Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee

Wednesday 24 February 2016 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, Peter Price, Mick Rooney, 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.

Sheffield City Council

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 Alice Nicholson, Policy and Improvement Officer on 0114 27 35065 or email alice nicholson@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
24 FEBRUARY 2016

Order of Business

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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 - 10)
   To approve the minutes of the meeting of the Committee held on 27th January, 2016

6. **Public Questions and Petitions**
   To receive any questions or petitions from members of the public

7. **Improving Access to Psychological Therapies** (Pages 11 - 30)
   Report of the Service Director, Sheffield Health and Social Care Foundation Trust

8. **Home Care Scrutiny Task Group** (Pages 31 - 44)
   Report of the Home Care Scrutiny Task Group

9. **Learning Disabilities Supported Living Evaluation Report** (Pages 45 - 66)
   Report of the Executive Director, Communities

10. **Work Plan 2015/16** (Pages 67 - 72)
    Report of the Policy and Improvement Officer

11. **Date of Next Meeting**
    The next meeting of the Committee will be held on Wednesday, 23rd March, 2016, 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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SHEFFIELD CITY COUNCIL

Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee

Meeting held 27 January 2016

PRESENT: Councillors Cate McDonald (Chair), Sue Alston (Deputy Chair), Katie Condliffe, George Lindars-Hammond, Shaffaq Mohammed, Peter Price, Geoff Smith, Joyce Wright and Aodan Marken (Substitute Member)

Non-Council Members (Healthwatch Sheffield):-

Helen Rowe

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1. APOLOGIES FOR ABSENCE

1.1 Apologies for absence were received from Councillors Pauline Andrews, Jenny Armstrong, Mike Drabble, Anne Murphy, Jackie Satur, Garry Weatherall and Brian Webster, and Councillor Aodan Marken attended as Councillor Webster's duly appointed substitute.

2. EXCLUSION OF PUBLIC AND PRESS

2.1 The Chair reported that some of the appendices to agenda item 10 – Quality Care Provision for Adults with a Learning Disability in Sheffield – Improvements and Next Steps, were not available to the public and press because they contained exempt information described in paragraphs 1 and 2 of Schedule 12A to the Local Government Act 1972, as amended, and if Members wished to discuss the appendices, the public and press would need to be excluded from the meeting.

3. DECLARATIONS OF INTEREST

3.1 There were no declarations of interest.

4. MINUTES OF PREVIOUS MEETING

4.1 The minutes of the meeting of the Committee held on 25th November 2015, were approved as a correct record and, arising therefrom, the Policy and Improvement Officer, Emily Standbrook-Shaw, confirmed that following circulation of the final version of the Carers' Strategy and Action Plans to Committee Members for comment, the Committee's comments had now been forwarded to relevant officers. The Chair was pleased to note that the comments made by the Committee, when discussing the Carer's Strategy at its meeting in September, had been taken on board, and incorporated into the final Strategy.

5. PUBLIC QUESTIONS AND PETITIONS

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

6. ADULT SOCIAL CARE PERFORMANCE

6.1 The Committee received a presentation from Phil Holmes, Director of Adult Services, on Adult Social Care performance. Mr Holmes referred to supporting statistical information regarding satisfaction, timescales, cost of services, consultation, finding out about services and social contact.

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

- It was difficult to explain why, despite average gross weekly expenditure per person on learning disability support for clients aged 65 and over in long-term residential and nursing care being the highest in Sheffield than all other Core Cities, whereas the figures in terms of user satisfaction rates were the second lowest of all the Core Cities. The figures in respect of user satisfaction were considerably higher than carer satisfaction, in comparison with the other Core Cities.

- Data also suggested that the City's spending on older clients who have mental health needs, or require sensory support, were much lower than other Core Cities.

- The target was to try and ensure that Sheffield should be the best Core City in terms of user satisfaction rates. There was a need to see people being happy with Adult Social Care services in the City.

- The comparisons used to assess user satisfaction were identical across all Core Cities, so it was relatively easy to make a reasonable comparison. Benchmarking was helpful as it highlighted the fact that there was more work to be done to improve satisfaction rates.

- The reduction in the number of carers reporting that they have been included or consulted in a discussion about the person they care for had reduced, resulting in Sheffield being the second worst of the Core Cities in this area. This had highlighted the need for staff to listen to carers more carefully and to be more 'emotionally intelligent'.

- In terms of the reduction in the number of users who received a review in the past 12 months, which continued to be a cause for concern, Adult Social Services were working with Continuing Healthcare in the NHS, to look at how performance could be improved in this area. There was a need to ensure that the right quality of conversation was held with the users, depending on their individual needs, either in person or by telephone.

- The Service's Management Team, which now comprised a number of new members of staff, met on a monthly basis to discuss all the different aspects of service improvement, which included looking at how the Service could learn from the complaints received, as well as discussing how improvement

could be made in terms of health and safety, timeliness and approach to customer standards. One initiative that had been considered was the introduction of a staff acknowledgement scheme, where members of staff who, in the view of the Management Team, had performed above and beyond their expected performance levels, would receive some form of formal recognition. It was also hoped that other members of staff would learn from each other in terms of best practice.

- With regard to performance for 2015/16, it was not envisaged that there would be a significant difference to the figures for 2014/15, although it was expected that there will be some areas of improvement and that the Service would have a better awareness of what and how improvements had to be made. It was hoped that there would be a general upward trend in performance over the next few years.

- It was accepted that a number of Council engagement events had been held in the Town Hall, and had been attended by a number of Council officers, and that this was not always suitable for those users who attended the events. Steps would be taken to look at how the Council could make such events more user-friendly.

6.3 RESOLVED: That the Committee:-

(a) notes the information reported as part of the presentation, together with the responses to the questions raised;

(b) welcomes the approach being adopted, as now reported, in terms of the steps being taken to improve performance of the Adult Social Care Service; and

(c) requests the Director of Adult Services to attend a meeting of the Committee in 12 months' time, to provide a further update in terms of performance.

7. QUALITY CARE PROVISION FOR ADULTS WITH A LEARNING DISABILITY IN SHEFFIELD - IMPROVEMENTS AND NEXT STEPS

7.1 The Committee received a joint report of Kevin Clifford, Chief Nurse, NHS Sheffield, Clinical Commissioning Group (CCG), Phil Holmes, Director of Adult Services, Sheffield City Council, and Liz Lightbown, Chief Nurse and Operating Officer, Sheffield Health and Social Care (SHSC), containing details of the investigations carried out by the SHSC NHS Foundation Trust and the City Council following concerns raised with regard to the quality of care within residential, short break and day services for adults with learning disabilities provided by the two organisations.

7.2 The joint report contained, as appendices, Council Action Plans relating to Quality and Safeguarding and Finance and Management, the City Council's Commissioning Strategy for Services for People with a Learning Disability and their

Families 2015-2018 and the SHSC NHS Foundation Trust: Executive Summary Report on Review of Culture and Practice; SHSC Action Plan – Culture and Practice Review; the Trust Board Response to the Report and the SHSC's Learning Disability Directorate Governance Framework and Quality Improvement Plan. Reference was also made to further appendices to the report which, due to their confidential nature, could not be made public.

7.3 Also in attendance for this item was Councillor Mary Lea, Cabinet Member for Health, Care and Independent Living.

7.4 Kevin Clifford provided a brief history of the position, indicating that in August 2013, a number of issues had been identified in connection with the Joint Disability Service which, at that time, was ran jointly by the SHSC and the City Council. The Service was subsequently split, and the two organisations took control of those areas where they had direct staffing responsibilities. He stated that it was apparent that there were still a number of issues, and each organisation undertook investigations into their respective services, as well as an independent review being undertaken by Doctor Kathryn Houghton. The matter was also referred to the Sheffield Safeguarding Board. The investigations were completed within 18 months, which resulted in both organisations producing Action Plans, which were being submitted to this meeting.

7.5 Phil Holmes reported on the two Council Action Plans – Quality and Safeguarding and Finance and Management, highlighting the key findings, agreed recommendations and action taken.

7.6 Liz Lightbown reported on the SHSC's Action Plan - Culture and Practice Review, again, highlighting the key findings, recommendations and actions taken.

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

- It was accepted that there had been issues in connection with service users, carers and families not receiving notification (within the City Council's directly managed services) that the reviews were being undertaken or having been provided information on the outcomes, actions and progress. The Council fully accepts the findings of Doctor Kathryn Houghton's Quality Assurance Assessment in that service users and families were being further disadvantaged as they were being asked to participate in decisions on commissioning of their services, with an incomplete picture of the quality of City Council Learning Disability provision. In response to this, the Council had arranged a consultation programme within the properties affected by the current stage of the commissioning programme.

- Although this item was being considered by the Scrutiny Committee, as an urgent item, this term had only been used as the appropriate notice of the item being considered under the Local Government Act 1972, as amended, had not been given. It had always been the intention to submit the report to this meeting but, concerns had been raised by the City Council in terms of the

content of some of the appendices to the report, which had resulted in the report missing the relevant deadlines. It had further been decided by the City Council that, due to the confidential nature of some of the information, those appendices to the report containing such information, could not be made available to the public or press.

- It was acknowledged that there had been lapses in terms of appropriate staff supervisions and performance reviews, including a lack of proper audit trails. This had been identified by management, and appropriate action had been taken to ensure that supervisions were now being carried out regularly, and being checked, and that staff were getting used to the new approach.

- Service users, families and staff were all involved in looking at the quality outcomes and ensuring their feedback drove further improvements.

- Discussions had been held in terms of how the Member Champions would operate, and it had been identified that, in order for them to undertaken their role properly, there would be a need for appropriate training.

RESOLVED: That the Committee:-

(a) notes the contents of the report now submitted, together with the comments now made and the responses to the questions raised;

(b) together with the representatives of the Clinical Commissioning Group and Sheffield Health and Social Care NHS Foundation Trust, expresses concerns with regard to the delays in publishing the report and the fact that some of the appendices to the report were not publicly available, specifically the Quality Assurance Assessment by Dr Kathryn Houghton, and therefore requests the Chair to raise this with relevant officers and Cabinet Members in the hope that the report can be made public;

(c) acknowledges the need for further discussion with regard to the link between scrutiny and adult safeguarding;

(d) supports the idea of Member Champions, specifically providing the 'eyes and ears' to oversee the Learning Disability Service;

(e) requests the Director of Adult Services to report back to the Committee in 12 months' time, providing an update on the Action Plans; and

(f) expresses its thanks to Kevin Clifford, Phil Holmes and Liz Lightbown for attending the meeting and responding to the questions raised.

(NOTE: In accordance with Council Procedure Rule 26 of the Council's Constitution and the provisions of Section 100B(4)b of the Local Government (Access to Information) Act 1985, the Chair decided that the above item be considered as a matter of urgency in order for the information contained in the report to be considered at the earliest possible opportunity, although it had not been possible to

give five clear days' notice that the item was to be considered.)

8. WORK PLAN 2015/16

8.1 The Committee received and noted a report of the Policy and Improvement Officer attaching the draft Work Programme for 2015/16.

9. DATE OF NEXT MEETING

9.1 It was noted that the next meeting of the Committee would be held on Wednesday, 24th February 2016, at 10.30 am, in the Town Hall.

Report to the Scrutiny & Policy Development Committee 24th February 2016

Report of: Tom Ayers, Service Director, Sheffield Health and Social Care FT

Subject: Sheffield Improving Access to Psychological Therapies (IAPT)

Author of Report: Toni Mank, Sheffield IAPT Head of Service. Tel no: 07866702914.

Summary:

- To provide a description of the Sheffield IAPT service
- To provide an overview of what is currently offered by the IAPT service
- To inform of the enhancements to the current service model that are currently being developed
- To illustrate the outcomes of the service and benefits to patients

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

Reviewing of existing policy	
Informing the development of new policy	
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	**X**

The Scrutiny Committee is being asked to:

This report has been produced at the request of the Committee to inform the Committee of the current position relating to the provision of IAPT services to the people of Sheffield. The Committee is asked to note the content of the report and provide feedback on the services outlined.

Category of Report: OPEN

Report of the Improving Access to Psychological Therapies Services

1.0 Summary

1.1 Sheffield IAPT is fully integrated in GP practices, as well as offering a central self-referral team. This is a key strength for the people of Sheffield as IAPT and GPs can work collaboratively in a shared care approach for the benefit of the people of Sheffield close to home.

1.2 In addition to core IAPT business, Sheffield IAPT also provides psychological therapies for people suffering with Long-term Conditions (LTC) and Medically Unexplained Symptoms (MUS) which is a ground breaking initiative to increase the parity of esteem between physical and mental health. Sheffield IAPT was one of the few IAPT sites nationally that was awarded pathfinder site for LTC.

