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Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee

Wednesday 18 March 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
18 MARCH 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 26th February, 2020.

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

7. Continuing Healthcare
Alun Windle, Acting Chief Nurse, NHS Sheffield CCG will attend on behalf of NHS Sheffield to respond to questions previously raised by the Committee and to present data and developments relating to Continuing HealthCare.

8. Adult Social Care Performance (Pages 13 - 34)
Report of Sara Storey, Interim Director of Adult Services, Sheffield City Council.

9. Continence Services Scrutiny Working Group
Report of the Policy and Improvement Officer to be circulated in advance of the meeting.

10. Work Programme (Pages 35 - 40)
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 26 February 2020

PRESENT: Councillors Cate McDonald (Chair), Steve Ayris (Deputy Chair), Sue Alston, Angela Argenzio, Vic Bowden, Mike Drabble, Adam Hurst, Martin Phipps, Garry Weatherall and Richard Shaw (Substitute Member)

Non-Council Members (Healthwatch Sheffield):-

Lucy Davies

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1. APOLOGIES FOR ABSENCE

1.1 Apologies for absence were received from Councillors Jackie Satur and Gail Smith, with Councillor Richard Shaw attending as Councillor Smith's nominated substitute.

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 15th January, 2020, were approved as a correct record.

4.2 *Matters Arising*

4.2.1 With regard to Item 4.2.2 of the minutes, the Chair stated that she had forwarded the questions raised at the previous meeting to the Clinical Commissioning Group but had not received a reply from them but had been assured that the responses would be available at the next meeting of the Committee to be held in March.

4.2.2 The Chair stated that the information requested in Item 6, bullet point seven, with regard to grant funding, had been requested and she had been assured that this would be available and reported to the next meeting.

4.2.3 The Chair confirmed that she had written a letter to the Secretary of State as referred to at Item 6.5 of the minutes.

5. PUBLIC QUESTIONS AND PETITIONS

5.1 Andy Hiles asked a question regarding social care provision to adults with severe learning conditions. Mr. Hiles said that one of the city's current providers of social care was Citizenship First and from 1st April, the terms and conditions of that company's service were changing. He said that the service users would be expected to pay for their own, and possibly for their carer's, refreshment costs incurred during lunchtime. He questioned whether this was right legally and morally and asked if this was something the City Council could look into.

5.2 The Chair said that, as commissioners of this service, she would check the rules and policies of these companies and provide a written response to Mr. Hiles.

6. NHS HEALTH CHECKS

6.1 The Committee received a report of the Director of Public Health regarding the delivery of the NHS Health Check Programme that had been carried out in Sheffield since 2012.

6.2 Present for this item was Karen Harrison, Health Improvement Principal, Sheffield City Council.

6.3 Karen Harrison stated that the NHS Health Check programme was a risk assessment and management five year rolling programme aimed at preventing or delaying the onset of cardiovascular diseases including diabetes, heart disease, kidney disease and strokes. The checks include monitoring height, weight, blood pressure, body mass etc., for all eligible residents in England aged between 40 and 74, who currently do not have any pre-existing conditions, for people who might not realise that they have a high risk factor, but calculate whether they could be at risk of cardiovascular diseases over the next 10 years.

6.4 The programme began in Sheffield in 2012 and was delivered solely by and within GP practices according to former Local Enhanced Service Level Agreements between Public Health at NHS Sheffield and individual GP practices. In 2017, an open tender process was introduced and the successful provider, Primary Care Sheffield, has delivered the NHS Health Check Programme since then. Ms. Harrison stated that Primary Care Sheffield operate a targeted approach to reducing health inequalities by offering health checks to those most at risk due to ethnicity, those living in areas of deprivation, people with severe mental health illness or learning disabilities and people with previously recorded high blood pressure levels but no further action had been taken towards further investigation and the subsequent prevention of cardiovascular disease. It was important for Public Health to have access to patient records so that they are able to deliver the programme as effectively as possible. She said that recently dementia awareness has been extended to all people receiving a health check, rather than previously when it was just people over 65 who received the information. Results have shown that Primary Care Sheffield was contracted to carry out 7,500 health checks per annum and this target has been met. This contract does however, come to an end in August, 2020 and is currently out for tender.

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

- 75 out of the 83 GP surgeries in the city offer health checks to those eligible. For patients where health checks were not available, Primary Care Sheffield offered health checks at one of the out-of-hours Primary Care Hubs where qualified and specially trained staff were able to carry out the checks. Sheffield Public Health have looked into other facilities where checks could be carried out i.e. at pharmacies or other suitably accessible places, such as mobile units or leisure centres. A pilot scheme has been launched at Sheffield Teaching Hospitals offering Health Checks to its staff, but as yet, there was no data available of the take up. The Council was also looking into how its Occupational Health Service could roll out the service to its staff. Some businesses have similar schemes and offer health checks as a benefit to their staff, but details of this were not known.

- BUPA offer health checks, and also an online GP service was available at a cost of £125. It was felt that more investment was needed to roll out the programme so that the service could be offered to more people, but due to the resources available it was felt that Sheffield was meeting the target required.

- Members raised concerns that there was a discrepancy in the number of health checks offered and the number of referrals to weight management programmes and the smoking cessation service. It was stated that this was an area of concern, but the target to deliver was being met and training was being given to health care professionals to assist them in identifying patients who were eligible, but were unaware of the programme and the preventative measures available.

- The target to deliver health checks to 7,500 people in Sheffield was being met, and the percentage of public health grant spent on the programme offered good value for money compared to other local authorities in the Yorkshire region, which spend a higher percentage of their budget on health checks but did not perform as well as Sheffield.

- National data was available regarding how other local authorities in England were carrying out health checks in their areas and a breakdown of this would be provided to Members.

- It was felt that the right model was being used in Sheffield to offer the service to as many people as possible, but perhaps the logistics of this could be changed as the community outreach budget in 2012, which the model was initially based on, was significantly higher than as it is today.

6.6 RESOLVED: That the Committee:-

(a) thanks Karen Harrison for her contribution to the meeting;

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

and

(c) feels that more thought could be given to this, perhaps engaging with existing networks and using equality hubs to get the message across about the programme.

7. SHEFFIELD ADULT SAFEGUARDING PARTNERSHIP

7.1 The Committee received a report providing an overview of the safeguarding work being undertaken by the Sheffield Adult Safeguarding Partnership who wish to encourage and develop further links with adults who were most at risk of abuse and neglect in order to understand what their priorities are.

7.2 Present for this item were Simon Richards (Head of Service, Quality and Safeguarding) and Tina Gilbert (Safeguarding Partnership Manager).

7.3 Simon Richards gave a brief outline of the core functions of the Partnership and the key principles for safeguarding adults. He said that work was continuing around developing a Strategic Plan for the Partnership over the next three years and acknowledged that there was still a lot of work to be done. He made reference to the report which gave background information and set out the key principles for safeguarding adults which were determined nationally. Simon Richards summarised the priorities of the Partnership and referred to the positive results from the three initiatives which are funded by the Partnership, these being "Safe in Sheffield", the Adult Sexual Exploitation Service and the Trading Standards service's initiative "Not Born Yesterday". He referred to the current challenges facing the Partnership and the pressure on the mental health service to identify gaps where people don't meet the threshold to access services but were still at risk and it was felt that these gaps could be helped by collaborative working by the City Council, NHS Sheffield, Sheffield Teaching Hospitals, Health and Social Care, South Yorkshire Police, the Probation Service, the Yorkshire Ambulance Service and voluntary, community and faith sector representatives.

