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Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee

Wednesday 18 September 2013 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, John Campbell, Katie Condliffe, Roger Davison (Deputy Chair), Tony Downing, Adam Hurst, Martin Lawton, Jackie Satur, Diana Stimely, Garry Weatherall and Joyce Wright

Healthwatch Sheffield
Anne Ashby, Helen Rowe, Alice Riddell and Mike Smith (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 and recording is allowed under the direction of the Chair. Please see the website or contact Democratic Services for further information regarding public questions and petitions and details of the Council's protocol on audio/visual recording and photography at council meetings.

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 Matthew Borland, Policy and Improvement Officer on 0114 27 35065 or email matthew.borland@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
18 SEPTEMBER 2013

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 (Pages 1 - 4)
Members to declare any interests they have in the business to be considered at the meeting

5. Minutes of Previous Meeting (Pages 5 - 12)
To approve the minutes of the meeting of the Committee held on 17th July, 2013

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

7. Memory Management Service Developments - Interim Report (Pages 13 - 18)
Report of Jason Rowlands, Director of Planning, Performance and Governance, Sheffield Health and Social Care NHS Foundation Trust

8. Adult Social Care Local Account 2012/13 (Pages 19 - 52)
Report of the Executive Director, Communities

9. Date of Next Meeting
The next meeting of the Committee will be held on Thursday, 20th November, 2013, at 10.00 am, in the Town Hall

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ADVICE TO MEMBERS ON DECLARING INTERESTS AT MEETINGS

New standards arrangements were introduced by the Localism Act 2011. The new regime made changes to the way that members' interests are registered and declared.

If you are present at a meeting of the Council, of its executive or any committee of the executive, or of any committee, sub-committee, joint committee, or joint sub-committee of the authority, and you have a **Disclosable Pecuniary Interest** (DPI) relating to any business that will be considered at the meeting, you must not:

- participate in any discussion of the business at the meeting, or if you become aware of your Disclosable Pecuniary Interest during the meeting, participate further in any discussion of the business, or
- participate in any vote or further vote taken on the matter at the meeting.

These prohibitions apply to any form of participation, including speaking as a member of the public.

You **must**:

- leave the room (in accordance with the Members' Code of Conduct)
- make a verbal declaration of the existence and nature of any DPI at any meeting at which you are present at which an item of business which affects or relates to the subject matter of that interest is under consideration, at or before the consideration of the item of business or as soon as the interest becomes apparent.
- declare it to the meeting and notify the Council's Monitoring Officer within 28 days, if the DPI is not already registered.

If you have any of the following pecuniary interests, they are your **disclosable pecuniary interests** under the new national rules. You have a pecuniary interest if you, or your spouse or civil partner, have a pecuniary interest.

- Any employment, office, trade, profession or vocation carried on for profit or gain, which you, or your spouse or civil partner, undertakes.

- Any payment or provision of any other financial benefit (other than from your council or authority) made or provided within the relevant period* in respect of any expenses incurred by you in carrying out duties as a member, or towards your election expenses. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.

*The relevant period is the 12 months ending on the day when you tell the Monitoring Officer about your disclosable pecuniary interests.

- Any contract which is made between you, or your spouse or your civil partner (or a body in which you, or your spouse or your civil partner, has a beneficial interest) and your council or authority -
  - under which goods or services are to be provided or works are to be executed; and
  - which has not been fully discharged.

- Any beneficial interest in land which you, or your spouse or your civil partner, have and which is within the area of your council or authority.

- Any licence (alone or jointly with others) which you, or your spouse or your civil partner, holds to occupy land in the area of your council or authority for a month or longer.

- Any tenancy where (to your knowledge) -
  - the landlord is your council or authority; and
  - the tenant is a body in which you, or your spouse or your civil partner, has a beneficial interest.

- Any beneficial interest which you, or your spouse or your civil partner has in securities of a body where -

  (a) that body (to your knowledge) has a place of business or land in the area of your council or authority; and

  (b) either -

  the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body; or

  if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which you, or your spouse or your civil partner, has a beneficial interest exceeds one hundredth of the total issued share capital of that class.

If you attend a meeting at which any item of business is to be considered and you are aware that you have a **personal interest** in the matter which does not amount to a DPI, you must make verbal declaration of the existence and nature of that interest at or before the consideration of the item of business or as soon as the interest becomes apparent. You should leave the room if your continued presence is incompatible with the 7 Principles of Public Life (selflessness; integrity; objectivity; accountability; openness; honesty; and leadership).

You have a personal interest where –

- a decision in relation to that business might reasonably be regarded as affecting the well-being or financial standing (including interests in

land and easements over land) of you or a member of your family or a person or an organisation with whom you have a close association to a greater extent than it would affect the majority of the Council Tax payers, ratepayers or inhabitants of the ward or electoral area for which you have been elected or otherwise of the Authority's administrative area, or

- it relates to or is likely to affect any of the interests that are defined as DPIs but are in respect of a member of your family (other than a partner) or a person with whom you have a close association.

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

You should identify any potential interest you may have relating to business to be considered at the meeting. This will help you and anyone that you ask for advice to fully consider all the circumstances before deciding what action you should take.

In certain circumstances the Council may grant a **dispensation** to permit a Member to take part in the business of the Authority even if the member has a Disclosable Pecuniary Interest relating to that business.

To obtain a dispensation, you must write to the Monitoring Officer at least 48 hours before the meeting in question, explaining why a dispensation is sought and desirable, and specifying the period of time for which it is sought. The Monitoring Officer may consult with the Independent Person or the Council's Standards Committee in relation to a request for dispensation.

Further advice can be obtained from Lynne Bird, Director of Legal Services on 0114 2734018 or email **lynne.bird@sheffield.gov.uk**

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SHEFFIELD CITY COUNCIL

Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee

Meeting held 17 July 2013

PRESENT: Councillors Mick Rooney (Chair), Sue Alston, Katie Condliffe, Roger Davison (Deputy Chair), Tony Downing, Adam Hurst, Martin Lawton, Diana Stimely, Garry Weatherall, Joyce Wright and Clive Skelton (Substitute Member)

Non-Council Members (Sheffield Healthwatch):-

Anne Ashby and Alice Riddell

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1. APOLOGIES FOR ABSENCE

1.1 Apologies for absence were received from Councillor Janet Bragg and Councillor Clive Skelton attended the meeting as the duly appointed subsititute, and Councillor Jackie Satur and Helen Rowe (Sheffield Healthwatch).

2. EXCLUSION OF PUBLIC AND PRESS

2.1 No items were identified where resolutions may be moved to exclude the public and press.

3. DECLARATIONS OF INTEREST

3.1 There were no declarations of interest.

4. MINUTES OF PREVIOUS MEETINGS

4.1 *17th April 2013*

The minutes of the meeting of the Committee held on 17th April 2013, were approved as a correct record, subject to the substitution of the words "Sheffield Healthwatch" for the words "Sheffield LINk" and, arising therefrom:-

(a) it was reported that:-

(i) the visit by the Committee to St. Luke's Hospice would be arranged for September 2013;

(ii) a response had still not been received from Councillor Mary Lea, Cabinet Member for Health, Care and Independent Living, in connection with the Council's proposal to no longer to provide, free of charge, individual small items of daily living equipment costing less than £50 and regarding the setting aside of funds, for a hardship

fund, to assist those who could not afford daily living equipment, and it was requested that the Policy and Improvement Officer should contact Councillor Lea as a matter of urgency; and

(iii) details of the Committee's responses to the Sheffield Health and Social Care NHS Foundation Trust Quality Account 2012/13 had been circulated to Members of the Committee, for comment and approval, prior to submission; and

(b) the Committee requested the Policy and Improvement Officer to contact John Reid, Director of Nursing and Clinical Operations, Sheffield Children's Hospital Foundation Trust, requesting details of the results of the asthma audit which would be repeated in terms of the provision of advice to child asthma suffers; and

4.2 *8th May 2013*

The minutes of the meeting of the Committee held on 8th May 2013, were approved as a correct record, subject to the substitution of the words "Sheffield Healthwatch" for the words "Sheffield LINk" and, arising therefrom:-,

(a) it was reported that:-

(i) a letter expressing the Committee's concerns regarding the lack of a national framework and regulation for male circumcisions had been forwarded to the Secretary of State for Health; and

(ii) there was no further progress in terms of the proposed joint Yorkshire and Humber Health Overview and Scrutiny exercise on the review of adult congenital heart disease services; and

(b) the Committee requested:-

(i) the Policy and Improvement Officer to (A) look into the position regarding the further data which was required before the briefing note on the arrangements for the holding of a joint meeting with the Children, Young People and Family Support Scrutiny and Policy Development Committee, on the End of Life Care for children up to the age of 18, could be circulated, (B) chase a response from the Health and Wellbeing Board with regard to the provision of assistance to those voluntary and faith organisations offering help and advice to patients with mental health, drug and alcohol problems and (C) ensure that a response is provided to Councillor Adam Hurst with regard to the issue he raised relating to the Malnutrition Universal Screening Tool; and

(ii) Anne Ashby to find out whether a discussion on communication issues between the Sheffield Teaching Hospitals Foundation Trust and Sheffield LINk (now Sheffield Healthwatch) had taken place.

4.3 *15th May 2013*

The minutes of the meeting of the Committee held on 15th May 2013, were approved as a correct record.

5. PUBLIC QUESTIONS AND PETITIONS

5.1 There were no questions raised or petitions submitted.

6. SHEFFIELD CLINICAL COMMISSIONING GROUP - COMMISSIONING INTENTIONS 2013/14

6.1 The Committee received a report on the Sheffield Clinical Commissioning Group's Commissioning Intentions 2013/14.

6.2 Dr Ted Turner, GP and Governing Body member of the NHS Sheffield Clinical Commissioning Group, reported on the background of the Clinical Commissioning Group (CCG), indicating that the Group had formally been established on 1st April 2013, on the back of the Health and Social Care Act, and had replaced the Primary Care Trust in the City for most of its functions. The Group included all 88 GP practices in the City, which had all signed up to a written constitution, and would be responsible for arranging the commissioning of healthcare services in the City.

6.3 Dr Turner referred to the four aims set out in the Group's prospectus and the proposed changes which would hopefully improve the quality of care and the patient experience, as well as releasing resources to invest in quality improvements and actions to reduce health inequalities.