1.3 The Sheffield IAPT service is exceeding two out of three of the National IAPT standards and is in line with the national average on the third standard of recovery. Patient satisfaction is high and service users are engaged in service improvements and service developments, a service-user engagement group has been established to ensure that this is done consistently. There is a clear vision for the IAPT service and a mission statement that was co-created by staff and service users, that involves offering patients the right treatment at the right time at the right place.

1.4 The service maintains links with the National IAPT team for support, guidance and sharing best practice, due to commitment to continuous service improvement. Due to a successful joint bid between the service and commissioners for monies attached to the new waiting times standards; the service has had the opportunity to develop a new website and new interventions to increase patient choice and promote self-referral to reach more people. The new website will be launched in May 2016 and will promote self-help as well as allowing patients to book themselves on to first line psychological interventions increasing rapid access in to the service. There will be a public event on 19th May for the public to drop in and experience taster sessions and a formal event for GPs and other key stakeholders to experience and learn about the enhancements to the current service model as the service aims to further increase patient choice and patient satisfaction.

2.0 What is IAPT?

2.1 The Improving Access to Psychological Therapies (IAPT) programme supports the implementation of the National Institute for Health and Clinical Excellence (NICE) guidelines for people suffering from depression and anxiety disorders. The programme began in 2006 with demonstration sites in Doncaster and Newham which followed with a National implementation plan in 2008. From 2011 the focus of the National IAPT programme expanded following the publication of Talking Therapies: a four year plan of action, supporting No Health without Mental Health, the cross Government mental health strategy for people of all ages.

2.2 Sheffield IAPT commenced in October 2008 and is commissioned to provide evidence-based psychological therapies for mild to moderate common mental health problems; anxiety and depression. IAPT only received the first two years of the three year plan of funding uplift agreed by the local needs assessment in 2008. However, Sheffield IAPT has continued to develop and innovate to fulfil the vision of the people of Sheffield receiving the right treatment at the right time, in the right place with the right staff. Work has been done to improve waiting times in order to improve patient experience.

2.3 Sheffield IAPT offers a wide range of interventions. The IAPT National team comments that Sheffield IAPT "offers a wider range of NICE- recommended treatments and is advanced in the provision of IAPT services for LTC and MUS. A wide range of group therapies are offered." A range of psychological therapies are available; Guided self- help from a Psychological Wellbeing Practitioner (PWP), Cognitive Behavioural Psychotherapy (CBT), Acceptance and Commitment Therapy (ACT) for LTC and MUS in 1-1 work or therapeutic groups, Eye movement Desensitisation and Reprocessing (EMDR) for Post-Traumatic Stress Disorder (PTSD), Behavioural Activation for Depression delivered in 1-1 work or group, Mindfulness Based Cognitive Therapy (MBCT) in group work (Relapse prevention for Depression), Counselling: including Counselling for Depression (CfD) and Couples Therapy for Depression (CTfD).

2.4 IAPT offers a range of options in the delivery of psychological therapy: 1-1 work, Healthy Living Workshops, therapeutic groups at step 3, psycho-educational courses and mixed models of delivery. Patients can choose on-line CBT, email support, Skype, Face time and telephone work. Patients can choose to be seen at their GP practice or self-refer to the Access team. There are locations across the City where patients can attend the variety of Healthy Living Workshops, groups and courses that are available.

2.5 IAPT currently employs 137 staff (see appendix 1 for staffing structure). This includes all clinicians, the IAPT senior team that lead the service, Employment Advisors and the three admin staff that support the service. IAPT provides psychological therapy for 109 GP practices across the city.

2.6 The IAPT Mission statement below was created by engaging IAPT staff and service users in translating what achieving the IAPT standards means to them to create a narrative behind what the 'targets' are trying to achieve. To connect with NHS values and the purpose of the work delivered focusing on making a real difference in the lives of the people of Sheffield.

The IAPT mission statement:
"We aim to provide people, who commonly experience problems such as stress, anxiety and depression with access to our service at the right time when they need it most. We will provide the right talking treatments with the right staff at the highest quality and aim to empower people to make informed choices and changes to improve well-being and live fulfilled lives."

2.7 Long Term Conditions and Medically Unexplained Symptoms

Over the next 5 years the NHS must drive towards an equal response to mental and physical health and towards the two being treated together, with parity of esteem by 2020." NHS Five Year Forward View, 2014.

IAPT Sheffield is involved in ground breaking work closing the gap between physical and mental health, moving beyond parity of esteem to integration. IAPT is supporting physical health's dual trained practitioners testing out integrated care delivery, whilst staff in IAPT have moved in to the fourth year of working with LTC and MUS as core business within IAPT. IAPT and Primary Care Health and Medical Psychology (PCHaMPs) have worked in partnership to extend the application of IAPT stepped care interventions for people with LTC and MUS. CBT therapists have been trained in Acceptance and Commitment Therapy (ACT) in order to more effectively work with LTC and MUS. Psychological Wellbeing Practitioners (PWPs) have been trained in motivational interviewing and pacing.

All IAPT staff receive clinical supervision from Health Psychologists on a monthly basis and PCHaMPs offer a step 4 intervention within the IAPT service. IAPT Sheffield has been a LTC/MUS pathfinder site, phase 1 and 2 and Sheffield CCG commissioned the continuation of this work. Currently on offer:

- Living well with Pain Healthy Living Workshop
- Living well with Pain 6 week course
- LTC workshop
- LTC 6 week course
- Step 3 ACT, therapeutic group.
- Dedicated telephone line for people with LTC/MUS
- Skype/ face time

A respiratory group is currently being developed and will be piloted.

2.8 Employment Adviser Service

Sheffield IAPT offer an employment adviser service (IAPT EA).

National Context
The need for helping and supporting people whose mental health is being affected by their job has been identified as a key issue to maintaining good mental health and reducing health inequalities. Two reports set the context on this issue: The Layard report in 2006 outlined the need for NICE approved mental health provision for the wider population suffering from mild to moderate mental health conditions. The Carol Black Review in 2009 gave an overview of the cost of work related ill health and made the case for improving help and support for employees to keep them healthy and in work.

Local Context
The local Joint Strategic needs assessment emphasises the need to recognise good employment as a contributor to good health, and the Health and Wellbeing

Strategy recognised this by creating a specific 'Work Programme' on employment, disability and health to move the agenda forward.

A piece of work commissioned by an SCC (Sheffield City Council) knowledge group tasked with driving this agenda recognised a shortage in, and the importance of, employment retention services in the City. Following on from this study a 'health, disability and employment plan was approved by both the Health and Work Leads (the Leader of SCC and the Chair of the CCG) and the Cities Employment Task Force chaired by the Portfolio member for Employment and Skills. This plan outlined the costs of workplace absenteeism and health related unemployment on the City and set out plans for reducing this, including actions to reduce the numbers of people, 'in work but off work'. In work support plays a key role in this plan. Equally, anything which serves to focus existing mental health recovery services such as IAPT more towards increasing the client's sustained employment (and therefore productivity) is a key element of the overall plan.

Local Health and Social Care integration plans seek to address the need to reduce care service dependency. Reducing the risk of people falling into long term unemployment is therefore also relevant and important in this agenda. Supporting these agendas the IAPT Employment Adviser Service (IAPT EA) was started in 2009 to support clients seen within the Sheffield IAPT service who are suffering from a mental health condition who were at risk of losing their jobs, who needed support to remain well and in work or return to work after a period of sickness absence. The adviser was and continues to be funded through IAPT Sheffield and recruited and employed by Sheffield Occupational Health Advisory Service (SOHAS). SOHAS is a long standing charity that provides the city's job retention service based in primary care (the Workplace Health Programme), which focuses on a wide range of physical and mental health workplace health issues and is funded by the city council.

The IAPT EA service is based on a best practice job retention approach, which support the outcomes identified by the Carol Black review. The service is focussed on early intervention with the aim of seeing clients within 2 weeks of referral, a stepped intervention approach and time unlimited access for the client. Clients are seen at 6 GP surgeries and at the IAPT central office. Each client on average has two contacts with the IAPT EA, which can include face-to-face appointments, email advice or a telephone consultation, with each face-to-face appointment lasting 45 – 60 minutes.

The types of help and support given to clients can include:
- Return to work planning and support for the employee and employer
- Advice about disputes at work including, grievances, disciplinary action and discrimination
- Strategies to remain well and in work or to enable the client to tackle this with their employer.

The service is successful in delivering its main outcomes. All clients who use the service are surveyed and asked what had happened to them after they had been given support. The outcomes are consistent and very similar to the Workplace Health Programme.

These include:

• 70% said the intervention improved conditions at work and helped them to return to work after sickness absence.
• 70% of clients said that the intervention reduced their visits to GP and/or IAPT worker.
• 80% said the intervention improved their health.
• 95% or more satisfaction rate with the intervention.

The service provided also has an important financial outcome for clients. The majority of clients who are off sick at the time they meet the IAPT EA are not covered by a company sick pay scheme and have to rely on statutory sick pay if they are off from work (see appendix 2 for an IAPT EA case study).

2.9 Partnership working

Where appropriate, IAPT has seen 16 and 17 year olds due to the gap in provision and has no upper age limit. 87% of older adults using IAPT are doing so having not accessed older people's statutory services.

Partnership working is fundamental to the success of IAPT. Working in collaboration with GPs is a key strength of IAPT Sheffield compared to other IAPT sites, as is the strong partnership with the University of Sheffield. IAPT has developed links with Community Mental Health Teams (CMHTs) and Specialist Psychotherapy Service (SPS). With the reconfiguration of the CMHTs, IAPT is engaging in joint work where appropriate with assessment teams in order to improve patient outcomes and patient experiences of both services. IAPT and SPS are working together on care pathways to improve the patient journey through community services. IAPT have also worked in partnership with statutory and non-statutory organisations to provide a joined up approach for individuals accessing the housing sector and mental health services.

Work has been carried out to improve relationships between services, information sharing and reciprocal training for staff to ensure understanding of how individuals can access each service quickly and at the time they need it most. SOAR have a social cafe for individuals needing support around a variety of social problems alongside social interaction and the IAPT service have formed strong relationships with SOAR to help promote this option and ensuring appropriate patients from IAPT are able to access it. In addition to this IAPT is working with CHILYPEP to improve access for younger people as well as developing group work with the older adult CMHTs.

IAPT Sheffield is working closely with the new substance misuse service. An IAPT CBT therapist is currently seconded to substance misuse to provide psychological therapy and PWPs are developing a guided self- help training programme for substance misuse staff. Closer working links is beneficial for patients to avoid falling through the gaps between services.

Black and Minority Ethnic Groups:

- 73% of patients seen in the IAPT service over the last year were White.

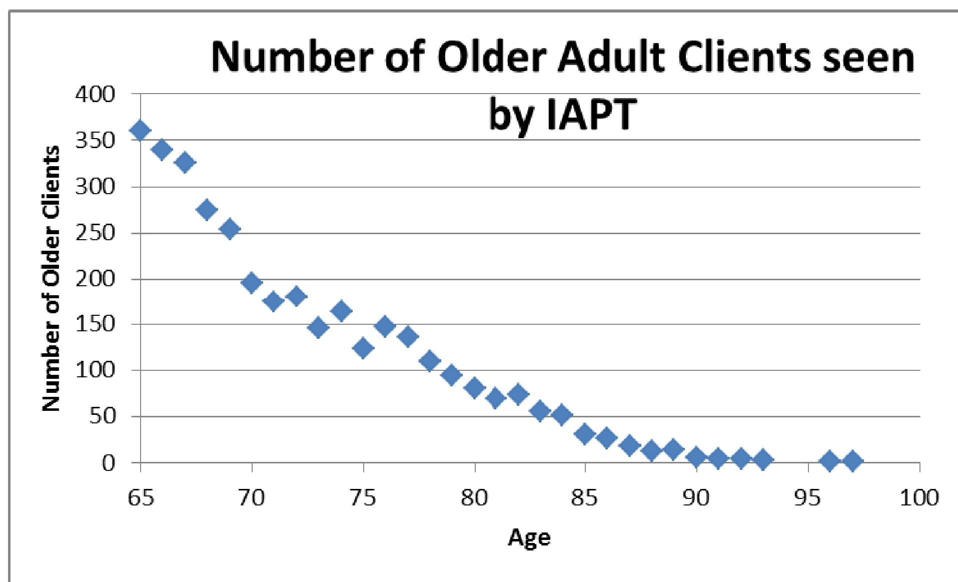
- 11% of patients are confirmed to be from BME.
- 16% refused to answer or this information was unavailable.

