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Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee

Wednesday 17 January 2018 at 5.00 pm

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

The Press and Public are Welcome to Attend

Membership

Councillor Pat Midgley (Chair), Sue Alston (Deputy Chair), Pauline Andrews, Steve Ayris, David Barker, Lewis Dagnall, Tony Downing, Mike Drabble, Adam Hurst, Dianne Hurst, Talib Hussain, Douglas Johnson, Richard Shaw and Garry Weatherall

Healthwatch Sheffield
Margaret Kilner 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.

Sheffield City Council

PUBLIC ACCESS TO THE MEETING

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

A copy of the agenda and reports is available on the Council's website at www.sheffield.gov.uk. You can also see the reports to be discussed at the meeting if you call at the First Point Reception, Town Hall, Pinstone Street entrance. The Reception is open between 9.00 am and 5.00 pm, Monday to Thursday and between 9.00 am and 4.45 pm. on Friday. 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 Emily Standbrook-Shaw, Policy and Improvement Officer on 0114 27 35065 or email emily.standbrook-shaw@sheffield.gov.uk

FACILITIES

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

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

HEALTHIER COMMUNITIES AND ADULT SOCIAL CARE SCRUTINY AND POLICY DEVELOPMENT COMMITTEE AGENDA
17 JANUARY 2018

Order of Business

1. Welcome and Housekeeping Arrangements

2. Apologies for Absence

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

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

5. Minutes of Previous Meetings (Pages 5 - 18)
To approve the minutes of (a) the scheduled meeting of the Committee held on 15th November, 2017 and (b) the special meeting held on 5th December, 2017

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

7. The Sheffield Mental Health Transformation Programme (Pages 19 - 30)
Report of the Director of Commissioning, Inclusion and Learning

8. Adult Social Care Performance - Update (Pages 31 - 84)
Report of the Director of Adult Services

9. Work Programme 2017/18 (Pages 85 - 90)
Report of the Policy and Improvement Officer

10. Date of Next Meeting
The next meeting of the Committee will be held on Wednesday, 28th February, 2018, at 5.00 pm, in the Town Hall

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ADVICE TO MEMBERS ON DECLARING INTERESTS AT MEETINGS

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.

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SHEFFIELD CITY COUNCIL

Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee

Meeting held 15 November 2017

PRESENT: Councillors Pat Midgley (Chair), Sue Alston (Deputy Chair), Pauline Andrews, Steve Ayris, David Barker, Lewis Dagnall, Tony Downing, Adam Hurst, Dianne Hurst, Talib Hussain, Douglas Johnson, Richard Shaw and Garry Weatherall

Non-Council Members (Healthwatch Sheffield):-

Margaret Kilner

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1. APOLOGIES FOR ABSENCE

1.1 Apologies for absence were received from Councillor Mike Drabble and Clive Skelton (Healthwatch Sheffield).

2. EXCLUSION OF PUBLIC AND PRESS

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

3. DECLARATIONS OF INTEREST

3.1 In relation to agenda Item 8 (The Sheffield Mental Health Transformation Programme), Councillor Lewis Dagnall declared a Disclosable Pecuniary Interest as his partner was a Non-Executive Director of the Sheffield Health and Social Care Trust, but felt that his interest was not prejudicial in view of the nature of the report and chose to remain in the meeting during consideration of the item.

3.2 In relation to Agenda Item 9 (Sheffield Teaching Hospitals NHS Foundation Trust - Quality Account Objectives), Councillor Sue Alston declared a Disclosable Pecuniary Interest as she was an employee of the Sheffield Teaching Hospitals NHS Foundation Trust, but felt that her interest was not prejudicial in view of the nature of the report and chose to remain in the meeting during consideration of the item. In addition, Councillor Richard Shaw declared a Disclosable Pecuniary Interest in Agenda Item 9 as his wife was employed by the Sheffield Teaching Hospitals NHS Foundation Trust, but felt that his interest was not prejudicial in view of the nature of the report and chose to remain in the meeting during consideration of the item.

4. WORK PROGRAMME 2017/18

4.1 The Committee received a report of the Policy and Improvement Officer which set out the Committee's Work Programme for 2017/18.

4.2 The Policy and Improvement Officer took the Committee through the Work Programme, making reference to some of the items to be considered at the remaining meetings in the Municipal Year and the list of items to be scheduled.

4.3 The Chair, Councillor Pat Midgley, suggested that the item relating to the Health and Wellbeing Board be brought up the Programme and that the item on Emergency Preparedness be considered before the end of the Municipal Year. She added that Urgent Care would be considered when the outcome of the consultation had been released.

4.4 RESOLVED: That the Committee:-

(a) approves the contents of the Work Programme 2017/18, subject to the suggestions now reported; and

(b) requests that:-

(i) the Policy and Improvement Officer circulates information on the Health and Wellbeing Board to Committee members;

(ii) the Policy and Improvement Officer investigates the issue of unnecessary repeat prescriptions to people in residential care homes and reports back to the Committee on her findings; and

(iii) Committee Members with any further suggestions for the Work Programme 2017/18, send these by email to the Policy and Improvement Officer.

5. PUBLIC QUESTIONS AND PETITIONS

5.1 There were no questions raised or petitions submitted by members of the public.

6. FOOD AND WELLBEING STRATEGY

6.1 The Committee received a report of the Director of Culture and Environment on the new Food and Wellbeing Strategy, to which a draft copy of the Strategy was attached. The Committee had requested sight of the draft strategy for comment and to inform its development prior to the Cabinet decision-making process.

6.2 The report was supported by a presentation, given by Jessica Wilson (Health Improvement Principal) which provided some context, key changes from the previous Food Strategy, the mission, vision, underpinning themes and impact. Also present for this item was Rizwana Lala (Trainee Consultant in Dental Public Health).

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

- There was a need to work out a balance between an individual and a

population approach.

- Work strands could be developed to promote what a healthy weight looked like for both children and adults. This would link to planned initiatives targeting schools and their approaches to food and communications and marketing at a population level, which it was hoped would influence the parents of young children.

- In relation to influencing food outlets, some authorities had used planning regulation near schools and Council contracts could take account of the types of food provided. It was also possible to influence public sector partners.

- Activities which were community led, co-produced and targeted were important in ensuring that good food was physically and financially accessible to everyone. A good example of this was a pilot scheme which had operated in Barnsley and which had been externally funded, whereby people on benefits were given vouchers for fruit and vegetables. In Sheffield, the school holiday hunger pilot was to be evaluated and it was hoped to be able to continue with this,

- In relation to diabetes, NHS guidance was promoted and this covered most people, but there would always be differences. Work was being undertaken to highlight the natural sugars in fruit, with whole fruit rather than juice being preferable.

- Officers would report on roles and responsibilities in relation to this work in due course.

- The effectiveness of the Food and Wellbeing Strategy would be considered at the appropriate time. Work was ongoing to develop indicators to monitor impact.

- There had been no overall evaluation of the Food Strategy which expired this year, but this could be done. Although not in a formal report, learning from the expired Food Strategy had informed the development of the new Food and Wellbeing Strategy.

- Much work was being undertaken on food poverty.

- It was felt that the previous strategy was too broad, which had limited its impact.

- Cabinet leads would be consulted over whether and/or how to incorporate some of the suggested actions in the new Strategy. These included food production, links with local small businesses, use of Council land, allotments, the role of farmers' markets, promotion, packaging, food mile reduction, promotion of cook and eat sessions and lunch clubs.

- The consideration of food and wellbeing initiatives would need to have regard for cost against public health gain.

- Officers were looking at an external food partnership to consider some of the broader food system issues, but this had not yet been developed.

- The present Food Strategy had strong links with the Poverty Strategy and officers were looking to continue this with the refresh of the Poverty Strategy.

6.4 The Chair, Councillor Pat Midgley, summarised the Committee's concerns as relating to food poverty, access to cheap, nutritional food, the effects of mental illness and stress on food consumption, factors associated with having a high 16-25 aged population, the concept of what was a normal weight and the effect of grandparents on children's diet and activity.

6.5 RESOLVED: That the Committee:-

(a) thanks Jessica Wilson and Rizwana Lala for their contribution to the meeting;

(b) notes the contents of the report and presentation, comments made and responses to questions; and

(c) requests that Committee Members identifying any major omissions from the Draft Food and Wellbeing Strategy send these by email to the Policy and Improvement Officer for forwarding to Jessica Wilson.

7. THE SHEFFIELD MENTAL HEALTH TRANSFORMATION PROGRAMME

7.1 The Committee received a report of the Director, Commissioning, Inclusion and Learning, which was presented to the Committee in order to seek views, comments and/or recommendations for future delivery of the Joint Transformation Programme on Mental Health in Sheffield. The Programme had been designed, developed and implemented jointly by the Sheffield City Council, Sheffield Health and Social Care NHS Foundation Trust and NHS Sheffield Clinical Commissioning Group.

7.2 In attendance for this item were Dawn Walton (Director, Commissioning, Inclusion and Learning), Jim Millns (Deputy Director of Mental Health Transformation and Integration) and Dr Steve Thomas (Clinical Lead).

7.3 The Chair, Councillor Pat Midgley, indicated that Members felt that there was insufficient information in the report and asked the attendees to reconsider the content, with a view to submitting a more detailed report to a future meeting of the Committee. She added that Members would comment on the report and it was hoped that these comments would be helpful in such reconsideration.

7.4 Jim Millns informed the Committee that, in 2016/17, Sheffield City Council and the Sheffield Clinical Commissioning Group (CCG) had created a pooled budget for

social care and that, for 2017/18, there was a £4 million cost pressure on this with the obvious impact on care purchasing. The Sheffield Health and Social Care NHS Foundation Trust (the Trust) had asked for help as it had its own cost pressures and so a transformation programme had been co-designed to tackle inefficiency. Workshops held earlier in the year had resulted in a Sheffield Transformation Programme and this had been initiated in April 2017. The Programme consisted of five large-scale transformational schemes which focused on:-

(a) Residential Care;
(b) Dementia Care;
(c) Liaison Mental Health;
(d) Primary Care Mental Health
(e) Integrated Psychological Therapies.

These were designed to tackle issues which were problematic in Sheffield.

7.5 Dawn Walton indicated that the focus would be on the themed areas with a view to stimulating change. She highlighted two areas of significance, these being engaging/reviewing Special Education Needs and children with mental health problems, with these subjects being part of her responsibilities. She also offered to meet with the Chair to have themed discussions.

7.6 In relation to dementia, Dr Steve Thomas informed the Committee that prevention, living well, assessment and community support and end of life were being looked at as one programme of work.

7.7 Members indicated that they wanted to know what had happened, what will happen and when and who was going to make things happen, and needed more detail from the user perspective, as well as needing to be convinced that this reflected a clinical issue and not just a money saving exercise. A request was also made for Members to see a full breakdown of the £4 million cost pressure.

7.8 Jim Millns indicated that savings assumptions would be included and that the quality of service would be unaffected. Dr Steve Thomas added that no one had been sent out of the City for acute mental health issues and this had not been the case for dementia sufferers.

7.9 The Chair commented that Members were greatly concerned about mental health and wished to support the Programme and hoped that the comments made would be helpful.

7.10 RESOLVED: That the Committee:-

(a) thanks those attending for their contribution to the meeting;

(b) notes the contents of the report, and Member and officer comments; and

(c) requests that:-

(i) Members send any specific questions on the Sheffield Mental Health Transformation Programme to the Policy and Improvement Officer for forwarding to the attending officers; and

(ii) a more detailed written report be presented to a future meeting of the Committee.

8. SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST - QUALITY ACCOUNT OBJECTIVES

8.1 The Committee received a report of the Medical Director, Sheffield Teaching Hospitals NHS Foundation Trust, which presented a number of proposed themes for quality objectives for Sheffield Teaching Hospitals during 2018/19 and invited Members' views and comments.

8.2 RESOLVED: That the Committee:-

(a) notes the contents of the report; and

(b) requests that Members email their comments to the Policy and Improvement Officer for circulation and subsequent forwarding to the Medical Director, Sheffield Teaching Hospitals NHS Foundation Trust.

9. MINUTES OF PREVIOUS MEETING

9.1 The minutes of the meeting of the Committee held on 20th September 2017, were approved as a correct record and, arising from their consideration, it was noted that the Policy and Improvement Officer would circulate the written response to the public question referred to in paragraph 4.1(b) to Committee Members.

10. URGENT PRIMARY CARE CONSULTATION UPDATE

10.1 The Committee received a report of the Director of Commissioning, Sheffield Clinical Commissioning Group, which outlined the progress of the public consultation on reviewing Urgent Primary Care across Sheffield, as requested by the Committee at its previous meeting.

10.2 Members commented that, although there was not a huge public understanding of the proposals, there was an awareness of those relating to the closure of the Minor Injuries Unit and Walk-In Centre.

10.3 RESOLVED: That the Committee:-

(a) notes the contents of the report and Members' comments; and

(b) requests that:-

(i) Margaret Kilner (Healthwatch Sheffield) circulates Committee Members with details of the public meetings which were to be held as part of the consultation process; and

(ii) the Policy and Improvement Officer follows up the Clinical Commissioning Group's lack of contact with Committee Members, which had been promised.

11. DATE OF NEXT MEETING

11.1 It was noted that the next meeting of the Committee would be held on Wednesday, 17th January 2018, at 5.00 pm, in the Town Hall.

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S H E F F I E L D C I T Y C O U N C I L

Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee

Meeting held 5 December 2017

PRESENT: Councillors Pat Midgley (Chair), Sue Alston (Deputy Chair), Pauline Andrews, Steve Ayris, David Barker, Lewis Dagnall, Tony Downing, Mike Drabble, Adam Hurst, Talib Hussain, Douglas Johnson, Richard Shaw and Garry Weatherall

Non-Council Members (Healthwatch Sheffield):-

Clive Skelton

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1. APOLOGIES FOR ABSENCE

1.1 Apologies for absence were received from Councillor Dianne Hurst and Margaret Kilner (Healthwatch Sheffield).

2. EXCLUSION OF PUBLIC AND PRESS

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

3. DECLARATIONS OF INTEREST

3.1 In relation to Agenda Item 6 (Call in of the Decision on the "Sheffield Accountable Care Partnership"), the following declarations were made:

- Councillor Lewis Dagnall declared a pecuniary interest as his partner was a Non-Executive Director of Sheffield Health and Social Care Trust. However, as the agenda item focussed on a decision made by Sheffield City Council and would have no bearing on this role, Councillor Dagnall undertook to remain and participate in the meeting.
- Councillor Mike Drabble declared a personal interest by virtue of him providing mental health counselling services in non-urgent primary care.
- Councillor Richard Shaw declared a personal interest as his partner works for Sheffield Teaching Hospitals NHS Foundation Trust.
- Councillors Steve Ayris and Adam Hurst declared personal interests by virtue of being Governors of Sheffield Health and Social Care Foundation Trust.

4. PUBLIC QUESTIONS AND PETITIONS

4.1 There were no questions raised or petitions submitted by members of the public.

5. CALL IN OF THE DECISION ON THE "SHEFFIELD ACCOUNTABLE CARE PARTNERSHIP"

5.1 The Committee considered the decision of the Cabinet Member for Health and

Social Care, made on 10th November 2017, to:

(i) note the establishment of the South Yorkshire and Bassetlaw Accountable Care System;

(ii) note the development of the Sheffield Place Based Plan;

(iii) endorse the establishment of the shadow Sheffield Accountable Care Partnership Board subject to the following principles:

- That the Cabinet Member for Health and Social Care should co-chair the Board
- That a formal relationship should be created between the Health and Wellbeing Board and the ACP Board to ensure appropriate oversight of its work
- That the ACP Board is provided with appropriate officer support from across its membership to allow it to make rapid progress
- That other health and social care transformation programmes should be absorbed into the work of the ACP to avoid the potential for duplication, overlap and wasted resource.
- That the ACP Board should focus on the wider transformational change required within the health and social care system, in line with the Sheffield Place Based Plan, and should commission activity in line with this;

(iv) continue to progress the Accountable Care Partnership through arrangements and agreements consistent with the principles above; and

(v) note that a further executive report will be presented to formally establish the Accountable Care Partnership Board following its 'shadow' period.

5.2 *Signatories*

The Lead Signatory to the call-in was Councillor Douglas Johnson, and the other signatories were Councillors Magid Magid, Sue Alston, Steve Ayris, Lewis Dagnall and Adam Hurst.

5.3 *Reasons for the Call-in*

The signatories had confirmed that they wished to further scrutinize the decision because formal scrutiny arrangements had been agreed for the Sheffield Health and Wellbeing Board but not for the Healthier Communities and Adult Social Care Scrutiny Committee, the only cross-party scrutiny available to the Local Authority.

5.4 *Attendees*

- Councillor Cate McDonald (Cabinet Member for Health and Social Care)
- Greg Fell (Director of Public Health)

5.5 Councillor Douglas Johnson, addressing the Committee as Lead Signatory, explained that the purpose of the call-in was to ensure proper scrutiny was taking

place with regard to decision making concerning the future of social care services. The need for scrutiny was recognised in the Cabinet Member's report, but with regard to the Sheffield Health and Wellbeing Board rather than this Committee. Councillor Johnson highlighted a need for more independent, cross-party scrutiny which could only be carried out by this Committee.

5.6 Co-signatories of the call-in, Councillors Steve Ayris, Lewis Dagnall and Deputy Chair Sue Alston, raised further reasons for the call in regarding concerns over the speed at which Accountable Care Organisations were moving, the need for Sheffield City Council to contribute to the process and ensure a robust approach with a beneficial result for Sheffield residents, and the need for as much public engagement and involvement as possible.

5.7 In response, Councillor Cate McDonald stated that this decision was published in order to be transparent and so discussions like today's call-in could take place. She advised that a large part of her involvement in the Partnership was to promote accountability and openness.

5.8 Councillor McDonald reaffirmed the Executive's commitment to the NHS, but criticised its top-down processes, most recently seen through the development of the Sustainability and Transformation Plan – now the Accountable Care System in South Yorkshire & Bassetlaw. She highlighted the need for Sheffield City Council to work with the NHS on a local level. She advised that there was no suggestion of an Accountable Care Organisation being developed in Sheffield. The Partnership was instead a collaboration, rather than something focused on organisational changes, to secure better outcomes and shift the focus on prevention.

5.9 The Cabinet Member stated that the Sheffield Health and Wellbeing Board was being positioned to set the mission as part of the Health and Wellbeing Strategy. She advised that the Board had recently expanded its membership to encourage more robust decision making, but that she would be willing to provide an update at a future meeting of the Scrutiny and Policy Development Committee.

5.10 The Director of Public Health agreed with the Cabinet Member, and confirmed that there were no plans to develop an Accountable Care Organisation. This decision concerned a Partnership, not a merger, with all organisations involved remaining legally sovereign.

5.11 *Questions from Members of the Public*

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

- The lack of publicity was characteristic of the NHS. The Partnership Board would be an opportunity for Sheffield City Council to encourage the NHS to be more open and transparent about changes and decisions.

- Sheffield City Council had distanced themselves from Sustainability and Transformation Partnerships (STPs), which had been widely criticised. It

was confirmed that Sheffield was not entering into an Accountable Care Organisation (ACO) or Accountable Care System (ACS).

- The Partnership Board had no delegated decision making powers from the constituent partner organisations. Instead it was currently discussing and troubleshooting issues in existing programmes and sought to look at more strategic, transformational issues in the future. The role of the Sheffield Health and Wellbeing Board was for it to take on more of a leadership role and be more pro-active around setting the overall mission, in the context of the Joint Strategic Needs Assessment and the Health & Well Being Strategy.

- There was likely to be aspirational differences between NHS England and for services operating on a local basis in Sheffield and there was no guarantee that the Partnership would be successful. The Council's engagement was dependent on successful collaboration and the Cabinet Member advised that, regarding the mechanism to withdraw, she could walk away if it became clear the Partnership were not working effectively.

- The Partnership Board was not linked to the Better Care Fund, which, in governance terms, was overseen by the Sheffield Health and Wellbeing Board.

- The decision had been published in order to promote transparency and facilitate wider discussion of the proposal, but was not a Key decision.

- One consultancy bill had been received, the Council's share of which was £30,000. Sheffield City Council was not liable for any costs regarding the South Yorkshire and Bassetlaw Accountable Care System.

- Sheffield City Council had not signed the Memorandum of Understanding for the South Yorkshire and Bassetlaw Accountable Care System. The Cabinet Member for Health and Social Care continued to meet with her counterparts in other Councils and continued to take note and comment, but Sheffield had maintained its independence from the ACS.

- It was confirmed that the Regional Scrutiny Committee (Commissioners Working Together Joint Health and Overview Scrutiny Committee) was open to the public for their questions and attendance.

5.12 *Questions and Comments from Members of the Committee*

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

- Ongoing conversation, rather than top-down decision making, was needed to ensure virtual integration of services and robust transformative change. Difficult financial decisions would need to be taken and the Partnership Board would endeavour to ensure these were made jointly, for the benefit of the people of Sheffield, rather than for a single organisation's needs.

- The Director of Public Health accepted the challenge that flexibility in the role of the Partnership might result in a drift in remit, but advised that the structure and role of the Board had been set out and protracted discussions regarding organisational form should be avoided.

- Currently the approach of Health Services was focussed on 'business as usual' but, through the Partnership Board, it was hoped this could develop into a shift to a primary care-led system. It was also hoped that further support could be given to health issues caused or exacerbated by unemployment.

- The individual organisations involved in the Partnership Board remained the legal decision makers, and this Committee retained their right to scrutinise any of those decisions. With regard to the relationship between the Partnership Board and this Committee, the Cabinet Member was happy to have further discussions to determine the most effective way for Scrutiny to remain informed and involved.

- The Cabinet Member agreed with the criticism regarding the lack of public involvement and transparency. She confirmed that the membership of the Health and Wellbeing Board had been expanded to try and facilitate wider participation and advised that, through her involvement with the Partnership Board, Sheffield City Council sought to address the democratic and transparency issues in the NHS and apply pressure for accountability.

- Compared with Sheffield, other Councils had been much more involved with STPs. The Cabinet Member continued to meet with her counterparts to ensure accountability from the South Yorkshire and Bassetlaw Accountable Care System without associating with it. The Cabinet Member highlighted the need to be involved and ensure no decisions taken by other organisations would impact the Council in a negative way.

5.13 RESOLVED: That the Committee:-

(a) notes the contents of the report together with the comments made and the responses provided;

(b) notes the decision of the Cabinet Member for Health and Social Care, taken on 10th November 2017, in relation to the Sheffield Accountable Care Partnership, and recommends that no action be taken in relation to the called-in decision;

(c) welcomes the Cabinet Member's approach to putting decision-making on this issue into the public domain; and that a further executive report will be presented before the formal establishment of the Accountable Care Partnership Board;

(d) requests that an update on the Accountable Care Partnership is brought to the Committee at a future meeting before it moves out of shadow phase,

with a focus on how the Accountable Care Partnership will address the challenges set out in the report, particularly how the Accountable Care Partnership will be accountable to local people through democratic structures, including scrutiny; and

(e) Recommends that the Cabinet Member requests that Accountable Care Partnership Board meetings take place in public, and that reports and minutes are published in the public domain.

(NOTE: Prior to the passing of the above resolution, an alternative motion, moved by Councillor Douglas Johnson and seconded by Councillor Steve Ayris, namely to 'refer the decision back to the Cabinet Member for Health and Social Care for reconsideration so that 'a formal relationship between the Health and Wellbeing Board, Accountable Care Partnership Board and this Committee be created', was put to the vote and negatived.)

6. DATE OF NEXT MEETING

6.1 It was noted that the next meeting of the Committee would be held on Wednesday, 17th January 2018, at 5.00 pm, in the Town Hall.

Report to Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee
17th January 2018

Report of: Dawn Walton, Director – Commissioning, Inclusion & Learning

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Subject: The Sheffield Mental Health Transformation Programme

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Summary:

The Sheffield Mental Health Transformation Programme ('the Programme') is a collaborative programme of work that has been jointly developed and is being jointly delivered by Sheffield City Council (SCC), NHS Sheffield CCG (SCCG) and Sheffield Health and Social Care NHS Foundation Trust (SHSC).

The programme was born ostensibly from a collective need to secure better outcomes for people with mental health problems by working far more collaboratively and by delivering better value for money through economies of scale, reducing overlaps, eliminating wastage and through innovation and creativity. It is anticipated that the programme will improve people's lives plus deliver major strategic and financial benefits. Importantly however the programme has been designed to tackle what are predominantly long-standing issues in Sheffield. Our overarching aim is to ensure services are far more localised, individualised and focused (where possible) on prevention and early intervention. We are confident that despite the level of ambition, the Programme will improve clinical outcomes, clinical quality and the experience of those who use services.

Traditionally such a programme would normally have been developed at an 'organisational specific' level, an approach which has historically been underpinned by a perception that financial risks will undoubtedly be 'shunted' (for example, between commissioners), which inevitably leads to confrontational behaviour. We have however been able to avoid this eventuality by genuinely working in partnership to develop and deliver the programme. It is jointly owned and jointly governed.

The Programme currently consists of 14 project areas which includes 5 large scale transformational schemes. These are focused on Promoting Independence (project 2), Dementia Care (project 3), Liaison Mental Health

(project 6), Primary Care Mental Health (project 21) and Integrated Improving Access to Psychological Therapy (IAPT) Services (project 26).

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	✓
Other	

The Scrutiny Committee is being asked to:

Consider the Sheffield Mental Health Transformation Programme and provide views, comments and/or recommendations for future delivery.

Background Papers:

1. Sheffield Strategy for Mental Health: https://shsc.nhs.uk/wp-content/uploads/2015/04/Item-6ii-Sheffield-Strategy-for-Mental-Health.pdf

2. 'Adding Life to Years and Years to Life' Director of Public Health Report 2017: https://www.sheffield.gov.uk/content/dam/sheffield/docs/public-health/health-wellbeing/Director%20of%20Public%20Health%20Report%202017.pdf

3. Sheffield Joint Health and Wellbeing Strategy 2013-18: https://www.sheffield.gov.uk/content/dam/sheffield/docs/public-health/lifestyle/Sheffield%20Joint%20Health%20and%20Wellbeing%20Strategy.pdf

4. The Five Year Forward View for Mental Health: https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf

5. Implementing the Five Year Forward View for Mental Health: https://www.england.nhs.uk/wp-content/uploads/2016/07/fyfv-mh.pdf

6. 'No Health Without Mental Health' A cross-government mental health outcomes strategy for people of all ages: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/138253/dh_124058.pdf

Category of Report:

OPEN

The Sheffield Mental Health Transformation Programme

1. Introduction

1.1 The Sheffield Mental Health Transformation Programme is an ambitious programme that has been jointly developed and is being jointly delivered by Sheffield City Council (SCC), NHS Sheffield CCG (SCCG) and Sheffield Health and Social Care NHS Foundation Trust (SHSC).