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

- With regard to pressures on the mental health services, it was acknowledged that there was inadequate provision to support those people who didn't meet the threshold, but this was a national issue and Sheffield was working hard to address this, maybe by identifying which services need commissioning with the funding available. It was thought that there should be joined up working to better utilise the resources currently available to offer some level of support to those people who haven't been diagnosed with mental health problems.

- The multi-agency Vulnerable Adults Panel was working to develop pathways between agencies and those at risk to improve their wellbeing and eliminate pressures on emergency and crisis points. However, it was not always easy to get agencies to step outside their roles and responsibilities and interact with each other. There was a need to look at the

value of prevention and to have collaborative discussions early enough to prevent matters escalating and get the team around the person in the first stages. The Partnership was aware that it faces a big challenge.

- There was a culture in services to "do it this way because we always have" and this was being addressed. The Partnership was looking to make realistic changes, identifying what is achievable and looking to retrain people to use safeguarding principles and work differently.

- The Partnership places great emphasis on collaborative training, open to all local authority staff, health care professionals, the police and other organisations and believes that if it can get people together to hear the same message they might be more likely to link in with each other. There was an understanding about the impact of training but the test will be six months after first contact when feedback was received from those who have been through safeguarding. Although training was not mandatory, the Partnership does try and encourage people to attend, but there was a capacity issue and independent providers of training would be welcome.

- Work with the voluntary sector was being developed in an attempt to work more collaboratively with them.

- The Care Trust doesn't collate the same level of data but the Partnership are holding discussions with them with the aim of producing an amalgamated report on how the City Council and mental health services manage safeguarding within the city.

7.5 RESOLVED: That the Committee:-

(a) thanks Simon Richards and Tina Gilbert for their contribution to the meeting; and

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

8. HOME CARE IN SHEFFIELD

8.1 The Committee received a presentation given by Sara Storey (Interim Director, Adult Services) and Councillor George Lindars-Hamond (Cabinet Member for Health and Social Care), regarding Home Care in Sheffield: The Case for Change.

8.2 Sara Storey stated that there were 36 independent sector providers within the City Council's framework who support approximately 5,000 people per year, delivering over one million visits. She said that there were over 1,000 care staff employed to meet the growing demand for care, and there were many customers with complex issues meaning that the average care package has increased by an hour and half per week. She stated that support in Sheffield was provided quickly and Sheffield was consistently achieving NHS England targets regarding delayed transfers of care. Sara Storey went on to say why change was needed, that despite many people working hard, very often, people's experiences of the care they receive was not good enough. She said that with systemic change, Sheffield could make

better use of its resources by helping people remain in their communities and avoid costly residential care and assist health care professionals make better and timely interventions when necessary. Sara Storey felt this could be achieved by laying the right foundations, listening to what people have to say, improve terms and conditions for members of staff and for staff to work and learn together as one team.

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

- The Contracts Officers work closely with the Care Quality Commission to maintain standards of care provided. Regular visits were made to providers to identify themes and offer guidance to make improvements where necessary, and take action where provision was failing.

- With regard to direct payment customers, this was still regulated as there was a duty to make sure needs were met.

- With regard to purchasing power, a lot was funded by the local authority. The majority of providers of care were Sheffield providers, employing Sheffield people. The Contracts Officers gathered information about quality issues and concerns to seek to identify any trends, as well as ensuring individual quality issues were being addressed.

- Analysis has been carried out across all care providers regarding the ability to recruit and retain staff. Demographically, women between the ages of 40 to 50 tended to be home care workers but this was changing to a wider range of carers.

- There was very little choice of provider due to resources, but it was improving. Work was being undertaken with people around self-funding and direct payments.

- Coverage of care providers across the city was much better, with availability and capacity improving. The majority of those needing support were coming out of hospital but as a rule there was no pattern of who was in need of care.

- Due to the large turnover of staff, it was thought that a way forward could be to move to locality working thus reducing the number of trips made by car carried out by staff.

8.4 RESOLVED: That the Committee:-

(a) thanks Sara Storey and Councillor George Lindars-Hammond for their contribution to the meeting; and

(b) notes the contents of the presentation and the responses to the questions raised.

9. WRITTEN RESPONSES TO PUBLIC QUESTIONS

9.1 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 15th January, 2020.

10. WORK PROGRAMME

10.1 The Committee received a report of the Policy and Improvement Officer, attaching the Committee's draft Work Programme for 2019/20.

10.2 RESOLVED: That the Committee approves the contents of the draft Work Programme 2019/20.

11. DATE OF NEXT MEETING

11.1 It was noted that the next meeting of the Committee will be held on Wednesday, 18th March, 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 18 March 2020

Report of: Sara Storey
Interim Director of Adult Services

Subject: Adult Social Care Performance 2018/19

Author of Report: Liam Duggan – Head of Business Strategy

Summary:

This agenda item provides a summary for scrutiny members of adult social care performance in Sheffield. The last time this topic was covered by Scrutiny was March 2019.

The report sets out:

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

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

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

The Scrutiny Committee is being asked to:

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

Background Papers:

- Appendix 1: Stories of Difference
- Appendix 2: Adult Social Care Outcomes Framework Benchmarking overview 2018/19

Category of Report: OPEN

Report of the Interim Director of Adult Services
Update on Adult Social Care Performance

1. Introduction

1.1 This agenda item provides a summary for the Scrutiny Committee of Adult Social Care performance in Sheffield, based on data from the 18/19 financial year. The Scrutiny Committee last considered this topic in March 2019 for the 17/18 financial year.

1.2 Adult Social Care supports people over the age of 18 to remain independent, safe and well and to get on with living the kind of life they want to live. This includes care and support for adults, older people, adults with a learning disability, adults with autism and adults with a mental health condition. We also provide support for carers and for families with a disabled young person as part of their journey into adulthood.

1.3 Adult Social Care sits within the People Portfolio of the Council, which is an integrated service supporting adults, children, young people, families, carers and communities. The People Portfolio has three key areas of focus:

- Early intervention and **prevention**, enabling the people we work with to live successfully and safely. Our strategy has been and continues to be delivery of the right level of support by the right people at the right time.
- **High-quality**, diverse and robust support for people, building better lives for them and making more equitable use of our limited resources.
- Developing our **workforce**, making sure we have the right-sized staff groups with the right values and behaviours, enabled by effective systems and support to develop their skills.

1.4 Our improvement plan for adult social care is split into three main areas:

1.4.1 Working Age Adults

- Our **vision and aim** is to ensure high quality support and services are provided so that working age adults with a learning disability and a physical disability are enabled to live independent and fulfilling lives.
- **Our strategy is to:**
    - Focus on younger people as they journey through life and transition from children's services as part of an all-age approach to provision across the whole of the People portfolio which supports people from childhood through to older age in a consistent and seamless way, and without barriers or difficult transition points.
    - Change the way we work with people of all ages so that we focus on what matters to the individual, we build on existing support structures and we foster independence. We are ambitious for all children, young people, adults of working age and older adults with disabilities and will work with them, their families/carers and their communities to help them achieve their full potential.
    - Ensure we are closely aligned with our partners in the NHS to ensure people are supported consistently as possible and receive equitable funding for these packages of care and support.

1.4.2 Older People

- Our **vision and aim** is to ensure high quality support and services are provided so that older people are enabled to live healthily and independently for as long as possible in their own homes.
- **Our strategy is to:**
    - Work closely with our NHS partners across the city to ensure that people get the support they need from the right professional at the right time to maximise independence and minimise unnecessary hospital stays.
    - Invest in prevention by supporting people earlier in their community, reducing referrals for care, and maximising the effectiveness of online resources and equipment and adaptations.
    - Ensure people do not have financial worries or concerns about being supported properly – but also make sure we charge fairly and consistently for social care.