The Sheffield IAPT service recruited bilingual staff, uses interpreters, trained emotional wellbeing workers in IAPT that have now become core staff in order to increase engagement with BME groups. In order to improve did not attend (DNA) rates for BME groups work has been undertaken jointly to look at the reasons why people DNA from languages backgrounds of Urdu, Somali and Arabic. The Sheffield IAPT service has undertaken different projects to work jointly with local communities in order promote engagement and improve access to BME groups and this work will continue.

Older Adults:

Sheffield IAPT have two older people's champions in IAPT as well as two younger adults champions in the service. Sheffield IAPT is seeing equal to if not more older people than older adult's service. The IAPT service is assisting with the development of an 8 week older peoples Generalised Anxiety Group across both services.

Number and age range of Older Adult Clients Seen in the IAPT service:



3.0 Continuing to innovate: What next?

3.1 Due to the successful joint bid between commissioners and Sheffield IAPT for additional monies for the financial year 2015-2016; the opportunity has arisen to enhance the service model whilst working hard to reduce waiting times. The service model from April 2016 onwards is outlined in appendix 3. The enhancements include:

3.2 Local improving wellbeing session citywide, that offer 4 sessions of evidence based interventions over a one month period equating to 8 hours treatment in total to give an adequate therapeutic dose. One low mood based improving

wellbeing sessions and one anxiety and worry based improving wellbeing sessions will be offered. In addition both courses will encompass sessions on relapse prevention, nutrition and physical activity. In addition these sessions will also be run centrally in the evening and online in the future. These sessions will replace the Healthy Living Workshops in order to give patients a higher therapeutic dose of treatment.

3.3 Stress control, a psycho-educational course that is currently run on Monday day-time and Tuesday evening will be added to by running an additional course Thursday evening. This will enable the service to meet demand whilst offering more choice and more evening work to give greater flexibility.

3.4 A new and enhanced computerised cognitive behavioural therapies package (cCBT) will replace the current cCBT package to offer a wider range of step two interventions for common mental health problems than is currently offered. cCBT hubs alongside the voluntary sector will be developed to improve access to interventions that use technology for disadvantaged groups or those that need further assistance and support with technology.

3.5 Technology

A new website is currently being developed that will offer more functionality and self-help promotion to improve wellbeing. It will provide service users with the opportunity to book online for all the self-referral options for rapid access.

Skype appointments will be available to further improve choice and access.

Online groups could reduce barriers around access, particularly people with LTCs/MUS. Evening groups to be run to improve choice and access to the service to suit a range of lifestyles.

A Patient portal will be developed that will enable patients to complete all outcome measures online, new technology will allow this to be automatically be uploaded on to the Trust Patient Management system. This will create efficiency savings but also improve patient experience by maximising clinical time.

An animation is being created for the website to engage more people in what the IAPT service is and how it can help. YouTube clips are being developed to provide patients and referrers with a snap shot of some of the interventions on offer to improve engagement.

4.0 Outcomes: Making a difference in people's lives

4.1 In the financial year 2014-2105, 13, 136 new patients were seen in the IAPT service.

4.2 IAPT services are expected to meet three national IAPT standards:

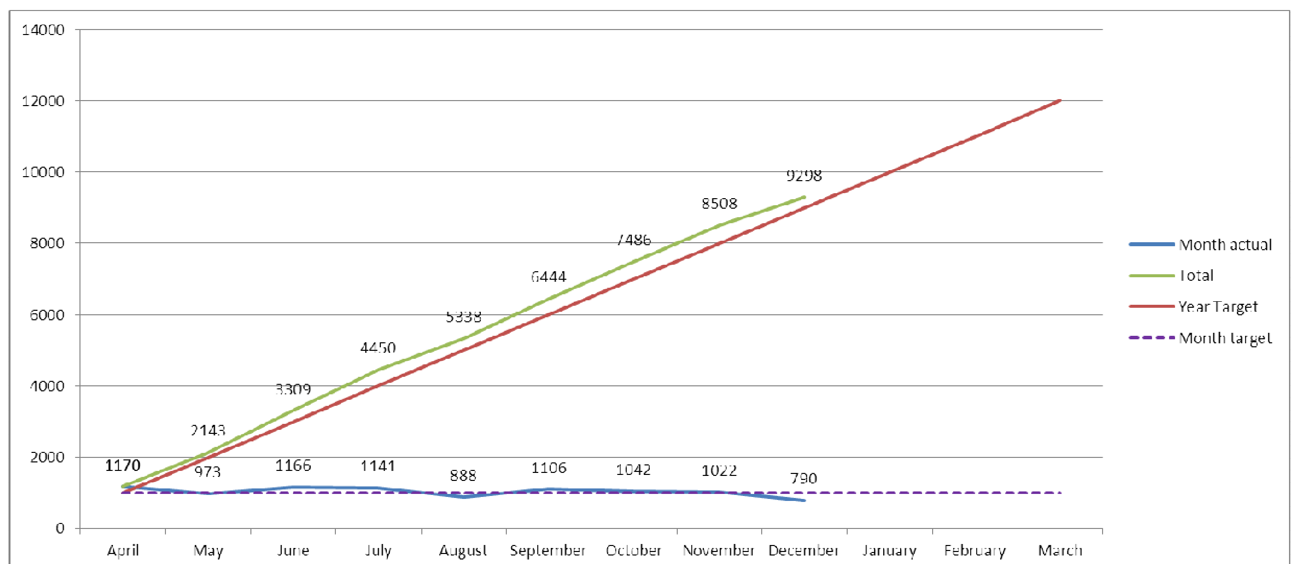
1. 15% of the mental health prevalence is seen each year. As Sheffield IAPT were exceeding this target a stretched target of 18% was set which equates to 12, 000 new patients each year receiving an IAPT treatment.

2. The new waiting times standards: 75% of people are treated within 6 weeks and 95% of patients are treated within 18 weeks. Due to the improvement work that the service has done to reduce waiting times a stretched target of 80% of patients treated within 6 weeks was set. Over the last year a significant amount of data quality work has been done which has involved working with the National IAPT team to review and upgrade our data systems and processes as the excellent local performance was not reflecting in the national reports. The local and national alignment of data has been improving each month as data quality issues resolve.

3. The third national IAPT standard is that 50% of patients will meet clinically significant recovery. The national average for all IAPT sites is approximately 44.5% the Sheffield IAPT service December 2015 recovery rates were 44.7% As the Sheffield service model is GP based with an open door ethos, there is not a strict exclusion criteria. Therefore complexity and severity may impact on recovery rates. The service is currently undertaking deeper analysis of this, as December recovery rates showed that 58% of patients demonstrated clinically significant reliable improvement and 66% of patients seen with mild to moderate mental health problems recovered.

<u>IAPT Standard: Access to treatment</u>

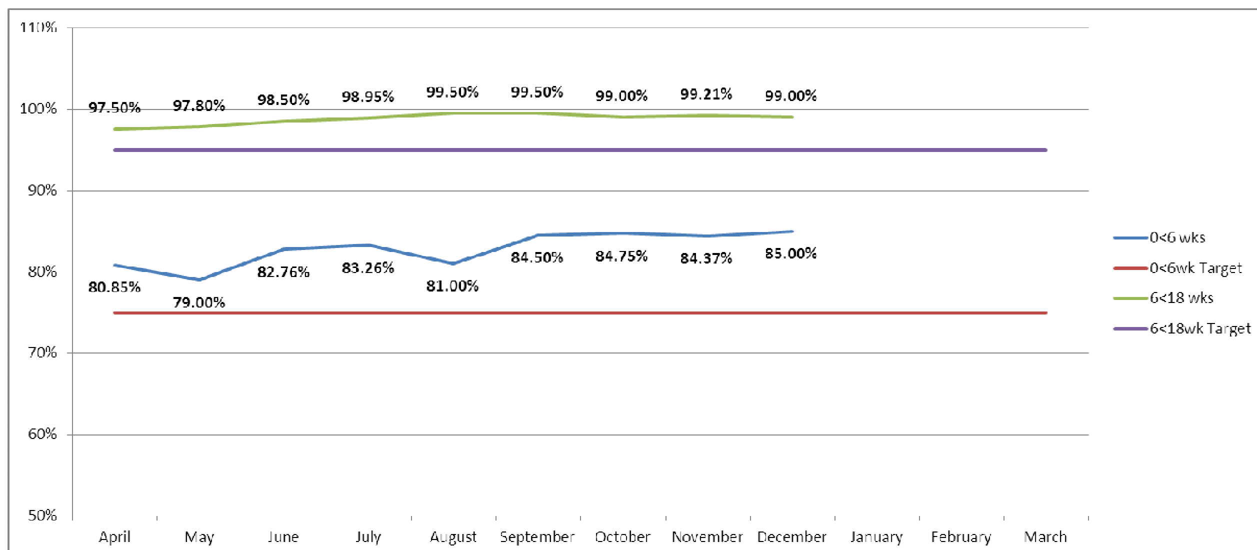
<u>Target:</u> 18% Access to treatment= 12, 000 new patients entering treatment each year (The national standard is 15%)



IAPT Waiting times

National Target: 75% treated within 6 weeks, 95% treated within 18 weeks.

Local target: 80% treated within 6 weeks, 95% treated within 18 weeks from referral to first treatment appointment.



4.3 Sheffield IAPT needs to meet a yearly target of 89 patients moving back to work off sickness benefits. Sheffield IAPT is exceeding this target as over the last year 376 IAPT patients have moved off sick benefits.

4.4 The Friends and Families Test (FFT) showed that 98.3% of patients were extremely likely or likely to recommend Sheffield IAPT. See appendix 4 for qualitative FFT feedback.

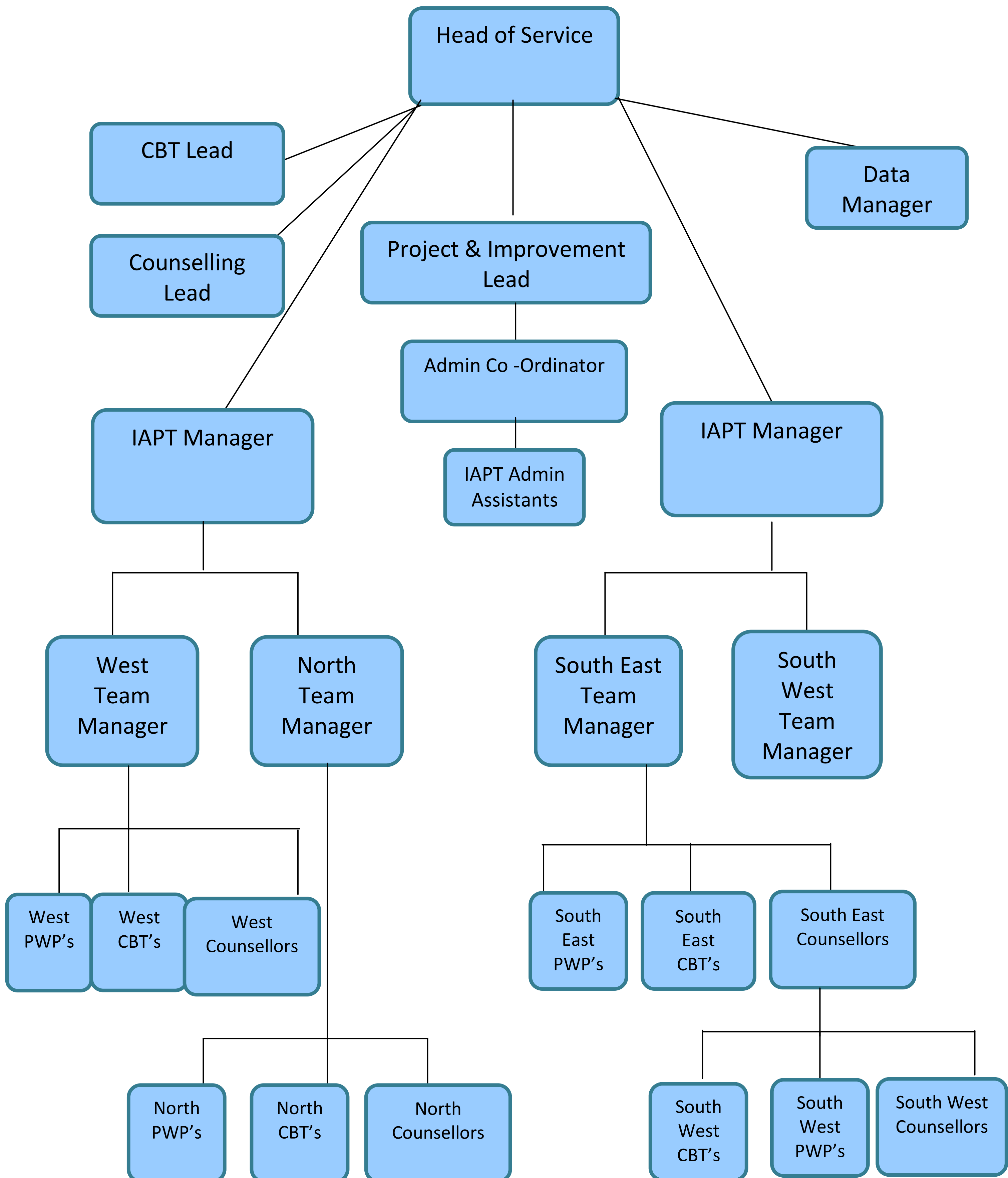
4.5 Patient feedback is systematically collected formally and informally as patients send thank you cards to individual staff and the service. See appendix 5 for further examples of patient feedback:

“An excellent service - it has been a life line for me and I know that the way I deal with situation now has really improved. The therapist has been brilliant and made such a difference. I can talk to her about any problems that I have and feel that she understands and helps me work through them. This has made a big difference because without this service I would have been stuck in my depression and hopelessness. I have been trapped and things are becoming much clearer.”

