Public Document Pack

Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee

Wednesday 27 January 2016 at 10.30 am

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

The Press and Public are Welcome to Attend

Membership

Councillor Cate McDonald (Chair), Sue Alston (Deputy Chair), Pauline Andrews, Jenny Armstrong, Katie Condliffe, Mike Drabble, George Lindars-Hammond, Shaffaq Mohammed, Anne Murphy, Peter Price, Jackie Satur, Geoff Smith, Garry Weatherall, Brian Webster and Joyce Wright

Healthwatch Sheffield
Helen Rowe and Alice Riddell (Observers)

Substitute Members
In accordance with the Constitution, Substitute Members may be provided for the above Committee Members as and when required.

Sheffield
City Council

PUBLIC ACCESS TO THE MEETING

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

A copy of the agenda and reports is available on the Council's website at www.sheffield.gov.uk. You can also see the reports to be discussed at the meeting if you call at the First Point Reception, Town Hall, Pinstone Street entrance. The Reception is open between 9.00 am and 5.00 pm, Monday to Thursday and between 9.00 am and 4.45 pm. on Friday. You may not be allowed to see some reports because they contain confidential information. These items are usually marked * on the agenda.

Members of the public have the right to ask questions or submit petitions to Scrutiny Committee meetings and recording is allowed under the direction of the Chair. Please see the website or contact Democratic Services for further information regarding public questions and petitions and details of the Council's protocol on audio/visual recording and photography at council meetings.

Scrutiny Committee meetings are normally open to the public but sometimes the Committee may have to discuss an item in private. If this happens, you will be asked to leave. Any private items are normally left until last. If you would like to attend the meeting please report to the First Point Reception desk where you will be directed to the meeting room.

If you require any further information about this Scrutiny Committee, please contact Emily Standbrook-Shaw, Policy and Improvement Officer on 0114 27 35065 or email emily standbrook-shaw@sheffield.gov.uk

FACILITIES

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

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

HEALTHIER COMMUNITIES AND ADULT SOCIAL CARE SCRUTINY AND POLICY DEVELOPMENT COMMITTEE AGENDA
27 JANUARY 2016

Order of Business

1. Welcome and Housekeeping Arrangements

2. Apologies for Absence

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

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

5. Minutes of Previous Meeting (Pages 5 - 10)
To approve the minutes of the meeting of the Committee held on 25th November, 2015

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

7. Adult Social Care Performance (Pages 11 - 26)
Report of the Director of Adult Services

8. Work Plan 2015/16 (Pages 27 - 32)
Report of the Policy and Improvement Officer

9. Date of Next Meeting
The next meeting of the Committee will be held on Wednesday, 24th February, 2016, at 10.30 am, in the Town Hall

This page is intentionally left blank

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, Director of Legal and Governance on 0114 2734018 or email gillian.duckworth@sheffield.gov.uk.

This page is intentionally left blank

SHEFFIELD CITY COUNCIL

Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee

Meeting held 25 November 2015

PRESENT: Councillors Cate McDonald (Chair), Sue Alston (Deputy Chair), Pauline Andrews, Mike Drabble, Shaffaq Mohammed, Peter Price, Jackie Satur, Geoff Smith, Brian Webster and Joyce Wright

Non-Council Members (Healthwatch Sheffield):-

Helen Rowe

....

1. APOLOGIES FOR ABSENCE

1.1 Apologies for absence were received from Councillors Jenny Armstrong, George Lindars-Hammond and Katie Condliffe and Alice Riddell (Healthwatch Sheffield).

2. EXCLUSION OF PUBLIC AND PRESS

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

3. DECLARATIONS OF INTEREST

3.1 There were no declarations of interest.

4. MINUTES OF PREVIOUS MEETING

4.1 The minutes of the meeting of the Committee held on 23rd September 2015, were approved as a correct record and, arising from their consideration, it was noted that the final version of the Carers' Strategy and Action Plans, referred to at paragraph 6.16(e), would be circulated imminently to Committee Members for comment.

5. PUBLIC QUESTIONS AND PETITIONS

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

6. BETTER CARE FUND - ACTIVE SUPPORT AND RECOVERY

6.1 The Committee received a joint report of the Director of Commissioning, Communities, Sheffield City Council, and the Chief Operating Officer, NHS Sheffield Clinical Commissioning Group, which provided details of the Sheffield Integrated Commissioning Programme (ICP), which had been established by the City Council and Sheffield Clinical Commissioning Group and was to be delivered over a three year period. The Programme was supported by a £270m pooled budget between Sheffield City Council (SCC) and the NHS Sheffield Clinical

Commissioning Group (CCG). This pooled budget was commonly described as Sheffield's 'Better Care Fund'.

6.2 The report was introduced by Idris Griffiths (Chief Operating Officer, NHS Sheffield CCG) and Joe Fowler (Director of Commissioning, Communities, SCC). Also present for this item were Anthony Gore (Deputy Clinical Director, NHS Sheffield CCG), Peter Moore (Integrated Commissioning Programme Director, NHS Sheffield CCG) and Lorraine Jubb (Strategic Commissioning Manager, Communities, SCC).

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

- The Council's website gave details of the availability of equipment to help people live in their own homes and the Adult Access Team could be contacted on telephone number 0114 2734908. It may be though that physiotherapists or district nurses were better placed to assess what equipment was required and were able to order such equipment.

- Preventative work, such as activities, would come under the 'People Keeping Well in their Community' workstream, which sought to identify those at risk of declining health and wellbeing. The NHS used a risk assessment tool to identify those at risk of admission to hospital or, if someone was identified as needing help, they would be put in touch with the appropriate people.

- In relation to mental health wellbeing, employment had been identified as an important preventative activity, as was stopping smoking.

- Information on local Community Support Workers would be circulated to Committee Members.

- The Better Care Fund was a collection of existing budgets which included Social Care, Continuing Care and Ongoing Support.

- Attempts were being made to introduce systematic change through initiatives and area based funding, with risk scores being used in the different areas. In the poorer areas, these risk scores had identified people in their 50s, whilst in others it was people in their 70s.

- Monitoring was about understanding solutions and, in relation to ongoing care, a small set of Key Performance Indicators were being looked at, eg. staff employed in reactive care and the proportion of people being cared for in the community.

- The service for the provision of equipment included having people to fit such things as handrails.

- The intention was not to replace informal care but to support it and to create an environment of support.

- Outreach work had resulted in approximately 250 people being helped to claim allowances and a few hundred people being given access to local activities.

- Community Support Workers across the City were attached to clusters of GP surgeries.

- Hidden carers were now being reached by engaging with the community, through contacts such as hairdressers and shop workers.

- The cost of elective hospital admissions was about £100m and it was thought that 15 to 20% could be cared for outside hospital.

- Access to A&E was a complex issue, with admissions being skewed to the old and frail. It was often the case that admissions occurred during the day when someone had been visited by a relative or carer. The number of patient visits to A&E was influenced by such things as the patient's closeness to the facility, the number of young people in the area, the prevalence of Chronic Obstructive Pulmonary Disease in the area and the age profile. It was noticeable that those admitted to hospital from the South West of Sheffield tended to stay in longer, which appeared to reflect the fact that people in that area lived longer.

- The Keeping Well programme was tailored to areas where people were most at risk from declining health and wellbeing, with more district health nurses being allocated to such areas.

- The Public Health budget was £10m and this included funding for health trainers and champions.

- In relation to community based development, officers were looking at mature partnerships and learning a lot from conversations with people. Devolved funding was being provided for community asset development, which involved such initiatives as the provision of activities for those with dementia in Northern Sheffield.

- Officers were already talking to representatives of the South Yorkshire Fire and Rescue Authority with regard to wellbeing.

- In relation to barriers to progress, data sharing was an issue but this was a national as well as a local issue.

- The biggest challenge was long term care support.

6.4 The Committee then received a presentation, given by Idris Griffiths and Anthony Gore, which focused on the Active Support and Recovery (ASR) workstream of the ICP. This covered the aims and objectives of ASR, future pressures on services,

the results of consultation, outcomes of consultation, how success would be measured and how it was intended to achieve the aims and objectives.

