

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

**Meeting held 25 February 2015**

**PRESENT:** Councillors Mick Rooney (Chair), Sue Alston (Deputy Chair),  
Jenny Armstrong, Olivia Blake, John Campbell, Katie Condliffe,  
Jillian Creasy, Qurban Hussain, Anne Murphy, Denise Reaney,  
Philip Wood and Joyce Wright

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**1. APOLOGIES FOR ABSENCE**

1.1 Apologies for absence were received from Councillor Jackie Satur and Helen Rowe, Healthwatch representative.

**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 In relation to Agenda Item 7 (Call-in of Leader's Decision Regarding the Tender for the Re-provision of Day Services and Residential Short-Term Care Beds for People with Dementia), the Chair, Councillor Mick Rooney, declared a Disclosable Pecuniary Interest as a Non-executive member of the Sheffield Health and Social Care NHS Foundation Trust and indicated that he would vacate the Chair and leave the room during consideration of that item. In addition, Councillor John Campbell declared a personal interest in Agenda Item 7, as he was the Deputy Convenor for Yorkshire and Humberside Unison.

3.2 In relation to Agenda Item 8 (Sheffield Teaching Hospitals Annual Quality Report 2014/15), Councillors Sue Alston and John Campbell each declared a Disclosable Pecuniary Interest as they were employees of the Sheffield Teaching Hospitals NHS Foundation Trust, but felt that their interest was not prejudicial in view of the nature of the report and presentation and chose to remain in the meeting during consideration of the item. In addition, Councillor Jillian Creasy declared a personal interest in Agenda Item 8, as she was an NHS employee, and Councillors Qurban Hussain and Denise Reaney also declared a personal interest in that item as they were both in receipt of a pension from the NHS.

**4. MINUTES OF PREVIOUS MEETING**

4.1 The minutes of the meeting of the Committee held on 17<sup>th</sup> December 2014, were approved as a correct record and the contents of the attached Actions Update were noted.

- 4.2 Further to the consideration of the above minutes, the Committee asked the Policy and Improvement Officer to check on the accuracy of the statement 'Sheffield had escaped the increases in Accident and Emergency (A&E) admissions experienced in other areas', contained in the fourth bullet point at paragraph 6.2 (Better Care Fund – Update) and report back.

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

- 5.1 The Chair, Councillor Mick Rooney, indicated that a written response would be provided to the questioner, who had asked a series of questions relating to the Council's implementation of the Living Wage for Care Workers and the Unison Ethical Care Charter, and that the response would be published with the agenda for the Committee's next meeting.

## **6. CALL-IN OF LEADER'S DECISION REGARDING THE TENDER FOR THE REPROVISION OF DAY SERVICES AND RESIDENTIAL SHORT-TERM CARE BEDS FOR PEOPLE WITH DEMENTIA**

(NOTE: At this point, the Chair, Councillor Mick Rooney, left the room and the position of Chair was taken by the Deputy Chair, Councillor Sue Alston.)

- 6.1 The Committee considered the decision of the Leader of the Council, Councillor Julie Dore, made on 3<sup>rd</sup> February 2015, to give approval to tender for the reprovision of day services and residential short-term care beds for people with dementia.

### **6.2 Signatories**

The Lead Signatory to the call-in was Councillor Jillian Creasy and the other signatories were Councillors Sue Alston, Robert Murphy, Sarah Jane Smalley and Brian Webster.

### **6.3 Reasons for the Call-In**

The signatories had confirmed that they wished to scrutinise the decision relating to the tender, as it could have important and far reaching consequences for service users, their families, the carers and for colleagues providing hospital services.

