

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

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**Wednesday 15 March 2017 at 4.00 pm**

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

**The Press and Public are Welcome to Attend**

## **Membership**

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Councillor Pat Midgley (Chair), Sue Alston (Deputy Chair), Pauline Andrews, David Barker, Lewis Dagnall, Mike Drabble, Adam Hurst, Douglas Johnson, Zahira Naz, Moya O'Rourke, Bob Pullin, Peter Rippon, Gail Smith and Garry Weatherall

## **Healthwatch Sheffield**

Helen Rowe and Clive Skelton (Observers)

## **Substitute Members**

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

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## PUBLIC ACCESS TO THE MEETING

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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](http://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. 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 Alice Nicholson, Policy and Improvement Officer on 0114 27 35065 or [email alice.nicholson@sheffield.gov.uk](mailto:alice.nicholson@sheffield.gov.uk)

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## FACILITIES

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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.

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**HEALTHIER COMMUNITIES AND ADULT SOCIAL CARE SCRUTINY AND  
POLICY DEVELOPMENT COMMITTEE AGENDA  
15 MARCH 2017**

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**Order of Business**

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- 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 11<sup>th</sup> January, 2017
- 6. Public Questions and Petitions**  
To receive any questions or petitions from members of the public
- 7. Adult Social Care Performance** (Pages 13 - 76)
  - (a) Report of the Director of Adult Services
  - (b) Update on Adult Social Care Performance – Presentation
  - (c) Independent, Safe and Well – Adult Care and Support in Sheffield 2016
  - (d) Adult Social Care Outcomes Framework Benchmarking
- 8. Quality Care Provision for Adults with a Learning Disability in Sheffield - Update on Improvements** (Pages 77 - 80)  
Report of the Director of Adult Services
- 9. Work Programme 2016/17** (Pages 81 - 90)  
Report of the Policy and Improvement Officer

**For Information Only**

- 10. NHS England - National Consultation on its Proposals for the Future Commissioning of Congenital Heart** (Pages 91 - 92)

## **Disease Services**

Report of the Policy and Improvement Officer

### **11. Date of Next Meeting**

The next meeting of the Committee will be held on Wednesday, 12<sup>th</sup> April, 2017, at 4.00 pm, in the Town Hall

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## ADVICE TO MEMBERS ON DECLARING INTERESTS AT MEETINGS

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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.

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 Audit and Standards Committee in relation to a request for dispensation.

Further advice can be obtained from Gillian Duckworth, Director of Legal and Governance on 0114 2734018 or email [gillian.duckworth@sheffield.gov.uk](mailto:gillian.duckworth@sheffield.gov.uk).

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

**Meeting held 11 January 2017**

**PRESENT:** Councillors Pat Midgley (Chair), Sue Alston (Deputy Chair),  
Pauline Andrews, David Barker, Lewis Dagnall, Mike Drabble,  
Adam Hurst, Douglas Johnson, Zahira Naz, Moya O'Rourke, Bob Pullin,  
Peter Rippon, Gail Smith and Garry Weatherall

Non-Council Members (Healthwatch Sheffield):-

Helen Rowe

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**1. APOLOGIES FOR ABSENCE**

1.1 There were no apologies for absence.

**2. EXCLUSION OF PUBLIC AND PRESS**

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

**3. PUBLIC QUESTIONS AND PETITIONS**

3.1 There were no public questions raised or petitions submitted from members of the public.

**4. DECLARATIONS OF INTEREST**

4.1 There were no declarations of interest.

**5. OVERVIEW OF CARE QUALITY COMMISSION RATING FOR SHEFFIELD  
GENERAL PRACTICES**

5.1 The Committee received a report of the Chief Nurse, Sheffield Clinical Commissioning Group (CCG), which provided an overview of the outcomes of the inspections of Sheffield based General Practices which had been undertaken by the Care Quality Commission (CQC).

5.2 In attendance for this item were Jane Harriman (Head of Quality, Sheffield CCG), Sue Berry (Senior Quality Manager, Sheffield CCG) and Mandy Philbin (Deputy Chief Nurse, Sheffield CCG).

5.3 Jane Harriman introduced the report, indicating that, since it had been written, 83% of General Practices in the City had been visited, with 96% rated as 'Good', 3% as 'Requiring Improvement' and one as 'Inadequate'. The remaining 14 practices had been visited, but the reports on them had not yet been received. Whilst none of the

practices had been rated as 'Outstanding', three had been rated as 'Outstanding' in relation to the responsiveness of services and a number of areas of outstanding practice, which were outlined in the report, had been identified. When compared with the inspection outcomes across South Yorkshire and Bassetlaw, Sheffield's came somewhere in the middle and were much the same as those for Leeds. The Sheffield CCG had joint responsibility with NHS England for General Practices and they would work together to resolve any issues which arose following these inspections. The Sheffield CCG was proactive on quality, particularly in relation to infection control and safeguarding and, if a practice was found 'Inadequate', it would work with that practice as to how it could improve. With regard to the future, a CQC strategy was presently being consulted on and this may result in a movement toward self-assessment and intervention where necessary.

5.4 Sue Berry then provided the meeting with information on the CQC, explaining that it was set up to monitor Health and Social Care in relation to a set of fundamental standards, with the results of its inspections being published. The CQC rated their inspections against five key lines of enquiry, which were whether services were safe, effective, caring, responsive and well led. Following an inspection, the inspected practice would receive a report and a grading, which could be challenged, and the results were examined by a moderation panel. The final report was then sent to the practice and published. If a practice was found to be 'Inadequate', the CQC could then invoke powers such as issuing warning notices, changes to providers' registration, the implementation of special measures and holding the practice to account by means of fines, cautions or prosecution.

5.5 Members made various comments and asked a number questions, to which responses were provided as follows:-

- The Sheffield CCG employed 2/3 staff to work on quality and these were assisted by a wider team of support staff.
- Patient experience was considered as part of these inspections, with CQC representatives speaking to patients in waiting rooms, assessing patient survey results and consulting with Patient Participation Groups. This came under the caring/responsive heading, with all practices scoring 'Good' on caring.
- Access to GP services was recognised as a national issue and there was a need for more people to become GPs and nurses.
- The CQC inspection reports were available online.
- In relation to the 23 practices where Disclosure and Barring Service (DBS) checks had not been carried out on some staff, CCG officers were waiting for all the inspections to be completed, so that full evidence could be obtained and remedial measures taken. It was important to ensure that the CCG was informed when all outstanding DBS checks had been completed.
- It should be recognised that it was only possible to assess practices for that

present moment in time and also that they operated as private businesses.

- The turnover of staff could partly explain why DBS checks had not been carried out on some people.
- In relation to fridge temperatures, NHS England was responsible for vaccine management and there was a strict process of monitoring.
- The CQC had indicated that risk assessments were required where emergency equipment was not available on site, but it was accepted that most practices did have oxygen available. NHS England commissioned GP services through a national core contract, but this contained no requirement for certain equipment to be available in practices.
- The consultation into the CQC inspection regime would include consideration of the connectivity of all providers.
- General Practices operated under a core contract which was set nationally and the CQC would take this into account in its inspections. Any central support given to practices would be controlled by the CCG.
- The CQC scoring system meant that a practice could fail in all of the five key lines of enquiry, but it may be only one issue which affected all of these lines. If there were any concerns about a practice the CCG would offer help and support.
- The CCG had a tight governance structure which comprised a Primary Care Commissioning Committee and a Quality Assurance Committee.
- The CQC inspection would include relevant questions on issues such as appointments and home visits, which would come under the responsive key line of enquiry. These aspects had not been identified as issues in Sheffield.
- All CQC inspection reports were published on its website and Jane Harriman would provide the appropriate link to the Policy and Improvement Officer for circulation to Committee Members.
- General Practices needed to be registered with the CQC and there was an enforcement model on assessment which was enforceable by law so, in addition to sanctions such as the imposition of fines and special measures, non-compliant practices could be taken to the criminal courts. Any measures taken were dependent on the level of risk.
- Every GP was accountable to their professional body, the British Medical Association, and this ran alongside any responsibility to the CQC.
- If a practice was rated 'Inadequate', the CQC would set out a plan for that practice which would be monitored and a further inspection would take place.

This was the process whether the failure related to an individual or the practice in general and there was an escalation process. Sheffield had practices with good scores, with only one being rated as 'Inadequate'. Any action would depend on the risk associated with the level of failure, but Members could be assured that dangerous issues would not be left unaddressed.

- GP surgeries should display a notice informing patients as to how they could complain.

5.6 RESOLVED: That the Committee:-

- (a) thanks the attending officers for their contribution to the meeting;
- (b) notes the contents of the report and the responses to questions;
- (c) notes Members' concerns at some of the areas for improvement referred to in the report, particularly those relating to Disclosure and Barring Service checks not being carried out, lack of defibrillators and oxygen and issues regarding fridge temperatures; and
- (d) requests that a report on the final outcomes of the Care Quality Commission's inspections on General Practices in Sheffield be submitted to the Committee in six months' time.

**6. ADULT SAFEGUARDING PRIORITY SETTING AND FUTURE PLANS**

6.1 The Committee received a joint briefing paper prepared by Jane Haywood (Chair, Adult Safeguarding Board) and Simon Richards (Head of Quality and Safeguarding) which set out the outline business plan for the Sheffield Adults' Safeguarding Board for 2017/18. Both of these representatives were in attendance.

6.2 Jane Haywood introduced the item, making reference to a training session on Adult Safeguarding, which had been held for Members of the Committee, during which the Board's early thinking on priorities had been communicated, with the aim of the two bodies influencing each other's agenda. She went on to describe the Board's current activity, which included implementing the Care Act 2015, Child Sexual Exploitation and work on Female Genital Mutilation. She also referred to the four key priorities outlined in the briefing paper and advised that the outline plan would be circulated to all partners for comment.

6.3 Members made various comments and asked a number of questions, to which responses were provided as follows:-

- A member of Healthwatch Sheffield attended the Safeguarding Board Operational Group meetings and any safeguarding issues were raised with Simon Richards as they arose. The Safeguarding Board was committed to extending its reach to other agencies as a priority and any reports would be

circulated appropriately.

- It was important to assess the level of risk to isolated individuals and, where agencies had contact with them, their representatives should be particularly mindful of any fire risk. It was proposed to undertake targeted work on fire risk, in order to make the job of these frontline staff easier.
- It was acknowledged that the Fire and Rescue Service provided a good way of reaching vulnerable people, but all agencies should be used in this regard.
- Whilst the Safeguarding Board's remit did not extend to the provision of providers' training, it could seek assurances that contracts were monitored and managed properly and provide information in its communications as to where complaints about care services could be directed. It was commissioning colleagues who monitored contract performance and it was proposed that contracting colleagues would be working in conjunction with Safeguarding officers.
- Community Support Workers and Nurses had a remit on safeguarding and the Clinical Commissioning Group Lead Nurse worked closely with the Safeguarding Board.
- Everything seemed to be in place in Sheffield and there were no outstanding issues. It was just necessary to make existing procedures work in a better manner.
- Ideally, a preventative approach was required to safeguarding, for example the early identification of carer stress, so that support or assistance could be provided. As well as intervention before crisis, there should also be more emphasis on quality.

6.4 RESOLVED: That the Committee:-

- (a) thanks Jane Haywood and Simon Richards for their contribution to the meeting;
- (b) notes the contents of the briefing paper and attached outline business plan for the Sheffield Adults' Safeguarding Board 2017/18 and the responses to questions; and
- (c) requests that:-
  - (i) a short summary of how Community Support Workers and Nurses contribute to safeguarding be provided to the Policy and Improvement Officer for circulation to Committee Members;
  - (ii) the Committee's report on Domiciliary Services be made available to the Sheffield Adults' Safeguarding Board; and

- (iii) details of any drop-in sessions held by the Sheffield Adults' Safeguarding Board be provided to the Policy and Improvement Officer for circulation to Committee Members.

## **7. MINUTES OF PREVIOUS MEETING**

- 7.1 The minutes of the meeting of the Committee held on 9<sup>th</sup> November 2016, were approved as a correct record, subject to the addition of the sentence 'It was noted that the report and final version of the presentation had only been received the previous evening and Members had not had the opportunity to read through them.' at the end of paragraph 7.1 (Shaping Sheffield – The Plan).
- 7.2 Arising from consideration of the minutes, it was noted that, in relation to Item 6 (Community Pharmacy in 2016/17 and Beyond – National Contract Changes) the Community Pharmacists' national body, the Pharmaceutical Services Negotiating Committee, had been granted permission by the High Court for a judicial review of the proposals, on the grounds that the Secretary of State was believed to have failed to carry out lawful consultation on the proposed changes to Community Pharmacy Contracts, and that the hearing was expected to take place during the week commencing 6<sup>th</sup> February 2017.

## **8. JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE - THE COMMISSIONERS WORKING TOGETHER PROGRAMME**

- 8.1 The Committee received a report of the Policy and Improvement Officer which provided information on activity to date of the Joint Health Overview and Scrutiny Committee, which had been established as part of the Commissioners Working Together Programme.
- 8.2 The Policy and Improvement Officer referred the Committee to the report, which had been provided for information, and indicated that the period for consultation on proposals for Children's Surgery and Anaesthesia and Hyper Acute Stroke Services in South Yorkshire, Bassetlaw, North Derbyshire and Wakefield, had been extended until 14<sup>th</sup> February 2017, and that the next meeting of the Joint Health Overview and Scrutiny Committee would take place towards the end of March 2017.
- 8.3 RESOLVED: That the Committee notes the contents of the report.

## **9. WORK PROGRAMME 2016/17**

- 9.1 The Committee received a report of the Policy and Improvement Officer which set out the Committee's Work Programme for 2016/17.
- 9.2 The Policy and Improvement Officer reported that the 'Shaping Sheffield: The Plan' item was to be considered at a Special Meeting to be held on Wednesday, 8<sup>th</sup> February 2017, and that the Adult Social Care Performance item was to be considered at the Committee's meeting on Wednesday, 15<sup>th</sup> March 2017.

9.3 Councillor Sue Alston expressed her concern that the Sheffield Place Based Plan was to be considered by the Committee on 8<sup>th</sup> February 2017, which was after 31<sup>st</sup> January 2017, that being the date on which she believed the Plan was to be signed off. The Policy and Improvement Officer stated that comments made at the last Council meeting had suggested that the Plan would not be signed off on 31<sup>st</sup> January 2017, but she would make enquiries and inform Committee Members accordingly.

9.4 RESOLVED: That the Committee notes the contents of the report.

## **10. DATE OF NEXT MEETING**

10.1 It was noted that the next meeting of the Committee would be a Special Meeting to consider the Sheffield Place Based Plan and would be held on Wednesday, 8<sup>th</sup> February 2017, at 4.00 pm, in the Town Hall.

10.2 The next scheduled meeting of the Committee would be held on Wednesday, 15<sup>th</sup> March 2017, at 4.00 pm, in the Town Hall.

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## Report to Healthier Communities and Adult Social Care Scrutiny & Policy Development Committee 15 March 2017

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**Report of:** Phil Holmes  
Director of Adult Services

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**Subject:** Update on Adult Social Care Performance

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**Author of Report:** Louisa King  
Service Manager, Planning, Performance and Risk  
[louisa.king@sheffield.gov.uk](mailto:louisa.king@sheffield.gov.uk)

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**Summary:**

This agenda item provides a summary for scrutiny members of adult social care performance in Sheffield. The presentation which is appended to this report and which will be presented to members of the Committee at the meeting sets out:

- How adult social care is performing in Sheffield across a number of key measures
- What we will be doing over the next year to improve performance.

This report is an annual agenda item for scrutiny. The last time this topic was covered was January 2016.

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**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	<b>x</b>
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:**

Scrutiny members are asked to review the information provided in the presentation and appended documents and provide comments on it and identify any priorities for improvement.

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**Background Papers:**

- Presentation on adult social care's performance (to be presented at the Committee meeting)
- Independent, Safe and Well: Sheffield's Local Account for 2016
- Adult Social Care Outcomes Framework Regional Benchmarking overview

**Category of Report:** OPEN

## **Report of the Director of Adult Services**

### **Update on Adult Social Care Performance**

#### **1 Introduction**

- 1.1 This agenda item provides a summary for scrutiny members of adult social care performance in Sheffield. The presentation which is appended to this report and which will be presented to members of the Committee at the meeting sets out:
- How adult social care is performing in Sheffield across a number of key measures
  - What we will be doing over the next year to improve performance.
- 1.2 This report is an annual agenda item for scrutiny. The last time this topic was covered was January 2016.

#### **2 Adult Social Care Performance in Sheffield**

- 2.1 As the main presentation to be presented to scrutiny demonstrates, there is significant room for improvement in adult social care performance in Sheffield.
- 2.2 Although the financial climate is increasingly challenging – making it harder to invest to improve areas of poor performance – the presentation and appended documents demonstrate that Sheffield’s regional neighbours manage to deliver better outcomes than Sheffield does, while dealing with the same financial insecurity.
- 2.4 There are some excellent staff working in adult social care across Sheffield. This performance does not reflect their incredible efforts on the front line. Instead focus must be on the development of better structures, more effective processes and greater support. This requires strong leadership from senior officers over the coming year and beyond.
- 2.3 The presentation sets out the things that we are doing to improve our performance measures and – much more importantly – to deliver better outcomes for Sheffield people. It will take time to significantly improve performance from such a low base, but there is no reason why a city with the assets, the pride and the people of Sheffield should not be able to achieve this.
- 2.4 Also appended to the report is *Independent, Safe and Well*, our public report detailing our work and performance in 2015/16. This ‘Local Account’ is produced every year, ensuring transparency in our service provision and performance.

#### **3 What does this mean for the people of Sheffield?**

- 3.1 11,000 Sheffield people received long-term support from the Council in 2016, receiving support either from direct in-house provision or from services commissioned by the Council. Clearly, therefore, adult social

care's performance is absolutely critical for a significant number of Sheffield people and their family, friends, carers and wider community.

- 3.2 In addition, adult social care is facing a significant increase in demand for support, anticipating a 10% rise between 2012 and 2020 in people aged over 65 with long-term limiting health needs. Viewed in the context of significant budgetary restraints, adult social care needs to be as effective and efficient as possible to ensure that those Sheffield people who need support receive it as appropriate and to a high quality.

#### **4 Recommendation**

- 4.1 Scrutiny members are asked to review the information provided in the presentation and appended documents and provide comments on it and identify any priorities for improvement.

# Update on Adult Social Care Performance

Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee

March 2017

Phil Holmes, Director of Adult Services



# Independent, Safe and Well:

## *Our new report*

- **Independent, Safe and Well** is our report on adult social care's performance in 2015/16
- Deliberately written to be as accessible as possible: part of us being more accountable for performance
- It is available to download at [www.sheffield.gov.uk/howdidwedo](http://www.sheffield.gov.uk/howdidwedo)



# Summary of performance

- 2015 performance was low in relation to many comparator authorities. 2016 has worsened.
- Sheffield now performs worse than all our neighbours on almost all measures
- This is neither a direct result of our budget nor a reflection of the commitment of our staff
- Instead it reflects an operational model and commissioning approach that has been outdated, and systems that have not been fit for purpose
- These issues are being systematically addressed in 2017-18 as set out below.

# Understanding our performance

- The Adult Social Care Outcomes Framework (ASCOF) is a set of outcomes that helps us to know how we are performing
- Some measures come from an annual questionnaire given to our customers (replicated in other authorities)
- Other measures come from looking at our activity and comparing to our population
- Four ASCOF domains that describe our key objectives:
  1. Ensuring quality of life
  2. Delaying and reducing need
  3. Ensuring a positive experience
  4. Safeguarding and protecting from harm



## A note on the data

- Some of the outcomes are dependent on the results of the user survey, which is carried out once a year, and some are dependent on the results of the carers' survey, which is carried out every two years
- The results of both the user and carers' surveys then take six months to filter through and be analysed. This means that our data is often a little out of date *and* that any improvements we make will take a while to be demonstrated in our survey results
- **The next results we expect are the carers' survey results in a few weeks' time**
- We have set targets to improve over the next year for each of the ASCOF measures. We looked at the improvement other LAs have recorded. Why can we not achieve the same?

# Adult social care in Sheffield

Sheffield  
City Council



Over 5% of the  
population  
requested support  
from the Council in  
2016

This is a 7% rise in the  
number of people  
requesting support  
between 2015 and 2016

11,000

people received long term support  
from the Council in 2016

Sheffield  
City Council

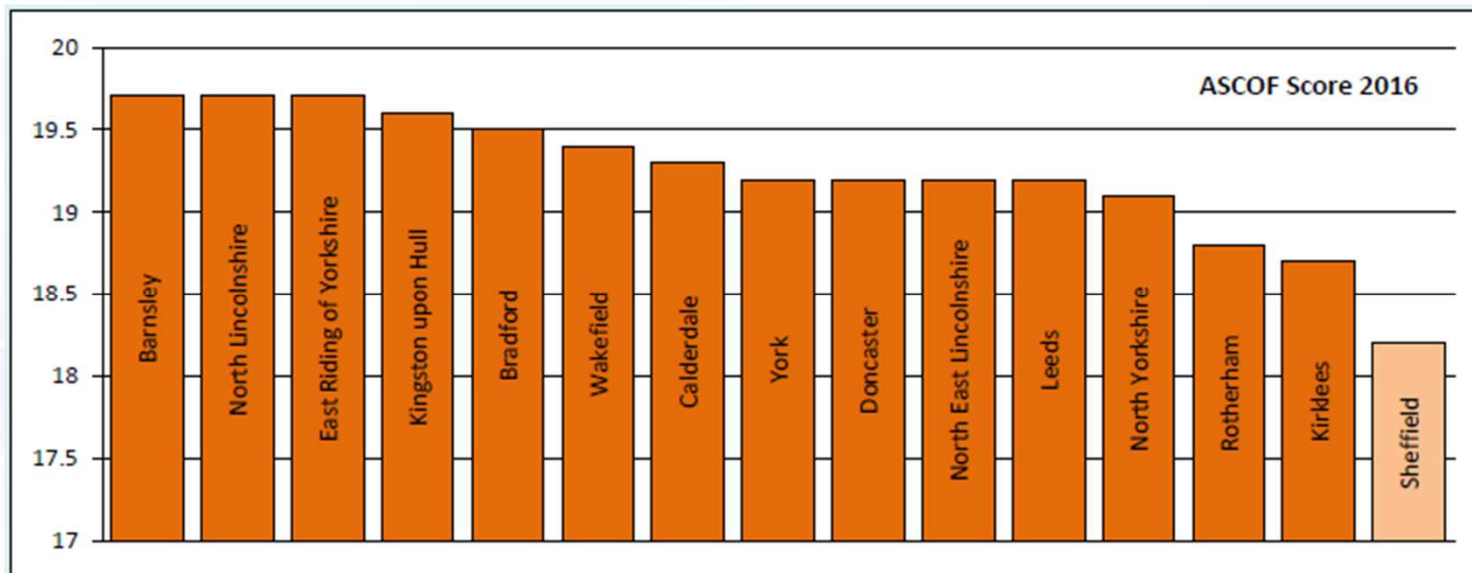


# Theme 1: ensuring quality of life for people with care and support needs

## *Social care-related quality of life*

Area	2015 Score	2016 Score
Sheffield	18.5	18.2
England	19.1	19.1
Core Cities Average	18.9	18.9
Yorkshire and the Humber	19.1	19.1

- Composite of questions on control, dignity, personal care, nutrition, safety, occupation, participation, accommodation
- Quality of life: the heart of the matter
- Study comparing results found that biggest factors for older people were information and advice, suitability of housing, ability to get out and about
- Correlates with low numbers in employment

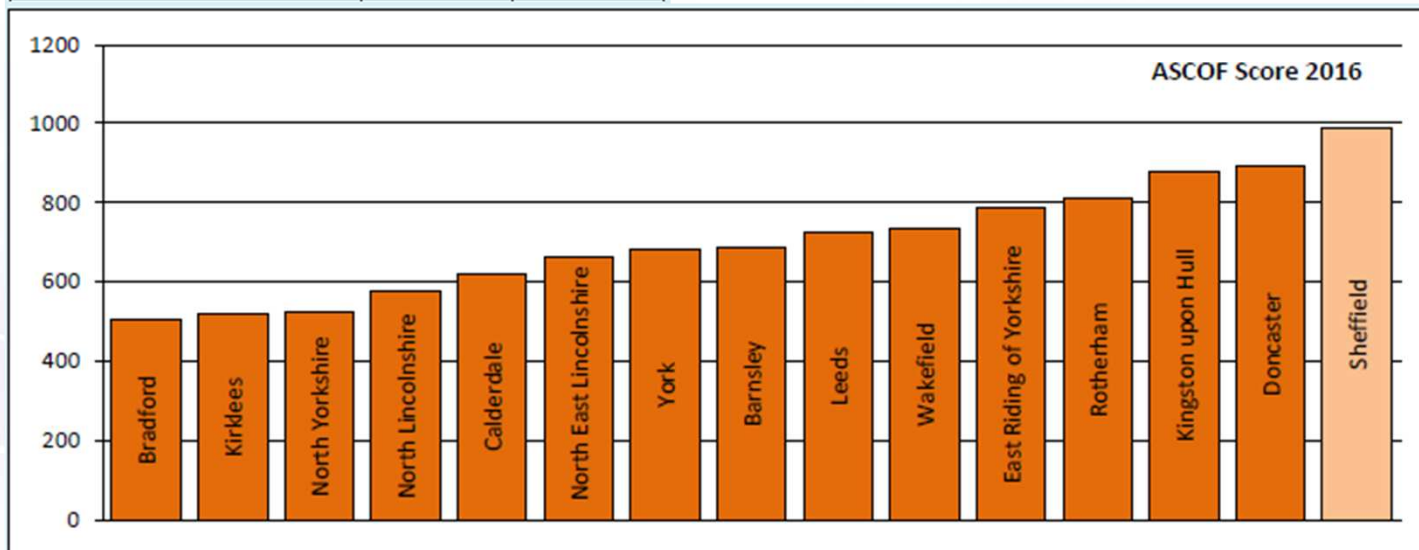


# Theme 2: delaying and reducing the need for care and support

*Permanent admissions to residential and nursing care homes, per 100,000 population - older adults*

