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

## Wednesday 17 December 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.

Sheffield City Council

## 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 Emily Standbrook-Shaw, Policy and Improvement Officer on 0114 27 35065 or email emily standbrook-shaw@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 DECEMBER 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 15th October, 2014, and to note the attached Actions Update

**6. Public Questions and Petitions**
To receive any questions or petitions from members of the public

**7. Petition - Opposing the Potential Privatisation of the Learning Disability Service** (Pages 17 - 26)
Report of the Executive Director, Communities

**8. Better Care Fund - Update** (Pages 27 - 32)
Joint report of Tim Furness, Director of Business Planning and Partnerships, NHS Sheffield Clinical Commissioning Group and Joe Fowler, Director of Commissioning, Communities, Sheffield City Council

**9. Input to Care Quality Commission 2015 Inspection Programme** (Pages 33 - 42)
Report of the Head of Elections, Equalities and Involvement

**10. Work Programme 2014/15** (Pages 43 - 48)
Report of the Policy and Improvement Officer

**11. Date of Next Meeting**
The next meeting of the Committee will be held on Wednesday, 25th February, 2015

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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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**SHEFFIELD CITY COUNCIL**

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

**Meeting held 15 October 2014**

**PRESENT:** Councillors 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 and Pat Midgley (Substitute Member)

*Non-Council Members (Healthwatch Sheffield):-*

Helen Rowe

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## 1. APOLOGIES FOR ABSENCE

1.1 Apologies for absence were received from Councillors Philip Wood and Joyce Wright, with Councillor Pat Midgley attending as Councillor Joyce Wright's substitute.

## 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. MINUTES OF PREVIOUS MEETING

4.1 The minutes of the meeting of the Committee held on 17th September 2014, were approved as a correct record, subject to an apology being recorded for the Healthwatch representative, Helen Rowe. The Committee also noted the Action Update attached to the minutes.

## 5. PUBLIC QUESTIONS AND PETITIONS

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

## 6. END OF LIFE CARE IN SHEFFIELD

6.1 The Committee received a report of the Chief Operating Officer, NHS Sheffield Clinical Commissioning Group (CCG) which provided an update on issues raised at the Committee meeting on 19th January 2014, sought to answer questions raised subsequent to that meeting and introduced the draft Sheffield End of Life Care Strategy for 2014/19, a copy of which was appended to the report. The report also provided an update on changes in national policy

regarding End of Life Care and the work which was taking place locally to address this.

6.2 A presentation was jointly given in support of the report by Jackie Gladden, Senior Commissioning Manager, NHS Sheffield CCG, Dr Anthony Gore, GP and End of Life Clinical Lead, NHS Sheffield CCG, Peter Hartland, Chief Executive, St Luke's Hospice and Dr Kay Stewart, Lead Clinician for Palliative Medicine in Sheffield Teaching Hospitals NHS Foundation Trust and consultant at the Sheffield Macmillan Unit for Palliative Care at the Northern General Hospital site. Also present for this item were Dr Andrew Gibson, Deputy Medical Director and Consultant Neurologist, Sheffield Teaching Hospitals, Dr James Davies, Service Improvement Leadership Fellow and Judith Park, Deputy Chief Executive, St Luke's Hospice.

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

- Different types of training were provided for different groups of professionals including Care Home staff. When training was offered to GPs and other members of the primary healthcare team it was expected that every practice would send a representative so that information could be disseminated. The CCG had no power to mandate attendance from primary care but it was possible to use contractual levers to mandate attendance for care home staff.

- With reference to bereavement support, if families were known to the same GP practices as patients approaching the end of life, they may be identified and signposted to appropriate NHS services as well as other support, but there was no mechanism for informing different GPs due to issues of confidentiality.

- In relation to the co-ordination of information, all GPs used electronic systems and there were governance and technical issues to be overcome in order to enable record data sharing. Sheffield Teaching Hospitals were moving to a fully electronic system. Reference was made to the benefits of an Electronic Palliative Care Co-ordination System, as mentioned in the strategy and the presentation, and some progress had been made towards the development of one in Sheffield.

- Consideration had been given by the CCG to what would happen if St Luke's was not able to continue to provide its current services. An exercise had been undertaken to identify the core services which the CCG would need to commission from other providers and this would be costed. However, it was emphasised that the first priority would be to support St Luke's, so that it could continue to deliver these and its other services to the community, especially as it funded 70% of its activity through community fundraising. A statement to this effect was being added to St Luke's contract with the CCG. Regular reporting and monitoring of St Luke's finances by the CCG had started, so that there would be very early

warning of any potential difficulties. The CCG had also given St Luke's a two year confirmation of funding to 31 March 2016, to assist it with planning its service delivery.

- End of Life was defined nationally as the last year of life. Confusion arose with the terms terminally ill, palliative treatment and palliative care. Attempts were made to explain that a person could be terminally ill for some period (in that their illness would end their life prematurely and was not reversible) but that this could be months or years. Palliative treatment was non-curative but again could give a patient weeks, months or years. A recent study undertaken in Lancaster and Sheffield showed that, using Gold Standard Framework criteria, 70% of the population asked had symptoms that could be addressed by a palliative care approach, but that half of these were recognised by the medical team caring for them and only half of these were referred for palliative care review. This identified that recognising when someone could benefit from palliative care input was variable. Also the Neuberger Report and One Chance to get it Right (referenced in the presentation) applied to the last few days and hours of life, although the philosophy behind it could be applied earlier in a person's illness.

- Predicting when death would occur was always difficult. Cancer patients often had a more predictable decline, but for patients with other long term conditions the date of death was less predictable.

- All teams had the opportunity to attend advanced communication skills training, and this was also included in the recent training for GPs providing a locally commissioned service for Care Homes. The focus was on training GPs to have the appropriate conversations with their patients who had been identified as approaching the end of life.

- The CCG was working with the Public Health Team to formulate an Action Plan to identify which groups and communities were not accessing specialist end of life care services. This piece of work was referenced within the forward plan section of the End of Life Care Strategy, and it was hoped that it would be completed by the end of March 2015.

- The CCG supported the national Dying Matters campaign, the aim of which was to encourage people to think about end of life issues and make appropriate plans.

- The withdrawal of the Sheffield End of Life Care Pathway (Last few days of life) (SEOLCP) was explained. The pathway had been based on the Liverpool Care Pathway (LCP) which had been widely criticised in the media and was the subject of a review led by Baroness Neuberger, published in 2013. That report stated that fundamentally the pathway was not a bad thing, but how it was used was the problem, leading to distress and misunderstanding at times, though some people felt it had improved care in the last few days of life. The result however, was to withdraw the

LCP and hence also the SEOLC pathway on 14 July 2014. In its place the Leadership Alliance for the Care of Dying People had developed guidelines published as One Chance to get it Right on 26 June 2014 and local guidance was being developed, based on the five priorities of care and St Luke's Hospice had developed and implemented a system of communication and documentation entitled "ADD CARING".

