

Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee

Wednesday 23 September 2015 at 10.30 am

To be held at the Town Hall, Pinstone Street, Sheffield, S1 2HH

The Press and Public are Welcome to Attend

Membership

Councillor Cate McDonald (Chair), Sue Alston (Deputy Chair), Pauline Andrews, Jenny Armstrong, Katie Condliffe, Mike Drabble, George Lindars-Hammond, Shaffaq Mohammed, Anne Murphy, Peter Price, Jackie Satur, Geoff Smith, Garry Weatherall, Brian Webster 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.

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](mailto: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
23 SEPTEMBER 2015**

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 - 12)
To approve the minutes of the meeting of the Committee held on 22nd July, 2015
- 6. Public Questions and Petitions**
To receive any questions or petitions from members of the public
- 7. Carers' Strategy** (Pages 13 - 36)
Report of the Director of Commissioning, Communities, Sheffield City Council
- 8. Work Programme 2015/16** (Pages 37 - 42)
Report of the Policy and Improvement Officer
- 9. Date of Next Meeting**
The next meeting of the Committee will be held on Wednesday, 25th November, 2015, at 10.30 am, in the Town Hall

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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, Director of Legal and Governance on 0114 2734018 or email gillian.duckworth@sheffield.gov.uk.

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

Meeting held 22 July 2015

PRESENT: Councillors Cate McDonald (Chair), Sue Alston (Deputy Chair),
Pauline Andrews, Mike Drabble, George Lindars-Hammond,
Peter Price, Jackie Satur, Geoff Smith, Garry Weatherall,
Brian Webster and Joyce Wright

Non-Council Members (Healthwatch Sheffield):-

Helen Rowe and Alice Riddell

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1. APOLOGIES FOR ABSENCE

1.1 Apologies for absence were received from Councillors Jenny Armstrong, Katie Condliffe, Shaffaq Mohammed and Anne Murphy.

2. COUNCILLOR MICK ROONEY

2.1 The Chair paid her respects to Councillor Mick Rooney, Chair of this Scrutiny Committee since 2010.

2.2 RESOLVED; That the thanks of the Committee be conveyed to Councillor Mick Rooney, for the excellent work undertaken by him, in his capacity as Chair of the Committee, since 2010.

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 There were no declarations of interest.

5. MINUTES OF PREVIOUS MEETINGS

5.1 15th April 2015

The minutes of the meeting of the Committee held on 15th April 2015, were approved as a correct record and, arising therefrom, it was noted that:-

- (a) a report on the issue of whistleblowing was to be submitted to the Council's Standards Committee in September 2015, and the Policy and Improvement Officer would forward this report to Members;

- (b) the issue regarding Quality Accounts would be considered under the item on the Committee's Work Programme 2015/16; and
- (c) Sheffield Children's Hospital NHS Foundation Trust was to submit a report on Child and Adolescent Mental Health Services (CAMHS) to the Sheffield Clinical Commissioning Group shortly; the Policy and Improvement Officer would circulate the report to Members as soon as she could obtain a copy.

5.2 20th May 2015

The minutes of the meeting of the Committee held on 20th May 2015, were approved as a correct record.

6. PUBLIC QUESTIONS AND PETITIONS

6.1 Sylvia Parry raised the following three questions:-

- (a) Members of Stocksbridge Community Health Forum would like to know if this Committee has an Annual Report from the Sheffield Dental Hospital.

Response – The Chair indicated that the Sheffield Dental Hospital was part of the Sheffield Teaching Hospitals NHS Foundation Trust, and it was suggested that a request be made to the Trust to include this information in their Quality Accounts, if they were not already doing so.

- (b) Will this Committee support the return of an annual dental inspection for all children, from nursery to secondary school age, in their schools?

Response – The Chair stated that there was a need to obtain confirmation in terms of current arrangements and costs in respect of this issue prior to the Committee making any decision thereon.

- (c) How closely do dentists work with GPs?

Response – The Chair stated that information would be requested from the Dental Public Health Team.

7. UPDATE ON THE DE-REGISTRATION OF LEARNING DISABILITY CARE HOMES

7.1 Barbara Carlisle, Head of Strategic Commissioning and Partnership, Communities, reported on the present policy, at both national and local Government level, to ensure that people with learning disabilities lived in accommodation that met their individual needs. She stated that, in accordance with the policy, the Council had commenced the process of de-registering its Learning Disability Care Homes, and moving towards a system of Supported Living Services.

7.2 Kate Anderson, Contracts Manager, Communities, gave a presentation on the

present position with regard to the de-registration of the Council's Learning Disability Care Homes to Supported Living Services, indicating that there were nine Care Homes to be de-registered, five registered to the Care Quality Commission by Housing Associations, with care and support delivered by Sheffield Health and Social Care NHS Foundation Trust, and four provided by Dimensions. Three of the Care Homes (Handsworth, Cottam Road and East Bank Road) had been de-registered, with TUPE (Transfer of Undertakings (Protection of Employment)) having been applied in all three cases. Wensley Street was currently going through the Deciding Together process, following Assessments and Support Plans, and Beighton Road was in the process of having Assessment and Support Plans completed.

7.3 Ms Anderson referred to a number of issues which had been experienced during what had sometimes been quite a complex and difficult process, and which had involved major changes in terms of culture and practice for staff and service users and their relatives. She also reported on the lessons learnt in terms of the process, with regard to the Care Homes that had already been de-registered.