Area	2015 Score	2016 Score
Sheffield	730.4	987.9
England	668.8	628.2
Core Cities Average	18.2	763.4
Yorkshire and the Humber	726.9	699.5

- Performance for younger adults is similar
- Rotherham and Doncaster are low performers also: there may be some scope for regional work
- Many of our care home admissions are driven by hospital discharges and the need to improve this
- There is also a likely relationship with quality of care in the community

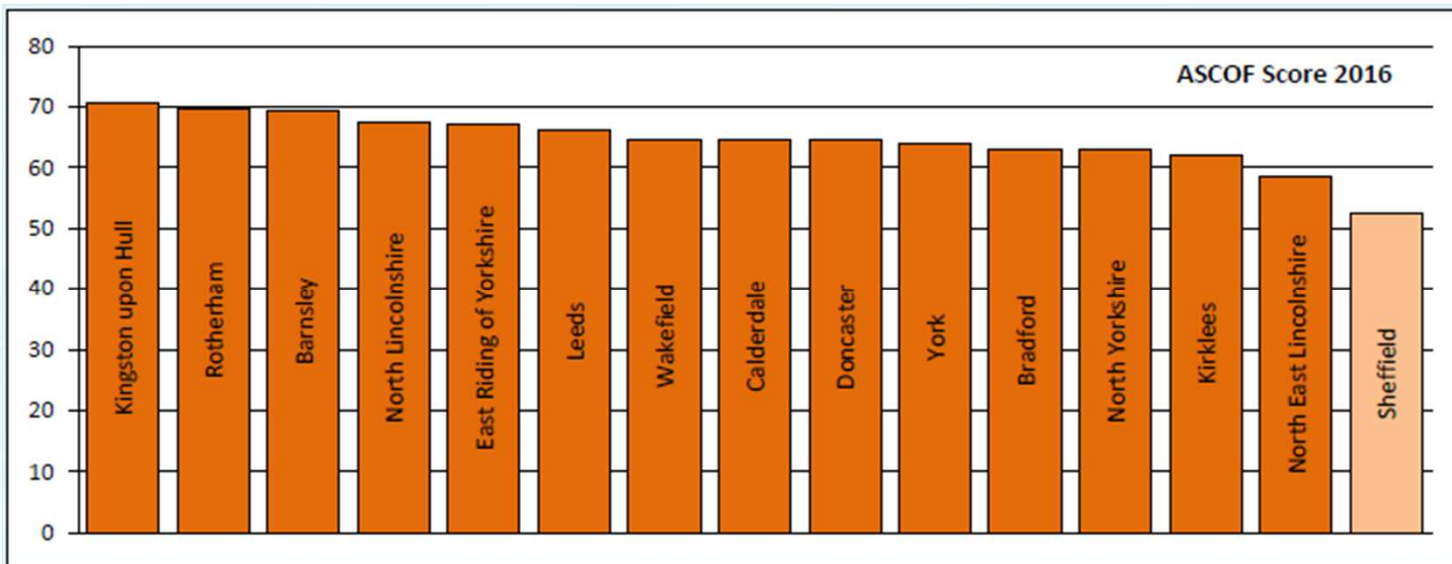


# Theme 3: ensuring that people have a positive experience of care and support

## *Overall satisfaction of people who use services with their care and support*

Area	2015 Score	2016 Score
Sheffield	60%	52%
England	65%	64%
Core Cities Average	63%	61%
Yorkshire and the Humber	66%	64%

- General 2015-16 deterioration linked to austerity?
- But nationally only 3 LAs score lower than Sheffield in this measure
- The rates we have paid for care and how we have commissioned: leading to low quality
- Correlates with low proportion of people feeling in control of their daily lives: in spite of relatively high Direct Payment numbers

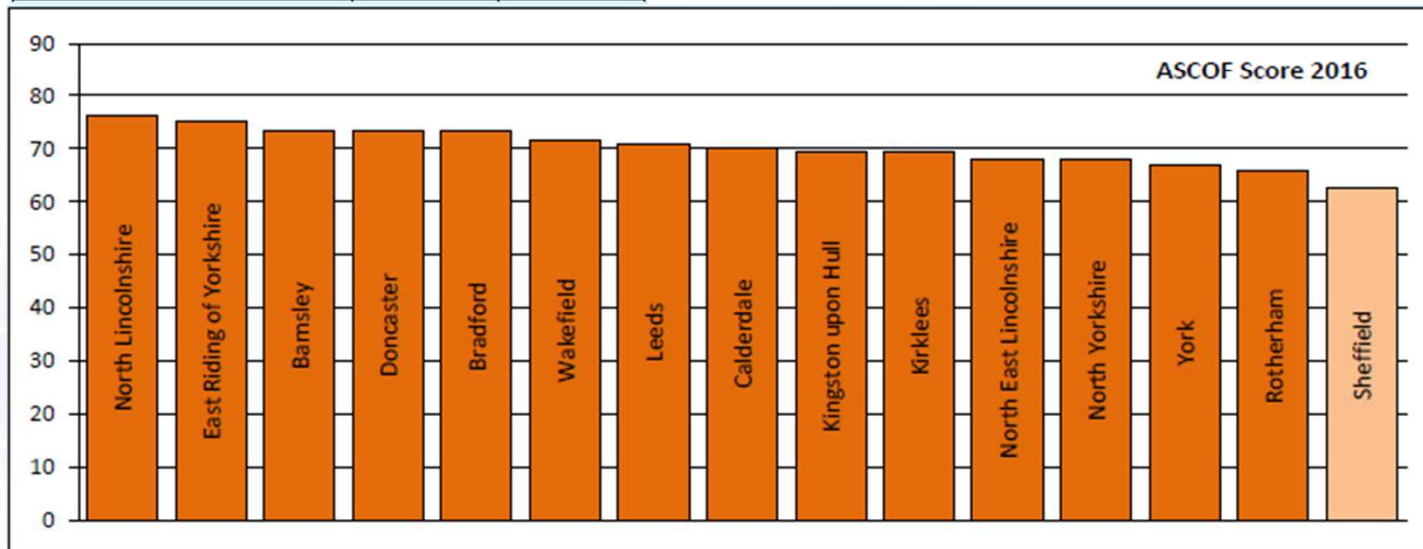


# Theme 4: Safeguarding adults whose circumstances make them vulnerable and protecting them from avoidable harm

*The proportion of people who use services who feel safe*

Area	2015 Score	2016 Score
Sheffield	64%	63%
England	69%	69%
Core Cities Average	67%	68%
Yorkshire and the Humber	68%	70%

- For most other Councils there isn't necessarily a strong correlation between feeling satisfied with services and feeling safe. E.g Rotherham
- For Sheffield there is a sense of "perfect storm" for citizens: lower quality of life, lower satisfaction, less likely to feel safe



# How does this affect different groups?

ASCOF 2015/16	Overall	LD	65 +	18 - 64	Community	Nursing	Residential
(1A) Social care-related quality of life	18.2	20.7	17.8	16.5	17.6	17.4	18.3
(3A) Overall satisfaction of people who use service with their care and support	52.2%	62.8%	50.9%	43.9%	43.6%	53.1%	56.3%
(4A) The proportion of people who use services who feel safe	62.5%	74.6%	65.1%	41.0%	55.9%	64.4%	64.5%

- People with a Learning Disability are happiest: but note caveats
- Adults of a working age are less satisfied than those aged 65+
- People getting support at home feel much less satisfied and safe than those in a care home: again, note caveats

# Improvement actions (1)

- Customers find it too hard to get hold of consistent social work support: **we are currently consulting on a new structure that makes accountability much clearer** (August)
- More joined up support is required for young disabled people coming through to adulthood: **adult social workers now working with CYPF on “0-25” pathway; proposed new structure will formally integrate this** (now to August)
- Carers say they do not get consistent advice, information and assessment: **we have set up a “one stop shop” approach for carers support with the Carers Centre** (April)



## Improvement actions (2)

- Homecare quality has been a concern for some time: **we have increased the amount we pay and are retendering to deliver higher quality arrangements (October)**
- Many people are waiting too long in hospital which is bad for them and also increases NHS and social care costs: **we are working with the NHS to ensure the right supply of services but also to manage demand better (ongoing)**
- Too many care home placements are made from hospital: **our proposed new social work structure and development of STIT will help us work with NHS partners address that (ongoing)**

# Improvement actions (3)

- There are too many conflicts and confusions between the use of Council funding and NHS Continuing Healthcare: **joint work with the CCG is underway to clarify “rules” and explore opportunities to bring functions together** (ongoing)
- Systems and process are far too bureaucratic: **we have already made in-year improvements and are overhauling all processes to bring in a new case management system** (April 2018)
- Customers and carers are unhappy about our communication regarding charging for social care: **we are reviewing the current functions of the Social Care Accounts Service** (TBC)

A photograph of a man in a red jacket and a white dog with a yellow vest standing in front of a train. The man is looking down at the dog. The dog is looking up at the man. The background shows the side of a train with a dark blue door.

# Independent, Safe and Well

A report  
about adult  
care and  
support in  
Sheffield

**2016**



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# 1. Introduction

Welcome to Sheffield's Independent, Safe and Well report. In this report we give you an overview on how we did during 2015/16 in Adult care and support. We also look at some of the things citizens told us, and what we plan to do in the year ahead.

We've included some figures to show you how we have done compared to last year. These figures are based on the Adult Social Care Outcomes Framework (ASCOF). This is a national set of outcomes that all local authorities measure themselves against. You can read more about the ASCOF on the GOV.UK website [www.gov.uk/government/publications](http://www.gov.uk/government/publications).

## Our Vision

Our vision continues to be about working with others, particularly in partnership with NHS Sheffield Clinical Commissioning Group (CCG).

Our three key themes are:

- **Independent:** we want to help people to live in their own homes and communities for as long as possible. We want to encourage them to have choice and control over their lives.
- **Safe:** we need to make sure that the services we commission and provide are of a high-quality. We will work to protect those who are at risk of harm.
- **Well:** working with NHS and public health colleagues we want to promote health and wellbeing. Tackling loneliness, isolation and improving emotional wellbeing is key.

The way adult care and support is run has seen huge changes the last few years. The introduction of the Care Act has required new thinking and approaches to make sure Sheffield is legally compliant and working in the best interests of our customers.

Budget pressures continue to make this a challenging time to deliver adult care and support in Sheffield. More people are requesting our services; and the cost of providing these services continues to rise. To continue to provide high quality services within the new lower budgets will mean that difficult decisions will have to be made to continue providing support for those that require it.

Our priority continues to be to support people to stay independent, safe and well. This includes doing more to help people help themselves.

We will continue to work with all our partners to promote high quality, innovative services and make sure that we spend money fairly and consistently for those people that require our support the most.



**Cllr Cate McDonald**  
Cabinet Member for Health and Social Care

# Sheffield in numbers

450,000

adult population  
in Sheffield  
in 2016



10%

rise between 2012  
and 2020 in people  
over 65 years of age  
with long term,  
limiting health needs

7% rise

in the number of  
people requesting  
support from the  
Council between  
2015 and 2016

Sheffield  
City Council



Over 5% of the  
population  
requested support  
from the Council in  
2016



HELP



11,000

people received long term support  
from the Council in 2016

## 2. Asking for help

### Information and advice

**What you said:** You find the information available about care and support overwhelming. You don't know where to start and don't know what to search for.

**What we did:** We created the Sheffield Directory, a new website that brings together lots of information and advice as well as details of the voluntary and community organisations that can help you. We also wrote a range of factsheets about care and support in Sheffield. You can read them on our website [www.sheffield.gov.uk/factsheets](http://www.sheffield.gov.uk/factsheets).

**What we plan to do in 2017:** We're reviewing our information and advice offer - for care and support services, housing tenants, library and community services and more. As part of this we're looking at how we can provide information for different groups or people - including people with a disability or impairment, people with a mental health problem, older people and carers. We're also making sure our information is more accessible, including more options for printed information such as large print and Braille, as well as other formats like MP3 audio files and easy read documents.



Over the next year we will continue to build and improve the wide range of information on Sheffield Directory, so you can find activities and events taking place in your neighbourhood, and local groups, classes and sporting sessions. We're also improving the information for families, with a specific section of the directory for our local offer for children and young people with special educational needs and/or disabilities, as well as health and care and support information for older people, and for people with specific health conditions like cancer, stroke, heart conditions and diabetes. Find out more about what's in the directory at our website [www.sheffielddirectory.org.uk](http://www.sheffielddirectory.org.uk).



## Independence and keeping well

**What you said:** You want us to help stop problems with your health and your care getting worse, and to help keep you well.

**What we did:** Our staff now have better information so they can help you find support in your community. We've also produced factsheets on prevention and keeping well. We've trained more staff to be able to use equipment and technology (also called Telecare) to help people to stay independent in their own homes.

We've increased the range of small aids (such as medication aids) and equipment and technology that can be used to support people. A pilot study is looking at how we change the way we help people immediately when they first contact us, so they get help more quickly.

Occupational Therapists, along with health colleagues, are working on a new project to support people with complex moving and handling needs to use equipment to support themselves. We're also looking at how we can develop the City Wide Care Alarms service.

We're also making changes to the way our teams improve their services, including quicker response times and better outcomes for people using services.

**What we plan to do in 2017:** If these improvements work we will extend them, so more people can benefit. We'll also listen to what people tell us about our alarm systems so we can improve and develop what they offer. We'll also continue to change the way our teams respond to requests and the outcomes people receive.

## Percentage of people who use services who have said they feel they have control over their daily life 2015/16





# 3. Moving from childhood to adulthood

**What you said:** You said that moving from children's services to adult services is very difficult. You would like to have a named social worker to help ease the transition into adult services.

**What we did:** This past year we have worked hard to get adults and children's services to work more closely together. This includes making sure young people transfer to adult services in a timely manner.

**What we plan to do in 2017:** We aim to give 50-60% of all our service users moving from children's services to adults' services a named social worker.

We want to make sure that no one loses the care and support they have been receiving from children's services until either adult care and support is agreed and in place, or the transition assessment identifies that the person does not have eligible needs for adult care and support.

We aim to plan the transition earlier with the young person, especially if they already have an Education, Health and Care (EHC) Plan. We also want all young people who might have needs for care and support after turning 18 to receive a transition assessment at a time that is right for them.

We want services in education, health and care work to together. We want to actively promote an approach that prevents or delays the development of care and support needs.



## 4. Sheffield stories

### Supporting people to live independently

Technology has been advancing at a fast pace over the last few decades. More and more individuals and organisations are looking at how to use various technologies to help improve the quality of people's lives. And in Sheffield we have been looking at a number of different applications (called apps) and technologies to support people to live independently.

One such app is called Nana. Developed by the University of Sheffield, this app helps older people track their nutrition, and improve their physical and mental wellbeing.

Around 30% of older people who go into hospital are malnourished and this app aims to improve this. Someone using the app can photograph what they eat. These photographs are stored for the carer or family member to check. The app also has a number of brain games that measure the person's mental skills, and a wellbeing questionnaire.

These three elements combine to give carers and family members information about the person's nutrition and wellbeing, allowing them to develop plans to address any problems.

Although technology can be a powerful tool, people are still key to supporting others. Within the community we are looking at how we can launch an initiative called GoodGym

[www.goodgym.org](http://www.goodgym.org) or [www.sheffieldsmartlab.co.uk/](http://www.sheffieldsmartlab.co.uk/).

The idea behind this is to combine physical exercise with doing good work for others. It's already running in London and is doing well there.

People can get involved by running in a group to a community based project like clearing up an allotment, or painting a community hall. They could run to someone's home to do errands for them, if they can't get out and about easily, or they could run to an older person's home on a weekly basis to visit them. You can read Wilma and Melanie's story here [www.goodgym.org/case\\_studies](http://www.goodgym.org/case_studies).

GoodGym Sheffield has been funded by, and is part of, the Age Better in Sheffield Programme which is part of the Big Lottery funded programme to reduce isolation in people aged 50 plus. This initiative launched in Autumn 2016 across Sheffield.





## Safe in Sheffield

The Sheffield Safe Places project recruits and coordinates a network of businesses and organisations who want to provide a temporary safe refuge and assistance for adults who may find themselves in difficult situations whilst out and about.

People with a learning disability, people living with dementia, and people who have a mental health problem are encouraged to become card holding members. One member of the scheme is living with dementia and sometimes rides on a train to places they used to go to. This can be disorientating as the places have changed considerably since the time that the member remembers, and they do not have clear verbal communication skills to ask for help. The British Transport Police, who are an organisational member of the Safe Places scheme, look out for the traveller. As a Safe Places cardholder the traveller wears a pin badge so they can be identified without having to ask for help. This means that the transport

police can alert family members and keep the person safe until help arrives.

The card holding members of the scheme can get more involved by suggesting potential Safe Places. One member felt unsafe after unpleasant confrontations (sometimes physical) with another regular customer in a shop. They reported their experience to Sheffield Safe Places who contacted the shop manager to offer them membership, and give their staff free training as part of the scheme. The shop has now become a Safe Place and the card holding member knows that they can go to any member of staff if they start to feel unsafe or need to get themselves out of a potentially confrontational situation.

Sheffield Safe Places has been recognised as a great example of this type of scheme, with a number of local authorities (like Kirklees, Derby and Manchester) using the model to inform development of a similar scheme in their local areas.

## 5. Getting support

### Quality of providers

**What you said:** You want to see the quality of services provided by adult support providers get better. You also want it to be easier to find a good quality provider. You want service user and carer voices included in the monitoring process.

**What we did:** We regularly visit and check the standards of providers. We make sure that the checks we do link in with the requirements of the regulator, the Care Quality Commission.

If you receive a Direct Payment you can choose your own provider, and so have a greater choice about the support you receive, although you or someone you know will have to manage this.

Our contracts require all providers to gather feedback from their customers at least once a year, and act on this information to improve services and share good practice. They must also have an open and transparent complaints system so people can raise concerns.

When people let us know about concerns, we follow them up with the provider and work with them to make improvements. We make regular checks to make sure things are done right and questions are answered.

We have the Recognised Provider List which is a list of providers who stick to a clear quality framework.

**What we plan to do in 2017:** We will extend our work so we support more providers to improve the quality and choice for customers who have a Council arranged service. When we update our contracts next year we will make sure providers are required to meet terms and conditions that improve their quality, service delivery and choice.

We will improve the information about providers on the Sheffield Directory, to include information about our checks of providers. We will spend more time looking at how staff support people, to make sure they are treated with dignity and respect.

### Carers

**What you said:** You said you would like more personalised carer support. You said you wanted us to be clear on who a carer is, so you can work out if you are a carer. You wanted better communication, regular visits and frequent phone calls, and that you'd like to be able to have a break and for respite care to be more flexible.

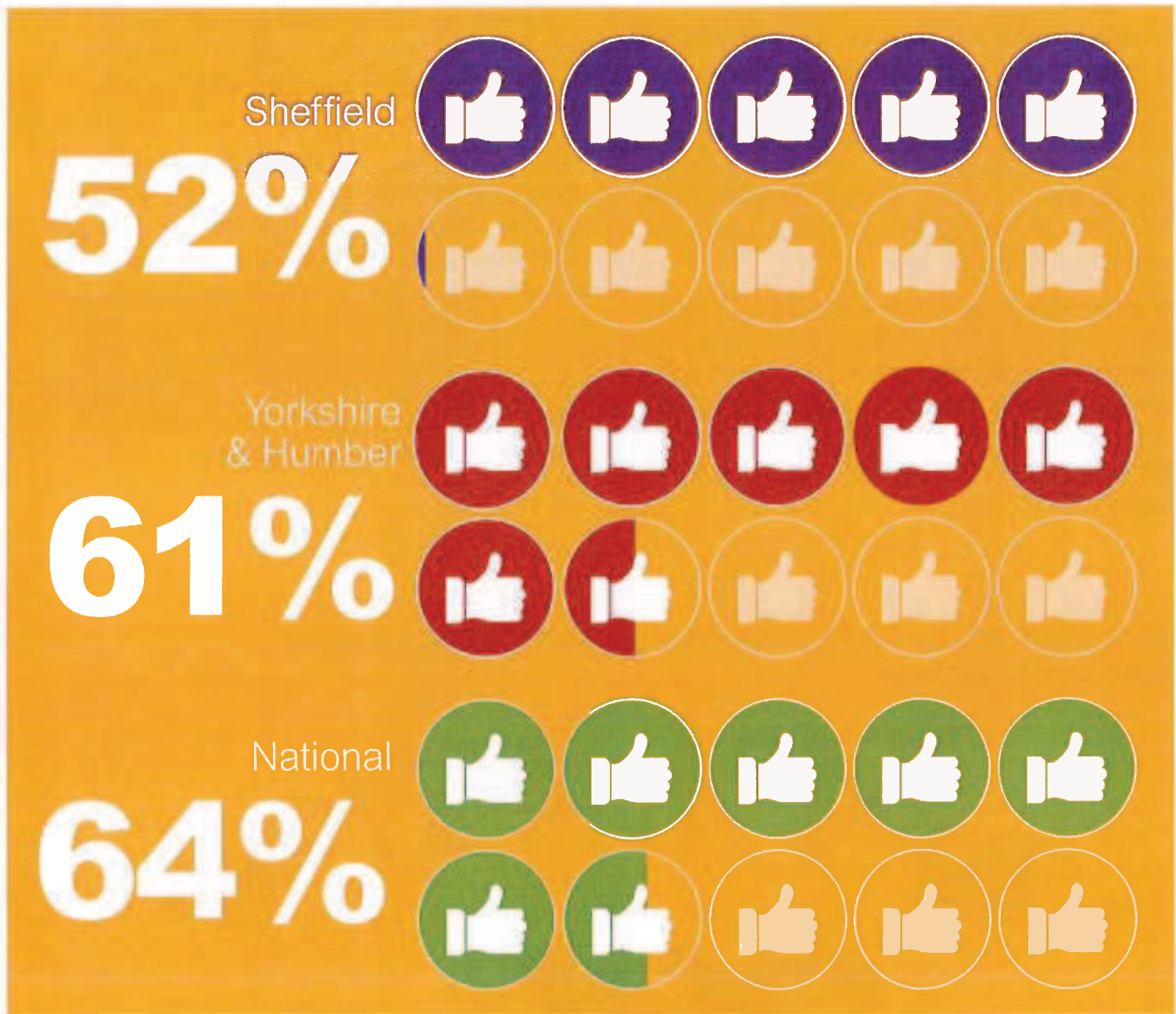
**What we did:** We have worked with carers to produce a new Carers' Strategy. One of the strategy's principles is that carers can 'Access at the right time the right type of information and advice for them, their family and the person they care for'.

We have set up a Carers' Service Improvement Forum. This gives carers the opportunity to tell us about any issues they have regarding services. This forum gives carers a voice, as they shape the agenda and can discuss any problems they have with decision-makers at the Council.

We have planned for a new carers' support service and we are currently looking at providers who can deliver this service.

**What we plan to do in 2017:** We will continue to have a short breaks fund as part of our new carers' service which starts in January 2017. This will be available to carers who need a break from caring. The carers' assessment will identify and fund short breaks for carers who need a break from caring.

**Percentage of people who said they were satisfied with their care and support**



## 6. Checking your care and support

### Reviews

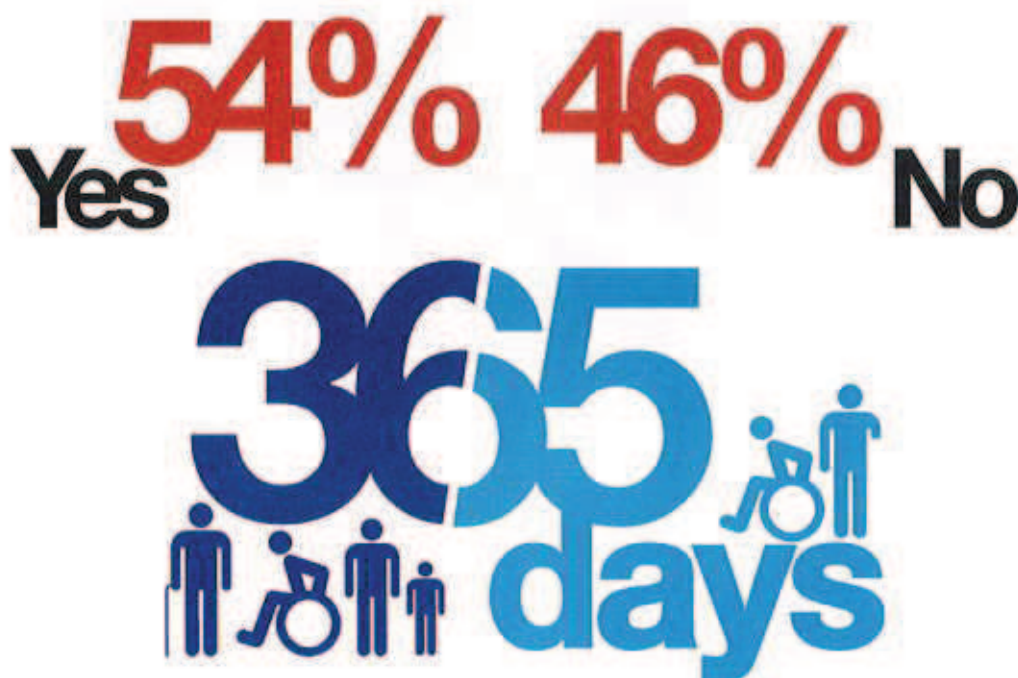
**What you said:** You said you don't want to wait a long time for decisions to be made about your care and support. You also said you wanted clearer information about how we make decisions. You said that the review forms are hard to fill in. You said you want us to improve the quality of reviews by asking the right questions in the right way.

**What we did:** A new review process is now in place, making sure you have a say in what care you need in a way that's right for you. We've made information about the new process more widely available. We regularly observe staff to make sure they are doing their best to make the review work for you.

**What we plan to do in 2017:** There are still things we need to improve to make sure the process is better for people. We hope to improve things this year to address your concerns.

Over the next year all care and support staff doing assessments and reviews will be trained to refresh skills and learn new techniques so they have better conversations with customers. These conversations enable customers to set simple goals regarding their wellbeing, and independence and safety. We want to help customers explore how their family, friends and local community, together with council services, can help them achieve their goals.