### **6.4 Attendees**

- Councillor Mary Lea (Cabinet Member for Health, Care and Independent Living)
- Joe Fowler (Director of Commissioning)
- Sharon Marriott (Commissioning Officer)
- Jason Swann (Project Officer, Commercial Services)

- 6.5 Councillor Jillian Creasy addressed the Committee as Lead Signatory and emphasised the importance of the decision to tender to a private provider. She

also expressed concerns about the decision to cut costs by £½ million and the lack of information on current provision and questioned the link which the present report had to the Dementia Strategy. Councillor Creasy also went on to refer to the implications for the integration of health and social care and whether any private provider would be able to provide the required service. In conclusion, she asked about the complexity of the care provided, what the view of the Clinical Commissioning Group (CCG) was, and the stage at which any further discussions with the Sheffield Health and Social Care Trust (the Trust) were at.

- 6.6 Public questions were asked about the savings to be made, discussions with the managers at Hurlfield View, consultation with staff, quality issues, the instability created by the introduction of a third party provider and ensuring the voice of carers was heard.
- 6.7 In response, Joe Fowler, Director of Commissioning, stated that there were no concerns as to the quality of services at Hurlfield View and pointed out that it was not a hospital but a residential care home which had about 20 beds and provided day care services. The aim was to change provision to meet people's needs in a community setting, rather than transporting them to one location for day care and, in doing this, the needs of hundreds of people would be met rather than just a handful. The proposed savings were set out in the report, with £700,000 being released to fund community based activities during Years 2 and 3. There were no plans to reduce bed based services at Hurlfield View and work had been undertaken with the Trust, so it would be disappointing if management had not been involved. The CCG were supportive of the overall Dementia Strategy and, if the Trust came up with a proposal to meet the Council's objectives, then this would be considered.
- 6.8 As a point of clarification, Councillor Mary Lea, Cabinet Member for Health, Care and Independent Living, indicated that the consultation which she had mentioned in a radio interview, referred to consultation which had taken place on Dementia work in Sheffield in 2012, which had revealed that people wanted more community based services.
- 6.9 Sharon Marriott, Commissioning Officer, indicated that work had been undertaken on the original Dementia Strategy, with Hurlfield View users being included in the consultation process. In relation to the tender process, carers and users had been advised of the proposals. It was estimated that there were approximately 6,000 dementia sufferers in Sheffield and the Council were in touch with 4,500 of these. A small part of the community was using Hurlfield View and the proposals aimed to shift investment to release funds to invest in community based services. Short-term care beds would facilitate unplanned admissions and these instances could be complex as crisis situations were often involved. Reasons for admission included deterioration in the user's condition, respite care and carers being taken ill. It should be noted that in December 2014, 60% of admissions were planned. In relation to the costs of running the service, the wider market had been examined and Core City comparisons had been made. It had been found that the cost of a nursing bed at Hurlfield View was £1,000 per week and that such a bed provided by EMI Care Homes was £600 per week. In conclusion, Sharon Marriott

emphasised that the proposal sought to release money to grow the day care service in a different setting, providing activities such as walking, hobbies and peer group settings.

6.10 Jason Swann, Commercial Services, explained that the present agreement for these services expired at the end of March 2015 and that the Council was legally obliged to carry out a formal test of services at Hurlfield View and, as such, meetings had been held with the Trust to allow this to take place. As the staff employed there were not Council staff, they couldn't be consulted with directly, with this being a Trust responsibility.

6.11 Questions from Members of the Committee

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

- Hurlfield View was not the only day care provider in the City, with the Alzheimer's Society and Age UK also providing such services. The intention was to build on what was there already in the community and have a mixture of paid and volunteer staff.
- Other organisations provided services for dementia sufferers with a spectrum from community support to services at Hurlfield View being available. It was hoped to keep an element of day provision at Hurlfield View.
- Any providers would need to comply with specific requirements on matters such as training.
- There were a range of nursing homes providing respite care.
- Carers and users had been notified of the proposals by letter and once a decision on the provider had been made a formal consultation would take place.
- Officers would advise the Leader and Cabinet Member if the Trust put in an appropriate proposal.
- The timescale for the start of the contract had been extended until the end of August 2015.
- The present model would not be sustainable if the present rate of increase in demand for dementia services continued.
- A range of options were available with regard to the tendering process, which could take the form of either asking for bids or going out for a price, with an evaluation being made on that basis. Regulations did allow for weight to be given to price.

