care Quality Commission (CQC) regulations and demonstrate that they had a well trained workforce which met individual needs. Staff turnover rates were also examined and, with regard to benefits, if the system changed, this would affect everyone in supported living and would need to be looked at nationally.
- Users and their relatives were given the opportunity to ask the providers questions through the Deciding Together process.

- The service would be monitored through the Council's Contracts Service with visits being made to each home every two years. In addition, inspections would take place by the CQC, with the subsequent reports being published. Other aspects of monitoring included user feedback, open ways of reporting to either the Care Manager, Social Worker or to the Contracts Team, and it was important to ensure that the provider responded to any complaints. There was also the formal Council Complaints Procedure and it should be noted that the Contracts Team would continue their involvement with the transition over the next year, with the same officers being involved.
- Providers had been given individual's details and they then had to show how they would meet needs across the board.
- In relation to consultation, residents and staff had been informed as soon as the process had been decided on and this consultation had been kept up throughout the process.
- It was hoped that people didn't feel bullied as part of the Deciding Together process. At the Handsworth scheme, relatives were given the option to decide the day after their meeting, but they had already made their choice. However, further time was allowed and they were contacted by telephone to check that they were still happy with their decision. Work was now being undertaken with the relatives and providers. The decision period had also been extended at the Cottam Road scheme and where people were happy with the decision further confirmation was sought later.
- The telephone calls relating to the Handsworth scheme decision were made by a Contracts Officer and it was made clear that if people changed their mind then this would be taken account of. It was important to work to try and get a solution in these situations and, to this end, the decision was not announced to the providers for a further two weeks.
- Consideration would be given to the production of a Care Charter relating to supported living.
- Documentation was sent out to all providers on the Supported Living Framework and, for the Handsworth scheme, there were ten responses. If providers failed in answering one of three questions, they would fail in their bid, which was a CQC requirement. Successful providers would then proceed to the method statement stage, which would consider social value, a description of how they would deliver, a case study and price, and their scores in each of these elements would be aggregated. Four providers had got through to the Deciding Together process for the Handsworth scheme.
- There may be some differences in training between providers as some of them specialised but all had minimum standards to comply with. If necessary, a provider may put in additional training where required.
- There would be no reduction in the number of hours of support provided for

individuals under the new support plans and at the Handsworth scheme it was proposed to have 230 hours extra daytime support.

- No staff member should be paying out of their own pocket for such items as taking users out on visits.

5.9 In response to a comment from a key worker at the Handsworth scheme, it was pointed out that the original timescale for its deregistration was to have been 5th January 2015, but the process had taken longer. The Housing Association had not yet started the deregistration process and this took a period of ten weeks. It should also be noted that Lifeways had confirmed that the TUPE regulations would apply.

5.10 In summing up, Susan Highton commented on the consultation process and felt that meetings with interested parties should have taken place before any decisions were made. She added that Dimensions UK employed qualified staff and were in the process of increasing their pay to £7.00 per hour and that Lifeways had no staff who could deliver the Learning Disability Service and that the TUPE regulations would not apply. It was her opinion that the proposals for the Handsworth scheme were totally wrong and asked for further consultation.

5.11 RESOLVED: That the Committee:-

- (a) thanks those in attendance for their contribution to the meeting;
- (b) notes the contents of the report and associated documentation and the responses to questions;
- (c) welcomes the contribution of the members of the public attending the meeting;
- (d) supports the move from residential to supported living;
- (e) recognises that a well managed transition based around individual needs was essential for the successful implementation of this change;
- (f) recognises the valuable role that Care Workers play in supporting people with learning disabilities across the City and supports the Council's ambition that they receive the living wage by 2023 at the latest; and
- (g) requests that:-
 - (i) an update report on the first phase of transition be presented to the Committee at the earliest opportunity, such report to include comments from service users and their families, friends and the independent advocacy service;
 - (ii) the Cabinet Member for Health, Care and Independent Living and the Interim Executive Director, Communities, consider developing a voluntary code of good practice for supported living, similar to the one

already developed for homecare and that a progress report on this be presented to the Committee in six months' time;

- (iii) the issues raised as part of this meeting be passed to the Cabinet Member for Health, Care and Independent Living and the Interim Executive Director, Communities, for information; and
- (iv) the Director of Commissioning reports back to the Committee as soon as possible to provide assurance that the Council and Providers are communicating clearly and fully with staff about the transition process and timescales.