6.4 Tim Furness, Director of Business Planning and Partnerships, Sheffield CCG, reported that all 88 GP practices had been asked for their views on what they thought the CCG should be doing, of which responses had been received from around 30 practices. Mr Furness reported in more detail on the proposed work of the Group, which included work on the Right First Time initiative, children's health and the work required in response to the Francis Report. He referred specifically to the Financial Plan, which set out details of the investments made and what investments were planned.

6.5 Members of the Committee raised questions and the following responses were provided:-

- It was difficult to provide definite assurances that there would be sufficient funding allocated to each of the 88 GP practices to provide adequate healthcare services for all their patients. There would always be issues regarding funding as there were likely to be cases of overspend and underspend by practices. However, although each practice had an indicative budget, the CCG managed its funding at a City-wide level rather than a practice level. Primary Care services were contracted by NHS England,

therefore funding for such services was dependent on the Government in terms of any renegotiation of the contract. On a local basis, the aim was to transfer services out of hospitals and move them closer to people's homes, which should be better for the patient, and cost less. There were mechanisms being brought into place to ensure fair shares, but there would always be some elements in terms of funding which could not be controlled as well as others. With a growing demand for healthcare, but flat funding, there would not be enough funding to allow the NHS to continue operating as it had done in the past and therefore, there was a need to change the way patients' needs were met. One such way would be to focus more on preventative measures.

- There were areas of the City where there was a higher concentration of people suffering from cancer or other serious health problems and, there were certain communities, such as the Roma/Slovak community, living in certain areas of the City, with specific health needs. The CCG wanted to focus resource on those areas and communities with a higher risk of certain illnesses, such as cancer and Hepatitis B.

- In terms of the number and location of GP practices, compared to need, the National Commissioning Board, which had a Local Area Team, was responsible for GP contracts, and the Scrutiny Committee would need to discuss this issue with them.

- A lot of the issues raised, relating to raising the life expectancy age, screening for cancers and other illnesses, together with the need to encourage people to go for screening, the increase in certain illnesses due to the increased levels of immigration and the issues surrounding illness caused by pollution or stress, now fell under Public Health, which was part of the Council. It was accepted that all the above issues needed focussing on as they could all make a major difference to people's health. The Group was very keen on engaging with voluntary organisations and educating people to do more to look after themselves. The Health and Wellbeing Board, established as a partnership of the Council and the CCG, regularly looked at such issues.

- It was accepted that there should be better communication between GPs and patients after patients had left hospital, and if GP practices contacted patients within 24 hours of leaving hospital, this might help reduce re-admission levels. There were communication issues associated with this, such as GPs receiving notification too late or a lack of clarity in terms of patients' notes, but the Group was looking at how such communication could be improved.

- The CCG had allocated funding to put into the GP practices for purposes of care planning, whereby practices would be expected to use the funding to undertake more work. This could include the recruitment of additional staff in order to undertake the additional work requested by the CCG. It was hoped that the contract would be finalised in September 2013, and that the funding transferred at this point.

- As part of the consultation on the CCG's plans, more focus had been placed on seeking the views of GP practices in 2012, as opposed to patients. The CCG representatives acknowledged that the Group must do more and there were plans to improve the Group's engagement with Sheffield Healthwatch and other relevant groups and organisations, particularly in connection with its plans for 2014/15. Through the Health and Wellbeing Board, the Group was liaising with the Council on the wider integration of health and social care. The CCG was committed to working with the Council to ensure that health and social care money in the City was used as efficiently as possible to meet people's needs.

- The CCG had planned to review its Intermediate Care Strategy as part of the Right First Time programme and then decide what services needed to be commissioned. The CCG did not have any capital assets, therefore had no direct interest in buildings, other than to ensure that they were being used to the best of their capacity.

- In terms of current Local Enhanced Services, particularly the provision of such services in care homes, whilst the CCG had put enhanced services in place as it recognised that people in care homes were sometimes at particular risk of being admitted to hospitals, it would be the role of NHS England to look at the provision of other services in care homes, such as dental services.

- There were no specific targets set in terms of waiting times for Child and Adolescent Mental Health Services (CAMHS) and Memory Management Services, although the Group was aware that there needed to be an improvement in such times. The waiting time used as a guide was the 18 weeks referral to treatment standard, and the CCG was working with CAMHS to improve their response times.

- With regard to one of the CCG's priorities in terms of Clinical Quality Improvement – to ensure compliance with national standards and guidance for cancer care and reduce unwarranted variation – the term 'unwarranted variation' was used by the CCG to describe the circumstances where GP practices' different referral rates did not appear to be explained by differences in their population. The Department of Health had decided that it should be the duty of the CCG to support the work of the Area Team in maintaining and improving the quality of primary care.

- The CCG Board included 10 GPs, two Clinical Directors, four representatives elected by GPs and four representatives nominated by the CCG's locality groups.

- Engagement with patients was viewed as a major issue for the CCG. At the present time, a number of people received information on a regular basis. The level of information was relatively basic, but if people requested more detailed information, this could be arranged. The Group was considering the

possibility of sub-contracting some engagement work to voluntary sector organisations.

- All 88 GP practices in the City were signed up to membership of the CCG. Around 60 were represented at the last membership meeting therefore, whilst the Group was relatively happy with the level of involvement at the present time, it was accepted that further work was required in this area.

- It was accepted that the plans to reduce the number of hospital-based first outpatient attendances by 40% and the number of hospital-based follow-up attendances by 80% by 2016, could be seen as ambitious, and possibly prove to be more than achievable. It had been considered that this approach was better than being too conservative. The CCG expected to make savings from reducing outpatient attendances, which would be spent on improving the quality of care and reducing health inequalities, for example, targeted screening for Tuberculosis and Hepatitus B in the Roma/Slovak community.

- The comparatively high rates of child admissions for lower respiratory tract infection were not yet understood, and there was a possibility that the data regarding this was flawed.

- Taxis would not be used as part of the contract with the Yorkshire Ambulance Service for emergency ambulance services, but the CCG had invited tenders for a contract in respect of non-emergency transfers. This would not be a 'blue light' service, but simply for transferring people who were not mobile, to other health services. The CCG would send a briefing note to the Scrutiny Committee with more information on this issue.

- Regarding the relative impact of deprivation and older age, it was noted that, in the most deprived parts of the City, people did not live as long and old age may be relative.

- The CCG does not currently have a problem, as other areas have reported, of senior clinicians retiring, and not being replaced. There was less risk of this in Sheffield than in other places as there was an excellent medical school in the City, with a strong emphasis on GP services. In terms of the loss of senior clinicians, there was less of a hierarchical structure in practices these days, so this was not considered a major issue in terms of leadership of the practices.

- As part of the CCG's intentions, whilst there were no plans to reduce the levels of administrative staff in 2013/14, the former Primary Care Trust, during the last three years, had been required to meet targets in terms of reductions in management spend, which had resulted in a reduction in staffing levels prior to the establishment of the CCG. However, the CCG had a ceiling in terms of management spend, which was set nationally. Considerably more would be spent on the provision of clinical advice, rather than administrative costs, compared to the Primary Care Trust. There would obviously still be a need for administrative staff, but the focus would be more

on supporting the clinicians.

- With regard to initiatives such as additional wellbeing services for people with enduring mental health problems, the Personality Disorder Pathway and improving forensic care for people with learning difficulties, the CCG hoped to release enough money, through savings, to invest in these services, and would not be able to make those improvements until it was sure they were affordable.

- The change in CCG expenditure in terms of mental health from 2012/13 to 2013/14 equated to a reduction of approximately £200,000, as a result of NHS efficiency requirements.

- In terms of the continued work with the City Council and Sheffield Children's NHS Foundation Trust, on the 'Future Shape of Children's Health' programme, the plans to ensure good transition from children's to adult mental health care, including the care of 16 and 17 year olds, was viewed as a priority. However, the CCG could not commit to spending money that it did not have, so there would be a need to free up funding from elsewhere to enable this to happen.

- As part of the work with children and young people, the plans to 'review respite care services and develop proposals to improve respite care for children with complex medical needs' refers to children with both physical and mental disabilities, who had been placed in care outside the City. The CCG believed that it would be beneficial for many of them and their families if there were more local services to support them, and felt that planning for them as a group, rather than as individuals, would help services to be developed.

- There was a City Council run Implementation Group on the Autism Act, which advised the CCG on the specification for the new diagnostic service, which was being procured at the present time.

- It was confirmed that the CCG's current patient and public engagement work included the Learning Disabilities Parliament, through the Learning Disabilities Partnership Board.

6.6 RESOLVED: That the Committee:-

(a) notes the contents of the report now submitted, together with the comments now made and the responses provided to the questions raised;

(b) identifies (i) the need for discussions (A) with the National Commissioning Board's Local Area Board regarding GP practices in the City, including the numbers, location and skill mix and (B) between the Committee and Jeremy Wight, Director of Public Health, regarding public health investment;

(c) requests (i) clarification on the Committee's role with the Health and

Wellbeing Board and (ii) that it has the opportunity of viewing and commenting on the Clinical Commissioning Group's Communications Plan in terms of its commissioning intentions for 2014/15, specifically regarding its plans in terms of engagement, prior to its publication; and

(d) thanks Tim Furness and Dr Ted Turner for attending the meeting and reporting on the Clinical Commissioning Group's Commissioning Intentions 2013/14 and responding to the questions now raised.

7. WORK PLANNING 2013/14

7.1 The Policy and Improvement Officer submitted a report containing details of the proposed approach to work planning for the Committee during 2013/14.

7.2 He indicated that there was a need for Members to look at how the Committee could have an increasingly bigger impact, in terms of the work it undertook.

7.3 RESOLVED: That the Committee:-

(a) notes the contents of the report now submitted, together with the comments now made; and

(b) agrees that the two existing Task and Finish Groups continue and complete their work, with the current Members and Chair of each Group being re-appointed.

8. DATE OF NEXT MEETING

8.1 It was noted that the next meeting of the Committee would be held on Wednesday, 18th September 2013, at 10.00 am in the Town Hall.

Healthier Communities & Adult Social Care Scrutiny & Policy Development Committee
Wednesday 18th September

Report of: Jason Rowlands, Director of Planning, Performance and Governance. Sheffield Health and Social Care Trust

Subject: Memory Management Services developments – Interim Report.

