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Report of: Jayne Ludlam, Executive Director, CYPF and Communities

Report to: Cabinet

Date of Decision: 19 July 2017

Subject: Additional Budget funding to spend on Adult Social Care services

Is this a Key Decision? If Yes, reason Key Decision:-	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
- Expenditure and/or savings over £500,000		<input checked="" type="checkbox"/>		
- Affects 2 or more Wards		<input checked="" type="checkbox"/>		
Which Cabinet Member Portfolio does this relate to? Health and Social Care Which Scrutiny and Policy Development Committee does this relate to? Healthier Communities and Adult Social Care				
Has an Equality Impact Assessment (EIA) been undertaken?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
If YES, what EIA reference number has it been given?				
Does the report contain confidential or exempt information?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
If YES, give details as to whether the exemption applies to the full report / part of the report and/or appendices and complete below:-				
<i>"The (report/appendix) is not for publication because it contains exempt information under Paragraph (insert relevant paragraph number) of Schedule 12A of the Local Government Act 1972 (as amended)."</i>				

Purpose of Report:

To provide proposals for the expenditure of the additional Adult Social Care funding received by Sheffield City Council from national government between 2017-18 and 2019-20.

To show how these proposals meet national criteria and also accord with local priorities.

Recommendations:**That Cabinet**

- (i) Approves proposals for the expenditure of the additional Adult Social Care funding received by Sheffield City Council from national government between 2017-18 and 2019-20.
- (ii) Delegates authority to the Executive Director of People in consultation with the Director of Adult Services and the Cabinet Member for Health and Social Care to commit funding in line with the proposals contained within this report.
- (iii) Delegates authority to the Executive Director of People in consultation with the Director of Adult Services and the Cabinet Member for Health and Social Care to take all other necessary steps not covered by existing delegations to achieve the outcomes outlined in this Report.

Background Papers:

None

Lead Officer to complete:-		
1	I have consulted the relevant departments in respect of any relevant implications indicated on the Statutory and Council Policy Checklist, and comments have been incorporated / additional forms completed / EIA completed, where required.	Finance: Liz Gough
		Legal: Steve Eccleston
		Equalities: Laura Pattman
<i>Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.</i>		
2	EMT member who approved submission:	Jayne Ludlam
3	Cabinet Member consulted:	Cate McDonald
4	I confirm that all necessary approval has been obtained in respect of the implications indicated on the Statutory and Council Policy Checklist and that the report has been approved for submission to the Decision Maker by the EMT member indicated at 2. In addition, any additional forms have been completed and signed off as required at 1.	
	Lead Officer Name: Phil Holmes	Job Title: Director of Adult Services
	Date: 10 th July 2017	

1 Proposals

- 1.1 To commit available funding to the three priorities set out below. Further detail about schemes to be funded against each of these priorities is set out in section 11 of this report.
- 1.2 The need to invest in development, innovation and infrastructure that will address underlying issues, rather than continuing to work within the existing health and care system and its constraints. £5.900m investment earmarked to support this priority.
- 1.3 The need to build the sustainability and resilience of the adult social care provider market so that capacity is there to support the whole health and social care system, particularly in times of high demand. £9.813m investment earmarked to support this priority.
- 1.4 The need to ensure that adult social care needs can still be met where there is significant financial constraint that might otherwise result in a service reduction. £8.287m investment earmarked to support this priority.

