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Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee

Wednesday 17 October 2012 at 10.00 am

To be held at the Town Hall, Pinstone Street, Sheffield, S1 2HH

The Press and Public are Welcome to Attend

Membership

Councillor Mick Rooney (Chair), Sue Alston, Janet Bragg, Katie Condliffe, Roger Davison (Deputy Chair), Tony Downing, Adam Hurst, Cate McDonald, Jackie Satur, Diana Stimely, Garry Weatherall and Joyce Wright

Sheffield Local Involvement Network
Anne Ashby, Helen Rowe and Alice Riddell (Observers)

Substitute Members
In accordance with the Constitution, Substitute Members may be provided for the above Committee Members as and when required.

Sheffield City Council

PUBLIC ACCESS TO THE MEETING

The Healthier Communities and Adult Social Care Scrutiny Committee exercises an overview and scrutiny function in respect of the planning, policy development and monitoring of service performance and related issues together with other general issues relating to adult and community care services, within the Neighbourhoods area of Council activity and Adult Education services. It also scrutinises as appropriate the various local Health Services functions, with particular reference to those relating to the care of adults.

A copy of the agenda and reports is available on the Council's website at www.sheffield.gov.uk. You can also see the reports to be discussed at the meeting if you call at the First Point Reception, Town Hall, Pinstone Street entrance. The Reception is open between 9.00 am and 5.00 pm, Monday to Thursday and between 9.00 am and 4.45 pm. on Friday, or you can ring on telephone no. 2734552. You may not be allowed to see some reports because they contain confidential information. These items are usually marked * on the agenda.

Members of the public have the right to ask questions or submit petitions to Scrutiny Committee meetings. Please see the Council's website or contact Democratic Services for further information.

Scrutiny Committee meetings are normally open to the public but sometimes the Committee may have to discuss an item in private. If this happens, you will be asked to leave. Any private items are normally left until last. If you would like to attend the meeting please report to the First Point Reception desk where you will be directed to the meeting room.

If you require any further information about this Scrutiny Committee, please contact Emily Standbrook, Scrutiny Policy Officer on 0114 27 35065 or email emily.standbrook@sheffield.gov.uk.

FACILITIES

There are public toilets available, with wheelchair access, on the ground floor of the Town Hall. Induction loop facilities are available in meeting rooms.

Access for people with mobility difficulties can be obtained through the ramp on the side to the main Town Hall entrance.

HEALTHIER COMMUNITIES AND ADULT SOCIAL CARE SCRUTINY AND POLICY DEVELOPMENT COMMITTEE AGENDA
17 OCTOBER 2012

Order of Business

1. **Welcome and Housekeeping Arrangements**

2. **Apologies for Absence**

3. **Exclusion of Public and Press**
   To identify items where resolutions may be moved to exclude the press and public

4. **Declarations of Interest**
   Members to declare any interests they have in the business to be considered at the meeting

5. **Minutes of Previous Meeting**
   To approve the minutes of the meeting of the Committee held on 12th September 2012.

6. **Public Questions and Petitions**
   To receive any questions or petitions from members of the public

7. **Partnership Review - Sheffield City Council/Sheffield Health and Social Care NHS Foundation Trust**
   In attendance for this item will be Stephen Todd, Commissioning Manager, Communities, Sheffield City Council, and Jason Rowlands, Director of Planning and Performance, Sheffield Health and Social Care NHS Foundation Trust.

8. **Care and Support Performance Review**
   In attendance for this item will be Eddie Sherwood, Director of Care and Support, Sheffield City Council.

9. **Work Programme**
   Report of the Policy Officer (Scrutiny).

10. **Dates of Future Meetings**
    Future meetings of the Scrutiny and Policy Development Committee will be held on Wednesday 21st November 2012, and on Wednesdays 16th January, 20th March and 8th May 2013, all at 10.00 am in the Town Hall.

ADVICE TO MEMBERS ON DECLARING INTERESTS AT MEETINGS

A new Standards regime was introduced on 1st July, 2012 by the Localism Act 2011. The new regime made changes to the way that your interests needed to be registered and declared. Prejudicial and personal interests no longer exist and they have been replaced by Disclosable Pecuniary Interests (DPIs).

The Act also required that provision is made for interests which are not Disclosable Pecuniary Interests and required the Council to introduce a new local Code of Conduct for Members. Provision has been made in the new Code for dealing with “personal” interests.

Guidance on declarations of interest, incorporating regulations published by the Government in relation to Disclosable Pecuniary Interests, has been circulated to you previously, and has been published on the Council’s website as a downloadable document at -http://councillors.sheffield.gov.uk/councillors/register-of-councillors-interests

If at all possible, you should try to identify any potential interest you may have before the meeting so that you and the person you ask for advice can fully consider all the circumstances before reaching a conclusion on what action you should take.

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SHEFFIELD CITY COUNCIL

Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee

Meeting held 12 September 2012

PRESENT: Councillors Mick Rooney (Chair), Janet Bragg, Roger Davison, Tony Downing, Adam Hurst, Jackie Satur, Garry Weatherall, Joyce Wright, Sue Alston, Katie Condliffe, Diana Stimely, Anne Ashby, Helen Rowe and Sioned-Mair Richards (Substitute Member)

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1. APOLOGIES FOR ABSENCE

1.1 An apology for absence was received from Councillor Cate McDonald, and Councillor Sioned-Mair Richards attended as substitute Member. An apology for absence was received from Alice Riddell (LINK), and Laura Abbott (Chilypep) attended as a substitute.

2. EXCLUSION OF PUBLIC AND PRESS

2.1 No items were identified.

3. DECLARATIONS OF INTEREST

3.1 There were no declarations of interest from Members of the Committee.

4. MINUTES OF PREVIOUS MEETING

4.1 The minutes of the meeting held on 18th July 2012 were approved as a correct record, and, arising therefrom, it was noted that point 7.9 (LINK's involvement with the Dementia Care review), had been rectified the day following the meeting.

5. APPOINTMENT OF DEPUTY CHAIR

5.1 **RESOLVED:** That Councillor Roger Davison be appointed Deputy Chair of the Committee for the municipal year 2012/13.

6. PUBLIC QUESTIONS AND PETITIONS

6.1 There were no public questions or petitions submitted to the meeting.

7. JOINT HEALTH AND WELLBEING STRATEGY

7.1 The Committee received a presentation upon the draft Joint Health and Wellbeing Strategy (JHWS) and in attendance for this item were Laurie Brennan (Policy Officer, Sheffield City Council), Louisa Willoughby (Commissioning Officer, Sheffield City Council) and Tim Furness (NHS Sheffield).

7.2 Mr. Furness explained that the draft Strategy was the result of many months of

work with members of the Health and Wellbeing Board (HWB), and added that the Strategy would be owned and updated by the HWB, which had been meeting in shadow form for the past six months.

7.3 The Strategy set out Sheffield's aspirations to improve the long term health of people living in the City, and improve the health, social care, public health, housing and children's services to support people to be healthier throughout their lives. The Strategy's mission was to-

- Tackle the main reasons why people become ill or unwell and in doing so reduce health inequalities in the City

- Put people at the centre of services and acknowledge that services should be there to best meet the needs of people, not the organisations that provide them

- Value independence in terms of stronger primary care, community-based services and community health interventions, which will help people remain independent and stay at or close to home

- Ensure that all services are high quality and value for money

7.4 The Strategy was based on five outcome areas which it was hoped would transform health and wellbeing in the City. These were as follows:-

Outcome 1: Sheffield is a healthy and successful City
Making health and wellbeing part of everything the City does, recognising that the City needs to be healthy to be successful and successful to be healthy. Tackling the wider determinants will not happen overnight so this must be a long-term aim for the city over the next 30 years.

Outcome 2: The health and wellbeing of people in Sheffield is improving all the time
Focusing on specific aspects of children's and adults' health and social care and the wider determinants of health, in order to improve health and wellbeing in Sheffield. Unlike Outcome 1, this is focused on the ongoing, shorter term improvements in health and wellbeing which we need to be a well and healthy City in the long-term. We need to reduce some of the health and wellbeing issues which are problems now and which may cause bigger problems in the future. This outcome applies to the present, and we aim to make a difference over the next 10 years.

Outcome 3: Health inequalities are reducing
Focusing on those people and communities who experience the poorest health and wellbeing. In a similar sense to Outcome 2, we need to address some of the major health and wellbeing issues affecting Sheffield today, particularly in those communities who experience the worst health and wellbeing inequalities. Therefore, the focus for this outcome is also over the next 10 years.

Outcome 4: People can get health, social care, children's and housing

services when they need them, and they're the sort of services they need and feel is right for them
How people of all ages should experience health, social care, children's and housing services in Sheffield. This is about Sheffield's health and wellbeing system working better based on the needs of people in the city and we need to make these changes now to support the achievement of outcomes 1, 2, and 3. We will aim to deliver this change over the next five years.

Outcome 5: The health and wellbeing system in Sheffield is affordable, innovative and delivers excellent value for money
This is about how Sheffield's commissioners and service providers will deliver health, social care, children's and housing services. As with Outcome 4, it is our intension to make the changes to the way the health and wellbeing system works in Sheffield over the next 5 years to make the system sustainable and affordable in the long-term.

It was further noted that there were five work streams within the Strategy-

- Health and employment
- Building mental health, wellbeing and emotional resilience
- Food and physical activity for health and wellbeing
- A good start in life
- Supporting people at or closer to home

7.5 The idea of the HWB, and the Strategy, was to improve local democratic accountability for the health service, and to increase the integration of services. Key focuses of the HWB were to prevent ill health, reduce health inequalities across the City, reduce dependency upon health services, and ensure the long-term sustainability of health care in the City.

7.6 It was noted that the majority of the City Council's work had an influence on health issues, and that the reintegration of public health back into the Council would have positive effects across all portfolio areas. The HWB members were being aspirational, yet realistic about what could be achieved.

7.7 It was noted that the make-up of the HWB in Sheffield was balanced between members of the Clinical Commissioning Group (CCG) and the City Council, and it was further noted that the Healthier Communities and Adult Social Care Scrutiny Committee would have the responsibility of scrutinising the function and work of the HWB.

