

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

Meeting held 23 July 2014

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

Non-Council Members (HealthWatch Sheffield):-

Helen Rowe and Alice Riddell

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1. INTRODUCTION

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

2. APOLOGIES FOR ABSENCE

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

3. EXCLUSION OF PUBLIC AND PRESS

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

4. DECLARATIONS OF INTEREST

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

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

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

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

5. PUBLIC QUESTIONS AND PETITIONS

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

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

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

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

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

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

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

5.6 RESOLVED: That the Committee:-

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

6. MINUTES OF PREVIOUS MEETINGS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

7.4 RESOLVED: That the Committee:-

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

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

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

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

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

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

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

8.3 RESOLVED: That the Committee:-

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

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

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

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

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

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

issues came to light.

9.4 RESOLVED: That the Committee:-

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

10. NUTRITION AND HYDRATION WORKING GROUP

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

10.2 RESOLVED: That the Committee:-

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

11. DRAFT WORK PROGRAMME 2014/15

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

11.2 RESOLVED: That the Committee:-

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

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

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

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

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

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

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

14. DATE OF NEXT MEETING

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