

Personalisation & Direct Payments Strategy



Sheffield's Plan for Personalisation 2022 - 2028

“Personalised care and support services should be flexible so as to ensure people have choices over what they are supported with, when and how their support is provided and wherever possible, by whom.” [Care Act \(2014\) Statutory Guidance: 4.46](#)

Aim of the Strategy

The Personalisation and Direct Payments Strategy ensures that we put people first so that the citizens of Sheffield are empowered to take control and self-direct their own care and support; as a result, citizens will achieve the outcomes that they choose and live the life they want to live.

It describes how we will work collaboratively with people with lived experience, their families and carers, our partners and stakeholders to shape, design and produce new and improved ways of working.

The strategy outlines Sheffield’s commitments to increase and further develop approaches and practice around personalisation over the next 5 years (2023-2028).

Scope of the Strategy

This strategy sets out Sheffield City Council’s ambition for personalisation to become a reality and describes how we ensure people accessing social care achieve personalised support with good outcomes through support planning and where required, personal budgets. By personal budgets we mean the money people need to meet their eligible care and support needs to self-directed their own support, which includes Direct Payments and Individual Service Funds (ISFs).

This strategy aligns with Sheffield’s Adult Social Care Strategy (2022-2030), *Living the life you want to live*, which has the following vision:

“Everyone in Sheffield lives in a place they can call home, in communities that care, doing things that matter to them, celebrated for who they are - and when they need it, they receive care and support that prioritises independence, choice, and recovery.”

We are committed to ensuring personalised approaches are embedded in all our social care support and activities. This strategy sets out the aspirations for how we embed personalised support into our practice, our council-arranged services and opportunities we offer for people direct their own support.


More information about how this strategy aligns with and contributes to the wider Adult Social Care Strategy can be found in [Appendix A5](#).

The scope of the Personalisation and Direct Payments Strategy will include children, young people and adults who access social care support, and their carers.

We also recognise that some people who have complex ongoing healthcare needs may also use a personal health budget to pay for specific health needs. Although personal health budgets are not in scope for this strategy, we will make sure that both personal budgets and personal health budgets connect in their approaches.


Definitions


To reach a shared understanding of personalisation related concepts and approaches, we have worked with people with lived experience to develop and agree the following definitions:



Personalisation
is recognising people as individuals who have strengths and preferences. It is where people are at the centre of their own care and support and are in control of their lives


Independence
is the right to choose the way you live your life. It does not necessarily mean living by yourself or doing everything for yourself. It means the right to receive the assistance and support you need so you can live the life you want and participate in your community as you wish






Personal Budget
is money that is made available through the local council to pay for care and/or support to meet eligible needs. The money comes solely from adult social care and there are different ways that personal budgets can be received


Council Arranged Services
is when care and/or support that is arranged by your local council on behalf of people with eligible needs. The local councils may provide some services themselves, or they may buy services from care providers to meet the needs of their community.





Individual Service Funds (ISFs)
is when a personal budget is managed by a care provider on a person's behalf. The provider works with the person to arrange care and/or support that meets their needs. ISFs may suit people who want flexible support without them taking on the responsibilities that come with managing a Direct Payment

Direct Payment
is money paid to you (or someone acting on your behalf) from your local council so you can arrange your own support to meet your eligible needs. They are not available for residential care



People who are unable to manage a Direct Payment themselves, or the suitable person who makes decisions around Direct Payments for them, may choose to have a nominated agent who can manage the money. This could be provided by a nominated individual or through a Money Management Organisation.

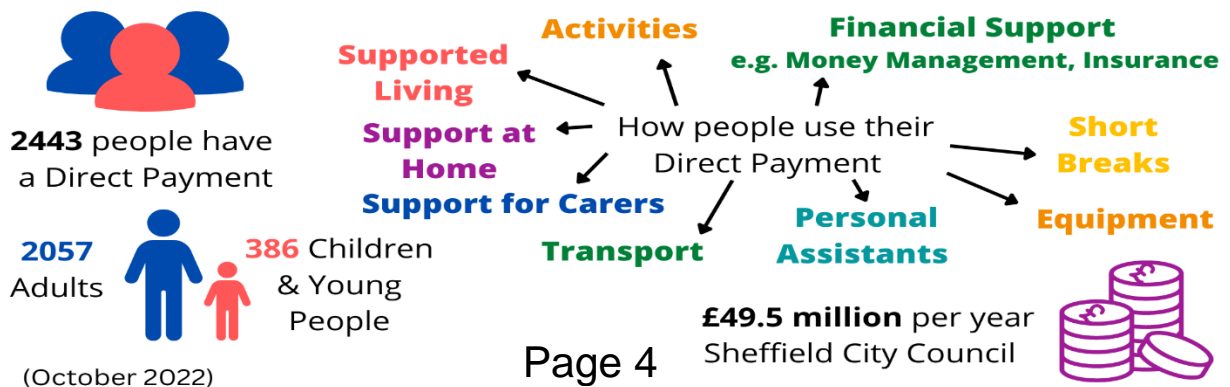
What things are like now in Sheffield

Improving personalisation in Sheffield to date has largely been focussed on developing the Direct Payments offer. This work has directly contributed to the successful creation of this strategy which outlines the Council’s vision and commitments for embedding personalisation for the longer term. This strategy will guide, co-ordinate and align the development and growth of personalised approaches for people who use social care moving forward.

A review of the Direct Payment system was carried out in 2020 and a programme of work was developed that would bring improvements for people accessing social care, Sheffield City Council, South Yorkshire Integrated Care Board and partner organisations. The dedicated programme of organisational change ensures consistency and transparency across social care and health services, with all the Council’s policies, procedures and processes for delivery being actively reviewed and enhanced.

The Direct Payments Improvement Programme is currently underway and now forms a core element of this strategy. The programme works collectively with citizens and partners to co-produce improved ways of working. In addition to the work completed to date, there are further opportunities in Sheffield to develop new personalised approaches which will offer greater choice and control for local people with social care needs. Opportunities include the continued advancements to the Direct Payment offer, the introduction of Individual Service Funds (ISFs), market shaping, development of more personalised support options, investment in the Personal Assistant workforce, improved support planning techniques that leads to better options of strengths-based, flexible support and the exploration of mechanisms for calculating fair and equitable personal budgets.

Sheffield Direct Payments at a glance



Our Values for Personalisation

Working together to improve personalisation in Sheffield requires us to share a set of values for how we go about our work and means that everyone knows what to expect. These values are key to delivering the vision for personalisation in Sheffield and reflect what people have told us is important about how we should all work.

Open and Honest

By working together with open and honest communication, the right information will be shared right from the start when people first consider a personalised support, and then every step of the way.

Flexible and Creative

Working together to be more personalised means working in flexible and creative ways, ensuring discussions and decisions support well-being and the lives people want to lead.

Clear and Simple

By working together, personalised support can be straightforward to understand while being organised and managed in clear and simple ways which develops skills and confidence.

Sheffield's Direct Payments Vision

In August 2021, Sheffield City Council, in partnership with NHS Sheffield Clinical Commissioning Group (now the South Yorkshire Integrated Care Board) and Disability Sheffield, published Sheffield's Direct Payments Vision. The vision was co-produced between people who access Direct Payments, staff, and partners. A copy of the vision can be found [here](#).

