HEALTHIER COMMUNITIES AND ADULT SOCIAL CARE SCRUTINY AND POLICY DEVELOPMENT COMMITTEE

Meeting held Wednesday 18th July 2012

PRESENT: Councillors Mick Rooney (Chair), Garry Weatherall, Clive Skelton, Janet Bragg, Jackie Satur, Katie Condliffe, Sue Alston, Cate McDonald, Joyce Wright, Antony Downing and Adam Hurst.

Non-Council Members (LINK)
Anne Ashby and Helen Rowe

……

1. **WELCOME AND HOUSEKEEPING ARRANGEMENTS**

1.1 The Chair welcomed attendees to the meeting and explained housekeeping and fire evacuation procedures.

2. **APOLOGIES FOR ABSENCE AND SUBSTITUTE MEMBERS**

2.1 There were no apologies for absence from Members of the Committee.

3. **VOTE OF THANKS**

3.1 The Chair extended his gratitude towards all former Members of the Committee from the Municipal Year 2011/12 for their hard work and success achieved throughout the year.

4. **DECLARATIONS OF INTEREST**

4.1 Councillor Katie Condliffe declared an interest as she worked for a private mental health care provider.

5. **MINUTES OF PREVIOUS MEETINGS**

5.1 The minutes of the meetings held on 16th and 30th April and 16th May 2012, were approved as a correct record, subject to an amendment in paragraph 8.3 of the minutes of the meeting held on 16th April 2012, to replace the word 'morality' with the word 'mortality'.

6. **PUBLIC QUESTIONS AND PETITIONS**

6.1 **Public Questions**

1. Sylvia Parry asked whether it would be possible for Community Assemblies to commission a report upon care for elderly people in each Community Assembly area, for this report to then be considered by the Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee as an item for the Work Programme,

and the Chair said that this would be considered.

2. With regard to Extra Care Housing, Sylvia Parry asked whether there was sufficient work taking place to ensure that joined up thinking was happening between each Community Assembly area, and in response Miranda Plowden, Director of Commissioning, stated that there were already several good news stories with regard to provision of new sheltered housing, for example at Stocksbridge with 50 new flats being built at Newton Grange, and she added that the model of care in each Community Assembly area was now that of virtual extra care and that members of the public would be consulted as part of the process.

3. With regard to a meeting to be held on 25th July 2012, at The Venue, Stocksbridge, at 7.00 pm, it was confirmed that Councillor Garry Weatherall would attend this, as it related to the new housing in the Stocksbridge Ward.

7. HEALTH, WELLBEING AND CARE IN SHEFFIELD

7.1 The Committee received presentations from key representatives of Health and Social Care organisations in the City to introduce Members to their organisations, and provide an overview of their priorities and challenges for 2012/13.

Communities Portfolio

7.2 Miranda Plowden, Director of Commissioning, reported to the Committee about the work of the Communities Portfolio. She provided an overview of the areas covered by the Communities Portfolio commenting that the work of the Portfolio was to make a contribution to the wellbeing of the people of Sheffield by working with individuals, families, households, communities and partner organisations. Work was underway to help to build safe, strong and active communities and to ensure that good quality housing and housing services were available for all. Work was also underway to ensure that people had access to the information they required in order to lead fulfilling lives and that they were able to be independent, healthy, safe and well.

7.3 Ms. Plowden provided an overview of the Care and Support Team, the Community Services Team, the Commissioning Team and the Business Strategy Unit, and detailed the work undertaken by each of these sections. She also detailed the development of the Fairness Commission, whose remit was to make a non-partisan strategic assessment of the nature, extent, causes and impact of inequalities in the City and to make recommendations for tackling them. She also spoke briefly about the proposed Government Welfare Reforms which could have potential impacts upon Housing Benefit, Council Tax support, Incapacity Benefit and other such taxes and credits. There was particular impact potentially for Communities' customers, vulnerable adults and families.

7.4 She went on to detail some milestones for the year ahead which included managing change in provision for extra care housing and dementia support, the rolling out of self directed support and re-ablement, the Active Ageing Strategy, the Right First Time initiative, and changes to the NHS which would affect all areas of the Portfolio. She added that a reduced budget was also a major challenge for the whole Portfolio.

