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Sheffield Health and Wellbeing Board

Sheffield City Council • Sheffield Clinical Commissioning Group

Thursday 31 March 2016 at 3.00 pm

Town Hall, Sheffield S1 2HH

The Press and Public are Welcome to Attend

Membership

Councillor Julie Dore	Leader of the Council
Dr Tim Moorhead	Chair of the Clinical Commissioning Group
Dr Nikki Bates	Governing Body Member, Clinical Commissioning Group
Maggie Campbell	Healthwatch Sheffield
Councillor Jackie Drayton	Cabinet Member for Children, Young People and Families
Councillor Mazher Iqbal	Cabinet Member for Communities and Public Health
Alison Knowles	NHS England
Councillor Mary Lea	Cabinet Member for Health Care and Independent Living
Jayne Ludlam	Executive Director, Children, Young People & Families
Laraine Manley	Executive Director, Communities
Dr Zak McMurray	Clinical Director, Clinical Commissioning Group

Sheffield City Council

John Mothersole	Chief Executive, Sheffield City Council
Maddy Ruff	Accountable Officer, Clinical Commissioning Group
Dr Ted Turner	Governing Body Member, Clinical Commissioning Group
Greg Fell	

Sheffield City Council

SHEFFIELD'S HEALTH AND WELLBEING BOARD

Sheffield City Council ● Sheffield Clinical Commissioning Group

Sheffield's Health and Wellbeing Board started to meet in shadow form in January 2012 and became a statutory group in April 2013. The Health and Social Care Act 2012 states that every local authority needs a Health and Wellbeing Board. It is a group of local GPs, local councillors, a representative of Sheffield citizens, and senior managers in the NHS and the local authority, all of whom seek to make local government and local health services better for local people. Its terms of reference sets out how it will operate.

Sheffield's Health and Wellbeing Board has a formal public meeting every three months as well as a range of public events held at least once a quarter.

Sheffield's Health and Wellbeing Board has a website which tells you more about what we do. www.sheffield.gov.uk/healthwellbeingboard

PUBLIC ACCESS TO THE MEETING

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.

Meetings are normally open to the public but sometimes the Board 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 please contact Jason Dietsch on 0114 273 4117 or email jason.dietsch@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.

SHEFFIELD HEALTH AND WELLBEING BOARD AGENDA

Sheffield City Council ● Sheffield Clinical Commissioning Group

31 MARCH 2016

Order of Business

1.	**Apologies for Absence**	
2.	**Declarations of Interest** Members to declare any interests they have in the business to be considered at the meeting.	(Pages 1 - 4)
3.	**Public Questions** To receive any questions from members of the public.	
4.	**Update from the Safeguarding Boards (3:20pm)** Report of the Independent Chair, Safeguarding Children and Adults Boards	(Pages 5 - 74)
5.	**Health and Wellbeing Plans for Sheffield in 2016/17 (3:40pm)** Joint report of the Director of Commissioning, Sheffield City Council and the Director of Healthcare Reform, NHS Sheffield Clinical Commissioning Group	(Pages 75 - 82)
6.	**Update from the JSNA (4:00pm)** Report of the Director of Public Health	(Pages 83 - 86)
7.	**Update from the Children's Health and Wellbeing Board (4:10pm)** Joint report of the Executive Director, Children, Young People and Families, the Cabinet Member, Children, Young People and Families, Sheffield City Council and the Chief Officer, NHS Sheffield Clinical Commissioning Group	(Pages 87 - 92)
8.	**Update on the Better Care Fund (4:20pm)** Director of Integrated Commissioning Programme, NHS Sheffield Clinical Commissioning Group to report.	
9.	**Minutes of the Previous Meeting** Minutes of the meeting held on 24 September 2015	(Pages 93 - 100)
10.	**Break (4:45-5:00pm)**	
11.	**Discussion Forum: Children and Young People's Wellbeing and Mental Health (5:00pm)**	

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 Standards Committee in relation to a request for dispensation.

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

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HEALTH AND WELLBEING BOARD PAPER

FORMAL PUBLIC MEETING

Report of:	Sue Fiennes, Independent Chair Safeguarding Children and Adults Boards
Date:	31st March 2016
Subject:	Safeguarding in Sheffield: Update from the Safeguarding Boards
Author of Report:	Sue Fiennes (Tel: 0114 273 6870)

Summary:

This report provides an overview of Safeguarding activity in Sheffield. Included are the priorities for 16/17 and the Annual Reports of the Safeguarding Children and Adults Boards for 2014-15. These provide the backcloth to the analysis of activity. Presenting them to the Health and Wellbeing Board underlines the accountability of the Safeguarding Boards to the people of the City.

Questions for the Health and Wellbeing Board:

- How does Safeguarding relate to the Health and Wellbeing Board's current priorities?
- Are there developments the Health and Wellbeing Board would want to see that would better align the work of the Safeguarding Boards with that of the Health and Wellbeing Board?

Recommendations for the Health and Wellbeing Board:

- Endorse and support the work of the Safeguarding Boards in Sheffield.
- Commit to continuing to work with the Safeguarding Boards to protect people at risk.

Background Papers:

- 2014-15 Annual Report of the Safeguarding Children Board
- 2014-15 Annual Report of the Safeguarding Adults Board

SAFEGUARDING IN SHEFFIELD

1.0 SUMMARY

Given the focus of the Safeguarding Boards in Sheffield on keeping children and adults safe, it is important to offer the Health and Wellbeing Board an analysis of the priorities for the next period.

Attached to this report are the Annual Reports of the Safeguarding Children and Adults boards for 2014-15. These provide the backcloth to the analysis and presenting them underlines the accountability of the safeguarding boards to the people of the City.

The leadership and governance of safeguarding is mature and enables challenge and openness. This is a solid foundation for the future and needs to be maintained in ever more difficult times.

2.0 WHAT DOES THIS MEAN FOR SHEFFIELD PEOPLE?

The Annual Reports provide information on the Safeguarding work done in Sheffield and gives a sense of the positive difference it makes to people who are most at risk of abuse and neglect or harm. Reporting to the Health and Well Being Board is one of the ways in which the Safeguarding Partnerships inform the people of Sheffield about the work that we do and how we are accountable to them. Both Safeguarding Boards are 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.

3.0 SAFEGUARDING IN SHEFFIELD

3.1 Safeguarding Children

The Board arrangements for safeguarding are seen as affective and were assessed as **GOOD** by Ofsted in 2014.

This gives a sound basis for continuous improvement and a challenge to sustain best practice over time.

The themed audits of practice have created a positive multi agency learning environment. The practice recommendations become embedded learning and thereby support improvements. This programme is one example of a good standard for safeguarding children.

There are oversight responsibilities for the Child Death Overview Panel. This brings a challenge to conclude the work on the development of a suicide pathway to support practitioners. This development is also overseen by the Health and Well Being Board.

The improvements needed to enable good progression from Children to Adults services and keep people safe will need determined leadership.

The support needs into adulthood of young people who have experienced child sexual exploitation has been recognised by both safeguarding boards as a key priority.

However the development of service responses and ongoing service delivery will continue to require appropriate resources and a service design which hears the voice of the young people about what will be safe and work for them.

3.2 Safeguarding Adults

Quality and best practice audits and reviews are an emerging element in the governance of Safeguarding Adults Board work.

The programme of establishing best practice standards and personal/dignified outcomes for adults for whom a concern re abuse and safety has been raised is now firmly part of the Board Strategic Plan.

A strong wellbeing strategy has positive outcomes for people who may be vulnerable to abuse. Individual resilience and community safety awareness are key aspects of the prevention of abuse.

We have continued to work to ensure all practitioners are alert to mental capacity assessments and the protection of those without capacity is vital.

4.0 WHAT NEEDS TO HAPPEN TO MAKE A DIFFERENCE IN THIS AREA?

Narrowing the health gap between communities/areas of Sheffield will enable a more robust safeguarding response to children adults and family carers.

The analysis of the needs of diverse populations is part of the robust safeguarding systems. The standards of dignity and individual safety need to be fully integrated into safeguarding responses. The frequently changing picture in Sheffield needs to be understood and be part of planning responses to concerns raised in a more dynamic way.

5.0 QUESTIONS FOR THE BOARD

- How does Safeguarding relate to the Health and Wellbeing Board's current priorities?
- Are there developments the Health and Wellbeing Board would want to see that would better align the work of the Safeguarding Boards with that of the Health and Wellbeing Board?

6.0 RECOMMENDATIONS

- Endorse and support the work of the Safeguarding Boards in Sheffield.
- Commit to continuing to work with the Safeguarding Boards to protect people at risk.

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SHEFFIELD SAFEGUARDING CHILDREN BOARD ANNUAL REPORT 2014-2015

www.safeguardingsheffieldchildren.org.uk

Essential Information

Author: Victoria Horsefield, SSCB Board Manager

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Approval Process: Operational Board Tuesday 15th September 2015

Executive Board Thursday 1st October 2015

Availability and accessibility

This document is freely available from Sheffield Safeguarding Children Board website:

https://www.safeguardingsheffieldchildren.org.uk/Safe-Home/welcome/sheffield-safeguarding-children-board/sscb-information/annual-report-business-plan

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Contents

Introduction from the Independent Chair

I am pleased to present the Annual Report of the Sheffield Safeguarding Children Board (SSCB). This report outlines the progress that has been made during the year and the key challenges ahead for Sheffield to ensure that our children are safe from harm, abuse and neglect. My role as chair is to bring independent scrutiny and challenge to the work of the Board and our partner agencies, a role I hope I have fulfilled to the best of my ability.

2014-15 has been a challenging and busy year for the Board as we take forward the recommendations following our Ofsted inspection and respond to new and emerging challenges in the field of safeguarding. A strong Board with support from dedicated Board officers has enabled us to continue to deliver high quality, effective safeguarding and agencies and practitioners in Sheffield continue to prioritise their safeguarding responsibilities in this ever complex and challenging area.

This year we commissioned a review of Sheffield's response to Sexual Exploitation following the publication of the Jay Report in Rotherham. Sheffield has shown both best practice and resilience in this area and has engaged directly with young people to enable their voices to influence this important area of work. However, there is no room for complacency and we will continue to drive forward improvements in practice and service delivery.

We have continued to ensure that participation of young people strongly influences our work. Our e-safety project launched a model e-safety curriculum for schools which was informed by young people and children's focus groups providing valuable insight into their digital lives. Our Licensing Project, working with our partners and the Sheffield Young Advisers, developed a z-card and poster highlighting the dangers of scratchers (illegal tattoo and body modification). Thank you to all the young people who have assisted us in our work.

To strive to be a 'learning Board' we have further enhanced our Learning and Improvement Framework by ensuring that all workforce development is clearly influenced by our learning from reviews of practice and we have established a comprehensive data suite. Going forward this will help to set the Board direction and priorities.

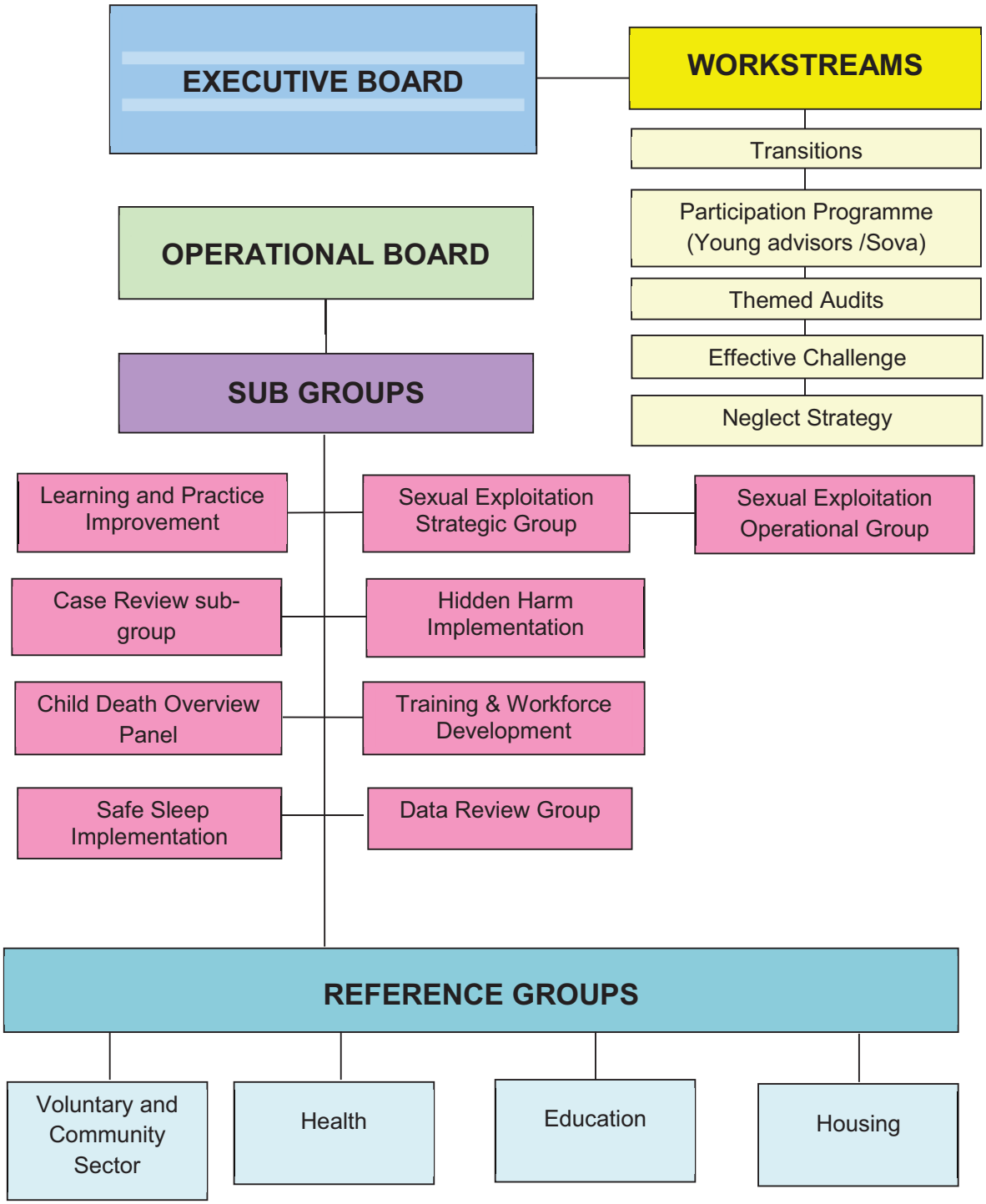
Two significant challenges for 2015-16 will be to ensure young people have easy access to the support and counselling they require and that there is effective transition.

Finally, I would like to thank you all for your hard work, commitment and engagement that ensure keeping children safe remains a key priority for our city.

Sue Fiennes

Sue Fiennes - Independent Chair SSCB

Sheffield Safeguarding Children Board Structure



The SSCB: Who we are and what we do

Sheffield Safeguarding Children Board (SSCB) is a statutory body established under the Children Act 2004.It is independently chaired and consists of senior representatives of all the principle stakeholders working together to safeguard children and young people in the city. Sheffield Safeguarding Children Board encourages independent oversight and this is enhanced by the inclusion of two Lay Members, who sit on the Executive Board. The Lay Members provide a valuable contribution by being active participants who provide effective challenge and an objective viewpoint.

The statutory objectives of the SSCB , as defined in Working Together 2015, are to:

- Co-ordinate local work to safeguard and promote the welfare of children and young people
- To ensure the effectiveness of that work.

Our Vision

Every child and young person in Sheffield should be able to grow up free from the fear of abuse or neglect. We are committed to improving the safety of all children and young people in Sheffield. If children are not safe, they cannot be healthy, happy, achieve or reach their full potential. We recognise and promote the concept that keeping children safe is everybody's responsibility.

We will achieve this by:

- Monitoring and evaluating the effectiveness of what is done by partner agencies individually and collectively to safeguard and promote the welfare of children and advising them on ways to improve
- Undertaking reviews of serious cases and advising partner agencies on lessons to be learned
- Collecting and analysing information about all child deaths in the city
- Participating in the planning of services for children in the city
- Developing effective and accessible policies and procedures
- Communicating the need to safeguard and promote the welfare of children, raising awareness of how this can best be done and encouraging it to happen
- Acting as the 'responsible authority' in connection with safeguarding children under the terms of the Licensing Act 2003
- Publishing an Annual Report on the effectiveness of arrangements in Sheffield

Organisation

The SSCB comprises of an Executive Board and an Operational Board with a number of important sub-groups. An effective LSCB is one where partner agencies feel able to fully participate and engage in the business of the Board and in Sheffield we continue to achieve a high level of attendance and contribution at all our meetings. One of Sheffield's strengths continues to be the open and honest engagement of partner agencies and their willingness to participate and learn from practice audits and reviews to bring about effective changes in practice.

The Independent Chair meets on a regular basis with the Director of Children's Services and the Lead Member for Children. The Chief Executive of Sheffield City Council is an active member of the Executive Board. There are effective links between the SSCB and key strategic bodies in the city, including the 0-19 Partnership (the Children's Trust) and the Health &Well-being Board.