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

- ASR was coming more from the GP side in terms of ensuring that the correct care was provided in a crisis and that services were joined up in these situations.
- If one service had a care plan for a patient, then this would improve the identification of what care was needed.
- Positive responses had been received from care providers in relation to them thinking more widely. This involved them talking to organisations, such as Housing Associations and the third sector, to create a more joined up framework, so if care needs escalated there would also be a plan in place for their de-escalation.
- Whilst there was a need to intervene in crisis situations, there was also a need to intervene prior to any crisis. A more proactive approach was required with more information sharing.
- The Sheffield Health and Social Care Trust, which was a member of the provider group, had been asked to include mental health funding in the Better Care Fund, as this was presently not the case.
- Care plans were usually written by GPs, who were now involving practice and community nurses in this process. There was a general upskilling of staff, but it was acknowledged that there was much more to do and that this needed to be broadened.
- It was the intention that people delivering care on a day to day basis would have their roles widened and that appropriate training would be provided. However, this would take time, with the challenge being how to train a different workforce.
- The best people to assess a patient’s requirements were those who knew them best, such as those who provided local services. The challenge was how to get whole system workforce development.
- The healthcare system had become increasingly more complicated, creating a different environment for both professionals and patients.
- The health and social care system was under pressure and was not sustainable in its present form. There was a need to change the contractual setup, but the focus should remain on patient outcomes

6.6 A brief discussion then took place, during which Members commented on the report, presentation and responses to questions. This discussion included reference to public access, prevention, communications, health inequality, carers, loneliness, mental health, budgets, funding and barriers to progress.

6.7 RESOLVED: That the Committee:-

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

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

(c) agrees that the comments made by Committee Members be considered by the Chair (Councillor Cate McDonald), in conjunction with the Policy and Improvement Officer, and summarised in a paper to be circulated to Committee Members and included in these minutes.

(NOTE: Subsequent to the meeting, the following was agreed between the Chair (Councillor Cate McDonald) and the Policy and Improvement Officer:-

"The Committee welcomes the aims and objectives of the Integrated Commissioning Programme (ICP), and the opportunities it affords – particularly around prevention and reducing health inequalities. We would like to see the following issues addressed:

- Public access– we recognise that a lot of the improvements are about joining up the 'back-end' of service delivery, but we need to ensure that people know how to access services.

- Communication - it is important that we communicate the changes in the right places – particularly around the role of Community Support Workers. We need to ensure that members of the public, as well as Councillors and community groups know about them, how to access and signpost people to them.

- Linking in to other changes – we need to ensure that the integrated commissioning programme is linked in and integrated with policy and strategy changes and developments across the Council – for example the Carers Strategy.

- The ICP presents us with an opportunity to tackle important issues such as mental health and loneliness which are key to people's health and wellbeing. The Committee would like to see this opportunity maximised.

- We recognise that it is too early to 'measure success', but the Committee would like this to come back in the future with a focus on whether both the desired outcomes and financial savings are being achieved.

In terms of the Active Support and Recovery strand of the ICP, the Committee

welcomes the aim to achieve person-centred, flexible services and looks forward to seeing how providers work together to achieve this.

The Committee commends the 'whole system workforce plan' approach and is interested to see how this will work in practice.")

7. WORK PROGRAMME 2015/16

7.1 The Policy and Improvement Officer submitted a report attaching the draft Work Programme 2015/16.

7.2 RESOLVED: That the Committee notes:-

(a) the draft Work Programme 2015/16; and

(b) that any comments or suggestions on the draft Work Programme 2015/16 be communicated to the Policy and Improvement Officer.

8. DATE OF NEXT MEETING

8.1 It was noted that the next meeting of the Committee would be held on Wednesday, 27th January 2016, at 10.30 am, in the Town Hall.

Healthier Communities & Adult Social Care Scrutiny Board

Q2 2015/16 Performance

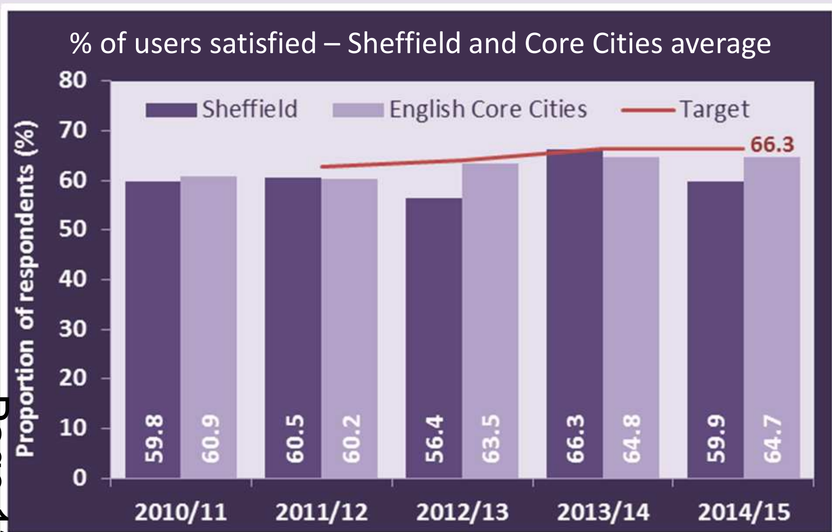
Phil Holmes – Director of Adult Services

Do we ensure there are good quality, innovative, value for money care and support services available for the people of Sheffield?

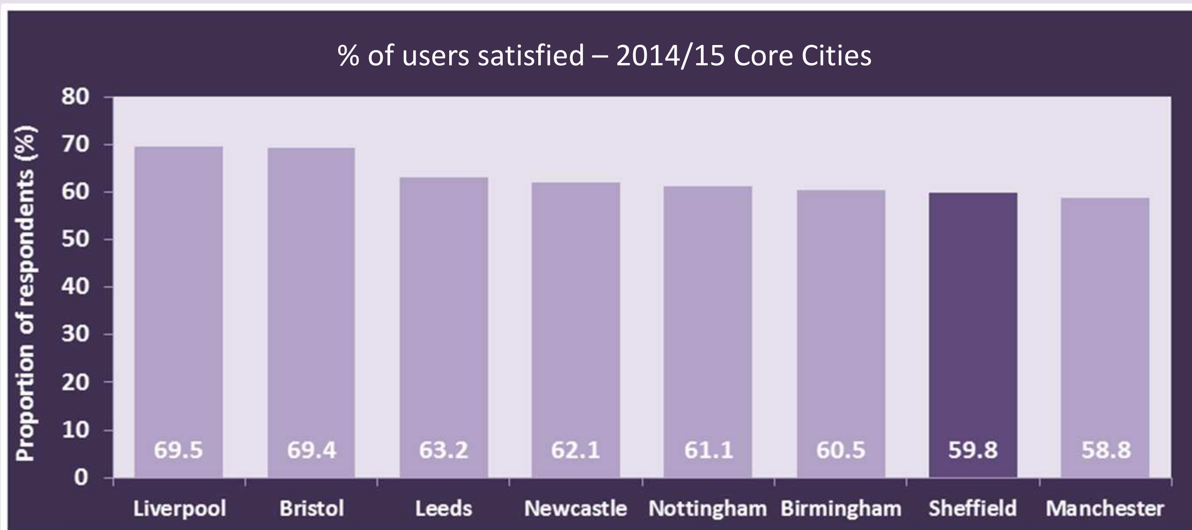
- **Measures considered:**
  - Overall satisfaction of people who use services with their care and support
  - Overall satisfaction of carers with social services
  - Proportion of people who use services who say that those services have made them feel safe and secure
  - Time taken to assess new customers
  - Time taken to complete the support plan after assessment
  - Time taken to fully resolve ASC complaints
  - % of users who received a review in the past 12 months
  - Delayed transfers of care per 1000,000 population
  - Average gross weekly expenditure per person - long term residential and nursing care

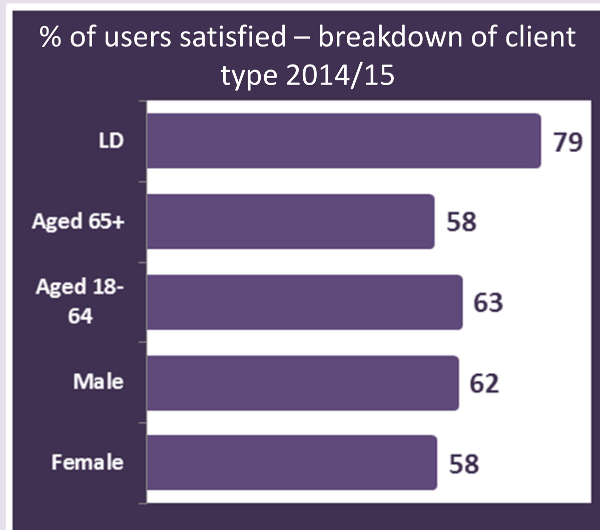
Do we ensure there are good quality, innovative, value for money care and support services available for the people of Sheffield?

