

Policy Committee Decision Report

Title of Report:	Working with People Delivery Plan
Date of Decision:	30 th October 2024
Report To:	Adult Health and Social Care Policy Committee
Report Of:	Janet Kerr Operations Director
Report Author:	Janet Kerr Operations Director

Executive Summary: This is a six monthly update to the Working with People Delivery Plan which was presented to Committee in March this year. The Working with People Delivery Plan focuses on delivery of our Care Act 2014 requirements relating to assessments, reviews and individuals' wellbeing.

In addition, the aim of the Delivery Plan is to ensure that Sheffield has a robust response towards the Care Quality Commission Quality Statements of Assessing Needs, Supporting People to Live Healthier Lives and Providing Equity in Experiences and Outcomes. The plan was developed to coordinate our activities as a Council to ensure that we maximise the effectiveness of people's care by assessing and reviewing their health, care and wellbeing needs with them in the most effective way possible.



Council Plan outcomes:

[A place where all children belong and all young people can build a successful future](#)

[Great neighbourhoods that people are happy to call home](#)

[People live in caring, engaged communities that value diversity and support wellbeing](#)

Policy Committee remit:

This report is to be considered by the Adult Health and care Policy Committee as its remit includes Adult Social Care.

Does the report contain confidential or exempt information? [No]

Recommendations:

It is recommended that the Adult Health and Social Care Policy Committee:

1. Endorse the update of the Working with People Delivery Plan.
2. Requests that the Strategic Director of Adult Care and Wellbeing continues to provide the Committee with updates on progress made against the Delivery Plan on a six-monthly basis.

Financial Implications: [No] [Approved by: Laura Foster (18/10/24)]

Legal Implications: [Yes/No] [Approved by: Patrick Chisholm]

Equality and Inclusion Implications: No - Approved by: Ed Sexton

An Individual EIA is not required for this update report. Projects covered by the delivery plan are subject to individual EIAs.

Climate Change Implications: [Yes/No] [Approved by: Sustainability Officer name]

Background Papers:

Appendices:

Appendix 1 – Working with People Delivery Plan

Appendix 2 - Working with People Delivery Plan data report

Appendix 3 – Equalities Impact Assessment

1. Background to the Issue

- 1.1 As part of our preparation for CQC Assurance the focus is on the ensuring that we have the correct processes in place to meet the Working with People quality standards.
- 1.2 All the aspects of the Working with People theme sit squarely within our strategic approach outlined in our document 'Living the Life You Want to Live', the Strategy refreshes and the Directorate Plan. So, although the plan is based on the CQC Assurance theme, it takes us on a positive direction of travel to where we want to be in terms of our performance and the service that we wish to offer the people of Sheffield. We want to have a particular focus on promoting wellbeing and all the work we undertake in this area will contribute to that ambition.

2. Proposal

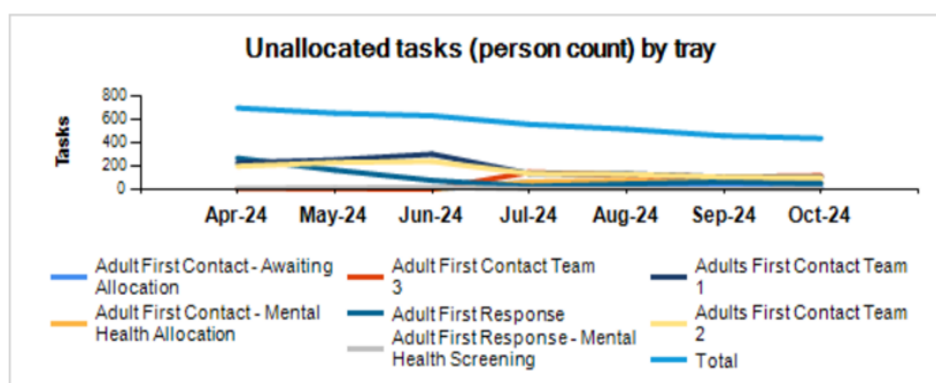
- 2.1 The aim of the Delivery Pan is to ensure that Sheffield has a robust response towards the CQC Working with People theme and with that the Quality Statements of Assessing Needs, Supporting People to Live Healthier Lives and Providing Equity in Experience and Outcomes. The plan aims to coordinate our activities to ensure that we maximise the effectiveness of people's care by assessing and reviewing their health, care and wellbeing needs with them in a way that they will understand and be able to engage with.
- 2.2 Our ambitions specifically are that we want people with care and support needs, unpaid carers, those who fund their own care and communities to have:
 - Achieved their wellbeing outcomes because their care and support needs are assessed in a timely and consistent way.
 - The right to choose, build on their strengths and assets and reflect what they want to achieve and how they wish to live their lives.
 - Assessments and care and support plans which are co-produced, up to date and reviewed regularly.
 - Support that is coordinated across different agencies and services. We also want decisions and outcomes to be transparent to all those involved.
 - Opportunities to manage their health and wellbeing so they can maximise their independence, choice and control.
 - Quality advice about their care and support, ensuring where possible that we work with people to plan for the important life changes that can be anticipated.