Budget Information

INCOME		EXPENDITURE	
c/f 2013-2014	£144,553	**Employees**	£295,489
Contributions:		**Multi Agency Training**	£ 5,250
Sheffield City Council	£ 91,200		
Health (CCG)	£ 91,200	**Practice Review & Standards:**	
S.Y Police (PCC)	£ 36,600	Serious Case Reviews	£ 4,502
Probation	£ 6500	Document Production	£ 2,377
Cafcass	£ 550	Tri-X (Procedures)	£ 5,000
Management Charges / Income Generation	£ 14000		
Child Death Overview – CDOP	£ 66,000	**Independent Chair**	£ 5,793
		Community Advisor	£ 9,600
		Board Running Costs	£ 7,622
		Phone App	£ 5,000
		c/f	£109,970
TOTAL	**£450,603**		**£450,603**

PROJECTED EXPENDITURE 2014-2015	
Independent Chair **Board Manager** **Secretariat** **Operating Costs**	**£8k** **£57k** **£18k** **£25k**
1. Multi-Agency Training Manager + Business Support Training, Running costs +Virtual College	 **£74k** **£13k**
2. Learning & Practice Improvement Research & Audit Officer Business Support Publicity/Campaigns/Safe Sleep SCR/CR contingency	 **£38k** **£23k** **£15k** **2014-5 C/F**
3. Policy & Procedure **Tri X** Local & S.Y. Procedures & Policies	 **£5k**
4. E Safety Project / Manager	**£52k**
5. Community Adviser Consultant	**£7k**
SUB TOTAL – CORE BUDGET	**£335k**
6. Child Death Overview Processes (CDOP)	**£66k**
OVERALL TOTAL	**£401k**

INDICATIVE AGENCY CONTRIBUTIONS 2014-15				
AGENCY	**Formula %**	**2014-15**	**2015-16**	**Variation**
SCC (CYPF)	40%	£91.2k	**£91.2k**	↔
HEALTH (CCG)	40**%**	£91.2k	**£91.2k**	↔
S.Y.POLICE (PCC)	16%	£36.6k	**£36.6k**	↔
PROBATION	4%	£6.5k (9.5k requested)	**£6.5k** (9.5k requested)	↔
Sub Total	100%	£225.5k	**£225.5k**	↔
C/F		£148k (est)	**£110k (est)**	↓ **£38k**
TOTAL		**£373.5k**	**£335.5k**	**-10% = £38k**

SEXUAL EXPLOITATION SERVICE - SSCB FUNDING ELEMENT			
AGENCY	**New CSE Service 2013-14**	**Standstill 2014-15**	**Standstill 2015-16**
SCC (35%) (CYPF)	£28.7k	£28.7k	**£28.7k**
HEALTH (30%) (CCG)	£24.6k	£24.6k	**£24.6k**
S.Y.POLICE (35%) (PCC)	£28.7k	£28.7k	**£28.7k**
TOTAL	**£82k**	**£82k**	**£82k**

Learning Lessons From Reviews

A Review of the Transition Process

What happened?

This review focussed on the lack of transition planning for a young person with complex needs which delayed their move from a children's provision to adult services. This young person, who has complex needs relating to ADHD, Autistic Spectrum Disorder and learning difficulties, was detained under Section 3 of the Mental Health Act 2007. Regular meetings took place through the dual processes of mental health and Looked after Children planning which raised the issue of transition (planning for the move to an adult provision). The Dispute Resolution Process (DRP) was used to escalate concerns about the lack of progress and these meetings were attended by a number of senior practitioners and commissioners. Plans were made for joint assessments between children and adult mental health services which would feed into placement plans but the assessments were never actioned and placements not secured. Despite a number of professionals from both health and social care being involved it appears that no professional or agency was willing or able to accept the responsibility for ensuring the transition to adult services. There was a collective failure to put in place the necessary and agreed arrangements leading to this young person remaining in a young person's unit until after their 18th birthday.

What did this tell us?

The review identified that the gap in the commissioned provision between CAMHs and adult services for those aged between 16 and 18 years was a significant factor impacting on the delay in planning for this young person which was compounded by the lack of a formally identified lead professional within health. This was not addressed until NHS England reinstated the Case Manager system and a worker with case management responsibility was allocated and progressed the planning.

Adult services failure to undertake an assessment prior to the 18th birthday was due to an 'overly strict adherence to the threshold age' for adult provision and out of line with best practice. The nature of the young person's complex needs meant that no provision in Sheffield could meet them. Services therefore needed to work together to ensure timely assessments and planning, and to ensure that all options were fully explored.

It was acknowledged that there is a lack of understanding of the Mental Capacity Act (MCA) in the children's workforce and this was not considered in the planning process

All agencies and workers should feel able to effectively escalate their concerns ad equally act on the recommendations of escalation processes like DRP.

What are we doing now

CAMHs services in Sheffield will be provided up to 18 years with the exception of early psychosis and eating disorders.

The SSCB will ensure that workers in all partner agencies including those in adult services who may be expected to assess young people as part of the transition planning understand the purpose and function of the Dispute Resolution Process for Looked after Children

All young people who are placed in a provision outside of the area will have an identified lead health clinician in Sheffield with this being a requirement of contracts.

Workers will be fully briefed and understand the requirements of the Mental Health Act and the Mental Capacity Act during a young person's transition from children to adult services.

If in doubt ask for advice from your manager or safeguarding lead

Multi-Agency Themed Audit Days

There are 3 Themed Audit Days each year (TADs), each reviewing 5 cases chosen to fit in with the theme. Every TAD uses the same process of questionnaires, agency self-audits, focus groups and interviews with parents/carers and young people (where appropriate), but each is adapted slightly to ensure the theme is at the focus. Professionals are involved in the process in two ways; those directly working with the cases complete a questionnaire and attend a focus group (and their line manager completes an agency self-audit). In addition, 10 – 15 professionals working for one of the Board partner agencies (all managers with safeguarding experience) attend on the Themed Audit Day to participate as one of the multi-agency team members to review the cases on behalf of the Board. The TADs use 'Appreciative Inquiry'. This new way of learning involves identifying and learning from what has worked well. The main learning points are drawn from the positive work identified in each review.

Key Achievements

Undertaken 3 Audit Days, each with a different theme at the focus. The themes were:

- Children who are subject to a child protection plan (CPP) or are 'Looked After' (e.g. in foster care) and are of dual heritage
- Transitions – preparing young people for adult life and the transfer to adult services (where appropriate)
- Children who are Looked After for less than 28 days (20 working days)

Main Learning Points

The TADs demonstrated many positive working practices and the impact of this on the case work. The positive learning points below are those seen across all themes and the SSCB would encourage professionals to reflect on these in their own work:

- Good multi-agency working and communication led to the professionals having clear roles, enabled progression of the cases, provided support to parents/carers and children and enabled the professionals to manage parents when they were aggressive or manipulative.
- There was evidence of professional challenge regarding a variety of situations. Some challenge led to change (and the progression of the case), others did not, but did ensure all were clear of the views of the team and/ or family therefore keeping communication channels open.
- Professionals focused on the children/young people in the majority of cases. This enabled them to understand the child's wishes and feelings, knew how to work with them to involve them in meetings and in some cases, led to a strong bond providing the child with trusted adults that they knew they could rely on.

There were also findings linked to specifically to the themes at the focus of the TADs and further information can be found in the Learning Briefs: https://www.safeguardingsheffieldchildren.org.uk/welcome/sheffield-safeguarding-children-board/sscb-information/themed-audit-days.html

In the previous year one of the Themed Audit Days focused on neglect. From this a Neglect strategy has been developed.

What we will do next

- To undertake 3 Themed Audit Days
- Undertake a case audit of children who are subject to a CPP or are Looked After and are of dual heritage – using the findings of the TAD3 to guide this
- Appreciative Inquiry – To develop this aspect of the TAD further whilst continuing to review this process in relation to the learning from the TADs.

Multi-Agency Case Review Sub Group

The SSCB multi-agency case review sub-group meets regularly and has a 'standing panel' from SSCB partner agencies. Auditors have sufficient seniority in their organisation to effect the required changes that emerge from the audits. The group monitors and evaluates local practice in delivering services to children and their families by determining the quality of practice, the level of agency involvement, partnership working and related outcomes. The audits focus on the child's journey and highlight areas of good practice, areas for development and areas that require improvement. The process provides a culture of continuous learning and improvement, with a clear focus on impact and outcomes. This complements the Themed Audit Days.

We regularly see examples of good practice within the audits and there is clear evidence from the audits that Sheffield practitioners know each other well and regularly communicate and share information. There is also evidence of child focussed practice with practitioners from all agencies demonstrating a good understanding and awareness of the children and young people they are working with.

A theme tracker has been developed that enables us to identify common themes which inform the Learning and Improvement Framework. Themes emerging this year have included the:

- The positive use of professional challenge to improve outcomes
- The need for the child's voice to be documented in records
- The need to consider a child's ethnicity within assessment and planning
- The need for services to be flexible to meet the needs of young people
- That separation in domestic abuse cases does not automatically mean the end of risk
- The impact of the trilogy of risk (domestic abuse, substance misuse and mental health) and the need to consider all three elements in all assessments

Ofsted: SSCB Area for Improvement 1

'Further develop the mechanism to combine learning from case reviews and case file audits to ensure practice is informed and improved by regular review and feedback.' Ofsted, 2014

Key Achievements

Following the Ofsted inspection the SSCB recognised the need to ensure that the audit and evaluation work was influencing and changing practice and that the SSCB could evidence change. A tracker has been developed to collate the themes emerging from practice audits and reviews and this informs the Learning and Improvement Framework to ensure that all areas of workforce development reflect the learning coming from practice review. The training strategy has been revised to take on board these messages and dip sampling evaluation now takes place following training to ensure changes are being made to practice. Future case reviews and audits will review whether previous concerns are still present. A workforce survey has been developed and will be rolled out in 2015/16 and will inform practice.
Case Reviews, Themed Audit Days and specific CDOP themes are now summarised in Learning Briefs; a one page summary that includes issues for professionals to reflect on.

These are distributed widely, including to professionals that have participated in the work, and are available to download from the website. Learning from reviews and themed audit days has been presented at 3 multi-agency lunchtime seminars highlighting the themes seen across cases

What we will do next

- To review the Learning & Improvement Framework to further consider how the learning from all the Boards work feeds into training and /or out to single agencies.
- Further develop the connection between the Learning Practice and Improvement Group and the Training and Workforce Development Group in order to ensure that practice is informed and improved through the Boards work.

Ofsted: SSCB Area for Improvement 2

'Develop a comprehensive data report to enable Board partners to understand performance across services, and to identify and challenge areas where improvements in practice are required' Ofsted, 2014

Key Achievements

A multi-agency data suite has been developed and has been in place since the start of this year. This includes a number of data points that sit within 6 priority areas:

1. Early help and prevention
2. Identification of risk
3. Children subject to child protection processes
4. Children who are 'Looked After'/in alternative care
5. A safe and secure place for our children to live
6. A skilled children's workforce

This data is collected quarterly from Board partner agencies and is reviewed by a multi-agency team. They highlight a number of pertinent points from the data suite that are included in the summary report, which is one element of the Data Dashboard reported to the Executive Board. These have included:

- The number of under 18 year olds referred to CAMHS has increased in quarter 4 and the number of 16/17 year olds referred to adult mental health services has dropped. This is in line with a recent agreement that 16/17 year olds will be accepted by CAMHS.
- The proportions of Children's Social Care single assessments completed in timescale (45 days) have been low. The agency has recognised that this is an issue and has been working to address this. The Board are monitoring the progress of this.

What we will do next

Further develop the Data Dashboard (of which the Data Suite is one element) to establish an SSCB Performance Framework which incorporates learning from single and multi-agency audits, inspections, data and SSCB work-streams.

Report From the Child Death Overview Panel (CDOP)

The Child Death Overview Panel reviews the death of any Sheffield child. There were 49 deaths reported to CDOP this year and 38 deaths were reviewed by the Panel in the year (not all deaths can be reviewed in the same year).

Key achievements

- Completed an audit of the Rapid Response to unexpected child deaths, over a 12 month period. The rapid response is led by a paediatrician or nurse together with the police and aims to understand, as fully as possible, the cause of the death and circumstances leading up to or contributing to it.

- Adopted resources from The Lullaby Trust giving safer sleep messages to parents.

- Completed an in-depth review of all suicides reported since April 2008. This included a focus on the recent suicide of a vulnerable young person living in homeless accommodation.
  A learning brief (a one page summary) from this review can be found at www.safeguardingsheffieldchildren.org.uk/welcome/sheffield-safeguarding-children-board/child-death-processes/Thematic-Review-of-Suicides.html
  Key recommendations included:
  - No young person will be placed in B&B accommodation.
  - Any young person presenting as homeless will be treated as a Child In Need with a holistic assessment.
  - Work is on-going to improve access to mental health services.
  - A Suicide Pathway is to be developed for Sheffield

- Pertussis (Whooping cough)
  CDOP identified that although expectant mothers are informed of the whooping cough vaccination by midwifes, they have to attend a GP surgery to receive this. The issue of streamlining this process is being taken forward by the Health & Wellbeing Board.

What we will do next year

- Agree sharing of data with the Medical Examiner (the person that independently reviews deaths prior to a death certificate being issued). This may highlight additional areas for improvement in care of the child/or family which CDOP can discuss or address.
- Implement recommendations from the Rapid Response audit: One of the key recommendations is to hold an information sharing meeting or discussion shortly after each death occurs to develop an early picture of the child. The CDOP will be looking at how to put this in place.
- Identify how the Safe Sleep message could be highlighted through routine appointments that 'new' parents have with GPs.

A more detailed Annual Report for the Child Death Overview Panel can be found at: www.safeguardingsheffieldchildren.org.uk/welcome/sheffield-safeguarding-children-board/child-death-processes.html

Review of Sheffield's Response to Sexual Exploitation

Professor Jay's Independent Inquiry into Child Sexual Exploitation in Rotherham, published in August 2014, highlighted the need to scrutinise all aspects of governance and practice in relation to Child Sexual Exploitation (CSE). A full meeting of Sheffield City Council elected to conduct an assessment and overview of services across Sheffield.

The SSCB was commissioned to undertake the independent review, which was overseen by Kathryn Houghton (Independent Consultant) to focus on how effective Sheffield agencies were in achieving the city's strategic aims in tackling CSE (including the operation of the multi-agency Sheffield Sexual Exploitation Service (SSES)) and benchmarking their current practice against the Jay recommendations to ensure agencies are providing the most responsive best practice.

The CSE assessment looked at many aspects including: leadership and governance; multi-agency CSE safeguarding self-assessment; compliance with Ofsted CSE thematic inspection Annex A requirements; evaluation of processes, procedures and tools; evaluation of the CSE training programme; staff survey on training and support; evaluation of ten cases managed via the SSES service; audit of 32 cases of children and young people who received input from SSES and a young people's panel. The findings were reported back to the SSCB Executive Board and full council in January 2015.

"It is clear from this multi-agency assessment that Sheffield's partnership approach to Child Sexual Exploitation is meeting standards to deliver effective services, and in many instances is at the forefront of best practice. This work has taken a thorough look at how services designed to respond to Child Sexual Exploitation are currently delivered across Sheffield and we have found that practice already incorporates the recommendations from the Jay report, and has done so for some time.

Kathryn Houghton, Independent Consultant, 2014

Summary of Areas of Strength

44 areas of strength were identified, including;

1. SSCB and partner agencies strongly comply with the Jay recommendations and many of the requirements have been embedded in Sheffield for many years, given the early and proactive response to CSE.
2. Sheffield has a history and evidence of being willing to tackle and confront difficult issues, regardless of any gender or ethnicity implications.
3. SSCB and partners operate in a learning environment evaluating and adapting services to children and young people.
4. There is a culture of openness; questioning and professional challenge supported by robust policies and procedures.
5. Operation Alphabet was recognised by the judge as a model of its kind, due to diligent work including partnership working and support provided to victims.
6. Robust action has been taken to deal with CSE in all areas of licensing regulatory requirements.
7. CSE training and awareness programmes have reached over 1700 practitioners, is recognised as best practice by Ofsted and been adopted nationally.
8. Practitioners and managers are able to recognise the indicators of risk and vulnerability of CSE and when to refer children and young people to SSES.
9. Case evaluations and audits demonstrated innovative and effective means of engaging with children and young people who have been subject to CSE

10. All children and young people referred to SSES had received a CSE assessment
11. Sheffield has a recognised Community Youth Model of working with the children and young people.
12. Sheffield builds trusting and supporting relationships with children and young people, ensuring the most appropriate professionals deliver direct work.

Summary of Areas for Development

There were 16 areas for development, including:

1. SSCB need to continue to provide those who serve on scrutiny and licensing panels with sufficient CSE awareness and knowledge to enable effective independent challenge and decision making.
2. Clearer pathway to, and greater availability of, health services for those children and young people who are impacted by CSE.
3. Continuation of development of the CSE assessment tool, in particular looking at alternatives to scoring systems.
4. Education advisors to provide a specific CSE policy for all schools and other groups such as MAST, faith sector and voluntary agencies
5. SSCB and SSES, together with partners, to further develop CSE awareness in schools and all communities within Sheffield including ethnic minority communities, leveraging on available networks and resources.

Action plan

Following the review an action plan was developed and is being implemented through the CSE Strategic group with governance through the SSCB Executive Board.

The full report and the executive summary can be found at:

https://www.safeguardingsheffieldchildren.org.uk/welcome/sheffield-safeguarding-children-board/sexual-exploitation.html

Section 11

'Section 11 of the Children Act 2004 places duties on a range of organisations and individuals to ensure their functions, and any services that they contract out to others…….. safeguard and promote the welfare of children.'

Working Together to Safeguard Children, 2015

Local Safeguarding Children Boards have a responsibility to assess whether Board partner agencies are meeting all the requirements. In Sheffield this is undertaken through an agency self-assessment, which is completed every 3 years. In addition to this, in the intervening years a specific piece of work is undertaken that relates to Section 11.

What we have achieved

- Monitoring the remaining outstanding agency Section 11 action plans from the last self-assessment.
- Identified a self-assessment tool for use by the voluntary and community agencies.

What we will do next

- To ensure that all partner agencies have training pathways and recording processes in place for their organisation.

Children & Young People's Involvement

The SSCB are continually seeking new ways to involve young people in the work of the Board. This has had a positive impact in raising awareness of various safeguarding issues.

Licensing

The SSCB Licensing Project Manager in partnership with the Health Protection Service has met regularly with our Young Advisors Group to get their views about how to deliver safeguarding messages to young people who are thinking about having an illegal tattoo or other kind of body modification. The young people drafted the artwork and wrote the content of a z-card and poster in a format and style that would appeal to the SSCB's target audience. They did a great job and their work was endorsed by the Lead Member for Children, Young People and Families at a launch event in February 2015 which saw 20,000 cards and posters being distributed across the city.

Well done to our young advisors!

Sexual Exploitation

Following the involvement of young people in Dr Kathryn Houghton's independent review of Sheffield's response to Sexual Exploitation, the Sexual Exploitation Service has enhanced its participation work with young people, this includes:

- Development of a youth consultation group to consider campaign work and peer education
- The publication of a second edition of the 'Pieces of Me' booklet, a collection of creative writing by young people affected by child sexual exploitation. This was funded by Office of the Police and Crime Commissioner
- The re-launch of the Friend or Foe Pack
- Engagement with the National Working Group for Sexual Exploitation

E-Safety

High Storrs students in costume for their performance "Selfie"

The E-safety Project Manager has worked with groups of children in primary, secondary and higher education to involve them in delivering key e-safety messages across our school communities:

- A group of E-safety Ambassadors at Nook Lane Junior School took part in delivering a parents event.
- A group of 'A' level drama students at High Storrs School created a performance called 'Selfie' which has been delivered to Year 5 and Year 6 pupils in local primary schools.
- A group of students from Sheffield Hallam University delivered a parents workshop with the E-safety Manager at Lydgate Junior School.

