Public Document Pack

Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee

Wednesday 18 April 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
18 APRIL 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 Meeting (Pages 5 - 10)
To approve the minutes of the meeting of the Committee held on 21st March, 2018

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

7. Sheffield Adult Safeguarding Partnership - 2016-17 Annual Report (Pages 11 - 56)
Report of the Independent Chair of the Sheffield Adult Safeguarding Partnership

8. Age Better in Sheffield (Pages 57 - 62)
Report of the South Yorkshire Housing Association

9. Plans for Dementia Support in the City (Pages 63 - 72)
Report of the Director of Commissioning, Inclusion and Learning

10. Work Programme Review and Annual Report 2017/18 (Pages 73 - 80)
Report of the Policy and Improvement Officer

11. Date of Next Meeting
The next meeting of the Committee will be held on a date to be arranged

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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 21 March 2018

PRESENT: Councillors Pat Midgley (Chair), Sue Alston (Deputy Chair), Steve Ayris, David Barker, Lewis Dagnall, Tony Downing, Mike Drabble, 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 An apology for absence was received from Councillor Pauline Andrews.

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 7 - Neighbourhood Model of Working (Item 5 of these minutes), the following declarations were made:-

- Councillor Mike Drabble declared a disclosable pecuniary interest by virtue of working one day a week in a GP surgery, and undertook not to participate in the discussion for that item.

- Councillor Talib Hussain declared a disclosable pecuniary interest by virtue of his wife's employment at the Pakistan Muslim Centre, and undertook not to participate in the discussion for that item.

4. PUBLIC QUESTIONS AND PETITIONS

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

5. NEIGHBOURHOOD MODEL OF WORKING

5.1 The Committee received a presentation from NHS Sheffield Clinical Commissioning Group (CCG) which provided some context and detail for the Neighbourhood Working approach, geographic populations of approximately 30,000-50,000 people being supported by joined up health, social, voluntary sector and wider services to enable people to remain independent, safe and well at home and in the community.

5.2 Present for this item were Nicki Doherty, Director of Delivery - Care Outside of Hospital, and Dr Anthony Gore, Clinical Director - Care Outside of Hospital.

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

- With regard to the rationale for the size of neighbourhoods, Dr Gore confirmed that evidence had been gathered from around the world which demonstrated that care provided on that scale was the best in ensuring effective engagement and service delivery.

- In response to a question about outcomes, Ms Doherty advised that numerous programmes were being implemented which sought to increase healthy life expectancy and reduce the inequality gap. The neighbourhood approach was a way of working that incorporated those programmes, adapting local service provision to address the needs of the local population, not just regarding health but also care and community initiatives.

- A further challenge would be assessing whether these programmes had been effective, proving services were better integrated and evaluating whether people were experiencing a better service.

- With regard to patient experience, Dr Gore advised that access should be seamless; patients wouldn't necessarily notice any change in how they accessed care, instead the neighbourhood approach sought to ensure better communication and joined-up working between service providers 'behind the scenes'.

- Ms Doherty advised that, through previous reorganisations, professional networks of communication had broken down and that this approach was trying to re-establish the relationships between services to build trust and ensure better continuity of care.

- Dr Gore confirmed that the neighbourhood working approach was not changing any service provision and that when a service was being changed (unrelated to the neighbourhoods approach) consultations were being carried out.

- In response to a question regarding community partnerships, CCG officers confirmed these were recognised by neighbourhoods who were liaising closely with them, and were also linked in with 'People Keeping Well', an important strand of Sheffield City Council's approach to integrating health and social care services.

- In response to a question regarding Unified Patient Records, Dr Gore advised that technology was being developed and piloted to enable key pieces of information such as care planning information to be shared between service providers as necessary.

- With regard to the incoming General Data Protection Regulation (GDPR), this shouldn't affect data-sharing as there would be justifiable reasons for sharing that data. Dr Gore confirmed that when systems integrate the patient would still need to give permission for data to be shared, generally at point of care.

- With regard to investment, Ms Doherty advised that neighbourhoods were predominantly still working within the limited health and care budget, but there were opportunities that would be explored.

- In response to a question about the closure of the Duke Street clinic, Ms Doherty and Dr Gore advised that ear, nose and throat care was being looked at on a City-wide scale, with services then being configured in a cost-effective way, and undertook to obtain further detail as to why this specific provision was being replaced and what that replacement care was.

- Ms Doherty advised some mature neighbourhoods such as Darnall and North 2 were further along in co-producing solutions to the health needs of the local area through engagement with voluntary sector organisations, but confirmed that this could be improved with further engagement with patients, ensuring a bottom-up approach to health and care provision.

- It was noted that neighbourhoods had been allowed to self-brand, but that some names didn't describe the area they represented very clearly and therefore might make it harder for voluntary and community organisations to engage. Dr Gore advised that the neighbourhoods would have an opportunity to change their names in order to address this.

- Although one of the intentions of this approach was to empower service providers to work differently, CCG officers took the challenge to similarly empower local people to engage with this approach through informing and communicating with them, and Ms Doherty welcomed Councillors' involvement with this.

5.4 **RESOLVED:** That the Committee thanks those attending for their contribution to the meeting and notes the contents of the presentation and the responses to the questions.

6. OVERVIEW OF CARE QUALITY COMMISSION RATINGS FOR SHEFFIELD GENERAL PRACTICES

6.1 The Committee received a report of the Chief Nurse for Sheffield Clinical Commissioning Group (CCG) which detailed the results of the Care Quality Commission (CQC) inspections of Sheffield's General Practices. Present for the item was Chief Nurse Mandy Philbin.

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

- All 85 practices had been inspected to date, of which 83 had been rated 'Good', 1 rated 'Requiring Improvement' and 1 rated 'Inadequate'. Ms Philbin

confirmed the latter two were Barnsley Road Surgery and the Mathews Practice respectively.

- These inspections had been carried out in 2017, with the Inadequate rated practice being inspected twice.

- After negative rating, the CCG provided intensive support through a recovery plan in order to address the areas needing help and to ensure resilience through medical leadership and accountability. If the service didn't improve, the intensity of that support would increase.

- With regard to those practices not improving, the CQC could take a decision to shut down a practice during their inspection. Alternatively, the CCG could serve notice of withdrawing funding owing to contractual agreements within the recovery plan not being met. After this point the CCG could make the practice financially non-viable and effectively close it down.

- If a service were shut down, the CCG would ensure alternative provision of care was available immediately, such as through other providers in the neighbourhood.

- Ms Philbin emphasised that the process to close a GP surgery was highly regulated with a long timescale to encourage improvement, and that conversations would be held with partners to explore options and alternative provision before any decision to effectively close a GP surgery was taken.

- Members were pleased to see the improvements made to those issues and areas which had been commented on last year and that the vast majority of practices were rated as 'Good' with some 'Outstanding' areas of work. Members also noted that the aspiration was to increase the level of 'Outstanding' activities through sharing best practice, case studies and research

6.3 **RESOLVED:** That the Committee thanks those attending for their contribution to the meeting and notes the contents of the report and the responses to the questions.

7. DELAYED TRANSFERS OF CARE - PERFORMANCE UPDATE

7.1 The Committee received a report of the Director of Adult Services. Phil Holmes (Director of Adult Services) took the Committee through the report, which set out how the NHS and the Council were performing in Sheffield with regard to Delayed Transfers of Care, the factors causing it, and how they would be addressed over the next year.

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

- Although the figures for this period were similar to last year, the situation had been much more complicated owing to the weather conditions. It was noted

that measures put in place for this year allowed this difficult period to be controlled and prevented it from being unmanageable.

- There had been a significant improvement in relationships between the Council, Sheffield Teaching Hospitals and Sheffield Clinical Commissioning Group, with much greater shared understanding of the root causes of people staying too long in hospital. This meant a programme of work could be set up to tackle these core issues comprising both “in-hospital” and “out-of-hospital” workstreams.

- Although adult social care did not directly affect Delayed Transfers of Care figures, Members noted that capacity had been increased which enabled a greater number of people to return home with care.

- In terms of improvements, the immediate focus was to reduce the numbers of people waiting in hospital from current levels, then move on to strategic actions to ensure that performance did not slip again once the next winter approaches. Another area for improvement was to provide consistent practice within and out of hospital so that queues did not develop around holiday periods.

- Members noted that Sheffield had recently been subject to a System Review by the Care Quality Commission (CQC) on health and care arrangements for older people, which included Delayed Transfers of Care.

- Sheffield would receive a report of the CQC findings in June and will then hold a local summit to set out improvement actions including operational measures to ensure Delayed Transfers of Care reduce, as well as preventative action so that a greater number of older people could stay at home. The aim was to ensure the voices of older people in Sheffield and their carers were being listened to, and that those views would drive the provision of care and identify prevention points.

7.3 **RESOLVED:** That the Committee thanks those attending for their contribution to the meeting and notes the contents of the report and the responses to the questions.

8. ORAL AND DENTAL HEALTH IN SHEFFIELD - UPDATE ON RECOMMENDATIONS

8.1 The Policy and Improvement Officer confirmed that Cabinet had requested the Director of Public Health, in consultation with the Cabinet Member for Health and Social Care, to re-examine the issue of water fluoridation, and undertook to keep this issue on this Committee’s work programme.

8.2 The Policy and Improvement Officer also advised that she had received some additional information on water fluoridation from a member of the public which she would circulate to Members for their information outside the meeting.

8.3 **RESOLVED:** That the Committee notes the update report and keeps the issue of water fluoridation on the work programme.

9. WORK PROGRAMME 2017/18

9.1 The Committee received a report of the Policy and Improvement Officer which set out the Committee's work programme for 2017/18.

9.2 The Policy and Improvement Officer advised that, consideration would be given to the most appropriate way to involve members of the safeguarding Customer Forum in Scrutiny.

9.3 The Policy and Improvement Officer also advised that proposals were being developed for the Accountable Care Partnership to hold their meetings in public, with agendas and minutes publically accessible, and that an update report would be received by this Committee in six months.

9.4 RESOLVED: That the information now reported be noted.

10. MINUTES OF PREVIOUS MEETING

10.1 The minutes of the meeting of the Committee held on 17th January 2018 were approved as a correct record.

11. UPDATE ON THE ACTIVITY OF THE SOUTH YORKSHIRE, DERBYSHIRE, NOTTINGHAMSHIRE AND WAKEFIELD JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

11.1 The Committee received and noted a report of the Policy and Improvement Officer which provided an update on the activity of the South Yorkshire, Derbyshire, Nottinghamshire and Wakefield Joint Health Overview and Scrutiny Committee.

12. WRITTEN RESPONSES TO PUBLIC QUESTIONS

12.1 The Committee received and noted a report of the Policy and Improvement Officer setting out the written responses to the public questions raised at its meeting held on 17th January 2018.

13. DATE OF NEXT MEETING

13.1 It was noted that the next meeting of the Committee would be held on Wednesday, 18th April 2018, at 5.00 pm, in the Town Hall.

Report to Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee 18th April 2018

Report of: Independent Chair Sheffield Safeguarding Adults Board – Jane Haywood

Subject: Safeguarding Adults Board Annual Reports

Author of Report: Head of Adult Safeguarding – Simon Richards

Summary:

The Safeguarding Adults Board is required to produce and publicise an Annual Report setting out its activities and performance during the year. Previously this has included providing Scrutiny and Policy Development Committee with the opportunity to review these reports and have input to future planning and priority setting.

Attached for information is the 2016/2017 Annual Report.

The Annual Report for 2017/2018 will be published by October 2018.

The Annual Report for 2018/2019 will be produced by the Safeguarding /Adults Customer Forum. Members of the Forum are Adult Safeguarding 'experts by experience'. Individually and collectively they have an extensive, and unique, insight of safeguarding adults in Sheffield and the issues this raises. The Forums decision to take on responsibility for producing this year's Annual Report is an exciting innovation. It marks a major departure from previous production arrangements. These have been largely officer driven with a bias towards providing organisational perspectives rather than focusing on the most important people involved in Safeguarding, those who are themselves at risk of abuse or neglect. The 2018/2019 Annual Report will not only reflect the voice of these people but will have been produced by them.

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	✓

The Scrutiny Committee is being asked to:
Review the 2016/2017 Annual Report.
Consider what information might be included in 2017/2018 report.
Engage with and support the Safeguarding Adults Customer Forum who have taken on responsibility for producing the 2018/2019 Annual Report. Representatives of the Forum will be attending the meeting to explain how they are going to be producing the Report and to discuss how Scrutiny members would want to be involved.

Background Papers:
There are no Background Papers.

Category of Report: OPEN/~~CLOSED~~

Sheffield Adult Safeguarding Partnership

2016-2017 Annual Report

SheffieldAdult SafeguardingPartnership

Contents

Foreword

This annual report sets out the work of Sheffield's Adult Safeguarding partnership in 2016/17. Our work is only possible because of the support and work of our partners across Sheffield and each partner has set out their individual contribution in this report.

Our key achievements have been:-

- The continued involvement a support of our customer forum who are active members of our operational board;
- An improvement in our response to safeguarding concerns in timeliness and in making safeguarding personal;
- Training and support for colleagues in addressing vulnerability and self-neglect; and
- Support for Safe in Sheffield and work on financial scams.

There is always more to do and in 2017/18 we are focussed on:-

- **Hearing the voice** of those who use our services and the customer forum to build and develop our services;
- **Learning and improving** so that our services are able to meet the needs of our community;
- **Providing support** to the most vulnerable including young people who are transferring to adult services; and
- **Delivering targeted interventions** in areas such as financial scams, modern slavery and sexual exploitation.

I am grateful to all those who support our work and to our front line colleagues who do so much to keep people safe in Sheffield through challenging times. With my colleagues in the Sheffield Adult Safeguarding Partnership we will do all we can to support them and our communities to keep people safe and make safeguarding personal.

J.K. Haywood

Jane Haywood MBE

Independent Chair, SASP

The Six Principles of Safeguarding

Empowerment

Personalisation and the presumption of person-led decisions and informed consent

"I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens."

Prevention

It is better to take action before harm occurs.

"I receive clear and simple information about what abuse is, how to recognize the signs and what I can do to seek help."

Proportionality

Proportionate and least intrusive response appropriate to the risk presented.

"I am sure that the professionals will work for my best interests, as I see them and they will only get involved as much as needed."

Protection

Support and representation for those in greatest need

"I get help and support to report abuse. I get help to take part in the safeguarding process to the extent to which I want and to which I am able."

Partnership

Providing local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.

"I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together to get the best result for me."

Accountability

Accountability and transparency in delivering safeguarding

"I understand the role of everyone involved in my life."

Enshrining these principles in all safeguarding work within adult social care and with partners will be the hallmark of a high performing and responsive service

Introduction

Keeping people safe from neglect or abuse is the fundamental duty of those with a responsibility towards people at risk.

The Care Act 2014 requires the Safeguarding Adults Board (SAB) to publish its Annual Report as soon as is feasible after the end of each financial year.

The report must include:

- What it has done during that year to achieve its objectives
- What it has done during that year to implement its strategy
- What each member has done during that year to implement the strategy
- The findings of the reviews arranged by it under section 44 (Safeguarding Adults Reviews) which have concluded in that year (whether or not they began in that year)
- The reviews arranged by it under that section which are ongoing at the end of that year (whether or not they began in that year)
- What it has done during that year to implement the findings of reviews arranged by it under that section
- Where it decides during that year not to implement a finding of a review arranged by it under that section, the reasons for its decision.

This annual report covers the 12 months from April 2016 to March 2017 and provides an update and information on significant activity and developments for Adult Safeguarding in Sheffield.

The Sheffield Adult Safeguarding Partnership (SASP)

The Sheffield Adult Safeguarding Partnership (SASP) is made up of organisations that have a key role in protecting people from harm.

The Safeguarding Adults Executive Board leads and holds individual agencies to account, to ensure adults in Sheffield are protected from abuse and neglect.

Keeping people safe from neglect or abuse is the fundamental duty of those with a responsibility towards people at risk.

The Care Act 2014 put Adult Safeguarding on a legal footing from April 2015. Each local authority had to set up a Safeguarding Adult Board – in Sheffield this is known as the Executive Board.

Core membership must include the Local Authority, the Police and the NHS, and the local Clinical Commissioning Group.

The Executive Board meets three times each year and members representing organisations are sufficiently senior in their organisations to influence practice and consistently "get things done".

The role of the Independent Chair is to lead, co-ordinate, support and challenge partner agencies working to safeguard and promote the wellbeing of 'vulnerable adults', and to improve outcomes for and with them.

Our vision is that the people of Sheffield can live a life free from avoidable harm in communities that do not tolerate abuse, work together to prevent abuse occurring and know what to do when abuse happens.

The partners are:

- South Yorkshire Police
- Sheffield Health and Social Care NHS Foundation Trust
- Sheffield Teaching Hospitals NHS Foundation Trust
- Sheffield NHS Clinical Commissioning Group
- Sheffield City Council
- National Probation Service (South Yorkshire)
- South Yorkshire Fire and Rescue
- HealthWatch
- NHS England

Our Purpose

The SASP's overall purpose is to ensure that all those in Sheffield, particularly those with care and support needs are protected from harm through abuse or neglect.

This is a challenging task, but we are clear that by working in partnership with the community, carers and those who use our service we can make a difference to their well- being and safety.

