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Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee

Wednesday 26 February 2020 at 4.00 pm

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

The Press and Public are Welcome to Attend

Membership

Councillor Cate McDonald (Chair), Steve Ayris (Deputy Chair), Sue Alston, Angela Argenzio, Vic Bowden, Lewis Dagnall, Mike Drabble, Jayne Dunn, Adam Hurst, Talib Hussain, Martin Phipps, Jackie Satur, Gail Smith, Garry Weatherall and Vacancy

Healthwatch Sheffield
Lucy Davies (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
26 FEBRUARY 2020

Order of Business

1. Welcome and Housekeeping Arrangements

2. Apologies for Absence

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

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

5. Minutes of Previous Meeting (Pages 5 - 12)
To approve the minutes of the meeting of the Committee held on 15th January, 2020.

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

7. NHS Health Checks (Pages 13 - 18)
Report of the Director of Public Health.

8. Sheffield Adult Safeguarding Partnership (Pages 19 - 40)
Report of the Independent Chair, Sheffield Safeguarding Adults Partnership.

9. Care Home Payment Model Change Implementation
This item was published in error and has subsequently been withdrawn.

9.1 Home Care in Sheffield
At the request of the Chair, this item has been brought as an urgent item and a presentation will be given at the meeting.

10. Written Responses to Public Questions (Pages 41 - 46)
Report of the Policy and Improvement Officer.

11. Work Programme (Pages 47 - 52)
Report of the Policy and Improvement Officer.

12. Date of Next Meeting

The next meeting of the Committee will be held on

ADVICE TO MEMBERS ON DECLARING INTERESTS AT MEETINGS

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

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

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

You **must**:

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

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

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

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

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

- Any contract which is made between you, or your spouse or your civil partner (or a body in which you, or your spouse or your civil partner, has a beneficial interest) and your council or authority –

  - under which goods or services are to be provided or works are to be executed; and
  - which has not been fully discharged.

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

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

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

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

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

  (b) either -
    - the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body; or
    - if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which you, or your spouse or your civil partner, has a beneficial interest exceeds one hundredth of the total issued share capital of that class.

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

You have a personal interest where –

- a decision in relation to that business might reasonably be regarded as affecting the well-being or financial standing (including interests in land and easements over land) of you or a member of your family or a person or an organisation with whom you have a close association to a greater extent than it would affect the majority of the Council Tax payers, ratepayers or inhabitants of the ward or electoral area for which you have been elected or otherwise of the Authority's administrative area, or

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

Guidance on declarations of interest, incorporating regulations published by the Government in relation to Disclosable Pecuniary Interests, has been circulated to you previously.

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

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

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

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

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SHEFFIELD CITY COUNCIL

Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee

Meeting held 15 January 2020

PRESENT: Councillors Cate McDonald (Chair), Steve Ayris (Deputy Chair), Sue Alston, Angela Argenzio, Vic Bowden, Lewis Dagnall, Mike Drabble, Jayne Dunn, Adam Hurst, Talib Hussain, Martin Phipps, Jackie Satur and Garry Weatherall

Non-Council Members (Healthwatch Sheffield):-

Lucy Davies

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1. APOLOGIES FOR ABSENCE

1.1 No apologies for absence were received.

2. EXCLUSION OF PUBLIC AND PRESS

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

3. DECLARATIONS OF INTEREST

3.1 There were no declarations of interest.

4. MINUTES OF PREVIOUS MEETING

4.1 The minutes of the meeting of the Committee held on 27th November, 2019, were approved as a correct record.

4.2 *Matters Arising*

4.2.1 The Policy and Improvement Officer confirmed that a report on the written responses to public questions would be provided at the next meeting and published on the Council's website.

4.2.2 The Chair stated that she had forwarded the questions raised at the last meeting to the Clinical Commissioning Group and she would report back on their responses to the next meeting of this Committee.

5. PUBLIC QUESTIONS AND PETITIONS

5.1 Jeremy Short, on behalf of Sheffield Save Our NHS (SSONHS) asked "what action is the Scrutiny Committee considering taking over the continued closure of the Hadfield Ward of the Northern General Hospital and the loss of 168 beds?'

5.2 The Chair, Councillor Cate McDonald, stated that the Policy and Improvement Officer had received a response from Sheffield Teaching Hospitals Trust regarding this matter, which stated that the beds had been re-provided across the Trust Estate and additional capacity had been created to deal with winter pressures and contingencies through two modular wards on the Northern General Site. There had been no adverse impact on service delivery, and work was ongoing to make the Hadfield Ward fit for purpose.

5.3 Jeremy Short asked a further question about the costs of the work to the Hadfield Ward and who will pay for it. Councillor McDonald stated that she would contact the Teaching Hospitals Trust and when a response had been received, she would respond in writing and publish the response on the Council's website.

5.4 Michael Briscoe stated that he is the Managing Director of a company which provides a service for recipients of direct payments. He referred to a list of management companies which currently provided these types of services in Sheffield and asked if that list could be opened up to the competitive market. Councillor McDonald said that she would contact the appropriate officer of the City Council and provide him with a response.

6. NEIGHBOURHOOD AND PRIMARY CARE NETWORK UPDATE

6.1 The Committee received a report of Nicki Doherty, Director of Delivery, Care Outside of Hospital, Sheffield Clinical Commissioning Group (CCG) giving an update on the neighbourhood transformation monies and an overview of the current position since the introduction of the Primary Care Network Enhanced Service.

6.2 Present for this item were Sarah Chance (Neighbourhood Development Manager), Anthony Gore, GP (Woodseats Medical Centre) and Clinical Director (Sheffield CCG) and Nicki Doherty.

6.3 Anthony Gore stated that as part of the five-year GP contract introduced in April last year, it was agreed that the new Primary Care Networks (PCNs) would deliver seven national service specifications, five of which will come into effect in April 2020. The service specifications form part of the network contract Directed Enhanced Service which was designed to enable general practice to take a leading role in every Primary Care Network. Recently, NHS England launched a consultation on the draft outline specifications for the services and, following strong feedback, a number of concerns had been raised with regard to funding, phasing in requirements and clinical leads and it was felt that little thought had been given to the impact that these specifications would have on PCNs. Dr. Gore said that the potential new services needed time, through joint and collaborative working, to develop and grow over many years.

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

- Since the introduction of the neighbourhood way of working, Phase One has

seen some success in building relationships across organisations and the main criteria for Phase Two was t the model for change or a new way of working based on the priorities set out in the NHS Long Term Plan to meet the needs of the population, however new phases of the plan were still in the transformational process and details of how these were progressing would be brought to a future meeting of this Committee.

- In one neighbourhood, a piece of work started off around pain management with the Roma Slovak community, and quickly expanded to cover other issues. There has been good engagement with the Roma/Slovak community, the voluntary, community and faith (VCF) sector and GPs and a lot of work done to identify the specific needs of the local community.

- In the Peak Edge network area in the south of the city, a link worker has been engaged to focus on teenage mental health, to identify low level mental health issues, giving support to young people in identifying and managing their condition, thereby preventing escalation of the issues into adulthood. This has been developed with two local secondary schools in the area.

- Some Primary Care Networks have matured quicker than others due to quicker GP engagement. A lot depended on the make-up of practices and it was an ongoing process. It was not a reflection of the service but more about how areas have worked together.

- Each neighbourhood was now providing monthly highlight reports and presenting them at the Neighbourhood Development Group to update and raise any risk or issues that need escalating.

- The Integrated Care System has provided development funds for PCNs, which is separate to clinical funding. Networks are involved in identifying their own development and supports needs – they are not imposed.

- Concerns were raised about possible difficulties for some patients in travelling to a different practice within their neighbourhood. Changes to commissioned services would consider the impact of distance and travel on people using services. Grant funding is being allocated to local organisations to consider this – the Committee asked that information on which organisations have been commissioned be circulated to Councillors.

- Councillors were keen to understand how we will know if this way of working is effective. The response was that it is difficult to measure the impact of neighbourhood working and Primary Care Networks. Specific projects were easier to evaluate. There were some specific measures, but the greater strategic benefits were harder to measure.

- Four years ago, there was little interest from Primary Care in working in a neighbourhood way - now there is demand for it, and a recognition that it is the right thing to do.

- Networks have chosen their own names, and whilst the names might not have much meaning for members of the public, they are recognised by partners and stakeholders.

- At present, each Network receives a recurrent funding of £1.50 per patient for network development and £1.45 per patient for extended hours, however from April 2021, Networks will also receive an extra £6 per head for improving access.

- Concerns were expressed that investment in social prescribing link workers will lead to capacity issues for the VCF as demand increases. The CCG recognised this concern, and the need to ensure that there is capacity, and it was explained that the PCNs are working closely with People Keeping Well Partnerships. Joint Commissioners are also aware of the VCF capacity issue and are considering this further.

- The national Primary Care contract is based on raw capitation, and does not factor in health inequalities or deprivation. However, there is locally led innovation going on, based on need, and designed to target local inequality issues. Councillors were keen to express their concerns that investment in Primary Care should reflect inequalities in the City, and agreed that the Chair should write to the Secretary of State on this issue.

- The CCG reported that conversations were happening amongst the Clinical Directors of Primary Care Networks in the City, and a recognition that there was a need to make sure that investment follows need, to reduce inequalities and strengthen partnership working at a neighbourhood level by delivering integrated models of care.

- Social prescribing infrastructure is local in nature so there should not be a need for people to travel across the city to access services.

- Invitations would be sent to Members of the Committee to attend the Landing Event of Phase 1 of the Transformation and the launch of Phase 2. The aim was to make sure Leaders engage with local Councillors and take up their offer of help and support.

6.5 The Chair stated that she would write to the Secretary of State to make sure the voices of local people were heard. Dr. Gore said he would be happy to assist with this.

6.6 RESOLVED: That the Committee:-

(a) thanks Sarah Chance, Dr Anthony Gore and Nicki Doherty for their contribution to the meeting;

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

(c) raises the following issues:-

- the Committee is keen to understand how and when we will be able to assess the impact of the network and neighbourhood working arrangements.

- the Committee looks forward to seeing the outcome of the work being done to ensure that there is sufficient capacity within the VCF to meet the demands of social prescribing.

- the Committee agreed that the Chair would write to the Secretary of State to express the Committee's concerns that national funding for Primary Care is not addressing health inequalities.

- the Committee is keen to see that work is undertaken to ensure that Councillors are linked in to Primary Care Networks and aware of what is going on locally within Primary Care.

- The Committee is keen to see that travel and transport is a consideration as this work develops, ensuring that people are not disadvantaged by services being located in different parts of a neighbourhood.

7. LOCALITY SOCIAL CARE AND SOUTH EAST NEIGHBOURHOOD WORKING UPDATE

7.1 The Committee received a report giving an update on Locality Social Care and South East Neighbourhood Working. The report described the various values, principles and elements that make up locality working in Adult Social Care and neighbourhood working within communities.

7.2 Present for this item were Dr. Tim Gollins, Head of Localities, Adult Social Care and Lorraine Wood, Head of Communities, Libraries, Learning, Skills and Communities.

7.3 Tim Gollins gave a brief introduction to the report, stating that Locality Social Care had been introduced two years ago and referred to the key challenges, solutions, training and development for staff.