2 The scope of adult social care

- 2.1 The scope of adult social care is defined in the Care Act 2014. The target populations are:
 - adults (defined as aged 18+) with care and support needs
 - carers of adults with care and support needs
 - children and young people with care and support needs planning for transition to adulthood
 - carers of children and young people with care and support needs planning for transition to adulthood
 - young carers planning for transition to adulthood
- 2.2 The Care Act refers to “care and support needs” as arising from or relating to a physical or mental impairment or illness. This includes if the person has a condition as a result of physical, mental, sensory, learning or cognitive disabilities, or illnesses, substance misuse or brain injury.
- 2.3 “Adults with care and support needs” is a much broader population of people than those “eligible” people for whom the Council provides or arranges social care services. It also includes people who might have lower needs, or who might have enough money to arrange all their care and support themselves. The Care Act says that we still have a duty of wellbeing towards this wider population, for example by providing them access to the advice, information and advocacy they need that will prevent their situation deteriorating where this is avoidable.
- 2.4 In this context the Council is proposing to invest the funding across a range of initiatives to ensure that the funding benefits the adult social care population as a whole. The Local Government Association has said “...it is important to remember that social care is about much more than freeing up hospital bed space. It is about providing care and support for people to enable them to live more independent, fulfilled lives, not just older people, but those with mental health conditions, learning and physical disabilities. Hospitals account for only one in five adult social care referrals, and so this new funding may best ease pressure on NHS and council services by being directed at addressing wider pressures

3 The vision for adult social care

- 3.1 It is intended that the additional investment in Adult Social Care is used to enable a sustainable shift in the Council's approach that will improve outcomes for local people even in the context of diminishing resources available to the Council as a whole.
- 3.2 All three investment priorities identified in section 1 are intended to contribute to this shift. Even where investment is focused on supporting areas where there is significant financial constraint, the intention is that this creates capacity and time to develop new approaches that ensure future financial sustainability.
- 3.3 The strategic intention of Adult Social Care in Sheffield over the medium to long-term is to support a shift into prevention and well-being. This means moving away from the crisis intervention model that currently predominates, where because of a lack of early help and preventative support, outcomes for local people are worse than they could be and resources across health and care are not used well.
- 3.4 The vision for Adult Social Care is based on three different populations in Sheffield with different needs. Each of these populations needs the right support from the right person at the right time if they are going to thrive.
- 3.5 **People Keeping Well:** People who may need a little bit of help to stay resilient and strong. They will maintain their level of independence if they are connected to the resources and support available within their neighbourhoods and networks.
- 3.6 **Active Support and Recovery:** People who have experienced some difficulty, perhaps following a period of poor health. They will regain their previous level of independence if they get focused help to achieve their recovery goals.
- 3.7 **Ongoing Care:** People for whom regaining their previous level of independence may not be possible. They will still live a good life if they receive targeted and co-ordinated support that is geared to priorities important to them.
- 3.8 These objectives apply to all target groups for adult social care defined by the Care Act and set out in section 2 above. They parallel the Integrated Commissioning model agreed with the Clinical Commissioning Group and forming the basis of Sheffield's Better Care Fund.
- 3.9 A shift into prevention over time will result in a greater proportion of support and spend being utilised in People Keeping Well, and a smaller proportion therefore being required in Ongoing Care. Appropriate interventions within Active Support and Recovery, building independence and resilience rather than fostering long-term dependency, are key to this shift.
- 3.10 The success of the above model also depends on focused and targeted use of resources at individual, community and city-wide levels. Use of resources must be linked to focused delivery of outcomes. Services and support must work efficiently, with resources focused on delivery and minimised bureaucracy and waste.

4 How does this decision contribute?

- 4.1 The proposal will contribute to the Better Health and Wellbeing ambition, by ensuring people can access the care and support they need to be independent safe and well in their homes and in their communities.
- 4.2 The proposals in this report will:

- Ensure Sheffield citizens do not spend longer in hospital than they need to, with associated risks of contracting secondary infections and also losing confidence and independence outside their own homes
- Ensure more Sheffield citizens are supported in their own homes and fewer have to resort to moving to a care home. This will particularly benefit older people.
- Improve outcomes for adults of working age with learning disabilities and / or mental health problems through targeted interventions at key times in their life, for example when moving into adulthood.
- Provide greater support to Sheffield's workforce, working with NHS colleagues at the front line and providing essential help to some of our city's most vulnerable adults.

