

# SHEFFIELD CITY COUNCIL

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

Meeting held 24 July 2019

**PRESENT:** Councillors Cate McDonald (Chair), Steve Ayris (Deputy Chair), Sue Alston, Angela Argenzio, Vic Bowden, Mike Drabble, Jayne Dunn, Mark Jones, 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 Councillors Adam Hurst and Talib Hussain and from Lucy Davies (Healthwatch Sheffield).
- 1.2 Lucy Davies has been appointed as a Healthwatch observer on the Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee, in place of Margaret Kilner and Clive Skelton, with effect from 15<sup>th</sup> July, 2019.

### **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 Councillor Mike Drabble declared a personal interest in Item 7 – NHS Sheffield Clinical Commissioning Group: Improvement Plan – due to his work as a self-employed Counsellor.

### **4. MINUTES OF PREVIOUS MEETINGS**

- 4.1 The minutes of the meeting of the Committee held on 20<sup>th</sup> March, 2019 were approved as a correct record, subject to the alteration in Item 5.3 of the name “Ms. Hancock” to read “Ms. Manclark”.
- 4.2. The minutes of the meeting of the Committee held on 15<sup>th</sup> May, 2019 were approved as a correct record.

### **5. PUBLIC QUESTIONS AND PETITIONS**

- 5.1 Sheila Manclark asked that following the Clinical Commissioning Group's 13 commitments to dementia in Sheffield, how will the revised Sheffield City Council dementia strategy support the elements of the CCG proposing personalised local support for people with dementia and support for families and carers?

- 5.2 Andy Shallice asked that now that dementia commissioning for day support services has been abandoned, after already running late, can we assume that the significant flaw of separate strands for supporting people with initial/mild dementia, and those with more advanced dementia, so emphasising continuity of care, will be addressed?
- 5.3 The Chair, Councillor Cate McDonald, stated that there is to be an update at the next meeting of the Committee to be held in September, on the Dementia Strategy and its impact in the City. Councillor McDonald also stated that she would request the Cabinet Member with responsibility for dementia care, to respond in writing to the questions raised. Officers in attendance from the Clinical Commissioning Group agreed to provide written answers to the questions raised where these related to the activities of the CCG.

## **6. NHS SHEFFIELD CCG: IMPROVEMENT PLAN**

- 6.1 The Committee received a report from Nicki Doherty, Director of Delivery, Care Out of Hospital, NHS Sheffield Clinical Commissioning Group (CCG) which set out the improvement plan which had been agreed by NHS Sheffield CCG's Governing Body and was now being implemented.
- 6.2 Also present for this item were Lucy Ettridge (CCG Deputy Director of Communications), Dr. Marion Sloan (CCG Governing Body Member) and Mike Potts (Independent Improvement Director).
- 6.3 Nicki Doherty outlined the reasons for the improvement plan which had been commissioned by NHS England as part of their role as an independent regulator. She stated that the CCG had recognised a great number of strengths but had also identified areas for improvement. She added that staff had continued to work well and the CCG was classed as a "good" organisation, which reflected the hard work of the staff. Feedback from staff had been taken into account when developing the improvement plan and it had found that generally they enjoyed working for the CCG but there were a number of areas where things could be done better and these were being addressed. Key areas were identified to be strengthened and developed and assessment of the impact and success of the plan will be monitored through regular staff and stakeholder surveys.
- 6.4 Members made various comments and asked a number of questions, to which responses were provided as follows:-
- In response to a question around ensuring that the rationale of CCG decision making is clear, the CCG stated that their aim was to be open and transparent. They recognise that there was a need to be clearer about strategy – what they plan to achieve and how they plan to do it – and then all decisions should clearly link back to CCG strategies. The CCG was also looking to work more proactively with the Scrutiny Committee.
  - As part of the improvement plan, the CCG has revisited its Whistleblowing Policy, and has tried to provide staff with a wider range of opportunities and support to identify where things aren't right, including 'Freedom to Speak Up

Guardians and Executive Director Surgeries, where staff are able to drop in and see any Director to discuss any thoughts, feedback and ask questions. The improvement plan also recognises the need to continuously update policies, and to strengthen HR to ensure that policies are followed.