- In Sheffield Teaching Hospitals (STH), guidance had been produced based on the SBAR system of communication (Situation, Background, Assessment and Recommendation) on how to recognise that someone was dying, how to approach a conversation with the patient and their relevant others, with the expressions 'death' or 'dying' having to be used in any conversations, and the development of a personalised palliative care plan subsequent to the initial conversation. It was felt that there was a different client population within STH and St Luke's Hospice and therefore different systems were more suited to the different settings. There was however, work ongoing to bring the two approaches together, so that community staff caring for patients in their own home did not have two systems to work with. However, at present, the majority of hospital patients identified as dying in the next few hours would remain in their current setting and were unlikely to be transferred out to the care of the community staff.

- Nationally, there was evidence that members of the Black and Minority Ethnic (BME) communities did not access specialist palliative care services as much as the White British population and this was replicated for more deprived groups. How far this was the case in Sheffield, and if so how to address it, would be considered in the piece of work which was being undertaken by the CCG and Public Health Team. Recent data collected by St Luke's Hospice supported the need for this work to be undertaken, and St Luke's had offered to contribute to funding this research if needed. In addition, the Care Quality Commission (CQC) was undertaking a piece of work on this issue. In terms of the Macmillan Unit, members of the BME community who were patients were more likely to be suffering from cancer than other terminal conditions. . A good translation service operated at the Unit, but the translators often needed support in dealing with the difficult conversations which they were likely to have with patients.

- The direction of travel with regard to people's desired place of death was improving and it should be noted that a Care Home was often the patient's home. Figures for desired place of death were comparable with other core cities, particularly since the Sheffield Macmillan Unit for Palliative Care figures at STH were included within hospital deaths figures. These should be considered as hospice deaths and there were moves afoot nationally to correct this.

- There was a need for GPs to identify when a patient's condition was deteriorating and they were approaching the end of life. This should be

discussed by GPs within their practice, so that planning could take place to ensure that the patient's wishes were followed. It was recognised that GPs were the main hub in this process as they received copies of all hospital letters and should enter appropriate patients on the End of Life Care Register. It should be noted that NHS England Area Teams were not resourced to monitor these situations but CQC inspections would look at end of life care.

- Organisations were working to try to get people to register with a GP to allow end of life care to reach more people.

- It was acknowledged that some practices were having their core funding cut which may have an impact on staffing and could result in closures. However, patients would be transferred to other practices if this occurred.

- End of life care for children was covered by the Children's portfolio at the CCG.

- There was periodically a waiting list for admission to both the Macmillan Unit, and to St Luke's Hospice. People were admitted to the units routinely during the day, and emergencies were taken out of hours. Occupancy was counted as live patients in a bed at midnight, so if a patient died before midnight, the bed was counted as empty, so achieving 100% occupancy was rare. However recent national statistics had put the units near the top of national occupancy for specialist palliative care in-patient units, with occupancies being around 94%, compared with the national average of 74%. There was also a "quick fill" of the beds when one became vacant, with the Sheffield 'time spent unoccupied' of a bed being the lowest in the country. With this high occupancy, responding to emergencies was difficult and the flow out of the beds needed to be addressed. Of those admitted to the Macmillan Unit, 70% died (a function of being so close to NGH that patients could be transferred there by internal ambulance who were not well enough to be transferred to any of the surrounding hospices). Of those admitted to St Luke's, 40% of those admitted as in patients were discharged after treatment, with 60% dying. Discussions were taking place as to how to improve the flow of patients through the Macmillan Unit and there was a need to ensure appropriate use and that support services were available. The End of Life Care Strategy would cover this issue.

- When dying in the place of choice was suggested as a CQUIN (Commissioning for Quality and Innovation) scheme, representatives of STH explained that patients did on occasion change their mind about where they wanted to die, but it was difficult to show the process of transition. It was explained that the evidence for patients wanting to die at home had been refined over the years, from a yes/no answer to qualifying statements within different disease groups. However, at different stages within their illness, when fear, unexpected deterioration and carer fatigue or crisis occurred, patients and their families changed their minds on

preferred place of death. This was difficult to capture sufficiently robustly to support a CQUIN scheme. It was hoped that the Electronic Palliative Care Co-ordination System would assist in tracking this. The present aim was to achieve the place of death in line with the patients' wishes where this was clinically possible.

6.4 RESOLVED: That the Committee:-

(a) thanks the representatives for their contribution to the meeting;

(b) notes the contents of the report and presentation and the responses to questions;

(c) notes the joint work being undertaken by the NHS Sheffield Clinical Commissioning Group and the Public Health Team on identifying groups and communities who were not accessing health services and requests that a copy of the resultant report and action plan be made available to it; and

(d) agrees that the Chair, Councillor Mick Rooney, writes to the Care Quality Commission to express the Committee's concerns about GPs identifying those patients approaching the end of life and having the appropriate conversations with them.

## 7. SHEFFIELD DEMENTIA STRATEGY AND COMMISSIONING PLAN

7.1 The Committee received a joint report of the Director of Business Planning and Partnerships, Sheffield Clinical Commissioning Group (CCG) and the Director of Commissioning, Sheffield City Council, which provided details of the Dementia Strategy and Sheffield Commissioning Plan, within the context of a joint health and social care commissioning approach. Appended to the report was the Joint Health and Social Care Commissioning Delivery Plan for Dementia 2014/15 and 2015/16.

7.2 In attendance for this item were Sarah Burt, Senior Commissioning Manager, NHS Sheffield CCG, and Joanne Knight, Strategic Commissioning Manager, Sheffield City Council.

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

- In relation to short term care, 20 short term care beds were currently block funded and consideration was being given to the use of day care services in the same facility. It was proposed to ask people what the best solution was to reconfigure the service and come up with innovative solutions.

- There were several provider lists for the provision of respite care, which covered a number of eventualities and there was always the opportunity for

people to self-fund.

- Each dementia home should have members of the team who had experience and training in dementia.

- It was accepted that better systems were required for listening to people's views in relation to the care they received and this was being looked into. Meetings had been held with interested parties aimed at obtaining details of residents' experiences, with buddying being under consideration as part of this. An observational tool was being used by the Care Quality Commission to look at interactions with patients to see how any training was being put into practice.

- The Adopt a Care Home Pilot linked young people to care homes and this would be evaluated by the University of Sheffield.

- The Big Lottery funding to tackle isolation and loneliness would not exclude those in residential care homes.

- Officers would check as to whether there was a figure that could not be exceeded from personal budgets and report back. If someone chose a different standard of care, they may only get the amount as assessed, but that amount should be enough to meet their needs.