5 Has there been any consultation?

- 5.1 There has been extensive consultation with NHS partner organisations in Sheffield to ensure that the balance of investment helps the whole health and care system provider better outcomes for local people. In particular this has included Sheffield Clinical Commissioning Group and Sheffield Teaching Hospitals in relation to the key target of reducing the number of people who stay in hospital for longer than they need to.
- 5.2 Proposals have also been influenced by ongoing engagement with citizens and partners in Sheffield, for example drawing on local work coordinated by Healthwatch to help improve the quality of homecare services.

6 Risk Analysis and Implications of the Decision

Equality of Opportunity Implications

- 6.1 The proposals are designed to improve the stability, availability and quality of Adult Social Care for all of Sheffield's population.

7 Financial and Commercial Implications

- 7.1 The Government has made a previous commitment to provide funding to Local Authorities as part of the Better Care Fund (BCF). The funding announced as part of the recent budget effectively 'fast tracks' this funding as can be seen from the table below:

Year	Annual £000 BCF	Cumulative £000 BCF	Annual Additional Investment £000	Cumulative Additional Investment £000	Total Annual £000	Total Cumulative £000
2017/18	2,200	2,200	12,500	12,500	14,700	14,700
2018/19	10,400	12,600	7,700	20,200	18,100	32,800
2019/20	9,300	21,900	3,800	24,000	13,100	45,900
Total	21,900		24,000		45,900	

- 7.2 As can be seen from above the impact of the additional funding is twofold:
- The funding agreed as part of the BCF is effectively brought forward; and
 - The overall amount of the BCF monies is effectively doubled over the three year period.
- 7.3 The original Better Care Fund investment is cancelled out by continued reductions in the Revenue Support Grant (RSG).

- 7.4 The £24m additional funding must either be used on a one-off, non-recurrent basis, or be used to lever change that enables savings in other parts of the health and care system to ensure recurrent use.
- 7.5 Specific schemes are set out in section 11. The majority of the funding is committed on a non-recurrent basis, either to support time-limited projects or because mainstreaming at the end of the three years is likely to be possible because of the savings that proposals will generate either for the Council or key partners.
- 7.6 However the Council anticipates £5m of recurring annual commitment from this investment. This relates to the additional investment in the adult social care provider market (see paragraph 11.) and also support to community pharmacies to improve medication management (see paragraph 11.)
- 7.7 This is a significant risk because of the very challenged financial position of the Council. However, not making this investment will expose Sheffield citizens to risk of poor quality care and will also create hidden costs (for example a greater number of people needing to move to care homes because consistency of care in the community is insufficient).
- 7.8 There are three ways that this risk can be mitigated.
- 7.8.1 Additional financial support to the adult social care provider market will be rigorously monitored to ensure that investment directly supports improved care in Sheffield and money is not wasted.
- 7.8.2 Demand for care will be well-managed. As set out in section 3, the vision for adult social care is to enable a shift into prevention which will mean proportionately fewer people need care.
- 7.8.3 The investment will create a more stable supply of care which will result in significant benefits to the NHS. Just as inconsistent adult social care creates the risk that more Sheffield people will wait longer in hospital beds before they can leave, so consistent care will mean fewer hospital beds are likely to be needed. The shift into prevention that will be delivered in Sheffield will take pressure off the usage of hospital beds and enable a shift of resources from acute care to community care to ensure future affordability.
- 7.9 Use of resources across the whole of health and care is absolutely key to a sustainable financial plan in future years. The latest national initiatives to develop “Sustainability and Transformation Plans” (STP) and “Accountable Care Systems” (ACS) will be no more effective than plans that have gone before them unless they support a shift in funding away from bed-based and institutional care, and towards sustainable preventative support for people living in Sheffield’s communities. Adult social care is a key aspect of this.

8 Legal implications

- 8.1 Direction about use of this funding is provided on pages 17 to 18 of the Integration and Better Care Fund Policy Framework and Planning Requirements 2017-19. As follows:
- 8.1.1 Grant paid to a local authority under this determination may be used only for the purposes of meeting adult social care needs; reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready; and ensuring that the local social care provider market is supported.
- 8.1.2 A recipient local authority must:
- pool the grant funding into the local BCF, unless an area has written Ministerial exemption;

- work with the relevant Clinical Commissioning Group and providers to meet National Condition 4 (Managing Transfers of Care) in the Integration and Better Care Fund Policy Framework and Planning Requirements 2017-19; and 2017-19 Integration and Better Care Fund
- provide quarterly reports as required by the Secretary of State.

