

Healthier Communities and Adult Social Care Scrutiny and Policy Development
Committee

Meeting held 26 February 2020

PRESENT: Councillors Cate McDonald (Chair), Steve Ayris (Deputy Chair), Sue Alston, Angela Argenzio, Vic Bowden, Mike Drabble, Adam Hurst, Martin Phipps, Garry Weatherall and Richard Shaw (Substitute Member)

Non-Council Members (Healthwatch Sheffield):-

Lucy Davies

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1. APOLOGIES FOR ABSENCE

1.1 Apologies for absence were received from Councillors Jackie Satur and Gail Smith, with Councillor Richard Shaw attending as Councillor Smith's nominated substitute.

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 minutes of the meeting of the Committee held on 15th January, 2020, were approved as a correct record.

4.2 Matters Arising

4.2.1 With regard to Item 4.2.2 of the minutes, the Chair stated that she had forwarded the questions raised at the previous meeting to the Clinical Commissioning Group but had not received a reply from them but had been assured that the responses would be available at the next meeting of the Committee to be held in March.

4.2.2 The Chair stated that the information requested in Item 6, bullet point seven, with regard to grant funding, had been requested and she had been assured that this would be available and reported to the next meeting.

4.2.3 The Chair confirmed that she had written a letter to the Secretary of State as referred to at Item 6.5 of the minutes.

5. PUBLIC QUESTIONS AND PETITIONS

- 5.1 Andy Hiles asked a question regarding social care provision to adults with severe learning conditions. Mr. Hiles said that one of the city's current providers of social care was Citizenship First and from 1st April, the terms and conditions of that company's service were changing. He said that the service users would be expected to pay for their own, and possibly for their carer's, refreshment costs incurred during lunchtime. He questioned whether this was right legally and morally and asked if this was something the City Council could look into.
- 5.2 The Chair said that, as commissioners of this service, she would check the rules and policies of these companies and provide a written response to Mr. Hiles.

6. NHS HEALTH CHECKS

- 6.1 The Committee received a report of the Director of Public Health regarding the delivery of the NHS Health Check Programme that had been carried out in Sheffield since 2012.
- 6.2 Present for this item was Karen Harrison, Health Improvement Principal, Sheffield City Council.
- 6.3 Karen Harrison stated that the NHS Health Check programme was a risk assessment and management five year rolling programme aimed at preventing or delaying the onset of cardiovascular diseases including diabetes, heart disease, kidney disease and strokes. The checks include monitoring height, weight, blood pressure, body mass etc., for all eligible residents in England aged between 40 and 74, who currently do not have any pre-existing conditions, for people who might not realise that they have a high risk factor, but calculate whether they could be at risk of cardiovascular diseases over the next 10 years.
- 6.4 The programme began in Sheffield in 2012 and was delivered solely by and within GP practices according to former Local Enhanced Service Level Agreements between Public Health at NHS Sheffield and individual GP practices. In 2017, an open tender process was introduced and the successful provider, Primary Care Sheffield, has delivered the NHS Health Check Programme since then. Ms. Harrison stated that Primary Care Sheffield operate a targeted approach to reducing health inequalities by offering health checks to those most at risk due to ethnicity, those living in areas of deprivation, people with severe mental health illness or learning disabilities and people with previously recorded high blood pressure levels but no further action had been taken towards further investigation and the subsequent prevention of cardiovascular disease. It was important for Public Health to have access to patient records so that they are able to deliver the programme as effectively as possible. She said that recently dementia awareness has been extended to all people receiving a health check, rather than previously when it was just people over 65 who received the information. Results have shown that Primary Care Sheffield was contracted to carry out 7,500 health checks per annum and this target has been met. This contract does however, come to an end in August, 2020 and is currently out for tender.

