


Cllr Pat Midgley,  
Chair Healthier Communities & Adult Social Care Scrutiny  
& Policy Development Committee  
Town Hall  
Pinstone Street  
Sheffield S1 2HH

Mike Simpkin  
Sheffield Save Our NHS  


25 September 2018

Dear Cllr Midgley

The Sheffield Health (HCSCP) Committee has played an extremely important role in getting the CCG to rethink its proposals on Urgent Care, reinforcing the campaign initiated by Sheffield Save Our NHS. Sheffield Save Our NHS thanks the Committee for this action.

On 26<sup>th</sup> September the Committee considers two related issues on which the Sheffield Health and Care system has come in for significant criticism – Continuing Health Care and the overall support for older people in need of health and/or social care.

I would like to submit the following statement – which I imagine is too long to read out as a question. I would be happy if you agreed for it to be made available to all members at or before the meeting.

## 1) Continuing Health Care

Unfortunately I was not able to attend the VCF Forum earlier this month where CHC was discussed although I understand some members of the Committee were present. These remarks do not therefore cover whatever was presented or discussed at that meeting.

Whilst some aspects of Continuing Health Care clearly work well – for instance for some people with severe physical disabilities – for others the system and approach of the CCG has caused bitterness and anger, especially over the assessment process and the way in which the previous national framework was applied (or not as the case may be). Although the careful Healthwatch investigation, invited by the CCG, focused on Birch Avenue and Woodland View, similar issues have been raised in non-residential settings. Public assurances from the CCG about the operation of CHC have not always seemed to reflect the experiences of patients in residential homes or the community. Additionally it appears that the CCG designates CHC providers rather than offering successful applicants any choice.

Some of the dissatisfaction reflects a revamping of the CCG's attention to CHC, both because it raised its assessment completion level from 34% to 81% (including reassessments) and because CHC is included in the CCG's QIPP savings programme targeting reductions in High Cost Long Term CHC expenditure (including for dementia), which last year produced savings of £2.353m (against a target of £2.769m). A further £2m savings are targeted for the current year. No public details have been given about exactly how these savings are being achieved or about how risks to patients (including over-medication to reduce challenging behaviour and therefore nursing costs) are to be achieved. Furthermore the CCG has estimated that the proportion of beds it commissions locally for CHC are from providers who do not rate as well as in the rest of the country with only 55% rated as good compared with 78% nationally (CCGGB 3 May 2018).

The CCG has publicly assured SSONHS that it has not cut its CHC budget, pointing to a 3.6% overall rise this year. But in 2016/17 there were 1145 recipients of CHC with a funding level of £44,972,554 while in 2017/18 there were 1549 recipients with a funding level of £44,806,454. So, at best last year a smaller amount of money was spread more thinly. In 2016/17 88 people lost their CHC funding; in 2017/18 130 lost funding. In 2015/16 the figure was 25 - though it was slightly higher in previous years. (FOI information from CCG). So what has been the overall effect of the QIPP programme for patients? The public has not been told.

Finally, as members of the Scrutiny Committee will be aware, the operation of the CHC Decision Support Tool has been a national issue and a revised CHC framework was issued last April to come into operation from 1<sup>st</sup> October. There is no information formally presented to Scrutiny which sets out how this might affect Sheffield and local assessment practices although this may be contained in the final plan foreshadowed in Mandy Philbin's response to the Healthwatch report and which may now go to the CCGGB in November.

## 2) CQC Assessment

The CQC report criticises the gap between vision and achievement in Sheffield. There is a danger that the action plan, with all its fine assurances, will end up like all the other promises and assertions made by commissioners over the last few years. The role of scrutiny is key to preventing this – as is much better public engagement. We also welcome the attention given in the action plan to workforce development and hope that the assurances that front-line workers will be able to contribute actively to service planning and evaluation will be delivered. We note that this relates to remarks made by the Cabinet Member for Health and Social Care, Cllr Chris Peace, at the first meeting of the Sheffield Accountable Care Partnership.

The assessors identified a lack of high level scrutiny across the system and say that they heard that the OSC was “not fully performing the scrutiny aspect of its role and gaining assurance that there was effective use of cost and quality information to identify priority areas and focus for improvement.”

We note that the action plan suggests regular six monthly reports on progress to the Scrutiny Committee but many, though not all, reports to both the Scrutiny Committee and the Health and Wellbeing Board have tended to take a more optimistic view of progress than the CQC assessment actually found to be the case.

We urge the Scrutiny Committee to find more effective ways of holding commissioners and providers to account by interrogating performance - including close work with Healthwatch, patient organisations/representatives and relevant VCF organisations. Unless this is treated as a priority matter, many older people will continue to experience unsatisfactory care.

Thank you for your attention

Yours sincerely

Mike Simpkin  
Sheffield Save Our NHS

## Standbrook-Shaw Emily (CEX)

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**From:** T HARDING <[REDACTED]>  
**Sent:** 25 September 2018 19:08  
**To:** Standbrook-Shaw Emily (CEX)  
**Cc:** Rita Brookes  
**Subject:** Questions for Scrutiny Committee

Hello Emily,

I am enclosing my questions for Scrutiny Committee. My apologies for the delay but the last couple of days have been rather hectic with questions from relatives.

I have 3 questions below. I also know that a couple of relatives have questions they wish to ask, one being about what is happening at Woodland View with the closure of yet another cottage. Their wives are affected by the move. I know we have had a communication from Mandy Philbin this afternoon by way of explanation but that information has come a little late for those directly affected.

Anyway, here are my questions, I hope they are appropriate!

