S H E F F I E L D C I T Y C O U N C I L

Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee

Meeting held 24 February 2016

PRESENT: Councillors Cate McDonald (Chair), Sue Alston (Deputy Chair), Pauline Andrews, Jenny Armstrong, Mike Drabble, Peter Price, Mick Rooney, Garry Weatherall, Brian Webster, Denise Reaney (Substitute Member) and Cliff Woodcraft (Substitute Member)

Non-Council Members (Healthwatch Sheffield):-

Helen Rowe and Alice Riddell

.....

1. APOLOGIES FOR ABSENCE

1.1 Apologies for absence were received and substitutes attended the meeting as follows:-

Apology	*Substitute*
Councillor Katie Condliffe	Councillor Denise Reaney
Councillor Shaffaq Mohammed	Councillor Cliff Woodcraft
Councillor Jackie Satur	No substitute nominated
Councillor Geoff Smith	No substitute nominated

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 In relation to Agenda Item 9 (Learning Disabilities Supported Living Evaluation Report), Councillor Mick Rooney declared a disclosable pecuniary interest as his partner was an employee of the Sheffield Health and Social Care NHS Foundation Trust, and indicated that he would be leaving the meeting during the consideration of that item.

4. MINUTES OF PREVIOUS MEETING

4.1 The minutes of the meeting of the Committee held on 27th January 2016, were approved as a correct record and, arising therefrom, the Chair reported that, in connection with Item 7 – Quality Care Provision for Adults with a Learning Disability in Sheffield - Improvements and Next Steps, (a) she had raised the concerns of the Committee, as well as those of the Clinical Commissioning Group and the Sheffield Health and Social Care NHS Foundation Trust, regarding some of the appendices to the joint report submitted under this item not being available

to the press and public, and that following discussions on this issue, the appendices were to be publicly available with effect from the beginning of March 2016, and (b) further to a meeting held with the Chair of the Sheffield Safeguarding Children Board, a paper setting out details with regard to the link between scrutiny and adult safeguarding would be submitted to the next meeting of the Committee.

5. PUBLIC QUESTIONS AND PETITIONS

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

6. IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES

6.1 The Committee received a report of the Service Director, Sheffield Health and Social Care NHS Foundation Trust, on Sheffield Improving Access to Psychological Therapies (IAPT). The report provided a description of the Service, an overview of what was currently offered by the Service, informed of the enhancements to the current service model that were currently being developed and set out details on the outcomes of the Service, and benefits to patients.

6.2 The report was supported by a presentation from Toni Mank, Sheffield IAPT Head of Service. Ms Mank reported on the work of Sheffield IAPT, indicating that there were around 137 staff, working in collaboration with General Practitioners (GPs), across 109 GP practices in the City, to deliver evidence-based psychological therapies for over 12,000 patients suffering with mild to severe anxiety and depression each year. She made reference to the number of patients seen by the Service, the length of time patients waited to enter treatment, and reported on the outcomes in terms of patients treated. Ms Mank reported on current developments within the Service, which included improving wellbeing sessions, stress control and a new enhanced computerised cognitive behavioural therapy (CBT) package, and referred specifically to developments in terms of technology with regard to improvements to the Service. She concluded by referring to the planned IAPT service model with effect from April 2016.

6.3 Members of the Committee raised questions and the following responses were provided:-

- It was accepted that the services offered by IAPT were heavily weighted towards Cognitive Behavioural Psychotherapy (CBT), but the Service was working to a specific remit, as determined by the National Institute for Clinical Excellence (NICE). The Service, however, did offer a range of other therapies.

- It was appreciated that the Service did not meet the needs of the

deaf and hard of hearing as much as it would like to, but every effort would be made to ensure that anyone with such an impairment wanting to access the Service would be treated to the best possible standard. As part of the planned, new enhanced services, IAPT was exploring options to have a signer present at its stress control psycho-education course. The Service had access to an interpreter service, which included British Sign Language. Therefore, if anyone had hearing problems, they would still be able to access the Service for anxiety and/or depression. The Service was designed to deliver psychological therapy for anxiety and depression, and anyone could access this service. If they are deaf or hard of hearing, the Service would ensure that they have a signer present.