7.4 Ms Anderson concluded by referring to the changes to services, following de-registration, which included improved independence and better social inclusion for people with a learning difficulty. She added that the Council had commissioned a report from Cloverleaf, an organisation providing an independent and confidential advocacy service that could be used by adults with a learning disability and their families, providing an independent review of the de-registration process to date, which would be circulated to Members of the Committee. She also referred to monthly newsletters produced by the Council, providing updates and general information in terms of the de-registration process.

7.5 Members raised questions and the following responses were provided:-

- Whilst it was accepted that often people did not like change, the majority of feedback received following the de-registrations that had been completed had been positive. The majority of staff had transferred under the TUPE regulations, which had resulted in there being no major change in terms of staffing. There had been an increase in staff hours in the Supported Living Services, which had resulted in staff being able to spend more time with people. Staff were also able to carry out more and varied activities for people, including activities within the Services and trips out.
- The Council would be involved in the process for at least another 18 months, and longer if required, depending on people's needs.
- The decision had been made in terms of the de-registration of the Care Homes on the grounds that it was both local and national government policy to move towards provision of Supported Living Services to ensure increased independence, choice and control in people's lives.
- It was accepted that there had been a number of issues following the de-registration of Handsworth, some of which had been linked to the Residential

Service and others to the new providers approach. There had also been some concern over the fact that the manager had left, although this had been the Area Manager, who had left at her own choice, and not the Scheme Manager, who would be responsible for the direct management of the Service. A new Area Manager had now been appointed who, having been the Development Manager, responsible for developing the project through transition, had considerable knowledge about the service and its staff, which had resulted in considerable progress and improvement being made.

- Communication with staff, people living in the homes and their relatives had been viewed as a priority within the staff teams in the Services, and the Council had made significant efforts to ensure that all parties were provided with as much up to date information as possible. This initiative had included group or one-to-one meetings with relatives, at which they had been asked which method of communication would be best for them, together with the production of a monthly newsletter providing information on progress with regard to the de-registration process and details on activities available within the Services. It was also stressed that it was important that providers also maintained efficient and effective communication with staff, people and their relatives.
- Although three Care Homes had been de-registered, the Council had not yet had the opportunity to arrange consultation sessions with those members of staff who had transferred under the TUPE regulations, although there were plans to undertake this work in the future.
- Assessments in terms of the budget implications following the de-registration process were still being undertaken, although officers were aware that the transfer of staff under the TUPE regulations had resulted in there being significant budget implications. Although it was likely that savings would be made in the long-term following the de-registration process, such savings would not be as significant if staff had not transferred under the TUPE regulations.
- Approximately 100 people with a learning disability had been affected in some way, as part of the de-registration process.
- The providers in terms of the Services following the de-registration of the next six Care Homes would be decided under the 'Deciding Together' process, whereby all 27 providers on the Council's Approved List would be invited, and a shortlist would be drawn up after the initial submission of bids.
- A Commissioning Officer had been appointed to work on transformation, based on the ambitions set out in the Learning Disability Commissioning Strategy and the quality standards in the Supported Living Contract.
- In most cases where staff were undertaking outreach work, they would be expected to make arrangements for their own meals and, to date, there had been no feedback indicating that this was causing any particular problem for

them. This is one of the issues that would be raised with staff, as part of a wholesale feedback exercise.

- Whilst it was accepted that as people grew older, there may be a need to consider care home placement, at the present time, the main aim was to build up their ambitions in terms of Supported Living, and this was what the Council was focusing on at the present time.
- There was a need to ensure that the culture in connection with supporting people with a learning disability in the City was changed, particularly with regard to the institutionalisation of such people. The approach that was being looked at by the Council was changing its contractual monitoring procedures. There would also be an emphasis on the providers themselves to inform the Council of the changes they had made, as well as the providers being challenged to make improvements to the services they were offering. The providers would also need to demonstrate to the Care Quality Commission how they were meeting the required outcomes.
- Three staff had left Handsworth, and a further member of staff had resigned. There had been a number of practice/safeguarding issues involving staff who had transferred under the TUPE regulations, as well as other issues which had not involved such transferred staff. There were no agency staff working at Handsworth, and details of the total number of staff would be forwarded to Councillor Joyce Wright.

7.6 RESOLVED: That the Committee:-

- (a) notes the contents of the report now submitted, together with the information now reported and the responses provided to the questions raised;
- (b) thanks Kate Anderson and Barbara Carlisle for attending the meeting, and responding to the questions raised;
- (c) based on the information provided, is (i) happy that adequate progress has been made in connection with the de-registration process so far and (ii) satisfied that the lessons learnt following the problems and issues experienced as part of the de-registration of the first three Learning Disability Care Homes have been built into systems and processes, which should ensure that the de-registration process would continue to progress satisfactorily; and
- (d) requests that a report containing details of the feedback from staff and service users in terms of the impact of the de-registration on them, in a suitable format to be decided, be made available to the Committee.