1.4.3 Mental Health

- We are working with our partners to deliver the Mental Health Transformation Programme. The programme team works together on a number of projects across different organisations. The Council's initiatives focus on supporting people with care needs into less restrictive care settings, whilst health proposals include a wide range of clinical services.

1.5 Our vision for Adult Social Care is underpinned by our 'Conversations Count' approach. Conversations Count is about listening to people and understanding what matters to them, and what a good life looks like to them and their family. Instead of assessing needs, ticking boxes on forms and putting in 'one-size fits all' services, it's about seeing people as individuals and as experts in their own lives, acknowledging their strengths and what they want to achieve, and working with them and others to organise the support they need to live the best life possible.

1.6 At the heart of the approach are the three distinct conversations we use to understand what really matters to people and families, what needs to happen next for them, and how we can be most useful.

- We start all our conversations by listening hard to people and their families and working with them to make connections and build relationships to help them get on with their life independently.
- If people need some urgent help, we stick with them to make sure change happens quickly and help them regain stability and control in their life. We don't plan any long-term support until the immediate crisis is over, when we can all think more clearly about what support, if any, they'll need.
- Where people do need longer-term support, we work with them to understand what a good life looks like to them and their families, and help them to organise the support they need to achieve this.

1.7 The strategic intention of Adult Social Care in Sheffield is to support a shift into prevention and wellbeing. This means moving away from a crisis intervention model and instead increasing focus on access to universal services and early help and preventative support. This will improve outcomes for local people and promote better usage of adult social care resources. The Conversations Count approach supports this shift whilst reducing the time spent on processes and systems in order that staff are able to respond more quickly to more people.

1.8 A selection of positive stories has been included in Appendix 1.

1.9 While we're making progress, we're also aware of the challenges we face. The scale of the financial challenge facing adult social care nationally and locally continues to be significant, and has been for some years now. In Sheffield, the Council's financial pressures can broadly be defined in the following categories:

- Rising provider costs, predominantly the costs associated with the crucial investment in staff wages to meet the National Minimum Wage.
- An increasing demand for care and support services resulting from increasing numbers of people requiring higher levels of support in the community for longer. A significant element of these demand pressures is associated with progress in supporting increasing numbers of people out of hospital faster, and supporting those previously in secure residential units to live in their local communities.

1.10 In the context of the situation described above, this report sets out:

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

2. The national Adult Social Care Outcomes framework (ASCOF)

2.1 The national Adult Social Care Outcomes Framework (ASCOF) measures how well care and support services achieve the outcomes that matter most to people. Some of the measures are based on a survey of people accessing adult social care services in Sheffield. The measures are grouped into four domains which are typically reviewed in terms of movement over time. Data is available at council, regional and national level. For some measures high scores signify good performance, and for others low scores signify good performance.

2.2 Headlines from our 2018/19 Adult Social Care Outcomes Framework (ASCOF) results are set out below, alongside what we plan to do in the coming year to improve.[1] Details on our performance for all of the measures can be found in Appendix 2.

2.3 The UK Government Department of Health and Social Care has commissioned a review of the Adult Social Care Outcomes Framework nationally. This review, which has included a consultation with stakeholders in the care and health sector to understand what could change and what new measures might be introduced (as well as determining which of the current measures serve the sector well), is due to complete by April 2020.

2.4 A Council priority for 2020/21 will be a review of the performance indicators which are used to measure progress against the delivery of the Adult Social Care Improvement Plan to ensure our indicators best reflect the key priorities within our strategy.

3. Key measures of Adult Social Care Performance in Sheffield

3.1 *Theme 1: ensuring quality of life for people with care and support needs:* **Social care quality of life score**

3.1.1 Overview

- This measure is an average quality of life score based on responses to the Adult Social Care Survey. It gives an overarching view of the quality of life of service users of social care. Scores are out of a maximum score of 24.
- There was a slight **increase and improvement** in self-reported quality of life over 2018/19.

[1] A more interactive tool is available on NHS Digital's website, here.

Council, Region and England score by year

Year	Council score	Region score	England score
2018-19	18.6	19.3	19.1
2017-18	18.4	19.2	19.1
2016-17	18.1	19.1	19.1
2015-16	18.2	19.1	19.1
2014-15	18.5	19.1	19.1

- Like with last year, the working age quality of life score in Sheffield (score: 19.1) was higher than the score for people aged 65+ (score: 18.3). This trend is reflected in other local authorities as well.

3.1.2 Plans for the year ahead

- Performance improvement in our social work locality teams will focus on improving the number and quality of face to face conversations with people and to increase the proportion of planned as opposed to responsive meetings that take place each year. Earlier, more frequent conversations with people allows us to support people to avoid crises and assess whether people receiving a service could achieve greater independence through work with specialists such as Occupational Therapists and prevention officers or through access to equipment and adaptations or community resources
- The Dementia Strategy and services commissioned for people with dementia will improve the quality of support for people following a diagnosis and upskill the workforce to work with people with dementia more effectively.
- A new approach to Home Care will be tested which will aim to free independent sector providers to provide more enabling support to the people they work to improve their quality of life.

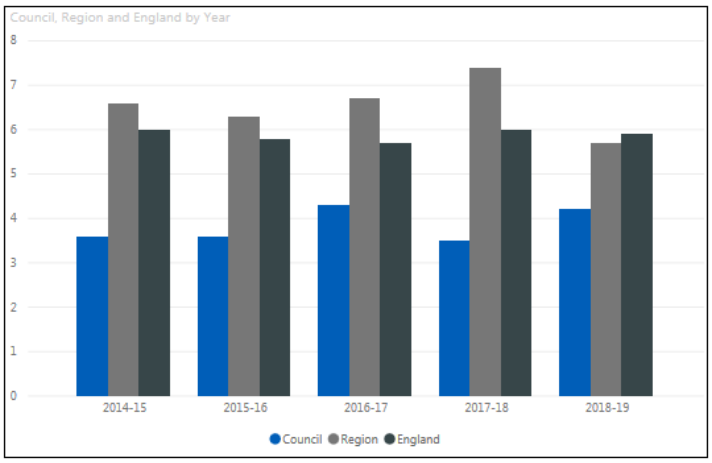
3.2 *Theme 1: ensuring quality of life for people with care and support needs:* **Proportion of adults with learning disabilities in paid employment**

3.2.1 Overview

- After a drop in 2017/18, the percentage of adults with a learning disability in paid employment **rose** again in 2018/19 to 4.2% although our scores are still below regional and national averages.
- This indicator is a measure of the number of people known to adult social care services who are in paid employment. 4.2% in 2018/19 relates to 62 people in employment out of a total 1,476 people with a learning disability in receipt of adult social care.
- The accuracy of this measure is dependent on the recording of employment in a non-mandatory field within the Liquid Logic case management system and on the caseworker being aware of the employment. Work is ongoing within the service, as described in other sections of this report, to improve the recording of information and the frequency of reviews.
- The single most significant area where the potential for supporting people into employment should be improved is the period during which young people transition from children's services. A lack of clarity around the supported pathways available to young people leaving school is likely to be a factor in Sheffield's under performance in this area.

Council, Region and England score by year

Year	Council score	Region score	England score
2018-19	4.2	5.7	5.9
2017-18	3.5	7.4	6.0
2016-17	4.3	6.7	5.7
2015-16	3.6	6.3	5.8
2014-15	3.6	6.6	6.0



- The proportion of adults in secondary mental health services in paid employment has also **improved**, although it is still below the regional and England averages.