### Percentage of long term service users who have had a review in the last 12 months



## Listening and improving

**What you said:** You want us to listen to your complaints and when things go wrong to then stop them happening again.

**What we did:** Our managers now review complaints every month, and make sure lessons are learnt to stop problems happening again.

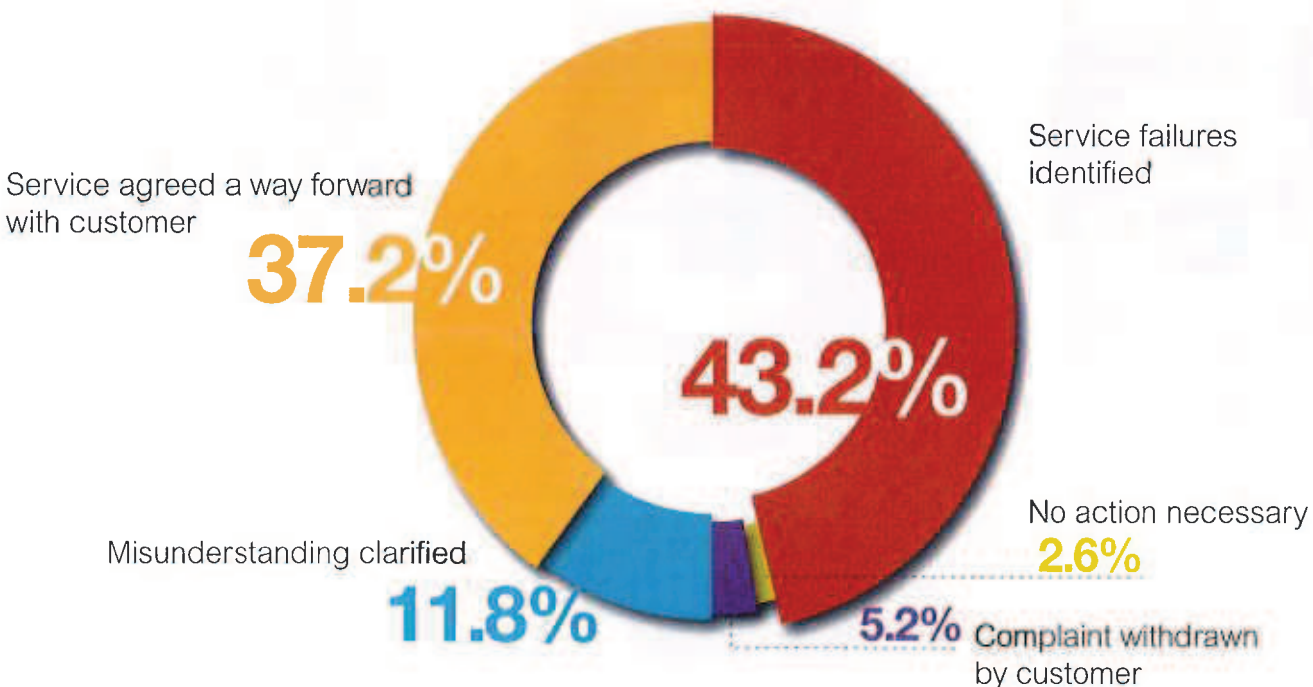
**What we plan to do in 2017:** We plan to respond to complaints more quickly in 2017. We aim to improve our learning from complaints

The Council is committed to working together with customers to resolve complaints. These figures show that in most cases the Council identified areas for action and improvement.

## Adult care and support services received 67 compliments in the year 1 April 2015 to 31 March 2016



## The complaints received in 2015-16 had the following outcomes:



# 7. Keeping you safe

We are working with Trading Standards and the Police to protect people at risk of being targeted by criminals operating financial scams.

Our Safe in Sheffield scheme provides a network of safe places across the city where people who are potentially at risk of harm can get support if they become lost or confused

We also have a Safeguarding Customer Forum. This is a group of people who have experience of being at risk. This group advises the Council on how to make sure we take into account the needs and concerns of the people we safeguard. The forum is always looking for new members so if you are interested then let us know.

Contact the Sheffield Safeguarding Adults office on 0114 273 6870.



## People who say the services they use make them feel safe



This is a **6% improvement** on last year for us locally.



## 8. Contact us

If you have any questions or feedback about this report please email the adult care and support involvement team [involvement@sheffield.gov.uk](mailto:involvement@sheffield.gov.uk).

Call on 0114 273 4119.

If you would like to speak to someone about adult care and support please contact:

- Adults/Older People:

Email the Adult Access Team [adultaccess@sheffield.gov.uk](mailto:adultaccess@sheffield.gov.uk)

Write to the team at Howden House, Sheffield S1 2SH.

Call on 0114 273 4567 and choose option 5, then option 2.

- Learning Disabilities:

Email the Community Learning Disabilities Team

[CLDTBusinessSupport@sheffield.gcsx.gov.uk](mailto:CLDTBusinessSupport@sheffield.gcsx.gov.uk).

Write to the team at 33 Love Street, Sheffield, S3 8NW. Call on 0114 226 2900.

- Mental Health:

Contact your GP for referral to a Community Mental Health Team.



This is a report about care and support in Sheffield.  
It tells you about our performance as a council over 2015 and 2016.

We would welcome your feedback about this report.  
Please contact us. Our details are inside.



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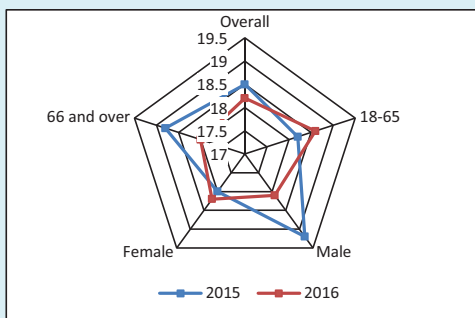
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### ASCOF SCORES SUMMARY

Measure	2015 Score	2016 Score	National Score	Regional Score	Core Cities Score	National Rank	Regional Rank	Core Cities Rank
1A: Social care-related quality of life score	18.5	18.2	19.1	19.1	18.9	142	15	8
1B: The proportion of people who use services who have control over their daily life	74%	72%	77%	76%	75%	123	15	7
1C(1A): The proportion of people who use services who receive self-directed support	72%	85%	87%	88%	82%	107	11	5
1C(1B): The proportion of carers who receive self-directed support	69%	100%	78%	70%	98%	1	1	1
1C(2A): The proportion of people who use services who receive direct payments	22%	37%	28%	26%	24%	22	2	1
1C(2B): The proportion of carers who receive direct payments	51%	100%	67%	60%	87%	1	1	1
1D: Carer-reported quality of life	7.3	-	-	-	-	-	-	-
1E: The proportion of adults with a learning disability in paid employment	4%	4%	6%	6%	4%	104	12	5
1F: The proportion of adults in contact with secondary mental health services in paid employment	6%	5%	7%	8%	5%	96	12	4
1G: The proportion of adults with a learning disability who live in their own home or with their family	86%	84%	75%	79%	78%	40	5	4
1H: The proportion of adults in contact with secondary mental health services living independently, with or without support	74%	69%	59%	65%	59%	61	7	2
1I(1): The proportion of people who use services who reported that they had as much social contact as they would like	42%	40%	45%	46%	45%	129	15	8
1I(2): Proportion of carers who reported that they had as much social contact as they would like	28%	-	-	-	-	-	-	-
2A(1): Long-term support needs of younger adults (aged 18-64) met by admission to residential and nursing care homes, per 100,000 population	14	21.6	13.3	13.9	14.7	139	15	8
2A(2): Long-term support needs of older adults (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population	730.4	987.9	628.2	699.5	763.4	142	15	8
2B(1): The proportion of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	76.5%	76.7%	83%	83%	77%	130	14	5
2B(2): The proportion of older people (aged 65 and over) who received reablement/rehabilitation services after discharge from hospital	5%	8.9%	3%	3%	4%	3	1	1
2C(1): Delayed transfers of care from hospital, per 100,000 population	15.2	15.7	12.1	10.2	15.2	127	14	6
2C(2): Delayed transfers of care from hospital that are attributable to adult social care, per 100,000 population	7.4	7.7	4.7	3.4	5.9	130	15	6
2D: The outcome of short-term services: sequel to service	79%	73%	76%	73%	66%	85	7	3
3A: Overall satisfaction of people who use services with their care and support	60%	52%	64%	64%	61%	149	15	8
3B: Overall satisfaction of carers with social services	26%	-	-	-	-	-	-	-
3C: Proportion of carers who report that they have been included or consulted in discussion about the person they care for	60%	-	-	-	-	-	-	-
3D(1): The proportion of people who use services who find it easy to find information about support	66%	67%	74%	75%	73%	144	15	8
3D(2): The proportion of carers who find it easy to find information about services	53%	-	-	-	-	-	-	-
4A: The proportion of people who use services who feel safe	64%	63%	69%	70%	68%	140	15	7
4B: The proportion of people who use services who say that those services have made them feel safe and secure	82%	87%	85%	86%	85%	60	6	3

## ASCOF 1A: Social care-related quality of life score

Area	2015 Score	2016 Score
Sheffield	18.5	18.2
England	19.1	19.1
Core Cities Average	18.9	18.9
Yorkshire and the Humber	19.1	19.1



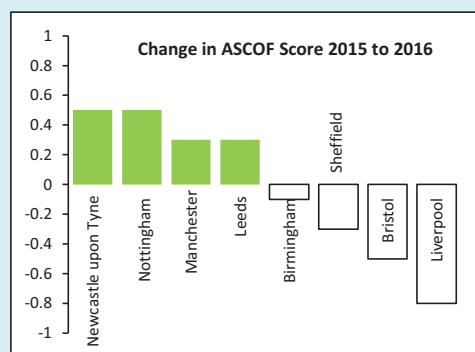
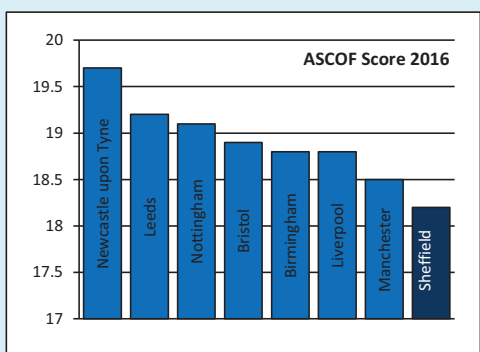
Score calculated from the Adult Social Care User Survey & a maximum of 24 can be scored

- Sheffield has reduced in this measure by 0.3 points (1.62% on 2015 result)
- Scores from Females and the 18-65 age band has improved, while Males and 66 and over has reduced

Year	National Rank	Core Cities Rank	Regional Rank
2015	118th	7th	13th
2016	142nd <span style="color: red;">↓</span>	8th <span style="color: red;">↓</span>	15th <span style="color: red;">↓</span>

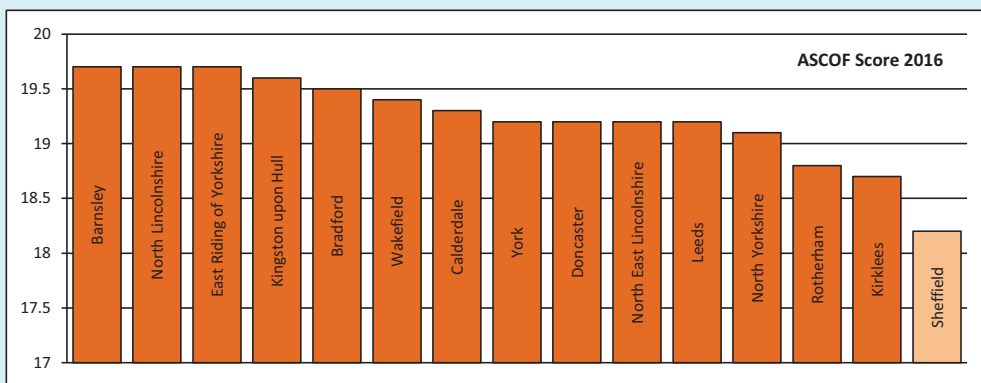
Sheffield is ranked lower than in 2015 Nationally, Regionally and within the Core Cities

Sheffield is now ranked the lowest LA in both Core Cities and Yorkshire and Humber for this measure



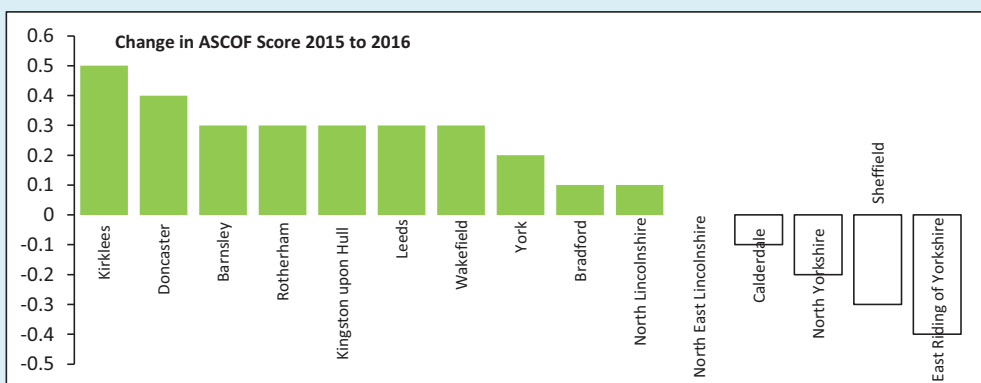
Across English Core Cities group there is a distribution of scores of 1.5 points in this measure (6%)

- The highest score in England is 20.7
- 50% of Core Cities improved this measure since 2015
- Both Bristol and Liverpool had reductions greater than our own



Across our Region there is a distribution of scores of 1.5 points in this measure (6%)

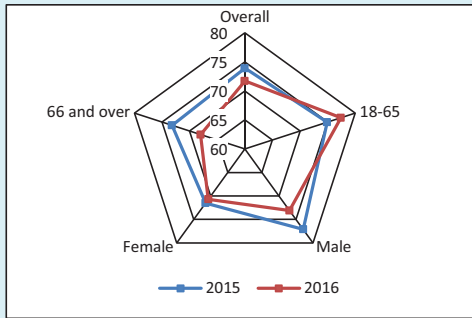
- Only 3 LAs including Sheffield scored less than the England Average
- The highest score in our Region is 19.7 scored by 3 LAs



- 67% of LAs in our Region have improved this measure
- 1 LA (7%) remained the same as 2015
- Sheffield had the 2nd Highest reduction in our region

## ASCOF 1B: The proportion of people who use services who have control over their daily life

Area	2015 Score	2016 Score
Sheffield	74%	72%
England	77%	77%
Core Cities Average	75%	75%
Yorkshire and the Humber	78%	76%



Sheffield has reduced in this measure by 2% (3% reduction of 2015 result)

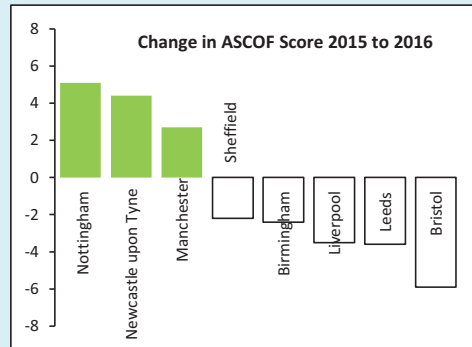
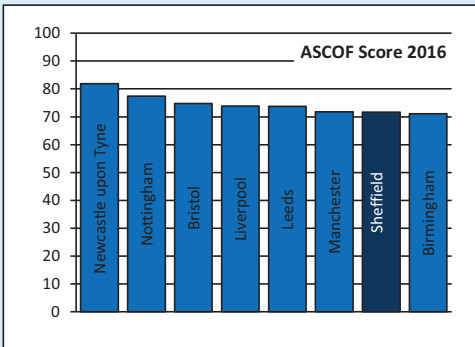
- Sheffield is below the National, Regional and Core Cities Averages

In 18-65 year olds Sheffield has improved since 2015, where as 66 and over as well as males have seen reductions

Year	National Rank	Core Cities Rank	Regional Rank
2015	111th	5th	13th
2016	123rd ↓	7th ↓	15th ↓

Sheffield is ranked lower than in 2015 Nationally, Regionally and within the Core Cities

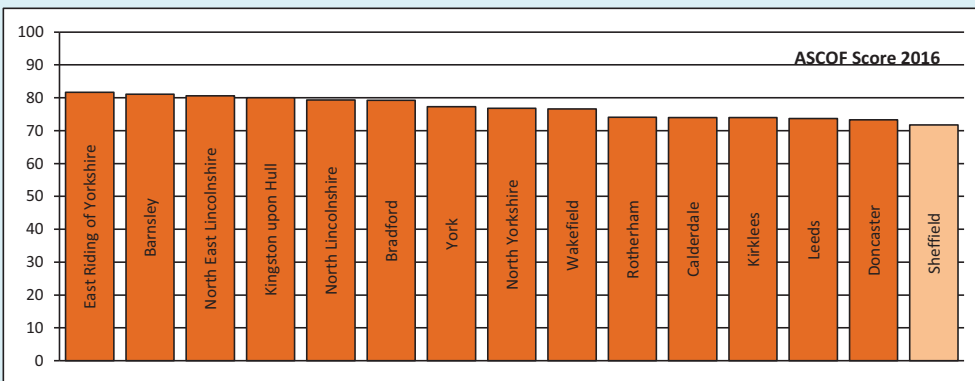
Sheffield is now ranked the lowest LA in Yorkshire and Humber for this measure



Across English Core Cities group there is a distribution of scores of 10.8%

- 3 of the Core Cities have improved in this measure

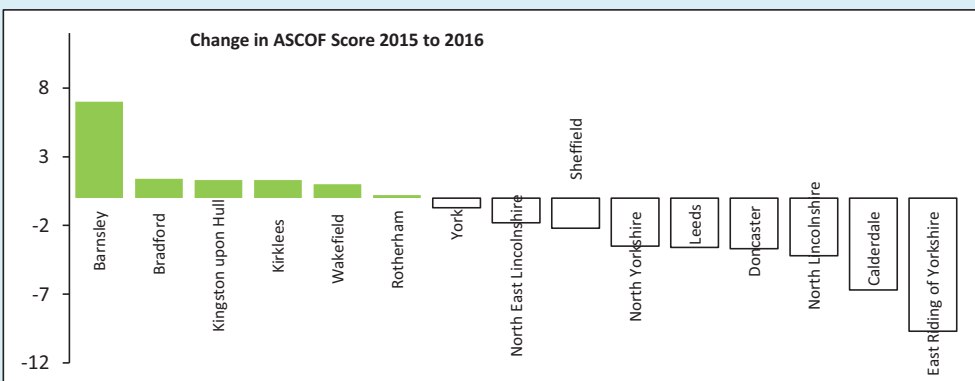
Sheffield had the smallest reduction in this measure of those LAs that did not improve



Across our Region there is a distribution of scores of 10.5% in this measure

- 8 LAs including Sheffield scored less than the England Average

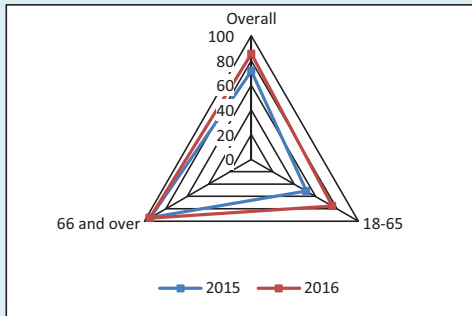
The highest score in our Region is 81.7% scored by East Riding of Yorkshire



- 40% of LAs in our Region have improved this measure
- 6 LAs had reductions in this measure greater than Sheffield's

## ASCOF 1C(1A): The proportion of people who use services who receive self-directed support

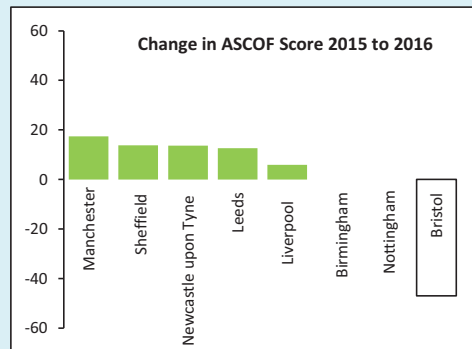
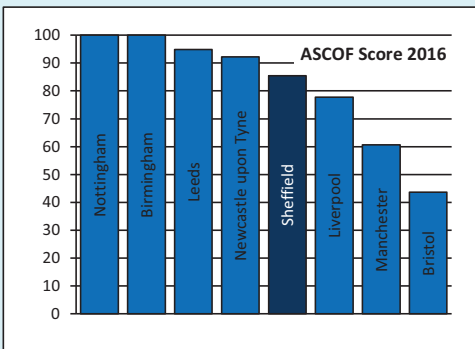
Area	2015 Score	2016 Score
Sheffield	72%	85%
England	84%	87%
Core Cities Average	80%	82%
Yorkshire and the Humber	81%	88%



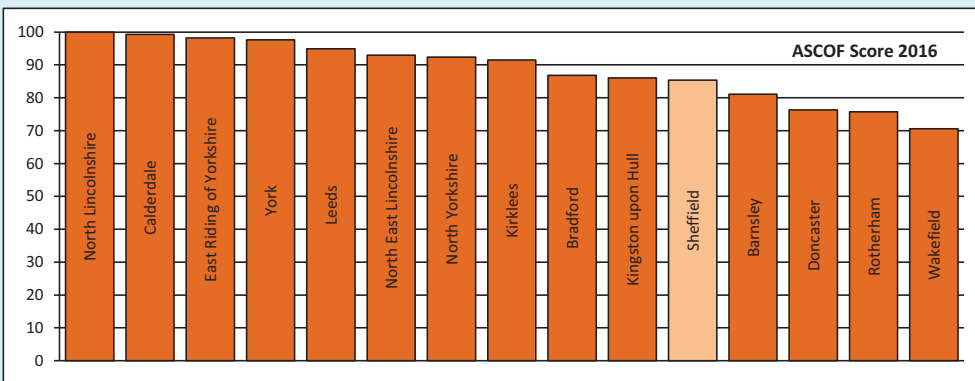
- Sheffield has improved in this measure by 13% (18% increase of 2015 result)
- Sheffield is below the National and Regional Average but higher than the Core Cities Average
- In 18-65 year olds Sheffield has improved since 2015, whereas 66 and over has remained similar

Year	National Rank	Core Cities Rank	Regional Rank
2015	127th	7th	13th
2016	107th <span style="color: green;">↑</span>	5th <span style="color: green;">↑</span>	11th <span style="color: green;">↑</span>

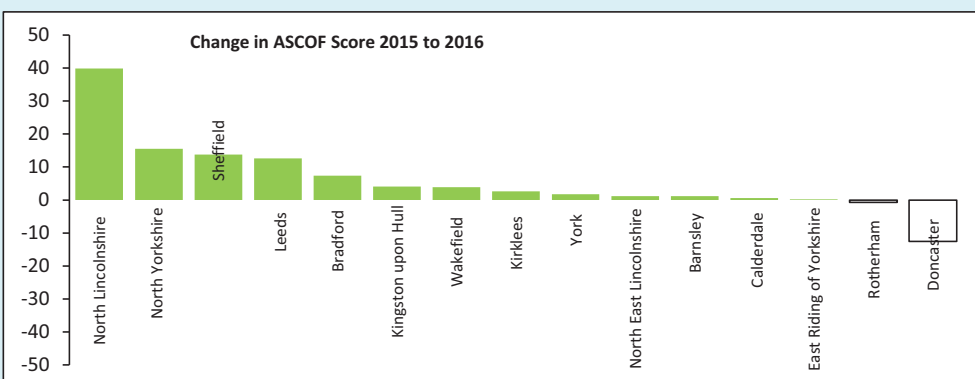
- Sheffield is ranked higher than in 2015 Nationally, Regionally and within the Core Cities



- 2 Core Cities score 100% in this measure
- Sheffield had the 2nd highest improvement in the Core Cities
- Only 1 Core City saw a reduction in their score for this measure
- Bristol had nearly a 50% reduction in this measure



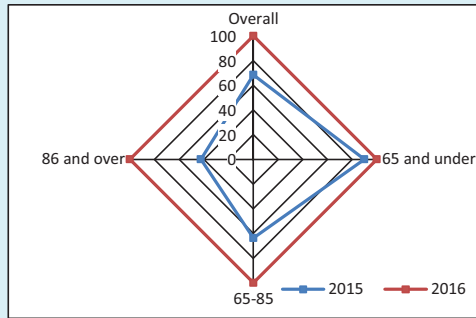
- 1 LA in our Region scored 100% in this measure
- 7 LAs including Sheffield scored less than the England Average



- Only 2 LAs in our Region didn't improve in this measure
- Sheffield had the 3rd highest improvement in our Region

## ASCOF 1C(1B): The proportion of carers who receive self-directed support

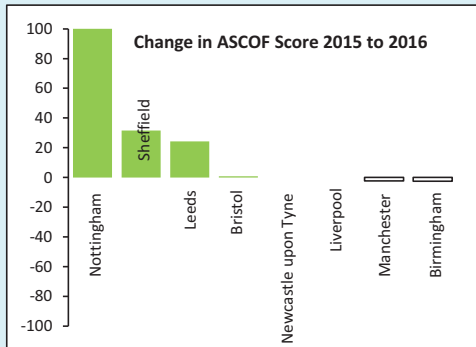
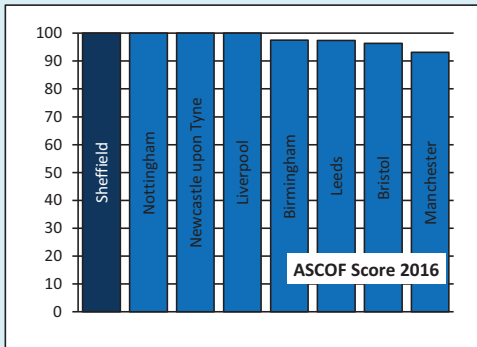
Area	2015 Score	2016 Score
Sheffield	69%	100%
England	77%	78%
Core Cities Average	90%	98%
Yorkshire and the Humber	63%	70%



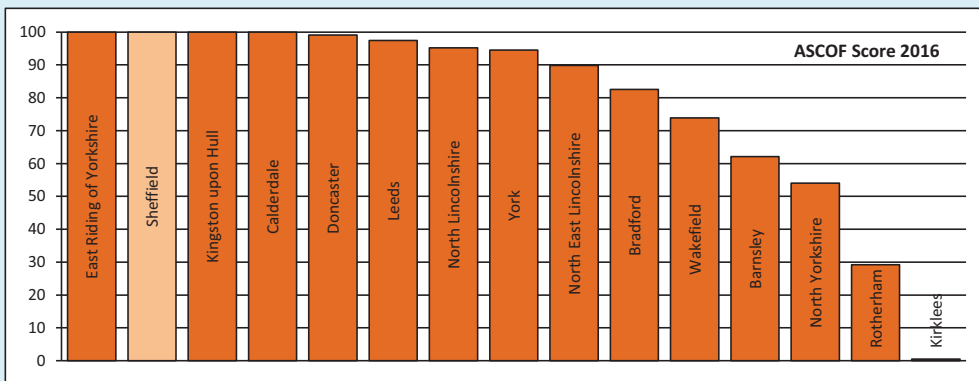
- Sheffield now scores 100% in this measure.
- In Sheffield we are unable to identify consistently whether packages of care are for a need as a carer or a person's own individual needs, other than for direct payments which are all counted as Self Directed Support.