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

- It was difficult to give specific timescales for measuring impact of and progress of the locality social work model, but better performance is expected over the coming two years.

- An evaluation was taking place with regard to the South East Neighbourhood Hub and that should be complete by the end of March and a report would be taken to Cabinet before any decisions are taken about wider roll out.

- Risks were assessed through the Adult Social Care Leadership Group. The risk register is reviewed regularly and mitigations identified.

- There was recognition that the move towards locality social work was challenging in terms of specialisation. Some groups were affected more than others, e.g. Learning Disability and Continuing Healthcare, and there has been a range of experiences. Workshops on Learning Disabilities and Autism are planned for this year.

- In localities, a series of workshops were scheduled to start in the next quarter and will continue to run throughout the year, focussing on thematic elements and the standards that need to be met.

- Locality arrangements are about putting teams together so that there is a single point of contact. At present, people go to their nearest contact centre for issues to be resolved. In the long term they will go to localities. The risk of a 'postcode' lottery was acknowledged, and work was ongoing to set service wide standards whilst giving flexibility for services to innovate.

- Connecting Practices and how they support each other, their workforce and people was very much work in progress.

- 16 workshops have been very successful in identifying different professionals to give support to one person. Within the South East of the city, the Clinical Commissioning Group are supporting the City Council with the implementation of the HUB, providing the "Team around a Person" approach to care.

- The South East Neighbourhood Hub was already working alongside local Ward Councillors.

7.5 RESOLVED: That the Committee:-

(a) thanks Dr. Tim Gollins and Lorraine Wood for their contribution to the meeting;

(b) notes the contents of the report and the responses to the questions;

(c) looks forward to seeing the development and further embedding of locality working across the City, and is keen to see evaluations, especially around the loss of specialisation and how this has affected people;

(d) is keen to see the evaluation of the multi-disciplinary hub model, and understand how it can be mainstreamed and the implications of rolling out the model across the city; and

(e) is keen to see that there are consistent, city wide social work standards, and that we get the key things right for everyone across the city.

8. WORK PROGRAMME

8.1 The Committee received a report of the Policy and Improvement Officer which set out the Committee's Work Programme for 2019/20.

8.2 RESOLVED: That the Committee:-

(a) approves the contents of the Work Programme 2019/20;

(b) notes that Continuing Healthcare would be considered at the March meeting of the Committee, and that the issues raised at the last meeting regarding Continuing Healthcare would be considered then; and

(c) notes that the NHS Annual Quality Accounts would be circulated to Members for comment via email in March/April.

9. DATE OF NEXT MEETING

9.1 It was noted that the next meeting of the Committee will be held on Wednesday, 26th February, 2020, at 4.00 p.m., in the Town Hall.

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

Report of: Greg Fell

Subject: Delivery of the NHS Health check programme in Sheffield

Author of Report: Karen Harrison, Health Improvement Principal, Sheffield City Council; Karen.harrison5@nhs.net

Summary:

In April 2013 the NHS Health Check became a mandated Public Health service in England. Local authorities are responsible for making provision to offer an NHS Health Check to eligible individuals aged 40-74 years once every five years.

The NHS Health Check programme is a Public Health programme in England for people aged 40-74. It is a risk assessment and management programme which aims to prevent or delay the onset of cardiovascular diseases including diabetes, heart disease, kidney disease and stroke. The NHS Health Check programme can help individuals reduce their risk by offering help and advice across a range of risk factors and lifestyle behaviours such as smoking, alcohol use, weight management, diet and physical activity. The programme also aims to reduce levels of alcohol related harm and raise awareness of the signs of dementia. In Sheffield we have a targeted approach and aim to deliver the programme to those who are at higher risk of developing Cardiovascular disease.

Since 2017 the programme has been provided by Primary Care Sheffield. The contract will end 31st August 2020; discussions have begun between PH, commercial services and elected members to decide on the best way forward. Due to procurement rules, an open tender process is necessary. Details of this are still to be finalised

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:

Consider the current programme and provide views, comments and recommendations of how this should proceed from 1st September 2020.

Background Papers:
Details of the NHS Health check programme can be found at:
https://www.healthcheck.nhs.uk/

Category of Report: OPEN

Report of the Director of Public Health

Delivery of the NHS Health check programme in Sheffield

1. Introduction/Context

1.1 This report is being presented at the request of the committee.

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

Background

In April 2013 the NHS Health Check became a mandated public health service in England. Local authorities are responsible for making provision to offer an NHS Health Check to eligible individuals aged 40-74 years once every five years.

The NHS Health Check programme is a Public Health programme in England for people aged 40-74. It is a risk assessment and management programme which aims to prevent or delay the onset of cardiovascular diseases including diabetes, heart disease, kidney disease and stroke. The NHS Health Check programme can help individuals reduce their risk by offering help and advice across a range of risk factors and lifestyle behaviours such as smoking, alcohol use, weight management, diet and physical activity. The programme also aims to reduce levels of alcohol related harm and raise awareness of the signs of dementia. In Sheffield we have a targeted approach and aim to deliver the programme to those who are at higher risk of developing Cardiovascular disease.

People are eligible if they don't already have a high Cardiovascular risk, have not had or got certain conditions such as stroke, heart attack, diabetes, chronic kidney disease, and are not being treated for cardiovascular conditions

The NHS Health check programme began in Sheffield in 2012. It was delivered solely by and within GP practices according to former Local Enhanced Service agreements between Public Health at NHS Sheffield and individual GP practices. This continued until 2017 when an open tender process was undertaken. The successful provider, Primary Care Sheffield commenced delivering the NHS Health check programme on 1st September 2017. The contract will end 31st August 2020.

The contract value is £165,000 per annum with an additional £20,000 available if health inequality targets are met.
There was a gap in delivery from 1st April 2017until 31st December 2017 due to delays in procurement and subsequent mobilisation of the contract.

Targeted approach

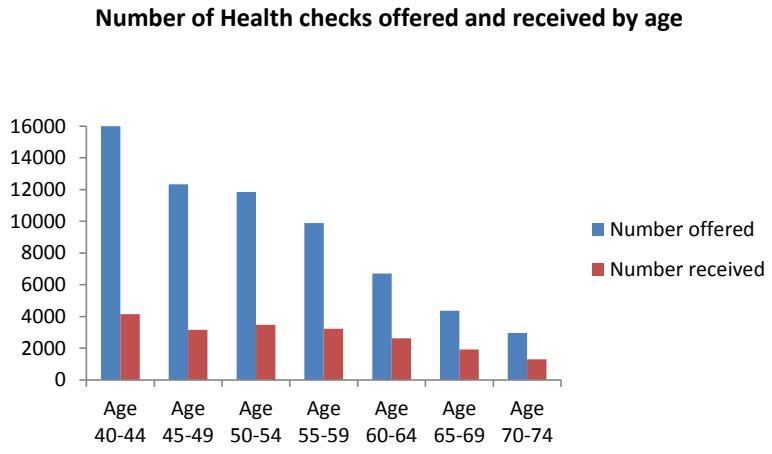
In Sheffield a targeted approach has always been used with the aim of reducing health inequalities by incentivising the offer and delivery of health checks to those at higher risk of developing cardiovascular disease. From an eligible population of around 140,000 about 60,000 (43%) will fit the target criteria. This is based on:

- Ethnicity
- Living in area of highest deprivation.
- Have a previously recorded Systolic Blood Pressure >140
- Have a previously recorded Diastolic Blood Pressure >90
- Have a previously recorded QRISK score > 10% (this is a measure used to calculate the risk of developing cardiovascular disease within the next 10 years)
- If a person has severe mental illness or learning disability

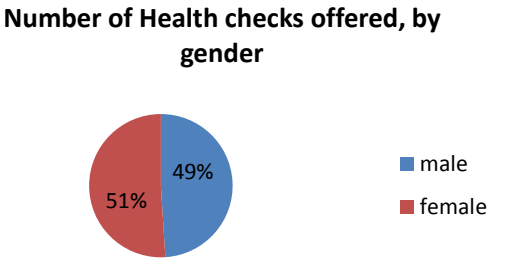
Results since September 2017

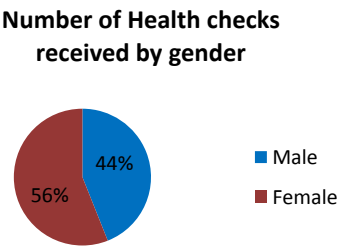
Primary Care Sheffield are contractually obliged to deliver health checks to 7,500 people per year. This target has been met.

The following chart shows the age of the people being offered and receiving a health check.

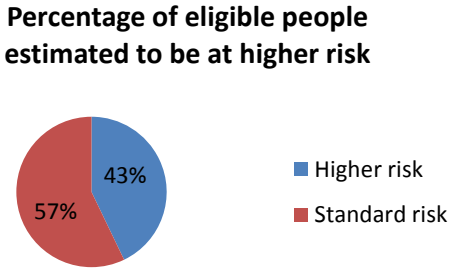


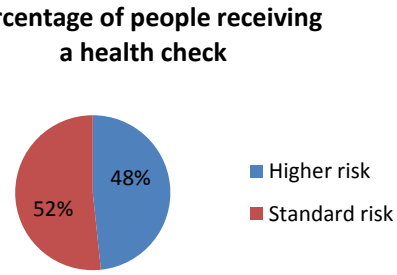
The charts below show the split of offering and receiving health checks by gender. This shows that the programme is offered to an equal amount of men and women. Typically in programmes like this more women tend to take up the offer, and although this is true here, the difference is less than often seen in other programmes.





We estimate that approximately 43% of the eligible population are at higher risk of developing Cardiovascular disease. It has been our aim in Sheffield to reduce health inequalities. The charts below show that a higher percentage of people in the higher risk group have received a health check compared to those at standard risk.





Outcomes

As part of the mandate we only need to submit data to Public Health England regarding number of people who have been offered a health check and number of people who receive a health check. In Sheffield we wanted to know other outcomes from the health checks and the table below demonstrates the data we collect.

Risk assessment and clinical information	Number
Dementia awareness (all ages)	6211
Diagnosed with hypertension (BP ≥ 140/90)	1268
Started on anti-hypertensive therapy	247
High risk ethnic category with BMI ≥ 27.5	2006
Other ethnic category with BMI ≥ 30	6484
Started on statin therapy	251
Recorded as physically inactive	3186
Diabetes (FBS ≥ 7.0 or HbA1c ≥ 48)	794
Impaired glucose (FBS 5.5-6.9 or HbA1c 42-47)	1296
Eligible for Diabetes Prevention Programme	1875
Smokers	2932
Family history of CVD	3602
AUDIT score 8-14	311
AUDIT score ≥ 15	1175
QRISK2 score 10-19.9%	2660
QRISK2 score ≥ 15%	1170
Communication of results and risk management	
Raised BMI - referral to weight management programme offered	533
Smokers - referral to smoking cessation service offered	87
Physical inactivity - referral to physical activity programme offered	94
AUDIT score ≥ 15 - referral to alcohol service offered	8
Eligible patients - referral to diabetes prevention programme offered	200

Return on investment

In Sheffield 0.4% of the Public Health grant is spent on the health checks programme. 5 Local authorities in Yorkshire and Humber spend a higher percentage of their Public health budget on Health checks but perform poorer than Sheffield when comparing percentage of eligible people who have received a Health check to percentage of public health grant spent. It is therefore felt that in Sheffield the programme is good value for money.