- If a respite care bed was not available at Hurlfield View, there were other homes in the City which provided such care.
- The Council was not looking at a single organisation to work in the community and consideration had been given to operations in the form of clusters.
- One-third of the people using day care services at Hurlfield View paid for this. As far as community services were concerned, there was a mix, with some people paying for the service.
- The idea behind the tender was to move away from instructing organisations how to act and looking at higher level objectives. Evaluation would take place based on the ability to deliver outcomes.
- The Council was in the process of recruiting 20 support workers who would be able to assist people wishing to gain access to dementia services.
- The challenge for the Council was living within the financial constraints of a reducing budget, so value for money had to have some real impact. This proposal enabled a stepping up of the service and it was unfair to assume that paying a lower rate for the service implied a worse service.
- The Care Quality Commission (CQC) inspected the residential provision at Hurlfield View and would continue to do so, whilst the Contracts and Grants Monitoring Team monitored community based activities. In addition, regulatory frameworks were involved in the provision of clinical support. There was no extra cost in monitoring at the present time.
- The operation of the Stocksbridge satellite service would continue.
- It was proposed, after one year of operation, to look at real demand and service users and taper off the day care element. Consequently, there was a need to grow day care opportunities and initiatives.
- The Trust proposal did not meet the Council's requirements, and in any event, there was a legal requirement to go to tender. Whilst any further Trust proposals could be considered, there would be significant commercial risks.
- There were a range of providers who interfaced with the Trust already.

6.12 RESOLVED: That the Committee:-

- (a) notes the contents of the report together with the comments made and responses provided;
- (b) notes the decision of the Leader of the Council, made on 3<sup>rd</sup> February 2015, to tender for the reprovision of day services and residential short-

term care beds for people with dementia;

- (c) recommends that no action be taken in relation to the call-in decision; and
- (d) requests officers to take into account the discussion when drafting the next report to the Committee on Dementia Services.

(NOTE: Prior to the passing of the above resolution, an alternative motion was moved by Councillor Jillian Creasy and seconded by Councillor Denise Reaney, namely that:-

“The Committee refers the decision back to the Leader of the Council for reconsideration in the light of recommendations from the Committee.”

This alternative motion was put to the vote and negated).

## **7. SHEFFIELD TEACHING HOSPITALS ANNUAL QUALITY REPORT 2014/15**

(NOTE: At this point the Chair, Councillor Mick Rooney, re-joined the meeting and took the Chair.)

7.1 The Committee received a report of the Medical Director, Sheffield Teaching Hospitals NHS Foundation Trust, on the Trust’s Annual Quality Report. The report was supported by a presentation given by Sandi Carman, Head of Patient and Healthcare Governance, Sheffield Teaching Hospitals NHS Foundation Trust, which set out the Trust’s 2014/15 Priorities and 2015/16 Proposed Priorities. Also in attendance for this item was Michael Harper, Chief Operating Officer, Sheffield Teaching Hospitals NHS Foundation Trust.

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

- Patient feedback was obtained by using leaflets for comments, volunteers speaking to patients and the use of the friends and family test which was used on discharge.
- Two-thirds of patients awaiting discharge now received their medication from the hospital pharmacy within one hour, with any delays being due to getting the prescriptions written. Reference would be made to this in the final Quality Report, as well as the use of volunteers in surveying patients’ views.
- Initiatives were in place so that patients knew who was taking care of them. All staff were required to introduce themselves and wear name badges and the Patient First standard was being applied, but it was recognised that there was a need for improvement in this regard.
- Consideration would be given to ways in which the visual impaired could be supported to engage in the “named clinician” initiative and the outcome of this would be reported to the Committee when the final report was delivered.