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



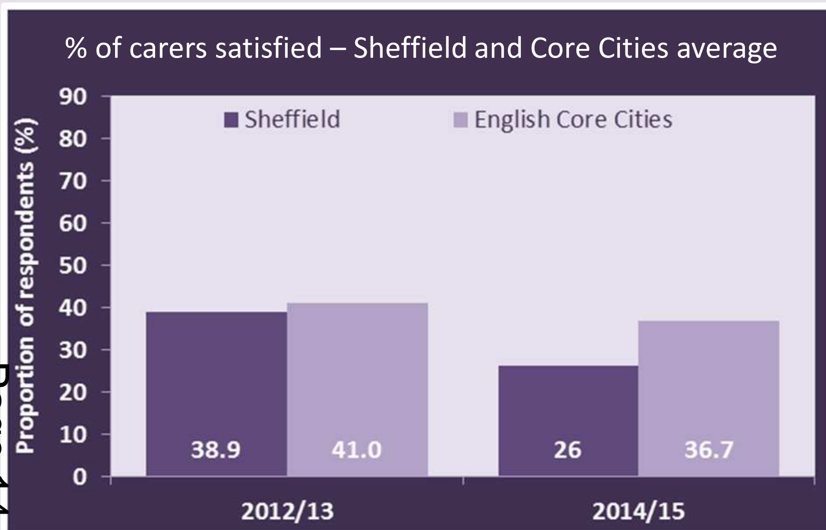
- The percentage of survey respondents who reported they were satisfied with their care and support dropped by more than 6%pts in 2014/15, although remains higher than 2012/13.
- Sheffield is one of the worst performing of the Core Cities in this area.
- A higher proportion of our LD clients are satisfied with their care and support.





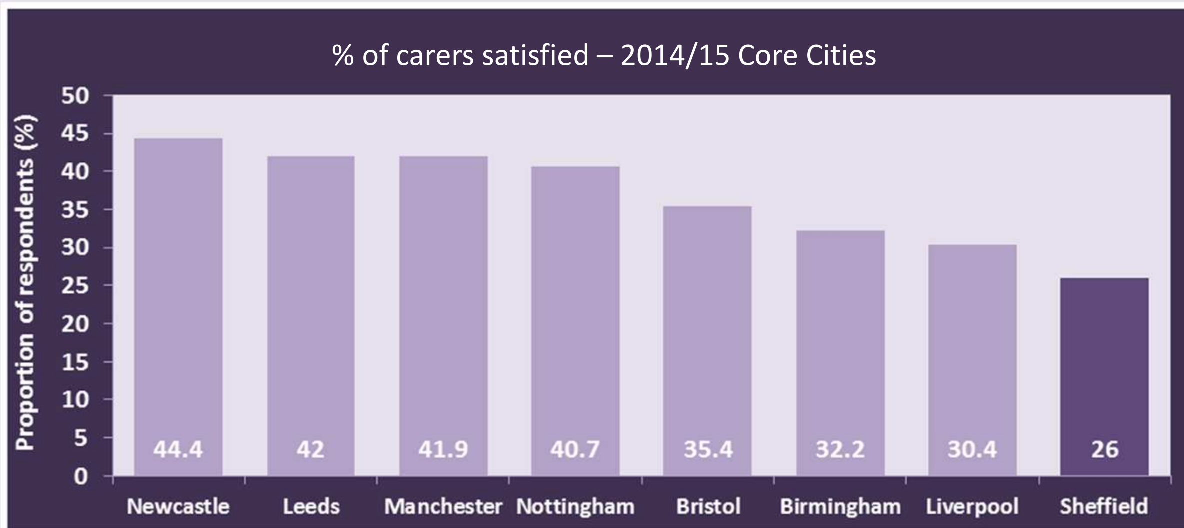
Do we ensure there are good quality, innovative, value for money care and support services available for the people of Sheffield?

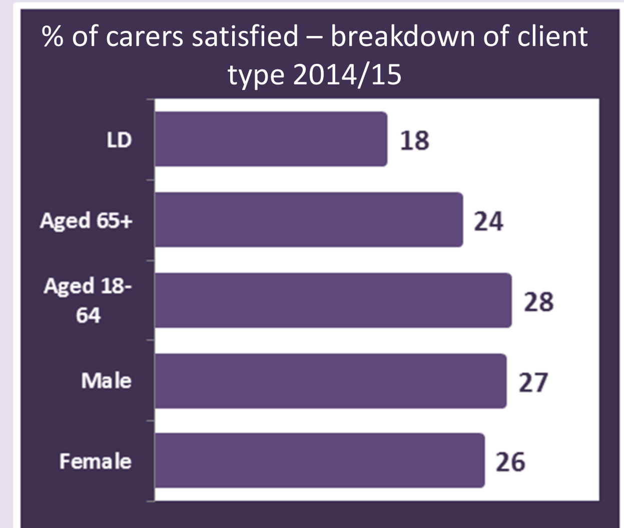
Overall satisfaction of carers with social services



Page 14

- Similarly to care users, the satisfaction of carers in Sheffield has fallen sharply in 2014/15 compared the previous survey in 2012/13.
- Sheffield performs more poorly than all the other English Core Cities.
- In contrast to the user survey, the carers of LD clients report lower levels of satisfaction.

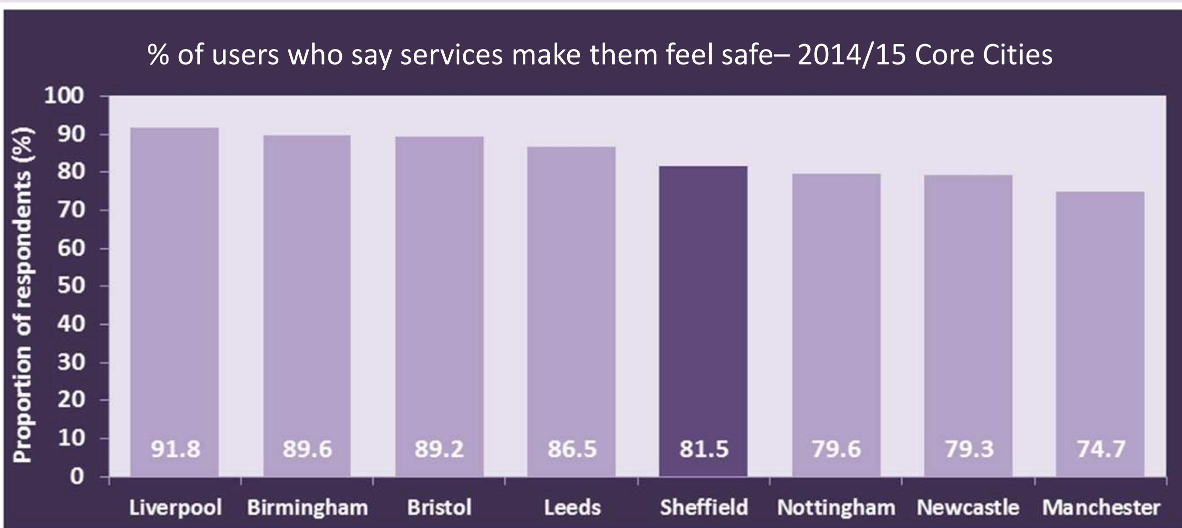


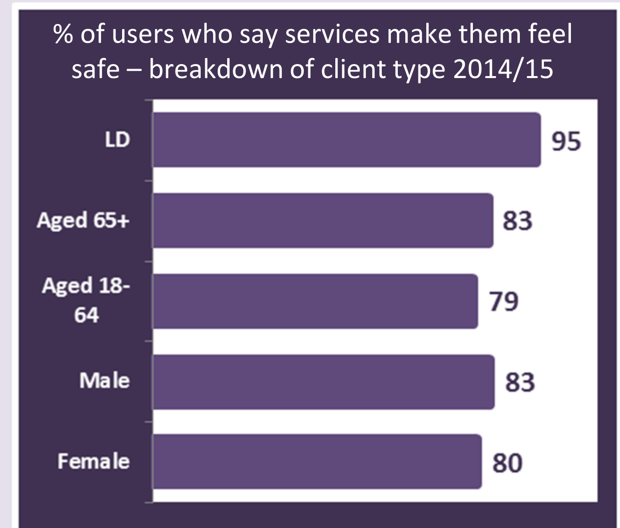


Do we ensure there are good quality, innovative, value for money care and support services available for the people of Sheffield?