The vision for Direct Payments makes it possible for many people who have care and support needs to be able to think 'outside the box' and be more creative and innovative when making choices that improve their health and wellbeing.

Our vision was developed from a variety of people's perspectives, and says:

"Together, we will be bold, brave, and ambitious in our approach to Personalisation and Direct Payments. People can be flexible and creative with their personal budget, so the support they choose works for them.

By having open and honest conversations about support needs, we can plan together focusing on well-being and outcomes. We will enable people to try new things and feel safe when making their own choices about the support they have. People will know what their personal budget is to help them plan better.

To achieve this, we will build vibrant and innovative communities, a strong offer for personal assistants and a marketplace that reflects what people want. Our staff will have a deep understanding about personalisation, the values that underpin it and how they can support personalisation becoming a reality in Sheffield.

We will listen to, and work together with, people receiving their own personal budget, council and health staff, and partners. Together, creating ways of working that are simple, easy to use and transparent.

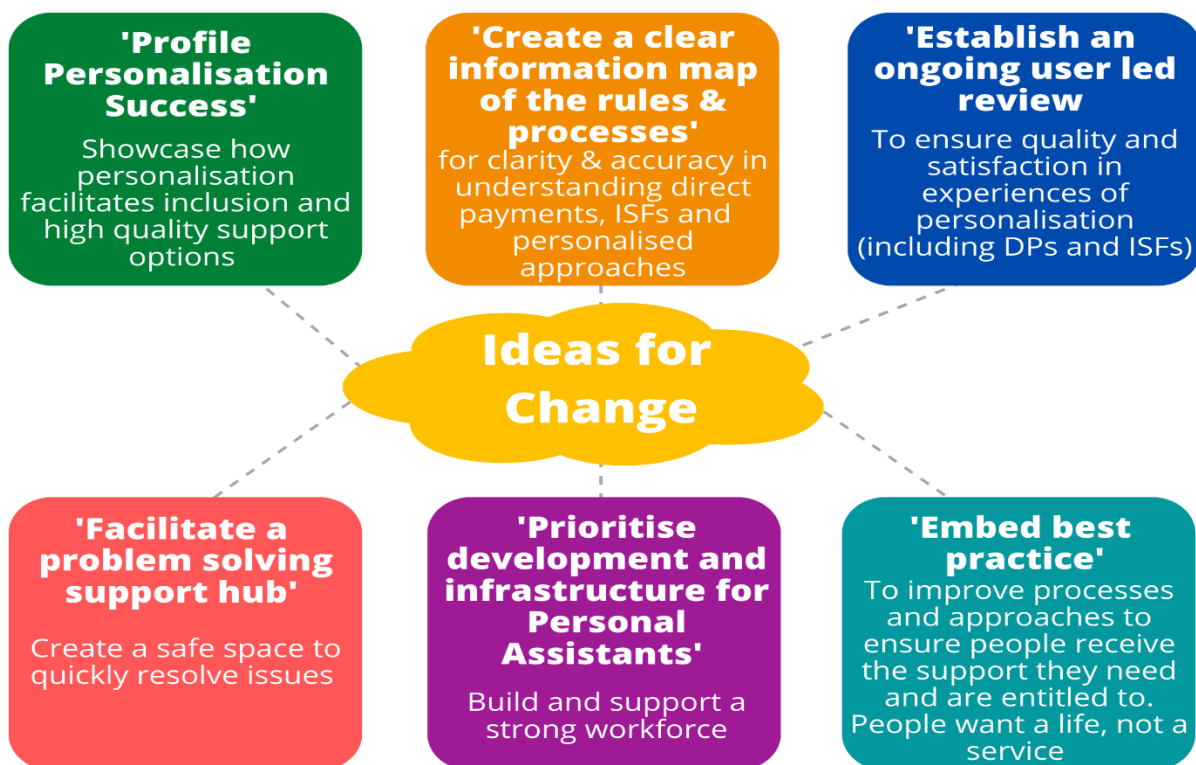
There will be created opportunities for people using Direct Payments to get support from peers and other Direct Payment experts when they want it. We will be clear about what's expected from people using Direct Payments and monitor how they are spent so we can offer support when people need it."

What people have told us

As part of the development of the Direct Payment Improvement Programme, Sheffield City Council engaged with a range of people to identify the key issues and concerns they had and to ask about what changes they would like to see made in the future. Further information can be found in [Appendix A3](#).

Further engagement with Direct Payment recipients, their families, carers, staff, and partners took place in July 2022. The key issues and ideas for change agreed were much wider than just direct payments and apply to how people currently experience and feel about personalisation in Sheffield.





Our priorities

We have worked with people to agree 5 priorities for the strategy that will address the key issues, respond to the ideas for change and will enable us to grow and develop approaches and practices around personalisation, ensuring that the way we work puts people first and empowers them to self-direct their own care and support.



1 Improve how personalisation is approached, and delivered, in Sheffield for people who use social care, and for the social care staff and workforce that supports them.



2 Work collaboratively with people who access social care, their representatives, staff, and partners to deliver our strategy for personalisation together.



3 Develop vibrant and diverse support options including a community of providers and a Personal Assistants workforce which offers personalised and responsive solutions for the people of Sheffield.



4 Build a strong, sustainable infrastructure for people to access or buy the right support for them and develop other approaches that offer people the level of choice and control that suits them.




5 Develop practice that promotes personalisation, which underpins the values and duties within the Care Act (2014) and provide ongoing support, advice and learning to champion and deliver personalisation.


We have developed a high-level delivery plan describing what we will do to enable us to address our strategy priorities and make the changes that people want to see. This delivery plan can be found in [Appendix A1](#).

Building on the co-production of the Direct Payment Improvement Programme and the development of this strategy, we will continue to work with and involve people with lived experience, their families and carers, our partners, and stakeholders to agree and develop specific and more detailed project plans. We will continue to keep people updated about the progress being made and work together to report on the difference that the strategy makes to people’s lives. Progress and delivery of the strategy will be governed through the Direct Payment Steering Group, which includes people with lived experience within its membership. The Steering group reports to and is accountable to the Adult Health Social Care Transformation Programme.

What we will do

Below are our key actions aligned to our 5 priorities, which will be addressed through the strategy and delivery plan:

	Improve how personalisation is approached and delivered in Sheffield for people who use social care, and for the social care staff and workforce that supports them.
We will...	
keep things simple, easy to follow and understand.	
improve knowledge, access and availability of personalised support and Direct Payments.	
create a straight-forward way to calculate personal budgets and simplify processes to manage Direct Payments.	
develop support planning to become more personalised, focusing on strengths and outcomes.	

	Work collaboratively with people who access social care, their representatives, staff, and partners to deliver our strategy for personalisation together.
We will...	
continue to expand our work with local people and other stakeholders to deliver our strategy together.	
ensure people and staff have access to the right information at the right time.	
aim to co-produce all the work that we do which means that when we develop things together there are no surprises.	



Develop a vibrant and diverse community of providers and support options which offer personalised and responsive solutions for the people of Sheffield.

We will...

create a vibrant marketplace which reflects local need and demand and provides real options for people to be supported in the way they choose.

work with people who purchase or direct their own support to develop and shape the market.

work with the market to develop and implement new methods which help people to have confidence about the quality of local support options.

promote and champion the role of Personal Assistants (PAs) leading to the growth of a skilled and dynamic Personal Assistant workforce.