- There were good examples of how people with dementia had flourished as a result of being introduced to different and new experiences.

- The high turnover of care staff could be a result of it not being regarded as a profession, often being paid the minimum wage and being mainly female.

- Dementia prevention was included in the work being led by Kath Horner, Sheffield City Council. Further guidance was awaited from NICE (National Institute for Health and Care Excellence) and this would contribute to local plans in the future.

7.4 RESOLVED: That the Committee:-

(a) thanks Sarah Burt and Joanne Knight for their contribution to the meeting;

(b) notes the contents of the report and the responses to questions; and

(c) requests that:-

(i) officers check that dementia training of care homes' staff was taking place and being implemented and that this be included in a formal Monitoring Plan for Care Homes; and

(ii) a progress report on the implementation of the Dementia Strategy be presented to the Committee in six months' time, to include

details of preventative actions.

## 8. MINOR ORAL SURGERY PROCUREMENT

8.1 The Committee received a report of the Policy and Improvement Officer which provided details of the way NHS England was planning to change the way minor oral surgical services were provided in Sheffield and requested the Committee's comments on these proposals.

8.2 RESOLVED: That the Committee:-

(a) notes the proposed changes to the way in which minor oral surgical services were provided in Sheffield; and

(b) requests the Policy and Improvement Officer to communicate the Committee's concerns about these proposals to NHS England in relation to:-

(i) the impact of the changes on Sheffield Teaching Hospitals, specifically on its teaching role and the potential reduction in learning opportunities for dental students;

(ii) travel and access issues relating to the location of services in non-central locations; and

(iii) the potential for an adverse effect on the standard dental services at the successful providers' practices.

## 9. WORK PROGRAMME 2014/15

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

9.2 RESOLVED: That the Committee:-

(a) notes the Draft Work Programme as detailed in the report; and

(b) requests that the Policy and Improvement Officer circulates the appropriate papers to all interested parties in respect of the Learning Disability Service Petition update which was to be considered at its next meeting.

## 10. ADULT SAFEGUARDING BUSINESS PLAN - UPDATE

10.1 RESOLVED: That the Committee:-

(a) notes the contents of the Adult Safeguarding Business Plan update report now submitted; and

(b) requests the Policy and Improvement Officer to send a copy of the Council briefing on Child Sexual Exploitation to Helen Rowe, Healthwatch Sheffield.

## 11. DATE OF NEXT MEETING

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

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# Healthier Communities & Adult Social Care Scrutiny Committee
# Actions update for meeting on 17h December 2014

| Action | Minutes | Update | RAG |
|---|---|---|---|
| **Child and Adolescent Mental Health Service (CAMHS) Working Group Report** | 10th April 2014 | Scrutiny report to be used as part of evidence base to be presented to Health and Wellbeing Board, proposing changes to the way services are provided in Sheffield. | |
| **Learning Disability Service Petition**<br>5.6 (c) (i) an update on the consultation process be presented to a future meeting of the Committee within 6 months | 23rd July 2014 | Scheduled for December meeting | |
| **Nutrition and Hydration Working Group**<br>10.2 (b) formally share the reports with the trusts | 23rd July 2014 | STH Formal response received. Welcomed the report. Have included the recommendations re condiments and standardised food organisation have been included in their Hydration and Nutrition Assurance Toolkit which will be launched across the Trust in November. Offer open to any member wishing to be part of the Trust Nutritional Steering Group. | |
| **Dementia Strategy & Integrated Working**<br><br>Assurance sought that monitoring staff are ensuring that dementia training is being carried out and implemented in nursing homes<br><br>Response to issue raised around personal budgets not meeting cost of appropriate services. | 15th October 2014 | Response circulated 28th October 2014:<br><br>In care/nursing homes for people with dementia the contracts compliance team from the Council check that all staff have received dementia awareness training. Where there are gaps in the training an action plan will be issued to the home asking for this to be completed within a given timescale"<br><br>"We will continue to support peoples unmet eligible needs and the personal budget should be sufficient to meet these needs. If a person chooses a more costly alternative then this will normally be at their own cost. If the budget is not sufficient to meet unmet eligible needs then a panel considers and makes decisions about over budget support plans. If people are not happy with their assessment or support plan they can request that we look at it again" | |

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|---|---|---|---|
| Formal Monitoring Plan to be circulated to Committee | | Work on the plan ongoing, will be circulated when finished – early 2015 | |
| **Minor Oral Surgical Services Procurement**<br>Comments to be passed to NHS England re impact of proposals on teaching role of STH; impact on 'standard services' carried out by the successful providers; access and travel. | 15th October 2014 | Comments submitted 15/10. Response circulated to Committee 28th October 2014. Member of public raised issue around increase in charges – does Committee wish to respond further? Could:-<br>Comment again in light of further information<br>Raise with NHS England – ensure that future briefings include full analysis of patient impact. | |
| **End of Life Care**<br>Comments to be passed to CQC re assessing GPs on EOLC issues | 15th October 2014 | Include in feedback re inspections (see agenda item) | |
| **Sheffield Adult Safeguarding Partnership - Annual Report 2012/13**<br>The committee requests that,<br>6.4 (c.) (iiii) 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; | 15th January 2014 | An update is not yet available. | |

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

**Report of:** Laraine Manley, Executive Director, Communities

**Subject:** Unison petition opposing 'potential privatisation of the learning disabilities service in Sheffield'.

**Author of Report:** Joe Fowler, Director of Commissioning, Communities

**Summary:**

- The Unison petition was presented at the Healthier Communities & Adult Social Care Scrutiny Committee on 23 July 2014.
- The petition concerned
  - the plans to de-register nine care homes for adults with a learning disability, and
  - the plans to tender for the supported living provider at the point of de-registration, in particular where the care is currently provided by Sheffield Health and Social Care Trust.
- The Scrutiny committee
  - referred the petition to the Cabinet Member and Executive Director;
  - requested a timeline of the consultation on the de-registration;
  - Asked for an update on the consultation process at the Scrutiny Committee meeting on 17 December 2014.
- Executive Director Laraine Manley reaffirmed the decision on and provided a timeline of the consultation.
- A further e-petition was received and the petitions were presented at Full Council 5 November 2014.
- Full Council referred the petition back to the Scrutiny Committee, and the Committee was directed to take Unison's Ethical Care Charter into account.

This report summarises the Council's position regarding the petition, the issues raised, and Unison's Ethical Care Charter.

**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 asked to:**

1. Consider the petition on learning disabilities, and Unison's Ethical Care Charter as directed by Full Council.
2. Receive an update on the consultation process, as requested by the Committee in July 2014.
3. Make comments and recommendations as appropriate.

**Background Papers:**
List any background documents (e.g. research studies, reports) used to write the report. Remember that by listing documents people could request a copy.