3.2.2 Plans for the year ahead

- An ongoing strategic shift towards an all age approach to disability includes more targeted work with people from an earlier age to develop their ambitions and aspirations for adult life, including employment, and providing more appropriate joined up support to them as they prepare for, and transition to, adulthood.
- Newly commissioned services for young adults will include a review of Sheffield's education offer and move to more outcomes focussed support, training and activities to promote independence and employment.
- Lifelong Learning and Skills are working with Sheaf College to develop its vocational offer, focussing on practical job finding and the transition into and out of college.
- Ongoing development work in locality teams is designed to optimise the capacity of front line workers to have more frequent conversations with people and ensure that all key information is recorded

3.3 *Theme 2: Delaying and reducing the need for care and support:* **Permanent admissions to residential and nursing care homes, per 100,000 population**

3.3.1 Overview

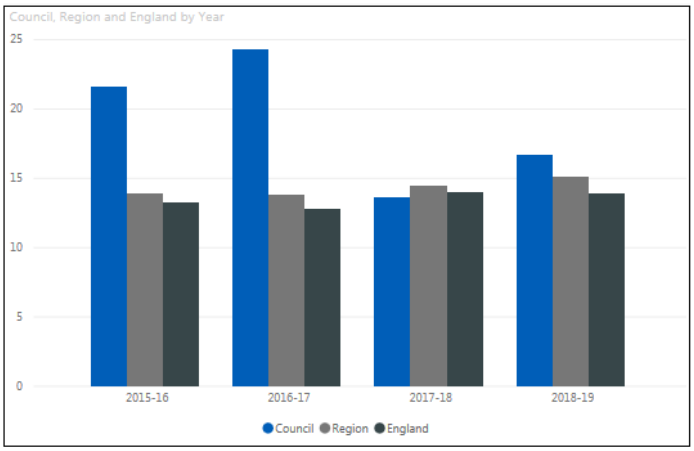
Younger adults, aged 18-64

- 2017/18 showed a significant improvement in the number of people being supported through care home admission whilst 2018/19 shows a **small increase in the proportion of admissions**.
- The number of admissions that the data is based on is relatively small with the 18-64 cohort with the 16.7 admissions per 100,000 population relating to 62 actual admissions. The numbers are therefore sensitive to small changes and to the timeliness of recording.
- The most recent data suggests that within the working age cohort it is those with a physical disability (as opposed to a learning disability or mental health issue) who

may increasingly be supported by a care home. This is currently under further investigation through the review of individual cases and the routes taken by those individuals into the care home.

Council, Region and England score by year

Year	Council score	Region score	England score
2018-19	16.7	15.1	13.9
2017-18	13.6	14.5	14.0
2016-17	24.3	13.8	12.8
2015-16	21.6	13.9	13.3

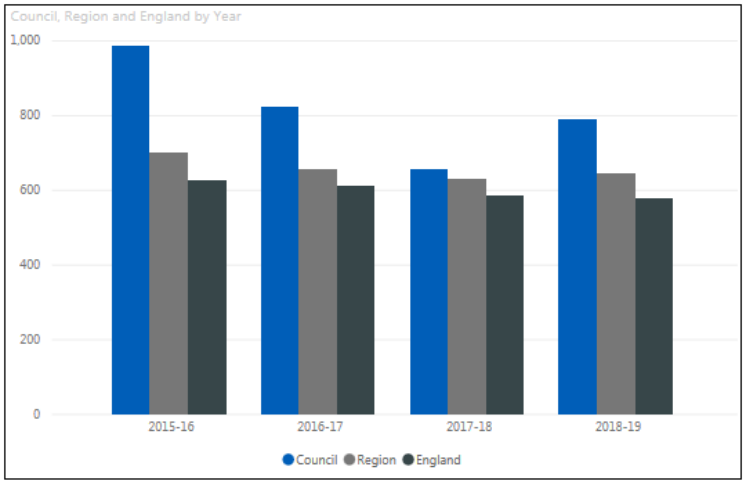


Older people, age 65+

- 2018/19 shows an **increase in admissions** following significant reductions in previous years.
- It should be noted that delayed transfers of care continued to improve over this time period which is likely to have contributed to an increase in care home admissions.
- No single contributory factor is behind the increase in admissions, but a combination of the ongoing, significant reduction in the number of people eligible for Continuing Health Care (CHC) funding in Sheffield and an increase in the use of short term placements following discharge from hospital which then become permanent.

Council, Region and England score by year

Year	Council score	Region score	England score
2018-19	790.3	644.3	580.0
2017-18	657.4	632.6	585.6
2016-17	824.1	658.4	610.7
2015-16	987.9	699.5	628.2



3.3.2 Plans for the year ahead for both age groups

- Alternative and more inclusive approaches such as Shared Lives will continue to be developed and grown in 2020/21 as an alternative to care home placements
- The service plans to continue recruiting and training more Occupational Therapists to carry a caseload and undertake reviews in order to complement the work of social workers. Occupational Therapists provide the practice support to empower people to facilitate recovery and overcome the barriers which prevent them from doing the activities (or occupations) that matter to them.
- Investment in prevention approaches will also continue to support people to remain in their own home rather than go into residential care. This includes the new 'homefirst' project which supports people at risk of hospital admission to remain in their own home; improved access to the Disabled Facilities Grant (DFG) which increase the number of home adaptations; and practical interventions from prevention workers to remove environmental factors that have made a private home unsafe.
- The Council continues to work with the CCG to ensure that the allocation of Continuing Health Care funding in Sheffield is balanced and equitable
- Investment in new build supported living accommodation at Wordsworth Avenue and Adlington Road will provide accommodation for both people with learning disabilities and older people.
- We are investigating the increase in admissions for younger adults with Physical Disability with a view to introducing new preventative approaches.

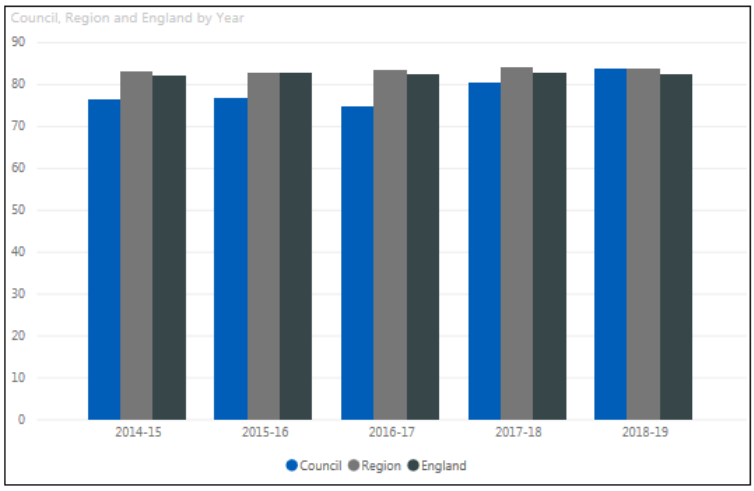
3.4 *Theme 2: Delaying and reducing the need for care and support:* **Proportion of older people (aged 65+) still at home 91 days after discharge into reablement/ rehabilitative support**

3.4.1 Overview

- This measure tests the effectiveness of social care in helping people to regain independence after a stay in hospital. 2018/19 shows **improvement** compared to 2017/18, and we are now on a par with the region's average score, and better than the England average.