These projects have provided an opportunity for young people to work together to present important e-safety messages and guidance to parents and their peers.

Further examples of how children and young people have been involved and influenced the work of the Board can be found in other sections of this annual report

Multi-Agency Safeguarding Training

Key Achievements

- Development of training for professionals on the new Strengths Based Approach to child protection conferences
- Development of 'Young People and Intimate Partner Abuse' course
- Development of a Child Sexual Exploitation (CSE) 'Training for Trainers' programme for secondary schools to enable schools to both deliver in-house CSE training for staff, and develop effective CSE programmes for pupils.
- Development and hosting of the Yorkshire and Humberside Multi-Agency Safeguarding Trainers Regional Conference on Serious Case Reviews.
- Delivered an event for parents 'Child Sexual Exploitation – Keeping Your Child Safe: What Parents/ Carers Need to Know '
- A programme of seminars on Gangs and Youth Violence developed and delivered.
- An evaluation of the impact on practice of the SSCB CSE training programme.
- The development and on-going delivery of Sexually Harmful Behaviour training, incorporating the Sheffield multi-agency strategy.
- Delivery of a comprehensive programme of lunchtime seminars addressing current and emerging issues.

An extensive programme of multi-agency and single agency training and events were attended by a total of **11,951** practitioners from across partner agencies. This included training in relation to e-safety and substance misuse, training for schools, sessions for the licensed trade, taxi transport trade and Sheffield City council drivers and escorts, the Regional Conference hosted by Sheffield on Serious Case Reviews and e-learning sessions.

In addition there were **888** young people and parents/carers that attended e-safety and sexual exploitation related training.

Responding to safeguarding concerns

- CSE has remained a priority in 2014/15 with lunchtime seminars (each term) addressing different aspects of CSE, including work with boys and young men, 'training the trainers' to use resources in schools and learning from a recent South Yorkshire Police CSE investigation, Operation Alphabet.
- Lunchtime seminars included those addressing mental health issues for children and young people, e.g. self-harm, bereavement and loss, novel psychoactive substances, impact of domestic abuse.
- Responding to the training needs of practitioners identified through evaluations following courses as well as the revision of courses in line with policy/national changes.

Main Challenges

- Ensuring training keeps up-to-date with national changes and local restructuring of services and new processes
- Reaching <u>all</u> staff that require training on an ever increasing number of safeguarding issues.

What we will do next year:

- Delivery of a conference on neglect and revise the neglect multi-agency training programme.
- Training on 'refreshed' Thresholds of Need document.
- 'Training the trainers' on Strengths Based Approach to Child Protection, Conferences, ensuring the children's workforce are prepared for this change.
- Continue to offer a full programme of lunchtime seminars on emerging issues

Report From the LADO – Allegations Against Professionals

The Local Authority Designated Officer (LADO) provides advice, guidance and management in cases where an allegation has been made against a person who works with children. The document, *Working Together to Safeguard Children (2015)* sets out the types of allegations that the LADO should consider. The LADOs role is to work closely with the police and other agencies to consider whether an allegation is true or not. They ensure that any allegation is dealt with as quickly as possible.

In the year 2014/15 there were 56 allegations against staff and volunteers and on average a further 10 discussions each month where the matter did not fit the scope of the LADOs role (the data of those beyond the scope of the LADO has been collected from June 2014 – March 2015)

Of the 56 allegations, 36% were in relation to Physical abuse, 29% were for sexual abuse and 29% were in relation to behaviour to a child suggesting that a risk is posed to children in employment. The remainder were for other reasons.

As in previous years the largest proportion of referrals are made against those who work in schools (34%) followed by those that work in health (18%).

In 32% of cases no action was taken against the employee as these were unsubstantiated or proven to be false. There have been 7 people that have been dismissed from their post and a number of cases are awaiting criminal proceedings and/or disciplinary investigations. A number of matters are still outstanding.

What we will do next

- A referral form has been devised and will be sent to employers or referrers to ensure consistency of information.
- A review of how the LADO function is operated within the Safeguarding Children and Independent Reviewing Service will be undertaken.

Demographic Information and Background

- There are approximately 115,160 children and young people living in Sheffield with approximately 24% of children living in poverty, with great disparity across the city[1].
- The city's child population is becoming gradually more diverse with 34.5% of primary and 28.4% of secondary pupils from minority ethnic groups.
- The proportion of children with English is an additional language in primary schools is 22.1% and for secondary pupils is 16.8%
- Of the school age population, there are 19.5% of infant children (reception – year 2) and 17.5% of upper secondary pupils that are eligible for free school meals[2].
- There were 179 young people that accessed drug and alcohol services in the year.
- There were 31, 16 & 17 year olds that required a homeless investigation this year

Early Intervention

Early intervention services in Sheffield are delivered through Multi Agency Support Teams (MAST). Early intervention services are those that are provided to families early after the emergence of a problem. The aim is to provide support for families and ideally once families have received early intervention services, it is hoped that they can then 'step down' back to universal services (i.e. services that all families receive). Early intervention includes a variety of services e.g. help with learning, behaviour, school attendance and parenting skills. A family may receive help from one agency or a number of them working together. In the last year, early intervention services have been expanded to include the Best Start Strategy (services for early years).

Main achievements

- The Building Successful Families (BSF) programme has seen significant success. Phase 1 of the national Troubled Families programme (known locally as BSF) has been completed and Sheffield has "turned around" 100% of its target. Sheffield was invited to become an early starter for the expanded programme, which began in September 2014. This requires success with 5540 families over the next 5 years.
- Free Early Learning (FEL) places for 2 year olds is the provision of 15 hours a week of a free early learning place (e.g. a nursery) for those meeting a criteria. This year the number of children eligible increased. There were approximately 3263 children that benefited from a Free Early Learning place (up 59% from the previous year).
- Worked with the Early Years Safeguarding Advisors to improve the recording of safeguarding incidents in centres and updated safeguarding policies and procedures.

[1] Http://webarchive.nationalarchives.gov.uk/+/http://www.hmrc.gov.uk/statistics/child-poverty-stats.htm

[2] For January – March 2015

- MAST received 1112 FCAFs (Family CAF) this year. The CAF is an assessment that reviews the needs of the family. The CAFs focused on approximately 2606 children. Work has focused on ensuring that the quality of assessments continues to improve.
- In September 2013 – August 2014, 59 parenting programmes were run, reaching over 600 people. 75% of parents/carers attending complete the programmes. Assessments indicate that 75% of the parents/carers completing the programmes see an improvement (reduction) in the overall stress of parenting their child.
- A Family Action Plan Tool has been developed to assess effectiveness of the interventions; indicating that 82% of the actions identified are achieved.

What we will do next year

- The challenges of the new BSF target, the broader criteria and the expanded data requirements will require more resources from across services.
- It is likely that the number of free early learning hours will continue to increase. It will be a key challenge going forward for services to ensure there is enough capacity to support this increase in demand over the coming year.
- To continue to work with schools and GP's to identify ways of joined up working.
- Begin a new audit process to ensure the effectiveness of the FCAF.
- To ensure the new Family Action Plan Tool can further support outcome focussed working and the expanded needs of the BSF programme.

Youth Services: Community Youth Teams

Community Youth Teams (CYT) are a multi-agency targeted young people's service, providing support for vulnerable young people aged 8-19 involved in risk-taking behaviour. CYTs work with young people in need of extra support, to improve their lives and make better choices, in order to make a successful transition to adulthood.

Key achievements

- Provided tailored, individual support to 692 young people referred for anti-social behaviour and low level offending. Levels of complexity have increased: total referrals for aggressive violent behaviour equate to 29.8% of the total referrals; in the previous year (2013/14) it was 20% of the total.
- Provided support to 411 young people at risk of becoming NEET (Not in Education, Employment or Training) and 1453 young people aged 16-18 who are NEET. Sheffield's percentage for 16-19 year olds NEET (for November – January) was 5.9% of all CYT referrals, compared to 6.6% the previous year. The Not Known figure was 5.8%, compared to 6.3% the previous year.
- In partnership with Sexual Exploitation service, increased support for young people assessed as low-medium risk of sexual exploitation. 63 young people have been supported by CYTs, equating to 9% of the total CYT referrals; in 2013/14 it was 6.8%. This includes a mixture of one to one and group-work with a focus on healthy relationships, building self-esteem and confidence and staying safe.

- In partnership with The Corner, increased support for young people requiring access to substance misuse service. The percentage of total referrals for substance misuse (for CYT) increased from 7% in 2013/14 to 9.4% in 2014/15.
- Delivered 3442 youth work sessions in priority areas of Sheffield. This includes a mix of centre-based and assertive outreach in communities and is an average of 69 sessions per week.
- In partnership with CAMHS, introduced Primary Mental Health workers to CYT, ensuring access to specialist consultation for staff supporting young people with increasing emotional and mental health needs.

What we will do next

Maintain young people's engagement in school & post-16 education, employment & training through:

- On-going monitoring and review of new delivery model for NEET young people
- Implement a model for young people pre-16 risk of NEET alongside 'Futureshapers' programme (3 year Government programme to support long term participation)

Steer young people away from crime, through:

- Implementing a pilot Community Resolution Pathway to support performance with First Time Entrants to the Youth Justice System
- Developing appropriate links with regional Liaison and Diversion work in partnership with YJS

Steer young people away from anti-social behaviour (ASB) by

- Leading on the delivery of effective support to young people involved in ASB as part of agreed partnership processes

Children In Need

Children's social care receives referrals for children and young people where there are significant concerns. This year the Sheffield Social Care Assessment (SSCA) tool was introduced to replace two separate assessments (initial and core assessments). The SSCA is used by social workers when they are assessing if a child is 'In need' or has suffered, or is likely to suffer, significant harm. The social worker uses this assessment to identify what (if any) service is needed, as well as identify whether any specialist assessments are required. Social care work closely with the early intervention services and families can receive services from both in order to address their needs.

This year there have been 10,706 referrals to children's social care. The largest number of referrals came from education (19%). There were 18% from health services and 17.9% from the police. The numbers of referrals were 12.9% higher than the previous year. There were 5,249 SSCA completed.

Children Subject To Child Protection Plans

A child protection conference is organised when there are concerns that a child is at risk of significant harm due to neglect, emotional, physical or sexual abuse. It brings together family members and professionals. If it is felt that there is a risk of significant harm to the child then they will become subject to a child protection plan. This plan sets out what professionals and family members must do to keep the child safe and well. Once a child has a child protection plan, these are reviewed regularly (considering the progress and reviewing the risks to the child).

As at 31st March 2015 there were 363 children subject to a child protection plan, a drop of 19.7% on the previous year. The most common reason for a plan being made was for emotional abuse (60.5% of all plans made). Since 2011/12 this has been the most common reason for plans being made in Sheffield. Nationally, the most common reason for a plan starting is for neglect[3].

There were 451 children that became subject to a child protection plan over the year. Of these, 56 children became subject to a child protection plan for a second (or subsequent) time (12.4% of all plans made). This remains lower than the figure for England.

There were 541 child protection plans that ended during the year, of these there were 6.5% that had been subject to a Child protection Plan for over 2 years. This is higher than last year, higher than for England and 'Core cities', but in line with Sheffield's 'statistical neighbours'.

Youth Services: The Youth Justice Service (YJS)

The YJS works to reduce the number of young people entering or re-entering the criminal justice system in the city.

Key Achievements

- Stronger, Safer Families programme has been developed in collaboration with Multi Agency Support Teams and Community Youth Teams with a focus on families experiencing aggression and/or violence from their teenager. In this model, parents/carers have; an opportunity to meet with other people in their situation in a non-judgemental environment; learn techniques to help them manage and reduce violence in their home; learn the importance of warning signs and how to respond when their child is violent as well as other positive parenting techniques. The young people learn that abuse isn't acceptable and they are accountable for their behaviour.
- The Sheffield YJS are the second to have achieved the Trinity College Gold Standard Artsmark Award for work and programmes delivered to young people centred around the Arts. Young people have performed at the National Youth Justice Convention, the annual 'Youth Word Up' performance (part of the Sheffield 'Off the Shelf' programme) and engaged in YJS summer Art College to gain Arts awards.
- The YJS has continued to work collaboratively with other agencies to promote effective joint working with children and young people who display or are likely to develop, Sexually Harmful Behaviour (SHB), providing them with help and intervention at the earliest opportunity.

Number of referrals:
In 2014/15 the number of young people in the criminal justice system was 450 (10% rise on the previous year), there were 22 new remands to custody (37% decrease) and 21 custodial sentences (50% increase, though this was a historic low).

What we will do next:

1. Preventing young people getting involved in crime: working alongside other services to reduce the number of first time entrants and contribute to the new all-age Liaison and Diversion Service introduced into police custody suites. This aims to identify

[3] All comparative figures are taken from Department for Education, Statistical First Release. *Characteristics of Children in Need in England, 2013 – 2014*.

people with health needs and refer them out of the criminal justice system.
2. Reducing the use of custody: promoting alternative placements (out of custody and police cells) and developing a protocol to offer spare capacity across South Yorkshire.
3. Reducing reoffending through the use of information on arrests and/or charges for crimes.
4. Engagement and participation: re-establishing a pool of trained young advisors who have experience of the criminal justice system, to act as a reference group for us and for partners including the Police and Crime Commissioner.

Looked After Children & Adoption

The number of children who were Looked After by the Local Authority at the end of the year was 531, similar to the previous year (537). There were 279 who became Looked After in the year and nearly the same amount (278) that ceased to be Looked After. There were 9% of children who were Looked After that had 3 or more placements during the year, lower than the last two previous years (between 12% – 13.2%)

There were 42 children that were placed for adoption in the year, with 71% being placed for adoption within 12 months of the decision that they should be placed. This is comparable with the previous two years (at 74%).

Private Fostering

'A private fostering arrangement is essentially one that is made privately (that is to say without the involvement of a local authority) for the care of a child under the age of 16 (under 18, if disabled) by someone other than a parent or close relative with the intention that it should last for 28 days or more … it is the duty of local authorities to satisfy themselves that the welfare of children who are, or will be, privately fostered within their area is being, or will be, satisfactorily safeguarded and promoted'

Replacement Children Act 1989 Guidance on Private Fostering.

Key Achievements

- The Local Authority has continued to raise awareness of their responsibility in relation to children who are privately fostered by:
  - Sending electronic versions of posters and leaflets to council offices and schools (including language schools).
  - Giving presentations to social workers and to the psychological services.
  - Colleagues in the safeguarding team have worked with school leadership teams to ensure that that they are aware of the council's website information and aware of their duties toward privately fostered children.
- The local Authority has established protocols for the provision of support through the MAST services where appropriate. All new private fostering cases are first assessed by social workers to ensure that any immediate issues or risks are addressed expeditiously.
- This year the Local Authority have sought and gained financial support for some private foster carers to enable them to make application to the court for a Child Arrangement Order (CAO) or Special Guardianship Order (SGO) so as to establish legal basis for the placement and thus negate the need for private fostering regulation, but ensuring continuing support is available where required.

As at 31st March 2015 there were 14 privately fostered children in Sheffield. The majority of these are teenagers.

Sexual Exploitation

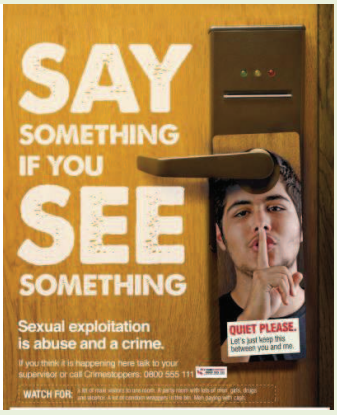
Sexual Exploitation Service

The service is responsible for tackling child sexual exploitation (CSE) in the city. It is a multi-agency service and works to address sexual exploitation on four key principals; prevention, protection, pursuit and prosecution.

What we have achieved

During 2014-15 the service risk assessed 255 cases in the year, a 21% increase on the previous year. Of these, 70 were assessed as medium/high risk and have been allocated a dedicated support worker from the CSE team and 63 of the cases were referred to the Community Youth Teams for preventative work. The high profile nature of child sexual exploitation and the on-going efforts to ensure the children's workforce and other professionals are trained to spot the signs of CSE has contributed to a continued rise in the number of referrals to the service.

Successful prosecutions have been achieved with the involvement of the sexual exploitation service through Operation Keg with guilty verdicts for all five defendants who were sentenced to a total of 28 years.



The service has continued to be recognised for its innovative work to engage the business community in regard of child sexual exploitation, receiving an award for community engagement in South Yorkshire.

Further work has been carried out in this field in partnership with the Sheffield Safeguarding Children Board and South Yorkshire Police to secure the support of the Federation of Small Businesses for the 'Say Something If You See Something' campaign.

www.nwgnetwork.org/

The service successfully applied for funding to deliver the Hub & Spoke programme, after a request from the University of Bedfordshire to develop the programme, which aims to share best practice locally. Alongside this the service is pivotal in the MsUnderstood Programme, which addresses peer-on-peer abuse.

The service has supported the local authority's successful social care innovation bid to develop specialist foster care for those at risk of child sexual exploitation.

The learning from Operation Alphabet witness care has been shared nationally at Project Blast's national conference in Bradford and Link to Change's annual conference in Cambridgeshire.

What we will do next:

- Continue to increase community engagement and awareness of CSE
- Develop further the participation of young people in service development
- Development and sharing of good practice through the Hub & Spoke Project

Domestic Abuse

The Domestic Abuse Coordination Team (DACT) is based within Sheffield City Council. It has responsibility for domestic abuse services in Sheffield and works to reduce domestic abuse and raise awareness.

Key Achievements

The community based domestic abuse services supported 5377 individuals during the year; an increase from 4893 the previous year.

The Multi-Agency Risk Assessment Conference (MARAC) is a meeting which focuses on the safety of high risk domestic abuse (including any children). This year 923 cases were heard at MARAC (up 6.5% on the previous year), involving 893 dependent children. There were 20 individuals discussed at MARAC that were aged 16 or 17 and 8 cases that involved young people causing harm.

The Domestic and Sexual Abuse Strategy for Sheffield 2014-17 was published and can be found http://sheffielddact.org.uk/domestic-abuse/resources/local-strategies/.