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

- 75 out of the 83 GP surgeries in the city offer health checks to those eligible. For patients where health checks were not available, Primary Care Sheffield offered health checks at one of the out-of-hours Primary Care Hubs where qualified and specially trained staff were able to carry out the checks. Sheffield Public Health have looked into other facilities where checks could be carried out i.e. at pharmacies or other suitably accessible places, such as mobile units or leisure centres. A pilot scheme has been launched at Sheffield Teaching Hospitals offering Health Checks to its staff, but as yet, there was no data available of the take up. The Council was also looking into how its Occupational Health Service could roll out the service to its staff. Some businesses have similar schemes and offer health checks as a benefit to their staff, but details of this were not known.
- BUPA offer health checks, and also an online GP service was available at a cost of £125. It was felt that more investment was needed to roll out the programme so that the service could be offered to more people, but due to the resources available it was felt that Sheffield was meeting the target required.
- Members raised concerns that there was a discrepancy in the number of health checks offered and the number of referrals to weight management programmes and the smoking cessation service. It was stated that this was an area of concern, but the target to deliver was being met and training was being given to health care professionals to assist them in identifying patients who were eligible, but were unaware of the programme and the preventative measures available.
- The target to deliver health checks to 7,500 people in Sheffield was being met, and the percentage of public health grant spent on the programme offered good value for money compared to other local authorities in the Yorkshire region, which spend a higher percentage of their budget on health checks but did not perform as well as Sheffield.
- National data was available regarding how other local authorities in England were carrying out health checks in their areas and a breakdown of this would be provided to Members.
- It was felt that the right model was being used in Sheffield to offer the service to as many people as possible, but perhaps the logistics of this could be changed as the community outreach budget in 2012, which the model was initially based on, was significantly higher than as it is today.

6.6 RESOLVED: That the Committee:-

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

and

- (c) feels that more thought could be given to this, perhaps engaging with existing networks and using equality hubs to get the message across about the programme.

7. SHEFFIELD ADULT SAFEGUARDING PARTNERSHIP

7.1 The Committee received a report providing an overview of the safeguarding work being undertaken by the Sheffield Adult Safeguarding Partnership who wish to encourage and develop further links with adults who were most at risk of abuse and neglect in order to understand what their priorities are.

7.2 Present for this item were Simon Richards (Head of Service, Quality and Safeguarding) and Tina Gilbert (Safeguarding Partnership Manager).

7.3 Simon Richards gave a brief outline of the core functions of the Partnership and the key principles for safeguarding adults. He said that work was continuing around developing a Strategic Plan for the Partnership over the next three years and acknowledged that there was still a lot of work to be done. He made reference to the report which gave background information and set out the key principles for safeguarding adults which were determined nationally. Simon Richards summarised the priorities of the Partnership and referred to the positive results from the three initiatives which are funded by the Partnership, these being "Safe in Sheffield", the Adult Sexual Exploitation Service and the Trading Standards service's initiative "Not Born Yesterday". He referred to the current challenges facing the Partnership and the pressure on the mental health service to identify gaps where people don't meet the threshold to access services but were still at risk and it was felt that these gaps could be helped by collaborative working by the City Council, NHS Sheffield, Sheffield Teaching Hospitals, Health and Social Care, South Yorkshire Police, the Probation Service, the Yorkshire Ambulance Service and voluntary, community and faith sector representatives.

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

- With regard to pressures on the mental health services, it was acknowledged that there was inadequate provision to support those people who didn't meet the threshold, but this was a national issue and Sheffield was working hard to address this, maybe by identifying which services need commissioning with the funding available. It was thought that there should be joined up working to better utilise the resources currently available to offer some level of support to those people who haven't been diagnosed with mental health problems.
- The multi-agency Vulnerable Adults Panel was working to develop pathways between agencies and those at risk to improve their wellbeing and eliminate pressures on emergency and crisis points. However, it was not always easy to get agencies to step outside their roles and responsibilities and interact with each other. There was a need to look at the

value of prevention and to have collaborative discussions early enough to prevent matters escalating and get the team around the person in the first stages. The Partnership was aware that it faces a big challenge.