Our Achievements

The partnership has been in existence since 2009 and in that time we have:

- Improved internal arrangements across the partnership, strengthening the governance of safeguarding in a difficult financial environment whilst ensuring the profile of safeguarding has been sustained, and in some instances enhanced by dedicated resources
- Ensured the voice of the Customer Forum and service user is valued and supported - good practice of engaging with service users and their organisations needs to continue to strengthen the involvement of the Customer Forum, and the Board's Strategic Plan is evidence of this intent
- Overseen improvement and development plans which led to improved engagement of the Partnership to ensure a multi-agency response if there are concerns about abuse
- Enabled agencies to promote their service to other partners and encouraged them to consider how they can contribute to the broader aspects of keeping people safe in a joined up way: for example supporting the services of South Yorkshire Fire & Rescue through Learning Reviews relating to Fatal Fires and promoting the Safe & Well Partnership Referral scheme
- Practice in relation to self- neglect in Sheffield is well regarded nationally
- Safe in Sheffield Scheme and Financial Scams targeted interventions have been very successful and good examples of preventive work supported by the Board
- An additional post has been supported to enable the Board to be assured on the health/ NHS perspective in both the safeguarding pathway and the development of quality practice in this area of work.
- Improved on the timeliness of responses, updated and implemented new procedures and ways of working to make reinforce making safeguarding personal to ensure people feel safe at the end of the work with and for them
- Improved management information, and used data to ask questions and take action
- Protecting Vulnerable People is a South Yorkshire Police Force priority, and is part of the Police and Crime Commissioners Crime Plan 2013 to 2017
- SYP officers and staff have received specific training on vulnerability
- Specialist resources are dedicated to investigate the more serious of crimes, targeting those victims and perpetrators that are deemed high risk such Rape (non-stranger) 'Honour' based violence, Forced Marriage and Female Genital Mutilation (FGM), and Innovative multi-agency victim engagement strategies employed for victims of historic sexual abuse
- South Yorkshire Police Modern Day Slavery team created to respond to emerging risk of Human Trafficking and organised crime

This work gives a sound base to move forward and further develop the safeguarding of people in Sheffield.

CASE STUDY

A Safeguarding concern was received on the Sheffield City Council Out of Hours Portal. The caller, from Yorkshire Ambulance Service (YAS), had visited a lady who was found at 03:00 hours, laid face down, horizontally in bed. Her leg was rotated, deformed and swollen. The lady was screaming out in pain, but had only been given paracetamol. The carers should have known that this required immediate hospital admission. It wasn't until 07:12 hours that 999 were called and the lady was taken to hospital. On X-ray the lady was found to have a spiral fracture of her femur.

The lady suffers with Alzheimer's and there are concerns that she will have suffered hugely. Following a planning meeting to consider these concerns and the actions of staff on duty that night, two members of staff were quickly identified as the alleged sources of harm, both having already been suspended from duties.

A senior clinician was identified to work with the allocated social worker to undertake the enquiry. Information was sought from the General Practitioner and Consultant Orthopaedic Surgeon. In addition, an internal enquiry and disciplinary procedures were initiated.

At the subsequent multi-agency outcome meeting, the family said they were pleased that lessons have been learned and they do not have any further concerns. The lady returned to the nursing home where family confirm they are happy with the service provided and that the she is safe and doing well.

On the balance of probability, the meeting found that abuse had occurred. Disciplinary procedures have now been concluded with the staff concerned being issued with final written warnings and a recommendation for further training. Duties were restricted to day shifts with additional supervision and support. These outcomes were shared with CQC, Nursing Midwifery Council and Disclosure and Barring Service

What people told us about Safeguarding

Throughout 2015/16 we engaged and consulted with a wide range of organisations, stakeholders and service users that have an interest in adult safeguarding.

The principles underpinning 'Making Safeguarding Personal' have been well received, but it was recognised that there is need to be clear about implications of what these principles meant in practice. There continues to be a keen interest in how someone's wellbeing influences Safeguarding in the city.

It was emphasised that prevention is very important, and that earlier awareness of an issue may mean there is an opportunity to prevent a concern becoming a crisis. It follows that spotting early signs of abuse and neglect is also a priority.

People want to see better information on where to get the right help and support by raising awareness of adult safeguarding across the city. It is recognised independent advocacy has a role to play in supporting some people.

All frontline staff should be properly trained and supported so they know what to do when they come across a Safeguarding issue, and can respond to people at risk in the right way.

Being able to access safeguarding easily when needed was also deemed very important.

Services need to make sure they are joined up better. People want to see that lessons are being learnt when something does go wrong so the chance of the same thing happening again are less.

All forms of abuse are a concern with financial abuse seen as not always having the priority it should have.

This feedback continues to be used to inform our Strategic Plan and will be included in future reviews of it.

Measuring Success

We will know if we have been successful when: -

- There is an overall increase in the number of people at risk who are asked about the difference Safeguarding has made to them, and that more people feel safer as a result of Safeguarding
- There is a demonstrable link, endorsed by the Customer Forum, between customer feedback on safeguarding experiences and the development of our approach to Safeguarding over the next 3 years
- There is a reduction in the numbers of referrals to safeguarding that do not meet the threshold for safeguarding
- Where issues are identified that aren't safeguarding but still need to be addressed then the Board is assured that these issues are being dealt with appropriately
- There is an overall increase in the levels of awareness of safeguarding adults amongst the people of Sheffield
- There is evidence that Safeguarding is accessible to all of Sheffield's communities

- The SAB is assured that all partner agencies are discharging their Safeguarding responsibilities and that where issues arise these are escalated and dealt with appropriately
- There is evidence that learning is derived from safeguarding cases through lessons learned reviews or SARs and that this learning is disseminated and used to inform and drive improvements

Our Funding and Spending for 2016/17

2016-17 Total Safeguarding Income & Expenditure - SCC

	Budget	Outturn
	TOTAL SAFEGUARDING (Non-spending plan & spending plan)	
Income		
Balance brought forwards from 15-16	220,300	237,743
Sheffield City Council	282,600	282,900
SY Police and Crime Commissioner	12,000	12,000
NHS Sheffield	92,700	92,688
Other	10,700	1,275
Total Income	**618,300**	**626,606**
Expenditure		
Staffing Costs *	401,000	397,851
Transport	1,500	1,075
Supplies & Services **	215,800	60,863
Total Expenditure	**618,300**	**459,789**
Variance to be carried forwards to 17-18		**166,817**

Sheffield's Safeguarding Adults Board Strategic Plan (2017-20)

The Sheffield's Safeguarding Adults Board 3-year Strategic Plan 2017-20 was developed in consultation with partners but more significantly with people directly at risk of harm. The plan sets out what the Safeguarding Partnership will do to make the plan happen and what the intended outcomes are. The Plan has been produced with local people and their communities. Understanding what it means to be at risk of harm is a fundamental influence on the aims of the Plan.

The Executive Board is responsible for overseeing the achievement of the aims of the Strategic Plan. Other elements of the Partnership, including the Safeguarding Operational Board, and individual partner organisations are delegated by the Executive Board to make the plan happen. The Customer Forum decides itself what it wants to contribute to the Plan and prioritises and pursues its own actions in support of the delivery of the Strategic Plan.

Setting the right priorities and being clear on what outcomes we want to achieve is essential. These need to reflect the desire to take all practical steps to keep the people of Sheffield safe and the need to address any concerns people have about their own safety and wellbeing.

Our Priorities

The priorities we have set for 2017 - 2020 are:

1. **Hear the voice** of those who use our services and communicate with the communities of Sheffield
2. **Learn and improve** the quality of our services
3. Provide **support** to those who are **most vulnerable**
4. **Deliver targeted interventions** to tackle specific issues across the city.

These priorities have been informed by our analysis of emerging trends across Safeguarding in Sheffield and the intelligence gleaned from our safeguarding activities as reflected in our performance reporting and this Annual Report.

The Strategic Plan is informed by what we know about the challenges facing Adult Safeguarding in Sheffield, and is reviewed and updated annually. The Plan was reviewed between January – March 2017 and will next be reviewed in January 2018.

The work of Safeguarding Partners through the year

Customer Forum

The Customer Forum has continued to promote its existence and recruit new members to represent all customers, carer's and family. We have worked on providing feedback on a number of projects including a Customer Forum promotional leaflet, the Safeguarding Easy Read Customer Leaflet. Easy Read Annual Report and contributed to the review of the South Yorkshire Policies and Procedures.

They have agreed their own work plan, which is reviewed on a regular basis and use this to contribute to the Operations Board agenda.

The Customer Forum continues to build relationships with partner agencies and contribute to the work undertaken around Safeguarding Adults at Risk. Examples of this are:

- Customer Forum represented at Operations Board
- Review of Safeguarding Adults Training Courses, contents and material
- Assisting with the training sessions and delivery (3-day Enquiry Course)
- Members of the Self Neglect Task and Finish group.
- Attend relevant meetings with partner agencies
- Active involvement in the Safeguarding Adults Awareness week.

We are continuing to work towards our aim of making all safeguarding materials available as Easy Read versions, promoting inclusion and valuing customers.

The materials will be made available to the public and will contribute to raising general awareness around safeguarding concerns and what to expect from agencies.

There has also been an improvement in outcomes for Forum members who feel they are establishing a voice and feel valued.

They have a greater awareness of what Safeguarding means and the terminology used.

They also have a greater understanding of partner agencies and the support that is available which they in turn can share with family, friends, neighbours and other groups and community links they have.

Housing and Neighbourhood Service (HNS)

Throughout 2016/17 The HNS has continued to attend Vulnerable Adults Panel and Self Neglect Risk Management meetings, which in turn has helped improve partnership working in cases where a vulnerable adult requires support.

They have also been involved with Adult Safeguarding and other partners in various reviews to help improve the quality of the service.

The HNS have organised and chaired the Housing Safeguarding Reference Group, communicating key safeguarding messages to housing providers across the city and acting as a forum to discuss items and provide feedback to safeguarding leads.

They have delivered briefings to housing staff on the Sheffield Neglect Strategy and safeguarding training and regular refreshers are built into the training pathway for housing staff. Staff are also updated regularly on procedural changes.

Improved partnership working continues to help resolve issues giving better outcomes for individuals; and staff members are better informed to make appropriate decisions with matters in relation to safeguarding.

Sheffield Clinical Commissioning Group (CCG)

Sheffield CCG has continued to ensure safe and effective commissioning arrangements are in place to fulfil their NHS England duties including safeguarding adults who use NHS services.

Quarterly performance reports are requested and completed from the 2 Foundation trusts which are a direct response to contracting requirements. This is supplemented by the Annual Declaration from each Trust to confirm safeguarding and other duties are being met.

In addition to these assurances from the Trusts the CCG also receives assurances from the smaller independent health providers including St Luke's hospice.

In turn, Sheffield CCG has provided assurance to NHS England in respect of its safeguarding activity, to include providing assurance that as above, we commission safe and effective services from our commissioned providers.

During 2016/17 MCA, Modern Slavery and Human Trafficking, Domestic abuse and safeguarding adults and children's training, was made available for all GP practices. This included training for all GP's as well as training aimed at the identified lead GP's for safeguarding within practices.

With respect to partnership working, the CCG funded post of Associate Designated Nurse has assisted the Safeguarding Board to achieve outcomes relating to Prevention through contributions to Medicines Management in Social Care to steer and signpost practitioners to best practice guidelines, sources of information aimed at reducing risks from medication errors.

Working with Children, Young People and Families services to provide advice and support to staff within the permanence and throughcare service to assist with navigating adult social care and health services. Also by providing the health contribution into Operation Munroe which examined historical cases of Child sexual exploitation.

Providing support for the Head of Service has ensured the robust management of the Vulnerable Adults Panel. Also by providing support to front line social care staff with safeguarding advice particularly if the cause for concern is related to health problems.

The CCG through its Care Home Quality team, working with partners in SCC, has ensured that safeguarding issues identified within care homes are quickly addressed. The care home quality team has worked closely with SCC colleagues to support care homes experiencing difficulties, to prevent safeguarding concerns arising.

To protect young people, who have care and support needs, from abuse and neglect, the CCG has supported the work around transitions undertaken by the transitions steering group.

Through its commissioning and contracting processes, the CCG is assured that its providers are protecting those who need protecting.

Sheffield Teaching Hospital Foundation Trust (STHFT)

Sheffield Teaching Hospitals Foundation Trust (STHFT) is committed to Safeguarding adults at risk who come in to contact with our services.

STHFT has seen a year on year increase in the number of contacts to the safeguarding adults team for advice where a member of staff has identified an adult at risk.

The majority of safeguarding concerns come from the Front Door i.e. A&E or Acute Medical Unit which indicates that adults at risk are being identified early and referred for appropriate care and support.

In December 2015, The Care Quality Commission (CQC) inspected STHFT and inspectors met with the adult safeguarding team. The overall rating for the Trust was 'Good' with many services rated as 'Outstanding'.

STHFT is one of only 18 (out of 174) Trusts to have achieved green in every one of the five domains used to rate an NHS organisation.

The Friends and Family Test is used to also obtain feedback about patient experiences of receiving care at STHFT.

The Chief Nurse attends the Safeguarding Adults Executive Board and the Lead Nurse for Safeguarding Adults attends the Operational Board and sub groups thereof.

STHFT also provides representation at:

- MARAC
- Domestic Abuse Strategic Board
- Provider Consultation Group
- Domestic Homicide Review sub Group
- Vulnerable Adults Panel.
- Prevent Channel Panel
- Prevent Silver and regional Prevent meetings.
- Improving Health Group
- Learning Disability Partnership

STHFT has a dedicated safeguarding children and young people's team which provides training, advice and support to staff as well as investigating concerns of child abuse.

STHFT has been a partner in the Transitions Task and Finish Group.

- SASP and SCCG quarterly performance reports are submitted in a timely manner as required.
- STHFT submitted an annual safeguarding adult's assurance document to the SCCG in July 2016.
- Quarterly returns are submitted to SCCG re the agreed Key Performance Indicators (KPIs)
- Quarterly returns are submitted to Sheffield Drug and Alcohol/Domestic Abuse Coordination Team (DACT) re DHR action plans
- Quarterly returns are submitted to the Home Office via the Regional Prevent Coordinator and copied to the CCG re Prevent training provided and Prevent referrals made.

- The Adult safeguarding team is required to produce an annual safeguarding adults report to provide assurance to the Trust Board.
- STHFT adult safeguarding team submits an annual self- assessment assurance document to the SCCG for monitoring and scrutiny of safeguarding practices within STHFT.
- STHFT submitted a Section 11 Audit for both children and adult safeguarding in January 2017.
- The Safeguarding Adults Team contributed to the 2016/17 Business Plan consultation.

All safeguarding adults' policies and procedures have been updated to reflect the Care Act 2014 and other statutory or 'due regard' requirements.

The Safeguarding Adults team records safeguarding advice sought plus safeguarding concerns received and screened using the Datix incident reporting system. This is interrogated locally by the directorate governance leads to monitor safeguarding incidents recorded and to ensure any identified actions are completed.

The STHFT Serious Incident group identifies safeguarding concerns and forwards to the STHFT Safeguarding team for further screening.

Safeguarding enquiries requested by the Local Authority are forwarded to the STHFT Safeguarding Team for enquiry or forwarding on to other appropriate departments to undertake the enquiry. Safeguarding Leads are aware that they may be required to contribute to a safeguarding enquiry where the safeguarding concern relates to health matters.

Safeguarding Matters are discussed at the monthly Safeguarding Leads meetings. Anonymised case studies and Learning Briefs from SARs/DHRs are shared and discussed at the Safeguarding Leads meeting and disseminated to other departments as appropriate.

STHFT acute, community and midwifery services have signed up to the South Yorkshire Fire and Rescue 'Safe and Well' protocol. Serious Incidents that involve a safeguarding concern are forwarded to the STHFT safeguarding adults team for review.

The Pressure Ulcer Steering Group chaired by the Deputy Chief Nurse monitors and produces action plans for pressure ulcers of grade 3 and above which develop in the care of STHFT – hospital or community services.

A senior nurse represents STHFT at the Sheffield Learning Disability Partnership Board. Safeguarding matters and Mental Capacity Act (MCA) issues are regularly discussed, and feedback is shared about the experiences of patients with a learning disability.

The LD intranet site provides Information for practitioners, patients and carers and provides easy read versions of documents and information.

The use of the Health Passport is encouraged, and copies are accessible to staff via the LD Intranet site.

The safeguarding team also liaises with the Independent Mental Capacity Advocate (IMCA) service on a regular basis to discuss cases where the IMCAs are involved with patients who lack capacity to make their own decisions.

All safeguarding adults training provided at STHFT is compliant with the Care Act 2014 and Making Safeguarding Personal.

The Safeguarding Adults team undertakes an annual survey to assess staff knowledge and understanding of safeguarding responsibilities and processes.

Updates are provided via the Safeguarding Leads meeting and in safeguarding training in relation to staff responsibilities to participate in safeguarding enquiries.

Compliance with mandatory training for STHFT staff is currently 97% for level 1and 93% for level 2.

Sheffield Health and Social Care Trust

The Trust has undertaken a training needs analysis which is shaping the current training program to reflect National Guidance. Robust safeguarding reporting systems are in place, and documentation has been reviewed to ensure it is aligned to the Care Act 2014.

Reconfiguration of our Community Services is expected to be completed by November 2017, which will result in a single point of access for Notifications of Concerns. This supports ensuring that a consistent approach to safeguarding by all managers in the Trust is undertaken.

Safeguarding staff are now more accessible and attending Multi-Disciplinary Meetings, ensuring learning briefs within teams are shared to improve staff confidence to action concerns and empower them in dealing with safeguarding incidents. More staff have been trained in WRAP to ensure that adequate and appropriate training in relation to Prevent is delivered to all frontline staff.

Staff work collaboratively with service users and continue to involve them in all aspects of their care including risk planning. This ensures the voice of people at risk is heard. Service users and staff agree planned interventions then this is signed by both. A copy of the agreement is given to the service user.

Work to learn and improve is continuing through training programmes. Discussions with frontline staff have highlighted where further training is necessary, and this will continue to be a developing area of work.