8.2 The Government has made clear that part of this funding is intended to enable local authorities to quickly provide stability and extra capacity in local care systems. Local authorities are therefore able to spend the grant, including to commission care, subject to the conditions set out in the grant determination, as soon as plans have been locally agreed.

9 Alternative options considered

9.1 The proposals set out try to achieve the best balance between the three purposes defined nationally and set out in 8.1.1.

9.2 A recent survey carried out by the Association of Directors of Adult Social Services (ADASS) indicates that two thirds of Councils were unable to allocate any resource to supporting the local NHS, including via reducing the numbers of people delayed in hospital. Sheffield could have adopted this position, and prioritised increasing investment in existing adult social care services instead. However this would have missed an opportunity to work in a collaborative way with local NHS colleagues and also to collectively address issues within local NHS services that create poor outcomes for Sheffield citizens and themselves lead to higher adult social care costs.

10 Reason for recommendations

10.1 The significant financial constraints on adult social care nationally mean this increased investment is welcome. There is a need to commit funding to sensible priorities as soon as possible, in particular to prepare for increased demand for adult social care over the coming winter

11 Detailed proposals

11.1 This section sets out more detailed proposals that will be implemented subject to approvals. Each proposal relates to one of the three priorities set out in section 1 above.

11.2 The need to invest in development, innovation and infrastructure that will address underlying issues, rather than continuing to work within the existing health and care system and its constraints. £5.900m investment earmarked to support this priority and is attached to proposals set out in 11.5 through to 11.12.

11.3 The need to build the sustainability and resilience of the adult social care provider market so that capacity is there to support the whole health and social care system, particularly in times of high demand. £9.813m investment earmarked to support this priority and is attached to proposals set out in 11.13.

11.4 The need to ensure that adult social care needs can still be met where there is significant financial constraint that might otherwise result in a service reduction. £8.287m investment earmarked to support this priority and is attached to proposals set out in 11.14 through to 11.16. These proposals safeguard existing activity rather than directly developing new activity.

11.5 **Greater efficiency within the Short Term Intervention Team (STIT)**

Challenge: STIT is the Council's intermediate care service, chiefly supporting older people to leave hospital and get the care and support they need at home. STIT have significantly improved efficiency over the past year. Direct contact time with customers has increased and length of stay has decreased. This means that the number of people supported by the service to regain independence after illness or injury is increasing.

Proposal: To continue these gains, STIT needs to invest a small amount in assessment and review capacity so that access and length of stay become even more optimal. STIT's internal efficiency programme will make this self-financing after one year, so funding is phased over the second half of 2017-18 and the first half of 2018-19.

Benefits: Reduced Delayed Transfers of Care from hospital, reduced care home placements from hospital.

Financial profile:

Year	2017-18	2018-19	2019-20
Funding (£000s)	69	69	0

11.6 **Improving medication management for people who receive care at home**

Challenge: Community pharmacies perform an essential role in managing medication for adults with care and support needs. The administration of medication is a significant element within the delivery of care at home. It is obviously critical that people subject to medication receive the correct dosages at the correct time.

Proposal: Developing a single approach to recording the administration of medication in peoples' own homes will create considerable benefits both for Sheffield citizens and to those managing and administering medication. A greater degree of consistency in recording will reduce the risk of errors and also make it much more straightforward for NHS colleagues in the community and in hospital when medication is reviewed.