- The Patient Association's Survey results contained a question relating to ethnic grouping and this would be given further consideration. The selection process for this survey was based on those who had complained and the complaint had been formally closed.
- In relation to verbal complaints made on the ward, managers were encouraged to be pro-active by seeking live feedback and managing situations locally. It was acknowledged that the level of conversation/dialogue may not be captured in complaints, but issues could be raised at ward or staff meetings. It was accepted that this was a challenge and needed to be handled carefully, so that there was not an increase in bureaucracy. The empowering of local managers to capture complaints made on the ward would be covered in the final report, but officers were mindful of the potential extra burden.
- Consideration would be given to the proactive inclusion of local patient complaints in incident report forms.
- Alternative means of complaint were available through the Patient Services team (previously called Patient Advice and Liaison Service), with posters being displayed on the wards. The importance of making it easier for patients to flag up issues was recognised.
- Complaints about food and access to a television in the Renal Unit at the Northern General Hospital would be investigated and reported back.
- In relation to the reporting of patient and non-patient incidents, 20,000 incidents were reported per year, which included near misses and where there was no harm to patients or staff. These were reported nationally. There was now a legal duty of candour and the reporting of near misses was encouraged.

7.3 RESOLVED: That the Committee:-

- (a) thanks Sandi Carman and Michael Harper for their contribution to the meeting;
- (b) notes the contents of the report and presentation and the responses to questions; and
- (c) notes that the final Quality Report 2014/15 would be presented to the Committee at its meeting in April 2015.

**8. COMMISSIONERS WORKING TOGETHER PROGRAMME UPDATE**

- 8.1 The Committee received a paper which provided a briefing on the establishment of a collaborative partnership between NHS Commissioners to lead a transformational change programme across South Yorkshire and Bassetlaw,

North Derbyshire and Wakefield with a focus on hospital services. The paper was presented by Will Cleary-Gray, Working Together Director, Sheffield Clinical Commissioning Group (CCG).

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

- The Ophthalmology Service was regarded as being unsustainable, with there being small patient numbers across multiple sites and a heavy reliance on locum cover.
- The programme brought the CCGs together to engender a different way of service provision. This may lead to people needing to travel to get the right service.
- There was a link with the National and Regional Commissions as the NHS was involved.
- It may be possible to include the Child and Adolescent Mental Health Service in the programme, but the priorities which had been identified were pressing. Further consideration could be given to this when the programme was reviewed.
- It could not be said that all the initiatives, such as the Better Care Fund, knitted together, as the programme focused on acute hospitals, although attempts would be made to draw these together.
- Training and workforce recruitment would be included as part of any programme review.

8.3 RESOLVED: That the Committee:-

- (a) thanks Will Cleary-Gray for his contribution to the meeting;
- (b) notes the contents of the paper and responses to questions; and
- (c) requests the Policy and Improvement Officer to consider the inclusion of training and workforce recruitment in the Committee's Work Programme.

## **9. ADULT SOCIAL CARE PERFORMANCE UPDATE**

9.1 Moira Wilson, Interim Director of Care and Support, Communities, gave a presentation which updated the Committee on Adult Social Care Performance and included supporting statistical information. Also present for this item was Jasper South, Head of Planning and Performance, Communities.

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



- It was acknowledged that a quick response to complaints was required and that there was a need to improve on this. It was thought that the target response time for the Look Again complaints process was 10 working days, but this would be checked.
- Information on the delayed transfer of care came from the hospital's Patient Centre. This time delay was calculated from the point when the patient was deemed fit for discharge, but some delays were whilst patients were waiting further assessment. Organisations were working together to plan for discharge.
- There were some issues where recognised providers were in special measures, but the Council retained overall responsibility and the Contracts section worked closely with providers. It was possible to transfer some hours to secondary providers and the backlog was being addressed by bringing in new providers.
- Information on what service users should do in the event of their Home Support Worker not turning up was contained in each user's Care Plan. Staff complaints were monitored through the Council's Human Resources Service (HR) and the Council also had a Whistleblowing Policy. A check would be made on whether Members could access these complaints.
- The importance of improving information for potential users and Members was recognised, with Community Support Workers being used to facilitate this.