8. TRANSFORMING CARE - UPDATE ON WINTERBOURNE ACTIONS

8.1 The Committee considered a joint report of Barbara Carlisle, Communities,

Sheffield City Council, and Pamela Coulson, Commissioning Manager, NHS Sheffield Clinical Commissioning Group, on the Government's commitment to transform services for all people with learning disabilities or autism, who had challenging behaviour or a mental health condition, following the staff abuse of patients with learning disabilities at Winterbourne View, a private learning disability hospital. In December 2012, the Department of Health published 'Transforming Care: A National Response' and the accompanying 'Winterbourne View Concordat: Programme of Action', which set out 63 Transforming Care commitments, the central commitment being that by 1st June 2014, anyone with a learning disability and challenging behaviour, whose care would be appropriately delivered in the community, should be moved out of hospital or other institutional setting.

8.2 The report indicated that as at July 2013, Sheffield had a total of 18 adult placements funded in out of city placements and of those 18 placements, 12 had been placed by NHS Specialist Commissioners, with the remaining six being identified as having the potential to be repatriated to Sheffield. All six had now returned, with five being returned within the target timescale.

8.3 Barbara Carlisle highlighted the main priorities in terms of the actions required to progress Transformation, and what the Council was doing for the people of Sheffield in terms of the Transforming Care Programme.

8.4 Members raised questions and the following responses were provided:-

- The majority of people in hospital, out of city, received 24-hour support as part of their Support Plan.
- Staff in Commissioning, Communities, were working very closely with colleagues in Children, Young People and Families and the Clinical Commissioning Group in order to clearly identify where those people in out of city placements were based, when they would be returning to Sheffield and what provision they would require on their return.
- The Policy and Improvement Officer would be requested to make arrangements for regular updates on the 'Transforming Care Action Plan', and details of its delivery, to be shared with this Committee.
- The reason as to why 12 people had been placed by NHS Specialist Commissioners, and not back to Sheffield, was due to the fact that Sheffield does not have any secure forensic services.
- Commissioning plans were being put in place to ensure that people and families were well supported, including those people who were not currently in the system when circumstances may change.
- The Council and the NHS Sheffield Clinical Commissioning Group were working hard to reduce the number of children with complex needs being sent out of the City due to a lack of specialist provision in Sheffield.

8.5 RESOLVED: That the Committee:-

- (a) notes the contents of the report now submitted, together with the information now reported and the responses provided to the questions raised;
- (b) thanks Barbara Carlisle and Pamela Coulson for attending the meeting and responding to the questions raised;
- (c) based on the information provided, is satisfied that the current arrangements, and planned arrangements for the future, in connection with the Transforming Care Programme in Sheffield, are satisfactory; and
- (d) requests that a report providing an update on the progress of the arrangements be submitted to a future meeting of the Committee.

9. WORK PROGRAMME 2015/16

9.1 The Policy and Improvement Officer submitted a report attaching the draft Work Programme 2015/16. The Programme set out details of topics to be dealt with as part of major task and finish work, those to be dealt with by a Sub-Group, single item agenda issues and issues for briefings/information/updates.

9.2 RESOLVED: That the Committee:-

- (a) notes the contents of the draft Work Programme 2015/16 now submitted, subject to the suggested changes now made by Members, to be finalised by the Chair and the Policy and Improvement Officer; and
- (b) agrees the establishment of (i) a Task and Finish Group, comprising the Chair and Councillors Sue Alston, Pauline Andrews, Joyce Wright and Garry Weatherall and Helen Rowe, together with any of the four other Members who were not in attendance at this meeting, to discuss the quality of Home Care and (ii) a Sub-Group, comprising the Chair and Councillors Geoff Smith and Garry Weatherall and Helen Rowe and Alice Riddell, together with any of the four other Members who were not in attendance at this meeting, to carry out work on Quality Accounts on behalf of the Committee.

10. CHILD AND ADOLESCENT MENTAL HEALTH SERVICE (CAMHS) - UPDATE

10.1 The Policy and Improvement Officer submitted a report, attaching, as appendices, a report of a Working Group of this Committee, which had been established to look at Child and Adolescent Mental Health Services (CAMHS) in response to parents of service users who were unhappy with elements of the Service, and a report of the Executive Director, Children, Young People and Families, submitted to the Sheffield Health and Wellbeing Board on 26th March 2015, containing the responses and progress update from the Board to its Emotional Wellbeing and Mental Health Engagement event with Chilypep, Sheffield Futures and Young

Healthwatch in November 2014.

10.2 RESOLVED: That the Committee:-

- (a) notes the contents of the report now submitted; and
- (b) requests the Policy and Improvement Officer to circulate any further updates on this issue to the Committee when they become available.

11. URGENT CARE REVIEW

11.1 The Policy and Improvement Officer submitted a report attaching two Sheffield Clinical Commissioning Group (CCG) Governing Body reports, giving an overview of the process followed to date in connection with the undertaking, by the CCG, of a review of all the urgent care services in the City.

11.2 RESOLVED: That the Committee notes the contents of the report now submitted.

12. DATE OF NEXT MEETING

12.1 It was noted that the next meeting of the Committee would be held on Wednesday, 23rd September 2015, at 10.30 am, in the Town Hall.



Healthier Communities & Adult Social Care Scrutiny & Policy Development Committee

23 September 2015

Subject: Carers Strategy

Contact: Emily Standbrook-Shaw, Policy & Improvement Officer
Emily.standbrook-shaw@sheffield.gov.uk
0114 27 35065

Summary:

The attached information has been put together to inform the Committee's discussion on the Carers Strategy. There are 3 documents:

- 1 – Slides on the Carers Strategy from Joe Fowler, Director of Commissioning and Emma Dickinson, Commissioning Manager from the Sheffield City Council Communities Portfolio.
- 2 – Comments from Carers compiled by HealthWatch Sheffield
- 3 – Issues that affect young carers, from Sheffield Young Carers.

