

Council of Governors

Minutes of the 45th Meeting of Sheffield Health and Social Care NHS Foundation Trust's Council of Governors held on Thursday 8th September 2016 in the 7th Floor Conference Suite, SHSC Headquarters, Old Fulwood Road, Sheffield, S10 3TH

Present:

Name	Designation	Name	Designation
Jayne Brown	Chair	Angela Barney	Carer Governor
John Buston	Public Governor	Tyrone Colley	Service User Governor
Billie Critchlow	Carer Governor	Elaine Hall	Staff Governor
Sylvia Hartley	Public Governor	Diane Highfield	Staff Governor
Gill Holt	Carer Governor	David Houlston	Public Governor
Cllr Adam Hurst	Appointed Governor	Dani Hydes	Staff Governor
Jules Jones	Public Governor/Lead	Mohammed Kwahja Ziauddin	Public Governor
Dr Paul Miller	Staff Governor	Pat Molloy	Service User Governor
Toby Morgan	Service User Governor	Cllr Josie Paszek	Appointed Governor
Terry Proudfoot	Service User Governor	Lorraine Ricketts	Public Governor
Dr Abdul Rob	Appointed Governor	Sue Roe	Carer Governor
Janet Sullivan	Appointed Governor	Michael Thomas	Young Service User /Carer Governor
Adam Butcher	Service User Governor	Joan Toy	Service User Governor
Susan Wakefield	Appointed Governor		

In attendance:

Name	Designation	Name	Designation
Faye Mellors	Membership Manager	Karen Jones	PA to Chair
Sue Rogers	Non-Executive Director	Jill Dentith	Interim Board Secretary
Margaret Saunders	Director of Corporate Governance	Jason Rowlands	Director of Planning, Performance & Governance
Chris Wood	Substance Misuse Service	Clive Clarke	Deputy Chief Executive
Michelle Fearon	Service Director	Mike Hunter	Clinical Director
Juliet Fidorra	Strategy Department		

Apologies:

Name	Designation	Name	Designation
Barbara Bell	Public Governor	Debjani Chatterjee	Service User Governor
Dan Creber	Staff Governor	Rosemary De Ville	Public Governor
Richard Fletcher	Service User Governor	Mervyn Thomas	Non-Executive Director
Vin Lewin	Staff Governor	Ann Stanley	Non-Executive Director
Russell Shepherd	Service User Governor	Sam Stoddart	Deputy Board Secretary
Dr Leigh Sorsbie	Appointed Governor	Kevan Taylor	Chief Executive
Deborah Gamsu	Staff Governor	Richard Mills	Non-Executive Director

Minute	Item	Action
CoG45/1	<p>Welcome and Apologies</p> <p>Apologies were noted as above. The Chair welcomed Susan Wakefield, newly appointed governor for Sheffield Hallam University replacing Joan Healey (SHU) who ended her term on 7th September 2016. The Chair also welcomed Margaret Saunders, new Director of Corporate Governance (Board Secretary) to the meeting. Margaret had taken up her new role with 25 years of NHS experience and was very much looking forward to working with governors. The Chair added that she had previously had the pleasure of working with Margaret in 1997.</p>	
CoG45/2	<p>Declaration of Interests</p> <p>No new declarations were made. Sue Rogers declared an interest in item 9(a) NED appraisals. The interest was noted and no action was deemed necessary.</p>	
CoG45/3	<p>To receive and approve the minutes of the Council of Governors held on 28th July 2016</p> <p>The minutes were approved.</p>	
CoG45/4	<p>Matters Arising from the Meeting Held on 28th July 2016 – Action Log</p> <p>Item CoG44/5 – Jules Jones reported she had contacted Dr David Newman following her concerns raised at the meeting regarding his choice of language when referencing Autism during his presentation to Council. Jules was now content and reassured additional thought would be given to the content of future presentations.</p> <p>Item CoG44/6 – The Chair confirmed the separate CQC session for governors on Wednesday 5th October, 1pm-3pm in the 7th Floor Conference Suite, Fulwood House.</p> <p>Update on outstanding actions as follows:</p> <ul style="list-style-type: none"> • CoG42/9 CQC Unannounced Visit – verbal response on report to follow at item 11. • CoG42/10a Governor feedback survey report – covered in item 7. • CoG42/13 Substance Misuse Service – Presentation from Chris Wood at item 6. • CoG44/10 Service User and Carer involvement in Acute Care Reconfiguration written feedback from Chief Executive. Clive Clarke 	

