SHEFFIELD CITY COUNCIL

Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee

Meeting held 14 November 2018

PRESENT: Councillors Pat Midgley (Chair), Sue Alston (Deputy Chair), Steve Ayris, David Barker, Mike Drabble, Adam Hurst, Francyne Johnson, Mike Levery, Martin Phipps, Jackie Satur, Gail Smith and Garry Weatherall

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1. APOLOGIES FOR ABSENCE

1.1 Apologies for absence were received from Councillor Talib Hussain and Margaret Kilner (Healthwatch Sheffield).

2. EXCLUSION OF PUBLIC AND PRESS

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

3. DECLARATIONS OF INTEREST

3.1 The Chair, Councillor Pat Midgley, declared a personal interest in agenda Item 5 (Prevention) by virtue of being a member of the Manor and Castle Development Trust.

4. PUBLIC QUESTIONS AND PETITIONS

4.1 Responses were provided to six questions asked by Deborah Cobbett on behalf of Sheffield Save Our NHS, as follows:-

(a) What input does this Scrutiny Committee have into the work of the Joint Health Overview and Scrutiny Committee for South Yorkshire and Bassetlaw/Mid-Yorkshire and North Derbyshire Scrutiny Committee, the Chair, Councillor Pat Midgley, advised that she had attended every meeting of the Joint Committee and she would arrange a meeting with Ms. Cobbett and Councillor Chris Peace, Cabinet Member for Health and Social Care, to discuss this.

(b) Greg Fell (Director of Public Health) had made a statement that 60% of children in some parts of Sheffield were living in poverty, and Ms. Cobbett asked how can small changes outlined in the Prevention report come anywhere near to “solving social issues” and changing health chances. In reply, Greg Fell said that he would provide a written response to Ms. Cobbett.

(c) How can we be sure that managing demand for care will not simply reduce people's expectations, which, the report suggests, were already low? Also, what will be done to monitor people managed away from social care to ensure that their needs are met in a proactive way and what would be done to address the pressures on staff, as outlined on page 84 of the report? Does the Committee understand the maths of focused reablement outlined on page 79? In response Sara Storey (Head of Access and Prevention) stated that there were successes and challenges and maybe some administrative errors had been made, but ongoing support to those who needed it, was still being given.

4.2 The Chair, Councillor Pat Midgley, stated that Prevention will by no means solve all the issues regarding health, but one of the major issues is health inequalities, which was something the Council needed to tackle.

5. PREVENTION

5.1 The Chair, Councillor Pat Midgley outlined the format of the item of business. She said that the aim of the item was to give an overview of the Council's strategic approach to prevention and gain an understanding of how this was working in practice through some of the prevention projects going on across the city, and Members had an opportunity to hear from a range of individuals and organisations about their experiences and views on prevention.

5.2 In attendance for this item were Councillor Chris Peace (Cabinet Member for Health and Social Care); Councillor Jackie Drayton (Cabinet Member for Children and Families); Greg Fell (Director of Public Health); Nicola Shearstone (Head of Commissioning for Prevention and Early Help, Sheffield City Council (SCC)); Nicki Doherty (Director of Delivery, Care Outside of Hospital, NHS Sheffield CCG); Emma Dickinson (Commissioning Manager, SCC); Bluebell Smith (Health and Wellbeing Lead, Voluntary Action Sheffield); Kath Horner (Sheffield Dementia Action Alliance); Bev Mullooly (Head of Neighbourhood Services, SCC); Elaine Goddard (Health Improvement Principal, SCC); Jim Millns (Deputy Director of Mental Health Transformation, NHS Sheffield CCG); Sara Storey (Head of Access and Prevention, SCC); Maddy Desforges (Chief Executive, Voluntary Action Sheffield); Debbie Matthews (Chief Executive, Manor Castle Development Trust); Matt Dean (Chief Executive, Zest) and Ian Drayton (Partnership Manager, SOAR).

5.3 Greg Fell referred to the information contained in the report which he said gave an insight into some of the work that was ongoing by working in a more preventative way. He gave a brief introduction and strategic overview of the Council's approach to prevention which, he acknowledged, was easier said than done. As a large organisation, there was a need to work together with all agencies, the NHS and the voluntary sector by providing the correct social care to the people of Sheffield of all ages. He added that there was a need for prevention to become almost as a default so that the needs of people could be dealt with and did not necessarily escalate into something more.

5.4 Nicola Shearstone outlined the prevention principles and stated that there needed to be a culture change, to drive forward the principles. She said there was a need

to build connections within communities and assess how social care impacts on communities as a whole, not just individuals. There was a strengths-based principle which aimed to give communities a sense of belonging and feeling connected within that community as a whole, which, in turn, would enable neighbourhoods to thrive and tackle inequalities. Ms. Shearstone stated that all organisations involved in providing social care needed to nurture relationships within communities through co-operative working. She further stated that the key to delivering excellence was a strong locality model which included locally accessed services and both the public and staff being aware of these; good communication and feedback; shared data; an understanding of the local population; simplified referral pathways and easy access to specialist services; shared premises and responsibilities across organisations and a strong multi-disciplinary workforce. She finished by saying that in Sheffield great things were happening with the creation of 16 neighbourhoods aimed at improving health and care outcomes, the quality of care particularly long term conditions, reducing unnecessary health and care service use and provision of services closer to home.

