

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

Meeting held 15 March 2017

PRESENT: Councillors Pat Midgley (Chair), Sue Alston (Deputy Chair), David Barker, Lewis Dagnall, Mike Drabble, Adam Hurst, Douglas Johnson, Moya O'Rourke, Bob Pullin, Peter Rippon and Gail Smith

Non-Council Members (Healthwatch Sheffield):-

Helen Rowe and Clive Skelton

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1. APOLOGIES FOR ABSENCE

1.1 Apologies for absence were received from Councillors Zahira Naz and Garry Weatherall.

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 Committee approved the minutes of its last ordinary meeting held on 11th January 2017.

5. PUBLIC QUESTIONS AND PETITIONS

5.1 Mike Simpkin questioned when the minutes of the Committee's special meeting held on 8th February 2017, to consider the Sheffield Place Based Plan/South Yorkshire and Bassetlaw Sustainability and Transformation Plan, together with the summary response of the Committee's Task and Finish Group, on this issue, would be publicly available so they could be shared at the two forthcoming public consultation meetings organised to consider the Plan.

5.2 The Chair stated that it was hoped that the minutes would be published as soon as possible.

6. ADULT SOCIAL CARE PERFORMANCE

- 6.1 The Committee considered a report of the Director of Adult Services, providing an update on Adult Social Care Performance in Sheffield. The report was supported by a presentation by Phil Holmes (Director of Adult Services) and attached, as appendices, Sheffield's Independent, Safe and Well report, which provided an overview on how the Council performed in terms of adult care and support in 2015/16 and a paper setting out detailed statistical information, as part of the Adult Social Care Outcomes Framework (ASCOF) in terms of performance outcomes.
- 6.2 As part of the presentation, Phil Holmes referred to the Independent, Safe and Well report, then provided a summary of performance, referring to the ASCOF, which provided a set of outcomes that helped the Council to know how it was performing. Mr Holmes stated that performance had generally been very poor, particularly in comparison with other authorities, and he referred to performance data in terms of four specific themes, which he considered would provide a general view in terms of overall performance. The four themes referred to ensuring 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 avoidable harm. Mr Holmes stated that, whilst accepting that performance had been very poor, and that austerity should not be used as an excuse on the grounds that other authorities were facing similar budget difficulties, he hoped that the information, and format it was presented in, provided an open and fair picture of the current position.
- 6.3 Mr Holmes referred to statistics in terms of how the performance outcomes had affected different groups of people in the City, and reported on a series of actions which were required, together with target dates, with regard to performance improvement. He stated that there were a number of structural issues within Adult Services, which had not been addressed, together with historic issues regarding poor leadership and management, which had resulted in a lack of improvement.
- 6.4 Members of the Committee raised questions, and the following responses were provided:-
- It was accepted that the changes and improvements required would take some time to implement. It was also accepted that there had been issues in terms of systems and processes used, with some being deemed far too bureaucratic and which, ultimately, had been the responsibility of management. The general view of staff was that systems and processes were not working well, and required improvement. A number of smaller improvements had already been made, but some of the larger complex changes, such as the overhaul of all processes to bring in a new case management system, would take much longer. Management was very aware of the need, as part of the implementation of the new case management system, to ensure that the views of front-line staff and users were taken into account in terms of its design.
 - It would take time to significantly improve performance from such a low base on the basis that it was imperative that all the fundamentals were in place, including the Council's relationships with its partners and the manner in how

front-line staff undertook their day-to-day duties. It was planned that the new case management system would be in operation with effect from April 2018.

- A number of other local authorities only had one Resource Allocation System, whereas Sheffield had three – Adults, Learning Disabilities and Mental Health. It was agreed that there was a need to review this, in the light of the need to find a consistent approach in terms of how the Council allocated its resources.
- It was agreed that there was a need to simplify the review process, mainly by reducing the number of questions service users were being asked to answer on the questionnaires, and making the questions more simple.
- It was accepted that there was a need to provide service users with more flexibility in terms of how they used their direct payments, and it was acknowledged that a low number of service users experienced sufficient control in terms of how they used such payments.
- Consideration would be given, as part of contract negotiations with home care providers, to ensure that the length of time carers allocated to visits commenced once they had entered the service user's property. In a lot of cases, carers would build in travel time, and time it took them to get into a property, which in turn, reduced the amount of time providing care for the user. Also, consideration would be given to looking at the time of home care visits, in the light of the fact that it was currently not possible, within the 20 minute time limit, for the carer to prepare a home cooked meal, resulting in a number of users not receiving adequate nourishment.
- Whilst the Council had no powers to instruct care providers in terms of pay rates for front-line staff, there was a statutory requirement on such providers to pay staff the minimum wage. As commissioners, the Council could negotiate with regard to travel time between calls in order to allow for more time with the service user. It had also been acknowledged that there was a need for improved training for care workers.
- In terms of the ASCOF Scores Summary, the three different colours, representing the 'traffic light' system, referred to the percentage rate of change in terms of the different measures, whereby red indicated worse, green better and amber the same.
- The reason for the percentage figure of the Theme 4 indicator (Safeguarding adults whose circumstances make them vulnerable and protecting them from avoidable harm) differing from the figure set out in the Independent, Safe and Well report was because in the Theme 4 indicator, the figure related to the proportion of people who use services who feel safe (63%) and in the report, it related to people who say the services they use make them feel safe (87%).
- In 2016/17, there had been a significant increase in the pay rates for care workers, and it was believed that such an increase had been linked to a reduction in the number of complaints received with regard to the quality of care provided. However, there were still a number of sustainability issues that

needed addressing. Details of pay rates of the different care providers used by the Council could be provided to Members.