**Category of Report:** OPEN
Most reports to Scrutiny Committees should be openly available to the public. If a report is deemed to be 'closed', please add: **'Not for publication because it contains exempt information under Paragraph xx of Schedule 12A of the Local Government Act 1972 (as amended).'**

## Report of the Director of Communities Commissioning Service

## Unison petition on 'potential privatisation of the learning disabilities service in Sheffield'.

### 1. Introduction/Context

1.1 The Council is de-registering nine residential homes for people with a learning disability, changing them to 'supported living' accommodation. The nine homes are commissioned by the Council which has a contract to manage them with three organisations: South Yorkshire Housing Association, Guinness Northern Counties Housing Association and Dimensions UK.

The care services for residents in the South Yorkshire and Guinness Northern Counties Housing Association homes are provided by Sheffield Health and Social Care Foundation Trust (SHSCT). Dimensions UK provide both the accommodation and support in their four homes.

| Location | Housing provider | Current Support provider | Places |
|---|---|---|---|
| Beighton Road | SYHA | SHSCT | 18 |
| Cottam Road | SYHA | SHSCT | 18 |
| East Bank Road | SYHA | SHSCT | 18 |
| Wensley Street | SYHA | SHSCT | 30 |
| Handsworth Road | GNCHA | SHSCT | 12 |
| Burncross Rd | Dimensions UK | Dimensions UK | 12 |
| Frazer Drive | Dimensions UK | Dimensions UK | 12 |
| Gleadless Common/View | Dimensions UK | Dimensions UK | 12 |
| Station Road | Dimensions UK | Dimensions UK | 12 |

1.2 There will be no change to the housing provider in these settings, and no-one will need to move as a result of these changes. People will become tenants of the housing associations once the residential care services have changed to supported living.

1.3 At the point of de-registration, the Council's contract with the Housing Associations will terminate and the Council will have a new contract with a supported living provider to provide the supported living service to the tenants based on their individual needs. No-one will need to move from their current homes as a result of these changes.

1.4 Supported living is recognised locally and nationally as a positive model of support for people with a learning disability. Supported living

- helps people to have more control over their daily lives – people have their own tenancy, access to benefits, and a greater say in how their support is delivered;
- provides the kind of support people need to become more independent and take an active part in their local community;
- is less regimented and institutional than residential care.

Younger adults in particular prefer supported living. If we are to make services sustainable into the future we need major changes to make them attractive.

1.5 Whilst the care in some of the homes to be de-registered is provided by an NHS Trust, supported living is an adult social care service. The majority of adult social care services for people with a learning disability in Sheffield are provided by Voluntary and Independent Sector organisations. Currently (before de-registration) over two thirds of people with a learning disability receiving supported living services in Sheffield are supported by Voluntary and Independent Sector organisations.

1.6 To make sure supported living in Sheffield delivers the best outcomes we have developed a new Supported Living Framework. We worked with people with a learning disability to develop a new specification for supported living services in Sheffield. This sets new high standards for quality and is based on the principles of non-institutionalising, person centred services that promote independence and social inclusion.

1.7 We tendered against this specification to establish the Supported Living Framework. This comprises 27 supported living providers, who have demonstrated through a robust evaluation process that they able to deliver to the high standards required. Users and family carers were involved in the evaluation process. Providers were evaluated on the basis of quality first and foremost. Providers were invited to submit a price with their tender bids: these were considered following completion of evaluation on quality. Both SHSCT and Dimensions are on the new Supported Living Framework.

1.8 The Council in contracting services is bound by EU procurement law and the Public Contact Regulations 2006. This requires an open and transparent procurement process that allows all the market to bid. The Supported Living Framework was procured in an open manner. The ‘calling off’ under this Framework has to be in accordance with its terms and the duty of transparency and fairness.

**The de-registration process**

1.9 We started consultation on the de-registration with residents of the care homes and their relatives in March 2010. A report on the consultation is appended to this report. This year we have been talking with residents and relatives about selecting the provider who will provide the supported living service in the future.

1.10 In line with the procurement law and regulations set out in 1.8 above, the Council cannot award a contract directly to an existing provider without breaching its duties and obligations for an open procurement process that allows all the market to bid. We have now started the process of detailed working with residents and relatives at each of the care homes to choose the support provider from the Supported Living Framework at the point of de-registration.

1.11 The process is being carried out 'home by home' rather than as one overall exercise, in a timescale agreed with the current providers. The aim is to complete this process by June 2015.

1.12 This process involves asking providers on the Framework to propose how they would deliver a supported living service to the new standards, particularly taking into account the needs of the individuals. Providers are shortlisted by officers on the basis of their proposals in line with established procurement practice, and based on clear criteria. Cost is taken into account in the shortlisting, however a higher emphasis is placed on the quality of the proposal, including a criterion on added social value.

1.13 Council officers then work closely with residents, relatives and advocates to support them in deciding together on the future provider. The final decision on which provider selected is with the residents and relatives themselves, based on the shortlisted providers' proposals and presentations. At the decision making meeting, Council officers are present in a supportive, facilitating role and take no part in the decision making. The Council has a contract with Cloverleaf Advocacy to provide independent advocacy to residents throughout this process.

1.14 We are currently at an advanced stage in the process at one of the homes, mid-way through the process at another and at the start of the process for a third. The current care provider (SHSCT) was not shortlisted at the first two homes.

1.15 In the event of a new provider being selected we will work with residents, relatives, the current and new care providers and the housing provider to ensure a smooth transition which ensures sufficient time for an

effective changeover, including a period of 'double running', with the current and new providers working alongside each other. The team of Council officers that has been supporting the process will continue to be closely involved in monitoring and reviewing the transition, and will work with residents, relatives and advocates to make sure we have achieved the transformation these changes seek to achieve.

1.16 We understand that change can be unsettling for people and we will support them through this. We have a strong track record of helping service users, their families, friends and carers through changes to their care arrangements over recent years. This year we have been through a process of changing the provider in two supported living services for people with a learning disability (not connected with the de-registration process set out in this report). This used the selection process described above. Once the tenants and relatives had chosen their new provider, the existing and new providers worked side by side for a transitional period, so the new providers could get to know each service user well and understand their individual needs. The length of the transitional period depended on each person's individual needs. The change has been well received, and the team, which includes the advocacy service, has been reviewing the support and outcomes for individual service users on a regular basis, and further improving the new service as necessary.

1.17 Implementation of our new Supported Living Framework is not confined to the nine care homes being de-registered. The new supported living framework will be implemented across all supported living arrangements in Sheffield and any new packages will be arranged under the new framework.