7.5 Ms. Plowden spoke briefly about homelessness in the City, commenting that there was an increased level of homelessness, potentially due to the recession, but that there were no families in bed and breakfast accommodation at present, which was a positive thing for the City. However, greater preventative work needed doing to ensure that people did not become homeless in the first place.

7.6 Following on from the theme of prevention, Ms Plowden outlined a great number of initiatives which were being developed in order to make an impact on early intervention work to prevent people from needing to access services, and to ensure independence and quality of life. The Right First Time initiative was all about preventing long stays in hospital and preventing emergency admissions, by investing in early intervention work to reduce the number of people requiring long-term residential care.

7.7 Ms. Plowden outlined other reviews which would take place over the year, including the Lettings Policy Review, a review of Community Assemblies and Libraries, and a joint review with South Yorkshire Police regarding anti-social behaviour. There would also be the arrival of the Police and Crime Commissioner in April 2013. Ms. Plowden added that Asylum Support was now being delivered by the company G4S, and no longer was delivered in-house by Sheffield City Council. She added that there were ongoing concerns around the standards of some private rented housing across the City.

7.8 Ms. Plowden reported to Members that it was essential to 'future-proof' the City in order to improve the experience for a growing older population.

7.9 The Chair thanked Ms Plowden for her presentation, and answers were provided as follows to Members' questions:-

- It was noted that the Sheffield LINK had not been formally approached for involvement in the Dementia Care reform review, and it was agreed that Ms Plowden would pick this up.

- Members were concerned about how care contracts and quality of care would be monitored if care contracts were given out to independent providers through the personal budget scheme. In response, it was noted that each personal budget would be risk assessed before implementation, and that a list of recognised providers was provided for each person whilst designing their personal

budget. All personal care was also continually assessed for quality.

- It was noted that there were better links now taking place at Howden House First Point Reception with regard to homelessness and signposting for people suffering from mental health problems, as these two issues were often very closely linked.

- It was hoped that the Committee would have an input into the following reviews – Welfare Reforms, Housing Review and Anti-Social Behaviour Review.

Public Health

7.10 Jeremy Wight, Director of Public Health, then addressed the Scrutiny Committee regarding the new arrangements for Public Health in Sheffield. He reported on some of the key aims of the coalition Government, which were to empower local leadership, to strengthen health and wellbeing, support self esteem, increase confidence and personal responsibility, promote healthier behaviour and lifestyles and to change the environment to support healthier choices and protect the public from threats to their health.

7.11 Dr. Wight outlined the reforms which would see Public Health brought back under the responsibility of the Local Authority and he outlined Local Authority commissioning responsibilities, indicating which ones were mandated services. He reported that the new functions of Local Government would be to have a duty to improve the health of the population by commissioning services from a range of providers, working with a Clinical Commissioning Group to integrate care pathways, using the Health and Wellbeing Board to integrate commissioning approaches, providing population healthcare advice to the NHS, and ensuring that plans were in place to protect Public Health.

7.12 He added that local political leadership was critical in order to make this work. He went on to detail local leadership for health protection in that the Secretary of State would be responsible for health protection via a body called Public Health England. Public Health England would have three main functions - delivering services, leading for public health and supporting the public health workforce.

7.13 Dr. Wight then outlined the timeline for transfers from NHS to Local Authority and he commented that January 2012 had seen the local transition plan completed, and local area test arrangements for delivery of specific public health services would be in place by October 2012. The final legacy of handover documents was to be produced in January 2013. Local Authorities would then formally take on responsibilities by April 2013. Dr. Wight reported that in Sheffield there was a long history of joint working to build on already and that a hub and spoke model had been agreed, which would include the allocation of specific public health functions to various

City Council Portfolios. A number of NHS staff would also transfer over to Sheffield City Council.

7.14 He outlined the ring-fenced resources which would be transferred from the NHS to the Local Authority to ensure the effective deliverance of this work. Dr. Wight added that he saw many positives in the proposed changes, in that Sheffield City Council already had an influence over some key areas which directly impacted on health, such as Adult Social Care, Children and Young People's Services and Housing. He added that the Health and Wellbeing Board was already meeting in shadow form and that a budget of £28m would be transferred from the NHS to the Local Authority in order to continue the commissioning work.