Worked with other professionals and the Children and Young People's Domestic Abuse Strategy Group on the MsUnderstood Project, to:

- Develop a 'pathway' for children and young people affected by domestic abuse in their own relationships.
- Incorporate key elements of the training and guidance offered by the national charity CAADA (now Safe Lives) into a local training programme hosted by the SSCB on working with young people affected by domestic abuse.

Sheffield DACT has again procured the High Risk Domestic Abuse service so that the Independent Domestic Violence Advocacy Service (IDVAs) and the specialist training is in one contract, enabling practitioners to better understand how and when to complete the DASH risk assessment. New investment from the Office of the Police and Crime Commissioner has enabled the IDVA service to expand by 2.5 posts.

The Domestic and Sexual Abuse Needs Assessment for Sheffield was updated and can be found at:http://sheffielddact.org.uk/domestic-abuse/domestic-abuse-needs-analysis/

Domestic Homicide Reviews (DHRs)

Sheffield has published 4 reviews with 3 more progressing. The key learning points are:

- More awareness is needed of domestic abuse in young people's relationships
- The importance of exercising professional curiosity – in particular if a young person retracts an allegation
- To ensure connections with the other professionals working with young people
- If a staff member is on leave/off sick then another professional should be allocated the case.

What we will do next:

- Continue to implement the Domestic and Sexual Abuse Strategy in relation to:
  - Finalising and embedding in practice the 'young people's pathway'
  - Developing a framework for education and prevention work in the city and promoting key messages
  - Female Genital Mutilation – working with partners to ensure preventative measures are in place.
- Continuing to work with colleagues on the MsUnderstood Programme to ensure a 'joined up' approach to Peer on Peer abuse and sexual violence
- Continue to disseminate the findings of domestic homicide reviews and promote learning around good practice.

Children Who Go Missing

The Sheffield Runaway Action Group (SRAG) brings together key agencies to maintain an oversight of all children and young people that are missing to ensure that all relevant agencies are working effectively on robust action plans to address any identified problems.

A child or young person can be 'Missing' or 'Absent':

- **Missing**[4]: Anyone whose whereabouts cannot be established and where the circumstances are out of character or the context suggests the person may be the subject of crime or at risk of harm to themselves or another.
- **Absent**: A person not at a place where they are expected or required to be.

Key achievements:

- Worked with South Yorkshire Police (SYP) to develop how missing and absent children are reported.
- Created a missing / absent report to monitor the overall numbers of children who are missing or absent as well as missing / absent episodes for specific individuals.
- SRAG created a detailed monthly 'data pack' which reports and summarises trends in missing and absent young people in Sheffield.
- Monitored those children who are 'looked after' that go missing. This includes those children who are living outside of South Yorkshire as well as those who are living in Sheffield, but are from other authorities.
- The four South Yorkshire Local Authority areas have worked with SYP to develop the Regional Missing from Home or Care and Runaways Protocol, which states the key overarching principles to which all areas will work, underpinned by local guidance and procedures.

The monthly average number of children missing or absent each month are:

	Missing Children *Monthly Average*		**Absent Children** *Monthly Average*	
	All Sheffield Children	Children in Care	All Sheffield Children	Children In Care
Number of incidents	150	48	66	51
Number of individuals	90	23	31	19

What we will do next:

- Improve the timeliness of Initial Response Form completion (a form completed after any episode of missing)
- Ensure there is regular auditing of missing/absent cases
- Review the independent return interview processes (return interviews are undertaken with children and young people on their return from missing episodes)

[4] Interim guidance on the 'Management, Recording and Investigation of Missing Persons', ACPO / College of Policing, 2013)

E-Safety

Key achievements

The voice of children and young people in Sheffield continues to be central to our e-Safety strategy. Building on the work of the previous year (see the *Sheffield E-Safety Survey Report 2014*), this year the consultation was expanded to include face to face focus groups in a number of schools, across the City. ***The Curriculum Focus Group Consultation Report*** gives a fascinating insight into the current digital lives of some of our children in Key Stage 2 to Key Stage 4. Their views on what an e-safety curriculum should provide and at what age have been taken into consideration when producing our new model curriculum.

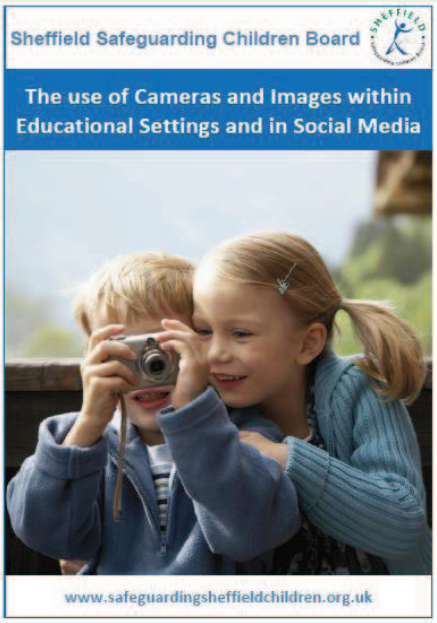
E-Safety Curriculum Project: A model curriculum for Key Stage 1 - 4 has been developed and has been designed to help identify opportunities where elements of e-safety, security and digital literacy can be taught at each Key Stage enabling schools to design their own flexible and progressive E-safety curriculum.

The views of children and young people, teachers and professionals all underpin the model curriculum. As a result changes have been made relating to the age when particular online risks and behaviours are introduced. From the children we established current trends in online behaviour, including the most popular websites and Apps used at Key Stages 2 to 4. They also told us:

- What they considered to be the being the most important issues and topics that needed to be included in an e-safety curriculum
- At what age they thought these should be introduced
- How these should be taught
- What support they needed and in what format.

All schools were invited to attend the events to launch the new curriculum which gave an update from the findings and access to the key documents.

Model policy templates and guidance documents are made available to support educational settings develop their e-safeguarding policies. This year guidance around the use of cameras and images within educational settings and in social media was produced to help them understand their safeguarding responsibilities and to ensure they comply with the Data Protection Act 1998.



What we will do next

- Support schools to integrate e-safety in their curriculum
- Undertake e-safety consultations with children with special educational needs and their parents – to consider the current trends in the children/young person's use of social networks and media, identifying any concerns and associated risks and to consult with them regarding any education and support they require
- Extend the model e-safety curriculum to special schools

Children Who Live in Households with Substance Misuse

The Hidden Harm Implementation group reports changing trends in substance misuse in Sheffield with fewer new opiate and crack users presenting at services in Sheffield. However we have seen increasing numbers of alcohol and non-opiate users coming into contact with children's services but few were accessing drug and alcohol treatment services. A key aim of the strategy is to increase identification and engagement with parents and carers who use alcohol and non-opiate drugs problematically (e.g. cannabis, powder cocaine, Steroids, NPS's and over the counter preparations) and assertively refer them to drug and alcohol treatment services

The key achievements

- The Hidden Harm Implementation group is well represented by key Sheffield agencies.
- The Sheffield Alcohol Screening Tool has received National recognition and is seen as an example of best practice. Locally it is used by a number of different services including; social workers, family intervention workers, health visitors, GPs, pharmacists, probation workers and has resulted in a significant increase in referrals from children's services into the alcohol service.
- Drug and alcohol workers are now trained to deliver parenting programmes within both the adult and young people's drug and alcohol services. 7 programmes have been run and have evaluated well by parents. In addition a bespoke course has been developed for parents of young people who misuse substances.
- To address intergenerational drug and alcohol misuse a Transitions Protocol has been produced illustrating the need for services to be flexible to meet the needs of the young person. The WAM service has also been re-commissioned. Discussions with clients in both the adult and young people's drug and alcohol services are now identifying cases where referrals for family members should be made between services.
- Safeguarding children protocols and processes within drug and alcohol treatment services have been reviewed and updated and an annual case file review has been undertaken.

As new issues emerge they are incorporated into the Implementation Plan ensuring that actions are identified to address them, for example the increase in use of NPS by young people and adults, the recognition of links between substance misuse and domestic abuse, and the need for a whole household dual diagnosis protocol.

Challenges going forward include

- Rapidly changing trends in drug and alcohol misuse.
- Organisational change in Sheffield has affected the length of time services are involved with families yet where drug and alcohol misuse is involved facilitating change can take time.
- Services are better at identifying drug and alcohol misuse within families, and now routinely ask questions about drug and alcohol misuse. However this needs to correspond into an increase in referrals into substance misuse services.

Safeguarding and Licensing

Key achievements

- Extended the target audience for taxi driver training to include providers of Sheffield City Council driver and escort services and provided four training sessions to existing drivers
- Developed and launched an educational resource and awareness campaign around body modification/'scratchers'
- Received an award from the Police & Crime Commissioner in recognition of partnership work in tackling child sexual exploitation. In partnership with the National Working Group for Tackling Child Sexual Exploitation, we developed and implemented the 'Participation Scheme' for local businesses (see photo from launch of the scheme). At the NWG National Annual Conference we also co-delivered a training workshop about engagement with local business communities

- Developed positive working relationships with operators in the Gambling trade in order to raise awareness of children and vulnerable people
- Completed an audit of safeguarding systems at saunas and massage parlours

How our work impacts

We know that we have raised safeguarding awareness of people working in local businesses from the training evaluations and the consistency of complaints/enquiries that we receive. We know that we are making places safer for children and young people by improving the regulation of licensed premises in relation to safeguarding, by the number of licence conditions we achieve and the number of licence reviews in cases of problem premises. This year we investigated 91 complaints; made 45 advice visits; participated in 5 licence reviews.

What we will do next

- Review training materials and explore accreditation.
- Work with the Licensing Authority to review the safeguarding content of its policies in relation to taxi drivers, gambling and other licensed premises
- Work with the children's workforce to improve awareness and reporting of businesses where children and young people are at risk

Work with our Faith Communities

Sheffield Diocesan Safeguarding Children Group

The Diocesan Safeguarding Children Officer (DSCO) has delivered a wide range of training during the last year, including:

- Safeguarding for pastoral workers courses
- Safeguarding children training sessions in parishes to 300 children's workers
- Training for Clergy on allegations management and on agreements with those who pose a risk
- Training for police and probation staff that work with high risk people and sex offenders on working with church organisations to minimise risk.

The Safeguarding Children policy and guidelines for Parishes in the Sheffield Diocese have been updated.

The DSCO, working alongside independent assessors, has examined all the files of deceased clergy for any evidence of mishandling of safeguarding issues. No issues were identified that hadn't been addressed at the time.

A Service Manager from the Safeguarding and Independent Reviewing Service continues to attend the Diocesan Safeguarding Children Group to provide advice and support on safeguarding children issues.

Sheffield Mosques and Madrassas Safeguarding Children Project

This year the project aimed to offer safeguarding training to harder to reach community groups. Three training events were organised in different locations, with nearly 60 teachers and committee members attending. The training included safeguarding children, raising awareness about Female Genital Mutilation (FGM), forced marriage, Child Sexual Exploitation (CSE) and extremist grooming.

During this year a number of safeguarding concerns, including some 'Prevent issues' were dealt with. As part of this, meetings were held with police, parents and organisations.

To raise awareness regarding safeguarding, extremism, CSE and FGM, numerous community events and meetings were attended. Communications were maintained with independent Muslim schools and monthly schools' community cohesion meetings were attended.

In the coming year the focus will be to offer refresher training for CPLO's from Madrassas with particular emphasis on the 'Prevent agenda'.

The Diocese of Hallam Catholic Safeguarding Commission

The manager of the Safeguarding Service continues to attend the Catholic Safeguarding Commission. This has an independent chair and has responsibility for safeguarding children and vulnerable adults. Some of the work undertaken this year has been:

- Ensuring that there are safeguarding representatives in place across the diocese areas.
- 'Common Sense Training' in safeguarding, with the DSCO (Diocesan safeguarding colleague), to 120 children's workers
- Annual safeguarding event, with attendance by clergy, educations and parishioners.
- The SSCB Board Manager also now sits on the Sisters of Mercy safeguarding Group

MsUnderstood Programme

MsUnderstood is a partnership between the University of Bedfordshire, Imkaan, and the Girls against Gangs project. It is a three year programme of work addressing peer-on-peer abuse, including teenage relationship violence, peer-on-peer exploitation and serious youth violence. Sheffield, one of three chosen sites across the country, is now in the second year of the programme delivery.

The programme involves:

- A local area audit of the response to peer-on-peer abuse
- A work programme of support, devised from the evidence generated by the audit process
- Quarterly monitoring updates, an annual report and a final report for the site
- Engagement of young people within the site about their experiences of, and views about, local service provision and contact with professionals

Findings from the first year are that:

> *'In auditing Sheffield's response to peer-on-peer abuse it is evident that from practitioners to managers, professionals are committed to safeguarding young people. This commitment provides essential building blocks for further developing Sheffield's response over the forthcoming two years'*

A delivery model has been developed for the next two years to work with local multi-agency panels concerned with peer-on-peer abuse to link their problem profiles, identifying any trends, duplication or areas of difference.

Use of Restraint in the Secure Estate

Aldine House is a Secure Children's Home, licensed by the Department of Education to provide care, education and treatment to 8 young people who display significant behavioural problems, are awaiting trial, or are sentenced by the courts for criminal offences. Aldine works closely with its link in the Safeguarding Service.

The Home has two policy and practice guidelines which outline how the centre works to reduce the use of restraint. The method of restraint used is the "Management of Actual or Potential Aggression" (MAPA). Restraint is considered only as a last resort. Minimisation of restraint begins with a thorough recruitment and vetting process for staff, followed up with training and development. The home has the use of the Forensic Child and Adolescent Mental Health Service, which can be instrumental in providing support and advice for strategies in managing difficult cases.

When the Home accepts a referral there is a pre-admission risk assessment completed. As soon as the young person arrives on site the pre risk assessment is updated. This assessment is reviewed and revised as necessary after any incident or once a month. The risk assessment contains a section where staff can record previously used strategies, both successful and unsuccessful, in order for the Centre to be able to monitor risk behaviours for clear trends and patterns. The use of risk assessment along with the Centre's Individual Behaviour Management Programme, which uses positive praise and rewards to promote positive behaviour, an experienced staff team and the relationship ethos plays a big part in the minimisation of the use of restraint.

The number of restraints can fluctuate widely due to the residents in place at the time. In 2013 the monthly average number of restraints was 9. This year it was 20.

The restraints are always viewed by the centre manager/team (always two managers present to ensure a measured view is given). Where appropriate for lessons learned or to debrief from significant incidents a manager may choose to take the staff through the CCTV footage of a restraint and this can be seen logged in the review records. The number of restraints are monitored closely by the Youth Justice Board and reported to Ofsted. Monthly figures are also sent to the Safeguarding Service link professional, who also visits the House on a regular basis (observing CCTV images of restraint) and has been involved in staff training on restraint. The Service Manager regularly meets with the providers of the MAPA training and discusses emerging trends that can then be adapted to form part of the training. To date there have been no significant injuries.

After a restraint, the young person participates in a debriefing, which are effective in promoting the positive relationship with the young person. The Centre also discusses restraint during community meetings with the young people in order to promote discussion and transparency around restraint and to promote the resolution aspect of the de-brief. All young people are offered the opportunity to speak with the visiting children's advocate and the home automatically informs the visiting advocate that a restraint has taken place.

In the most recent Ofsted inspection, Aldine House received "Good" in all areas of the service provided for young people.

"*Restraint is only used when absolutely necessary. The home uses a method of physical intervention which does not use pain compliance techniques."* **Ofsted, July 2014**

KEEPING PEOPLE SAFE FROM NEGLECT AND ABUSE

Sheffield Adult Safeguarding Partnership

Annual Report 2014/2015

SheffieldAdult SafeguardingPartnership

Contents

Foreword by Sue Fiennes

Sue Fiennes
Independent Chair

Dear Colleagues

I am writing this introduction in the first year of the Care Act which at last puts the Safeguarding Adults Board on a statutory footing.

Sheffield has, for a long time, been operating on the basis that safeguarding adults deserve a multi-agency response if there are concerns about abuse, so the Board has a strong history.

The challenge now is to be sure that people obtain the outcomes they want and need from a safeguarding assessment. The examples in this report show that efforts to work with the service user are proving worthwhile. There now needs to be a more comprehensive focus on outcomes and measurement of this for the Board accountability to Sheffield residents.

The good practice of engaging with service users and their organisations needs to continue to strengthen the involvement of the Safeguarding Forum, and the Board's Strategic Plan is evidence of this intent.

It is necessary to improve on the timeliness of responses and this will continue to be a challenge which requires effort by all concerned.

The work on ensuring people feel safe at the end of the work with and for them on safeguarding is good and the scheme on Safe Places with partners is an excellent example of preventive work supported by the Board.

I thank all involved across the partnership for their efforts to support safeguarding work.

Sue Fiennes

The six principles of Safeguarding

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

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

Prevention. It is better to take action before harm occurs.

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

Proportionality. Proportionate and least intrusive response appropriate to the risk presented.

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

Protection. Support and representation for those in greatest need

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

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

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

Accountability. Accountability and transparency in delivering safeguarding

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

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

Introduction

This annual report covers the 12 months from April 2014 to March 2015, and provides an update and information on significant activity and developments for Adult Safeguarding in Sheffield.

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

Sheffield Safeguarding Adults Partnership (SASP)

The Sheffield Adult Safeguarding Partnership (SASP) is made up of those organisations that have a key role in protecting people from harm. The Safeguarding Adults Board (SAB) leads and holds individual agencies to account to ensure adults in Sheffield are protected from abuse and neglect.

The Executive Board meets three times each year and members representing organisations are sufficiently senior in their organisations to influence practice and consistently "get things done". The Executive Board is led by Sue Fiennes, the Independent Chair.

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

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

Partners are:

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

The Care Act 2014 puts adult safeguarding on a legal footing and from April 2015 each local authority must set up a Safeguarding Adults Board (SAB) with core membership from the local authority, the Police and the NHS (specifically the local Clinical Commissioning Group/s) and has the power to include other relevant bodies.

Governance Review

We completed a Governance Review and implemented this in 2014/15. This re-defined and strengthened the partnership at strategic, operational and practice levels. The membership of the Executive Board was reduced reflecting organisational changes, particularly in the Council, and provided a tighter focus.

We determined a clear set of priorities designed to improve how safeguarding is delivered across the city of Sheffield. Protocols were developed and put in place to govern escalation and resolution of disagreements between partner agencies. Closer links were forged between Health and Local Authority through the establishment of Health partnership and practice development post working as part of Adult Safeguarding Team.