**The Unison petition**

1.18 The Unison petition was presented at the Healthier Communities & Adult Social Care Scrutiny Committee on 23 July 2014. The petition asked signatories to sign their opposition the de-registration plans, in particular the plans to have an open tender for the new support provider. The Scrutiny committee

- Referred the petition to the Cabinet Member and Executive Director.
- Asked for a report setting out the timeline on the consultation on the de-registration plans.
- Asked for an update on the consultation process at the Scrutiny Committee meeting on 17 December 2014.

Executive Director Laraine Manley reaffirmed the decision on de-registration and provided a timeline of the consultation.

1.19 A further petition was presented at full council 5 November 2014. The full Council referred the petition back to the Scrutiny Committee on 17 December 2014, and the Committee was directed to take Unison's Ethical Care Charter into account.

**The Ethical Care Charter and development of a Voluntary Code of Practice**

1.20 In 2012 UNISON produced an "Ethical Care Charter"[1] which was compiled following a large scale survey of home care workers. This highlighted a number of issues concerning the delivery of home care services in England and called for Councils to sign up to the charter. The charter sets out a range of statements on the terms and conditions of home care workers including a commitment to the Living Wage.

1.21 Sheffield Council responded in a letter from the Council Leader and Cabinet Member for Health, Care and Independent Living which agreed that "…*the principles enshrined in the Charter are central to a good quality home care service* …[and] *that it is in everyone's interest to have a thriving sector with a stable, well-motivated workforce*". The letter stated that the Council is "…*operating in a very challenging financial climate as a result of Government funding cuts, increasing costs, and rising demand for our services…This trend is likely to continue until at least 2018*". As a result it concluded, "…*we are committed to the general principles of the Charter, but our financial constraints prevent us from making a firm immediate commitment*." It gave a commitment to a voluntary code of good practice for home care, and in 2013 a group was established consisting of council officers, trades unions and home care providers from the in-house and independent sectors.

1.22 The group drafted a voluntary code of good practice for home care using some statements from the original Ethical Care Charter, adding and amending points to produce a realistic and meaningful document to which all parties could commit. It includes a commitment to the aspiration in Sheffield's Fairness Commission report[2] that the Council and providers will move to a position where all care workers in the city receive at least the Living Wage by 2023 at the latest.

1.23 The next steps will be to invite all home care providers in the city to sign up to the code, and publicise the code of conduct and the names of the signatories on the Council website.

[1] Ethical Care Charter, UNISON, 2012
[2] Sheffield Fairness Commission. Making Sheffield Fair. January 2013

**Matters for consideration**

1.24 We know that some service users and their relatives are unsettled by the proposed changes. SHSCT staff are also understandably unsettled by the proposed changes. As set out above, we have considerable experience of helping service users, their families, friends and carers through changes to their care arrangements. Any potential change will be managed carefully: every individual resident will have a clear personalised support plan to help them through the process, the right amount of time will be taken, there will be a period of double running between providers and there will be close monitoring and review of any new arrangements

1.25 The understandable response to this exercise has led to numerous questions, concerns and, in some cases, misunderstandings. Responses to points raised in the petition and some of the frequently asked questions and concerns are set out below.

1.26 Is the process a 'potential privatisation (or outsourcing) of the learning disability service in Sheffield… that has been run by the NHS for over 40 years'?

The Council does not consider the process to be 'outsourcing' or 'privatisation'. We are committed to making sure the new supported living service is fundamentally different to the residential care service currently provided. The current contracts with South Yorkshire Housing Association, Guinness Northern Counties Housing Association and Dimensions UK are external to the Council. At the point of de-registration, these contracts will terminate, the housing providers will become landlords in their own right, and the residents will become tenants of the housing providers. The Council will then enter new contracts with the supported living provider. The Council is following EU procurement law and Public Contact Regulations that require an open procurement process that allows all the market to bid.

All providers on the Supported Living Framework (including SHSCT) are invited to take part in the procurement process on an open and equal basis. SHSCT is already external to the Council, providing services under contract on the open market, and competing with other providers, including other NHS organisations, voluntary and independent sector providers.

Whilst some of the care homes to be de-registered are supported by SHSCT, supported living is an adult social care service, not a healthcare service. Most supported living services to adults with a learning disability in Sheffield are already provided by voluntary and independent

sector organisations. This includes services to people with the most complex needs and challenging behaviours.

1.27 Is the process 'auctioning off to the lowest tender'?

The choice of the new service is from all providers on the Supported Living Framework, which have a range of costs. The potential providers of supported living service on the Supported Living Framework have been evaluated on the basis of quality first and foremost. The process of shortlisting potential new providers places a higher emphasis on quality than on cost. The final choice is based on which provider the service users and relatives prefer.

1.28 Will this change lead to a deterioration in service and put service users at risk?

There are many good quality Voluntary and Independent Sector providers on the Supported Living Framework. It is unfair to assume that the care provided by these organisations is inferior to that provided by public sector organisations. We know from years of experience that the quality of the care provided is primarily driven by the ethos, management and culture of the organisation delivering care and support – not whether the organisation is public, private or voluntary. This can be verified by the Care Quality Commission (the independent regulator) inspection reports of supported living providers.

1.29 Can people with a learning disability make choices about their support?

We are firmly committed to the core principles of personalisation in adult social care. At its heart is the commitment to giving people more independence, choice and control through high-quality and personalised services. We firmly believe that people with a learning disability can and should be supported to make choices in their daily lives and support arrangements. Where people need additional support to make choices, for instance through skilled advocacy support, we will make sure this is provided.

**2. What do the changes mean for the people of Sheffield?**

De-registration and tendering for support

2.1 People with a learning disability in Sheffield will have access to a wider range of choice of activities as a result of the changes to supported living.

2.2 People with a learning disability in Sheffield will have access to a wider range of choice of good quality supported living services whichever organisation provides it in line with national and local policy.

Voluntary Code of Good Practice

2.3 Users of home care services in all sectors will be supported by a stable, well-motivated workforce that is employed to consistent good practice standards. All care workers in the city will receive at least the Living Wage by 2023 at the latest.

## 3. Recommendation

3.1 The Scrutiny Committee is asked to:

- Consider the petition on learning disabilities, and Unison's Ethical Care Charter as directed by Full Council.
- Receive an update on the consultation process, as requested by the Committee in July 2014.
- Make comments and recommendations as appropriate.

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

**Report of:** Tim Furness, Director of Business Planning and Partnerships, NHS Sheffield CCG
Joe Fowler, Director of Commissioning, Sheffield City Council

**Subject:** Better Care Fund Update

**Author of Report:** Tim Furness, NHS Sheffield CCG

**Issue:**

The Committee requested an update on the Better Care Fund. Attached is a recent update to the Health and Wellbeing Board, outlining progress to date, for the Committee's information.