3 What does this mean for the people of Sheffield?

3.1 This programme is important for the people of Sheffield as it can prevent or delay the onset of developing cardiovascular disease therefore promoting a longer healthier life. For people who feel fit and well and didn't realise that they may have underlying risks this programme gives the opportunity for these risks to be identified and mangaged.

One of the aims of the Sheffield Health and wellbeing strategy is to improve the health of those living in the most deprived areas of Sheffield. This programme will contribute to this aim.

4. Recommendation

4.1 The Committee is asked to consider the current programme and provide views, comments and recommendations of how this should proceed from 1st September 2020.

Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee 2019/20

Report of: Independent Chair Safeguarding Adults Partnership

Subject: Sheffield Adults Safeguarding Partnership (SASP) Scrutiny Committee Report 2019/2020

Author of Report: David Ashcroft Independent Chair

Summary:

In 2018/2019 the Sheffield Adult Safeguarding Partnership produced its annual report as a video which was produced by the Customer Forum, a group who work with the Partnership. This was shared with the Scrutiny Committee but is being supplemented by this report. The Report is intended to be informative about the work of the Sheffield Adult Safeguarding Partnership and to recognise the role of Scrutiny in advising on the work of the Partnership and provide challenge and feedback.

Type of item: The report author should mark 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	**X**
Other	

The Scrutiny Committee is being asked to:

- Receive the Scrutiny Report and note its contents and the priorities and achievements of the SAS Partnership
- Comment on and / or seek clarification on any issues raised
- Consider and recommend priority areas for next year's business plan and strategic plan
- Provide input to the strategic plan 2020-2023

Background Papers:

- Learning Brief – Person C

Category of Report: OPEN

This report provides an overview of safeguarding activity in Sheffield.

Contents Included are:

INTRODUCTION TO SAFEGUARDING IN SHEFFIELD

This Report provides information on the safeguarding work undertaken in Sheffield and gives a sense of the positive difference this work makes to Adults who are most at risk of abuse and neglect.

Reporting to the Scrutiny Committee is one of the ways in which the Sheffield Adult Safeguarding Partnership informs the people of Sheffield about the work that we do and how we are accountable to them. The Sheffield Adult Safeguarding Partnership is keen to encourage and further develop links with the people of Sheffield to raise the profile of safeguarding and to listen to what people think about our work and what our priorities should be.

The Core statutory partners are the local authority, health and police, but the SASP is well developed and includes a wider spread of providers and services in the city. Relationships and joint work are well developed with the Sheffield Safeguarding Children Partnership, and both partnerships continue to be independently chaired by the same individual to promote cohesion and co-ordination in strategic direction.

Sheffield Adults Safeguarding Partnership is committed to improving the safety of all Adults in Sheffield.

The Annual Report for 2018/19 was produced by the Customer Forum as a video.

https://www.youtube.com/watch?v=JNOpH4NaxZE

The core functions of the Partnership are:

- Coordinate what is done by each body represented on the Partnership for the purpose of safeguarding and promoting the welfare of Adults in the area
- To ensure the effectiveness of what is done by each such person or body for those purposes
- Developing local procedures and policies
- Communicating the need to safeguard and promote the welfare of Adults, raising awareness of how this can best be done and encouraging practitioners, agencies and the public to take the required action
- Participating in local planning of services for Adults in Sheffield
- Undertaking reviews of serious cases and advising the authority and partners on lessons to be learnt and to identify any concerns or patterns affecting the welfare and safety of Adults and ensuring the correct procedures are in place to provide a coordinated multi-agency response
- Monitoring and evaluating the effectiveness of what is done by partners individually and collectively to safeguard and promote the welfare of Adults and advise them on ways to improve
- Assessing whether partners are fulfilling their statutory obligations by carrying out multi-agency audits
- Monitoring and evaluating the effectiveness of training
- Producing and publishing an Annual Report on the effectiveness of safeguarding in the local area

KEY PRINCIPLES FOR SAFEGUARDIND ADULTS

The following six principles, set out in statutory guidance and the Care Act,apply to all sectors and settings including care and support services, further education colleges, commissioning, regulation and provision of health and care services, social work, healthcare, welfare benefits, housing, wider local authority functions and the criminal justice system. The principles should inform the ways in which professionals and other staff work with adults. The principles can also help Sheffield Adult Safeguarding Partnership and organisations more widely, by using them to examine and improve their local arrangements.

Six key principles underpin all adult safeguarding work

• **Empowerment –** People being supported and encouraged to make their own 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 recognise the signs and what I can do to seek help."

• **Proportionality –** The least intrusive response appropriate to the risk presented.

"I am sure that the professionals will work in my interest, 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 and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want."

• **Partnership –** 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 and with me to get the best result for me."

• **Accountability –** Accountability and transparency in delivering safeguarding.

SHEFFIELD SAFEGUARDING ADULTS PARTNERSHIP BUSINESS PLAN 2019/20

The Partnership has set a number of priorities under 4 key areas.

1. **Hear the voice of those who use our services and communicate with the communities of Sheffield**.
   1.1. Support and empower the Customer Forum to be a stronger voice and develop a participation strategy.
   1.2. Ensure people's experiences of safeguarding inform us of future communications and improvements in relation to safeguarding practice.
   1.3. Develop mechanisms for gaining views and ideas particularly from those who have experienced abuse and neglect.

2. **Learn and improve the quality of our services.**
   2.1. Review the impact of the quality assurance framework to ensure that the framework is able to influence and improve practice.
   2.2. Use the Sheffield Adult Review sub group to learn from practice across partners and nationally so that Sheffield's practice can improve.

2.3. Promote a nurturing and learning culture.

3. **Governance - implement the new board arrangements**.
   3.1. Develop new governance arrangements for the Sheffield Adult Safeguarding Partnership.
   3.2. Carry out a Value for Money Review including funding arrangements and resourcing structures.
   3.3. Implement the new safeguarding procedures ensuring that they enshrine the principles of Making Safeguarding Personal and provide clarity on how we undertake safeguarding in Sheffield.
   3.4. Develop the use of data so that it is used to improve practice and performance.

4. **Partnership - encourage cross sector participation, increasing awareness around safeguarding and reinforce locality work**
   4.1. Promote the partnership across community networks, particularly in the voluntary sector.

ACHIEVEMENTS AGAINST THE PRIORITIES

- Support for the Customer Forum in their production of the **Annual Report** for 2018/19 and their work on priorities this year of social isolation, support for carers and public transport with all work co-produced.
- Completion of a joint **Children's and Adults Quality Assurance Audit and Challenge Sessions** with all partners with actions identified as a result.
- Use of learning from cases considered by the Safeguarding Adult Review sub group with **Learning Briefs** being shared across staff teams and on the Sheffield Adult Safeguarding Partnership website.
- **Case examples** are being used to inform practise within multi-agency meetings, briefings and training.
- The **Training Programme** offered by the partnership is well attended and receives good feedback. Participation on training courses by members of the customer forum bring lived experience to the course.
- Positive results from the 3 initiatives that were set up by the Partnership (see page 6)

    - **Safe in Sheffield Initiative**
    - **Adult Sexual Exploitation Service**
    - **Trading Standards Initiative Not Born Yesterday**

- A **health passport** has been developed with the Customer Forum for use by those with learning difficulties and is available on the Sheffield Adult Safeguarding Partnership website.
- A **Performance and Quality Sub Group** was formed in January which will seek assurance that the work taking place is keeping people safe.
- The **Mental Capacity Network** is carrying our actions to raise awareness and understanding around Mental Capacity as well as to prepare for the implementation of the Liberty Protection Safeguards.

- The **Safeguarding Licencing Manager** has undertaken a range of work including guidance for those holding events, work to develop a strategy around gambling, training and safeguarding for taxi drivers and licence premises and work to raise the issue of invisible disabilities at licenced premises and at the football clubs.
- Feedback from people using services is sought in a number of ways including the Sheffield Teaching Hospitals Friends and Family test as well as.
- Coordination of the multi-agency **Vulnerable Adults Panel** works to develop pathways between agencies and the person at risk to improve their wellbeing and eliminate pressures on emergency and crisis points.
- **Safeguarding Awareness Week** in July 2019 provided an opportunity to talk to members of the public about a range of safeguarding topics as well as training opportunities for professionals and a social media campaign that drove significant numbers of people to the Sheffield Adult Safeguarding Partnership website. Learning from this will help improve **Safeguarding Awareness Week 2020**.
- **Dignity Awards** scheme is co-produced with citizens from the Service Improvement Forums to acknowledge Adult Social Care staff whose actions make a difference and serve as an example to others.
- Agreement has been reached to work collaboratively with the **Voluntary Sector** on how safeguarding works from their perspective. Representatives of the voluntary sector attend many of the training sessions offered and guidance for the voluntary sector is due to be published.

CURRENT CHALLENGES

1. The transition of young people both to adult services and to successful adulthood and the sufficiency of these services remains an issue, work is underway but there are significant numbers of people whose needs are not been met. This is a standing item on the SAB Executive meeting and will also be considered at the Joint Children's and Adults meeting in March.

2. The pressure on **Mental Health services** in the city impacts on safeguarding. We are working closely to address issues and this will be a priority going forward.

3. Many people don't meet the threshold to access services but are at risk (often through their own behaviours) but still require support. Initiatives such as the vulnerable adults panel work to support them but the numbers involved and complexity of issues often means there is a gap in the services available to them. This may require a re-think in what services need commissioning with the funding available in the city.

4. Additional resources have been allocated to the Safeguarding First Contact service but responsiveness does remain an issue.

5. There have been improvements in how **safeguarding concern cases** are identified and managed but issues with some aspects remain including

    - a common understanding of the Care Act across the Partnership,

- the responsiveness of services and
- how well the city has introduced the principles of Making Safeguarding Personal.

This is an ongoing area of work with briefings for staff within Sheffield City Council underway which can then be shared with the wider partnership. The new Performance and Quality Sub Group will work to understand the issues, how they can be further improved and in understanding how safe vulnerable adults are, and what the emerging issues are in Sheffield.

6. More work is required to ensure that the person's v**oice** is heard within each case and then used to inform changes to how services are delivered. This is covered in the briefings being delivered, an improved quality assurance process and an engagement and involvement framework is being tested in the south and west of the city.

7. The current guidance on **Self Neglect** is in the process of being reviewed and the issue of hoarding incorporated.

8. The **Sheffield Adult Safeguarding Partnership website** is relatively new, more work is planned to provide an increased amount of useful resources to professionals, volunteers and the public. An area for the Customer Forum to promote its work is also under development.