7.8 Members were keen that, in order for the Scrutiny Committee to be able to effectively scrutinise the work carried out by the HWB, there should be a detailed list produced of relevant and measurable performance indicators.

7.9 Members were keen that the 'good start in life' work stream included the provision of fruit for children in schools, as many families did not include fruit as part of their weekly shop.

7.10 There were concerns raised about the level of pollution in the City, and the

detrimental effects on health. One member cited an example of the 83 bus route, and how life expectancy changed in different areas, as the bus travelled across the City.

7.11 Members were keen that key factors influencing health, such as alcohol consumption, stress and child obesity were included in the Strategy, and Mr. Furness confirmed that, at present, only the headlines were outlined, whereas more detail would be added in as the work of the HWB progressed.

7.12 Members requested that a glossary of key health terms be produced (i.e.: HWB, JHWS, CCG) in order for all Members to be fully versed on the key terms that would define the new structures of Health within the City Council.

7.13 Members were pleased to see that the Strategy took a proactive and preventive approach to good health, and focused upon 'what makes people well'.

7.14 Members were keen that the theme of health and wellbeing was cross-cutting across all of the Scrutiny Committees.

7.15 Members were keen that the work of the HWB linked into national campaigns in order to maximise on the resources and opportunities available.

7.16 Members were keen that the potential health impacts of planning applications on the local environment and individual health were taken into consideration at Planning Committees.

7.17 Members were keen that the 'small steps to health' were addressed, such as the provision of benches for people to use when out shopping, in order for people to maintain their independence. Members spoke favourably of the outdoor gym equipment which had been installed in many parks across the City, which could be used by all age groups. It was suggested that this approach linked well to Sheffield's new age-friendly cities framework ('A city for all ages: making Sheffield a great place to grow older') which would focus on more tangible interventions to improve wellbeing for people of all ages.

7.18 Members felt that there should be as much emphasis on a 'good end to life' as on a 'good start to life', and that the Strategy should take into consideration the City's ageing population. This included ensuring that there were plenty of opportunities for retired people to undertake activities, so that they did not become lonely or depressed.

7.19 There was a great emphasis placed upon the importance of mental health, and building mental resilience, as this affected all areas of health and wellbeing.

7.20 The Chair thanked officers for their presentation.

7.21 **RESOLVED:** That the Committee requests that:

(a) in order for the Scrutiny Committee to be able to effectively scrutinise the work carried out by the HWB, there should be a detailed list produced of relevant and

measurable performance indicators;

(b) a glossary of key health terms be produced (i.e.: HWB, JHWS, CCG) in order for all Members to be fully versed on the key terms that would define the new structures of Health within the City Council, and

(c) the theme of health and wellbeing be picked up by all five of the Council's Scrutiny Committees as a workstream.

8. CHILD AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS) UPDATE

8.1 The Committee received an update upon CAMHS, and in attendance for this item were Tim Furness (NHS Sheffield), Jon Banwell (Sheffield City Council), Kate Laurance (NHS Sheffield), Shona Ashworth (NHS Sheffield) and Dr. Clare Pearson (Team Leader, Beighton CAMHS).

8.2 It was noted that this item had been submitted to the Committee following concerns raised at a previous meeting over unacceptable Tier 3 CAMHS waiting times.

8.3 Dr. Pearson outlined how the waiting list numbers had been reduced, and how the average waiting time now was 17 weeks. The Sheffield CAMHS model had been redesigned to make the service more efficient. It was clarified that emergency cases were still seen as a priority and did not have to wait the full 17 weeks.

8.4 Dr. Pearson stated that the demand upon the service was huge. It was clarified that there had been a one-off injection of money into the service, which had helped to clear some of the backlog of cases, and that the new service model was more effective and sustainable in terms of dealing with cases more efficiently. It was clarified that no other service areas had suffered as a result of working hard to clear the CAMHS waiting list backlog.

8.5 Members were satisfied that waiting times had been reduced, but were still concerned that 17 weeks was too long a wait for families. It was confirmed that the CAMHS team delivered training sessions upon what signs to look for in children potentially suffering from mental health problems to teachers, social workers and other health professionals. There was also a named person now at each school across the City who was responsible for looking after children with mental health problems. Members wished to know how many health professionals had attended these training sessions.

8.6 Children accessing CAMHS were suffering from a wide range of mental health problems, including depression, anorexia, psychosis, anxiety, Obsessive Compulsive Disorder (OCD), Attention Deficit and Hyperactive Disorder (ADHD) and autism, to name a few. It was noted that case referrals were increasing from all areas of the City. Interpreters were always arranged if necessary at CAMHS. There was no definite set period of time for which children stayed with CAMHS; it was a case of how long was required per individual case.

8.7 Concerns were raised by Members that bad diet in children and young people was contributing to the rise in the number of cases seen of ADHD, and that children's erratic lifestyles (including excessive playing of computer games, lack of sleep and exercise, and poor diet) were contributing to increases in mental health problems. It was confirmed that CAMHS did use social networking to help young people, but that there were often confidentiality issues, so use of facebook and other sites was carefully controlled.

8.8 It was confirmed that referrals to CAMHS came from a wide variety of sources, including schools, social workers, Multi Agency Support Teams and GP practices.

8.9 Cases were not necessarily seen on a 'first come, first served' basis; there was a team of people who screened cases on a daily basis to ensure that priority cases were seen first and emergencies were dealt with.

8.10 A family therapist was assigned to work with each family, and this person also helped the parents of the child to deal with the issues in hand.

8.11 Deborah Woodhouse from Asbergers Children and Carers Together (ACCT) told the Committee that there were currently 250 families in ACCT and that she was being made aware by parents that they were being told by GPs if their child was suffering from OCD, 'not to bother' CAMHS, which she felt was a very negative position, as OCD could have serious effects upon a child's mental health.

8.12 It was clarified that CAMHS offered a more effective 'triage' service than previously, and that they referred cases to other agencies and partners as and when appropriate.

8.13 **RESOLVED:** That the Committee:

(a) notes the contents of the report now submitted;

(b) wishes to know how many health professionals have attended the training sessions arranged by CAMHS, and

(c) requests that the Scrutiny Policy Officer put arrangements in place to set up a working group upon CAMHS waiting times to comprise at least three Members of the Committee, with meeting dates and times and terms of reference to be confirmed in due course.

9. TRANSFORMING SUPPORT FOR PEOPLE WITH DEMENTIA WHO LIVE AT HOME: AN INVOLVEMENT EXERCISE

9.1 The Committee received a report upon Transforming Support for People with Dementia who live at Home, and in attendance for this item was Julia Thompson, Strategic Commissioning Manager, Sheffield City Council. It was noted that Howard Waddicor, Commissioning Officer, sent his apologies.

9.2 It was noted that Sheffield had a solid history in partnership working in the area of dementia, with a long established, multi-agency Dementia Programme Board chaired by Richard Webb, Executive Director (Communities) with representation from Sheffield City Council, NHS Sheffield, Sheffield Health and Social Care Foundation Trust, Sheffield Teaching Hospitals, and the Sheffield Alzheimer's Society. The function of this Board was to deliver on the National Dementia Strategy (2009) built on by the Prime Minister's Challenge launched in March 2012.

9.3 It was further noted that, in order to inform some of the changes needed to modernise the support for people with dementia who lived at home, a report had been submitted to the Sheffield City Council Cabinet on 26th May 2012 seeking approval to engage in a three month involvement exercise.

9.4 The purpose of the report now submitted was to understand the key issues for people affected by dementia, in order to plan support for the future, as the growing number of people with dementia represented a significant issue for the City. It was confirmed that the existing support arrangements in the City would not meet the increase in demand or the changing expectations of people with dementia.

9.5 Members were keen that sufficient support and training was provided to carers, so that the health of carers did not suffer as well. It was recognised that early diagnosis of dementia was also essential. This could be achieved through an effective training programme, and competent management to ensure that a consistent level of support for people with dementia and their carers was being offered across the City. It was noted that all staff at Northern General Hospital were now trained upon looking for the early signs of dementia.

9.6 Members were also keen that work was done with the patients at an early stage of dementia to discuss options for care at more advanced stages of the illness. An integrated response to early intervention was strongly supported, and Members wished to see an emphasis on the wider determinants of wellbeing being considered in the way that services were improved.

9.7 Members wished to have more information provided to them upon the work of the 'Memory Clinic' in Sheffield, including its location, opening hours, role, funding arrangements, patient flow, waiting times and staffing structure.

9.8 A request was also made for further information to be provided about how the needs of people from BME communities were being responded to.

9.9 Members emphasised the importance of creating a dementia-friendly City, with particular importance placed around managing the early stages of the illness when people still wanted to do the things that they had always done.

9.10 Members highlighted the self-directed support assessment process as being too bureaucratic for people with dementia. They asked whether this could this be simplified and whether there was the potential to introduce an advanced decision making approach.

9.11 The number of people in care homes without a formal diagnosis was seen as being inappropriate. An update upon the dementia care homes at Birch Avenue and Woodland View was also requested.

9.12 **RESOLVED:** That the Committee;

(a) notes the contents of the report now submitted;

(b) recognises the importance of training and skills development across the statutory and independent sector and requests that this be considered in the final action plan;

(c) requested further information upon the work of the 'Memory Clinic' in Sheffield, including its location, opening hours, role, funding arrangements, patient flow, waiting times and staffing structure;

(d) requests further information about how the needs of people suffering from dementia from BME communities are being responded to, and

(e) requests an update upon the dementia care homes at Birch Avenue and Woodland View.

10. WORK PROGRAMME

10.1 **RESOLVED:** The Committee received and noted a draft work programme for the municipal year 2012/13, and the latest version of the Cabinet Forward Plan for information.

11. DATES OF FUTURE MEETINGS

11.1 It was noted that future meetings of the Scrutiny and Policy Development Committee would be held on Wednesdays 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.

