

SHEFFIELD CITY COUNCIL

Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee

Meeting held 17 September 2014

PRESENT: Councillors Mick Rooney (Chair), Sue Alston (Deputy Chair), Jenny Armstrong, Olivia Blake, Katie Condliffe, Qurban Hussain, Anne Murphy, Denise Reaney, Jackie Satur, Brian Webster, Philip Wood and Joyce Wright

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1. APOLOGIES FOR ABSENCE

1.1 An apology for absence was received from Councillor John Campbell.

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 The Chair, Councillor Mick Rooney, declared a Disclosable Pecuniary Interest in Agenda Item 7 (Right First Time Programme Update) as a Non-executive member of the Sheffield Health and Social Care NHS Foundation Trust, but felt that his interest was not prejudicial in view of the nature of the presentation and chose to remain in the meeting during consideration of the item.

4. MINUTES OF PREVIOUS MEETING

4.1 The minutes of the meeting of the Committee held on 23rd July 2014, were approved as a correct record. The Committee also noted the Action Update attached to the minutes and, arising from their consideration, the Chair, Councillor Mick Rooney, reported that the Child and Adolescent Mental Health Service (CAMHS) Working Group had produced a paper which had asked questions of the Commissioners, whose response had been reasonable, but was felt to be not as robust as it needed to be. As a consequence, he had discussed this with Councillor Mary Lea, Cabinet Member for Health, Care and Independent Living, who had referred this matter to the Sheffield Health and Wellbeing Board where it was agreed that some of the issues raised had not been addressed. In view of this, the Chair and Deputy Chair, Councillor Sue Alston, were to meet with Councillor Mary Lea, Councillor Jackie Drayton, Cabinet Member for Children, Young People and Families, and Jayne Ludlam, Executive Director of Children, Young People and Families, to take this forward. The Chair also pointed out that a national review on CAMHS was taking place which mirrored this study.

5. PUBLIC QUESTIONS AND PETITIONS

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

6. RIGHT FIRST TIME PROGRAMME UPDATE

6.1 Kevan Taylor, Chief Executive, Sheffield Health and Social Care NHS Foundation Trust, gave a presentation which updated the Committee on the Right First Time Programme. He explained what the Right First Time Programme was and outlined the vision behind it, emphasising the commitment to work together and across organisational boundaries. He went on to provide further detail in relation to developing integrated care in the community, transitional/intermediate care, urgent care and improving the physical needs of people with serious mental illness. The Committee were also updated on system oversight, and the impact and evaluation of Right First Time, together with comments on how the programme was to be moved forward. In conclusion, Kevan Taylor informed the Committee that a first draft of an evaluation report of the programme had revealed that the right things were being done, there was positive evidence of integration between the NHS and the Local Authority, and that Sheffield was different in that it was looking at the whole system, which made evaluation somewhat difficult to undertake. It should be noted that there were still high numbers of people being admitted into care homes and that demonstrating whether the programme was cost-effective presented a challenge.

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

- People were encouraged to complain as this was an important way of identifying areas for improvement. Patient surveys had revealed high levels of satisfaction, but the need for balance was appreciated, particularly in situations where patients' home circumstances needed to be assessed.
- It was recognised that getting people out of hospital as quickly as possible was the right thing to do and was what people wanted. There had been an increase in community services to support patients in their homes.
- The bulk of responses to the patient satisfaction surveys were positive.
- The 3,500 Care Plans which had been commissioned, represented about a quarter of those required. This process was at a developmental stage and it would be two to three years before there was full coverage.
- In terms of evaluation, the Sheffield programme was one of ten national pilots on which the King's Fund would be undertaking an evaluation in the near future. It was proving difficult to establish cause and effect, but good joint assessments of care had been revealed.
- Under the NHS Choices scheme, GPs could refer patients to private services, but patients should not be paying for any extra care required, for instance if they had to stay in hospital longer than was expected.