1) In several Multi Disciplinary Team meetings which have taken place in Birch Avenue and Woodland View nursing homes, there has been a disagreement between the nurse assessor and the social worker about the eligibility of the person being assessed, with the social worker saying that in their opinion, there is a primary healthcare need.

In all of these cases the final decision made by the CCG was that the person assessed did not have a primary healthcare need. Apparently the opinion of the social worker who was at the MDT meeting and who heard all the verbal evidence and saw the resident is over ruled by a more senior social worker who forms part of the QAC but wasn't at the meeting and hasn't seen the person being assessed.

There is a formal disputes process for when the CCG and the Council can't agree yet this has not been used in any of these cases.

Would Scrutiny Committee agree that this seems unusual and is a matter of some concern?  
Would it be possible to know how often the formal dispute process is used in practice?

2) At the last CCG meeting I asked a question referring to the findings of the Public Accounts Committee in January 2018 regarding CHC. As part of the reply I was told:

"Please be assured that Sheffield CCG is acting lawfully by following Government guidance and ensuring that we are applying the CHC framework appropriately and that no local arbitrary rules have been put in place." And that:

"The Sheffield CHC team employs highly qualified nurses with a wide range of professional experience. "

Would the Scrutiny Committee agree that it would be helpful for CCG to share with Scrutiny Committee and with relatives the training which is provided to their highly qualified CHC nurse assessors and appeals nurses on the interpretation and application of the National Framework in order to reassure us of the validity of their statement?

3) In the CCG QUIPP report on savings , if I am reading it correctly, CHC savings are shown at £2,542,000, and CHC -via MH portfolio is shown as £1,073,000. There are also savings identified in Children's CHC. These savings are shown as deliverable by the end of the financial year.

In addition, when looking at the financial and savings report presented to the CCG at the last meeting CHC is shown as underspent by a further £90k.

Sheffield has one of the largest populations of people living with dementia yet spending on CHC is reducing markedly.

Does the Scrutiny Committee agree that this is a very worrying picture which will lead to very vulnerable and ill people in Sheffield being refused the CHC funding to which they are entitled in order to reduce spending?

26<sup>th</sup> September 18

Question from Dorothy Dimberline:

**Concern about the wellbeing of residents at Woodland View and Birch Avenue dementia care homes**

Sheffield Clinical Commissioning Group are in the process of carrying out Continuing Health Care funding reviews for residents at these homes and relatives have grave concerns about how these are carried out and the withdrawal of funding for some relatives.

Health have savings targets which include cuts to the CHC budget and we are concerned that budgetary considerations may take precedence over what is best for residents. Recently three residents at these homes have died within a few weeks of being deemed to no longer have a primary health care need so I'm sure you will appreciate our concern about how the reviews are carried out.

If funding is withdrawn, residents are required to move elsewhere. We all know the devastating effect that moving such vulnerable people can have on their quality of life and life expectancy and to do so would be cruel and inhumane.

My request is that, even if Health withdraw funding, can we as a society and particularly as a City of which I've always been proud, find the will and humanity to find the funding to protect this very small proportion of our citizens and ensure that they can be left undisturbed for the rest of their very limited lives in the place they now know as home.

I would like to point out these are a unique group of individuals who are at the end of a long and difficult journey so this should not be deemed to set a precedent. They have already been turned down by other dementia homes (in one case by 14 other homes) because of their complex needs so they have run out of options to get the standard of care they need and deserve.

I implore the city to do all it can for these vulnerable people and their families who, as well as being in the heartbreaking position of having loved ones with dementia, now have the awful worry of what what will happen to them and can no longer rest knowing that they are settled and well cared for for the remainder of their lives in what they were led to believe would be a home for life.

Thank you for your consideration

Dorothy Dimberline

~~Email: [ddimberline@hotmail.com](mailto:ddimberline@hotmail.com)~~

Tel: 01142214520



## Standbrook-Shaw Emily (CEX)

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**From:** Deborah Cobbett <d.cobbett@sheffield.ac.uk>  
**Sent:** 25 September 2018 17:07  
**To:** Standbrook-Shaw Emily (CEX); Midgley Pat (LAB-CLLR); Phipps Martin (CLLR); Ayris Steve (LD CLLR)  
**Subject:** Scrutiny committee  
**Attachments:** Peoples HSR.docx; Personal response to HSR.docx

Dear Emily

I can't attend tomorrow, but please convey thanks to the committee for their work on the Urgent Care Review! I also have three questions:

I would ask the Councillors to consider very carefully the Hospital Services Review, which has now become the Hospital Services Programme. It was accepted at Sheffield CCG Governing Body meeting on 6 September. Local people's concerns were captured by a People's Hospital Review and I also sent a response containing a number of concerns that we have as campaigners, both in Sheffield and across South Yorkshire, Mid-Yorkshire and North Derbyshire. Obviously, changes in one hospital will affect all the others. **Will the Committee please accept these (attached) documents and take them into account?**

There is now an online survey, on the ICS homepage, here. It presents the proposals very favourably. **Could the Committee please find out the deadline for responses to this survey?** We fear it may be ending tomorrow, but cannot find any information, which is a concern if there is really any interest in finding out what members of the public think,

**Will Councillors accept the invitation to a public meeting on 27 October, 2-4pm in Barnsley Town Hall?** This is organised by Barnsley Save Our NHS, and will focus on proposals on maternity services and paediatrics. The plan is to reduce consultant-led maternity units and in-patient units for sick children.

Your work is very important, as are the threats to hospital services contained in the proposals, and I am sorry I am unable to be with you tomorrow.

Best wishes, Deborah

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Deborah Cobbett, English Language Tutor,  
English Language Teaching Centre, 78 Hoyle Street, Sheffield S3 7LG  
Currently working on Tuesdays and Wednesdays