Report to Healthier Communities and Adult Social Care Scrutiny & Policy Development Committee

17th October 2012

Report of: Richard Webb, Executive Director, Communities

Subject: Sheffield City Council / Sheffield Health and Social Care Trust: Partnership Review – Progress Report

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Author of Report: Stephen Todd, Commissioning Manager, Communities
Jason Rowlands, Director of Planning and Performance, Sheffield Health and Social Care NHS FT

Summary:
The report outlines the focus of the review and indicates current progress

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Type of item: The report author should tick the appropriate box

Reviewing of existing policy	X
Informing the development of new policy	
Statutory consultation	
Performance / budget monitoring report	
Cabinet request for scrutiny	
Full Council request for scrutiny	
Community Assembly request for scrutiny	
Call-in of Cabinet decision	
Briefing paper for the Scrutiny Committee	X
Other	

The Scrutiny Committee is being asked to:

- Comment on the themes and actions identified in the Review.
- In particular offer views and ideas on progressing integrated working across SCC and SHSC services

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Background Papers:
List any background documents (e.g. research studies, reports) used to write the report. Remember that by listing documents people could request a copy.

Category of Report: OPEN

Report of the Director of Communities – Richard Webb

Sheffield City Council / Sheffield Health and Social Care Trust: Partnership Review – Progress Report

1.0 Introduction

1.1 Project Summary

The partnership between Sheffield Health and Social Care NHS Foundation Trust and Sheffield City Council has been in place for 11 years. In 2011 the partners jointly committed to review the partnership, to reflect on the successes of the past and to identify areas for improvement.

This report sets out the learning from the review and the progress to date for taking the improvements forward.

The aim is to complete the review during 12/13 and implement the actions from April 2013.

1.2 Background

A formal partnership has been in place since 31st January 2001 between Sheffield City Council (SCC) and what is now Sheffield Health and Social Care NHS Foundation Trust (SHSC). The Partnership Agreement is for the delivery of integrated services under what is now Section 75 NHS Act 2006. This includes mental health services for all age adults and substance misuse.

In addition the Joint Learning Disability Service is outside the Section 75 Agreement but delivered across both organisations. Appendix 1 provides a visual representation of the relationship.

Stage 1 of the review has been completed. This identified a future vision for the partnership and the actions needed to implement any changes required by that new vision. A project mandate is in place to achieve this.

1.3 Clinical Commissioning Group

The mandate has been discussed with health partners in the Clinical Commissioning Group (CCG). Although it is acknowledged the primary focus of the Review is on the relationship between SCC and SHSC, the CCG is an important stakeholder. Specific elements of the Review (Integrated Working and Leadership) have been identified where the work and the final outcome will include the CCG.

2.0 The Vision

To sustain and progress the partnership, the partners wish to reaffirm through the review their joint commitment to a:

Focus on people
- Deliver treatment, care and support that promotes recovery, supports personalisation and promotes mental and physical wellbeing
- Support people who need to use services and their carers to have greater choice and control in the treatment, care and support they receive and how it is designed and delivered
- Safeguard those people most at risk through consistent and high quality response

Commitment to integration
- Integrated health and social care services at the point of delivery
- Better integration with primary care, generic social care, public health and wider local government services in line with developing citywide strategies and the Council's customer transformation and service modernisation programmes

Commitment to the city
- A sustainable Health and Social Care FT with a community focus, contributing to the wider agenda to improve fairness, health, wellbeing and prosperity within the city
- A learning partnership that builds on the lessons and successes of the last 11 years, reflects on future challenges and continues to improve
- A partnership equally responsive to the local government and NHS 'ask'
    - Rooted in local government
    - Bringing skills and expertise to local government responsibilities
    - Engaged with Elected Members

Business-like partnership
- Clear responsibility and accountability
- Promoting flexibility and change to deliver quality and value for money

3.0 The Objectives

This section sets out the key areas of improvement recommended through the first stage of the review.

3.1 *Improve outcomes for individuals, families and communities through multi-disciplinary working at different levels of care & support*

The review has highlighted the potential for building on the strengths of the existing partnership. The integration of services was a choice, not a requirement, built around, for adult and some older mental health users, a single access arrangement for people who need assistance and a single management arrangement. It has always depended on both organisations seeking to make it work and where this has been done well the results have been identified as the achievements in the review; where this has not been done well the results have been identified as the disappointments.

Ten years ago the partnership was formed around integrated health and social care mental health services. This has brought benefits but highlighted a wider potential. Today the ambition is to broaden out the scope of integrated working to include those services that will make a real difference to people: physical health, housing, income maximisation, access to employment etc. This could also include broadening out the access points to multi-disciplinary teams from GP practices, to housing offices, Housing Solutions (preventing homelessness service), advice centres etc.

In addition there is a challenge for all service areas to shift their focus towards early intervention and preventative approaches both to improve outcomes for individuals and to face the opposing pressures of demographic growth and reducing budgets. Evidence shows that costs can be reduced if you can help people avoid relapse.

The ambition therefore is also to develop a multi-disciplinary approach that can benefit a wider cohort of people

- promotion of self-care and mental wellbeing across the population - making the most of the opportunity of Public Health transferring into the local authority;
- those seeking assistance through primary care, including IAPT - generally high volume and low intensity (primary care);
- those receiving services delivered through CMHTs - generally higher intensity over a longer period with more specialist support needed (secondary care in the community)
- an all-age approach including transitions and gaps in services such as 16-18 year-olds

The approach will put the person at the centre and design support with them to best meet their needs. Where the person has complex needs this is likely to involve risk stratification and a key worker/whole household approach supported by effective multi-agency working (including access to community-based and third sector activity) and individual budgets. In these cases there may well be benefits in formal joint or integrated teams including the range of services identified above. Where needs are less complex, aligned teams who are able to train and support each other and are “at the end of a phone” may well be sufficient.

The Council is currently operating a *Learning by Doing* programme to test out these new ways of working in a series of projects across the city. It is proposed that this review will use these test bed projects to help re-design how the partnership will operate in future.

This proposed change represents a significant shift for SHSC in terms of its role in the city. In order to meet these ambitions the Trust will have a more proactive relationship with the Council and other partners, embracing a broader range of activity and roles and engaging in key

projects and initiatives sponsored by others. In turn their partners will need to provide the right opportunities for them to engage proactively.

3.2 *Support SHSC to remain a viable, independent Foundation Trust that can play a key leadership role around this agenda in Sheffield*

The alternatives to a viable health and social care trust are likely to be mental health and learning disability services delivered through the much larger hospital and community based FT where social care would be a very minor partner, or through an out of city FT. The review has highlighted a mutual interdependence and the potential to build on the strengths of each partner to improve the ability of SHSC to play a strong role in the wider priorities of SCC and for SCC to gain from the specialist expertise that SHSC can provide.

When the partnership was established the Council transferred business to the Trust. In the current climate there will be increasing pressure on the Trust to "win" business from GP commissioners in the health service, from those using personal budgets to purchase their social care and from the Council which is reviewing all its directly provided services including those delivered through SHSC.

These changes will require the Trust to be "business like" in its operations to ensure they are "saleable" to all its commissioners. At the same time the Council can explore how to support the sustainability of the Trust through more effective use of infrastructure including capital assets.

3.3 *Ensure that investment in the partnership contributes to a sustainable, innovative and high quality health and wellbeing system in Sheffield*

As commissioners the NHS and the Council have responsibility to ensure the outcomes they wish to see delivered are clearly described through the delegated functions and contracted services provided by SHSC and to ensure their investment delivers value for money.

The current direction of change includes the development of the Health and Wellbeing Board, emphasis on the outcomes prioritised in the joint Health and Wellbeing Strategy, joint commissioning and the need to move investment upstream to early and short-term interventions and prevention.

3.4 *Establish clear, and where appropriate, consistent partnership arrangements for all four service areas*

Currently the four service areas – working adult mental health, older people mental health, learning disabilities and substance misuse - all operate under different partnership arrangements around delegated functions and contracted services. The review will consider the merits of the different approaches and propose changes to improve clarity and consistency.

4.0 Workstreams

4.1 To address these Objectives, Stage 2 has been broken down into 7 workstreams:

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

Appendix 2 provides a summary of the intentions and progress so far.

5.0 Integrated Working

5.1 Progressing integrated approaches to delivering care and support for people in Sheffield is an important workstream. It provides an opportunity to look at how mental health services can work more effectively with other areas of SCC services, especially housing, supported housing and homelessness, and family support services.

5.2 An initial workshop was held in August with representation from across SCC and SHSC and including NHS Sheffield/CCG. It included adult social care, housing, and children and young people.

The intention is to identify a number of initiatives to improve integrated working and to test these out. Where possible this will be through current programmes including the *Learning by Doing* initiatives (Low Edges, Batemoor, Jordanthorpe; Shiregreen, Wincobank, Brightside) as well as Successful Families and The Future of Council Housing.

5 specific areas have been identified to progress further

Change Opportunity	**Possible approaches**	**Other related work / test bed opportunities**
"One front door" to assistance, support and care	Single Assessments Keyworker approach for Households – with support from a virtual team of professional advice Direct access to professional advice (e.g. between area housing team and local community mental health team) Co-location of resources	Successful Families Right First Time Future of Council Housing Learning by Doing: Shiregreen / Low Edges/ Batemoor, Jordanthorpe (LBJ); Brightside/ Shiregreen/ Wincobank
Holistic individual journey across services	Co-production of journeys with individuals who need to access services.	Successful Families

(SHSC/Housing/CYP…) “Care pathways” and protocols are primarily constructed around professional and organisational needs not the experience of the individual. Effective Information Sharing	Built on the “recovery” approach including empowerment; timely response; preventative approach Improved Information Sharing	Right First Time Future of Council Housing Learning by Doing: Shiregreen / Low Edges/ Batemoor, Jordanthorpe (LBJ); Brightside/ Shiregreen/ Wincobank
Outcome focus	Identify shared outcomes across health / social care and housing to support joint commissioning Clear governance arrangements	To be addressed in other Review workstreams
Preventative Approaches to reduce need and demand	Identifying vulnerability through Risk Stratification: What tools are suitable? Link to existing information gathering e.g. New tenancy visit check list IAPT (Improving Access to Psychological Therapies) - key role to play. Placing services in different settings (focus on where people at risk present themselves e.g. homelessness / debt advice...) Increasing skills on the “frontline” Enabling staff to manage situations with appropriate skills and access to specialist advice when required. Targeted training Access to specialist advice	Successful Families Right First Time Future of Council Housing Learning by Doing: Shiregreen / Low Edges/ Batemoor, Jordanthorpe (LBJ); Brightside/ Shiregreen/ Wincobank
Improving day to day connections and relationships within localities	Joint training / events e.g. across Community Mental Health Teams (CMHT) and local area housing. Joint meetings Identifying shared objectives	Future of Council Housing Learning by Doing: Shiregreen / Low Edges/ Batemoor, Jordanthorpe (LBJ); Brightside/ Shiregreen/ Wincobank