Build a strong, sustainable infrastructure for people to access or buy the right support for them and develop other approaches that offer people the level of choice and control that suits them.

We will...

develop a new Individual Service Fund (ISF) offer for Sheffield.

build a directory of the local market which is quality marked, for people to shop, choose and direct their own support.

explore creative options for people to maximise their resources when arranging their support such as pooled budgets and the use of new technology.



Develop practice that promotes personalisation, which underpins the values and duties within the Care Act (2014) and provide ongoing support, advice and learning to champion and deliver personalisation.

We will...

produce a new personalisation training offer for social care staff and the market.

embed new ways of working to support personalised outcomes and enhance practice development to improve job satisfaction.

continue to develop better transparent information for people and staff to support them to make informed choices.

Postcards from the Future

Postcards from the Future helps us to imagine what things will be like in the future and help bring the strategy to life. They tell us how things will be better and how different people's lives are because of the strategy. This tell us that the strategy has been successful.

Yes – I'll be coming to the reunion! I managed to recruit a couple of new Personal Assistants to care for my daughter and with the new 'skills passport' we found PA's who already had some or all the training they needed.



The evening PA is already signed off to manage my daughter's equipment and meds – now she's through her probationary period she's moved onto the next pay band – and she and my daughter are looking forward to a trip to the cinema while I meet up with my old friends!

The other new PA is going to do night shifts. I'm sure my own health will improve once I'm getting enough sleep, and I'll have the energy to enjoy time with my daughter as an unpaid carer. I'm grateful for the support available to an Individual Employer like me and pleased to be helping our PAs build their skills portfolios and their careers in care.

See you soon, **Jennv**

I just wanted to let you know that my new Personal Assistant started today and once we'd got over our nerves and we'd started her induction we had a really good day together.



She hadn't worked in Social Care before but had been attracted to the advert as it looked like a really interesting job with lots of variety and opportunities for development.

She had seen the advert on the PA job website after spotting an article in the Sheffield Star about being a PA. She had also been attracted by the competitive pay rates.

She is interested in joining the PA network where she'll be able to get support and have an opportunity to talk with other Personal Assistants.

See you soon,

Zoë

Having a Direct Payment has never been easier!

There is such a wide choice of different services and providers available to me and I can compare what they offer so I can choose the service that meets my needs the best.

When looking for providers I find the ratings and feedback from other people who have used these services really helpful.

I have attended the Direct Payment Market Forum a few times now and found these meetings really useful to hear about new services and offers from service providers. With other people who use Direct Payments I am also able to give feedback to providers about what we need and what might be missing locally.

I look forward to seeing you soon,

Ray



Hi there, I'm so pleased I became a PA!

At first I was worried about undertaking personal care as I had no previous experience before I started my current role, however, I've learnt so much from this job and thoroughly enjoyed it.

The woman I work for is lovely and is a very good employer. There is plenty of support available in Sheffield for PAs including groups to meet and share our experiences with others.

Because of my role, I now know how to make chapatis and daal, have visited new places, learnt practical tasks, and developed my empathy. I'd definitely encourage anybody who thinks they can't do it, to give the PA role a go.

Thanks,

Megan



So excited, I will be able to join you for the weekend away with the girls after all.

I have a couple of new PAs since we last saw each other, and they are wonderful. The role of a PA is so well known now it made the recruitment so easy and smooth. There are so many people wanting to work 1:1 whilst having a flexible work life balance.

I've now got a group of PAs that are happy and able to come away and assist me whilst we trek across the Lake District. I did sometimes moan about having to be an employer, but these days there is so much support and assistance that it is definitely worth it. And the added bonus is that my PAs and I enjoy the same things.

See you at the weekend!

Mary



I am so pleased to have an Individual Service Fund!

Before these were introduced my support was arranged by the Council for me. This was ok, but I wanted more flexibility and more control over my support. I had been offered a Direct Payment before, but I didn't want the responsibility of managing this myself.



My ISF holding provider works closely with me, and my family, to plan and manage my support, and work towards achieving my outcomes. As my confidence and skills have grown I have been able to change and use different services as I need to – I feel like I am making real progress.

There are more options available to people in Sheffield now and it has made such a difference to me and how I live my life.

Hope to catch up soon,

Samuel

So great to catch up,

I came to PA work with no previous experience - but I love the variety and the opportunity to work with others. No day is alike, but every day is rewarding.



Knowing that I can make a difference to someone else's day, and give them independence makes being a PA a rewarding and enjoyable role.

Can't believe I've been in this job for 7 years now!

Kind regards,

Sarah

Direct Payments are so easy to set up!

As a social worker I feel very positive about the Direct Payments training we can access as it explains things in a simple and easy to understand way. It also incorporates the up-to-date Direct Payments processes on our Electronic Manual to support in making it a lot easier for social work staff to set up a Direct Payment.



The set-up process gives me a clear step-by-step guide and helps ensure everything that is needed to set up a Direct Payment is covered. The prompts and reminders are very helpful.

I've never felt as confident about Direct Payments!

Shamim

- [Appendix A1](#) - **Personalisation and Direct Payments Strategy Delivery Plan**
- [Appendix A2](#) - **Our journey so far**
- [Appendix A3](#) - **What people have told us is important to them**
- [Appendix A4](#) - **Financial Statement**
- [Appendix A5](#) - **How the Personalisation and Direct Payment Strategy will deliver on the ASC Strategy Commitments**
- [Appendix A6](#) - **Context for the Strategy**
- [Appendix A7](#) - **Market Shaping Statement**

Appendix A1 - Personalisation and Direct Payments Strategy Delivery Plan

Below is the high-level delivery plan of the Personalisation and Direct Payments Strategy. A comprehensive improvement and development programme has been underway for the past 18 months, with some areas of work already complete (see *Appendix A3*), therefore this delivery plan describes current and planned deliverables.

Theme	Milestone/action	By when	Lead	RAG
Policy Workstream	Co-produce Personalisation and Direct Payments Strategy outlining Sheffield's commitments to increase, and further develop, approaches and practices around personalisation.	December 2022	Mary Gardner, Andy Buxton	Green
	Co-produce Personalisation Policy to include flexibility, autonomy, and creative use of personal budgets to meet eligible needs and outcomes.	June 2023	Mary Gardner, Andy Buxton	
	Develop a practice model that ensures the offer of how to receive personal budget is upfront and leads support planning	July 2023	Mary Gardner / Chief Social Work Officer	
	Develop an approach to topping up Direct Payments and implement revised guidance for social care.	December 2022	Mary Gardner, Shamim Akhtar	Green
Process Workstream	Define and review end-to-end journey process models providing clarity, and consistency, in delivering, and providing, personalised approaches. This will include processes for set-up, support and payments, personal contributions and, process interfaces with children's and health services.	January 2023	Mary Gardner/ Kat Dyson-Baggaley	Green
	Review, update, and publish a suite of factsheets about Direct Payments which have been co-designed with people with lived experience and colleagues.	January 2023	Mary Gardner/ Kat Dyson-Baggaley	Green
	Work with people with lived experience and colleagues to identify and develop further factsheets as required as new personalised approaches are introduced.	December 2025	Mary Gardner/ Kat Dyson-Baggaley	Green
	Design and deliver introduction to Direct Payments training and learning resources for social care staff to support practice development.	March 2023	Shamim Akhtar	Green
	Design and deliver identified training and learning resources for social workers to support practice development around new and developing personalised approaches.	December 2025	Shamim Akhtar/ Mary Gardner/Practice Development team	Green
	Embed new practice around Direct Payments and Personalisation.	December 2027	Mary Gardner/Shamim Akhtar	Green
	Improve data integrity and the quality of information for Direct Payments and Personal Budgets.	December 2023	Mary Gardner/ John Higginbottom	Green