The Committee will hear from the cabinet member, council officers and carers during the meeting.

Type of item: The report author should tick the appropriate box

Reviewing of existing policy	
Informing the development of new policy	x
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 being asked to:

Consider and comment on the development of the Carers Strategy.

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Carers Strategy

Joe Fowler

Emma Dickinson

carers@sheffield.gov.uk



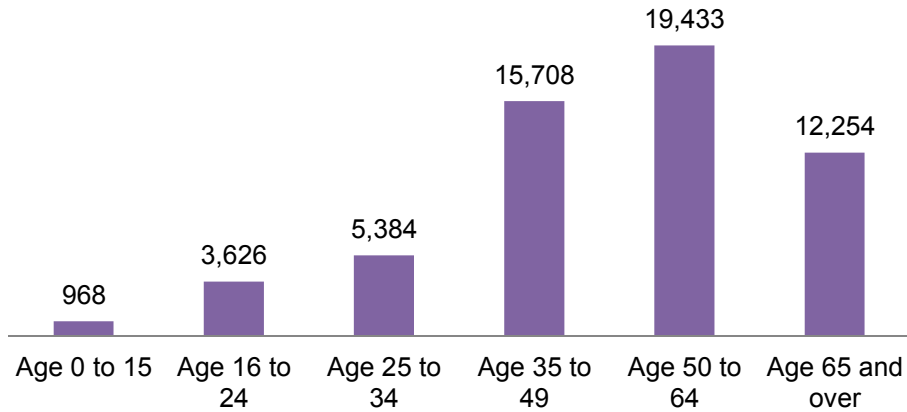
Who is a carer?

A carer is anyone who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support.

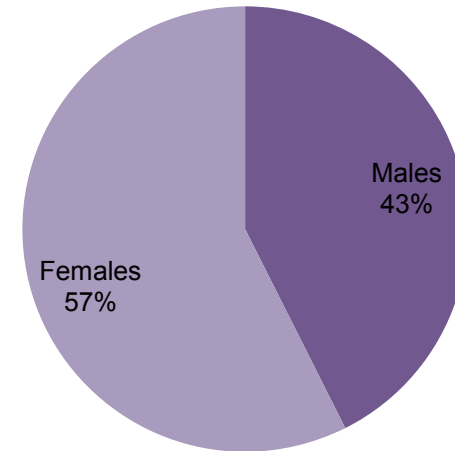
Carers Trust

There were 57,373 people (children and adults) reported in the census in Sheffield as providing unpaid care