- The CCG has 330 members of staff, made up of communications teams, contracting staff, finance officers, nursing staff, all with a different role to play. There are different tiers of staffing from junior clerical staff up to executive directors. The improvement plan recognises that the CCG needs to be more proactive with its internal communications, and consider that a different approach may be required for its front line staff, e.g. Continuing Health Care teams, or commissioning staff. The CCG also needs to ensure that its membership, GP practices across the city, are influencing direction and needs to engage better with them.
- In response to a question about issues related to Joint Commissioning, the CCG stated that it has worked with partners to develop the improvement plan, and changes to the Executive Team will help to alleviate some of the frustrations that the Local Authority has been experiencing. There has been lots of work on shared principles, and the results from recent CQC and OfSTED inspections have heavily influenced joint commissioning priorities.
- In response to a question about how the CCG will continuously improve and learn from experience, the CCG confirmed that they will be asking whether existing strategies are fit for purpose, and continuous improvement will be a factor in robust business planning and programme management. The CCG recognises that there was a need to better demonstrate where improvements have been made through the commissioning cycle. They also recognise the need to make sure strategies are targeting resource where it is needed and draw on public health data to do this.
- An Improvement Plan Steering Group was established, chaired by a Governing Body Lay Member and made up with staff forum representatives a Governing Body GP, the Independent Development Director and the Executive Director who was co-ordinating the improvement plan, all of whom brought a great deal of experience to the Group.
- The CCG recognised that engagement with clinicians had been a barrier to progress in the past, however they are optimistic about the future with the development of Primary Care Networks (PCN). Each PCN will have a Clinical Director which will enable far more clinical input from the networks, a bigger clinician voice from primary care. The improvement plan recognises the importance of ensuring that the CCG is clinically led, and should reinforce that clinicians are in the driving seat, with staff supporting them. Stronger clinical leadership and PCNs will put GPs in a better position to strengthen and develop collective skills in Primary Care, and target resources where they are needed.
- Differential investment could be given and more could be put into areas where greater support was required to achieve the same outcomes in other

areas or populations.

- The Accountable Officer being appointed for both Barnsley and Sheffield areas was not causing any problems. It is working very well. Sheffield CCG knows what it is doing, feedback from staff has been very positive. It was not unusual to have one Accountable Officer being appointed to more than one area. The Officer was working three days in Sheffield and two days in Barnsley and the arrangements for this were working very well.
- The experiences in Barnsley would not necessarily influence the decisions in Sheffield. The improvement plan was about getting things right for Sheffield. The key was about how everyone involved works together.

6.5 RESOLVED: That the Committee:-

- (a) thanks Nicki Doherty, Lucy Ettridge, Dr. Marion Sloan and Mike Potts for their contribution to the meeting;
- (b) notes the contents of the report and the responses to the questions;
- (c) feels assured that the vision, values and objectives of the improvement plan are the right ones, and that the focus on 'place' is the right approach; and
- (d) will liaise with the CCG as to the most appropriate time for the Committee to consider further feedback on the implementation of the improvement plan.

## **7. AGE RELATED TV LICENCE POLICY**

- 7.1 The Committee received a briefing report on the BBC's recent decision to stop funding free TV licences for all over 75s from June, 2020. The report provided information on why the decision was made, the reasons for criticism and how the changes were likely to affect Sheffield.
- 7.2 Present for this item were Steve Chu (Age UK), Irene Day (Sheffield 50+) and Chris Walker (Citizens Advice Sheffield).
- 7.3 Steve Chu stated that there was a national campaign asking the Government to take back responsibility for funding the free TV licences to those eligible. It was felt that the BBC had been put in a difficult position by the Government forcing them to take this decision, and at present the petition started by Age UK has 608,000 signatures, and Age UK were hoping to reach a target of 650,000. Mr. Chu said that 49% of those over 65 relied on television for a host of reasons including companionship and keeping in touch with world events. He was urging the City Council to follow the lead taken by Leeds City Council to issue a statement supporting the petition.
- 7.4 Irene Day referred to two friends of hers, one of whom had recently passed away. She commented that one of her friends she had no family of her own and her television was a lifeline for her. She added that her other friend had worked all her life, paid her taxes and, following illness had become depressed, but relied on