5.5 Councillor Chris Peace stated that if the City Council as an organisation wanted to be the leader in pushing forward this initiative, it needed to get things right by looking at health inequalities amongst those in the most deprived areas and moving towards a situation where people needed the NHS less, by working together across the board. She added that, as a Council, there were major problems of funding following eight years of austerity but the aim was for hospital beds not being full.

5.6 Councillor Jackie Drayton, speaking as Cabinet Member whose portfolio covered young people, stated that early help and intervention was key to keeping young people healthy and active and supporting them going forward. She said that in the city, the number of children living in poverty was rising, particularly amongst low wage working families and this needed to be addressed. She felt there was a need for organisations to work together towards delivering care for all.

5.7 In response to questions from Members of the Committee, it was stated that people using the NHS during the first 50 years from its inception, suffered maybe one illness at a time, whereas now there was a tendency for people to have four or five different illnesses going on at the same time. Resources and workforce was reducing in primary care and the NHS was no longer fit for purpose for health care needs. The 16 neighbourhoods were not coterminous and talks were ongoing with the CCG and the voluntary sector on how to overcome the boundaries to deliver the best care possible.

5.8 Emma Dickinson referred to “Social Prescribing” and stated that healthcare, at most, only contributes to 40% of people’s health. It was considered to be a means of local authority, health and other organisations linking people to a range of local, non-clinical services to improve health and wellbeing. She said ways of people keeping well was to provide advocacy support for a number of everyday problems, to encourage people to have healthier lifestyles and also encourage them to be more active through a whole range of activities. She gave an example of someone with low esteem who, through recommendation of a practice nurse, to a referral hub, and with the help of a health trainer, had regained some of her lost

confidence and was continuing to improve and need services less.

5.9 Bluebell Smith gave an overview of the work of Voluntary Action Sheffield and she stated that feedback from a recent review had revealed that cross-sector working was working well encompassing a wide variety of agencies, but varied from area to area. She said that boundary alignment could be very challenging but that the voluntary sector was flexible, although the same could not be said regarding GP Neighbourhoods. She added that one of the strengths was that if people were keeping well, it tended to make the voluntary sector more accessible. The client group was shifting however, and the level of need seemed to be on the increase, so therefore there needed to be an increase in investment in workforce.

5.10 Kath Horner stated that Sheffield was one of the first cities in the country committed to being a Dementia Friendly Community. The aim of the community was for cities, towns, villages and local businesses and organisations to come together to help and support people to live well with dementia, helping them remain independent for longer and also offer support and advice to people caring for those with dementia. She further stated that in Sheffield, organisations were being encouraged to sign up to the Dementia Action Alliance which was committed to improving the quality of life for all people with dementia and their carers and each member organisation had created an action plan outlining improvements they would make to support people affected by dementia and give them another option. Ms. Horner said that in Sheffield there were 80 Dementia Champions raising awareness and there were 72,000 “dementia friends” who could do so much more towards prevention. The South Yorkshire Police had donated funds to the Alliance to help dementia sufferers be aware of fraud and also there was work with the utility companies to help those who are vulnerable. She added that it was thought that following a “mediterranean” diet reduced the risk of being diagnosed with dementia as well as diabetes. She went on to say that in the Porter Valley, with funding from five local GP surgeries, a “Dementia Café” was opened twice a month and she hoped that many more would be set up throughout the city.

5.11 Bev Mullooly stated that Housing+ was a “patch-based” service in which Neighbourhood Officers have responsibility for all Council homes and deliver housing services within a geographical area. She further stated that there were seven teams in the City and the aim was to give Council tenants one point of contact. There were 39,000 tenants in the city and the aim was to visit every household annually. Although some tenants were worried about such visits, it was intended to reassure people and help to identify their needs and offer support if needed. To date, 27,000 visits had been carried out and although some tenants didn’t need support of any kind, the Teams had uncovered households with diverse, complex needs and there was a need for other services to work with those with mental health problems, to help those people become more resilient and to focus on prevention and early intervention to achieve better outcomes. Ms. Mullooly stated that although there were good working relationships between city council services and partner agencies, gaps had been uncovered, and that the next steps were to develop and establish closer relationships with local GP practices. It was recognised, however, that not all housing was under local authority control.

5.12 Elaine Goddard outlined the work of Community Support Workers (CSWs) and how they could contribute towards prevention. She said the service works in collaboration with GP practices, intermediate care services and voluntary sector partners and provides a person-centred short term intervention for adults who may be at risk of needing long term care, with the aim of preventing unnecessary hospital admission. She stated that anybody could be referred to the service, either by a GP or, in some cases, self-referral, and a worker will give assistance for usually about three weeks. Ms. Goddard said that CSWs were based in GP services but there were some inequalities with the service – some people found it easier to access than others, people might only hear about it by word of mouth in the community or local knowledge. One of the issues that needed to be addressed was social isolation and the knock-on effect that this has, so clubs had been set up to help. CSWs were different to social workers in that they did not have caseloads, they just provided an interim short-term service.