Proportion of people who use services who say that those services have made them feel safe and secure

- The proportion of service users who reported that those services make them feel safe and secure has dropped slightly in the last year, but is still higher than 2012/13.
- Sheffield is below the Core Cities average and ranked 5th out of 8 in this area.
- LD clients respond most positively to this question.

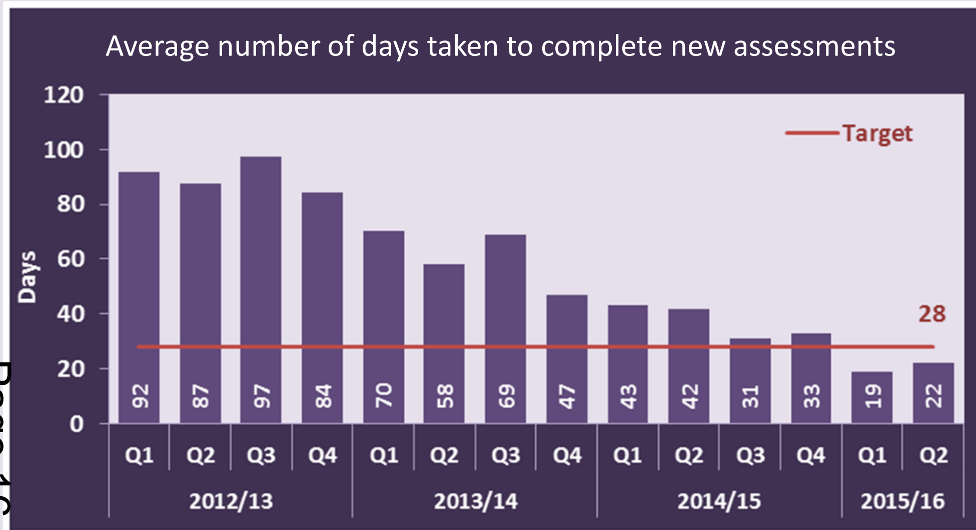




Do we ensure there are good quality, innovative, value for money care and support services available for the people of Sheffield?

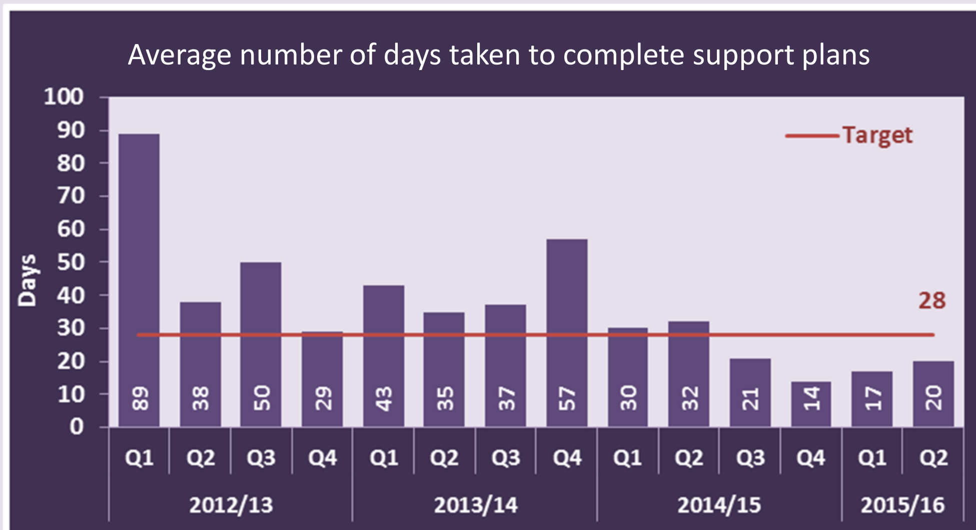
Timescales

Time taken to assess new customers



- For Q2 2015/16:
  - **Adults** - 787 assessments were completed in an average of **15 days**.
  - **LD** – 20 assessments were completed in an average of **126 days**.

Time taken to complete the support plan after assessment

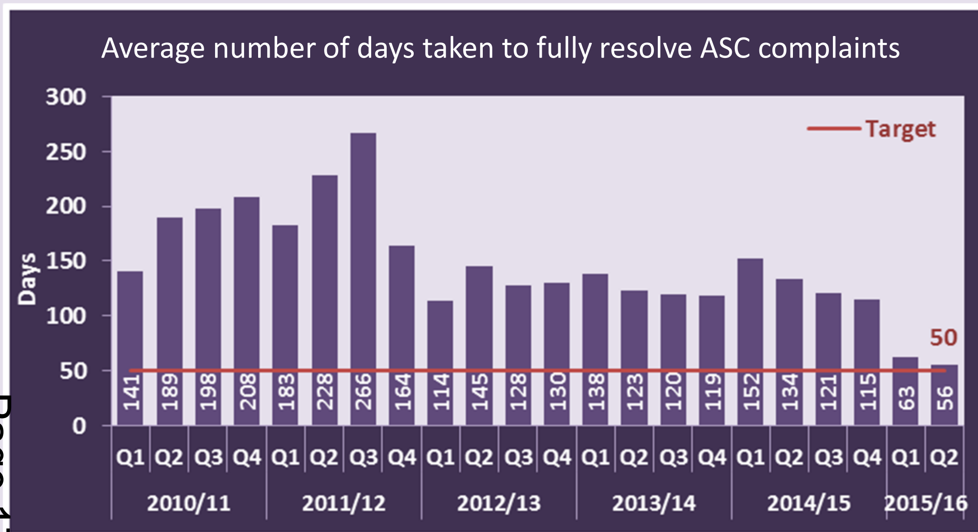


- For Q2 2015/16:
  - **Adults** - 549 plans were completed in an average of **15 days**.
  - **LD** – 14 plans were completed in an average of **178 days**.

Do we ensure there are good quality, innovative, value for money care and support services available for the people of Sheffield?

Timescales

Time taken to fully resolve ASC complaints



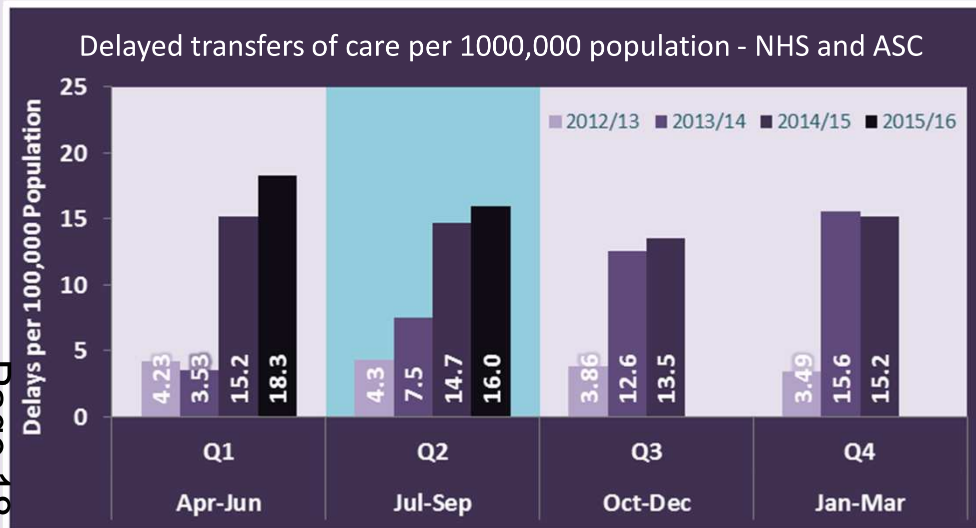
- Performance around the time taken to resolve complaints has improved significantly over the past few quarters.
- The measure is only just short of the target of 50 days.