Age profile of Carers

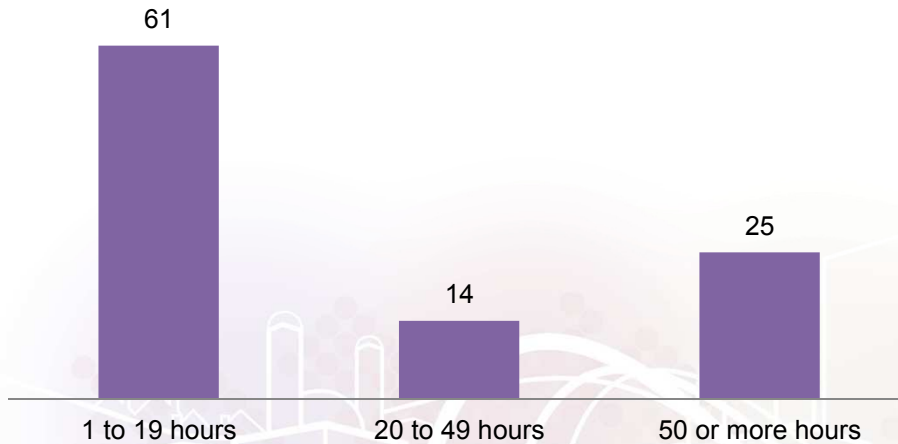


Key Facts



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Percentage of hours caring



Census 2011

Percentage ethnic profile

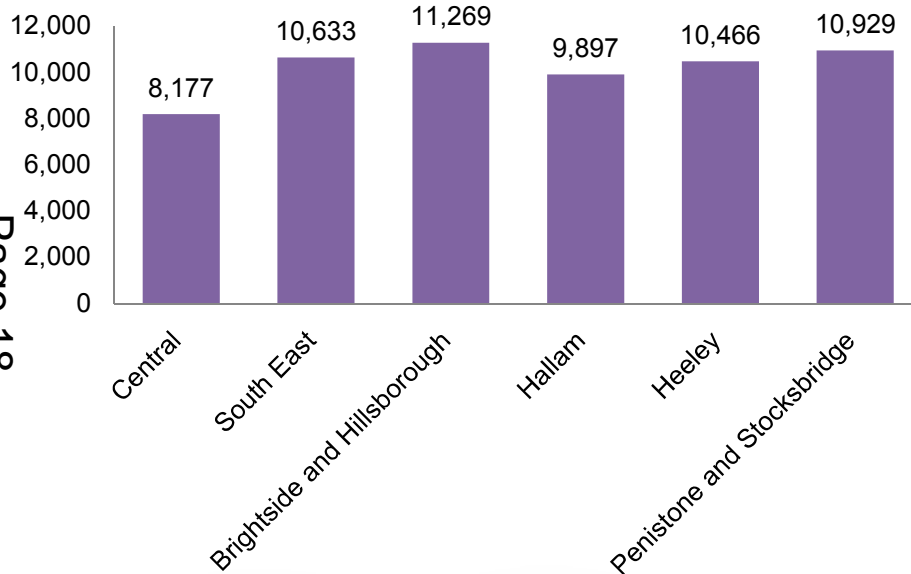


The changing carer population

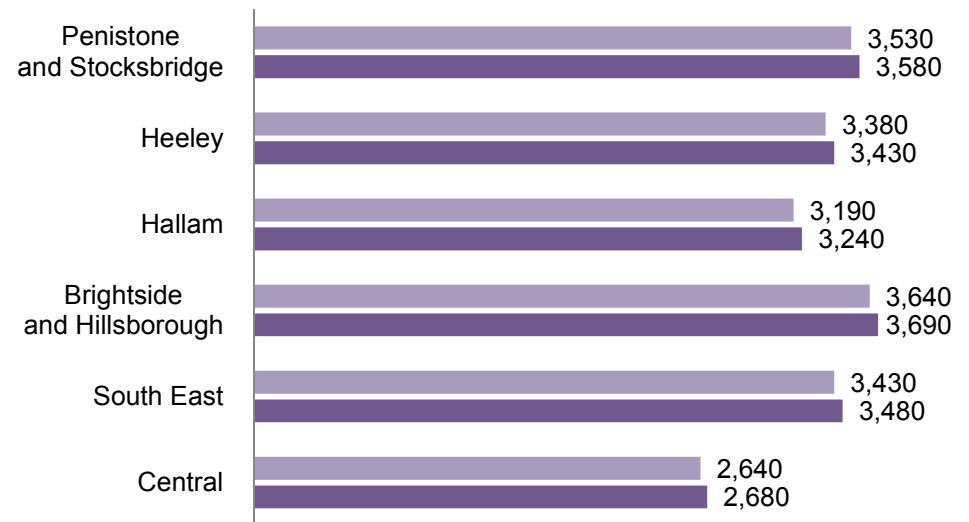
- 55 people start caring in Sheffield every day

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**Number of carers, 61,371
(Census 2011)**



■ Estimated number that cease caring annually, total - 19,810
■ Estimated number that begin caring annually, total - 20,100



<http://www.carersuk.org/for-professionals/policy/policy-library/need-to-know>

Please note that these figures are estimates, calculated using the best national estimate of transitions into and out of unpaid care.

Michael Hirst, of the Social Policy Research Unit at the University of York, carried out the research on behalf of Carers UK. Please see Appendix 1 of *Need to know* (2014) for methodology

Our approach - co-production

‘Co-production means delivering public services in an equal and reciprocal relationship between professionals, people using services, their families and their neighbours. Where activities are co-produced in this way, both services and neighbourhoods become far more effective agents of change’

Right Here Right Now (New Economics Foundation).

Carers Strategy – city wide

- All age strategy – young carers, parent carers and adult carers
- Short document – approx 5 pages
- Set out the vision for the city
- 3 action plans – young carers , transitions, adults



Carers Consultation – 3 phases

Phase 1	Listening to carers – identifying the messages	Completed
Phase 2	Validating the messages – identifying the solutions	Ongoing
Phase 3	Validating the solutions – developing service specifications	Underway



Messages from Carers - 1

1. Information and advice: I want the information I need, when I need it

- *‘when we visited the Memory Clinic, I received lots of leaflets, I didn’t have the time to read through and work out what was relevant to me’*

2. I want good advice to help me through the maze

- *‘I have called Social Services and spoken to someone, I was passed on to 3 or 4 people before the right person – they were all nice but it was very frustrating’*

Messages from Carers - 2

3. If services are right for the cared for person then it will make it easier for me

- *‘named contact at social services would help’*
- *‘care agency is not always reliable’*

4. Time for me so I can have a life outside of caring

- *‘it can be really lonely...your family and friends drift away’*
- *‘I struggle to get a doctors appointment so I don’t go’*
- *‘work just don’t understand how it can change’*

Messages from Carers - 3

5. I want to feel in control and safe and have a plan for emergencies

- *I wake up in the night and worry what will happen to my son when I am not here*

6. I don't want to be in financial hardship

- *I have to travel to see my mum every day ... it is two buses*
- *I have to have the heating on all day*

Key Actions - ongoing

- The new Sheffield Directory
- Services becoming more 'carer aware'
- Staff understand and show empathy with what it is like to be a carer
- Emergency plans



Key Actions – working on

- Flexible respite
- Transitions – in all forms
- Carers health and linkages with health providers
- Carers assessments



Timeline

	Date
Provider market test – speaking to providers	Aug / Sept 2015
Carers Strategy **	Sept / Oct 2015
Commissioning Strategy	Oct / Nov 2015
Action plans (young carers, transitions, adults)	Winter / Spring 2016
New carers services	April 2016

** Likely to evolve with changes to policy and legislation in the coming year - there will be a new National Carers Strategy in 2016

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Information from Healthwatch Sheffield - views received from carers in the last 12 months