Year	National Rank	Core Cities Rank	Regional Rank
2015	105th	7th	11th
2016	1st	1st	1st

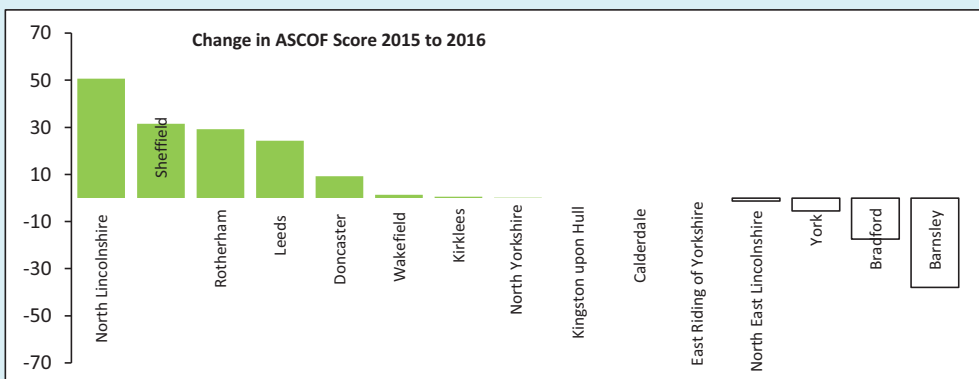
- Sheffield is ranked higher than in 2015 Nationally, Regionally and within the Core Cities



- 4 Core Cities including Sheffield score 100% in this measure
- Sheffield had the 2nd highest improvement in the Core Cities
- All Core Cities score higher than the National Average
- Nottingham had a 100% improvement



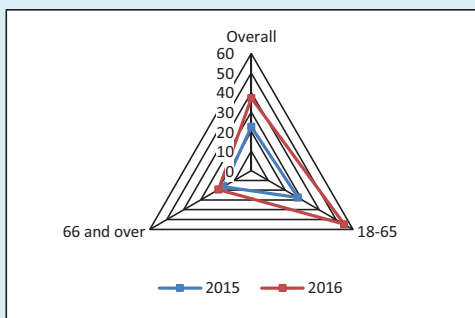
- 4 LAs in our Region including Sheffield scored 100% in this measure
- 5 LAs in our Region scored less than the England Average
- Scores in our region range from 1% to 100%



- Only 4 LAs in our Region didn't improve in this measure
- Sheffield had the 2nd highest improvement in our Region
- Although Kirklees scored the lowest in our Region this was not a reduction from the 2015 result

## ASCOF 1C(2A): The proportion of people who use services who receive direct payments

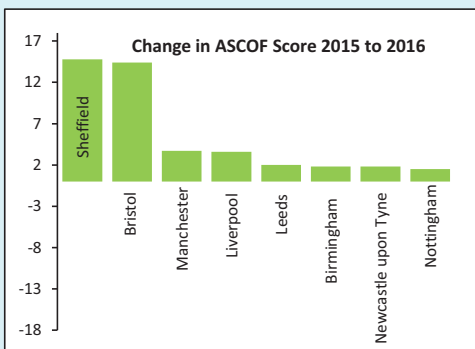
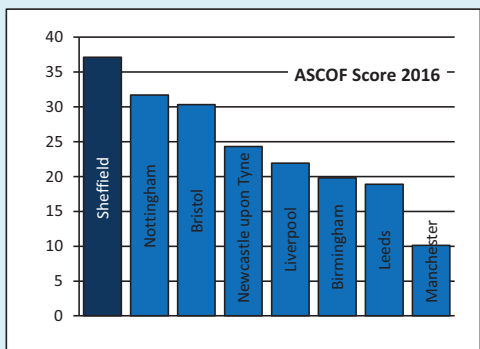
Area	2015 Score	2016 Score
Sheffield	22%	37%
England	26%	28%
Core Cities Average	19%	24%
Yorkshire and the Humber	24%	26%



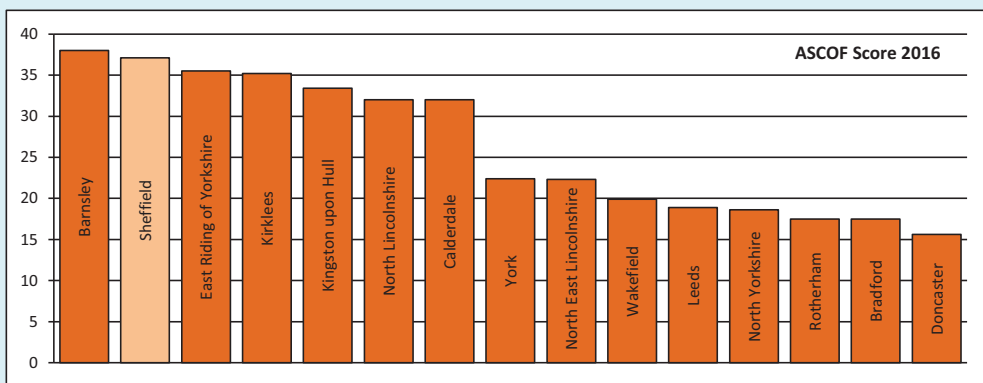
- Sheffield increased our score by 15% (Increased 66.4% of the 2015 result)
- In Sheffield 18-65 age band improved significantly more than those people 66 and over
- Sheffield is higher than the National, Regional & Core Cities Average

Year	National Rank	Core Cities Rank	Regional Rank
2015	94th	3rd	8th
2016	22nd <span style="color: green;">↑</span>	1st <span style="color: green;">↑</span>	2nd <span style="color: green;">↑</span>

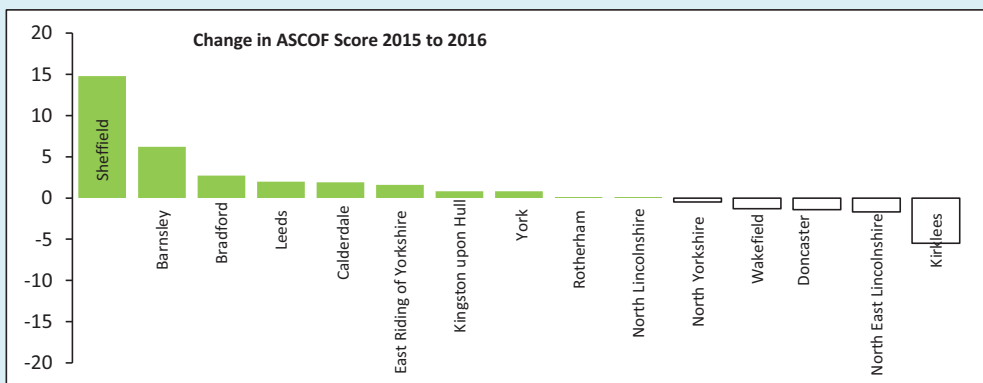
- Sheffield's ranking has improved in all 3 comparator groups
- Sheffield is ranked 1st in Core Cities and 2nd in our Region and in the top 25 Nationally



- All Core Cities improved in this measure
- Sheffield had the highest improvement in the Core Cities
- Only 3 Core Cities including Sheffield score higher than the national average



- 7 LAs in our Region including Sheffield score higher than the National Average

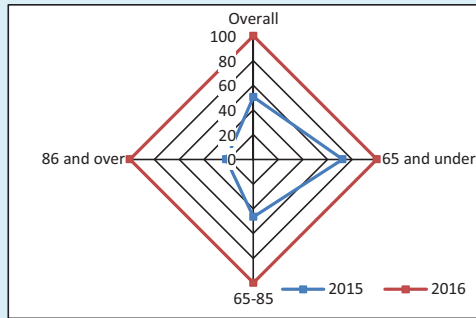


- Only 5 LAs in our Region didn't improve in this measure
- Sheffield had the highest improvement in our Region



## ASCOF 1C(2B): The proportion of carers who receive direct payments

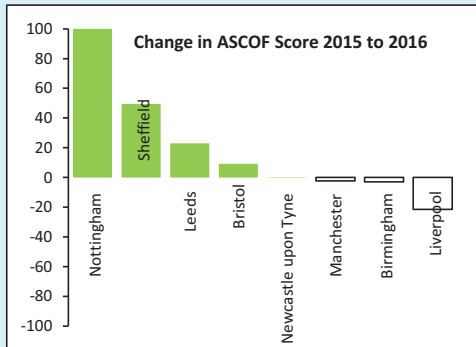
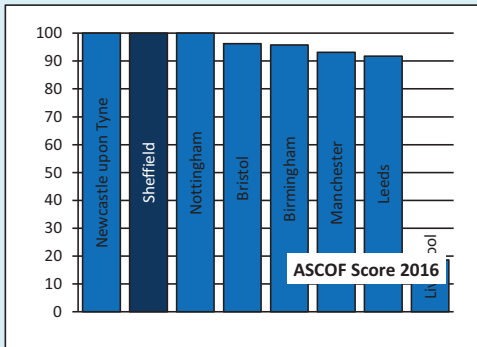
Area	2015 Score	2016 Score
Sheffield	51%	100%
England	67%	67%
Core Cities Average	77%	87%
Yorkshire and the Humber	60%	60%



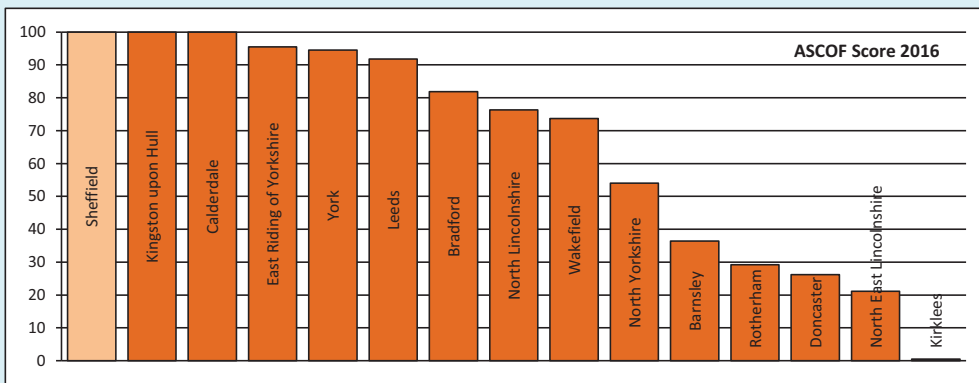
- Sheffield now scores 100% in this measure.
- In Sheffield we are unable to identify consistently whether packages of care are for a need as a carer or a person's own individual needs, other than for direct payments which are all counted as Self Directed Support.

Year	National Rank	Core Cities Rank	Regional Rank
2015	91st	6th	10th
2016	1st <span style="color: green;">↑</span>	1st <span style="color: green;">↑</span>	1st <span style="color: green;">↑</span>

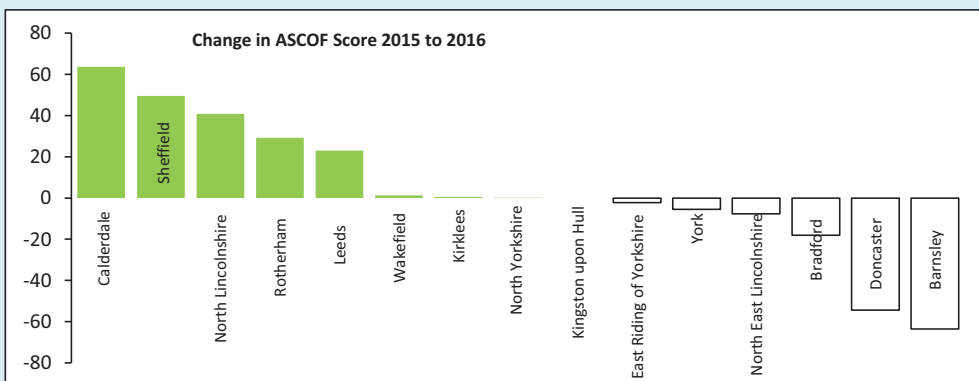
- Sheffield is ranked higher than in 2015 Nationally, Regionally and within the Core Cities



- 3 Core Cities including Sheffield score 100% in this measure
- Sheffield had the 2nd highest improvement in the Core Cities
- All Core Cities but 1 score higher than the National Average



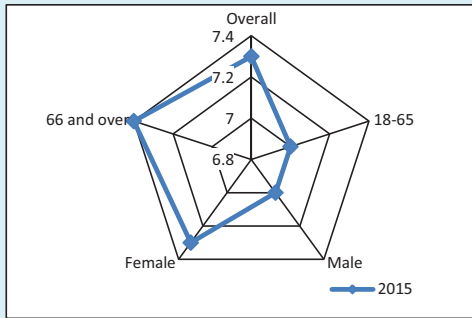
- 3 LAs in our Region including Sheffield scored 100% in this measure
- 6 LAs in our Region scored less than the England Average
- Scores in our region range from 1% to 100%



- 7 LAs in our Region didn't improve in this measure
- Sheffield had the 2nd highest improvement in our Region
- Although Kirklees scored the lowest in our Region this was not a reduction from the 2015 result

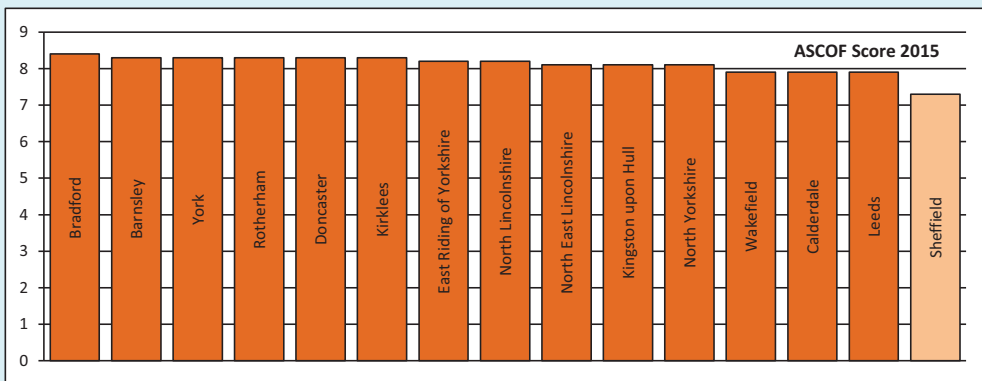
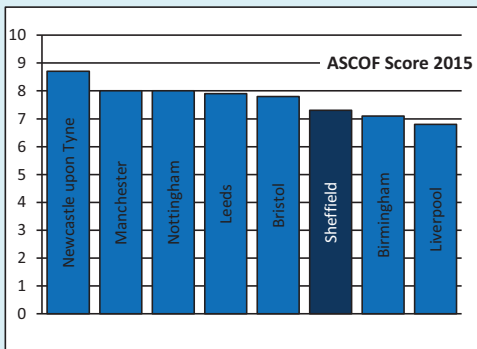
### ASCOF 1D: Carer-reported quality of life

Area	2015 Score	2016 Score
Sheffield	7.3	-
England	7.9	-
Core Cities Average	7.7	-
Yorkshire and the Humber	8.1	-



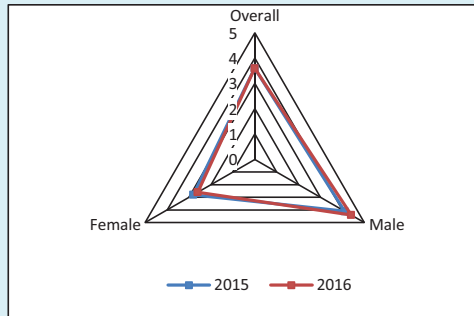
This measure is not renewed in 2016 due to the Carers Survey being Bi-Annual

Year	National Rank	Core Cities Rank	Regional Rank
2015	135th	6th	15th
2016	-	-	-



## ASCOF 1E: The proportion of adults with a learning disability in paid employment

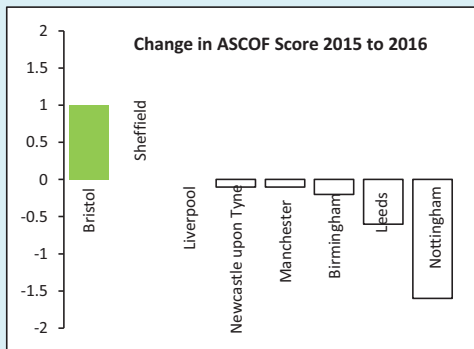
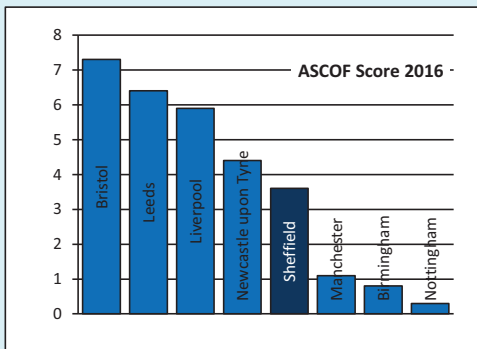
Area	2015 Score	2016 Score
Sheffield	4%	4%
England	6%	6%
Core Cities Average	4%	4%
Yorkshire and the Humber	7%	6%



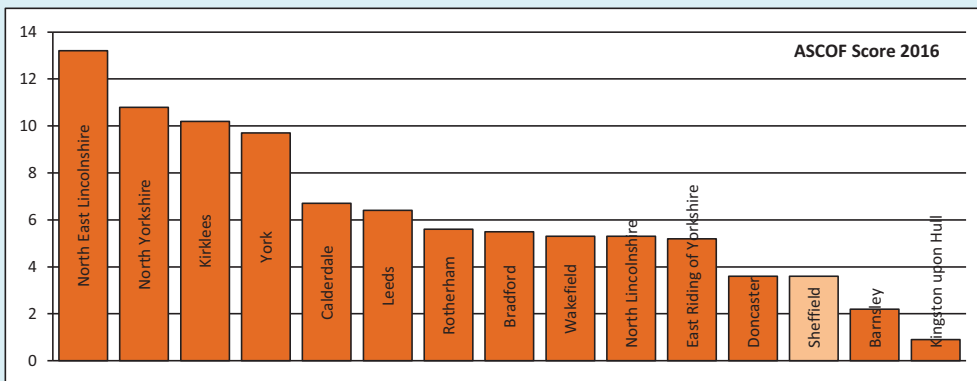
- Sheffield scored the same as 2015 in this measure
- Sheffield matched the Core Cities Average, but remained below the National and Regional Averages
- In Sheffield nearly 5% of Male with Learning difficulties are in employment compared with 3% in Females

Year	National Rank	Core Cities Rank	Regional Rank
2015	105th	5th	12th
2016	104th <span style="color: green;">↑</span>	5th <span style="color: orange;">▬</span>	12th <span style="color: orange;">▬</span>

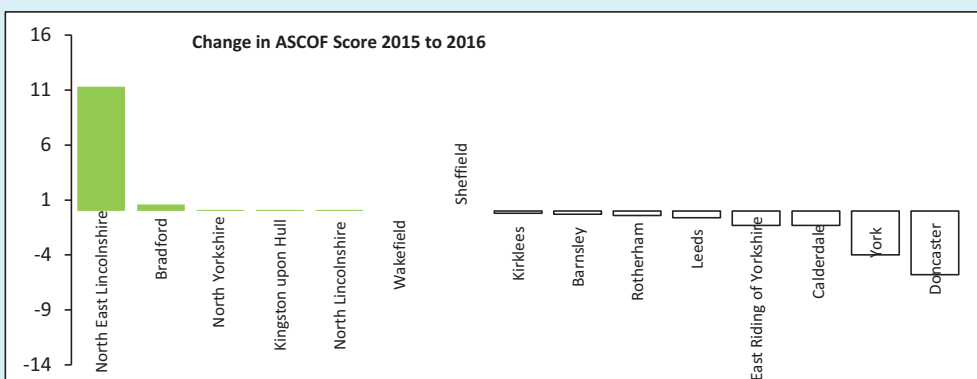
- Sheffield is ranked higher than in 2015 Nationally, but maintained the same rank in Core Cities and within our Region



- Only 1 Core City improved this measure between 2015 and 2016
- Both Sheffield and Liverpool maintained their 2015 score
- Only 2 Core Cities score higher than the National Average



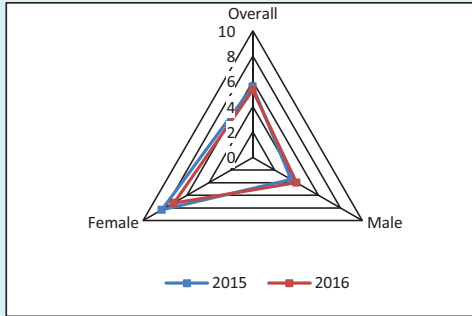
- 4 LAs in our Region score higher than the National Average
- Sheffield is ranked 12th in the Region the same as 2015



- 5 LAs in our Region improved in this measure
- Sheffield and Wakefield remained the same as 2015 in this measure

**ASCOF 1F: The proportion of adults in contact with secondary mental health services in paid employment**

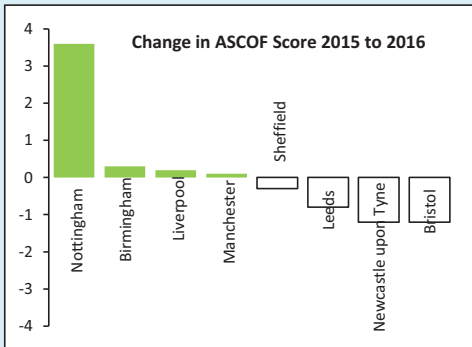
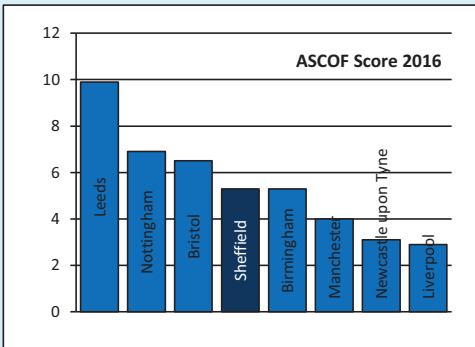
Area	2015 Score	2016 Score
Sheffield	6%	5%
England	7%	7%
Core Cities Average	5%	5%
Yorkshire and the Humber	8%	8%



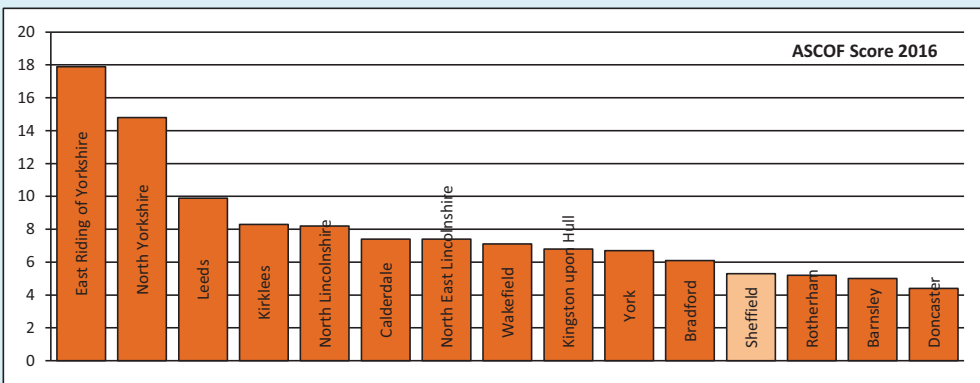
- Sheffield reduced by 1% in this measure between 2015 and 2016
- Sheffield is below the National and Regional Average but equals the Core Cities Average
- In Sheffield Females score higher than Males by 3.2% in 2016

Year	National Rank	Core Cities Rank	Regional Rank
2015	90th	3rd	11th
2016	96th ↓	4th ↓	12th ↓

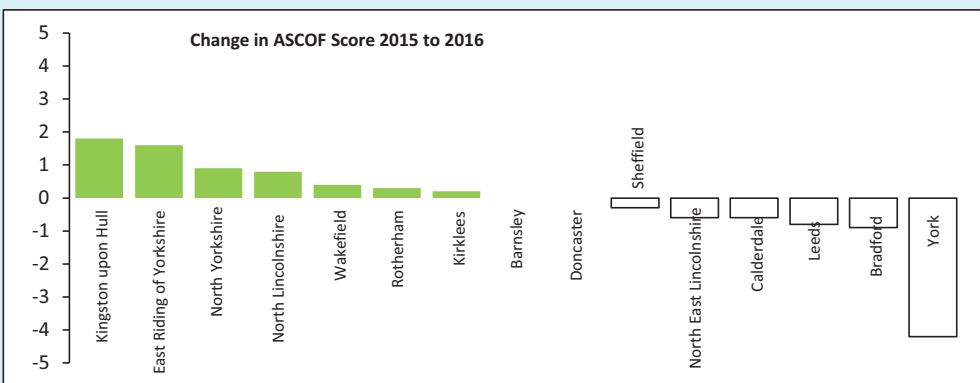
- Sheffield is ranked lower in this measure than 2015 across all 3 comparator groups