Case example

Miss R – woman with learning disabilities

Miss R was subjected to a sexual assault, which was reported to the police. At the end of the criminal investigation it was decided not to progress the case to court. Miss R felt that this was due to the police "not believing her".

The investigation was concluded by social workers and the conference which was attended by Miss R concluded that sexual abuse had taken place and offered her support to recover from this experience.

Miss R commented – *"I am pleased that the meeting believed me and that the man who hurt me has been told off."*

What people told us about Safeguarding

Throughout 2014/15 we engaged and consulted with a wide range of organisation, stakeholders and service users that have an interest in how Adult Safeguarding is doing:

- Safeguarding Forum
- LD Partnership Board
- Good Place to Live Group
- Partners for Inclusion
- Carers Cafe
- LD family carers
- Sunrise Meeting
- Disability Sheffield
- Service Improvement Forum

Prevention is seen as important as it is recognised earlier awareness of a concern may mean there is an opportunity to prevent a situation deteriorating into crisis. Linked to this, identifying early signs of abuse and neglect is important.

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

Frontline staff have to be properly trained and supported so they know what to do when they come across a Safeguarding issue, and can respond to people at risk in the right way. Easy access to safeguarding services when needed is important; providing more joined up services and better communication were also identified as priorities. People want to see that we have learnt the lessons when something does go wrong so the chances of the same thing happening again are reduced.

All forms of abuse continue to concern people, financial abuse is not always seen to have the priority it should have. These points have all been considered by Safeguarding Adults Board and are being addressed as a priority, within the 2015-18 Strategic Plan.

Satisfaction and outcomes

We regularly ask people what they think about safeguarding, including people's experience and perception when brought into safeguarding. Of those who responded 82% feel safer as a result, and 87% were satisfied with the outcome of Safeguarding.

We recognise we need to get more feedback and are taking steps to increase the number of service users to tell us what they think. Changes have been made to how safeguarding operates with Independent Case Conference Chairs pro-actively seeking face-to-face feedback from service users about feeling safer, and the safeguarding process.
This approach began to embed the principles underpinning 'Making Safeguarding Personal' by focusing on improved outcomes for people at risk.

The development of this approach is a priority for 2015/16.

Sheffield Safe Places

Heeley City Farm was commissioned to continue work into 2014-15: the Sheffield Safe Places scheme aims to support people with learning disabilities, and dementia and mental health, who may be lost, ill or frightened and to provide a temporary refuge where they can get help.

With the support of Sheffield City Council and South Yorkshire Police, the number of registered places has increased, including Sheffield Hallam University who will provide the service in a number of locations. Sheffield Safe Places covers all areas of the city, and work has been completed to ensure this resource is present in areas where people need them the most.

The scheme supports disclosure and help is offered to adults who are victims of 'hidden crimes' such as hate incidents/crimes and mate crime. Staff or volunteers who offer a safe place are given disability awareness training and are advised how to spot those suffering from hate crime or prejudice.

All venues are approved by police and provide an increased support network of third party reporting points (despite austerity measures), in public places.

Sheffield Health and Social Care Trust register indicates there are about 3,800 people with Learning Disabilities in Sheffield, and about 1,700 have a care package. Currently 250 adults are members of the Sheffield safe places scheme and the number is increasing as knowledge of the scheme becomes more embedded.

A multi faith event was held and as a result of this a number of faith venues have become Safe Places and/or have agreed to promote membership of the scheme to adults who may benefit from it.

Sheffield Safe Places is now recognised regionally as a great example of this type, with a number of Local Authorities using the model to inform development of a similar scheme in their local areas. This includes Kirklees, Derby and Manchester.

SASP endorsement and support funding helps evidence public authorities are progressing and meeting their Equality objectives in respect of safeguarding and disability-related harassment.

Performance Management Framework

In 2014/15 the partnership introduced a Performance Management Framework to promote accountability and improve analysis of data. This information, together with findings from quality audits, Case Reviews and the direct experiences of those who have been harmed or are at risk of harm provide us with a level of knowledge to identify priorities and actions.

Meeting specified timescales continues to be a significant challenge. Underperformance against timescales is an issue at alert, strategy and investigation stages. As we move to Making Safeguarding Personal the significance of the timescales will change. However, meeting timescales continues to be an important aspect of assurance and confidence building. Work to address this concern continues as a high priority.

Public Health are now working with the Safeguarding Adults Board on data analysis, with the aim of identifying patterns and trends in the data, particularly across alert types.

Information Sharing

Sharing information appropriately is a key requirement in making safeguarding work well. We have continued to raise awareness across the partnership of the need to facilitate the sharing of information in the interests of protecting people at risk. Work has focused to make sure mechanisms for sharing information, with protocols in place where these are required.

Partners are encouraged to share and support each other with any initiatives being undertaken in their own organisations that support the broader aims of safeguarding.

Safeguarding Customer Forum

Engaging directly with people who are at risk is really important, as their experiences and insight give us valuable information about how we can improve safeguarding.

The Safeguarding Customer Forum meets quarterly and is attended by self-advocates and carer representatives. It is chaired by a self-advocate and is supported by the Safeguarding Adult Office.

The Safeguarding Customer Forum helped inform the content of our Strategic Plan for 2015/18 and contributed to the update of South Yorkshire multi-agency safeguarding procedures, making a number of suggested improvements which have been adopted across South Yorkshire.

There are plans to involve members of the Safeguarding Customer Forum directly in staff training, and it is felt that the group could also be used to obtain more direct feedback from other service users who have experienced safeguarding.

Crime and Safeguarding

We achieved strong linkages with Police and the Criminal justice system, through the Public Protection Unit, and joint working with the South Yorkshire Police Safeguarding lead has proved to be productive.

Trading Standards notified us of a range of interventions to be implemented in 2015-16. These are targeted at crime reduction and tackling the financial abuse of people at risk, including door stop crime and distraction burglary. SASP welcomes this initiative and is committed to working with Trading Standards in the future, through awareness raising, training and implementation of changes to practice.

Public Health and Housing

Work has progressed to raise the profile of Safeguarding in social housing. About 42,000 Council properties are managed by Sheffield City Council Housing Service so sharing Anti-Social Behaviour intelligence held by social housing services improves our ability to identify hotspots and possible links to safeguarding concerns.

Vulnerable Adults Panel (VAP)

The panel is multi-agency and consists of senior representatives from key agencies who work collaboratively to reduce risks and costs associated with each case by developing agreed strategies to address the concerns and scrutinising these to ensure they are being implemented.

VAP operates with the sanction of the SASP and the Safer and Sustainable Communities Partnerships. Its purpose is to provide a considered response to the volume of high, inappropriate demands on emergency and crisis services made by some individuals.

VAPs remit is to work together to resolve issues where the individual may not be eligible for social care support, refuses support or self-neglects.

VAP works to develop pathways between agencies and the person at risk to improve their wellbeing and eliminate pressures on emergency and crisis points.

Further work will be undertaken to review how agencies work together to meet the challenge to better support and protect those who are at risk. A review of the relationship between Vulnerable Adults Panel and Partnership Resource Allocation Meeting has identified potential to rationalise these arrangements to provide better value for money.

Child Sexual Exploitation (CSE)

The Jay Report highlighted continuing levels of concern about Child Sexual Exploitation.

The Safeguarding Executive Board agreed to fund research into reducing the risk of 18-25 year olds at risk of sexual exploitation, but this was delayed in 2014/15 and will now be progressed as part of the 2015/18 Strategic Plan.

We continued to work closely with Sheffield CSE and Children Young People and Families Services to reduce the risks that can give rise to sexual exploitation of young people. This included promoting awareness across the Safeguarding Partnership and encouraging agencies to look at what more they could do to support work to combat Child Sexual Exploitation.

The Sheffield Quality Assurance report on Child Sexual Exploitation found robust multi-agency foundations for this area of work, highlighting the need to continue to support vulnerable young people with therapeutic services with easy access.

Promoting cross sector learning

'Working Together to Safeguard Adults' is a quarterly course or conference bringing together police, social care and health professionals in South Yorkshire, to increase understanding of the roles and responsibilities of all agencies, and to agree solutions for regional issues.

2014-15 courses included 2 focused sessions covering 'Recognising and responding to Financial Abuse' and 'Victims and Perpetrators'.

Safeguarding in the Care Sector

We continued to work with Commissioners to make sure service contracts promote core values of independence, safeguarding people's dignity and respect.

Recent changes to the way serious incidents are reported and monitored will improve the screening of complaints.

Throughout the year the Safeguarding Executive Board received assurances on governance and oversight of quality in domiciliary and residential care settings. The use of key performance indicators to inform provider failure risks and performance is an approach endorsed by Safeguarding Executive Board.

We initiated a Mental Capacity Act (MCA) Deprivation of Liberty Safeguards (DOLs) Care Home Project to embed understanding and use of the MCA and DOLs, and to promote care that is both compliant with the legislation and the least restrictive. Evaluation showed that training is supporting changes in practice, however a number of care providers have not yet engaged in the initiative. 20 training sessions have been held covering about 50% of Care Homes in Sheffield.

The Safeguarding Executive Board continued to review actions taken to address issues arising from Winterbourne View, and received regular updates on work undertaken to provide assurance on meeting the right standards.

Care Act

The Care Act came into force in April 2015 and compliance with its requirements has been a key priority.

The Safeguarding Adults Board already operated in a way that foreshadowed many of the changes introduced through the Care Act.

Well-developed partnership arrangements are in place across Health, Social Care and the Police. Work continued through the year to build relationships with other Boards and organisations including Community Safety to address Hate Crime, anti-social behaviour, domestic abuse and self-neglect. Going forward we will identify and promote joint working across a broad range of activities to achieve common outcomes that protect people at risk.

Making Safeguarding Personal

The Safeguarding Adults Board endorsed the decision by Sheffield City Council to engage with the Making Safeguarding Personal agenda: principles of shifting safeguarding from a process, to a commitment to agreeing outcomes with people, and to developing a real understanding of what people wish to achieve and how this will be delivered. This work will be based on the following principles.

- The person knows best.
- Person's views, wishes feelings and beliefs should always be considered.
- Focus is on well-being, prevention or delaying the development of the need for care and support and reducing needs.
- Decisions should be made taking all circumstances into consideration.
- Decisions should be made with the person's participation.
- We need to balance the person's wellbeing with that of family and friends involved with the person.
- We need to protect people from abuse and neglect.
- We need to minimise the restriction of rights or freedom of action.

Update of South Yorkshire Safeguarding Procedures

We reviewed our Safeguarding Procedures working with our partners across South Yorkshire in Doncaster, Barnsley and Rotherham. It is important to realise the value of maintaining a set of procedures that operates across local authority boundaries. This is of particular benefit to the Police and other organisations with a pan South Yorkshire remit.

Sheffield partners and other organisations contributed to a series of discussion forums to inform the content and values of the procedures; the procedures will continue to be a live document as we develop local and regional responses to Making Safeguarding Personal.

Sheffield Customer Forums met with counterparts from South Yorkshire in Sheffield to ensure that adults would be treated in a way that upheld the key principles of the Care Act.

In July 2014 a Safeguarding Adults Risk Audit Tool was implemented enabling risk to be better understood, assessed and managed, and training has been amended to support all agencies to demonstrate compliance with the new procedures.

Case example

Mr H – older man with disabilities
Mr H lived at home with a small home care package. His neighbour offered support by shopping etc. However this then resulted in them taking money from Mr H, initially as loans that were not repaid and then taking money for shopping that he did not do.
Mr H indicated he liked his neighbour and did not want to "fall out with him". However he was very clear that he did not want him to have his money.
Outcome – Mr H agreed to an alternative service to manage his money and kept his friendship with his neighbour.
Mr H commented – *"I am pleased that it has not got out of hand and that my neighbour still calls in for tea and a game of cards."*

Rate of referrals

Relationship between concerns and enquiries:

25% of alerts notified became referrals into Safeguarding in Sheffield during 2014/15. This ratio has fluctuated within a range of 23% - 33% over the past 5 years. Sheffield's ratio is lower than other comparable cities in Yorkshire and Humberside.

27% of referrals are people over 85 with 38% under 65. There has been a steady but not large increase in Safeguarding activity for those aged over 65.

The ratio of male/female activity continues to be relatively stable at around 40:60. Referrals into Safeguarding for adults with a learning disability have doubled since 2010/11.

An increasing trend in referrals for physical, sexual, psychological and financial abuse is evident since 2010/11. Neglect referrals have also increased. Institutional abuse referrals are reducing.

The Department of Health categorisation for source of alerts shows Social Care, Primary and Community Health Care and the Police are major referrers. Social care sources account for 27% of total alerts, with 16% of these from residential settings. A person's home is the place where allegations of abuse are most likely to arise; this has risen to 49% in 2015/16, with care home settings accounting for a further 34%.

The Care Act and Making Safeguarding Personal recognise that not enough emphasis has been placed on the outcomes achieved through Safeguarding. Work continues to better define and capturing meaningful outcome data. These improvements are addressed in the Strategic Plan.

Case study

Mrs P – older adult with significant illnesses.
Mrs P (72) lived at home with her daughter (39) who had recently moved back in following a break up with her partner. Mrs P had sustained injuries as a result of aggression by her daughter whose behaviour deteriorated when she had been drinking. Mrs P was very clear that she did not want her daughter removing or the police to be involved. Mrs P also admitted that daughter took money from her to fund her drinking. Significant concerns were expressed by health and social care staff about Mrs P's safety as she was unable to protect herself from her daughter or able to leave the property without support.
Outcome – the property was "tagged" as a high risk domestic violence home if Mrs P was prepared to ring the police. Mrs P's daughter agreed to engage with alcohol services and began the process of seeking alternative accommodation.
Mrs P was assessed as eligible for social care services and a small home care package was implemented to provide some monitoring of the situation between mum and daughter.
Mrs P's views –*"I love my daughter, she can't help being like she is – she has had it tough recently. I am happy there is someone in the house some of the time to keep a check on her and encourage her not to drink."*

Safeguarding Activity 2014/15: Alerts

Safeguarding alerts are concerns, incidents or allegations reported by a range of organisations or members of the public that may require a referral into safeguarding investigation

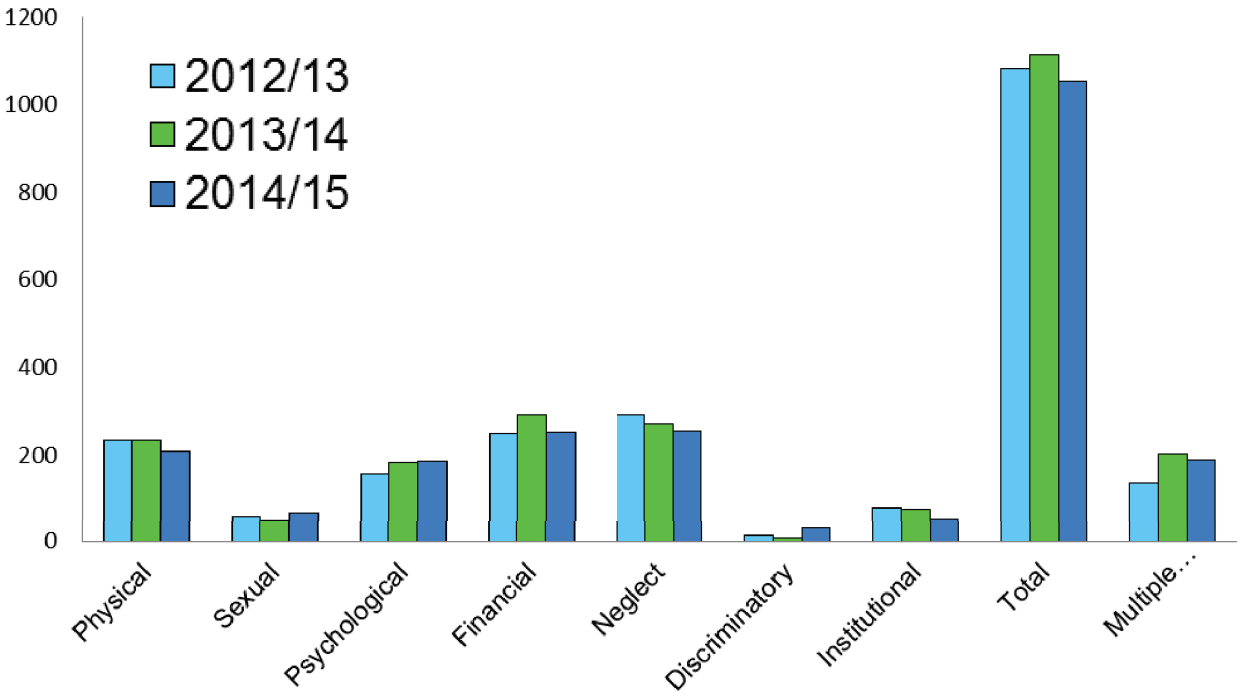
An alert becomes a referral when the safeguarding manager in Sheffield City Council or Sheffield Health and Social Care Trust, determines if it meets the threshold of 'vulnerable adult and significant harm' in line with *No Secrets*. In Sheffield, only cases that meet the safeguarding threshold are fully investigated, following a process to decide the most appropriate response to these concerns.

Only a proportion of safeguarding referrals result in a safeguarding investigation. Sometimes, more than one alert/referral is opened for the same person and as they progress, can be rolled into a single investigation. Also, individual cases can involve more than one category of abuse.

	2012/13	2013/14	2014/15
alerts	2,633	3,379	3,231
referrals	818	792	800
percentage	30%	23%	25%

The table above captures all alerts opened in the period. The steady increase in alerts is a national trend and also reflects the increasing knowledge of staff and public about safeguarding.

Referrals by type of abuse (allegations)



Types of abuse include 'Multiple', indicating individual cases can have more than one category of abuse assigned to it. Therefore the total of all alert categories do not add up to the total number of individual cases.

The significant rise in alleged Discriminatory abuse is directly related to the success of the Sheffield Safe Places scheme and social care practitioners' recognition of this type of abuse. Detecting and responding to abuse at this level can reduce the risk of escalation into other forms of abuse - for example physical or financial.

Financial abuse has not risen this year, for the first time in five years. However, the high number of cases does not suggest that our ability to protect adults has significantly improved and this remains the single highest risk abuse for adults living in community settings.