6.0 The Scrutiny Committee is asked to:

- Comment on the themes and actions identified in the Review.
- In particular offer views and ideas on progressing integrated working across SCC and SHSC services

Appendix 1 SCC and SHSC Review of Partnership

Summary of relationships

Relationships and joint working	Formal delegated responsibilities (Primarily Care Management)	Commissioner / provider and contracted
Partners in a city wide health and social care system 2 large public sector bodies undertaking to: Progress, promote and develop wellbeing and recovery joint work Work in partnership around agendas and issues e.g. • LBJ • Personality disorders • Community safety • Employment and vocational opportunities • Housing support • Workforce development and training	**Delegated statutory functions of Council - Adults** Assessment and care management, support planning, ensuring delivery, monitoring and review…. Fair Access to Care etc. (National Health Service and Community Care Act) Carers Assessments (Carers Acts) Sufficient AMHPs etc. etc. (Mental Health Act) Vulnerable people and destitution (National Assistance Act)	**Provider services delivered under contract** **Adults** Community support, recovery and respite services **Older people** Resource Centres **Community equipment services** **Learning Disabilities** Respite services and supported living (1)

Existing Arrangements

S75 Partnership Agreement (NHS Act 2006).

It includes both delegated functions and direct delivery of provider services
It covers Adult Mental Health (Assessment and Care Management & Provider Services; Substance Misuse (Assessment and Care Management); Older Peoples Mental Health (Provider Services (resource centres).

Other Contracted Arrangements

Community Equipment Services – subject to a separate Agreement

Other areas of joint delivery but not part of any formal agreement

Learning Disability Services (Assessment and Care Management)

Appendix 2

Sheffield City Council and Sheffield Health and Social Care NHS FT: Partnership Review – Update

Project Objectives

- Improve outcomes for individuals, families and communities through multi-disciplinary working at different levels of care and support
- SHSC as a viable, independent FT that can play a key leadership role
- Ensure investment in the partnership contributes to a sustainable, innovative and high quality health and wellbeing system
- Clear, and where appropriate, consistent partnership arrangements for service areas

		Objective	Key Outputs	Progress
Project 1 – Integrated Working	1	**Evaluate the effectiveness of existing integrated health and social care teams**	Principles established for integrated working to promote a preventative approach Confirmation of future direction – next 1 to 5 years Piloting new ways of working across mental health and housing and other appropriate areas e.g. employment	• Project Brief completed • Scoping Event: 6th August: 50 participants • 5 Change opportunities identified (see 5.2 in the report) Next Step: Establish initiatives.
	Leads	**Clive Clarke & Jason Rowlands / Miranda Plowden & Eddie Sherwood**		
	2	**Design new multi-disciplinary working arrangements at different levels of intervention**		
	Leads	**Clive Clarke & Jason Rowlands / Miranda Plowden & Eddie Sherwood**		
Project 2: Social Care Leadership in Mental Health	3	**Promote effective leadership on mental health and social care in the city**	Focus on: - Providing professional support - Implementing social care priorities in SHSC - Implementing mental health priorities in SCC - Operational/Practical issues Role of Director of Social Care (SHSC);	• Project Brief completed • Series of meetings established between Director of Social Care (SHSC) Clive Clarke and Director of Care and Support (SCC) Eddie Sherwood Next Step: Meetings are scheduled to take place in October/November. Set up meeting: 3rd
	Leads	**Clive Clarke /Eddie Sherwood**		

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			Professional Lead (Social Care) (SHSC); Director of Care and Support (SCC) - confirmed Identify how to best use SHSC specialist mental health skills and knowledge within SCC and other shared interests	October
Project 3: Resources	4	**Improve effective use of resources to support and promote the partnership**	Consider if there are any support functions where there may be benefits for closer or integrated working: HR, IT, Finance, Transport, Buildings and other capital assets etc.. Proposals for effective use of infrastructure resources and capital assets:	• Project Brief completed Next Step: Ken Lawrie and Liz Orme establishing process to address the workstream.
	Leads	**Ken Lawrie / Liz Orme**		
Project 4: Commissioning	5	**Review the benefits of joint commissioning with NHS**	Established position with CCG Continued engagement of CCG Establishing set of shared outcomes	Initial discussion with Tim Furness and Steve Thomas (CCG) – 19th July 2012. Identified Integrated working and leadership as areas of shared interests. To look to jointly sign off outcomes of projects Key areas currently identified through integrated working scoping: IAPT programme; Integrated CMHTs; LD joint service Set of outcomes drafted for further discussion Next Step: SCC/CCG – further meetings to be set up
	Leads	**Clive Clarke / Miranda Plowden**		

Project 5: Delegated Functions 1	7	**Review the delivery of delegated functions: assessment and care management**	Clear commissioning and governance arrangements in place To be informed by Review of Community Learning Disability Teams – Public Health Observatory Implementation of Commissioning Landscape: Commissioning Plans in place to identify the delivery of care and support services through personal budgets etc.	Project plan in place (Miranda Plowden) Next Step: Development of outcomes (see Project 4) Work set up to develop Commissioning Framework and identify most appropriate governance arrangements.
	Leads	**Clive Clarke & Jason Rowlands / Miranda Plowden**		
Project 6: Delegated Functions 2	8	**Review the commissioning for care and support: provider services**		
	Leads	**Jason Rowlands/ Miranda Plowden / Eddie Sherwood**		
Project 7: Governance	6	**Establish an effective annual business planning process with a clear focus on outcomes**	Transparent Annual Business Planning process in place to align use of SCC resources with delivery of Partnership duties. Annual priority setting process Annual business planning to identify use of resources Ability to use resources flexibly to achieve better value for money Dealing with particular needs e.g. autism **Key Outputs:** Revised Governance Arrangements	Project Brief to be drafted Initial discussion on outcomes – 15th August – with initial discussion at Performance and Partnership Meeting – Sept. / Oct. Final element of Review (See Project Map Appx 2) Review current governance arrangements
	Leads	**Jason Rowlands / Bev Cookham**		
	9	**Put in place clear governance arrangements**		
	Leads	**Jason Rowlands / Miranda Plowden**		

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Report to Healthier Communities & Adult Social Care Scrutiny & Policy Development Committee

Report of: **Executive Director of Communities**

Subject: **Report on Performance within Assessment and Care Management**

Author of Report: **Robert Broadhead, Head of Care and Support, Tel: 0114 2735891**

Summary:

Adult Care and Support; Assessment, Provision and Review Performance

Adult care and support has been undergoing major changes nationally and locally with the introduction of new ways of working such as self directed support, increasing demand and a reduction in funding. In response to this, the council has developed and commenced implementation of a 2015 Vision for adult social care.

The gateway into receiving care and support services is through the Assessment & Care Management services; these services have been at the forefront of the national and local changes including the 2015 vision.

During this period of change there are a number of key performance areas within the Care and Support Service and Business Plan that have been increasingly challenging to deliver at the level we would like. These performance indicators are part of a suite of indicators used to gauge the extent to which people are likely to have a positive experience or not, of Care and Support.

The specific indicators that are subject to this report are;

- 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.

Social workers and care managers undertake a wide range of duties but the most important role is to focus on safeguarding people from harm and ensuring people are able to receive the care and support to keep them safe and as independent as possible. Therefore, whatever the pressures on the

service and subsequent delays, operational managers on a daily basis, prioritise safeguarding and assessments and support for those with the most immediate and pressing needs.

The information presented has been requested by the Committee to enable it to scrutinise performance and the actions being taken.

Type of item: The report author should tick the appropriate box

Reviewing of existing policy	
Informing the development of new policy	
Statutory consultation	
Performance / budget monitoring report	√
Cabinet request for scrutiny	
Full Council request for scrutiny	
Community Assembly request for scrutiny	
Call-in of Cabinet decision	
Briefing paper for the Scrutiny Committee	√
Other	

The Scrutiny Committee is being asked to:
The Committee is asked to consider the proposals and provide views, comments and agree recommendations as follows:

1. That members endorse the improvement plans and changes that have been made in establishing a Care and Support offer that aligns demand with available resources and the 2015 vision.

2. That members acknowledge that a balance needs to be struck between performance and cost.

3. That the existing Care and Support performance indicators are reviewed to determine the most appropriate indicators to support the performance management of the new Care and Support offer and to ensure we can meet the changes to our national performance reporting requirements

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Background Papers:
None

Category of Report: OPEN

1. Summary

1.1 Adult care and support has been undergoing major changes nationally and locally with the introduction of new ways of working such as self directed support, increasing demand and a reduction in funding. In response to this, the council has developed and commenced implementation of a 2015 Vision for adult social care.

1.2 The gateway into receiving care and support services is through the Assessment & Care Management services; and these services have been at the forefront of the national and local changes, including the 2015 vision.

1.3 During this period of change there are a number of key performance areas within the Care and Support Service and Business Plan that have been increasingly challenging to deliver at the level we would like. These performance indicators are part of a suite of indicators used to gauge the extent to which people are likely to have a positive experience or not, of Care and Support.

The specific indicators that are subject to this report are;

- 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.

1.4 Social Workers and Care Managers undertake a wide range of duties but the most important role is to focus on safeguarding people from harm and ensuring people are able to receive the care and support to keep them safe and as independent as possible. Therefore, whatever the pressures on the service and subsequent delays, operational managers on a daily basis, prioritise safeguarding and assessments and support for those with the most immediate and pressing needs.

1.5 In addition, the services are implementing improvement action plans, utilising a one-off investment fund, and this is resulting in significant reductions in waiting times for assessments and the completion of support plans and introduction of personalised care and support for individuals. However, there is a financial consequence of these improvements, as more and more people receive their personal budgets in a more timely way.