5.0 Comments

This report has been produced at the request of the Committee to inform the Committee of the current position relating to the provision of IAPT services to the people of Sheffield. Therefore, the Committee is asked to provide feedback on the services outlined in this report.

Appendix 1: IAPT Structure



Appendix 2: Employment Adviser Case Study

The Situation

Tom works for a large bank. He has chronic depression and was struggling to meet his targets and function, as he had been doing at work. Recent changes within his workplace due the recession had meant that his job role had changed and his targets increased. Tom had some training to support him but felt it didn't 'sink in'. He was referred to see an IAPT EA by his IAPT Cognitive Behavioural Therapist.

The Intervention

The adviser initially corresponded with his employer to make some suggestions about how they could support Tom at work and what the EA could do to support them as his employers. The employer was receptive and invited the adviser for a meeting with Tom, his manager and HR. They discussed what adjustments under the Equality Act 2010 could be made and it was agreed that HR and his manager would go away and investigate the feasibility of the adjustments suggested.

It was decided that they would try to have an open dialogue between Tom and his manager about how his depression affects him and whether any further adjustments would need to be made – to be reactive to Tom's condition and the needs of the business. Tom had some 1:1 training in small chunks, which he was able to retain and use effectively in his work. The EA would also be in place to support Tom's manager in the future.

The Result

The bank made some adjustments with regards to Tom's targets, in addition to the other interventions detailed above. Tom's manager now has a better understanding of his depression and they meet regularly to ensure they are both happy with Tom's progress. Tom has stayed reasonably well in work, has had not time off sick and his targets have been met in comparison to his colleagues.

Appendix 4:

Friends and Family Test Feedback Examples

- Cannot recommend highly enough, excellent. The work they do is invaluable to such people as myself.
- The service has benefited me greatly and I am now in a much better place. Thank you.
- I would never have got through the loss of both of my parents without help from your team. Thank you. x
- Considerate, kind, well informed staff.
- The care, understanding and empathy amongst both staff and clients has been an exceptional experience.
- The service I have received has been nothing but brilliant.
- Understanding, caring, offering realistic changes for recovery and future mental health. Thank you. x
- Very warm personable approach. I was…offered choices/options to help me regain control and achieve well being.
- I was listened to with empathy and understanding.
- Very professional and very friendly and understanding.
- Great service, personable and practical help.
- I found the Stress Control course to be very helpful and useful. I feel less anxious and I am much better at handling my panic attacks thanks to the advice and tips learnt during the course.
- Good course, appropriate for my situation. Thank you.
- I have found this very useful and had a great therapist. I felt that the therapy was really tailored to my specific needs.
- I have made a very speedy and dramatic recovery, couldn't image feeling as good as this 6 months ago.
- The knowledge and techniques I have learnt have helped me to analyse my problems and I am confident that I will cope with difficult situations in the future.
- The therapy sessions have helped to start turning my life around.
- It's nice to feel supported and that you're not alone and that there is help out there.
- Thank you for all the help.
- Thank you for helping me start to live again.
- I am forever grateful for the assistance I've had.
- Gave me just the right amount of treatment for me to utilise and use for the rest of my life.

Appendix 5:

<u>**Feedback from Service Users**</u>

"The therapist is marvellous, she has helped me so much, I would recommend her at a very high standard. She is a credit to your company. I felt so at ease with her."

"Consummate professionalism. Probably the most useful intervention into my way of being that I have ever experienced. Good people."

"The treatment I am getting is brilliant. Don't know what I would have done. My therapist is great and I believe very much that my treatment will help me in the future."

"My experience was helpful in all aspects of my life and the person concerned was lovely and kind."

"Find my counselling sessions helpful and my counsellor easy to talk to and understanding and non-judgemental."

"Without IAPT intervention I would not be here to complete this form."

"Working with my therapist helped me overcome so much. Couldn't ask for a better service."

"Very good. Made me understand my problems and therapist gave good advice on steps to take to overcome the difficulties."

"My therapist is very good. I found it useful that she had a range of techniques/therapies to offer and not just forcing me down one route. She took the time/effort to see what suited me/my problems best."

"Excellent service so far. Really helpful to move my life forward."

"IAPT has helped me so much during the past few months. I came back for a review and was offered more help and support due to feeling low again. The explanations have helped me in so many ways."

"I have come so far and couldn't have done this without the help from my IAPT worker."

"I feel the help I have received has been exceptional."

"Excellent service and received help much quicker than is usual. Many thanks."

"Very helpful service and was planned around my working hours which was v. useful."

"I have found that it has really helped me in many aspects of my everyday life much more than I
thought possible."

"I find this service very useful and helpful towards my wellbeing."

“Extremely helpful and has made my life a lot better to manage.”

“The service helped me learn to understand myself and my feelings better. It helped me realise the abuse I suffered was not my fault or down to my personal weaknesses. The IAPT worker was easy to talk to and listened and tried to get me to understand the meaning of what I was saying. This has improved my decision making and built my confidence back up.”

“Did not know which way to turn till this service was offered so feel very grateful.”

“I have experienced that talking to my counsellor and getting my thoughts and feelings out in the open these are controllable and not as frightening and scary as they seem. My counsellor has the patience and understanding you need and I know what she has done for me has been a tremendous change to my wellbeing. I would say to anyone do not try to do this on your own it is impossible. Help is there so use it. I feel the achievement these sessions have given to me is awesome and I thank the people that they are available to do this. I have confidence and believe in myself once again so I say many, many thanks.”

“Excellent service. Found it really helpful + easy to access.”

“My IAPT counsellor is a very gifted individual and in my opinion, very suited to this type of valued work. She has suggested useful and effective strategies to help me manage my anxiety. I feel very comfortable talking to her.”

“The therapist was very welcoming and very approachable, she reassured me with sufficient information re confidentiality etc. The therapist offered some very practical solutions that were simple for me to takeaway and try to build on. She was able to identify and help me to understand some of the feelings I experiencing, a good start which encourages me to feel more positive.”

“I am extremely grateful to the IAPT services, my counsellor and my GP for the referral. I was feeling at rock bottom and may have even given up on making a go at my life if it weren't for my counsellor. I would like to say that the support, the services and the counselling has enabled me to deal with my problems. My counsellor needs a very special recognition because I believe that I am alive only due to the help she gave me. I may have given up! Thank you.”

“I have had 2 appointments up to now, with the IAPT service. Both sessions have been very helpful. I hope that future sessions will be as helpful. I find my clinician very easy to talk to and the information she gives me very informative.”

“All the therapists I met were courteous, understanding and helpful. I was never made to feel stupid and that my problem was trivial. I am entirely satisfied with my treatment and feel that I have benefited.”

“It's brilliant that I got this service through my doctor. I really appreciate the help I received.”

“My therapist was excellent. I am extremely grateful for the help I received. It is a fantastic and much needed service for people in a similar situation to myself, thank you.”

“Working with my therapist was a pleasant, relaxing experience. She put me at ease from the start and I felt comfortable with her. She made me understand a lot about depression and how it affects different people differently and made me understand why I was feeling the way I was about my own personal circumstances. The therapist is a credit to her profession and I would recommend anyone who has been or is in a similar situation to myself to seek out or ask for help from IAPT.”

“Invaluable without IAPT, I would be still really struggling with my disorder.”

“The sessions I have had with the therapist have been extremely beneficial. Through sessions I have been able to put things into perspective and I have gained the ability and confidence to be able to do things that I felt I couldn't do before.”

“My therapist has helped me enormously, I don’t know where I would be without her help. She has a fantastic way of explaining situations and helping me put my therapy into place. I have learnt a number of techniques that I can put into practice in the future. I am incredibly grateful for her help and always
will be. Thank you!”

“It has been a great experience for me, because it came at the right time in my life. Thank you very much for the IAPT service.”

“I found the service very good and am keen to see it promoted in the future. I feel as a single person the NHS has provided through IAPT a life line for me at a difficult time. Thank you.”

“If it wasn't for my therapist I wouldn't be here!! He has helped me too cope and trying to move on and referred me to the right people. I cannot thank him enough.”

“My therapist was kind and listened and helped me through one of the most traumatic times of my life, without her I couldn't have done it. Thank you for the service.”

“My therapist has helped me change my life. The sessions are an incredible help and I am so thankful and grateful.”

Appendix 6

Glossary of acronyms used in the report

ACT	Acceptance and Commitment Therapy
CBT	Cognitive Behavioural Psychotherapy
cCBT	Computerised Cognitive Behavioural Therapies
CCG	Clinical Commissioning Group
CfD	Counselling for Depression
CHILYPEP	The Sheffield Children and Young People's Empowerment Project
CMHT	Community Mental Health Team
CTfD	Couples Therapy for Depression
DNA	Did Not Attend
EMDR	Eye movement Desensitisation and Reprocessing
FFT	Friends and Families Test
IAPT	Improving Access to Psychological Therapies
IAPT EA	IAPT Employment Adviser Service
LTC	Long Term Conditions
MBCT	Mindfulness Based Cognitive Therapy
MUS	Medically Unexplained Symptom
NICE	National Institute for Health and Clinical Excellence
PCHaMPs	Primary Care Health and Medical Psychology
PTSD	Post-Traumatic Stress Disorder
PWP	Psychological Wellbeing Practitioner
SCC	Sheffield City Council
SOHAS	Sheffield Occupational Health Advisory Service
SPS	Specialist Psychotherapy Service

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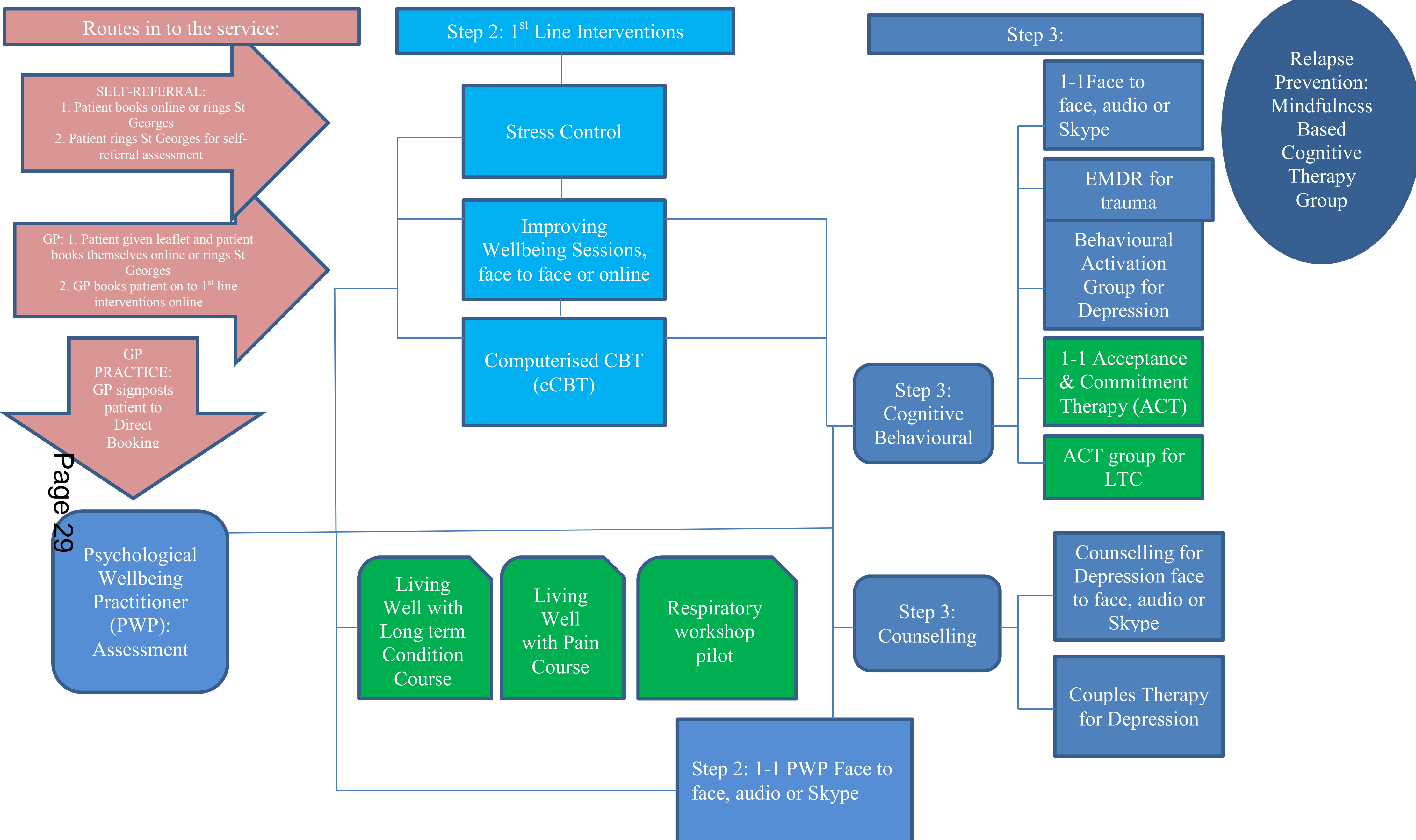

