

HEALTHIER COMMUNITIES AND ADULT SOCIAL CARE
SCRUTINY COMMITTEE (SPECIAL)

Meeting held Monday 30th April 2012

PRESENT: Councillors Clive Skelton (Chair), Ibrar Hussain (Deputy Chair), Janet Bragg, Qurban Hussain, Bob Johnson, Pat Midgley, Ali Qadar, Peter Rippon, Jackie Satur and Garry Weatherall

Sheffield Local Involvement Network (LINK) Members
Anne Ashby and Helen Rowe

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1. WELCOME AND HOUSEKEEPING ARRANGEMENTS

1.1 The Chair welcomed attendees to the meeting and outlined basic housekeeping arrangements.

2. APOLOGIES FOR ABSENCE AND SUBSTITUTE MEMBERS

2.1	<u>Apologies</u>	<u>Substitutes</u>
2.2	Councillor Jane Bird Councillor Gail Smith Councillor Kathleen Chadwick	Councillor Pat Midgley No substitute appointed No substitute appointed

3. EXCLUSION OF PUBLIC AND PRESS

3.1 No items were identified.

4. DECLARATIONS OF INTEREST

4.1 Councillor Ibrar Hussain declared a personal interest in item 5 on the agenda, as a member of the union GMB.

5. REVIEW OF CARE4YOU RESOURCE CENTRES

5.1 The Committee considered a report of the Executive Director, Communities, regarding the Review of Care4you Resource Centres. In attendance for this item were Councillor Mary Lea (Cabinet Member, Health, Care and Independent Living), Carol Hardman (Unison), Dean Harper (Unison), Peter Davies (GMB), Diane Wragg (GMB), Jade Bann (Commissioning Officer, Sheffield City Council), Joanne Knight (Strategic Commissioning Manager, Sheffield City Council), Eddie Sherwood (Director of Care and Support, Sheffield City Council), Tim Furness (Associate Director of Business Planning and Partnerships, NHS Sheffield) and Margaret Gibson (Community Intermediate Care Service Transformation Programme Lead, Sheffield Teaching Hospitals).

5.2 Mr. Sherwood presented the report to the Committee, outlining the reasons behind the selection of 'Option 5' in relation to the future of the Resource

Centres at Sevenfields and Hazlehurst, which was to-

'Decommission 42 beds in the current buildings and commission alternative care elsewhere based on current needs and demand.'

- 5.3 He outlined the main reasons behind the selection, which were the importance of nurse-led beds, and the more effective outcome for patients which they yielded, and the drive towards more care delivered in individuals' homes, led by personal budgets, as opposed to long stays in residential facilities.
- 5.4 Mr. Sherwood reported that, at most, Sheffield City Council only required 11 of the 42 beds available at the Centres, and that the NHS would be able to purchase nurse-led beds when required instead from independent providers.
- 5.5 He further commented that the idea of developing the two Centres as a social enterprise did not add up financially, and he added that the facilities at the two Centres were increasingly becoming outdated, were not designed for intermediate care and did not have en-suite facilities.
- 5.6 Mr. Furness went on to report that the Intermediate Care Strategy agreed upon by the NHS in 2008 had agreed that a new facility for intermediate care with 120 beds would be developed in future, although there had been difficulties in locating an appropriate site, and 21 sites had been examined over a four year period, with no success.
- 5.7 Ms. Gibson emphasised that the outcomes for patients from nurse-led care were better than from non nurse-led care, and that evidence for this had been gathered from core cities, including Leeds, Birmingham and Bristol.
- 5.8 Mr. Harper then addressed the Committee, outlining Unison's concerns around the decommissioning of the two Centres. He stated that the discussion around the need for en-suite rooms was a 'red herring', as, in fact, communal bathrooms prevented patient isolation, and encouraged increased mobility travelling to and from the facility.
- 5.9 He stated that the petition which had been submitted in favour of retaining the Centres had contained 7,300 signatures, which was an unprecedented amount for Sheffield, and should not be ignored.
- 5.10 He added that the report had portrayed the Centres in a bad light, which had had a detrimental impact upon staff, whereas in fact the Centres had been rated as 'excellent' in the most recent inspection from the Care Quality Commission (CQC). He was disappointed that a Cabinet Member had openly said that they would not place a family member at the Centres. He commented that a potential loss of staff and expertise would be very unfortunate.
- 5.11 Mr. Harper stated that the NHS had reported that the Centres were not operating at capacity, whereas the occupancy sheets for the Centres stated

otherwise, and they were both nearly always full, often with a waiting list also.

