

SHEFFIELD CITY COUNCIL

Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee

Meeting held 16 January 2013

PRESENT: Councillors Mick Rooney (Chair), Sue Alston, Janet Bragg, Katie Condliffe, Roger Davison, Tony Downing, Adam Hurst, Cate McDonald, Jackie Satur, Diana Stimely, Garry Weatherall, Joyce Wright and Clive Skelton (Substitute Member)

Non-Council Members (LINK):-

Helen Rowe

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1. APOLOGIES FOR ABSENCE

1.1 Apologies for absence were received from (a) Councillor Pat Midgley and Councillor Clive Skelton attended as a duly appointed substitute and (b) Anne Ashby.

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 from members of the Committee.

4. MINUTES OF PREVIOUS MEETING

4.1 The minutes of the meeting of the Committee held on 21 November 2012 were approved as a correct record.

4.2 Arising from consideration of the minutes, the Committee (a) requested the Scrutiny Policy Officer to (i) submit a summary of the issues arising from the recent visit to the Woodland View Care Home to a future meeting of the Committee, (ii) confirm the timescales for the business case for the new End of Life Care Home Care Model being referred to the Clinical Commissioning Group and the City Council's Cabinet for approval and (iii) circulate to members of the Committee the final version of the booklet 'How did We Do?' – Sheffield's Local Account of Adult Social Care Services;

(b) noted the information reported by the Scrutiny Policy Officer that there had been difficulty in arranging a joint meeting with the Children, Young People and Family Support Scrutiny and Policy Development Committee on the End of Life Care for children up to the age of 18 and a briefing note would be circulated to

members of this Committee;

(c) noted the information reported by the Scrutiny Policy Officer that Councillor Leigh Bramall (Cabinet Member for Business, Skills and Development) had been informed about the issue relating to identifying a suitable site for construction of the intermediate care facility and had been put in touch with Planning Officers and NHS Sheffield; and

(d) noted that Tim Furness, Chief of Business, Planning and Partnerships, NHS Sheffield Clinical Commissioning Group had written to LINK on the proposals for the decommissioning of the Grenoside Grange West Wing and had received a response and the proposals were being considered by the Governing Body in February 2013.

5. PUBLIC QUESTIONS AND PETITIONS

- 5.1 No petitions were submitted by members of the public.
- 5.2 Mr Mike Simpkin, Sheffield Save Our NHS Group, referred to the Health and Social Care Act 2012 and the possible consequences for the LIFT PFI scheme that belonged to the Community First Sheffield Board and would transfer to the new NHS Property Company. He asked if the Committee felt that local interest would be adequately represented on the Board and whether the rental from those schemes would go out of Sheffield.
- 5.3 Councillor Mick Rooney, Chair of the Committee, indicated that he had received Mr Simpkin's questions prior to the meeting and was awaiting a response from the Council's Legal Services.
- 5.4 Tim Furness, Chief of Business, Planning and Partnerships, NHS Sheffield Clinical Commissioning Group indicated that the NHS did not receive rental on any buildings and there would be no loss of income to Sheffield from the transfer of the buildings. He asked that if Mr Simpkin wrote to him he would receive a written response.

6. NON-CLINICAL CIRCUMCISIONS

- 6.1 Dr Margaret Ainger, Sheffield Clinical Commissioning Group (CCG) Board, introduced a report from Tim Furness, Chief of Business, Planning and Partnerships, NHS Sheffield CCG, indicating that Sheffield CCG was proposing to cease funding for non-clinical male circumcisions. This would bring Sheffield into line with the national position, as most parts of the country do not commission these circumcisions, which are not clinically required and therefore not an NHS responsibility. The report set out details of the proposal, discussions with the Sheffield's Children's Hospital and plans for engagement and sought the views of the Scrutiny Committee.
- 6.2 Dr Ainger and Mr Furness responded to questions from members of the Committee and the representative of LINK and indicated that:

- There were about 200 circumcisions in Sheffield each year.
- Not all babies in Sheffield were accessing the NHS service and the cost for a private procedure was thought to be £90 to £150. The cost in the NHS was around £350 per patient.
- There was limited guidance currently available to parents but the CCG intended to provide a leaflet that would set the basics standards of care and what to expect from a provider. The leaflet could be included in the NHS Personal Child Health record 'red book' and also available on the Children's Hospital website.
- Although a person did not need to be medically qualified to carry out a circumcision, parents were recommended to approach a qualified health professional.
- There had been few studies of the outcomes for patients where the procedure was undertaken privately, in relation to any subsequent ill-health resulting from the procedure. Complication rates were very low but parents would be advised that if there were any problems after a procedure they should take their child to Accident and Emergency.
- The practice at the Children's Hospital was for the procedure to be carried out under a general anaesthetic, which carries risks for patients. Members of the Committee felt it would be preferable to avoid the need for general anaesthetic.
- Affordability did not appear to be a key issue for parents going privately.