- Problem with her child's role as a young carer - She doesn't feel that school are supporting her child adequately.
- Person is frustrated about cuts to social care services and the effects of cuts on individual budgets. Person feels fed up with the way carers are treated by the council. They received a letter just before Christmas saying their child's budget was being cut. They didn't think this was the best timing.
- Has a child with Autism and is unhappy with the services offered. They need support and help for them as they are the full time carer. HWS - signposted to Parent Carer Forum and Autism plus.
- Lady has cerebral palsy (& wheelchair user) and lives with a 24hr carer. Currently living in halls of residence in Sheffield (student at Sheffield Hallam). She had her care costs and rent for 24 hr carers paid by a neighbouring authority where she lived prior to university. She is having a problem with Sheffield City Council and the neighbouring authority who are both disputing who is responsible for paying for her care costs etc. HWS - booked face to face advice session with Sheffield CAB.
- Person is concerned that they feel there is no end of life care pathway for patients with dementia. These patients (like the person's Mother who died in December) have no access to at home palliative care in their final few months. GP services are unable to cope and are unavailable at evenings and weekends. Hospices won't take them. These patients and their carers find that there is nothing for them in these last few months. Mother died in pain at the weekend because of this. NHS 111 could only offer an ambulance to take Mum to hospital: a GP wasn't available quickly. She had a DNR precisely because we wanted to avoid the distress this would involve, but it should not have been a trade off between wanting her to die in her own home and dying in pain. Distressing experience trying to get help for my Mother as she was dying at the weekend. She died in pain and fear because no end of life pathway was available to her/us.
- Lady's mum has Alzheimer's - Adult Social Care were contacted about a care package assessment to be done last year. She wanted to know if she could get respite care for her mother as she was struggling to care for her full time. She felt that the adult services were appalling. When she rang she kept getting admin staff who said a social worker would contact her in a few days. She received no call from a social worker. She eventually received a care package assessment - a lady from an agency came to see her mum.

She was ok but it would have been good if she had been given 10 mins before the assessment meeting to prepare her mum (her mum did not know what was going on and was confused because of her Alzheimers). After the assessment interview they did not feel there was any way to contact the assessor if she had any questions about her mum's assessment and she did not feel there was any back up support from Adult Social Care. She has contacted them but keeps getting admin staff and no one to answer her questions. She has since found out that there is a lack of social workers available. She was sent a leaflet last year about Community Access & Re-enablement (CARS) which is for people over 60 to re-learn to look after themselves. She feels this is dreadful as it doesn't take into account the people with dementia/Alzheimers cannot re-learn. She asks that carers could be given 10/15 mins as part of the assessment to talk and prepare the cared for person for the assessment interview. Her mum was confused and didn't know what was going on. She also couldn't answer any questions because of her Alzheimer's. The assessment process is too long (2 hrs) and is very stressful both on the carer and the cared for person. The form also needs to be shorter as it is too long.

- Lady has a condition which affects her brain. She also has a young child. Her parents have been her main carers. Four years ago she had an assessment with a social worker who said that a flat would be found for her to live independently with support. A financial assessment was also done and it was said that being a single parent she would not have to pay for her support. She has waited up to a year and still heard nothing from Adult Social Care. She contacted the Carers Centre who rang Adult Social Care to find out that the social worker had moved departments and not told them. They also had no record of the lady's assessment. With the help of the Carers Centre another assessment was arranged - a complaint was lodged but the reply wasn't helpful. The Carers Centre again help along with SHINE arranged another assessment (and they attended the interview with her to explain what her condition was and how it affected her). Another social worker took over after the original one went on maternity leave, so nothing happened for 3 months. Client is not hopeful that things will be resolved soon.
- Gentleman's wife has Parkinson's -They had the house adapted - floor lift, 2 hoists (upstairs and downstairs) and a ramp outside. After her assessment her care plan was reduced by £400. They asked for a reassessment and were told that the original figure was wrong. It was confirmed that the money would be backdated but they are still waiting for this money. They were not told after the assessment that the care plan was being reduced and they had to chase adult social care to get a reassessment. His own health has deteriorated. He has just spent 2 days in the hospital for exploratory surgery. He has no energy and is tired all the time. He was assessed at the same time as his wife and had his care plan reduced from £675 per month to £147. After asking for a reassessment his hours were increased from 3.5 hrs to 7.5 hrs but again the money has not been backdated as promised. He feels very annoyed as the social worker made

comments about his being ok and had nothing wrong with him on his visit.