Minute	Item	Action
	<p>informed governors a paper would be circulated via Sam Stoddart following the meeting.</p> <ul style="list-style-type: none"> • CoG44/10 Substance Misuse Service Performance Indicators – Jason Rowlands to meet with Rosemary de Ville. This meeting has been deferred. • CoG44/10 Primary Drug Treatment – Jason Rowlands to report back on questions from Terry Proudfoot. 	<p>C Clarke</p> <p>J Rowlands</p>
CoG45/5	<p>Community Reconfiguration Update</p> <p>The Chair welcomed Michelle Fearon, Service Director and Mike Hunter, Clinical Director to present to the meeting. Clive Clarke provided a brief introduction to the Community Reconfiguration plans and how these would help create efficient and effective community services. He emphasised that Community Mental Health Teams (CMHTs) form only part of community services, and recognised that although the plans would be underpinned by Cost Improvement Programmes (CIPs) the process also presented an opportunity to focus on investments.</p> <p>Michelle Fearon, Service Director and Mike Hunter, Clinical Director introduced themselves. The presentation was designed to be brief in order to provide maximum opportunity for questions. An overview of the past, present and future of community services was presented. The aim is to provide the best services possible with the resources available; to support people as close to home as possible; providing the same service regardless of where a service user lives in Sheffield. Changing populations make it important to listen, learn and understand in order to respond to the needs and expectations of service users and their families. The aligning of care pathways with national best practice will assess the requirements of the people of Sheffield and align with SHSC provision.</p> <p>Mike Hunter explained how care pathways are a mechanism to guarantee the services provided and provide clarity to service users regarding the composition of the service. Care pathways can be tailor made to represent the diverse needs of the population with a fluidity which allows movement between them to enable the best possible care and outcome for the service user.</p> <p>Michelle emphasised the current acute austerity throughout the NHS requiring the need to change while maintaining agreed principles, i.e.</p> <ul style="list-style-type: none"> • Evidence based – what works well • Absolute transparency • Share the challenge with staff on how to make savings from estates • Consultation with staff, service users and their carers. • Gain richness of peoples’ experiences through service user involvement • Ensure job security and financial certainty <p>Michelle shared a number of headlines and highlights and spoke of the clinical challenges facing the four Community Mental health Teams (CMHTs) which cover four geographical areas. On average 8000 referrals</p>	

Minute	Item	Action
	<p>are received per annum although this is fluid and changeable. Each of the teams perform the same functions:</p> <ul style="list-style-type: none"> • Assessment and Access • Home Treatment • Generic recovery caseload management • Early intervention for Psychosis <p>Mike added that receiving early intervention in psychosis can transform peoples' lives and that Home Treatment is working well, but there needs to be exacting standards and consistency across the whole of the city. Locality teams need to evolve as regardless of where a service user lives in the city, the services and care received should be the same.</p> <p>A CMHT Transformation Event was held in June 2016 where pathway leads presented feedback on research providing evidence and possible options. This helped to collate learning and data to transform the future configuration of services.</p> <p>Michelle presented highlights on recent service developments including:</p> <ul style="list-style-type: none"> • Changes to adult acute services provided increased investment in community provision including the development of specialist Personality Disorder service. • Sheffield is now leading the way in psychotherapeutic provision. • Growth in home treatment capacity • Liaison Psychiatry – currently in tender with Sheffield CCG (aspire to increase investment if remains with SHSC). <p>Michelle introduced the outline of the proposed Service Model and how this landscape could look. The model is in draft and is intended to be refined to reflect the needs of Sheffield. Mike explained that the model was formed following consultation with staff, service users and partner organisations and is based on an excellent model currently used in Bradford.</p> <p>Michelle summed up with how the changes would be challenging but exciting and that a move to the new model is expected from early next year. It is hoped everyone would engage and embark on this journey to ensure that care is delivered by demand and need not structures. The floor was opened to questions.</p> <p>The Chair reminded everyone that this is work in progress with the aim to recognise service need and ensure equality across Sheffield. The CMHT model is a proposal and not yet progressed. The Trust needs to be clear about what is being offered not changed.</p> <p>Adam Butcher asked how this proposal will work for people with borderline autism/Asperger's as change can be difficult. Mike and Michelle said that although these services are outside of the proposals there is strong argument to meet all needs across services. This is about need not diagnosis.</p> <p>Gill Holt asked if this approach will deliver greater continuity/ contact. Are</p>	