6.3 Resolved: That the Committee:-

- (a) recognises the need for the Sheffield Clinical Commissioning Group to make financial savings in 2013/14 and supports the proposal from the CCG to cease to commission circumcisions for non-clinical reasons;
- (b) notes that CCG will be producing an advice leaflet for parents; and
- (c) requests the Scrutiny Policy Officer to write to the Secretary of State for Health with this Committee's concerns regarding the lack of a national framework and regulation for male circumcisions.

7. RIGHT FIRST TIME UPDATE

- 7.1 Steven Haigh, Right First Time (RFT) Programme Manager and Kevan Taylor, Chief Executive and Programme Director submitted a report providing details of the progress and achievements of the Right First Time Programme over the last 12 months. The report described the delivery to date, the impact of the programme at an organisational level, recommended the need to move away from reporting and scrutiny of the programme at an organisational level with a focus on the impacts to the whole system, provided some reflection on the lessons learnt

from the first phase of the programme and described some of the challenges to be considered in the development of phase 2. The report also provided further detailed information on Phase 2 of the Programme.

7.2 Also attending for this item were Eddie Sherwood (Director of Care and Support) and Ruth Brown (General Manager, Primary Care and Community Services, NHS Foundation Trust).

7.3 Kevan Taylor stated that RFT was an overall programme across all the Trusts and there was high level sign up to the Programme. The majority of Phase 1 had been delivered and progress was to be made on Phase 2, although the budget had not yet been agreed.

7.4 Steven Haigh gave a presentation on the Programme and, in respect of Phase 1, outlined the key areas of focus, the key aims, the programme structure and the impact to date. He also gave details of Phase 2 and the plan for the next three years that would include:

- Broadening the scope to include mental health, children's unscheduled care (in conjunction with Future Shapes) and parts of planned care.
- Raising the ambition to reduce avoidable emergency admissions by up to 29% in the next three years.
- Aiming for further integration of community services to manage the 29% of care more proactively.

7.5 In response to questions from members of the Committee and the representative of LINK, officers indicated that:

- The resource allocation had not yet been agreed but would need to be resolved by 31 March 2013. There was a strong commitment to make it happen at Cabinet Member/Chief Executive level. However, it could only be achieved if there if there was a fundamental change and risk sharing across all partners. Details of the action taken could be submitted to this Committee in 2/3 months' time.
- There was a commitment to shift resources but the scale and mechanism had not been agreed. It would be seen as a failure if this was no agreement on this in the next three months.
- There would be further engagement with the Ambulance Trust.
- There was regular monitoring of patients being discharged from hospital.
- There was a need to change the way funding was allocated but there were risks in making that change. Having confidence of the scale and savings to be achieved would be a challenge.
- A recent check had indicated that 45% of patients on three wards were medically fit for discharge.

7.6 **Resolved:** That the Committee:-

- (a) endorses the progress of the Right First Time Programme and notes that is moving in the right direction;
- (b) requests the Right First Time Programme Manager and Chief Executive and Programme Director to (i) submit a report to a meeting of the Committee in the next four months on the financial commitment from the major organisations to deliver the Programme, (ii) engage with the Ambulance Service/Trust and (iii) take on board the issues now raised about the sustainability of the model;
- (c) requests that Helen Rowe and officers discuss raising the public's awareness of Right First Time through the Programme Board; and
- (d) requests the Director of Care and Support to undertake a revaluation of the Home of Choice Programme.

8. SAFEGUARDING ADULTS

- 8.1 Simon Richards (Head of Quality and Safeguarding) submitted a report providing selected analysis and summarising the main issues in relation to Adult Safeguarding activity across Sheffield in 2011/12, arising from the Sheffield Safeguarding Adult Partnership Annual Report. The report contained information on the level of Safeguarding Alerts and Referrals, including trend comparisons with the preceding year. The report also looked at sources of Safeguarding reports and the locations where abuse or neglect may have occurred. Other issues covered included an ethnic breakdown of Safeguarding cases, audit work to quality assure the Safeguarding process and the outcomes for those at risk and perpetrators.
- 8.2 Sue Fiennes (Independent Chair of the Sheffield Safeguarding Adult Partnership Board) also attended the meeting. She referred to the issue of the quality of care and that the Quality in Care Homes Board had seen an increased referral rate and interventions where there was a lack of quality of care. There had been a response to the national issues raised by Winterbourne and this had given assurance that they would be able to identify issues in those types of settings. She also referred to the further preventative work around self neglect and a refuge service and that the Board was taking responsibility for links to that work and ensuring a multi-agency response. A Safe in Sheffield Programme had been developed to offer a safe place for people with learning difficulties and had received positive feedback.
- 8.3 In response to questions from members of the Committee and the LINK representative, Simon Richards and Sue Fiennes indicated that:
- The Executive Board had discussed the possible inclusion of Healthwatch on the Operational Board.
 - A map of cases by area could be developed.