1.2 The overarching aim of the Programme is to address what are predominantly long-standing issues in Sheffield, whilst remaining focused on quality and prevention. Taking a more holistic approach to the delivery of mental health care will genuinely promote parity of esteem by strengthening support across the wider health system for people with mental health problems who tend to (a) have more negative experiences and outcomes when they receive health care, and (b) place a disproportionate level of demand on general health services. It will also help to focus on the wider determinants of mental ill health and develop more preventative services (i.e. Primary Care Mental Health Service). This is very much in keeping with national policy and guidance, including the Mental Health Five Year Forward View[1] and 'No Health Without Mental Health'[2] which have respectively aimed to promote person centred care underpinned by principles relating to health and social wellbeing, prevention, promotion and early intervention.

1.3 Prevention (in particular) is an important element of the overall programme; tackling ill health at the earliest opportunity. If we get this right, this will not only improve the outcomes for individual service users but will ultimately deliver financial efficiencies as we will rely far less on secondary health care services. This aspiration therefore underpins the entire transformation programme (as well as the city's Public Health and Mental Health strategies).

2. Context

2.1 Mental health problems are common; one in four people will experience a mental health problem in their lifetime and around one in one hundred people will suffer from severe mental ill health.

2.2 People with good mental health and wellbeing tend to experience lower rates of physical and mental illness, recover more quickly when they do become ill (and remain healthy for longer) and generally experience better physical and mental health outcomes. Good mental health and wellbeing also represents a significant asset in terms of underpinning broader outcomes such as educational attainment and employment opportunities.

2.3 Conversely people with a severe mental illness have a threefold increased risk of premature death than those without such an illness and a reduced life expectancy of approximately 16 years for women and 20 years for men. Although suicide accounts for around 25% of these

[1] https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf
[2] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213761/dh_124058.pdf

deaths, physical illnesses account for the other 75% with cardiovascular disease being the most common cause of premature death in people with mental ill health and diabetes the most significant cause of increased ill health. In addition smoking rates in people with mental health problems are, on average, twice as high as those in the general population; as a consequence smoking related illness and early death are also greater.

2.4 It is estimated that in Sheffield around 17.1% of the adult population (over 95,000 people), have either depression or anxiety. In addition around 0.9% of the Sheffield population (over 5,000 people) have a severe mental illness (such as psychosis or severe depression)[3].

2.5 As a city, Sheffield spends around £148 million on mental health services each year, of which around £80 million (55%) is spent on services provided by Sheffield Health and Social Care NHS Foundation Trust. The other 45% is spent on a variety of services provided by other NHS providers, residential and nursing home providers and the third sector.

2.6 The commissioning of, and in many respects the delivery of mental health services in Sheffield has however been historically fragmented. Commissioning plans in particular have been largely developed in isolation meaning opportunities to consider broader clinical and societal benefits, looking at much wider care pathways, have never been fully exploited.

2.7 There is however significant evidence to suggest that integrated care is the right direction of travel for meeting the changing needs of our population, particularly in the context of increasing numbers of older people and people with long-term and complex conditions. What is clear is that fragmented and disjointed care can have a negative impact on patient experience, result in missed opportunities to intervene early, and can consequently lead to poorer outcomes. Poor alignment of different types of care also risks duplication and increasing inefficiency within the system (for example referrals between agencies to address different aspects of an individual's needs).

2.8 Contextually therefore the anticipated benefits of delivering the Programme in a collegiate way are relatively simple to define. A truly integrated approach will offer more effective joined up commissioning and provision, will lead to better patient outcomes which will, by default, deliver better value for money. We will have the opportunity to pool our resources (in the widest sense) to commission whole pathways of care, factoring in other services which were previously out-of-scope of traditional commissioning models (e.g. employment, housing and education).

2.9 This is not to say that we are 'starting from scratch'. Despite the historical context as noted above (underpinned by fragmentation); commissioners and providers have worked hard over the last 18-24 months to build productive working relationships. SCC and SCCG now

[3] https://fingertips.phe.org.uk/profile-group/mental-health/profile/mh-jsna/

have a pooled budget arrangement as part of the Better Care Fund (predominantly covering working age mental health spend), and have recently created an integrated commissioning team. In addition we have also worked hard to build constructive and open relationships with our providers, enabling us to deliver a number of significant achievements, for example:

a. Avoiding any out-of-city acute mental health care placements for over three years (through positive bed management and reinvestment into community mental health home treatment services);

b. The delivery of a multi-agency suicide prevention strategy targeted at men;

c. The provision of mental health nurses in A&E 24 hours a day; and

d. The continued commitment of three 'Springboard Cafés', located across the city; designed to help people who are feeling low, isolated, anxious or struggling to manage their mental wellbeing.

All of these have been possible through partnership working, collaboration and (perhaps most importantly) trust.

2.10 Of course whilst agencies have an important role in promoting mental health and well-being (in particular by making sure treatment and support is available when required); good mental wellbeing is as much about feeling good and functioning well; therefore increasing the focus and emphasis on population and community level resilience[4]. A social and economic environment that supports good mental wellbeing is therefore as important as high quality specialist services. **Mental Health is everybody's business**.

3. The Programme

3.1 The programme consists of 14 project areas, including 5 large scale transformational schemes: (Promoting Independence (project 2), Dementia Care (project 3), Liaison Mental Health (project 6), Primary Care Mental Health (project 21) and Integrated Improving Access to Psychological Therapy (IAPT) Services (project 26)). A summary of each project is detailed below:

Project Number	Project Name/Description
1	Section 117 Aftercare (Reviewing Function) The purpose of this project is to deliver savings against health and social care individual purchased care packages for individuals who are section 117 eligible. Our aim is to reduce the risk of institutional dependency and to enable people to move to less restrictive settings/practice.

[4] https://www.sheffield.gov.uk/content/dam/sheffield/docs/public-health/health-wellbeing/Director%20of%20Public%20Health%20Report%202017.pdf

2	<u>Promoting Independence</u> This project will support adults with enduring mental health needs to live more independently in the community. This will involve supporting nearly 200 people who are currently living in residential or nursing home settings to move out of a 24 hour care environment (where it is beneficial and appropriate to do so) into a more flexible supported tenancy that meets their needs.
3	<u>Dementia Care Pathway</u> The purpose of this project/programme is to develop work plans focussing on the following elements of dementia care in Sheffield: a. Living Well with Dementia (providing better support post diagnosis); b. Assessment/respite provision and intensive community support (providing a better crisis management and home treatment response so that unnecessary hospital admissions can be avoided); and c. Reviewing High Dependency and on-going care services (to ensure that the care provided to those individuals who have complex and/or challenging needs is appropriate and effective).
6	<u>Liaison Mental Health</u> The purpose of this project is to implement a 'Core 24' Liaison Mental Health Service based on the successful bid against national monies. Core 24 is designed to provide services for: • People in acute settings (inpatient or outpatient) who have, or are at risk of mental disorder; • People presenting at A&E with urgent mental health care needs; • People being treated in acute settings with co-morbid physical disorders such as long-term conditions (LTCs) and mental disorder; • People being treated in acute hospital settings for physical disorders caused by alcohol or substance misuse; • People whose physical health care is causing mental health problems; and • People in acute settings with medically unexplained symptoms (MUS). The aim of a Core 24 Service is to: a. Reduce excess morbidity and mortality associated with co-morbid mental and physical disorder; b. Reduce excess lengths of stay in acute settings associated with co-morbid mental and physical disorder; c. Reduce risk of harm to individuals and others in the acute hospital by adequate risk assessment and management; d. Reduce overall costs of care by reducing time spent in A&E departments and general hospital beds, and minimising medical investigations and use of medical and surgical outpatient facilities; and e. Ensure that care is delivered in the least restrictive and disruptive manner possible.

8	Short Term Educational Programme (STEP) The purpose of this project is to undertake an options appraisal on the future of the STEP service. The service is a (potential) component part of a number of care pathways including anxiety, depression, bi-polar disorder and borderline personality disorder. The service offers education and self-management skills.
10	Relationship and Sexual Health Service The purpose of this project is to enact agreed changes to the Relationship and Sexual Health Service pathway in Sheffield. This involves the streamlining of service delivery and introducing a single point of referral. Currently there are multiple referral points and some overlap in terms of provision.
16	Reducing Anti-Depressant Use The purpose of this project is to explore possible options for reducing the prescribing of antidepressant medication. Sheffield is currently an outlier. Investment in psychological therapies may be needed to support any reduction.
18	Reduce Number of People with Dementia in High Cost Long-Term Care Settings The aim of this project is to appraise and (where appropriate) implement new models of care so that patients with Dementia can be cared for in a less restrictive setting, closer to home and at a reduced cost compared to their current CHC package(s).
19	Reduce Number of People with a Learning Disability in High Cost Long-Term Care Settings The aim of this project is to appraise and (where appropriate) implement new models of care so that patients with a Learning Disability can be cared for in a less restrictive setting, closer to home and at a reduced cost compared to their current CHC package(s).
20	Reduce Number of People with SMI in High Cost Long-Term Care Settings The aim of this project is to appraise and (where appropriate) implement new models of care so that patients with SMI can be cared for in a less restrictive setting, closer to home and at a reduced cost compared to their current CHC package(s).
21	Developing a Primary Care Mental Health Service The purpose of this project is to consider options for how to progress the development of a Primary Care Mental Health Service. This is based on national evidence that indicates that people would prefer to be seen in their practice for common mental health issues (thus reducing stigma) and that with support General Practitioners (and the wider practice workforce) can deliver better outcomes for individuals through more personalised holistic care and by intervening much earlier.

22	Developing a Psychiatric Decision Unit The purpose of this project is to consider options for how to progress the development of a psychiatric decision unit (PDU). The PDU will provide an effective alternative to A&E, a place of safety for those needing immediate care (and attention) plus provide an informal facility from which to provide ad-hoc and immediate treatment to avoid crisis situations (therefore preventing the use of secondary care services).
25	Outcomes of Open Book Session Yet to be determined; areas of potential efficiency are still being scoped.
26	Integrated Improving Access to Psychological Therapies (IAPT) Programme The purpose of this project is to implement the Integrated IAPT programme based on the successful bid against national monies. The integrated IAPT programme aims to address the fact that two thirds of people with a common mental health problem also have a long term physical health problem, greatly increasing the cost of their care by an average of 45% more than those without a mental health problem. By integrating IAPT services with physical health services we can provide better support to this group of people and achieve better outcomes.

3.2 All but one of the projects (project 25) are now in the implementation stage. Every Project has an identified Senior Responsible Owner (SRO) (an officer from one of the partner organisations) and appropriate project management support. The 5 large scale transformational schemes also have an identified clinical/professional lead; whose mandate is to ensure that clinical standards and quality are not unduly compromised.

4. Programme Objectives

4.1 The overarching aim of the Transformation Programme is to address what are predominantly long-standing issues in Sheffield, whilst remaining focused on prevention and early intervention. These are particularly important components of the programme; tackling ill health at the earliest opportunity. If we get this right, this will not only improve the outcomes for individual service users but will ultimately deliver better value for money as we will rely far less on secondary health care services. This aspiration therefore underpins the entire transformation programme.

4.2 There is a genuine cross-organisational commitment to ensuring this work is undertaken jointly, collaboratively and safely. All parties are clear that whilst one of the (key) drivers for this work is the delivery of better value (see 4.3 below), the desired outcomes are very much quality focused; changing the way that mental health and learning disability services are delivered in Sheffield so that the quality of services are not undermined and that the offer of care and treatment is far more localised, individualised and focused (where possible) on preventing ill health and recovery.

4.3 In terms of financial efficiency the Programme is aiming to deliver £4m in 2017/18 (which is the combined cost pressure on respective SCC and SCCG mental health budgets). We are currently forecasting £1.94m. The preparatory work however that has been undertaken during the first 6 months has been significant. The forecast in years 2, 3 and 4 of the programme has therefore been amended to reflect this; essentially showing that the programme will exceed earlier projections.

4.4 Savings delivered in 2017/18 are subject to a risk and benefit share agreement between SCC and SCCG. SHSC, although a joint contributor in terms of delivery, will not directly benefit financially from the programme.

4.5 The agreement (which forms part of the wider section 75 agreement that underpins the Better Care Fund) has been purposely designed to enable both parties to address their respective financial pressures (as noted above) in a mutually beneficial way; addressing areas of greatest need in the first instance. The first £800,000 of efficiencies will therefore be made available to SCC, up to £1.6 million. Efficiencies generated after this point will be shared on a 50:50 basis.

4.6 It should be noted that the sovereign rights of each respective organisation are not compromised by the risk and benefit share agreement. Decisions regarding reinvestment, for example, can continue to be made separately. However in the spirit of partnership working it is anticipated that all such decisions will be made jointly (in the best interests of the wider population).

4.7 It is also important to note that none of the anticipated financial efficiencies will be achieved through decommissioning or compromising on clinical quality. Savings will be achieved by the avoidance of unnecessary cost and treatment, primarily through:

a. A reduction in A&E attendances;
b. A reduction in the number of outpatient attendances;
c. A reduction in the average length of stay on physical healthcare wards;
d. A reduction in the number of readmissions into physical healthcare services;
e. Better proactive case management of people with complex needs and multi morbidity;
f. A reduction in secondary mental health care activity (where it is appropriate and safe for an individual to be cared for within primary care); and
g. A reduced reliance on residential and long term nursing care (through the provision of better, more accessible community based services and targeted support).

4.8 We also anticipate that as the programme progresses, clinical benefits will also exceed earlier expectations, particularly given the system wide ‘buy in’ that we have been able to secure. The Programme has helped to build what are extremely productive working relationships between organisations and individuals who have historically had limited interaction or have had a less-than-constructive working relationship. So

whilst we are only in year one of a four year programme, we have already seen significant benefit in terms of collegiate and collaborative working. From the moment we started this work we have continued to ask the question 'what would we do if we were all working in the same organisation', an approach that has helped us to break down traditional organisational boundaries. We still have some way to go, but the foundations are certainly strong.

5. What does this mean for the people of Sheffield?

5.1 Whilst we have already started to see significant benefits in terms of organisations coming together to develop a programme of work that is focused entirely on the needs of our patients (as opposed to the needs of each individual organisation); it is clearly important to ensure that these benefits are defined and therefore measurable. Financial savings are relatively easy to measure; qualitative impact is much more difficult. A series of metrics have been developed to help measure the qualitative elements of the programme, these are however being continuously reviewed and refreshed.

5.2 In general terms we believe that by taking a collaborative approach across wider care pathways will ultimately mean that inefficient practice can be proactively addressed without organisational boundaries having an impact. This will ensure we create seamless pathways, we reduce onward referral, the provision of care is much more holistic (based on need) and individual patient outcomes become the way we jointly measure success (as noted above). Measuring inputs will partially give an indication as to the quality of clinical services; however we also want to improve the experience of those who use services. We are keen to promote good mental well-being not just good mental health.

5.3 To ensure we continue to engage with service users (and the general public more widely), we are working closely with Healthwatch Sheffield to ensure we (a) get real-time feedback on concerns and issues that are being raised directly with them and (b) are able to contribute to and get feedback from a series of focus groups that they are currently planning to deliver to determine what individuals want to see from the provision of mental health services in Sheffield. In particular we are aiming to 'test' some of the assumptions that underpin the programme.

5.4 In addition we are also considering options for how to engage with individuals who do not use statutory services; either because they are not unwell or because they have developed strategies and/or alternative approaches to managing their own mental health. Ascertaining both viewpoints will be really valuable, albeit for slightly differing reasons.

5.5 Our expectation is that families and carers will also benefit from taking a collegiate approach through improved coordination between different services and providers, a greater focus on prevention and early intervention and more community based support. A key component of the wider programme is an acknowledgement of the enormous contribution families and carers make in terms of providing care and support across the city. We remain committed therefore to ensuring that they themselves receive appropriate support as required. Caring for our

carers will be as important to this programme as providing the right clinical care and support.

6. Recommendation

6.1 The Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee are asked to:

a. Note the contents of this report and to provide views, comments and/or recommendations for the future delivery of the Programme;

b. Give a steer as to how Council Members can support the implementation of the programme and engage with the communities they serve;

c. Agree to accept a further report in approximately 12 months' time, which will provide Committee Members with an updated position on delivery; and

d. Acknowledge that whilst the Programme is still termed 'transformation', an alternative name is being considered. This will be incorporated into a proposed rebranding/relaunch exercise.

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Report to Healthier Communities and Adult Social Care Scrutiny & Policy Development Committee 17 January 2018

Report of: Phil Holmes
Director of Adult Services

Subject: Update on Adult Social Care Performance

Author of Report: Phil Holmes /
Liz Tooke - Performance and Risk Officer (Business Strategy)

Summary:
This agenda item provides a summary for scrutiny members of adult social care performance in Sheffield. The last time this topic was covered by Scrutiny was March 2017

The report sets out:

- How adult social care is performing in Sheffield across a number of key measures
- Updates on improvement measures and queries covered with Scrutiny in March 2017
- What we will be doing over the next year to improve performance.

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	**x**
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.

Background Papers:

- Adult Social Care Outcomes Framework Regional Benchmarking overview (2016/17)
- Independent, Safe and Well: Sheffield's Local Account for 2017 *(draft final version – document is currently with Communications service for final proof-reading/formatting amendments, to be published on SCC website later in January)*

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 last time this topic was covered by Scrutiny was March 2017

The report sets out:

- How adult social care is performing in Sheffield across a number of key measures
- Updates on improvement measures and queries covered with Scrutiny in March 2017
- What we will be doing over the next year to improve performance.

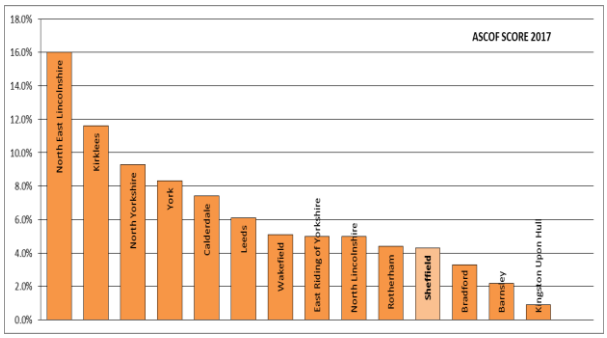
2 Adult Social Care Performance in Sheffield (key measures)

2.1 Scrutiny last received a report on Adult Social Care Performance in March 2017. There have been some improvements in performance since that time but comparison with other Local Authorities generally suggests there is much more to be done.

2.2 Headlines from our 2016/17 Adult Social Care Outcomes Framework results are set out below. For some measures high scores signify good performance, and for others low scores signify good performance. In the bar charts that show comparison with Yorkshire and Humber neighbours, good performance is on the left of the graph.

2.2.1 **Theme 1: ensuring quality of life for people with care and support needs - *Proportion of adults with learning disabilities in paid employment*** – there has been some improvement in this measure. In particular, Sheffield has moved from being below average for Core Cities to significantly above average. However, comparison with regional neighbours suggests the potential to continue this improvement.

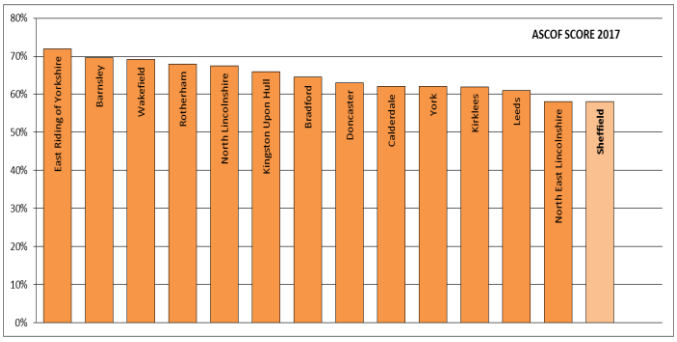
Area	2016 score	2017 score
Sheffield	3.6%	**4.3%**
England	5.8%	5.7%
Core cities	3.7%	3.6%
Region	6.3%	6.7%



In 2017-18, the Council has restructured to bring its employment and skills function alongside Adult Social Care. A greater degree of focus is being applied to ensure people with a learning disability get access to employment opportunities that will increase their inclusion and independence.

2.2.2 **Theme 1: ensuring quality of life for people with care and support needs – *overall satisfaction of people who use services with their care and support*** – this measure has improved since last year but remains lower than comparator authorities (which have largely remained unchanged).

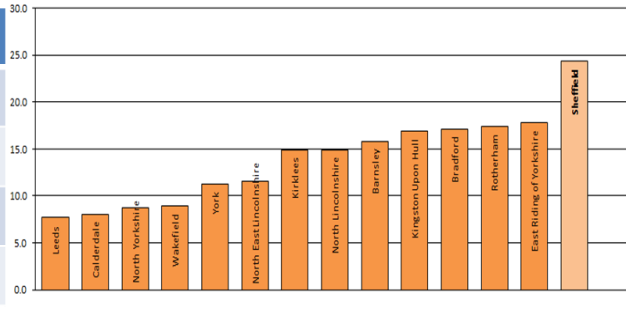
Area	2016 score	2017 score
Sheffield	52	**58**
England	64	65
Core cities	61	61
Region	64	65



There is no reason why Sheffield people should not be reporting satisfaction levels that compare with the best performers in Yorkshire and Humber. A series of improvements have been made and are being made in 2017-18 to help deliver this: improvements in quality of care via work with the independent sector, improvements in offering of timely and appropriate support via restructured social work service, a greater emphasis upon prevention and an approach that puts the person (rather than the professional) at the centre via the Three Conversations model.

2.3.3 **Theme 2: *Permanent admissions to residential and nursing care homes, per 100,000 population - younger adults*** – 2016/17 performance was worse than for 2015/16, and as can be seen from the table and graph creates a situation of some concern, with Sheffield clearly an outlier in relation to low performance. This relates to the proportion of adults of working age (those with a mental health problem, and / or a learning disability, and /or a physical disability) who move into a care home within the financial year.

Area	2016 score	2017 score
Sheffield	21.6	**24.3**
England	13.3	12.8
Core cities	14.7	18.2
Region	19.3	13.8

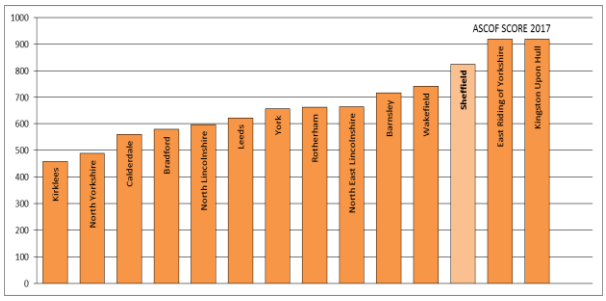


We track this measure quarterly and have seen a significant improvement in 2017/18 – quarter 2 performance was 19.2 admissions per 100,000 which is still high in relation to many others but if sustained will bring Sheffield back below its 2015-16 level and start to approach the 2016-17 average for Core Cities. The focus on helping larger numbers of people of working age stay at home rather than being admitted to care homes is being improved via integrated Mental Health work with the CCG and Care Trust, and via a newly formed Future Options service to help more adults with a learning disability return to community support.

2.3.4 **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 – 2016-17performance improved significantly from 2015-16 performance but there is still much more that can be done, as Sheffield remains below average for all comparators.

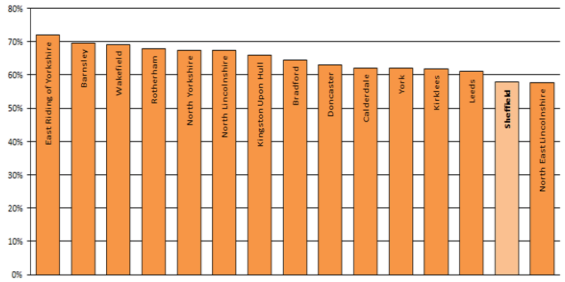
Area	2016 score	2017 score
Sheffield	987.9	**824.1**
England	628.2	610.7
Core cities	763.4	807.2
Region	699.5	658.4



We track this measure quarterly and performance continues to improve in 2017/18 – quarter 2 performance was 740 admissions per 100,000. Further improvements to this measure are expected via work with Sheffield Teaching Hospitals (STH) to reduce delayed discharges. A number of delays are caused by older people waiting to move to care home placements, in spite of their frequent preference to return home. Improvement of support given to STH will enable a greater proportion of older people to return home in line with their wishes.

2.3.5 **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*** - Our 2017 score has significantly improved since 2016 (the trend for 2017 regionally/core cities/all England was to stay the same). However our score remains below all comparator averages so it is clear that more can be done.

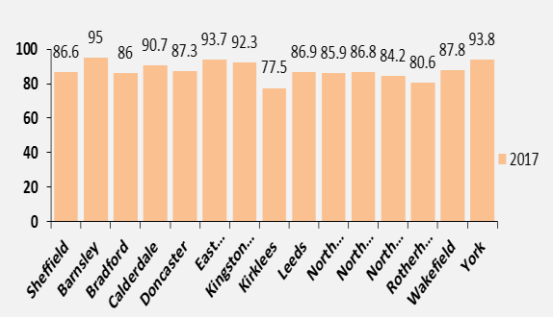
Area	2016 score	2017 score
Sheffield	52%	**57.9%**
England	64%	64.7%
Core cities	61%	61.4%
Region	64%	64.6%



Further improvement in 2017-18 is likely, linked to substantial extra investment in both home care and supported living provision that is improving quality and sustainability.

2.3.6 ***Theme 4: Safeguarding adults whose circumstances make them vulnerable and protecting them from avoidable harm - The proportion of people who use services who say that services have made them feel safe and secure*** - We match the regional average, and are slightly better than the average for England.

Area	2016 score	2017 score
Sheffield	87%	**87%**
England	85%	86%
Core cities	58%	88%
Region	86%	87%



2.4 Full details of how we scored against the Adult Social Care Outcomes Framework in 2016/17, and how we benchmark with others, are included in the ASCOF appendix.

2.5 Also appended to the report is *Independent, Safe and Well*, our public report detailing our work and performance in 2016/17. This 'Local Account' is produced every year, ensuring transparency in our service provision and performance. *Note – the appended version is has been approved by Cabinet and is now with the Communications service for final proof-reading and design amendments to be made prior to publication on the Council website later this month.*

3. Updates on improvement actions since last report

3.1 When performance was last reported to Scrutiny in March 2018 we reported on a number of areas for improvement (identified in January 2017). Scrutiny also raised several additional performance questions. Good progress has been made across these areas, although there is still more to do. The section below provides a brief progress update on each of the key areas covered previously:

3.1.1 *Customers find it too hard to get hold of consistent social work support:* We have implemented our new social work structure which should make accountability clearer

3.1.2 *More joined up support required for young disabled people coming through to adulthood:* A new team has been established for disabled children/young people aged 0-25.

3.1.3 *Carers say they do not get consistent advice, information and assessment:* Since April we have commissioned a "one stop shop" approach for carers support with the Carers Centre.

3.1.4 *Homecare quality has been a concern for some time:* Significant improvement in home-based support (via the Short Term Intervention Team) - money saved has been used to invest in better and increased home care across the city.