1.6 The challenges facing the assessment and care management services will continue, and a balance will need to be struck between the level of performance and the resources available.

1.7 In line with the 2015 vision, the service is making clear progress in doing things differently, such as earlier and proportionate assessments and interventions and which is helping people to sustain their independence and reduce the need for more intensive and on-going care and support for people.

2. What does this mean for Sheffield people?

1. Prioritising Safeguarding means that vulnerable people are safer.

2. A focus on prevention and early intervention means that more people will remain independent for longer.

3. People with eligible needs experience more choice and control over the care and support they receive.

4. The council achieves value for money in the use of its resources.

3. The Assessment and Care Management Service.

3.1 There are three Assessment and Care Management (ACM) services funded by the council. These are the adults' teams (older people and people with a physical disability or sensory impairment), the Joint Learning Disability Service (JLDS) and the Adult Mental Health service. (AMH)

3.2 The first two services are directly managed by the council's Care and Support service, whilst the mental health service is run on the council's behalf by the Sheffield Health and Social Care Foundation NHS Trust (SHSCFT).

3.3 Altogether there are over 300 social workers and care managers who undertake the following core functions

- Respond to safeguarding alerts using the South Yorkshire safeguarding procedures
- Carry out statutory duties in respect of the 1983 Mental Health Act
- Receive requests for help from new and known people with presenting needs
- Decide upon the need for an assessment. The legal framework suggests the threshold for this decision must be low
- Carry out a needs assessment
- Determine whether the presenting needs and any other needs arising from the assessment are eligible for assistance. The threshold for eligibility is currently decided by the council decision although the government is changing this so that there will be one national threshold. Sheffield City Council (SCC) policy is that we will meet needs that are critical and substantial.
- Taking account of support from family and other informal carers into account when determining eligibility
- Taking account of family carers own needs

3.4 People who access ACM through safeguarding or a statutory mental health assessment or via a hospital route also receive an assessment of eligibility for mainstream support, like any other individuals seeking support. For these reasons AMH, JLDS and Adult ACM in hospital and intermediate

care and specialist teams are organised into joint health and social care teams, so that all their needs are appropriately addressed.

3.5 Ever since the Community Care changes in the early 1990s, the main focus of the assessment and care management teams has been on timely assessments and then determining and taking responsibility for securing the appropriate care and support for people who have critical or substantial needs. (See Appendix I for a description of critical and substantial).

3.6 The single assessment process was introduced and assessment and care management staff procured services for individuals from care providers contracted to the council, predominantly home care, day care and residential providers.

3.7 In recent years, this emphasis has been changing since the introduction of the national policy of personalisation, self directed support and personal budgets, with a much greater emphasis on empowering the individual to make decisions, to be in more control and to have more choice on the type of support and how this is organised and provided.

4. Self Directed Support (SDS)

4.1 SDS has been a huge change to the way the council operates, requiring cultural and procedural changes amongst our staff and the care providers. This level of change and its radical nature has undoubtedly led to delays in assessment and arranging support as staff has learnt the new ways of doing things.

4.2 There are specific stages in the SDS process.

4.2.1 The assessor and/or the individual with their family or friend/supporter complete an Assessment Questionnaire (AQ). This is designed to identify the person's needs and to give an indication of how much money the person may need to meet their eligible needs. The assessment is recorded into 14 domains. Details of these can be found in Appendix I

4.2.2 Providing needs are eligible, a number of points are obtained from the AQ which are added together to give the assessment a score. The score is then reduced if appropriate, to reflect the extent and sustainability of informal support and that score is then changed into a financial value which is the person's annual indicative amount and used as a guide to inform support planning.

4.2.3 The person should be able to plan the help they need and fund this within the indicative amount of their personal budget. Experience shows that this works for most people, and indeed, the final personal budget is usually less than the original, indicative budget.

4.2.4 It is also important for the person to know the maximum financial contribution they are likely to make under the Fairer Contributions Policy before they start to plan their support.

4.2.5 Support planning is the next stage. People can choose how they would like to spend up to the indicative budget providing support meets their eligible needs, it is legal and it keeps them safe. The choices are broad to promote choice and control and the person decides what support is required and how they will receive their personal budget (the final agreed annual budget to meet their eligible needs)

- Council arranged
- Direct Payment
- Individual Service Fund (in development)
- A mixture of these

4.2.6 Completing support plans is not a role that the Assessment and Care Management teams have to directly undertake, although we are required to approve and ‘sign off’ the final support plan. The intent is to move to a position where people chose to either plan their support themselves, with family or friends or with external planners. Support planning by Care and Support assessors will be by exception. An example of this may be where there are safeguarding concerns.

4.2.7 Assessors are responsible for receiving completed support plans, authorising them against guidance and ensuring procurement of the support is carried out. One key change with SDS is that all support plans must have a contingency in place to address predictable risks such as illness and fluctuating levels of need.

4.3 As can be seen, the move from ‘professional-led’ assessments and procuring care provision from contracted council providers, to one of self directed support, has required major change and considerable time, all-round, to learn the new arrangements.

4.4 Significant amounts of training in the new processes have been provided to assessment and care management staff, alongside guidance and the introduction of quality standards. It has also required a phased approach to delegating decisions to the social workers and care managers.

5. Performance against the highlighted targets

5.1 Average number of days to complete Adult Social Care, Self Directed Support assessments

Prior to the introduction of SDS, the government stated that assessments should be completed within twenty-eight days.

At the end of quarter 1 2012/13 (30th June 2012) the average time taken was 103 days. This was similar to the previous quarter and worse than 12 months ago when the time taken was 64 days.

The largest volume of new people asking for help (referrals-see Table 1) is from people aged over 65 years and therefore people in this age group are

waiting longest for the assessment to start and then be supported through the assessment process.

Analysis of backlogs reveals that around 25% of people waiting for completion of either the assessment or support planning are waiting with support in place which is addressing the person or their family carers immediate risks. This is an essential requirement to keep people safe but adds a further layer of complexity to the whole process.

5.2 Average number of days to receive all Adult Social Care services after the Self Directed Support assessment.

Prior to the introduction of SDS, the government stated that following an assessment, the appropriate package of care should be arranged within a further twenty-eight days.
At the end of quarter 1 2012/13 (30th June 2012) the average time taken was 89 days. This was similar to the previous quarter and worse than 12 months ago when the time taken was 53 days.

5.3 Percentage of adults receiving a review as a % of those receiving a service.

It is expected and also good practice to review people receiving care and support on an annual basis. For Sheffield, around 13,500 people should receive an annual review. At the end of quarter 1 Adult and JLDS ACM had reviewed 29% of those people receiving services against a revised target of 66%. The overall performance figure was 40% for Care and Support because AMH ACM was assessing almost 98% of people receiving a service.

5.4 Emerging views on these indicators.

The legacy of these timescale and review indicators goes back to the Social Services Performance Assessment Framework which has now been ended by the Government and we no longer have to report these into the Department of Health. However Care and Support have chosen to retain these indicators until a new national set are agreed for measuring adult social care outcomes. It is expected that the National Indicator Set will include;

- Outcomes of reablement
- Diversion away from long term social care
- Outcomes for people from safeguarding including whether the person is feeling safer.
- Reviews of support
- Numbers of people who receive support via SDS and the mechanism of service delivery e.g. via a direct payment, Council arranged.

Timescales for assessment and the provision of support are unlikely to be re-introduced.

Provisional data just released by the National Adult Social Care Intelligence Service (September 2012) indicates that, within England, assessments completed in 2011/12 are down 7% despite population growth and reviews

are down 13% nationally compared with 2010/11. This suggests other councils are experiencing similar performance trends as Sheffield.

5.5 A wider range of indicators and performance.

There are many other performance indicators which the council uses to measure the performance of the Care and Support service, such as satisfaction levels. These indicators are reported nationally as part of the Adult Social Care Outcomes Framework (ASCOF). Examples of these can be found in Appendix I. It shows that Sheffield is performing similar to the national average.

Our quarterly reporting is also improving in the following.

- Proportion of people using adult social care services who have control over their daily life = 76.2% Quarter 1 -better than previous Quarter.

- Overall satisfaction of people who use services with their care and support = 60.5% Quarter 1 - better than previous Quarter.

- Proportion of people's identified outcomes that have been met =72% Quarter 1 - better than previous Quarter.

6. Background Context

6.1 Self Directed Support

As can be seen from the earlier description, the implementation of self directed support is a major transformational change and reduced performance is a temporary consequence of these changes to practice and procedure. However as the report outlines later, we are putting in place actions that will considerably speed up the SDS process and make a positive impact of reduced waiting times and much better outcomes for people.

6.2 Funding Reductions.

6.2.1 With the significant reductions to council funding, adult social care has needed to contribute to savings, both to assist with the net budget reductions and also to find other savings to help fund cost pressures arising, for example, from increased demand from an ageing population.

6.2.2 Since April 2011, there has been a net reduction of 19 assessors, with a further 13 posts to be disestablished before the end of this financial year. These are linked to planned business system efficiencies and the increasing capacity of other organisations to undertake support planning

6.2.3 The gross purchasing budgets have also reduced by £500,000 in 2012/13.

6.2.4 Inevitably this has an impact on the timescales of the response by assessment and care management, although actions were taken to mitigate the impact as much as possible.

6.3 Increased Demand and Activity.

6.3.1 The level of activity will have a direct impact on performance. The services have been experiencing increased demand and numbers of people who are requiring assessments and self directed support. As a consequence more people are also requiring personal budgets and this is increasing the pressure on the purchasing budgets within adult social care.

6.3.2 We are also facing increased demand for assessments and self directed support as a result of people ceasing to be eligible for Continuing Health Care funding. We are projecting that this will mean an extra 120 people who will need assessments, personal budgets and reviews, with an additional spend of around £3.5m full year effect.

The table below shows the increased demand forecast from known activity and demographics, based on the 2011 census. Activity projections for 2012-13 are based on referrals for the 12 months to 30 September 2012.