	Improve and embed support planning techniques that leads to better options of strengths-based, person-centred, flexible support.	March 2028	Mary Gardner/ Chief Social Work Officer	
	Exploration, development and embedding of mechanisms for calculating fair and equitable personal budgets.	March 2028	Mary Gardner/Finance/ Chief Social Work Officer	
	Existing process and recording systems for auditing Direct Payments to be reviewed and amended to align with service improvements.	January 2023	Elizabeth Thomson/ Paul Edwards	Green
	New monitoring and/or auditing processes developed and established to facilitate new approaches including Individual Service Funds (ISFs).	March 2024	Elizabeth Thomson/ Paul Edwards/Andy Buxton	Green
	Develop new protocols for joint working to facilitate an effective communication system and working relationship between commissioning, social care, and providers.	February 2023	Elizabeth Thomson/ Paul Edwards/Andy Buxton	Green
Money Management Workstream	Progress the revised Money Management Quality Assurance to business as usual.	December 2023	Lauren Beever/Andy Buxton	Green
	Create a range of options for people to manage their personal budget.	December 2024	Lauren Beever/Andy Buxton	Green
	Ensure people have access to clear and correct information about options for managing their money to make informed choices.	December 2023	Lauren Beever/Andy Buxton	Green
Direct Payment Support Workstream	Establish and implement a robust and responsive internal support offer including social work expertise, Direct Payments advice and financial monitoring and support.	April 2023	Mary Gardner	Green
	Successful mobilisation of interim, commissioned Direct Payment Support Service.	January 2023	Andy Buxton	Green
	Evaluate of Year 1 of 2-year interim Direct Payment Support Service.	September 2023	Andy Buxton	
	Complete an options appraisal of potential options for the long-term support service offer.	October 2023	Andy Buxton	Green
	Proposed future option for support service approved.	November 2023	Andy Buxton	
	Development and co-design of future support service.	March 2024	Andy Buxton	
	Procurement of future, long-term Direct Payment support offer.	July 2024	Andy Buxton	
Mobilisation of future, long-term Direct Payment support offer.	August 2024	Andy Buxton		
Market Shaping Workstream	Develop an understanding of the current market for Direct Payments, and work with people with lived experience, to identify gaps and priority areas to inform the shaping of a diverse and responsive market.	December 2022	Andy Buxton/ Kat Dyson-Baggaley	Green
	Develop and invest in the Personal Assistant (PA) workforce.	March 2024	Mary Gardner/Andy Buxton	Green

	Develop and shape a diverse, responsive, and creative marketplace for people purchasing their own support.	December 2025	Andy Buxton/ Kat Dyson-Baggaley	Green
	Ensure people have access to clear and correct information about the Direct Payment market meaning people are aware of what options are available and have real choice.	December 2025	Andy Buxton/ Kat Dyson-Baggaley	Green
	Pilot and develop an Individual Service Funds (ISFs) offer in Sheffield.	September 2023	Andy Buxton/Mary Gardner	Green
	Building upon the pilot, expand and further develop the ISF offer for wider roll-out, ensuring ISFs are a viable and sustainable option in Sheffield.	December 2027	Andy Buxton/Mary Gardner	
	Create a range of options to enable people to have assurance of the quality and appropriateness of market offers.	December 2024	Andy Buxton/Lauren Beever	Green
	Explore and develop options for tech-enabled care and assistive technology that can be accessed via a Direct Payment.	June 2023	Andy Buxton/Paul Higginbottom	Green
	Work with people with lived experience and the market to co-produce the future market approach for personalised support.	December 2027	Andy Buxton	Green
DP Review Workstream	Undertake reviews for people whose support has been particularly impacted by Covid-19.	March 2023	Julie Marshall	Green
	Undertake reviews of people whose support is unclear since the migration to Liquid Logic.	July 2023	Julie Marshall	Green
	Undertake reviews for people who may prefer or require alternative options to Direct Payments.	March 2024	Julie Marshall	Green

Key:

Green – activities in progress.

Purple – activities not in progress yet.

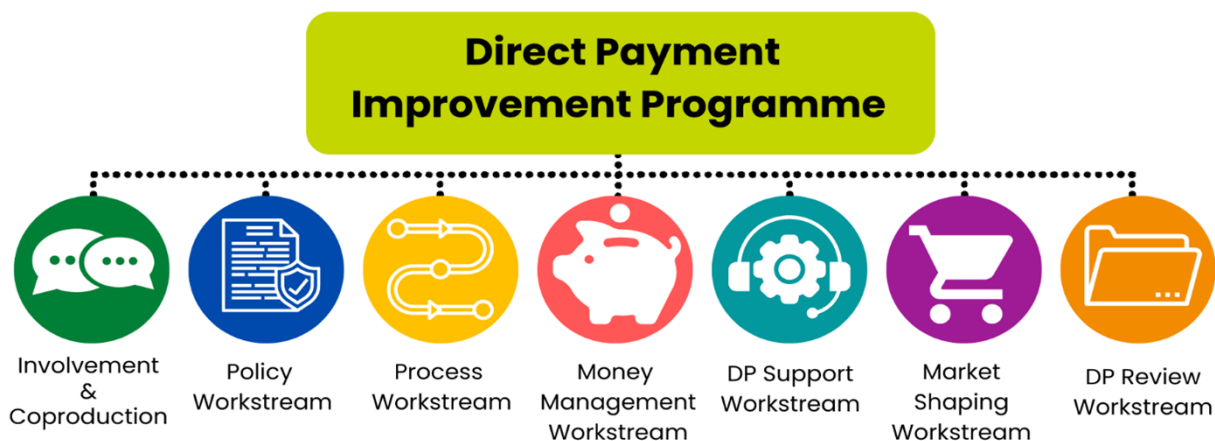
Appendix A2 – Our journey so far

The Direct Payment Improvement Programme is a series of interlinked workstreams with the common purpose of transforming the Direct Payments approach in Sheffield. This ensures compliance with the Care Act, more independence for people using social care, value for money for both Sheffield City Council and Direct Payment recipients and to offer specialised advice and support to staff and recipients.

The aims of the improvement programme are:

1. To improve our Direct Payments offer to people who use social care and to the social care staff that arrange them.
2. To develop a vibrant and diverse community of providers and support options for the people of Sheffield.
3. To build a strong, sustainable infrastructure for people to ‘micro commission’ their own support.
4. To develop practice which underpins the values and duties within the Care Act.
5. To work collaboratively with staff, partner agencies and people who use Direct Payments, as equal partners, to deliver the aims of the improvement programme.
6. To provide ongoing support, advice and learning on Direct Payments.

The programme comprises of 7 workstreams which each contain multiple areas of work and projects:



Involvement & Co-production Workstream – This focusses on how we identify, and involve, a wide range of people with lived experience of using social care in Sheffield to co-produce a model for the future of personalised support. We will work together as equal partners to design and deliver the improvement programme.