- 2.3 Adult Care and Wellbeing want to actively seek out and listen to the people who are most likely to experience inequality in outcomes to allow us to tailor their care and support appropriately. People need to be seen as unique and allowed to live the life they want to live. To do this any barriers need to be identified, inequalities understood, and by encouraging feedback use this to act and drive improvements.
- 2.4 Performance Clinics continue to take place within all operational areas focussing on the outcomes laid out in our strategy. This has been enhanced by a monthly Directors Assurance Clinic chaired by the Strategic Director which ensures that we have the appropriate grip on our performance information, and that Adult Care and Wellbeing work as a collective to ensure that themes within Adult Care and wellbeing are brought together and actioned. We are using information that we need to provide for CQC in the Local Authority Information Return (LAIR) to facilitate those discussions and our plan is to use that information wider, including in this report as a visual way of sharing this information.
- 2.5 Adult Care and Wellbeing have developed a set of Care and Assessment procedures which are available to staff via our Adults Care and Wellbeing Manual. This ensures that our staff have a reference point to check that they are practising appropriately, and importantly provides consistency across all our services. Adult Care services ensure that the wellbeing principle is embedded throughout the work we do. People's care and support reflects their right to choice and builds on strength and assets and is provided in a person-centred way. In terms of assurance that there is compliance with our procedures we are also regularly undertaking case file audits which will inform continuous practice improvement. Progress with audits is regularly updated to the Directorate Leadership team, along with action plans to address issues by means of training, information sharing and service level improvements.
- 2.6 The content of this report and the appendices provide us with a mechanism to provide assurance that we are operating in line with the CQC Assurance framework. They will assist us with a trajectory towards excellence which will ensure that the outcomes for the people of Sheffield are ambitious and achievable. In addition, we are checking against the LGA good practice guidance to ensure that we are covering all that is required, and as reports are released from other areas using that learning to inform our work.
- 2.7 **Performance Update**
- First contact
- 2.7.1 Over recent months we have focussed on our front door in the First Contact service, who are, in addition to the hospital, our entry point to Adult Care and Wellbeing. Their role is to screen and undertake Care Act Assessments, if

necessary, but with a strong focus on reducing, preventing and delaying the need for care. Currently we have around 12% of people coming in through First Contact requiring a Care Act Assessment, demonstrating that we are looking at dealing with people appropriately and not assuming that people require formal support. In terms of the Care Act 2014 we need to ensure that we promote people's wellbeing and independence.

2.7.2 It is important that we can respond to people who contact us in a timely and appropriate way. There has been an operational redesign which has allowed a dedicated team to focus on a robust strength-based conversation which has taken advantage of increased knowledge of community resources and supportive organisations. The service has experienced a sharp increase in demand, but despite that have improved performance due to their new arrangements. As an example, in May this year the longest wait for screening was 21 days. This wait for screening is now down to 3 days which demonstrates the excellent work the service have undertaken.

2.7.3 In addition, once screened the waiting list has reduced from 697 unallocated tasks in April 2024 to 456 in September 2024¹ reflecting that the team are making inroads into legacy cases. The top blue line in the graphic below shows the trend in total unallocated cases (437 as of 8/10/24) which are further broken down by team for operational management purposes.



2.8. Occupational Therapy

2.8.1 The Occupational Therapists and related teams complete work under the remit of the Care Act 2014 to promote the independence and wellbeing of someone and help to prevent, reduce and delay the need for formal care and support.

2.8.2 The team have worked to develop several documents that set out how they support people to wait well where there are waits for accessing services. This approach has been adopted across Adult Care and Wellbeing within the [Waiting Well Framework](#), as it has been seen as best practice. There are arrangements in place to respond to immediate risks whilst people wait for

¹ Information on how we measure waiting lists and times can be found in Appendix 2 WWP Delivery Plan Data Report.

an assessment. People who are most at risk of a decline in their independence and wellbeing are identified and prioritised for care and support, including unpaid carers.

