



Report to Healthier Communities & Adult Social Care Scrutiny & Policy Development Committee 21st March 2018

Report of: Policy and Improvement Officer

Subject: Written responses to public questions

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Summary:

This report provides the Committee with copies of written responses to public questions asked at the Committee’s meeting on 17th January 2018.

The responses are included as part of the Committee’s meeting papers as the way of placing the responses on the public record.

Type of item: The report author should tick the appropriate box

Reviewing of existing policy	
Informing the development of new policy	
Statutory consultation	
Performance / budget monitoring report	
Cabinet request for scrutiny	
Full Council request for scrutiny	
Community Assembly request for scrutiny	
Call-in of Cabinet decision	
Briefing paper for the Scrutiny Committee	
Other	X

The Scrutiny Committee is being asked to:

Note the report

Background Papers: None

Category of Report: OPEN

Question 1

What is the current availability of acute mental health beds and how many patients subject to compulsory admission have had to go out of area in the last year, and where have they gone to? In particular regarding patients aged 18-25

Written Response

There are currently 49 adult acute mental health beds in Sheffield. There have been no acute out-of-area admissions, due to capacity, for over 3 ½ years.

Question 2

Cuts in alcohol treatment services in the community mean that more patients are being admitted to acute wards with liver failure. Could NHS be more effective with greater community support and what steps are being taken to ensure this?

Written Response

Sheffield's alcohol treatment budget has been the same for 5 years, and has just been confirmed as the same again for 2018/19. Sheffield City Council commissions an open access alcohol treatment service where people can walk in and be seen for an assessment then and there, and 0% of service users wait over 3 weeks to begin a treatment episode after an assessment.

Liver Disease has three predominant causes: alcohol, obesity, and hepatitis. There are a number of reasons why levels of liver disease among alcohol users is increasing, which include price and availability of alcohol, and difficulties in identifying harmful alcohol use in its early stages so we can intervene early.

However, the Sheffield Alcohol Strategy 2016-2020 (available on www.sheffielddact.org.uk) sets out a clear set of priorities and actions to identify harmful alcohol use early, normalise the conversation about alcohol between non-specialist services and their service users, and ensure people are referred to treatment at the earliest opportunity. We are also raising awareness of the harms of alcohol via planned city-wide social media campaigns. In addition, current work is ongoing to source funding for a specific project to reduce the number of hospital admissions as a result of alcohol use and provide intensive support to those most at risk.

Question 3

How many acute admissions of elderly people have resulted from under funding of effective adult social care and what cost savings could be achieved by acute hospital services if social care was effectively funded?

Written Response

The question asks about under-funding of effective adult social care. It is hard to be clear about the correlation between adult social care funding and outcomes for acute hospitals. However two points seem very clear. Firstly that national funding for adult social care has been significantly constrained and this creates pressures that have affected many Local Authorities. But secondly, that Sheffield does not perform as well as many other areas with similar profiles and financial constraints, with regard to avoiding hospital admissions and ensuring people leave hospital when they are ready rather than having to be delayed.

This suggests that more can be done in Sheffield with current levels of funding. Significant work is already taking place between the Council, Sheffield Teaching Hospitals and Sheffield Clinical Commissioning Group in that regard and there have been a number of improvements that have already been reported to the Scrutiny Committee.

Council Cabinet has also agreed an Improvement and Recovery Plan for adult social care. This plan recognises that there is work that can be done to ensure that adult social care becomes more effective without the need for more funding. For example, over the last two years the Council has greatly improved the efficiency and effectiveness of its community intermediate care service (STIT) and used the money released to invest in independent sector homecare. This has helped people get more consistent and timely support that has had positive implications for the NHS as well as local people.

Overall of course more funding will have a positive impact across the NHS and social care. But it is important to acknowledge that there are still opportunities in Sheffield to improve health and care even in the current financial climate

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