INITIATIVES UNDERTAKEN BY THE SHEFFIELD ADULT SAFEGUARDING PARTNERSHIP

1. Safe in Sheffield

The Safe Places Scheme aims to support vulnerable people to feel safe when they are out and about in Sheffield via a recognisable logo on display and a card that vulnerable people are issued with. Safe Places members include John Lewis, Specsavers and Crystal Peaks Shopping Centre. There are approximately 50 registered venues acting as a Safe Place where staff have been trained. There is an interactive venue map and Sheffield has joined the Safe Places National Network which provides members with an App. Promotion of the project at the Safeguarding Awareness Week 2019 took place along with social media posts. Community groups and conferences have been visited to raise awareness, including visiting MIND. Community groups are putting Safe Places on their meeting agendas and some companies although not members of the scheme have also provided help to people when the card was produced. Future plans will include the roll out of co-produced training, the addition of new safe places on the waiting list and promotion of the project.

https://www.sheffieldsafeplaces.co.uk/

2. Adult Sexual Exploitation Service

Following a gap in provision for this group being identified, Sheffield Adult Safeguarding Partnership funded a detailed report that highlighted the need for a service and looked at the development of a training package. This work was nationally recognised as best practice. The training was about talking, challenging 'consent', and the use of language. The training covered awareness of sexual exploitation, who it affects and how to refer.

The Sheffield Adult Safeguarding Partnership has since funded Stage 2 of the project which was the delivery of training which the feedback showed has a 90% positive rating. Work was also undertaken to promote awareness of the service which resulted in 14 referrals in the 9 months the project ran for. The volume had been expected to be higher but it was acknowledged that this was a new service.

The service worked closely with the National Working Group (NWG) and Newcastle and Leeds who have similar projects. Positive feedback was gained from service users, parents and multi-agency teams on the impact of the service. However it does take time to gain the trust of service users. The Sheffield Adult Safeguarding Partnership has agreed to continue the funding of this service on a sustainable basis.

3. Trading Standards Initiative – "Not Born Yesterday"

The Sheffield's Adult Safeguarding Partnership has supported the Trading Standards project 'Tackling Financial Abuse from Scams and Rogue Trading since 2016. The campaign 'Not Born Yesterday' aims to raise awareness of the harm caused by scams, doorstep crime and rogue trading and attempts to provide people with a sense of empowerment and to be not only labeled as victims.

The commitment continues to be to protect elderly and vulnerable Sheffield residents through a program of awareness raising, enforcement action and safeguarding those who become victims of financial abuse.

The team visit residents who have reported scams, deliver presentations to care providers, housing staff and community groups and this year have carried out 21 public events at a variety of venues. They respond to and carry out investigations into Doorstep Crime which have resulted in a number of prosecutions for fraud and consumer protection offences. Preventative work includes leafleting residents in the vicinity of a reported incident to ask them to contact the team if they have any information or may have been a victim themselves. A '**No Cold Calling'** door sticker is provided with each leaflet to encourage residents to make their own home a 'no cold calling zone'.

A victim Impact Survey has been carried out, with the service provided by the team scoring 8 or above out of 10 by 96% of responders.

SAFEGUARDING ADULT REVIEWS (SARS)

A Safeguarding Adult Review is a multi-agency process that considers whether or not serious harm experienced by an adult or group of adults at risk of abuse or neglect, could have been predicted or prevented and uses that consideration to develop learning that enables the partnership to improve services and prevent abuse and neglect in the future.

The Safeguarding Adult Review Sub-Group of the Sheffield Adult Safeguarding Partnership is responsible for recommending the commissioning of Safeguarding Adult Reviews (SARs) in line with the Care Act 2014 Guidance (Chapter 14), managing the process and assuring the Sheffield Adult Safeguarding Partnership those recommendations and actions have been addressed by the partnership and individual agencies.

Referrals Received - 1st April 2019 to Present	5
How many progressed into a SAR/Learning Lessons Review (LLR)	1 SAR 2 LLR 2 did not meet the criteria

The Safeguarding Adult Review subgroup is currently coordinating 2 Safeguarding Adult Reviews and 3 Learning Lessons Reviews, one of which is a joint review with Rotherham Adult Safeguarding Partnership.

A range of issues are being investigated as part of these reviews including neglect, cohesive control, domestic abuse, mental health issues, hoarding and self-neglect.

Recommendations for either individual agencies or for the partnership will be tracked via action plans. Learning briefs are produced following a review and shared with members of the partnership so that they can be distributed more widely with practitioners across the partnership. This includes those referrals that had not progressed into a full Sheffield Adult Review or learning lessons review, but where there was learning that could be shared. These will be made available on the Sheffield Adult Safeguarding Partnership website as appropriate. An example of a Learning Brief is attached at the end of this report.

Themes emerging from the Reviews so far include the need for professionals to be aware of and make referrals to other agencies such as South Yorkshire Fire Services, Safe and Well Scheme or Trading Standards Not Born Yesterday Scheme. Other issues identified include the importance of joint working and effective communication between professionals and the need for them to be familiar with issues such as coercive control and the application of Mental Capacity Act 2005.

CONSULTATION ON SHEFFIELD ADULT SAFEGUARDING PARTNERSHIP STRATEGIC PLAN 2020-2023

Sheffield Adult Safeguarding Partnership three year Strategic Plan is due for review. Consultation has started with members of the partnership before wider consultation with those at risk of harm. The plan needs to set the right priorities and be clear on what outcomes we want to achieve in order to keep people safe.

Initial areas for consideration as priorities include the responsiveness of services in the city, gaps in what services are provided or commissioned and the provision of mental health services in the city. Views from this Committee on what they believe are the key challenges the Safeguarding Partnership should focus on would be welcome.

PERFORMANCE DATA

The following section details some of the key performance indicators that are used to monitor the effectiveness of safeguarding in the city in order to understand trends and changes.

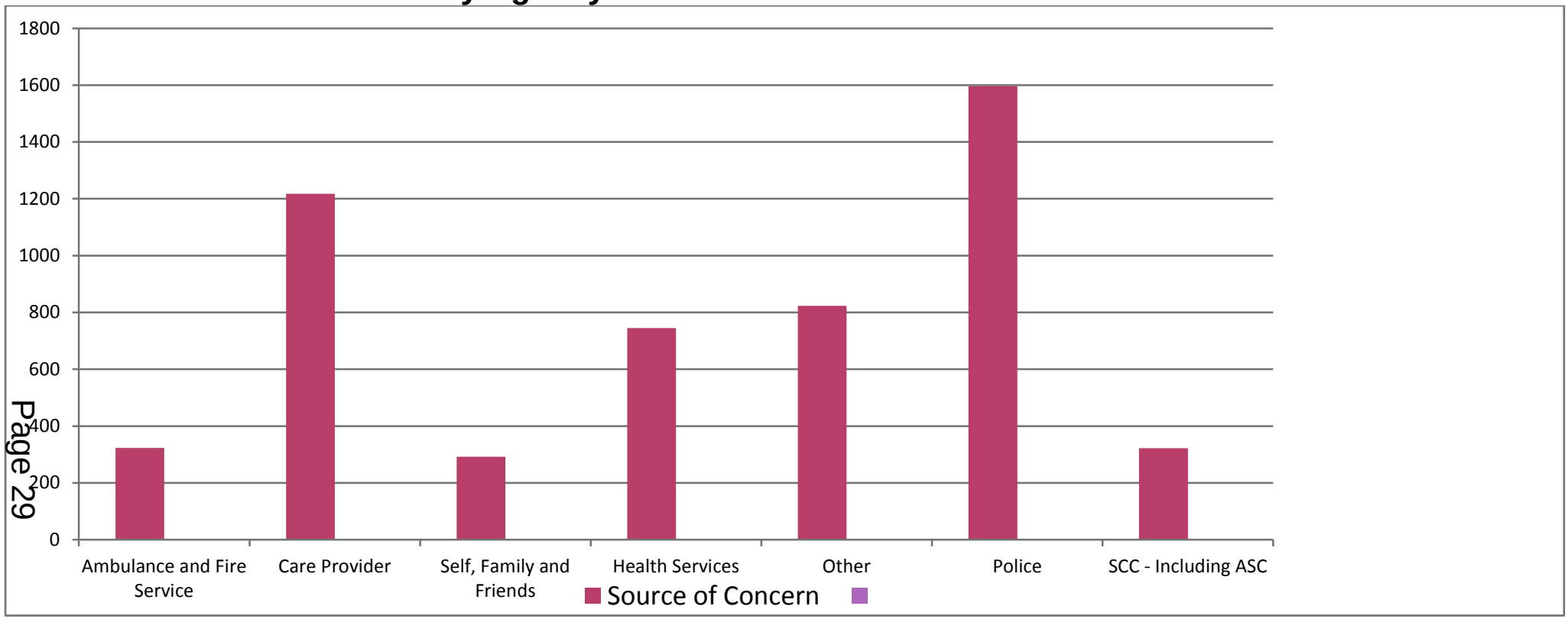
Sheffield City Council January 2019 – December 2019

- 5324 contacts made regarding concerns about someone's safety.
- 3478 cases proceeded to be considered within the safeguarding process as abuse or neglect was suspected (and therefore needs considering under the Care Act Section 42 Criteria)
- 2256 cases required a Safeguarding enquiry and some form of action taking.

Improvements to process and system to simplify how cases were dealt with and to ensure safeguarding is dealt with according to a person's individual needs have made it difficult to provide a consistent comparison from 2018. However staff in the First Contact Team have seen an increase in the number of contacts following sessions with staff within Providers and the Contract and Commissioning team to promote the safeguarding process. Work has also been carried out with health colleagues including with GP's.

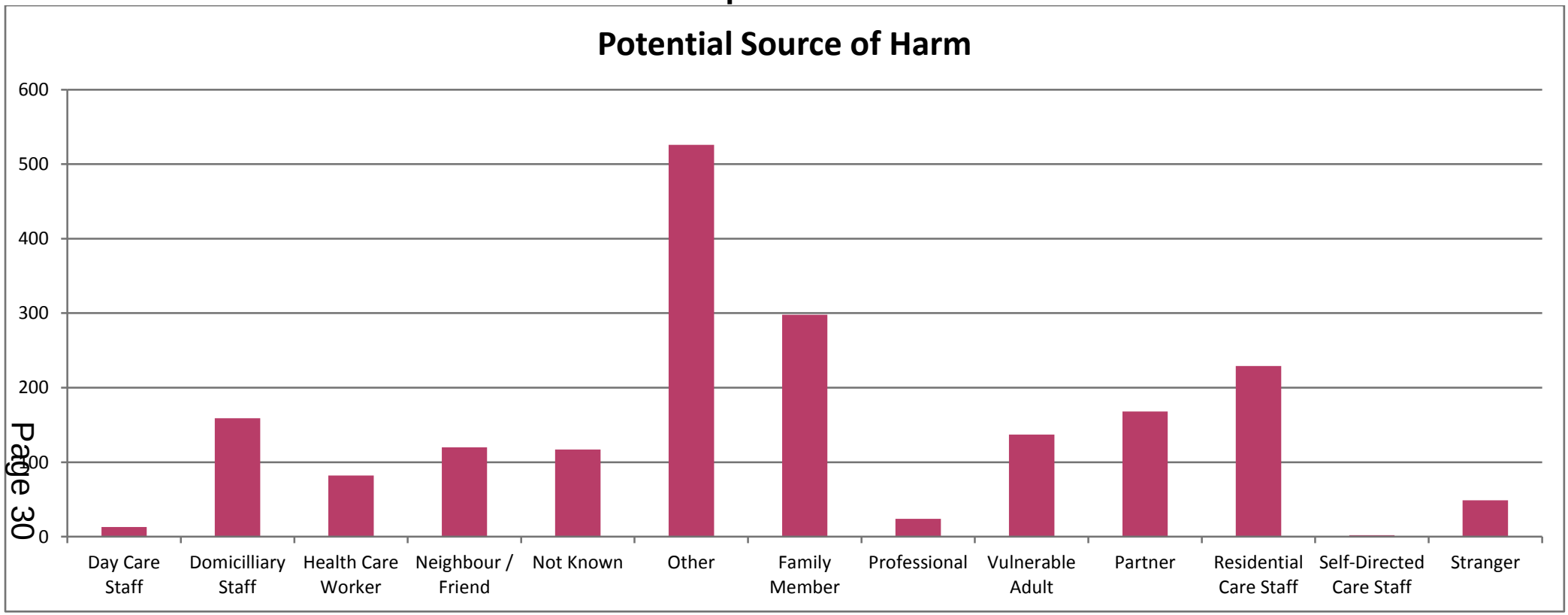
The SASP has recently recruited a Performance and Research officer to work on collating performance data on safeguarding across agencies. This post will work closely with the counterpart on the Children's Partnership to ensure that we have robust and comprehensive data for all safeguarding activity performance and impact, where it is possible to collect and present this.

