SHEFFIELD CITY COUNCIL

Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee

Meeting held 26 September 2018

PRESENT: Councillors Pat Midgley (Chair), Sue Alston (Deputy Chair), Steve Ayris, David Barker, Adam Hurst, Talib Hussain, Francyne Johnson, Bob Johnson, Mike Levery, Martin Phipps, Chris Rosling-Josephs, Jackie Satur and Garry Weatherall

Non-Council Members (Healthwatch Sheffield):-

Margaret Kilner

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1. APOLOGIES FOR ABSENCE

1.1 An apology for absence was received from Councillor Mike Drabble.

2. EXCLUSION OF PUBLIC AND PRESS

2.1 No items were identified where resolutions may be moved to exclude the public and press.

3. PUBLIC QUESTIONS AND PETITIONS

3.1 In response to a question from Mike Simpkin (Sheffield Save Our NHS) referred to in the document circulated by the Policy and Improvement Officer, regarding Continuing HealthCare and CQC Assessment, the Chair (Councillor Pat Midgley) indicated that the issues raised in the question would be covered in the forthcoming presentation on Continuing Healthcare.

3.2 In response to questions from Sue Harding and Dorothy Dimberline referred to in the document circulated by the Policy and Improvement Officer, regarding Birch Avenue and Woodland View Nursing Homes, the Chair (Councillor Pat Midgley) stated that the Committee were not content to let these care homes close and that such closure should be avoided at all costs and Members wanted to understand the issues in detail. She indicated that the issues raised in the questions would be covered in the forthcoming presentation on Continuing Healthcare.

3.3 In response to a question from Peter Selby, Mandy Philbin (Chief Nurse, NHS Sheffield) apologised that he had not received a response to his questions regarding his wife's care, but stated that she would look into the matter and get back to him.

3.4 Reference was made to a written question submitted by Deborah

Cobbett regarding the Hospital Services Programme. The Policy and Improvement Officer said that she would arrange for a written response to be provided to her.

3.5 Andrew Taylor gave an insight into his personal life and stated that there were inequalities in the services provided to vulnerable people He asked why the care services were unable to help all those who needed it. The Chair told Mr. Taylor that she was unable to respond to him personally but if he left his details someone would get back to him.

3.6 The Chair indicated that all the questions would be covered in the presentation and subsequent discussion, but the questioners would be allowed to respond afterwards.

4. DECLARATIONS OF INTEREST

4.1 There were no declarations of interest.

5. CONTINUING HEALTHCARE

5.1 The Committee received a presentation given by Mandy Philbin (Chief Nurse, NHS Sheffield), outlining how the Continuing Health Care (CHC) process was working in Sheffield, ensuring that people were receiving appropriate support for their needs.

5.2 Also present for the item were Debbie Morton, Deputy Chief Nurse NHS Sheffield CCG), Paul Higginbottom, (Local Authority/NHS Sheffield CCG), Dr Steve Thomas, (NHS Sheffield CCG) and Dr. Eithne Cummins.

5.3 Debbie Morton went through a patient's story, beginning with his symptoms, through diagnosis and ultimately the care he required to meet his daily needs. She stated that the four areas to consider when assessing the patient's needs were the nature of the illness, its intensity, how complex the illness was and the unpredictability of it. These factors were taken into account when working towards a criteria to establish a primary care need. Debbie Morton said that she was concerned to hear criticisms of the service, adding that the nurses were highly trained, as were the GPs who attended and the service worked towards NHS England Quality Standards. She added that the Service had fallen behind with patient reviews, but five extra staff had been employed to help catch up.

5.4 Mandy Philbin stated that following inspection of Sheffield's whole care system, feedback from such inspection was that there were concerns over quality and accountability of the assessment process, the services were disjointed and needed to be brought into line and there was a need for better use of digital technology, and she stated that, by working more closely with the Local Authority and Healthwatch, these issues could be addressed to improve services.

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

- When someone was being assessed for primary health care, eligibility and resources are not considered together. Checks were made to see if an advocate was present at the initial assessment stage, to try to tease out eligibility.

- There are standard packages of care and each person was assessed on their individual needs. Domiciliary care services were provided if deemed necessary, but if someone's condition worsened, that person would be re-assessed, and should their need intensify, a checklist would be completed by a social worker and the necessary health and social care would be provided.

- Continuing Health Care had been around for a number of years, commencing in 2007, and had been reviewed and upgraded since that time.

- There was a joint perspective of all the Health agencies and the Local Authority to look at health inequalities and discover ways to better communicate with the public to keep them updated about primary health care.

- There was a national framework to adhere to for helping vulnerable people and it was felt that there was a need to do more.

- With regard to complaints, it was felt that communication was key, however, all staff throughout South Yorkshire were trained to the same standard to ensure consistency of care. Due to the extra staff that had been set on, more reviews were taking place.

- Work between District Nurses, GPs and care homes was carried out to make sure referrals towards the correct level of care was identified and there was a dashboard to see where such referrals originated from.

- Assessments were not carried out in isolation and it was recognised how the need for an advocate to be present was becoming more vital, especially for those persons without close family.

- Care package reviews were carried out to see if the same level of care was still required. In some cases, as a person's health improved, the level of care was no longer needed and could be reduced.