7.15 With regard to Public Health England, it was noted that Duncan Selby had been appointed as Chief Executive, and that Mr. Selby was in the process of creating a structure which would ensure effective delivery of services, including specialist commissions, although full details of this were still be to confirmed. There would be a focus across all this work on reducing health inequalities. It was noted that relevant NHS staff would transfer to the Local Authority by April 2013.

7.16 Dr. Wight outlined a positive development, in that the boundaries of the Clinical Commissioning Group and Sheffield City Council were to be the same which would ensure that all Portfolios within the Council would assume some responsibility for Public Health.

7.17 Members felt that more work needed to take place with regard to GP referrals for people from deprived areas of the City, to ensure that health problems were identified earlier rather than later.

7.18 It was noted that Primary Care Trusts (PCTs) would no longer exist under the new arrangements, and that GPs would instead form a new Clinical Commissioning Group. The NHS Commissioning Board would have the same role as the PCT in that it would be a primary care and specialist care provider responsible for GPs.

7.19 Members asked how medical adverts and campaigns were commissioned, and Dr. Wight replied that most of these were commissioned nationally and that there was not enough money to commission such campaigns locally. With regard to vaccinations, it was noted that these programmes would not change, but that Sheffield City Council would be responsible for holding the NHS Commissioning Board to account to confirm that vaccinations and screening was taking place as agreed.

7.20 With regard to dental health, it was noted that all clinical dental services would be under the control of the Local Authority, as would programmes such as proposed fluoridation of water, for example.

7.21 Dr. Wight commented that he was not sure who the Health and Wellbeing

Board would be accountable to.

7.22 At Members' request, with regard to the Annual Health Report, Dr. Wight commented that it would be possible in future years to breakdown statistics by Community Assembly area.

Sheffield Children's Hospital Foundation Trust

7.23 John Reid, Director of Nursing and Clinical Operations, Sheffield Children's Hospital Foundation Trust, then addressed the Committee to report upon the progress and performance of the Children's Hospital during 2011/12. He outlined the five main aims of the Children's Hospital which were to provide healthcare for children of the highest quality in the UK, reshape healthcare in Sheffield, develop specialist services, expand specialist pathology and to be a national leader in research and education.

7.24 He commented that progress had been made against the main aims during 2011/12, but that there was still work to be done. He added that the Trust was responsible for all aspects of children's health, apart from GP services. The remit of the Children's Hospital did cover children and young people mental health services and school nurses. He commented that any surplus revenue to the Trust was ploughed straight back into capital build to expand and improve facilities at the Hospital. He reported that there had been successes in that there had been no cases of MRSA in the Hospital over the 2011/12 period. There had also been advancements in technology with regard to neurosciences, and the Children's Hospital was a national leader in the UK for the study of brittle bones.

7.25 There were ongoing issues around parents bringing children to the Children's Hospital Accident and Emergency (A&E) instead of taking them to a GP surgery, as parents felt that their children could be guaranteed to see a GP within four hours. This created 'peak times' before and after school, which were challenging to manage. Although it was beneficial for parents to have their children seen by a doctor at A&E, the doctor on shift did not have access to the history of the child's medical records as a GP would.

7.26 Mr. Reid commented there was now a new facility called Becton Lodge which dealt with children with complex needs and learning difficulties. This pioneering centre lead developments with behavioural problems with learning difficulties in children and dealt with these issues at an early stage. Sheffield was also leading in genetics work around the prediction of certain diseases in new born children.

7.27 Mr. Reid went on to outline plans for future Hospital development, which would include increased parking, and the introduction of en-suite rooms for patients. At present, patients shared a ward with many other children and parents which was not conducive to a good night's sleep, whereas the new en en-suite single rooms would ensure that 75% of patients would be able

to have their own room, with facilities for a parent to sleep next to the bed. Two villas on nearby Northumberland Road had also been purchased by the hospital and would be fully refurbished by April 2013, in order to become a home from home for parents of children who were in the intensive care unit. This would provide a much better experience for parents to be near to their children whilst they were in the hospital.

7.28 It was likely that the new car park would be one which would charge for car parking. Mr Reid explained that the Children's Hospital was 'landlocked' in the sense that they could not build upwards due to planning restrictions, and around the area there were a great number of restrictions on building due to the nature of the Conservation Area which the hospital was located in, as well as neighbouring universities, parks and hospitals meaning that land and parking was at a premium. There would be increased underground parking for people with mobility issues to have priority parking directly underneath the Hospital.