3.1.5 *Many people are waiting too long in hospital and there are too many care home placements made from hospital:* Improvements in the speed that reablement (STIT) and home care providers can provide support has helped enable a large reduction in delays for older people waiting to leave hospital. Joint work with the hospital and the CCG has started to reduce permanent care home placements from hospital.

3.1.6 *There are too many conflicts and confusions between the use of council funding and NHS continuing care:* We are developing a strong partnership with the CCG on the interface between CHC and Council funded care, but there is a lot of work to do. We are currently undertaking the 5Q model for hospital discharge for those patients who would have previously triggered for a CHC checklist.

3.1.7 *Systems and processes are too bureaucratic*: a new electronic case management system is being introduced in October 2018 which will significantly reduce bureaucracy from the current system. A new practice framework is being introduced over the coming year. The “Three Conversations” approach will greatly simplify current practice, and develop a much clearer focus on “working with” our population rather than “doing to” them.

3.1.8 *Customers and carers are unhappy about our communication regarding charging for social care:* We have plans to better integrate Financial Assessment with Care Assessment so that people have an up-front understanding of charging implications. We’re also starting to use a ‘ready reckoner’, which will be available online.

3.1.9 *Provision for adults with a Learning Disability needs to be improved:* we have developed more “Supported Living” options to replace residential care and give people more independence and dignity

4. What we will be doing over the next year to improve performance

4.1 Section 3 above outlines some of the activity that is underway against particular areas of concern.

4.2 However, overall Sheffield’s adult social care performance needs to be understood in the context of the “Improvement and Recovery Plan” report for Adult Social Care that Cabinet considered in September of this year. The following was noted in that report:

- Low customer satisfaction cannot be attributed to insufficient resources. Other authorities have higher rates of satisfaction for adult social care from local people than Sheffield even though their constraints on resources are comparable.
- Therefore there needs to be considerable emphasis upon practice and leadership development, as well as the use of systems that reduce bureaucracy.

- Adult Social Care in Sheffield is seeking to shift into prevention and well-being. This means moving away from the crisis intervention model that currently predominates, and instead increasing focus on access to universal services and early help and preventative support. This will improve outcomes for local people and promote better usage of adult social care resources.

4.3 In this context, during 2018/19, recovery and improvement will focus on the following areas:

- Improving independence and inclusion for adults of working age
- Developing a sustainable provider market
- Increasing the proportion of adults able to live at home
- Increasing the shift to prevention
- Fairer Charging - maximising income and reducing debt

5 What does this report mean for the people of Sheffield?

5.1 11,100 Sheffield people received long-term support from the Council in 2017, 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.

5.2 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.

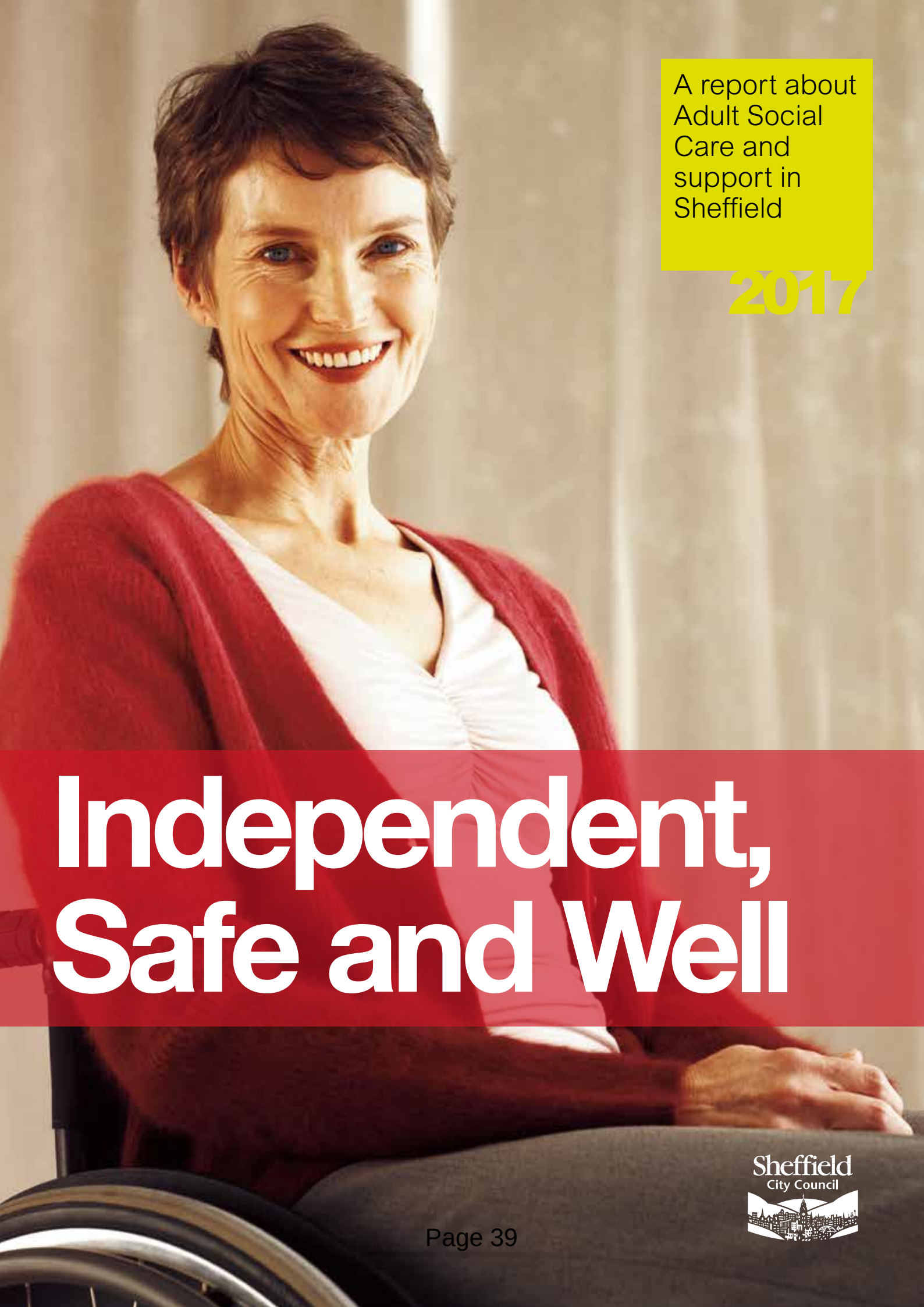
6. Equality of Opportunities

6.1 The Council has a duty under section 149 of the Equality Act 2010 (the public sector equality duty) in the exercise of its functions to have regard to the need to:
a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

6.2 Although an Equality Impact Assessment (EIA) has not been undertaken for the production of the report, this duty has been taken into account during consideration of key change activities detailed in the report. Planned activity for 2017/18 will also be subject to EIA.

4 Recommendation

4.1 Scrutiny members are asked to review the information provided in the presentation and appended documents and provide comments about priorities for improvement.



A report about Adult Social Care and support in Sheffield

2017

Independent, Safe and Well

Sheffield City Council

Contents

1. Introduction

Welcome to Sheffield's Independent, Safe and Well report. In this year's report we give you an overview on how we did during 2016/17 in Adult Social Care. We also look at some of the things citizens told us, and what we plan in the year ahead.

We've included some figures to show you how we've done compared to last year. These figures are mostly based on the Adult Social Care Outcomes Framework (ASCOF). This is a tool all local authorities use to measure themselves against. You can read more about this at: **https://digital.nhs.uk/catalogue/PUB21900**

Our vision for Adult Social Care continues to be about working with others, including with NHS Sheffield Clinical Commissioning Group (CCG) and all our partners. We aim to help you stay independent, safe and well through:

- **Active Joined-up Support -** people who have experienced some difficulty, perhaps after a period of poor health, get joined-up support from different organisations to regain their independence.
- **Thriving Communities -** helping people to feel part of their local community, and to be supported by the local community. People feel listened to - there are a variety of opportunities for people and communities to have voice and influence.
- **People Keeping Well -** making sure people get support, as and when they need it, to maintain or improve their wellbeing. People at risk of declining wellbeing are identified and supported.

The impact of austerity on adult social care funding has been well publicised in recent years. Sheffield City Council has always taken the steps necessary to deliver the best possible services to the people of Sheffield and will continue to do so.

We continue to see an increase in the number of people needing support, and the complexity of peoples needs. The cost of providing services also continues to increase alongside reduced budgets nationally.

Therefore to meet the ongoing financial challenges ahead, we will need to focus more on prevention and well-being. Access to universal services and early help and preventative support will be an important part of this shift in our approach. This will improve outcomes for local people and promote better use of adult social care resources.

Cllr Cate McDonald
Cabinet Member for Health and Social Care

2. What is Adult Social Care?

Adult Social Care helps people over the age of 18 to get care and support to remain independent, safe and well. This includes care and support for adults, older people, people with a learning disability and people with a mental health problem. We also provide support for carers, and for families with a disabled young person (as part of them moving to adult care and support).

'Care and support' is the help some people need to live as well as possible with any illness, disability or impairment they may have. It can include help with things like washing and dressing yourself, preparing and eating meals, getting out and about, and keeping in touch with friends and family.

As a service, our commitment to you is that we will always aim to:

- work hard to bring out the best in each other
- be clear on what we aim to achieve
- take responsibility, and do what we say we will do
- encourage people to grow and develop, giving people the opportunity to be innovative
- be fair, honest and open in all we do, valuing diversity and difference

Find out more about our vision at:

www.sheffield.gov.uk/socialcarevision

www.sheffield.gov.uk/asc

Sheffield in numbers

457,379

adult population in Sheffield

Ages 18-64 - 364,770
Ages 65+ - 92,609

25,928

new requests for social care support

59

young people moved from Children's Learning Disabilities into Adult's Service in 2016/17

10%

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

3,700

people had their support reviewed by the council in 2016/17*

11,100

clients supported by care and support

(100 more than last year)

White British **86%**

Males **41%** Females **59%**

in 2016/17 we spent

£128.05M

(This is not including any contributions from clients or Clinical Commissioning Group)

Adults aged under 65 with Mental Health Problems

£12.15M

£67.35M

Adults aged 65+ (including people with physical disabilities and sensory impairments, Mental Health problems, and other eligible social care needs

Adults with learning disabilities

£48.55M

3. What we did during 2016/17

Locality Working

In 2017 we've restructured our Adult Social Care services.

Most of our social care workers are now based in one of seven areas of Sheffield, which we call Localities. Rather than having several different social care teams involved in providing support, people will benefit from more consistency and reduced delays. The new structure will provide a greater emphasis upon better information and advice including more accountability to local neighbourhoods

The First Contact Team is our 'front door' with a focus on helping new customers. The team has great knowledge and expertise about how to help people stay independent, safe and well, allowing us to have a better conversation with people at an earlier point in time. If people still need support after the 'first conversation' we have with them they will be supported by locality workers for the rest of their involvement with us, meaning our teams can build up a relationship with people in their local area.

The Hospital and Out of Hours Team help people get the support they need at the earliest opportunity so they can return home from hospital as soon as possible and remain independent.

The 0 to 25 team works closely with children's social care services, making sure the change to adult social care services is as easy as possible. We've had lots of feedback from customers telling us that it's important that we make this transition easier for young people and their families, and this feedback has helped us to improve this part of the service. We have now placed an adult social work team within the SEND (special educational need or disability) service. This team works alongside children's services to consider the needs of children and young people at a time that is right for them. This means that we can decide quickly if a person needs adult care and support. We hope that this approach will help prevent or delay the development of care and support needs.

We've made the changes:

- based on feedback from Adult Social Care customers and carers
- to be able to work alongside some of the Council's other services, which are now starting to work more in neighbourhoods or localities
- to make better use of the resources that we have

We have consulted about this with staff, partnership organisations and customers since the proposals were launched in February this year.

We held a Service Improvement Forum in March to ask for the views of our customers and carers. They told us that they welcomed the proposal for adult social work teams to work in localities, and hoped this would lead to more person centred care and support, as well as better access to community services. They supported the move to working in teams which supported different client groups (older and working age people) as this would help make sure everyone is treated equally.

Last year we told you about our plans for…

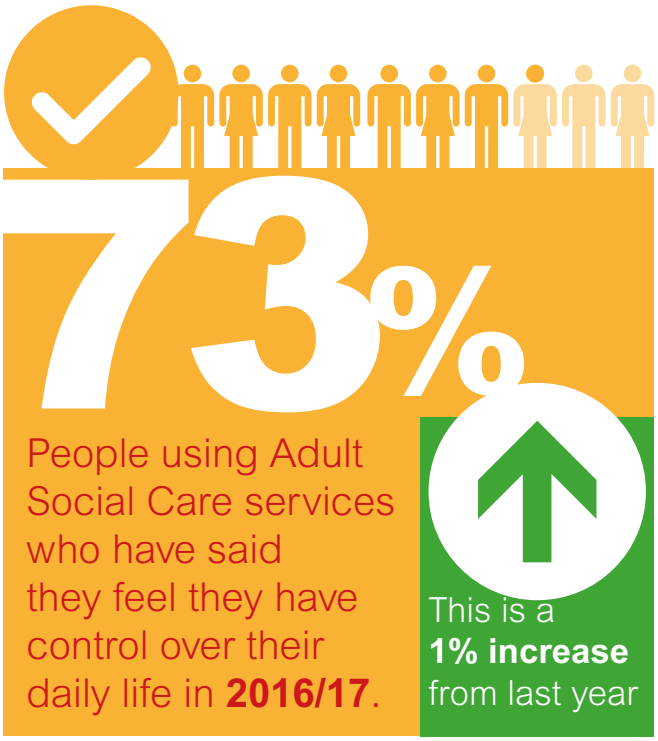
Better Conversations - we told you that staff doing assessments and reviews would be trained to refresh their skills and learn new techniques for 'better conversations' with customers.

What's new? We've used national guidance and advice from experts to develop training which we now give to staff across the Council. This makes sure all our staff help people at the earliest opportunity to stay independent safe and well and improve the quality of their life with help from their family friends and their community.

Support for people with complex moving and handling needs - we told you that Occupational Health Therapists, along with health colleagues, were working on a project to support people with complex moving and handling needs to use equipment more independently. We said if these improvements worked well, we'd extend them so more people could benefit.

What's new? The project was successful and the Care Handling Team is now well established, with four occupational therapists helping people to find different ways of getting around. The team gives advice about the best ways people can support themselves to move and get around, and loans specialist equipment free of charge. Feedback from people using the service is that it has "helped restore their dignity".

Find out more by watching this video, showing a customer talking about the help they got from the Care Handling Team: **www.sheffieldnewsroom.co.uk/newcareservice**

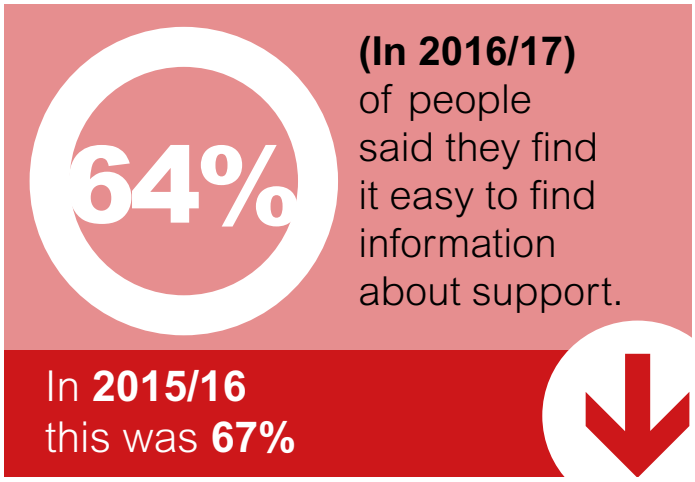


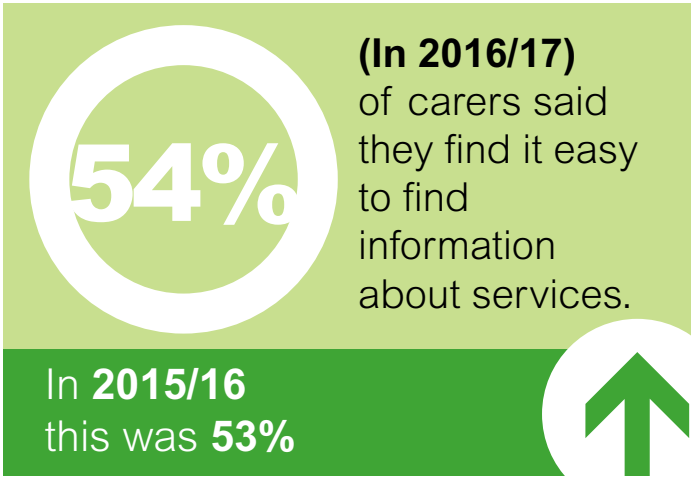
Information and Advice - we told you that we planned to review and improve the information and advice that we offer.

What's new? Last year we reviewed the information and advice available to keep people independent, safe and well. We are now working on three key areas of improvement:

- Quality. People asked for more up to date information, in more detail. We're reviewing the information and advice we provide – both in print and online – to make sure it's accurate, and given in the right detail at the right time, so people are better informed, and not experiencing 'information overload'.
- Availability. People said they want more information about them – be that their age, their disability or condition or interest, and about services where they live. They also want it to be easier to find and filter information quickly and easily. We're improving our online information like Sheffield Directory (www.sheffielddirectory.org.uk) to make it easier for people to search for information, and filter results for their age, health/disability, location and so on. We've also just finished trials of two community guides (one in the North, and one in the East) promoting community groups, organisations and services that help people live more active, healthy and independent lives. Feedback on these trial guides will be used to help us decide how to improve the availability of printed information.
- Co-ordination. People said they find it difficult to work out where they should go for information and advice, making it hard to know what's available and who to contact. We're now working on making it clearer where to go for the best sources of information, and where to get help to find and use information and advice. We're also working much more closely with our partners to make it easier for us to share and promote resources, and develop our information and advice so that it's more detailed, accurate and up to date.

If you'd like to get involved in improving information and advice in Sheffield, or just be regularly updated on the work we're doing, please get in touch. Email **information@sheffield.gov.uk** or call us on (0114) 273 4119.





People keeping well

People have better lives when they feel part of their local community, helping them stay independent and well for longer, and increasing the quality of their life.

What's new? We have a service called People Keeping Well which helps link people with sources of support within the local community. The service helps people make contact with support that improves their health and wellbeing. This means:

- people feel more confident about reaching out for support, and what to do in future
- people have a greater understanding of how to self-manage their condition, so feel more positive and able to cope
- people make strong links with others, helping them feel more connected and supported

The People Keeping Well service is a partnership of Sheffield City Council and a range of voluntary and community organisations – so the service is located in the heart of the community. Each service knows what groups and activities are available in the area, and what makes a real difference.

We work closely with lots of other services like GPs, community nurses and health visitors who let us know when people need support like this - but people can also contact the service direct to ask for help. As well as providing information, we support the person if they need support to deal with problems such as housing, caring or employment issues. We also help people to deal with money, debt or benefits problems.

We help local areas increase the number of groups, activities and support available, including:

- community activities - like walking groups and knitting clubs
- support with conditions - like dementia, diabetes, weight management and exercise
- help with tasks in the home - like gardening and cleaning
- help to take part in the community - like lunch clubs, befriending and volunteering

There's more news and information about the People Keeping Well on the Sheffield Directory - **www.sheffielddirectory.org.uk**

To understand how People Keeping Well works in practice, you can read Walter's story at: **www.sheffieldnewsroom.co.uk/joining-up-health-and-social-care-in-sheffield**

Quality of Providers

Making improvements

We support providers to improve the quality and choice of their services, for customers who have a council arranged service. We visit our providers and care homes at least every three months. This includes announced and unannounced visits to check the quality of their service, helping them improve. All of our visits are supported by a quality framework that has been shared and agreed with providers. As part of this we watch staff working, and then give feedback and advice to service managers

Home Care

The Council has already achieved a significant improvement in the efficiency and effectiveness of the home-based support it provides (via the Short Term Intervention Team) and used the money saved to invest in better home care across the city. This has helped enable a large reduction in older people waiting to leave hospital over the course of 2017. To increase the choice of care provision available, we have encouraged more organisations to work with us. We now have around 29 providers delivering home care and supported living to people across Sheffield.

We have completed a tender exercise and now have a formal Home Care Framework in Sheffield covering all areas of the City which has created both capacity and quality. The Framework can be reopened on a regular basis to ensure that both quality and capacity are maintained.

Greater flexibility has been given to providers to ensure that they are responsive to the needs of service users and that the Council can support them in reacting to changing needs of individuals. A Home Care Provider Forum is held every two months, allowing the Council and Providers to resolve any issues that may occur.

Supported Living

Provision for adults with a learning disability has been improved by developing "supported" options to replace residential care and give people more independence and dignity. The Council has successfully tendered for a Supported Living Framework and have recruited 17 providers. The Framework manages supported living services to people with learning disabilities in the City. This means for the first time Sheffield has a consistent approach to both quality and price when supporting people in Sheffield to live as citizens and be active across the City.

The Framework is supported by a range of quality assurance standards and each provider is met with every 3 months. The Framework will continue to operate in the City for at least the next 3 years and can be reopened to encourage new providers to work in the City.

4. Keeping people safe (adult abuse and neglect)

The Care Act places a legal requirement on the Council and other agencies to make sure that all adults (aged 18 and over) should be able to live without being harmed or at risk of abuse and harm. Adults who have care and support needs (visual impairment, hearing impairment, physical disability, physical ill health, learning disability, mental health issue etc) may be less able to protect themselves from harm and may struggle to share their worries.

Safeguarding means protecting people at risk of abuse or neglect, in a way that means their individual needs and meets the outcomes they want to achieve.

We received **4,884 safeguarding concerns during 2016/17** (3,680 of these were able to be resolved quickly, with 1,204 needing further investigation before being resolved).

In 2016/17 87% of people who use care and support services, **said that those services made them feel safe and secure**.

In 2015/16 this was also 87%.

What we do

If you report abuse or neglect to us, the first thing we'll do is to make sure the person concerned is safe. In Sheffield we have a safeguarding partnership which is made up of a range of organisations including ourselves, NHS, Police, South Yorkshire Fire and Rescue, and the voluntary sector. These organisations work closely to make sure that all cases of suspected abuse are investigated fully and, where it is needed, a safeguarding plan is put in place for the person.

Find out more at: **www.sheffield.gov.uk/abuse**.

If you or someone you know is being abused (or you suspect they are) then speak out, and report it. If there is no immediate danger you can tell someone you trust. This could be family, friends or professionals.

If you don't want to tell someone you know, you can contact us on 0114 27 34908. You can share your concerns without giving your name.

If you or someone else is in immediate danger call 999**.**

5. Listening and Improving

Involvement

Our approach

We try and find ways for services to work together with people who use services, and carers, to make services better for people.

We run 4 Service Improvement Forums (SIFs) for carers, service users with a physical disability or sensory impairments, service users with a learning disability and service users with a mental health condition.

When we look at changing the way we deliver services, we make sure anyone who wants to have their say can, by arranging city wide consultations. We use Citizen Space our online consultation management system. Find out more at: **https://sheffield.citizenspace.com**) as well as face to face meetings with customers.

Have your say

Customers and carers have a wealth of expertise based on the experiences they have had.

These are some of the service developments, and improvements, that they used their expertise to help develop during 2016/17:

- Choosing new home care contracts
- Looking at the quality of our Supported Living Scheme
- Improving information and advice
- Designing the training and development framework for social workers, care managers, and team managers across South Yorkshire
- Writing our new carer's strategy and choosing the new carer support service
- Helping us look at how we improve services for people with a Learning Disability
- Designing and implementing the new First Contact Team
- Working together on Adult Social Care's Dignity Awards
- Helping to review how we commission support and services
- Writing a guide to help our services improve the way they work together with customers and carers to improve services
- Creating our innovation fund initiatives, then deciding how to spend funding

THANKS...

to all the customers and carers who contributed to involvement and consultation activity over the last year…

Support for Young Carers, Parents and Adult Carers

A carer is someone who (unpaid) looks after a relative or friend who is unable to manage alone due to disability, severe illness or frailty. This year we reviewed our support for carers, young carers, parents and adult carers. We wanted to know what it was like being a carer in Sheffield, including what was difficult or challenging. Nearly a thousand carers told us via surveys, meetings, phone calls and one-to-one discussions what they thought. To respond to this feedback, a range of expert partners, including carers, NHS colleagues and the Voluntary, Community and Faith sector created a plan to improve carers' lives. This focused on the challenges and issues that carers told us about. This is called the Young Carer, Parent, and Adult Carer Strategy. If you would like to read the Strategy in full, the document can be found here: **www.sheffield.gov.uk/carersstrategy**.

Support for Carers is now commissioned via the Sheffield Carers Centre using a "one-stop shop" approach that enablres more coordinated information, advice and access to resources.

You Said	We Did
Carers told us:	What the Council has done:
A number of carers said they don't realise their right to a carers assessment.	The new support service (with Sheffield Carers Centre) will contact 4,000 carers each year. This will mean more carers than ever before are aware of their rights to an assessment, as well as having one when appropriate. Find out more at the Sheffield Carers Centre website - **http://sheffieldcarers.org.uk**
Our services should link with health services to help identify and get information to carers sooner.	We have asked the new service we fund (The Carers Centre) to work closely with the health service, including by offering carer awareness raising sessions for health professionals in how to spot when people are carers. We are making it easier for carers to be identified by GPs by investing in the People Keeping Well programme (see Keeping People Well section of this document).
Information for carers should be relevant and timely.	The new service will offer 'personalised information packs' to carers when they register with the service, which will include details of support about the cared-for person's condition. We have developed our online Information and Advice website **www.sheffielddirectory.org.uk**
They want short breaks from caring.	We continue to fund 'Time for A Break' which gives carers a break from their caring role. You can find out more on the Carers Centre website at - **http://sheffieldcarers.org.uk/respite** We continue to offer the Shared Lives service for emergency and long term respite placements. Shared Lives supports independent living for adults across Sheffield - find out more at: **www.sheffield.gov.uk/content/sheffield/home/social-care/sharing-lives.html** We set up a short breaks advice page on the Sheffield Directory - **www.sheffielddirectory.org.uk/shortbreaks**
Support for carers to plan for emergencies is needed.	Emergency planning is part of our new carers support service with a minimum of 1,000 plans being created each year. Please contact on the Carers Centre on 0114 272 8362 for more information.
Health and social care systems are difficult to understand.	Carers can join the Carers Service Improvement Forum to feedback on adult social care services. We have expanded the Carers Service Improvement Forum so it now has people attending from health services, so both health and social care issues can be discussed. To find out - **www.sheffield.gov.uk/carersforum**
Caring can have a negative impact financially.	We are funding Disability Sheffield to create a Carers Access Card. Organisations will be encouraged to offer carers a discount when they show the card. For further information please contact **www.disabilitysheffield.org.uk/** and they will let carers know about the Carers UK national carer discount scheme 'CarerSmart'. More information on this at **https://sheffieldcarers.org.uk/** Sheffield Carers Centre can provide information and advice about money issues for carers.