IAPT Sheffield Service model from April 2016

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Report to Healthier Communities & Adult Social Care Scrutiny & Policy Development Committee
24th February 2016

Report of: Healthier Communities and Adult Social Care Scrutiny Committee's Home Care Task Group

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Subject: Home Care Scrutiny Report

Author of Report: Emily Standbrook-Shaw, 0114 27 35065
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Summary:

The Healthier Communities and Adult Social Care Scrutiny Committee established a Home Care Scrutiny Task Group to look at how we might improve the quality of home care services.

This work is timely, as the Council's current home care contracts are coming to an end in 2017 and the process to recommission the contracts is underway. The aim of the task group was for its recommendations to feed into this recommissioning process.

The task group has made 10 recommendations over 4 areas – assessment, strategic approach to commissioning, working with providers and user focused services. The full report is attached for the Committee's approval.

Following approval by the Committee, the report will be presented at Cabinet, and the Cabinet Member for Health, Care and Independent Living will be asked to respond to the Committee within 3 months, including a timetable for implementing the recommendations within the recommissioning process.

The Scrutiny Committee is being asked to:

- Note, comment on and approve the Home Care Task Group Report
- Agree that the report is presented to Cabinet, requesting that the Cabinet Member for Health, Care and Independent Living respond to the Committee within 3 months, including a timetable for implementing the recommendations within the recommissioning process

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Category of Report: OPEN

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Home Care Task Group Report

Healthier Communities & Adult Social Care Scrutiny Committee

February 2016

Looking at Home Care Services in Sheffield

We wanted to take a look at home care services, with a focus on how we could improve the quality of services in Sheffield.

Home care, also known as home support or domiciliary care, are support services delivered in a person's home to address their needs. These needs are identified through a formal assessment process carried out by a social worker. Home care activities fall into 3 main categories:

- Personal care activities, such as help to eat and drink, maintaining personal hygiene, administering or prompting medication.
- Household activities, such as preparing meals, shopping, managing household finances.
- Other activities, such as supporting social activities, or providing emotional and psychological support.

This work was timely, as the Council's home care contracts are coming to an end in 2017, and the Commissioning Team is currently in the process of recommissioning the services. Our aim was to make recommendations that could be considered as part of this process.

This report sets out how we went about this, what we found, and our 10 recommendations in the areas of assessment, strategic approach to commissioning, working with providers, and user focused services.

We would like to express our thanks to all of those who gave their time and contributed to our work.

What did we do?

Improving the quality of social care for service users and carers has been at the forefront of our scrutiny work during 2015/2016. Consequently, we wanted to look at the 'whole picture', including initial assessment, how services are commissioned by the Council, how services are delivered by home care providers on the front line and how users can give feedback on the services they receive.

We started off by developing our understanding of what home care is and how it currently works in Sheffield, as well as looking at how things work in other authorities and what other organisations consider best practice

We wanted to hear a range of perspectives on home care and so held a series of meetings with:

- Sheffield City Council Officers who commission home care services
- Sheffield City Council Officers who run the assessment and review process
- Independent providers of home care services – those who currently hold council contracts and those that don't
- Home care workers

We wanted to hear from service users themselves. However, this is not an easy task within our timescale. As a result we decided to use information already held by the Council such as information gathered through service improvement forums and 'Quality Live' events, national performance information and complaints, as well as information held by HealthWatch Sheffield.

What We Found

Sheffield Home Care in numbers

Sheffield City Council currently has contracts with 9 providers to deliver home care services across Sheffield. The contracts are split across 20 geographical areas, with an average of 1000 hours of care per week being commissioned in each area.

Around £13m per year is spent through these contracts – around 21,000 hours of care per week at an average hourly rate of £12.92 – compared to the England average rate at £13.77.

Care packages commissioned by the Council vary from under 2 hours a week, to over 100 in rare cases. Around 75% of packages are less than 10 hours, with the average package being around 8 hours care per week.

At present around 2500 people are receiving home care through these contracts. Around 87% of these people are over 65, and are most likely to initially need home

care as a result of illness or mobility issues. People in receipt of home care commonly have multiple assessed needs.

A further 2200 people receive a Direct Payment which they use to purchase social care themselves. We don’t hold much information about what services are bought this way, so we aren’t able to tell how many of these people are buying home care, or where they are buying it from. The age profile of people receiving Direct Payments is lower than that of people using council commissioned services – two thirds of them are under 65.

As social care is means tested, there are also people receiving home care who are not eligible for financial support. These people can choose to have the Council arrange home care services through the contracts it holds, and be billed monthly, or to arrange their care directly with providers.

Satisfaction with adult social care services in Sheffield is low – particularly in Community Services which includes home care. According to the national Adult Social Care Outcomes Framework performance indicators Sheffield compares poorly with other Core Cities and other authorities in Yorkshire and the Humber. In 2015, 49% of community based service users felt safe, and less than half of community based service users were extremely or very satisfied overall with their care and support.

Our Findings and Recommendations

We recognise that nationally and in Sheffield, local government, and adult social care in particular, is facing significant funding challenges - rising demand, diminishing revenue support grant, introduction of the national living wage – whilst trying to drive service improvement. We realise that there will be financial implications to implementing the recommendations that we have set out below, and that hard choices will have to be made as home care services are recommissioned.

We also recognise that home care is just one part of the adult social care picture, and that the continued integration of health and social care presents opportunities through closer working with health partners and programmes such as the Better Care Fund. Our recommendations, whilst focussing on home care services need to be set in this context – of wider adult social care as well as health and social care funding.

Despite the challenges, we have seen through our work that there is a genuine ambition in Sheffield to improve home care for service users. We feel that there are things we could be doing better, and our recommendations aim to drive improvement and provide better quality services for Sheffield people. Our recommendations have been developed across 4 areas:

- Assessment
- Strategic approach to commissioning
- Working with providers
- User focused services

1 Assessment

An appropriate assessment is an essential starting point if users are to receive a good service. This is true of all adult social care services, including home care.

People's experience of assessments has been of a 'tick box' exercise that isn't truly user centred. They result in 'time and task' allocations rather than meeting outcomes, with no recognition that individual needs may fluctuate. This leads to a rigid service delivery model with little room for flexibility and meeting people's needs creatively.

The review process isn't working as well as it could – a user focused approach should be based on continuous dialogue between social workers, health professionals, care workers, service users and their families.

We recognise that the Council's approach to assessment and review is changing as a result of the Care Act, and moving towards 'asset based' assessments, looking at the whole person and the support they already have in place, co-produced with service users and families. This approach gives a 'fuller picture' of the outcomes a person wants to achieve, what their needs are and the various ways in which they can be met. We welcome this move towards greater 'dialogue' and less 'box ticking'.

Recommendation 1

The Council should continue and accelerate its work to make the assessment and review process more person centred, based on continuous dialogue with service users and their families.

People in receipt of home care often have multiple assessed needs, and may be using services from more than one organisation. This means that they end up going through the assessment process several times, often involving significant duplication.

Home care providers and staff told us that they are in a better position to deliver effective care when relationships between care workers and other health and social care professionals are constructive, and when information about a service user's health and care is shared appropriately – for example around hospital admissions and discharges.

Home care providers told us that it would be helpful if the Care Plan produced during the assessment process is shared with them. At the time of writing, providers receive only the 'time and task' allocation. This is because the way Council services are

arranged prevents the information from being passed on. We understand that there are plans in place to address this, and we welcome this move towards greater information sharing.

Recommendation 2

The Council should work with other agencies to improve information sharing between care workers, social workers and health professionals to ensure that service users are receiving joined up services. This should include sharing Care Plans with home care providers from the outset.

2 Strategic approach to commissioning

The current commissioning model based on geographic areas has been in place since 2014. Commissioners and providers have identified weaknesses in this approach, and there seems to be a general consensus that this current commissioning model is no longer fit for purpose.

The current geographic model is intended to provide localised support. However, this can make it difficult to respond effectively to fluctuating demand both within geographical areas, and across the city. Some providers hold contracts in areas at opposite ends of the city, so it can be hard for them to use their resources efficiently - moving their staff great distances across the city to provide services where they are needed has implications for the cost and quality of services – as well as staff morale.

Providers are expected to accept all care packages in their area, which can make it hard for them to plan ahead in terms of their workforce requirements, resulting in greater use of zero hour contracts.

There has been more than one case of provider failure in the city under this model.

Recommendation 3

The new commissioning model must have flexibility built in to enable it to respond to fluctuations in demand across the city.

The current commissioning model doesn't drive quality – home care providers that hold council contracts are less likely to be compliant with Care Quality Commission (CQC) regulations than those that don't – 56% of Council contracted providers are CQC compliant compared with 96% of non- contracted providers. Adult Social Care performance indicators show that user satisfaction with social services in Sheffield compares poorly with other Core Cities and Yorkshire and Humber Authorities.

We recognise that there are challenges in home care nationally – particularly around improving terms and conditions for staff – issues such as paying the living wage, zero hours contracts and paying for travel time – at a time when there are great

funding pressures for Councils. However almost everyone we spoke to as part of this work talked of how well trained, well-motivated staff are absolutely essential to quality home care services. The new commissioning framework must incentivise the recruitment and retention of high quality staff.

The National Institute of Health and Care Excellence (NICE) has recently issued national guidelines about home care – the most high profile of which was that the minimum call time should be 30 minutes. This echoes Unison's calls through the Ethical Care Charter to abolish 15 minute calls.

Having looked at case studies of 'typical' care packages, we were surprised to see the often lengthy lists of tasks that care workers can be asked to carry out in a 20 minute visit. Providers told us that they felt that Sheffield City Council has high expectations and a robust service specification but isn't paying accordingly – and pointed to the recent examples of provider failure. Care workers told us that rushing to achieve many tasks in a short visit results in a poorer service for users, and undermines their job satisfaction. However we did hear that shorter calls can be useful in some cases such as a medication prompt, or 'check in' – where appropriate and agreed as part of a user-focused assessment process.

Recommendation 4

The new commissioning model must drive and incentivise quality in services, and should therefore take account of the NICE guidelines, particularly around 30 minute minimum calls.

We recognise that a move towards a user-focused, outcome based assessments must be reflected in more user-focused, flexible services. There is an aspiration, in Sheffield and nationally, to move towards an outcome based commissioning approach. Whilst we welcome outcome based approaches in theory, we have not yet seen evidence that Sheffield is ready to adopt an outcome based approach.

Recommendation 5

That Sheffield should move towards an outcome based commissioning approach, however a phased introduction may be required to allow for further work to be done to identify and mitigate the risks of such an approach.

3 Working with providers

We heard again and again that high quality staff and low turnover are key to delivering a good home care service – for service users, who want to have familiar people delivering their care and for providers, because the cost of recruitment is significant.

Care workers told us that low pay, zero hour contracts and unpaid travel time all contribute towards the recruitment and retention problem. Providers told us that they can't compete with other employers in terms of wages – both within the care sector – staff are often lost to care homes and the NHS, and externally – supermarkets pay more than home care. This is a national issue – not just specific to Sheffield, and will become more of a problem as planned increases to the national living wage take place.