Council, Region and England score by year

Year	Council score	Region score	England score
2018-19	83.9	83.9	82.4
2017-18	80.5	84.2	82.9
2016-17	74.7	83.4	82.5
2015-16	76.7	82.9	82.7
2014-15	76.5	83.2	82.1



3.4.2 Plans for the year ahead

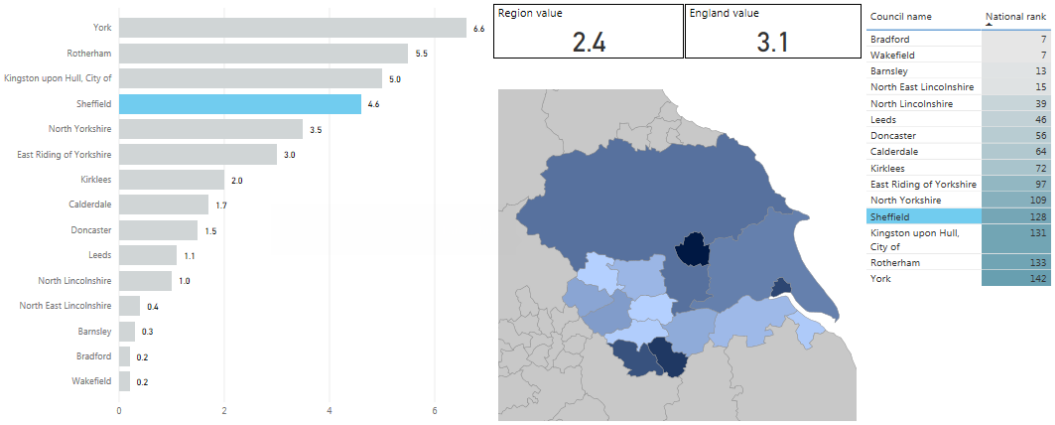
- Continued investment in the Home First project and the ongoing integration of Active Recovery services provided by the Council and our NHS partners will support people to remain in their own home following discharge from hospital and address environmental factors that could lead to readmission.
- A "team around the person" approach, building multi-disciplinary teams co-located across the city, will also help to identify the right interventions for people at risk of readmission – be that by reducing isolation or increasing self-care.

3.5 Theme 2: Delaying and reducing the need for care and support: **Delayed transfers of care from hospital, per 100,000 population**

3.5.1 Overview

- This measure tests the effectiveness of NHS, social care and voluntary sector organisations in working together to enable people to leave hospital promptly when they are ready and to move on to other forms of support in the community if required. The measure records both general delayed transfers of care, and those which are attributable to social care specifically (as well as those attributable to health and social care jointly).
- Both measures showed **significant improvement** in 2018/19, although Sheffield as a whole is lagging behind regional and national performance.

Measure	16/17 Score	17/18 Score	18/19 Score	18/19 Target	Trend	National Score	Regional Score
2C(1): Delayed transfers of care from hospital, per 100,000 population	30.1	19.1	15.4	10.0	Better	10.3	10.2
2C(2): Delayed transfers of care from hospital that are attributable to adult social care, per 100,000 population	12.5	6.4	4.6	n/a	Better	3.1	2.4



3.5.2 Plans for the year ahead

- We continue to work on helping more people return home quickly after a stay in hospital. However there is still more to be done to work with NHS partners to improve performance and patient experience.
- This includes the joint commissioning of off-site assessment beds for people unable to return home for reablement.
- 19/20 saw the introduction of the social care keyworker model and the Trusted Assessor model, both of which have the potential to reduce the average length of stay in STIT and CICS respectively.
- The integration of STIT and CICS reablement services is ongoing, and will be reviewed in April to determine next steps.

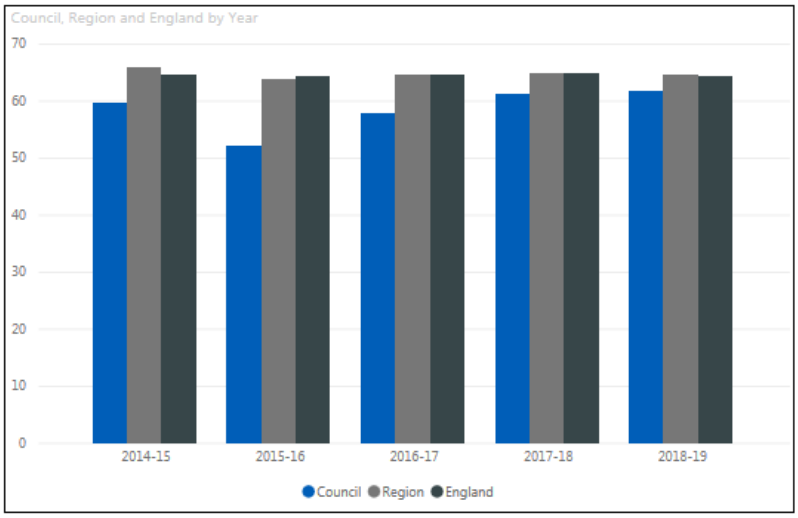
3.6 Theme 3: ensuring that people have a positive experience of care and support: **Overall satisfaction of people who use services with their care and support**

3.6.1 Overview

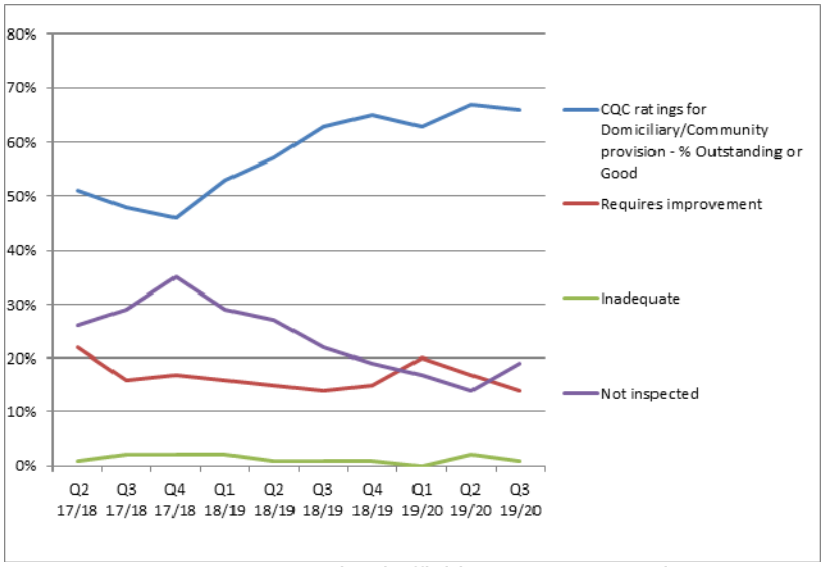
- Our scores have **significantly improved** since 2015/16, and 2018/19 continued this trend. We continue to move closer to the regional and national average, but we are not there yet.
- Working age people in Sheffield have seen a **significant increase** in satisfaction (69.9% satisfied – compared to 66.6% last year), and are more likely to express satisfaction than people aged 65+ (57% satisfied – compared to 57.2% last year).

Council, Region and England score by year

Year	Council score	Region score	England score
2018-19	61.7	64.7	64.3
2017-18	61.4	65.0	65.0
2016-17	57.9	64.6	64.7
2015-16	52.3	63.8	64.4
2014-15	59.8	65.9	64.7

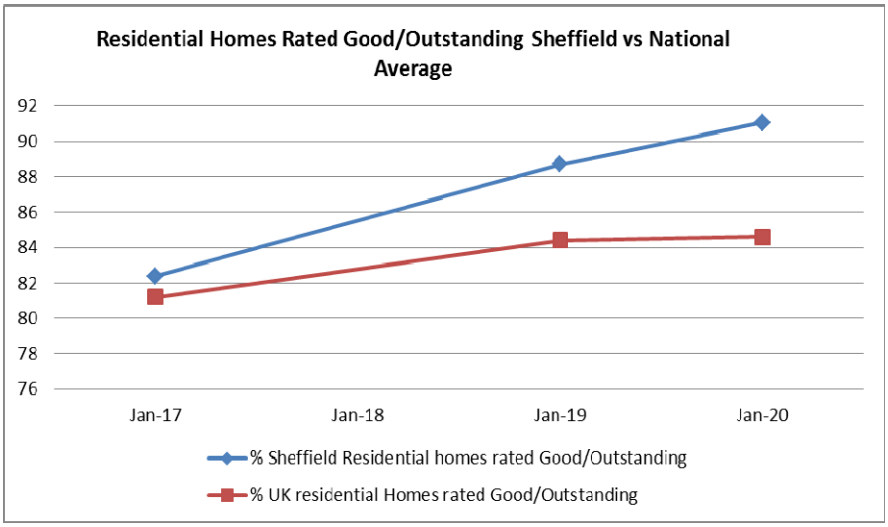


- The Council has continued to invest in Home Care, Supported Living and Care Home provision over the last few years and this is likely to be the biggest factor in our improvement across both age groups.
- The graph below shows the CQC ratings for home care in Sheffield. This shows continued improvement in the standard of provision since 2017/18.