9.3 RESOLVED: That the Committee:-

- (a) thanks Moira Wilson and Jasper South for their contribution to the meeting;
- (b) notes the contents of the presentation and the responses to questions;
- (c) recommends that a target of 10 working days be set for responses to complaints under the Look Again process; and
- (d) requests that:-
  - (i) Council Members be provided with details of Adult Social Care providers across the City;
  - (ii) the length of time for users to access Adult Social Care services, following their initial assessment, be included in future reports; and
  - (iii) national targets be included in any future reports.

**10. SHEFFIELD HEALTH INEQUALITIES PLAN**

10.1 The Committee received a report of the Director of Public Health which provided an

update on progress on the implementation of the Sheffield Health Inequalities Plan. The report was presented by Dr Jeremy Wight, Director of Public Health.

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

- Health Trainers worked in the community with practices to help people with adopting healthier lifestyles. This service was much valued by GPs and was funded by the Clinical Commissioning Group. The funding model had been reviewed by a Task and Finish Group which had recommended a change in emphasis to the development of social capital. A £30,000 reduction in the Community Wellbeing Programme was proposed for the financial year 2015/16.
- Dr Wight was not aware of any limit on the number of sessions which an individual could have with the Health Trainers, but would check on this. He understood that the Trainers would engage with users until it was felt there was nothing else to be gained.
- There were 160 Practice Champions working with 4 GP practices.
- The first stage of any new proposals for research should be to consider what studies had already been undertaken and, if these indicated that the question had already been answered, then further studies should not go ahead.

10.3 RESOLVED: That the Committee:-

- (a) thanks Dr Jeremy Wight for his contribution to the meeting; and
- (b) notes the contents of the report and the responses to questions.

## **11. CARE ACT 2014 - UPDATE**

11.1 This item was deferred to a future Committee meeting due to time constraints.

## **12. WORK PROGRAMME 2014/15**

12.1 The Committee received its Draft Work Programme 2014/15.

12.2 RESOLVED: That the Committee:-

- (a) notes the Draft Work Programme; and
- (b) requests:-
  - (i) the inclusion of an item on training and workforce planning;
  - (ii) the inclusion in the new Municipal Year of a review of the Air Quality

Action Plan; and

- (iii) that the Policy and Improvement Officer circulates the minutes of the meeting of the Economic and Environmental Wellbeing Scrutiny and Policy Development Committee, held on 18<sup>th</sup> February 2015, which included the item 'Air Quality in Sheffield', to Committee Members.

### **13. UPDATE ON DEVELOPING A SOCIAL MODEL OF HEALTH**

13.1 RESOLVED: That the Committee:-

- (a) notes the contents of the update report on the Development of a Social Model of Health; and
- (b) requests that Members with any queries on this should contact Dr Jeremy Wight by e-mail.

### **14. SHEFFIELD ADULT SAFEGUARDING PARTNERSHIP - BUSINESS PLAN UPDATE**

14.1 RESOLVED: That the Committee:-

- (a) notes the contents of the Sheffield Adult Safeguarding Partnership Business Plan Update report;
- (b) notes that enquiries would be made to find out whether the Plan included situations where people were not receiving their proper care package; and
- (c) requests that:-
  - (i) the Policy and Improvement Officer circulates the minutes of the meeting of the Safer and Stronger Communities Scrutiny and Policy Development Committee, held on 12<sup>th</sup> February 2015, which included the item "Responding to Domestic and Sexual Abuse in Sheffield", to Committee Members, with a view to seeing if there was anything that this Committee should look at; and
  - (ii) consideration be given to the inclusion of a recovery plan in the Safeguarding section of the presentation given in relation to Agenda Item 10 (Adult Social Care Performance Update).

### **15. DATE OF NEXT MEETING**

15.1 It was noted that the next meeting of the Committee will be held on Wednesday, 15<sup>th</sup> April 2015, at 10.00 am in the Town Hall.

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