7.29 Mr Reid acknowledged that there had previously been a gap in care for patients suffering from anorexia, and that at Becton Lodge there were 48 beds which were able to accommodate children suffering from such psychological and behavioural problems. The Sapphire Lodge at Becton was a specialist centre for the treatment of anorexia and had yielded very effective results so far.

7.30 It was noted that the construction would commence in 2013 and would hopefully be completed by 2015, and the disruption in the meantime would be managed very carefully.

Sheffield Local Involvement Network (LINK)

7.31 Helen Rowe, Vice Chair of Sheffield LINK, then provided Members with an overview of the role of LINK, with regard to the provision of healthcare services across the City. She outlined its statutory role, its membership and its governance arrangements. She commented that one of the statutory roles of LINK was to conduct 'enter and view' visits to various healthcare providers across the City, which could either be announced or unannounced. There had been 35 of these achieved since LINK had formed, with effective outcomes.

7.32 Ms. Rowe went on to comment that it was free to join LINK and there were currently 28 very active volunteers, who worked together to devise an annual work plan. These members represented LINK on various external bodies, committees and groups. LINK had been in operation for four years, and was responsible for a number of outreach activities across the City. Over the four year period, LINK had visited 280 groups, organisations and networks, as well as holding consultation and focus group events and cascading information regularly across the City via its newsletter. LINK also had its own dedicated website, Facebook page and had produced three annual reports, with a fourth due out in Summer 2012.

7.33 LINK had also achieved national and regional involvement in the LINK Advisory Group, the Health Watch Pathfinder Case Study, and with the Yorkshire Ambulance Service and the Care Quality Commission. Ms. Rowe outlined the new aim of the Government, which was to lead a transition, and not a stop start movement, towards the implementation of Health Watch, and Sheffield LINK was currently working in partnership with Sheffield City Council as a commissioner for Health Watch. LINK meetings would be held to inform the public about the NHS changes which included Health Watch. With regard to the development of local Health Watch it was essential to build upon LINK's good practice and continue the enter and view activity, project work and outreach work, whilst maintaining existing contacts, networks, policies and procedures. In practical terms, support would be required to conclude the work of LINK in 2013, as well as the handing over of key issues and priorities.

7.34 During the development of local Health Watch it would be essential to retain LINK volunteers who had the relevant skills, knowledge and experience, but also to attract new volunteers to be part of Health Watch, especially to involve all of Sheffield's communities. Potential challenges to Health Watch were the level of funding and the fact that there was such a huge agenda for change to work through. Health Watch would also be required to work effectively with the Health and Wellbeing Board and the Clinical Commissioning Group.

7.35 Ms. Rowe commented that LINK had achieved effective outreach work through the Housebound Library Service, but that there had been a failure to publicise the implementation of LINK when it first started four years ago.

7.36 It was noted that there would be a report from LINK to the Scrutiny Committee upon Care Homes in Sheffield for the Work Programme 2012/13. It was noted that LINK volunteers received regular training on conducting effective enter and view visits, report writing and other such issues.

Sheffield Health and Social Care Foundation Trust

7.37 Kevan Taylor, Chief Executive, Sheffield Health and Social Care Foundation Trust, then addressed the Committee to outline the work of the Trust, which was to provide best value, high quality, integrated health and social care services, which aspired to be nationally excellent and improve individuals' health and wellbeing. The aim was to be the first choice for service users, carers, staff and commissioners. He reported that the integrated health and social care services included primary care services, the Inclusive Access to Psychological Treatment (IAPT), treatment of long term conditions and substance misuse, learning disabilities, dementia and specialist mental health care. He outlined the challenges which faced the Trust which included financial restrictions, demographic changes, future of social care provision, acute mental health care and the scale and pace of

change. The ambition was to bring people in need of specialist services back into Sheffield, and to improve acute care through reconfiguration and an increased community orientation. There was also an aim to integrate primary and secondary mental health care, building on Community Health Team reconfiguration and IAPT, as well as promoting healthcare and reducing the stigma around certain issues.

