

Healthier Communities and Adult Social Care Scrutiny and Policy Development
Committee

Meeting held 16 October 2019

PRESENT: Councillors Cate McDonald (Chair), Steve Ayris (Deputy Chair), Sue Alston, Angela Argenzio, Lewis Dagnall, Mike Drabble, Jayne Dunn, Adam Hurst, Talib Hussain, Martin Phipps and Garry Weatherall

Non-Council Members (Healthwatch Sheffield):-

Lucy Davies

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1. APOLOGIES FOR ABSENCE

1.1 Apologies for absence were received from Councillors Vic Bowden, Jackie Satur 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 In relation to Agenda Item 6 (Transformation and Integration), the following declarations were made:-

- Councillor Mike Drabble declared a personal interest by virtue of him providing mental health counselling services in non-urgent Primary Care and chose to remain in the meeting during consideration of the item
- Councillor Lewis Dagnall declared a disclosable pecuniary interest as his partner was a Non-Executive Director of the Sheffield Health and Social Care Trust, but felt that his interest was not prejudicial in view of the nature of the report and chose to remain in the meeting during consideration of the item.

4. MINUTES OF PREVIOUS MEETING

4.1 The minutes of the meeting of the Committee held on 11th September, 2019, were approved as a correct record subject to the amendment in paragraph 7.1 (Update on the development of the Joint Dementia Strategy Commitments and the Commissioning Plan for Dementia) to read "The Committee received a report written by" instead of "The Committee received a report from".

4.2 Matters Arising

4.2.1 The Policy and Improvement Officer confirmed that:-

- (a) the follow-up documents, requested in paragraph (d) of the resolution in Item 6, has been circulated to Councillors; and
- (b) the extra information regarding population figures has been circulated to Members of the Committee, as requested in paragraph (c) of the resolution in Item 7.

5. PUBLIC QUESTIONS AND PETITIONS

5.1 There were no public questions or petitions.

6. TRANSFORMATION AND INTEGRATION

6.1 The Committee received a joint presentation and report of the Sheffield Accountable Care Partnership, Sheffield City Council and NHS Sheffield Clinical Commissioning Group (CCG), setting out the impact the Accountable Care Partnership, the Better Care Fund and the Joint Commissioning Committee was having on the health and social care transformation and integration in the City.

6.2 Present for this item were Anthony Gore, GP (Woodseats Medical Centre and Clinical Director, (Sheffield CCG), Brian Hughes (Director of Commissioning, Sheffield CCG), Sara Storey (Director of Adult Social Care, Sheffield City Council), Mark Tuckett (Director, Sheffield Accountable Care Partnership) and Councillor George Lindars-Hammond (Cabinet Member for Health and Social Care).

6.3 The report was supported by a presentation given by Mark Tuckett and Sara Storey, which put into context the Sheffield system, giving details of the health and social care staff and its partner organisations, service providers, commissioners, the NHS, the local authority and the voluntary sector. Mark Tuckett referred to the annual spend across health and social care and gave the percentages that were spent on treatment and on prevention. He said that integration was important to deliver better care for the people of Sheffield and help make spending go further. Sara Storey referred to the Home First Scheme which was being developed to help people return home from hospital sooner after an inpatient stay and offer continuing support.

6.4 Councillor George Lindars-Hammond, Cabinet Member for Health and Social Care, stated that he would like to see a system in the city that, utilising aids and adaptations, keeps people in their homes rather than being admitted into care or hospital and that there was a need to integrate the way services were commissioned with the focus being on keeping people well.

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

- Feedback from Home First Teams has shown social isolation to be a major

problem. The teams require time to build relationships with those who are isolated and whose needs are minimal as well as complex.

- It has been found that people in poverty tend to have the worst health outcomes and ultimately have shorter lives and there was a need to ensure that everyone has the best start in life to ensure that no-one is isolated.
- There is no simple answer and the Accountable Care Partnership was looking to invest more in the voluntary, community and faith sector, already investing £50,000 in this area. With a 97% spend on treatment and 3% on prevention, there was a need to encourage staff to focus on prevention.
- There is to be a Community Hub in each neighbourhood with a trial in the south-east of the city just getting off the ground and it was hoped that a lot could be learned from this. There is a trial “drop-in point” with social care staff taking place as it had been found that people preferred this rather than everything done formally and it was intended to roll out this across the city.
- Re-organisation has always been done at a national level, and the proposed structure of changing how things work locally, by linking services together in the future, will be better for the city. There was a need for flexibility in deciding what to change locally, with a strong commitment to place-based commissioning.
- Each organisation within the structure has its own governance arrangements and policies but the emphasis has to be on how the different teams understand each other and work together to identify and seek solutions to problems that arise. Sometimes cases are worked through several times before a solution is found. Although there are a large number of staff involved, as long as there was a single point of access, it doesn't matter who does what.
- The delivery of mental health transformation service has not been without challenge but by removing some of the bureaucracy, collaborative working can deliver benefits that working in isolation alone cannot.
- When facing frontline staff and key professionals, people were not interested in who works for who, so long as the care they required was available at a single point of access.
- Home First is a new service and was continuing to gather information, especially working alongside the Ambulance Service. When someone requests an ambulance, they don't always need one and Home First can pick up on these cases to free-up ambulances for more urgent needs.
- More work needs to be done on the accountability and transparency of some parts of the system. Differences in how the Council and NHS make decisions pose challenges for joint commissioning but progress has been made in terms of making decisions in public.

- The development of the Integrated Care System at South Yorkshire and Bassetlaw is not hindering local-place based ambitions. Activity happens at South Yorkshire and Bassetlaw level where appropriate, but underneath that there is freedom and flexibility to do what is right for Sheffield.

6.6 RESOLVED: That the Committee:-

- (a) thanks Anthony Gore, Brian Hughes, Sara Storey, Mark Tuckett and Councillor George Lindars-Hammond for their contribution to the meeting;
- (b) notes the contents of the report and the presentation and the responses to the questions; and
- (c) places on record that:-
 - Progress was being made, and the Committee is keen to see this progress accelerated.
 - The importance of transparency and accountability was a key theme.
 - The Committee is in favour of a focus on prevention, but believes there needs to be more transparency around how a preventive approach is funded.
 - The Committee recognises the importance of a place-based, bottom up approach to transformation and integration in localities, and has concerns about 'top down' approaches.
 - The Committee likes the provision of qualitative information in reports, but quantitative indicators are needed as well – what does 'good' look like, and how are different groups across the city affected. Tackling health inequalities needs to be at the heart of this work.

7. WORK PROGRAMME

- 7.1 The Committee received a report of the Policy and Improvement Officer, attaching the Committee's draft Work Programme for 2019/20.
- 7.2 RESOLVED: That the Committee approves the contents of the draft Work Programme 2019/20.

8. DATE OF NEXT MEETING

- 8.1 It was noted that the next meeting of the Committee will be held on Wednesday, 27th November, 2019, at 4.00 p.m., in the Town Hall.