

Healthier Communities and Adult Social Care Scrutiny and Policy Development
Committee

Meeting held 27 November 2019

PRESENT: Councillors Cate McDonald (Chair), Steve Ayris (Deputy Chair), Sue Alston, Angela Argenzio, Vic Bowden, Mike Drabble, Jayne Dunn, Adam Hurst, Talib Hussain, Martin Phipps, Jackie Satur, Gail Smith and Garry Weatherall

Non-Council Members (Healthwatch Sheffield):-

Lucy Davies

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1. APOLOGIES FOR ABSENCE

1.1 An apology for absence was received from Councillor Lewis Dagnall.

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 Angela Argenzio declared a personal interest in Item 6 – Sheffield Continuing Healthcare – Collaborative Service Development Update – as her employers own a residential home and the report contains a lot of information about care homes and continuing care.

4. MINUTES OF PREVIOUS MEETING

4.1 The minutes of the meeting of the Committee held on 16th October, 2019, were approved as a correct record.

5. PUBLIC QUESTIONS AND PETITIONS

5.1 The Chair, Councillor Cate McDonald, stated that the NHS representatives had declined to attend the meeting due to it being held in the pre-election period before the General Election and the sensitivity of the items to be discussed. Councillor McDonald expressed her dissatisfaction at this, given that the Scrutiny Committee is a statutory body, and the Committee agreed that a letter should be sent to the Clinical Commissioning Group (CCG) expressing their disappointment. The questions asked will be forwarded to the CCG or the appropriate NHS body for their response.

5.2 **Question from Rita Brookes**

5.2.1 Paragraph 70 of the National Framework for NHS Continuing Healthcare states: “Assessments of eligibility for NHS Continuing Healthcare and NHS-funded Nursing Care should be organised so that the individual being assessed and their representative understand the process and receive advice and information that will maximise their ability to participate in the process in an informed way. Decisions and rationales that relate to eligibility should be transparent from the outset for individuals, carers, family and staff alike”.

One of our frequent complaints has been that Sheffield CCG does not take any steps to ensure that there is compliance with this requirement. This results in individuals and their representatives being severely disadvantaged throughout the process.

At present there doesn't seem to be any improvement to this position. What has Sheffield CCG done specifically to address this problem?

5.3 Questions from Sue Harding

5.3.1 Page 12 of the CCG slide pack (Page 24 of the agenda pack for this meeting) shows that 91% of appeals had the original decision upheld at a local level from April to September 2019. This would seem to be a questionable measure of success to use.

How many people were refused continuing healthcare funding during this period and how many of those refusals turned into an appeal? This is an important indication of the health and accessibility of an appeals system.

The small numbers involved (22) could indicate that the system is not easy for a lay person to navigate. People could be dissuaded from appealing for a whole variety of reasons, some of which we have experienced.

When considering the number of appeals upheld, a high percentage (91%) could be an indication of bias on behalf of those handling the appeals.

There is national concern regularly reported in newspapers about why almost the entire appeals process sits within the NHS. A recent article in a national newspaper stated

“There should be some kind of independent body that regulates or oversees this process because at the moment the NHS is the judge, jury and gatekeeper”.

Is the Scrutiny Committee content to rely on such a flawed procedure as a measure of improvement?

5.3.2 Page 17 of the CCG presentation (page 17 of the agenda pack) refers to the results of the “How did we do” questionnaire.

The satisfaction levels shown on this slide are impressive but there must be some concern about how this survey was conducted.

How many of the 60% plus people shown as satisfied were people who had been refused CHC funding?

When were the questions asked? During the process or afterwards when the result of their assessment was known?

How were the questions asked? In person? By phone?

What questions were asked? Were participants simply asked “were you satisfied?” or were they asked more specific questions like “what was done to prepare you for the DST assessment?” “How helpful was that?”

“Did you understand what was said during the Assessment?” “Was jargon used

and if so was it explained?”

I could expand further.....

Were the questions asked vetted by any sort of professional who is trained in the science of asking unbiased, non-leading questions in surveys?