Policy Workstream – This focusses on creating Sheffield City Council’s offer to Direct Payments and how to improve this. It addresses policy decisions and provides commitment to personalisation across the Council. This covers creating the Direct Payment Vision, the Personalisation strategy, and producing policies which comply with our statutory duties.

Process Workstream - The focus is on the processes for staff and customers and how to improve these to become more effective and efficient. This covers embedding practice, improving data quality, a Direct Payment audit review, designing a Direct Payment calculator, expanding advice, guidance and training, and developing practice guidance for all staff.

Money Management Workstream - Developing options for managing Direct Payments, ensuring that there are robust structures in place to provide, and quality assure, money management support as well as building strong relationships between the Council and money management companies. This covers developing principles of use, standards of quality and monitoring, and creating joint working protocols.

Direct Payment Support Workstream – Develops the requirements the Council has to offer specialist support and advice to people and its staff, aiming to increase the uptake of Direct Payments and fulfil its duties in the Care Act. It focusses on creating an environment with the relevant level of knowledge and expertise. It covers the procurement of an interim support service enabling us to appraise and develop an effective long-term support solution.

Market Shaping Workstream – Its purpose is to shape and develop a creative, diverse, and responsive marketplace for personalised support. Enabling people to have more choice and control over, and to have alternative options for, arranging their support. This covers a market stock take, PA workforce development, expansion of Individual Service Funds (ISFs), market quality assurance and exploring assistive technology options.

Direct Payment Reviews Workstream – A focus on reviews for people whose support has been particularly impacted on by Covid-19, those who were asked to accept Direct Payments to meet their needs but may now have alternative support options available and those whose support is unclear since the migration to Liquid Logic.

These workstreams have now been incorporated into the Personalisation and Direct Payments Strategy Delivery Plan.

When Direct Payments work well

Below is a story about employing a PA with Autism from Hannah, a parent with a son who has a Direct Payment in Sheffield:

“It has been an amazing opportunity for our family to employ a PA for our 13-year-old autistic son. Having the support of a PA has made a huge difference for our son and our family as a whole.

Having a PA has provided our son with regular and consistent interaction with someone outside our immediate family unit. Before having a PA our son had not been able to make any meaningful connections or relationships with others due to his high level of need and was lonely and isolated. When considering recruiting a PA, we wanted to create a role that could be accessible to someone with a disability and were committed to making reasonable adjustments within the role to accommodate this.

We have been extremely fortunate to be able to employ a PA who is on the autistic spectrum, and he is a fantastic employee who we will be able to give an excellent reference to when he looks for full-time employment in the future. Our PA is eight years older than our son and so is really aware of the different things our son is facing as he goes through his adolescence, our son loves spending time with his PA because he doesn't put any unwanted social pressure or expectations on him. Both our son and his PA both enjoy doing similar things, and our PA provides companionship for our son that he has been unable to access from any of his peers.

It has been really beneficial for our PA to gain employment as having routine hours has given him a sense of purpose and value and has helped his self-esteem. We are able to give him regular positive feedback as he thrives in his role, and this contributes to his well-being. He has been able to see that he is capable of completing the application and interview process and be reliable and punctual in his work. He is therefore, highly valued in the workplace and we know that this will contribute to helping him gain employment in the future.

We make reasonable adjustments to enable our PA to be able to do his job, and while this takes some time, effort and thoughtfulness, it is a joy to be able to be a considerate employer providing an opportunity of employment for someone that otherwise may not have been able to enter into the world of work.

We are so grateful that we can employ a PA as we feel that the employment benefits both our son and his PA often in equal measure.”

A summary of the progress based on the themes people highlighted as the key issues made on the Direct Payment Improvement Programme to date is below:

You said, we did				
“Give choice & better quality support”	“The rules are not clear”	“You can’t get an answer”	“We are exposed”	“It’s a risky staff situation”
<p>Direct Payments Vision co-produced and sets out a commitment to flexible use.</p> <p>Co-produced an updated PA Employers Handbook.</p> <p>Direct Payment Support Service started in September 2022, free to access.</p> <p>Factsheets produced to help people make informed choices about managing their money.</p> <p>Refreshed standards for Money Management Companies.</p> <p>Market shaping to increase the diversity of personalised support options.</p>	<p>The Vision says what is expected from both the Council and people receiving Direct Payments.</p> <p>Personalisation and Direct Payments Strategy is being developed with our commitment for the next 5 years.</p> <p>There is a new dedicated webpage for Direct Payments.</p> <p>New processes have been developed for how Direct Payments are set up.</p> <p>New factsheets have been produced on topics linked to organising and managing Direct Payments.</p>	<p>Clear and consistent processes, and decision making improved, to include:</p> <ul style="list-style-type: none"> • A Direct Payment calculator to work out the costs • A new set up process for all to use • An expert Direct Payment social worker to support staff to get answers accurately and quickly • A new training programme for staff 	<p>Following the guidance within the Care Act (2014).</p> <p>Co-production means we develop things together, meaning no surprises.</p> <p>Improvements to systems such as automatic annual increases and regular weekly payments put people in control to plan their support.</p> <p>A review of the audit process to simplify.</p> <p>Introduction process and letters to explain Direct Payments.</p>	<p>A review of PA role and wages has been completed.</p> <p>PA Rates Decision Making Tool has been created to set the pay range.</p> <p>The role of the PA has been linked to the Sheffield-wide Workforce Strategy.</p> <p>We are creating a training & development offer for PAs and Employers.</p> <p>Introduced incentive and benefit schemes for PAs such as Togetherall.</p>

Appendix A3 - What people have told us is important to them

In the creation of this strategy extensive engagement has taken place with a range of people with lived experience of using social care, their carers, Personal Assistants, Council staff working both face-to-face with people and those in supporting roles, and external partners and stakeholders. Feedback, opinions, and views were gathered about the existing picture and their wishes for the future.

During the development of the Personalisation and Direct Payments Strategy, 861 people with lived experience and 91 staff have had the opportunity to shape its content and to comment on its development. People have been able to contribute through face-to-face workshops, email, telephone call and one-to-one sessions.

This section provides detail of their views and opinions captured over the last two years, focussing initially on Direct Payments, but then more broadly on this strategy and drivers to achieve personalisation.