Benefits: Reduced risk of medication errors, reduced bureaucracy for care providers, social care and NHS staff, reduced risk of readmission

Financial profile:

Year	2017-18	2018-19	2019-20
Funding (£000s)	187	187	187

11.7 **Whole system innovation to reduce Delayed Transfers of Care and improve outcomes for Sheffield people after their hospital stay**

Challenge: Analysis of Delayed Transfers of Care in Sheffield between April 2016 and April 2017 found that 30% of delays related to decision-making in hospital about the right discharge route, 32% related to decision to move a person to a care home and how long it took to arrange that, and 31% related to delays in arranging care at home. Several measures identified in this investment plan will add capacity and capability to adult social care and reduce delays in arranging care at home but there needs to be attention given to the broader system factors that create Delayed

Transfers of Care. The right decision needs to be made quickly in somebody's hospital stay so that they are able to leave as soon as their need for specialist hospital care has ended. People must also be supported to return home in the vast majority of cases as it is inappropriate for hospital to be used as a place where decisions are made about an individual's long-term future. These decisions are best made with their full involvement in their own home. The challenge of reducing Delayed Transfers of Care includes providing the right support within Primary Care to support adults to safely manage long-term conditions in the community, and providing support to care homes to help residents manage their complex needs. A great deal of improvement can be made within existing resources across Sheffield's health and care system, but some pump-priming funding will provide further impetus for change.

Proposal: For an innovation fund to support the rapid development of schemes to reduce Delayed Transfers of Care and care home placements from hospital with immediate effect from this winter. This innovation fund will support key priorities like enhancing the ability of health and social care staff to support people with complex needs in their own home, supporting care homes to better manage the health conditions of residents, supporting voluntary and community organisations to give that little bit of help that people sometimes need when adjusting after a hospital stay.

Benefits: Reduction in Delayed Transfers of Care; reduction in care home placements.

Financial profile:

Year	2017-18	2018-19	2019-20
Funding (£000s)	994	324	0

11.8 **Improving life chances for people with disabilities moving into adulthood**

Challenge: Young people with disabilities may sometimes have special educational needs but nevertheless share the aspirations of their peers to access further education, employment and live a fulfilled, connected life in adulthood. When young people are not supported well to do this, there is a considerable negative impact on their own life and also implications for public services that could have been avoided.

Proposal: The Council and partners across Education and the NHS are making considerable progress in the development of support that will help people with disabilities move into adult life with access to opportunities enjoyed by others. However there is a need for further capacity to provide specialist therapy support, particularly for people with learning disabilities and / or autism that helps them develop their skills and confidence and increase their participation.

Benefits: Larger number of young people with disabilities accessing further education, employment and training. Larger number of young people with disabilities able to access opportunities in Sheffield rather than leaving the city.

Financial profile:

Year	2017-18	2018-19	2019-20
Funding (£000s)	94	188	188

11.9 Improving early intervention to support people with mental health problems who come into contact with the police

Challenge: Adults with mental health problems can sometimes come into contact with the police when suffering an episode of ill health, and may be taken into custody as the only safe alternative to address their presenting needs. This can be a traumatic process for the person concerned and also may result in poor use of already overstretched policing resources.

Proposal: Allowing the police rapid access to specialist mental health resource creates the ability to intercept these situations, ensure the affected person has appropriate assessment quickly, and also divert them to appropriate support that will help prevent further escalation in their condition.

Benefits: Better outcomes for adults with mental health problems including less risk of escalation and greater likelihood of recovery in their own homes.

Financial profile:

Year	2017-18	2018-19	2019-20
Funding (£000s)	51	102	0

11.10 The high number of people who require assessment under Deprivation of Liberty Safeguards (DoLS) linked to practice referred to above

the high rate of care home placements in Sheffield, referred to above, has resulted in a high number of people requiring assessment under Deprivation of Liberty Safeguards to ensure they are being supported in the least restrictive way that is appropriate to their circumstances. Sheffield has built a considerable backlog of people awaiting assessment. On a pro-rata basis this backlog is the third highest in Yorkshire and Humber which constitutes a risk both for people affected and for the Council itself. One-off investment in 2017-18 in targeted resource to considerably reduce this backlog would better manage this risk and take pressure off the social work workforce that can instead be focused on better managing new demand as well as reviewing and better supporting people living in the community.