Without this sort of detailed explanation, is the Scrutiny Committee content to rely on these satisfaction indicators as any true measure of the quality of the assessment process which affects several hundred people in Sheffield every year?

5.4 The Chair said that she could only answer all three questions in part, and some might form part of the presentation during the meeting.

5.5 Question asked by Andy Hiles

5.5.1 Mr. Hiles stated that he was addressing the Committee to bring to their attention certain employment practices which have crept into the NHS. He referred to a lady who was in attendance at the meeting and said that she was “bank” staff and called into question the practices of the NHS and how they treat “employees” and “bank staff”

5.5.2 The Chair said that she would take advice on the role of the Scrutiny Committee on such an issue, and would respond in writing to the question raised.

5.6 Question asked by Joanne Arden

5.6.1 This question relates to the proposal to change the way the Council pays care home fees currently paying the net contribution to care homes changing to gross contribution.

As the owner and operator of Cairn Home at Crosspool we are concerned about the negative cash flow implications of this change. Currently we collect our fees from the resident by weekly direct debit but the Council pays every four weeks, two weeks in arrears and two weeks in advance. Whilst this will have a negative impact upon our cash flow, this will be minor compared to what happens when a new resident is admitted, frequently it taking many months before any payment is received from the Council. In the last year we have had one resident where it was over six months before a payment was received. Under the current system, at least we have the money from the resident coming in each week.

From the Council’s perspective, you are looking at an annual cost of £715,000 to implement this change at a time when the Council is under severe financial pressure, and if this money is available we would suggest that it could be more effectively spent on increasing the gross care home fees, not making a negative impact on the cash flow of care homes.

Please can this be reconsidered?

5.6.2 The Chair said she would respond in writing to the questions raised.

6. SHEFFIELD CONTINUING HEALTHCARE - COLLABORATIVE SERVICE DEVELOPMENT UPDATE

- 6.1 The Committee received a report and presentation by Sara Storey, Interim Director of Adult Social Care, Sheffield City Council, providing an update on how the changes that have been implemented through the Collaborative Service Development, are impacting on the people in receipt of ongoing long term care and their representatives.
- 6.2 She said that the Council's Ongoing Care Service was committed to working to improve services by looking at barriers, challenges and difficulties faced by families and how the Service can be improved. The Service had agreed to sign up to the values and principles and was working in partnership with the Clinical Commissioning Group (CCG) to deliver helpful, responsive and timely support to those in need.
- 6.3 She referred to the "How did we do" questionnaire which gave people in receipt of care services, the opportunity to share their experience of the services they received. Gathering feedback from the questionnaire was still in the development stage, however Sara Storey felt that the questions that had been asked were the right ones, and had been supported by Healthwatch, in terms of setting up focus groups as to ascertain what type of questions were the right ones to ask of those people who had previously been in receipt of care from the Council and those currently receiving care and what was their experience and support received in terms of their long term needs. Data had shown that not everyone was able to get their views across for a number of different reasons, i.e. not everyone was able to fill in a form; some people do not answer their phones; some are not able to answer questions online or are uncomfortable at answering questions about themselves in any format and that the offer of help was there to those people who need support in accessing advocacy. It was important to engage with people using the service, as well as the frontline staff, voluntary sector organisations and carers delivering the service and that a clear process needed to be put in place, particularly when a complaint had been received regarding the level of care someone was receiving.
- 6.4 She said that a process was in place to resolve issues when the City Council's Social Workers disagreed with Continuing Care Nurses about the level of care and support someone was receiving, there needed to be a clear process in place to identify someone's needs by talking to each other, by working better together, although there was more work to be done to resolve these disputes. If managers were unable to find an amicable solution, the dispute was then escalated to a higher level, but this had only happened in a small number of cases.
- 6.5 Sara Storey said that the number of complaints relating to continuing care had reduced and that responsibility for managing appeals had recently transferred to NHS Doncaster CCG to ensure that the process was independent. She believed that a more integrated approach to workforce development would deliver a consistently high quality service experience.