Initially people who shared their views and experiences of Direct Payments through a mixture of surveys, interviews, and discussion groups. The key issues identified were:

Key Issues	What people told us
<p>1. 'Give choice and better-quality support'</p>	<p>Direct Payments offer person centred, flexible, high-quality support. People report that Direct Payments enable a greater level of choice and control. Support can be styled in a person-centred way to suit the individual.</p> <p><i>'...My children get the support they need and they are kept safe by dedicated PA's who are committed to their role. As a family, we are able to have a better quality of life, instead of just coping from one day to the next and being terrified for our children's safety. We are able to put all the therapies in place (speech and language, OT, behavioural support) that we couldn't do before as we were constantly doing crisis management...'</i></p> <p>Local management of support and assistance offer a way to wider participation as well as being able to avoid institutional values of the 'care' setting that focus on reducing tasks to body parts, not inclusion.</p>
<p>2. 'The rules are not clear'</p>	<p>Information about Direct Payments is not often accessible and is hard to navigate.</p> <p>While there is a range of general information available about direct payments, such as what it is, how to access it and the support available this is not always easily accessible and can be difficult to navigate.</p> <p><i>'...It feels like a part-time job all of its own. There is a lot to remember and a great deal of paperwork to sort out. Whilst I appreciate there has to be auditing and processes around this, it would be really helpful to have a web resource which really sets out all steps, templates and expectations. The information from the Council is okay but the financial confirmation letter is nonsense. It doesn't relate to the support in an understandable way and then that impacts on overspend...'</i></p>

	<p>Members from BAME communities in Sheffield talk about how disabled people find social care information to be confusing and unintuitive; especially that about care charges and in the reporting of situations where individuals avoid seeking help as they feel it to be problematic, rather than supportive.</p> <p>Additionally, more detailed information about specific aspects of information, including entitlement, processes, expectations, and responsibilities are not well mapped out.</p> <p>The presentation of this information is also not transparent, and people report experiences of assessors withholding information about direct payment options. This was articulated as being about an imbalance of power in the relationship; that Direct Payment recipients feel as though they are treated as competitive service contractors, rather than independent partners facilitating citizenship and inclusion.</p>
<p>3. 'You can't get an answer'</p>	<p>Resolving problems can be lengthy or sometimes just left incomplete or unanswered.</p> <p>When things go wrong or there are disputes about say, contributions, inflationary uplifts, reviews, or expenditure queries people report a frustration at the long lengths of time it might take to resolve issues.</p> <p><i>'...Getting the correct figures from the assessment - there were numerous errors in the calculations made by the Council. At one point, the monthly sum was being paid in weekly. Arranging uplifts for providers is a nightmare. It would be great if the money could be used very flexibly between providers...'</i></p> <p>Additionally, when matters are resolved there appears to be a lack of ownership or responsibility taken as why the error may have occurred, such as a disability related expenditure readjustment or overcharging.</p>
<p>4. 'We are exposed'</p>	<p>Uncertainty in support, and an inflexibility in what allocation can be used for, causes pressure and distress.</p> <p>People report feeling isolated and having to sort out things for themselves from the off. While some initial guidance may be given, set up and development of the support arrangement can become a significant responsibility.</p> <p><i>'...I found the whole process extremely slow. We no longer have a social worker assigned to us so cannot approach anyone for further support or advice. It's not monitored even though I keep getting hints that [the Council] will start this, you [the Council] haven't actually asked for any paperwork yet. I didn't want to be an employer but was left with little choice and found this aspect extremely daunting. ... I think it has been more to do with the mental health team not knowing how it works properly and not supporting the whole thing appropriately. It is much better now I have different people involved but it put me in a lot of dangerous positions...'</i></p> <p>While some are keen and capable to take on the Direct Payment, they also can feel unsupported, with some managing and some not, which can lead to difficulties and a breakdown in the support arrangement. There is also a frustration concerning the lack of flexibility in what a Direct Payment can</p>

	<p>be used for, the length of time it can take to get authorisation for minor changes and an excessive focus on budget lines, rather than broader headings that relate to independent living.</p>
<p>5. 'It's a risky staff situation'</p>	<p>Rates of pay; the lack of development opportunities and precarious conditions can put staff and employers at significant risk.</p> <p>Rates of pay; development opportunities and support infrastructure are reported as fundamental workforce and management issues. For individual employers with PAs recruiting skilled staff can be difficult, and for those using staff via agencies there is a key issue about consistency.</p> <p><i>'...[it's a problem] finding quality PAs, especially at such low pay e.g. £10 [and] training them especially as funding is hard to get at the time needed. Coping with Covid, the risks of PA passing on Covid if they are in property. It takes a lot of time recruiting PAs, induction and training, and then twice I've found they're unreliable or not suitable and it's very hard to terminate them as legal advisors are fearful of litigation, regarding unfair dismissal due to alleged discrimination. Which is very distressing for [us as] the employer...'</i></p> <p>Overwhelmingly respondents raised issues with the low wages for staff and the difficulties this causes. An individual employer from a BAME community in Sheffield reported PAs persistently asking for wage increases, and the relationship breaking down. People report challenges of staff retention and will try and use creative ways to reward staff, such as encouraging training opportunities or flexible working arrangements etc. Back up cover can be problematic and can put additional pressure on families who will take on support responsibilities.</p>

People made suggestions and ideas for change in Sheffield. These were drawn from the key issues into themes for change:

Ideas for change	What people told us
<p>1. 'Profile Direct Payment success'</p>	<p><i>'...Direct Payments were developed to give people with a defined budget the ability to have control and choice in their lives - in order to give them equality with their able-bodied peers- but in practice they have anything but these. There are still many discriminatory aspects of the whole personal budget process and operation which deny disabled people those basic rights...'</i></p> <p>Explore ways to promote everyday Direct Payment success stories that will encourage new or potential recipients to make informed decisions. This could be linked to training materials that support people with setting up a Direct Payment or making decisions to take one on. Also, this should be targeted at professional roles. As well as this, human stories of positive Direct Payment usage can be profiled to ensure they showcase how inclusion can be done across a range of backgrounds, cultures, lifestyles and impairment effects.</p>

<p>2. 'Create a clear information map of the rules and processes'</p>	<p><i>'...Make it more open. [We should] be able see social worker submissions. Decisions being [made] clear, accurate and more timely. [And] be there 24/7...'</i></p> <p>Create a range of accessible information, on a variety of platforms with the diverse communities of Sheffield that empower and informs recipients factually, impartially, and in a way that is culturally relevant. It should be produced in a range of formats and utilise human stories to promote potential of Direct Payments. Information should be presented accurately across the many contexts that it is delivered. That is, during formal interactions like assessments or reviews, official correspondence, or other information material, both online and offline. Information for Direct Payment recipients, current or potential, should be broken down into clear sections and map out the journey, expectation, entitlement and responsibilities in a transparent and accountable way. It was also noted that a 2012 guide for individual employees previously produced was useful, but now is felt to require an update.</p>
<p>3. 'Establish an ongoing user led review'</p>	<p><i>'...To universally embrace the clear rationale of Direct Payment by those who support, work and deliver. An equal relationship between the Local Authority and the individual to ensure a full and rich life..'</i></p> <p>Commit to an ongoing partnership and involvement with an expert group of direct payment stakeholders to review and assess policy and practice periodically. The group should ideally have a formal role within the statutory structure, be made up of people with lived experiences, direct payment recipients and council staff and others with formal responsibility. The purpose being to work in partnership to ensure inclusion through quality. This group could undertake reviews of performance, quality, troubleshoot barriers and develop solutions. This group should be informed by robust data about direct payment take up, usage and outcomes.</p>
<p>4. 'Facilitate a problem-solving supportive hub'</p>	<p><i>'...What I wanted was more advice & support about recognised providers who could help us, instead of money thrown at us and being left to muddle though it by ourselves...'</i></p> <p>Develop a peer support, but a multi-agency hub that offers practical guidance and advice in a human and sensitive way to support recipients resolve issues and develop strong direct payment support functions. Such a space should be able to connect people looking for advice or solutions with those that can offer help or provide information and examples of such. It should be able to offer guidance and support and facilitate sharing problems and solutions and be supported by 'champions' within the community and local authority who actively promote direct payments. While some are keen and capable to take on the direct payment, they also can feel unsupported, with some managing and some not, which can lead to difficulties and a breakdown in the support arrangement. There is also a frustration concerning the lack of flexibility in what a direct payment can be used for, the length of time it can take to get authorisation for minor changes and an excessive focus on budget lines, rather than broader headings that relate to independent living.</p>

5. 'Prioritise staff development and infrastructure'

'... higher rates of pay for the Personal Assistants who without them I couldn't do my job...'