- IAPT was a service for 18 year-olds and older, with no upper age limit. Whilst the Service would consider assisting some 16 or 17 year olds, where possible, most under 18-year olds would be referred to the Child and Adolescent Mental Health Service (CAMHS). There were two younger people's and two older people's champions, who worked with other services to improve access to those groups. The Service worked very closely with the Children and Young People's Empowerment Project (CHILYPEP), which worked with excluded groups of children and young people, supporting them to make a positive contribution to their communities and neighbourhoods. CHILYPEP had also undertaken training for staff of the Service. It was hoped that the Service's new computer-based programmes would both be more appealing and useful for young people. Statistics in terms of young people accessing the Service were not available at the meeting, but could be circulated to Members at a later date.

- Information or statistics with regard to referrals to the Service from different areas of the City was not available at the meeting, but could be forwarded to Members at a later date. There was, however, huge demand at all GP practices in the City.

- The Service worked with all GP practices in the City, at a local level, in order to manage need, as well as demand, within the remit of the Service as it was commissioned to deliver structured psychoactive services. Each practice had access to a Psychological Wellbeing Practitioner (PWP). The level of service provided varied in terms of the requirements and need. The Service would determine the provision at the different practices based on data regarding the number of referrals to each practice, and thereby provide services based on such demand. Due to the level of resources available, operating on a demand basis was viewed as the most appropriate approach. It was also considered more effective working at a local level rather than having a centralised service.

- IAPT offered a short-term service, although it offered other sessions in line with the National Institute of Clinical Excellence (NICE) guidelines. The recovery rates of patients were determined at the point of discharge from the Service.

- The new National Waiting Time Standards referred to when the patient entered treatment. Waiting times were variable, with some patients having to wait up to six weeks or more. The waiting times in terms of appointments for counselling had reduced dramatically over the last year, following the re-organisation of services across the City, which had included a redistribution of resources.

- Whilst there were IAPT services at the vast majority of GP practices in the City due to levels of demand in specific areas, some practices would have more resources. There would also be different arrangements in terms of the provision of services in different practices. Whilst the actions of GPs prescribing medication was out of the control of the Service, it was hoped that the services offered would reduce such prescribing levels.

- IAPT's remit was to offer a service for all, which could include people with a terminal illness. The services offered were available for everyone.

- It was envisaged that if the Service received additional resources, this could possibly result in such waiting times reducing.

- Whilst the positive feedback in terms of the services offered was welcomed, the one element of the service that required improvement was the waiting times in terms of the counselling service. It had been identified that there was a gap in the psycho-dynamic offering, which would need to be looked at.

- Whilst there were no figures available at the meeting, it was envisaged that the demand for IAPT services in Sheffield compared similarly with regard to other cities.

- The feedback in terms of the Friends and Families Test was collected independently. As well as there being boxes where people could post their responses in GP practice reception areas, patient testimonies were also received and passed on to other patients.

- IAPT have asked for meetings with managers of other mental health services to discuss the issues of referrals, specifically in

order to look at the most convenient method of referrals. There were plans for improved communication and information-sharing between the different services to look at how they could work together more effectively. It was accepted that there was a high number of inappropriate referrals from GPs, which was mainly due to the pressures being placed on them in terms of demand. IAPT was working very closely with GPs to look at appropriate referral routes.

- As IAPT was a relatively new profession, starting in 2008, this had resulted in there being a problem, in terms of a shortage of Psychological Wellbeing Practitioner trainees. There wasn't a facility to provide training in-house as the training course for PWPs was a national curriculum delivered by Universities at post-graduate level. In the past, it had been possible to recruit a number of trainees but, due to current financial restraints, this was now no longer possible. This, and the fact that there was a high turnover of staff, was one of the factors contributing to increased waiting times. Despite these issues, IAPT was achieving its targets locally at the present time but, in the light of the problems, such achievement may be affected in the future. Another issue was that nationally, there was not a high number of agency staff with relevant qualifications or expertise in this area.

- The Service was developing a patient booking system online, so that patients would be able to book directly on to stress control or improving wellbeing sessions, or by ringing up the central office.