Table 1 Concerns Identified by Agency



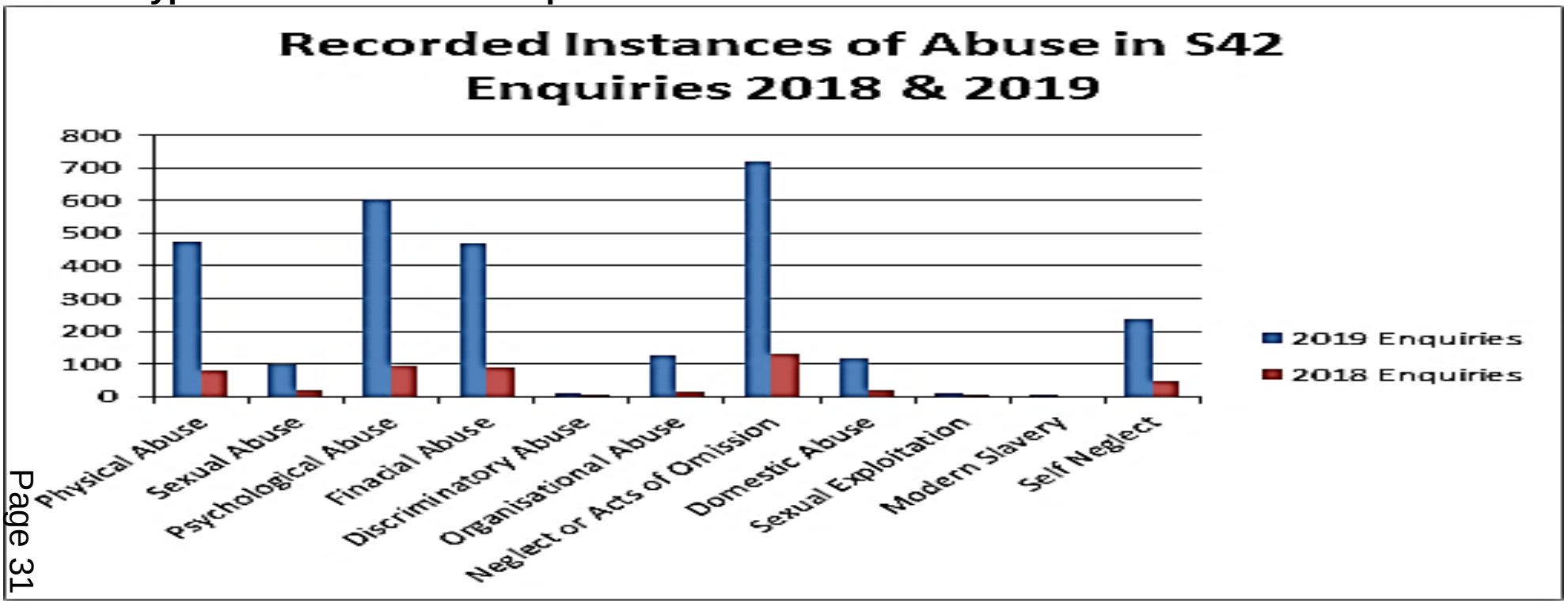
South Yorkshire Police report the highest number of concerns however this has started to reduce following a spike in August. Most other sources of concern have remained at similar levels throughout the year.

Table 2 Potential Source of Harm from cases reported to SCC



A significant number of cases have other recorded as the potential source of harm, a number of these cases are likely to be the person themselves given a number of cases identify self-neglect as the type of abuse. Work is also needed to understand if there is also a recording issue or that the available options are not thorough enough. Family members account for 15% of the source of risks while Residential care staff account for 12%. This has increased from 9% at the end of June. It is possible that this increase is due to the work that is ongoing with our commissioning and contracts team. Providers are being asked to consider the principles of Safeguarding in particular the importance of early intervention for the purposes of the prevention of a situation becoming more serious. Providers are more transparent and more likely to report less serious incidents when the local authority is working in a learning not a blaming culture in order to keep people safe.

Table 3 Type of Abuse in cases reported to SCC



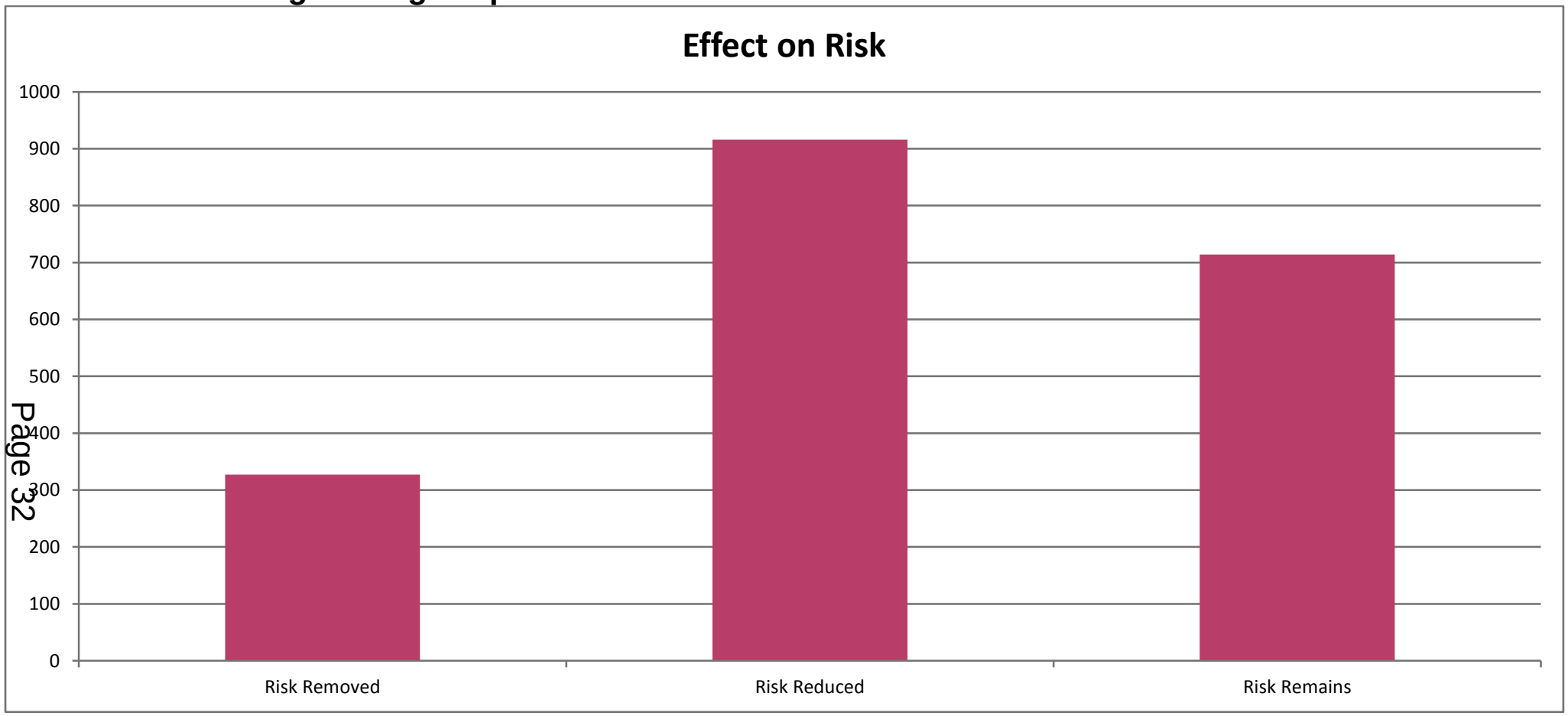
Neglect or Acts of Omission is the predominant type of abuse enquiries recorded during the 12 month period 2019 and makes up 25% of the cases. It is however clear that there has been a significant increase on all types of abuse recorded in 2019 compared to that of 2018.

It is believed that numbers are rising due to an increased knowledge in Sheffield of the purpose of safeguarding under the Care Act and the recognition that adults do not have to have experienced significant harm for abuse or neglect to occur. We have also improved how we are recording safeguarding concerns for example a number of incidents that would have been as deemed poor practice are now considered under the Care Act criteria to determine whether or not a Safeguarding response is relevant .

We would view the increased awareness, reporting and recording as positive. In Sheffield we are developing our understanding of how to consistently make judgements about Safeguarding, how best to respond to concerns of abuse and neglect and to consider the principles of safeguarding. This process is happening nationally and is not just limited to Sheffield with new guidance being introduced to support consistency across the country..

Nationally the most common type of risk that concluded in 2018/19 was also Neglect and Acts of Omission, which accounted for 31.4% of risks.

