

SHEFFIELD CITY COUNCIL

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

Meeting held 20 March 2019

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

Non-Council Members (Healthwatch Sheffield):-

Margaret Kilner

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1. APOLOGIES FOR ABSENCE

1.1 Apologies for absence were received from Councillors Steve Ayris, Chris Rosling-Josephs and Gail Smith.

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 There were no declarations of interest.

4. MINUTES OF PREVIOUS MEETING

4.1 The minutes of the meeting of the Committee held on 27th February, 2019 were approved as a correct record.

5. PUBLIC QUESTIONS AND PETITIONS

5.1 Sue Harding referred to a distressing telephone call she had received that day from someone who was a carer for his family, who stated that continuing healthcare services had been withdrawn and he was struggling to cope. Ms. Harding stated that she failed to understand that, when things are supposed to be getting better, what happens to those people for whom things are getting worse.

5.2 The Chair, Councillor Pat Midgley, stated that Continuing Healthcare was an item on the agenda and hopefully Ms. Harding would hear some answers with regard to her question during the meeting. She asked Ms. Harding to write to her with the details of the case she had outlined.

5.3 Sheila Manclark, Darnall Dementia Group stated that the Group offered range of

local services to improve general health and wellbeing and provide support to those in need. Ms. Manclark said that the Group received funding from the Clinical Commissioning Group (CCG), the national lottery and other organisations but have been informed that City Council funding will cease by the end of June, 2019. In response to a question, Ms. Manclark stated that the Group had received notification of this in September, 2018.

- 5.4 Councillor Chris Peace, Cabinet Member for Health and Social Care, stated that she had signed off a letter that day in response to this and although the letter was not giving the answer that the Group would want to hear, Councillor Peace, along with the three Ward Councillors in the area who are aware of this matter, were willing to meet with Ms. Manclark to discuss this. Councillor Peace added that the Group was definitely on the radar and the way forward was about finding support and where the Group fits into the scheme of things.
- 5.5 Andy Shallice, Darnall Dementia Group asked whether the City Council would be maintaining the level of support given to people with dementia as some grants allocated through the Dementia Support Programme were already falling behind or being put back and was it the Scrutiny Committee's intention to revisit this?
- 5.6 The Chair said that an item relating to Dementia Support would be placed on the Work Programme for 2019/20 Municipal Year, she would ask officers at the start of that Year to ensure that Dementia Support was added as well as any other "outstanding issues". She added that there were many things that the Committee had wanted to cover, but time hadn't allowed for them all to be discussed.
- 5.7 The Policy and Improvement Officer advised the Committee of a question sent in regarding the recent 360 degree assessment of NHS Sheffield CCG. The Committee agreed that the assessment, and the CCG's action plan to address the issues raised through the assessment should be brought to the Committee at the earliest opportunity in the new municipal year.

6. PREVENTION UPDATE

- 6.1 The Committee received an update from the relevant Cabinet Members on the findings of the Prevention Working Group.
- 6.2 Present for this item were Councillor Jim Steinke (Cabinet Member for Neighbourhoods and Community Safety), Councillor Chris Peace (Cabinet Member for health and Social Care) and Councillor Jackie Drayton (Cabinet Member for Children and Families).
- 6.3 Councillor Jim Steinke stated that discussions had taken place regarding improving the relationship with the voluntary sector, what level of support the City Council was providing and the level of investment being made. He said that a report was being prepared on this and would be submitted at a future date. Councillor Steinke then made reference to locality working and said that discussions had been held in the south east of the city to look at different ways of working to make sure that the public are aware of what the Prevention agenda was all about and to make better use of other premises, not just those in Council

ownership. Finally, Councillor Steinke said that there needed to be real, meaningful indicators to measure against, to ensure the ambitions of the prevention agenda are achieved.

6.4 Councillor Chris Peace stated that the recently published NHS long term plan talks about the same things that Sheffield does with regard to prevention, and whilst the Government recognises the wider impact on health, planning, education, housing, social care and economic development, much of the national NHS focus was on smoking cessation, drug and alcohol services, sexual health. The City Council along with its partners were already aware of and tackling these issues as well as health inequalities. Councillor Peace added that the voluntary sector was very important in terms of prevention and that the developments in Joint Commissioning with the CCG should bring progress in this area.

6.5 Councillor Jackie Drayton stated the prevention had wider issues across all areas of life, in that help that was given whilst young can help into adulthood. She referred to all-age disability services and the work around prevention and support to address the health needs of all.

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

- People who had several problems, which led to them leading very chaotic lives, all got linked together, there was a need to understand those complex needs and strip them out to help them deal with those needs. Adults with complex needs have multiple services to assist them but in the majority of cases, none of those services were joined up, and it was thought that one specially-trained person would be better placed to deal with those needs.
- Although there were issues around data sharing, it was considered to be a good way to find out what services were on offer and the more joined-up the services are, the better,
- The Health and Wellbeing Board sets the strategy for the city. Public health, air quality, transport, housing etc., were all directly related to health and wellbeing. The annual report of the Director of Public Health sets out ways of how to improve the health outcomes for the whole of the city.

6.7 RESOLVED: That the Committee:-

- (a) thanks Councillor Jim Steinke (Cabinet Member for Neighbourhoods and Community Safety), Councillor Chris Peace (Cabinet Member for health and Social Care) and Councillor Jackie Drayton (Cabinet Member for Children and Families) for their contribution to the meeting;
- (b) notes the contents of the report and the findings of the Cabinet Members and their responses to questions; and
- (c) acknowledged that the prevention agenda was a collective issue, noted the inequalities that exists and that whilst the journey of prevention was vast, it

was not about finances, but getting it right.