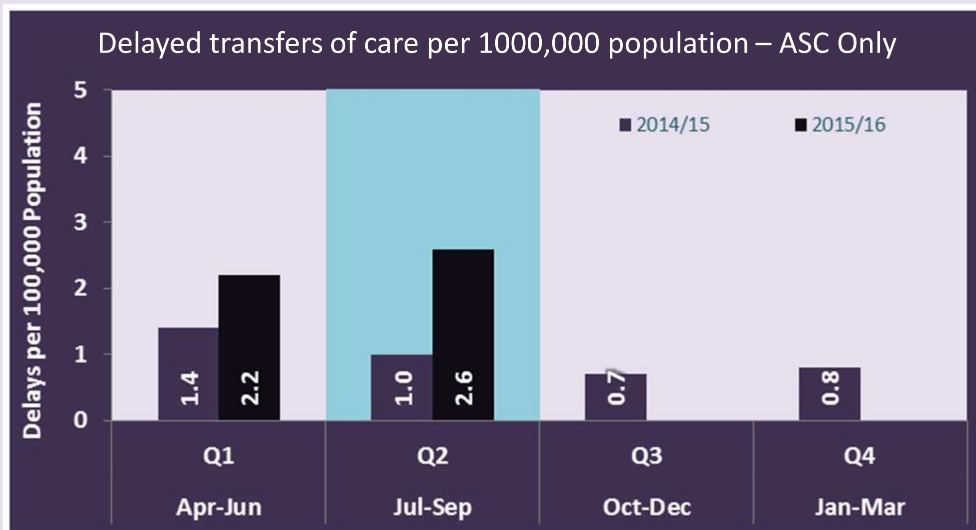
Reviewing clients on an annual basis

- The number of clients receiving a review each year continues to be a cause for concern.
- The last time reviews were above the target levels of 72% was Q1 2010/11.

Do we ensure there are good quality, innovative, value for money care and support services available for the people of Sheffield?

Delayed Transfers of Care



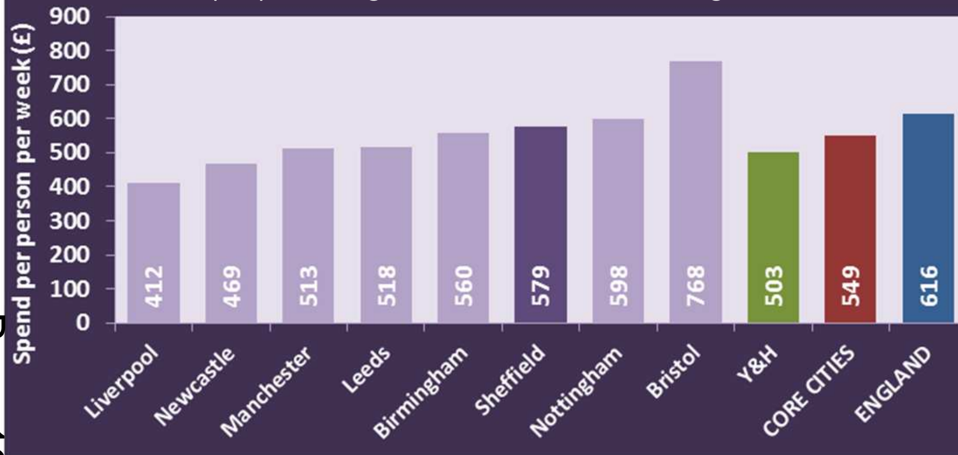


- Sheffield is currently reporting a much higher level of delays than other authorities (National average = 11.1, Y&H average = 9.6) although this is mainly due to Sheffield reporting delays differently to other authorities.
- Social care only delays account for just 2.6 of this total. (National average = 3.7, Y&H average = 3).
- Joint work with Health on Active Support and Recovery is helping to tackle delays and looking at options to reduce admissions in the first place.
- A proposal to simplify the decisions around joint funded packages of care with Health should also reduce the delays associated with the Non Reablement pathway.
- A predictive dashboard has also been developed to forecast possible future pressures on the system in order to take action earlier.
- An escalation process has been agreed to escalate any delay attributable to social care within 3 days to reduce these.

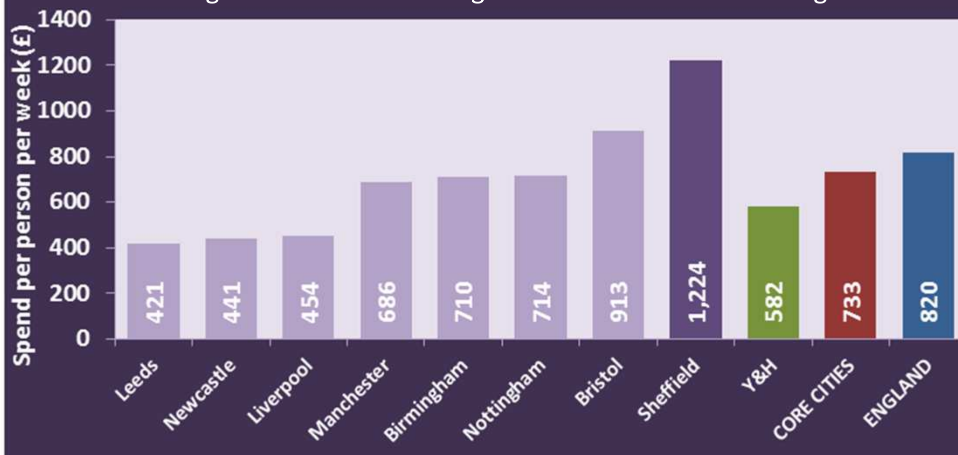
Do we ensure there are good quality, innovative, value for money care and support services available for the people of Sheffield?

Cost of services

Long-term residential and nursing care



Page 19



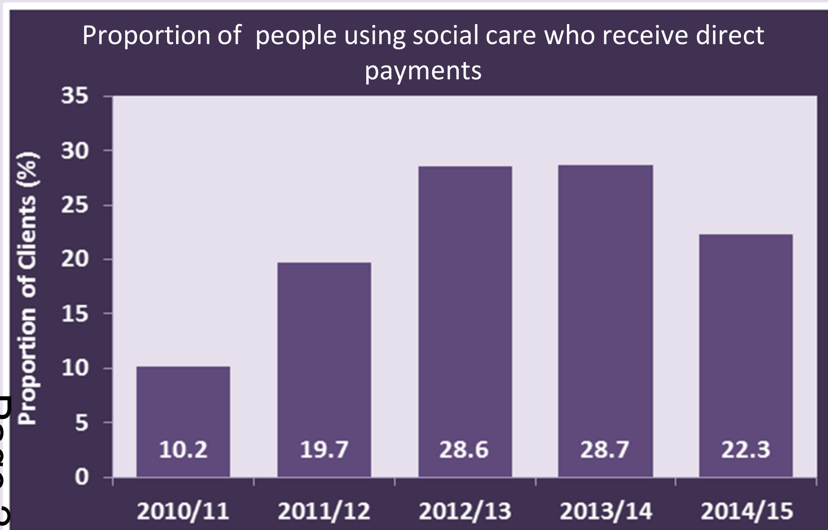
- It is difficult to compare costs between local authorities because of the different ways that client types are classified.
- A reasonable comparator is the weekly average expenditure on supporting adults and older people in long term residential and nursing care, which shows that average costs in Sheffield are the third highest of the Core Cities and above the averages of Y&H and Core Cities, but below the average for England.
- The second chart, detailing costs for older LD clients, shows Sheffield's spending is much higher than the other Core Cities. However data suggests that our spending on older clients who have mental health needs or require sensory support are much lower.
- **The differences are attributed to the way that different local authorities split their overall spend by customer cohort**

How do we support people to be in control of their care and support and have genuine voice and influence over the things that affect them?