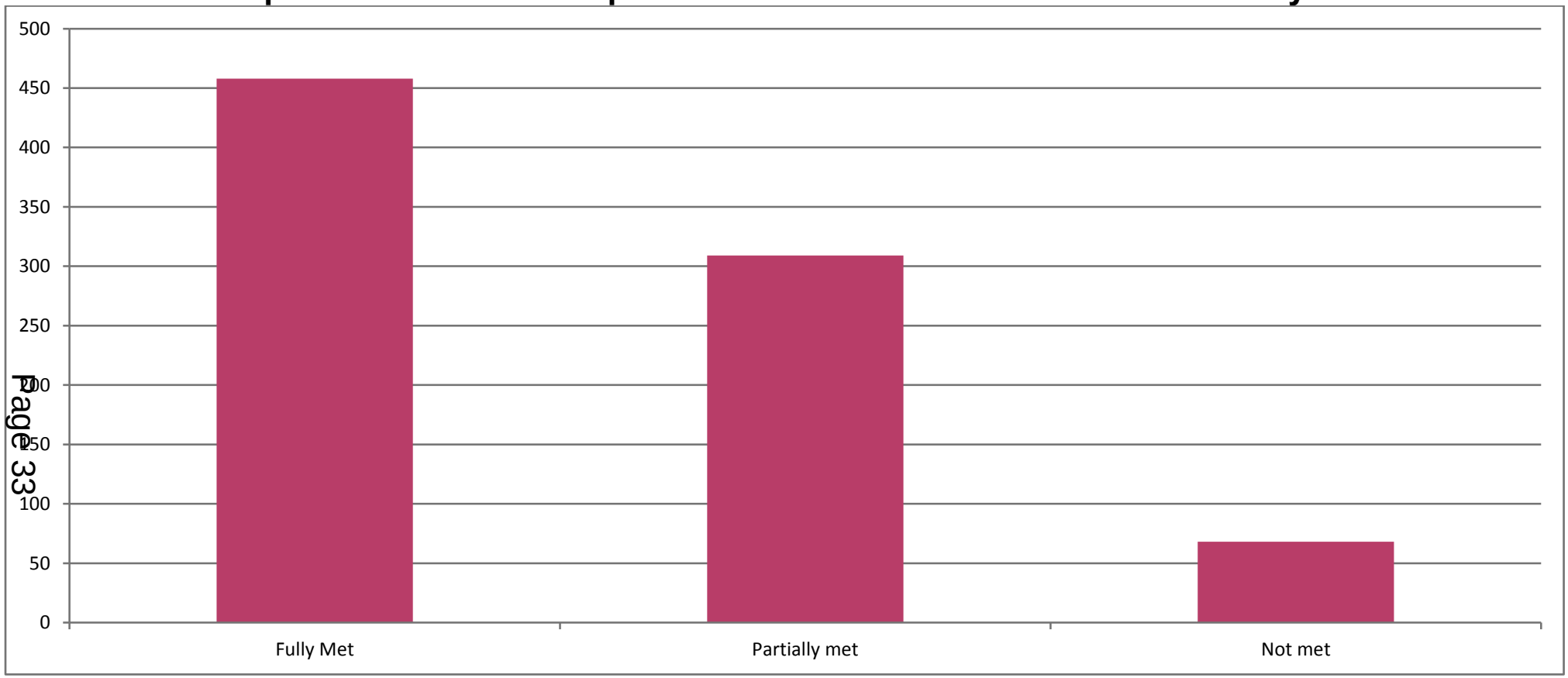
Table 4 Adult Safeguarding Enquires effect on risk



Over the last 12 months where action has been taken to reduce or remove identified risks they have been removed or reduced in 63% of Enquiries. Work has been undertaken to look at how risks are identified and then managed in safeguarding enquiries. In some cases we found that there was not always a clear record made of the presenting risks despite the fact that interventions were put into place to manage them. A training programme has been planned and will be delivered in the next 12 months. The intention is to improve practice and record keeping in the initial assessment of risk, to ensure that new information is continuously taken into account and new risks are identified (including the risks that

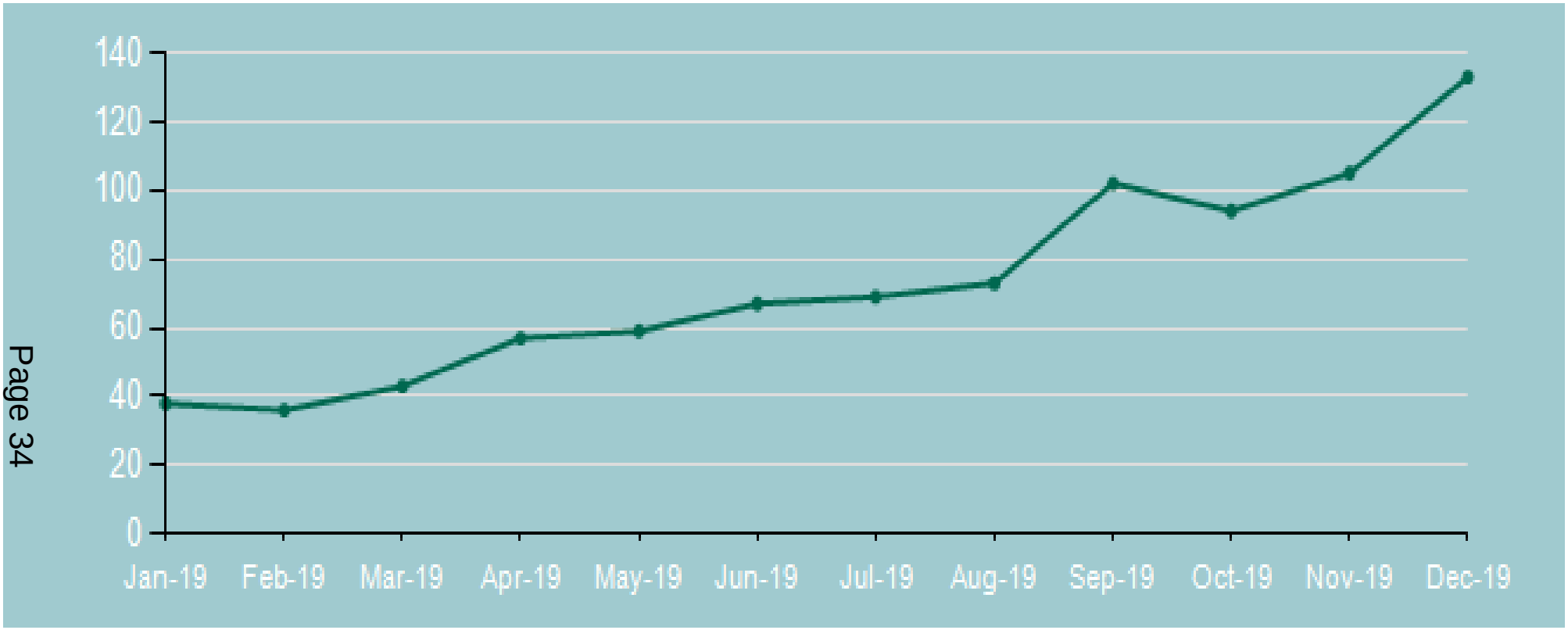
people choose to take) when formulating the Safeguarding plan. This should help us to reflect the circumstances and level of risk involved in order to measure risk outcomes at the end of Safeguarding enquiries.

Table 5 Where a person was able to express their desired outcomes how were they met



In those cases where we asked the person their outcomes and they were able to express them we predominantly are able to meet at least part of those outcomes with a significant proportion having their outcomes fully met.

Table 6 Days taken to complete Adult Safeguarding Enquiries

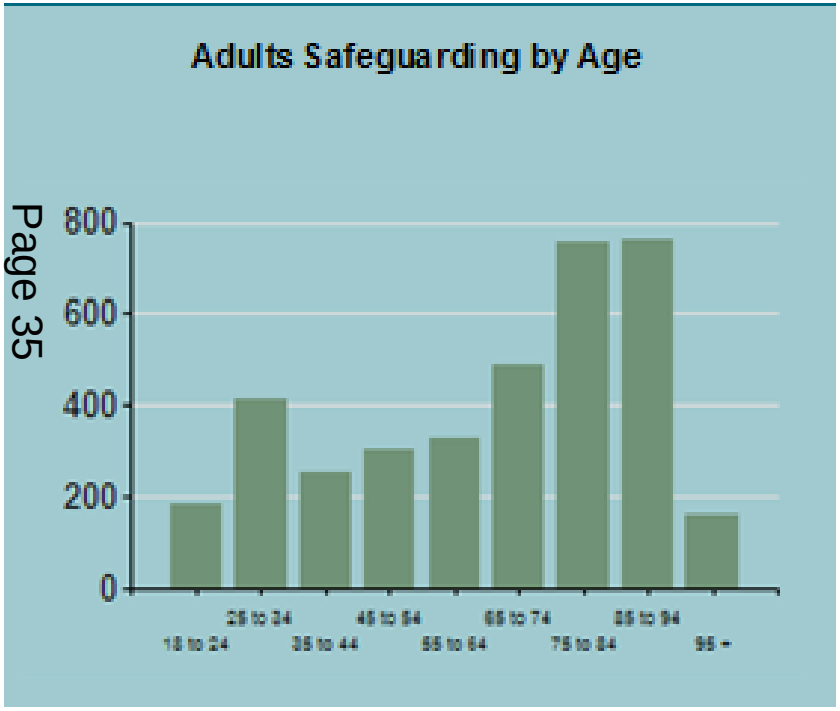


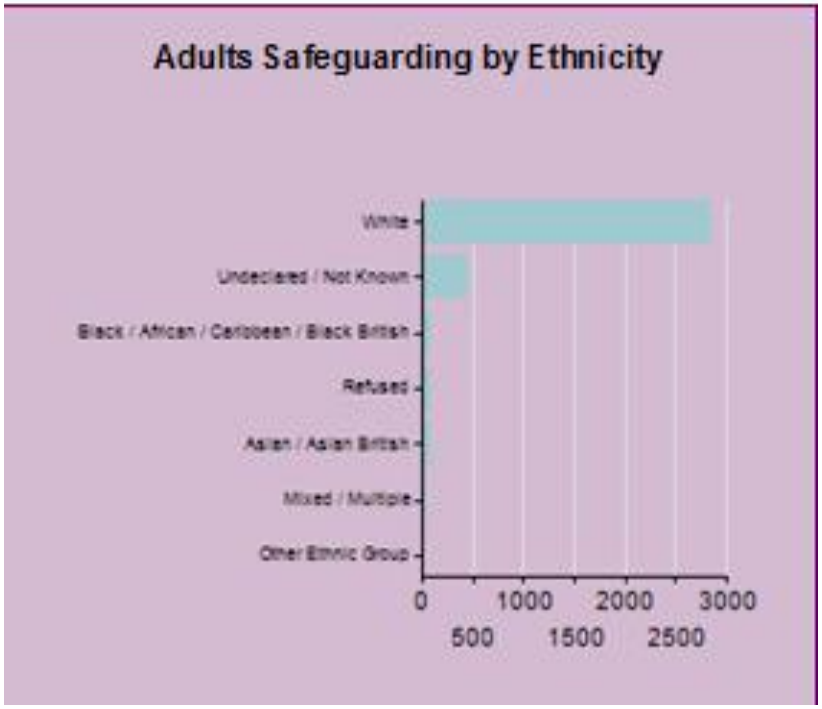
The total time to complete a Safeguarding Enquiries has been increasing over the year having risen from an average of 67 days in Jun 2019 to 133 days in December 2019. The majority of Enquiries are completed within 30 days but there are significant outliers which are contributing to the increasing average measure. Work has been undertaken to help us to understand why the days taken to complete enquiries have increased. A number of factors have been identified with 2 areas being the biggest contributors. In some episodes there were system errors and cases had been completed but not closed correctly on the system, this is being addressed. The most significant factor was that we were waiting for information from other professionals, partners or providers to inform the enquiry and therefore manage outcomes in order to close the case. We are working with our commissioning and contracting teams to manage time delays for providers and are escalating concerns where this is

appropriate. We will continue to monitor the significance of the situation with partners and support them where they are undertaking enquiries on behalf of the local authority.

Table 7 Who is being supported by Safeguarding

Females represent 60% of the Adults Safeguarding by Gender, males 40%. The age of those involved in safeguarding is predominately over 65 and their ethnicity is white.