**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 | **x** |
| Other | |

**The Scrutiny Committee is being asked to:**
Note and comment on the report.

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# SHEFFIELD HEALTH AND WELLBEING BOARD PAPER

| | |
|---|---|
| **Report of:** | Tim Furness, Director of Business Planning and Partnerships, NHS Sheffield CCG, and Joe Fowler, Director of commissioning, Sheffield City Council |
| **Date:** | December 2014 |
| **Subject:** | Integrated Commissioning Programme (Better Care Fund) |
| **Author of Report:** | Tim Furness (Clinical Commissioning Group) |


**Summary:**

Attached is a brief update on progress with integrated commissioning. Key points to note are:

Sheffield has been successful in a bid to the Government "Transformation Challenge Award" that will bring around £1m into Sheffield to support the Keeping People Well in their Communities work.
Business cases for change in three of the four areas are being developed for consideration by the ICP Board on 18th December.
A draft version of the Pooled Budget Agreement, which will set out how we make decisions, manage the pooled budget and share risk and benefits, will also be considered by the ICP Board on that date.


**Recommendations:**

The Health and Wellbeing Board is asked to note progress and confirm its support for the establishment of integrated commissioning and a pooled budget, as set out in the report.

## 1. Introductions

Sheffield CCG and Sheffield City Council have agreed to establish a pooled budget in 2015/16 to cover four key areas of work, with the aim of improving service user experience and outcomes and making the best decisions about the use of the resource available between us. The four areas of work are:

- Keeping People Well in their Community
- Independent Living Solutions
- Active support and Recovery
- Long Term High Support

The proposed pooled budget includes our current expenditure in those areas, including CCG expenditure community equipment, intermediate care services, community nursing and Continuing Health Care. It also includes our expenditure on non elective admissions (other than surgical admissions) as our plans should result in movement of money – and savings – from this area.

This report summarises the current position on developing the pooled budget and the service plans the pooling of budgets will enable.

## 2. Key Developments

Keeping People Well in their Communities

Sheffield has been successful in our bid for around £1m from the Government's Transformation Challenge Award, which will support the development of capacity in communities to help people stay well and reduce the risk of problems that could result in increased demand for health or social care. The business case and implementation plan for the use of this money will be considered by the Integrated Commissioning Programme Board in December. The implementation plan will be based on identifying local practice/VCF partnerships to work with to form coherent local arrangements designed to help people keep well.

Independent Living Solutions

The tendering process for this re-designed service – replacing the current Sheffield Community Equipment Loans Service and expanding the offer to include more 'self-help' information and advice – is now underway. A new service will start on 1st July 2015.

Developing the section 75 agreement

It is, of course, critically important that we agree and document how we will make decisions and share risk on the pooled budget. Senior officers from both organisations are discussing a number of issues, to be able to propose arrangements to Governing Body and SCC's Cabinet, to be presented in January or February 2015.

Integrated Commissioning Programme Board

A formal Programme Board has now been established to oversee the development of the commissioning projects and the pooled budget arrangements. This met for the second time on 23 October and agreed the scope for the Active Support and Recovery project (covering intermediate care and other community services, potentially including community nursing) and the Long Term High Support project (proposing integration of assessment and care management, procurement and contract management, initially focussing on gains to be achieved in contracting).

The meeting on 18th December will consider business cases for change in three of the service areas (the case for change for Independent Living Solutions having been considered and approved already) and will consider a draft of the section 75 agreement.

National Assurance

Sheffield submitted details of our plans, in line with Department of Health requirements in September. We have now received confirmation that our plans have been Approved With Support, with final approval – and therefore release of the part of the CCG's allocation that is the Better Care Fund funding –subject to us providing details of our cases for change, our risk sharing arrangements, how we are engaging with providers, and final metrics for the scheme. All of these are in hand, and are necessary in any event to enable informed decisions locally about final agreement. We expect to receive final approval in January 2015.

Tim Furness, Director of Business Planning and Partnerships, NHS Sheffield CCG
Joe Fowler, Director of commissioning, Sheffield City Council

December 2014

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

**Report of:** Head of Elections, Equalities and Involvement

**Subject:** Input to Care Quality Commission 2015 Inspection Programme

**Author of Report:** Emily Standbrook-Shaw, Policy & Improvement Officer
0114 27 35065
emily.standbrook-shaw@Sheffield.gov.uk

**Issue:**
The Care Quality Commission (CQC) has contacted the Committee, requesting input into its inspection programme for 2015 – see attached letter.

The only publicly announced inspection affecting Sheffield services will be of Yorkshire Ambulance Service, and CQC will be in touch with the Committee in advance of the inspection to gather information and discuss their approach.

CQC will also be carrying out inspections of Adult Social Care Services, Dentists and NHS GP Practices, and have asked for the Committee's input into this. This gives the Committee an opportunity to feed any concerns or issues that have been raised during the course of the Committee's work into the inspection process.

For example, at the last meeting of the Committee, there were some concerns over whether GP practices are having conversations about End of Life Care at the appropriate time. This is something the Committee may wish to flag with CQC through this process.

**The Scrutiny Committee is being asked to:**
Identify any issues that should be fed into the CQC inspection process in relation to:
Adult Social Care Services (including Care Homes, Homecare and Hospices)
NHS GP Practices and GP Out of Hours Services
Dentists

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**Care Quality Commission**
Finsbury Tower
103-105 Bunhill Row
London
EC1Y 8TG

Telephone: 03000 616161
Fax: 03000 616171

**www.cqc.org.uk**

14 November 2014

**January – March 2015 CQC Inspection Programme**

Dear overview and scrutiny manager and chair,

I'm pleased to inform you of our inspection plans for January – March 2015, where we will be carrying out publicly announced inspections in the following sectors:

- Acute Hospitals
- Mental Health, including substance misuse services
- Community Health Services (CHS)
- Ambulances
- Independent Healthcare Providers (IHC)

A list of these inspections is shown at the end of this letter. We will be making contact with your committee before these inspections if you are based in any of the areas covered by these services and trusts. This will give you a chance to advise us how we can best gather peoples' experiences of care, and give you the opportunity to share information you have about these services.

During January - March we will also carry out inspections for:

- Adult Social Care services, including care homes, home care and hospices
- NHS GP practices and GP out of hours services
- Dentists (pilot work to test our new approach)

These are not publicly announced. However we would be interested in any information you may have about these services. Our primary care inspection teams will discuss inspection plans for the GP inspections with you when these programmes are confirmed, and you can discuss our adult social care programmes with your local CQC adult social care inspection team. You can contact us and send information via enquiries@cqc.org.uk or by phoning 03000 616161.

You can find out more about our new inspection methodology by clicking here.

You can send us information now about any of the announced inspections. The table below gives you the email boxes you can use. If you have information that cuts across different services, please send it to whichever mailbox you feel is most relevant and we will make sure the information gets to the right inspection team.

There are some differences in our approach to inspecting different services, but they all aim to answer five key questions about an organisation:

- Is it **safe**?
- Is it **effective**?
- Is it **caring**?
- Is it **responsive** to people's needs?
- Is it **well-led**?