The rise in the number of sexual abuse cases is significant and adults with learning disabilities are disproportionately affected. The very positive move to support more independent living may result in an increased risk of non-consensual relationships.

Supporting adults who are at risk of non-consensual or abusive relationships will be important to reducing this risk in the coming year, and will need to be supported by engaging specialist partners to work with social care professionals to develop the necessary skills and knowledge.

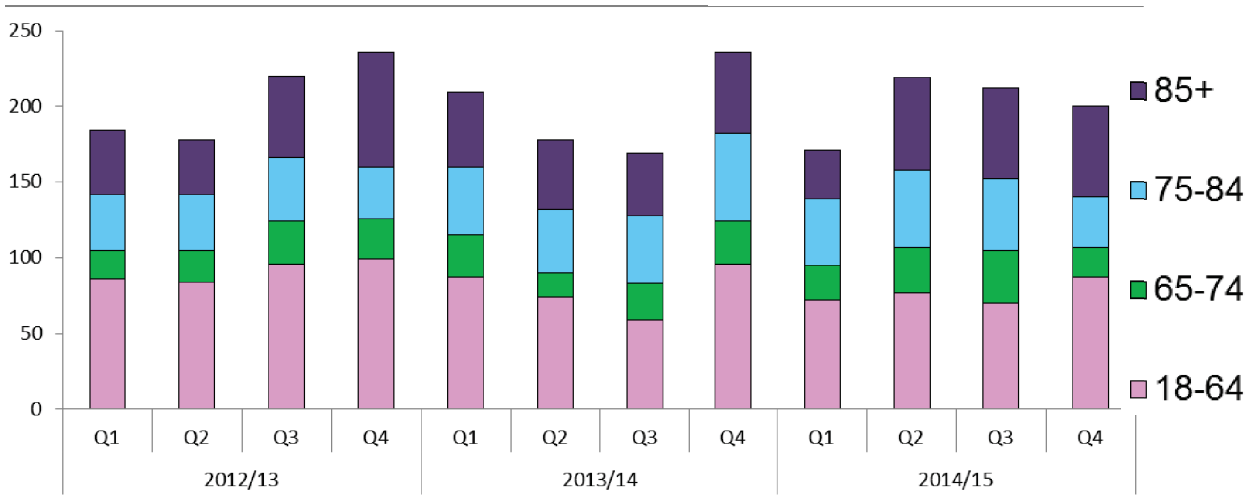
Safeguarding cases by ethnicity

The percentage of cases from Black and Minority Ethnic (BME) communities referred into safeguarding has remained steady, supported by actions listed in the strategic plan to provide a more inclusive response.

Some of our service user data is not complete and so we need to improve this to make meaningful comparisons with the city wide demographic. Work will continue in the coming year to improve targeted campaigns that have been partially successful.

	2012/13	2013/14	2014/15
percentage BME	7%	7%	7%
percentage not stated	1%	3%	5%
white	92%	91%	88%

Referrals by age band



The table above indicates that adults aged 65 plus are the highest represented group compared to 18-64 age group. Many adults over 65 are in receipt of care or are more likely to have cognitive problems so their vulnerability to abuse should not be underestimated. The majority of the adults in the 18-64 age range investigated within safeguarding are adults with learning disabilities who are particularly vulnerable to financial and sexual abuse.

Referrals by gender

	2012/13	2013/14	2014/15
Male	39%	47%	42%
Female	61%	53%	58%

The trend of having more women in safeguarding is reflected regionally and nationally and appears to be linked to the following factors.

- Women living longer than men
- Women being more prepared to admit that something is wrong/ask for help
- Women are more likely to be victims of domestic violence than men

The number of men referred into safeguarding has increased in recent years, the majority of these are older adults.

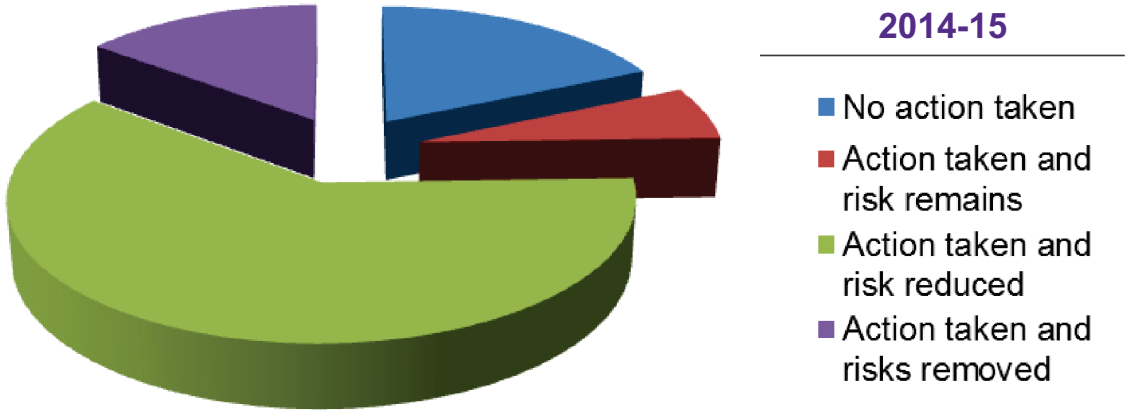
Regional meetings were held with Domestic Abuse colleagues to map the interface between safeguarding, and resulted in a specific section in the South Yorkshire Procedures to assist workers in both domestic violence and social care. The Domestic Homicide panel is jointly chaired by the Safeguarding Adults and Safeguarding Childrens offices, and promotes holistic learning across services.

In Sheffield we have a joint course (Adults, Children and Domestic Violence) to equip workers in partner and other organisations to deliver high quality Individual Management Reviews for Serious Case Reviews (Adults and Childrens, and Domestic Homicide Reviews. The course received positive evaluation and will continue to run again into 2015-16.

Safeguarding risks and conclusions

Safeguarding adults is largely reliant on the adult's willingness to engage with practitioners to address risks via a protection plan or case management. If an adult has capacity to make an informed choice about remaining in abusive situations; we would respect that choice **unless** the risk to the adult is very significant and respecting their choices may result in serious harm to them, or there is a risk to other vulnerable adults.

The chart below shows the outcome of the safeguarding investigation and whether the intervention has **removed** or **reduced** risks to the adult.



In total **517 adults** were made safer as a result of safeguarding, compared with **168 adults** who either refused to engage with the safeguarding support or were unable to make the necessary choices/changes to remove or reduce the risks. In the majority of the cases where action was taken, but risks remain, adults chose to retain relationships with family members or friends rather than end the relationships to remove all the risks.

The table below shows the number of cases concluded and whether or not abuse has been substantiated, this includes cases exiting prior to case conference.

OUTCOME OF SAFEGUARDING	Number of cases
Substantiated	30
Not substantiated	595

Direct comparison with the data above on whether or not risks have been reduced indicates that substantiating or not abuse has little impact on the safety of adults. This is demonstrated by 517 adults being made safer through the process and only 90 cases substantiating abuse. For many adults a formal outcome on abuse is not a primary outcome, family members of adults who lack capacity have a much higher expectation that safeguarding will substantiate abuse.

Outcomes

VULNERABLE PERSON	2012-13	2013-14	2014-15
Increased monitoring	117	170	145
Vulnerable Adult removed from property or service	8	5	6
Community Care assessment and service	59	63	50
Civil action	0	1	0
Application to Court of Protection	1	3	5
Application to change appointeeship	6	7	10
Referral to advocacy scheme	6	2	1
Referral to counselling/training	4	1	3
Moved to increased/different care	23	56	61
Management of access to finance	13	18	20
Guardianship/use of Mental Health Act	0	0	0
Review of Self Directed Support (IB)	12	10	15
Restriction/management of access to alleged perpetrator	12	0	25
Referral to MARAC	0	1	3
Other	38	40	53
No further action	498	271	202

ALLEGED PERPETRATOR	2012-13	2013-14	2014-15
Criminal prosecution/formal caution	3	7	15
Police action	14	38	14
Community Care assessment	11	10	10
Removal from property or service	12	9	16
Management of access to the Vulnerable Person	9	37	28
Referred to PoVA list/ISA**	7	1	9
Referral to registration body	0	3	1
Disciplinary action	45	40	39
Action by Care Quality Commission	0	0	2
Continued monitoring	115	173	132
Counselling/Training/Treatment	17	33	32
Referral to Court Mandated Treatment	0	0	0
Referral to MAPPA	0	0	0
Action under Mental Health Act	2	0	2
Action by contract compliance	1	7	12
Exoneration	10	11	13
No further action	325	280	223
Not known	203	16	20

Mental Capacity and Safeguarding

Adults who lack capacity to engage with Safeguarding should be supported by an Independent Mental Capacity Advocate (IMCA) in line with ADASS (Association of Directors of Adult Social Services) Guidance. The table below shows the number of adults who lack capacity and those who were presumed to have capacity, in line with the MCA legislation.

For those adults who were assessed as lacking capacity, the table identifies the percentage of cases where an IMCA was appointed.

It is of note that Sheffield has the highest take up in the region of IMCA services for safeguarding (the regional contract covers three of the four South Yorkshire Local Authorities). We are the largest authority in South Yorkshire and we have actively encouraged our social and health care workers to use the ADASS guidance on use of IMCAS.

MENTAL CAPACITY	2013/14	2014/15
Adults assessed as lacking capacity	153	156
Number and percentage of adults who lacked capacity who had an IMCA	67 (44%)	81 (52%)
Adults who had capacity or were presumed to have capacity	574	529

Review of SASP Business Plan 2014 – 2015

The Safeguarding Board agreed a strategic plan based on the vision statement shown below.

People of Sheffield are able to live a life free from avoidable harm in communities that

- Do not tolerate abuse
- Work together to prevent abuse occurring
- Know what to do when abuse happens

Five core objectives were agreed.

1. Implement an effective Performance Framework and use data and information to improve safety and practice quality.
2. Improve the quality of safeguarding practice, ensuring consistent standards across the partnership.
3. Respond to improvement drivers (local and national) ensuring learning is embedded in practice, strengthening of risk mitigation and to ensure effective partnership working.
4. Deliver the equalities action and continue the Safeguarding Board's commitment to the Manifesto for Change.
5. Promote public awareness of safeguarding being everyone's business.

Performance and progress against core objectives was routinely reported to the Executive Board, and a final year-end report is included as Appendix A.

Future Priorities

The Care Act and Making Safeguarding Personal recognise that not enough emphasis has been placed on outcomes achieved through Safeguarding. Outcomes are not currently sufficiently defined and capturing meaningful outcome data is not sufficiently developed. Both these issues are addressed in the Strategic Plan 2015-18.

The Safeguarding Adults Strategic Plan 2015/18 sets out our priorities for the next 3 years. It shows what we will do to make the plan happen and what the intended outcomes are. The plan has been produced with local communities including those people who know and understand what it is like to be at risk of abuse or neglect.

The Executive Safeguarding Adults Board (SAB) is responsible for the Plan. Elements of the partnership including the Operational Board, Customer Forum and individual partner organisations are delegated by the SAB to make the plan happen.

Our four priorities are:

- Prevent abuse and neglect of people at risk taking place so that people at risk suffer less abuse and feel safer.
- Make safeguarding personal with people experiencing harm supported to achieve the outcomes they want.
- Make sure safeguarding works well.
- Protect young people who have care and support needs from abuse and neglect.

A copy of the plan is included as Appendix B.

Appendix A

Sheffield Adult Safeguarding Partnership
2014-15 Business Plan

Available from the Sheffield City Council SASP web page:
www.sheffield.gov.uk/caresupport/adult/adult-abuse/partnership.html

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Appendix B

Sheffield Adult Safeguarding Partnership
2014-18 Strategic Plan

Available from the Sheffield City Council SASP web page:
www.sheffield.gov.uk/caresupport/adult/adult-abuse/partnership.html

Glossary of terms

Below are explanations of some of the terms and phrases in this report. Some of these definitions are from the jargon buster on the Think Local, Act Personal website: www.thinklocalactpersonal.org.uk/Browse/Informationandadvice.

Abuse

Harm caused by anyone who has power over another person. This may include family members, friends, unpaid carers and health or social care workers. It can take various forms, including physical harm or neglect, and verbal, emotional or sexual abuse. Adults at risk can also be the victim of financial abuse from people they trust. Abuse may be carried out by individuals or by the organisation that employs them.

Adult at risk

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

Advocacy

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

Appointee service

A service that helps someone to manage their money.

Best interest

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

Case conference

A meeting that is usually held when a person is believed to be at risk of harm or abuse. The purpose is to discuss the situation and decide on a course of action to keep the person safe. It will be attended by people who know the situation, like the person's GP, community nurse or social worker. The person (or their representative) should also be invited to the meeting.

Case management

A way of bringing together services to agree how to support someone to meet all their different needs so they remain independent. Usually, a single, named case manager (sometimes known as a 'key worker') will take the lead in coordinating all the care and support provided by different agencies, offer person-centred care so the person is able to remain in their own home and out of hospital as much as possible.

Child Sexual Exploitation (CSE)

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

Court of Protection

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

Deprivation of Liberty Safeguards

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

Domestic Homicide Panel

This panel carries out reviews to understand where there are lessons to be learned and make recommendations to prevent future homicides.

Independent Mental Capacity Advocate (IMCA)

IMCAs are a legal safeguard for people who lack the capacity to make specific important decisions, including making decisions about where they live and about serious medical treatment options.

Individual Management Review

An IMR is a way for organisations involved in a Serious Case Review to review how it was involved with the individual concerned.

Making Safeguarding Personal

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

Mental Capacity Act

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

Neglect

When a person is mistreated by not being given the care and support they need, if they are unable to care for themself. It may include not being given enough food, or the right kind of food, being left without help to wash or change their clothes, or not being helped to see a doctor when needed.

Panel

A group of people with different backgrounds and areas of expertise who jointly make decisions - or agree decisions made by others - about services and funding.

Power of attorney

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

Protection Plan

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

Safeguarding

The process of ensuring that adults at risk are not being abused, neglected or exploited, and ensuring that people who are deemed 'unsuitable' do not work with them.

Safeguarding Adults Board (SAB)

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

Safe Places

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

Serious Case Review

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

Vulnerable Adults Panel (VAP)

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

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Annual Report 2014/2015

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HEALTH AND WELLBEING BOARD PAPER

FORMAL PUBLIC MEETING

Report of:	Joe Fowler, Director of Commissioning, Sheffield City Council Idris Griffiths, Director of Health Care Reform, NHS Sheffield Clinical Commissioning Group
Date:	31st March 2016
Subject:	Health and Wellbeing Plans for Sheffield in 2016/17: Plans from Sheffield City Council and NHS Sheffield Clinical Commissioning Group
Author of Report:	Louisa King, 0114 273 6815

Summary:

Sheffield's Health and Wellbeing Board exists to bring together the leadership of the health and wellbeing system in Sheffield and provide a joint strategy and structure for making decisions that benefit the health and wellbeing of Sheffield people. The Board is built on positive and fruitful relationships and partnership between the organisations that commission health and wellbeing services across the city.

These partnerships are always changing and developing as the health and wellbeing system changes, and it is highly likely that 2016/17 will be a year of considerable change for the Health and Wellbeing Board and its partners.

This paper sets out plans for the coming year and how the Health and Wellbeing Board and its partners will be working together to address them. It is important to recognise that these plans will continue to develop over the coming year and are not fixed or final, not least because the Health and Wellbeing Board serves the people of Sheffield and seeks to ensure provision in the city is appropriate for Sheffield people's needs.

Questions for the Health and Wellbeing Board:

- Does the Health and Wellbeing Board support the priorities proposed by the commissioning organisations (Appendix)?

- Are there areas for greater joint working between the organisations on the Health and Wellbeing Board (and others) in 2016/17?
- Does the Health and Wellbeing Board approve of the five actions outlined in the report?
- What role is there for Healthwatch Sheffield over the coming year in assisting with the implementation of these plans and ensuring that Sheffield people are appropriately involved, communicated with and engaged?

Recommendations for the Health and Wellbeing Board:

- That the Health and Wellbeing Board supports and endorses the plans set out in this document and the actions proposed for the Board.
- That Health and Wellbeing Board members and the Board's organisations commit to working together in an integrated way over the coming year.

Background Papers:

- Appendix: Sheffield City Council and NHS Sheffield Clinical Commissioning Group's Plans for 2016/17

HEALTH AND WELLBEING PLANS FOR SHEFFIELD IN 2016/17: PLANS FROM SHEFFIELD CITY COUNCIL AND NHS SHEFFIELD CLINICAL COMMISSIONING GROUP

1.0 SUMMARY

1.1 Sheffield's Health and Wellbeing Board exists to bring together the leadership of the health and wellbeing system in Sheffield and provide a joint strategy and structure for making decisions that benefit the health and wellbeing of Sheffield people. The Board is built on positive and fruitful relationships and partnership between the organisations that commission health and wellbeing services across the city.

1.2 These partnerships are always changing and developing as the health and wellbeing system changes, and it is highly likely that 2016/17 will be a year of considerable change for the Health and Wellbeing Board and its partners.

1.3 This paper sets out plans for the coming year and how the Health and Wellbeing Board and its partners will be working together to address them. It is important to recognise that these plans will continue to develop over the coming year and are not fixed or final, not least because the Health and Wellbeing Board serves the people of Sheffield and seeks to ensure provision in the city is appropriate for Sheffield people's needs.

2.0 WHAT DOES THIS MEAN FOR SHEFFIELD PEOPLE?

2.1 The Health and Wellbeing Board's Joint Health and Wellbeing Strategy recognises that good health and wellbeing is a matter for every organisation in the city, and that people are healthy and well not just because of the health and social care they receive, but also because of the nature of the housing, environment, communities, amenities, activities and economy surrounding them.

2.2 The Board's Strategy focuses therefore not just on specific interventions to improve health and social care, but also on the 'wider determinants' of health. This means that the Health and Wellbeing Board aims for all Sheffield people to be positively affected by its plans to improve health and wellbeing in Sheffield.

3.0 THE HEALTH AND WELLBEING BOARD'S PLANS FOR 2016/17

3.1 It is proposed that the Board commits to five main actions for 2016/17. These are outlined in three sections below:

The context of our plans: a challenged health and care system

3.2 NHS England's Five Year Forward View1 helpfully sets out three main areas – 'gaps' – where the health and care system in Sheffield – and England more generally – is facing considerable challenges.