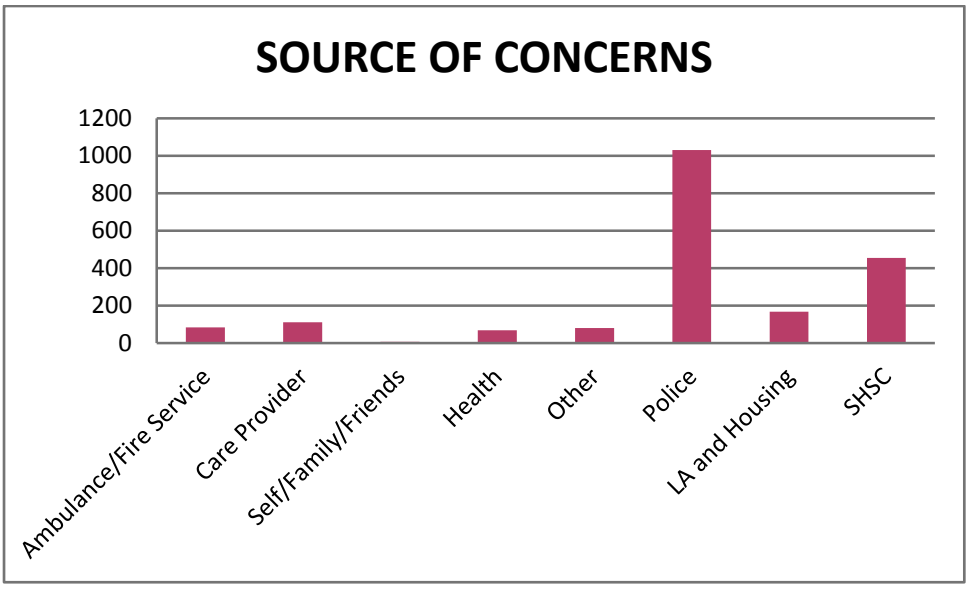


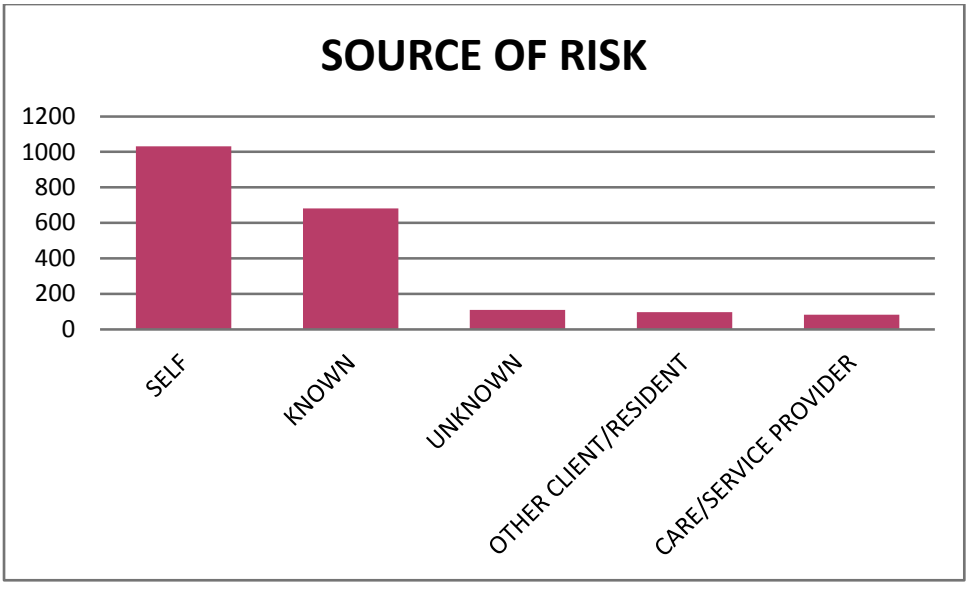
SHEFFIELD HEALTH AND SOCIAL CARE FOUNDATION TRUST PERFORMANCE DATA
12 month period to the end of December 2019

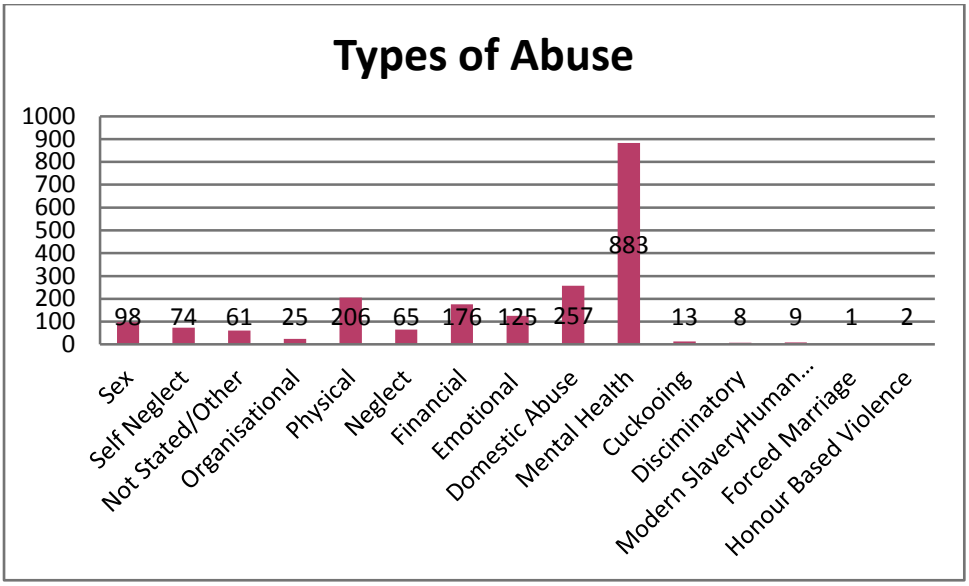
There were 1549 notifications of concern (NoC) received by Sheffield Health and Social Care in the 12 month period ending December 2019 concerning an individual's health and wellbeing. A large majority of these were about a person's mental health rather than being because an individual was experiencing abuse or neglect.

For all concerns received an action was carried out and either the GP or the mental health team involved with the individual informed. Additional actions carried out in some cases were; to signpost to appropriate services or offer an assessment. Only a small proportion of these NoC's (4.9%) entered the Safeguarding process.

Alongside external NoC's Sheffield Health and Social Care also raised safeguarding concerns in 454 cases, of these 166 were sent to Sheffield City Council Adult Access for management, the remaining 288 were managed by Sheffield Health and Social Care.







Who is being supported by Safeguarding

57% were female and 43% male of the 288 entered into safeguarding and managed by SHSC. Their age range is predominantly 18-64 with only 2.4% being in the 65-74 age range. Their ethnicity is predominantly white.

Sheffield Adult Safeguarding Partnership Glossary

Common Terms & Acronyms:

Safeguarding Adults - the term used to describe all work to help adults with care and support needs stay safe. It replaces 'adult protection'.

Safeguarding Contact – is any contact that is made with the Local Authority by any person about an adult's safety.

Safeguarding Concern - A concern arises from any contact that is made with the Local Authority by any person that indicates a person is experiencing abuse or is at risk of abuse or neglect.

Safeguarding Enquiry - The process undertaken in accordance with the duty under **Section 42** of the Care Act 2014 to establish the facts of the case; ascertain the adult's views and wishes; assess the needs of the adult for protection, support and redress and how they might be met ; protect the adult from the abuse and neglect, in accordance with the wishes of the adult; make decisions as to what follow-up action should be taken with regard to the person or organisation responsible for the abuse or neglect; and enable the adult to achieve resolution and recovery. The duty to make enquiry lies with the Local Authority but it can cause the enquiry to be made' by other agencies and consideration will be made on a case by case basis as to who the appropriate person or organisation would be to undertake the enquiry.

Assessment / Enquiry / Investigation - a process to gather evidence to determine whether abuse has taken place and/or whether there is ongoing risk of harm to the adult at risk.

Abuse includes physical, sexual, emotional, psychological, financial/material, neglect/acts of omission, discriminatory and organisational abuse, domestic abuse, modern slavery and self-neglect. Abuse may consist of a single act or repeated acts. Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it.

Association of Directors of Adult Social Services (ADASS) - the national leadership association for directors of Local Authority adult social care services.

Adult with Care and Support Needs - a person who is over 18 years old and who has needs for care and support – in relation to Safeguarding Enquiries it is not necessary for eligibility for the provision of services to have been established nor for the care and support needs to be being met at the time that the enquiry is started. (See safeguarding enquiry).

Advocacy - Taking actions to help people say what they want, secure their rights, represent their interests and obtain the services they need.

Deprivation of Liberty Safeguards (DoLS) - Provisions of the Mental Capacity Act 2005 amended by the Mental Health Act 2007 which permit a person who lacks mental capacity to be deprived of his or her liberty in a hospital or care home where this is in the person's best interests and has been authorised by the relevant Local Authority following a series of assessments or where an Urgent Authorisation has been issued to enable assessments to take place.

Multi-Agency Risk Assessment Conference (MARAC) - the multi-agency forum of organisations that manage high-risk cases of domestic abuse, stalking and 'honour'-based violence.

Mental Capacity Act 2005 (MCA) - The Mental Capacity Act 2005 provides a statutory framework to empower and protect people aged 16 and over who lack, or may lack, capacity to make certain decisions for themselves because of illness, a learning disability, or mental health problems. The act was fully implemented in October 2007 and applies in England and Wales.

Mental Health Act 2007 (MHA) - amends the Mental Health Act 1983 (the 1983 Act), the Mental Capacity Act 2005 (MCA) and the Domestic Violence, Crime and Victims Act 2004. This includes changing the way the 1983 Act defines mental disorder, so that a single definition applies throughout the Act, and abolishes references to categories of disorder.

Person in a Position of Trust (PiPoT) someone in a Position of Trust who works with or cares for adults with care and support needs in a paid or voluntary capacity.

Safeguarding Adult Review (SAR) a review of the practice of agencies involved in a safeguarding matter. An Sheffield Adult Review is commissioned by the Safeguarding Adults Board (SAB) when a serious incident(s) of adult abuse takes place or is suspected. The aim is for agencies and individuals to learn lessons to improve the way they work.

Serious Incident (SI) - incident leading to a formal review process usually in Health settings.

Wellbeing - is a broad concept to which the following contribute: personal dignity; physical and mental health; protection from abuse and neglect; control over day to day life; participation in work, education or recreation; social and economic factors; domestic, family and personal life; suitable accommodation and making a contribution to society. The Care Act 2014 sees Wellbeing as a key concept in identifying the success of care and support outcomes.

Sheffield Adult Safeguarding Partnership (SASP) - the Safeguarding Adult Board.

Sheffield Health and Social Care Foundation Trust - **SHSCFT.**

Prevent – The National Counter Terrorism Strategy

Health Workshops to Raise Awareness of Prevent - Health WRAP

Sheffield Clinical Commissioning Group - CCG.

Vulnerable Adults Risk Management Model - VARMM.

Sheffield Adults Safeguarding Partnership

Learning Brief – February 2020

Person C Learning Lessons Review

Background: What happened and why?

Person C is an elderly man whose wife passed away suddenly; he began spending time with a younger woman who was known to the police for a variety of criminal offences and was known to misuse drugs and alcohol. Person C began taking illegal drugs and drinking alcohol on a regular basis. The female was suspected of manipulating Person C, he was coerced into having strangers in his property who caused anti-social behaviour. Person C had often accused the female of physical abuse, but when the police were called he would deny these allegations. Vulnerable Adults Risk Management Model (VARMM) meetings were held in order to try and safeguard Person C as he was assessed as having the capacity to make decisions (although many deemed these unwise) around his financial affairs, care, residence and relationship with his female friend. She eventually left after she physically assaulted Person C and the police removed her from his property.