- There was a culture in services to “do it this way because we always have” and this was being addressed. The Partnership was looking to make realistic changes, identifying what is achievable and looking to retrain people to use safeguarding principles and work differently.
- The Partnership places great emphasis on collaborative training, open to all local authority staff, health care professionals, the police and other organisations and believes that if it can get people together to hear the same message they might be more likely to link in with each other. There was an understanding about the impact of training but the test will be six months after first contact when feedback was received from those who have been through safeguarding. Although training was not mandatory, the Partnership does try and encourage people to attend, but there was a capacity issue and independent providers of training would be welcome.
- Work with the voluntary sector was being developed in an attempt to work more collaboratively with them.
- The Care Trust doesn’t collate the same level of data but the Partnership are holding discussions with them with the aim of producing an amalgamated report on how the City Council and mental health services manage safeguarding within the city.

7.5 RESOLVED: That the Committee:-

- (a) thanks Simon Richards and Tina Gilbert for their contribution to the meeting; and
- (b) notes the contents of the report and the responses to the questions raised.

8. HOME CARE IN SHEFFIELD

8.1 The Committee received a presentation given by Sara Storey (Interim Director, Adult Services) and Councillor George Lindars-Hamond (Cabinet Member for Health and Social Care), regarding Home Care in Sheffield: The Case for Change.

8.2 Sara Storey stated that there were 36 independent sector providers within the City Council’s framework who support approximately 5,000 people per year, delivering over one million visits. She said that there were over 1,000 care staff employed to meet the growing demand for care, and there were many customers with complex issues meaning that the average care package has increased by an hour and half per week. She stated that support in Sheffield was provided quickly and Sheffield was consistently achieving NHS England targets regarding delayed transfers of care. Sara Storey went on to say why change was needed, that despite many people working hard, very often, people’s experiences of the care they receive was not good enough. She said that with systemic change, Sheffield could make

better use of its resources by helping people remain in their communities and avoid costly residential care and assist health care professionals make better and timely interventions when necessary. Sara Storey felt this could be achieved by laying the right foundations, listening to what people have to say, improve terms and conditions for members of staff and for staff to work and learn together as one team.

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

- The Contracts Officers work closely with the Care Quality Commission to maintain standards of care provided. Regular visits were made to providers to identify themes and offer guidance to make improvements where necessary, and take action where provision was failing.
- With regard to direct payment customers, this was still regulated as there was a duty to make sure needs were met.
- With regard to purchasing power, a lot was funded by the local authority. The majority of providers of care were Sheffield providers, employing Sheffield people. The Contracts Officers gathered information about quality issues and concerns to seek to identify any trends, as well as ensuring individual quality issues were being addressed.
- Analysis has been carried out across all care providers regarding the ability to recruit and retain staff. Demographically, women between the ages of 40 to 50 tended to be home care workers but this was changing to a wider range of carers.
- There was very little choice of provider due to resources, but it was improving. Work was being undertaken with people around self-funding and direct payments.
- Coverage of care providers across the city was much better, with availability and capacity improving. The majority of those needing support were coming out of hospital but as a rule there was no pattern of who was in need of care.
- Due to the large turnover of staff, it was thought that a way forward could be to move to locality working thus reducing the number of trips made by car carried out by staff.

8.4 RESOLVED: That the Committee:-

- (a) thanks Sara Storey and Councillor George Lindars-Hammond for their contribution to the meeting; and
- (b) notes the contents of the presentation and the responses to the questions raised.

9. WRITTEN RESPONSES TO PUBLIC QUESTIONS

- 9.1 The Committee received and noted a report of the Policy and Improvement Officer setting out the written responses to the public questions raised at its meeting held on 15th January, 2020.

10. WORK PROGRAMME

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

11. DATE OF NEXT MEETING

- 11.1 It was noted that the next meeting of the Committee will be held on Wednesday, 18th March, 2020 at 4.00 p.m., in the Town Hall.

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