Support for staff working on Safeguarding issues is now more accessible and available on one to one basis if necessary to clinical teams and through supervision of cases.

The safeguarding team has been piloting a self-audit within one Community Mental Health Team to test Governance Processes, Quality and Safety Standards. The lessons learned will be shared with all teams and directorates in the Trust.

Taken together these actions have ensured that all relevant staff are trained to the required standards of Safeguarding. Notifications of concerns are screened appropriately and within timescales which has ensured improved safety of the individual at risk. By providing learning briefs around such topics as self-neglect, Prevent, female Genital Mutilation, the Trust has skilled and knowledgeable safeguarding managers and staff that are effective in managing risk issues and behaviours. Working collaboratively with the individual has using a sound therapeutic relationship with the professional involved ensured safe, effective risk assessments to take place.

CASE STUDY

Some of the most vulnerable members of society live in Residential or Nursing Home Care, yet a high proportion of concerns raised are about these people and places. The most common category of abuse is Neglect/Acts of Omission. In the past each case would be dealt with on an individual basis, but overtime it became apparent that by using local intelligence (SCC contracts) we were able to identify multiple cases with similar concerns.

In February 2016 working with ADAPT (Access, Duty and Prevention Team), 15 reports of concern about a nursing care home, that had been raised by the local General Practitioner (GP) were identified. From these cases, six had closed because of insufficient evidence or at the request of families but the remaining nine required further investigation.

The safeguarding Manager (Adult Social Care) allocated two social workers to make further enquiries working in partnership with SCC contracts, CCG, CQC, the GP and the unit Manager, a full investigation was undertaken. The coordination, commitment and cooperation by all parties quickly resulted in urgent remedial action being taken.

Throughout these enquiries, residents and families were consulted and kept informed of progress and reassured of improvements that had already been made.

Working closely with the families and other key people, all nine residents had a personal outcome meeting. In addition, a full Overarching Enquiry was completed within eight weeks, which resulted in conference attended by all parties involved in each of the nine cases.

By taking this overarching approach, the social workers were able to identify that all nine residents shared the same or similar concerns:

- All - lacked mental capacity to understand about their personal care and support needs
- All - suffered weight loss due to poor diet, nutrition and hydration needs not met
- All - poor / lack of recoding in personal care notes and support plans
- All - social isolation and lack of stimulation / activity
- Some - issues about pressure area care
- One - unexplained bruising

At the time of this meeting one person was in hospital, two people had died, and one person was living with a relative.

The meeting unanimously agreed that Organisational Abuse had occurred, by Neglect and Acts of Omission. A protection plan was already in place, agreed by CQC and SCC contracts, and regular monitoring visits were being made.

Senior Managers from the organisation (source of harm) presented to the meeting:

- Their own Service Improvement Plan
- That Senior Management staff has either stepped down or have left the organisation.
- That training (especially about nutrition) and ongoing training is in place for all care home staff.
- The learning and development team have been working with the home and have arranged accountability / responsibility and document training for nursing staff, unit Managers, and Deputy Managers across the organisation's care home's. This training is to be completed by August 2017.

South Yorkshire Police

Police in Sheffield continue to support the Vulnerable Adults Panel with officers from the Anti-Social Behaviour team in regular attendance, where they contribute to a multi-agency approach to deal with and manage risks around vulnerable adults.

Sheffield District also has a robust process around the identification and management of repeat vulnerable victims, utilising a risk assessment for initial identification and a process for review with weekly scrutiny at the district's risk management meeting. Sheffield District has also implemented a joint Fire / Police team, called the LIFE team, that supports elderly members of the community, and supports victims of Hate Crime with reassurance visits.

In the last 12 months first and second line supervisors have been given additional training on Hate Crime and all staff are currently undergoing an on-line learning package covering Hate Crime, with attention being drawn to groups where under reporting is an issue, such as those with a disability. This is supported by a recent Hate Crime awareness campaign which has seen changes to the Force's literature and saw an enhanced Hate Crime page on the Force's web-site being implemented. This carried a short video that highlights the experiences of those with disability.

South Yorkshire Fire and Rescue

Safeguarding Concerns are triaged by the designated Safeguarding Advisor and out of hours by the Group Managers and data relating to this is published in the Prevention & Protection Quarterly report. The cases are predominantly related to neglect, often in association with fire risks and concerns about health and wellbeing. High Risk Coordinators manage the high fire risk cases and work with the occupant and relevant agency to reduce the risk of fire. Policies, relating to Safeguarding, are updated annually, together with an Equality Analysis that informs this. 'Making Safeguarding Personal' and for child protection a strengths-based approach "Signs of Safety" are reflected in current policy and covered in internal training.

In the last 12months South Yorkshire Fire and Rescue have introduced an internal Safeguarding Executive Board and Reference Sub-group. The purpose of these new arrangements is to strengthen governance through scrutiny and challenge across departments and to learn and improve in areas relating to multiagency working and information sharing.

The South Yorkshire Fire and Rescue internal training programme includes a face to face Safeguarding Induction for all frontline staff (this includes volunteers) and then dependent on role and responsibility additional and bespoke Introductory and Refresher. The latter may be blended learning and/or external trainers are invited in for specialist topics including Domestic Abuse, Modern Slavery, Tele-Care training. Community Safety Staff also attend Multi-agency training in their respective districts.

South Yorkshire Fire & Rescue continues to be represented at the Safeguarding Children and Safeguarding Adult Boards across the county and the SYP County Wide Safeguarding Board. This creates a significant demand on resource which it can be a challenge in managing.

SYF&R have contributed to a number of initiatives in policy development relating to self-neglect and hoarding. In addition to the Fire Risk Assessment and Fire Safety advice given during the Home Safety Check, additional screening questions and signposting have been incorporated as a "Safe & Well Check". This now includes "Falls", "Crime Prevention" & "Sight testing" and has been piloted in Doncaster and now being rolled out across South Yorkshire.

SYFR have made several review requests relating to fire fatalities across the county in the last 12 months and now have in place an internal Fire Death & Serious Injury Review process to which partners are now being invited to enhance the learning. The latter is for cases that do not meet the criteria for a statutory review process

Safe in Sheffield

Safe In Sheffield worked with 80 organisations to improve awareness of and promote engagement with safeguarding services. We provided a co-produced service that receives referrals from Mencap, Mental health teams, Case Register, the Council and other agencies. We have developed our social media presence to alert people to useful information related to keeping safe and well. Safe Places were audited to ensure they are fulfilling the requirements of the scheme and providing people with a somewhere to go and someone to talk to or get assistance from should they need it. This provided a good degree of reassurance.

Safe In Sheffield developed and distributed a handbook for its Safe Places which outlines ways for staff to raise concerns with the safeguarding team or relevant organisation. The training delivered to Safe Places was also re-designed and is now co-delivered with Safe Places members. The scheme re-launched its work with the Police to promote hate crime reporting through its Safe Places and with its members.

The feedback we have had from Safe Places about the training is positive. It has a much harder impact when stories are related directly from the person who experienced them. Better understanding the experiences of people means staff are better equipped to look out for people who may be at risk, and that they are equipped to act should they need to do it. The Safe Places members are investing their time in the scheme, be it through secret shopping, identifying new possible Safe Places being members of the steering group or getting involved on twitter or Facebook. This in turn directly impacts the service they receive at Safe Places and in the wider community. Safe Places that hold free community events are now promoting them through Safe Places social media to encourage people to get out and about in a supported way.

These quotes from people trained on the scheme testify to its value:

“The Safe Places Course really helped me – mainly because, David, being in on the training, made me more familiar with a vulnerable person and gave me the confidence to know that I can communicate with a person who may be vulnerable.”

“I enjoyed the course, I found it very informative especially the part on dementia, it also gave me the confidence to speak with & help people who are more vulnerable & what to look out for when they come to the desk. It also made you reflect on your own family members who have similar problems & it gave us the opportunity to speak about them in a positive way & how we help them.”

Sexual Exploitation Project

Although the sexual exploitation transitions project was not completed until July 2017 much of the groundwork was undertaken in 2016/17. The project included extensive consultation with a wide range of partner agencies, data review and talking to survivors of sexual exploitation. Significant anecdotal evidence was gathered.

A set of recommendations has been produced alongside practice tools to address the identified needs of young adults aged 18-25 who have survived, at risk of or experiencing sexual exploitation. A key theme from the project is our focus should be in responding to the individual needs of the victims of sexual exploitation irrespective of their age.

The findings in the report mirrored many of those identified within the task and finish group chaired by the Independent Safeguarding Chair. The work to address sexual exploitation sits alongside the work undertaken by partners working in child sexual exploitation, modern slavery, domestic abuse services and work with gangs. The ongoing development of partnerships with these organisations on both a practice and strategic level is considered to be a key part of the solution in terms of finding effective and efficient way of responding needs and risks faced by the victims of sexual exploitation.

Recognising the needs of young adults who have survived, at risk of or experiencing sexual exploitation has been an essential first step in improving the outcomes for the victims of sexual exploitation.

An investment in dedicated resource and a multi-agency commitment to the recommendations is required to meet the needs of transitioning adults who have survived, or are at risk of or experiencing sexual exploitation. This investment will ensure that Sheffield both accurately understands the needs of this group and will make a positive impact on the lives of these young adults.

Trading Standards tackling financial scams and rogue trading

This was the first year that the Safeguarding Adults Partnership has funded work to provide support for people at risk of financial scams and rogue traders.

In 2015 Sheffield Trading Standards began work with the National Scams team to evaluate intelligence that identified over 700 residents in Sheffield as recipients of scam mail. This work was incorporated with the project program.

- Officers have undertaken 400 visits to residents identified from the national project referrals.
- Approximately 30% were confirmed as regular responders.
- In response to referrals for assistance with phone scams, the service has installed a number of 'call-blocker' units donated to the project by manufacturers and the recent government project.

The downstream impact of all this work has been a rise in incident reporting and intel from a wide range of partners and front-line staff. We now have much more evidence flowing into the service which in turn is allowing for more targeted action against offenders. Offender profiles, modes of operation and identities are now very visible. The immediate impact of that is the number of criminal investigations has increased dramatically. We predict that once these people are locked up, potentially for 5 years, we expect incidents of rogue trading to decrease.

In 2016 the service responded to 70 incidents of alleged doorstep crime. On average, the victim was aged between 75-85.

- The service has 34 ongoing criminal investigations for fraud and related offences. Detriment is in excess of £130,000.
- Vulnerability issues were identified in 16 incidents requiring 'special measures' procedures for evidence from the victims.

- Officers have leafleted over 2500 properties near actual incidents with advisory leaflets to reduce the risk in hotspot areas.
- Officer response to 'live' incidents prevented £30,000 of financial detriment.
- Some more sensitive aspects of this work may be reported verbally.
- Considerable publicity has been generated by the project on both TV, radio, print media and on social media.

Links between the various partner organisations are very strong with a good appreciation of roles and solutions on these issues and awareness has increased. Significant achievements include campaign material, guidance and contact information made available across the partnership including, 115 GP surgeries, 28 libraries, 60 post offices, 14 local advice centres, Age UK Sheffield, Neighbourhood Watch.

Awareness training has been provided with supporting guidance material to:

- 80 social workers
- 30 Sheltered accommodation providers
- 18 Registered Social Landlords
- 25 community support workers
- 2 South Yorkshire Police PCSO teams
- 2 South Yorkshire Police Performance Crime Teams
- 5 carer groups

All Sheffield City councillors and Parish Councillors have been invited to support the campaign material. A number of partner events have been held including.

- Santander Meadowhall 'Customer focus day'
- Birley 'Safe and well' event with local councillors
- Sheffield Hallam University and Age UK Sheffield 'internet safety'
- Virgin Money: customer focus day: 'Scams awareness'.

CASE STUDY

Adult A was born with Cerebral Palsy. Until recently he was able to mobilise with two sticks, but following a fall he lost confidence and although he can weight bare, and uses a rotunda to transfer, he mobilises via a wheelchair.

Adult A lives alone in a one-bedroom bungalow. Apart from the bathroom there are only two rooms which are a through kitchen lounge and a bedroom.

Adult A has capacity in all areas of decision making in his life. Adult A has a care package of three calls a day, of double handed calls. These are morning, tea time and bed time. He also has a single-handed call on Wednesday each week for cleaning and shopping. He has a team of six carers who deliver his care on a regular basis. These six carers have been delivering his care for over twelve months without any major issues.

Adult A keeps his money in a bag. He puts the strap of the bag around his neck when out in his wheelchair. In the house Adult A sits in an adapted chair and keeps his bag at the side of the chair. Adult A is aware of approximately how much money he has and always checks his cash before he is going out, to ensure he has enough money to pay his expenses/taxi etc.

On the day in question, two of his regular carers were not at work. At the time he had £62 in his bag. He was very clear about the amount as he had checked the change in his purse and his wallet on the Monday night, when he returned from a Council meeting. He did not go out Tuesday or Wednesday. On Thursday afternoon, a friend called Mark came to the house around 1pm as they were both going to visit a friend at the other side of the city. Mark went into Adult A's bedroom to get his coat and asked 'Why is your change purse on the side?' Adult A checked the change purse and his wallet and there was no money or cash in either.

There had only been one new carer who visited since Tuesday morning. She had visited with a regular carer on Tuesday night and alone on Wednesday to do the shopping and cleaning call. Adult A alerted the care agency to the missing cash. A safeguarding concern was raised. Adult A wanted to find out who was responsible for taking his money and to make sure it did not happen again.

Enquiries were made regarding the case. However, there was insufficient information or evidence to come to a conclusion about the case.

Although Adult A was disappointed that he did not find out who was responsible for taking his money, he has a positive attitude towards safeguarding and uses his own personal experiences to enhance Safeguarding Training and the relationship between adults, professionals and agencies and promotes raising safeguarding concerns and keeping safe.

This approach is considered by all involved as a positive and effective way to quickly respond to multiple concerns about a single provider.

The safeguarding office intend to continue with this approach, but only when all people involved agree that this is the best and most appropriate use of all available resources and achieve the best outcomes for Customers.

Safeguarding Activity and Performance

Background to safeguarding activity and data used in this report

This information is about Adults at risk aged 18 and over, for whom safeguarding concerns were reported to SCC and SHSC. The report also includes demographic information about the adults and risk. Routine statistical data has been collected over a number of years, providing a valuable over view of safeguarding activity and trend. Some terminology is no longer used in current practices. The words 'cases' or 'activity' are used as overarching terms to describe both concerns and enquiries.

The overarching purpose of the Sheffield Adult Safeguarding Partnership is to help and safeguard adults with care and support needs. The Executive Board requires the Operational Board to have collective oversight of this report, and use data to ask questions and take action:

- assuring itself that local safeguarding arrangements are in place as defined by the Care Act 2014 and statutory guidance
- assuring itself that safeguarding practice is person-centred and outcome-focused
- working collaboratively to prevent abuse and neglect where possible
- ensuring agencies and individuals give timely and proportionate responses when abuse or neglect have occurred
- assuring itself that safeguarding practice is continuously improving and enhancing the quality of life of adults in its area

Data

Data for this report is extracted from Sheffield City Council's social care system 'CareFirst', and reports provided by Sheffield Health and Social Care Trust who use 'Insight'

Historical data prior to the Care Act 2014 is mostly consistent to Department of Health statutory returns: Abuse of Vulnerable Adults (AVA) for 2011-12 & 2012-13, Safeguarding Adults Return (SAR) for 2013-15, and Safeguarding Adults Collection (2015-onwards).

Some of the data categories collected have remained the same, but there are also some significant differences. Work is progressing in Sheffield Health & Social Care to align reporting frameworks in order to systematically generate performance data to comply with the Department of Health Safeguarding Adults Collection, and enhanced performance data required by SASP.

At this stage, we have not been able to combine SCC and SHSCT data for 2016/17, and so performance information is presented separately.

Sheffield City Council - Key findings

Volume of Safeguarding alerts

In 2016-17 there were about 4883 new safeguarding concerns opened, of which around 50% were for people aged 75 and over. With ongoing access work at the 'front door', the number of concerns continues to reduce:

2016/17	Q1	Q2	Q3	Q4
New concerns opened	1345	1435	1086	1017

Of new concerns completed in Q4, the proportion of those concerns proceeding to Section 42 increased compared to previous quarters. See table 4.

High numbers of concerns that didn't progress were addressed through 'Case Management', or were found to be a duplicate concern (for example, person is known to several services each reporting the same problem). Table 3 provides some analysis of these findings.

We continue to develop better performance measures to show the scale of people representing with a safeguarding concern not being taken forward through to a section 42 enquiry. For re-referrals (within 90 days) following case closure at Concern stage, we now have complete data for April-December 2016. Re-referrals decreased slightly in December (to 26% from 30% in November). The average for the last 9 months is 28%. The Adult Social Care Leadership Team has scoped further work to review a sample of those that repeated, and check what assurance/evidence there is that they are 'legitimate' re-referrals.

There were no new Safeguarding Adult Reviews commenced or concluded in 2016/17

Nature of alleged abuse

Neglect Physical, Psychological and Financial remain the highest category of alleged abuse reported as a concern. Neglect is the failure of any person who has responsibility for the charge, care or custody of an adult to provide the amount and type of care that a reasonable person would be expected to provide. See table 13.

New categories of alleged abuse are being reported, indicating professionals are more confident in being able to recognise and report abuse of this nature. More time is needed to identify and report on trends in this area.

Characteristics of people referred to safeguarding

Gender ratio remained about the same 60% female, 40% male in 2016-17

35% of concerns were for people aged 18 to 64, 15% 65 to 74, and 50% were for people aged 75 and over during 2016-17. See table 7.