Increase PA pay rates and enhance Direct Payment recipient's opportunities to reward, retain and develop their staff doing PA roles. Develop a PA peer support network to offer support, such as through a peer support and non-managerial supervision. Enable Direct Payment budgets to include staff development headings specific to the individual employer. Further develop a 'back up' PA register so that people have support if emergencies arise. Coordinate opportunities for training and development so that recipients can access training that is relevant to their roles easily and promptly.

Sheffield City Council staff were also surveyed about their experience and views of the Direct Payments offer. Findings from the survey highlighted the need to:

- **build confidence in Direct Payments, creating an environment of empowerment, trust and transparency**
- **invest in strong support, training, and guidance to influence staff and to improve everyone's confidence and experience**
- **simplify the current system, removing complicated processes**

A summary of the feedback and ideas for change from staff are as follows:

Our Support, Information & Advice

"Clear and simple information about how to use a Direct Payment is needed"
 "We need a Direct Payments support service"
 "Our Direct Payment guidance is non-existent, pretty much"
 "We are not given the information or tools needed to think 'out of the box' to find client specific support."

Our Approach

"I feel that we control Direct Payments, and they don't offer people any flexibility as we have to get everything signed off"
 "When I have worked with people to make changes I feel that Direct Payments have been forced upon them because there are not enough commissioned services"
 "Staff are scared that if we go back to using Direct Payments flexibly and don't specify everything, stuff will get 'out of control' and the Council will massively overspend. We are not good at producing robust assessments that show what someone's needs are, what outcomes they want to achieve and how the support we fund does that."

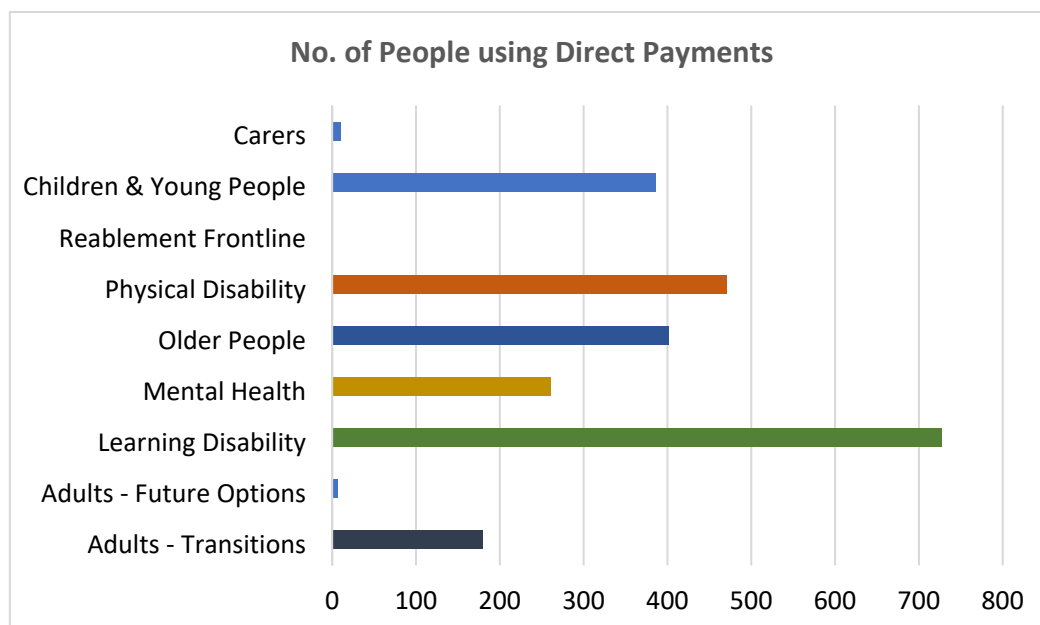
Our Process

"Setting up Direct Payments, particularly the calculation is essentially accountancy which social workers and care managers are not qualified for and certainly didn't come into the role to do."
 "The complexity of putting Direct Payments on LAS [Liquid Logic] is definitely something which puts staff off from offering them, as opposed to a general unwillingness to use Direct Payments in principle."

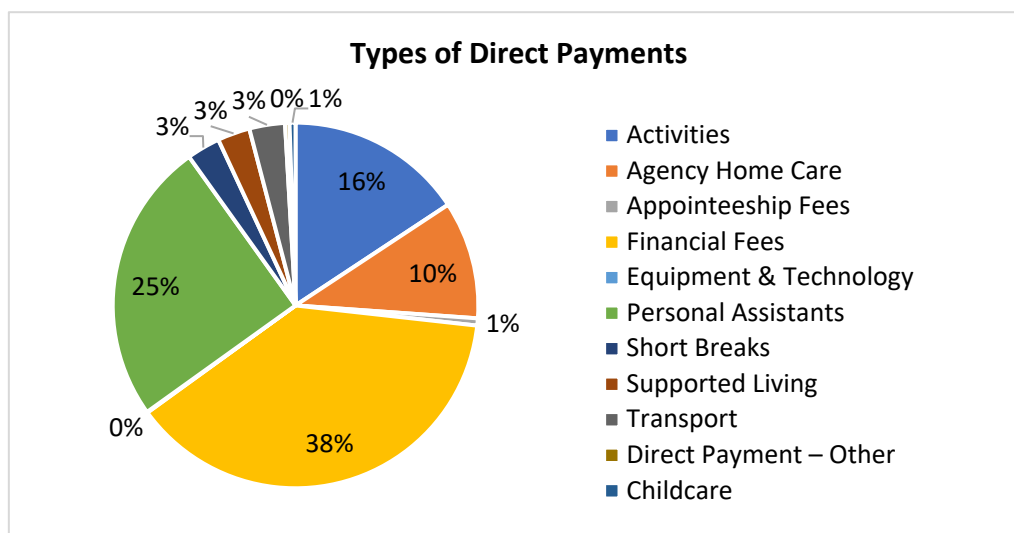
Appendix A4 – Financial Statement

Current Position – scope and spend

There are currently 2443 people in receipt of Direct Payments in Sheffield, 2057 people receiving support from Adult Services and 386 people from Children and Young People’s Service. This breaks down into the following groups of people:



Direct Payments are used to purchase a variety of support options. Currently, these include:



The total spend on Direct Payments in Sheffield is £49.5 million per annum. 32% adults use Direct Payments out of all those who receive regular social care services. There is currently £223m spent on Adult Social Care in direct support costs (excluding social care support services such as commissioning and contracting, finance payments services, accounts and recovery services). Direct Payments equate to 22% of the direct support costs. The detail on spending above reflects spending prior to any assessed financial contributions being applied.

