

**Healthier Communities and Adult Social Care Scrutiny and Policy Development  
Committee**

**Meeting held 17 October 2012**

**PRESENT:** Councillors Mick Rooney (Chair), Sue Alston, Janet Bragg, Tony Downing, Adam Hurst, Cate McDonald, Jackie Satur, Diana Stimely, Garry Weatherall, Joyce Wright, Rob Frost (Substitute Member) and Keith Hill (Substitute Member)

Non-Council Members (LINK):-

Anne Ashby and Helen Rowe

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**1. APOLOGIES FOR ABSENCE**

1.1 Apologies for absence were received from Councillors Katie Condliffe and Roger Davison, and Councillors Rob Frost and Keith Hill attended as substitute Members.

**2. EXCLUSION OF PUBLIC AND PRESS**

2.1 No items were identified.

**3. DECLARATIONS OF INTEREST**

3.1 Councillor Mick Rooney declared an interest in item 7 on the agenda (Partnership Review: Sheffield City Council/ Sheffield Health and Social Care NHS Foundation Trust), as a non-executive director of the Sheffield Health and Social Care Board, and left the room for the duration of this item. Councillor Cate McDonald took the Chair for this item.

**4. MINUTES OF PREVIOUS MEETING**

4.1 The minutes of the meeting of the Committee held on 12<sup>th</sup> September 2012 were approved as a correct record, subject to the noting of HealthWatch under item 7.7 as a member of the Health and Wellbeing Board.

4.2 Arising from the minutes, the following updates were noted:

(a) with regard to 7.21 (b), a glossary of key health terms had now been circulated to all Members of the Committee by the Scrutiny Policy Officer;

(b) with regard to 7.21 (c), the theme of Health and Wellbeing being picked up by all five of the Council's Scrutiny Committees as a workstream would be brought to the next meeting of the Scrutiny Management Committee as an agenda item;

(c) with regard to 9.12 (c), the information regarding the Memory Clinic would be distributed to all Members by the Scrutiny Policy Officer as soon as it was available;

(d) with regard to 8.13 (b), this information requested would be fed into the working group on Child and Adolescent Mental Health Services (CAMHS), and

(e) with regard to 8.13 (c), it was noted that the Members who were interested in being part of the CAMHS working group were Councillors Sue Alston and Janet Bragg, and Anne Ashby and Alice Riddell from LINK.

## **5. PUBLIC QUESTIONS AND PETITIONS**

5.1 Sylvia Parry asked a question about hospital food, stating that she had received several complaints that the food at the Northern General Hospital had not been suitable or up to standard. In many cases, patients had been given the wrong food for the conditions they were being treated for.

5.2 Helen Rowe stated that LINK had already raised this topic as a concern, following an enter and view visit by LINK, and had produced a 15 point action plan of change for Sheffield Teaching Hospitals, which had not been implemented.

5.3 Members were extremely concerned about this topic, and several other cases of poor practice around hospital food were cited by Members of the Committee.

5.4 Members also queried whether doctors had any input into what patients were given to eat, and raised particular concerns around appropriate food and feeding assistance for patients with dementia.

5.5 **RESOLVED:** That the Committee;

(a) notes its concerns over the standard of hospital food in the City;

(b) requests the Scrutiny Policy Officer to convene a working group on hospital food;

(c) notes that Members interested in taking part in this working group are Councillors Sue Alston, Janet Bragg, Tony Downing, Diana Stimely, Garry Weatherall and Joyce Wright, and Helen Rowe (LINK), and

(d) requests the Scrutiny Policy Officer to further investigate why the LINK action plan and subsequent recommendations on hospital food were not implemented by Sheffield Teaching Hospitals.

## **6. PARTNERSHIP REVIEW - SHEFFIELD CITY COUNCIL/SHEFFIELD HEALTH AND SOCIAL CARE NHS FOUNDATION TRUST**

6.1 The Committee received an update on the Partnership arrangements between Sheffield City Council and the Sheffield Health and Social Care NHS Foundation Trust. In attendance for this item were Stephen Todd, Commissioning Manager,

Communities, Sheffield City Council, and Jason Rowlands, Director of Planning and Performance, Sheffield Health and Social Care NHS Foundation Trust.

6.2 Mr. Rowlands explained that the partnership had been established in 2001, with the idea of developing an integrated model of care between linked City Council and Health Services, to ensure a smooth service for all users.

6.3 The work of the partnership had been considered a success, but there were concerns that perhaps the earlier energy of the partnership had decreased, and therefore, it was the right time to conduct a review of arrangements. To sustain and progress the partnership, both partners wished to reaffirm through this review their joint commitment to the following key objectives;

- Focus on people
- Commitment to integration
- Commitment to the City
- Business-like partnership

6.4 Mr. Todd went on to explain that seven work streams had been identified, which were as follows:

- Integrated Working
- Social Care Leadership in Mental Health
- Resources
- Commissioning
- Delegated Functions (Assessment and Care Management)
- Delegated Functions (Provider Services)
- Governance Arrangements

6.5 Members were keen to ensure that the 'package of care' around an individual was seamless, so that the patient did not even have to be aware of whether it was the City Council or the NHS providing the care and support they needed. It was also essential to avoid duplication of services where possible, and ensure consistency around City Council/ NHS protocols, practices and procedures.