- **Health and wellbeing gap:** The health and care system needs new initiatives to ensure that people's health and wellbeing continues to improve

[1] See https://www.england.nhs.uk/ourwork/futurenhs

- **Care and quality gap:** The health and care system needs to change the way that care and support are delivered to better meet the needs of local people
- **Funding gap:** There is a huge gap in funding for health and care, and commissioners and providers need to work together to: a) manage demand for services; b) ensure services are delivered efficiently; c) ensure budgets are met.

3.3 It is crucial that the Health and Wellbeing Board has a strong response to these gaps to ensure that Sheffield people have access to high quality care now and in the future. Communicating and engaging on our approach to plugging these gaps will be key, as some of the decisions may be difficult and challenging for some.

3.4 In summer 2015, the Health and Wellbeing Board led a consultation exercise with Sheffield people and organisations to agree a vision for the health and care system in Sheffield in 2020.[2]

Action 1: Over 2016/17, the Health and Wellbeing Board will continue to communicate and engage with Sheffield people and organisations to ensure that the vision and plans we have are the right ones. We will work in Healthwatch Sheffield, an independent partner and member of the Board, to ensure we do this in the best way possible.

The basis for our plans: the strengths and needs of Sheffield people

3.5 The Joint Strategic Needs Assessment (JSNA) is a formal document that the Board is legally required to produce and endorse. The last JSNA was agreed by the Board in 2013 and has been used as a definitive source of health and wellbeing data in Sheffield to help the Board's partners make the right plans for services in Sheffield.3

Action 2: The Health and Wellbeing Board will ensure that the JSNA will be fully refreshed and revised in 2016/17. In addition, health and wellbeing data will increasingly be searchable online on a developing data portal.[4]

3.6 The Joint Health and Wellbeing Strategy5 was also agreed by the Board in 2013 and provides the framework for how decisions are made in Sheffield. At the heart of the Strategy are five outcomes:

1. Sheffield is a healthy and successful city
2. Health and wellbeing is improving
3. Health inequalities are reducing
4. People get the help and support they need and is right for them
5. Services are innovative, affordable, and deliver value for money.

[2] See slides from one event at http://www.slideshare.net/SheffieldHWB/2020-vision-event-presentation.
[3] See https://www.sheffield.gov.uk/caresupport/health/health-wellbeing-board/JSNA.html.
[4] See https://data.sheffield.gov.uk.
[5] See https://www.sheffield.gov.uk/caresupport/health/health-wellbeing-board/joint-health-and-wellbeing-strategy.html.

Action 3: Once the JSNA has been refreshed and revised, in 2016/17 the Health and Wellbeing Board will take the lead, with partners, in revising the Joint Health and Wellbeing Strategy. This will influence the direction of health and wellbeing plans in Sheffield for the future.

Our plans for 2016/17: tackling challenges, based on people's needs

3.7 The Health and Wellbeing Board will work with partners to begin to tackle the challenges identified above. It will:

- **Oversee the plans of its partner organisations.** Sheffield City Council and NHS Sheffield Clinical Commissioning Group have pulled together their own plans for 2016/17. These plans have been included in the Appendix to this paper. The Health and Wellbeing Board has a role in considering whether these plans meet the Board's key objectives and Board meetings will cover other topics that are appropriate as part of this.

Action 4: In 2016/17, the Health and Wellbeing Board will continue to ensure that the plans of the Board's main organisations – Sheffield City Council, NHS Sheffield Clinical Commissioning Group, NHS England Healthwatch Sheffield – are coordinated and coherent.

- **Oversee the transformation of the health and care system in Sheffield.** As part of this, the Health and Wellbeing Board has two main areas of focus for 2016/17:
    - **Tackling health inequalities**. The Health and Wellbeing Board has been concerned about health inequalities in Sheffield since the Board was fully established in 2013.
    - **Ensuring that Sheffield partners work together to deliver transformational change**. The Transforming Sheffield Programme is soon to be launched with a number of boards and sub-groups which will be focussed on meeting some of the challenges that the health and care system in Sheffield faces[6] as part of the Sustainable Transformation Plan for Sheffield City Region. This programme will see a new role for the Health and Wellbeing Board in overseeing whether the system delivers better outcomes for Sheffield people.

Action 5: In 2016/17, the Health and Wellbeing Board will take a proactive and assertive approach to ensure that partner organisations make progress with tackling health inequalities, transforming the health and care system, and delivering better outcomes for Sheffield people.

[6] Up until now, the Board has focussed on the Integrated Commissioning Programme. The work that is part of the Integrated Commissioning Programme will continue but as part of a wider programme of work. See http://www.sheffieldccg.nhs.uk/our-projects/integrated-commissioning-programme.htm for more information about the Integrated Commissioning Programme.

4.0 QUESTIONS FOR THE BOARD

4.1 Does the Health and Wellbeing Board support the priorities proposed by the commissioning organisations (Appendix)?

4.2 Are there areas for greater joint working between the organisations on the Health and Wellbeing Board (and others) in 2016/17?

4.3 Does the Health and Wellbeing Board approve of the five actions outlined in the report and summarised below?

Action 1: Over 2016/17, the Health and Wellbeing Board will continue to communicate and engage with Sheffield people and organisations to ensure that the vision and plans we have are the right ones.

Action 2: The Health and Wellbeing Board will ensure that the JSNA will be fully refreshed and revised in 2016/17.

Action 3: Once the JSNA has been refreshed and revised, in 2016/17 the Health and Wellbeing Board will take the lead, with partners, in revising the Joint Health and Wellbeing Strategy.

Action 4: In 2016/17, the Health and Wellbeing Board will continue to ensure that the plans of the Board's main organisations – Sheffield City Council, NHS Sheffield Clinical Commissioning Group, NHS England Healthwatch Sheffield – are coordinated and coherent.

Action 5: In 2016/17, the Health and Wellbeing Board will take a proactive and assertive approach to ensure that partner organisations make progress with tackling health inequalities, transforming the health and care system, and delivering better outcomes for Sheffield people.

4.4 What role is there for Healthwatch Sheffield over the coming year in assisting with the implementation of these plans and ensuring that Sheffield people are appropriately involved, communicated with and engaged?

5.0 RECOMMENDATIONS

5.1 That the Health and Wellbeing Board supports and endorses the commissioning plans set out in this document and the actions proposed for the Board.

5.2 That Health and Wellbeing Board members and the Board's organisations commit to working together in an integrated way over the coming year.

Appendix: Sheffield City Council and NHS Sheffield Clinical Commissioning Group Plans for 2016/17

1. Introduction

1.1 Sheffield City Council and NHS Sheffield Clinical Commissioning Group are two of the Health and Wellbeing Board's main partners and are responsible for commissioning services for the whole Sheffield population. For some time now, they have been working together to ensure that the commissioning of health and care services in Sheffield are more *integrated* between organisations.

1.2 This short Appendix sets out one plan for both organisations. It does not cover everything that is happening, but provides a summary.

1.3 *Both* organisations are facing significant funding reductions, so it is important to note that a reduction in investment is inevitable. It is also important to note that Sheffield City Council and NHS Sheffield Clinical Commissioning Group operate to different commissioning models and timeframes. There is no time of year that is most suitable for *both* organisations to publicly share and discuss their plans *at the same time*. However, this paper is an effort to pull together some of the developing priorities for each organisation. One of the roles of the Health and Wellbeing Board is to ensure that joined-up, coordinated plans continued to be made.

1.4 NHS England is also a partner on the Board but, for the reasons identified above, does not have any plans to submit at this stage.

2. Sheffield City Council and NHS Sheffield Clinical Commissioning Group's integrated plans

See overleaf.

People Keeping Well

- Developing out of hospital care including piloting neighbourhood hubs and enhancing third sector provision and social prescribing (CCG lead)
- Establish a Primary Care strategy to promote a strong, resilient and growing service (CCG lead)
- Helping people get the support they need in their neighbourhood to remain independent, safe and well (Council lead)
- Changing housing support services to focus support on those who are most in need (Council lead)
- Collaborative working and funding to increase the reach of the successful families programme including increased investment in early help and prevention and integration of multi agency services creating "one front door" for family support services (Council lead)
- Working with partners to explore new types of community youth provision and targeted support for vulnerable and disadvantaged young people (Council lead)
- Targeting GP Health checks for those who are most in need (Council lead)
- Working to integrate and change how we deliver Health Visiting (0-4 years) and School Nursing (5-19 years) services (Council lead)

Active Support and Recovery

- Completion of Urgent Care Review looking at "Front Door" urgent care with the aim of simplifying and improving access (CCG lead)
- Piloting the CASES approach to directing elective referrals in a range of specialties to the most appropriate service and at the same time educating GPs (CCG lead)
- Transformation of CAHMS, children and young people's emotional wellbeing and mental health (CCG and Council)
- Changing the support for people leaving hospital to help people recover their independence and stay well within their own home (CCG and Council)
- Changing approaches to Occupational Therapy including new uses of telecare and community equipment (CCG and Council)
- Changing our contract for Drug Intervention Services, how we fund engagement work after release from prison and reducing coverage in custody suites (Council lead)

Ongoing Care

- Work on new end of life strategy (CCG lead)
- Review of high cost drug prescribing (CCG lead)
- Delivering Transforming Care for people with a learning disability to make sure that people with learning disabilities have appropriate support to live their lives more independently with less reliance on formal services and better accommodation choices, more innovative activities in communities, and new contractual arrangements with service providers (CCG and Council)
- Procuring an enhanced mental health liaison service (CCG lead)
- Continuing the development of transformational projects including the 0 to 25 service for children and young people with special educational needs and disability (Council lead)

Quality, Efficiency and Performance

- The NHS Constitution and access commitments in respect of A&E, Referral to Treatment, Cancer and Mental Health (CCG lead)
- Reducing primary and secondary care clinical variation (CCG lead)
- Review and procurement of patient transport services across South Yorkshire (CCG lead)
- Introducing the new Social Care precept of 2% (Council lead)
- Preparing for radically different home care arrangements in 2017 (Council and CCG)

HEALTH AND WELLBEING BOARD PAPER

FORMAL PUBLIC MEETING

Report of:	Greg Fell, Director of Public Health
Date:	31st March 2016
Subject:	Review and update of the Sheffield JSNA
Author of Report:	Louise Brewins, 0114 205 7455

Summary: The current JSNA for Sheffield was published in June 2013; an update is due. This paper sets out the key findings from a rapid review of the Sheffield JSNA (based on stakeholder interviews and literature search), conducted during January and February 2016. It then sets out the key actions, timeline and resources needed to develop an up to date JSNA by October 2016.

Questions for the Health and Wellbeing Board:

- Is the proposal to combine the JSNA with this year's DPH report acceptable?
- Is the timescale of April to October 2016 acceptable?
- Are there any nominations for the editorial group?
- Is the broad approach to the report (i.e. based on starting well; living well; ageing well) acceptable?
- Are there any specific questions the report should seek to answer?

Recommendations for the Health and Wellbeing Board:

- Agree the approach to developing a combined report as set out in section 4
- Agree the key actions and timescale set out in section 4
- Request the final report for approval in October 2016.

Background Paper: The current JSNA and related resources may be accessed at: https://www.sheffield.gov.uk/caresupport/health/health-wellbeing-board/JSNA.html.

REVIEW AND UPDATE OF THE SHEFFIELD JSNA

1.0 SUMMARY

1.1 The current JSNA for Sheffield was rapid review of the Sheffield JSNA conducted during January and February 2016. It then discusses the best option for updating the JSNA in line with the findings of the review and the resources available to undertake the work. The aim would be to sign off an updated published in June 2013; an update is due. This paper sets out the key findings of a JSNA document in October 2016.

2.0 WHAT DOES THIS MEAN FOR SHEFFIELD PEOPLE?

2.1 The core purpose of the JSNA is to provide an evidence base for health and social care commissioners to help them determine what to commission in order to meet the health and wellbeing needs of the local population.

3.0 MAIN BODY OF THE REPORT

3.1 The duty to produce a JSNA was placed on Health and Wellbeing Boards by the Health and Social Care Act 2012 and Sheffield duly produced its first JSNA in June 2013. The Act and related guidance did not recommend a specific timeframe for the JSNA or what it should contain other than it should be 'joint' (health and social care partners), 'strategic' (focussed on outcomes) and based on 'need' (rather than demand). The general expectation was that it would therefore cover a period of between 3-5 years and provide knowledge and intelligence (evidence base) to support efficient and effective decisions about the health and social care services to be commissioned to meet the health and wellbeing needs of the local population.

3.2 The Council also has a duty to produce an annual Director of Public report which should provide an assessment of the key health and wellbeing issues and challenges for the local population and make recommendations for improvement. In Sheffield the DPH report is usually published in October. In practice it can sometimes be difficult to see how a DPH report might differ markedly from an annual JSNA summary report.

3.3 In addition, the Board has recently decided that its Joint Health and Wellbeing Strategy should be reviewed. A review and update of the JSNA during 2016, especially if this is linked to the development of the DPH report, is therefore timely and would help to inform health and social care commissioning plans for 2017-18 onwards.

3.4 A rapid review of JSNA stakeholders and a literature review were undertaken during January and February 2016. Stakeholders were drawn from officers and members of the Council (all portfolios) and the CCG. The literature review covered government guidance; 'how to' guides; toolkits and resources; published research and evaluation; and a cross-sample of JSNAs online.

3.5 The review indicated that although the Sheffield JSNA provides a useful overarching profile of needs and a valuable data resource, it is not currently organised in a way that can be used to drive commissioning across the whole local health and social care economy or fully shape the understanding and approaches of other related organisations in the City.

3.6 Inevitably different stakeholders have different priorities and perspectives. Equally it is not possible to develop a JSNA that is all things to all people. Overall however there was general support for a more comprehensive, dynamic and interactive *web based* JSNA resource incorporating quantitative and qualitative information, integrated with other key intelligence reports and focused on needs.

3.7 The level of SCC and SCCG resource available to support this work means that a full-scale re-development of the JSNA (as described above), alongside production of a DPH report by October 2016 is simply not feasible. Moreover, the Council's internet is currently being re-procured and the new platform is unlikely to be available until late summer. This would be pivotal in providing a full online JSNA resource.

3.8 The best option going forward therefore would be to combine production of an up to date JSNA summary report, along the lines of '*what is the JSNA telling us*?' with production of this year's DPH report focused on the key actions and interventions we could take as a city to improve outcomes and reduce health inequalities. The full re-design of the JSNA could then be developed as a phased programme of work starting later in the year.

4.0 WHAT NEEDS TO HAPPEN TO MAKE A DIFFERENCE IN THIS AREA?

4.1 Public Health England has developed a useful set of JSNA related evidence packs (for all local authority areas) that focus on the risks, factors and actions that are associated with 'starting well'; 'living well'; and 'ageing well' and the evidence of what works in relation to achieving improved outcomes in these areas. It is proposed that these evidence packs be used to form the basis of the main chapters of the JSNA/DPH report given that they would help us to identify where and how we can have the greatest impact on health and wellbeing in Sheffield.

4.2 The combined report would also need to include a section on the demography of Sheffield (and the implications for services) as well as a progress report on recommendations from last year's DPH report and an introduction from the DPH. The table overleaf sets out the key actions and timescales for producing a merged JSNA/DPH report by October 2016.

Key Actions	Timescale
Establish editorial group with reps from SCC, SCCG and VCF. Terms of reference and draft outline for report signed off at first meeting	April - Sept
First drafts of key sections on demography; starting well; living well; and ageing well produced. Focus should be on what the key issues are and how best to respond	April - June
Set of links to range of health and wellbeing data produced (e.g. Public Health Outcomes Framework) as companion resource to the report	April - June
SCC Communications Team design layout of report and media (NB a suitable budget is available); progress on last year's DPH report recommendations produced; and introduction written	July - Sept
Final report to HWBB for approval in October and dissemination via SCC, CCG and partners	Oct - Nov

5.0 QUESTIONS FOR THE BOARD

- Is the proposal to combine the JSNA with this year's DPH report acceptable?
- Is the timescale of April to October 2016 acceptable?
- Are there any nominations for the editorial group?
- Is the broad approach to the report (i.e. based on starting well; living well; ageing well) acceptable?
- Are there any specific questions the report should seek to answer?

6.0 RECOMMENDATIONS

- Agree the approach to developing a combined report as set out in section 4
- Agree the actions and timescale set out in section 4
- Request the final report for approval in October 2016.

HEALTH AND WELLBEING BOARD PAPER

FORMAL PUBLIC MEETING

Report of:	Jayne Ludlam, Executive Director, Children, Young People and Families, Sheffield City Council Maddy Ruff, Chief Officer, NHS Sheffield Clinical Commissioning Group Cllr Jackie Drayton, Cabinet Member for Children, Young People and Families, Sheffield City Council
Date:	31st March 2016
Subject:	Children's Health and Wellbeing Partnership Board Update
Author of Report:	Bethan Plant (Sheffield City Council) and Kate Laurance (Sheffield Clinical Commissioning Group)

Summary:

This provides a brief update on activity of the Children's Health and Wellbeing Partnership Board (CHWPB). It provides an overview of the Children's Health and Wellbeing Board work stream priorities and outlines the current work programme.

Questions for the Health and Wellbeing Board:

- Are Health and Wellbeing Board members in agreement with the priorities and work streams which the Children's Health and Wellbeing Partnership Board have identified?

Recommendations for the Health and Wellbeing Board:

The Health and Wellbeing Board is asked to:

- Note the work of the Children's Health and Wellbeing Partnership Board, the identification of the Board priorities and named Board sponsors.
- Note the development of the Children's Health and Wellbeing Programme (2015- 2020) Blueprint document.

- Note the impending review of governance structures and boards that exist across Children and Young People's services.
- Make future request for update and description of activity/progress from each of the work streams (Noting that the Emotional Wellbeing and Mental Health work stream will be providing an update on progress in the discussion forum at the end of the meeting on 31st March 2016).

CHILDREN'S HEALTH AND WELLBEING PARTNERSHIP BOARD UPDATE

1.0 SUMMARY

This provides a brief update on activity of the Children's Health and Wellbeing Partnership Board (CHWPB). It provides an overview of the Children's Health and Wellbeing Board work stream priorities and outlines the current work programme.

2.0 WHAT DOES THIS MEAN FOR SHEFFIELD PEOPLE?

It outlines the strategic partnership priorities which as a city we will be addressing together to improve the health and wellbeing of children, young people and families. This work will include the redesign of services to improve access, delivery and outcomes for children, young people and families.