Author of Report: Jason Rowlands, Director of Planning, Performance and Governance, Sheffield Health and Social Care Trust
0114 226 3417

Summary:

This report outlines the plans being explored by Sheffield Clinical Commissioning Group (SCCG) and Sheffield Health and Social Care NHS FT (SHSC) to improve access to memory services for the people of Sheffield. This report is provided on behalf of both organisations.

It summarises the current position and outlines the areas being explored to inform future service development planning within Sheffield.

The development is being progressed by jointly by the SCCG and SHSC. Together both organisations have delivered a range of improvements over previous years, and remain committed to ensuring future improvement remains a priority and is delivered upon.

This is an interim report provided at the request of the Committee in advance of a more substantial report for the Committee in November, to enable the Committee to scrutinise the actions being taken regarding services.

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	**X**
Other	

The Scrutiny Committee is being asked to:

The Committee is asked to note the plans being progressed to inform future developments and provide views regarding the areas being explored.

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 Planning, Performance and Governance, Sheffield Health and Social Care NHS FT

Memory Management Service developments – Interim Report.

1. Introduction/Context

1.1 During March 2013 Sheffield Health and Social Care NHS FT presented to the Scrutiny and Policy Development Committee its draft Quality Account.

1.2 During the review and discussion on the progress made across services, the Committee noted its concern regarding the waiting times experienced by people accessing Memory Service, when compared to other types of services provided.

1.3 The Committee asked the Trust to explore in conjunction with the Clinical Commissioning Group what steps could be taken to further reduce waiting times for memory management services, and to report on the Trust's initial thoughts on this issue.

1.4 The purpose of this interim report is to update the Committee on the progress made and for members to comment and on the solutions being explored.

2. Main body of report, matters for consideration, etc

2.1 Background

2.2 Sheffield Clinical Commissioning Group (and the previous Sheffield Primary Care Trust) and Sheffield health and Social Care Trust have jointly been working together over the last several years to improve experiences and access to Memory Services for the people of Sheffield.

2.3 The main strategies and plans that have been followed have been

- Awareness raising across primary care and related services, in increase awareness and improved signposting of people with possible problems
- Incentivising Sheffield Teaching Hospitals NHS FT, through the CQUIN scheme to identify, assess and refer people with possible memory problems to the relevant services
- Improve the effectiveness of current services available through the Care Trust.

2.4 These approaches and plans have had considerable success in improving access for people in Sheffield. However, as we continue to identify more people who need services demand is increasing. Both the Commissioning Group and the Care Trust remain jointly committed to developing solutions to deliver further improvements.

2.5 Current position re access

1.6 In 2012, there were 6,494 people predicted to have dementia (diagnosed and undiagnosed) in Sheffield. Of these, 4,130 have a diagnosis on the GP Quality Outcome Framework dementia register which means that Sheffield is now estimated to have diagnosed 63.6% of people with dementia. In 2011, Sheffield had 3,621 people with a diagnosis on the dementia register and was estimated to have diagnosed 56.7% of people with dementia. This therefore represents significant progress.

1.7 When compared to other Clinical Commissioning Groups in England and Wales, Sheffield now ranks 2nd for the diagnosis of dementia however, there is still some way to go and we continue to work to increase diagnosis rates. In 2013/14 a number of initiatives will help with this:

- Year 2 of the national dementia CQUIN for STH
- Increased diagnostic capacity in the SHSC memory service
- Specialist input to primary care to support case finding
- Public awareness campaigns – national and local
- Workforce development
- GP DES on case finding

1.8 Progress on the diagnosis of dementia in Sheffield is demonstrated by the steady growth in % diagnosed

Year	% Diagnosed	AS Ranking (England and Wales)
2006-2007	44.98	
2007-2008	47.58	
2008-2009	50.78	13th
2010	53.2	6th
2011	56.7	3rd
2012	63.6	2nd

1.9 From the England and Wales data for 2012, Yorkshire and Humber SHA has an average diagnosis rate of 48.6%. In South Yorkshire; Barnsley has 46.1%, Doncaster 53.7% and Rotherham 55.7%.

1.10 At the same time the Memory Services within the Care Trust have been increasing their ability to see and support more people each year. This has been achieved through a range of service and productivity improvements.

Year	Numbers assessed & diagnosed	Waiting times
2010-11	749	21.2 weeks
2011-12	876	14.5 weeks
2012-13	918	16.3 weeks

2.11 Over the last 3 year period the service has managed to see 22.5% more people to provide an assessment and diagnosis support service, and reduce waiting times by 23%.

1.11 However it remains the case that access arrangements need to improve both in terms of increasing the numbers of people supported and further reductions in waiting times. While currently the 2nd best performer in England regarding diagnosis rates and identifying people effectively, the evidence suggests that there are still 36% of people in Sheffield who haven't yet been identified by services. Looking ahead to the future, there are currently estimated to be 6,494 people with dementia in Sheffield and it is anticipated this will rise to 8,108 by 2025. This represents a 25% growth by 2025.

1.12 Development plans

1.13 Sheffield Clinical Commissioning Group and Sheffield Health and Social Care have prioritised development work to deliver further improvements.

2.14 Reviews undertaken of the current client group supported by the existing memory services suggests that around a third of people receiving follow up support have non-complex problems and needs. They require ongoing monitoring and periodical re-assessments as required. However currently this client group is supported and re-assessed by the city wide specialist services when evidence indicates that their needs can be effectively and appropriately provided for within primary care services.

2.15 The main focus of exploration is how best to improve capacity within primary care services to best enable them to provide ongoing re-assessment support. Achieving this is expected to deliver benefits through freeing up resources within the city wide specialist services for them to see more people, and see them within more acceptable timescales.

2.16 Approaches to achieving this are currently being scoped and assessed. The work is considering

- Care pathways alongside the broader development of primary care services
- Specialist nurse led support needs to work alongside and within primary care services
- Further improvements to existing service models in respect of diagnostic testing support
- Resource implications of the different options

2.17 The expected outcomes are intended to be

- More people would be able to access assessment and diagnosis services quickly – which will improve people's experiences and the efficacy of support and treatment provided
- Follow up care will be better integrated within the broader primary care provision resulting in more integrated care for the individual

- Follow up care and reviews will be provided more locally – resulting in better experiences for people and less inconvenience regarding travelling and disruption

3 What does this mean for the people of Sheffield?

3.1 Ensuring people who are worried that they may be experiencing problems with their memory are able to access appropriate assessments, advice and support quickly is key to delivering effective care and providing positive experiences.

3.2 The plans being explored currently will result in future proposals for how improvements will be delivered. While this hasn't been completed it may result in people in Sheffield getting their ongoing needs met more locally within their local primary care services if this is felt appropriate.

4. Recommendation

4.1 As this is an interim report the Committee is being asked to note the areas being considered and to give their opinion regarding the potential way forward to inform ongoing development planning.

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

18th September 2013

Report of: Richard Webb, Executive Director, Communities

Subject: Adult Social Care Local Account 2012-13

Author of Report: Ben Arnold, Development Officer, Business Strategy

Telephone: 0114 273 4972

Summary:

This report is being presented to Scrutiny in response to a request following Scrutiny's involvement in last year's Local Account ("How Did We Do?")

The report explains the progress made on this year's Local Account and asks for feedback on the approach being taken along with the design, structure and content of the early stages of the first draft.

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:

This should provide a clear statement of what the Committee is being asked to do (e.g. The Committee is asked to consider the proposals and provide' views, comments and recommendations)

1.1. Have a look at the working draft document and:

1.1.1. Comment on the suggested structure and content of the 2013 local account

1.1.2. Consider whether the 'I statements' selected are the most appropriate headings for introducing the relevant performance information

1.1.3. Comment on the use of graphs and text to convey the performance information, with particular attention to:

1.1.3.1. The number and nature of the organisations we are comparing ourselves with, i.e. Core Cities, National, other local authorities within the region, etc.

1.1.3.2. Is it helpful having last year's data as a comparison?

1.1.3.3. Are graphs necessary, or would people prefer to simply read the statistics in text or tables?

1.1.3.4. How easy will it be to assess how Sheffield is performing?

1.1.4. Consider if there is any performance data, news items or information on specific services that should also be included.

1.2. Comment on whether the design of last year's account (see link in 1.5) is suitable to be used again.

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.

n/a

Category of Report: OPEN

Sheffield Local Account 2012-13

Healthier Communities and Adult Social Care Scrutiny – September 2013

2. Background

2.1. From 2012 all councils have had to produce a local account of how their adult social care and support services are performing. This is essentially an annual report to the public, providing information on the performance of local social care services along with details about priorities and outcomes.

2.2. In the past, all councils had an annual performance assessment by the Care Quality Commission (CQC). The last of these assessments was in 2010 and it rated Sheffield as performing excellently. As CQC no longer does its annual assessment, councils are expected to find other ways to test their performance.

2.3. The local account has now become part of the new approach to local government sector led improvement. We are working with other councils in the region to challenge each other's performance and to share good practice.

2.4. We produced Sheffield's first local account with the help of service users and shared the working draft with other councils in the region.

2.5. The 2012 local account was published in March, with 250 copies distributed to libraries and other public buildings and a downloadable version on the council website at https://www.sheffield.gov.uk/caresupport/policy/local-account.html

2.6. The aim is to produce a document that provides an accurate, detailed and hopefully interesting and engaging picture of Sheffield's performance in Adult Social Care. It should provide all the essential performance data, whilst remaining accessible to a broad audience, which will include our service users.

3. Progress so far

3.1. Four possible structures were taken to Communities Joint Leadership Team in June and it was agreed that the report should again be based around the four Adult Social Care Outcome Framework Domains, with an additional section to incorporate 'I statements' from the 'Think Local, Act Personal – Making It Real' campaign. For the full structure, see section 3.

3.2. The very early stages of the Account were taken to the Care and Support Readers Group last month. They supported the proposed structure and made some useful comments about the use of graphics, such as providing clear performance indicators.

3.3. The majority of the activity on the production of the Account has so far been around collating all the available statistics. However, progress is now being made on adding explanatory text and information about some services, including case studies.

3.4. One of the main challenges has been getting relevant, interesting case studies to include. Further assistance is being sought to improve this aspect of the report.

3.5. The progress made on the first draft of the Account will be sent out with this briefing. **Please note:**

- **Currently, graphs have been included for the majority of the performance indicators but the data is for illustrative purposes only**
- **The 'I statements' selected are open to discussion with alternatives being listed in Appendix 1, below.**

4. Proposed Structure

4.1. Introduction

General introduction from Richard Webb (Executive Director, Communities) and Councillor Mary Lea (Cabinet Member for Health, Care and Independent Living), detailing the purpose of the Local Account and perhaps mentioning one or two key challenges, e.g. budget pressures.