Table 1 Referral Forecast

Under 65 Referrals

	Actual	Projection									
Financial Year	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
(a) Under 65 age group population	352,382	354,893	357,283	359,606	362,084	364,466	366,568	368,264	369,587	370,700	371,482
(b) Number of New Referrals (0.43% of (a))	1447	1515	1525	1535	1546	1556	1565	1572	1578	1582	1586

65+ Referrals

	Actual	Projection									
Financial Year	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
(a) 65+ age group population	86,183	88,269	89,875	90,955	91,832	92,612	93,338	94,243	95,144	95,999	97,055
(b) Number of New Referrals (5.8% of (a))	4993	5125	5218	5281	5332	5377	5419	5472	5524	5574	5635

LD Referrals*

	Actual	Projection									
Financial Year	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
(a) Under 65 age group population	352,382	354,893	357,283	359,606	362,084	364,466	366,568	368,264	369,587	370,700	371,482
(b) Number of New Referrals (0.05% of (a))	195	186	187	188	190	191	192	193	194	194	195

*while the numbers of referrals in JLDS are low, the level of complexity is significant . JLDS are also responsible for managing the progression of children to adult services. The numbers can vary each year but currently they have 225 young people who they are supporting to progress.

7. How we are responding to these changes and our performance: 2015 Vision

7.1 As already mentioned, adult social care has developed a vision for 2015 which seeks to embrace the approach to personalisation whilst also addressing the financial and demographic pressures.

7.2 Key elements of this are:

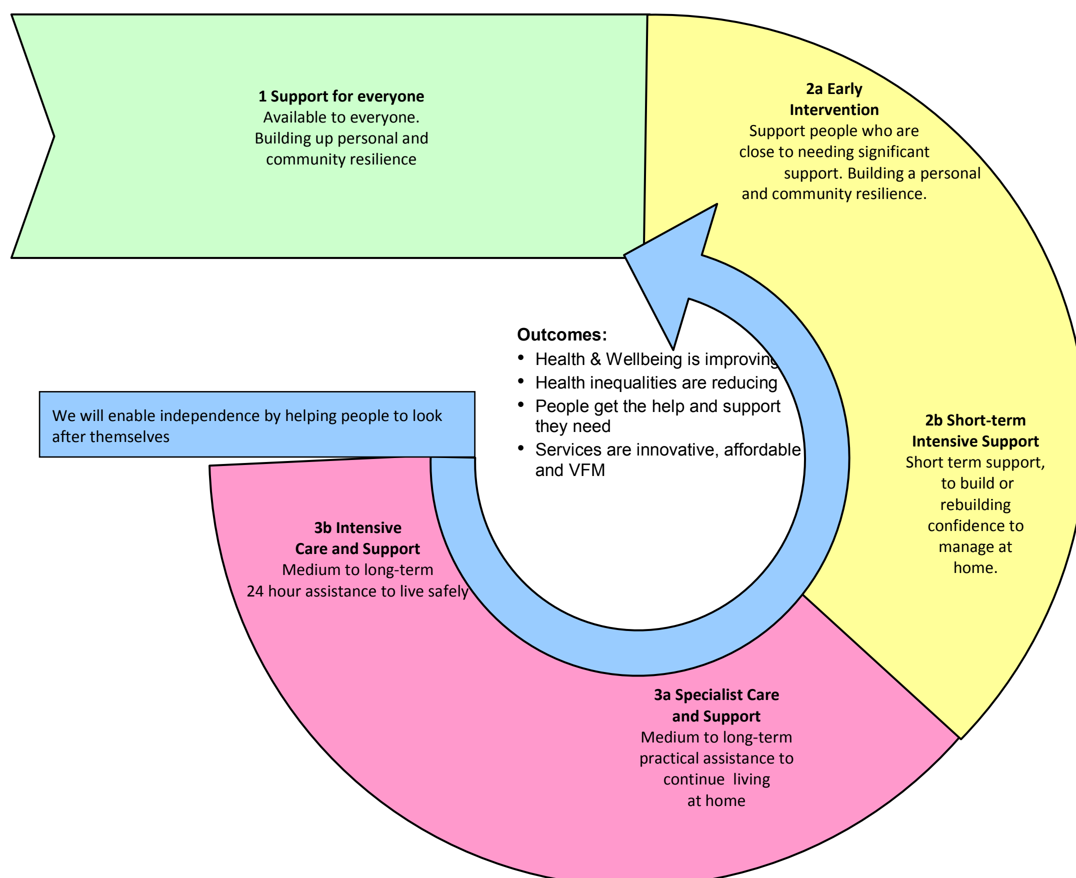
- Earlier assessment, advice, signposting and support to people so that, with a timely and appropriate amount of support, people are able to continue to use universal services and remain independent.

- More intensive but short term period of reablement support for people to enable them to recover and not require an unnecessary deployment of longer term care and support

- Self directed support and personal budgets for those fewer people who require such provision.

The diagram illustrates this approach.

2015 Vision & Commissioning Landscape



7.3 Early intervention, prevention and reablement

7.3.1 As part of the 2015 vision Care and Support are offering prevention and reablement as their initial offer to new people who have presenting needs. The most significant recent change has been with the Adult ACM service who have reorganised to provide a single access point for all new people who have presenting care and support needs. The Community Access and Reablement Service (CARS) offer a personalised prevention and reablement service for all new people who ask Care and Support for help.
Skill mix within the team;

- Referral co-ordinators
- Care Managers
- Social Workers
- Occupational therapy
- Care staff
- Housing related support
- Community support
- City-Wide Care Alarms
- Welfare Rights

They respond to the persons presenting need within 2 working days (same working day for safeguarding and high risk situations, such as family carer breakdown).

7.3.2 Where those presenting needs cannot be addressed through information, advice and sign-posting a personal reablement plan is developed and actioned within a further 10 working days. Reablement is personalised and includes activities of daily living, equipment and adaptations, telecare, community access, benefits advice and health training. This is a free service for up to 6 weeks and the person, CARS and reablement staff work together as a virtual team to achieve the outcomes of the person's reablement plan. 65% of people who are supported through CARS reablement do not need ongoing support after that intervention. For the 35% who do, they receive a timely assessment and support plan. This is arguably a better assessment as it is based on a shared view including those of the hands- on reablement staff.

7.3.3 The service has been running part City for around 9 months and since 2nd July 2012 the CARS team has taken all new referrals for Adults ACM. The CARS service responds to around 350 requests for help each month and from the combination of outcomes from both prevention and reablement no more than 50% need an assessment questionnaire following their intervention. In the previous way of working without a prevention and reablement service 80% would receive a needs assessment and would be likely to receive long-term care and support.

7.3.4 AMH has reorganised in a similar way to a single access point and JLDS have established a Community and Tenancy Support Service and is developing their capacity to take a similar approach- responding quickly to presenting needs and preventing the need for assessment questionnaires and personal budgets.

8. Business system efficiencies

8.1 As part of the council's drive to improve business system efficiency, Care and Support has established a programme of work to modernise our business systems, ACM processes and team organisation.
An Electronic Data Management System has been introduced and this, as well as the electronic service user record, has reduced the need for teams to maintain paper files. The procurement of services and setting up direct payments are time consuming processes which impact on the time taken to provide services. In April 2012 the previous paper based system of ordering what is required was replaced with an electronic system within the individual service users electronic care record. This important change took longer than anticipated for assessors and other stakeholders to use. Further changes have improved this and we are only just beginning to see the benefits of this in terms of efficiency.

8.2 We are also rolling out mobile working solutions which support single visit assessments and real time data entry into the service user record.

8.3 In Adult ACM a model as been developed to re-organise the team structure into 3 functions:

- Duty
- Assessment
- Case Management

By doing this we will improve the workflow from CARS and for existing service users.

8.4 The management of people waiting at the key stages in the process and understanding the expected volumes coming next are critical activities and teams can improve their efficiency in this area of performance management. This model will be tested in 2 teams before being rolled out from January 2013.

9. Improvements to Self directed Support processes.

9.1 Decision Making on assessments and support plans.

9.1.1 As part of the SDS implementation, we are delegating to the assessors the authority to authorise assessments, indicative budgets and the support plan sign off record, to speed up the process. This will be backed by a Quality Assurance Framework and a focus for managers to support and ensure practitioners are performing to the correct standard.

9.1.2 As more support plans are developed by the individuals themselves, with their family or an organisation, this allows the available capacity in Care and Support to focus on those parts of the SDS process that the assessors need to do;

- Assessments including sign off
- Signing off support plan
- Reviews

9.1.3 Currently 46% of support plans are developed and written by others, and there is capacity in the market to develop further the use of external support planners, freeing up assessor capacity and enabling disinvestment/reinvestment decisions to be made.
Care and Support will have less control over the time taken to plan support and so to manage this effectively timescale standards (as part of the quality assurance scheme for support planners) is being considered.
These system and process improvements will reduce the time it takes to assess and plan support.

9.2 Reviews

9.2.1 Care and Support have commissioned a piece of work, taking account of national views and what local people want, to redesign the review process so that the complex and high risk reviews that Care and Support need to do, are done. For others there will be less reliance on Care and Support assessors by using more creative alternatives e.g. self and provider reviews (alongside a proportionate quality assurance process). This work will be completed early in 2013 and will be implemented from 1st April 2013. This means the review performance in 2012/13 is unlikely to improve.

9.2.2 With significant reductions in funding now and for the future, a balance will need to be struck between how much of the efficiency generated by these service and system improvements is used to manage reduced resources and how much is used to deliver service improvements.

9.3 Temporary Additional Capacity

9.3.1 In May 2012 the Communities Leadership Team recognised that the improvements being made to processes will achieve better performance in the future and inform decisions about further reductions in assessor capacity and any reinvestment decisions. However the service generally, and Adult ACM in particular, was experiencing increasing waiting times and backlogs of assessments. An improvement plan was developed and 10 wte temporary assessors were put in place to focus on reducing the backlogs for a 6 month period starting in June 2012.

9.3.2 At the time of writing this report the number of assessments waiting to be started was 338 compared to 588 at 1st June 2012. (57% reduction)
By the end of the 6 month period, it is forecast that the backlog will reduce to around 200 assessments which will be significantly lower than backlogs have been previously.
The backlog represents around 3% (2013/14) of the total annual referrals (see Table 1) and will be more manageable because of the shift in focus through the CARS service.