- She is very unhappy about the lack of information and guidance around procedures and reviews (concerning the care of her mother). She is her mother's carer. She says she often receives a phone call to say they are coming for one type of meeting, then it turns out to be for something else. You are not told that you can have (and might need) an advocate there - she recommends Disability Sheffield, or a friend who is very astute and can take accurate notes. A recent meeting turned out to be a review of her healthcare needs, there was a Nurse from the PCT, and RMN, A CPN and an Age UK advocate. She felt that the Nurse's attitude was aggressive, and she felt under threat of them taking her mum into care, because they kept saying to her "Well if you can't cope..." She felt that they wanted to make all the decisions for her and her mum. They didn't have their own advocate present because she wasn't told that it was going to be a 'cost-cutting' meeting. As a result of the meeting, her mum's funding was cut by half, and she has lost funding for her mum's P.A. She felt bullied and has lost any confidence to now ring for help, because she is terrified her mum will be put in care, despite the fact that she is capable of caring for her herself, given the right support. They are appealing against decision with the help of Disability Sheffield. They are unhappy that the DST (Decision Support Tool) which they felt took too long to be sent to them, and it wasn't detailed enough - significant illnesses were missed out, and it was based purely on physical ill-health, with no professional psychiatric input. (Her mother has late-stage Alzheimer's). A "short report" was later requested from a CPN. Although they are now challenging the report, they are unhappy because they were not told clearly before that if you ask for a new DST and are successful, the funding will not be backdated.
- Direct payment for care should not be a 'one size fits all' way of receiving care. Many people who require care cannot manage direct payments and all its implications. Changes client would like - care provided by health service (NHS) and the local authority needs to be as one (joined up). Care should always been in place when someone is discharged from hospital. Carer has cared for their disabled child for the last 30 years and is now elderly. They have requested a carer's assessment 12 months ago, and have not had one.
- Person and their partner are the main carers for mother in law, in her 90's. They have been looking after her since Nov 2011, when she moved to live with them. At present mother in law is in hospital after having a fall and carers feel they can no longer look after her on their own. They don't want to put her in a home but feel they need extra help to care for her. She has never had a care package in place as they have done all the caring. The hospital has not mentioned anything about a care package/assessment and they are wondering is this something they should do but have no idea how to go about it. They were given information to ring the Carers Centre who can support and provide information on adult social care process.

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Issues that affect young carers	Some of the actions and solutions (statutory and voluntary sector)
Education	
<ul style="list-style-type: none"> • Absences • Lateness • Lack of concentration • Tiredness • Poor or incomplete homework • Difficulty joining in extra-curricular activities • Bullying • Restricted peer networks • Poor attainment • Anxiety • Behavioural problems • Lack of aspiration 	<ul style="list-style-type: none"> – Sheffield Young Carers Project (SYC) working with schools, colleges , apprenticeship and training providers to promote awareness of young carers and their needs – Statutory agencies working to identify young carers and offer a young carers assessment, including MAST working with schools to promote awareness of YC and their needs – SYC coordinates schools network for primary and secondary schools (SCC/MAST YC Champions attend), promoting good practice and uptake of young carers assessments – VOYCE project works on supporting young carers in transitions (primary to secondary and secondary into HE or training/apprenticeships) Main partners = Chilypep, SYC, Interchange. This includes pilot work in three families of schools, and in supporting involvement of young carers in the education sub-group of Young Carers Strategic Board – SYC has supported the development of Progression Information Form (from school to further education, piloted with Sheffield College and now being extended to more schools) – Emotional well-being support for young carers in school through pilot project as part of SCC contract with Interchange and Family Action – being piloted in 3 families of schools
Physical health	
<ul style="list-style-type: none"> • Tiredness • Unhealthy diet • Lack of exercise • Lack of access to primary healthcare • Injuries e.g. back pain • Self-harm or suicide attempts • Use of drugs or alcohol to cope • Physical abuse 	<ul style="list-style-type: none"> – SCC is ensuring that health professionals take into account the needs of young carers and ensure that their caring role is not detrimental to the young carers health; e.g. including Young Carers in templates for GP annual reviews of adults with Chronic diseases – SYC has piloted development of good practice to support young carers in 2 GP surgeries as a pilot, includes establishing YC Champions in the surgeries (SYC work funded through VOYCE Project – not SCC funded) –
Emotional health and wellbeing	
<ul style="list-style-type: none"> • Stress, anxiety and upset <ul style="list-style-type: none"> ○ Welfare of person cared-for ○ Unpredictability ○ Stigma ○ Periods of separation as a result of hospital 	<ul style="list-style-type: none"> – All staff are aware of assessment process and are aware of Young Carers issues in order to carry them out – Training and awareness sessions delivered to all MAST teams, plus other agencies around emotional impact of caring on young people – Increase confidence and self-esteem of young carers through SYC’s 121 and group work support, part funded by SCC contract – SYC work with SHSC Trust on care progression pathways to include young carers, recent work on piloting ‘triangle of care’ which includes young carers (this development work is supported through SCC contract

<p>admittance</p> <ul style="list-style-type: none"> ○ Financial worry ● Low self esteem ● Depression ● Inner conflict ● Resentment ● Guilt ● Fear – will it happen to me 	<p>funding)</p> <ul style="list-style-type: none"> – SYC strategic work, including representative on adult Mental Health Partnership Board – to ensure adult services aware of impact of their decisions on young carers (work funded through SCC contract). Chilypep sit on Children’s Emotional Wellbeing Board through VOYCE Project – Supporting involvement of young carers and voluntary sector in the EWB and Participation sub-group of YC Strategic Board (Chilypep lead) – EWB support for young carers through SCC contract with Interchange
Social impact	
<ul style="list-style-type: none"> ● Isolated from peers ● Bullying and anxiety about bullying ● No-one to talk to 	<ul style="list-style-type: none"> – SYC provide a range of holiday activities as well as groups providing social activities alongside support – SCC working to improve peer networks with Sheffield Young Carers and Chilypep – Support provision of activities for young carers – to get a chance to have fun and a break – Support Young Carers Break Fund – administered by SYC as part of SCC contract – All agencies support Carers Week and Carers Rights Day activities
Voice and influence	
<ul style="list-style-type: none"> ● Not consulted or listened to in relation to the care of the cared for person ● Not consulted or listened to in relation to services and support for young carers ● Not able to inform and influence decision makers or service providers ● Not able to have a collective voice and representation 	<ul style="list-style-type: none"> – Work with GPs and health services to raise awareness around listening to young carers is ongoing with varied degrees of success – Work with schools to support young carers voice and influence, e.g. on school councils – SYC train and support young carers to participate in training and presentations to professionals – using SYC films when events are in school time – VOYCE-PG and young carers were involved in the development of Sheffield’s young carers assessment – Young carers were involved in the commissioning of young carers and EWB services and involvement of young carers included in service specification – VOYCE-PG and young carers from SYC are currently supported to have a voice and influence at strategic boards. Young carers and EWB Involvement sub group currently coordinates and supports young carers involvement across a range of activities, including young commissioners pilot. – VOYCE-PG have produced a film and manifesto that identifies key issues for young carers and what actions they are taking forward to address these. This also provided service providers and decision makers with a key set of priorities from young carers themselves to address. VOYCE-PG will be working on this until the end of the project. – SYC has established a Young Carers Action Group to inform development and running of SYC’s projects, we see this group as building confidence to become part of city-wide VOYCE-PG