2016/17
30%

of carers said they were satisfied with **adult social care services**.

This compares to 26% in 2014/15.

2016/17
66%

of carers said they felt they had been **included or consulted** in discussions **about the person they care for**.

This compares to 60% in 2015/16.

Customer Feedback

In 2016/17, 58% of **people who use our services** said they **were satisfied with their care and support**. In 2015/16 this was 52%

Some of the feedback from our Service Improvement Forum members during 2016/17:

"I need time away from caring where I can be sure that my loved one is being well looked after"

"I want to be sure the provider I choose is going to take the time to really meet my needs"

"I want to have a named contact so I don't have to repeat my story all the time"

"I want to feel confident that social workers are getting all the support they need to understand and meet all my support needs"

"I want to know how to find out about all the services in my area"

We will keep listening to the feedback our customers and cares give us, to help us to improve services.

Complaints

Adult Social Care and Support services received 159 complaints in the year 1st April 2016 - 31st March 2017. This is a 5% increase from last year.

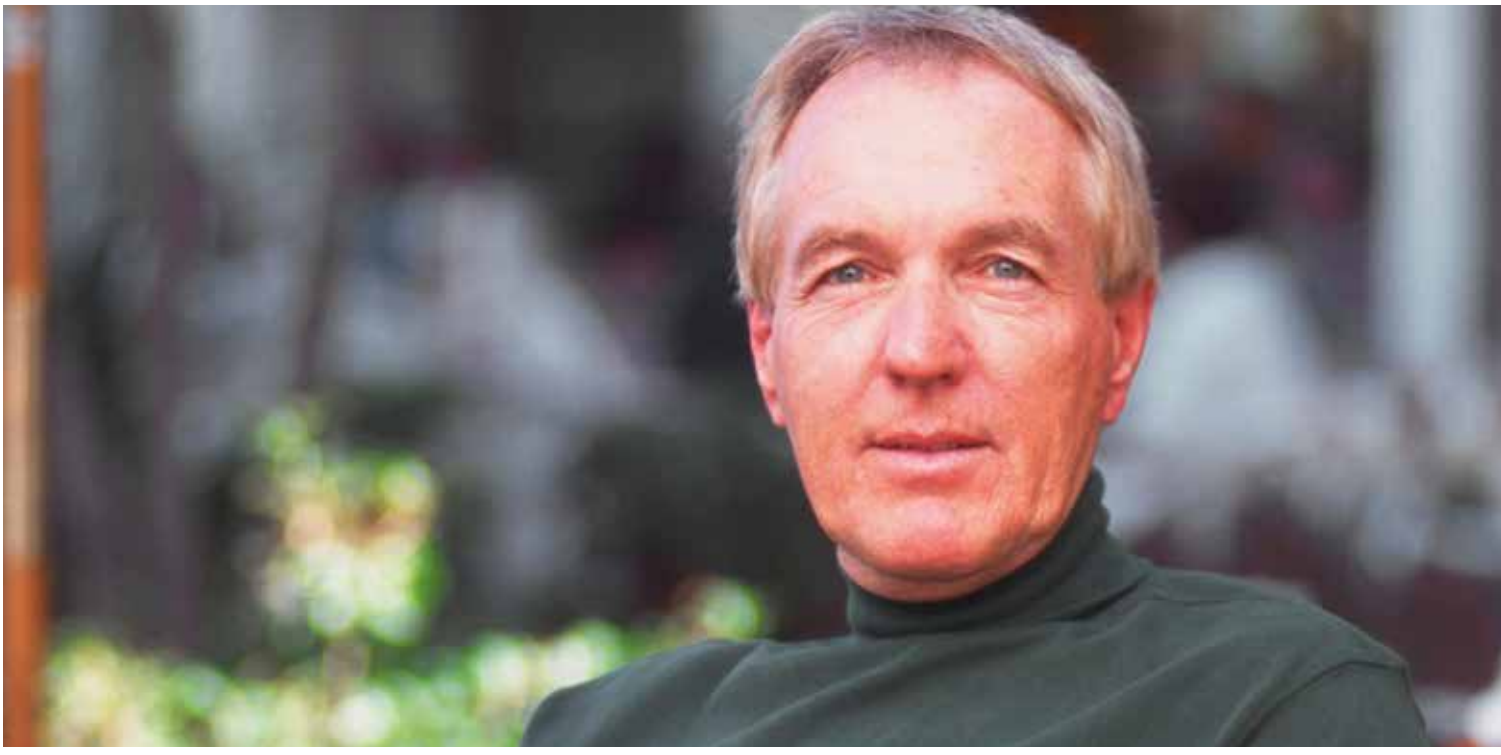
Reasons for complaints included: quality of service, failure or refusal of service, delays, and staff conduct.

We are committed to working together with customers to resolve complaints. The 2016/17 complaints figures show that in 43% of the complaints responded to, we identified that there had been some fault with the service provided, and this resulted in some remedial action and/or an improvement to services being made.

Complaint response times continue to be a challenge for us. During 2016/17, on average it took us 76 days to reply; this is significantly longer than in 2015/16 when we replied in 55 days.

However during recent months activity to reduce time taken to respond to complaints is starting to make an impact and timescales have now reduced to about 66 days on average (September 2017). We know this is still taking too long, and we will aim to respond to complaints within 28 days.

Adult Social Care publishes an annual Complaints which includes more detailed analysis of complaints over the year. This will be available on the Council's website: **www.sheffield.gov.uk**.



6. What next?

Plans for the year ahead

Our priorities include:

- Increasing people's independence and inclusion – for example, by helping older people to stay at home safely for longer or supporting working age people into employment (where this is right for them) or to link in with support in their community
- Work with public health to review dementia support in Sheffield to ensure we have the right services in place.
- Meeting our budget challenges, and making the best use of the resources we have to deliver good quality, sustainable support
- Improving customer and carer satisfaction with our services - for example, by:
  - improving our systems to reduce bureaucracy through the "three conversations" approach/new practice framework and a new electronic case management system
  - involving customers and carers more in decision making
  - responding to complaints more quickly
  - continuing to improve carers support
  - continuing to improve our information and advice
- Developing our preventative approach with our partners (for example Health and the Community and Voluntary sector) and across the Council (for example housing, transport, and leisure)
- Working with local NHS organisations so that people get the right support from the right person at the right time without confusion or delay
- Building on the success of our First Contact ('front door' team) to help people stay independent, safe and well
- Developing our "all-age" approach that provides seamless support between childhood into adulthood and through to later life
- Continuing to reduce hospital discharge delays, to give people the best chance possible of returning home as independent and confident as they were before going into hospital
- Reviewing and developing the specialist equipment and services that can help people stay safe and be more independent at home
- Assessing the impact of any changes we make on different groups of people to help us make better decisions and to try to ensure that the services we provide and commission are fair and accessible to all
- Keep listening to the feedback our customers and carers give us, and use this to help us improve services
- Continue to improve how we engage with customers/carers to ensure they have a say in how we develop services
- Provider development – for example, better support for adults with complex needs with our new provider framework and reviewing some of our in-house provision
- Continuing to develop our workforce to help them meet the needs of customers
- We will build on the success of our three social cafes that support people with low level mental health problems. We will continue to fund social cafes and look at training more local volunteers so they can support people with Mental Health.
- We will work with providers to help more people with mental ill health to move from residential care to more independent living.

7. Contact

If you would like more information about adult care and support, you can find out more on the Sheffield City Council website - www.sheffield.gov.uk

You can also contact:

First Contact Team
Howden House
1 Union Street
Sheffield
S1 2SH

Call on (0114) 273 4908 or email
adultaccess@sheffield.gov.uk

Information can be provided in alternative formats and other languages on request.

If you have any questions or feedback about this report please contact us using one of the options below:

Email **information@sheffield.gov.uk**

Call us on (0114) 273 4119

This is a report about adult care and support in Sheffield.
It tells you about our performance as a council over 2016 and 2017.

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

All images are stock photography except page 17 - Sheffield City Council

This document can be supplied in alternative formats,
please contact 0114 273 4119

Sheffield City Council
Adult Care and Support
www.sheffield.gov.uk

DP20332

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Adult Social Care Outcome Framework - Performance Measures Benchmarking Das

SELECT ASCOF MEASURE,FILTER AND YEARS TO INCLUDE:

1A: Social care-related quality of life score

All

YEARS TO INCLUDE

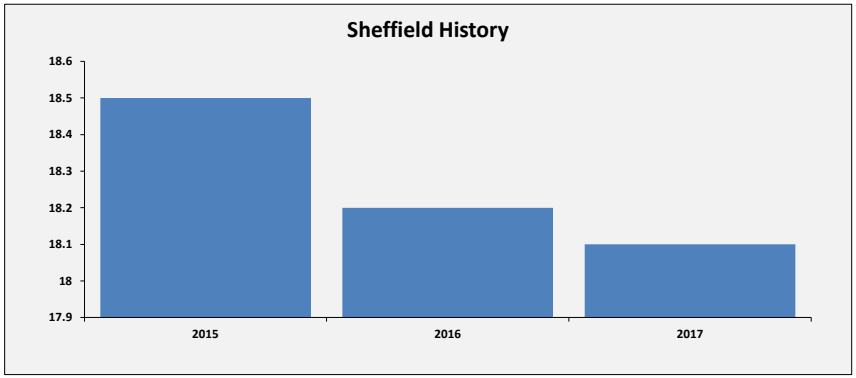
2015 | 2016 | 2017

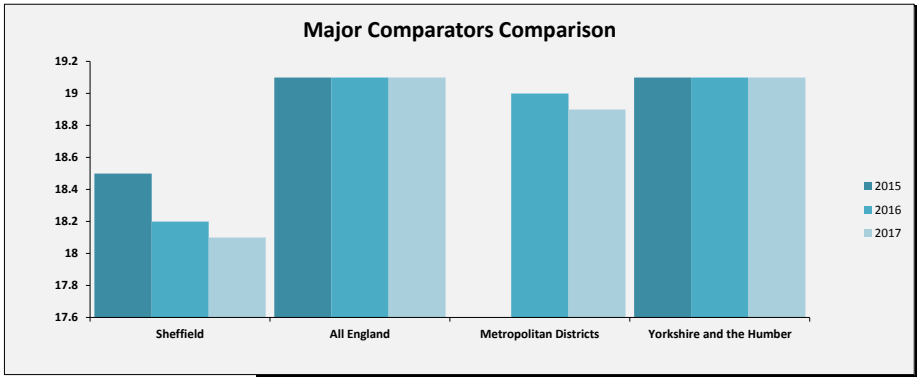
Sheffield Performance at a G

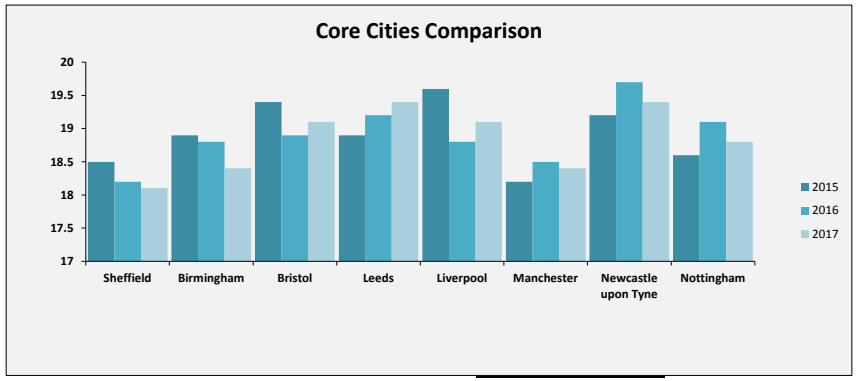
Measure Description

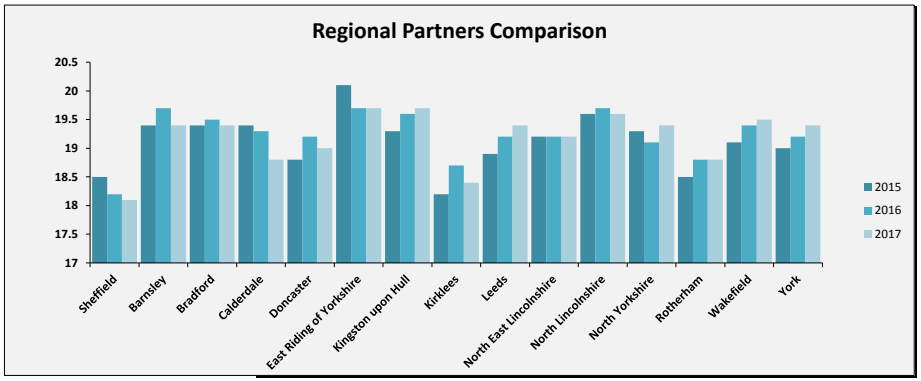
This measure is an average quality of life score based on responses to the Adult Social Care Survey. It is a composite measure using responses to survey questions covering the eight domains identified in the ASCOT; control, dignity, personal care, food and nutrition, safety, occupation, social participation and accommodation.
The measure gives an overall score based on respondents' self-reported quality of life across eight questions. All eight questions are given equal weight.

	Sheffield	All England	Yorkshire and the Humber	Core Cities Average *(Arithmetic Mean)*
Latest Figure	18.1	19.1	19.1	18.8
Trend	Same	Same	Same	Same
Rating	2			
Our Ranking		144	15	8









Updated: 10/11/2017

Produces by: Chris Blackbburn PIPS

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Adult Social Care Outcome Framework - Performance Measures Benchmarking Das

SELECT ASCOF MEASURE,FILTER AND YEARS TO INCLUDE:

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

All

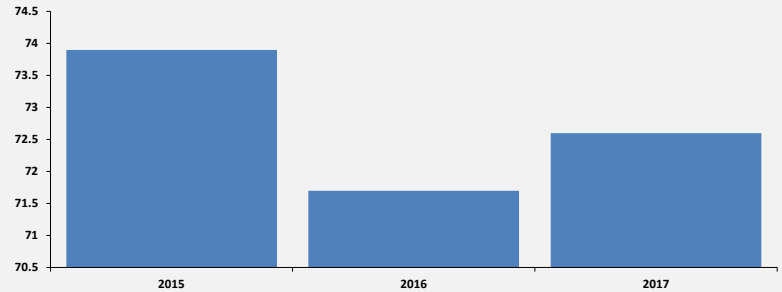
YEARS TO INCLUDE

2015 | 2016 | 2017

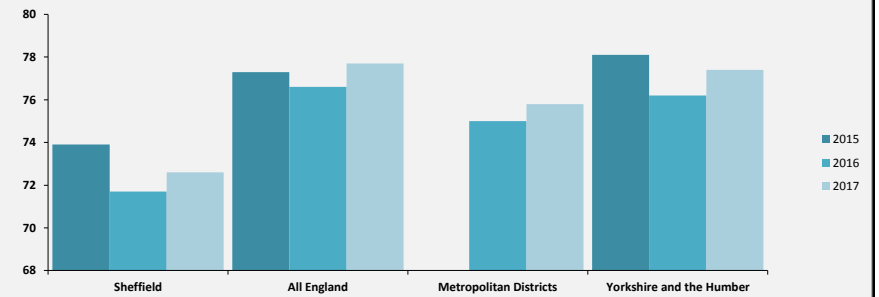
Sheffield Performance at a G

Measure Description	Sheffield	All England	Yorkshire and the Humber	Core Cities Average *(Arithmetic Mean)*
TBC	*Latest Figure*	*Latest Figure*	*Latest Figure*	*Latest Figure*
	72.6%	77.7%	77.4%	75.9%
	Trend	*Trend*	*Trend*	*Trend*
	Same	Same	Same	Same
	Rating	*Our Ranking*	*Our Ranking*	*Our Ranking*
	2	127	15	6

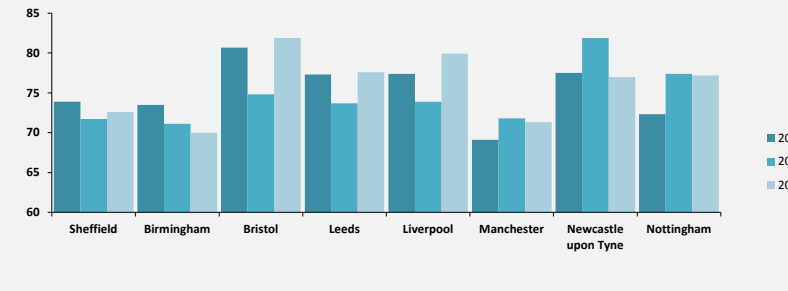
Sheffield History



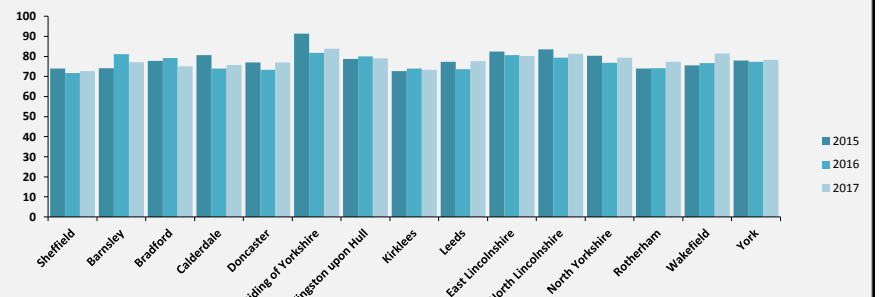
Major Comparators Comparison



Core Cities Comparison



Regional Partners Comparison



Updated: 10/11/2017

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Adult Social Care Outcome Framework - Performance Measures Benchmarking Das

SELECT ASCOF MEASURE,FILTER AND YEARS TO INCLUDE:

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

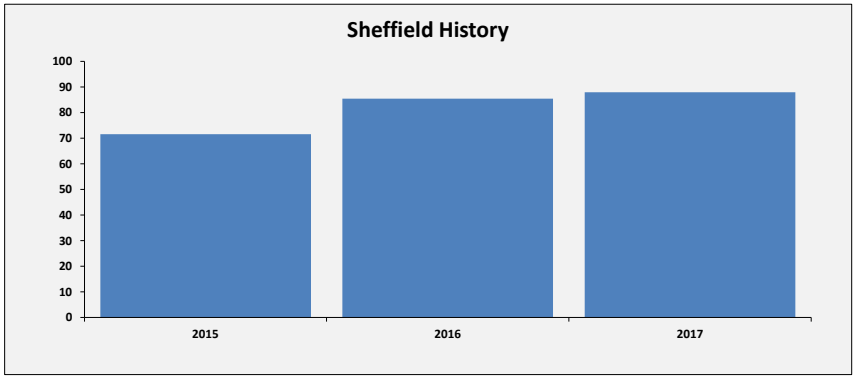
All

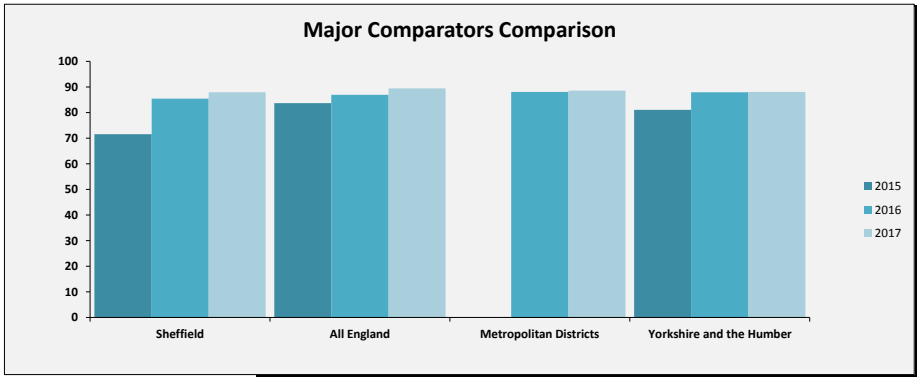
YEARS TO INCLUDE

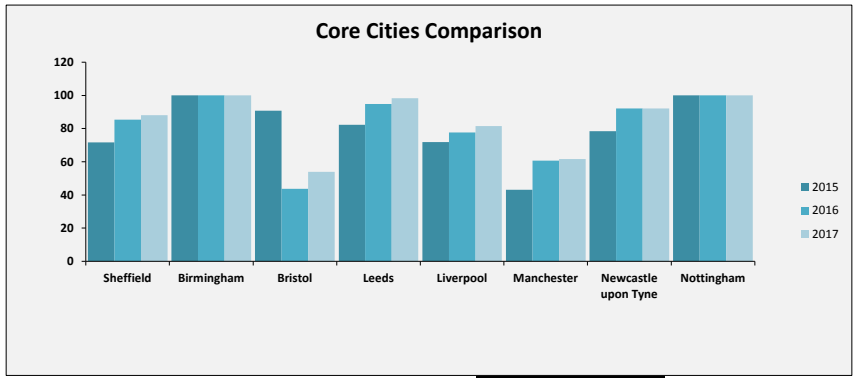
2015 | 2016 | 2017

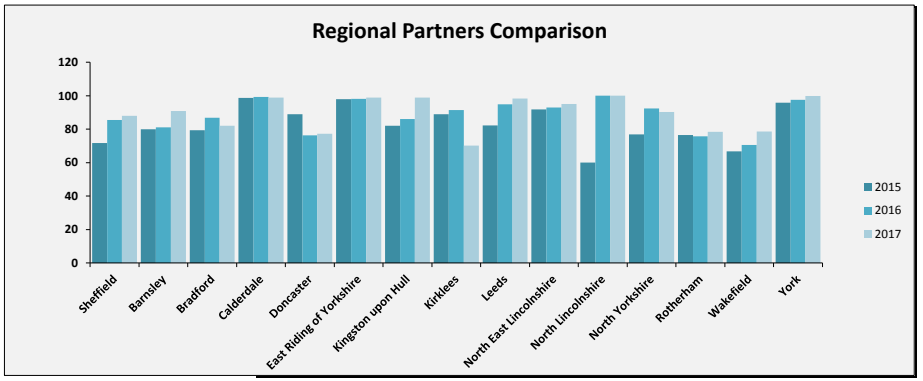
Sheffield Performance at a G

Measure Description	Sheffield	All England	Yorkshire and the Humber	Core Cities Average *(Arithmetic Mean)*
TBC	*Latest Figure*	*Latest Figure*	*Latest Figure*	*Latest Figure*
	88.0%	89.4%	88.1%	84.5%
	Trend	*Trend*	*Trend*	*Trend*
	Better	Better	Same	Better
	Rating	*Our Ranking*	*Our Ranking*	*Our Ranking*
	7	105	10	5









Updated: 10/11/2017

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Adult Social Care Outcome Framework - Performance Measures Benchmarking Das

SELECT ASCOF MEASURE,FILTER AND YEARS TO INCLUDE:

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

All

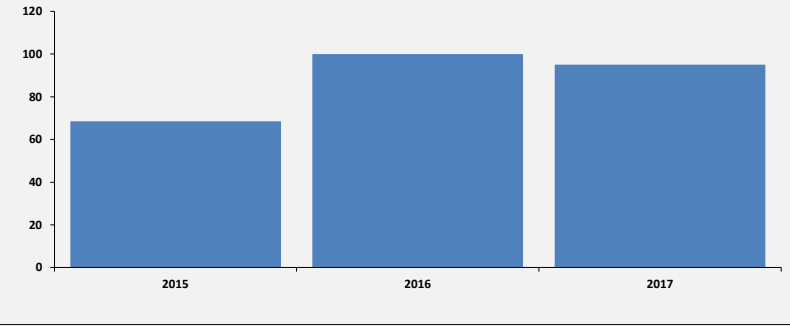
YEARS TO INCLUDE

2015 | 2016 | 2017

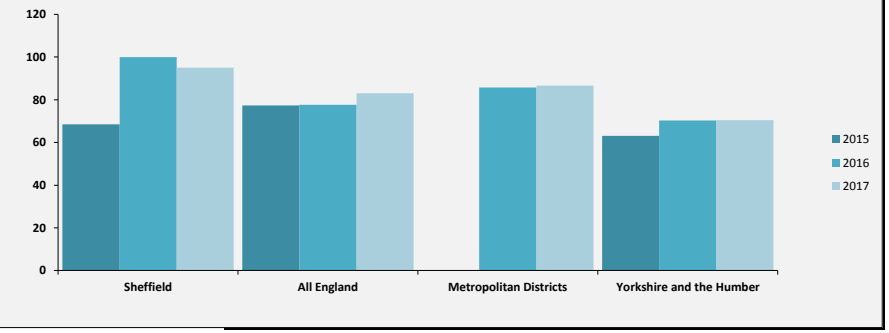
Sheffield Performance at a G

Measure Description	Sheffield	All England	Yorkshire and the Humber	Core Cities Average *(Arithmetic Mean)*
TBC	*Latest Figure*	*Latest Figure*	*Latest Figure*	*Latest Figure*
	95.0%	83.1%	70.4%	96.0%
	Trend	*Trend*	*Trend*	*Trend*
	Worse	Better	Same	Worse
	Rating	*Our Ranking*	*Our Ranking*	*Our Ranking*
	7	94	8	7

Sheffield History

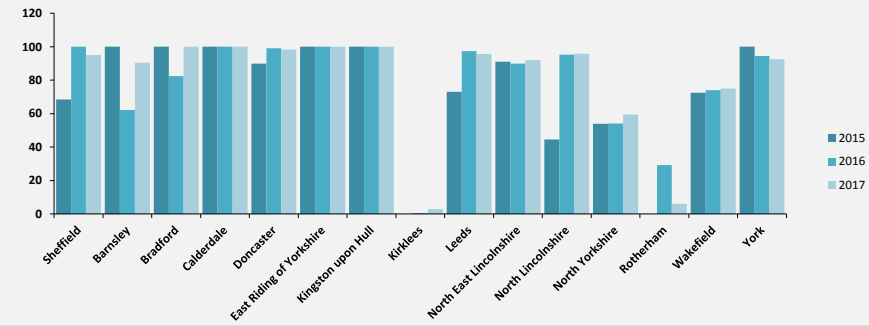


Major Comparators Comparison



Core Cities Comparison

Regional Partners Comparison



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Adult Social Care Outcome Framework - Performance Measures Benchmarking Das

SELECT ASCOF MEASURE,FILTER AND YEARS TO INCLUDE:

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

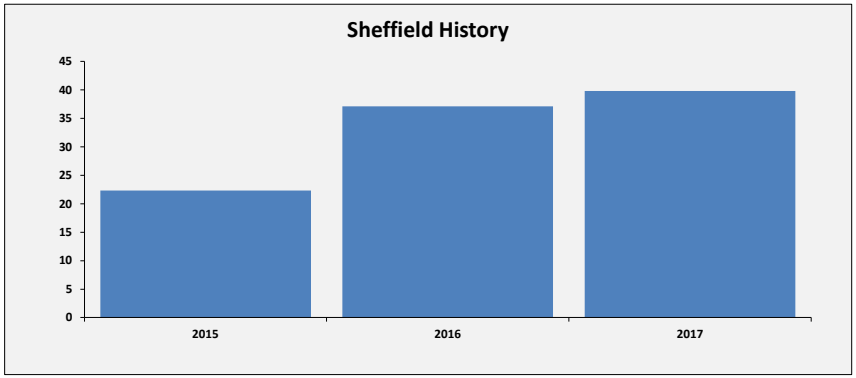
All

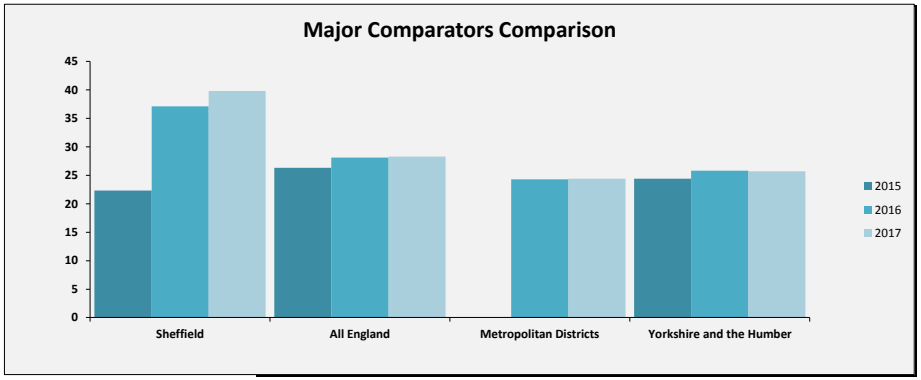
YEARS TO INCLUDE

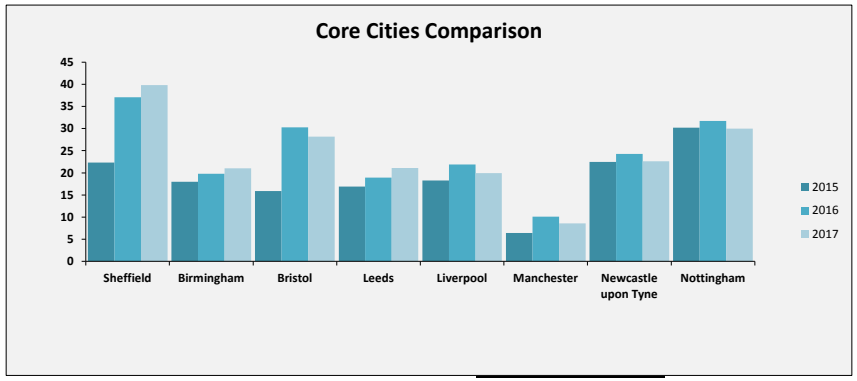
2015 | 2016 | 2017

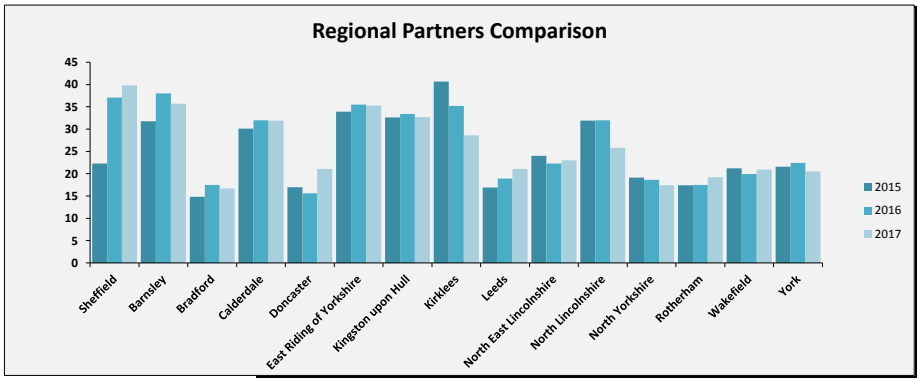
Sheffield Performance at a G

Measure Description	Sheffield	All England	Yorkshire and the Humber	Core Cities Average *(Arithmetic Mean)*
TBC	*Latest Figure*	*Latest Figure*	*Latest Figure*	*Latest Figure*
	39.8%	28.3%	25.7%	23.9%
	Trend	*Trend*	*Trend*	*Trend*
	Better	Same	Same	Same
	Rating	*Our Ranking*	*Our Ranking*	*Our Ranking*
	10	16	1	1









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Adult Social Care Outcome Framework - Performance Measures Benchmarking Das

SELECT ASCOF MEASURE,FILTER AND YEARS TO INCLUDE:

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

All

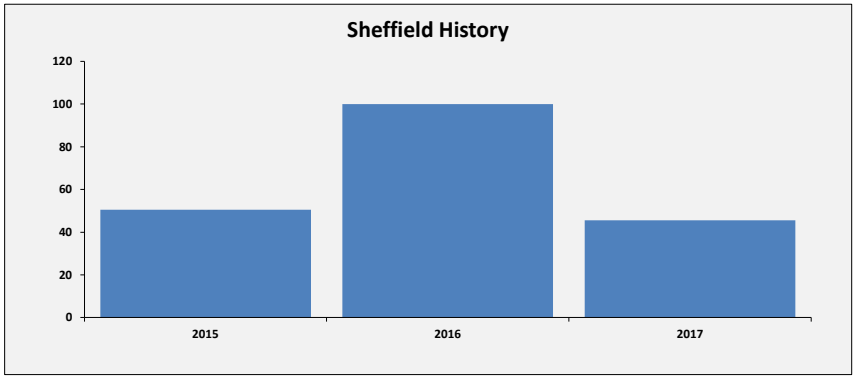
YEARS TO INCLUDE

2015 | 2016 | 2017

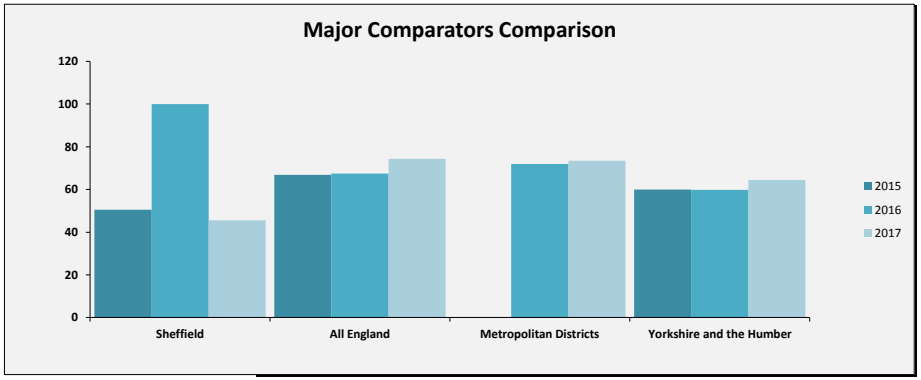
Sheffield Performance at a G

Measure Description	Sheffield	All England	Yorkshire and the Humber	Core Cities Average *(Arithmetic Mean)*
TBC	*Latest Figure*	*Latest Figure*	*Latest Figure*	*Latest Figure*
	45.6%	74.3%	64.5%	82.1%
	Trend	*Trend*	*Trend*	*Trend*
	Worse	Better	Better	Worse
	Rating	*Our Ranking*	*Our Ranking*	*Our Ranking*
	0	119	12	7

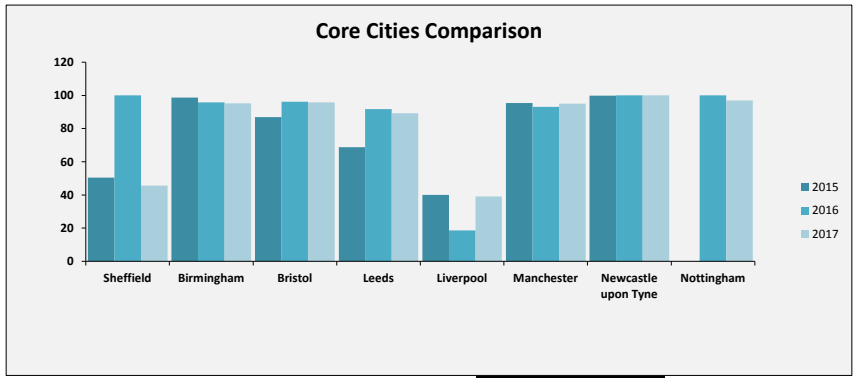
Sheffield History



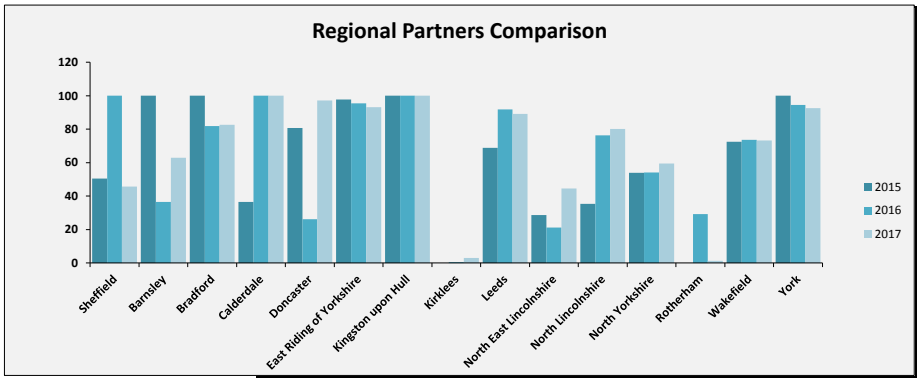
Major Comparators Comparison



Core Cities Comparison



Regional Partners Comparison



Updated: 10/11/2017

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Adult Social Care Outcome Framework - Performance Measures Benchmarking Das

SELECT ASCOF MEASURE,FILTER AND YEARS TO INCLUDE:

1D: Carer-reported quality of life

All

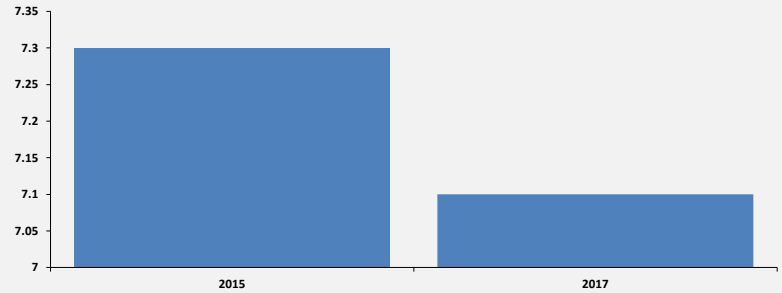
YEARS TO INCLUDE

2015 | 2016 | 2017

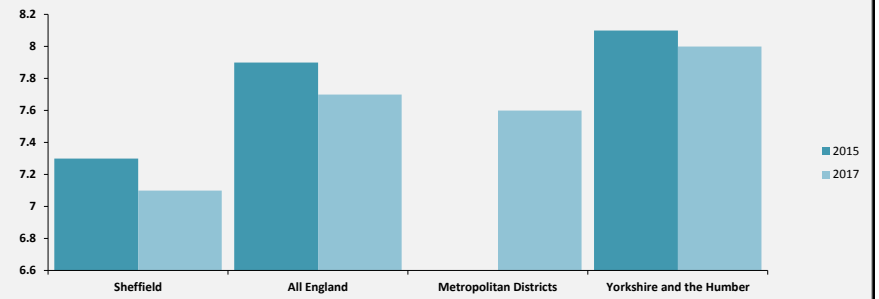
Sheffield Performance at a G

Measure Description	Sheffield	All England	Yorkshire and the Humber	Core Cities Average *(Arithmetic Mean)*
TBC	*Latest Figure*	*Latest Figure*	*Latest Figure*	*Latest Figure*
	7.1	7.7	8	7.4
	Trend	*Trend*	*Trend*	*Trend*
	Worse	Worse	Same	Worse
	Rating	*Our Ranking*	*Our Ranking*	*Our Ranking*
	0	134	15	6

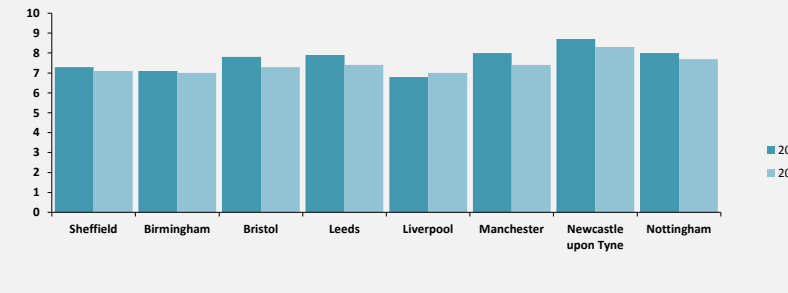
Sheffield History



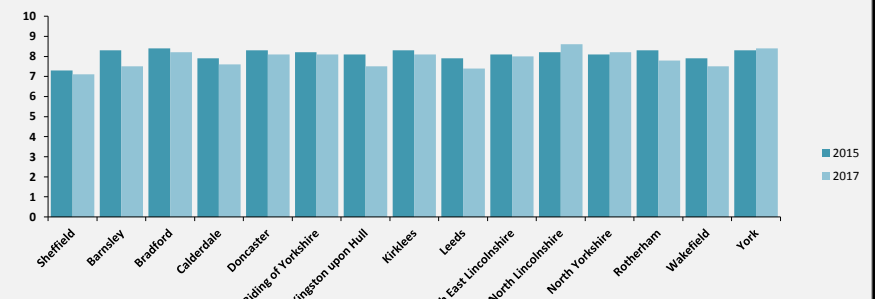
Major Comparators Comparison



Core Cities Comparison



Regional Partners Comparison



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Adult Social Care Outcome Framework - Performance Measures Benchmarking Das

SELECT ASCOF MEASURE,FILTER AND YEARS TO INCLUDE:

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

All

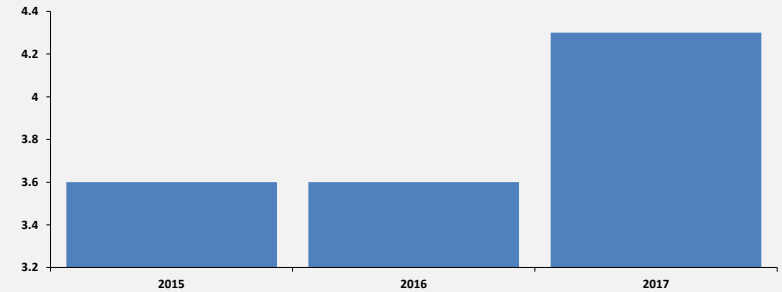
YEARS TO INCLUDE

2015 | 2016 | 2017

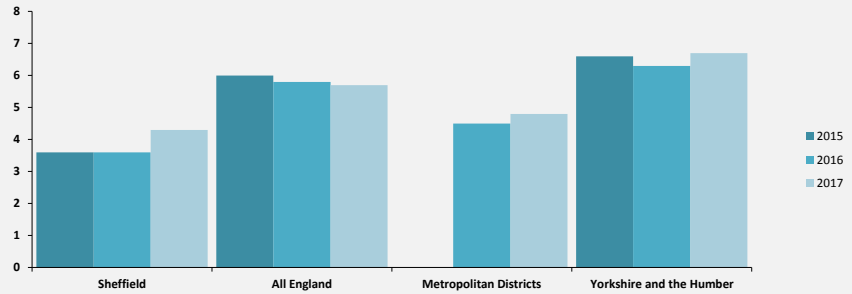
Sheffield Performance at a G

Measure Description	Sheffield	All England	Yorkshire and the Humber	Core Cities Average *(Arithmetic Mean)*
TBC	*Latest Figure*	*Latest Figure*	*Latest Figure*	*Latest Figure*
	4.3%	5.7%	6.7%	3.6%
	Trend	*Trend*	*Trend*	*Trend*
	Better	Same	Better	Worse
	Rating	*Our Ranking*	*Our Ranking*	*Our Ranking*
	3	94	12	4

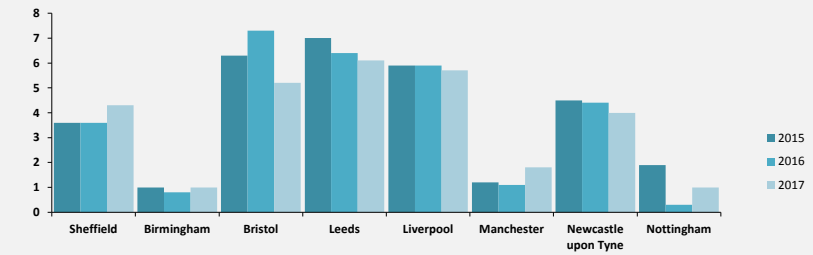
Sheffield History



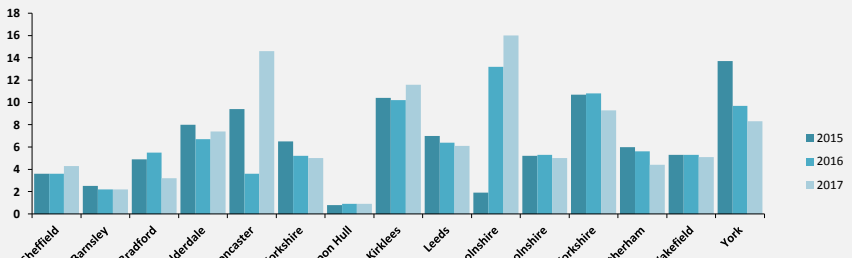
Major Comparators Comparison



Core Cities Comparison



Regional Partners Comparison



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Adult Social Care Outcome Framework - Performance Measures Benchmarking Das

SELECT ASCOF MEASURE,FILTER AND YEARS TO INCLUDE:

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

All

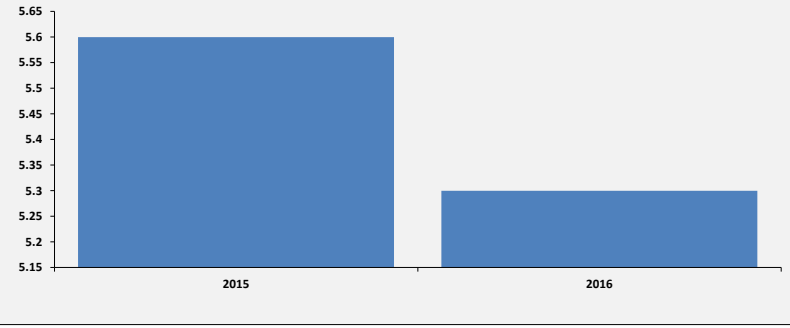
YEARS TO INCLUDE

2015 | 2016 | 2017

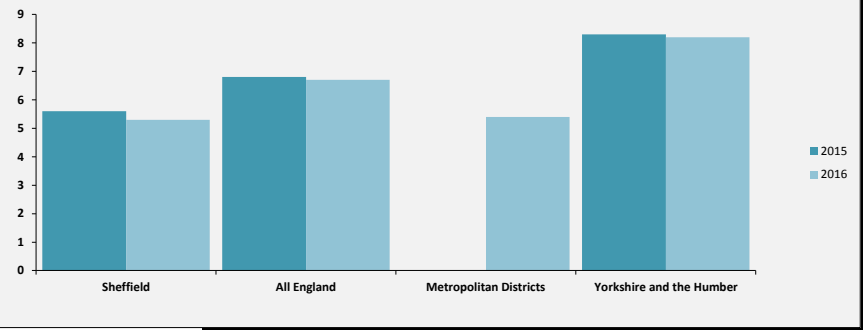
Sheffield Performance at a G

Measure Description	Sheffield	All England	Yorkshire and the Humber	Core Cities Average *(Arithmetic Mean)*
TBC	*Latest Figure*	*Latest Figure*	*Latest Figure*	*Latest Figure*
	5.3%	6.7%	8.2%	5.5%
	Trend	*Trend*	*Trend*	*Trend*
	Worse	Same	Same	Same
	Rating	*Our Ranking*	*Our Ranking*	*Our Ranking*
	0	96	12	4

Sheffield History

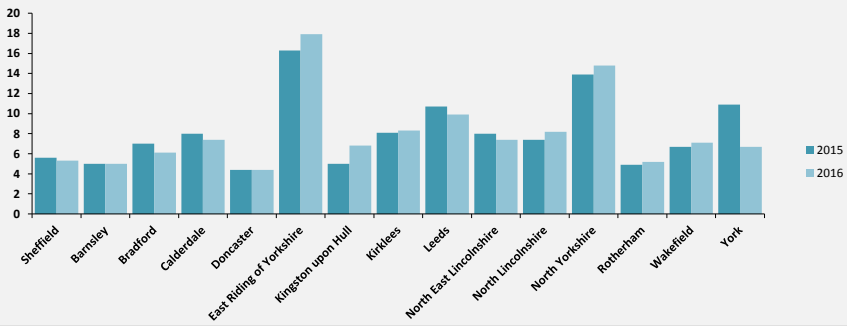


Major Comparators Comparison



Core Cities Comparison

Regional Partners Comparison



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Adult Social Care Outcome Framework - Performance Measures Benchmarking Das

SELECT ASCOF MEASURE,FILTER AND YEARS TO INCLUDE:

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

All

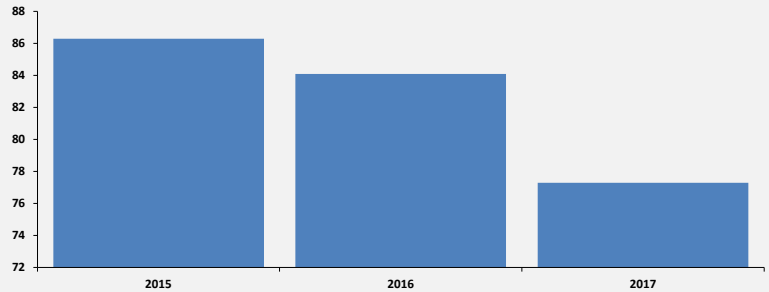
YEARS TO INCLUDE

2015 | 2016 | 2017

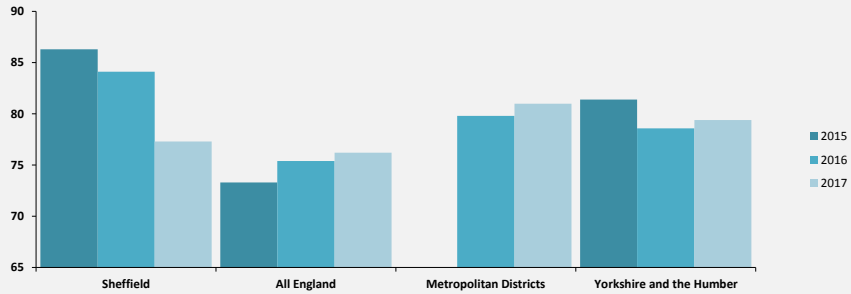
Sheffield Performance at a G

Measure Description	Sheffield	All England	Yorkshire and the Humber	Core Cities Average *(Arithmetic Mean)*
TBC	*Latest Figure*	*Latest Figure*	*Latest Figure*	*Latest Figure*
	77.3%	76.2%	79.4%	74.5%
	Trend	*Trend*	*Trend*	*Trend*
	Worse	Same	Same	Worse
	Rating	*Our Ranking*	*Our Ranking*	*Our Ranking*
	2	75	11	4

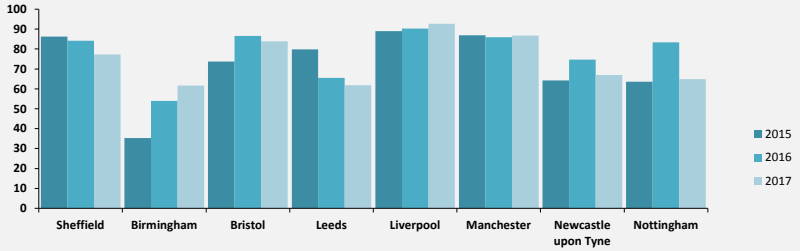
Sheffield History



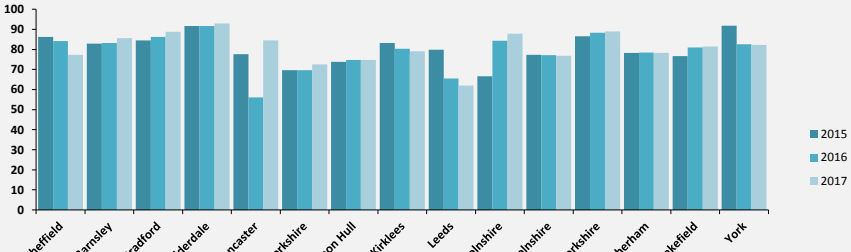
Major Comparators Comparison



Core Cities Comparison



Regional Partners Comparison



Updated: 10/11/2017

Produces by: Chris Blackbburn PIPS

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Adult Social Care Outcome Framework - Performance Measures Benchmarking Das

SELECT ASCOF MEASURE,FILTER AND YEARS TO INCLUDE:

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

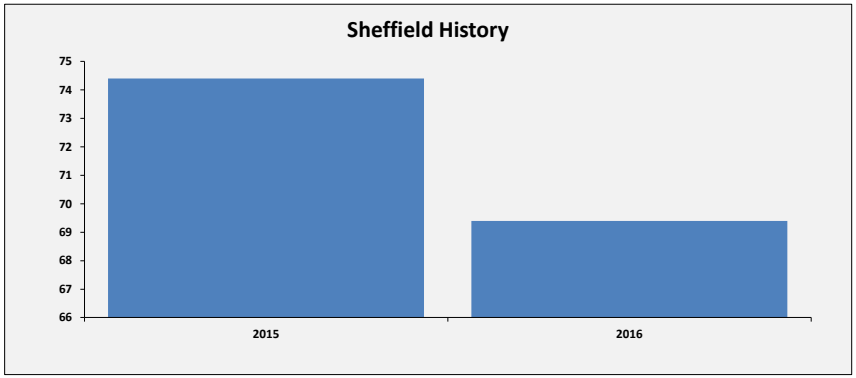
All

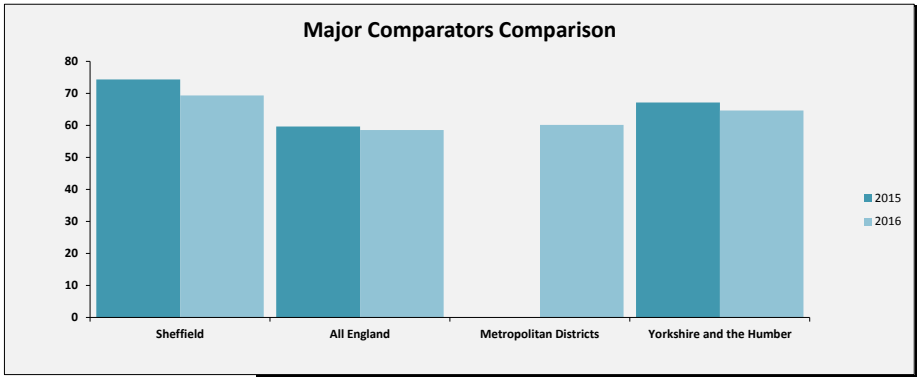
YEARS TO INCLUDE

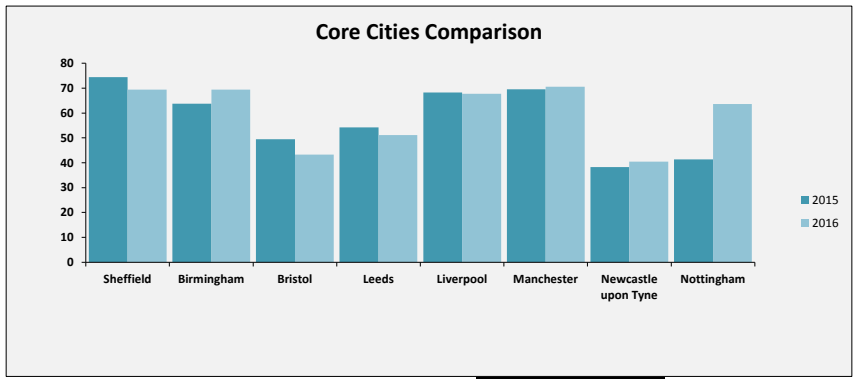
2015 | 2016 | 2017

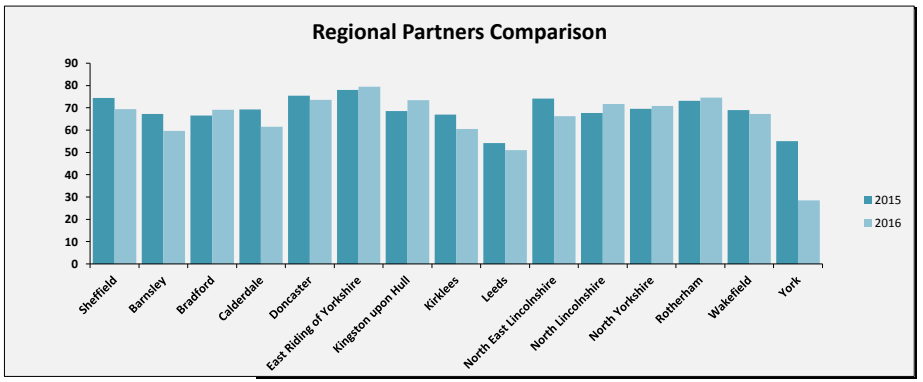
Sheffield Performance at a G

Measure Description	Sheffield	All England	Yorkshire and the Humber	Core Cities Average *(Arithmetic Mean)*
TBC	*Latest Figure*	*Latest Figure*	*Latest Figure*	*Latest Figure*
	69.4%	58.6%	64.7%	59.4%
	Trend	*Trend*	*Trend*	*Trend*
	Worse	Same	Worse	Better
	Rating	*Our Ranking*	*Our Ranking*	*Our Ranking*
	7	61	7	2









Updated: 10/11/2017

Produces by: Chris Blackbburn PIPS

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Adult Social Care Outcome Framework - Performance Measures Benchmarking Das

SELECT ASCOF MEASURE,FILTER AND YEARS TO INCLUDE:

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

All

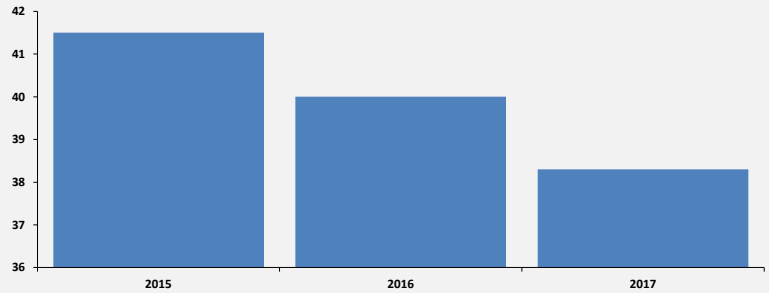
YEARS TO INCLUDE

2015 | 2016 | 2017

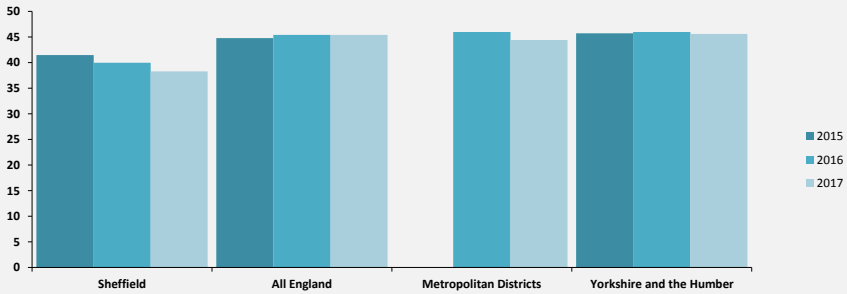
Sheffield Performance at a G

Measure Description	Sheffield	All England	Yorkshire and the Humber	Core Cities Average *(Arithmetic Mean)*
TBC	*Latest Figure*	*Latest Figure*	*Latest Figure*	*Latest Figure*
	38.3%	45.4%	45.6%	43.6%
	Trend	*Trend*	*Trend*	*Trend*
	Worse	Same	Same	Worse
	Rating	*Our Ranking*	*Our Ranking*	*Our Ranking*
	0	140	15	7

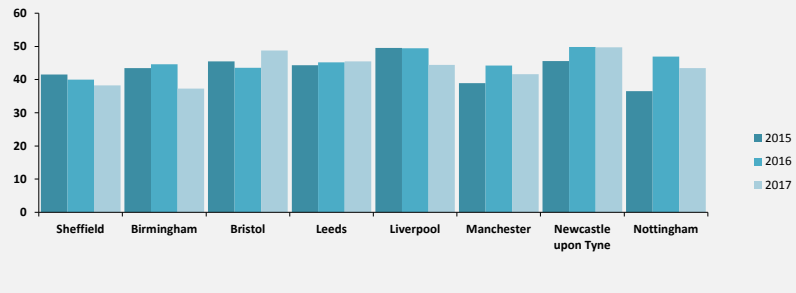
Sheffield History



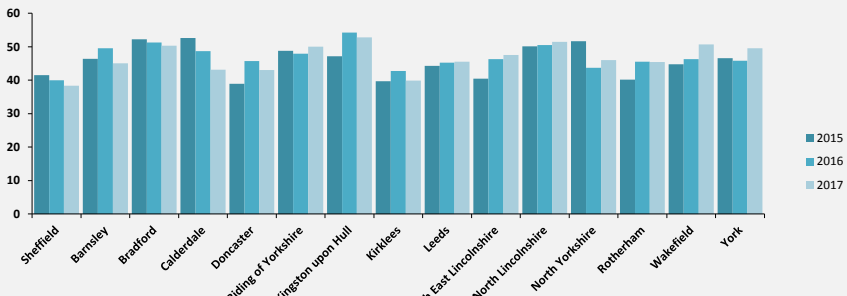
Major Comparators Comparison



Core Cities Comparison



Regional Partners Comparison



Updated: 10/11/2017

Produces by: Chris Blackbburn PIPS

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Adult Social Care Outcome Framework - Performance Measures Benchmarking Das

SELECT ASCOF MEASURE,FILTER AND YEARS TO INCLUDE:

1I(2): The proportion of carers who reported that they had as much social contact as they would like

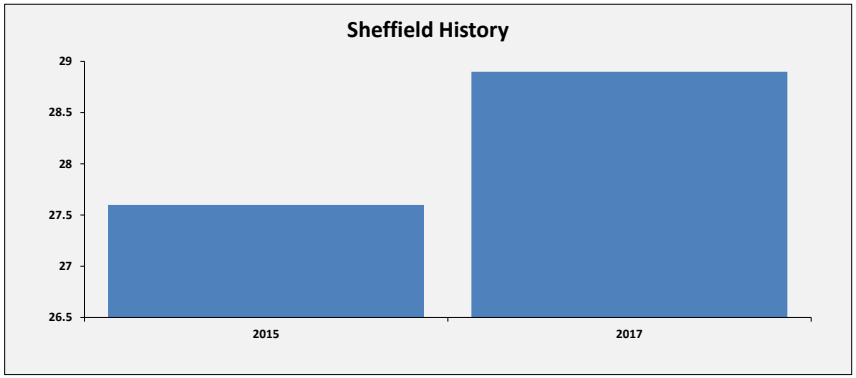
All

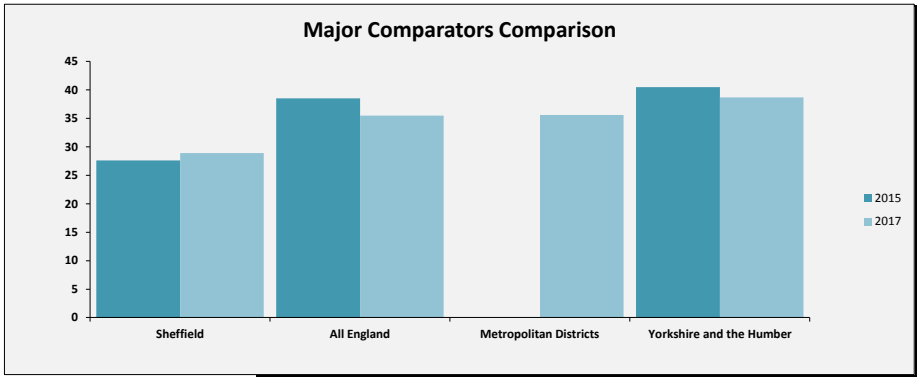
YEARS TO INCLUDE

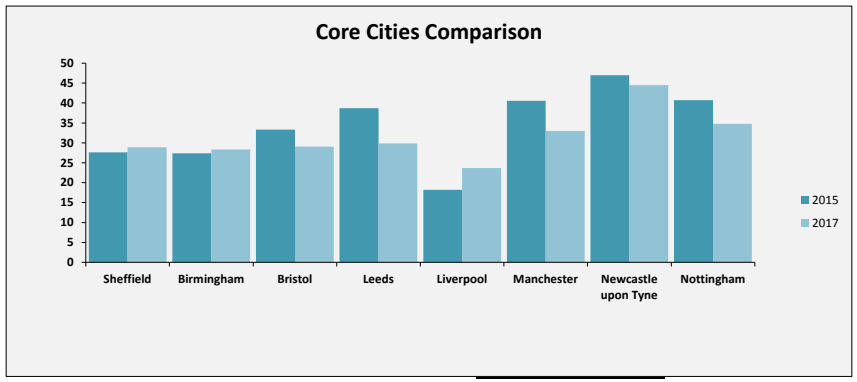
2015 | 2016 | 2017

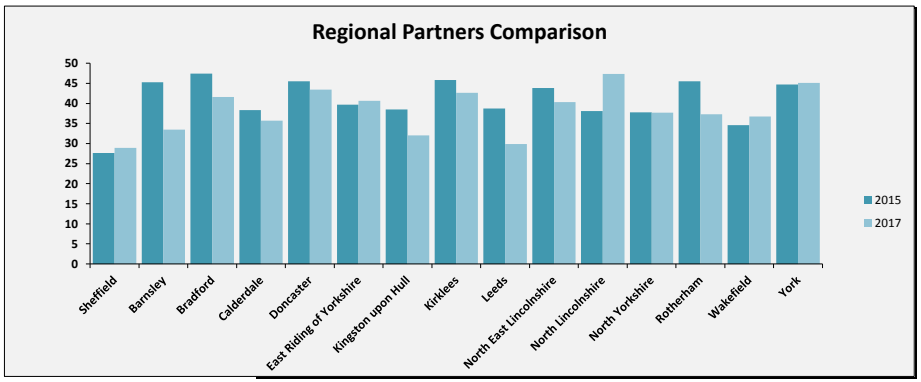
Sheffield Performance at a G

Measure Description	Sheffield	All England	Yorkshire and the Humber	Core Cities Average *(Arithmetic Mean)*
TBC	*Latest Figure*	*Latest Figure*	*Latest Figure*	*Latest Figure*
	28.9%	35.5%	38.7%	31.5%
	Trend	*Trend*	*Trend*	*Trend*
	Better	Worse	Worse	Worse
	Rating	*Our Ranking*	*Our Ranking*	*Our Ranking*
	3	118	15	6









Updated: 10/11/2017

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Adult Social Care Outcome Framework - Performance Measures Benchmarking Das

SELECT ASCOF MEASURE,FILTER AND YEARS TO INCLUDE:

1J: Adjusted Social care-related quality of life – impact of Adult Social Care services

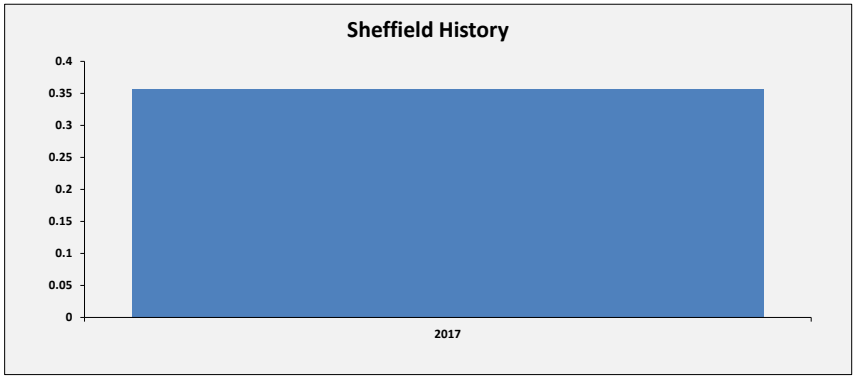
All

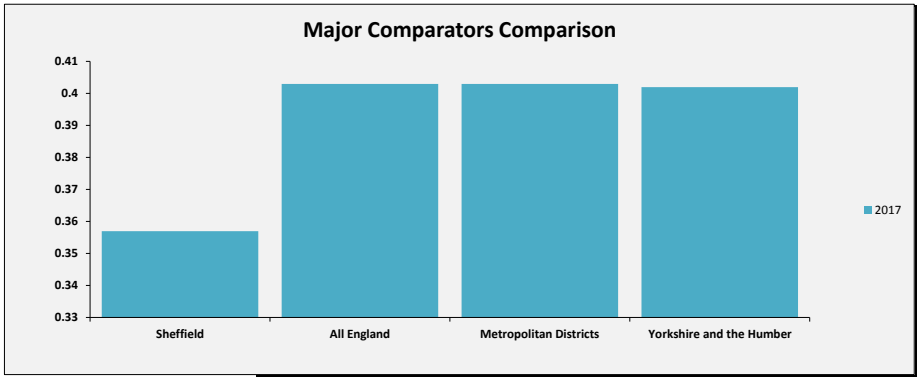
YEARS TO INCLUDE

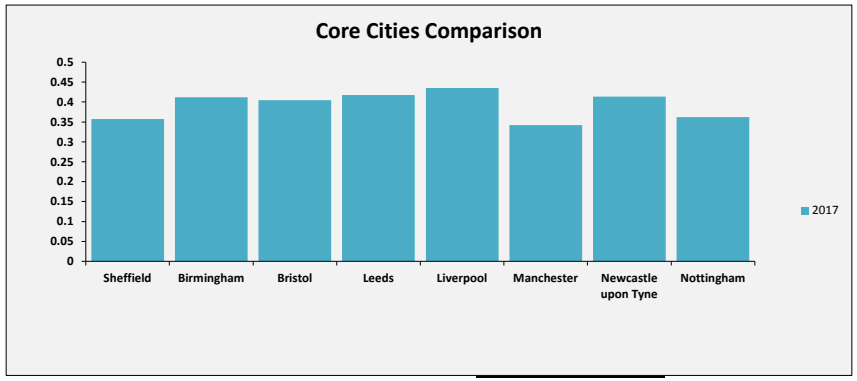
2015 | 2016 | 2017

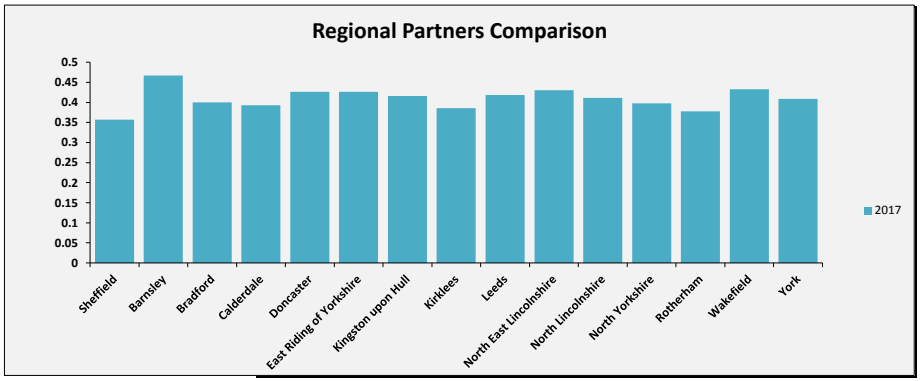
Sheffield Performance at a G

Measure Description	Sheffield	All England	Yorkshire and the Humber	Core Cities Average *(Arithmetic Mean)*
TBC	*Latest Figure*	*Latest Figure*	*Latest Figure*	*Latest Figure*
	0.4	0.403	0.402	0.4
	Trend	*Trend*	*Trend*	*Trend*
	Better	Better	Better	-
	Rating	*Our Ranking*	*Our Ranking*	*Our Ranking*
	3	138	15	7









Updated: 10/11/2017

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Adult Social Care Outcome Framework - Performance Measures Benchmarking Das

SELECT ASCOF MEASURE,FILTER AND YEARS TO INCLUDE:

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

All

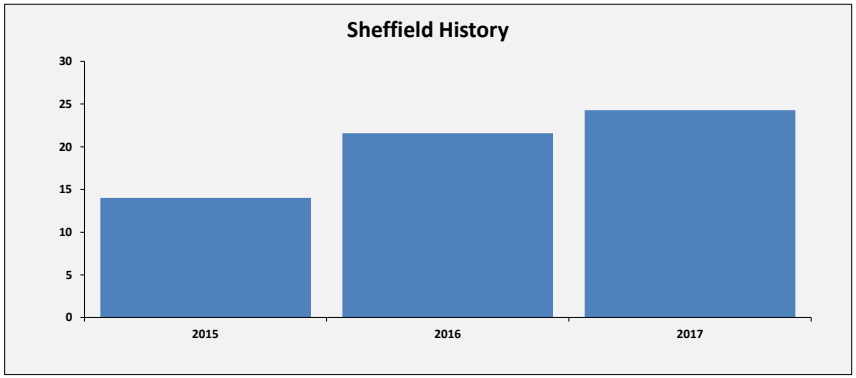
YEARS TO INCLUDE

2015 | 2016 | 2017

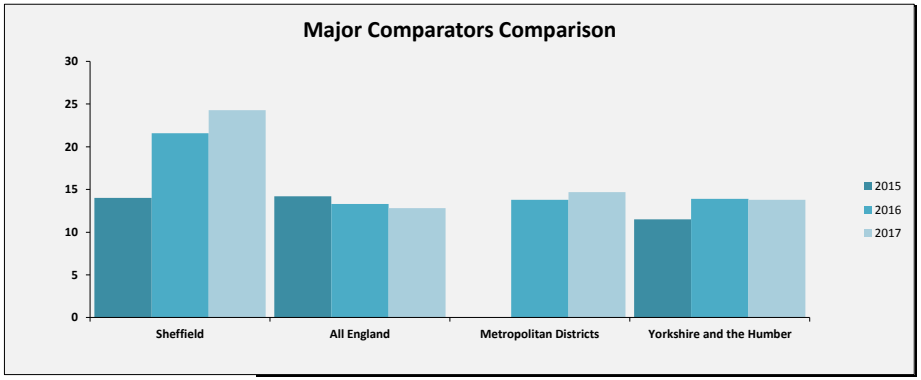
Sheffield Performance at a G

Measure Description	Sheffield	All England	Yorkshire and the Humber	Core Cities Average *(Arithmetic Mean)*
TBC	*Latest Figure*	*Latest Figure*	*Latest Figure*	*Latest Figure*
	24.3	12.8	13.8	18.2
	Trend	*Trend*	*Trend*	*Trend*
	Worse	Worse	Same	Worse
	Rating	*Our Ranking*	*Our Ranking*	*Our Ranking*
	0	137	15	6

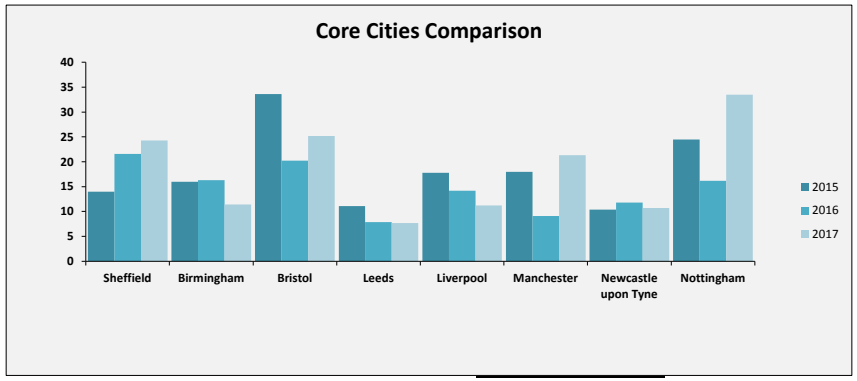
Sheffield History



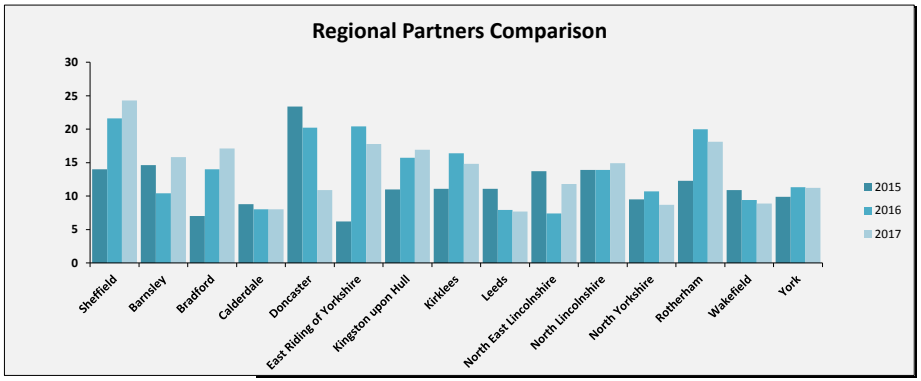
Major Comparators Comparison



Core Cities Comparison



Regional Partners Comparison



Updated: 10/11/2017

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Adult Social Care Outcome Framework - Performance Measures Benchmarking Das

SELECT ASCOF MEASURE,FILTER AND YEARS TO INCLUDE:

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

All

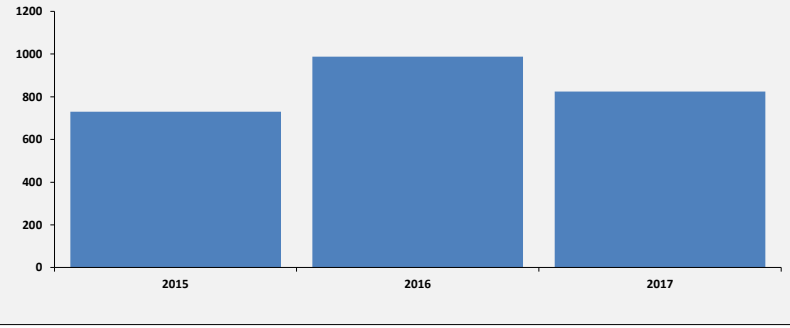
YEARS TO INCLUDE

2015 | 2016 | 2017

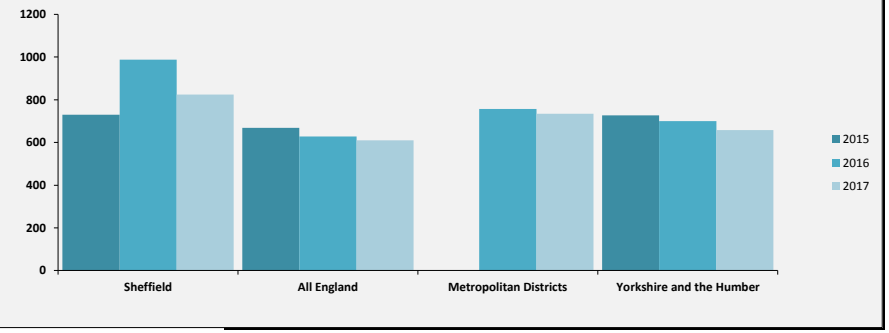
Sheffield Performance at a G

Measure Description	Sheffield	All England	Yorkshire and the Humber	Core Cities Average *(Arithmetic Mean)*
TBC	*Latest Figure*	*Latest Figure*	*Latest Figure*	*Latest Figure*
	824.1	610.7	658.4	807.2
	Trend	*Trend*	*Trend*	*Trend*
	Better	Worse	Worse	Worse
	Rating	*Our Ranking*	*Our Ranking*	*Our Ranking*
	3	122	13	4

Sheffield History

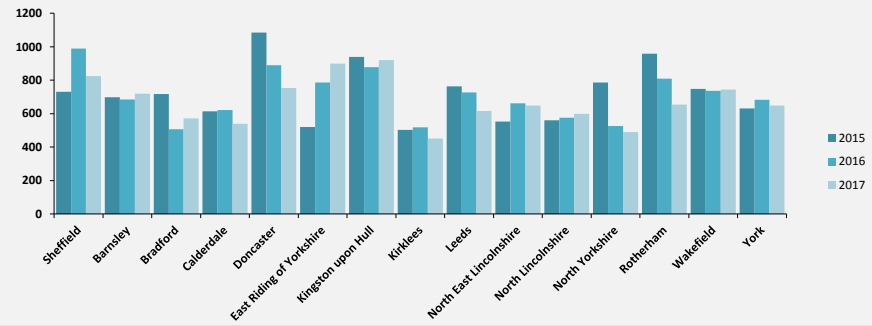


Major Comparators Comparison



Core Cities Comparison

Regional Partners Comparison



Updated: 10/11/2017

Produces by: Chris Blackburn PIPS

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Adult Social Care Outcome Framework - Performance Measures Benchmarking Das

SELECT ASCOF MEASURE,FILTER AND YEARS TO INCLUDE:

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
All

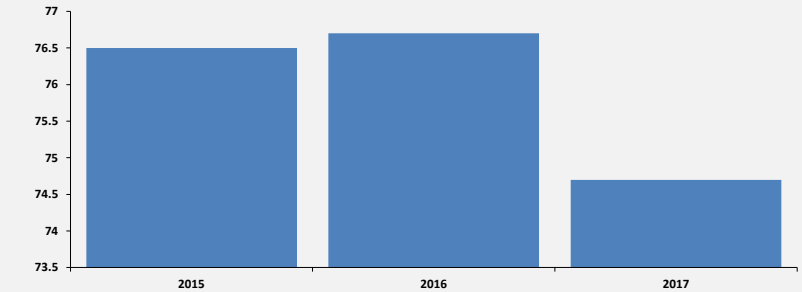
YEARS TO INCLUDE

2015 | 2016 | 2017

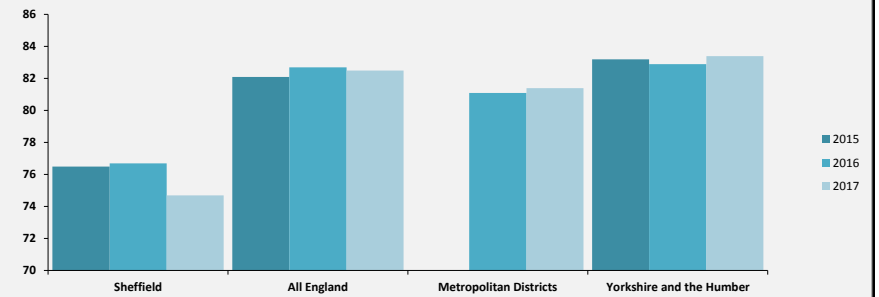
Sheffield Performance at a G

Measure Description	Sheffield	All England	Yorkshire and the Humber	Core Cities Average *(Arithmetic Mean)*
TBC	*Latest Figure*	*Latest Figure*	*Latest Figure*	*Latest Figure*
	74.7%	82.5%	83.4%	80.1%
	Trend	*Trend*	*Trend*	*Trend*
	Worse	Same	Same	Better
	Rating	*Our Ranking*	*Our Ranking*	*Our Ranking*
	0	136	15	7

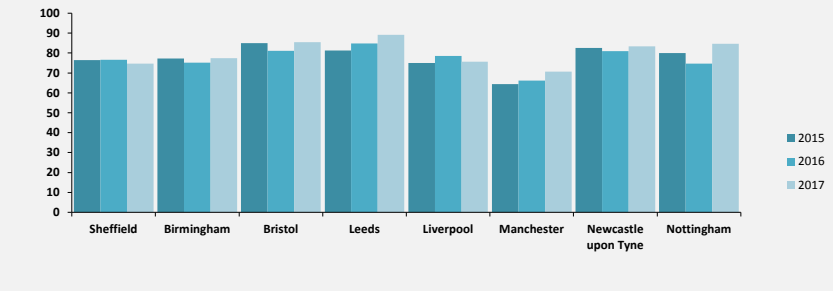
Sheffield History



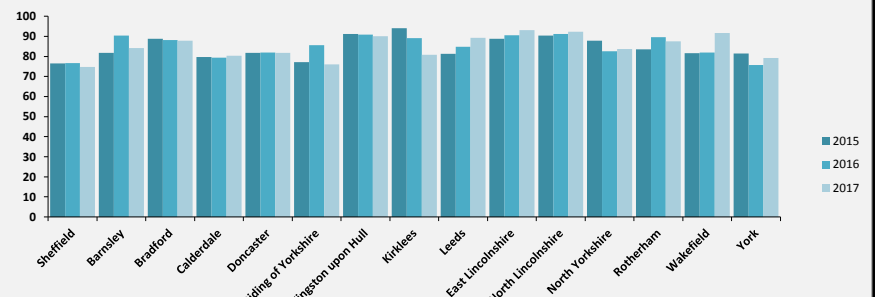
Major Comparators Comparison



Core Cities Comparison



Regional Partners Comparison



Updated: 10/11/2017

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Adult Social Care Outcome Framework - Performance Measures Benchmarking Das

SELECT ASCOF MEASURE,FILTER AND YEARS TO INCLUDE:

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

All

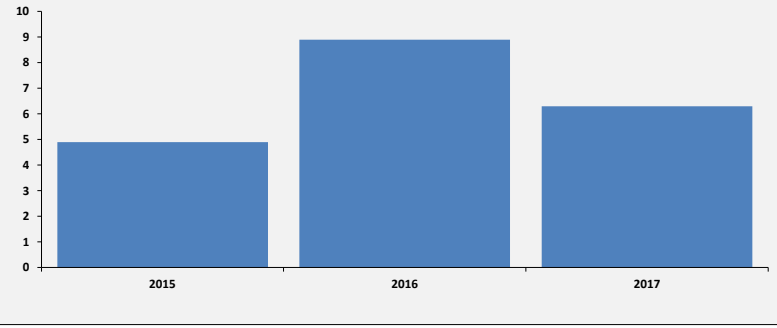
YEARS TO INCLUDE

2015 | 2016 | 2017

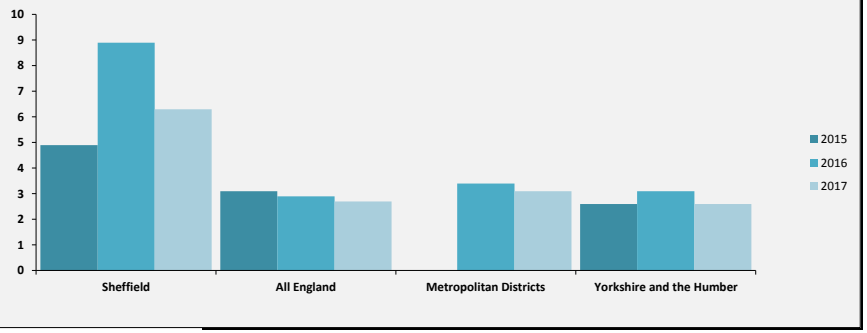
Sheffield Performance at a G

Measure Description	Sheffield	All England	Yorkshire and the Humber	Core Cities Average *(Arithmetic Mean)*
TBC	*Latest Figure*	*Latest Figure*	*Latest Figure*	*Latest Figure*
	6.3%	2.7%	2.6%	3.5%
	Trend	*Trend*	*Trend*	*Trend*
	Worse	Worse	Worse	Worse
	Rating	*Our Ranking*	*Our Ranking*	*Our Ranking*
	7	12	1	1

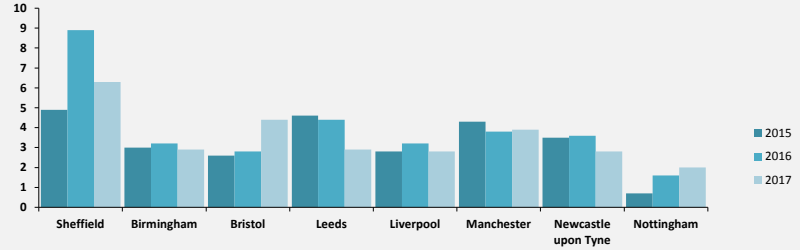
Sheffield History



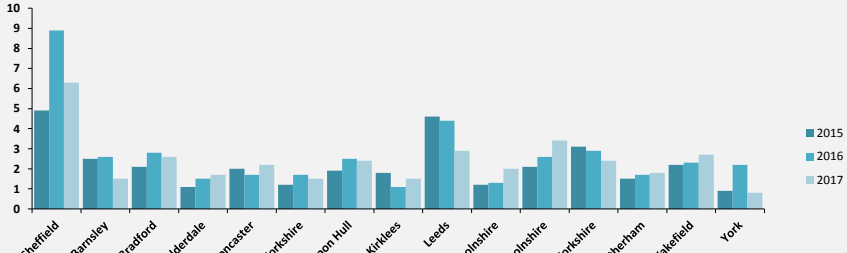
Major Comparators Comparison



Core Cities Comparison



Regional Partners Comparison



Updated: 10/11/2017

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Adult Social Care Outcome Framework - Performance Measures Benchmarking Das

SELECT ASCOF MEASURE,FILTER AND YEARS TO INCLUDE:

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

All

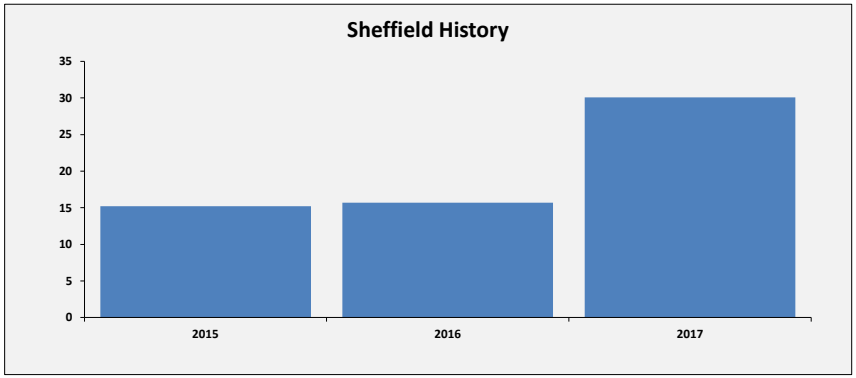
YEARS TO INCLUDE

2015 | 2016 | 2017

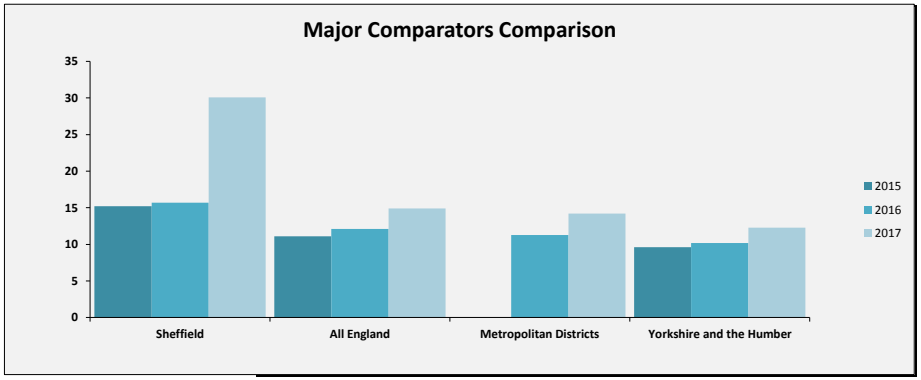
Sheffield Performance at a G

Measure Description	Sheffield	All England	Yorkshire and the Humber	Core Cities Average *(Arithmetic Mean)*
TBC	*Latest Figure*	*Latest Figure*	*Latest Figure*	*Latest Figure*
	30.1	14.9	12.3	16.9
	Trend	*Trend*	*Trend*	*Trend*
	Worse	Better	Better	Worse
	Rating	*Our Ranking*	*Our Ranking*	*Our Ranking*
	0	146	15	8

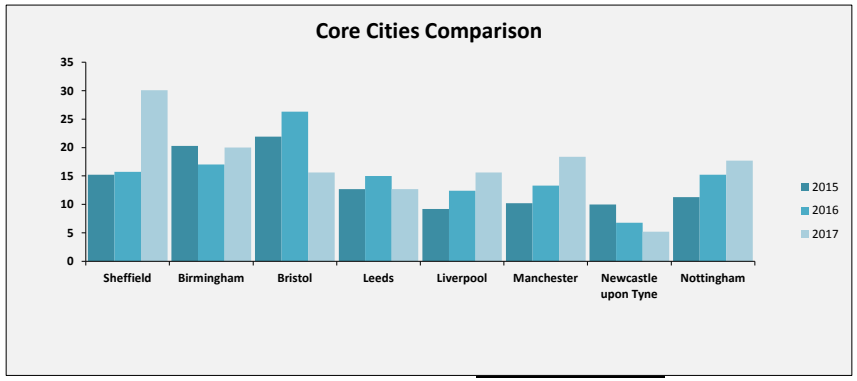
Sheffield History



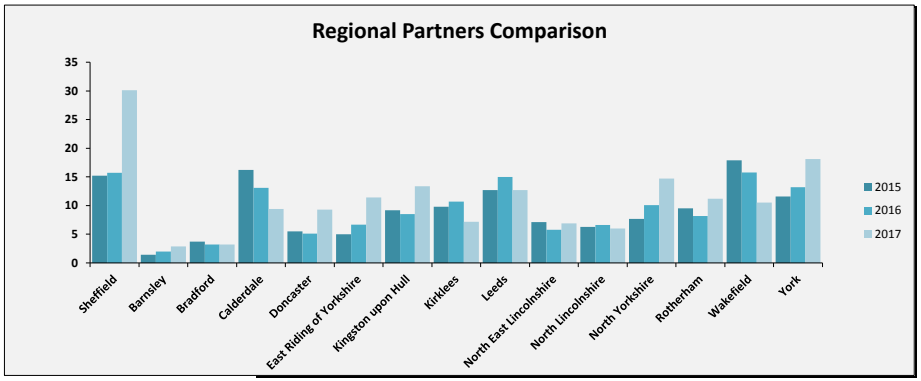
Major Comparators Comparison



Core Cities Comparison



Regional Partners Comparison



Updated: 10/11/2017

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Adult Social Care Outcome Framework - Performance Measures Benchmarking Das

SELECT ASCOF MEASURE,FILTER AND YEARS TO INCLUDE:

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

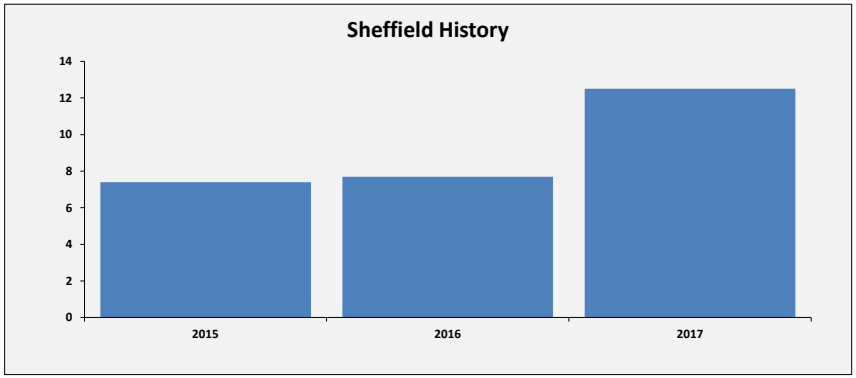
All

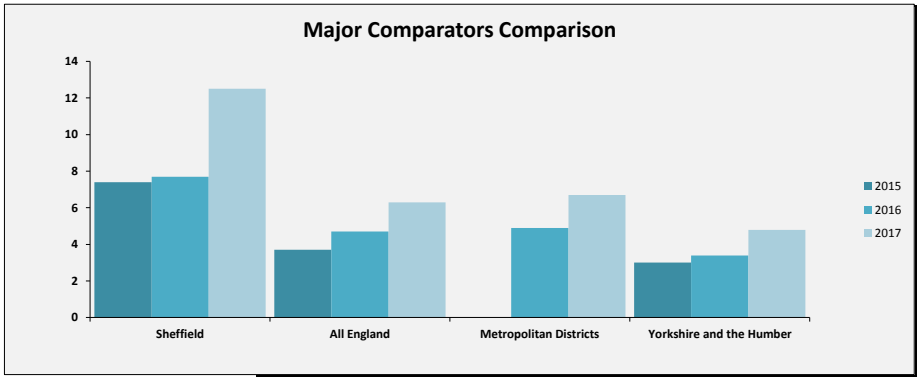
YEARS TO INCLUDE

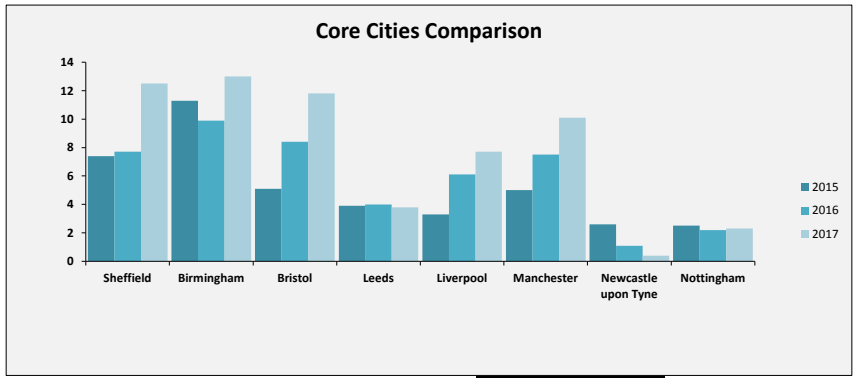
2015 | 2016 | 2017

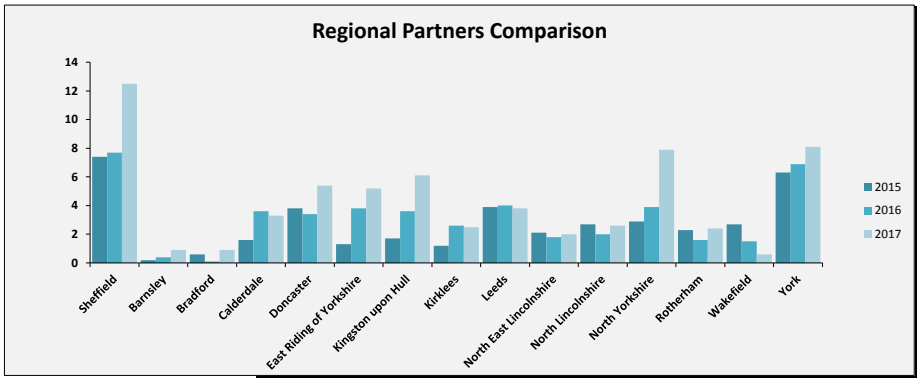
Sheffield Performance at a G

Measure Description	Sheffield	All England	Yorkshire and the Humber	Core Cities Average *(Arithmetic Mean)*
TBC	*Latest Figure*	*Latest Figure*	*Latest Figure*	*Latest Figure*
	12.5	6.3	4.8	7.7
	Trend	*Trend*	*Trend*	*Trend*
	Worse	Better	Better	Worse
	Rating	*Our Ranking*	*Our Ranking*	*Our Ranking*
	0	140	15	7









Updated: 10/11/2017

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Adult Social Care Outcome Framework - Performance Measures Benchmarking Das

SELECT ASCOF MEASURE,FILTER AND YEARS TO INCLUDE:

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

All

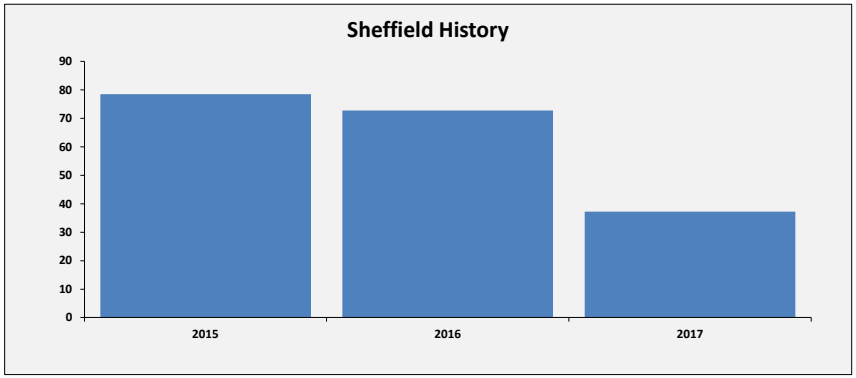
YEARS TO INCLUDE

2015 | 2016 | 2017

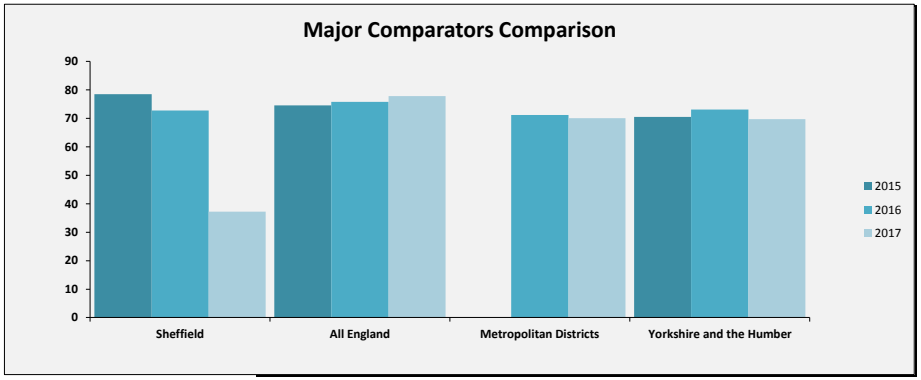
Sheffield Performance at a G

Measure Description	Sheffield	All England	Yorkshire and the Humber	Core Cities Average *(Arithmetic Mean)*
TBC	*Latest Figure*	*Latest Figure*	*Latest Figure*	*Latest Figure*
	37.2%	77.8%	69.7%	63.2%
	Trend	*Trend*	*Trend*	*Trend*
	Worse	Better	Worse	Worse
	Rating	*Our Ranking*	*Our Ranking*	*Our Ranking*
	0	148	15	8

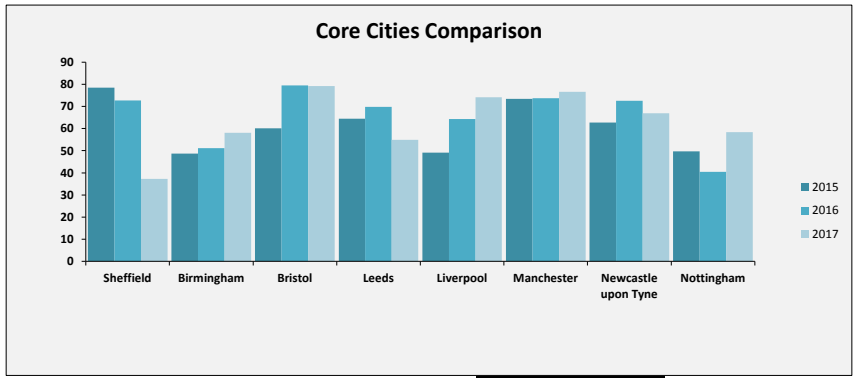
Sheffield History



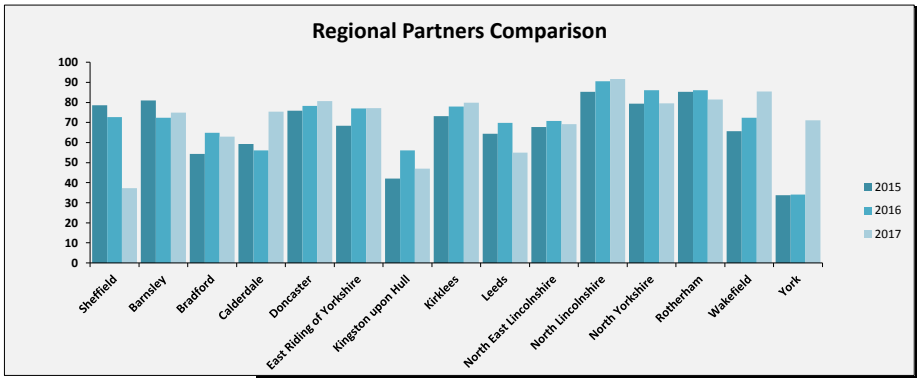
Major Comparators Comparison



Core Cities Comparison



Regional Partners Comparison



Updated: 10/11/2017

Produces by: Chris Blackbburn PIPS

Click to Show/Hide Hints

Adult Social Care Outcome Framework - Performance Measures Benchmarking Das

SELECT ASCOF MEASURE,FILTER AND YEARS TO INCLUDE:

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

All

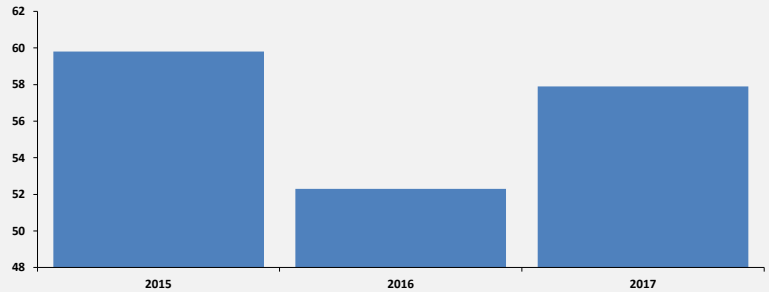
YEARS TO INCLUDE

2015 | 2016 | 2017

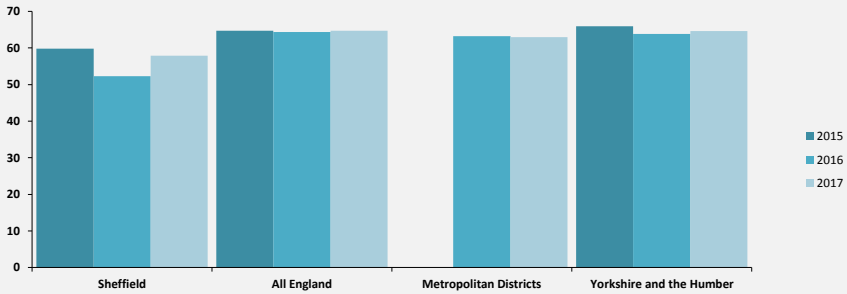
Sheffield Performance at a G

Measure Description	Sheffield	All England	Yorkshire and the Humber	Core Cities Average *(Arithmetic Mean)*
TBC	*Latest Figure*	*Latest Figure*	*Latest Figure*	*Latest Figure*
	57.9%	64.7%	64.6%	61.4%
	Trend	*Trend*	*Trend*	*Trend*
	Better	Same	Same	Same
	Rating	*Our Ranking*	*Our Ranking*	*Our Ranking*
	3	133	14	7

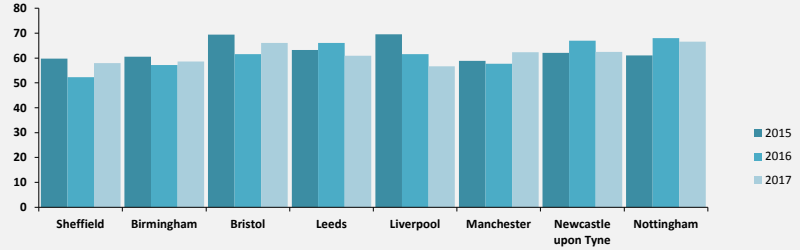
Sheffield History



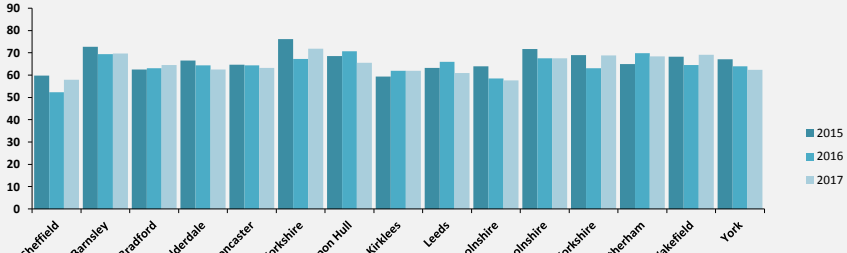
Major Comparators Comparison



Core Cities Comparison



Regional Partners Comparison



Updated: 10/11/2017

Produces by: Chris Blackbburn PIPS

Click to Show/Hide Hints

Adult Social Care Outcome Framework - Performance Measures Benchmarking Das

SELECT ASCOF MEASURE,FILTER AND YEARS TO INCLUDE:

3B: Overall satisfaction of carers with social services

All

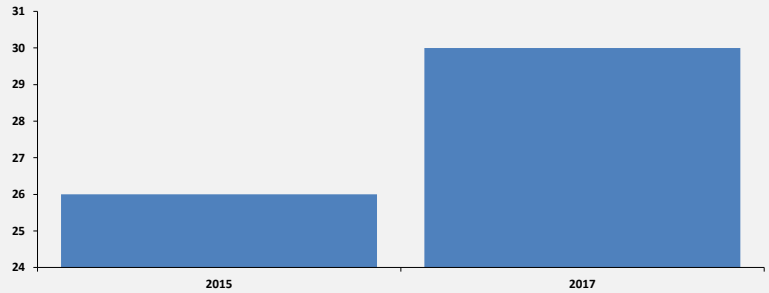
YEARS TO INCLUDE

2015 | 2016 | 2017

Sheffield Performance at a G

Measure Description	Sheffield	All England	Yorkshire and the Humber	Core Cities Average *(Arithmetic Mean)*
TBC	*Latest Figure*	*Latest Figure*	*Latest Figure*	*Latest Figure*
	30.0%	39.0%	41.3%	36.9%
	Trend	*Trend*	*Trend*	*Trend*
	Better	Worse	Worse	Same
	Rating	*Our Ranking*	*Our Ranking*	*Our Ranking*
	3	137	15	7

Sheffield History



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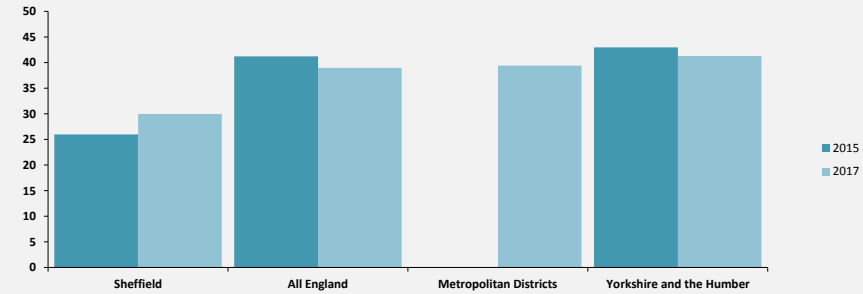
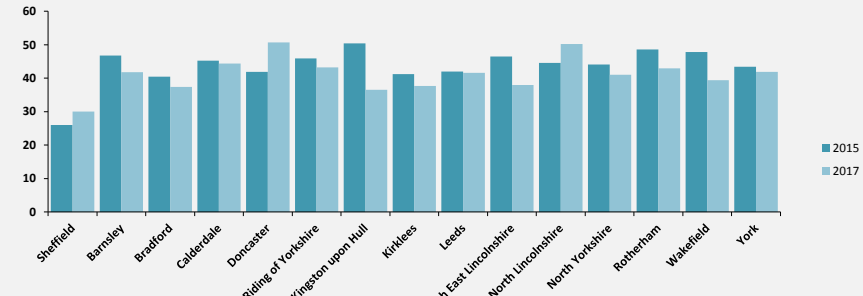


Core Cities Comparison

Regional Partners Comparison



Updated: 10/11/2017

Produces by: Chris Blackbburn PIPS

Click to Show/Hide Hints

Adult Social Care Outcome Framework - Performance Measures Benchmarking Das

SELECT ASCOF MEASURE,FILTER AND YEARS TO INCLUDE:

3C: The proportion of carers who report that they have been included or consulted in discussion about the person they care for
All

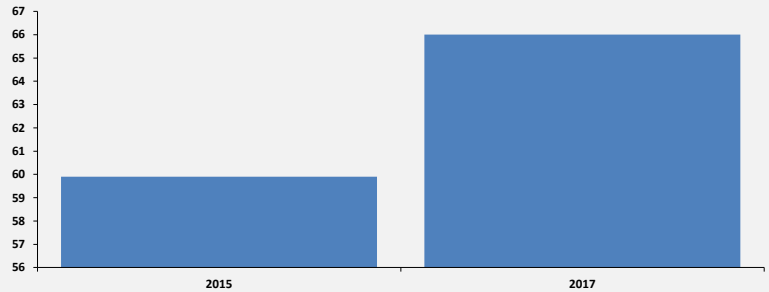
YEARS TO INCLUDE

2015 | 2016 | 2017

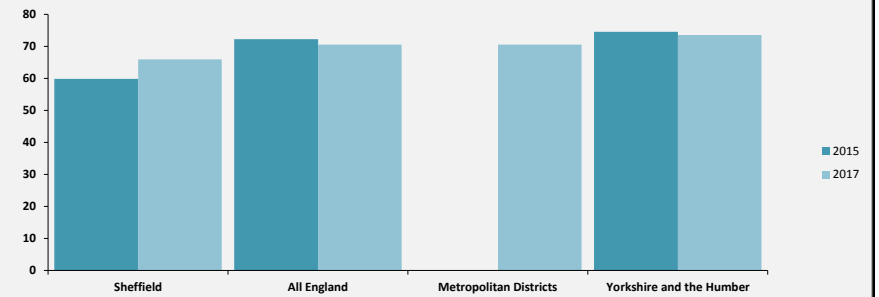
Sheffield Performance at a G

Measure Description	Sheffield	All England	Yorkshire and the Humber	Core Cities Average *(Arithmetic Mean)*
TBC	*Latest Figure*	*Latest Figure*	*Latest Figure*	*Latest Figure*
	66.0%	70.6%	73.6%	68.0%
	Trend	*Trend*	*Trend*	*Trend*
	Better	Worse	Same	Same
	Rating	*Our Ranking*	*Our Ranking*	*Our Ranking*
	3	123	15	6

Sheffield History

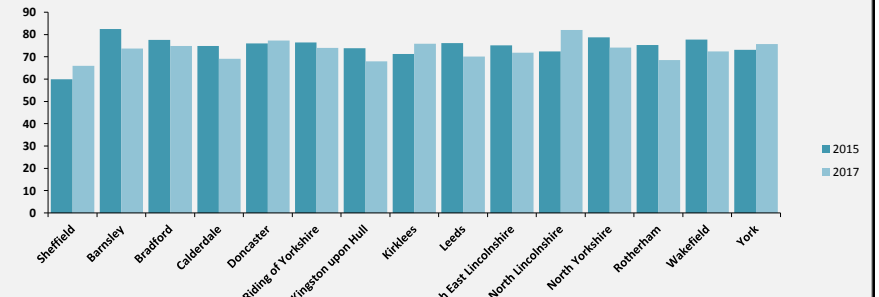


Major Comparators Comparison



Core Cities Comparison

Regional Partners Comparison



Updated: 10/11/2017

Produces by: Chris Blackburn PIPS

Click to Show/Hide Hints

Adult Social Care Outcome Framework - Performance Measures Benchmarking Das

SELECT ASCOF MEASURE,FILTER AND YEARS TO INCLUDE:

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

All

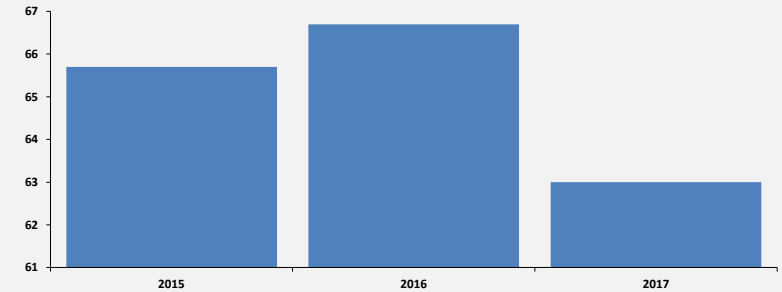
YEARS TO INCLUDE

2015 | 2016 | 2017

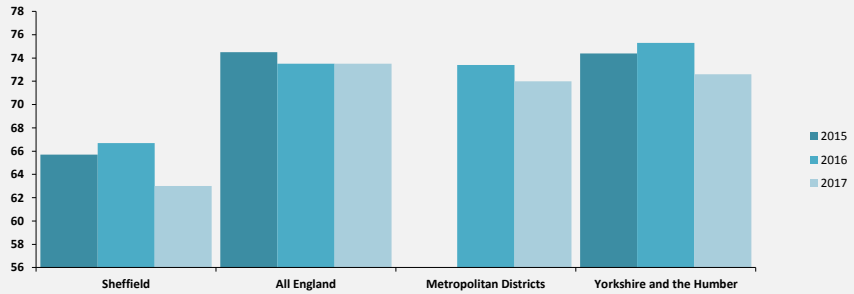
Sheffield Performance at a G

Measure Description	Sheffield	All England	Yorkshire and the Humber	Core Cities Average *(Arithmetic Mean)*
TBC	*Latest Figure*	*Latest Figure*	*Latest Figure*	*Latest Figure*
	63.0%	73.5%	72.6%	72.0%
	Trend	*Trend*	*Trend*	*Trend*
	Worse	Same	Worse	Same
	Rating	*Our Ranking*	*Our Ranking*	*Our Ranking*
	0	150	15	8

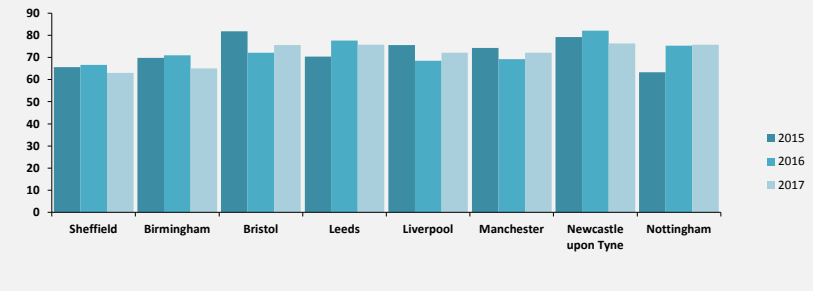
Sheffield History



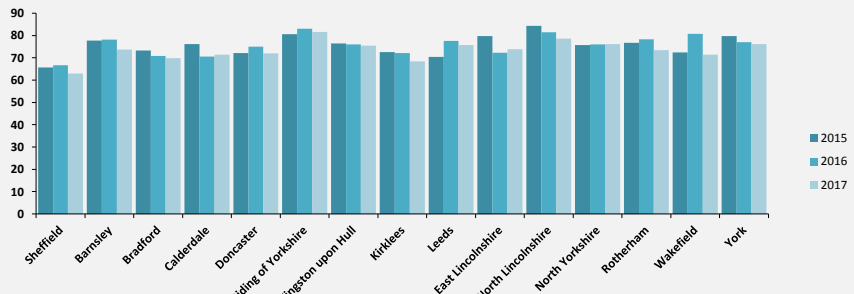
Major Comparators Comparison



Core Cities Comparison



Regional Partners Comparison



Updated: 10/11/2017

Produces by: Chris Blackbburn PIPS

Click to Show/Hide Hints

Adult Social Care Outcome Framework - Performance Measures Benchmarking Das

SELECT ASCOF MEASURE,FILTER AND YEARS TO INCLUDE:

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

All

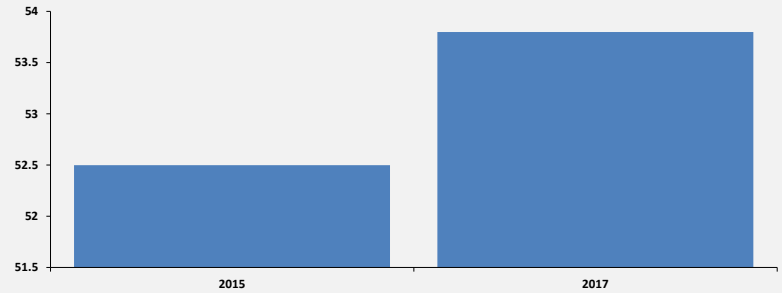
YEARS TO INCLUDE

2015 | 2016 | 2017

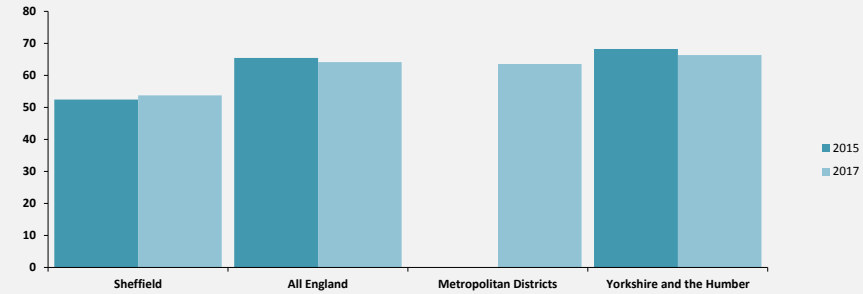
Sheffield Performance at a G

Measure Description	Sheffield	All England	Yorkshire and the Humber	Core Cities Average *(Arithmetic Mean)*
TBC	*Latest Figure*	*Latest Figure*	*Latest Figure*	*Latest Figure*
	53.8%	64.2%	66.4%	59.1%
	Trend	*Trend*	*Trend*	*Trend*
	Better	Same	Worse	Worse
	Rating	*Our Ranking*	*Our Ranking*	*Our Ranking*
	3	145	15	6

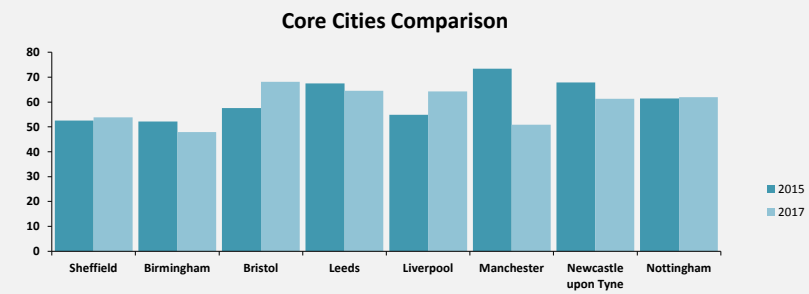
Sheffield History



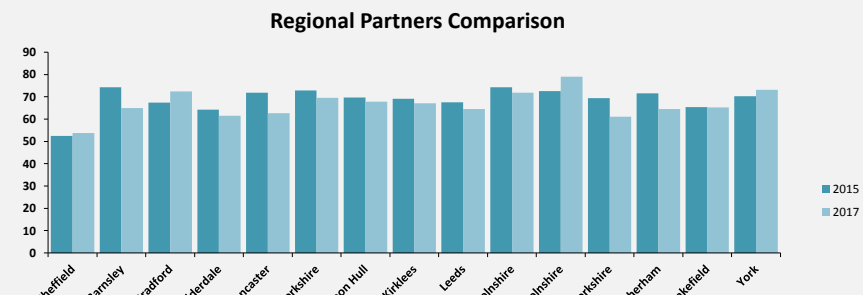
Major Comparators Comparison



Core Cities Comparison



Regional Partners Comparison



Updated: 10/11/2017

Produces by: Chris Blackburn PIPS

Click to Show/Hide Hints

Adult Social Care Outcome Framework - Performance Measures Benchmarking Das

SELECT ASCOF MEASURE,FILTER AND YEARS TO INCLUDE:

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

All

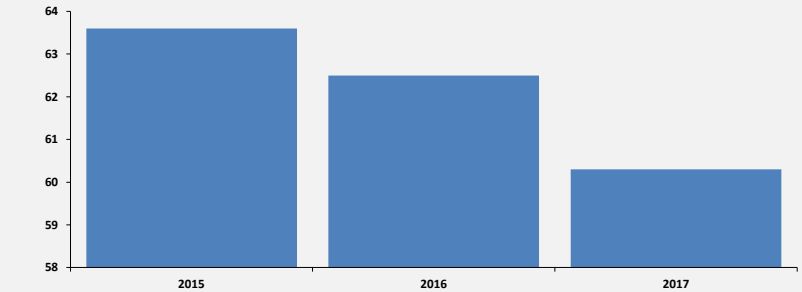
YEARS TO INCLUDE

2015 | 2016 | 2017

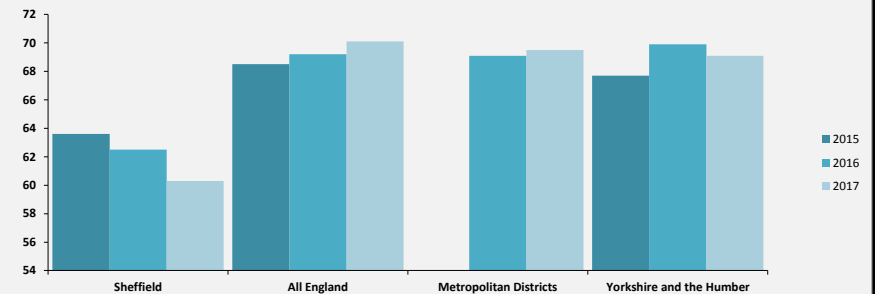
Sheffield Performance at a G

Measure Description	Sheffield	All England	Yorkshire and the Humber	Core Cities Average *(Arithmetic Mean)*
TBC	*Latest Figure*	*Latest Figure*	*Latest Figure*	*Latest Figure*
	60.3%	70.1%	69.1%	67.7%
	Trend	*Trend*	*Trend*	*Trend*
	Worse	Same	Same	Same
	Rating	*Our Ranking*	*Our Ranking*	*Our Ranking*
	0	149	15	8

Sheffield History

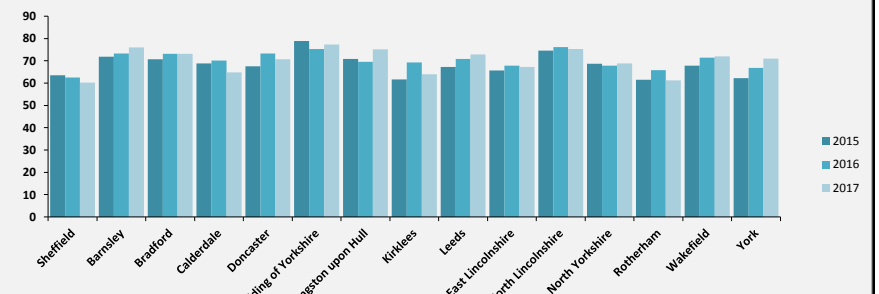


Major Comparators Comparison



Core Cities Comparison

Regional Partners Comparison



Updated: 10/11/2017

Produces by: Chris Blackbburn PIPS

Click to Show/Hide Hints

Adult Social Care Outcome Framework - Performance Measures Benchmarking Das

SELECT ASCOF MEASURE,FILTER AND YEARS TO INCLUDE:

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

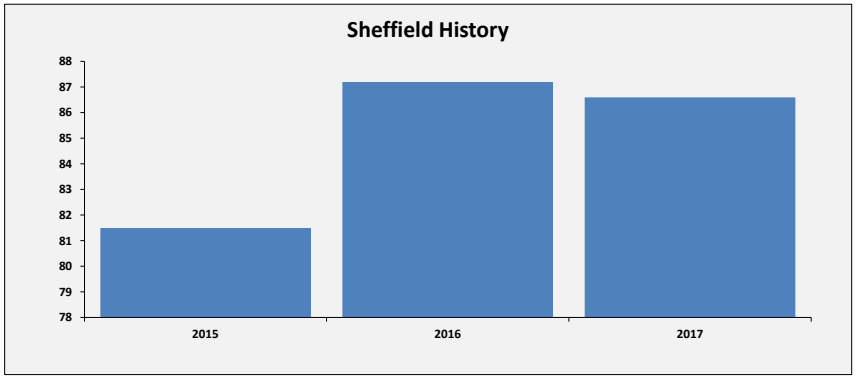
All

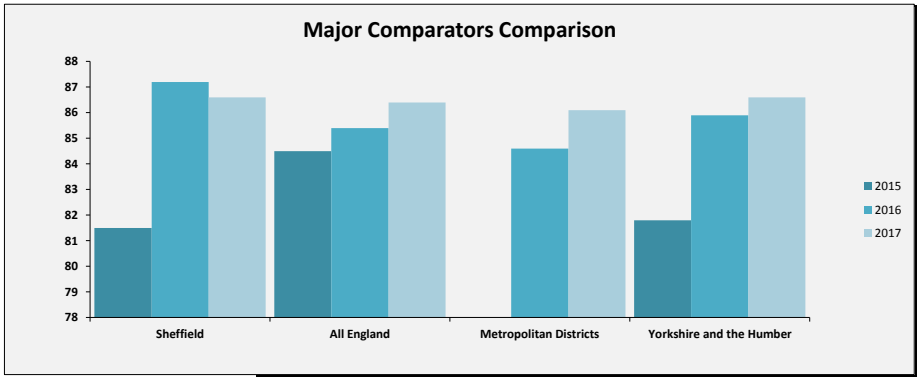
YEARS TO INCLUDE

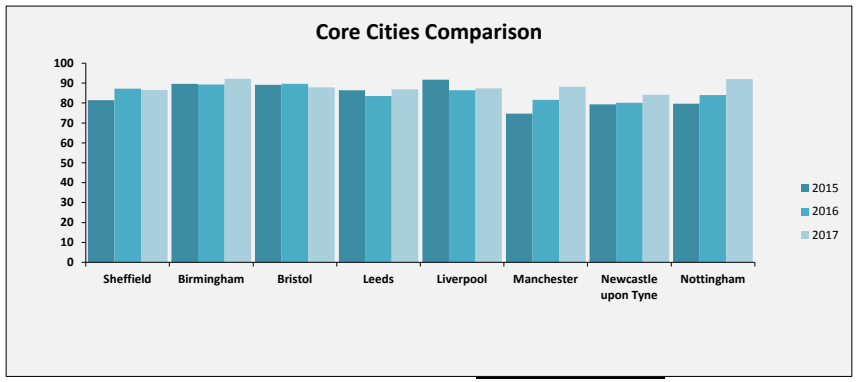
2015 | 2016 | 2017

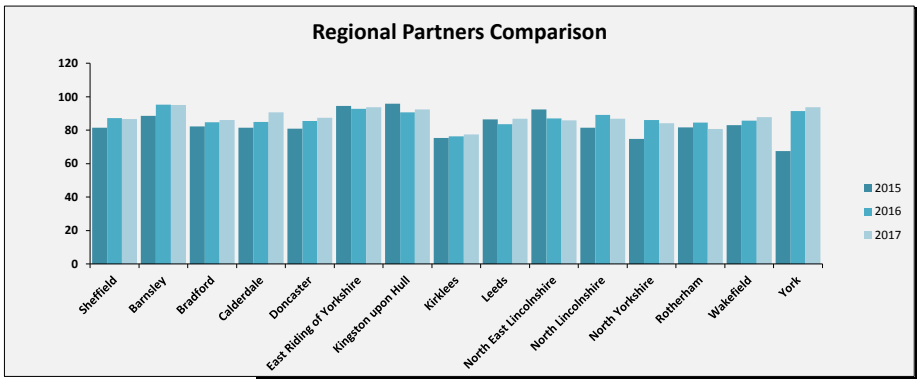
Sheffield Performance at a G

Measure Description	Sheffield	All England	Yorkshire and the Humber	Core Cities Average *(Arithmetic Mean)*
TBC	*Latest Figure*	*Latest Figure*	*Latest Figure*	*Latest Figure*
	86.6%	86.4%	86.6%	88.2%
	Trend	*Trend*	*Trend*	*Trend*
	Same	Same	Same	Better
	Rating	*Our Ranking*	*Our Ranking*	*Our Ranking*
	5	74	10	7









Updated: 10/11/2017

Produces by: Chris Blackbburn PIPS

Report to Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee
January 17th 2017

Report of: Policy and Improvement Officer

Subject: Work Programme 2017/18

Author of Report: Emily Standbrook-Shaw, Policy and Improvement Officer
Emily.Standbrook-Shaw@sheffield.gov.uk
0114 273 5065

The Committee's work programme is attached at appendix 1 for consideration and discussion.

The work programme remains a live document throughout the year and can be added to and altered as issues arise. The work programme is presented at every meeting of the Committee for discussion.

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

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

The Scrutiny Committee is being asked to:

- Consider and discuss the committee's work programme for 2017/18

Category of Report: OPEN

Appendix 1

Healthier Communities and Adult Social Care Scrutiny & Policy Development Committee
Draft Work Programme 2017/18

Chair: Cllr Pat Midgley
Vice Chair: Cllr Sue Alston

Please note: the Work Programme is a live document and so is subject to change.

Topic	Reasons for selecting topic	Lead Officer/s	Agenda Item/ Briefing paper
Wednesday 17th January 5-8pm			
Mental Health Transformation	To consider the mental health transformation programme - activity, progress, impact on service users, performance, next steps,	Dawn Walton, Jim Milns, Mel Hall	Agenda Item
Care and Support Performance	Request for 6 month update following 2016/17 consideration.	Phil Holmes, Director of Adult Services	Agenda Item

Wednesday 28th February 5-8pm			
CQC visits to GPs	Follow up from issues considered in 2016/17 - how do we ensure high quality GP services across the city - report on progress.	NHS Sheffield CCG/CQC	Agenda Item
Urgent Care Consultation and Outcome	To consider the results of the Consultation and how the CCG are planning to proceed with the decision making process.	Kate Gleave, NHS Sheffield CCG	Agenda item
Food and Wellbeing Strategy follow up	Response to the Committee's comments following consideration of the Food and Wellbeing Strategy at the November meeting.	Jess Wilson, Health Improvement Principal	Briefing Note
Wednesday 21st March 5-8pm			
Oral Heath - progress update	To receive an update on progress in developing the oral health strategy and reviewing water fluoridation.	Greg Fell, Director of Public Health	Briefing Note
Scrutiny Annual Report 2017-18 Draft Content	This report asks the Committee to consider a summary of its activities over the municipal year for inclusion in the Scrutiny Annual Report 2017-18.	Policy and Improvement Officer	Agenda Item
Sheffield Children's Hospital Quality Accounts	Annual consideration of Quality Accounts	Sally Shearer	TBD

Reducing Delayed Transfers of Care	Update on how the new system coped over the winter period.	Phil Holmes, SCC; Michael Harper, STH, Peter Moore, CCG.	Briefing Note
Future items to be scheduled - scope to be determined			
Dementia Strategy	What progress is being made on refreshing the dementia strategy - opportunity for Committee to influence its development	Greg Fell, Dawn Walton, Mandy Philbin	
Accountable Care Partnership and Shaping Sheffield	To consider how the Accountable Care Partnership is developing, in advance of the Partnership Board moving out of its shadow phase.	NHS Sheffield CCG, Sheffield City Council	
Social Prescribing	To consider Sheffield's approach and how effective it is.	TBD	
Adult Safeguarding	Scope to be determined	Jane Heywood, Simon Richards	
Emergency Preparedness	To seek assurances that Sheffield's health system is prepared for major incidents.	STH/CCG	
Health in All Policies	To consider how well the Public Health Strategy is being embedded across all areas of Council activity	Greg Fell, Director of Public Health	
Joint Strategic Hospital Services Review	To consider the outcome of the review and the potential impact on Sheffield (the regional JHOSC is also considering this.	NHS Sheffield CCG	
Urgent Care Consultation and Outcome	Committee to keep watching brief. Particular concerns over detail of proposals - esp location of 'hub' surgeries.	Kate Gleave, NHS Sheffield CCG	

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