10. Equality Implications

The changed offer across Care and Support, providing a timely first response is a fairer approach. Previously the offer for mostly older people was to wait in a queue for an assessment. These changes redress that inequity.

11. Financial implications

11.1 Tackling the backlog of assessments has financial implications. On average an additional 10 personal budgets for new people creates an annual cost pressure of £107k (see Table 2.) While the cost would have been met at some point, these actions to reduce waiting times bring forward a bulge of personal budgets and the associated costs.

11.2 The modelling work used to inform the changes established that the cost of a more timely response will be offset by the reduction in cost of personal budgets. The implementation of this new offer from Care and Support has been managed within existing resources. The business efficiencies are funded by Capital monies and the cost of external planners is met from existing resources within the Care and Support purchasing budget.

Table 2 Average cost of care and support

Service Type	Average cost of a support plan for new service users £k per annum	Average increase in the cost of a support plan for an existing service user whose needs have changed £k per annum
Adult	**10.0**	**£5,700**
JLDS	**18.4**	**£21,000***
AMH	**5.4**	**N/A**
Average	**10.7**	

*(based on a relatively small sample of 200 clients)

12. Outcome and Sustainability

12.1 A rebalance and better use of existing resources, by changing the Care and Support offer towards prevention, early intervention and Self Directed Support where people are eligible, will place the Council in a stronger position to make savings and reinvest available resources to meet increasing demands

- Young people progressing into care and support
- Older people living longer with impairments e.g. Dementia
- Transfers from Continuing Health Care funding to Care and Support
- Are significant pressures on limited resources.

13. Other options considered

- With the financial challenges facing SCC the option of providing more assessors to improve performance on a long term basis was not considered as a viable option.

- The option of returning to the previous service based assessments was also discounted because SDS is showing that on average the cost of support is less than support provided using the service based assessment model.

- Opportunities for more self assessment and the use of other professionals as trusted assessors are part of the 2015 vision. These options will need to be developed alongside increased community capacity to increase prevention and resilience and to reduce the need and reliance of personal budgets.

- Considerations are being given to the development of a local Dilnot model so that individuals can plan for their future needs and introduce a new financial model for Care and Support.

14. Conclusion

14.1. There has been, and continues to be, a significant amount of leadership and service redesign to implement the 2015 vision and which will directly and indirectly have a positive impact on responding to demand for assessments, personal budgets, support plans and reviews.

14.2 However, the Care and Support waiting time performance indicators covered in this report will improve only gradually due to the length of time people have been waiting. On the positive side, all the Care and Support services now have a single access point to give everyone asking for help a consistent response. New referrals are receiving a much speedier response, thanks to the introduction of the CARS service, and more streamlined and proportionate approach to assessments and support plans.

14.3 Other changes described in this report can achieve reduced waiting times for assessment by reducing the demand. On current projections, around 50% of new people asking for help have their presenting needs addressed through prevention and early intervention. Further developments in community capacity to support older and disabled people could increase this further.

14.4. Therefore while the time taken to go through the SDS process will remain important for some people, this will not be the case for the majority of people seeking care and support. However to keep people safe it is important to get the support they need in a timely way. Therefore understanding and managing queues within the whole ACM process is a business critical activity. Monitoring of numbers waiting and waiting times are critical but will vary for different people based on their individual circumstances and whether or not they are waiting with support or not.

14.5 These are extremely difficult times with projected growth and reducing finances. The transformational changes described in this report are the right ones but the expected level of performance around numbers waiting, time taken to assess and reviews needs to be balanced with what is affordable. It is inescapable that the faster people with long term care and support needs are assessed and support put in place, the more demand there is on the purchasing budget.

14.6 Reviews will remain as part of the national data set and are an essential part of the care and support offer. With reducing assessor resources there needs to be new ways of carrying out this function. The national trend is that the volume of reviews is reducing nationally as well as in Sheffield and therefore the work the council has commissioned to identify and implement new ways to carry out reviews will be an important action for Care and Support services in 2013/14.

15. Recommendations

1. That members endorse the improvement plans and changes that have been made in establishing a Care and Support offer that aligns demand with available resources and the 2015 vision.

2. That members acknowledge that a balance needs to be struck between performance and cost.

3. That the existing Care and Support performance indicators are reviewed to determine the most appropriate indicators to support the performance management of the new Care and Support offer and to ensure we can meet the changes to our national performance reporting requirements.

Appendix I.

What the eligibility thresholds of critical and substantial means.

If someone is assessed as having critical or substantial needs, then, under the law, the council must ensure that appropriate support is put in place to meet those assessed needs.

Critical Needs.
This is when:

- Life is, or will be, threatened; and/or
- Significant health problems have developed or will develop; and/or
- There is, or will be, little or no choice and control over vital aspects of the immediate environment; and/or
- Serious abuse or neglect has occurred or will occur; and/or
- There is, or will be, an inability to carry out vital personal care or domestic routines; and/or
- Vital involvement in work, education or learning cannot or will not be sustained; and/or
- Vital social support systems and relationships cannot or will not be sustained; and/or
- Vital family and other social roles and responsibilities cannot or will not be undertaken.

Substantial Needs.
This is when:

- There is, or will be, only partial choice and control over the immediate environment; and/or
- Abuse or neglect has occurred or will occur; and/or
- There is, or will be, an inability to carry out the majority of personal care or domestic routines; and/or
- Involvement in many aspects of work, education or learning cannot or will not be sustained; and/or
- The majority of social support systems and relationships cannot or will not be sustained; and/or
- The majority of family and other social roles and responsibilities cannot or will not be undertaken.

Domains in the Assessment Questionnaire.

The individual is assisted to identify their needs against the following descriptions.

- Meeting my Physical and Mental Health Needs
- Meeting Personal Care Needs
- Keeping Myself Safe
- Managing My Actions
- Eating and Drinking
- Making Decisions and Organising My Life
- Being Part of My Community
- My Role as a Carer or as a Parent with Dependent Children
- Running and Maintaining my Home
- Having Work and Learning Opportunities
- Home Environment- needs trigger a referral to Equipment and Adaptations
- Support at Night
- Support for Moving Safely
- Informal Support-identifies the extent and sustainability of informal support

Adult Social Care Outcomes Framework

Many of the adult social care indicators in ASCOF are based on the results of surveys of users and carers. Sheffield performed at a similar level to other councils as shown below:

Adult Social Care Outcomes Framework – 2011-12 provisional data

Indicator	Sheffield	England
Social care-related quality of life	18.6%	18.7%
Proportion of people who use services who have control over their daily life	76%	75%
Overall satisfaction of people who use services with their care and support	60.5%	63%
Proportion of people who use services and carers who find it easy to find information about services	69.5%	74%
Proportion of people who use services who feel safe	65%	64%
Proportion of people who use services who say that those services have made them feel safe and secure	74%	75%

Report to the Healthier Communities & Adult Social Care Scrutiny and Policy Development Committee
17 October 2012

Report of: **Emily Standbrook-Shaw**
Policy Officer (Scrutiny)
emily.standbrook@sheffield .gov.uk; 0114 27 35065

Date: 17 October 2012

Subject: **Work Programme and Cabinet Forward Plan**

The Committee's draft work programme is attached for consideration.

The Committee is asked to identify any further issues for inclusion in the work programme as agenda items, or in depth task and finish reviews.

To ensure that information coming to the Committee meets requirements, Members are requested to identify any specific approaches, lines of enquiry, witnesses etc that would assist the scrutiny process for items on the work programme.

The latest version of the Cabinet Forward Plan is also attached. Consideration of issues at an early stage in the development process gives scrutiny an opportunity to make recommendations to decision makers and maximises scrutiny's influence. The Committee is therefore requested to identify any issues from the Forward Plan for inclusion on a future agenda.

Recommendations:

That the Committee:

- Considers the work programme and Cabinet Forward Plan
- Identifies further issues for inclusion on the work programme

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Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee
Draft Work Programme
Last updated 9 October 2012

What	Why	How	When
Experience of Care and Support – performance review	*To consider and comment on activity being undertaken to improve experience of care and support*	Report	17th October 2012
Sheffield City Council/Care Trust Review	*To consider and comment on the review of the partnership between Sheffield City Council and the Sheffield Health and Social Care Foundation Trust.*	Report	17th October 2012
Intermediate Care	*As part of its review into the future of intermediate care resource centres, the Committee expressed concern about the length of time it is taking to find a suitable site for the planned intermediate care facility. An update was requested.*	Report	21st November 2012
Local Account	*To consider and comment on the Council's Local Account, detailing performance in*	Report	21st November 2012

Birch Avenue/Woodland View	*Update as requested by the Committee at the September meeting.*	Report	21st November 2012
Child and Adolescent Mental Health Services	*To agree a terms of reference for a scrutiny task and finish exercise into waiting times for Tier 3 CAMHS*	Report	21st November 2012
End of Life Care	*To consider progress on the End of Life Care Strategy – particularly around meeting the needs of the increasing number of people who choose to die at home.*	Report	Winter 2012/2013
Adult Safeguarding	*To consider the annual safeguarding adults report and any issues arising from it.*	Report	16th January 2012
Protocol for the Scrutiny of Health in Sheffield	*To refresh the protocol for the Scrutiny of health in Sheffield to reflect the changes to health and wellbeing structures in Sheffield brought about by the Health and Social Care Act 2012.*	Report	20th March 2012
Self Directed Support	*To consider progress made in rolling out personalised budgets*	Report	TBD
Anti Social Behaviour Review	*With a particular focus on impact of anti social behaviour for people with learning disabilities.*	TBD	TBD
Right First Time	*To consider the progress, future plans and outcomes from the Right First Time programme*	TBD	TBD

Quality Accounts	*To consider and comment on the annual quality accounts of NHS providers in the City, as required by the Department of Health*	TBD	TBD
Sheffield Food Plan	*To scrutinise progress of the Sheffield Food Plan*	TBD	TBD
Diabetes in South Asian Communities	*To consider how best to improve and target information at at risk groups*	TBD	TBD
Paediatric Cardiac Surgery	*To scrutinise outcomes for children in Yorkshire and the Humber following the decision to reconfigure children's heart surgery centres.*	Through the Yorkshire and Humber Joint Scrutiny Committee.	Ongoing