- 5.12 He added that there were no guarantees in the report that the same level of service would be received under any new arrangements. He stated that if care was transferred to private sector beds, there would not be the same incentive for these facilities to discharge patients as effectively as possible, as they were profit making organisations, requiring beds to be full.
- 5.13 Mr. Harper stated that the argument about the effectiveness of nurse-led beds seemed to be 'added on', and that staff at the two Centres had all undergone recent palliative care training which had been a successful investment.
- 5.14 He summed up by saying that the report overstated the cost savings from the exercise, and did not guarantee excellent outcomes for the patients.
- 5.15 Mr. Davies then stated that nobody had consulted with or informed GMB about the proposals, and that that he was extremely disappointed that the idea of a cooperative model had been rejected without full exploration, and that he had seen this type of model work extremely effectively in the past. He also stated that staff had not been consulted at any stage about the proposals.
- 5.16 Ms. Wragg wished to see more evidence that nurse-led care produced better outcomes than none nurse-led care. She emphasised that it was essential not to lose highly trained and knowledgeable staff.
- 5.17 Ms. Hardman asked the Committee why staff at the Centres had undergone intensive training upon providing effective palliative care if they were deemed to be 'not fit for purpose'.
- 5.18 Mr. Sherwood responded by saying that the quality of care provided by the staff was not in dispute, and that the proposals were not a reflection of the work carried out by the staff at the Centres. He stated that the proposals were part of a much bigger picture overall.
- 5.19 Mr. Sherwood stated that the cooperative model was unfeasible, and he had not wanted to raise false hopes by exploring it. He highlighted his concerns with a community based model, including the fact that if such a model were to be employed, it would face an increasing cost base with no guaranteed income, and would have to competitively tender for work, and may also experience difficulties in accessing loans for refurbishment and paying for the employment of nursing staff, all within the context of knowing that the intermediate care beds were to be replaced with the new 120 bed intermediate care facility in the long term.
- 5.20 Mr. Furness stated that nurse-led care was the preferred model, and a core part of the NHS Strategy. He stated that the private sector would not unnecessarily retain patients as Unison had suggested, and that they were subject to the same contractual agreements and service standards as any

other public sector run home.

- 5.21 Mr. Sherwood stated that the aspiration for en-suite facilities was a key part of the dignity and respect agenda, adding that the two Centres also had major ongoing costly maintenance issues. Mr. Sherwood commented that en-suite facilities could be guaranteed in private sector facilities.
- 5.22 Members asked how the Centres had gone from being rated 'excellent' to being seen as 'not fit for purpose', and Mr. Sherwood replied that the staff were indeed professional and highly regarded, but that the arrangements overall were not fit for purpose in terms of the long term vision for intermediate care in the City. Mr. Sherwood added that the two Centres had originally been designed for long term care residential facilities.
- 5.23 Members questioned the discrepancies over bed occupancy figures and Mr. Sherwood clarified that the NHS had provided some information early on in the process which had been incorrect, and had subsequently been rectified.
- 5.24 Mr. Furness was fully confident that sufficient private sector beds could be located if option 5 was accepted.
- 5.25 Members commented that any new facilities should aspire to have rooms to accommodate couples.
- 5.26 Mr. Furness commented that a full discussion was still to be had with staff, and acknowledged that there may be TUPE conversations to be had.
- 5.27 Members were extremely concerned with the length of time it was taking to locate a suitable site for the new 120 bed facility, and wished to know what the site selection criteria was. Mr. Furness confirmed that the site had to be appropriate in terms of location and transport links, and that potential sites were not dismissed without thorough investigation. He added that the establishment of the new facility, and the associated closure of the current beds for Intermediate Care, would need to be consulted on, upon selection, before any building work commenced.
- 5.28 With regard to a recent Panorama documentary about abuse in private care homes, Members wished to know how standards could be guaranteed in private facilities. Ms. Gibson replied that patients were seen every day by numerous members of staff and also by visiting therapists, and that private homes were subject to the same quality standards and expectations from the CQC as public sector run homes. Mr. Sherwood commented that the problem of patient abuse was not limited to the private sector, and that he was aware of dismissals in the public sector run homes for abuse, but he emphasised that, across both sectors, this was only ever a minority of staff.
- 5.29 Mr. Furness acknowledged that the construction of the new 120 bed facility was subject to the adoption of the 2008 NHS Strategy by the newly formed Clinical Commissioning Group (CCG).
- 5.30 Mr. Sherwood wished to clarify that Trade Unions had been consulted

throughout the process of the proposed closure of the two Centres, and that staff had been allowed to have their say, although they had not been allowed to speak to the Press about the situation.

5.31 Members wished to see the performance data from the private care homes which would potentially be used for intermediate care, and it was confirmed that the minutes from the Monitoring Advisory Board, the body who examined this data, would be attached to the agenda for the Healthier Communities and Adult Social Care Scrutiny Committee (or any subsequent related Committee) in future.

5.32 The Chair thanked everyone for their attendance at the meeting, and it was noted that the comments and recommendations made by the Committee would be fed into a meeting of the Cabinet to be held on 23rd May 2012.

5.33 **RESOLVED:** That the Committee:

(a) supports the proposal detailed in the Cabinet report to decommission the two resource centres;

(b) recognises the value of the skill and expertise of the staff currently employed in the resource centres, and requests that all efforts are made to retain them;

(c) supports the aim expressed by NHS Sheffield, that in commissioning an increased number of nurse led intermediate care beds from the independent sector, the number of sites providing intermediate care is not increased;

(d) recognises that in the case of these two resource Centres, running the service as a staff mutual or social enterprise is not a viable option. However this should be explored as an option in the earliest stages of the development of any future proposals involving the decommissioning of services; and, furthermore,

(e) expresses concern over the length of time it is taking to find a suitable site for the 120 bed intermediate care facility that was proposed as part of the Intermediate Care Strategy developed in 2008; and

i) requests that Cabinet offers the Council's assistance to NHS Sheffield in finding an appropriate site, and

ii) will be asking NHS Sheffield to attend a meeting of the Committee in six months' time to provide an update on progress, including whether the newly established Clinical Commissioning Group will be continuing with this Strategy; and the selection criteria for the site.

6. **DATE OF NEXT MEETING**

6.1 To be confirmed.