2.8.3 The ongoing development of Occupational Therapy and a proactive response to the provision of aids and adaptations is key to enabling us to support more people to remain living independently at home and less reliant on formal services.

2.8.4 Over the past two years waits have reduced from 2900 people waiting for 18 months to a position in August 24 of 949 waiting, with the longest wait being 4 months. This despite a 120% increase in demand. There is a goal to achieve assessments within 28 days by February 2025, and given the significant increase in demand some additional work is underway to ensure that this target is still within reach. This includes:

- A dedicated occupational therapy dashboard to proactively manage and develop the service.
- An Independent Living Centre open to members of the public and available as a training resource for staff. This has now opened.
- Assessment Clinic which supports a responsive approach.
- As mentioned above the introduction of waiting well principles.

2.9. Social Work Assessments

2.9.1 We have seen a recent increase in the median number of days to complete a Care Act Assessment from 37 days to 44 days. This follows a period of more consistent assessment timescales over the last 12 months (monthly figures between 31 and 38 median days) We are closely monitoring this to clarify if this is a dip in performance that we need to take some action about or if there are particular reasons for this. Complexity of needs can affect the time required to ensure that the assessment process arrives at the best outcomes for people, and it is helpful to point out that our Adult Future Options Service are dealing with a level of complexity less regularly encountered by others. We are also exploring if recording practice is impacting on the numbers as we believe that some practitioners will delay recording the assessment as complete until they have also inputted the Support Plan to the system. It is worth noting that ensuring people fully understand and are informed of their rights and options can take time. For example, where there are inclusion and accessibility issues such as BSL, easy-read, advocacy services required the most effective, person-centred assessments will not always equate to being the fastest.

2.10. Social Work Reviews

2.10.1 Annual reviews are an area of challenge for us with a decrease in performance to 66% from 71% in July and 69% in August². We have taken steps to address this which are set out in further detail in Appendix 1 Working with People Delivery Plan. We are aware that the Home Care transformation work meant that some staff who would have been undertaking reviews, had to refocus on dealing with issues arising as providers changed. This was either because they were working with people to help them understand the changes and make a choice about their care and support, or if they decided to remain with their current provider working to put in place a Direct Payment.

2.11. Unpaid Carers

- 2.11.1 Adult Care and Wellbeing continue to work closely with the Carers Centre who undertake assessments for unpaid carers on our behalf. Between April and June 583 carers registered with the Carers Centre, 95 of those carers have been caring for less than 12 months. We have focussed on staff in Adult Care and Wellbeing identifying and referring unpaid carers to the Carers Centre, including reminders regarding young carers. July 2024 was our best month on record for referrals with First Contact referring 71, their previous high had been 47. Our highest level of referrals come from First Contact and STIT as they are often the services that people first deal with. In July of the 162 referrals, 121 of them were new to the Carers Centre.
- 2.11.2 Adult Care and Wellbeing continue to progress the Carers Delivery Plan with participants in the group representing organisations across the city. To ensure the profile of Young Carers we hold every other meeting in the school holidays to allow the young people to attend and take a lead in our discussions which has been positive. A regular Carers Café takes place in the Town Hall and is always well attended. Adult Care and Wellbeing recognise that the needs of unpaid carers are recognised as distinct from the person with care needs and assessments, support plans and reviews for unpaid carers are undertaken separately.

3. Information and Advice

3.1 The wider SCC Digital Strategy will improve access to information, advice, and guidance across all Council services. Sheffield Directory Improvement Plans include:

- Developing the self-assessment function which has been developed to enable people to assess their needs online and receive suggestions about the kind of equipment, adaptations,

² For further data on Assessment and Reviews performance see Appendix 2 WWP Delivery Plan Data Report

advice and guidance that they need to remain as independent as possible.

- Developing the financial assessment tool so that people can self-assess online.
- Linking in with the digital strategy to develop AI solutions.
- Strengthening links with the corporate strategy.
- Continuing the coproduction of content.
- Continuing to develop the accessibility and reach of the site.

3.1.2 Alongside the SCC Digital Strategy and Sheffield Directory improvement plans noted previously, the Carers Delivery Plan sets out improvements to how services are delivered to unpaid carers across the city. These include:

- Carers Advice line
- Carer's Assessments
- Personal Budgets
- Time for a Break grants
- Carer Card offer
- Legal Advice Clinic
- Counselling, group activities and workshops
- Carer Café

4. How does this decision contribute to the Council Plan?

4.1. Council Plan outcome

This proposal directly supports the Council Plan outcomes. In particular outcomes 2 and 3, "Great neighbourhoods that people are happy to call home" and "People live in caring, engaged communities that value diversity and support wellbeing".