- The business plan for adults could link to the Right First Time Programme.
- In relation to financial abuse, the safeguarding process did allow a challenge to Powers of Attorney but as it was a complex issue it could take time.
- In relation to care homes, there was considerable emphasis on risk management. Where homes did not work with the safeguarding process this multiplied the risk.
- In terms of supporting vulnerable adults in a care home who may be reluctant to complain, there had to be an environment where people were not fearful of complaining and were supported. There was a pilot scheme to report issues online.
- An analysis of alerts would be useful. Where a trend was identified this could be treated as a priority area for action i.e. financial abuse.
- It was recognised that there needed to be improved feedback to explain why some alerts had not been taken into Safeguarding as referrals.
- There had been no serious case reviews in 2011/12 and one in 2012/13.
- The Annual Report aimed to convey the work on Safeguarding to a variety of audiences. Consideration would be given to targeting key messages to particular audiences. The feedback information in the report presented had been provided by individual agencies but it was accepted that this had not made it a coordinated document.

Resolved: That the Committee:-

- (a) notes the work undertaken under Adult Safeguarding as detailed in the Annual Report for 2011/12 and the priorities for action; and
- (b) thanks officers and the Chair of the Sheffield Safeguarding Adult Partnership Board for the Annual Report;
- (c) requests that the Director of Business Strategy and Head of Quality and Safeguarding (i) takes on board the points raised by the Committee in reviewing the Annual Report, including that consideration is given to the presentation of future Annual Reports and they are more appropriate for their intended audiences and (ii) improves the relationship and sharing of information with the BME communities and notes that there are a number of Members representing, or are from, BME communities that would be willing to contribute to that work; and
- (d) requests the Head of Quality and Safeguarding to confirm the process for providing information on how to report a problem to people first using care services.

9. CARE AND SUPPORT UPDATE

9.1 Attending for this item were Karla Henry (Service Manager, Assessment and Care Management), Robert Broadhead (Head of Adult Services, Care and Support) and Eddie Sherwood (Director of Care and Support).

9.2 Arising from the request at the meeting of the Committee on 17 October 2012 that a series of performance indicators be provided upon which the effectiveness of the Self Directed Support service can be measured, Robert Broadhead gave a presentation on performance measures for Adult Social Care. He explained why the new performance measures were required, the aims of the new measures and the proposed approach and performance measures. In particular he indicated that:

- New performance measures were required as the assessment waiting time was no longer valid for everyone, more customer focussed measures were needed and there was also a need for an early warning system to identify any potential backlogs before they start building up.
- The new measures would aim to ensure customers were getting the right service at the right time, that backlogs did not build up, monitor the customer's experience and measure the appropriate customer journey for each customer.
- The approach would involve developing customer focused measures covering how long customers have to wait and the effectiveness of services and a tool to monitor the number of customers at each stage of the customer journey, how long they have been waiting and provide an early warning system to quickly identify if any backlogs start to build up.
- A number of supplementary measures had also been identified to ensure the processes are efficient and cost effective.
- The new measures were being monitored to set baselines and targets for 2013/14 service business plans.
- Some measures required development and system changes and the aim was to have these ready by April 2013.

9.3 In response to questions from members of the Committee and the LINK representative, Robert Broadhead indicated that:

- Although the measures had an Adult Social Care focus, consideration would be given to multi-agency arrangements.
- There were a number of key measures, such as re-ablement, that could be reported to Members on a regular basis.
- If re-ablement was required, the person would receive the necessary support and the service would arrange with the person what form it would take. Where

the person had immediate needs this would be addressed quickly.

- The Disabled Facilities Grant funded adaptations. A person requiring adaptations may be entitled to a personal budget.
- A bathing service was available from a range of providers.

9.4 **Resolved:** That the Committee:-

- (a) endorses the approach and framework now reported for measuring Adult Social Care performance and notes that it would include Learning Disability and Adult Mental Health;
- (b) requests the Head of Adult Services, Care and Support to submit a progress report on the new performance measures to this Committee in 12 months' time.

10. WORK PROGRAMME AND FORWARD PLAN

10.1 Emily Standbrook-Shaw (Scrutiny Policy Officer) submitted a report containing the draft Work Programme for the Committee and the Cabinet Forward Plan.

10.2 In response to a question from a member of the Committee, Emily Standbrook-Shaw indicated that the process for scrutinising the new Health and Wellbeing Board would be included in the Health Scrutiny Protocol that was being refreshed.

10.2 **Resolved:** That the Committee's Work Programme is approved with the addition of a potential item for inclusion in the 2013/14 Work Programme of a report from the Scrutiny Policy Officer on the Francis Inquiry Report.

11. MONITORING ADVISORY BOARD MINUTES

11.1 The minutes of the meeting of the Monitoring Advisory Board held on 31 October 2012 were received and noted.

12. DATE OF NEXT MEETING

12.1 It was noted that meetings of the Committee would be held on Wednesdays 20 February (Special Meeting) and 20 March 2013 at 10.00 a.m.