4.2. How we spend your money

More information about the financial pressures faced by the Council in this area, plus an overview of how the social care budget is split between different client groups and how our spending compares with other local authorities.

4.3. Measuring our performance

Information about the peer review process and how we measure our performance. This will also include an overview of the key areas in which we are performing well and where we need to improve.

4.4. Complaints

Some information about the number and nature of the complaints we have received and how successful we have been in responding to and resolving these. This section will also include wider action that is being taken in response to some of the complaints.

4.5. How we did

This is the main section of the Account, which details a range of performance areas. Senior Managers within Communities have suggested that this be based around four outcomes detailed in the Adult Social Care Outcomes Framework (ASCOF), shown below. This framework was devised by the Department of Health as a way to analyse and present information on performance in Adult Social Care.

This part of the report will also include relevant case studies about our service users and more detailed information about some of our services.

I. **Outcome One -** Enhancing the quality of life for people with care and support needs

II. **Outcome Two -** Delaying and reducing the need for care and support

III. **Outcome Three -** Ensuring people have a positive experience of care and support

IV. **Outcome Four -** Safeguarding adults whose circumstances make them vulnerable and protecting them from avoidable harm

4.6. What you have told us

This section is similar to the previous one in that it will allow us to communicate important performance measures and service user feedback, which we will base around a selection of 'I statements', shown below. These statements were developed by Think Local Act Personal, a partnership made up of a range of people across the social care sector who have come together to try to improve standards. These statements are a result of their 'Making It Real' campaign, which is about improving standards in Social Care. Service users were asked to come up with statements that encapsulated what they would expect from an organisation that was delivering a high quality and personalised service.

As with the section above, this part of the report will also incorporate case studies and articles.

I. '*I have the information and support I need in order to remain as independent as possible*'

II. '*I have access to a range of support that helps me to live the life I want and remain a contributing member of my community*'

III. '*I have care and support that is directed by me and responsive to my needs*'

IV. '*I feel safe, I can live the life I want and I am supported to manage any risks*'

4.7. Last year we said….

This section of the account will provide an opportunity to follow up on any of the aspects of last year's Local Account that we said we'd report back on.

4.8. Get involved and have your say

Lastly, we'll let people know how they can get involved in monitoring and improving the quality of Adult Social Care in Sheffield as well as inviting feedback on the Account itself.

5. Scrutiny is asked to….

5.1. Have a look at the working draft document and:

5.1.1. Comment on the suggested structure and content of the 2013 local account

5.1.2. Consider whether the 'I statements' selected are the most appropriate headings for introducing the relevant performance information

5.1.3. Comment on the use of graphs and text to convey the performance information, with particular attention to:

5.1.3.1. The number and nature of the organisations we are comparing ourselves with, i.e. Core Cities, National, other local authorities within the region, etc.

5.1.3.2. Is it helpful having last year's data as a comparison?

5.1.3.3. Are graphs necessary, or would people prefer to simply read the statistics in text or tables?

5.1.3.4. How easy will it be to assess how Sheffield is performing?

5.1.4. Consider if there is any performance data, news items or information on specific services that should also be included.

5.2. Comment on whether the design of last year's account (see link in 1.5) is suitable to be used again.

Appendix 1. Making It Real 'I Statements'

Section Heading	I Statements
Information and Advice. Having the information I need, when I need it.	I have the information and support I need in order to remain as independent as possible.
	I have access to easy to understand information about care and support which is consistent, accurate, accessible and up to date.
	I can speak to people who know something about care and support and can make things happen.
	I have help to make informed choices if I need and want it.
	I know where to get information about what is going on in my community.
Active and supportive communities. Keeping friends, family and place	I have access to a range of support that helps me to live the life I want and remain a contributing member of my community.
	I have a network of people who support me - carers, family, friends, community and if needed paid support staff.
	I have opportunities to train, study, work or engage in activities that match my interests, skills, abilities.
	I feel welcomed and included in my local community.
	I feel valued for the contribution that I can make to my community.
Flexible integrated care and support. My support my own way	I am in control of planning my care and support.
	I have care and support that is directed by me and responsive to my needs.
	My support is coordinated, co-operative and works well together and I know who to contact to get things changed.

Workforce. My support staff	I have good information and advice on the range of options for choosing my support staff.
	I have considerate support delivered by competent people.
	I have access to a pool of people, advice on how to employ them and the opportunity to get advice from my peers.
	I am supported by people who help me to make links in my local community.
Risk enablement. Feeling in control and safe	I can plan ahead and keep control in a crisis.
	I feel safe, I can live the life I want and I am supported to manage any risks.
	I feel that my community is a safe place to live and local people look out for me and each other.
	I have systems in place so that I can get help at an early stage to avoid a crisis.
Personal budgets and self-funding. My money	I can decide the kind of support I need and when, where and how to receive it.
	I know the amount of money available to me for care and support needs, and I can determine how this is used (whether its my own money, direct payment, or a council managed personal budget).
	I can get access to the money quickly without having to go through over-complicated procedures
	I am able to get skilled advice to plan my care and support, and also be given help to understand costs and make best use of the money involved where I want and need this.

How did we do?

Sheffield's adult social care services 2012

Introduction

This is our second 'Local Account' – the annual report of Sheffield's adult social care services. This report explains how we did last year (2012/13), how things have changed from the previous year and how we are performing compared to other local authorities across England. It also tells you about what we plan to do in future to improve services across the city.

Last year's report was generally well received, however we were given some ideas for making it better and we've tried to use those in this year's report. We hope you will find the information easy to find and understand, but we are always looking to improve so would welcome your feedback for next year's account. Have a look at the 'Get involved and have your say' section for more information.

We have looked to range of people and organisations to help us put this report together, including service users, service providers and other organisations involved in improving social care in Sheffield.

Information to add:

Financial position

Independent scrutiny / sector led improvement activity

Councillor Mary Lea
Cabinet Member for Health, Care and Independent Living

Richard Webb
Executive Director, Communities

Contents

How we spend your money

Spending on adult social services by client group, 2012-13

Add in graph

Every year, we review how much we are spending on adult social care and we provide this data to the Department of Health. A helpful way for us to look at this information is to calculate the average weekly cost of supporting each person. This cost has gone up a small amount across the different types of social care. The average cost of x has risen the most… add explanation why.

Cost of providing adult social care services in Sheffield for the past two years (pounds per person per week)

Add in graph

The average costs of x in Sheffield is similar to the national average and the average of councils that are most similar to Sheffield. However, Sheffield spends above the average per person for y… add explanation why.

Measuring our performance

This report is a very important way for us to let you know how well we are performing. Along with all other councils in England, we regularly send data about our support services to central government. This includes feedback received directly from the people we support, through our annual user and carer surveys. This means that we can show you how well Sheffield is performing when compared with other areas of the country. Throughout this report, you'll see comparisons with the average results from the following groups of councils

Core Cities – these are the councils of England's eight largest city economies outside London, which include Sheffield, Leeds, Birmingham, Bristol, Nottingham, Manchester, Liverpool and Newcastle.

National – all the councils in England

Comparable Councils – Sheffield is in a group with fifteen other councils in England that are similar and are useful for us to be able to compare ourselves with

Yorkshire and Humberside – a group made up of all fifteen councils in our region.

Throughout this report we have used some symbols to show how our performance has changed since last year (the arrows) and how we compare to the average of the comparable councils (the colours). You can see these symbols above many of the graphs.

	Sheffield is performing **above** the average of comparable local authorities
	Sheffield is performing **very close to or the same** as the average of comparable local authorities
	Sheffield is performing **below** the average of comparable local authorities

⇧	Sheffield's performance is **better** than last year
⇔	Sheffield's performance is **very close to or the same** as last year
⇩	Sheffield's performance is **worse** than last year
◎	Information collected for the **first time**, this year

By comparing ourselves with all these other councils, we can see which areas we are doing well in and where we need to improve. You can see if we have managed to improve in the areas we said we needed to get better at in "Last year we said…" on page xx.

We are generally doing well at…

- The number of our service users receiving Direct Payments
- Offering reablement services to people being discharged from hospital
- Getting people back home without delay after being in hospital
- Increasing the number of people how have 'Self Directed Support'

We need to get better at…

- Helping people with learning disabilities find paid employment
- Providing people with information about support services
- Note: Decide which others to add when document is more complete

Need to add in about being subjected to independent scrutiny.

Complaints

Include information about…

- The number of complaints about adult social care
- How long these complaints took to resolve
- What percentage of these complaints were resolved within 6 months
- What people complained about – main topics
- Satisfaction with complaints process - % of people satisfied, etc – what is our target in this area?
- The time taken to respond to complaints
- How many of the complaints raised in 2012-13 are still live
- Any information about how we have been able to resolve some verbal complaints before they become formal complaints
- Taking action to minimise complaints about staff conduct
- Information about the complaints process

How we did

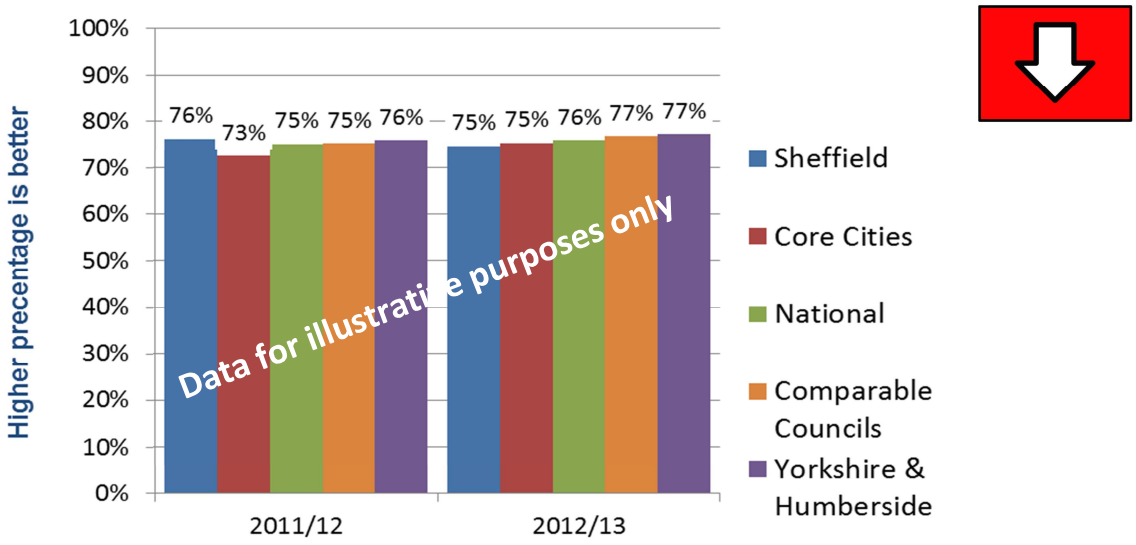
Outcome One - enhancing the quality of life for people with care and support needs

This year we sent out the third annual Adult Social Care Survey to a random selection of people receiving care services in Sheffield. This survey is sent out by councils across England, with the results collected by the Department for Health, to allow us to compare the experiences of care service users in Sheffield with those of others across the country. This survey is very important in allowing us to measure if the services being provided in Sheffield are having a positive impact on people's lives.