Key Issues Identified: What did we learn?

- There had been difficulties formulating a collaborative response from professionals and services. The use of the VARMM was an effective way to achieve multi agency working to support Person C.
- Previously individual services did not know enough about the concerns and risks due to a lack of information sharing and felt powerless to bring about positive changes.
- There were differing interpretations of the application of the Mental Capacity Act (2005) and its use
- Professionals required feedback following the raising of a safeguarding concern to the Local Authority.
- Daily communication via a professionals email group created a platform which enabled professional's and services to respond quickly to Person C's risks and need.
- Expertise and accountability was shared between services making them more effective at managing the complex risk and needs with challenging issues being addressed by the whole group quickly, reducing the delay in exploring new ideas and interventions.
- Risks and vulnerabilities were reduced through assertive and consistent responses from services.

Outcomes: What needs to happen?

Ensure you have sufficient understanding and practical application for your role of the Mental Capacity Act 2005 and how this differs from people making unwise decisions. Seek guidance or training from your line manager.	Take time to familiarise yourself on the interpretation of coercion and control, when action can be taken, including the interpretation of an intimate relationship. Request training or seek support and clarification from your line manager.	Recognise the importance of and work to improve joint working and effective communication between professionals from your own and other agencies.	Professionals to contact the First Contact Team if feedback is not received but is required in response to a safeguarding concern raised to the Local Authority.

Person C views of how effectively he thought professionals had been:

- I felt safer when professionals were coming around all the time.
- I was happy that the GP was checking on me, it was my friend that didn't want me to go to the appointments.

Report to Healthier Communities and Adult Social Care Scrutiny Committee
26th February 2020

Report of: Policy and Improvement Officer

Subject: Written responses to public questions

Author of Report: Emily Standbrook-Shaw
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0114 273 5065

Summary:

This report provides the Committee with copies of written responses to public questions asked at the Committee's meetings on 27th November 2019, and 15th January 2020.

The written responses are included as part of the Committee's meeting papers as a means of placing the responses on the public record.

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

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

The Scrutiny Committee is being asked to:

Note the report

Background Papers: None

Category of Report: OPEN

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1 Question from Steve Hambleton, Sheffield Royal Society for the Blind

"*This question relates to the proposal to change the way the council pays care home fees currently paying the net contribution to care homes changing to gross contribution.*
As the owner and operator of Cairn Home at Crosspool, we are concerned about the negative cash flow implications of this change. Currently we collect our fees from the resident by weekly direct debit but the council pay every 4 weeks, 2 weeks in advance, 2 weeks in arrears. Whilst this will have a negative impact upon our cash flow this will be minor compared to what happens when a new resident is admitted with it frequently taking many months before any payment is received from the council. In the last year we have had one resident where it was over 6 months before a payment was received. Under the current system at least we have the money from the resident coming in each week.
From the council's perspective you are looking at an annual cost of £715,000 to implement this change at a time when the council is under severe financial pressure and if this money is available we would suggest that it could be more effectively spent on increasing the gross care home fees, not making a negative impact on the cash flow of care homes."

Response

Thank you for submitting a question to the last meeting of the Healthier Communities and Adult Social Care Scrutiny Committee, and apologies for the delay in responding.

As agreed at the meeting, we have followed up your question with the relevant service, who have provided a response.

Regarding your concerns relating to the negative impact of the change on cash flow - the service is currently gathering information from care providers with regards to invoicing periods and payment terms. They will take into consideration the impact on the marketplace of this change, and work with providers to minimise disruption for residents and providers.

On the issue of delays in paying for newly place residents - the service is sorry that this is an issue, and acknowledges that there can be delays in the first payment for a placement. Work is ongoing to resolve this issue and reduce incidents of delay.

On the issue you raise regarding the council using the money this change will cost to increase the rate paid for care - the service has informed us that Sheffield City Council is considering a move from paying care homes net to gross to support compliance with legislation and best practice. The change is necessary to better support residents, and ensure that we are compliant with the Statutory Guidance on the Care Act.

I hope this information is helpful – please get back to me if you feel that there are any outstanding issues relating to your question.

2. Question from Michael Briscoe, Direct Payment Solutions

"*Request put to the committee, to re-open the Money Management List (MML) to allow alternative companies to provide services to Direct Payment recipients in relation to manage budgets on behalf of Direct Payment recipients.*

The List has been closed for over a years period and I request the list be opened to allow market competition and improved service for direct payment recipients"

Response

Thanks for attending the Healthier Communities and Adult Social Care Scrutiny Committee to ask your question relating to the Money Management List.

We have followed this up with the service. They have told us that they are currently reviewing various items regarding Direct Payments, one of the aspects of this review is consideration of the position of managed account companies and the Recognised Provider List (RPL). A Commissioning Manager has been recruited to lead this review. The service has assured us that they will include your comments in the briefing for the incoming officer, who is expected to be in post by April. It is intended that the review will be complete by April 2021 but changes will be made during this period where there are immediate improvements that are identified. The review of money management arrangements will be prioritised within the review.

Please get back to me if you feel there are any outstanding issues relating to your question.

3 Question from Jeremy Short, Sheffield Save Our NHS

'*What action is the Scrutiny Committee considering taking over the continued closure of the Hadfield Ward of the Northern General Hospital and the loss of 168 beds?'*

Response

Thanks very much for attending the Healthier Communities and Adult Social Care Scrutiny Committee on the 15th January to ask your question on the closure of the Hadfield Building at the Northern General, and the impact of related bed losses.

As explained at the meeting, Sheffield Teaching Hospitals Trust informed us that the beds lost to due to the closure were reprovided across the rest of the Trust's estate, and two modular wards were built at the Northern General to provide additional capacity for winter pressures and contingencies. The winter

plan was delivered as planned, and there was no adverse impact on service delivery.

We followed up the additional points you raised at the meeting, around timelines for re-opening the ward, and costs and have received the following response from the Trust:

Work is underway on the rectification works required on the Hadfield Building at the Northern General Hospital. We do not currently have a date when we will resume patient care in the building at the moment because this will depend on when the Fire Authority are satisfied all the appropriate conditions are met. Our priority will be patient safety over anything else. We are not paying for the repairs or the unitary charge payment and we have continued to deliver care as usual to our patients using other appropriate accommodation across the Trust and two new wards which opened in December.

We have asked the Trust to keep us up to date with progress, and will pass any information that we receive on to you.

If you have any further queries relating to this response, please do not hesitate to get in touch. A copy of this response will be published with the next set of the Committee's agenda papers.

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Report to Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee
Wednesday 26th February 2020

Report of: **Policy and Improvement Officer**

Subject: **Work Programme 2019/20**

Author of Report: Emily Standbrook-Shaw, Policy and Improvement Officer
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0114 273 5065

The report sets out the Committee's work programme for consideration and discussion.

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

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

The Scrutiny Committee is being asked to:

- Consider and comment on the work programme for 2019/20

Category of Report: OPEN

1 What is the role of Scrutiny?

1.1 Scrutiny Committees exist to hold decision makers to account, investigate issues of local concern, and make recommendations for improvement. The Centre for Public Scrutiny has identified that effective scrutiny:

- Provides 'Critical Friend' challenge to executive policy makers and decision makers
- Enables the voice and concern of the public and its communities
- Is carried out by independent minded governors who lead and own the scrutiny process
- Drives improvement in public services and finds efficiencies and new ways of delivering services

1.2 Scrutiny Committees can operate in a number of ways – through formal meetings with several agenda items, single item 'select committee' style meetings, task and finish groups, and informal visits and meetings to gather evidence to inform scrutiny work. Committees can hear from Council Officers, Cabinet Members, partner organisations, expert witnesses, members of the public – and has a link to patient and public voice through observer members from HealthWatch sitting on the Committee. Scrutiny Committees are not decision making bodies, but can make recommendations to decision makers.

1.3 This Committee has additional powers and responsibilities in relation to scrutinising NHS services. The Committee can scrutinise the planning, provision and operation of any NHS services, and where a 'substantial variation' to NHS services is planned, the NHS is required to discuss this with the Scrutiny Committee. If the Committee considers that the proposed change is not in the best interests of the local area, or that consultation on the proposal has been inadequate, it can refer the proposal to the Secretary of State for Health for reconsideration.

2 The Scrutiny Work Programme 2019/20

2.1 Attached is the work programme for 2019/20. The work programme remains a live document, and there is an opportunity for the Committee to discuss it at every meeting, this might include:

- Prioritising issues for inclusion on a meeting agenda
- Identifying new issues for scrutiny
- Determining the appropriate approach for an issue – eg select committee style single item agenda vs task and finish group
- Identifying appropriate witnesses and sources of evidence to inform scrutiny discussions
- Identifying key lines of enquiry and specific issues that should be addressed through scrutiny of any given issue.

Members of the Committee can also raise any issues relating to the work programme via the Chair or Policy and Improvement Officer at any time.

3 Recommendations

The Committee is asked to:

- Consider and comment on the work programme for 2019/20

HC&ASC Draft Work Programme		
Topic	**Reasons for selecting topic**	**Lead Officer/s**
Wed 18th March 2020 4pm Performance		
Continuing Health Care	Follow ups from November meeting – seeking assurance that progress is being made on person-centred approach to CHC (assessment and beyond) and gain further understanding on the appeals process – particularly around its independence.	Sara Storey, SCC Alun Windle, Paul Higginbottom NHS Sheffield Clinical Commissioning Group
Quality in Adult Social Care	To scrutinise performance against national adult social care indicators, and impact of actions taken to improve quality in social care. To include the draft Local Account.	Sara Storey, SCC
Task and Finish Group		
Continence Services	To consider how well current services help people to maintain their independence and dignity, and the impact of purchasing exclusions on continence pads.	
'Watching Brief' items		
Social Care Green Paper	*To consider the implications of the Social Care Green Paper for Sheffield.*	*Sara Storey, SCC*
Impact of Brexit on the Health and Care Sector	*To consider implications of Brexit on the Health and Care Sector in Sheffield – particularly relating to workforce*	*Director of Public Health, SCC*

Quality Accounts	*To consider NHS provider Trusts Quality Accounts in line with Statutory Guidance – approach to be determined.*	*Various*
Adult Short Breaks	*To consider whether proposals to change Adult Short Breaks require public consultation and scrutiny.*	*NHS Sheffield CCG*
Implementation of the national GP contract	*To consider the local commissioning response to the national changes to GP contracts.*	*NHS Sheffield CCG*
Primary Care Hubs	*To consider proposals around changing locations of Primary Care Hubs in the City.*	*NHS Sheffield CCG*
Bereavement post suicide	*To consider proposals to strengthen bereavement services following suicide*	*Director of Public Health, SCC*
Suicide Strategy	*The City's Suicide Strategy is due to be reviewed in 2020.*	*Director of Public Health, SCC*
Sheffield Health and Wellbeing Strategy	*To consider implementation and impact of the Sheffield Health and Wellbeing Strategy*	*Sheffield Health and Wellbeing Board*
ME	*To consider what is going on in Sheffield to support people with ME.*	*SCC/CCG*
Mental Health Strategy	*To consider and comment on the draft Mental Health Strategy in advance of it being presented to Cabinet.*	*Sam Martin, SCC co-ordinating*

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