Cabinet Forward Plan of Key Decisions

Date decision is expected to be taken and who will take the decision?	Description of decision K = Key Decision P = Statutory Plan - part of budget and policy framework	Cabinet Member and relevant Scrutiny Policy and Development Committee	What documents will be considered by the decision maker?	Date agenda documents available	Who can I contact about this issue and request documents, subject to availability?
11/10/12 Cabinet Highways Committee	Optio Orange Key Bus Route: Sheffield City Centre to Halfway Terminus	Councillor Leigh Bramall Economic and Environmental Wellbeing	Report of the Executive Director, Place.	3/10/12	Place Cate Jockel Tel: 2734192 cate.jockel@shefield.gov.uk
17/10/12 Cabinet	Revenue Budget and Capital Programme Monitoring 2012-13 (Month 4) (K)	Councillor Bryan Lodge Overview and Scrutiny Management	Report of the Executive Director, Resources.	9/10/12	Resources Allan Rainford Tel: 2735108 Allan.rainford@sheffield.gov.uk
17/10/12 Cabinet	Medium Term Financial Strategy (K)	Councillor Bryan Lodge Overview and Scrutiny Management	Report of the Executive Director, Resources.	9/10/12	Resources Allan Rainford Tel: 2735108 Allan.rainford@sheffield.gov.uk
17/10/12 Cabinet	Sheffield City Region Deal (K)	Councillor Leigh Bramall	Report of the Executive Director,	9/10/12	Children, Young People and Families

Date decision is expected to be taken and who will take the decision?	Description of decision K = Key Decision P = Statutory Plan - part of budget and policy framework	Cabinet Member and relevant Scrutiny Policy and Development Committee	What documents will be considered by the decision maker?	Date agenda documents available	Who can I contact about this issue and request documents, subject to availability?
		Economic and Environmental Wellbeing	Children, Young People and Families		Eve Waite Tel: 229 6136 Email: eve.waite@sheffield.gov.uk
17/10/12 Cabinet	A Local Scheme for Council Tax Support (K)	Councillor Bryan Lodge Overview and Scrutiny	Report of the Executive Director, Resources	9/10/12	Resources Jon West Tel: 203 7762 Jon.west@sheffield.gov.uk
25/10/12 Executive Director	Low Carbon Pioneer Cities funding (Core Cities: Green Deal component) (K)	Councillor Jack Scott Economic and Environmental Wellbeing	Report of the Executive Director, Place.	17/10/12	Andy Nolan Director of Sustainable Development 20 52972 andy.nolan@sheffield.gov.uk
31/10/12 Cabinet	Revenue Budget and Capital Programme monitoring 2012-13 (Month 5) (K)	Councillor Bryan Lodge Overview and Scrutiny	Report of the Executive Director, Resources.	23/10/12	Resources Allan Rainford Tel: 2752596 Allan.rainford@sheffield.gov.uk

Date decision is expected to be taken and who will take the decision?	Description of decision K = Key Decision P = Statutory Plan - part of budget and policy framework	Cabinet Member and relevant Scrutiny Policy and Development Committee	What documents will be considered by the decision maker?	Date agenda documents available	Who can I contact about this issue and request documents, subject to availability?
		Management			
31/10/12 Cabinet	Supporting Sheffield People with Dementia to Live Well (K)	Councillor Mary Lea Healthier Communities and Adult Social Care	Report of Executive Director, Communities	23/10/12	Communities Howard Waddicor Tel: 2057130 Howard.waddicor@sheffield.gov.uk
31/10/12 Cabinet	Sheffield Lower Don Valley Flood Defence Project (K)	Councillor Jack Scott Economic and Environmental Wellbeing	Report of the Executive Director, Place.	23/10/12	Place Steve Birch Tel: 27 35880 Steve.birch@sheffield.gov.uk
31/10/12 Cabinet	Cleared Sites Contract 2013/16 (K)	Councillor Harry Harpham Safer and Stronger Communities	Report of the Executive Director, Place.	23/10/12	Place Neil Piper Tel: 2037527 Neil.piper@sheffield.gov.uk
31/10/12 Cabinet	Joint Health and Wellbeing Strategy (K)	Councillor Mary Lea	Report of the Executive Director,	23/10/12	Laurie Brennan Tel: 273 4755

Date decision is expected to be taken and who will take the decision?	Description of decision K = Key Decision P = Statutory Plan - part of budget and policy framework	Cabinet Member and relevant Scrutiny Policy and Development Committee	What documents will be considered by the decision maker?	Date agenda documents available	Who can I contact about this issue and request documents, subject to availability?
		Healthier Communities and Adult Social Care	Communities		Laurie.brennan@sheffield.gov.uk
8/11/12 Cabinet Highways Committee	Upperthorpe and Netherthorpe Permit Parking Scheme Outcome of the Traffic Regulation Order Consultation Process	Councillor Leigh Bramall Economic and Environmental Wellbeing	Report of the Executive Director, Place	31/10/12	Place Brian Hey Tel: 2736086 brian.hey@sheffield.gov.uk Cate Jockel Tel: 2734192 cate.jockel@shefield.gov.uk
8/11/12 Cabinet Highways Committee	Area Wide Lorry Routing Review (K).	Councillor Leigh Bramall Economic and Environmental Wellbeing	Report of the Executive Director, Place	31/10/12	Place: Chris Galloway Tel:2736208 christopher.galloway@sheffield.gov.uk
9/11/12 Executive Leader Decision	Social Fund – Welfare Reform (K)	Councillor Julie Dore Overview and Scrutiny	Report of the Executive Director, Resources.	1/11/12	Suzanne Allen – Suzanne.Allen@sheffield.gov.uk, Tel 0114 2734943 and Nicola Rust –

Date decision is expected to be taken and who will take the decision?	Description of decision K = Key Decision P = Statutory Plan - part of budget and policy framework	Cabinet Member and relevant Scrutiny Policy and Development Committee	What documents will be considered by the decision maker?	Date agenda documents available	Who can I contact about this issue and request documents, subject to availability?
		Management			Nicola.rust@sheffield.gov.uk . Tel 07964122447
21/11/12 Cabinet 5/12/12 Council	Gambling Act 2005 – Statement of Licensing Principles (Policy)	Councillor Isobel Bowler Economic and Environmental Wellbeing	Report of the Executive Director, Place.	13/11/12	Place Stephen Lonnia Tel: 2053798 Stephen.lonnia@Sheffield.gov.uk
21/11/12 Cabinet	Primary School Places in Sheffield (K)	Councillor Jackie Drayton Children, Young People and Families	Report of the Executive Director, Children, Young People and Families.	13/11/12	Children, Young People and Families Joel Hardwick Tel: 2735476 Joel.hardwick@sheffield.gov.uk
12/12/12 Cabinet	Revenue Budget and Capital Programme monitoring 2012-13 (Month 6) (K)	Councillor Bryan Lodge Overview and Scrutiny Management	Report of the Executive Director, Resources.	4/12/12	Resources Allan Rainford Tel: 2752596 Allan.rainford@sheffield.gov.uk
12/12/12 Cabinet	Sheffield Development Framework: City Policies and	Councillor Leigh Bramall	Report of the Executive Director,	4/12/12	Place Peter Rainford

Date decision is expected to be taken and who will take the decision?	Description of decision K = Key Decision P = Statutory Plan - part of budget and policy framework	Cabinet Member and relevant Scrutiny Policy and Development Committee	What documents will be considered by the decision maker?	Date agenda documents available	Who can I contact about this issue and request documents, subject to availability?
9/1/13 Council	Sites Document and Proposals Map – the Pre-submission Version (K)	Economic and Environmental Wellbeing	Place.		Tel:273 5897 peter.rainford@ sheffield.gov.uk
12/12/12 Cabinet	Community Infrastructure Levy (Preliminary Draft Charging Schedule for Consultation) and Infrastructure Delivery Plan.	Councillor Leigh Bramall Economic and Environmental	Report of the Executive Director, Place.	4/12/12	Place Richard Holmes Tel: 205 3387 richard.holmes@ sheffield.gov.uk
12/12/12 Cabinet	Future of Council Housing	Councillor Harry Harpham Safer and Stronger Communities	Report of the Executive Director, Communities.	4/12/12	Communities Vicky Kennedy Tel: 29 30241 Vicky.Kennedy@ sheffield.gov.uk
13/12/12 Cabinet Highways Committee	Flexible use of Bus Lanes (No Car Lanes / HoV Lanes)	Councillor Leigh Bramall Economic and Environmental Wellbeing	Report of the Executive Director, Place.	5/12/12	Place Simon Botterill Tel: 273 6167 simon.botterill@sheffield.go.uk

Date decision is expected to be taken and who will take the decision?	Description of decision K = Key Decision P = Statutory Plan - part of budget and policy framework	Cabinet Member and relevant Scrutiny Policy and Development Committee	What documents will be considered by the decision maker?	Date agenda documents available	Who can I contact about this issue and request documents, subject to availability?
13/12/12 Cabinet Highways Committee	Objections to traffic measures related to Buchanon Road, Chaucer Road public realm improvement	Councillor Leigh Bramall Economic and Environmental Wellbeing	Report of the Executive Director, Place.	5/12/12	Place Simon Botterill Tel: 273 6167 simon.botterill@sheffield.go.uk
13/12/12 Cabinet Highways Committee	National Road Safety Strategy / Sheffield Road Safety Vision (K)	Councillor Leigh Bramall Economic and Environmental Wellbeing	Report of the Executive Director, Place. National Road Safety Strategy.	5/12/12	Place: Susie Pryor Tel: 2736205 susie.pryor@sheffield.gov.uk

A key decision* is one that is either part of the budgetary/policy framework, sets or shapes a major strategy, results in income or expenditure of £500,000+, is a matter of major public concern or controversial by reason of representations made or likely affects two or more wards. The full definition of a key decision can be found in Part 2, Article 13.3 of the Council's Constitution which can be viewed on the Council's Website www.sheffield.gov.uk. Requests for copies or extracts from any of the publicly available documents or other documents relevant to the key decisions, or for details of the consultation process and how to make representations, can be made by ringing the contact officer or via Democratic Services, Town Hall, Sheffield S1 2HH email to: committee@sheffield.gov.uk

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