The White Ethnic group remains highest in terms of percentage distribution of safeguarding concerns reported – about 86.6% over the year - with 6.6% BME, 1.9% declined and 4.7% unknown. See table 8. There has been an improvement in ethnicity recording, including 'declined to state', particularly as investigation progresses. A more detailed analysis of different ethnic groups will reveal if services are being access by all communities across Sheffield.

What difference did we make?

Reduction of risk – The proportion of enquiries where risk has been reduced or removed fluctuated in Q4. The recording of evidence for this measure (24% in March and 30% in February) is poor, particularly compared to the improved performance noted in January and December (when only 12%- 13% of cases had no evidence recorded). Adult Social Care Senior Managers have noted this for improvement. See table 10

Outcomes being met – For those people who have been asked what their desired outcomes are, 98% of people who expressed outcomes felt that they had been met. However, there is a continued problem with non-recording around asking people what their desired outcomes are.

People feeling safer - The question 'How many adults at risk feel safer as a result of the safeguarding enquiry' is used as a proxy for satisfaction as it maps closely to ASCOF measures and is available from CareFirst at any stage of a Safeguarding Enquiry (post Concern stage). The proportion of people reporting that they feel safer remains high at 88% (although this has decreased slightly from February – 93%). However significantly high numbers of people are still being recorded as 'unable to answer' the question.

Total new concerns and rate of referral to planning meetings

It's important to understand the circumstances of abuse, including the wider context such as whether others may be at risk of abuse (including children), whether there is any emerging pattern of abuse, whether others have witnessed abuse and the role of family members and paid staff or professionals.

The circumstances surrounding any actual or suspected case of abuse or neglect will inform the response. For example, it is important to recognise that abuse or neglect may be unintentional and may arise because a Carer is struggling to care for another person. This makes the need to take action no less important, but in such circumstances, an appropriate response could be a support package for the carer and monitoring.

However, the primary focus must still be how to safeguard the adult. In other circumstances where the safeguarding concerns arise from abuse or neglect deliberately intended to cause harm, then it would not only be necessary to immediately consider what steps are needed to protect the adult but also whether to refer the matter to the police to consider whether a criminal investigation would be required or appropriate.

Early sharing of information is the key to providing an effective response where there are emerging concerns. No professional should assume that someone else will pass on information which they think may be critical to the safety and wellbeing of the adult. If a professional has concerns about the adult's welfare and believes they are suffering or likely to suffer abuse or neglect, then they should share the information with the local authority and/or the police if they believe or suspect that a crime has been committed.

Only a proportion of Alerts and Concerns result in a safeguarding investigation. Sometimes, more than one alert/referral is opened for the same person. As investigations into concerns about alleged abuse progress, several concerns can be rolled into a single investigation. Individual cases can involve more than one category of abuse.

Table 1 - Total Number of Concerns Received and Section 42 Enquiries Started 2016/17 Monthly Activity

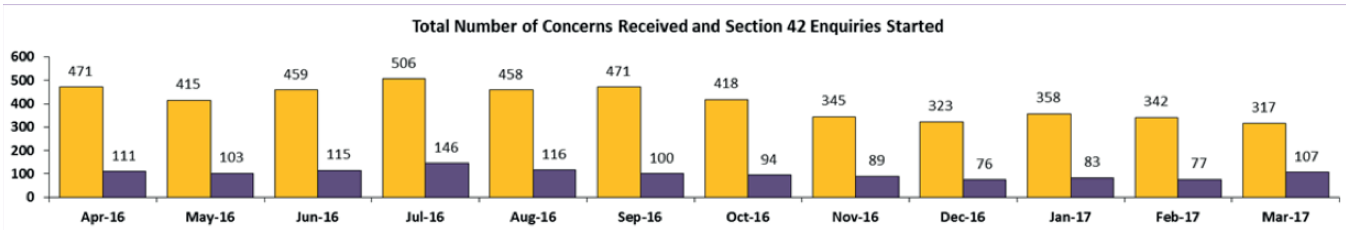


Table 2

	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Number of Concerns Received	471	415	459	506	458	471	418	345	323	358	342	317
Number of Concerns Completed	458	408	411	517	452	443	466	357	329	335	348	366
Number of Concerns that Progressed	111	103	115	146	116	100	94	89	76	83	77	107
Number of Concerns that did not Progress	347	305	296	371	336	343	372	268	253	252	271	259

Reference: SASP BOARD ROW 85

	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Number of Section 42 Enquires Started	111	103	115	146	116	100	94	89	76	83	77	107
Number of Section 42 Enquires Completed	46	79	50	84	123	116	79	92	59	78	82	114
Proportion of Section 42 Enquiries where some Outcomes have been met	52%	68%	52%	56%	47%	55%	33%	41%	54%	38%	30%	42%

Reference: SASP BOARD ROW 92

Overview of Progression	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Number of Concerns Received	471	415	459	506	458	471	418	345	323	358	342	317
Number of Concerns Completed	458	408	411	517	452	443	466	357	329	335	348	366
Number of Section 42 Enquiries Started	111	103	115	146	116	100	94	89	76	83	77	107
Proportion of Concerns that Progress onto a Section 42 Enquiry	24%	25%	28%	28%	26%	23%	20%	25%	23%	25%	22%	29%

Table 3

Outcomes of Concerns	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Continue to S42 - 3 Stage Test met	110	99	111	137	110	91	90	85	73	80	73	96
Continue to S42 - Self Neglect	1	4	4	9	6	9	4	4	3	3	4	11
3 Stage Test not met	271	239	189	249	203	248	198	124	132	125	136	101
Has capacity & declined support	11	11	17	20	17	12	7	4	5	2	6	7
Continued via MARAC/Domestic Violence	2	1	1	2	2	2	0	4	1	2	0	0
Case Management	0	0	0	0	0	1	66	63	56	60	78	105
Review or Reassessment	0	0	0	0	0	0	2	7	5	7	2	7
Incorporated into current Enquiry	0	0	0	0	0	0	3	12	1	2	4	1
Duplicate Concern	63	54	89	100	114	80	96	54	53	54	45	38
TOTAL	**458**	**408**	**411**	**517**	**452**	**443**	**466**	**357**	**329**	**335**	**348**	**366**

Note: as a result of reviewing systems and processes, practice has changed to allow social workers to address some 'safeguarding concerns' using alternative pathways - for example, a decline in someone's mobility (resulting in say fall at home) is better addressed by a reassessment of their care and support needs to ensure the best outcome is achieved (different care package), rather than referring into the Safeguarding process

Table 4 - Proportion of Concerns that Progress to a Section 42 Enquiry

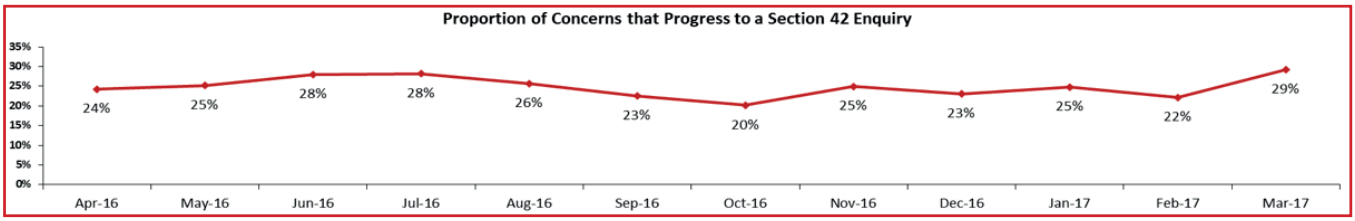
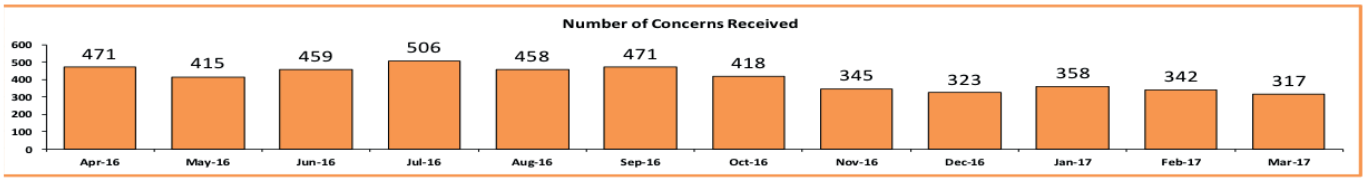


Table 4 - Number of Concerns Received/Number of People Concerns Received Relate To



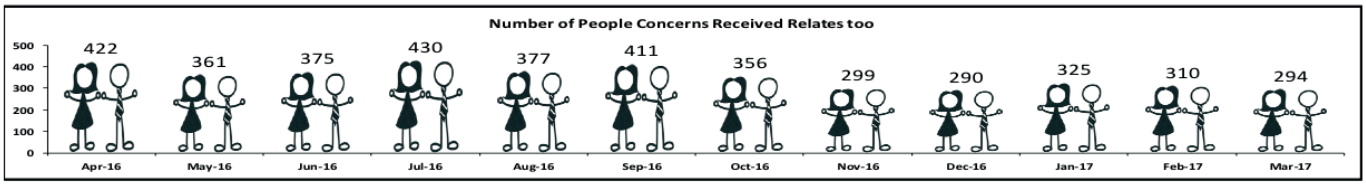
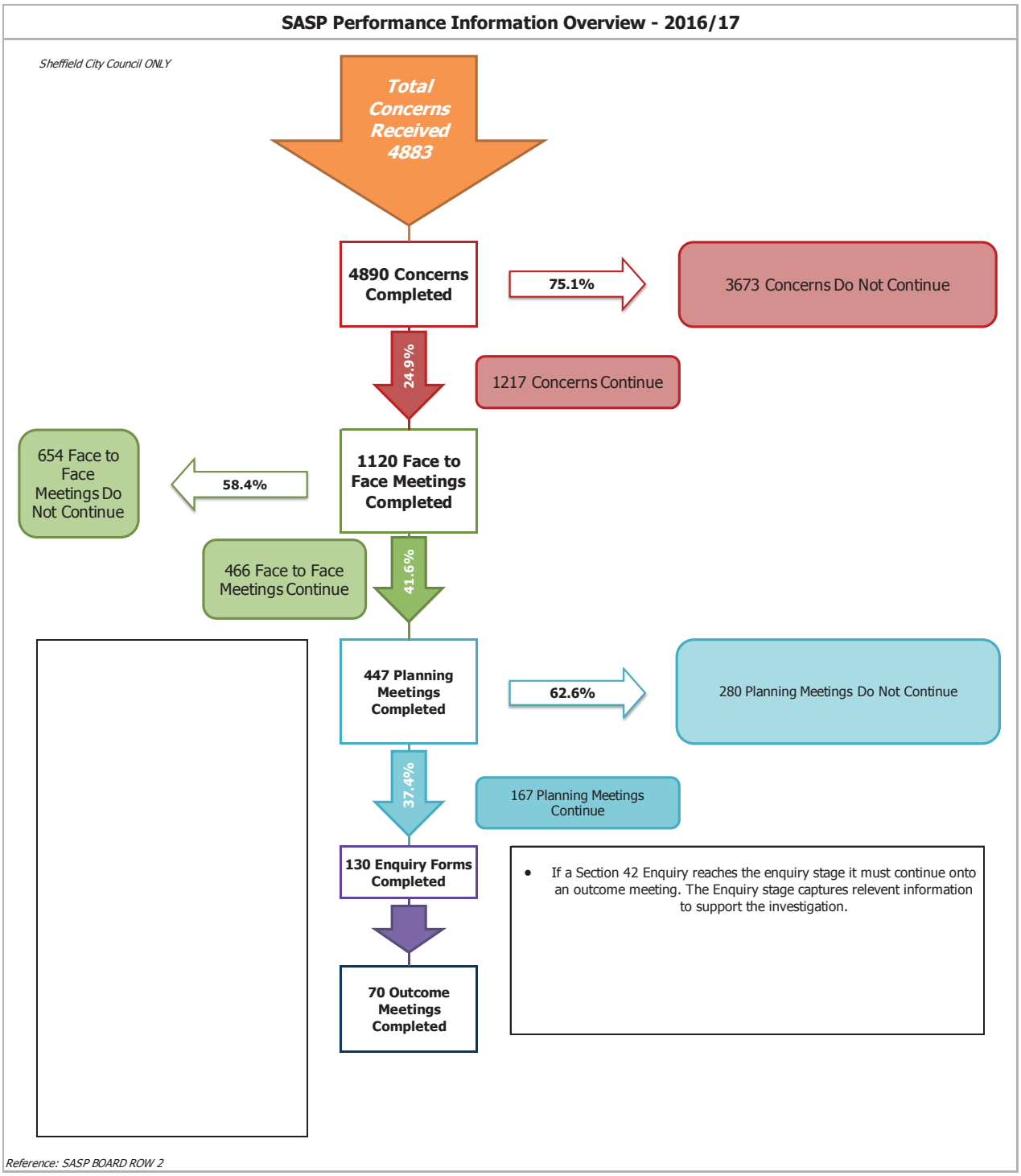


Figure 1 - Sheffield Adults Safeguarding Partnership Performance Information Overview



Source of Concern

During Q3 2016/17 changes were made to the pick list for "Source of Concern", to enable the better reporting of sources of concerns. We do not have resources to retrospectively amend previous reports to reflect these changes.

Table 6

	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Source of Concern	Received	Received	Received	Received	Received	Received	Received	Received	Received	Received	Received	Received
Acute Hospital (NHS)	0	0	0	0	0	0	8	11	17	22	20	16
Ambulance Service	0	0	0	0	0	2	46	19	23	21	26	17
Care Quality Commission	7	3	2	4	5	4	4	6	8	7	5	3
Community Hospital (NHS)	0	0	0	0	0	1	24	11	13	14	11	19
Education/Training/Workplace	1	1	1	2	0	1	0	2	0	2	0	1
Family Member	39	44	31	34	17	21	32	20	22	30	24	26
Friend/Neighbour	6	5	8	6	4	6	1	2	3	4	1	4
GP / GP Practice	0	0	0	0	0	2	9	6	3	12	7	9
Health Staff - Community Care (NHS)	5	9	7	9	5	8	0	0	0	0	0	0
Health Staff - Mental Health (65+)	4	4	1	0	3	0	3	2	1	2	10	1
Health Staff - Mental Health (under 65)	1	1	0	2	2	1	1	0	0	0	2	3
Health Staff - Primary Care	40	32	47	58	50	42	0	0	0	0	0	0
Health Staff - Private Provider	0	2	0	0	2	0	0	0	0	0	0	0
Health Staff - Secondary (NHS)	24	37	31	38	37	31	0	0	0	0	0	0
Housing	11	7	12	14	9	9	7	10	9	13	5	10
Other	138	76	124	110	111	82	75	78	58	66	72	66
Other SCC	15	20	13	26	11	11	12	9	11	13	11	10
Other Service User	1	0	1	2	1	1	0	0	0	0	0	1
Police	54	43	41	79	55	60	54	47	35	41	56	33
Private Hospital (Non-NHS)	0	0	0	0	0	0	1	1	1	0	0	2
Self-Referral	8	3	3	7	8	6	4	4	6	6	2	4
Social Care Staff - ACM/LD	9	0	3	2	8	6	12	7	10	4	5	8
Social Care Staff - Day Care	11	6	14	9	5	10	14	2	2	1	1	3
Social Care Staff - Domiciliary	30	48	39	38	32	43	35	19	31	22	22	18
Social Care Staff - Personal Assistant	0	1	1	0	0	0	1	1	0	1	0	0
Social Care Staff - Residential	63	72	75	62	90	122	75	81	67	74	60	60
Voluntary Organisation	4	1	5	4	3	2	0	7	3	3	2	3
Not yet Recorded	0	0	0	0	0	0	0	0	0	0	0	0

Concern Table 3

	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Source of Concern	Continued	Continued	Continued	Continued	Continued	Continued	Continued	Continued	Continued	Continued	Continued	Continued
Acute Hospital (NHS)	0%	0%	0%	0%	0%	0%	43%	30%	30%	40%	30%	39%
Ambulance Service	0%	0%	0%	0%	0%	0%	8%	14%	24%	5%	29%	26%
Care Quality Commission	43%	0%	25%	25%	0%	0%	33%	83%	57%	0%	50%	25%
Community Hospital (NHS)	0%	0%	0%	0%	0%	0%	29%	20%	7%	47%	31%	35%
Education/Training/Workplace	0%	100%	0%	100%	0%	100%	0%	100%	0%	50%	0%	0%
Family Member	41%	38%	50%	44%	53%	29%	31%	39%	35%	61%	32%	48%
Friend/Neighbour	43%	17%	29%	57%	0%	33%	50%	0%	50%	0%	50%	67%
GP / GP Practice	0%	0%	0%	0%	0%	0%	25%	33%	40%	14%	0%	14%
Health Staff - Community Care (NHS)	57%	29%	57%	40%	50%	78%	0%	0%	0%	0%	0%	0%
Health Staff - Mental Health (65+)	50%	33%	25%	0%	0%	0%	50%	0%	0%	0%	13%	33%
Health Staff - Mental Health (under 65)	0%	100%	0%	0%	0%	0%	50%	0%	0%	0%	0%	33%
Health Staff - Primary Care	26%	24%	36%	32%	35%	28%	17%	0%	0%	0%	0%	0%
Health Staff - Private Provider	0%	0%	100%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Health Staff - Secondary (NHS)	46%	21%	21%	20%	18%	26%	9%	0%	0%	0%	0%	0%
Housing	14%	46%	44%	20%	43%	56%	9%	29%	31%	22%	29%	33%
Other	18%	24%	30%	27%	20%	15%	24%	17%	13%	23%	20%	31%
Other SCC	47%	19%	46%	33%	18%	54%	40%	45%	31%	31%	30%	38%
Other Service User	0%	0%	0%	0%	0%	100%	0%	0%	0%	0%	0%	0%
Police	2%	14%	11%	11%	10%	7%	9%	11%	22%	7%	11%	15%
Private Hospital (Non-NHS)	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	100%
Self-Referral	33%	25%	33%	0%	27%	33%	0%	100%	14%	0%	25%	0%
Social Care Staff - ACM/LD	33%	60%	0%	100%	57%	0%	60%	73%	38%	67%	50%	75%
Social Care Staff - Day Care	9%	33%	8%	30%	40%	43%	6%	100%	50%	0%	0%	25%
Social Care Staff - Domiciliary	31%	20%	21%	41%	25%	21%	22%	50%	27%	37%	36%	24%
Social Care Staff - Personal Assistant	0%	0%	100%	0%	0%	0%	0%	0%	0%	100%	0%	0%
Social Care Staff - Residential	23%	24%	18%	30%	35%	20%	18%	18%	16%	19%	15%	23%
Voluntary Organisation	0%	50%	67%	25%	25%	0%	50%	0%	25%	50%	33%	0%
Not yet Recorded	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