Workforce development and training is important. Service users want well trained carers with the appropriate skills, and care workers told us that they would like to see more opportunities for 'career progression' pathways through home care.

Recommendation 6

Commissioners should work with providers to address workforce issues including terms and conditions, workforce development and workforce planning.

Providers told us that they can be most effective and efficient when they have a good working relationship with commissioners and work in partnership. Trust and information sharing are important.

We recognise that monitoring performance of providers is important in driving quality services, however providers told us that the 'burden' of monitoring can be significant in terms of staff time and therefore cost – both in the back office and on the front line.

Call monitoring processes take up valuable minutes of care workers' time that would otherwise be spent delivering care. The technology used for electronic call monitoring can also be expensive. Whilst providers recognise the benefits of electronic call monitoring, they felt that contract requirements should be the same for all home care contracts in the city. There have been some variations in call monitoring requirements in recent contracts let by the Council, with some smaller providers not having to undertake it.

Current monitoring arrangements are designed for 'time and task' based contracts. If the future commissioning model adopts an outcome based approach, we must ensure that appropriate monitoring systems are put in place.

Recommendation 7

Commissioners should continue to develop a mature relationship with providers, ensuring that monitoring processes are robust, proportionate and efficient.

Commissioners, service users, providers and care workers have all told us about how important it is to build flexibility into services if we are to provide a truly user focused service. Service users' needs and wishes may vary from day to day and

week to week – and the ability of providers to accommodate this has a huge impact on the service user's experience of care. Commissioners should draw upon providers' knowledge and experience of delivering care to find the most appropriate ways to do this.

Recommendation 8

Commissioners should work closely with providers to find ways of building flexibility into service delivery.

4 User Focused Services

We drew on a range of sources to hear what service users think of and want from home care services, and the message that came through loud and clear was that the major factors affecting quality of service from the user perspective are:

- Care delivered by workers familiar to them
- Calls to take place when they are expected – we heard of many examples of missed and late calls which causes problems for service users and their informal carers
- Calls to be at appropriate times – we heard of people being left in bed until 11am, calls being at the wrong time to administer medication etc.
- Care to be flexible and allow for fluctuating and changing needs of service users

We need to ensure that the commissioning framework addresses these key concerns of users.

Recommendation 9

The new commissioning framework should result in home care services that are consistent, reliable and flexible, and based on continuous dialogue with service users and families about their needs.

Whilst there are various sources we can draw on to gather service user feedback about home care – Service Improvement Forum, Quality Live Events, HealthWatch Sheffield, provider surveys and complaints information – there is no mechanism for capturing directly service user feedback about home care on an ongoing basis. The Council's Needs Assessment of home care recognises this as a gap.

There is also a gap in our knowledge about direct payments. We know how many people receive one – but not how or who they spend it with, how they feel about the services they receive, or whether appropriate outcomes are being achieved. Having more information about the home care market in Sheffield and what is working well

would help to inform and develop our approach to commissioning and service delivery.

Recommendation 10

Commissioners should develop a mechanism for routinely collecting service user feedback on home care, as well as feedback from people who receive a direct payment.

Conclusion

What we have set out here represents an ambitious step, and we recognise that it may take time to achieve. Throughout this work we've been aware of the significant challenges facing home care nationally and here in Sheffield. However we have also seen the aspiration of all those involved in home care – from commissioners, to providers and care workers – to get it right for service users. We are confident that this aspiration can be realised, and look forward to seeing our recommendations implemented.

Appendix A

Task Group Membership

A cross-party task group of the Healthier Communities and Adult Social Care Scrutiny Committee was established to carry out the home care work. Members of the group are listed below.

- Cllr Cate McDonald, Chair
- Cllr Sue Alston
- Cllr Pauline Andrews
- Helen Rowe, HealthWatch Sheffield

Appendix B

Background Documents

The task group drew on the following reports to inform its thinking on home care:

- National Institute for Health and Care Excellence: Home care: delivering personal care and practical support to older people living in their own homes.
- UK Home Care Association: The Home Care Deficit – A report on the funding of older people's home care across the United Kingdom.
- Unison: Time to Care, a report into Home Care
- Unison: 15 Minutes of Shame, Stories from Britain's Homecare frontline.
- Sheffield City Council: Home Care Needs Assessment, February 2016
- HealthWatch Sheffield: Report on people's experiences of using Adult Social Care, December 2015.

Report to Healthier Communities & Adult Social Care Scrutiny & Policy Development Committee
24th February 2016

Report of: Executive Director, Communities.

Subject: Learning Disabilities Supported Living Evaluation Report

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Author of Report: Ed Sexton, Acting Development Manager, Communities
ed.sexton@sheffield.gov.uk

Summary:

Over the last year the Committee has considered the transition of five learning disability care homes to supported living arrangements. The Committee requested an update on progress, with a focus on service user and staff views on the transition.

An evaluation report is attached for the Committee's consideration.

The Scrutiny Committee is being asked to:

Consider and comment on the attached report.

Category of Report: OPEN

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Learning Disabilities Supported Living

Evaluation Report

February 2016

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1. Background

Last year five Learning Disability Residential Homes were decommissioned and transferred into supported living arrangements. In preparation for this, we undertook an exercise to specify high quality standards for supported living through a tendering exercise for preferred providers signed to a framework agreement. As each home was being deregistered, a process for selecting preferred providers was developed and implemented. People living in the homes and family members, supported by external advocacy, were encouraged to decide whether they wanted individually to select their provider or collectively work together to choose one provider (a process known as Deciding Together). Up to now, each group of people has elected to use the Deciding Together process).

Each home has transferred to supported living at different times. The first two homes to transfer were Handsworth and Cottam Road. This evaluation looks at these two homes. The other homes; East Bank Road, Wensley Street and Beighton Road will be looked at throughout 2016.

Handsworth has nine tenants in five bungalows with people either living alone or two people sharing with their own bedrooms.

Cottam Road, at High Green has three houses each with six bedrooms, a shared lounge, bathroom and kitchen. It also has a community room in the grounds that is used for meetings, parties and recreation.

The aim of the evaluation is to gather views from tenants, family members and staff about the move to supported living and how the transfer was handled. The information gathered will be used to inform any similar future changes to ensure that people's experience of the change, and outcomes from the change, are better. It will also be used to check out issues raised where needed.

2. Summary

On the whole, families and tenants reported that they were well-informed about the change to supported living, and felt fully involved in the choice of provider. More accessible information, provided earlier, would have been beneficial.

Although there were some initial concerns about what the change to supported living would mean, this is now seen as overwhelmingly positive by families and tenants. Similarly, concerns about changes in provider have now been largely allayed by the experience.

The focus of the feedback from staff was on some difficulty integrating new staff; differing terms and conditions; and adjusting the new expectations of supported living.

3. Method

A set of questions for tenants and families was co-produced with service users and carers at the Learning Disabilities Service Improvement Forum (SIF). This was adapted to produce a set of similar questions for staff. An easy read version of the questions for tenants was also produced. The evaluation method was agreed with the SIF.

A variety of methods of engagement were used so that people could respond in a way that suited them including paper surveys with freepost envelope, on line questionnaire, face to face meetings and telephone.

On 18th December 2015 easy read letters were sent to tenants informing them of the evaluation and asking them to invite us to meet with them. They could choose to have family members or an independent advocate from Cloverleaf present if they wished.

Family members were also written to informing them of the letter to tenants. They had a paper survey enclosed and a link to an online survey, which was at www.citizenspace.com. They also had the option to respond by phone.

Staff received a letter and were either emailed a survey and on line link or received a paper survey to respond to.

The managers at each home were asked to assist tenants and families in arranging meetings with us where requested.

The evaluation period ended on 5th February 2016.

4. Who responded

4.1 Handsworth

The tenants at Handsworth tend to have very high support needs and all but two have very limited capacity and little or no ability to communicate. Their relatives tend to be less involved as they may live further away and are not be able to visit so easily.

We therefore needed to involve other people to help gage the views of the tenants. We utilised an advocacy service which we understood to have an established relationship with the tenants. We considered also seeking other advocacy services but judged it better to involve staff members instead because of: their good knowledge of tenants' personalities, preferences and non-verbal communication skills; our confidence that staff members would genuinely reflect tenants' feelings as best they could; the challenge of introducing new people with no prior knowledge of the tenants within the timeframe required for the evaluation.

We met with all nine residents. Three tenants were able to engage with us a little, but didn't understand all our questions. They had an independent advocate and staff members present when we met them who assisted in filling in some of the gaps. Six further tenants had non-verbal communicate so we talked to four members of staff about what they believed the person they were supporting had felt about the changes to supported living. Separately, we also asked for their thoughts as staff members.

We didn't receive any other feedback from staff either on line or by paper survey. Five family members responded either by paper survey or by phone.

4.2 Cottam Road

The Manager arranged for us to visit as many people as we could in the time permitting. We met with nine out of 12 tenants. Some of these were not able to communicate directly with us themselves so four had a member of staff with them and five had a family member with them. One lady met us on her own. We met with three family members alone and five with their loved one.

We also met with four members of staff who had gone through the transfer and had further discussion time at a team meeting with around six members of staff, two of whom had gone through the transfer.

We received four completed paper surveys from family members. No paper or online surveys were returned.

5. Main findings

The full findings can be found in appendix 1.

5.1 Information – On the whole families reported that they were well-informed about the change to supported living. One person said more clarity about the need for a new provider earlier on the process would have been helpful, and another comment was that better use of plain language would have helped understanding.

Tenants were told, but some didn't want to know any more as they found it worrying. Many lacked capacity to understand and some unnecessarily worried they may be forced to leave their home.

5.2 Choosing a provider – On the whole those who responded felt fully involved. One family member wanted more involvement and one wanted less as they didn't want so much responsibility. The Deciding Together meetings were valued as a way of alleviating concerns and providing choice and control. The work of Christine Anderson in Commissioning was highly praised by some.

5.3 How people feel about the change to supported living

We could only meaningfully engage with a small number of tenants about this due to their capacity. But most of those who responded were okay with the idea of supported living. A couple were worried about the idea of doing things for themselves.

A small number of family members felt from the start it would be a positive change, with opportunities for more independence. However, most family members were initially worried about how their loved ones would cope with change, and cope with new staff. They were worried about losing care that had been working well so far. Some were also concerned on behalf of the staff who work there. One person expressed the view that it was a way of cutting back on care for vulnerable people.

Since the change to supported living has taken place most tenants and families that we spoke to are very happy with the change. They can see their loved ones are happier and calmer. They get out more and do more activities supported by increased staff ratios. Many people are now more independent, doing more for themselves around the home and doing some of their own personal care.

One family member said they see no difference, but they do not visit their loved one very often. One family member said they feel the need to pop in more to check up on things than they did before.

A number of family members did say that it was very stressful and worrying going through the change for themselves and some of the tenants. But in the long run it has been worthwhile for the enhanced quality of life that their loved ones now have.

5.4 Changing provider

A small number of tenants and family members were okay with the idea of a new provider. But the majority were at first very worried about new staff coming in and not having the appropriate experience to care for their loved ones. There was some concern about the motives of providers, that they'd just be wanting to make a profit. But it seems the deciding together meetings laid that fear to rest when those at Cottam Road were able to select CIC (which is not for profit).

Now the new providers are in place the tenants report being happier. They like the new bedrooms, and having more one to one support, which means more activities.

The families on the whole also report that their loved ones seems happier and calmer, have a lot more support and do more activities. They report seeing increased independence and that tenants are encouraged to do more for themselves which gives them a better quality of life. There are several people who have benefited from new wheelchairs and mobility transport since the new providers came in.

Families at Cottam Road reported an improvement in the up-keep of the place, and morale. There was high praise for the manager who does a lot to bring the families together and involve them in choosing staff. However, there were some improvements requested around houses having landlines, some issues with new staff leaving and concerns that some of the existing Care Trust staff have left.

One family member at Handsworth is worried about the turnover of staff and that their loved one doesn't seem as well dressed or as happy as he used to. However when we spoke to this tenant (with staff present) he reported that he is much happier, he likes meeting all the new staff and is well supported. He initially had problems settling in with his new housemate who was very argumentative, but the pair now get on very well indeed.

5.5 What has changed for tenants

It was overwhelmingly reported that increased staff and one to one support means tenants are able to do many more activities such as; trips out, sensory experiences, shopping, sports, day centres, theatre, cinema and football matches etc. They are supported to learn to do more for themselves where possible such as; cleaning, tidying, getting drinks and breakfast, washing, shaving etc. This has a huge benefit to tenants' quality of life.

The new providers are trying new things with tenants. At Handsworth they are trusting them to access their own kitchen, providing new sensory and stimulating activities. Jigsaws that were previously banned as not age appropriate have been brought back with respect to tenants' choice.