- Sheffield is ranked 4th in Core Cities
- 50% of Core Cities including Sheffield did not improve in this measure
- Only 1 Core City scored higher than the National Average



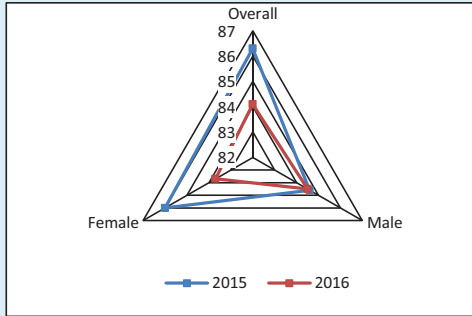
- 8 LAs in our Region score higher than the National Average
- Sheffield is ranked 12th in the Region this is a drop of 1 place compared with 2015



- 7 LAs in our Region improved in this measure
- Sheffield saw the smallest reduction in this measure in those LAs that didn't improve in 2016

### ASCOF 1G: The proportion of adults with a learning disability who live in their own home or with their family

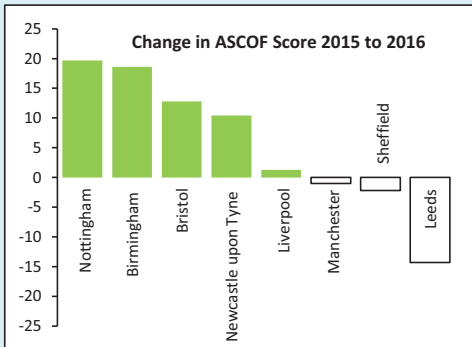
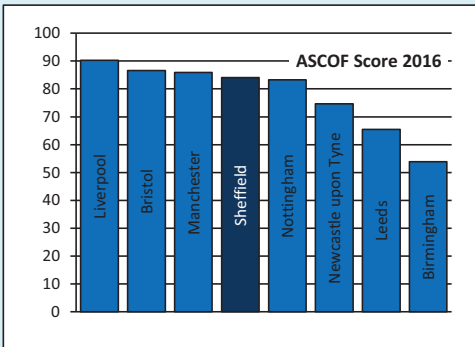
Area	2015 Score	2016 Score
Sheffield	86%	84%
England	73%	75%
Core Cities Average	72%	78%
Yorkshire and the Humber	81%	79%



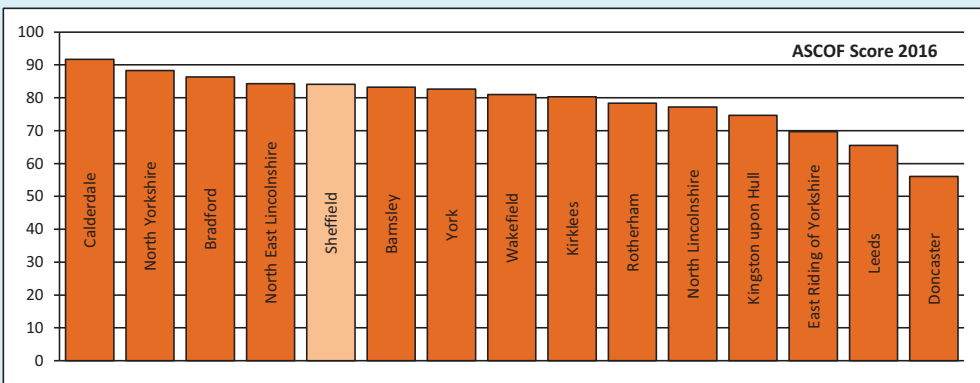
- Sheffield reduced by 2% in this measure between 2015 and 2016
- Sheffield is above the National, Regional and Core Cities Average
- In Sheffield Males score similar to Females in 2016, whereas in 2015 Females scored higher

Year	National Rank	Core Cities Rank	Regional Rank
2015	23rd	3rd	4th
2016	40th ↓	4th ↓	5th ↓

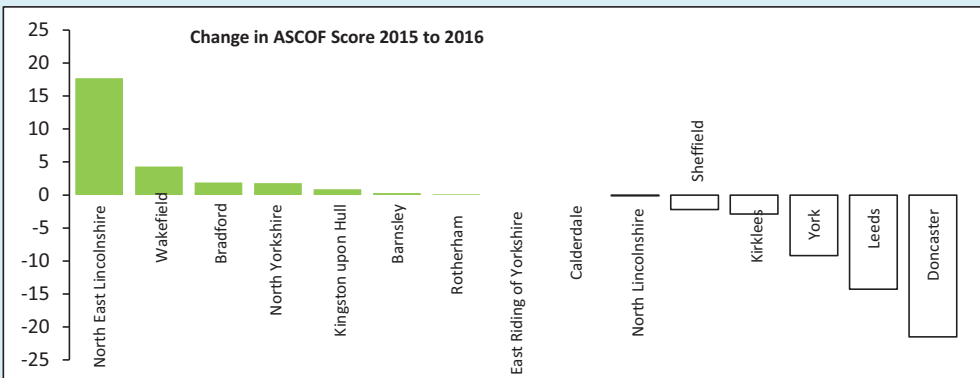
- Sheffield is ranked lower in this measure than 2015 across all 3 comparator groups



- Sheffield is ranked 4th in Core Cities
- 3 of Core Cities including Sheffield did not improve in this measure
- 5 Core Cities including Sheffield scored higher than the National Average



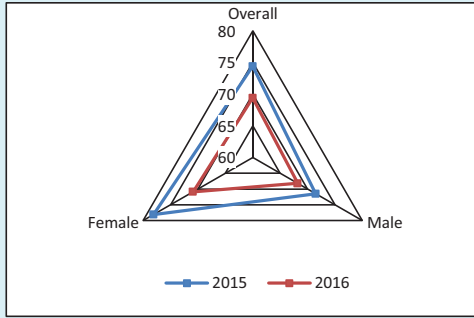
- Only 4 LAs in our Region score less than the National Average
- Sheffield is ranked 5th in the Region this is a drop of 1 place compared with 2015



- 7 LAs in our Region improved in this measure
- Sheffield saw the 2nd smallest reduction in this measure in those LAs that didn't improve in 2016
- 2 LAs in our Region saw no change in this measure compared with 2015

**ASCOF 1H: The proportion of adults in contact with secondary mental health services living independently, with or without support**

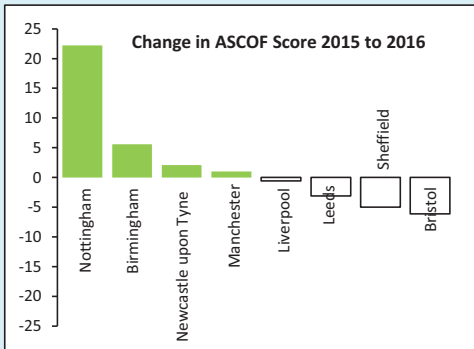
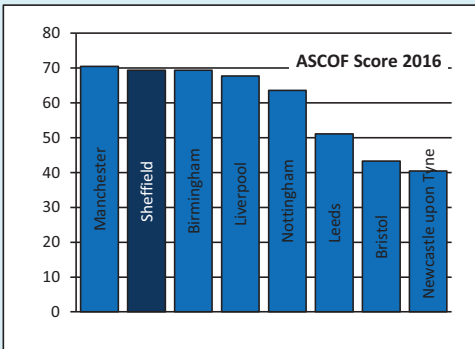
Area	2015 Score	2016 Score
Sheffield	74%	69%
England	60%	59%
Core Cities Average	57%	59%
Yorkshire and the Humber	67%	65%



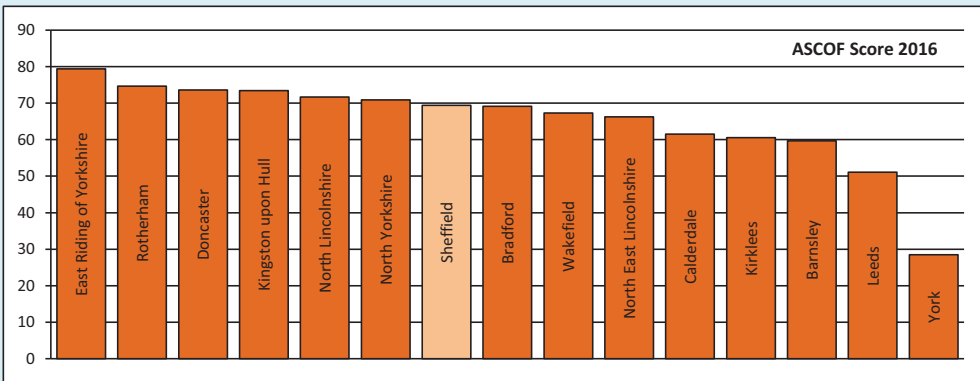
- Sheffield reduced by 5% in this measure between 2015 and 2016
- Sheffield is above the National, Regional and Core Cities Average
- In Sheffield Males score similar to Females in 2016, whereas in 2015 Females scored higher

Year	National Rank	Core Cities Rank	Regional Rank
2015	56th	1st	3rd
2016	61st ↓	2nd ↓	7th ↓

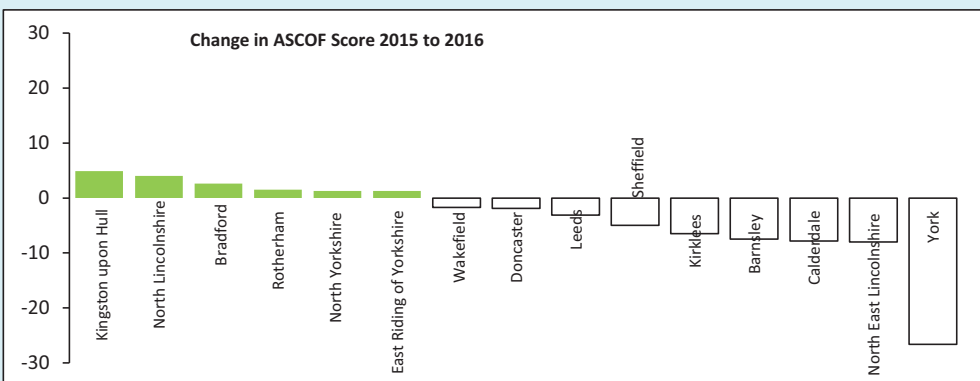
- Sheffield is ranked lower in this measure than 2015 across all 3 comparator groups
- Sheffield is no longer ranked 1st in Core Cities for this measure



- Sheffield is ranked 2nd in Core Cities
- 50% of Core Cities including Sheffield did not improve in this measure
- 3 Core Cities scored lower than the National Average



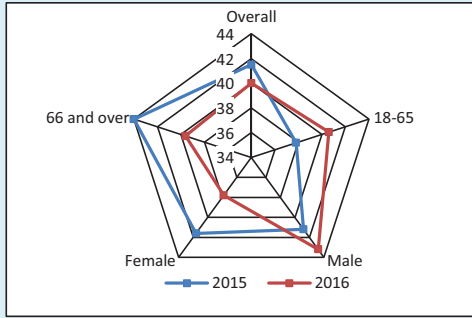
- Only 2 LAs in our Region score less than the National Average
- Sheffield is ranked 7th in the Region this is a drop of 4 place compared with 2015



- 6 LAs in our Region improved in this measure

**ASCOF 11(1): The proportion of people who use services who reported that they had as much social contact as they would like**

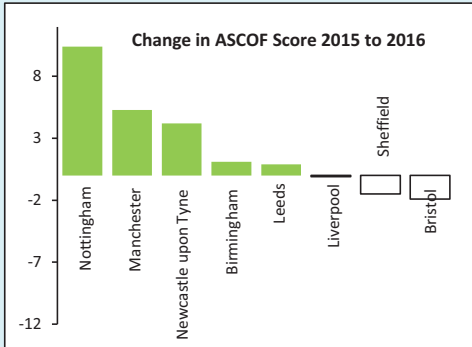
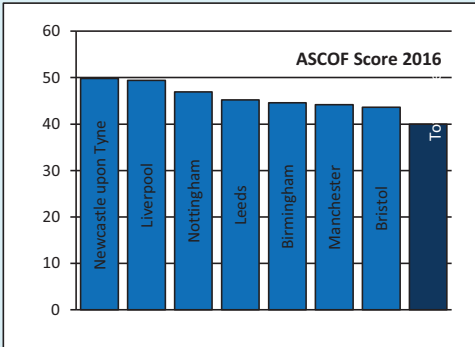
Area	2015 Score	2016 Score
Sheffield	42%	40%
England	45%	45%
Core Cities Average	43%	45%
Yorkshire and the Humber	46%	46%



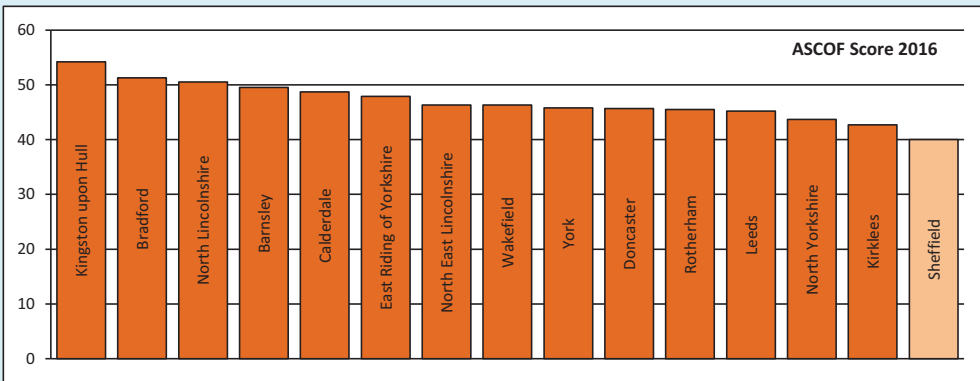
- Sheffield reduced by 2% in this measure between 2015 and 2016
- Sheffield is below the National, Regional and Core Cities Average
- In Sheffield Males score higher than Females in 2016 and younger people score higher than older in 2016

Year	National Rank	Core Cities Rank	Regional Rank
2015	117th	6th	11th
2016	129th ↓	8th ↓	15th ↓

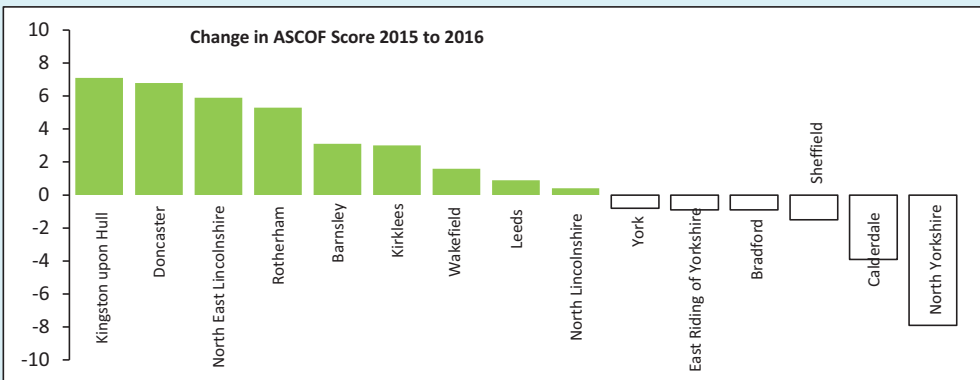
- Sheffield is ranked lower in this measure than 2015 across all 3 comparator groups
- Sheffield is ranked lowest in our Region and Core Cities for this measure



- Sheffield is ranked 8th in Core Cities
- 3 Core Cities including Sheffield did not improve in this measure
- 50% Core Cities including Sheffield scored lower than the National Average



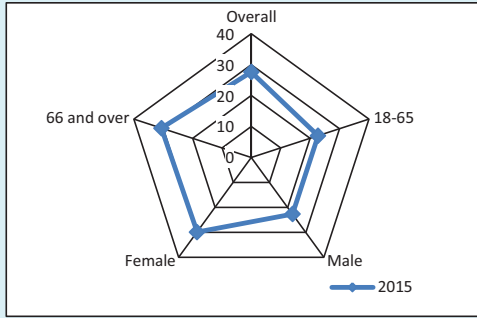
- Only 3 LAs in our Region including Sheffield score less than the National Average
- Sheffield is ranked 15th in the Region this is a drop of 4 place compared with 2015



- 9 LAs in our Region improved in this measure
- Sheffield had the 3rd Highest reduction in this measure in our Region

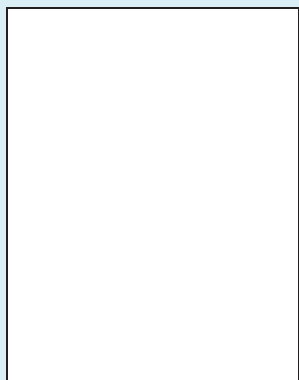
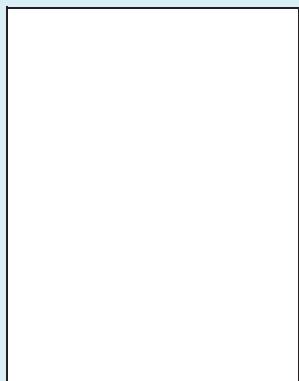
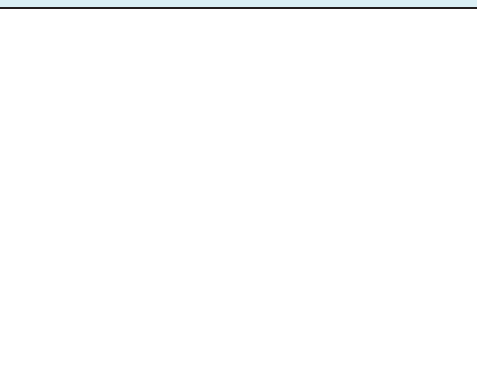
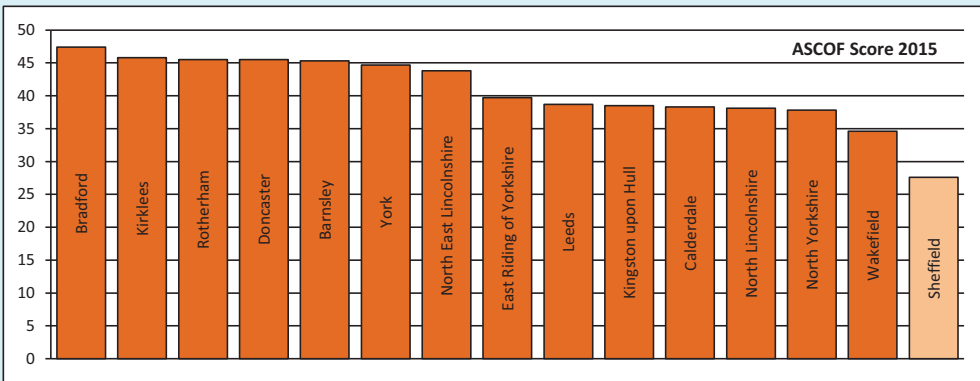
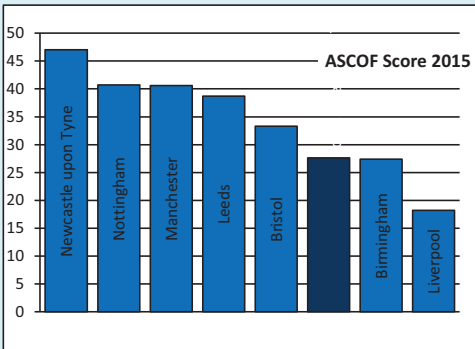
**ASCOF 1(2): Proportion of carers who reported that they had as much social contact as they would like**

Area	2015 Score	2016 Score
Sheffield	28%	-
England	39%	-
Core Cities Average	34%	-
Yorkshire and the Humber	41%	-



This measure is not renewed in 2016 due to the Carers Survey being Bi-Annual

Year	National Rank	Core Cities Rank	Regional Rank
2015	141st	6th	15th
2016	-	-	-





**ASCOF 2A(1): Long-term support needs of younger adults (aged 18-64) met by admission to residential and nursing care homes, per 100,000 population**

Area	2015 Score	2016 Score
Sheffield	14	21.6
England	14.2	13.3
Core Cities Average	18.2	14.7
Yorkshire and the Humber	11.5	13.9

No Further Details Available

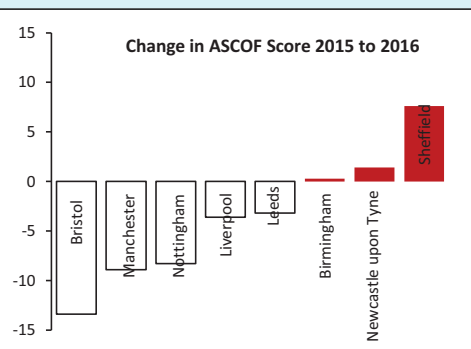
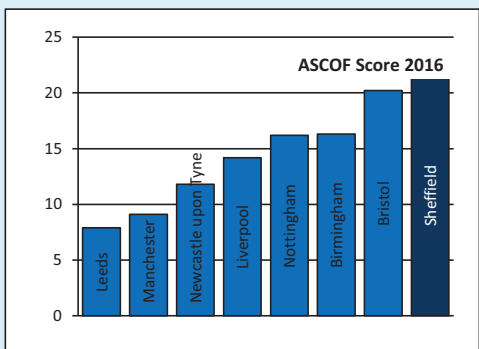
Admission of younger adults increase by 7.6 per 100,000 population in Sheffield between 2015 and 2016

Sheffield has higher admissions of younger adults than the National, Regional and Core Cities Figure

Year	National Rank	Core Cities Rank	Regional Rank
2015	91st	3rd	13th
2016	139th ↓	8th ↓	15th ↓

Sheffield is ranked lower in this measure than 2015 across all 3 comparator groups

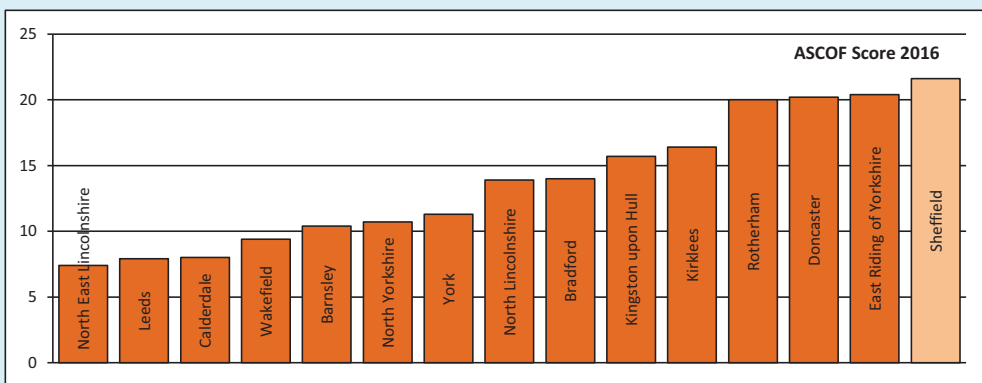
Sheffield is ranked lowest in our Region and Core Cities for this measure



Sheffield is ranked 8th in Core Cities

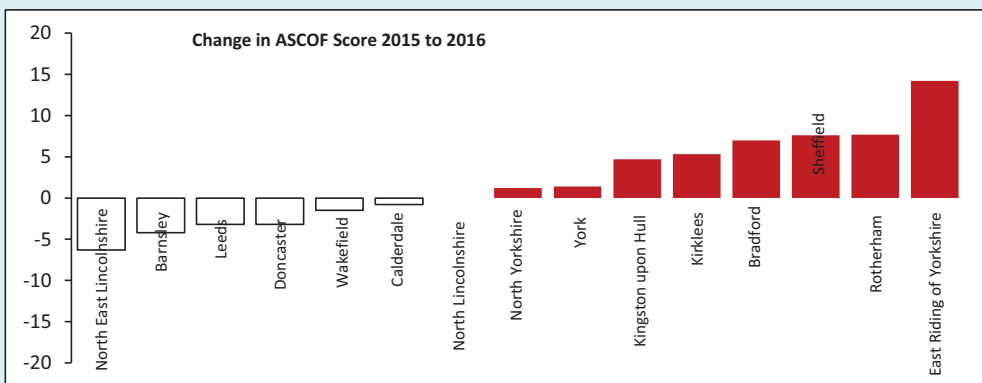
3 Core Cities including Sheffield did not improve in this measure

5 Core Cities including Sheffield are higher than the National Average



8 LAs in our Region including Sheffield are higher than the National Average

Sheffield is ranked 15th in the Region this is a drop of 2 places compared with 2015



9 LAs in our Region improved in this measure

Sheffield had the 3rd Highest increase in this measure in our Region

**ASCOF 2A(2): Long-term support needs of older adults (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population**

Area	2015 Score	2016 Score
Sheffield	730.4	987.9
England	668.8	628.2
Core Cities Average	18.2	763.4
Yorkshire and the Humber	726.9	699.5

No Further Details Available

Admission of older adults increase

- by 257.5 per 100,000 population in Sheffield between 2015 and 2016

Sheffield has higher admissions of

- older adults than the National, Regional and Core Cities Figure

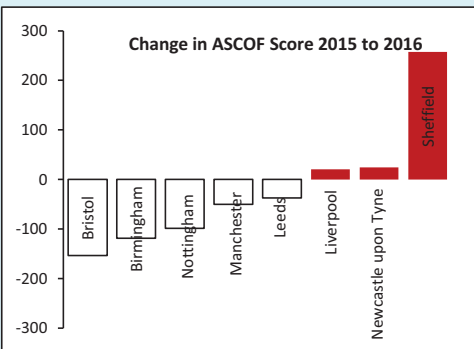
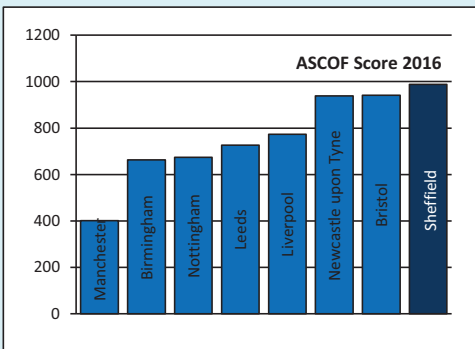
Year	National Rank	Core Cities Rank	Regional Rank
2015	96th	2nd	9th
2016	142nd ↓	8th ↓	15th ↓