Age Profile

Table 7 - Proportion of Concerns & Section 42 Enquiries Started by Age Band

Proportion of Concerns Received by Age Band	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
18-24	3.4%	3.6%	3.9%	4.0%	2.8%	2.5%	3.6%	9.0%	7.4%	6.4%	9.9%	9.8%
25-34	4.9%	4.8%	5.2%	7.9%	8.5%	6.4%	7.7%	11.3%	8.0%	9.8%	11.4%	6.9%
35-44	4.9%	3.9%	3.7%	3.2%	5.2%	3.8%	4.1%	3.2%	5.9%	7.0%	5.0%	3.2%
45-54	8.1%	6.3%	10.7%	9.9%	8.3%	7.0%	8.4%	8.7%	7.4%	8.7%	7.9%	8.5%
55-64	7.2%	8.2%	8.9%	10.1%	8.1%	11.5%	9.6%	8.4%	11.5%	12.0%	7.3%	7.6%
65-74	14.6%	19.3%	14.8%	12.8%	12.2%	13.6%	20.6%	14.2%	14.9%	15.4%	14.3%	13.2%
75-84	27.6%	25.5%	27.2%	23.9%	26.6%	28.7%	20.1%	19.7%	19.5%	17.9%	19.0%	20.8%
85+	28.9%	28.2%	25.3%	27.9%	27.1%	26.3%	26.1%	25.5%	25.4%	22.9%	25.1%	29.0%
Unknown Age	0.4%	0.2%	0.2%	0.4%	1.1%	0.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.9%

Proportion of Section 42 Enquiries Started by Age Band	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
18-24	0.9%	8.7%	5.2%	2.1%	2.6%	2.0%	1.1%	5.6%	6.6%	7.2%	9.1%	12.1%
25-34	2.7%	6.8%	2.6%	6.2%	5.2%	3.0%	5.3%	9.0%	5.3%	13.3%	14.3%	7.5%
35-44	4.5%	1.9%	3.5%	2.1%	1.7%	6.0%	4.3%	1.1%	2.6%	3.6%	2.6%	2.8%
45-54	7.2%	8.7%	11.3%	4.8%	5.2%	11.0%	4.3%	7.9%	6.6%	4.8%	7.8%	9.3%
55-64	6.3%	6.8%	4.3%	6.8%	9.5%	17.0%	10.6%	9.0%	6.6%	12.0%	3.9%	4.7%
65-74	17.1%	15.5%	18.3%	13.0%	10.3%	13.0%	24.5%	10.1%	13.2%	16.9%	13.0%	12.1%
75-84	29.7%	24.3%	25.2%	30.1%	30.2%	29.0%	20.2%	30.3%	25.0%	25.3%	15.6%	25.2%
85+	31.5%	27.2%	29.6%	34.9%	35.3%	19.0%	29.8%	27.0%	34.2%	16.9%	33.8%	26.2%
Unknown Age	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Ethnic Profile

Table 8 - Proportion of Concerns Raised & Section 42 Enquiries Started by Ethnicity

Proportion of Concerns Received by Ethnicity	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
White	87.9%	90.1%	86.1%	87.7%	87.1%	88.7%	85.4%	85.2%	84.5%	86.0%	84.5%	88.0%
BME	7.0%	6.3%	6.5%	4.3%	5.7%	4.9%	6.0%	7.8%	9.3%	6.7%	9.9%	5.0%
Declined To State	2.1%	1.0%	2.0%	2.2%	1.3%	1.7%	2.6%	1.7%	2.2%	1.7%	2.3%	2.5%
Unknown	3.0%	2.7%	5.4%	5.7%	5.9%	4.7%	6.0%	5.2%	4.0%	5.6%	3.2%	4.4%

Proportion of Section 42 Enquiries Started by Ethnicity	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
White	88.3%	89.3%	89.6%	89.0%	91.4%	95.0%	87.2%	87.6%	86.8%	81.9%	89.6%	90.7%
BME	8.1%	8.7%	7.0%	5.5%	6.0%	3.0%	5.3%	6.7%	10.5%	13.3%	6.5%	3.7%
Declined To State	0.9%	0.0%	0.0%	3.4%	0.9%	0.0%	1.1%	1.1%	1.3%	2.4%	2.6%	2.8%
Unknown	2.7%	1.9%	3.5%	2.1%	1.7%	2.0%	6.4%	4.5%	1.3%	2.4%	1.3%	2.8%

The recording of ethnicity is beginning to improve, more so as concerns progress through Section 42 enquiry.

Concerns by Primary Support Reason

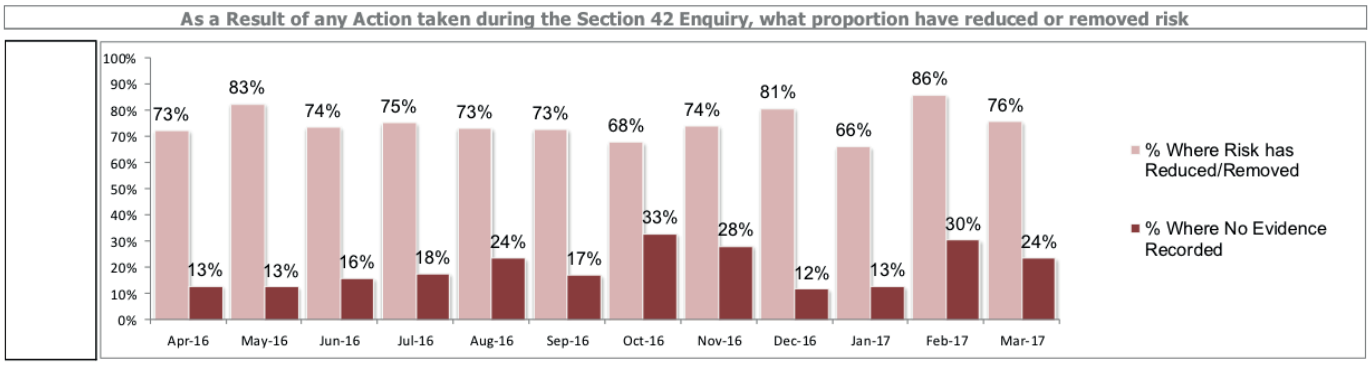
Table 9

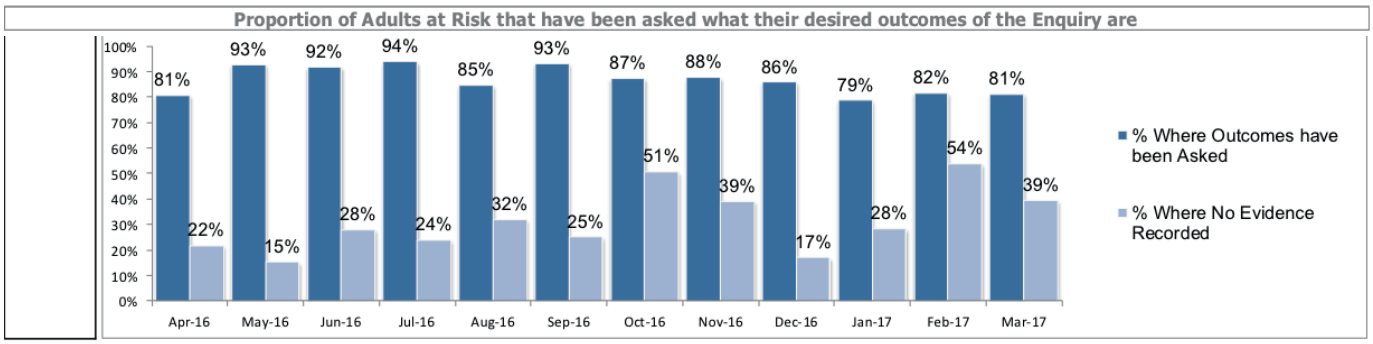
Primary Support Reason	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Physical Support	262	223	266	268	268	260	233	150	149	163	144	154
Sensory Support	6	9	5	6	4	13	11	7	2	11	11	8
Support with Memory and Cognition	20	31	22	15	17	19	12	15	12	8	6	13
Learning Disability Support	71	59	73	81	64	70	50	86	77	71	71	52
Mental Health Support	46	39	37	47	25	33	37	27	23	30	23	22
Social Support	14	7	7	9	6	11	12	10	16	13	12	7
No Support Reason	46	43	46	71	64	53	55	38	35	58	71	57
Not Known	6	4	3	9	10	12	8	12	9	4	4	4

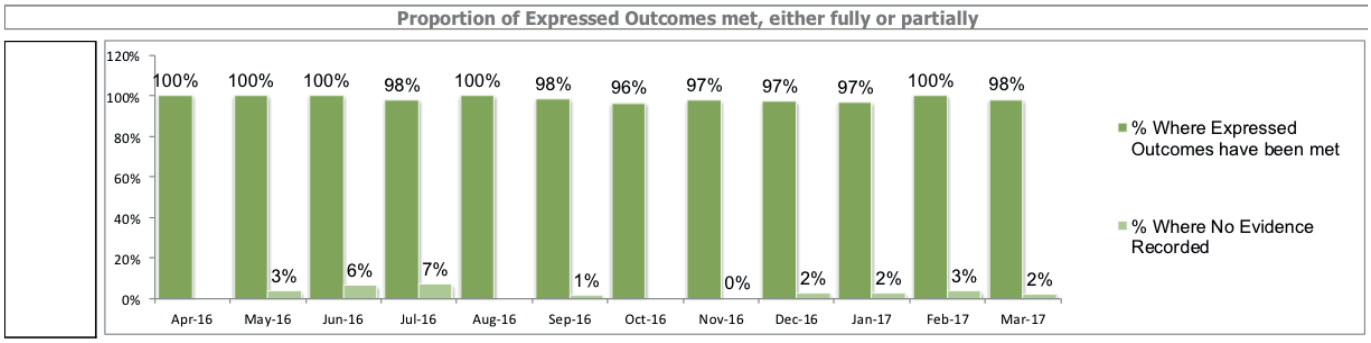
This classification focusses on the main reason that a person requires social care services at any particular time and provides a better description of the impairment impacting on the individual's quality of life and creating a need for support and assistive care.

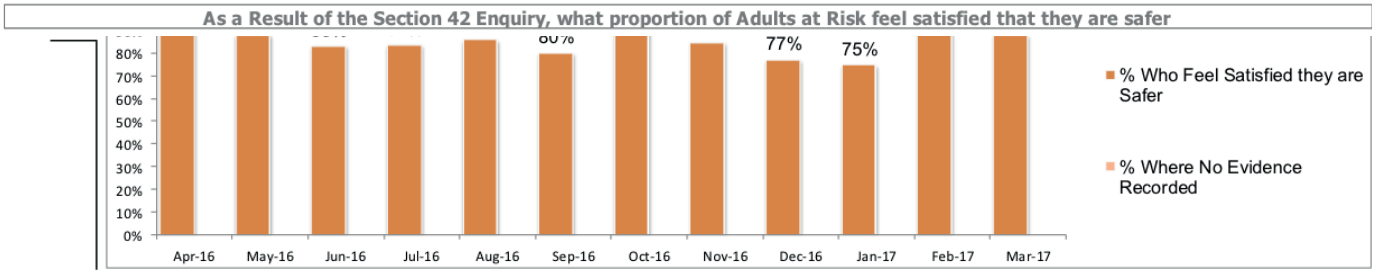
Making Safeguarding Personal

Table 10 - Making Safeguarding Personal - Performance - Year to March 2017



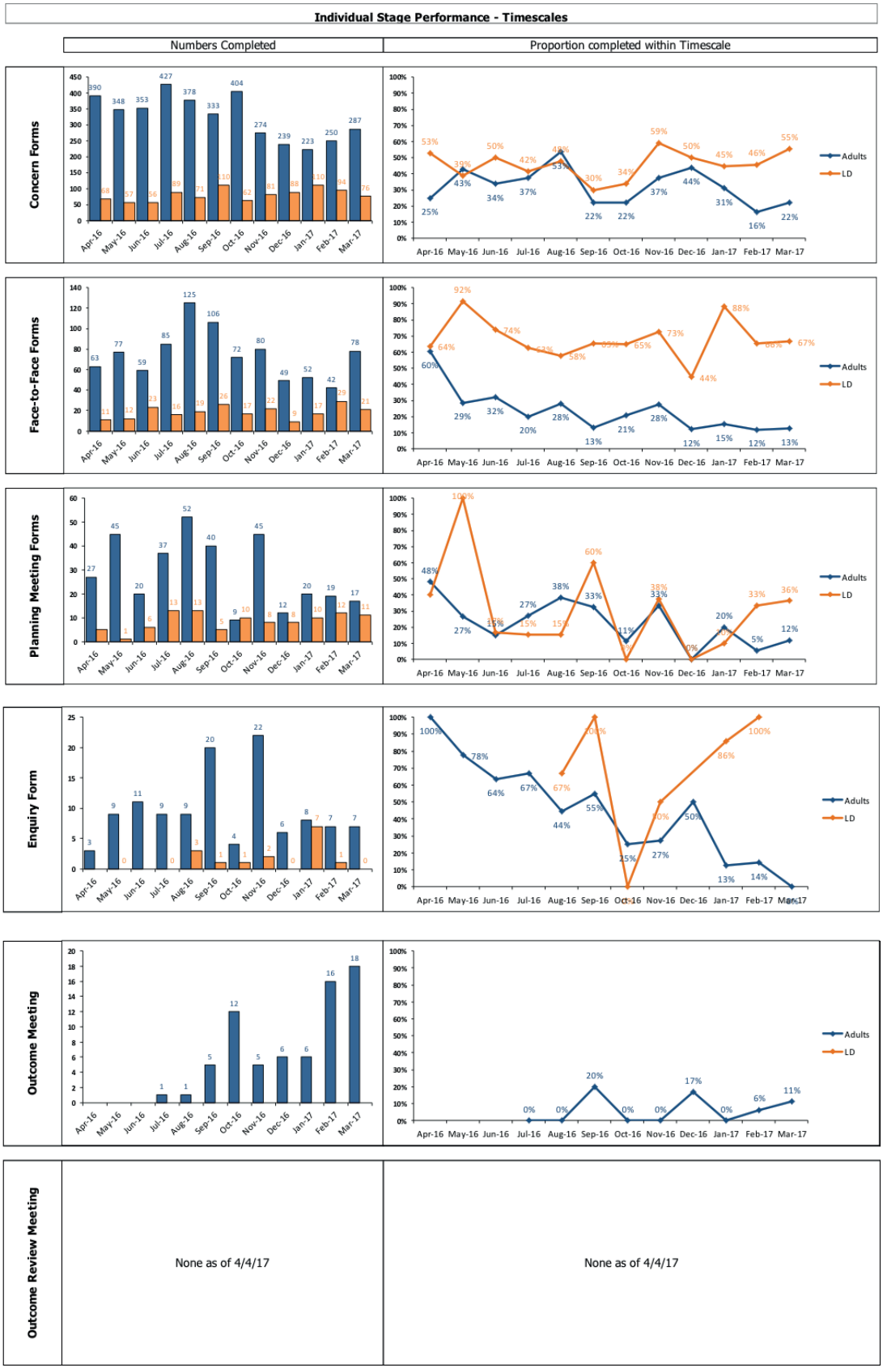






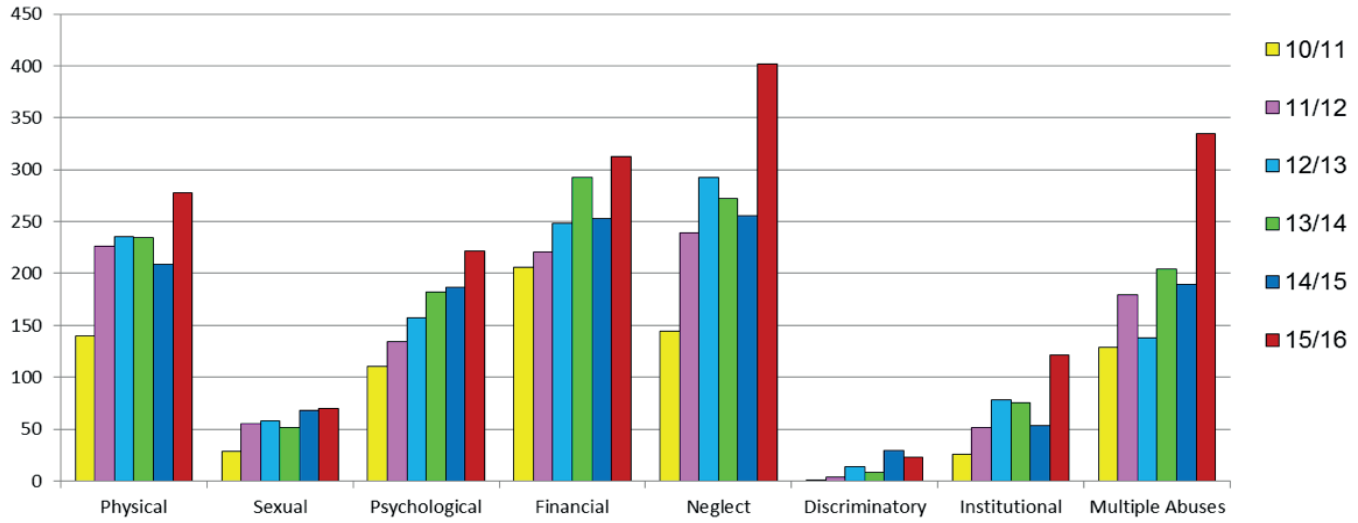
Timescales

Table 11 - Individual Stage Performance - Timescales



Comments: Transistions also had a single Concern form completed in March 2016 but was over the timescale (Took 10 Days)

Table 12 - Nature of Alleged abuse Recorded at Strategy/ Planning Meetings (old categories) 2010 to March 2016



We are not able to include 2016/17 activity into the chart above – the categories of abuse have been expanded.