Benefits: Prompt assessment under Deprivation of Liberty Safeguards. Increase in number of people supported in least restrictive way, including via a reduction in care home placements.

Financial profile:

Year	2017-18	2018-19	2019-20
Funding (£000s)	300	0	0

11.11 Improving systems and reduce bureaucracy in the delivery of adult social care

Challenge: The Council's current case management system that supports both adults and children is old and outdated. It was commissioned a number of years ago and does not offer the capability to support modern working practices. Consequently the work has to be adapted to support the system, rather than the system supporting the work.

Opportunity: A new system is being procured from 2018-19 onwards. The operator has been selected following a procurement process but the content of the system will be co-designed so it supports Sheffield's local context. This provides an opportunity to significantly reduce current bureaucracy and increase the speed that work is completed. Introduction of this system will have one-off revenue costs in terms of design, data migration and other factors. If these are not funded then implementation will at worst be impossible and at best will be deeply flawed.

Benefits: Reduction in Delayed Transfers of Care. Shorter end-to-end times for social work involvement including more rapid decision-making. Greater interoperability with NHS systems.

Financial profile:

Year	2017-18	2018-19	2019-20
Funding (£000s)	1000	1000	0

11.12 **The need to develop the health and care workforce to support delivery**

Challenge: Structural and system changes within adult social care will not be successful without investment in developing the workforce. Above all, the three objectives set out in section 3 need to be translated into a practice framework that supports individual interactions between staff and citizens. Staff also need to be involved in designing, alongside citizens, the key tools and forms that will underpin these individual interactions and be significant ingredients in the new Case Management System. New service models, for example locality working, also need support to embed. Social care workforce development will better enable a shift into integrated working rather than just lifting and shifting current practice into new locations.

Opportunity: The challenges for the adult social care workforce are the same as the challenge for the health and care workforce. The funding earmarked below is intended to help ensure that people working across the system get the support they need to work in new ways and make a sustainable positive impact for our population.

Benefits: Reduction in Delayed Transfers of Care. Reduction in care home placements. Higher workforce morale. Greater satisfaction from Sheffield residents about the quality of support they receive.

Financial profile:

Year	2017-18	2018-19	2019-20
Funding (£000s)	460	250	250

11.13 **Sustainability of the social care provider market supporting older people**

Challenge: Sheffield's domiciliary market is now stable thanks to focused commissioning activity to increase fee rates and improve market relationships. A number of new providers have entered the city and there is considerable potential for further improvement. However it needs to be recognised that this is from a relatively low base. Although performance varies across Sheffield's care and support providers, a number have struggled to retain and develop good quality staff and this has had an impact on both satisfaction and outcomes for customers. In turn, this has created pressure both on NHS partners (in terms of avoidable admissions to and

delayed discharges from hospital) and the Council itself (in terms of relatively high rates of care home placement).

Sheffield's care home market feels less stable than the domiciliary market at present, particularly in relation to the residential sector where fee rates look significantly low in relation to neighbouring authorities. However, one key difference with the domiciliary market is that Sheffield makes a greater number of care home placements than many comparator authorities. This is a clear indicator that we are not achieving the objectives set out in section 3. Not enough people are being supported to sustain and regain independence. Therefore there is a need to strike the right balance between resources that are invested in the care home sector and resources that are invested to keep older people at home where many prefer to stay. As preventative, community-based work starts to bear fruit Sheffield will start to reduce care home placements to the level of comparator authorities and there will be an oversupply of care home beds in the city.

However, while the direction of travel for each of these sectors may be different, the current issues facing them are similar and need to be addressed to provide stability over the winter months while broader plans bear fruit.

Proposal: A further increase in the market rate that Sheffield City Council pays, with the proviso that this investment directly improves employment terms and conditions for front-line staff, is likely to significantly enhance stability and improve quality of life for people living in their own homes and care home residents. In turn, this should improve use of resources for both the NHS and the Council, leading to less usage of both acute and care home beds. The challenge for Sheffield will be to use resources released by lower usage of acute and care home beds to sustain these benefits beyond the three year allocation of funding.