Minute	Item	Action
	<p>there any commitments to keep contacts? Mike and Michelle gave absolute reassurance that contacts will be retained. The new model would allow ways of working differently; more flexibly with mobile working opportunities. Following the work on the care pathway the phase will move forward. Clive Clarke added that work on the new care pathway structures will start in the new financial year.</p> <p>Paul Miller shared his concern that the caseload figure of 2000 patients at any time was not accurate and under estimated. Argyll House received over 1000 referrals and it was believed that the figure should be nearer 4000. He also referred to the document that was circulated to staff in July 2016 and commented how staff had expressed concern over the 5% cuts and were astonished at the reduction of recovery consultants from 5 to 2. Mike Hunter agreed that the figures may require revision. More dialogue and consultation is required with colleagues and medical staffing issues were not anticipated at present. Michelle added these are proposals and reflect the requirement for financial stability with all decisions taken transparently. The Chair clarified that the consultation paper that had been circulated required further amendments, however, it demonstrated savings needed to be made and that the next stage is to engage with people and learn more.</p> <p>Billie Critchlow said that even at the planning stage people are becoming aware of potential future changes which is causing uncertainty, lowering staff morale and impacting on service users. How do you plan to manage this to cause the least damage? Michelle agreed that change is always difficult and can cause uncertainty but hoped that with early, effective communication and 100% transparency people could be reassured. Mike agreed that this is a clinical and moral responsibility. Clive Clarke added that there would be appropriate mechanisms in place to monitor the situation. Billie asked how people could contact the Trust if they have a query. Mike and Clive said they would welcome being contacted direct either by phone, post or email. The Trust is here to listen and answer questions.</p> <p>Angela Barney suggested a sense of deja vu which was reminiscent of the Community Care Model that was abandoned with inadequate resources. She was concerned that the quality of care will reduce especially as both primary and social care are under resourced. She asked if there had been any thought of how this will tie up with Section 117 MH Act monies. Mike responded by confirming the Trust needed to examine all the options. The success of CERT resulted in a 99% hospital bed night reduction. Years ago many of these service users would have gone to out of town private settings, however following a period of negotiation are now being treated closer to home.</p> <p>Jules Jones corrected a comment that Mike Hunter had made during the presentation. He referred to autism as a mental health condition which was incorrect; it is a neurological condition. Mike apologised for the error.</p> <p>Toby Morgan asked Michelle and Mike if they required secondary mental health services would they choose SHSC or Bradford for their care. Their unanimous response was definitely SHSC.</p>	