4.2. People – Prosperity – Planet

4.2.1 The wellbeing of Sheffields drives the work of the Council. The Council want more people to live long, independent and fulfilling lives free from harm and poverty. The Council will actively engage with residents and community partners to understand the challenges they face and the solutions they want to see, working together to deliver these and facilitating others to take the lead when they are best placed. This proposal supports the triple lock of People, Prosperity and Planet.



5. What community or partner engagement has been undertaken and how has it informed the proposal

- 5.1 To enable this the governance structures will include the voices of those receiving care, carers, and care providers so that we ensure we deliver what matters to the people of Sheffield. We have undertaken a series of events which consulted on our CQC Self-Assessment and will of necessity provide us feedback across a wide range of our work.
- 5.2 An overall approach to coproduction and involvement is also a key element of the delivery plan, ensuring that the voice of citizens is integrated into all major developments ahead. This includes signing up to Think Local Act Personal Making It Real.

6. What alternative options did we consider?

- 6.1 This is an update on previously endorsed delivery plan in line with recommendations approved at Committee. No alternative options are available due to this.

7. How has equality, diversity and inclusion been actively considered?

- 7.1 As a Public Authority, we have legal requirements under the Equality Act 2010, collectively referred to as the 'general duties to promote equality'. Section 149(1) contains the Public Sector Equality Duty, under which public authorities must, in the exercise of their functions, have due regard to the need to:
1. eliminate discrimination, harassment, victimisation. and any other conduct that is connected to protected characteristics and prohibited by or under this Act.
 2. advance equality of opportunity between those who share a relevant protected characteristic and those who do not.
 3. foster good relations between those who share a relevant protected characteristic and those who do not.

The proposal described in this report is consistent with those requirements. It aims to develop a more efficient and person-centred approach and, as referenced in the Consultation section above, to ensure citizens' voices and experiences help to inform and develop the processes.

The nature and purpose of Adult Health & Social Care means that people sharing the protected characteristics of Age and/or Disability will be directly impacted by the proposals. However, the safeguarding remit means that people sharing certain other protected

characteristics (e.g. Sex, Race, Sexual Orientation) may also be particularly affected.

The key issue around equality is that we work to ensure we deal with people in a timely way to avoid deterioration in their situation. We are focussing on our early help and prevention offer to maximise people's independence. We have an improving trajectory in terms of our reviews and waiting times, and initiatives such as the Occupational Therapy clinic will enhance this situation.

Projects covered by the delivery plan are subject to individual EIAs.

8. Financial and Commercial Implications

- 8.1 There are no direct financial implications arising from endorsing the delivery plan. Any future activity arising from the plan will need to be assessed for its financial and commercial implications, and the appropriate approval sought.

9. Legal Implications

- 9.1 The core purpose of adult health and social care support is to help people to achieve the outcomes that matter to them in their life. The Care Act 2014 sets the Council's statutory power to direct the provision that:

- promotes wellbeing
- prevents the need for care and support
- protects adults from abuse and neglect (safeguarding)
- promotes health and care integration
- provides information and advice
- promotes diversity and quality.

Beyond the Act itself the obligations on Local Authorities are further set out in the Care Act statutory guidance issued by the government. By virtue of section 78 of the Act, Local Authorities must act within that guidance.

- 9.2 The Care Act Statutory Guidance at paragraph 4.52 requires Local Authorities to:

“... have in place published strategies that include plans that show how their legislative duties, corporate plans, analysis of local needs and requirements (integrated with the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy), thorough engagement with

people, carers and families, market and supply analysis, market structuring and interventions, resource allocations and procurement and contract management activities translate (now and in future) into appropriate high quality services that deliver identified outcomes for the people in their area and address any identified gaps".

This report therefore sets out how the Authority will meet its statutory obligations and it is itself a requirement of the wider Care Act framework. The Living The Life You Want to Live – Adult Social Care Strategy which was approved in March 2022 set out the high-level strategy to ensure these obligations are met. This report builds upon that by setting out how the aims of the strategy will be delivered and provides for the monitoring and review encouraged by the statutory guidance.

10.Climate and Environmental Implications

- 10.1 This report supports implementation of the Adults Climate Statement approved on January 2024 by ensuring that vulnerable people impacted by effects of climate change are supported. A key element of all teams is to have business continuity plans so that care can be delivery continuously.

11.Other implications

There are no other implications.

12.Reasons for decision

This is an update on a previously endorsed Delivery Plan in line with recommendations agreed at Committee.

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