Healthwatch Sheffield Strategic Advisory Group meeting in public

Wednesday 13th March 2019, 4-6pm
Conference Room 1, The Circle, 33 Rockingham Lane, Sheffield, S1 4FW

Present: Judy Robinson (chair), Patricia Edney, Guy Weston, Simon Duffy

In attendance: Margaret Kilner (Chief Officer)

Apologies: James Lock

Action Notes: Holly Robson (Administrator)

Item	
5-6pm	Meeting of the Strategic Advisory Group in public
	Judy Robinson welcomed members of the public to the meeting and led introductions. Attendees included representatives from Sheffield CCG, Sheffield City Council, local home care providers, as well as family carers and other interested members of the public. Laura Cook (Policy and Evidence Officer) from the Healthwatch staff team also joined the meeting.
1	**Updates on completed work**
	Margaret Kilner outlined Healthwatch Sheffield's most recent published work, including the October-December 2018 quarterly report, 3 Enter & View visit reports, and findings from the Continuing Healthcare (CHC) focus group. Margaret highlighted that the equity and experience of CHC assessments was one of Healthwatch Sheffield's priorities for 2018-20, and some changes have already been made because of our work in this area. For instance, people said that they would like the assessor to phone them beforehand to introduce themselves, build some rapport, and share any important information. The CCG have agreed to implement this to improve people's experience of the assessment process. There was also some discussion about Enter & View visits – Healthwatch Sheffield Authorised Representatives have been visiting care homes and working with the providers to speak to residents, relatives, and staff. Trish (who is also an Authorised Representative volunteer) asked if we had only visited 'good' care homes (as rated by the Care Quality Commission). Margaret clarified that Representatives have visited a mixture, so the reports can show what 'good' should look like as well as identify areas for improvement in care home which are not performing as highly. Some visits which resulted in more mixed findings, which will be seen in the reports due to be published soon. There was also discussion about Sheffield City Council's campaign 'every day is different', which aims to promote careers in social care (both care homes and care at home) as a way to address staff turnover.

2	**Questions from the public**
	One question was submitted in advance of the meeting: 'How can Sheffield Social Services demand the full amount of costs of care when the care that is assessed to being needed is NOT being provided due to them not having the ability to source companies to provide that care?' This has been submitted to Phil Holmes, the Director of Adult Services for a written response, but was also discussed in the meeting. The individual who submitted the question clarified that money wasn't the major concern; the issue is that options for care aren't available. There is a lack of provision even for those who choose to pay for care privately.
3	**Presentation of the Home Care Report followed by questions and discussion**
	Margaret presented the Home Care Report (published in February 2019). View the presentation here. Judy facilitated a discussion focusing on the impact ('so what?') and next steps ('what next?'). 'So what?' key discussion points: -Is enough care being provided? The report focuses on people's experiences of the care they have, but doesn't address people who aren't being provided with the care they might need. The data is difficult to quantify as needs vary and lists of providers can include services commissioned by Sheffield City Council or Sheffield Clinical Commissioning Group, but also private services as well as private Personal Assistants where the cared for person is a private employer. There is a focus on local experience in this report, which will have an impact for people receiving care, but we must also remember that there are people who have been unable to access care. -How quickly can care be arranged? Is a wait for care being reported as an issue? Laura advised that some people who were interviewed for the report mentioned a wait for care, but they had not highlighted it as one of the major issues they faced. -A home care provider noted that it would be helpful to have the data separated based on the type of home care provider. This discussion focused on local Healthwatch reporting styles – local Healthwatch speak to individuals to gather rich qualitative data in a way that is comfortable for that person and presented in a way which people in the community can understand. It is not formal, academic research but it is designed to gather and reflect a range of views and experiences to enhance wider engagement. Local Healthwatch can often gather this feedback from people who commissioners are unable to reach or from people who are unwilling to share honest feedback with them directly. 'What next?' key discussion points: -The report has been well received in Sheffield City Council. The issues it has raised were not a surprise to those commissioning services, but it was welcomed as a useful snapshot to help them reassess and improve services. -There has been an increase in the number of home care providers rated 'good' or 'outstanding' by the Care Quality Commission but Sheffield is still low nationally on people's experiences of care. Commissioners are starting to use the 'conversations count' approach to assessments to deliver more person-centred care. This is reflected by the report, where people's experience of the needs assessment process is generally good. If this person-centred model is implemented more widely across the services (as recommended by the report) this could lead to wider improvements in experience. -The CCG only commission 3 home care providers as they do not provide this service to as many people as the council. They are currently redesigning their commissioning specification to include new Key Performance Indicators, and they will look at issues such as appropriate timings of visits.

	-How will home care be revisited in order to see whether improvements have been made? Revisiting the issues sits with Sheffield City Council and Sheffield CCG– additional engagement work has been done by Healthwatch in order to raise specific concerns and areas for improvement, and now those commissioners have a duty of care to ensure they are implemented. Healthwatch Sheffield expects them to report back on how improvements have been made. -There was discussion about the difficulty people have in findings complaints information about home care providers and the difficulty they have in successfully making complaints. It was raised that care plans have to include this information – however, this does not mean that it always happens or that people are aware of it. It should be easy to raise concerns on a personal level but many people reported that their difficulties were escalated up to the Ombudsman. Providing clear complaints information is a simple change that commissioners/providers could implement in order to improve people's experiences. Judy thanked people for attending the meeting and sharing their thoughts and ideas – adding that Healthwatch Sheffield aims to amplify local people's voices, and that we benefit from being informed by this across all pieces of work and at all stages.