All these services (apart from dentists) will now be rated as outstanding; good; require improvement; or inadequate.

We would like you to share any relevant feedback about the quality of care provided by these organisations and any of the services they provide. This includes evidence of high-quality care as well as concerns you have identified. We will use your information to help the inspection team plan the inspection and what to look for on the inspection.

We may summarise the information you send us in the data pack we produce for each organisation, unless you specifically ask us not to. The evidence will not contain personal or confidential information and we understand that any references to examples you share will be anonymised.

After the NHS inspections, CQC will hold Quality Summits to discuss the inspection findings and any improvement action needed. The local overview and scrutiny committee will be invited to the Quality Summit to take part in this discussion. We will also invite local overview and scrutiny committees to discuss the findings of our inspections of GP practices across CCG areas.

**Please note:** We will be launching a guide for scrutiny committees on working with CQC during this quarter, and ensuring your committee continues to have a main CQC contact and is able to discuss our inspections with them. We would also encourage you to sign up for our new e-mail alerts about inspections of your local care services.

Yours sincerely

Professor Sir Mike Richards, Chief Inspector of Hospitals
Professor Steve Fields, Chief Inspector of General Practice
Andrea Sutcliffe, Chief Inspector of Adult Social Care

**January - March 2015 Inspection Details**

| Provider | Type | Inspection Start Date | Contact details for feedback | | |
|---|---|---|---|---|---|
| | | | E-mail | | Phone |
| Ipswich Hospital NHS Trust | Acute | 05/01/2015 | hospitalinspections@cqc.org.uk | Please ensure that the subject line of your e-mail is [Trust name] Q4 Acute Hospital Inspections. | 03000 616161 |
| Weston Area Health | Acute | 05/01/2015 | hospitalinspections@cqc.org.uk | Please ensure that the subject line of your e-mail is [Trust name] Q4 Acute Hospital Inspections. | 03000 616161 |
| Yorkshire Ambulance Service | Ambulance | 12/01/2015 | hospitalinspections@cqc.org.uk | Please ensure that the subject line of your e-mail is [Trust name] Q4 Ambulance Inspections. | 03000 616161 |
| Sussex Partnership NHS Foundation Trust | Mental Health | 12/01/2015 | mhinspections@cqc.org.uk | Please ensure that the subject line of your e-mail is [Trust name] Q4 Mental Health Inspections | 03000 616161 |
| Salford Royal NHS Foundation Trust | Acute / CHS | 12/01/2015 | hospitalinspections@cqc.org.uk | Please ensure that the subject line of your e-mail is [Trust name] Q4 Combined Acute Hospital / CHS Inspections. | 03000 616161 |

| Provider | Type | Inspection Start Date | Contact details for feedback | | |
|---|---|---|---|---|---|
| | | | E-mail | | Phone |
| Worcestershire Health and Care NHS Trust | MH / CHS | 19/01/2015 | mhinspections@cqc.org.uk | Please ensure that the subject line of your e-mail is [Trust name] Q4 Combined Mental Health Inspections / CHS Inspections. | 03000 616161 |
| King's College Hospital NHS Foundation Trust | Acute | 19/01/2015 | hospitalinspections@cqc.org.uk | Please ensure that the subject line of your e-mail is [Trust name] Q4 Acute Hospital Inspections. | 03000 616161 |
| Peninsula Community Health | Community IHC | 19/01/2015 | ihcinspections@cqc.org.uk | Please ensure that the subject line of your e-mail is [Provider name] Q4 IHC Inspections. | 03000 616161 |
| Clifton Park Hospital. Ramsay Healthcare | IHC | 26/01/2015 | ihcinspections@cqc.org.uk | Please ensure that the subject line of your e-mail is [Provider name] Q4 IHC Inspections. | 03000 616161 |
| Warrington and Halton Hospitals NHS Foundation Trust | Acute | 26/01/2015 | hospitalinspections@cqc.org.uk | Please ensure that the subject line of your e-mail is [Trust name] Q4 Acute Hospital Inspections. | 03000 616161 |
| Nottingham (Circle Partnership) | IHC | 26/01/2105 | ihcinspections@cqc.org.uk | Please ensure that the subject line of your e-mail is [Provider name] Q4 IHC Inspections. | 03000 616161 |

| Provider | Type | Inspection Start Date | Contact details for feedback | | |
|---|---|---|---|---|---|
| | | | E-mail | | Phone |
| Tees, Esk and Wear Valleys NHS Foundation Trust | Mental Health | 26/01/2015 | mhinspections@cqc.org.uk | Please ensure that the subject line of your e-mail is [Trust name] Q4 Mental Health Inspections | 03000 616161 |
| University Hospitals Birmingham NHS Foundation Trust | Acute | 26/01/2015 | hospitalinspections@cqc.org.uk | Please ensure that the subject line of your e-mail is [Trust name] Q4 Acute Hospital Inspections. | 03000 616161 |
| Northamptonshire Healthcare NHS Foundation Trust | MH / CHS | 02/02/2015 | mhinspections@cqc.org.uk | Please ensure that the subject line of your e-mail is [Trust name] Q4 Combined Mental Health Inspections / CHS Inspections. | 03000 616161 |
| County Durham and Darlington NHS FT | Acute / CHS | 02/02/2015 | hospitalinspections@cqc.org.uk | Please ensure that the subject line of your e-mail is [Trust name] Q4 Combined Acute Hospital / CHS Inspections. | 03000 616161 |
| Spire Liverpool | IHC | 02/02/2015 | ihcinspections@cqc.org.uk | Please ensure that the subject line of your e-mail is [Provider name] Q4 IHC Inspections. | 03000 616161 |
| BMI Blackheath | IHC | 09/02/2015 | ihcinspections@cqc.org.uk | Please ensure that the subject line of your e-mail is [Provider name] Q4 IHC Inspections. | 03000 616161 |

| Provider | Type | Inspection Start Date | Contact details for feedback | | |
|---|---|---|---|---|---|
| | | | E-mail | | Phone |
| Portsmouth Hospitals NHS Trust | Acute | 09/02/2015 | hospitalinspections@cqc.org.uk | Please ensure that the subject line of your e-mail is [Trust name] Q4 Acute Hospital Inspections. | 03000 616161 |
| Liverpool Women's NHS Foundation Trust | Acute Specialist | 16/02/2015 | hospitalinspections@cqc.org.uk | Please ensure that the subject line of your e-mail is [Trust name] Q4 Acute Hospital Inspections. | 03000 616161 |
| Hertfordshire Community NHS Trust | CHS | 16/02/2015 | chinspections@cqc.org.uk | Please ensure that the subject line of your e-mail is [Trust name] Q4 CHS Inspections. | 03000 616161 |
| Chilston Clinic | IHC | 16/02/2015 | ihcinspections@cqc.org.uk | Please ensure that the subject line of your e-mail is [Provider name] Q4 IHC Inspections. | 03000 616161 |
| Harley Street Clinic | IHC | 16/02/2015 | ihcinspections@cqc.org.uk | Please ensure that the subject line of your e-mail is [Provider name] Q4 IHC Inspections. | 03000 616161 |
| Central and North (West) London NHS Foundation Trust | MH / CHS | 23/02/2015 | mhinspections@cqc.org.uk | Please ensure that the subject line of your e-mail is [Trust name] Q4 Combined Mental Health Inspections / CHS Inspections. | 03000 616161 |