6.6 Members were also keen that the focus was placed on preventative measures being put in place, such as treating anxiety at an early stage to prevent the onset of physical symptoms and/ or the need to have time off work and more long-term treatment. Mr. Rowlands emphasised that the City Council's 'Right First Time' programme aimed to tackle these kinds of problems, ensuring that prevention was better than the cure and more cost-effective ultimately. This 'invest to save' model needed streamlining though, as, often the services who were investing monies initially were not the ones making savings ultimately, and there needed to be incentives for services to invest in preventative measures which meant that they would not lose out financially.

6.7 With regard to Community Mental Health Teams (CMHTs), Managers were working very closely with Housing Officers to develop awareness around mental health issues, in order to signpost tenants to appropriate services.

6.8 With regard to Self-Directed Support (SDS), Mr. Todd informed members that

Sheffield was ahead of many other large Cities in the way in which this programme was being developed, and the number of people accessing SDS was increasing all the time, with positive results.

- 6.9 Mr. Todd stated that the SDS system had meant it was often more difficult for smaller providers to survive, as they no longer had a guaranteed fixed monthly income. However, some providers were doing very well with the new system, and some previously ineffective providers had been 'filtered out'.
- 6.10 Mr. Todd emphasised to Members that a 'single front-door' approach was being developed, in order to make it easier for patients to access care without having to go through many different providers, and in order to simplify the system. With regard to this, some Members still had concerns that, for example, older people's social and mental health workers were still not fully aligned with their housing workers.
- 6.11 With regard to some of the clients suffering from long-term mental health issues, Members emphasised the need to provide purpose and goals through volunteering schemes such as the successful one currently run at Heeley City Farm, for example.
- 6.12 **RESOLVED:** That the Committee;
- (a) thanks officers for the report now submitted;
  - (b) supports the requirement for a review of existing partnership services, and
  - (c) welcomes continued work upon increasing emphasis upon preventative treatment and more simplified pathways for patient care.

## **7. CARE AND SUPPORT PERFORMANCE REVIEW**

- 7.1 Members considered a report of the Executive Director of Communities, regarding Performance within Assessment and Care Management, and in attendance for this item was Robert Broadhead, Head of Care and Support.
- 7.2 Mr. Broadhead reported that adult care and support had been undergoing major changes both nationally and locally, with the introduction of new ways of working, such as Self Directed Support (SDS), increasing demand, and a reduction in funding. In response to this, Sheffield City Council had developed and commenced the implementation of a 2015 Vision for Adult Social Care.
- 7.3 Mr. Broadhead reported that, during this period of change, there were a number of key performance areas within the Care and Support Service Business Plan that had been increasingly challenging to deliver at the level desired, which were as follows;
- Average number of days to complete Adult Social Care, Self Directed Support assessments;
  - Average number of days to receive all Adult Social Care services after the Self Directed Support assessment;

- Percentage of adults receiving a review as a % of those receiving a service.
- 7.4 Part of the reason why the targets had been harder to achieve had been the introduction of SDS, as care plans were taking longer to put together. However, Mr. Broadhead was convinced that SDS was a positive step forward, once any initial processing issues had been resolved, as, hopefully, the self-made plans would be more sustainable in the long-term, without clients having to constantly seek to adjust them. There had also been the issue of reduced staffing resources in the team, in line with Council-wide budget reductions, which had created additional pressures within the team.
- 7.5 Members expressed some concerns over the length of time it took to see a client after they had presented to Sheffield City Council, as, at one point, this had been an average of 103 days waiting time, when the national guideline was 28 days. It was noted that social work teams did keep all cases under review during waiting times, and that any emergencies were dealt with as and when they arose, but Members were keen to keep this figure under review.
- 7.6 Mr. Broadhead stated that it was hoped that the reintegration of public health back into the Council would help to improve processes and waiting times, with services working more effectively together. It was acknowledged that there was currently a backlog of cases, but it was hoped that there would be long-term efficiencies in terms of putting together SDS plans. Members felt it was essential to keep these waiting times under review.
- 7.7 It was noted that the assembling of the SDS care packages was done by external planners, and some Members felt that there were too many layers in this process, and that consistency of staff was essential, especially for patients suffering from dementia. It was confirmed that the care plan assessors monitored the work of these external planners to ensure that an effective job was being done, and that all plans met the legal requirements specified of the City Council. All plans were double checked before sign off.
- 7.8 **RESOLVED:** That the Committee:
- (a) thanks the officers for the report now submitted;
  - (b) requests officers to:
    - (i) return to the Committee at a later date with a report upon how the process of assembling Self Directed Support (SDS) plans could be streamlined in order to improve waiting times,
    - (ii) provide a series of performance indicators upon which the effectiveness of the SDS service can be measured, and
    - (iii) review the role of the Equipments and Adaptations service and Occupational Therapy within the SDS service, and

(c) wishes to keep under review the waiting times for the completion of SDS plans after a patient has presented to Sheffield City Council.

## **8. WORK PROGRAMME**

8.1 The Scrutiny Policy Officer provided an update to Members upon the Work Programme for the Committee for 2012/13.

8.2 **RESOLVED:** That the Committee notes;

(a) the contents of the Work Programme 2012/ 13 now submitted;

(b) a report submitted by LINK upon Care Homes in Sheffield and requests a further review on this issue to be added into the Work Programme;

(c) that working groups upon the topics of Hospital Food and Children and Adolescent Mental Health Services are to be set up and meeting dates circulated in due course, and

(d) that the Scrutiny Policy Officer will circulate further information to Members upon the current review of Paediatric Cardiac Services.

## **9. DATES OF FUTURE MEETINGS**

9.1 It was noted that the next meeting of the Committee would be held on Wednesday 21<sup>st</sup> November 2012, at 10 am in the Town Hall.