- 6.6 Lucy Davies, Healthwatch representative, stated that with regard to the questionnaire she welcomed the fact that the Sheffield Clinical Commissioning Group (CCG) had taken steps to gain feedback from service users, however she felt that feedback scores only related to specific parts of the process. She referred to a case study and said that his version of the level of care he had received differed vastly from that of the CCG and his experience doesn't reflect the care outlined by the CCG. She had two questions to ask, firstly, how was the CCG measuring the impact of the new set of values and behaviours put in place when they hear stories similar to the one she had outlined and what are they doing to unpick how to do things differently. Secondly, does the Social Care Service feel assured that when someone is moved from Social Care to Continuing Health Care (CHC), is the Service assured that the person has adequate care management and also that their social care needs are going to be met.
- 6.7 In response to the comments made by Lucy Davies, Sara Storey stated that each person was individually case managed. There are on average up to 11,500 adults in social care and that for every complaint received by the City Council, the correct procedure was put in place to deal with it. Ms. Storey stated that what was working well was the care at night service, which were formally undertaken by two separate services, one commissioned by the City Council and the other by the CCG. If someone was identified, via the district nurse or social worker, as having care needs during the night, they would have to go through a lengthy process, and if change to that care was required, they would be passed from one provider to another. Through joint commissioning, a more efficient and effective service was being provided.
- 6.8 Members made various comments and asked a number of questions, to which responses were provided as follows:-
- Adult Social Care (ASC) in the past was extremely process driven with targets and tick boxes and constraints caused by austerity. There used to be a 24 page assessment form and this has been reduced, by working with people, listening to them and finding out what was happening to them, we feel we are now in the position where we have a vision and strategy how to deal with people. It was accepted that the Service was not getting it right all the time, but now have more of an understanding of what was needed to be done and what the staff and workforce need to get it right.
 - The decision to move the Continuing Health Care (CHC) appeals service to Doncaster CCG was taken by the Sheffield CCG and was not a Council decision.
 - With regard to digital capacity, one of the problems experienced was that the Council and the CCG have completely different information and data capturing systems, so there was no method or way of capturing and holding information on people who go through a full process, in a way that enabled the Service to compare year-on-year the care being provided, but information from previous years to compare with was unavailable. The ASC Service was looking at how the current case management system can be changed to incorporate all documents and information into the same

system. The aspiration was to have one system so that City Council and the CCG can look collectively and staff don't use two systems to log, store and move information around. The current system the City Council uses was Liquid Logic, and a module was being developed around continuing health care, but it was felt that an interim system should be put in place to reduce duplication and capture information across the board, so work for this was going out to tender, but there was still a lot of work to be done in that area.

- With regard to reassessments, it was felt that this had definitely improved. More social workers were given more notice to attend meetings, the problem in the past being that they were given short notice that a meeting was going ahead and therefore the Service would be struggling to release Social Workers to attend meetings to support people or they would be struggling to find someone who knew the person well enough to provide the personal element required. It was not known, at present, what timescale would be considered appropriate, whether it was days or weeks. The Service would be interested in people's views on the process to express what they would consider to be timely for them.
- In response to questions about Members not being confident that the appeals process was independent, it was felt that there should be a level of knowledge and understanding about nursing care needs, health care, social care needs etc. and that a level of professional experience on the Appeal Panel when making those decisions was necessary.
- When asked whether people are being signposted appropriately, it was noted that the Council has been looking at benchmarking data in other areas to try and get an idea of whether the staff that normally fill in the initial healthcare checklist, are filling it in properly and talking to people to direct them to the best care available. Looking at Sheffield numbers, its good to know whether we're doing enough or not enough and reminding staff on a regular basis wherever possible, to always bear in mind is this person eligible for continuing healthcare.
- The Service would like to raise expectations. It is, to a certain extent and more particularly the CHC, tied to the NHS national set of guidance, criteria and casework assessments etc. and has limited ability to influence what they look like and how they are set up. The Service is looking at introducing an initial "Welcome to the CHC Service" contact with people, for those who are able to communicate initially over the phone, looking at rolling out the customer satisfaction feedback reviews, looking at how to get in touch with people early on and supporting and managing their expectations and to be clear with people as early as possible of what they can expect in adult care.
- The figures regarding the value for money of the night care service were not to hand at the meeting, but the figures will be made available to Members of the Scrutiny Committee.
- There hasn't been any difficulties recently in recruiting social workers into