Table 13 - Concerns: nature of alleged abuse (new categories) Apr-16 onwards

	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Discriminatory	4	6	1	9	2	3	5	2	3	5	4	4
Domestic	32	19	30	39	31	20	21	18	26	9	21	23
Exploitation	1	1	4	3	4	3	4	3	2	5	3	3
Female Genital Mutilation	0	0	0	0	0	0	0	0	0	0	0	0
Financial	93	95	84	105	87	84	99	80	71	77	76	77
Forced Marriage	0	0	0	0	0	0	0	0	0	0	0	0
Hate	0	1	0	0	0	0	0	0	0	0	0	0
Honour'	0	0	0	0	0	0	0	1	0	0	0	0
Mate	1	1	2	1	0	0	0	2	2	2	0	0
Neglect	172	156	153	173	170	166	181	129	122	111	112	142
Online	0	0	0	0	0	0	0	0	0	1	0	0
Organisational	18	20	22	36	29	44	23	40	40	26	34	37
Physical	114	94	105	136	119	119	111	61	70	78	74	76
Psychological	61	61	64	87	70	71	58	82	57	59	72	57
Radicalisation	0	0	0	0	0	0	0	0	0	0	1	0
Self Neglect	38	36	27	51	40	37	28	37	20	32	43	61
Sexual	11	10	12	21	15	9	17	18	15	14	15	7
Slavery	0	0	2	0	3	1	0	1	0	1	1	2
Multiple Natures of Abuse	74	76	79	116	100	85	66	93	77	69	91	101

Multiple Natures of Abuse: counts the number of individual concerns, where there is more than one type of abuse recorded (each separate category is also counted in the relevant nature of alleged abuse). New categories of alleged abuse are being reported indicating professionals are more confident in being able to recognise and report abuse of this nature.

Sheffield Health and Social Care Trust (SHSCT) Key Findings

Work is progressing in Sheffield Health & Social Care to align reporting frameworks in order to systematically generate performance data to comply with the Department of Health Safeguarding Adults Collection, and enhanced performance data required by SASP.

At this stage, we have not been able to combine SCC and SHSCT data for 2016/17, and so performance information is presented separately.

Q4 Key finding (SHSCT)

- SHSC the overall position around safeguarding adults remains stable in relation to the numbers and types of abuse notified on safeguarding concerns.
- There appears to have been an increase in the number of cases that are concluded following face to face discussion with the person thought to be experiencing or at risk of harm, with a resultant reduction in the number of cases that proceed to planning meeting.
- The modifications to the Trust electronic recording system are progressing following detailed consultation with Local Authority Information and Reporting colleagues which has delayed the programming of the required changes.
- The detailed review of the care records has this quarter identified cases of alleged abuse within care facilities and domiciliary care across a range of abuse types. This should be viewed with caution due to the very low numbers in the reporting systems.
- Good practice around capacity assessments continues to be evident in the detailed review of the care records.
- Timely screening of concerns is evident in cases where no further action is required although where additional information or consultation is required the documentation is less robust and actions to progress are not routinely recorded on the appropriate documentation but within the care records making a manual check of records essential for reporting.

Areas for progression in 2017/18:

- Consistent screening of all concerns with the required timescale
- Implementation of the updated recording system to ensure robust and timely reporting to the Local Authority and nationally.

Table 14 - New concerns and rate of referral to Planning meetings (SHSCT) April 2014 to March 2016

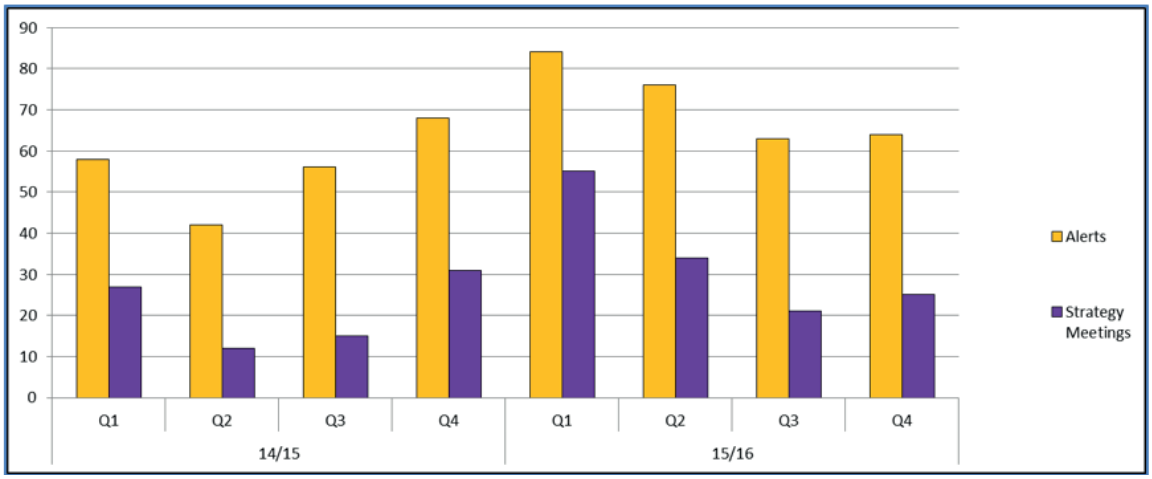


Table 15 - New Concerns / rate of progressing 2016-17 (SHSCT)

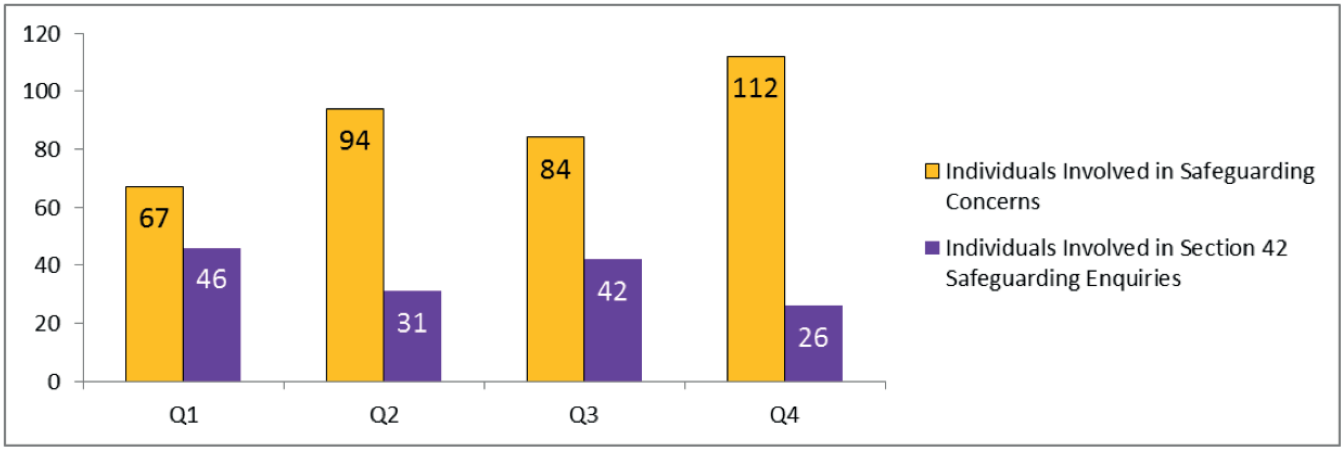


Table 16 - Gender of Individuals Involved in Safeguarding Concerns 2016-17

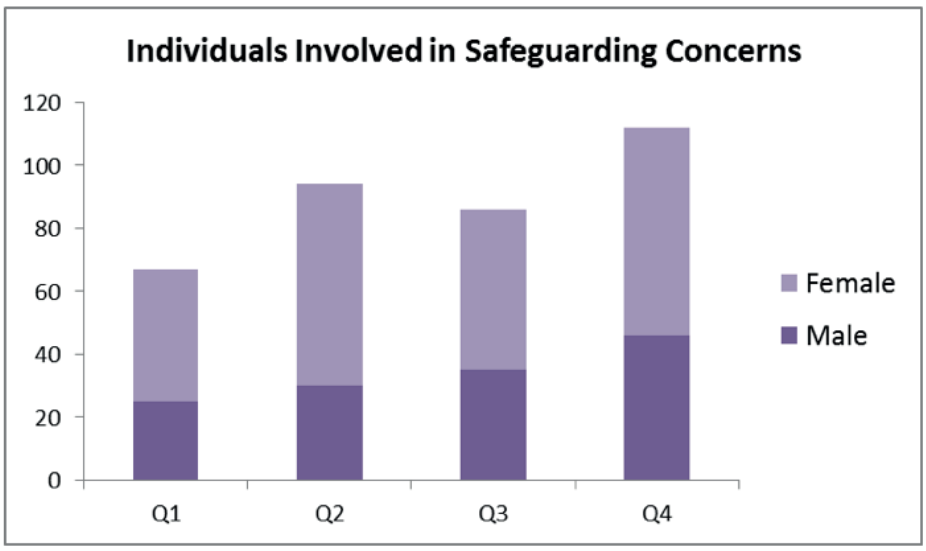


Table 17 - Ethnicity of Individuals Involved in Safeguarding Concerns 2016-17

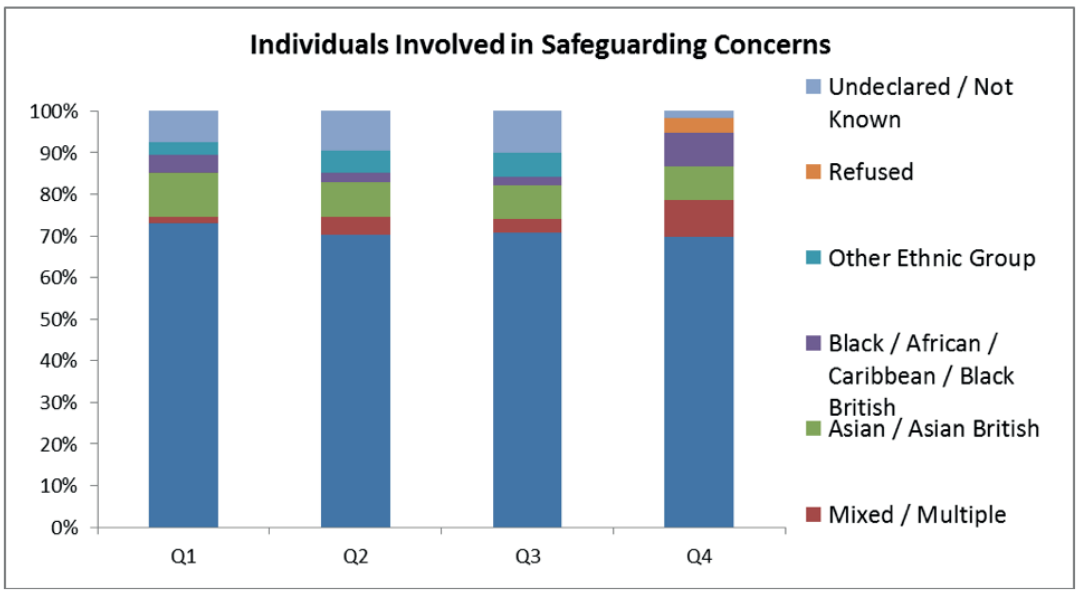
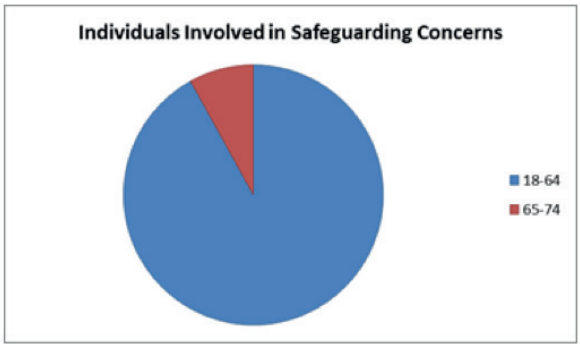
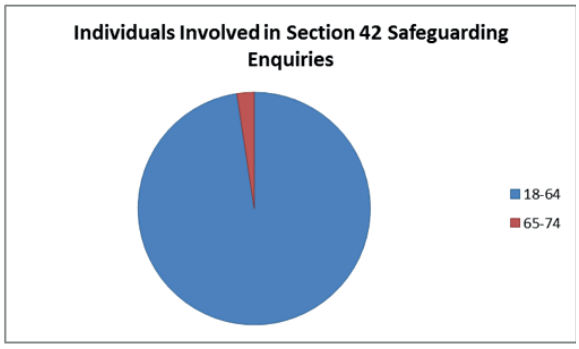


Table 18 - Age profile of Individuals Involved in safeguarding Concerns 2016-17





Concluded cases

Table 19 - Concluded Section 42 Enquiries and the action taken to reduce risks

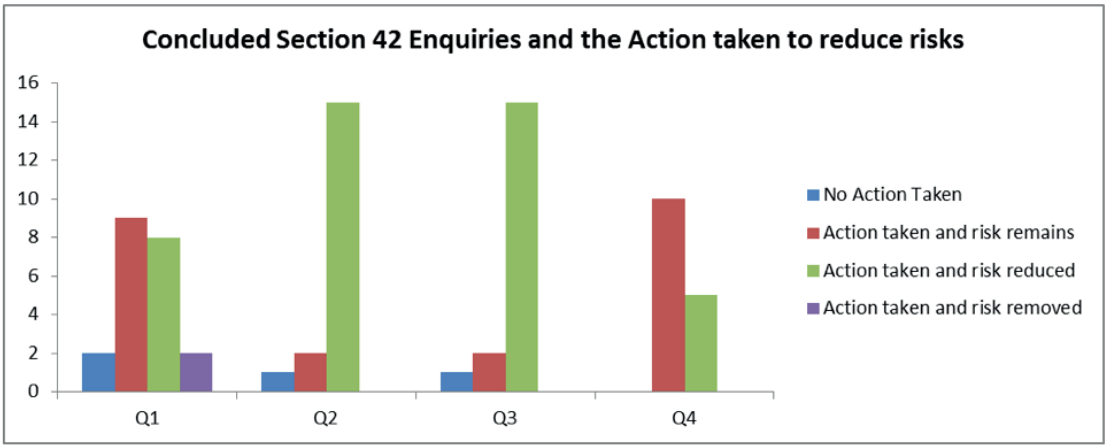
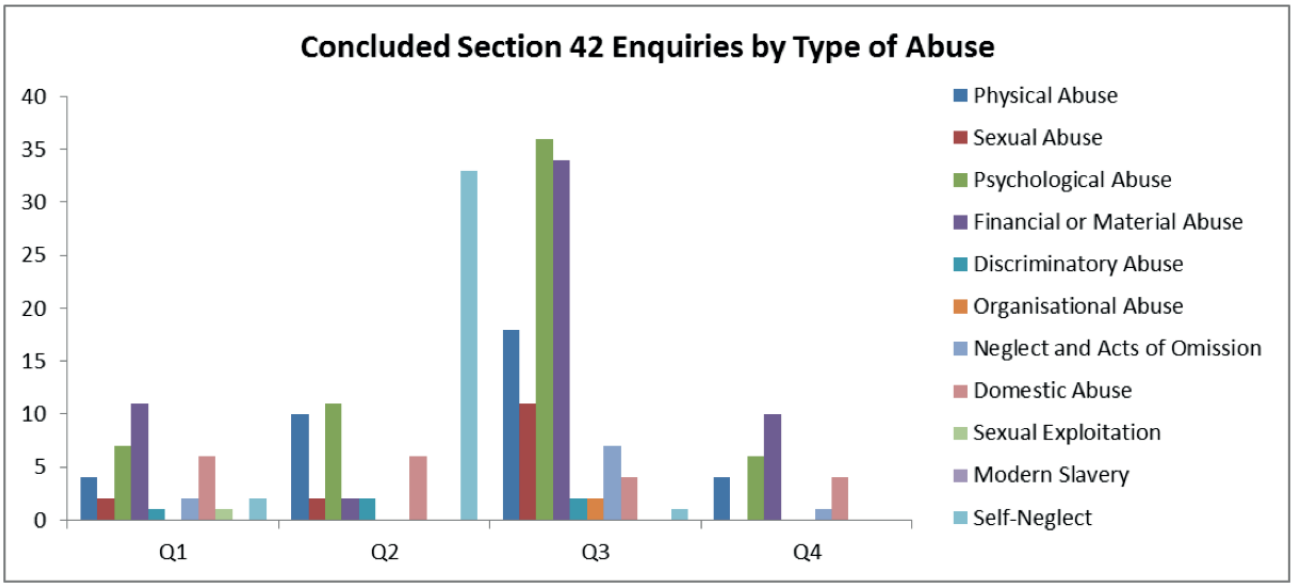


Table 20 - Concluded Section 42 Enquiries by Type of Abuse



Glossary & Definitions

Definition Pre-Care Act 2014

A safeguarding referral is where a concern is raised about a risk of abuse and this instigates an investigation under the safeguarding process. A concluded safeguarding referral is when the safeguarding investigation is complete, and the conclusions and actions have been decided.