her TV so much. Mrs. Day said that social isolation was a hidden threat to many people and highlighted the risk of vulnerable people being taken to Court for non-payment of a TV licence.

7.5 Chris Walker gave another dimension to the matter. He stated that due to the design of the system, those people over the age of 75 who claim pension credit will continue to get a free licence. However, there are many people who are entitled to claim Pension Credit but don't for one reason or another, and many aren't aware that they are entitled to receive it. Mr. Walker said that if everyone claimed, the Government would potentially spend a lot more than they would save from not funding the TV licences.

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

- Social isolation tends to get worse after the age of 65. Due to modern living, families don't always live in the same city, or even the same country anymore.
- There was a lot of bureaucracy around means testing and making sure that people were aware of what they were entitled to claim for. For some people, they felt there was a stigma around claiming benefits and for others, they simply don't know how to. Following the introduction of Universal Credit, as with all welfare changes, there are always winners and losers.
- Citizens Advice and Age UK highlighted the difficulties involved with promoting benefit uptake. The most vulnerable people sometimes weren't able to open simple letters and read what they say. Also, there was an expectation that people use the internet to access information and complete application forms, but a lot of those who can't afford to buy a licence also don't own a computer or have use of the internet. One to one support and outreach are the most effective ways of helping people to access benefits, however they are resource intensive. Age UK was already operating a waiting list for its support services.
- Members of the Committee felt that it was important to consider how the Council can use its resources to promote Pension Credit uptake, for example through Housing+, strategic housing forum, links with social housing providers and through Ward Councillors working in communities.
- Members of the Committee felt that there was a role for the BBC in promoting Pension Credit as part of the changes to free licence eligibility.

7.7 RESOLVED: That this Committee:-

- (a) notes the information reported and thanks those attending for their contribution to the meeting;
- (b) agrees to take up the campaign to raise public awareness regarding this

matter and write to the BBC asking if there are plans, when withdrawing the TV licence, to advise people of the different options available to them;

- (c) recommends to Cabinet Members that consideration is given to how the Council can raise awareness of the changes to free TV licence eligibility and promote Pension Credit uptake through using Council staff who work on the front line; working with our partners and other service providers in the City, e.g. social housing providers; encouraging Councillors to work with their contacts in communities, for example Community Groups, TARAs etc.;
- (d) asks Age UK and Citizens Advice Sheffield to consider what materials could be used as part of the effort to raise awareness of the changes and promote Pension Credit uptake; and
- (e) requests that the Chair of the Committee writes to the BBC urging them to promote Pension Credit uptake as they transition to the new system.

## **8. WORK PROGRAMME 2019/20**

- 8.1 The Committee received a report of the Policy and Improvement Officer (Emily Standbrook-Shaw), attaching the Committee's draft Work Programme for 2019/20.
- 8.2 RESOLVED: That the Committee approves the contents of the Draft Work Programme 2019/20, as set out in the report and agrees that a task and finish group be established to look at continence services.

## **9. COUNCILLOR PAT MIDGLEY**

- 9.1 RESOLVED: That the thanks of the Committee be conveyed to the former Chair, Councillor Pat Midgley, for the work she has undertaken as Chair of this Committee, since May, 2016.

## **10. DATE OF NEXT MEETING**

- 10.1 It was noted that the next meeting of the Committee would be held on Wednesday, 11<sup>th</sup> September, 2019, at 4.00 p.m., in the Town Hall.