- It was hoped that by working closely with the NHS to ensure the right supply of services, and to manage demand better, and by increasing pay rates for home care staff, increasing the number of care providers the Council worked with, and improved commissioning arrangements in terms of care providers, improvements would be seen in terms of the provision of adult social care in the City.
- Serious consideration was given to instances where care staff were rude to service users, and it was considered that, in such cases, it was not always simply due to the care worker's actions, but more down to the management regime. It was accepted that some fundamentals were still not right, and needed addressing.
- The best way to relieve pressure on the care home system was to improve all elements of homecare provision, including the provision of adequate nourishment in terms of meals. It was important that people were made aware of what help was available to them, and it was also important that younger people received adequate care, with the Council undertaking all its statutory obligations under the Children and Families Act, to ensure that the transition from under 18 to adult care went as smooth as possible.
- In terms of identifying those people who required care, it was accepted that there was a need for improved locality working, and provision of help and advice to ensure as many people as possible were aware of what care was available for them.
- In terms of the Council's commissioning model, a considerable amount of work had recently been undertaken in connection with assessing the actual cost of care provision, and efforts were now being made to learn from past errors.
- Every effort was made to ensure that care providers had all the necessary experience and knowledge in order to provide good quality training for their staff. Every effort was made to ensure that training was provided by people with the relevant experience.
- Details of those care providers who had had their contracts withdrawn following a failure in standards, could be forwarded to Members.

6.5 RESOLVED: That the Committee:-

- (a) notes the contents of the report now submitted, the Independent, Safe and Well report on Adult Care and Support in Sheffield 2016, the performance statistics in connection with the Adult Social Care Outcomes Framework, and the responses provided to the questions raised;
- (b) whilst welcoming and appreciating the open and transparent format of the

information provided, together with the information now reported by the Director of Adult Services in terms of the performance of Adult Social Care in the City, expresses serious concerns in terms of the performance, which it considers totally unacceptable and reflects poorly on the City as a whole; and

- (c) requests the Director of Adult Services to:-
- (i) submit a report to the Committee, in six months' time, providing an update on the progress of the proposed improvements to the Service; and
 - (ii) provide more information for Members, in three months' time, on the new Case Management System.

7. QUALITY CARE PROVISION FOR ADULTS WITH A LEARNING DISABILITY IN SHEFFIELD - UPDATE ON IMPROVEMENTS

7.1 The Committee received a report of the Director of Adult Services providing an update on improvements with regard to quality care provision for adults with a learning disability in Sheffield.

7.2 In attendance for this item were Phil Holmes (Director of Adult Services) and Andrew Wheawall (Head of Mental Health/Learning Disabilities and Transition).

7.3 The report indicated that, in mid-2013, following changes in management arrangements, concerns had been raised about the quality of care within residential, short break and day services for adults with learning disabilities provided by Sheffield Health and Social Care NHS Foundation Trust (SHSC) and the City Council. Both organisations carried out extensive investigations that resulted in detailed improvement plans, and the Committee had asked for feedback on progress in January 2016, and further requested an update be provided in early 2017 in order to ensure that the Council was maintaining its focus in this area. The report contained a summary of outstanding actions reported to the Committee in January 2016, together with details of action taken, and details with regard to future areas for development in 2017.

7.4 Members of the Committee raised questions, and the following responses were provided:-

- There were adequate systems in place to ensure that the needs of younger people were properly assessed to ensure that their transition to Adult Social Care went as smoothly as possible. The Service would continue to look at what processes could be put in place to make such transition even smoother.
- Recent surveys in respect of the quality of respite care and short-term placements provided in the City had resulted in very positive feedback.
- Although it should not be the case, and it was not Council policy to do so, the Council was still using out of City placements for people with autism. There

was a need for transformational work to be undertaken in order to try and ensure such people were brought back to the City. More effort was required to ensure that such people were removed from institutionalised settings.

- It was acknowledged that a high number of people with learning disabilities were given work placements in charity shops. Such placements were supported by both the Council and the charity shops on the basis that they were viewed as suitable placements for them, and could help in the development of their social skills, prior to them moving on to other jobs.

7.5 RESOLVED: That the Committee:-

- (a) notes the contents of the report now submitted, together with the responses provided to the questions raised; and
- (b) welcomes the improvements made in terms of quality care provision for adults with a learning disability in Sheffield.

8. WORK PROGRAMME 2016/17

8.1 The Committee received a report of the Policy and Improvement Officer (Alice Nicholson), which set out the Committee's Work Programme for 2016/17.

8.2 The Committee were asked to prioritise items for consideration at its last meeting of the Municipal Year 2016/17, on 12th April 2017, and agreed that the agenda for that meeting should comprise a report on Dental Access and Dental Health, the Public Health Strategy for Sheffield, a review of the Committee's Work Programme for 2016/17, and a briefing paper on Community Pharmacy in 2016/17 and Beyond – National Contract Changes.

8.3 RESOLVED: That with the suggestions now made, the Committee notes its Work Programme for 2016/17, now submitted.

9. NHS ENGLAND - NATIONAL CONSULTATION ON ITS PROPOSALS FOR THE FUTURE COMMISSIONING OF CONGENITAL HEART DISEASE SERVICES

9.1 The Committee received and noted a report of the Policy and Improvement Officer containing details of a national consultation, launched by NHS England, on 9th February 2017, on its proposals for the future commissioning of Congenital Heart Disease Services. The report contained a link at which details of the consultation could be accessed.

10. DATE OF NEXT MEETING

10.1 It was noted that the next meeting of the Committee would be held on Wednesday, 12th April 2017, at 4.00 pm, in the Town Hall.