Definition Post Care Act 2014

A safeguarding concern is a sign of suspected abuse or neglect that is reported to the council or identified by the council. A safeguarding enquiry is the action taken or instigated by the local authority in response to a concern that abuse or neglect may be taking place. An enquiry could range from a conversation with the adult to a more formal multi-agency response.

A concluded safeguarding enquiry is when all of the necessary information gathering is complete and all of the necessary actions have been agreed.

Adult at risk - an adult who is in need of extra support because of their age, disability, or physical or mental ill-health, and who may be unable to protect themselves from harm, neglect or exploitation.

Adult Safeguarding Review - is a multi-agency review process which seeks to determine what relevant agencies and individuals involved could have done differently that could have prevented harm or a death from taking place. The purpose of a SAR is not to apportion blame.

Advocacy - helps someone to express their needs and wishes, and weigh up and take decisions about the options available. They can help find services, make sure correct procedures are followed and challenge decisions made by organisations. The advocate is there to represent the interests of the person, which they can do by supporting them to speak, or by speaking on their behalf. If a person wishes to speak up for themselves to make their needs and wishes heard, this is known as self-advocacy.

Appointee service - helps someone to manage their money.

Best interest - other people should act in a person's 'best interests' if they are unable to make a particular decision (for example, about their health, or their finances). The law does not define what 'best interests' might be, but gives a list of things that must be considered when deciding what is in the person's best interest. These include the person's wishes, feelings and beliefs, the views of close family and friends, and all the person's personal circumstances.

Child Sexual Exploitation (CSE) - is a type of sexual abuse in which children are sexually exploited for money, power or status. Children or young people may be tricked into believing they're in a loving, consensual relationship. They might be invited to parties and given drugs and alcohol.

Court of Protection - An English court that makes decisions about the property, finances, health and welfare of people who lack mental capacity to make decisions for themselves. The court can appoint a 'deputy' to make ongoing decisions on behalf of someone who lacks capacity. It is also able to grant power of attorney

Deprivation of Liberty Safeguards - Legal protection for people in hospitals or care homes who are unable to make decisions about their own care and support, property or finances. People with mental health conditions, including dementia, may not be allowed to make decisions for themselves, if this is deemed to be in their best interests. The safeguards exist to make sure that people do not lose the right to make their own decisions for the wrong reasons.

Domestic Homicide Review Panel - carries out reviews to understand where there are lessons to be learned and make recommendations to prevent future homicides.

Making Safeguarding Personal

Making Safeguarding Personal aims to develop an 'outcomes focus' to safeguarding work, and a range of responses to support people to improve or resolve their circumstances. It is about engaging with people about the outcomes they want at the beginning and middle of working with them, and then ascertaining the extent to which those outcomes were realised at the end.

Mental Capacity Act

A law that is designed to protect people who are unable to make decisions about their own care and support, property or finances, because of a mental health condition, learning disability, brain injury or illness. 'Mental capacity' is the ability to make decisions for yourself. The law says that people may lose the right to make decisions if this is in their best interests. Deprivation of Liberty Safeguards are included in the law, to make sure that people are treated fairly.

Power of attorney

A legal decision a person makes to allow a specific person to act on their behalf, or to make decisions on their behalf, if they are unable to do so. There are two types. Ordinary power of attorney is where a person gives someone the power to handle their financial affairs for them, but they continue to make decisions about their money. This depends on the person continuing to have mental capacity to make these decisions. Lasting power of attorney is where the person allows someone to make decisions on their behalf about property and finances, or health and welfare, if the time comes when the person is unable to make these decisions.

Protection Plan

During a Case Conference it may be decided that a Protection Plan is required to identify the steps to be taken to assure the future safety of the vulnerable adult, any treatment or support needed or services that should be provided.

Safeguarding Adults Board (SAB)

A formal group set up by each council to prevent abuse or neglect of adults in the area who have care and support needs, and to make sure that action is taken if abuse occurs. Every area must have an SAB, which is made up of different professionals from the council, NHS and police, working together and sharing information.

Safeguarding Concerns - A sign of suspected abuse or neglect that is reported to the council or identified by the council.

The collection captures information about concerns that were raised during the reporting year, that is, the date the concern was raised with the council falls within the reporting year, regardless of the date the incident took place.

Safeguarding concerns can include cases of domestic abuse, sexual exploitation, modern slavery, and self-neglect.

Safeguarding Enquiries - The action taken or instigated by the local authority in response to a concern that abuse or neglect may be taking place. An enquiry could range from a conversation with the adult to a more formal multi-agency plan or course of action.

Safeguarding enquiries can include cases of domestic abuse, sexual exploitation, modern slavery, and self-neglect.

Safeguarding Enquiries are a subset of Safeguarding Concerns. If a Concern is raised and it then leads to an Enquiry, the case should be recorded as a Concern and then as an Enquiry

There are 2 types of safeguarding enquiry:

1. Section 42 Safeguarding Enquiries

Those enquiries where an adult meets ALL of the Section 42 criteria. The criteria are:

a) The adult has needs for care AND support (whether or not the authority is meeting any of those needs)

AND

b) The adult is experiencing, or is at risk of, abuse or neglect

AND

c) As a result of those needs is unable to protect him or herself against the abuse or neglect or the risk of it.

2. Other Safeguarding Enquiries

Those enquiries where an adult does not meet all of the Section 42 criteria but the council considers it necessary and proportionate to have a safeguarding enquiry.

Whilst each council has the authority to decide what Safeguarding activity they undertake for adults who do not meet the Section 42 criteria, some examples could include safeguarding to promote an individual's well-being as related to the areas in Section 1 of the Care Act, or for carers who do not qualify for Section 42.

When does an enquiry start?

A safeguarding enquiry starts when the initial information gathering has established that all 3 of the Section 42 criteria are met, or where the criteria are not met the decision has been made that it is necessary and proportionate to respond as a safeguarding enquiry (Other Safeguarding enquiries). We expect that the date the safeguarding enquiry starts will be the same date that the initial information gathering took place to establish whether or not the Section 42 criteria were met.

When does an enquiry conclude?

A safeguarding enquiry is concluded when all of the necessary information gathering is complete and all of the necessary actions have been agreed.

Safe Places

A Sheffield scheme which aims to support people with a learning disability, and dementia and mental health, who may be lost, ill or frightened, and to provide a temporary refuge where they can get help.

Serious Case Review / Safeguarding Adults Review

Is held when an adult at risk adult dies and abuse or neglect is suspected to be a factor in their death. The aim of is for all agencies to learn lessons about the way they safeguard adults at risk and prevent such tragedies happening in the future.

Vulnerable Adults Panel (VAP)

This is a multi-agency panel that aims to reduce risks and costs in safeguarding. It responds to high volume, inappropriate demands on emergency and crisis services by individuals by developing pathways between agencies and individuals at risk to improve their wellbeing and eliminate pressures on emergency and crisis points.

Types of abuse and neglect

Physical abuse - including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.

Domestic Violence - Including psychological, physical, sexual, financial, emotional abuse; so-called 'honour' based violence.

Sexual abuse - including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting

Psychological abuse - including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.

Financial or material abuse - including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

Modern Slavery - encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.

Discriminatory abuse - including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age disability, sexual orientation or religion.

Organisational abuse - including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

Neglect and acts of omission - including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.

Self-neglect - this covers a wide range of behaviours where a person neglects to attend to their basic care and support needs, such as personal hygiene, appropriate clothing, feeding or tending appropriately to any medical conditions they may have.

Self-neglect may include:

- unwillingness or inability to care for oneself or one's environment
- dehydration, malnutrition, untreated or improperly attended medical conditions, and poor personal hygiene
- hazardous or unsafe living conditions / arrangements (e.g. improper wiring, no indoor plumbing, no heat, no running water)
- unsanitary or unclean living quarters (e.g. animal / insect infestation, no functioning toilet, faecal / urine smell)
- inappropriate and/or inadequate clothing, lack of the necessary medical aids (e.g. eyeglasses, hearing aids, dentures)
- grossly inadequate housing or homelessness

Report to Healthier Communities & Adult Social Care Scrutiny & Policy Development Committee
Wednesday 18th April 2018

Report of: South Yorkshire Housing Association on loneliness and social isolation in people aged 50+

Subject: Age Better in Sheffield (funded by the Big Lottery Fund)

Author of Report: Ruby Smith – Head of Co-design & Improvement (SYHA)

Summary:
In 2016 The Big Lottery Fund awarded £6m to Sheffield to reduce loneliness and social isolation in people aged 50+. SYHA are the lead organisation and have delivered the programme in Sheffield for the past 3 years in partnership with organisations across the city. The programme is at its half way point, with a further 3 years of funding remaining.

The purpose of this report is to:
- Summarise the progress of the programme to date
- Highlight the planned next steps in the programme delivery
- Seek the views of the Scrutiny Committee on the next 3 years of the programme

The reason for this report being presented to Scrutiny Committee is:
- Age Better in Sheffield is a high profile and high priority programme for the city
- The delivery team at SYHA are keen to understand the perspectives of different people across Sheffield to build a picture of how the city wants the programme to develop over the 3 remaining years

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	✓

The Scrutiny Committee is being asked to:

The Committee is asked to consider the proposals and provide views, comments and recommendations for the next 3 years of the Age Better in Sheffield programme.

_____

Background Papers:

Please see below links to national evidence and information about loneliness and social isolation

https://www.campaigntoendloneliness.org/about-loneliness/
https://www.jocoxloneliness.org/pdf/a_call_to_action.pdf
https://www.ageuk.org.uk/information-advice/health-wellbeing/loneliness/

Category of Report: OPEN

Report by South Yorkshire Housing Association

Age Better in Sheffield

1 Introduction/Context

1.1 The following information on loneliness and social isolation is taken from the Jo Cox Commission on Loneliness: a call to action:

1.2 *Loneliness is a subjective, unwelcome feeling of lack or loss of companionship, which happens when we have a mismatch between the quantity and quality of social relationships that we have, and those that we want. It is often associated with social isolation, but people can and do feel lonely even when in a relationship or when surrounded by others.*

1.3 *Studies have found relatively consistent levels of chronic loneliness among older people – with between five and 15 per cent reporting that they are often or always lonely.*

1.4 The following statistics shows the devastating impact directly on people, communities and the

- *Three out of four GPs say they see between 1 and 5 people a day who have come in mainly because they are lonely, and one in ten sees between six and ten such patients daily. (Campaign to End Loneliness)*
- *Weak social connection is as harmful to health as smoking 15 cigarettes a day. (Holt Lunstad)*
- *Loneliness costs UK employers £2.5 billion per year. (Co-op)*
- *Disconnected communities could be costing the UK economy £32 billion every year. (Big Lunch)*

2 Age Better in Sheffield – Overview

2.1 Age Better in Sheffield is governed by the Age Better in Sheffield Core Partnership. The Core Partnership is made up of people from key organisations and institutions in Sheffield (e.g. Sheffield City Council) and by individuals who are aged 50+ and have insight into issues relating to social isolation.

2.2 The Age Better Core Partnership has commissioned a range of services to reduce loneliness and isolation. They include:

- Wellbeing Practitioners – This project is delivered by Sheffield Mind. Qualified counsellors work with people who are experiencing isolation to such an extent that they feel unable to leave their home. They provide counselling in the home on a one to one basis to help people overcome psychological barriers to socialising and leaving their home.

- Peer Mentoring – This project, delivered by Voluntary Action Sheffield, works with people who are at risk of loneliness and social isolation at key

life events; e.g. bereavement, retirement, ill health. Peer support is provided to prevent loneliness and social isolation

- Start Up – Delivered by Ignite Imaginations, this project supports people to set up groups or activities catering to their own personal interests. For example, an over 60's taekwondo group was set up with support from Ignite Imaginations to find a venue, advertise, find funding etc. The aim of this project is to reach people who feel that current activities are suited to their personality or interests.

- Access Ambassadors – Delivered by SYHA, this project works with people to overcome travel barriers enabling people to fully access their community. Volunteers are trained as Access Ambassadors and they provide 1:1 support to people who are facing travel barriers.

2.3 These are just four examples of services Age Better has provided. The full details of the commissioned activities can be seen on the Age Better in Sheffield website – www.agebettersheff.co.uk

3 Age Better in Sheffield – Outcomes

3.1 Age Better in Sheffield has four main objectives:

- older people are less isolated
- older people are actively involved in their communities with their views and participation valued more highly
- older people are more engaged in the design and delivery of services that help reduce their isolation
- services that help to reduce isolation are better planned, co-ordinated and delivered, and better evidence is available to influence the services that help reduce isolation for older people in the future

3.2 In the past three years the Age Better in Sheffield programme has worked with1,952 people across Sheffield who are experiencing loneliness and social isolation. 425 volunteers have been involved in delivering the programme of activities to reduce loneliness and social isolation. 46% of people we have worked with have a limiting health condition and 44% have low mental wellbeing.

3.3 The programme has four target wards; Beauchief & Greenhill, Burngreave, Firth Park and Woodhouse. 67% of our activity to date has happened with people who live outside these ward areas.

3.4 Due to the temporary nature of the funding, Age Better support is designed to be a short-term intervention; 60% of people are supported for between 1-6 months.

3.5 All of the services commissioned by Age Better are designed and developed with older people across the city who have experience of social isolation. We are supporting our partners to co-produce their services and have supported them to do this through workshops, training and shared methodology.

4 What does this mean for the people of Sheffield?

4.1 We have a further three years of Big Lottery Fund investment in this programme. At this halfway point in the project the Age Better Core Partnership has decided to invest time in refreshing our vision and strategy for the programme and coproducing its next phase.

4.2 The current Age Better in Sheffield provision will change. The future provision will be designed in collaboration with organisations and individuals across Sheffield.

4.3 SYHA will lead an extensive co-design and research project from February and will co-commission the future Age Better Activity in summer 2018.

5 Questions for the Committee

5.1 The committee is asked to review this paper and provide views and comments. In particular we are interested in the committee views on the following questions:

A. What citywide initiatives should Age Better in Sheffield connect with in order to achieve greatest reach and impact?

B. From your perspective, what would you be interested to see commissioned in the next phase of Age Better in Sheffield?

C. How would you like to be involved in driving action to reduce loneliness and social isolation in Sheffield?

Please note, we are asking these questions of hundreds of people across Sheffield and identifying the key themes. Answers provided will be considered alongside the views of many of people and organisations in Sheffield. Decisions made by the Core Partnership will be made using the findings of our consultations and will also be informed by other research and evidence.

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Report to
Healthier Communities & Adult Social Care Scrutiny & Policy Development Committee
18 April 2018

Report of: Dawn Walton, Director of Commissioning, Inclusion and Learning

Subject: Dementia

Author of Report: Nicola Shearstone, Head of Commissioning for Prevention and Early Intervention – All age, Nicola.shearstone@sheffield.gov.uk

Summary:

- 'Dementia' is a broad term that may include memory loss and difficulties with thinking, problem-solving or language
- Approx 7,000 (1.2%) people have dementia in Sheffield which is slightly lower than that of the national average (1.3%)
- This report is to introduce the draft approach and work in progress

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

Reviewing of existing policy	
Informing the development of new policy	**x**
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	

The Scrutiny Committee is being asked to:

The Committee are requested to note this report and give a steer to the following:

1. Should the Sheffield approach align with the national statements?
2. Dementia friendly communities:
   - What should dementia friendly communities look like in Sheffield?
   - How we can support communities to become 'dementia friendly communities'?

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

1. Information about Dementia in Sheffield
   https://sheffieldcc.maps.arcgis.com/apps/Cascade/index.html?appid=64e9dcb79b8141f384cdee38c53a7b9b

2. National context
   Prime Minister's challenge on Dementia 2020
   https://www.gov.uk/government/publications/challenge-on-dementia-2020-implementation-plan

   The Lancet Commission on Dementia
   http://www.thelancet.com/commissions/dementia2017

   The National Dementia Statements
   https://www.alzheimers.org.uk/info/20091/what_we_think/1238/dementia_statements_and_rights

Category of Report: OPEN

Report of the Director of Commissioning, Inclusion and Learning, Dawn Walton
Dementia

1. Introduction/Context

1.1 'Dementia' is a broad term that may include memory loss and difficulties with thinking, problem-solving or language

1.2 The vast majority of people with dementia either have Alzheimer's disease or vascular dementia

1.3 Approx 7,000 (1.2%) people have dementia in Sheffield which is slightly lower than that of the national average (1.3%)

1.4 The recorded prevalence is people with dementia recorded by the GP practice – Sheffield is the highest of all core cities (0.86%) and this is because Sheffield is good at early diagnosis.

1.5 It is more common in people over the age of 65 with signs generally manifesting in someone's seventies. On average, a person can live with dementia for a further 10 to 15 years. Given the rise in the number of people living well into their seventies and eighties, this means dementia is an increasingly important factor in relation to healthy life expectancy (how long we can expect to live in good health).

1.6 For more about the numbers / prevalence of dementia in Sheffield, please the link in the background paper[1].

1.7 The Mental Health and Learning Disabilities Delivery Board has charged partners to review existing dementia pathway and provision and this report is to give an early outline.