How you rate your quality of life

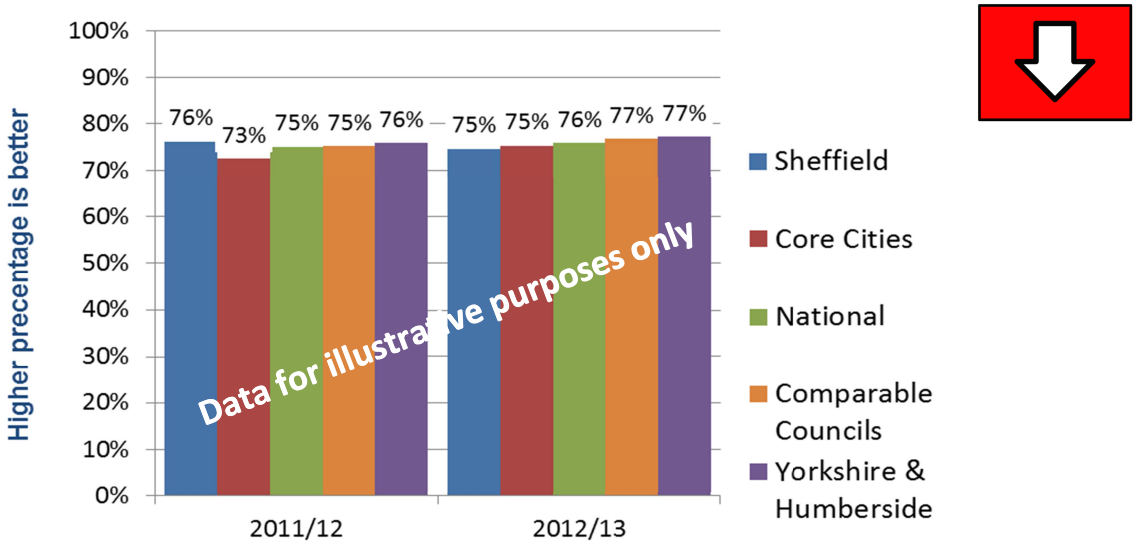
The responses we received this year shows that service users in Sheffield feel less positive than average about their own lives. A score calculated as by the Department of Health based on the surveys, shows that people in Sheffield feel that they have a lower quality of life than the national average and lower than our score for last year.

People who answered "Very Good" or "Good" to the question: Thinking about all the different things in your life, good and bad, how would you say you feel about your life in general?



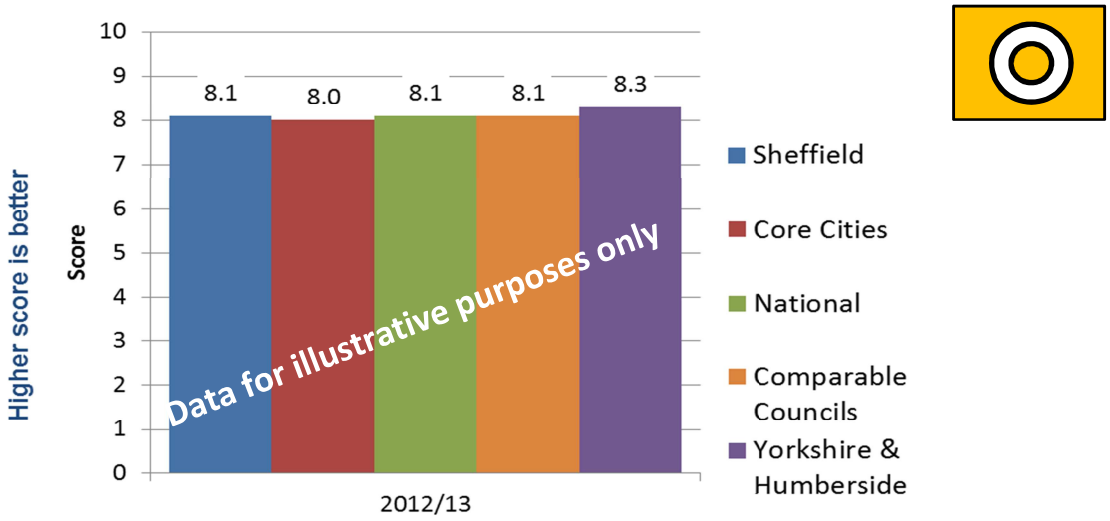
x% of people who responded to the survey felt that they had enough control over their daily lives. This is slightly lower than last year, but is only a little lower than the national average and that of our comparable councils.

The proportion of people who use services who reported that they have control over their daily life



As well as surveying care users, this year we also carried out a survey of carers for the first time. This survey focuses on how caring for someone is impacting on the lives of carers. A 'quality of life' score is also calculated as part of this survey and it showed that carers in Sheffield scored the same as the national and comparable councils' average.

Carers' Quality of Life Score – Calculated using several questions from this year's Carers' Survey



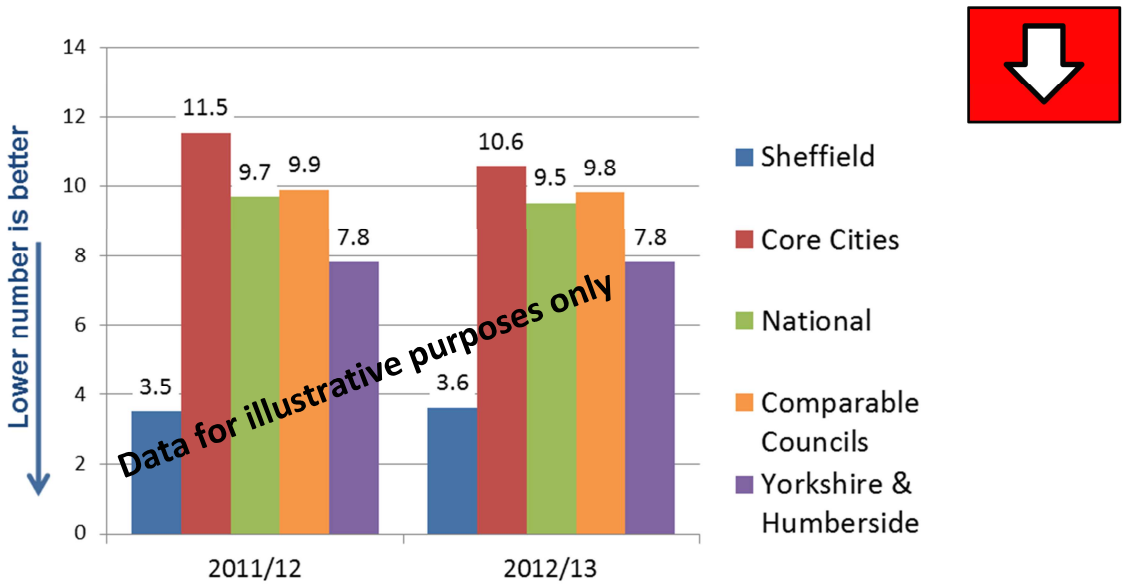
Outcome Two – Delaying and reducing the need for care and support

Moving into care homes

We aim to support people to stay in their own home for as long as they want to. Some people do eventually need to move into a care home, but we would like to be able to keep this number as low as possible. To measure this, we look at how many people in the whole of Sheffield are making permanent moves into residential and nursing care homes in the year.

The graph below shows that the rate of admissions to care homes has almost doubled in Sheffield in the past year and we have gone from being the best performing council in our group of comparable councils to one of the worst. This very large increase in admissions is due us taking responsibility for some service users back from the NHS as well as a new initiative to discharge patients from hospital into care homes for them to recover, which results in more people being admitted on a permanent basis.

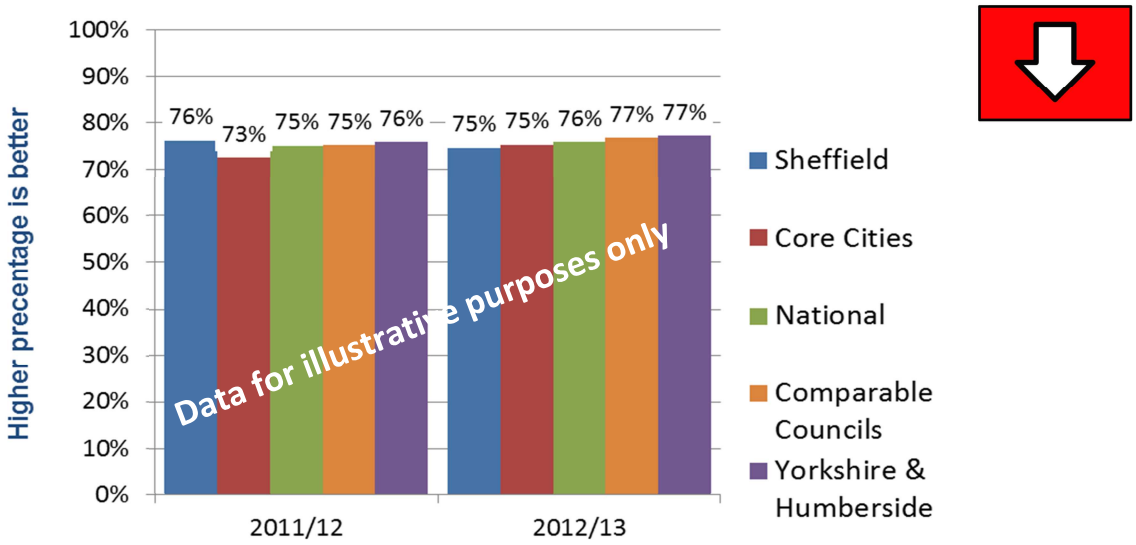
The number of permanent admissions to care homes per 100,000 population



Being able to live at home after being in hospital

Note: Include information on Reablement and Sheffield's performance in offering it to older people.

The proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services

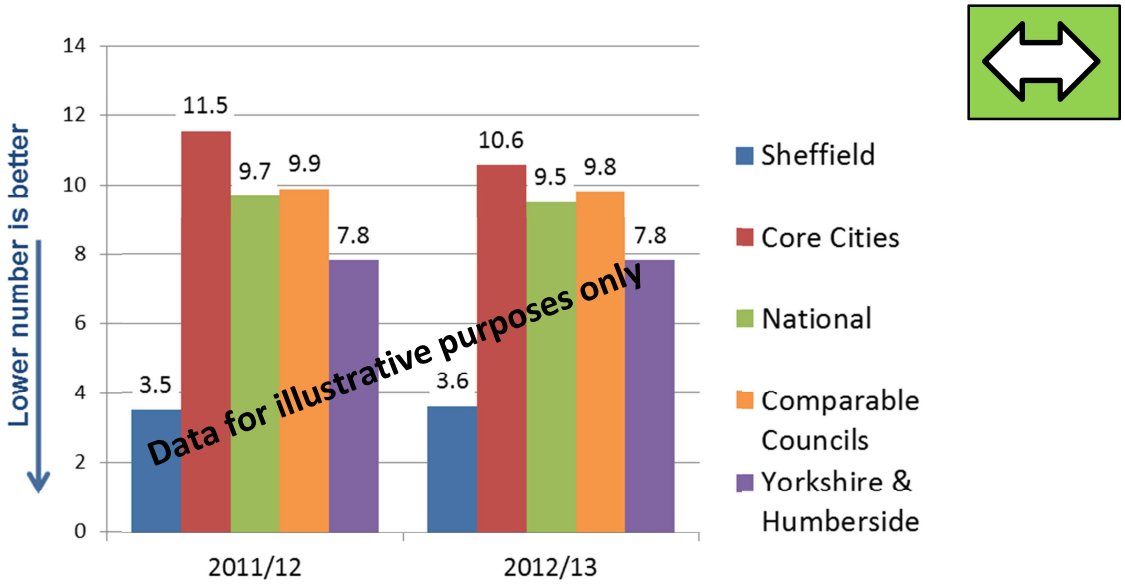


Getting back from hospital without delay

We recognise that people usually want to leave hospital and get back home as soon as it is safe to do so. In order for this to happen, the right care services need to be in place. Any delays in getting these services organised means an unnecessarily long stay in hospital for people.

As the graph below shows, Sheffield performs very well in this area, with delays well below the national average and the lowest in our group of comparable councils.

Number of delayed beds in hospital per 100,000 population



Helping people avoid the need for ongoing support services

The Council has a Reablement Service, which works with people to help them regain their independence following an illness, injury or impairment, to help them reduce or eliminate their need for long-term professional support.

We also have a team of **Community Support Workers** working in part of the city, who aim to help people to be independent, healthy and maintain their home or tenancy. They achieve this through giving people the small amount of help they need now before things get too difficult for them to manage themselves. They aim to work with the people to help them:

1. Feel safe and able to get out and about
2. Keep active and maintain a healthy social life
3. Maintain a comfortable and secure home

The examples that follow are typical of the work they do:

Example 1

Background: Mr H has cerebral palsy and serious mobility problems and was referred by his doctor who was concerned that he was becoming socially isolated. Mr H lives in an old, poorly heated property in an isolated location and is prone to falls.

What happened next? The Community Support Worker (CSW) arranged for:

- An emergency alarm to be fitted by City Wide Care Alarms, to allow Mr H to alert someone if he had a fall in his home or on his driveway.
- A key safe was also installed outside his property in case of emergencies.
- Mr H's house to be insulated and draught-proofed under a free scheme run by the Council.
- Smoke alarms to be installed free of charge by the Fire Service
- A referral to the Community Physiotherapy Team to help Mr H with his problem with falls. This has also led to a referral to the Council's Equipment and Adaptations Team who are helping Mr H more safely access his home and vehicle

Example 2

Background:

To be added later

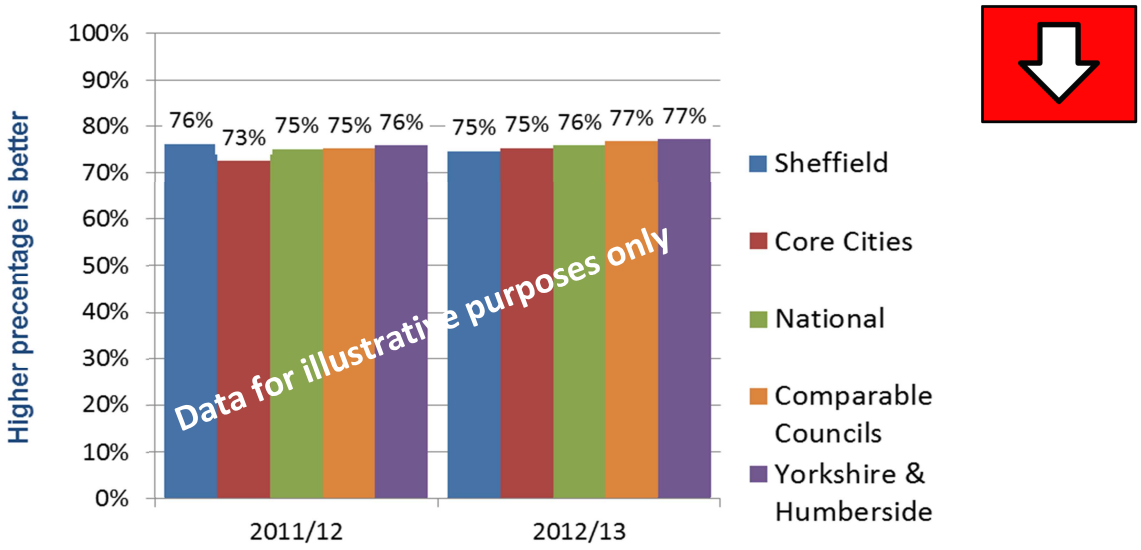
Outcome Three - ensuring people have a positive experience of care and support

Satisfaction with services

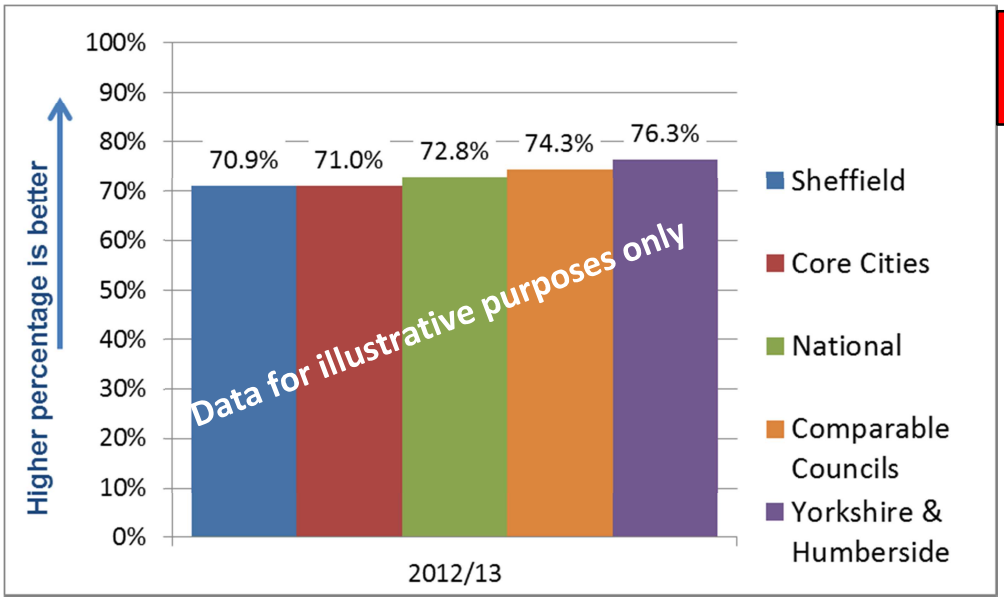
Perhaps the most important question we asked social care users is about what they think of their overall care and support. Sheffield has performed less well in this area compared to last year, with only x% of people saying that they are either 'extremely satisfied' or 'very satisfied' with the care and support. This result is the lowest in our group of comparable councils.

Carers were also asked this question about the services received by the person they care for. The percentage of carers who are satisfied with these services is lower than reported by the service users themselves. We are not performing as well as most of the other councils in our group of comparable councils, with x% of carers reporting that they are either 'extremely satisfied' or 'very satisfied' with the support or services the person they care for has received over the past twelve months.

The proportion of people who use services who were "extremely satisfied" or "very satisfied" with their care and support



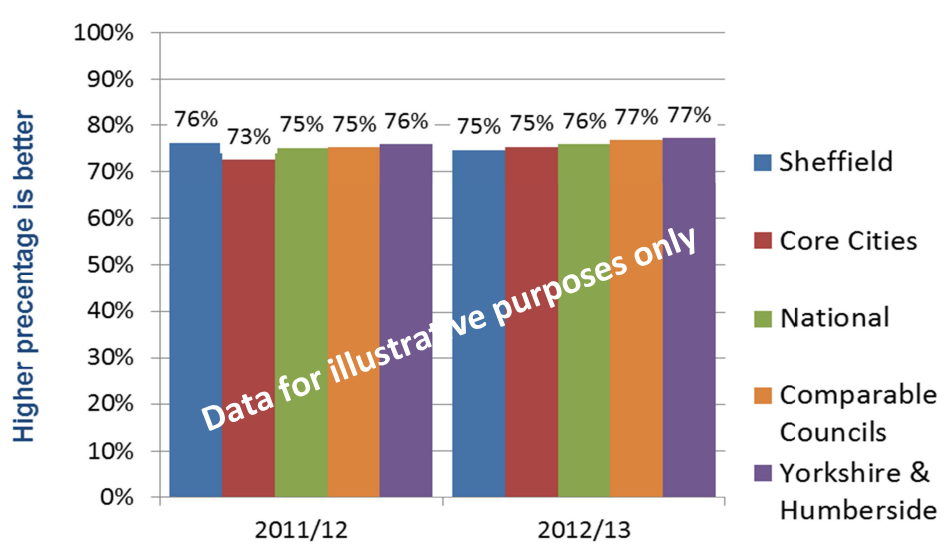
The proportion of carers who reported that they were either "extremely satisfied" or "very satisfied" with the support or services the person they care for has received over the past twelve months



Finding information and advice

It is very important for both people using support services and carers to easily be able to find information and advice about care and support. The annual User and Carers' surveys allow us to monitor how well we are performing in this area. Of the people that responded who had looked for information or advice in the past year, x% said they found it easy to find. This is a little lower than last year and is below the average of our comparable councils, so there are improvements that need to be made in this area.