Sheffield is ranked lower in this

- measure than 2015 across all 3 comparator groups

Sheffield is ranked lowest in our

- Region and Core Cities for this measure



Sheffield has dropped from 2nd in our

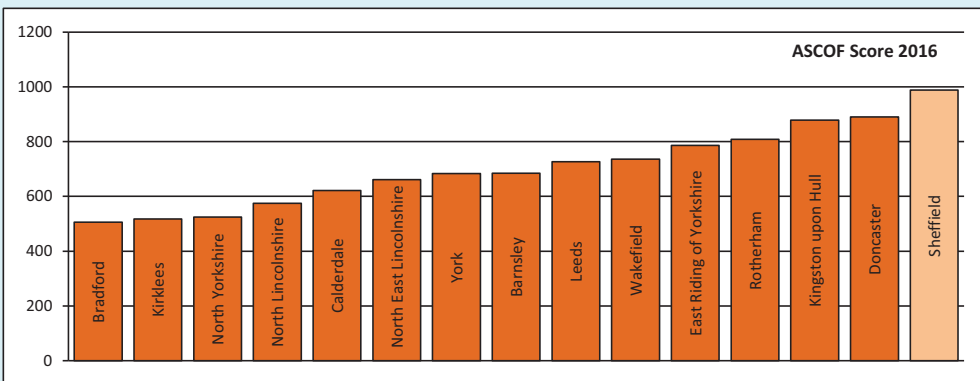
- Core Cities to 8th between 2015 and 2016

Only 1 Core City has lower

- admissions than the National average

Sheffield has resubmitted a 2015

- figure which is not yet shown in these figures

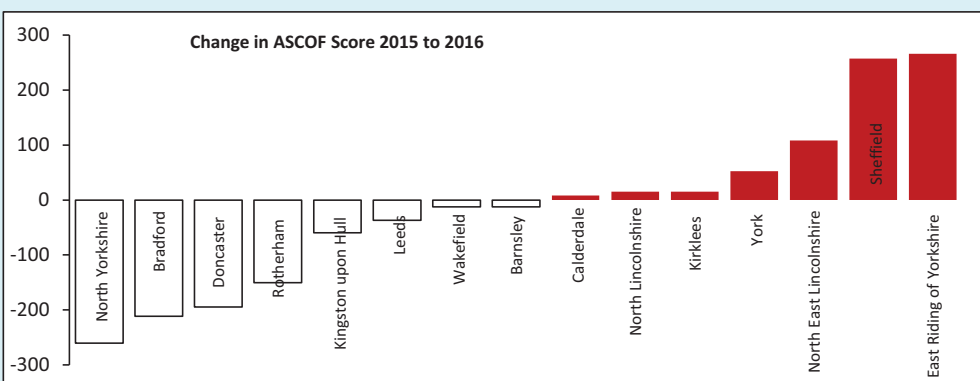


10 LAs in our Region including

- Sheffield are higher than the National Average

Sheffield is ranked 15th in the

- Region this is a drop of 6 places compared with 2015



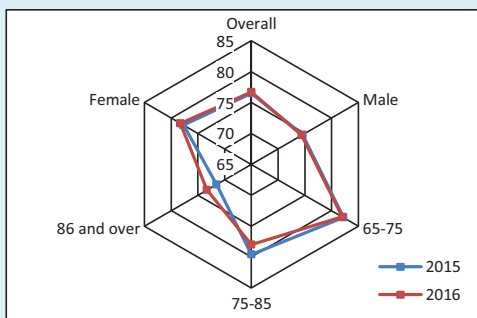
- 8 LAs in our Region improved in this measure

Sheffield had the 2nd highest

- increase in this measure in our Region

**ASCOF 2B(1): The proportion of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services**

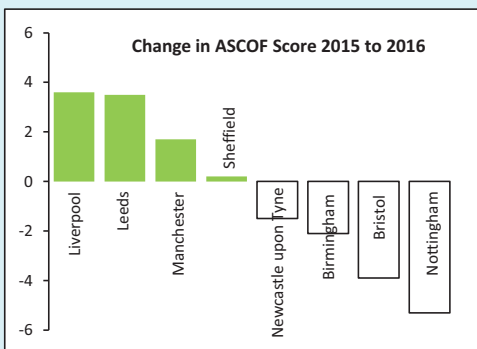
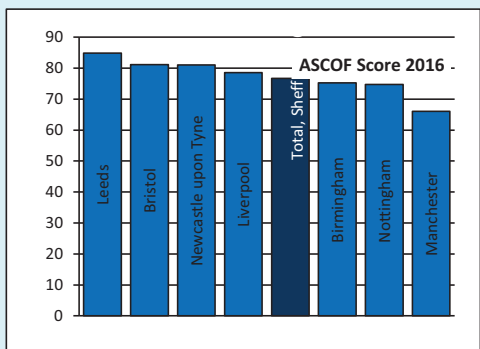
Area	2015 Score	2016 Score
Sheffield	77%	77%
England	82%	83%
Core Cities Average	78%	77%
Yorkshire and the Humber	83%	83%



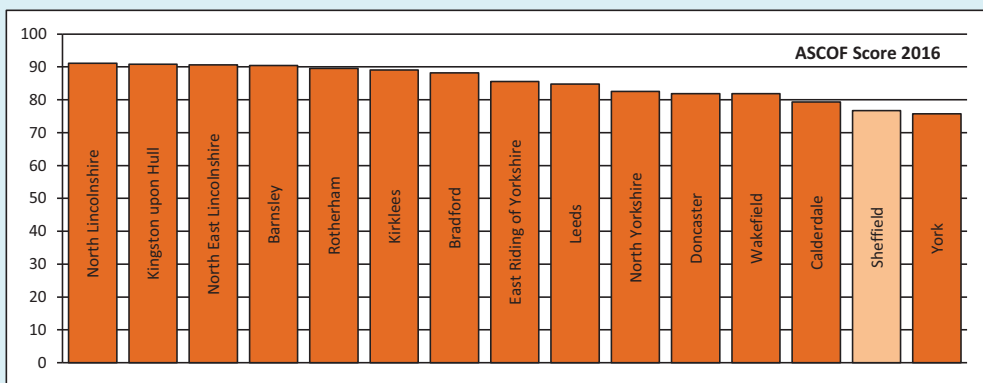
- Sheffield stayed the same in this measure between 2015 and 2016
- Sheffield is below the National and Core Cities Average, but the same as the Regional average.
- In Sheffield tis measure improved for 86 and older age band, but reduced slightly for 75-85 year olds

Year	National Rank	Core Cities Rank	Regional Rank
2015	126th	6th	15th
2016	130th ↓	5th ↑	14th ↑

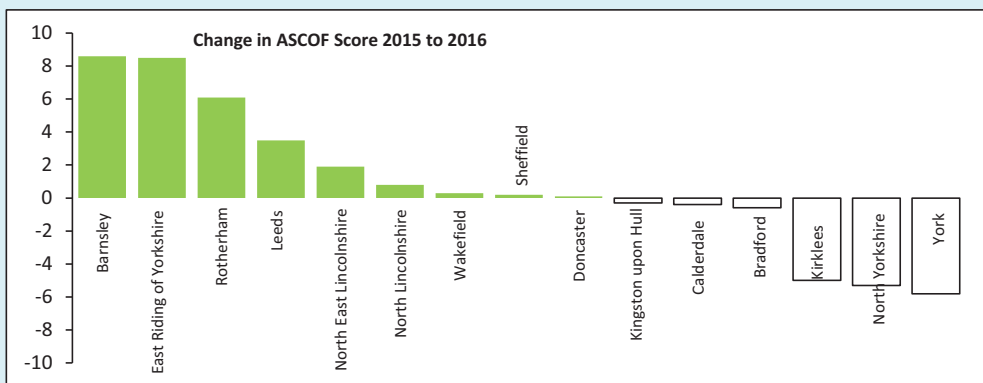
Sheffield improved its rank in this measure within the Region and Core Cities, but dropped Nationally



- 50% of Core Cities including Sheffield had improvements in this measure.
- 50% Core Cities including Sheffield scored lower than the National Average



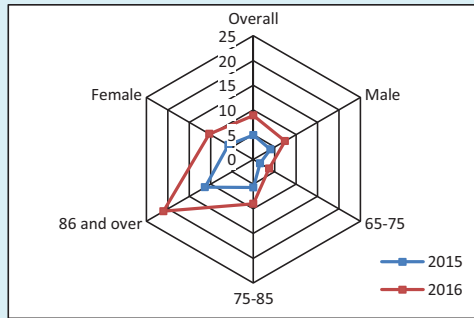
- 6 LAs in our Region including Sheffield score less than the National Average
- Sheffield is ranked 14th in the Region this is a increase of 1 place compared with 2015



- 9 LAs in our Region including Sheffield improved in this measure

**ASCOF 2B(2): The proportion of older people (aged 65 and over) who received reablement/rehabilitation services after discharge from hospital**

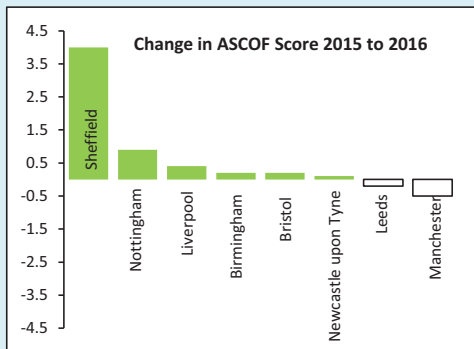
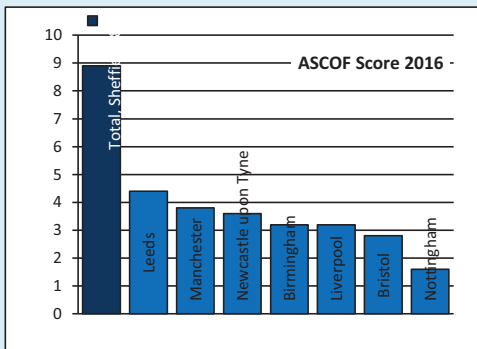
Area	2015 Score	2016 Score
Sheffield	5%	9%
England	3%	3%
Core Cities Average	3%	4%
Yorkshire and the Humber	3%	3%



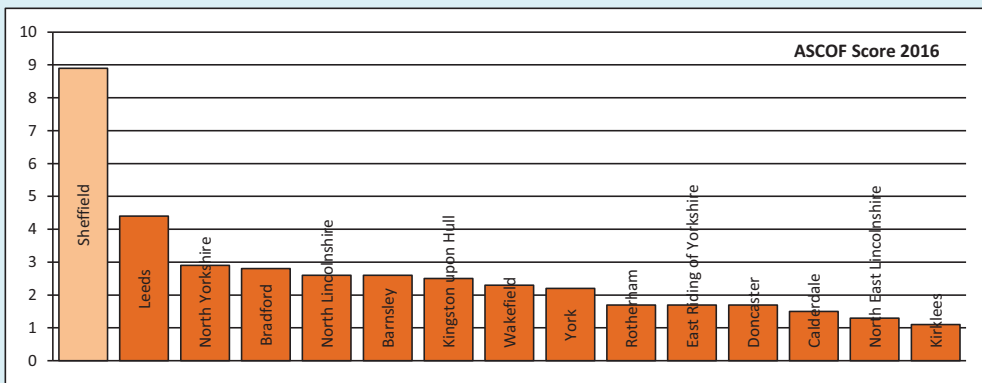
- Sheffield improved by 4% in this measure between 2015 and 2016
- Sheffield is higher in this measure than the National, Regional and Core Cities averages
- In Sheffield this measure improved for 86 and older age band significantly more than other age bands

Year	National Rank	Core Cities Rank	Regional Rank
2015	22nd	1st	1st
2016	3rd <span style="color: green;">↑</span>	1st <span style="color: orange;">▬</span>	1st <span style="color: orange;">▬</span>

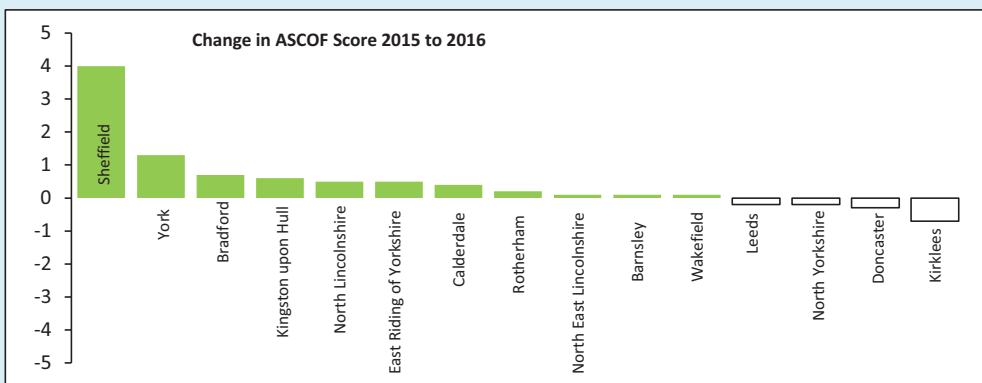
- Sheffield is ranked 3rd Nationally for this measure and 1st in our Region and within Core Cities
- Nationally that is an improvement of 19 places in this measure



- Sheffield is nearly 50% higher than the next highest Core City in this measure
- 6 of the Core Cities including Sheffield improved in this measure
- Sheffield had the highest improvement within Core Cities for this measure



- Sheffield is nearly 50% higher than the next highest LA in our Region
- Only 3 LAs equal or score higher than the National average in our Region.



- Sheffield had the highest improvement in our Region in this measure
- 4 LAs in our Region did not improve in this measure

**ASCOF 2C(1): Delayed transfers of care from hospital, per 100,000 population**

Area	2015 Score	2016 Score
Sheffield	15.2	15.7
England	11.1	12.1
Core Cities Average	13.9	15.2
Yorkshire and the Humber	9.6	10.2

No Further Details Available

Delayed transfers of care in

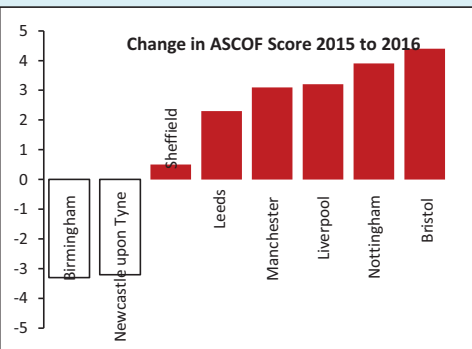
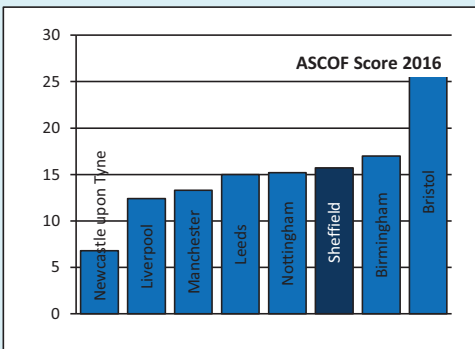
- Sheffield increased between 2015 and 2016

Sheffield has higher delayed transfers of care than the National, Regional and Core Cities Figure

Year	National Rank	Core Cities Rank	Regional Rank
2015	129th	6th	13th
2016	127th <span style="color: green;">↑</span>	6th <span style="color: orange;">▬</span>	14th <span style="color: red;">↓</span>

- Sheffield's rank Nationally in this measure improved by 2 places

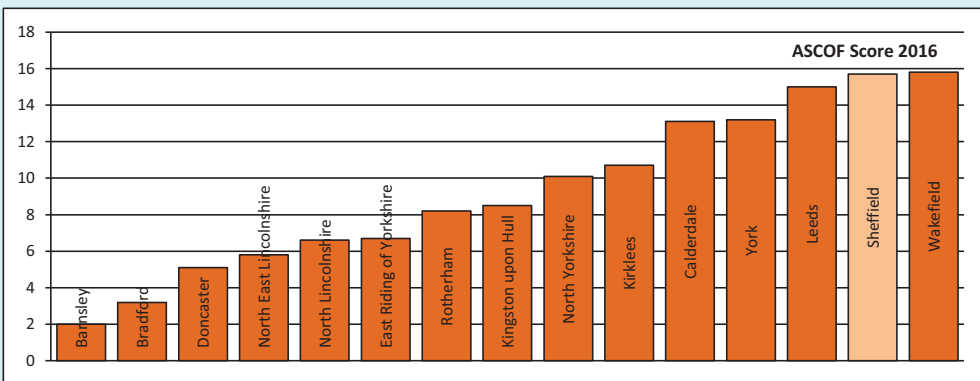
Sheffield remained the same rank within Core Cities but dropped a rank Regionally



Only 2 Core Cities saw a reduction

- in Delayed Transfers of Care in 2016

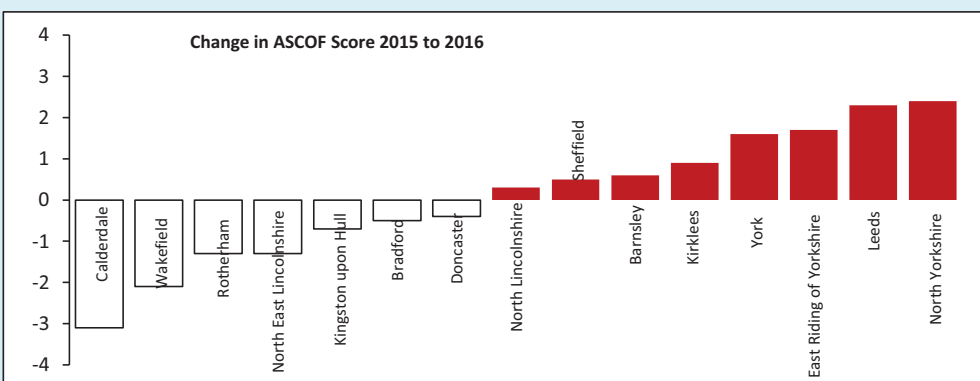
Sheffield has the lowest increase in Delayed transfers of Care within Core Cities



5 LAs in our Region including

- Sheffield are higher than the National Average

Sheffield is ranked 14th in the Region this is a drop of 1 place compared with 2015



- 7 LAs in our Region improved in this measure

Sheffield had the 2nd lowest increase in delayed transfers of care in our Region

**ASCOF 2C(2): Delayed transfers of care from hospital that are attributable to adult social care, per 100,000 population**

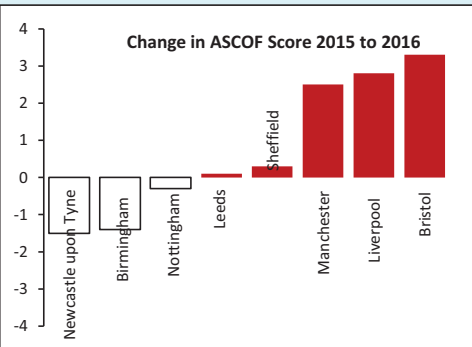
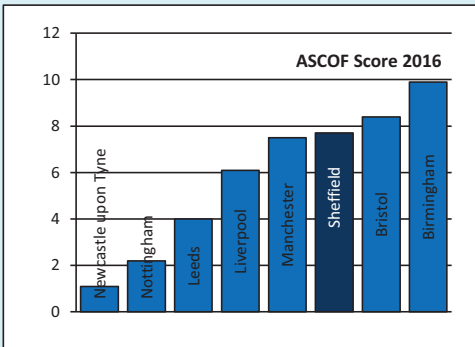
Area	2015 Score	2016 Score
Sheffield	7.4	7.7
England	3.7	4.7
Core Cities Average	5.1	5.9
Yorkshire and the Humber	3.0	3.4

No Further Details Available

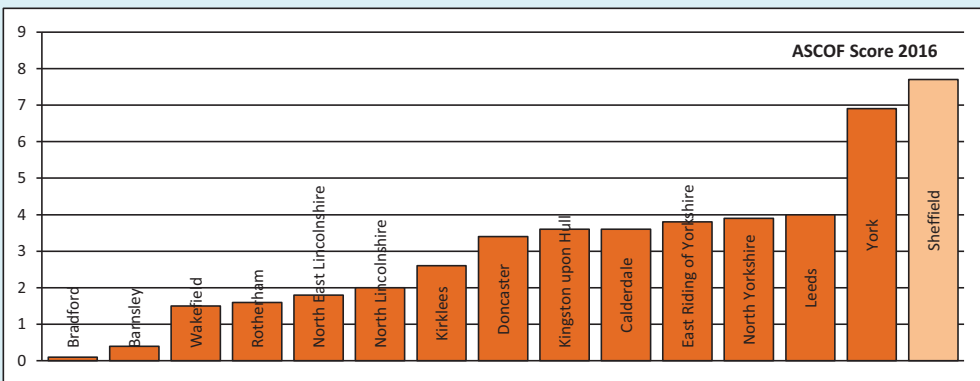
- Delayed transfers of care in
  - Sheffield increased between 2015 and 2016
- Sheffield has higher delayed transfers of care than the National, Regional and Core Cities Figure

Year	National Rank	Core Cities Rank	Regional Rank
2015	140th	7th	15th
2016	130th <span style="color: green;">↑</span>	6th <span style="color: green;">↑</span>	15th <span style="color: orange;">▬</span>

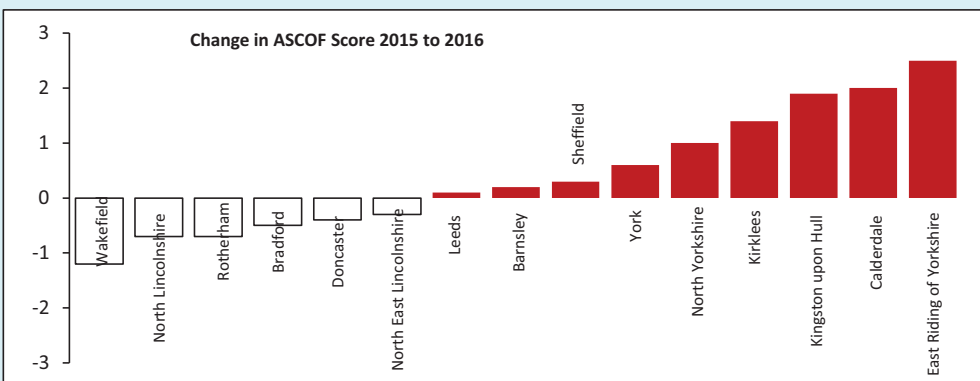
- Sheffield's rank Nationally in this measure improved by 10 places
- Sheffield is ranked worst in our region for this measure



- Only 3 Core Cities saw a reduction in Social Care Delays between 2015 and 2016
- Sheffield has the 2nd lowest increase in Social Care Delayed transfers of Care within Core Cities



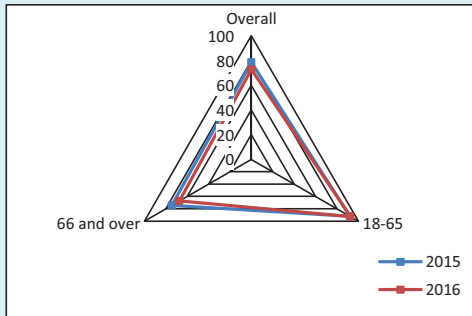
- Only 2 LAs in our Region including Sheffield are higher than the National Average
- Sheffield is ranked 15th in the Region this is the same as 2015



- 6 LAs in our Region improved in this measure
- Sheffield had the 3rd lowest increase in Social Care Delayed transfers of care in our Region

## ASCOF 2D: The outcome of short-term services: sequel to service

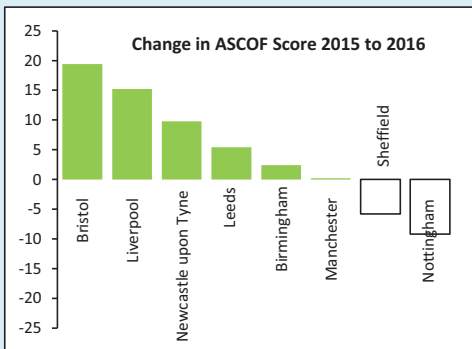
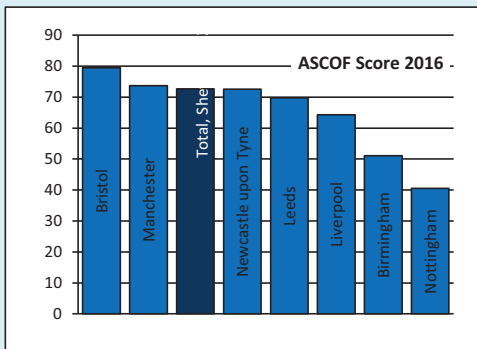
Area	2015 Score	2016 Score
Sheffield	79%	73%
England	75%	76%
Core Cities Average	61%	66%
Yorkshire and the Humber	71%	73%



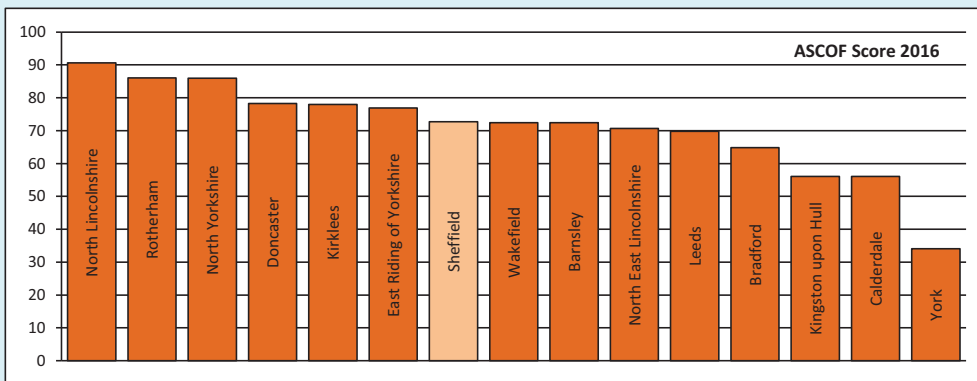
- Sheffield reduced by 4% in this measure between 2015 and 2016
- Sheffield is lower in this measure than the National and Regional averages but is higher than Core Cities