Revision of the Carers and Young Carers Strategy

The previous strategy ended in 2013, it had been extensively consulted on. There have also been a number of consultations with young carers since. These have identified the range of issues above. We have recently been working alongside adult carers organisations to develop the new Strategy, to ensure that young carers' issues remain at the heart of the strategy. The following objectives are based on extensive research and consultation.

Objectives being consulted on:

1. To support YC to achieve in education, training and work by raising awareness of their needs and of areas with which they may benefit from additional support
2. To promote good practice and excellence in supporting young carers in Sheffield Schools
3. To enable young carers to have a voice and influence on issues that affects their lives and their families
4. To enable young carers to better look after their physical and emotional health
5. To work with health services to identify, recognise and support young carers
6. To work with statutory services to ensure smooth transition between children's and adult services
7. To work with SCC to increase awareness, identification and support of young carers
8. To continue the VOYCE partnership between voluntary and statutory partners - not sure if this is an objective for the three year strategy or is does it need to be a wider objective with support for the VOYCE project as one action? E.g.: To promote partnership working between voluntary and statutory services to improve the identification and support of young carers in Sheffield
9. To promote the take-up and use of young carers assessments across Sheffield agencies, including statutory and voluntary sector

These will feed into the Carers and Young Carers Strategy – there will be an executive summary that addresses Carers and Young Carers issues.

They are very similar – the above objectives reflect those raised by adult carers in the consultation led by Emma Dickinson, SCC's Carers Commissioner.

Sara Gowen
Sheffield Young Carers Project
September 2015

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Report to Healthier Communities & Adult Social Care Scrutiny & Policy Development Committee 23rd September 2015

Report of: Policy & Improvement Officer

Subject: Work Programme

Author of Report: Emily Standbrook-Shaw, Policy & Improvement Officer
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The Scrutiny Committee is being asked to:

Consider and comment on the attached draft work programme

Category of Report: OPEN

Healthier Communities & Adult Social Care Scrutiny & Policy Development Committee
Draft Work Programme 2015-16

Last updated: 14 09 2015

Please note: the draft work programme is a live document and so is subject to change.

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Topic	Date	Notes
Major Task and Finish work		
Homecare – assuring quality.	Reporting by March 2016.	Task group to finalise scope but will take a whole systems approach and is likely to focus on the quality of homecare, considering whether all parts of the system are joined up; training and skills of the social care workforce; how the way we commission and contract homecare can impact on quality and how well services meet individual needs, particularly cultural appropriateness.
Sub-Group		
Quality Accounts	Autumn 15 & Spring 16	Sub group of Committee Members to carry out work on Quality Accounts on behalf of the Committee. The group will meet with providers twice; early in the process to identify issues it wants to see addressed in their reports, based on previous Quality Accounts, issues raised through scrutiny work and case work of members, and then again to comment on the final draft of the report.
Single Item Agenda Issues		
Carers' Strategy	Sept 15	Carer's views currently being sought. Over the summer, headline proposals/actions will be developed. Committee could test these in September, prior to final decisions on the strategy being made.
Better Care Fund with a focus on Active support and recovery	Nov 15	To gain a better understanding of what the Better Care Fund means for partners in the city, and how it will be delivered; and to look at proposals for active support and recovery under the Better Care Fund, and consider what Sheffield could be

		doing better
Public Health Vision	2015	The cabinet member is planning to review and refresh the vision for public health, adopted when the Council took on responsibility for the service. This would give the Scrutiny committee the opportunity to challenge and comment on the proposed vision.
Accessing Psychological Therapies	2016	To consider how Sheffield can maximise the benefits of psychological therapies.
Consideration of Task Group Report	By March 2016	
Children's health and food		To look at the current picture in terms of obesity and under-nutrition in children in Sheffield, understand the influencing factors and consider how Sheffield could improve its approach.
Elective Care Review (CCG)		
Issues for briefings/information/updates		
End of Life Care – access to services	Sept 2015	Inc health equity audit
Learning Disabilities	January 2016	To include an update on progress of deregistration of learning disability care homes; update on progress on the 'Transforming Care' agenda; update on the development of a voluntary code of conduct for supported living.
Access to GP Services		
Dementia Strategy		
Care Act		
Safeguarding Review		

Note: format for briefings may change depending on Member availability to attend sessions

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