- The Patient Advice and Liaison Service (PALS) continued to operate in Sheffield and had a presence at the local hospitals. Patient issues could also be raised through the Healthwatch Sheffield service.
- In relation to development areas, the Systems Referral Panel was running well in relation to engagement and work was being undertaken in relation to organisational development and ensuring that information systems were talking to each other.
- The availability of patient records was sometimes a problem caused by lack of information and there was also an issue around sharing information for some parts of the organisation.
- It was recognised that there was a need to publicise successes more.
- The need for home support, particularly in relation to elderly and isolated patients, was appreciated.
- It was accepted that access to information was an important tool in patient empowerment.
- The demonstration of cost-effectiveness was proving to be a challenge, with OPM (an independent research organisation and consultancy) having difficulty with this. It was felt that the Right First Time Programme would be shown to be cost-effective as funding was taken out of acute care and put into prevention, but this would take time.

6.3 RESOLVED: That the Committee:-

- (a) thanks Kevan Taylor for his contribution to the meeting;
- (b) notes the contents of the presentation and the responses to questions; and
- (c) requests that an update on the Right First Time Programme be presented to a future meeting of the Committee in six months' time, to include details of patient feedback and progress on the communication and informatics workstreams.

7. CARE ACT 2014 - PROGRESS ON IMPLEMENTATION

- 7.1 The Committee received a report of the Interim Director of Care and Support which highlighted the reasons for the introduction of the Care Act 2014 (the Act), identified the actions which had taken place to support its implementation in Sheffield and described the implications of the Act for the people of Sheffield. The report was introduced by Luke Morton, Programme Manager, Communities.
- 7.2 Members made various comments and asked a number of questions, to which responses were provided as follows:-

- There had been no major issues in implementation, with actions being undertaken to build on established best practice and ensure that the Council's practices aligned with the legislation. Consideration was being given to improving information and advice as this was not always as coherent or comprehensive as it might be.
- There would be financial implications associated with implementation, but a Department of Health impact assessment had indicated that there would be no net impact on local authorities.
- There would be no overall review of charging policy, but some parts of the Act involved discretionary decisions on issues such as carers' personal budgets.
- There would be a cap on care costs for those whose capital and income were above the charging thresholds and there were approximately 4,500 of those self-funders. The cap on care costs was £72,000.
- If the Local Authority had a responsibility, then the charging requirements would apply. There was a duty to meet care and support needs and a duty in emergency situations. The Act provided the force of law to support this so that if a local authority was not responding in an appropriate way, this could be taken to a Judicial Review.
- The Act had received cross-party support whilst going through Parliament, so its repeal by any change of Government was not expected. However, some of the limits may change.
- The capital allowance was to be increased to £118,000, which meant that people with assets, including houses, below that value would be eligible for support from the Council. There was also a deferred payment scheme whereby loans could be provided to pay for residential care, with a charge being put on the property.
- Some modelling had been undertaken to assess the impact of the Act on budgeting.
- There were specific rules on how property value was counted and the Financial Assessment Service were aware of the issue of people re-mortgaging their properties to avoid the capital limits.

7.3 RESOLVED: That the Committee:-

- (a) thanks Luke Morton for this contribution to the meeting;
- (b) notes the contents of the report and the responses to questions;
- (c) welcomes the principles behind the Care Act 2014; and
- (d) requests that:-
 - (i) a further report on the implementation of the Care Act 2014 be presented to a future meeting of the Committee after January 2015; and
 - (ii) a copy of the Council's Charging Policy be circulated to all Council Members, together with an explanation of why this was being done.

8. DRAFT WORK PROGRAMME 2014/15

- 8.1 The Committee received a report of the Policy and Improvement Officer which outlined the Committee's Draft Work Programme 2014/15.
- 8.2 RESOLVED: That the Committee notes the Draft Work Programme as detailed in the report.

9. DATE OF NEXT MEETING

- 9.1 The next meeting of the Committee will be held on Wednesday, 15th October 2014, at 10.00 am in the Town Hall.