6.4 RESOLVED: That the Committee:-

(a) notes the contents of the report now submitted, together with the information reported as part of the presentation and the responses to the questions raised;

(b) thanks Robert Carter and Toni Mank for attending the meeting and responding to the questions raised; and

(c) highlights the following issues/areas, for future consideration/action by the IAPT Service:-

(i) service gap regarding development for the deaf/hard of hearing – identified as an area of concern for the Committee;

(ii) the focus on GPs was really useful; need to widen access and look at different routes into the Service; Committee requests information/statistics on referral routes and

geographic access across the City; and

(iii) include service user feedback in future reports.

7. HOME CARE SCRUTINY TASK GROUP

7.1 The Committee received a report of the Home Care Scrutiny Task Group, which had been established to look at how the Council would improve the quality of home care services.

7.2 The report set out details in terms of the work of the Task Group, together with details of its findings and recommendations.

7.3 Councillor Sue Alston, a Member of the Task Group, reported that the Group had met seven times, with providers, commissioners and staff in order to assess the overall picture in terms of the quality of home care services, and referred specifically to problems the Group identified in terms of the recruitment/training of staff. Helen Rowe, Task Group Member, added that the Group had not been able to look at two areas – people who need direct payments and feedback from users.

7.4 Members of the Committee raised questions and the following responses were provided:-

- The collation of feedback from users was a requirement of registration with the Clinical Quality Commission (CQC). The sites do it differently, therefore it was difficult to quantify.

- The information in terms of why Adult Social Care performance indicators show that user satisfaction with social services in Sheffield compared poorly with other Core Cities and Yorkshire and Humber Authorities was not available as there was such a wide range of services provided by the different authorities, together with too many possible variables. The main purpose was to try and improve the provision of services for all users.

7.5 RESOLVED: That the Committee:-

(a) notes and approves the report of the Home Care Scrutiny Task Group now submitted;

(b) agrees that the report be presented to the Cabinet, requesting that the Cabinet Member for Health, Care and Independent Living responds to the Committee within three months, including a timetable for implementing the recommendations within the re-commissioning process; and

(c) expresses its thanks to those members of the Task Group for the work undertaken in this regard.

8. LEARNING DISABILITIES SUPPORTED LIVING EVALUATION REPORT

8.1 The Committee received a report of the Executive Director, Communities, on the progress made in terms of Learning Disabilities Supported Living, following the decommissioning and transferral of five Learning Disability Residential Homes into supported living arrangements. The aim of the evaluation had been to gather views from tenants, family members and staff about the move to supported living, and how the transfers had been handled. The information gathered would be used to inform any similar future changes to ensure that people's experience of the change, and outcomes from change, were better.

8.2 The report contained details of the method used for collating the information, the respondees, and attached, as an appendix, the main findings as part of the evaluation.

8.3 In attendance for this item were Barbara Carlisle (Head of Strategic Social Care Commissioning) and Christine Anderson (Strategic Commissioning Manager, Communities Portfolio).

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

- To date, the service users had not been involved in the production of the newsletter. The Service had just received updates from providers in terms of what people were doing. Users' stories would be included in future editions.

- It was believed that the comment suggesting that it would be beneficial for each site to have its own minibus to take tenants on outings more easily had been made by a member of staff at one of the homes. Whilst some users were getting mobility vehicles, it was considered that transport should be provided, based on the personal needs of users.

8.5 RESOLVED: That the Committee:-

(a) notes the contents of the report now submitted; and

(b) agrees the recommendations set out in the report.

9. WORK PROGRAMME 2015/16

9.1 Alice Nicholson, Policy and Improvement Officer, submitted a report setting out the Committee's draft Work Programme for 2015/16.

9.2 Ms Nicholson reported that (a) a report would be submitted to a future meeting of the Committee with regard to proposals for the establishment of a regional Joint Overview and Scrutiny Committee, to comprise representatives from Sheffield, Barnsley, Doncaster, Rotherham, Wakefield, North Derbyshire, Hardwick and

Bassetlaw, to consider the Working Together Programme, at the request of NHS England and NHS Sheffield Clinical Commissioning Group, and (b) the Quality Accounts Sub-Group would be meeting in April 2016, to discuss how the Sub-Group should proceed in terms of its work.

9.3 The Committee noted the contents of the draft Work Programme for 2015/16, together with the information now reported.

10. DATE OF NEXT MEETING

10.1 It was noted that the next meeting of the Committee would be held on Wednesday, 23rd March 2016, at 10.30 am, in the Town Hall.