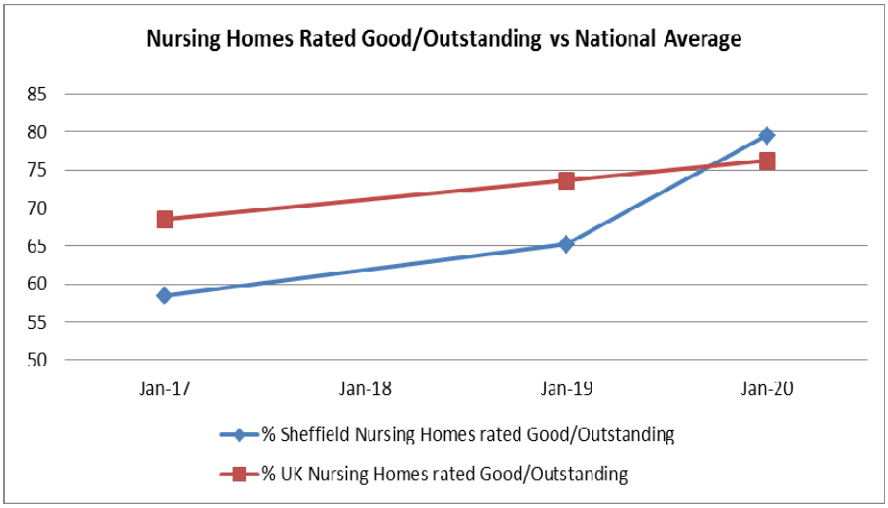


Home care in Sheffield. Source: CQC ratings

- The graphs and table below shows the CQC ratings for residential and nursing care in Sheffield. This shows continued improvement in the standard of provision since 2017/18, particularly in the nursing home sector.



Residential homes in Sheffield. Source: CQC ratings



Nursing homes in Sheffield. Source: CQC ratings

- The City Council employs a bi-annual internal inspection schedule for all contracted residential and nursing care homes and uses a structured escalation process, owned jointly by the CCG, which ensures identified risks are appropriately managed and mitigated. This means the Council is not dependent on these CQC ratings to either identify required improvements or to take critical action such as halting admissions or transfers of care.

	Sheffield		UK	
	Residential	**Nursing**	**Residential**	**Nursing**
Outstanding	0	0	3.52	4.6
Good	85.92	77.27	78.61	68.67
Requires Improvement	7.04	18.18	13.85	20.82
Inadequate	0	0	1.1	2
Not yet rated	7.04	4.55	2.92	3.91

- A total of 184 new complaints were received about Adult Social Care services between 1 April 2018 and 31 March 2019 compared with 199 in 2017/18. Of the new complaints 49 complaints were problem solved by the service (47 in 2017/18) and 135 were dealt with via an investigation (152 in 2017/18).

- During 2018/19, a total of 106 complaint responses were issued about Adult Social Care services through the statutory complaints process and 15 complaint responses about Adult Social Care services through the corporate complaints procedure. A high number of remedies and service improvements identified from complaint responses in 2018/19 demonstrate a positive and resolution focused approach to complaints by adult social care services and a willingness to learn from customer feedback to make continuous improvements for future service users and their families.
- The Corporate Complaints Team carries out quality assurance checks throughout the year on a sample of complaint responses. Forty responses were sampled during 2018/19, and Adult Social Care services scored a quality rating of 82% against a target of 80%. Generally scores were positive. This reflects work carried out in this area to improve the quality of responses.
- The Department of Health has recognised the complexities of Adult Social Care complaints, and the difficulties in ensuring a quality response in a set timescale, and so took this into account when drafting the complaint Regulations. The Regulations require that a timescale is agreed with the customer for each individual complaint, as opposed to there being a set response timescale. However, the Regulations expect all complaints to be resolved within six months.
- Sheffield City Council has a corporate target for responding to complaints of 28 days but in line with the regulations expects the timescale for all statutory complaints to be agreed with the customer in each individual case. The overall average response time in 2018/19 for the Adult Social Care service was 79 days which is the same number of days reported in 2017/18. The percentage of complaints responded to in 28 days has risen from 19% in 2017/18 to 20% in 2018/19.
- As part of this process all complainants are sent an acknowledgement letter within 3 working days of their complaint being received; this letter outlines the overall complaints process and sets out a timeframe for an outcome. Given the complexity of some complaints and crossover with Health partners this timeframe can extend beyond our internal corporate target but the complainant will always be informed if this is the case.
- A total of 153 remedies and/or service improvements were identified following complaints that were responded to in 2018/19. Some of the improvements made over 2018/19 include:
  - Developed joint protocol for joint with health complaints
  - Developed social care quarterly reporting to include quarterly summaries of joint with health complaints
  - Workshops held with managers to understand current issues with recording and processing complaints. Outcomes to feed into development of complaints Customer Relationship Management system.
  - User experience work commissioned and carried out to gain insight into customer experience of making a complaint online. Improvements based on this information will be in place shortly
  - Produced complaint leaflet outlining adult social care complaints process
  - Introduced classroom training course for managers on effective complaint handling
  - Produced guidance and templates on consent in line with GDPR changes.

3.6.2 <u>Plans for the year ahead</u>

- Major changes are being made to Adult Social Care Income and Payments functions to improve to the experience of people using these services whilst better supporting people to optimise income and avoid debt. The change programme is improving the timeliness and quality of financial conversations, the speed and quality of invoicing and provider payments, improved information and advice, and better support for people to manage debt.

- An improved online information offer will replicate, as far as possible, the Conversations Count approach to identifying what will benefit people most. This will not only increase the number of people who can find what they want to know online, but as a consequence it will reduce the number of unnecessary calls to the First Contact call centre, freeing up capacity for staff to work with those who need it most.
- We are anticipating an increase the number of people in long term placements and short breaks with Shared Lives, and therefore reducing the use of residential settings for long-term and Short Break support. Shared Lives provides socially inclusive support in a family and community environment, personalisation of services, more choice and control over desired outcomes.
- Our in-house services will also work with people to deliver bespoke and individual enabling programmes to help people achieve their individual aspirations and potential, including 'getting work ready' training, volunteering and social opportunities.
- We are currently exploring the potential for a new information management system to allow us to report on how many complaints are resolved within 28 days and of those complaints extending beyond this timeframe what percentage of the complainants were informed of the extended timeframe and why.
- A e-learning and face to face training package to support investigating managers on how to respond to complaints within both our corporate and statutory requirements was launched this year.