adult social care, although children's services have not always had the same issues as adults. There had recently been a round of recruitment of Social Work Prevention Officers and Care Managers on a similar grade and 150 applications for the post of Social Work Prevention Officer had been received. The Service had changed its approach to recruitment. In the past, it had always recruited newly qualified workers to a lower grade, however there had been an increased number of Social Work Apprenticeships and Occupational Therapy Apprenticeships and the Council were recruiting at higher grades to encourage more experienced Social Workers and thereby creating a good mix of skills. There had been a good response from people prepared to work across the board. The City Council was very clear about what was expected from its workforce and was working with HR colleagues to make sure job descriptions were up to date.

6.9 The Chair stated that a number of questions had been asked at the meeting and she was preparing to submit them to the CCG to provide answers, and she would request that the CCG attend a meeting of the Scrutiny Committee in February, 2020, the focus to be on the person centred approach to CHC and the appeals process.

6.10 RESOLVED: That the Committee:-

- (a) thanks Sara Storey for her contribution to the meeting; and
- (b) notes the contents of the report and presentation and the responses to the questions raised.

7. WINTER PLANNING

7.1 The Committee received a report of the Interim Director of Adult Social Care (SCC) on Winter Planning which gave details of the governance structures and citywide partnership working, along with a summary of key developments with regard to patient flow, in order that Delayed Transfers of Care (DTC) do not increase and become a significant issue as in previous winters.

7.2 Present for this item was Sara Storey, Interim Director of Adult Social Care, Sheffield City Council.

7.3 Sara Storey stated that the last year had been very challenging with regard to delayed transfers, particularly during the winter months, but there had been notable improvements. She said that the real focus had been on getting people home after a stay in hospital and Sheffield Teaching Hospitals Trust was still under a lot of pressure to make this happen. She added that the city has a good home care network and support agencies were working well together.

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

- With regard to the documents that were embedded within the report, it was

confirmed that links to those documents would be made available.

- The City-Wide Care Alarm Scheme (CWAS) is now offering support similar to the Community First Responder (CFR) scheme in other areas operated by the Yorkshire Ambulance Service, where volunteers are trained to use life-saving skills in their local area; the CFRs are volunteers based within the community). Now, if someone calls 999 or 111 and has fallen but is not injured, CWCA can attend. Even if an alarm is not activated, they may only be a minute or two away from a medical emergency and very often their role is to simply provide vital reassurance to patients and their families.
- Even if someone doesn't have a city-wide alarm, they can be redirected to the service.

7.5 RESOLVED: That the Committee:-

- (a) thanks Sara Storey for her contribution to the meeting; and
- (b) notes the contents of the report and the responses to the questions raised.

8. CQC LOCAL SYSTEM REVIEW ACTION PLAN

8.1 The Committee received a report setting out the progress made since the Care Quality Commission's Local System Review on Older People's Care in Spring, 2019.

8.2 Present for this item was Jane Ginniver, Deputy Director (Development), Accountable Care Partnership.

8.3 Jane Ginniver referred to the achievements to date, the work in progress and the challenges still to be met. The most significant achievements made was a marked improvement in Delayed Transfers of Care and a sustained reduction in the number of people being admitted to care homes across the city.

8.4 RESOLVED: That the Committee:-

- (a) thanks Jane Ginniver for her contribution to the meeting;
- (b) notes the contents of the report; and
- (c) expresses satisfaction that progress is being made in implementing the action plan.

9. WORK PROGRAMME

9.1 The Committee received a report of the Policy and Improvement Officer, attaching the Committee's draft Work Programme for 2019/20.

9.2 RESOLVED: That the Committee approves the contents of the draft Work Programme 2019/20 and requests that an additional meeting of the Committee be

scheduled for 26th February 2020, to consider the draft Mental Health Strategy.

10. DATE OF NEXT MEETING

- 10.1 It was noted that the next meeting of the Committee will be held on Wednesday, 15th January, 2020 at 4.00 p.m., in the Town Hall.

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