The proportion of people who use services and carers who find it easy to find information about services

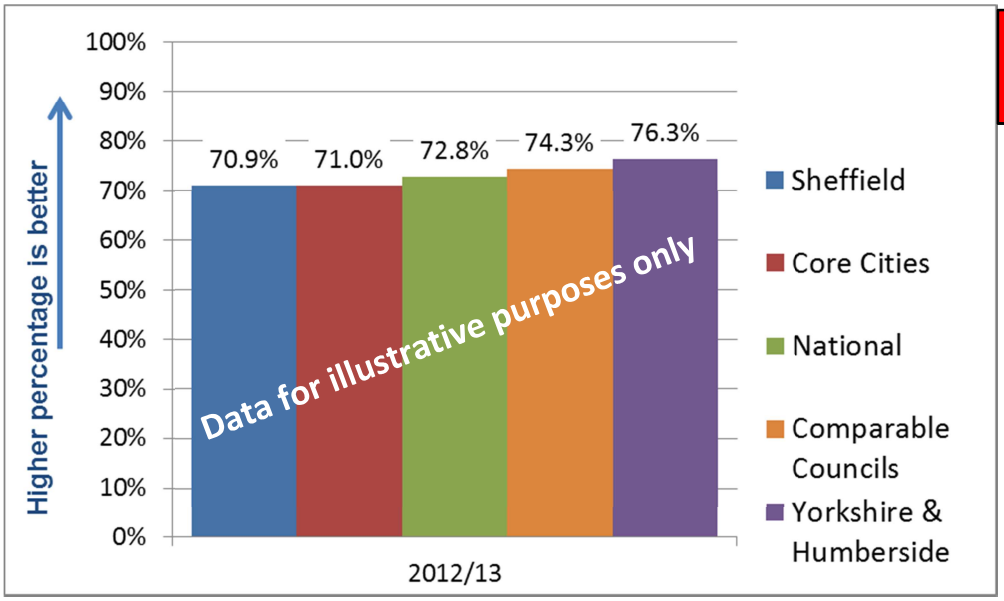


Feeling included in decisions

The decisions made in planning care for someone can also have a huge impact on the lives of those who care for that person. As such, we think it is important that carers feel consulted when the support is planned

Of the carers that responded to our survey, x% said they 'always' or 'usually' felt involved or consulted. This is below the average of our group of comparable councils and is something that we will be looking to improve in the coming year.

The proportion of carers who reported "I always felt involved or consulted" or "I usually felt involved or consulted" in relation to the discussions about the support or services received by the person they care for



Healthwatch Sheffield

What is Healthwatch Sheffield?

Healthwatch Sheffield is a new independent voice for the people of Sheffield, helping to shape, challenge and improve local health and social care services. We work with local people to improve services and help you to get the best out of those services.

Sheffield City Council is providing the funding for Healthwatch Sheffield but it is a new independent organisation set up by a consortium of three local voluntary organisations, which is led by Voluntary Action Sheffield.

How can Healthwatch Sheffield help you?

We can help you by:

- providing advice and information about local services that might be useful for you, a relative or friend.
- getting your views on health and social care heard in the city, so you can help to make improvements.
- ensuring that everybody in the city is able to be involved, by building a wide range of networks and activities, which include adults, children and young people.

Looking for information and advice?

We have a self-help section online at: **www.adviceshеffield.org.uk/self-help/**

If you would like to speak to an adviser, who can help you to find the information and support you need, please call:
Sheffield Adviceline (0114) 205 5055 (Lines open Monday to Friday 10am-4pm)

What's your experience of using social care services?

We want to hear about your experiences (good and bad) of using health and social care services in Sheffield. We can use your views to influence, challenge and make a difference to the way services are delivered. You can telephone, email or write to us to tell us about your experience.

Are you interested in getting involved?

We have a regular newsletter with updates on our work and we are developing a range of volunteering opportunities.

Please contact us to sign up for the mailing list or to register your interest in volunteering. Let's work together to help improve your local health and social care services.

Contact Us

Healthwatch Sheffield
33 Rockingham Lane, Sheffield, S1 4FW
Tel: (0114) 253 6688
Email: info@healthwatchsheffield.co.uk
Twitter: @HWSheffield

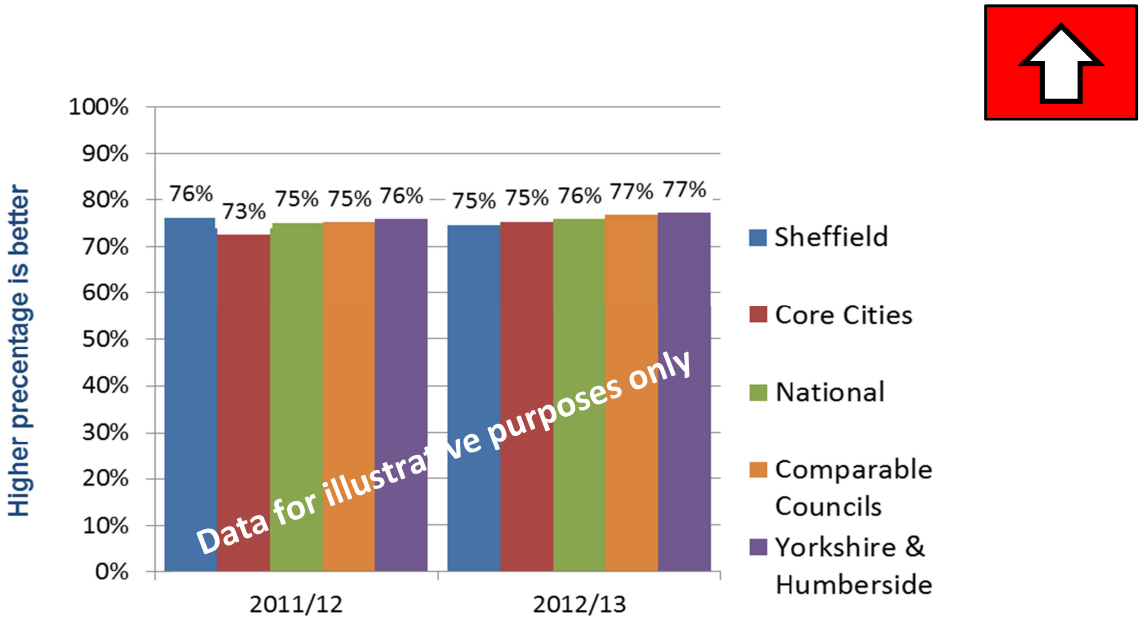
Outcome Four - Safeguarding people whose circumstances make them vulnerable and protecting them from avoidable harm

Feeling safe

Our survey asked the people who receive services how safe they feel. Two thirds of people report that they felt as safe as they wanted to be, which is very similar to the results across the country and in similar big cities.

We also asked people whether the services they receive have helped them feel safe and secure. x% of people said that they did, which is an improvement on last year and the same as the national average, although it is still slightly lower than the average of our comparable councils and other large cities.

The proportion of people who use services who say that those services have made them feel safe and secure