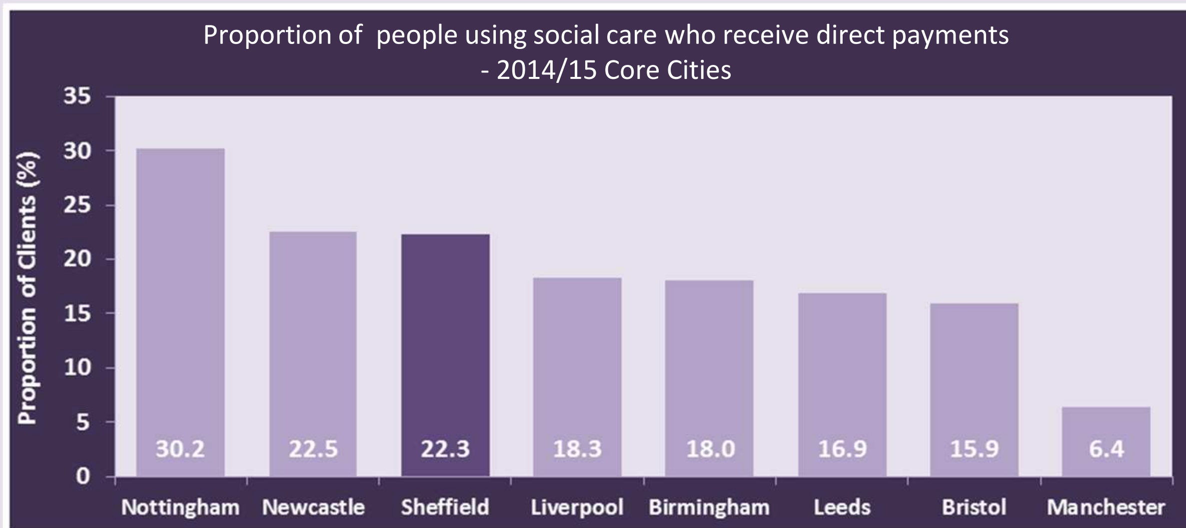
- **Measures considered:**
  - Proportion of people using social care who receive direct payments.
  - Proportion of people using social care who receive self-directed support.
  - Proportion of people who use services who have control over their daily life.
  - % Carers reporting they have been included or consulted in discussion about the person they care for.
  - Proportion of people who use services who find it easy to find information about services.
  - Proportion of people who use services who reported that they had as much social contact as they would like.
  - Proportion of adults in contact with secondary mental health services who live independently.

How do we support people to be in control of their care and support and have genuine voice and influence over the things that affect them?

Proportion of people using social care who receive direct payments & Self Directed Support

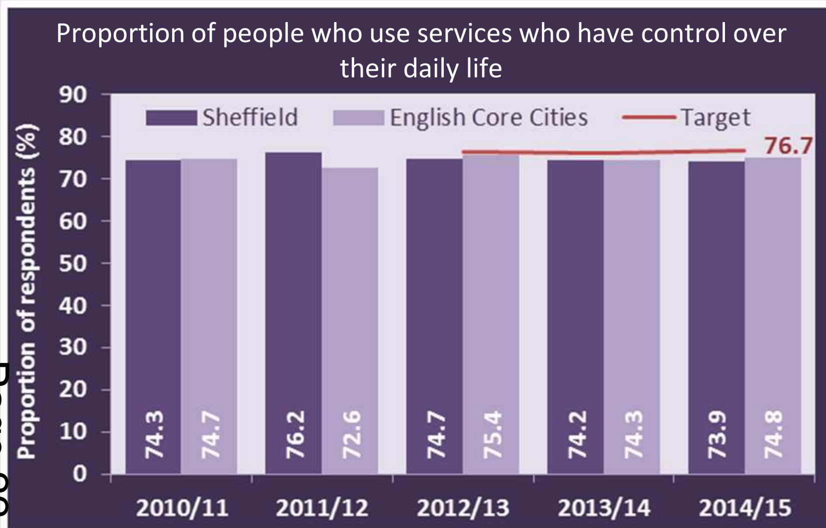


- The proportion of people receiving **direct payments** in Sheffield decreased by 6.4%pts in 2014/15.
- Sheffield is ranked third among the Core Cities in terms of the proportion of care users receiving direct payments.
- **Self Directed Support** – The proportion of Adult and LD clients receiving SDS has increased to 96% from 60% in December 2013.

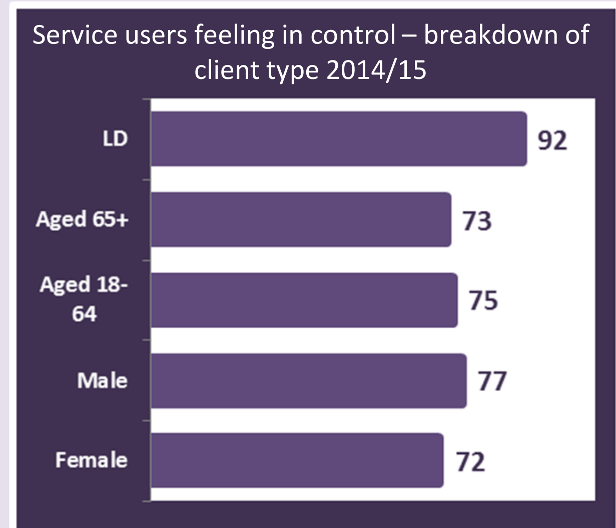


How do we support people to be in control of their care and support and have genuine voice and influence over the things that affect them?

Service users feeling they have control over their daily lives

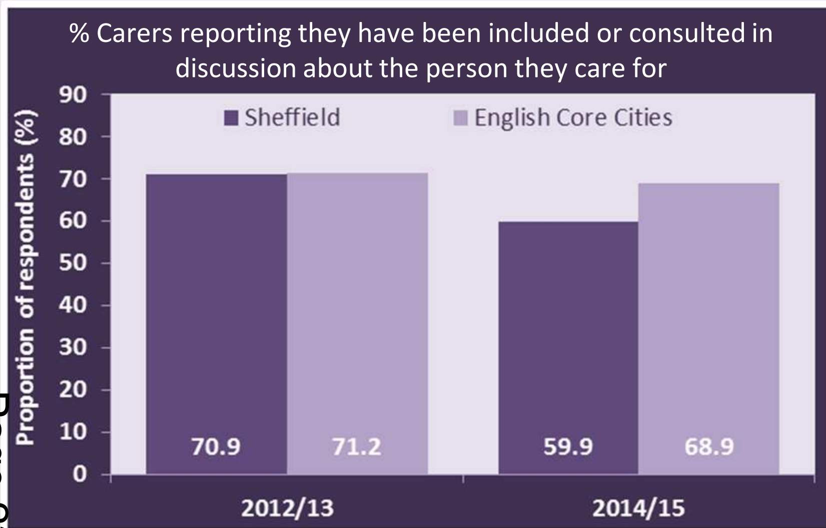


- This measure has showed a small decline in Sheffield over the past three years and is below the target of 76.7.
- Sheffield's score is slightly below the average for the Core Cities.
- As with many of the other survey questions, LD clients respond more positively.

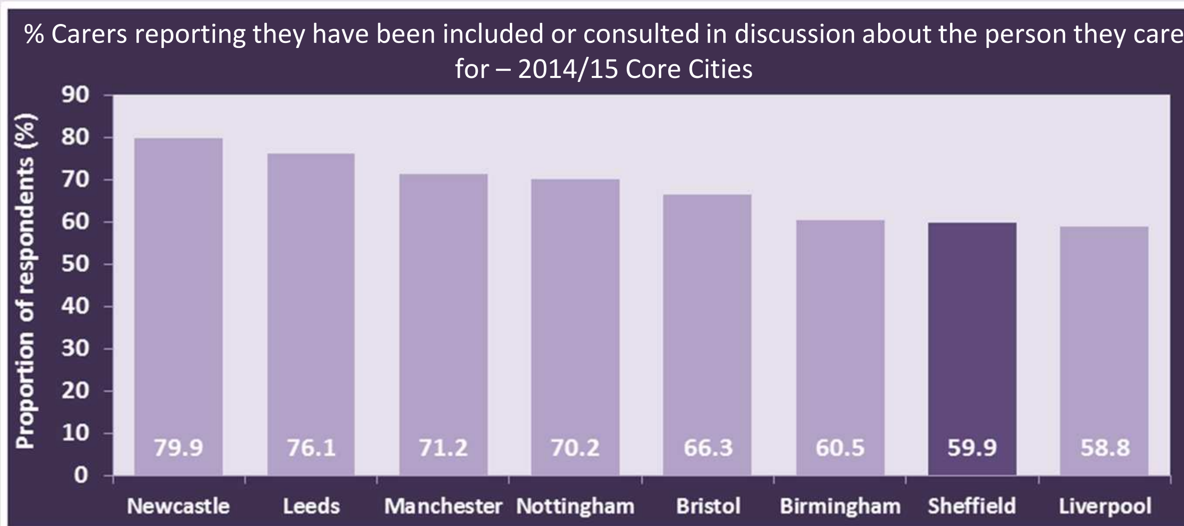


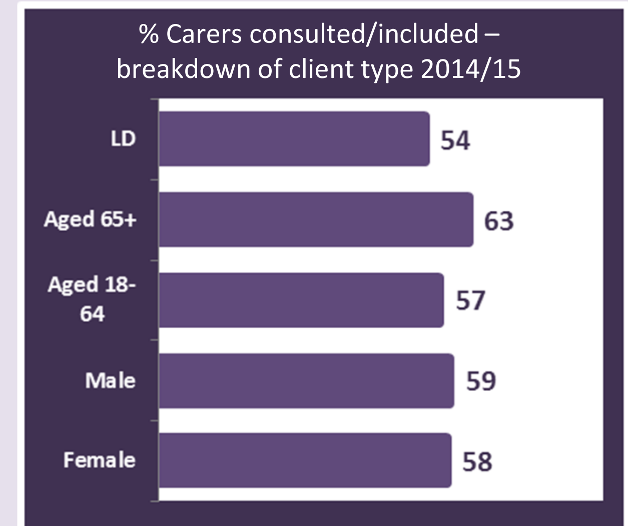
How do we support people to be in control of their care and support and have genuine voice and influence over the things that affect them?