3.0 UPDATE ON THE BOARD'S ACTIVITY

The Board has three chairs which rotate on a 6 monthly basis. The current chair is Simon Morritt (Chief Executive of Sheffield Children's NHS Foundation Trust). Jayne Ludlam (Executive Director, Children, Young People and Families, Sheffield City Council) and Maddy Ruff (Accountable Officer, Sheffield Clinical Commissioning Group) are also chairs.

The Sheffield Children's Health and Wellbeing Programme Blueprint (2015-2020) is in development. This document aims to provide a brief review/update of children, young people and families health in Sheffield and describes our CHWPB priorities and work streams. In the development of the blueprint the board have reviewed the Joint Strategic Needs Assessment (JSNA), public health profiles and variation in child health outcomes which have informed the priorities. The strategic programme priorities are based upon these, other key local strategies including the Tackling Poverty Strategy, . the Health Inequalities Action plan together with the national policy directive for children and young people's health and wellbeing. To date the blueprint document is being drafted and discussed with key partners, including the voluntary and community sector. Officers are also consulting and engaging with children, young people and families. Young Healthwatch recently shared their views on the board priorities. The next stage is to finalise the draft document for wider consultation and circulation.

Alongside the development of the Blueprint a decision has been taken to review current governance structures and Boards that exist across Children and Young People's services. The rationale is to ensure alignment and clarity. The review is being jointly led by Sheffield CCG and CYPF, Sheffield City Council. Its purpose is to ensure appropriate representation at meetings/boards, reduce duplication and ensure appropriate links into the CHWPB.

The CHWPB priorities are outlined overleaf:

Board work stream and executive Sponsor	Work Stream Priorities
A Great Start in Life (incorporating Sheffield Best Start Strategy) (Executive Sponsor, Cllr Jackie Drayton, Cabinet Lead for Children, Young People and Families)	Priority 1: To improve access to and co-ordination of health and wellbeing initiatives for children and families. Priority 2: To empower parents, families and carers to provide healthy, stable and nurturing family environments in order to reduce the risk of child maltreatment and promote secure attachment. Priority 3: To improve prevention, early identification and early intervention for vulnerable children and families. Priority 4: To engage families in local communities to influence and play a positive role in shaping activities and services. Priority 5: To reach into our communities and ensure service provision is accountable to local community and responsive to community need and demand. Priority 6: To provide accessible, flexible and high quality effective early learning and childcare for all children and to ensure that children are ready for life and school at five years of age. Priority 7: To narrow the attainment gap especially for children in the most deprived areas. Priority 8: To support organisations and child minders across the sector to work together to ensure the early year's workforce has the knowledge, skills and support that will enable children to reach their full potential. Priority 9: to engage children and young people in designing, shaping and influencing services for children and young people, and to play a more positive role as citizens of the future, within their communities.
Community Health (Children, Young People and Sexual Health) (Executive Sponsor, Maddy Ruff, Accountable Officer, Sheffield Clinical Commissioning Group)	Priority 1: Improving community child health pathways and providing as much care as possible within local communities, this includes providing clear care pathways and support from secondary care to develop the skills of staff within primary care Priority 2: Shaping the unscheduled care pathway so as to ensure that the right care is delivered at the right time and in the right place Priority 3: Commissioning and delivery of an integrated, comprehensive and effective universal 0-4 years and 5-19 years Healthy Child Programme (HCP) Priority 4: Commissioning and delivery of an integrated sexual

Board work stream and executive Sponsor	Work Stream Priorities
	health service using a 'hub' and 'spoke' model Priority 5: Reducing childhood obesity and increasing levels of physical activity Priority 6: Dental Care (reducing decayed, missing and filled teeth in CandYP) Priority 7: Reducing teenage pregnancies and sexually transmitted infections Priority 7: Addressing risk taking behaviour, reducing smoking prevalence, use of alcohol, legal highs and illegal substances Priority 8: Ensuring an increase in vaccination and immunisation rates, particularly amongst children who are looked after. Priority 9: to engage children and young people in designing, shaping and influencing services for children and young people, and to play a more positive role as citizens of the future, within their communities
Emotional Wellbeing and Mental Health (Executive sponsor, Jayne Ludlam, Executive Director, Children, Young People and Families, Sheffield City Council)	Priority 1: Improve resilience, prevention and early intervention services Priority 2: Improving access to services and support and to ensure a seamless transition for children, young people and families. Priority 3: Improve care for the Most Vulnerable Priority 4: Improve transparency and accountability Priority 5: Develop our Workforce (The detail of the above is outlined in our Sheffield Emotional Wellbeing and Mental Health Transformation Plan. This is to be shared at the Discussion Forum session following the Health and Wellbeing Board meeting on 31st March 2016)
Children with Complex Needs Executive sponsor, Simon Morritt, Chief Executive, Sheffield Children's NHS Foundation Trust)	Priority 1: Access to a range of quality local services that have been developed in partnership with families and enable them to make choices about the support they receive Priority 2: Positive experiences of the SEND pathway by having the opportunities and support to be fully involved in making decisions about their lives Priority 3: Positive opportunities and good support in early years, school and college that are focused on progression towards clear, agreed outcomes

Board work stream and executive Sponsor	Work Stream Priorities
	Priority 4: Information, opportunities and support at the right time so that children and young people with SEND are well prepared for adulthood including independent living, paid employment, community participation and improved health Priority 5: to engage children and young people in designing, shaping and influencing services for children and young people, and to play a more positive role as citizens of the future, within their communities Priority 6 Transforming Care Services to meet local needs to reduce need for inpatient provision

Each work stream is developing Delivery Plans to describe how they are progressing with each of the priorities. A consistent programme management approach is being followed by each work stream to report back progress and escalate risk or concerns.

Health and Wellbeing Board members will have the opportunity to hear how work on the Emotional Wellbeing and Mental Health work stream is progressing during the discussion forum which is taking place at the end of the Health and Wellbeing Board Meeting.

4.0 QUESTIONS FOR THE BOARD

- Are Health and Wellbeing Board members in agreement with the priorities and work streams which the Children's Health and Wellbeing Board have identified?

5.0 RECOMMENDATIONS

The Health and Wellbeing Board is asked to:

- Note the work of the Children's Health and Wellbeing Partnership Board, the identification of the Board priorities and named Board sponsors.
- Note the development of the Children's Health and Wellbeing Programme (2015- 2020) Blueprint document.
- Note the impending review of governance structures and boards that exist across Children and Young People's services.
- Make future request for update and description of activity/progress from each of the work streams (Noting that the Emotional Wellbeing and Mental Health work stream will be providing an update on progress in the discussion forum at the end of the meeting on 31st March 2016).

SHEFFIELD CITY COUNCIL

Sheffield Health and Wellbeing Board

Notes of an Inquorate Meeting held 24 September 2015

PRESENT: Dr Tim Moorhead (Chair), Clinical Commissioning Group (in the Chair)
Maggie Campbell, Healthwatch Sheffield
Stephen Horsley, Interim Director of Public Health, Sheffield City Council
Councillor Mary Lea, Sheffield City Council
Maddy Ruff , Accountable Officer, Sheffield CCG
Dr Zak McMurray, Clinical Director, Clinical Commissioning Group

ALSO IN ATTENDANCE: Tim Furness, Director of Business Planning & Partnerships, Sheffield Clinical Commissioning Group

1. APOLOGIES FOR ABSENCE

1.1 Apologies for absence were received from Councillors Julie Dore, Jackie Drayton and Mazher Iqbal and John Mothersole, Alison Knowles, Jayne Ludlam, Phil Holmes and Dr Ted Turner.

2. DECLARATIONS OF INTEREST

2.1 There were no declarations of interest.

3. PUBLIC QUESTIONS

3.1 There were no public questions.

4. SHEFFIELD'S JOINT HEALTH AND WELLBEING STRATEGY: REPORT ON ACTIONS AND PROGRESS

4.1 The Director of Commissioning, Sheffield City Council and the Director of Business Planning and Partnerships, NHS Sheffield CCG submitted a joint report in relation to actions and progress in relation to Sheffield's Joint Health and Wellbeing Strategy.

4.2 The Joint Health and Wellbeing Strategy was Sheffield's overarching City Strategy in all matters relating to health and wellbeing. It had five outcomes which it was looking to achieve for the City of Sheffield, and the Health and Wellbeing Board had a role in overseeing progress on the delivery of the outcomes of the Strategy. The report provided an overview of what had happened over the last few months under each outcome.

Members of the Board made comments and asked questions, as summarised below:

There was a lot of activity being undertaken throughout the City. It was a significant job, as the Board was attempting, to try and co-ordinate all the work

especially between organisations.

It may be important for the Board to identify the key areas to focus on and to identify lead officers for each area.

Health outcomes in the City had improved over the last 10-15 years but there had not been major improvements in reducing health inequalities. There was still a lot of work to do and it may be useful for the Board to identify some areas to give particular priority to.

There may be a role for the Board to explore with lead officers and others where it could make a difference. For example in the South West of the City levels of breast cancer were higher than in other areas of the City but in those other areas survival rates were three times less. There was evidence to suggest people in those areas of the City did go for screening but often didn't attend if they were recalled. Could there be a targeted piece of work to establish why this was happening?

The evidence showed that health was a priority for everyone. Linked to this employment was a key factor. Evidence had shown that if a person was employed but with low pay their health was often much better than someone who wasn't employed but in receipt of significant benefits.

Providers were often measured on different outcomes to those considered by the Strategy. It may be useful to try and get them to give consideration to the outcomes agreed by the Board.

It may be important to prioritise what the Board was doing as the report outlined a number of iniatives. The Board may want to consider the outcomes which would have a long term change. It needs to be made clear what was being done collectively across the City. Targeted interventions could be linked to the Strategy.

The challenge for the Board was that they were working against a system that wasn't designed to promote joined-up working. The Board should therefore consider how it could use the freedoms it had and the people of Sheffield to push back against this. It was highlighted that the last heading on page 10 should read 'Seek efficiency from providers without putting people's safety or experience at risk'.

Those involved in collating the report should be thanked for all their hard work and the Board should consider opportunities for better care and joined-up working.

The Board should give consideration to the evidence base and why things were worsening in some areas. The Board could check if it had the right rationale and explore why it is that some areas weren't performing.

It may be useful to look at cross-cutting solutions and having an overarching strategy to address all of the outcomes.

The Board should have a role in influencing others, particularly health and social care providers. Prevention was not simply the prevention of one health problem and involved a number of factors. Child and Adolescent Mental Health Services (CAMHS) was a good example of funding being put into preventative measures.

Work should be undertaken on reframing clinical diagnosis and exploring social as well as clinical factors.

A number of the outcomes were worse than the national average. It may be useful for the Board to receive a briefing on these and establish why the problems occurred and what could be done to address them. Programmes of work should be aligned to the outcomes the Board had given priority to improving.

Resolved: That the Board:-

1. Thanks those who have been working hard over the last year to deliver some of the actions set out in the Strategy;

2. The ten outcomes showing poorer than the national average required particular attention;

3. Agrees the proposals for a response from the Board as outlined in the report;

4. Considers any opportunities for coordination and integration of pieces of work; and

5. Supports the ongoing programme of needs assessment.

5. PROGRESS IN TRANSFORMING CARE FOR PEOPLE WITH LEARNING DISABILITIES

5.1 The Director of Business Planning and Partnerships, NHS Sheffield Clinical Commissioning Group submitted a report in relation to progress in transforming care for people with learning disabilities.

5.2 In introducing the report, Tim Furness commented that the Government had not met its central goal of moving people with learning disabilities and challenging behaviour out of hospital by 1 June 2014, because it had underestimated the complexity and level of challenge in meeting the commitments in its action plan.

5.3 The report showed that services were working together and the connection to the Integrated Commissioning Programme should be noted.

5.4 Members of the Board made comments and asked questions, as summarised below:

The repatriation of those within this group was welcomed. It was clear that levels

of health inequalities were particularly high within this group.

It was a difficult task as the City needed to find the right accommodation for those affected as well as being within the right setting and having adequate levels of care.

The progress which had been made had helped to bring a large number of those affected back into the City. The review had started to change the behaviour of why people had been placed out of the City in the first place. One of the strands of work focused on ongoing care and a longer time could now be spent on ensuring the right placement for somebody.

The evidence showed that the culture now seemed to have changed and people were clear that it was better to keep people close to their home.

The approach moving forward in terms of regulating contracts, timing and providers etc. felt quite negative on the surface but it was necessary to achieve the right outcome for a person.

Resolved: That the Board notes the report and maintains an oversight of the work in the City on Transforming Care relating to adult and children's service delivery and commissioning.

6. UPDATE ON SEPTEMBER 2014'S THE 'MENTAL HEALTH - A SNAPSHOT' REPORT BY HEALTHWATCH SHEFFIELD

6.1 The Chair of Healthwatch Sheffield submitted a report presenting an update on the views of those who attended the Health and Wellbeing Board's Engagement Event in July 2014.

6.2 In presenting the report the Chair, Maggie Campbell, highlighted that the report outlined mixed results, some areas were seen as improving and others weren't. There were a number of questions where there was a real spread in the response which showed that a lot depended on an individual's perception of the service they received. The importance of support for carers was highlighted.

6.3 Members of the Board made comments and asked questions, as summarised below:

The low response rate was disappointing and this inevitably had an impact on any conclusions which could be drawn. Collecting the data over the summer months had been a challenge and the response highlighted the problems associated with one off consultations and supported the need for an ongoing dialogue.

The Board should give consideration of the best way of obtaining feedback on services provided.

A new Carers Strategy was being developed to ensure ongoing support for carers.

A new strategy for mental health in the City had been agreed six months ago and provider organisations had been asked to respond. It may be useful to take this report to the Mental Health Partnership Board and ask how things should be taken forward and how we could engage with a larger amount of people and the response of the Partnership Board be reported to a future meeting of the Health and Wellbeing Board.

Research had shown that if the family could be educated and advised they could play a role in supporting those affected. Sheffield had previously been at the forefront of this research. 50% of mental health issues could be identified by the time a person was 14 years of age and 75% by 18. The City needed to move towards providing a platinum service in relation to mental health.

A lot of good work was being undertaken with very limited resources and this needs to be joined-up.

A number of secondary issues were important for carers such as people not communicating with them and not being kept informed and this needed to be addressed.

Resolved: That the Board:-

1. Notes the progress made and the areas where it is felt improvement has not yet been seen;

2. Requests that the Mental Health Partnership Board discusses these findings in the context of the original report and gives thought to how the four outstanding areas could be tackled;

3. Requests that Healthwatch Sheffield give consideration to revisiting this exercise again in 12 months' time and use a focus group or other face to face method to boost response rates.

7. REVIEW OF CITIZEN/SERVICE USER ENGAGEMENT ON STRATEGIC PARTNERSHIP BOARDS

7.1 The Chair of Healthwatch Sheffield presented a report outlining the findings of a review of citizen/service user engagement on strategic partnership boards in the City.

7.2 In presenting the report Maggie Campbell circulated an additional paper providing an analysis and amended recommendations.

7.3 She reported that Strategic Partnership Boards in the City were all structured differently. Some had independent Chair people, some received funding from statutory partners and all had different levels of citizen/service user representation.

7.4 It was noted that there was a perception that 'Partnership Boards' were the same

and functioned in the same way with the same representation, however the reality was that they were all very different. This needed careful consideration, both to ensure that their relationship with the Health and Wellbeing Board was optimised, and so that the expectations of involved citizens could be better managed.

7.5 The timing for the completion of surveys may have impacted on the number of responses as well as the timing as the surveys had been sent out for completion during August. The deadline was extended on two occasions to increase the number of responses.

7.6 Members of the Board made comments and asked questions, as summarised below:

The questions asked in the survey were the correct ones to ask. It was not always appropriate to establish Boards for each individual issue but there was a need for a mechanism for engagement on a strategic level.

The Cabinet Member for Health, Care and Independent Living, sat on three Partnership Boards and was aware that they were all different and had a different role. She wasn't clear however what the lines of communication were from those Boards to the Health and Wellbeing Board.

Some of the Boards related to specific service provision areas. It was important to keep the communication going and feed things in different directions.

The Boards had evolved from when they were first established and had a very clear purpose. They all engaged but they shouldn't be thought of simply as engagement vehicles but as strategy vehicles of which engagement was a part.

Resolved: That the Board:-

1. Notes the findings of the report and requests that the report be shared with the Chairs of the Partnership Boards.

2. Gives consideration be given as to how the Partners for Inclusion Board be supported and included within the Partnership Board structure.

3. Requests that Chairs of the Partnership Boards look at ways in which they can better support Citizen Representatives.

8. REPORT ON HEALTH AND WELLBEING BOARD COMMUNICATIONS AND ENGAGEMENT SEPTEMBER 2014- AUGUST 2015

8.1 The Co-Chairs of the Health and Wellbeing Board submitted a report providing a snapshot of its engagement from the last year. The report also provided an overview for planned engagement for the year to come.

8.2 In introducing the report Dr Tim Moorhead commented that he believed it was important that the Board told the City what it was doing and why it was doing it. He

attended the national NHS Clinical Commissioners Group which had looked at the way Health and Wellbeing Boards worked. A report had been submitted looking at the future of Health and Wellbeing Boards and activity of Boards across the country. It had identified the importance of Co-Chairs and this was increasingly being adopted as a model across the country.

8.3 The Commissioners Group report had been launched in the Houses of Parliament and communication had begun with the new intake of M.Ps and had included Local Authorities.

8.4 **Resolved:** That the Board focus its engagement from September 2015-August 2016 on a range of areas specified in section 5.0 of the report.

9. CLIMATE CHANGE AND AIR QUALITY: UPDATE FOR THE HEALTH AND WELLBEING BOARD

9.1 The Director of Business Planning and Partnerships, NHS Sheffield CCG submitted a report providing an update on Climate Change and Air Quality.

9.2 In introducing the report Tim Furness commented that the Board could be assured that organisations across the City were undertaking a lot of work in respect of carbon reduction and sustainability. They were taking the issue seriously and were doing the work expected of them.

9.3 **Resolved:** That the Board thanks organisations across Sheffield for the work they are doing to act sustainably.

10. MINUTES OF THE PREVIOUS MEETING

Resolved: The minutes of the meeting of the Board held on 25 June 2015 were approved as a correct record.

11. DATE AND TIME OF NEXT MEETING

It was noted that the next meeting of the Board would not be held on Thursday 17 December 2015 and the next meeting would be held on 31 March 2016.

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