Year	National Rank	Core Cities Rank	Regional Rank
2015	49th	1st	5th
2016	85th ↓	3rd ↓	7th ↓

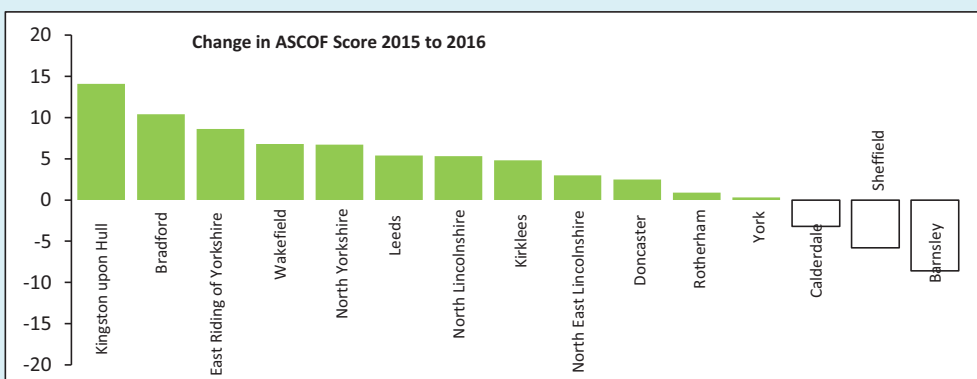
- Sheffield is ranked 3rd within Core Cities which is a drop of 2 places
- Nationally Sheffield has dropped 36 places to 85th



- Only 2 Core Cities including Sheffield didn't improve in this measure
- Sheffield remains in the top 3 Core Cities for this measure
- Only Bristol is higher than the National Average for this measure



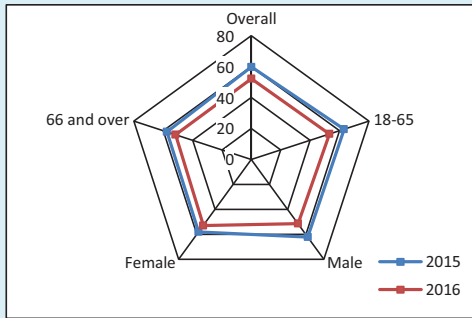
- 6 LA's in our Region score higher than the National Average
- Sheffield is the highest scoring LA in our Region that is below the National Average



- 3 LA's including Sheffield did not improve in this measure

## ASCOF 3A: Overall satisfaction of people who use services with their care and support

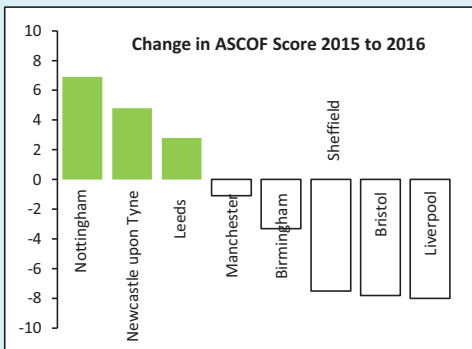
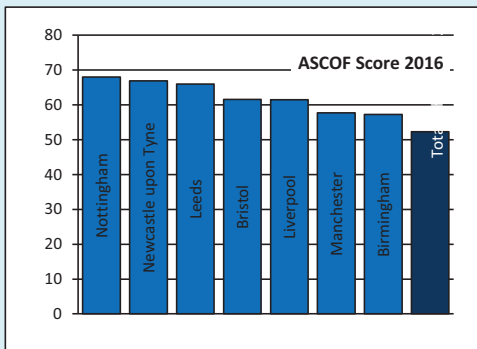
Area	2015 Score	2016 Score
Sheffield	60%	52%
England	65%	64%
Core Cities Average	63%	61%
Yorkshire and the Humber	66%	64%



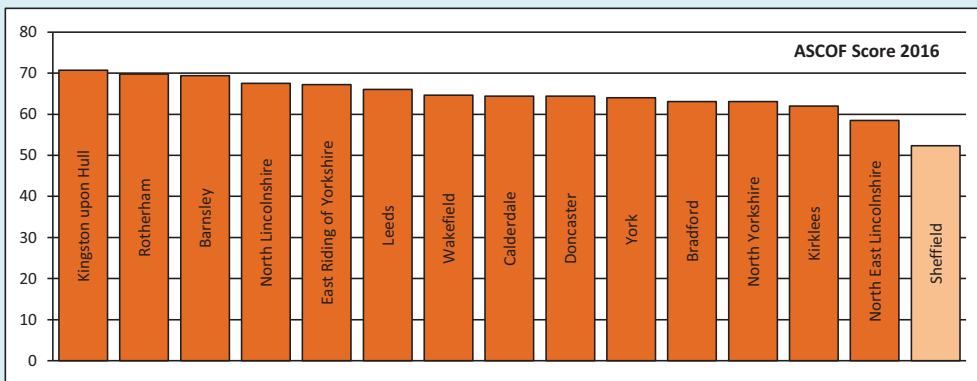
- Sheffield reduced by 8% in this measure between 2015 and 2016
- Sheffield is lower than the National, Regional and Core Cities average

Year	National Rank	Core Cities Rank	Regional Rank
2015	125th	7th	14th
2016	149th ↓	8th ↓	15th ↓

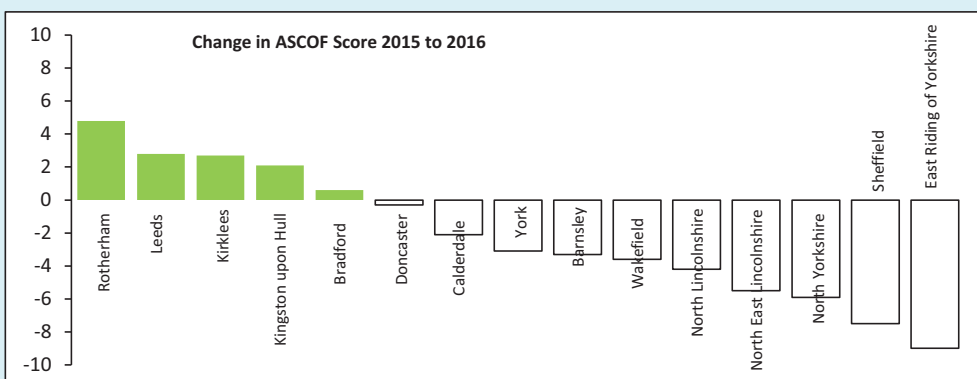
- Nationally only 3 LAs score lower than Sheffield in this measure
- Both Regionally and within Core Cities Sheffield is ranked last for this measure



- Only 3 Core Cities improved in this measure
- Only 3 Core Cities are higher than the National Average



- 6 LA's in our Region including Sheffield score lower than the National Average

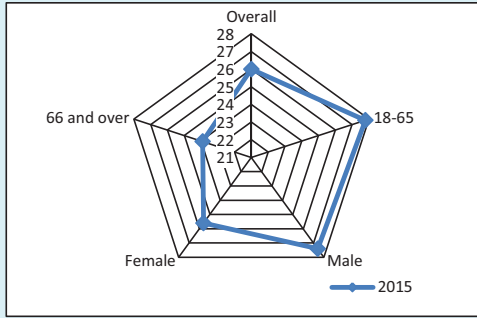


- Sheffield had the 2 highest reduction in this measure in our Region



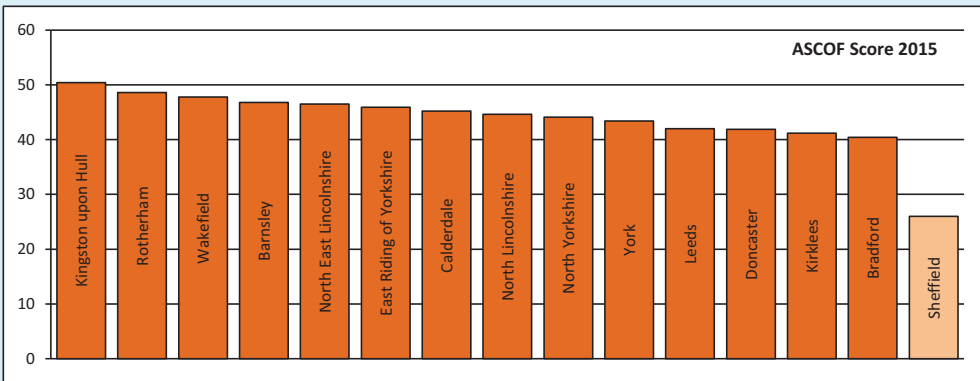
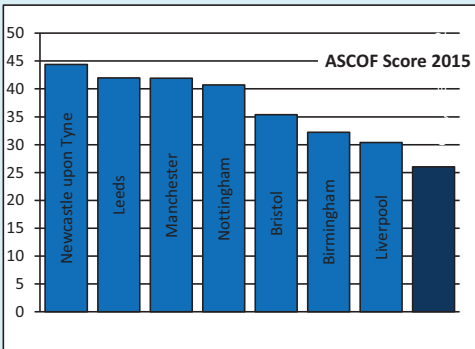
**ASCOF 3B: Overall satisfaction of carers with social services**

Area	2015 Score	2016 Score
Sheffield	26%	-
England	41%	-
Core Cities Average	37%	-
Yorkshire and the Humber	43%	-



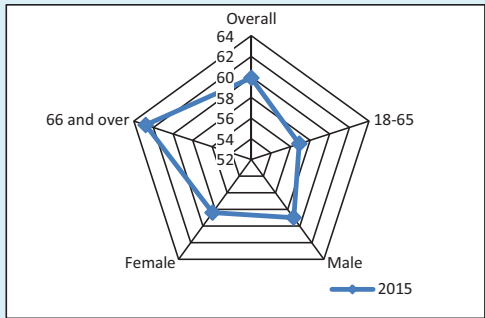
This measure is not renewed in 2016 due to the Carers Survey being Bi-Annual

Year	National Rank	Core Cities Rank	Regional Rank
2015	149th	8th	15th
2016	-	-	-



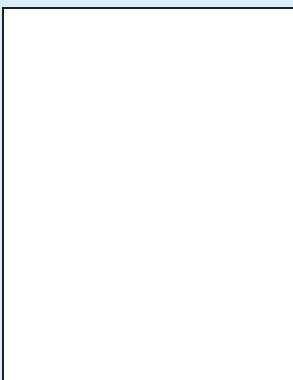
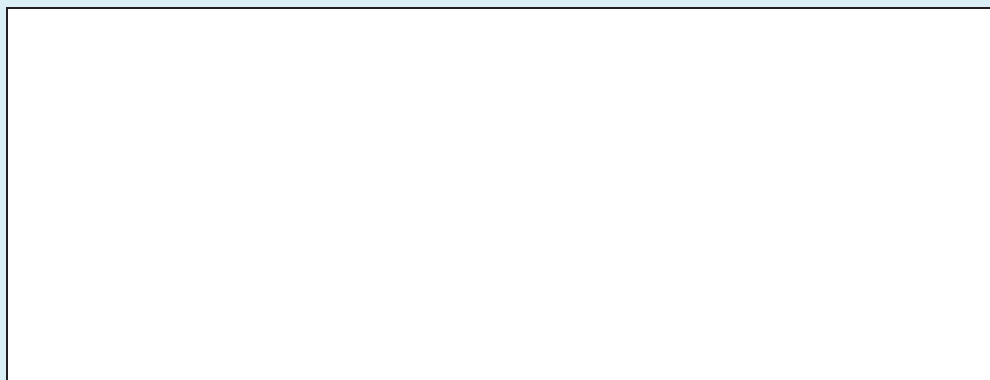
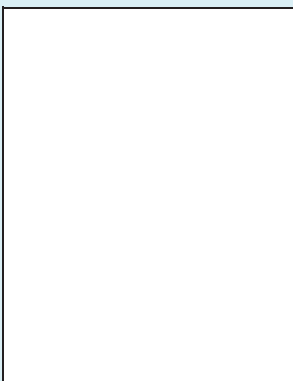
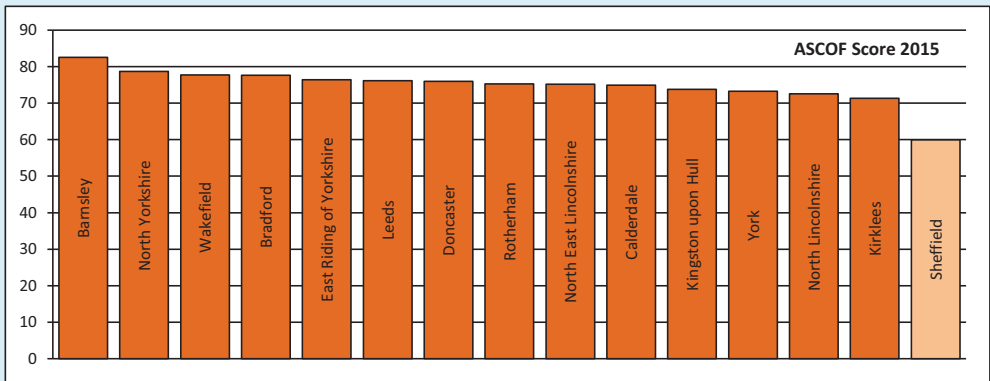
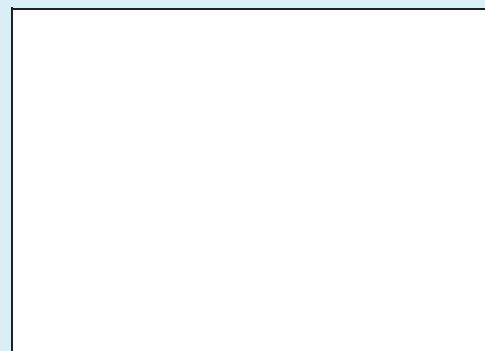
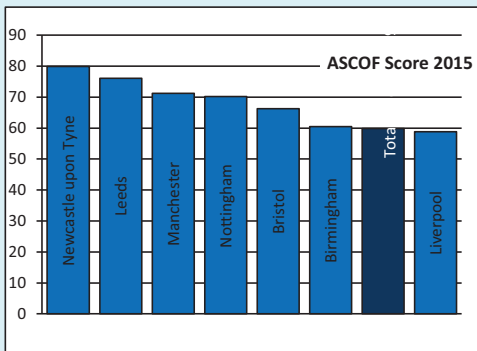
**ASCOF 3C: Proportion of carers who report that they have been included or consulted in discussion about the person they care for**

Area	2015 Score	2016 Score
Sheffield	60%	-
England	72%	-
Core Cities Average	68%	-
Yorkshire and the Humber	75%	-



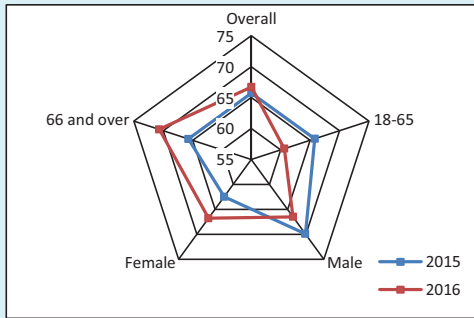
This measure is not renewed in 2016 due to the Carers Survey being Bi-Annual

Year	National Rank	Core Cities Rank	Regional Rank
2015	145th	7th	15th
2016	-	-	-



**ASCOF 3D(1): The proportion of people who use services who find it easy to find information about support**

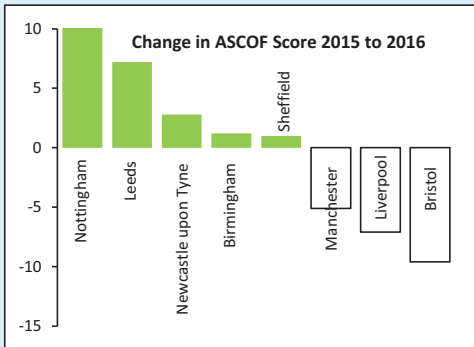
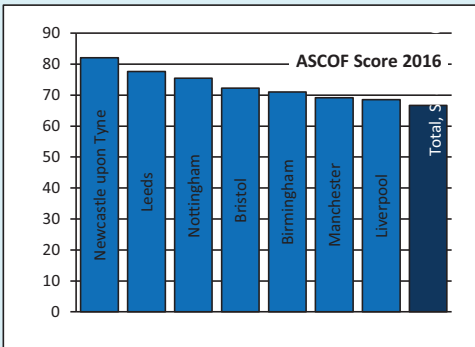
Area	2015 Score	2016 Score
Sheffield	66%	67%
England	75%	74%
Core Cities Average	73%	73%
Yorkshire and the Humber	74%	75%



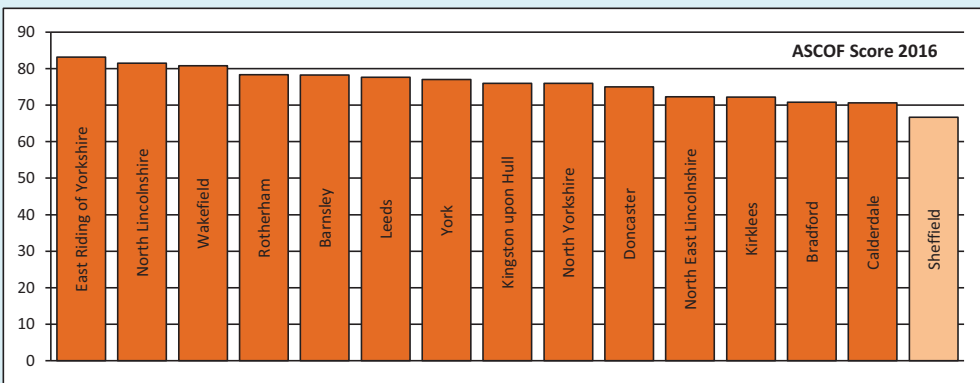
- Sheffield improved by 1% in this measure between 2015 and 2016
- Sheffield is lower than the National, Regional and Core Cities average
- Females and over 65 year olds score higher than previous years while younger people and males score lower

Year	National Rank	Core Cities Rank	Regional Rank
2015	148th	7th	15th
2016	144th <span style="color: green;">↑</span>	8th <span style="color: red;">↓</span>	15th <span style="color: orange;">▬</span>

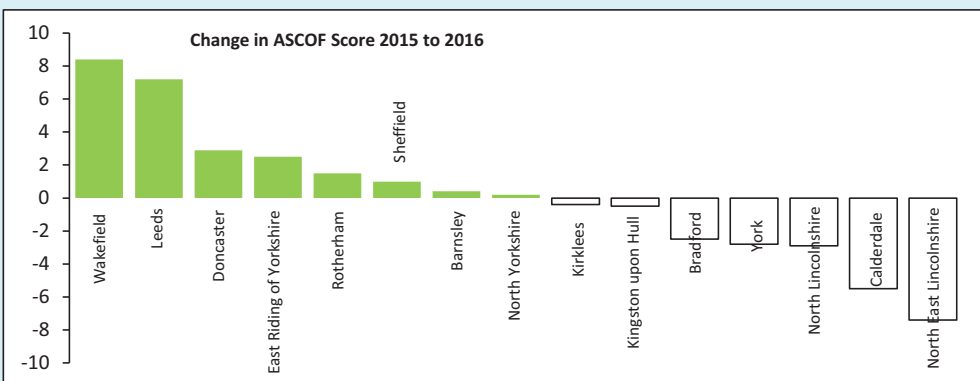
- Sheffield improved its National rank by 4 places
- Sheffield is ranked lowest in our Region and within core Cities



- 3 Core Cities did not improve this measure between 2015 and 2016
- Of those that did improve Sheffield improved the least
- Only 3 Core Cities are above the National Average



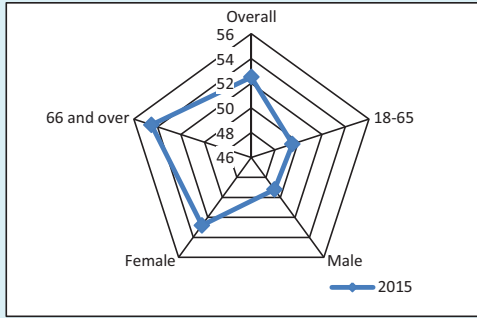
- 5 LA's in our Region including Sheffield score lower than the National Average



- 8 LA's in our Region improved this measure

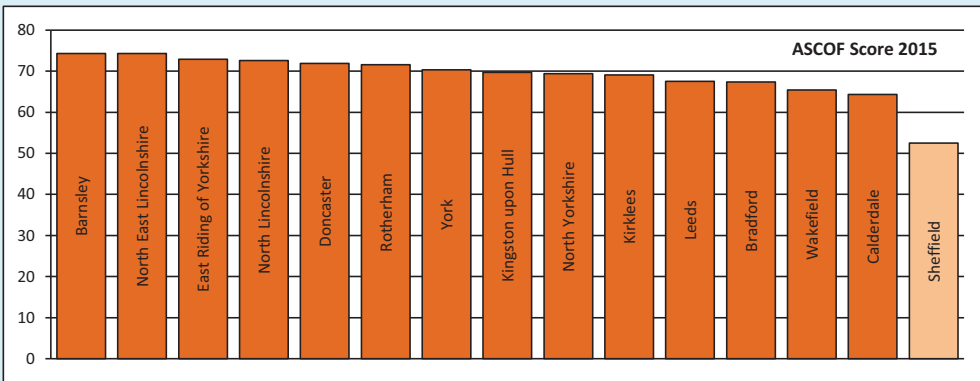
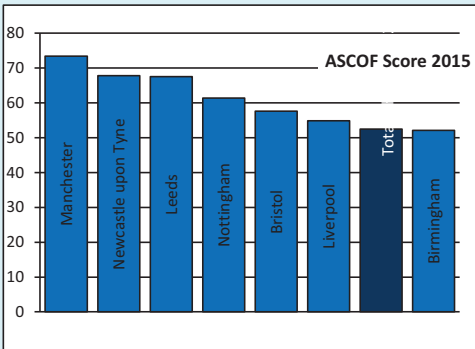
**ASCOF 3D(2): The proportion of carers who find it easy to find information about services**

Area	2015 Score	2016 Score
Sheffield	53%	-
England	66%	-
Core Cities Average	61%	-
Yorkshire and the Humber	68%	-



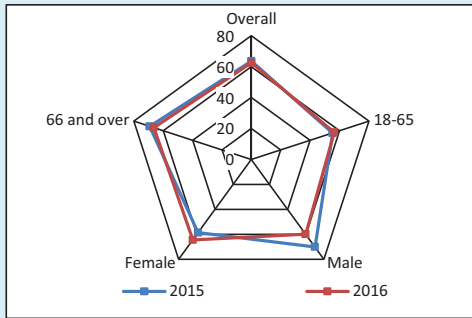
This measure is not renewed in 2016 due to the Carers Survey being Bi-Annual

Year	National Rank	Core Cities Rank	Regional Rank
2015	147th	7th	15th
2016	-	-	-



### ASCOF 4A: The proportion of people who use services who feel safe

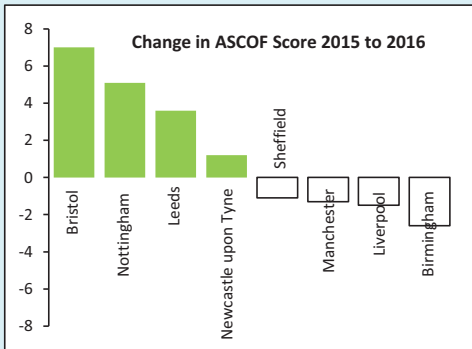
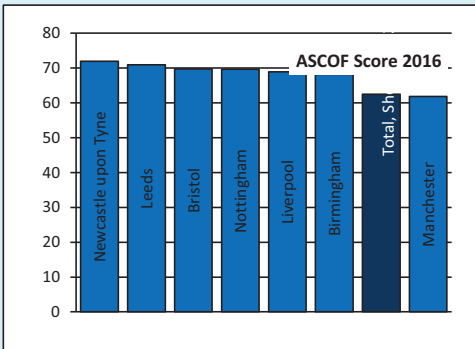
Area	2015 Score	2016 Score
Sheffield	64%	63%
England	69%	69%
Core Cities Average	67%	68%
Yorkshire and the Humber	68%	70%



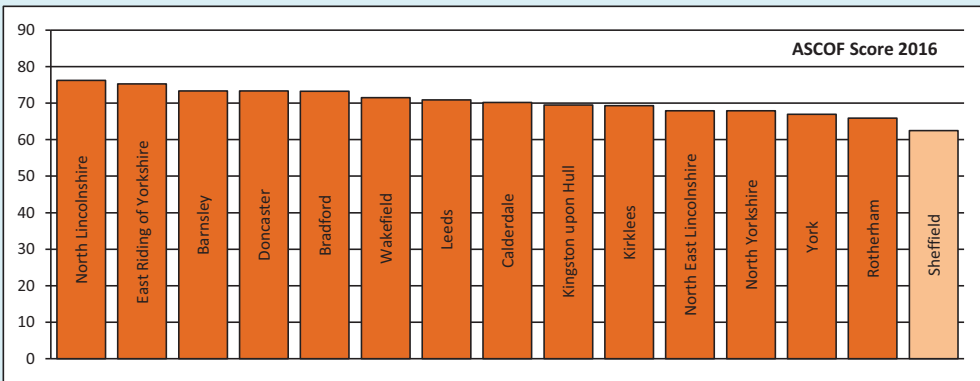
- Sheffield decreased by 1% in this measure between 2015 and 2016
- Sheffield is lower than the National, Regional and Core Cities average

Year	National Rank	Core Cities Rank	Regional Rank
2015	123rd	6th	12th
2016	140th <span style="color:red">↓</span>	7th <span style="color:red">↓</span>	15th <span style="color:red">↓</span>