Minute	Item	Action
	<p>Terry Proudfoot queried the timescales for the interim model and the length of time required to assess its effectiveness. It was also suggested that it would be useful to have a document which stated these plans to enable a better understanding of the processes. Michelle answered that it is hoped to move to the interim model then through to the care pathways and team work, taking into consideration service user requirements. The look of future services will be co-produced. The Chair confirmed that the Board had not yet received a paper and reassured governors that when it is received it will be examined in detail and questions asked. She agreed to keep Council in the loop and acknowledge the Board's responsibility to service user, carers and its staff. She thanked governors for their questions and input.</p>	
CoG45/6	<p>Substance Misuse Service</p> <p>At the request of governors, Chris Wood, Head of Service, was invited to present on the Substance Misuse Service. Chris started his presentation referring to service changes and how this had occurred over a number of years but especially since October 2014. An overview of the current service provision and its targets and how the service will look in the future was provided.</p> <p>The three service areas are Alcohol/Opiates/Non-opiates (non-opiates is anything other than heroine and alcohol). The service redesign was instigated due to the problems with navigating the care pathway. Service users required better access to the appropriate assessment, treatment and interventions. The new service will be launched on 1st October 2016. The Alcohol Service has a different timeframe with a delay of 12 months. The new integrated service for Opiates and Non-Opiates will address service users' needs within one package with the minimum number of contacts. The service is city-centre based with an additional community based service at the Limbrick Centre. There are plans to extend this to Wheata Clinic. Chris spoke of the Service User Ambassador Programme which enables the sharing of expertise by experience. Sheffield and Manchester are leading the way in the provision of services for steroid users. Chris explained the newly commissioned service enabling direct access to the Alcohol Team and Drug Teams (opiate and non-opiate). This single service will be named Sheffield Treatment and Recovery Team (START) and will keep the same name and branding regardless of the commissioner. All services are confidential and can be accessed direct without a GP referral simply by calling or walking in. Chris shared headlines targets and figures for each of the services. Opiate DNA targets are less than 7% which is excellent and was achieved by being flexible. Our figures are expected to fall in line with the national decline in opiate use. As the Alcohol Service is currently in transition Chris shared the previous year's targets. Chris was enthusiastic about the exciting changes ahead. The Chair thanked Chris for his presentation and gave the opportunity to ask questions.</p> <p>Jules Jones raised her concern about the cut-off point between childrens' and adults' services. Chris said although there is no whole age range provision the Trust does have a good working relationship with the Sheffield Children's Hospital and currently has no issues with any</p>	

Minute	Item	Action
	<p>transition. The service also works closely with SCH where children are affected by substance misuse. Pat Molloy asked for clarification regarding the acronyms used; DNA and PSI. Chris apologised and explained DNA is did not attend (missed appointment) and PSI is Psychosocial Intervention. Angela Barney asked about the number of older adult referrals with a dual diagnosis especially those with dementia. Chris said that substance misuse within this client group can often be under-identified but where a problem is known protocols can be followed and cohesive provision achieved through working with CMHTs. New guidance is expected to be published shortly by Public Health England. Current numbers are around 250-300 jointly managed service users. Jason Rowlands added that approximately a third of service users within substance misuse also have contact with mental health services. Chris added that to specifically identify substance misuse in people with a diagnosis of dementia screening would need to take place within the Specialist Directorate. However, identifying this will have diagnosis and cultural issues. Angela Barney said there is unmet need and suggested taking this to the Commissioners. Chris said that when there is unused capacity it is difficult to negotiate with Commissioners. Adam Butcher asked if there were any figures available for the use of psychoactive substances. Chris said figures are not available as the use of psychoactive substances is often under identified and new substances constantly become available. However, he had no doubt that the use of these substances does impact on services.</p>	
CoG45/7	<p>Governor Feedback Survey – Results of the survey undertaken in May 2016</p> <p>Jill Dentith reported the survey’s findings. The survey was conducted by Sam Stoddart. Following the limited amount of feedback returned it was found that the current process of governor feedback is adequate and fit for purpose. Jill reminded governors to contact any member of the Corporate Governance team if they required assistance with feedback. All comments welcome. Billie Critchlow asked how to obtain a feedback form. Jill said she would ask Sam Stoddart to send regular reminders and provide copies of the feedback form. Toby Morgan suggested that if more than one governor attends the same event then a joint feedback form could be submitted. The Chair thanked Jill and the governors for their input and reminded them they are welcome to contact her and the team any time.</p>	S Stoddart
CoG45/8	<p>Report from Nomination and Remuneration Committee</p> <p>8(a) Non-Executive Directors (NEDs) Appraisals 2015/16</p> <p>Jules Jones presented the NEDs appraisal report and explained how she had assisted Professor Alan Walker with conducting the appraisals. Jules was pleased to report and provide reassurance that all NEDs are performing excellently exceeding a satisfactory level. As a relatively new NED, Cllr Leigh Bramall, underwent a less formal assessment.</p> <p>8(b) Review of Chair Appointment Process</p> <p>On behalf of the Nomination and Remuneration Committee (NRC) Jules Jones provided feedback on the Chair appointment process.</p>	