| Provider | Type | Inspection Start Date | Contact details for feedback | | |
|---|---|---|---|---|---|
| | | | E-mail | | Phone |
| Nuffield Health Bristol - Chesterfield Hospital | IHC | 23/02/2015 | ihcinspections@cqc.org.uk | Please ensure that the subject line of your e-mail is [Provider name] Q4 IHC Inspections. | 03000 616161 |
| The Rotherham NHS Foundation Trust | Acute / CHS | 23/02/2015 | hospitalinspections@cqc.org.uk | Please ensure that the subject line of your e-mail is [Trust name] Q4 Combined Acute Hospital / CHS Inspections. | 03000 616161 |
| Barlborough NHS TC, Care UK | IHC | 02/03/2015 | ihcinspections@cqc.org.uk | Please ensure that the subject line of your e-mail is [Provider name] Q4 IHC Inspections. | 03000 616161 |
| The Spencer Private Hospital | IHC | 02/03/2015 | ihcinspections@cqc.org.uk | Please ensure that the subject line of your e-mail is [Provider name] Q4 IHC Inspections. | 03000 616161 |
| Leicestershire Partnership NHS Trust | MH / CHS | 09/03/2015 | mhinspections@cqc.org.uk | Please ensure that the subject line of your e-mail is [Trust name] Q4 Combined Mental Health Inspections / CHS Inspections. | 03000 616161 |
| Gloucestershire Hospitals NHS Foundation Trust | Acute | 09/03/2015 | hospitalinspections@cqc.org.uk | Please ensure that the subject line of your e-mail is [Trust name] Q4 Acute Hospital Inspections. | 03000 616161 |

| Provider | Type | Inspection Start Date | Contact details for feedback | | |
|---|---|---|---|---|---|
| | | | E-mail | | Phone |
| University Hospitals Coventry and Warwickshire NHS Trust | Acute | 09/03/2015 | hospitalinspections@cqc.org.uk | Please ensure that the subject line of your e-mail is [Trust name] Q4 Acute Hospital Inspections. | 03000 616161 |
| York Hospitals NHS Foundation Trust | Acute / CHS | 16/03/2015 | hospitalinspections@cqc.org.uk | Please ensure that the subject line of your e-mail is [Trust name] Q4 Combined Acute Hospital / CHS Inspections. | 03000 616161 |
| Kent and Medway NHS and Social Care Partnership Trust | Mental Health | 16/03/2105 | mhinspections@cqc.org.uk | Please ensure that the subject line of your e-mail is [Trust name] Q4 Mental Health Inspections | 03000 616161 |
| Manchester Mental Health and Social Care Trust | MH / CHS | 23/03/2015 | mhinspections@cqc.org.uk | Please ensure that the subject line of your e-mail is [Trust name] Q4 Combined Mental Health Inspections / CHS Inspections. | 03000 616161 |

# 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 December 2014** | | | | |
| Learning Disability Service Petition – Update | Petition presented on 23rd July 2014 – minutes request an update on the consultation process be presented to a future meeting within 6 months | Moira Wilson, Interim Director of Care and Support | Dec 14 | |
| Better Care Fund Update | To include details of the funding of the programme. | Joe Fowler, Director of Commissioning. | Dec 14 | |
| **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 | Jeremy Wight, Director of Public Health. | 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. |

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| | 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 | | | |
| Care Act 2014 | Progress update on implementation of the Act, including financial implications. | Luke Morton, Programme Manager. | Feb 2015 | Gain understanding of Act and Sheffield City Council's response |
| Sheffield Health and Social Care Trust – Annual Quality Account. | The Committee is required to comment on the Quality Accounts of providers of health services in the City | Jason Rowlands, Director of Planning and Performance, Sheffield Health and Social Care NHS Trust | Feb 2015 | Committee comments will be published as part of final Quality Account. |
| Performance Update | To consider current Sheffield City Council performance against key indicators | Jasper South, Head of Planning and Performance, Communities. | Feb 2015 | (Committee to consider format and frequency of future performance updates) |
| Working Together Programme | Briefing on the Working Together Programme | Will Cleary-Gray, Programme Director, Working Together Programme | Feb 2015 | Committee to consider issues and future involvement. |
| **15th April 2015** | | | | |
| Sheffield Children's Hospital, Annual Quality Account | The Committee is required to comment on the Quality Accounts of providers of health services in the City | John Reid, Director of Nursing and Clinical Operations, Sheffield Children's Hospital. | April 2015 | Committee comments will be published as part of final Quality Account. |

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| Right First Time Programme. | Minutes from 17th September 2014: the committee requests a progress report on the Right First Time Programme. including details of patient feedback, and the communication and informatics workstreams. | Kevan Taylor Sheffield Health & Social Care Foundation Trust | Apr-14 | |
| Dementia Strategy Update | Minutes from the meeting on 15th October request an update on the dementia strategy in 6 months, to include information on prevention. | Sarah Burt, Senior Commissioning Manager, NHS Sheffield CCG. | Apr 2014 | |
| End of Life Care – access to services. | Update on the work and action plan undertaken by Public Health to identify whether certain groups and communities have difficulty in accessing services. | Jackie Gladden/Marianna Hargreaves, NHS Sheffield CCG | Apr 2014 | |
| NHS 5 Year Forward View – NHS Sheffield CCG response | Update on Sheffield's response to the NHS 5 Year Forward view. | Tim Furness, NHS Sheffield CCG | Apr 2014 | |
| **Date TBC** | | | | |

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| 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 | |
| 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 | |
| SHSCFT - how patients with specific needs are supported when they are admitted to adult acute care at the Teaching | 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 | Sam Stoddart Membership Manager | tbc | |

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| Hospitals | 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 | | | |
| **Briefing Papers** | | | | |
| Sheffield Adult Safeguarding Partnership - Annual Report 2012/13 | Minutes from15th 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 Nield, Consultant in Public Health. | (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 Submission to Health and Wellbeing Board | 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, meetings arranged throughout October and November to hear evidence. | Led by Leeds City Council | | A JHOSC response to the consultation on Congenital Cardiac Services. |