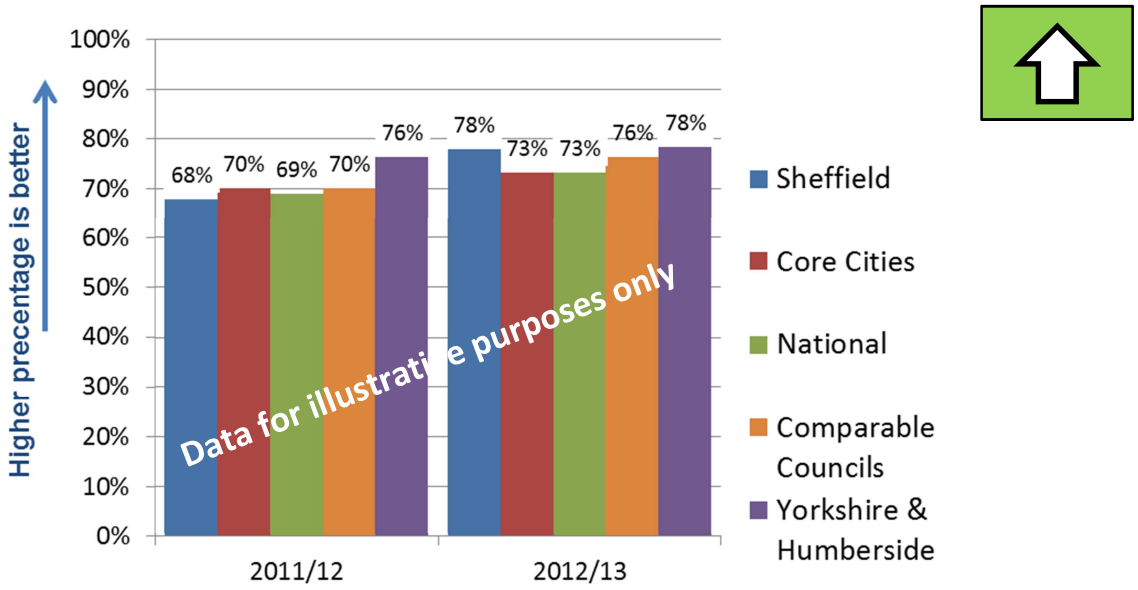


What you have told us

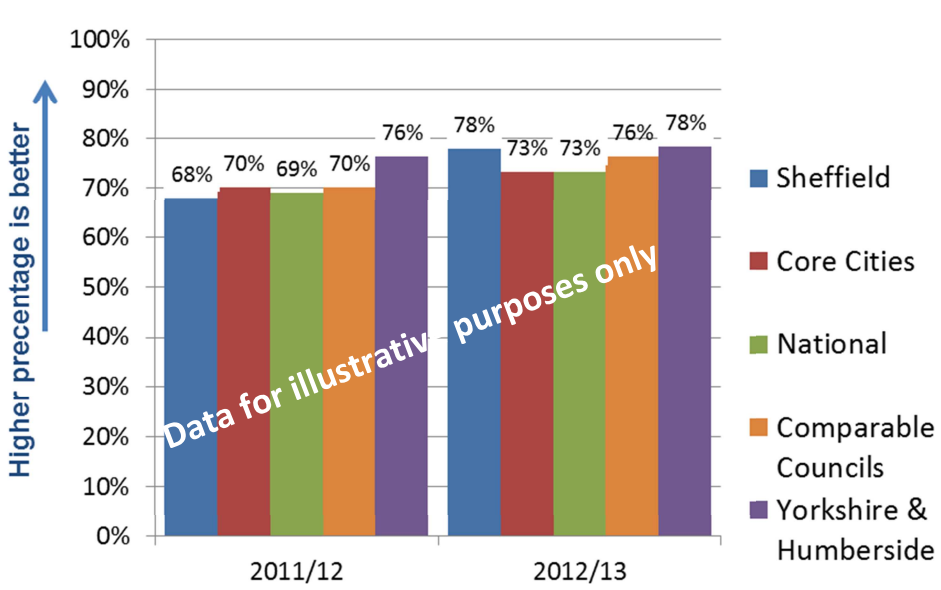
This section of the report uses some 'I statements' to show how well we are doing in some of the areas that are most important to supported people and their carers. These statements were written by people who use services to show what they would expect from an organisation that is delivering a personalised and high quality service. The statements are part of the Think Local Act Personal 'Making It Real' campaign, which was set up by people involved in all areas of adult social care to help improve services.

'I have the information and support I need in order to remain as independent as possible'

The proportion of adults with learning disabilities who live in their own home or with family



The proportion of adults in contact with secondary mental health services living independently, with or without support



Other information to include

- **Dignity Network**

Questions from User Survey:

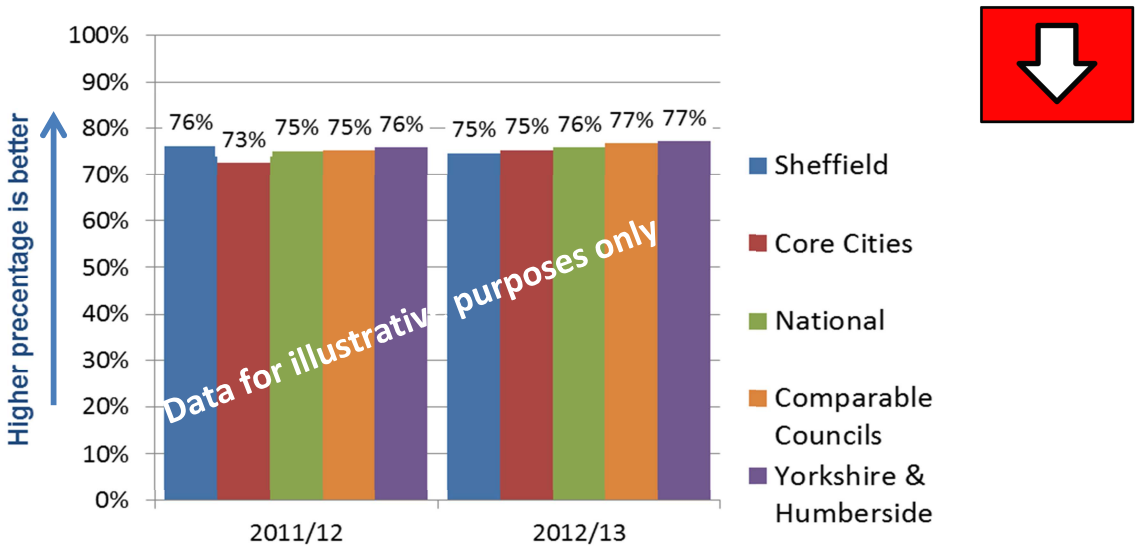
Question 4a - Thinking about keeping clean and presentable in appearance, which of the following statements best describes your situation?

Question 5a - Thinking about the food and drink you get, which of the following statements best describes your situation?

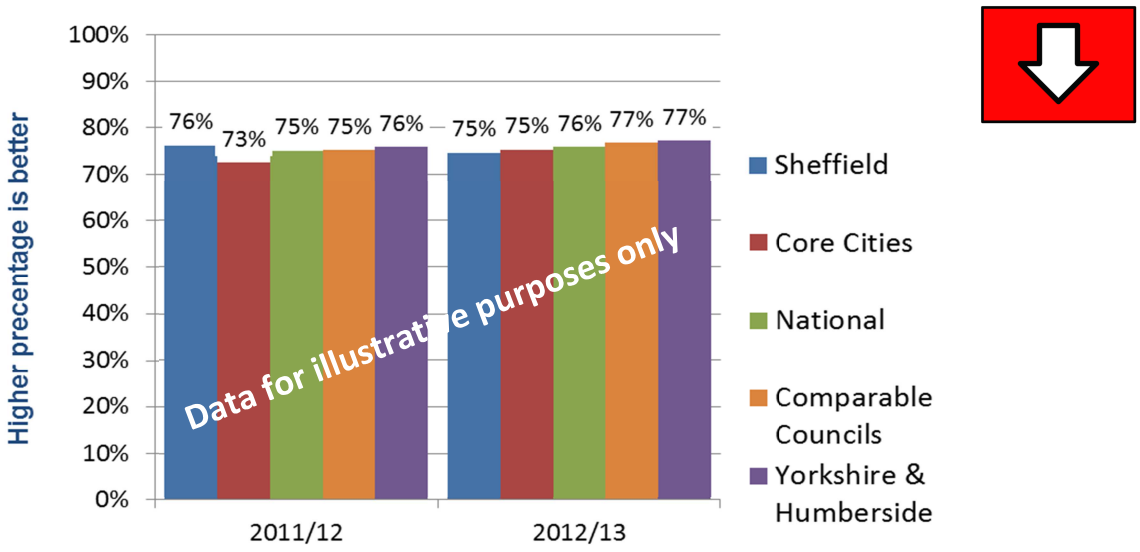
Question 6a - Which of the following statements best describes how clean and comfortable your home is?

•'I have access to a range of support that helps me to live the life I want and remain a contributing member of my community'

The proportion of adults with learning disabilities who are in paid employment



The proportion of adults in contact with secondary mental health services in paid employment



Other Information to include:

Questions from User Survey

Question 8a - Thinking about how much contact you've had with people you like, which of the following statements best describes your social situation?

Question 18 - Thinking about getting around outside of your home, which of the following statements best describes your present situation?

•'I have care and support that is directed by me and responsive to my needs'

Information to include

SDS ASCOF Outcome showing the number of people receiving SDS services

•'I feel safe, I can live the life I want and I am supported to manage any risks'

Information to include

Question from User Survey

Question 2b - Do care and support services help you to have a better quality of life?

Case studies from City Wide Care Alarms

Last year we said…

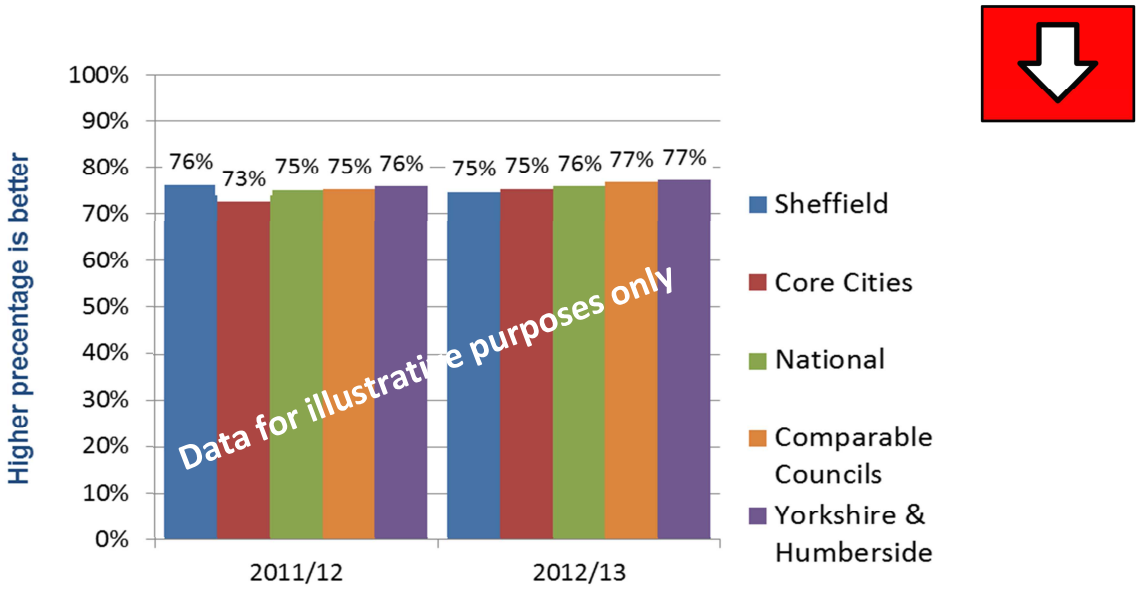
Last year we said that we need to get better at…

- Making sure that everybody has an annual review of their needs
- The time it takes to complete assessments for Self Directed Support
- The time is takes to receive services after an assessment
- The time it takes to respond to complaints
- People's satisfaction with the complaints process

Here's how we are doing…

Making sure that everybody has an annual review of their needs

The proportion of people receiving a service in 2012-13 that we managed to review fell to x% compared to y% the previous year. We would not expect to get to 100% of service users having a review as people who have only recently taken up a service will not need a review until next year.
However, there is a lot of work to do in this area and it is a priority for the Council this year, so we are hopeful that the results will be much better next year. The graph below show that we are not doing as well as other councils.



The time it takes to complete assessments for Self Directed Support

Add in information

The time is takes to receive services after an assessment

Add in information

The time it takes to respond to complaints

Add in information

People's satisfaction with the complaints process

Add in information

Get involved and have your say

Information to include:

Quality Improvement Network

How we support people to come to our meetings

Contact details

Details about how to feedback about the Local Account

Thank you

List people who helped with the report

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