- With regard to making savings, improvement in efficiencies by working together, looking at health and social care tackling the backlog of reviews and making sure that there is fairness for all those in need were key factors. CCG representatives agreed to circulate further information about where the savings come from and the QUIPP programme.

- Integrated training had been carried out to have a consistent approach to

the process of assessment to make sure it was fair for all.

- In comparison to the core cities, Sheffield was about midline with regard to diagnosing dementia. 80% of cases were being diagnosed early and there was evidence to show that level of dementia was now plateauing and a lot of work was being done to prevent the onset of it, particularly involving the voluntary sector and Health UK to produce a dementia strategy.

- After visiting a GP, referral to a specialist clinic takes two weeks for diagnostic tests to be carried out.

5.6 RESOLVED: That the Committee:-

(a) thanks those attending for their contribution to the meeting;

(b) notes the contents of the presentation and the responses to the questions; and

(c) requests a report to a future meeting of the Committee detailing progress in improving the CHC process, where the Committee hopes to see evidence of greater collaboration with the Local Authority and VCF, a commitment to helping people understand the CHC process through improved information giving, and an improved approach to collecting feedback – recognising that some patients and carers fear the formal complaints process.

6. CQC LOCAL SYSTEM REVIEW ACTION PLAN

6.1 The Committee received a report of the Director of Adult Services, setting out how the NHS and the City Council was performing in Sheffield, particularly in relation to support for older people with their health and care needs. Appended to the report was an Action Plan agreed with key partners to ensure continual improvement, produced in respect to the Local Area Review of Sheffield's health and care support for older people that was carried out by the Care Quality Commission (CCQ) in Spring, 2018.

6.2 In attendance for this item were Phil Holmes, (Director of Adult Services), Steven Haigh, (Primary Care Sheffield), Becky Joyce, (Accountable Care Partnership Director) and David Throssell, (Sheffield Teaching Hospitals).

6.3 Becky Joyce referred to the Action Plan, stating that the Local Area Review had help to identify the areas of focus to drive forward the necessary improvements and key actions, had been agreed for each of the five priority areas; these being to work in a way that acknowledges and improves older people's views and experiences; to have a shared city-wide workforce strategy to further develop multi-agency working; clearer governance to ensure stronger joint working between organisations and greater involvement with the Voluntary, Community and Faith sector; a shift to prevent at scale supported by clear commissioning arrangements; and a strong system focus on enabling the right support from the right people in the right time and place to provide the best possible experience for older people and to ensure best use of resources. She added that Sheffield's

Accountable Care Partnership (ACP) was a group of health and care organisations responsible for enabling and delivering the Plan, and were directly accountable for its progress.

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

- The plan was to work in a more sophisticated way in dealing with older people and reaching those most vulnerable.

- The Frailty Unit at the Northern General Hospital was where people were assessed on a daily basis to prevent them from staying in hospital for longer than necessary. Also it looked into what blocked people from going home in the first instance.

- Information regarding comparator studies within the core cities could be provided.

- The poor experiences of people are where lessons are learned to improve the quality of the service and work better with the Voluntary Sector.

- There were new initiatives being carried out in the A&E Department to try and reduce waiting times for treatment and ambulance transport, to reduce pressures on the system and be less confusing for older people.

- Originally there had been about seven or eight private home care providers working together, but this had now increased to approximately 40. The aim was to strike a right balance around the city, make local connections and have a good relationship between providers. There was a focus on having a slightly smaller number of providers.

- It was felt that to meet the challenge it was necessary to listen to what matters to older people, and to work in a more integrated way, focussing on prevention.

- It was felt that there needed to be clear governance arrangements between the Health and Wellbeing Board, the Accountable Care Partnership and this Scrutiny Committee to allow for a true scrutiny of process and accountability.

- There was a need to be clear about what matters at the very start of a care plan, to build in resilience and cease doing things in the traditional way.

- To ensure that staff can act on and listen to the voice of older people, it was felt that there was a need to remove unnecessary bureaucracy so that staff have the space to hold conversations with people and take away of lot of the processes that don't add any value to the level of support for older people with their health and care needs. It was felt that measures around staff engagement were required.

- A public session of the Accountable Care Partnership Board, along with members of Healthwatch and the Voluntary, Community and Social Enterprise Sector, was to be held in an attempt to improve transparency.

6.5 RESOLVED: That the Committee:

(a) thanks those attending for their contribution to the meeting;

(b) notes the contents of the report and the responses to the questions; and

(c) requests that an update report on the Local System Review Action Plan be presented to the Committee at a future meeting, including the voice of older people.

7. URGENT CARE UPDATE

7.1 This item was deferred to the next meeting of the Committee, which was due to be held on 10th October, 2018.

8. WORK PROGRAMME

8.1 The Committee received a report of the Policy and Improvement Officer which set out the Committee's Work Programme for 2018/19.

8.2 The Policy and Improvement Officer advised Members that they would be receiving invitations to visit prevention projects in their wards in advance of the November Scrutiny session on prevention.

8.3 RESOLVED: That the Committee approves the contents of the draft Work Programme 2018/19.

9. MINUTES OF PREVIOUS MEETING

9.1 The minutes of the meeting of the Committee held on 11th July, 2018 were approved as a correct record.

10. DATE OF NEXT MEETING

10.1 It was noted that the next meeting of the Committee would be held on Wednesday, 10th October, 2018, at 4.00 p.m., in the Town Hall.