Cottam Road tenants are greatly increasing their independence to do more for themselves. They are also given more choices and more flexibility within their day – e.g. a 92 year old tenant is now able to take a nap in his room after lunch. One tenant goes to Chapeltown on the bus by herself now. Another young tenant who has boundless energy has enough support to do whatever activities he wants throughout the day, e.g. going for a walk, shopping, playing sports etc. Cottam Road tenants have capacity to be more independent than those at Handsworth, and they are supported to save their money to buy things to support their independence, such as transport and electric razors.

5.6 Staff Views

The staff at both sites felt that on the whole tenants are happier and calmer. They have more support which means more activities, and greater independence and therefore a better quality of life.

Some tenants struggled with all the new staff faces initially, but are now benefiting from increased support.

One member of staff at Cottam Road reported that a tenant was less happy, going to bed early and that her health had suffered. But when we met with that tenant alone she reported she was happy and more confident. The feedback from her family is that she was upset for the first seven days when she moved in (she moved in just after the change to supported living), but is very happy now.

The staff experience has been problematic at times with discrepancies in terms and conditions between transferred Care Trust staff and new staff causing tension within teams.

5.6.1 Handsworth

At Handsworth we only received feedback from the new staff.

There were reports of transferred staff allegedly sabotaging the work of new staff. High staff turnover and high numbers of agency staff were reported as problems for providing the necessary consistency of staff for good quality care of tenants. At both sites it seems some original staff have left. At Handsworth the original staff work nights so presumably mix less with the new staff and things are getting better.

Handsworth staff reported that they felt misled when applying for the job. They expected the tenants to have mild learning disabilities and that they would be able to do a lot more for themselves than they can. They feel that expectations about tenants having independence are not realistic.

Staff would like the buildings improving to allow better access for some of the larger wheelchairs the tenants use.

5.6.2 Cottam Road

We mainly engaged with transferred staff at Cottam Road and a few new staff at a team meeting.

At Cottam Road the discrepancies in terms and conditions are seen to be very unfair, but appeared to be handled well by the staff we met.

Staff had difficulties with the number of new colleagues coming in at once. It was hard for proper handovers and shadowing to be done so that staff could learn about tenants' needs. It was also hard for some tenants to see so many new faces.

The staff are very worried about the change to a new employer as they had worked for the NHS for 20 – 30 years. There are still concerns from some about their pensions. On the whole though, they feel that CIC is a good employer. Although, they feel that communication could be improved, especially with so many new staff coming in.

They can see areas for improvement such as tenants being housed with like-minded people and staff being matched better to tenants. They would like to see money safes, medication and landlines in each person's room. They'd also like to have some transport such as a minibus for taking people out.

6. Difficulties doing the consultation

Due to tenants' impairments, some had limited capacity to give their views. This was particularly an issue for the majority of tenants at Handsworth. Families could not be present and independent advocacy from Cloverleaf was offered. However Cloverleaf advocates did not know the tenants so were not able to interpret the tenants' communication even if they had the capacity to understand the questions. This means that in some instances we were not able to get feedback from the most important people in this process – the tenants.

For those tenants at Handsworth who had some capacity and ability to communicate an advocate from Cloverleaf was present, but as she had not met the tenants before she was not really able to assist their communication, and so we relied more on staff to aid communication.

It proved difficult to engage with staff to get their views. We particularly wanted to hear from staff who had been employed before the transfer to supported living, but at Handsworth those staff who remained were working nights so we were unable to meet with them, and they didn't respond to the paper or on-line survey either.

Having a full day visit to Cottam Road worked well. The Manager arranged a meet and greet session for families and fitted in meetings with the consultation team on the same day. She arranged a staff meeting and invited us to it and also set up meetings throughout the day with tenants, family members and staff in various combinations. Although there were tenants who were out for the day so we were not able to meet them.

7. Recommendations

The move to supported living has been difficult and stressful at times for all those involved, but the end outcome for the tenants is overwhelmingly positive in terms of their quality of life. If the process is repeated there are lessons learned which may help to ease the process in future and also lead to improvements for existing tenants and staff:

- Plain language and less use of jargon when providing information to families, tenants and staff will help aid understanding.
- The deciding together meetings worked well and should be repeated if this process is undertaken again – with those taking part having a say in how much involvement they would like to have.
- It was reported to us that a regular part of people's weekly activities involves going to some kind of day care. It should be explored as to whether this the most appropriate option for people.

- Discrepancies in pay and terms and conditions for transferred care trust staff and new staff has been problematic. Strong leadership and clear honest information from the providers is needed.
- Some staff at the Handsworth site felt that 'tenants don't have the capacity needed to make choices and be independent.' It will be necessary to look into what lies behind this statement.
- Transport was flagged as an issue at both sites. If funding could be pooled, it would be beneficial for each site to have its own minibus to take tenants on outings more easily.
- The meet and greet sessions for families to choose staff work very well at Cottam Road. Staff suggested that they would have liked the sessions to be held in the houses they will actually be working in so they get to meet the tenants they will be working with.
- Lower staff turnover and less reliance on agency staff was requested at Handsworth to improve consistency of care for tenants.

Appendix 1 – Full findings

1. Handsworth Tenants and families

There are 9 tenants at the Handsworth site (7 at Hall Road and 2 at Joseph Road). Most of these tenants have no communication so there was no way of engaging with them directly.

We spoke with two of the tenants who had difficulty understanding some of the questions to varying degrees, but we were able to find out the following:

1.1 How well have you been told about your care home changing to supported living?

5 family members responded. 3 said they were told about it quite well or fully.

2 family members said they could have been told about it better:-

- The need to select a new provider was not made clear until after consent was given to change to supported living. They may otherwise have been more cautious.
- More meetings would have been good just to find out more, but nothing in particular.

1.2 How involved and in control did you feel during the deciding together meetings to choose a support provider?

2 family members responded:

1 said they did not feel involved and in control as they didn't feel qualified to make that decision. The presentations went over their head and they would have liked more support and guidance.

1 said they felt fully involved and had plenty of opportunity to speak to people about their concerns.

1.3 When you first heard about the change at your care home to supported living, how did you feel?

1 tenant answered that he thought it would be okay.

5 family members responded:

- 1 said that having more rights and control was a good thing
- The other 4 had concerns about; how their loved one would cope with change and losing a provider they know and like.

1.4 How do you feel about the change to supported living now?

1 tenant answered that he loves it. He gets on with his housemate.

5 family members responded. One sees no difference. Two were positive:

- One said it has been a horrendous journey as things got a lot worse initially. The new provider is getting better though and things are probably better now than they were when it was a care home.
- One said they are happy with what the new provider is doing and they are making things better. But it's a shame the run-around bus had to go.

Two were negative:

- One feels the need to pop in and check up on their loved one more often than they did before.
- One said it's better now than during the change over, but unsure whether it's any better than as a care home. But then again they have only visited twice. They note that their loved one used to go on holiday abroad and this hasn't happened since the new provider came in.

1.5 When you first heard that there may need to be a different support provider, how did you feel?

1 tenant answered – He was excited because he likes new people

All 5 family members who answered said that they were worried. This was mainly around how their loved one would adapt to change and new faces. There were worries about new staff having the appropriate experience.

1.6 How do you feel now that there is a different support provider?

1 tenant answered - He feels alright and feels safe. The Manager present added that there were some teething problems as the tenant sharing the room likes to push new people and find someone to argue with.

1 family member sees no difference.

3 responded positively saying:

- Things have settled down since the change over. The previous provider was set in their ways, but positive changes are being made.
- My loved one seems happy and healthy and is benefitting from a new wheelchair that improves her posture that the provider supported her to buy with her own money.
- They involve me and tell me if there's anything wrong. I feel confident that she's in good hands.

1 responded negatively saying – they are very worried, we never see the same staff member twice. Their loved one has lost weight and doesn't seem as well dressed or as happy as he used to. Their loved one said he preferred it before the change to supported living. It is noted though that this is the same tenant who has answered positively about he change when we visited.

1.7 Has your life/or that of your loved one changed in any way since the change in the support?

2 tenants described what they do. The staff present said it is an improvement on before:

- **Activities -** They both feel they have more activities to do now e.g. baking, bowling, darts, trips to Brunswick village, arts and crafts, football.
- **Independence -** One tenant described choosing their own food in Asda, helping to get their own breakfast as much as possible, and having a choice about whether they wanted to do an activity or stay home. He also takes his own money out when he goes shopping and chooses to buy colouring books with it. The other tenant said he makes his own coffee, showers and gets dressed, cleans his own teeth, shaves and does his own washing. Staff reported that he is also better at going to the toilet now.

4 family members responded to this question:

- 1 responded very positively saying that they have improved their loved one's eating habits, she's being given more and taking it. The previous provider only gave her a yogurt for lunch as they through that's all she wanted. There are lots of new activities and they get out every day even if just for a walk around the block. Jigsaws had previously been banned for not being age appropriate, but they have now been brought back by this provider. Their loved ones moods have improved a lot although the changeover was very stressful.
- 2 weren't sure if there had been any difference as they didn't really know what they did before.
- 1 said that due to changes with other tenants their loved one has moved and doesn't have any friends now.

a. Handsworth staff

The staff who went through the transfer work nights so we were not able to meet with them and have not received any online or paper surveys back from them. We did meet with 4 members of staff who started after the change to supported living. They were supporting 6 tenants who we met, but due to the fact they lacked the capacity to engage with us we gained feedback from the staff supporting them instead.

Questions:

2.1 How well have you been told about your care home changing to supported living?

3 members of staff said they were told about it a bit but it could have been better

2.2 When you first heard about the change at your care home to supported living, how did you feel?

No responses

2.3 How do you feel about the change to supported living now?

No responses

2.4 When you first heard that you may transfer to a different employer, how did you feel?

No responses

2.5 How do you feel now that you have a different employer?

No responses

2.6 Any other comments on the changes that have taken place?

4 members of staff who joined after the transfer responded.

Positive comments were:

- All staff members said they are able to offer more personalised care and one to one support. Particularly sensory activities which you don't have time for in a residential or nursing home.
- We trust tenants more and now leave the kitchen door unlocked for them, whereas the care trust felt this was too dangerous.
- The bedrooms are more personalised and so people seem to sleep better.
- The care people can access is more instantaneous than in a care home.
- Living in a smaller group is better for people as there's more interaction and it/s more person centred.
- It's more relaxed and we can take people out more.
- The tenants seem happier and calmer now.
- One tenant particularly enjoys meeting new people so it's been beneficial for him.
- It took time for staff to get to know each other, but things have improved the more time that's been spent together. A lot of Care Trust staff have left now as well.

Negative comments were:

- 3 staff members were shocked when they started in the job as they didn't realise the extent of the tenants disabilities. The name 'Supported Living' made it sound like tenants could do more for themselves. They also said that in interview the tenants were described as having mild learning disabilities.
- There is a high turnover of staff and a lot of agency staff which is problematic. You can offer better care for people when staff know tenants better. Consistency is important.
- We didn't know we'd be working alongside NHS staff and were shocked at the difference in pay. This should have been explained before we joined.
- They felt that commissioners' expectations of residents are not realistic as tenants don't have the capacity needed to make choices and be independent.
- Communication could be better. We tend to hear things on the grapevine.
- New staff reported that Care Trust staff allegedly sabotaged their work, to place blame on them e.g. loosing paper work.
- The buildings are not suited to the size and weight of some of the wheelchairs. One chair weighs 9 stone and workers hurt themselves manoeuvring through the narrow doorways.

3. Cottam Road

We met with 6 tenants. 3 were with their family members, 3 were with staff, and 1 was on her own.

Questions:

3.1 How well have you been told about your care home changing to supported living?

9 family members said they were told about it fully:

- If they couldn't get to meetings they were sent letters.
- Any questions asked were fully explained and the chance to sit in and interview possible future employees was very good. The input and work carried out by Christine Anderson was of the highest quality and honesty.
- We were told about the change 4 years ago and have been very well informed ever since.

2 family members said they had been told quite well. The written info and meetings were good. Although one family member said that although it was good they got to choose the provider from a short list, he would have liked to have been involved earlier on, in deciding the shortlist.

1 tenant was told, but didn't want to know as he is terrified of official people.

3.2 How involved and in control did you feel during the deciding together meetings to choose a support provider?

2 family members responded to this question.

Positive:

1 family member felt quiet involved, the meetings went well.

3 family members felt fully involved:

- The process of interviewing in a relaxed atmosphere could not have been better.
- The number of meetings for each stage was good. We felt fully involved at all times.
- The Deciding together meetings were very good. They were able to choose the provider that they felt was most caring. They have since been to around 8 meet and greet sessions to interview new staff. There were 17 staff and they now have 40 which they think is fantastic. They would have liked more plain language and less jargon during the deciding together meetings though.