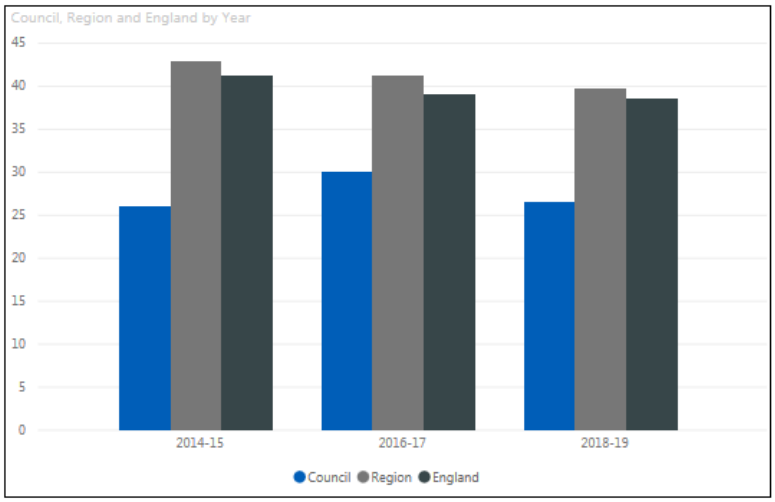
3.7 Theme 3: ensuring that people have a positive experience of care and support: **Overall satisfaction of carers with social services**

3.7.1 Overview

- The carers' survey is only carried out every two years. Our 2018/19 score is almost the same as our 2014/15 score, following improvement in 2016/17. Our scores are significantly **worse** than region and England averages.
- It should be noted that all of the Council's carers support is delivered via a partnership with the Carers Centre and therefore carers may not associate the support they receive as being from 'social services'. The Carers Centre has a 98% satisfaction rate.
- However it is recognised that the experience of carers engaging with the council directly can be poor and we recognise the need to improve practice in this regard.

Council, Region and England score by year

Year	Council score	Region score	England score
2018-19	26.6	39.7	38.6
2016-17	30.0	41.3	39.0
2014-15	26.0	43.0	41.2



- Carer-reported quality of life also did not improve in the 2018/19 survey, and is also below regional and national scores. Support for carers will be an area of focus for 2019/20 and beyond.

Measure	16/17 Score	17/18 Score	18/19 Score	18/19 Target	Trend	National Score	Regional Score
1D: Carer-reported quality of life	7.1	n/a	7.0	7.7	Same	7.5	7.7

3.7.2 Plans for the year ahead

- Practice development workshops in locality teams are scheduled to drive consistency and standards across social work teams with some sessions dedicated to the support and involvement of carers. These sessions will
  - ensure workers recognise all types of carers and how to signpost them to the Carers Centre for support
  - ensure consistent knowledge about the support available through the carers centre
  - improve information and advice provided to carers and
  - ensure carers are appropriately involved in the conversations with people
- The Council will work with the Carers Centre to increase the number of carers reached and to maintain contact with sources of support
- We are undertaking a review of our data on Liquid Logic to proactively identify carers not currently receiving support from the Carers Centre to then offer support
- A focus on carers will be included in changing practice around Transitions
- The role of carers will be a key element in the ongoing implementation of the Dementia Strategy

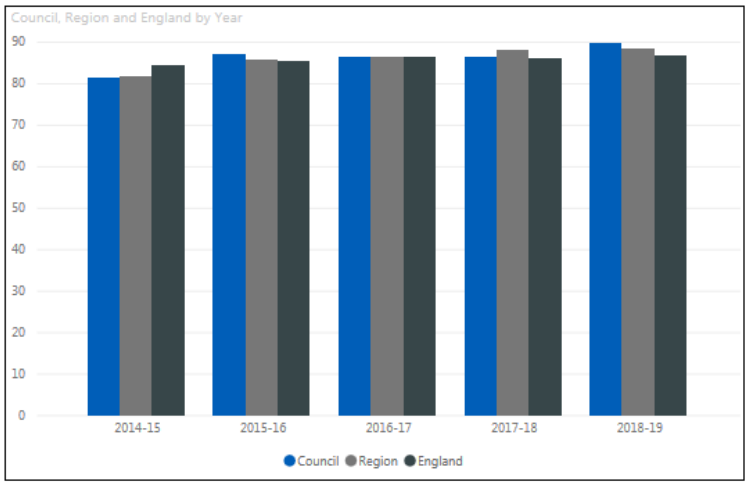
3.8 *Theme 4: Safeguarding adults whose circumstances make them vulnerable and protecting them from avoidable harm:* **The proportion of people who use services who say that services have made them feel safe and secure**

3.8.1 Overview

- Our score **improved** over 2018/19, and we are better than the region and England average.

Council, Region and England score by year

Year	Council score	Region score	England score
2018-19	89.8	88.5	86.9
2017-18	86.4	88.3	86.3
2016-17	86.6	86.6	86.4
2015-16	87.2	85.9	85.4
2014-15	81.5	81.8	84.5



- Sheffield Adult Safeguarding Partnership has set a number of priorities under the following four key areas.
    - Hear the voice of those who use our services and communicate with the communities of Sheffield
    - Learn and improve the quality of our service
    - Governance - implement the new board arrangements.
    - Partnership - encourage cross sector participation, increasing awareness around safeguarding and reinforce locality work

- Examples of Achievements against the priorities include

    - 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.
    - Positive results from the 3 initiatives that were set up by the Partnership
        - Safe in Sheffield Initiative
        - Adult Sexual Exploitation Service
        - Trading Standards Initiative Not Born Yesterday

    - 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.
    - Agreement has been reached to work collaboratively with the Voluntary Sector on how safeguarding works from their perspective.

    - In 2018/2019 the Sheffield Adult Safeguarding Partnership produced its annual report as a video which was produced by the Customer Forum, who work with the Partnership https://www.youtube.com/watch?v=JNOpH4NaxZE

3.8.2 Plans for the year ahead

- 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.

4. What does this report mean for the people of Sheffield?

4.1 Social care affects the lives of many Sheffield citizens and their families. In the year 1 April 2018 to 31 March 2019:

- More than 14,000 adults received an adult social care service of some kind, 11,000 of whom received long-term support.
- We spent over £203 million on providing adult social care services.

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

4.3 In addition, adult social care is facing a significant increase in demand for support. Viewed in the context of significant budgetary restraints, adult social care needs to be as effective and efficient as possible to ensure that those Sheffield people who need support receive it as appropriate and to a high quality.

4.4 The next Sheffield Local Account is currently in production. This will be a public document which will provide an overview on Adult Social Care performance. The document is being coproduced with service users and carers who have volunteered to help with this work, and should be finalised in summer 2020.

5. Equality of Opportunities

5.1 The Council has a duty under section 149 of the Equality Act 2010 (the public sector equality duty) in the exercise of its functions to have regard to the need to:

- Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

5.2 Although an Equality Impact Assessment (EIA) has not been undertaken for the production of the report, this duty has been taken into account during consideration of key change activities detailed in the report and any planned activities for the future.

6. Recommendation

6.1 The Scrutiny Committee is asked to review the information provided in the presentation and appended documents and provide comments on it and identify any priorities for improvement.

6.2 It is also recommended that the Scrutiny Committee receives the finalised Local Account when it is complete.

Appendix 1 - Adult Social Care 'Positive Stories' (January 2020)

Please find below several stories of difference (collated by the Practice Development team) which represent a great cross-section of the service and the support we've provided to a range of different people using the new approach.

The stories are from:-

Focused Reablement (Peggy)
Care handling Project (Lesley)
Home First – (male 26yrs old no name)
First Contact – (Mr Ward)

Focused Reablement (Peggy)

Brief description of the situation
Peggy is in her 20s, and has a diagnosis of Autism with mild to moderate Learning Difficulties. She is adopted and receives an annual letter from her birth mother. She has 9 hours PA support services each week. Peggy wants to work in retail, and 2 years ago completed an apprenticeship scheme at John Lewis; however, she wasn't selected for permanent employment.