Carers being consulted



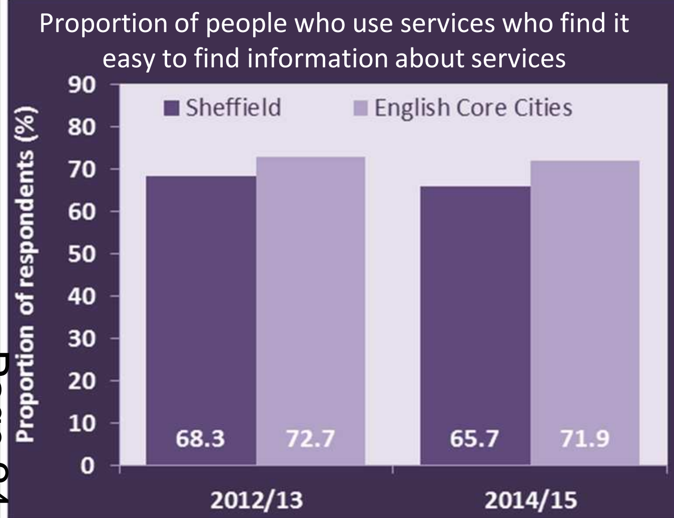
- The proportion of carers reporting that they've been included or consulted in a discussion about the person they care for has fallen by 11%pts between the two surveys.
- Sheffield's result is the second worst of the Core Cities.
- The breakdown of clients suggests a relatively even response, but with a slightly better result for carers of service users aged 65+.

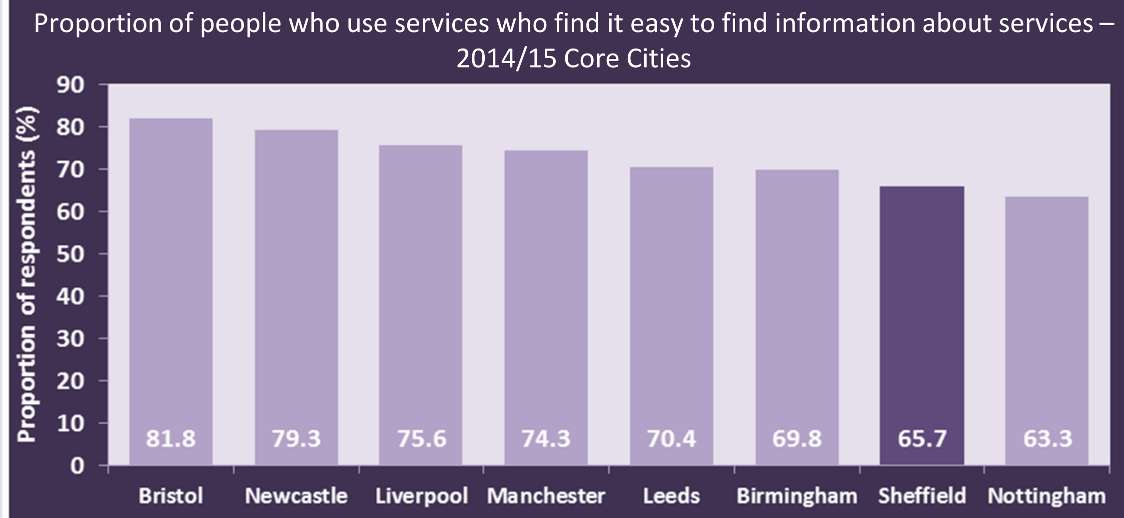




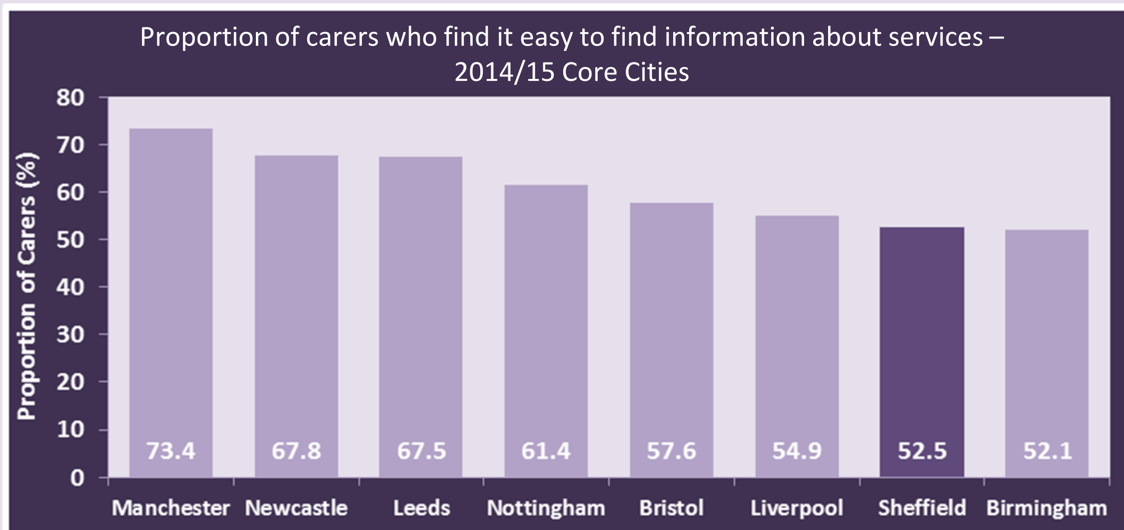
How do we support people to be in control of their care and support and have genuine voice and influence over the things that affect them?