Benefits: Reduction in Delayed Transfers of Care. Greater number of people being supported to stay where they are, rather than escalating to higher levels of need. Higher levels of customer satisfaction arising from greater consistency and continuity of care.

Financial profile:

Year	2017-18	2018-19	2019-20
Funding (£000s)	1250	3750	4813

11.14 **The need to improve outcomes and use of resources for people with learning disabilities and people with mental health problems**

Challenge: The numbers of people with a learning disability or mental health problem in employment are low in comparison to other Local Authorities with similar socio-economic profiles. By contrast, the numbers receiving traditional social care services are comparatively high. The rates of care home placement are also comparatively high. Practice in social care and the local NHS needs to do more to support inclusion and participation for these populations and improve current use of resources that has resulted in significant overspends. The challenge for the system is to remove these overspends over the next three years by improving outcomes for people with learning disabilities and mental health problems in line with progress in comparable areas.

Opportunity: The City Council, the CCG and the Care Trust are working on an integrated programme for mental health. The Council is also working on a recovery plan for Learning Disability and linking this with partnership work. Additional funding cannot be used to mask or defer underlying issues. The profile below is intended to

ensure these recovery plans deliver the significant improvements required in a safe and sustainable way.

Benefits: sustainability of support for adults with learning disabilities and mental health problems while improvements are made as outlined above.

Financial profile:

Mental Health

Year	2017-18	2018-19	2019-20
Funding (£000s)	1349	0	0

Learning Disability

Year	2017-18	2018-19	2019-20
Funding (£000s)	3297	2000	928

11.15 The need to maintain social work capacity until improvements are in place that increase productivity

Challenge: Social work delivery in Sheffield has been inhibited by a poor system and insufficient workforce development, as addressed above. In addition, the structure of the service has been designed in a deeply centralised way that creates a distance between workers and citizens in their communities. This is reflected in relatively low levels of customer satisfaction compared to neighbouring authorities.

Opportunity: the Council is restructuring its adult social work function in order to improve accessibility and outcomes for local people. This includes developing locality teams to support multi-agency neighbourhood working, as well as increasing on-site capacity at the acute hospital and a new “front door” approach to improve advice, information and signposting. In addition there will be focused teams to make greater progress on the transition to adulthood of disabled children, and the Transforming Care agenda for adults with complex disabilities.

Although customer satisfaction is low, Sheffield benchmarks as having higher than average social work capacity in relation to comparator authorities. The more focused structure referred to above, alongside the improvements in system and workforce development that are subject to further investments, is very likely to enable delivery of social work to be much more productive and efficient. However, time needs to be allowed for structure, system and development to bed in. The investment below ensures that capacity will be sufficient over this period.

Benefits: Reduction in Delayed Transfers of Care and care home placements via maintaining capacity to help address the challenges outlined between 4.2 and 4.11.

Financial profile:

Year	2017-18	2018-19	2019-20
Funding (£000s)	340	170	0

11.16 The need to maintain Community Support Worker capacity while their preventative impact is evaluated

Challenge: Statutory community services across health and social care (for example demand for GP consultations and social work assessments) are under significant pressure. Access to these services can be poor. There is likely to be opportunity to

intercept some people who do not necessarily need to see a GP or a social worker to have their needs met. This is part of a shift into prevention.

Opportunity: The CCG and the Council have invested in Community Support Workers working across Sheffield's neighbourhoods and with strong links to Primary Care. Although there has been positive anecdotal feedback about their impact, the benefits of this role are currently being independently evaluated. The additional adult social care funding will enable posts to be funded this year subject to that evaluation making an argument for future savings and continued investment.

Benefits: (subject to evaluation) earlier intervention that increases wellbeing for Sheffield residents and prevents unnecessary recourse to statutory health and care services

Financial profile:

Year	2017-18	2018-19	2019-20
Funding (£000s)	203	0	0

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