2 What do people nationally with dementia and families say?

2.1 Age UK[2] working with people with dementia have identified three key contributors to living well; personal wellbeing, positive relationships and active daily lives

2.2 Sheffield's aspirational vision (draft) for people with dementia and their carers in Sheffield is that:

a. All people living with dementia and their families/carers to feel empowered and know where to go to seek information, advice and help.

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1 https://sheffieldcc.maps.arcgis.com/apps/Cascade/index.html?appid=64e9dcb79b8141f384cdee38c53a7b9b

2 https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/reports-and-briefings/health--wellbeing/rb_feb2018_promising_approaches_to_living_well_with_dementia_report.pdf?

b. People are able to access the care and support that enables them to live well at home for as long as possible and to die with dignity.

c. To live in dementia friendly communities

d. Work to prevent or delay the onset of dementia by modifying lifestyle and behaviours in mid-life

2.3 Nationally in 2010 there was a great deal of work listening to people with dementia and their families. They were asked *'what type of care and support they would hope to receive in the future'*. These conversations led to the National Dementia Declaration, the forming of Dementia Action Alliance, seven statements of what life should be like for people with dementia and helped in inform the Prime Minister's Challenge on Dementia.

2.4 In 2017 these statements[3] were refreshed and they now form the centre of Sheffield's approach:

The Dementia Statements

1. We have the right to be recognised as who we are, to make choices about our lives including taking risks, and to contribute to society. Our diagnosis should not define us, nor should we be ashamed of it.
2. We have the right to continue with day-to-day and family life, without discrimination or unfair cost, to be accepted and included in our communities and not live in isolation or loneliness.
3. We have the right to an early and accurate diagnosis, and to receive evidence based, appropriate, compassionate and properly funded care and treatment, from trained people who understand us and how dementia affects us. This must meet our needs, wherever we live.
4. We have the right to be respected, and recognised as partners in care, provided with education, support, services, and training which enables us to plan and make decisions about the future
5. We have the right to know about and decide if we want to be involved in research that looks at cause, cure and care for dementia and be supported to take part.

3. Caring for someone with dementia

3.1 As the condition progresses, people with dementia can feel more vulnerable and they increasingly rely on other people to do things for them. With the focus of dementia being mainly on the person who is suffering from the disease, the needs of their carer (often the spouse or other family member) can be overlooked.

3.2 Caring for someone with dementia can be frustrating and stressful at times. It's important therefore for a carer's physical health and psychological wellbeing that they are supported with their caring responsibilities. This can include, for example to help them to take a

[3] https://www.alzheimers.org.uk/info/20091/what_we_think/1238/dementia_statements_and_rights

break or a holiday, if they need to go into hospital or to meet other important commitments.

3.3 Social isolation is something that can seriously affect carers (and not just those caring for people with dementia). There is a clear link between loneliness and poor mental and physical health.

4. Prevention of dementia

4.1 There is currently no certain way to prevent all types of dementia. Vascular disease however can be prevented. Consequently, reductions in the incidence of vascular and mixed dementias may be expected to follow. There is, for example, evidence to suggest that the incidence of dementia may be reducing in the UK, by as much as 2.7% per year. The main reason for this is improvement in vascular risk factors, with increased physical activity accounting for the largest proportion of this decline.

4.2 In general terms therefore, what is good for the heart may also be good for the brain.

5. What are we doing – the Council?

5.1 The Council's aims and objectives are:

5.1.1 To support people with dementia and their families to:

- Develop and build resilience
- Access suitable relevant and timely information and advice
- Access good quality community support
- Remain independent, safe and well for as long as reasonable e.g. identify and access support that will support this such as; home care, day activities and respite

5.1.2 To develop 'dementia friendly communities' in Sheffield.

The national definition of 'a dementia-friendly community' is one in which people with dementia are empowered to have high aspirations and feel confident, knowing they can contribute and participate in activities that are meaningful to them. The following is the 10 Steps to Building a Dementia Friendly Community[4]

- Involvement of people with dementia
- Challenge stigma and build understanding
- Accessible community activities
- Acknowledge potential
- Ensure an early diagnosis
- Practical support to enable engagement in community life
- Community-based solutions
- Consistent and reliable travel options
- Easy-to-navigate environments

[4] Building Dementia-Friendly Communities: A Priority for Everyone

- Respectful and responsive businesses and services

5.2 The following describes the emerging approach to delivering these aims:

5.2.1 Dementia friendly communities - we will work with all stakeholders to identify and implement what 'dementia friendly communities' mean in Sheffield based on the national definition and the Dementia Statements

5.2.2 Supporting carers will be important – for people with dementia to remain safe and independent as long as possible will be reliant on carers having timely support

5.2.3 Prevention will be key at all stages i.e.

- A healthy lifestyle will reduce the risk of dementia
- Preventing carer breakdown
- Technology in the home
- Meaningful activities

5.2.4 Commissioning support in communities

5.3 The diagram on the next page describes the Council's DRAFT approach which is work in progress:

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DRAFT

Dementia 'is everyone's business' Friendly Communities

Building capacity and increasing awareness in communities to help them be 'friendly' and accessible to those with dementia and their families e.g. family and friends, local communities, businesses and organisations

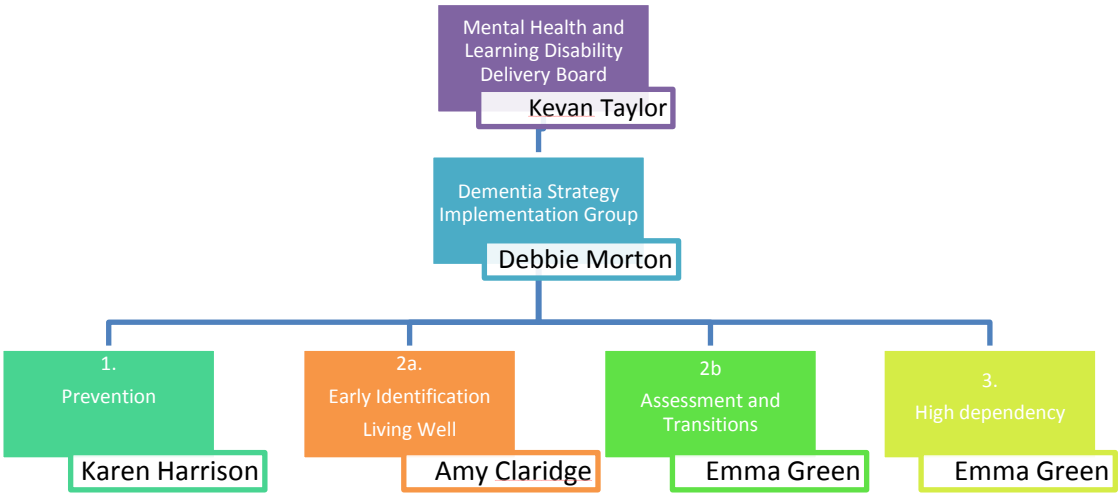
Health and Wellbeing (Prevention)	Resilience and Coping (People Keeping Well)	Coping with Support (Active Support & Recovery)	Complex needs (Ongoing Care)
Reducing the risk of dementia in later life - Ensuring that more people understand a healthy lifestyle reduces the risk of developing dementia e.g. eating well, move more, keep connected - Public Health messages/campaigns linking to wider campaigns such as Food, physical activity - Use Health Trainers for targeted messages - Health Checks	Community support and building resilience *Community/Universal Offer/Early Help* •Prevent Problems Occurring and Escalating •Community based activities for people with dementia and/or their carers • Carers: Information, advice & guidance for families (planning, coping and resilience) •Building capacity and confidence within community organisations to support people with dementia	People who need some formal support *Targeted Support* •Support to remain independent safe and well e.g. home care, day activities and respite •Supporting carers: •Preventing Problems Escalating •Reducing the Severity of the Problem	People with complex needs *Specialist Provision* •Person centred approach •Ensuring that care homes continue to promote good quality of life and enrichment activities for people with dementia •Management of Need •CHC / joint packages of care Residential or nursing care •Adopt a Care Home

6. What are we doing – all partners?

6.1 The Dementia Implementation Group has been established and is meeting regularly. It includes partners from the Council, health, other statutory partners and providers including VCF

6.2 The diagram below describes the governance structure and identified workstreams for the Dementia Implementation Group.

The Council / Public Health are leading two of the workstreams and the Clinical Commissioning Group are leading the other two workstreams. All workstreams include partners from relevant stakeholders



6.4 Over the next six months, the workstreams will meet and identify key issues / objectives and develop recommendations for changes. Listed below are the emerging requirements:

1. Prevention – preventing dementia through improving lifestyles in mid life e.g. uncontrolled blood pressure is a risk factor for dementia

- Working with existing health and wellbeing activities to ensure they include the messages that healthy lifestyle reduce the risk of dementia

2a. Early identification and living well – improving resilience of people with dementia and families to live a fulfilled life

- Awareness raising of the public to spot the signs of dementia and reduce stigma to encourage people to come forward earlier for diagnosis.
- Awareness raising, education and training of public and staff across all sectors to spot the signs of dementia and know referral routes/support available, need to make better use of dementia champions resource

- A ‘key worker’ type role to support the person and their family with practical information, advice and guidance after (early) diagnosis
- Increasing the range of (meaningful) community-based activities available to the person and their family
- Cross-organisational working to improve dementia awareness amongst staff and the general public (including young people)
- Defining what dementia friendly communities are in Sheffield and implementing them
- Need to consider use of technology to keep people in their own homes longer (including care home residents)

2b. Assessment and transitions – appropriate formal support for people with dementia

- Review of processes to support timely discharge from hospital
- Review services to support families in crisis
- Need to look at potential for intensive, time limited packages of care in peoples in times of crisis

3. High dependency – people with complex needs

- Need to ensure that care can be stepped up and stepped down as appropriate, with the least disruption to the person receiving the care.
- Review of people’s needs should be done in a timely way with improved communication with families/carers

7. Recommendations

7.1 The Committee are requested to note this report and give a steer to the following:

7.1.1 Should the Sheffield approach align with the national statements?

7.1.2 Dementia friendly communities:

- What should dementia friendly communities look like in Sheffield?
- How we can support communities to become ‘dementia friendly communities’?

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

Wednesday 18th April 2018

Report of: Policy and Improvement Officer

Subject: Work Programme Review 2017/18, Scrutiny Annual Report 2017/18

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

Summary:

This report provides the Committee with a summary of its activities over the municipal year for inclusion in the Scrutiny Annual Report 2017/18. The Committee is asked to consider and comment on this document (Appendix A).

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	
Call-in of Cabinet decision	
Briefing paper for the Scrutiny Committee	
Other	**X**

The Scrutiny Committee is being asked to:

- Scrutiny Annual Report 2017/18 - Consider and comment on the Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee draft content - Appendix A

Background Papers: None
Category of Report: OPEN

Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee – work programme review 2017/18, scrutiny annual report 2017/18

1.0 Scrutiny Annual Report 2017/18

- Each Scrutiny Committee will produce a summary of their activity over the past municipal year, for inclusion in the Scrutiny Annual Report 2017/18. A draft of Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee activity for inclusion is attached - please see Appendix A.

- The Annual Report will also include an overview of the role of scrutiny within the authority and a summary of some of the activities and outcomes across the five Scrutiny Committees.

- The full list of topics considered by this Committee during 2017-18 is outlined below:

Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee List of topics 2017/18	
Oral and Dental Health in Sheffield	July 2017
Transfers of Care	September 2017
Urgent Care Consultation	September 2017
Oral and Dental Health Follow up	September 2017
Food and Wellbeing Strategy	November 2017
Mental Health Transformation Programme	November 2017
Sheffield Teaching Hospitals Annual Quality Priorities 2017/18	November 2017
Urgent Care Consultation Update	November 2017
Sheffield Accountable Care Partnership Call-In	December 2017
Mental Health Transformation Programme	January 2018
Adult Social Care Performance	January 2018
Overview of CQC ratings for Sheffield General Practice	March 2018
GP Neighbourhoods Update	March 2018

Loneliness and Social Isolation in Older People	April 2018
Update on Joint Health Overview and Scrutiny Committee FOR INFORMATION	March 2018
Health Led Trials – Sheffield City Region	April 2018
Dementia Strategy	April 2018
Delayed Transfers of Care Update	March 2018
Oral Health – Update on Committee recommendations	March 2018
Safeguarding Adults	April 2018

2.0 Outstanding issues

The table below sets out issues that the Committee has identified for inclusion on a future agenda. This list will be passed to the 2018/19 Committee to use as part of its work planning process.

Sheffield Children's Hospital Quality Accounts	Emergency Preparedness
Accountable Care Partnership	Health in All Policies
Social Prescribing	Joint Strategic Hospital Services Review
Home Care Update	Urgent Care Consultation and Outcome
Mental Health Transformation Programme	

3.0 The Scrutiny Committee is being asked to:

- **Scrutiny Annual Report 2017/18** - Consider and comment on the Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee draft content - **Appendix A**

Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee 2017/18

Chair: Cllr Pat Midgley **Deputy Chair:** Cllr Sue Alston

Remit of the Committee: Local NHS Services and Health Service Commissioning, Local Health Services, including the power of referral to the Secretary of State for Health, Public Health, Health Inequalities, Adult Social Care and support, Adult Safeguarding

Highlights from the work of the Committee in 2017/18 include:

Oral and Dental Health in Sheffield – the Committee heard from a range of people and organisations including Sheffield's Director of Public Health, Public Health England, University of Sheffield's Dental Public Health Faculty, the Oral Health Promotion Team, dental practitioners, as well as NHS England, the commissioner of NHS dental services. The Committee made recommendations to NHS England and the Director for Public health on areas including access to dental services, low recorded rates of fluoride varnish applications and maximising the impact of oral health promotion through existing mechanisms. Cabinet also accepted a recommendation from the Committee that the issue of water fluoridation should be re-examined.

Food and Wellbeing Strategy – the Committee considered the draft Food and Wellbeing Strategy and made recommendations to the Cabinet Member on areas such as the importance of close links between the Food and Wellbeing Strategy and the Tackling Poverty Strategy, the impact of cuts to weight management on individuals, the importance of having measurable objectives in the strategy and food standards and regulation post Brexit. The draft strategy was amended to reflect the feedback from the Committee, however the response to the Committee's comments that the draft strategy's focus was primarily on tackling obesity and could benefit from looking at wider food issues, stated that the focus on health as the primary outcome was justified due to the scale of the poor diet and obesity issue in Sheffield, and that broadening the strategy would make it harder to have a meaningful impact.

Urgent Care – NHS Sheffield CCG came to the Committee in September 2017 to present their intentions to consult on options for improving Urgent Care in the City. These options all included closure of the Minor Injuries Unit at the Hallamshire and the Broad Lane

Walk-In Centre, and replacing them with Urgent Treatment Centres at the Northern General Hospital and Sheffield's Children's Hospital, alongside increased access to GP appointments within 24 hours, provided by groups of GP Practices working together. Urgent eye care would be provided at locations across the city and emergency eye care would be provided at the Hallamshire Hospital. The Committee expressed concerns including: the ability of patients to travel to other GP practices in their neighbourhood – including issues around public transport and cost, concern over absence of detail over how the model will work in each neighbourhood, issues of accessibility and parking at the Northern General, the importance of any telephone triage system working well for everyone, including those who may not speak English and the importance of engaging widely through the consultation. This has been a high profile issue in the City and the Committee will keep a keen eye on the CCG's proposals as they emerge following the analysis of the consultation responses.

Call-In of the Sheffield Accountable Care Partnership – The Committee met on the 5th December 2017 to consider a call-in of the Cabinet Member for Health and Social Care decision on the Sheffield Accountable Care Partnership. Councillors had called the decision in to further consider the formal scrutiny arrangements for the partnership. The Committee heard from the Cabinet Member for Health and Social Care and the Director of Public Health, who made it clear that the Sheffield Accountable Care Partnership was about collaboration between organisations, and that Sheffield City Council had no plans to develop an Accountable Care Organisation. The Committee asked the Cabinet Member to request that meetings of the partnership take place in public, with minutes and papers published. She has confirmed that plans are underway to do this, as well as reporting to Scrutiny on a 6 monthly basis.

Transfers of Care – In recent years Sheffield has performed poorly in delayed transfers of care – when someone is unable to leave hospital at the point their treatment is complete either because discharge planning has not been done in a timely way, or because the required support arrangements have not been put in place in quickly enough. In September, the Committee heard from representatives of Sheffield Teaching Hospitals, NHS Sheffield CCG and Sheffield City Council who explained that better relationships and ways of working between the 3 organisations, and a shared understanding of the performance data was resulting in significant improvements – but that the true test would be how the system coped over winter. Officers came to present an update in March, and reported that performance had slipped back to last year's levels over the winter, but that there is cause for optimism. Winter 2017/18 was more difficult than the previous year, discharge planning on hospital wards is improving and adult social care capacity is greater this year than last. The Committee heard about further plans to improve performance this year, and will keep a watching brief.

Scrutiny of Health activity outside of work programme

South Yorkshire, Derbyshire, Nottinghamshire and Wakefield Joint Health Overview and Scrutiny Committee - Cllr Pat Midgley represents Sheffield City Council on this Committee. It meets in relation to the Commissioners Working Together Collaborative and Health Service Change in South and Mid Yorkshire, Bassetlaw and North Derbyshire. It has been considering two NHS service reconfigurations - Hyper Acute Stroke Services; and Children's Surgery and Anaesthesia, as well as a review of Hospital Services. Sheffield Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee has received updates on activity. The Joint Health Overview and Scrutiny Committee has met twice this year and will continue to meet in 2018/19 to monitor the implementation of the two reconfigurations, the hospital services review as well as any future NHS workstreams or potential reconfigurations over the geographical footprint.

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