Negative:

1 said the meetings dragged on and were suspicious that it was a money saving exercise. But the change has been good.

1 said they could have been better, but when pressed said they only went to some meetings and they seemed to go well.

3.3 When you first heard about the change at your care home to supported living, how did you feel?

3 tenants responded:

Positive:

- Accepted it quite well.
- Still happy and content, it hasn't made much difference to him.

Negative:

- Worried about doing things for themselves.

7 family members responded:

2 Positive:

- This home was already good and not institutionalised like others. But I was in favour of supported living as it would give her more independence.
- We thought it was good as we didn't know how much money our loved one had and now she is getting a mobility car in a few weeks. She didn't have any transport before.

Negative:

5 family members were worried about change:

- Confused and felt changes would be poorly handled by the council.
- Worried about new staff as it can be hard for loved ones to get to know people.
- Happy with how things were.
- Terrified as you hear a lot about bad are homes.
- Loved ones have lived here for many years and change will be difficult.
- 1 Worried about being kicked out
- Concerned for staff and residents
- Things were okay before although trips had dropped off and it would have been nice to get out more.
- Felt vulnerable people were bearing the brunt of the cut backs.

3.4 How do you feel about the change to supported living now?

9 family members responded positively:

- All said that it was beneficial to have more staff and one to one care.
- Tenants have a better outlook on life as can do more for themselves which makes life more interesting.
- Our loved one seems happier and calmer
- It has been hugely successful for us as a family to have our loved one living here. For the first time her voice is being heard.
- They are arranging for our loved one to have her own transport which will make a big difference.

Both tenants and family members are happy with the change:

4 tenants told us that they are happy. They do lots of activities such as going out to Chapeltown, lunch clubs, trips, cinema, bowling, shopping and theatre. They do things for themselves, like get own breakfast.

2 family members told us they are happy with the change:

- Having more staff is excellent and the new managers is also excellent. She involves the families well, brings them together. Her heart and soul is in the place.
- Another family member said they can tell their loved one is happier, not so depressed

3.5 When you first heard that there may need to be a different support provider, how did you feel?

2 tenants said they were happy with the way things were and liked the staff who worked there.

Positive:

- 2 family members were okay with it as it was all open and honest.

Negative:

- 6 family members were initially worried about something new and staff changing.
- 1 family member had initial panic that a new provider would be doing it for profit and their loved one would end up in a nursing home.
- 1 family member felt for the staff who had changes imposed on them and feels that people in a caring role should be well rewarded for their work.

3.6 How do you feel now that there is a different support provider?

3 tenants responded:

- 1 tenant is very happy with the home, although he moved in after the change to supported living. But he is more independent that at home and does a lot of activities as there's staff there 24 hours.
- 1 tenant likes it. He has a better bedroom and likes sharing the living room.
- 1 tenant likes it, and is still happy

9 family members responded positively

- Very pleased with staff and managers. There's been a big improvement in morale at Cottam Road.
- They are doing a good job so far.
- Having an on-site manager is good. They've tidied the gardens up and decorated. It looks and feels more cared for.
- We haven't noticed any change in care, but he seems better dressed no and wears the types of clothes her likes now.
- My loved one doesn't accept change very well and was initially upset, but after 7 days she loves it. She now sees this as her home (she moved in the first day CIC took over).
- Having a new and bigger room is great.
- The Manager keeps us well informed if there's anything we need to know about how our loved one is.
- All commented that it's good there are more staff and tenants get out more.

There were a few negative remarks as well though:

- It is worrying that staff who have been at Cottam Road for years are discontent and looking for, or have left for other jobs.
- It is time each house has its own landline.
- There seems to be a slight problem with recruitment.

3.7 Has your life/or that of your loved one changed in any way since the change in the support?

5 tenants responded positively:

- 1 tenant said goes out a lot more. He is very energetic and enjoys having so much support around. He's very independent, but has learnt to do even more for himself since living here, such as having a shower and using the washing machine and dryer. He goes shopping with support and chooses his own food e.g. Nutella. He has help with shaving, but they are assisting him to save his money to buy an electric razor, and also an I pad and new X-box. He has new friends and goes out a lot to youth groups and sports activities.
- 1 tenant said he goes out more e.g. food shopping, bowling and cinema. He can choose each day what he wants to do. He helps to clean his own bedroom, dusts and his own breakfast. He has a job at Love Street packing knives for which he gets a small wage. He goes to the pub on a Friday. He has learnt to do gardening.
- 1 tenant said (supported by his niece) he tenant now makes birthday cards and presents or his niece. He gets out to Meadowhall and goes to the shops to buy beer. He has more choice as he chooses what to spend his money on, and chooses his dinners. There's less routine and more choice. Now that there are more staff he also has the option of an afternoon nap (he's 92 years old). Before the change he had to stay in the communal room. His quality of life has only got better since the change in provider.

- 1 tenant backed up by his family member said he cleans his room now. He goes out more often to football matches, the theatre. He finds everyone friendly. He likes the system for managing his money.
- 1 tenant backed up by family members said she does more around the house now like cooking, cleaning and ironing. She can choose what to spend her money on. She pays for a carer to come on trips with the family when they go away.

8 family members responded positively:

- We can tell the change has been good, our loved one seems less depressed now.
- Feel safe and well. More interaction with other tenants. Days out. And the new provider has managed to secure a mobility vehicle for our loved one.
- Has made new friends. More one to one support means there's more opportunities. More independence as he is now encouraged to dress himself and tidy up. We feel that he will learn more in the future as well with so much one to one support available. We would choose supported living again. The meet and greet sessions to choose staff are great.
- More activities and more independence. Makes own bed, cleans up and gets drinks.
- More independent, safe and well. Our loved one feels listened to, has a say and she feels empowered. She manages her own money day to day. She's learnt new skills e.g. baking, laundry, cooking and cleaning. Her typical day is less regimented. She has more of a say in what she does. The staff have been great at advising her to eat healthily too.
- Our loved one helps to clean her bedroom now. She feels safe and well as she's with the same tenants that she knows. She does plenty of activities.
- Our loved on is doing things she wouldn't have done before and gaining confidence.

4. Cottam Road Staff

5 members of staff responded who were all employed before the transfer to supported living.

4.1 How well have you been told about the care home changing to supported living?

2 said they could have been told about it better:

- We knew for 4 years before it happened. Better communication was needed.
- You can't change care and tenants over night, Supported living doesn't suit everyone.

Another 2 reported that they had been told about it fully but still would have liked improvements in communication:

- Didn't know what to expect from supported living
- We were told years ago, but didn't fully understand how the NHS and council could both be involved. The language used was confusing and not at the right level.

4.2 How did you feel when told about the change to supported living?

1 member of staff was looking forwarded to the change, but didn't feel their tenants were suited to supported living as they can't do things for themselves.

4 out or 5 staff were concerned:

- Concerned as been there for 20 years. Didn't know what to expect.
- I like change but was worried if I'd still have a job.
- We didn't know what to expect and felt scared. It was a big change and stressful. We knew there'd be more staff but took a while for them to be in place.
- You can't make changes to care and tenants overnight. Supported living doesn't suit everyone.

4.3 How do you feel now about the change to supported living?

We spoke to some staff individually and also at a team meeting. Feelings were mixed:

Positive:

- Supported living here is great, but other supported living developments have more private homes. It was difficult to see how buying food would work in a shared kitchen but it does.
- It feels okay now. Some people went off sick due to stress. We're still learning. Residents go out a lot now. More staff means people can do more. Tenants are happier.

Negative:

- We have more staff but there are still issues about getting things done such as cleaning. Two residents find supported living difficult as they think the staff should clean up as we are paid to. They are used to being looked after.
- People have been placed where there's space and not where it's appropriate.
- A more gradual introduction of new staff would have been better for the staff and residents. This would mean new staff got a better handover and information about tenants care needs.

4.4 How did you feel when you first heard you may have a new employer?

All 4 staff members we met said they were worried. They have worked for the NHS for 20-30 years. The NHS have good terms and conditions.

1 person is still worried that their job isn't as secure and doesn't understand why the NHS didn't get the contract.

In the team meeting it was also raised that the difference in pay and holidays between the old and new staff is very unfair.

4.5 How do you feel now that you have a new employer?

3 staff members responded positively:

- It's getting better and it's more beneficial for the tenant.
- They are a good employer and I am involved in other things now e.g. recruitment
- It's alright but I would rather work for the NHS due to the better pension they offer.

2 responded negatively:

- I'd rather work for the NHS as the private sector has a high turnover of staff which isn't good for residents.
- In the team meeting it was reported that there are so many new staff sometimes the existing staff feel they don't; get as much support. More support, meetings, supervision and newsletters was requested. Some people leave after one shift.
- There are some elements of supported living that are still not in place such as transport, safes, medication and phones in rooms.

4.6 Any other comments on the changes that have taken place?

4 members of staff responded positively:

They all commented that tenants were happier, had more one to one support and did a lot more activities. 3 of these also felt that tenants were becoming more independent and learning to do more for themselves.

There were some negative comments in the team meeting:

It was reported that one lady has become more withdrawn and goes to her bedroom at 6pm every night and her health has suffered. (when we met the lady concerned alone, she reported that she loved living there and was happy and confident, she had moved to Cottam Road at the same time it transferred over).

It was requested that meet and greet sessions for choosing staff were held in the houses they will be working in so they can meet the tenants they will work with at interview. Staff should be better matched to tenants.

Having new staff is great but getting people trained up is hard.

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Report to Healthier Communities & Adult Social Care Scrutiny & Policy Development Committee

24th February 2016

Report of: Policy & Improvement Officer

Subject: Work Programme

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The Scrutiny Committee is being asked to:

- Consider and comment on the attached draft work programme
- Discuss the proposed approach for commenting on the Quality Accounts
- Note the proposed establishment of the 'Working Together Programme' Joint Overview and Scrutiny Committee.

Category of Report: OPEN

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

Last updated: 10 02 2016
Please note: the draft work programme is a live document and so is subject to change.

Topic	Date	Notes
Single Item Agenda Issues		
Improving Access to Psychological Therapies	February 2016	To consider how Sheffield can maximise the benefits of the Improving Access to Psychological Therapies programme.
Consideration of the Home Care Task Group report	February 2016	The Committee is asked to consider the report of the scrutiny task group that has been looking at home care services, and approve the report before it is put to Cabinet.
Deregistration of Learning Disability Care Homes	February 2016	Update on progress following the Committee's consideration of this in July 2015, with a focus on service user experience.
Public Health Vision		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.
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.
Urgent Care Review		NHS Sheffield CCG are reviewing arrangements for urgent care. The Committee may wish to consider and comment on the proposals once they are developed.

Elective Care Review (CCG)		
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 met in October to consider the issues that the provider trusts in the City should include in their Quality Account for 2015/16. It is proposed that the group meets again in April, to consider the draft quality reports and hear from representatives of each trust how the sub group's comments have been incorporated into the reports. The group will then develop formal comments for the trusts to include in their final quality reports.
Joint Health Scrutiny		
The Commissioners Working Together Programme	Spring 2016 onwards	NHS England and NHS Sheffield CCG have formally requested that Scrutiny Committees across the CCG 'Working Together' footprint – Sheffield, Barnsley, Doncaster, Rotherham, Wakefield, North Derbyshire, Hardwick and Bassetlaw establish a Joint Overview and Scrutiny Committee to consider the Working Together Programme. Hyper acute stroke services and children's surgical services will be the focus of the first phase of work. We will be seeking Full Council's approval for Sheffield to take part in this work, and to appoint the Chair of the HCASC Scrutiny Committee to the Joint Committee.
Issues for briefings/information/updates		
Access to GP Services		
Dementia Strategy		
Care Act		
Annual Safeguarding Report		The Chair of the Committee has met with the independent Chair of the Safeguarding Adults Board, to discuss how Scrutiny and Board can work

		together and share information. The new approach will include…..
Follow Ups		
Better Care Fund	Winter 2016	Following consideration of the Better Care Fund at its meeting in November 2015, the Committee wanted to look at it again in the future, focusing on whether the programme is achieving its intended outcomes and financial savings
Adult Social Care Performance	Early 2017	At its meeting in January 2016, the Committee welcomes the approach being taken to improve adult social care performance, and requested that the Director of Adult Services provide a further update in a year's time.
Quality Care Provision for Adults with a Learning Disability in Sheffield	Early 2017	In January 2017, the Committee considered improvements and action plans following reviews of Council and Care Trust learning disability services. The Committee requested a further update on progress in 12 months from the Director of Adult Services.

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