Finding information about services



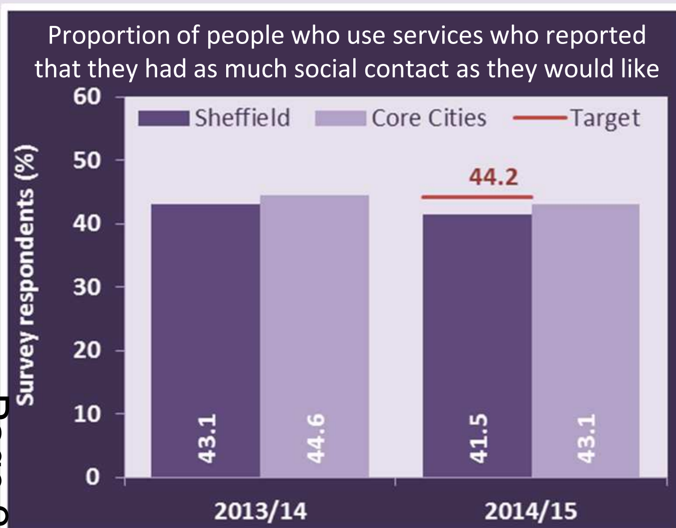


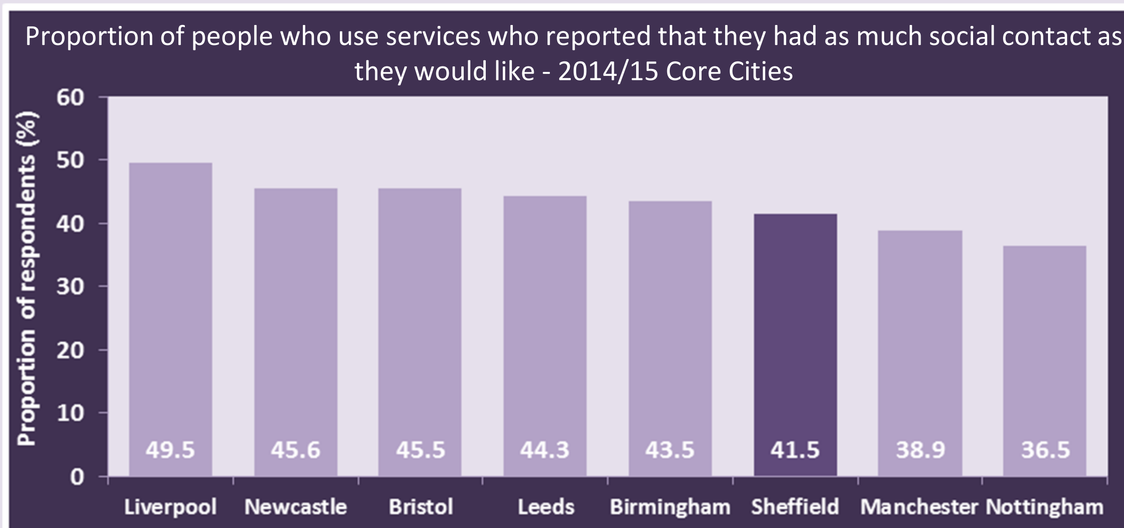
- Sheffield's performance around users finding it easy to find information about services has been poor for a number of years and declined further in 2014/15.
- Scores from users and carers leave Sheffield ranked 7th out of the 8 Core Cities.



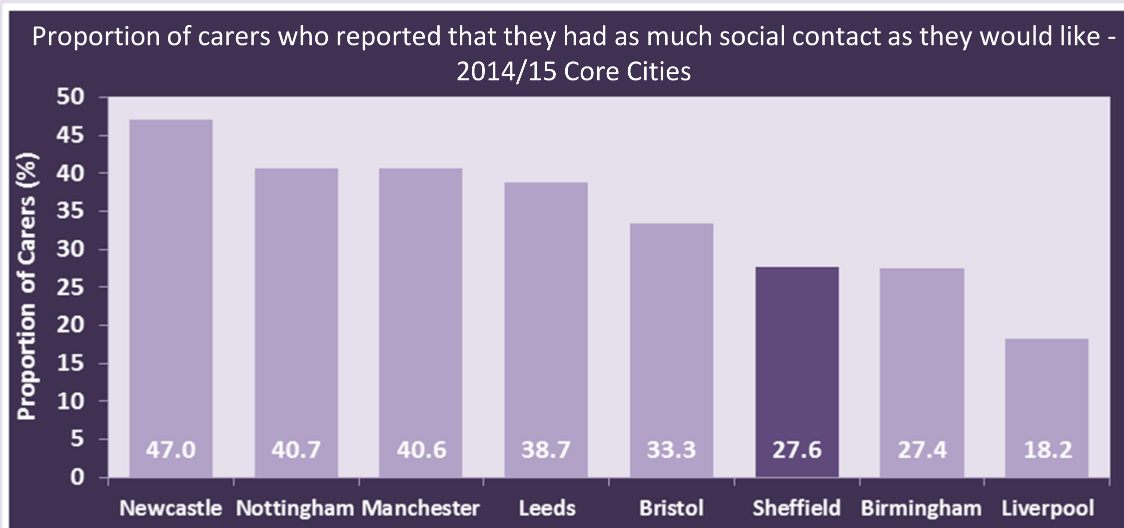
How do we support people to be in control of their care and support and have genuine voice and influence over the things that affect them?

Social contact



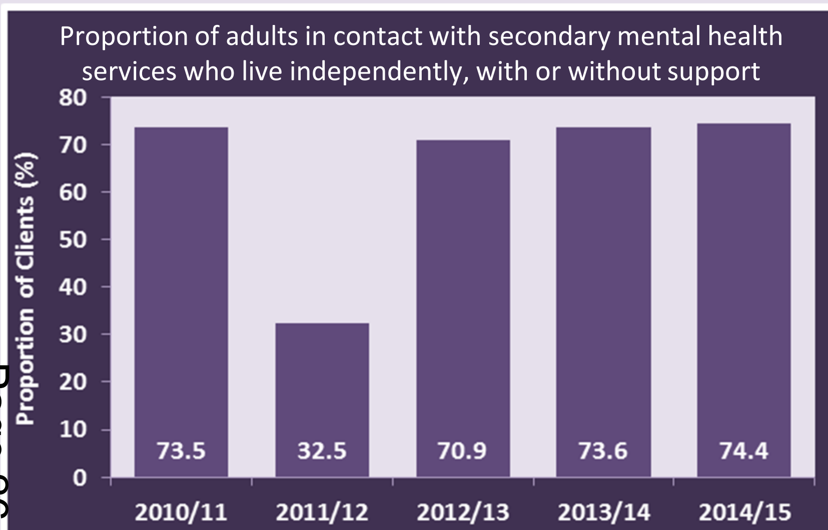


- The proportion of Sheffield's service users and carers who reported that they have as much social contact as they'd like is below the average for the Core Cities.
- The result for carers is much lower than for service users, which is a pattern seen in 4 of the other Core Cities.



How do we support people to be in control of their care and support and have genuine voice and influence over the things that affect them?

Adults in contact with secondary mental health services who live independently



- Aside from the anomalous result in 2011/12, the percentage of adults in contact with secondary mental health services living independently has remained fairly stable.
- Sheffield's result was the highest of the Core Cities in 2014/15.

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

27th January 2016

Report of: Policy & Improvement Officer

Subject: Work Programme

Author of Report: Emily Standbrook-Shaw, Policy & Improvement Officer
emily.standbrook-shaw@sheffield.gov.uk
0114 27 35065

The Scrutiny Committee is being asked to:

Consider and comment on the attached draft work programme

Category of Report: OPEN

Healthier Communities & Adult Social Care Scrutiny & Policy Development Committee
Draft Work Programme 2015-16

Last updated: 19 01 2016
Please note: the draft work programme is a live document and so is subject to change.

Topic	Date	Notes
Single Item Agenda Issues		
Adult Social Care Performance	January 2016	The Overview and Scrutiny Management Committee referred concerns with some areas of adult social care performance to this Committee – particularly assessment and review, and NHS policies and pathways. This Committee will look at what activity has been undertaken to address poor performance, and what impact this is having.
Improving Access to Psychological Therapies	February 2016	To consider how Sheffield can maximise the benefits of the Improving Access to Psychological Therapies programme.
Consideration of the Home Care Task Group report	February 2016	The Committee is asked to consider the report of the scrutiny task group that has been looking at home care services, and approve the report before it is put to Cabinet.
Learning Disabilities		Sheffield City Council and Sheffield Health and Social Care Trust have been working to improve provided services for people living with a learning disability in response to both internal and external reviews. The Committee are asked to consider evidence of recent progress and review each organisation's action plan.
Public Health Vision		The cabinet member is planning to review and refresh the vision for public health, adopted when the Council took on responsibility for the service. This would give the Scrutiny committee the opportunity to challenge and comment on the proposed vision.

Children's health and food		To look at the current picture in terms of obesity and under-nutrition in children in Sheffield, understand the influencing factors and consider how Sheffield could improve its approach.
Elective Care Review (CCG)		
Major Task and Finish work		
Homecare – assuring quality.	Reporting by March 2016.	Task group to finalise scope but will take a whole systems approach and is likely to focus on the quality of homecare, considering whether all parts of the system are joined up; training and skills of the social care workforce; how the way we commission and contract homecare can impact on quality and how well services meet individual needs, particularly cultural appropriateness.
Sub-Group		
Quality Accounts	Autumn 15 & Spring 16	Sub group of Committee Members to carry out work on Quality Accounts on behalf of the Committee. The group will meet with providers twice; early in the process to identify issues it wants to see addressed in their reports, based on previous Quality Accounts, issues raised through scrutiny work and case work of members, and then again to comment on the final draft of the report.
Issues for briefings/information/updates		
Learning Disabilities	February 2016	To include an update on progress of deregistration of learning disability care homes; update on progress on the 'Transforming Care' agenda; update on the development of a voluntary code of conduct for supported living.
Carers Strategy	Early 2016	The Committee considered the development of the Carers' Strategy in September, and requested that the finale version of the strategy and action plan is presented to the Committee for comment.
Access to GP Services		
Dementia Strategy		
Care Act		

Annual Safeguarding Report		
Safeguarding Review		

Note: format for briefings may change depending on Member availability to attend sessions