7. CONTINUING HEALTHCARE

7.1 The Committee received a presentation given by Mandy Philbin (Chief Nurse, Sheffield Clinical Commissioning Group (CCG), Margaret Kilner (Chief Officer, Healthwatch) and Phil Holmes (Director of Adult Social Care, Sheffield City Council) regarding Sheffield's Continuing Healthcare (CHC) Collaborative Service Development.

7.2 Mandy Philbin stated that she had addressed the Committee, some five or six months ago, to explain what CHC was. She said that some of the issues around CHC were still ongoing, but that they have listened to what the public have had to say and carried out work around patient engagement. She made reference to the focus on the CHC assessment process and expressed the concerns raised and the opportunity through the CHC Service Development Plan, to design a single health and social care CHC assessment to help individuals and their families. Mandy Philbin referred to two listening sessions that had been held at Birch Avenue and Woodland View Care Homes, a dedicated Voluntary, Community and Faith Sector Health and Wellbeing Forum and a small focus group for people who have experienced the assessment process themselves or have supported someone through the process. She then outlined the five key areas to be developed to improve and lead to better care.

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

- An integrated approach by Social Workers and Healthcare Professionals to deliver a high quality service to meet the needs of those who need it, was essential. The workforce was the biggest asset and improved joint working arrangements would put individuals at the centre of the care they required.
- Budgetary savings can be achieved by services working together, more efficiently, by reducing duplication and removing barriers to better care.
- The Assessment process adhered to the national framework and was hitting its targets by being fully compliant, and whilst the needs of those already in the system were understood, a lot of work was still to be done to inform people about the services and help that was available to them.
- The key priorities for this year for continuing healthcare was workforce development; pool-funding through joint commissioning and better use of digital technology to improve services. The CCG would continue to listen to what people have to say, respond to and try to understand what they are saying.
- Frontline staff have the right values and are aware of what is needed to provide the best service possible, but the system needs to change to achieve this. Service improvement was difficult as there was resistance to change so a lot of work was still needed to be done.

7.4 RESOLVED: That the Committee:-

- (a) thanks Mandy Philbin (Chief Nurse, Sheffield Clinical Commissioning Group (CCG), Margaret Kilner (Chief Officer, Healthwatch) and Phil Holmes (Director of Adult Social Care, Sheffield City Council) for their contribution to the meeting; and
- (b) notes the contents of the presentation made and the responses to questions.

8. IMPROVING QUALITY IN ADULT SOCIAL CARE

8.1 Phil Holmes, Director of Adult Services, introduced three members of staff from a cross-section of the service that provides Adult Social Care in the city. In turn, they each gave an account of a “story of difference” which was underpinned by the new “Conversations Count” approach, which was about listening to people and understanding what matters to them, what a good life could be for them and their families and by acknowledging their strengths and what could be achieved. Phil Holmes added that developing this approach had taken time through reducing bureaucracy and the Service was still trying to reduce it some more. He thanked the members of staff and added that, they were doing a brilliant job but very often didn’t get the recognition they deserved.

8.2 Also in attendance for this item was Judy Robinson (Chair, Healthwatch Sheffield).

8.3 Phil Holmes then introduced a report which provided an update on Adult Social Care Performance since the last time this topic was brought before the Committee in January, 2018. He referred to the key measures of how well care and support services achieve the outcomes that matter most to people and the data provided in the report was at council, regional and national level. He then referred to the measures which were grouped into four domains, which were, ensuring the quality of life for people with care and support needs; delaying and reducing the need for care and support; ensuring that people have a positive experience of care and support and safeguarding adults whose circumstances make them vulnerable and protecting them from harm. Mr. Holmes said there had been an increase in those people receiving support whilst still living at home, the previous regime would have been to place someone into care and this was an improving picture.

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

- Following a question regarding children leaving special schools, it was suggested that the Director Lifelong Learning, Skills and Communities and Dawn Shaw (Head of Libraries and Community Services), be invited to attend a meeting of this Committee to give an update on the work being carried out to assist young adults with learning disabilities get into employment.

- The Disabled Facilities Grant which was available from Local Authorities to pay for essential housing adaptations to help disabled people stay in their own homes and live an independent life, give people flexibility but more could still be done. People don't always want nor need someone coming into their homes.
- There was a need to engage with the recommendations made in the HealthWatch report into Home Care, and a recognition that there is more that can be done to improve Home Care in Sheffield. Direct Payments in Sheffield are lower than the national average, but we need to improve the way we deliver homecare and make direct payments to people to help them have more control over their needs.
- There was a need to increase support to carers, including raising awareness of carers organisations amongst staff so they are able to signpost people.
- There is a need to ensure that the system is as easy as possible to navigate, so that advocacy workers can focus on complex cases and people who really need their assistance.
- A range of initiatives through fairer charging will continue to give support to people to pay their contributions for the care they receive and prevent them getting into debt. The Council will introduce a service for those who cannot manage their money to get help.

8.5 RESOLVED: That the Committee:-

- (a) thanks Phil Holmes (Director of Adult Social Care), the staff who came and delivered their "Stories of Difference" for their contribution to the meeting;
- (b) notes the contents of the report and the Member and officer comments; and
- (c) thanked HealthWatch for their continuing work in supporting the people of Sheffield.

9. DATE OF NEXT MEETING

9.1 It was noted that the next meeting of the Committee will be held on a date to be arranged.