6. BETTER CARE FUND- UPDATE

6.1 The Committee received a joint report of the Director of Business Planning and Partnerships, NHS Sheffield Clinical Commissioning Group (CCG), and the Director of Commissioning, Sheffield City Council, which provided an update on the Better Care Fund which had previously been presented to the Sheffield Health and Wellbeing Board. The report was presented by Joe Fowler, Director of Commissioning, Sheffield City Council, who explained that the Sheffield CCG and the Sheffield City Council had agreed to establish a pooled budget in 2015/16 to cover four key areas of work which were Keeping People Well in their Community, Independent Living Solutions, Active Support and Recovery and Long Term High Support.

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

- In relation to the Keeping People Well in their Community workstream, some pilot schemes in the City had revealed that some GPs had been helpful and facilitated links with the voluntary sector, whilst in some areas Support Workers had been put in place.
- Consideration was being given to using local partnerships to help deliver outcomes, whilst the Equipment and Adaptations Service was sourced nationally as it lent itself to bigger providers.
- Right First Time was being considered in relation to Active Support and Recovery and Citizens' Reference Groups were being used.
- Sheffield had escaped the increases in Accident and Emergency (A&E) admissions experienced in other areas, but information was going out in this regard. It should be noted that some A&E admissions were avoidable and there were cultural issues involved. Of those presenting to A&E, 37% were subsequently admitted to hospital.
- Of the £1m secured from the Transformation Challenge Award, £100,000 had been allocated for evaluation and £70/80,000 for community activities. The bulk of this funding would be spent on ground support, workers who

would work with local organisations and partnerships with the aim being to visit 9,000 people over a 12 month period.

- Vulnerable people had mainly been identified through GPs, but training had also been given to people such as bar staff and hairdressers. Support Workers had also assisted in the training of Housing+ officers.

6.3 RESOLVED: That the Committee:-

- (a) thanks Joe Fowler for this contribution to the meeting; and
- (b) notes the contents of the report and the responses to questions.

7. MINUTES OF PREVIOUS MEETING

7.1 The minutes of the meeting of the Committee held on 15th October 2014, were approved as a correct record and the contents of the attached Action Update were noted.

8. INPUT TO CARE QUALITY COMMISSION 2015 INSPECTION PROGRAMME

8.1 The Committee received a report of the Head of Elections, Equalities and Involvement which drew its attention to a request from the Care Quality Commission (CQC) for input into its Inspection Programme for 2015. The report was presented by the Policy and Improvement Officer who explained that the only publicly announced inspection affecting the Sheffield area would be of the Yorkshire Ambulance Service, but other unannounced inspections could take place of Adult Social Care Services, Dentists and NHS GP Practices.

8.2 RESOLVED: That the Committee:-

- (a) notes the contents of the report and the attached letter;
- (b) notes that Healthwatch were undertaking work in relation to the Yorkshire Ambulance Service and would provide input in this regard; and
- (c) requests that the Policy and Improvement Officer:-
 - (i) circulates details of the Care Quality Commission's request to all Councillors, with any responses being sent to her for co-ordination; and
 - (ii) makes reference, in the response to the Care Quality Commission, to the concerns expressed by the Committee in relation to GP Practices having appropriate conversations with patients about End of Life Care.

9. WORK PROGRAMME 2014/15

9.1 The Committee received a copy of its Draft Work Programme 2014/15.

9.2 RESOLVED: That the Committee:-

- (a) notes the Draft Work Programme; and
- (b) notes the request by the Healthwatch representative for the Committee to be provided with a copy of the Mental Health Crisis Care Plan for Sheffield for information.

10. DATE OF NEXT MEETING

10.1 It was noted that the next meeting of the Committee will be held on Wednesday, 25th February 2015, at 10.00 am in the Town Hall.