5.13 Sara Storey stated that Social Workers, Care Managers, Occupational Therapists, Community Support Workers, Prevention Officers, Travel Trainers and Sensory Impairment Officers together make up 50% of the Adult Services Department within the City Council, and by working together could create a local access point which would benefit people needing very early intervention and prevention and receiving information and advice from Adult Social Care. With regard to mental health, Sara Storey said that there needed to be a commitment from the city in the first instance, by tackling mental illness at the earliest possible opportunity by encouraging people to talk more openly about mental health. Secondly, intervening earlier by increasing the focus on children and young people, given that 50% of mental health problems are established by the age of 14 and 75% by the age of 24, and develop an all-age approach to mental health services in Sheffield. Lastly, address the determinants of mental ill health e.g. employment, housing, debt, domestic abuse, lack of physical exercise etc.

5.14 Maddy Desforges outlined the infrastructure of Voluntary Action Sheffield (VAS) and she echoed many of the views expressed at the meeting. She said that VAS sees gaps in the services provided and believed that, through better resources, investment and closer working partnerships, those gaps would be filled, and added that there was a need to identify where investment would have the greatest impact.

5.15 Debbie Matthews stated that she had worked in the Manor Castle area for 21 years as a Health Promotion Development Worker. For the first 15 years of that time, she had seen improvements in the Wards the area covered, which were considered to be amongst the most disadvantaged Wards in the city, however for the last five years, things had started to decline. She said there was a need for a much more joined up approach towards helping people, by creating an intensive one-to-one approach rather than having a revolving door when people were seeking help. She said there were 14 different social landlords in the area which inhibited the fostering of a good relationship within the community. Ms. Matthews went on to say that 10 years ago, people had problems with debt or obesity but now they had more complex needs and/or addictions and these often led to suicidal thoughts. She said that the food bank in the area had been created initially to deal with crisis, but this was becoming the normal thing to do and was

creating dependency. She felt that the prevention agenda was all about dealing with crisis in whatever form and seeing what's working to prevent this.

5.16 Matt Dean commented that Zest was an award winning community enterprise delivering high quality and responsive services to local people, very much along similar lines to the Manor Castle Development Trust. He said that Zest worked passionately to tackle local inequalities and improve community wellbeing.

5.17 Ian Drayton explained that SOAR was a community regeneration charity that provided a range of services designed to improve a person's health, well-being and employability. He outlined many of the activities SOAR had helped to develop and provide assistance with. He felt that money was not always spent where it was needed the most and more investment should be made towards prevention. He added that the social determinants of health, as described in the report, were proof that healthcare only contributed to 40% of people's health, and that lifestyle and social factors had a greater impact on our wellbeing.

5.18 The Chair asked Council Officers and Partners what one main issue would they like to see achieved through prevention, and comments were as follows:-

- Maddy Desforges – Collaboration – to work with, not against, each other
- Bluebell Smith – Money – full city coverage of the People Keeping Well programme would require £140,000 additional investment.
- Ian Drayton – there needed to be a culture change. He said the City Council was aware that money was going to be withdrawn by Central Government and there was very little evidence to show measures being put in place to reduce the impact of this.
- Debbie Matthews – there was a need to treat the voluntary sector as a partner rather than a supplier, as those working in the sector didn't feel as though they were treated as partners. She added that the voluntary sector has roots in communities and those roots were not valued, there needed to be joined-up commissioning and a push needed to be made to do better.
- Matt Dean said there needed to be maximum impact on the People Keeping Well framework.
- A member of the public stated that he had heard about the prevention agenda and suggested that if the statutory services were to succeed, they wouldn't be able to do so without the voluntary sector.
- Kath Horner said that we need to listen to those people with dementia and their carers, to identify their needs.

5.19 RESOLVED: That the Committee:-

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

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

(c) recognises that there was a need, as a city as a whole, to make improvements towards prevention; and

(d) requests that:-

(i) a small working group be set up to consider the notes taken at this meeting and produce a report to be taken to a meeting of the Cabinet; and

(ii) the Voluntary Sector be invited back to attend a meeting of this Committee in April 2019, to give an update on any changes that have been made in the Voluntary Sector.

6. WORK PROGRAMME

6.1 The Committee received and noted its Work Programme for 2018/19.

7. MINUTES OF PREVIOUS MEETING

7.1 The minutes of the meeting of the Committee held on 10th October, 2018, were approved as a correct record, subject to the addition of the words “via TUPE transfers” after the word “redeployed” on the last line of the seventh bullet point in item 5 (Urgent Care – NHS Sheffield Clinical Commissioning Group – Response to Scrutiny).

8. DATE OF NEXT MEETING

8.1 It was noted that the next meeting of the Committee will be held on Wednesday, 23rd January, 2019, at 4.00 p.m. in the Town Hall.