Minute	Item	Action
	<p>Jules explained that at a cost of £17k an external recruitment agency, Gatenby Sanderson, was selected to manage the Chair recruitment process. Although this figure appears excessive, Gatenby Sanderson has a wealth of experience and were able to provide dedicated support and excellent advice. The whole process was open and transparent. The Chair added that as one of the candidates herself, and through speaking with the other candidates, she could confirm that the process had felt challenging, robust and thorough. She also felt that the cost was appropriate saving on in-house management time and expense. The Chair thanked Jules for her feedback.</p>	
CoG45/9	<p>Performance Report Due to the overrunning of the meeting the Chair deferred this item and reminded governors that this would be on the agenda at the upcoming Performance and Overview Group on the 13th September, which all governors are invited to attend.</p>	
CoG45/10	<p>Care Quality Commission Inspection Clive Clarke provided an update on the planned CQC inspection. Clive informed everyone that a pre-inspection meeting had taken place to scope out what is expected on day zero of the inspection (14th November). Areas for inspection had been identified and Substance Misuse will be included. A separate team will visit the Clover Group during November and the outcomes included within the overall score. He reported that following an earlier unannounced visit the feedback was good and any issues raised around the Trust's policies are in hand.</p>	
CoG45/11	<p>Chief Executive's Update Clive Clarke provided an update in Kevan Taylor's absence. Clive provided an update relating to the NHS Sustainability and Transformation Plans (STP). This will enable good working across all health and social care organisations and does not mean one NHS organisation across South Yorkshire. It will enable idea sharing and the opportunity to look at more efficient ways of working i.e. the sharing of back office functions and joint use of estates and facilities. The Chair informed governors that she would be attending a Chair's event on STP on 12th September and would be happy to update governors at the next Council meeting.</p> <p>Clive informed governors that following the end of the Section 75 agreement with the local authority, a new replacement document underpinning our relationship with them was submitted to the August Board of Directors. However, the signing off of the document was delayed due to joint commissioning and constitutional issues. Clive agreed to report back when more information was available.</p>	<p>Chair</p> <p>C Clarke</p>
CoG45/12	<p>Governor Feedback (a) Feedback from Governors The Chair thanked the governors for their feedback and said the breadth and depth was excellent. Gill Holt wished to add to her report on CMHT Pathways Development that she had not yet taken part in the steering group. Adam Butcher updated on his report regarding the Special Olympics. There are now 300 volunteers for</p>	

Minute	Item	Action
	<p>the Sheffield Games and more workshops planned.</p> <p>(b) Feedback from Board Questions Questions were received from four governors.</p> <ul style="list-style-type: none"> • Terry Proudfoot was happy with the response received from Guy Hollingsworth and any follow-up would go via Sam Stoddart. • Adam Butcher's question on the Five Year Forward View is still outstanding. • Jules Jones question regarding carers support still outstanding. <p>Clive Clarke agreed to rectify the outstanding questions and would circulate answers after the meeting.</p>	C Clarke
CoG45/13	<p>Any Other Business The Chair reminded governors of important dates for their diaries.</p> <ul style="list-style-type: none"> • Performance Overview Group (POG) – 13 September. • Board of Directors – 14 September – all welcome. • Annual Members Meeting – 28 September, SUFC. • CQC Workshop – 5 October, 7th Floor, Fulwood. • Governwell Training – 15 November – Training for all governors. Faye Mellors will be in touch in due course with further details. <p>The Chair informed governors that she would welcome their feedback on the effectiveness of CoG meetings and planned to send out a short questionnaire seeking their views and opinions on the current meeting structure. All suggestions welcome. The Chair thanked everyone and brought the meeting to a close.</p>	F Mellors Chair
	<p>Date and Time of Next Meeting Full Council of Governors on Thursday 24th November 2016 at 2.45pm, 7th Floor Conference Suite. Lunch will be provided from 1.00pm. Governors and NEDs pre-meet at 1.30pm followed by Governors pre-meet at 2.00pm.</p>	