7.38 Mr. Taylor emphasised the importance of the prevention agenda; for example anxiety and stress could be treated at an early stage before it became debilitating and prevented people from attending work. Mr. Taylor commented that there was an increasing population in the City, and that the population of Sheffield was now nearer to 600,000, with a large increase in the number of Eastern European citizens.

Clinical Commissioning Group (CCG)

7.39 Tim Moorhead, CCG Chair, and Ian Atkinson, Chief Operating Officer, Sheffield CCG, then addressed the Committee. Mr. Moorhead informed the Committee that the CCG was meeting in shadow form at present, taking over from the role of the PCT. The role of the CCG would be to improve health outcomes for patients, promote the NHS Constitution, improve the quality of health services, improve the quality of primary care with the National Commissioning Board, and commission all non-specialised care for patients to the value of £740 million. The CCG would also have a role as being answerable to the National Commissioning Board which would commission primary care and specialist services. The Local Authority would be responsible for health improvement services and public health. The vision of the Sheffield CCG was to improve patient experience and access to care, improve the quality and equality of healthcare in Sheffield, to work closely with Sheffield City Council to continue to reduce health inequalities across the City, and to ensure there was a sustainable, affordable healthcare system in place in Sheffield.

7.40 The CCG would comprise GPs from across the City, with these clinicians being placed at the heart of decision making, in order to ensure patient centred quality and outcomes. The CCG would build on clinical links to deliver improved services, engage with public on their contribution and produce a Healthy City Strategy.

7.41 Challenges faced by the CCG were austerity measures, managing financial risk in the system, ensuring clear communication, achieving effective practice engagement, working with other CCGs, and building refreshed City relationships. It was hoped that the CCG would make a difference through placing patients at the heart of all discussions and decisions, by working with practices in localities, by drawing upon the evidence of opportunities for improvement, by ensuring leadership by senior clinicians, collaborating with clinicians and patients, and strengthening relationships between all organisations and clinicians.

7.42 The CCG would have strong partnerships with Sheffield City Council, South Yorkshire Police, Sheffield Universities, Sheffield Foundation Trusts, Third Sector, other South Yorkshire CCGs and the National Commissioning Board.

7.43 The CCG was acting in shadow form currently in 2012/13, with delegated authority from the PCT Cluster for business planning, organisational development, and engagement and the Health and Wellbeing Board. From 2013, it would be authorised as a Statutory Body, and there were great opportunities and ambitions ahead for the CCG.

7.44 The CCG would be accountable to the National Commissioning Board and membership would consist of all 88 GP practices across the City. It was noted that the CCG would consist of four localities which were West, North, Central, and Hallam and South Central. Members requested that CCGs work closely with Community Assembly Chairs and Managers. It was thought that GPs were the best people to shape future provision of care services, as, over just one month, GP surgeries across the City could see up to 40% of Sheffield's population.

7.45 The Chair thanked all attendees for the updates given.

8. WORK PROGRAMME

8.1 The Scrutiny Policy Officer reported upon the Work Programme for the Municipal Year 2012/13, indicating that it would consider the following topics for inclusion (to be determined in conjunction with the Chair and Deputy Chair).

- Transforming support for people with dementia living at home
- Child and adolescent mental health services update
- Experience of care and support performance review
- Sheffield City Council Care Trust review
- End of life care
- Intermediate care
- Adult safeguarding
- Protocol for the scrutiny of health in Sheffield
- Quality accounts
- Sheffield Food Plan
- Diabetes in South Asian communities
- Paediatric cardiac surgery
- Personal budgets
- Welfare Reforms
- Care Homes Review from Sheffield LINK
- Clinical Commissioning Group and clinical outcomes
- Development of Right First Time and Health Watch

RESOLVED: That Members (a) note the contents of the above report for

inclusion in the Work Programme 2012/13, and (b) resolve to give this Committee's support to the Joint Yorkshire and Humber Regional Scrutiny Committee in considering the Review of Children's Congenital Cardiac Surgery with regard to opposing the closure of the Leeds Cardiac Surgery Unit.

9. **DATES OF FUTURE MEETINGS**

9.1 It was noted that future meetings of the Scrutiny and Policy Development Committee would be held on Wednesdays 12th September, 17th October and 21st November 2012, and on 16th January, 20th March and 8th May 2013, all at 10.00 am in the Town Hall.

This page is intentionally left blank