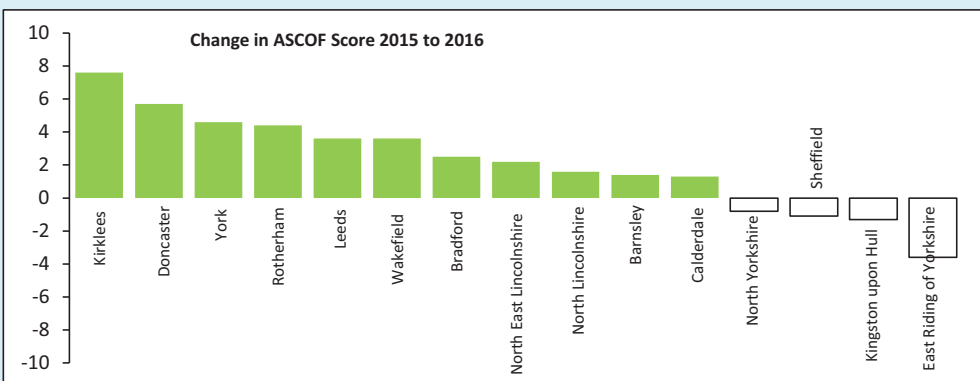
- Sheffield was ranked lower in 2016 than 2015 across all 3 Comparator group
- Sheffield is now ranked last in our Region



- 50% Core Cities including Sheffield did not improve this measure between 2015 and 2016
- 4 Core Cities score higher than the National Average



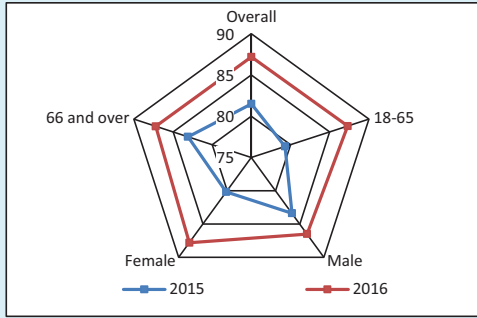
- 5 LA's in our Region including Sheffield score lower than the National Average



- 4 LA's in our Region including Sheffield did not improve in this measure

**ASCOF 4B: The proportion of people who use services who say that those services have made them feel safe and secure**

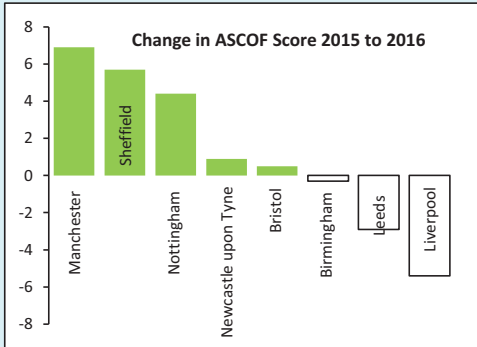
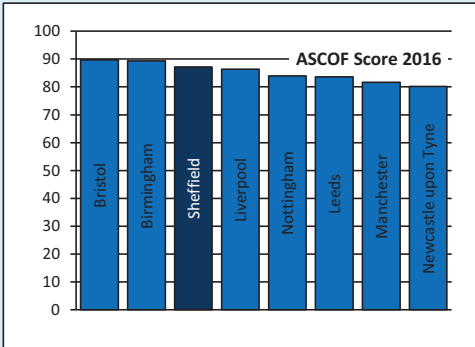
Area	2015 Score	2016 Score
Sheffield	82%	87%
England	85%	85%
Core Cities Average	84%	85%
Yorkshire and the Humber	82%	86%



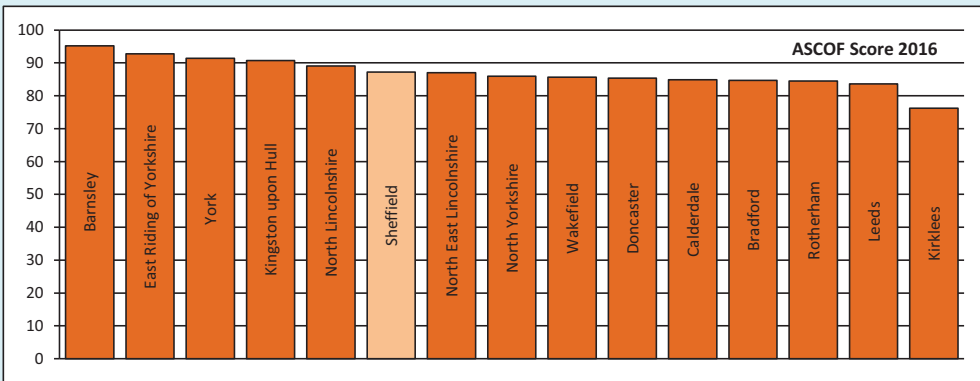
- Sheffield increased by 5% in this measure between 2015 and 2016
- Sheffield is higher than the National, Regional and Core Cities average

Year	National Rank	Core Cities Rank	Regional Rank
2015	108th	5th	9th
2016	60th <span style="color: green;">↑</span>	3rd <span style="color: green;">↑</span>	6th <span style="color: green;">↑</span>

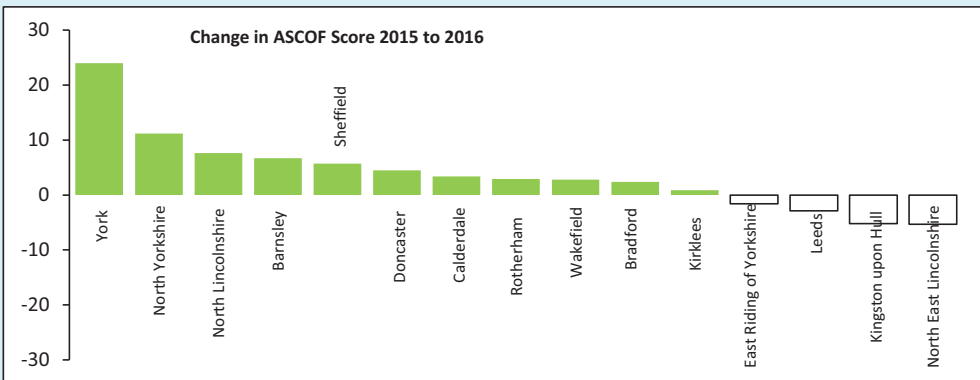
- Sheffield was ranked higher in 2016 than 2015 across all 3 Comparator group
- Sheffield is now in the top half of LAs Nationally and in the top 3 Core Cities for this measure



- 5 Core Cities including Sheffield improved this measure between 2015 and 2016
- 4 Core Cities including Sheffield score higher than the National Average
- Sheffield had the 2nd Highest improvement in this measure between 2015 and 2016 within Core Cities



- 5 LA's in our Region score lower than the National Average



- 4 LA's in our Region did not improve in this measure

1D

	2010/11 Outcome	2011/12 Outcome	2012/13 Outcome	2013/14 Outcome	2014/15 Outcome
Yorkshire & Kirklees (211)			7.9		8.3
Kingston-upon-Hull (215)			8		8.1
Barnsley (204)			8.3		8.3
Bradford (209)			8.4		8.4
Doncaster (205)			8.3		8.3
North Yorkshire (218)			8.2		8.1
York (219)			8.5		8.3
East Riding (214)			8.4		8.2
N Lincolnshire (217)			8.4		8.2
Leeds (212)			8.1		7.9
N E Lincolnshire (216)			8.4		8.1
Wakefield (213)			8.2		7.9
Calderdale (210)			8.3		7.9
Rotherham (206)			8.8		8.3
Sheffield (207)			8.1		7.3

Change	% Change
0.4	5%
0.1	1%
0	0%
0	0%
0	0%
-0.1	-1%
-0.2	-2%
-0.2	-2%
-0.2	-2%
-0.2	-2%
-0.3	-4%
-0.3	-4%
-0.4	-5%
-0.5	-6%
-0.8	-10%





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

15.03.2017

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**Report of:** Phil Holmes, Director of Adult Services, SCC

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**Subject:** Quality care provision for adults with a learning disability in Sheffield: update on improvements

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**Author of Report:** Andrew Wheawall, Head of Service  
[andrew.wheawall@sheffield.gov.uk](mailto:andrew.wheawall@sheffield.gov.uk) 0114 273 4932

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**Type of item:**

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:**

Note the continued improvements that SCC have made in the residential, short-break and day services that they run for people with a learning disability.

**Category of Report:** OPEN

## 1.0 Background

- 1.1 In mid 2013, following changes in management arrangements, concerns began to be raised about quality of care within residential, short break and day services for adults with learning disabilities provided by Sheffield Health and Social Care NHS Foundation Trust (SHSC) and Sheffield City Council (SCC). Both organisations carried out extensive investigations that resulted in detailed improvement plans.
- 1.2 Scrutiny asked for feedback on progress in January 2016 and then required an update to be provided in early 2017 to show that the Council was maintaining its focus in this area.
- 1.3 Safe systems are now firmly entrenched across services for adults with a learning disability run by both the City Council. SCC has continued to strengthen oversight arrangements which are set out in this report.

## 2.0 The Scrutiny Committee is being asked to:

- 2.1 Note the continued improvements that SCC have made in the residential, short-break and day services that they run for people with a learning disability.

## 3.0 Summary of outstanding actions reported to Scrutiny in January 2016

- 3.1 The following areas were identified as still requiring improvement last year. Improvements are listed alongside in bold:
- Further work on improving communication and engagement at all levels which will be supported by Inclusion North: **training held for 22 support staff with Inclusion North. Equipment purchased (talking books and switches), Soundbeam training refreshed. Final follow up session planned.**
  - Greater emphasis upon use of advocacy for people who cannot speak up for themselves and do not have others to represent their best interests: **the use of advocacy has now been extended.**
  - Further work developing Support Plans that are fully client-centred in partnership with SCC social workers: **A Practice Development Team is now in place which is supporting staff to build support plans that are fair, accountable and reflective of what is important to the client.**
  - Work with SCC commissioners to develop a range of day and short break opportunities that properly reflect current preferences, have greater benefits for clients and family carers and increase opportunities to develop skills, confidence and well-being. Further developing the Council's Sharing Lives service is absolutely key to this: **A greater range of external day and short break options have been developed over the past year, which is reflected by larger numbers of customers opting to access this support. The Council's Sharing Lives service is also being developed to**

- **provide some more flexible and focused alternatives**  
Making arrangements for the Council to manage appointeeships for clients who do not have other arrangements for managing their money: **The Social Care Accounts Service (SCAS) has now organised appointeeships for all people who require this.**

- 3.2 There was also recognition within the January 2016 Scrutiny Report that good leadership of the service also required a greater degree of oversight and support from managers: **All establishments now have a regular programme of visits from the Head of Service and Service Managers. Services are also now supported by visits from the Practice and Development Team who support in reviewing policy and practice.**
- 3.3 To provide Scrutiny with some external validation of the quality of the Council's provision, links are provided to the CQC inspections carried out of Warminster Road Short Breaks service and the Shared Lives Adult Placements scheme are provided in the Supporting Papers section. These are the only services supporting adults with a Learning Disability that are required to be registered by the Care Quality Commission. Both services have "Good" ratings with one area within Warminster Road being deemed to require improvement that has now been fully addressed.
- 3.4 To ensure continued objective focus upon improvement an internal review programme has been commissioned over the past year. The programme was commissioned to assess compliance with the Management Review recommendations/actions through assurance of the systems of control, with particular emphasis on finance, management, quality & safeguarding.

The programme applied a 'sampling' approach and the reviewer exercised professional judgment in considering whether a review of additional documentation or extending the scope of the review was warranted depending on the findings. A systematic selection approach was used to select the sample as this method ensured the review included a sample from each category identified through the management review.

Future areas for development in 2017 will include:

- Support to develop more joined up working between LD Providers, Commissioning and Assessment and Care Management (ACM) with ACM taking lead for 'relationship management'
- Risk enablement in support planning
- Workshops embedding outcome focused assessment aimed at the promotion of person centred, accessible and outcome focussed support planning.

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Background Papers:

1. Link to CQC inspection of Warminster Road Short Breaks service  
<http://www.cqc.org.uk/location/1-141912194>
2. Link to CQC inspection of Shared Lives Adult Placement Scheme  
<http://www.cqc.org.uk/location/1-1562062479>

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## Report to Healthier Communities & Adult Social Care Scrutiny & Policy Development Committee 15<sup>th</sup> March 2017

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**Report of:** Policy & Improvement Officer

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**Subject:** WORK PROGRAMME 2016/17

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**Author of Report:** Alice Nicholson, Policy and Improvement Officer  
[alice.nicholson@sheffield.gov.uk](mailto:alice.nicholson@sheffield.gov.uk)  
0114 273 5065

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The current work programme is attached at appendix 1 for the Committee's discussion and prioritisation if required.

The work programme contains a number of items for the scheduled Committee date in April. This means that the Committee will need to prioritise which issues to be included and in what format, in depth, agenda item or briefing for information. In doing this, the Committee may wish to reflect on the prioritisation principles attached at appendix 2 to ensure that scrutiny activity is focussed where it can add most value.

Two sub groups of the Committee are in operation at the moment and it is proposed for expediency and timely submission that the Patient Experience and Quality Account sub group send statements direct to local NHS Trusts in consultation with Chair – the final submissions will be shared for information with members of the Committee.

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### **The Scrutiny Committee is being asked to:**

- Comment on the proposed work programme
  - Identify and consider priority items for inclusion on agenda this municipal year
  - Identify and consider items for written briefings
  - Agree Quality Accounts Sub-group submit statements direct to trusts in consultation with Chair
- 

**Category of Report:** OPEN

<b>Draft work programme 2016/17</b>	
Meeting Dates 2016/17	<i>13 July 2016, 14 September 2016, 9 November 2016, 11 January 2017, 15 March 2017, 12 April 2017</i>

**Last updated:** 7<sup>th</sup> March 2016

**Please note:** the draft work programme is a live document and so is subject to change.

<b>Topic</b>	<b>Reasons for selecting topic</b>	<b>Lead Officer/s</b>	<b>Agenda Item/ Briefing paper</b>
<b>Wednesday 16th July 4-7pm</b>			
<b>Discussion item</b>			
<i>CQC Inspection Reports - Sheffield Teaching Hospitals NHS Foundation Trust</i>	<i>To consider local inspection report outcomes - to consider recommendations to the provider direct or as part of QA activity. Brief committee of local announced inspections</i>	<i>STH NHSFT - TBC</i>	<i>Agenda Item</i>
<i>Draft Work Programme</i>	<i>To consider the Committee's draft work programme 2016/17</i>	<i>Alice Nicholson - Policy &amp; Improvement Officer</i>	<i>Single Agenda Item</i>
<i>Task Group 2016/17 - scope</i>	<i>To consider scope of a task group that enhances the QA sub-group approach within the joint themes of Performance and Patient Experience</i>	<i>Alice Nicholson - Policy &amp; Improvement Officer</i>	<i>Agenda Item</i>
<b>For information</b>			
<i>Quality Accounts –membership of sub group 2016/17; QA submissions 2015/16</i>	<i>For information - responses to NHS Trust QA's</i>	<i>Alice Nicholson - Policy &amp; Improvement Officer</i>	<i>Briefing Paper</i>
<i>JHOSC - The Commissioners Working Together Programme</i>	<i>To update the committee - Chair is member</i>	<i>Alice Nicholson - Policy &amp; Improvement Officer</i>	<i>Briefing Paper</i>

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Primary Care Strategy - CCG (Katrina Cleary)	<i>This item is for information - At its meeting in March 2016 the committee considered Access to GP and requested that this be presented/forwarded when available</i>	<a href="http://www.sheffieldccg.nhs.uk/Downloads/CCG Board Papers/May 26 2016/PAPER D Primary care strategy for Sheffield.pdf">http://www.sheffieldccg.nhs.uk/Downloads/CCG Board Papers/May 26 2016/PAPER D Primary care strategy for Sheffield.pdf</a>	Briefing Paper
<b>Wednesday 14th September 4-7pm</b>			
South Yorkshire and Bassetlaw Sustainability & Transformation Plan (STP)	<i>Consideration of this service response to NHS Plan - 5 year forward view - footprint is SY &amp; Bassetlaw: The Committee to receive a report and presentation update on the STP. The Committee to consider the Sheffield Place Plan at the meeting 9th November 2016</i>	<i>Will Cleary-Gray, Programme Director (Sheffield CCG)</i>	Single Agenda Item
Public Health Strategy SCC	<i>The Committee to receive a report and presentation on the development of a public health strategy for Sheffield CC; Public health is a core aspect of Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee activity - public health and its wider determinants underlay tackling health inequalities</i>	<i>Greg Fell - Director Public Health</i>	Single Agenda Item
JHOSC - The Commissioners Working Together Programme	<i>To update the committee - Chair is a member</i>	<i>Alice Nicholson - Policy &amp; Improvement Officer</i>	Briefing Paper
Work Programme	<i>To consider the Committee's work programme 2016/17</i>	<i>Alice Nicholson - Policy &amp; Improvement Officer</i>	Single Agenda Item

<b>Wednesday 9th November 4-7pm</b>			
<i>Shaping Sheffield: The Plan</i>	<i>To consider the Sheffield place based plan of the wider footprint Sustainability &amp; Transformation Plan (STP) - the latter was considered by the Committee on 14th September.</i>	<i>Peter Moore (CCG/SCC)</i>	<i>One-off Agenda Item</i>
<i>Better Care Fund</i>	<i>Following consideration of the Better Care Fund at its meeting in November 2015, the committee wanted to look at it again in the future. A focus on whether the programme is achieving its intended outcomes and financial savings.</i>	<i>Joe Fowler, Director of Commissioning SCC</i>	<i>One-off agenda item for discussion and consideration</i>
<i>Community Pharmacy in 2016/2017 and beyond - national contract changes</i>	<i>Community Pharmacy in 2016/2017 and beyond - national contract changes</i>	<i>NHS England and Local Pharmaceutical Committee (Tom Bissett)</i>	<i>One-off agenda item</i>
<i>Work Programme 2016/17 discussion and prioritisation</i>	<i>To consider and discuss the committee's work programme for 2016/17</i>	<i>Alice Nicholson - Policy &amp; Improvement Officer</i>	<i>Standard agenda Item</i>
<b>Wednesday 11th January 4-7pm</b>			
<i>CQC Visits to GP Reports - Sheffield CCG</i>	<i>To consider a summary report of results from inspections and support for General Practices</i>	<i>Sheffield CCG Director of Nursing</i>	<i>Agenda Item</i>
<i>Adult Safeguarding priority setting and future plans</i>	<i>To consider and inform outline 2017/18 Business Plan for Sheffield Adults Safeguarding Board</i>	<i>Jane Haywood - Chair Adult Safeguarding</i>	<i>agenda item – discussion and consideration and input</i>
<i>Adult Social Care Performance</i>	<i>At its meeting in January 2016, the Committee welcomed the approach being taken to improve adult social care performance, and requested that the Director of Adult Services provide a further update in a year's time.</i>	<i>Phil Holmes, Director Adult Services</i>	<i>agenda item – discussion and consideration or for information</i>



<i>Work Programme 2016/17</i>	<i>To consider and discuss the committee's work programme for 2016/17</i>	<i>Alice Nicholson - Policy &amp; Improvement Officer</i>	<i>Standard Agenda Item</i>
<i>JHOSC - The Commissioners Working Together Programme</i>	<i>To update the committee on activity - Chair is member of Joint Health Overview and Scrutiny Committee</i>	<i>Alice Nicholson - Policy &amp; Improvement Officer</i>	<i>Briefing Paper</i>
<b>Wednesday 8th February 2017</b>	<b>Additional special meeting</b>		
<i>Shaping Sheffield: The Plan</i>	<i>In depth look at Shaping Sheffield Place Based Plan of NHS Sustainability and Transformation Plan – (requested by members of Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee at 9th November meeting)</i>	<i>Sheffield City Council: Cllr Cate McDonald, Cabinet Member Health and Social Care, Greg Fell, Director of Public Health; Sheffield Clinical Commissioning Group: Peter Moore, Director of Strategy and Integration</i>	<i>Single Agenda Item</i>
<b>Wednesday 15th March 4-7pm</b>			
Adult Social Care Performance	To receive an update on Adult Social Care Performance, 12 months on, as requested by the Committee in January 2016.	Phil Holmes, Director Adult Services - Louisa King	agenda item – discussion and consideration or for information
Quality Care Provision for Adults with a Learning Disability in Sheffield	In January 2016, the Committee considered improvements and action plans following reviews of Council and Care Trust learning disability services. The Committee requested a further update on progress in 12 months	Andrew Wheawall, Head of Service	One-off agenda item – discussion and consideration or for information
Work Programme 2016/17	To consider and discuss the committees work programme for 2016/17	Alice Nicholson - Policy & Improvement Officer	Standard Agenda Item - for information

NHS England Congenital Heart Disease services (CHD) Consultation	NHS England national consultation on its proposals for the future commissioning of Congenital Heart Disease services from 9 February 2017 until 5 June 2017	No attendees for information only	For information only
<b>Wednesday 12th April 4-7pm</b>			
Dental access and dental health	A select Committee approach to hear from appropriate commissioners (NHS England), providers (NHS & private) and users on access to dental services and the dental health of children in particular - date to be determined	TBC	one-off agenda item in the style of Select Committee
Director of Public Health Report for Sheffield	To consider progress in delivery and how do you make the strategy real - <b>DPH Report to Cabinet 15th March</b>	Greg Fell - Director Public Health	Agenda Item
Community Pharmacy in 2016/17 and Beyond - National Contract Changes	Alison Knowles offered to send a short note to the committee at the beginning of April giving an update in terms of how the pharmacy contract has been progressing locally.		Briefing Paper
Review 2016/17	Review of the committees work programme for 2016/17	Alice Nicholson - Policy & Improvement Officer	<i>Briefing Paper</i>
<i>Urgent Care and Primary Care Strategies - Sheffield CCG</i>	<i>Consideration of the 'draft' / 'current' Urgent Care and Primary Care Strategies - TBC</i>	<i>Peter Moore Sheffield CCG - Mar-16</i>	<i>Agenda item</i>
<i>Home Care Task Group: response to scrutiny report</i>	<i>recommendations to Cabinet 9th March 2016 - response due no later than December 2016</i>	<i>Andy Hare, Contracts Manager, Commissioning</i>	
<i>Sub group reporting - Shaping Sheffield</i>	<i>Report back to Committee for information or agreement</i>	<i>Chair</i>	

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Task Group / Sub Group			
Patient Experience and Quality and Improvement in Sheffield Health System Task and Finish Group	Are the people of Sheffield listened to and have voice and influence in health system provision - How does patient experience and patient opinion data influence quality and improve a Sheffield health system; do all people in Sheffield have their say and does it make a difference to commissioning and provision - <b>now Quality Accounts focus in light of squeeze from external health agenda pressures</b>	Alice Nicholson - Policy & Improvement Officer	Task Group: Aug-16 to Mar-17
<b>Future items to be scheduled - scope to be determined</b>			
PREVENT	The PREVENT task group of Safer and Stronger Communities Scrutiny and Policy Development Committee recognised that there was a particular aspect of PREVENT that needed further consideration and was more suited to Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee. <b>Work in progress to determine scrutiny style, when and scope - date not fixed.</b>	Appropriate organisation(s)/officer(s) to be determined	TBC

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CAMHS	There is an NHS procurement of CAMHS Tier 4 - full NHS timeline for each package not known yet - South Yorkshire will be one package; a topic of interest to the Committee a previous Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee Task Group reported March 2014. <b>Work in progress to determine scrutiny style, when and scope - date not fixed.</b>	Appropriate officer(s) to be determined when further information/timeline known	TBC
Dementia Strategy	Raised as a public question 23.03.2016 for inclusion in work programme. <b>Work in progress to determine scrutiny style, when and scope - date not fixed.</b>	Appropriate organisation(s)/officer(s) to be determined	Briefing on review and/or agenda item for discussion and consideration
Health & Wellbeing Board	It is understood the terms of reference are to be reviewed, this item could consider new terms of reference and progress in the 5 outcomes of Sheffield Health & Wellbeing Board.	Appropriate officer(s) to be determined	
Yorkshire Ambulance Service - CQC Inspection Report	To consider when report is published if there are any issues/actions of direct concern for Sheffield area	CQC rated YAS Good - no further action?	
<b>Training</b>			
Adult Safeguarding	A drop in training/ awareness session for all members of the Committee to be scheduled outside of set meetings – to enhance scrutiny role in Adult Safeguarding in line with protocol.	Simon Richards – Head of Adult Safeguarding and Practice Development - 24th November 2016	separate training session

## Selecting Scrutiny topics

This tool is designed to assist the Scrutiny Committees focus on the topics most appropriate for their scrutiny.

- **Public Interest**

The concerns of local people should influence the issues chosen for scrutiny;

- **Ability to Change / Impact**

Priority should be given to issues that the Committee can realistically have an impact on, and that will influence decision makers;

- **Performance**

Priority should be given to the areas in which the Council, and other organisations (public or private) are not performing well;

- **Extent**

Priority should be given to issues that are relevant to all or large parts of the city (geographical or communities of interest);

- **Replication / other approaches**

Work programmes must take account of what else is happening (or has happened) in the areas being considered to avoid duplication or wasted effort. Alternatively, could another body, agency, or approach (e.g. briefing paper) more appropriately deal with the topic

### Other influencing factors

- **Cross-party** - There is the potential to reach cross-party agreement on a report and recommendations.
- **Resources**. Members with the Policy & Improvement Officer can complete the work needed in a reasonable time to achieve the required outcome

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## Briefing for Healthier Communities & Adult Social Care Scrutiny & Policy Development Committee 15<sup>th</sup> March 2017

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**Report of:** Policy & Improvement Officer

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**Subject:** NHS England national consultation on its proposals for the future commissioning of Congenital Heart Disease services

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**Author of Report:** Alice Nicholson, Policy and Improvement Officer  
[alice.nicholson@sheffield.gov.uk](mailto:alice.nicholson@sheffield.gov.uk)  
0114 273 5065

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NHS England on 9<sup>th</sup> February 2017 launched a national consultation on its proposals for the future commissioning of Congenital Heart Disease services.

This report is to draw your attention to the consultation. The consultation will run until Monday 5 June, closing at 23.59.

The proposals as they stand suggest greater impact outside of Yorkshire and Humber.

Detail of the consultation can be access using the following link: <https://www.england.nhs.uk/2017/02/chd-consultation/>

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### The Scrutiny Committee is being asked to:

- This is provided for information only at this point
- 

**Category of Report:** OPEN

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