What we would have done previously
The situation at John Lewis knocked Peggy's confidence. Previously, we would have conducted a telephone call review of her Support Plan. We would not have visited, nor tried to match Peggy with any employment or training to improve her skills and confidence. We would not have actively encouraged and assisted her in making a positive contribution within her community.

What we did instead
A handover was conducted by Occupational Therapist (OT) at Peggy's home to formally introduce everyone and build rapport. Peggy was surprised to hear that the OT was able to support her to attend new activities, groups and training. Her anxiety would prevent her from walking into a new place, but agreed to try new activities with OT to provide reassurance and support. OT arranged Peggy to attend Steps into Retails Programme at The Source, OT supported Peggy on the Supertram.

What impact did this have for the person/family?
Peggy feels less anxious and was successful at interview for a part-time post at Debenhams department store! This has increased her self-worth and morale. The OT also supported Peggy to an interview at the Perfume Shop, Meadowhall. She was delighted to have had two paid job interviews, both resulting from the Steps into Retail course via The Source.

Care Handling Project (Lesley)

All names and other identifying details have been changed in all stories except Lesley is happy for her story to be shared.

Thank you so very much for the sourcing of, and the loaning to us of, the new Mini Hoist and also for your kind patience in demonstrating how to use it. This is a fantastic piece of kit that we didn't know existed until you both brought it to our attention.
My Wife Lesley also sends her thanks for helping us. Already it is proving so liberating being able to transfer out of my wheelchair onto a comfortable arm chair that I last was able to sit in some 3 years ago – bliss.
We really appreciate your kind professionalism both with the lift and with the advices that you both gave us about certain bathroom furniture considerations to our plans for a disabled bathroom
The City Council should not underestimate what a valuable service yours is for helping those with disability in Sheffield.
Very Much Appreciated.

Home First – (male 26yrs old)

Brief description of the situation

Request for support from Community Social Work Team as care provider had withdrawn support. Person is a 26 year old male currently undergoing screening with Learning Disability Health teams/Mental Health teams. They are a drug user and had been deemed not to have capacity to manage their finances or medication. Previous care provider supported person with medication prompt, accessed finances through appointee, supported person to shop and pay bills, provided social support and helped to manage household tasks. Due to risk issues the care provider gave notice to end support. Advocacy services were involved.

What we would have done previously

Case would have gone directly to STIT or respite would need to be procured until a new provider has been found.

What we did instead

Decision as to whether STIT or Homefirst would be more appropriate to support Community Team until a new provider sourced. As this person was previously known to members of the Homefirst team and requires a different method to support with his engagement, it was felt that it would be more appropriate for HF to support. Homefirst provided 2 weeks support to access finances, shop, pay bills, offer daily medication prompts and prompt with managing home environment.

What impact did this have on the person/family?

Stabilised person's health by ensuring medication was taken without issues. Improved home environment. Provided the person with continuity of support and allowed them to remain at home until a long term provider was found.

First Contact – (Mr Ward)

Brief description of the situation
Mr Ward had no previous contact with Adult Social Care , he lives alone in a council bungalow. The referral to First Contact was from a family friend stating that she required support with personal care and meals. The family member said he was socially isolated and didn't go out of the house alone.

What we would have done previously
A direct payment would have been put in place to employ a personal assistant for support with personal care and meal preparation.

What we did instead
OT completed assessment and found there were no issues with memory, medication was delivered to his house which he took himself, he managed his finances independently, neighbours supported him to pay bills and withdraw money from cash machine and complete food shopping for him. Mr Ward is able carry out daily kitchen tasks and personal care. OT agreed to fit a rail to make her current practice easier.

What impact did this have for the person/family?
Mr Ward is independent in his home environment with minimal support from family and friends it would be a detrimental if a package of care was installed as he would lose the ability to remain independent. He has been referred to the First Contact Prevention Team (as although he has a number of family and friends in the area) he would like to meet with other older people socially.

APPENDIX 2: ADULT SOCIAL CARE OUTCOMES FRAMEWORK (ASCOF) RESULTS 2018/19

Measure	16/17 Score	17/18 Score	18/19 Score	18/19 Target	Trend	National Score	Regional Score
1A: Social care-related quality of life score	18.1	18.4	18.6	19.0	Better	19.1	19.3
1B: The proportion of people who use services who have control over their daily life	72.6	75.7	74.8	78.0	Same	77.6	78.6
1C(1A): The proportion of people who use services who receive self-directed support	88.0	76.2	77.9	n/a	Better	89.0	88.7
1C(1B): The proportion of carers who receive self-directed support	95.0	83.9	92.1	n/a	Better	83.3	76.6
1C(2A): The proportion of people who use services who receive direct payments	39.8	33.8	28.5	n/a	Lower	28.3	26.7
1C(2B): The proportion of carers who receive direct payments	45.6	38.7	23.6	n/a	Lower	73.4	70
1D: Carer-reported quality of life	7.1	n/a	7.0	7.7	Same	7.5	7.7
1E: The proportion of adults with a learning disability in paid employment	4.3	3.5	4.2	7.4	Better	5.9	5.7
1F: The proportion of adults in contact with secondary mental health services in paid employment	6	6	7	n/a	Better	8	10
1G: The proportion of adults with a learning disability who live in their own home or with their family	77.3	82.2	81.3	n/a	Same	77.4	79.5
1H: The proportion of adults in contact with secondary mental health services living independently, with or without support	74	68	58	n/a	Worse	58	70
1I(1): The proportion of people who use services who reported that they had as much social contact as they would like	38.3	42.0	43.3	47.5	Better	45.9	48
1I(2): Proportion of carers who reported that they had as much social contact as they would like	28.9	n/a	26.6	33.0	Worse	32.5	35.8
2A(1): Long-term support needs of younger adults (aged 18-64) met by admission to residential and nursing care homes, per 100,000 population	24.3	13.6	16.7	14.5	Worse	13.9	15.1
2A(2): Long-term support needs of older adults (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population	824.1	657.4	749.5	768.0	Worse	579.4	644.3
2B(1): The proportion of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	74.7	80.5	83.9	80.0	Better	82.4	83.9
2B(2): The proportion of older people (aged 65 and over) who received reablement/rehabilitation services after discharge from hospital	6.3	8.0	5.3	n/a	Lower	2.8	2.3
2C(1): Delayed transfers of care from hospital, per 100,000 population	30.1	19.1	15.4	10.0	Better	10.3	10.2
2C(2): Delayed transfers of care from hospital that are attributable to adult social care, per 100,000 population	12.5	6.4	4.6	n/a	Better	3.1	2.4
2D: The outcome of short-term services: sequel to service	37.2	71.1	30.2	n/a	Worse	79.6	71.1
3A: Overall satisfaction of people who use services with their care and support	57.9	61.4	61.7	65.0	Same	64.3	64.7
3B: Overall satisfaction of carers with social services	30.0	n/a	26.6	30.0	Worse	38.6	40.1
3C: Proportion of carers who report that they have been included or consulted in discussion about the person they care for	66.0	n/a	56.0	64.0	Worse	69.7	70.7
3D(1): The proportion of people who use services who find it easy to find information about support	63.0	69.5	64.3	73.6	Worse	69.7	69.8
3D(2): The proportion of carers who find it easy to find information about services	53.8	n/a	51.2	62.0	Worse	62.3	63.4
4A: The proportion of people who use services who feel safe	60.3	59.6	67.6	69.6	Better	70.0	71.6
4B: The proportion of people who use services who say that those services have made them feel safe and secure	86.6	86.4	89.8	88.3	Better	86.9	88.5

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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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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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