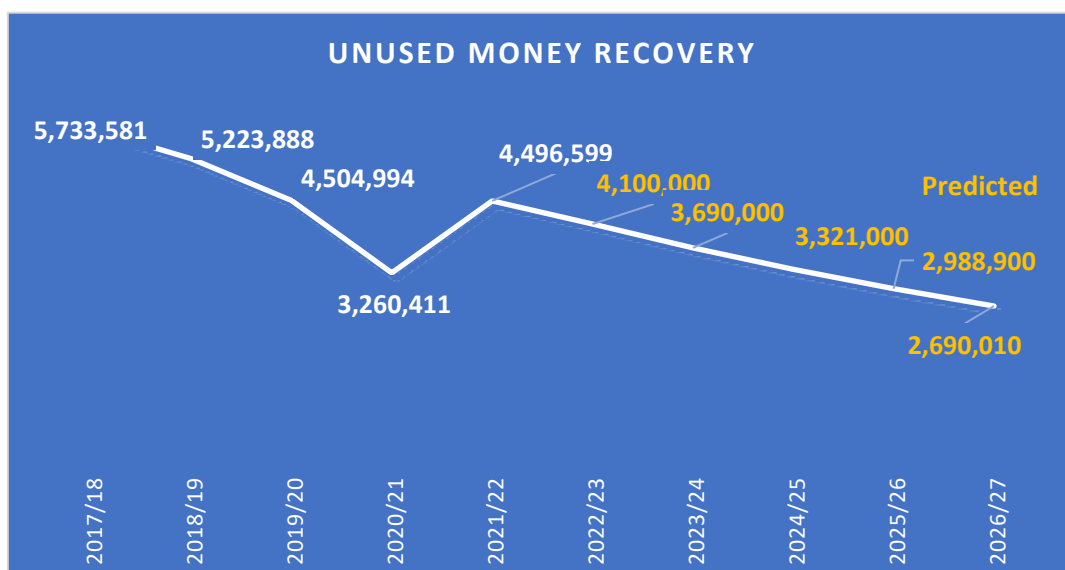
In Children and Young People’s Service the spending on Direct Payments is £3.1 million per annum (£3m Children with Disabilities, £45.2k Special Needs Inclusion Play Scheme).

Current Position – income and audit recovery

Our current system for Direct Payments allows payments to be made net of any assessed financial contribution, meaning that if the individual has been assessed to be able to contribute towards their care or support then this amount is deducted prior to the Direct Payment being made. This reduces the requirement to invoice for this money.

In line with our duties within the Care Act and for managing public money, we have a small, dedicated team responsible for monitoring how people use and spend their Direct Payment. Monitoring of Direct Payments occurs at least annually, targeting the largest budgets holders more frequently.

As part of the monitoring process people are asked how they have spent their Personal Budget to meet their agreed needs. People are also asked whether there is any remaining budget which is unused that can be returned to the Council. Any returned unused Direct Payment is returned to the social care budget so that it can be spent on others. This is a unique two-way relationship between the Council and Direct Payment recipients which does not automatically feature elsewhere in social care partnerships.



The fluctuation in recovery over the last few years exist predominantly due to the pandemic. It was essential to ensure people had sufficient monies to cover any variation in support options and cover any addition costs this may have caused.

The 10% demonstration of a reduction in audit recovery is attributed to the changes being made by the Direct Payment Improvement Programme. The creation of new tools made to calculate the cost of individual Direct Payments along with a more flexible approach to how people can use their money more creatively will in turn mean that the initial amount of personal budget will be less. This means that although there will be less unused budget recovered, starting personal budgets will more accurately reflect the actual support costs. Initial data is already showing that new Direct Payments cost less than existing ones.

Comparison with Other Local Authorities

It is useful to consider Sheffield's performance in relation to Direct Payments against neighbouring local authorities and other core cities. This enables us to not only compare how well the people we support are served but also evaluate our approach.

In terms of the proportion of people who use social care receiving Direct Payments within the region, Sheffield is 6th out of our 15.

Best is:	Barnsley	Bradford	Calderdale	Doncaster	East Riding of Yorkshire	Kingston upon Hull	City of Kirklees	Leeds	North East Lincolnshire	North Lincolnshire	North Yorkshire	Rotherham	Sheffield	Wakefield	York
High	36%	21%	29%	41%	40%	26%	37%	15%	20%	42%	18%	23%	35%	16%	29%

Comparing our costs of Direct Payments across other core cities shows that Sheffield spends more.

	Sheffield	Leeds	Liverpool	Nottingham	Birmingham	Newcastle	Bristol	Manchester	Core Cities	CIPFA Group	Y & H Region	England
DP	£8,160	£2,258	£1,024	£5,037	£5,577	£2,502	£3,971	£3,219	£4,154	£3,886	£4,405	£4,215

Variances can be as a result of how Direct Payments are configured in different local authorities. For example some authorities have separate contracted services for money management whereas in Sheffield the money for this is included in the Direct Payment spending.

Impact of Future Improvements

Successful implementation of the Personalisation and Direct Payment Strategy will have a range of benefits, including costs:

- people will stay in control and manage changes for themselves requiring less input from social work staff.
- improved ways of working, clearer information, and better joined up working will:
 - improve efficiency to ensure that people get the right support promptly.
 - a diverse market that will offer a wide range of personalised support.
 - high-quality, value for money support options.

The success and implementation of the strategy also requires investment while we continue to develop our offer. Our internal and external Direct Payment support services are starting to demonstrate savings against the investment. In addition, the financial implications of this strategy are intensified by the current context of a restrictive budget and covid-driven costs. Aligning our business planning, the improvement programme outcomes and this strategy will drive investment in more sustainable approaches as financial benefits are realised.

Our long-term financial plan to support the implementation of the Personalisation and Direct Payments Strategy consists of three elements:

- 1. build more efficient and effective simplified processes.**
- 2. enable flexible, responsive and self-directed approaches to using personal budgets.**
- 3. develop a diverse high-quality, value for money market-place.**

In the delivery of this financial plan we aim to

- increase numbers of people wanting to use Direct Payments and Individual Service Funds.
- target young people to self-direct their own support earlier in life in order to stay in control as they transition to adulthood.
- develop mechanisms that calculate budgets based on needs enabling better planning of outcomes at lower cost support solutions.
- use creative and personalised support planning to avoid a traditional one size fits all approach, ensuring we do not over provide, create unintentional barriers or cause unnecessary costs.
- nurture the use of pooled budgets for shared support options.
- protect public money.

We will also work together to collectively realise the benefits of other social care improvement activities, such as:

- potential savings from a more inclusive commissioned framework services particularly for people moving from Direct Payments that were set up because a framework provider previously not being available or for being more inclusive for people from different ethnic backgrounds.
- the children's short breaks project looking to improve the offer across the city.

The Strategy detail outlined is all subject to it being affordable for the Council and will be kept under review through normal monitoring processes.

Governance

Good governance enables us to test how well we are delivering the Personalisation and Direct Payments Strategy and how well we are keeping to the values and priorities it sets out. It does this by establishing how we will measure how well we are doing. It also identifies who is responsible for reporting on our performance, and who we will work with to design and deliver those improvements.

Financial success aligned to this Strategy will be measured by the Direct Payment Steering Group with further scrutiny from the Adult Health & Social Care Transformation Programme.

By driving quality and improving the experience of the person and by reducing reliance on Council contact we will reduce avoidable demand and associated costs, to enable reinvestment in services. Ultimately the financial success of the Strategy will be in a workable system that operates within budget.

Appendix A5 – How the Personalisation and Direct Payment Strategy will deliver on the ASC Strategy Commitments

Commitment	What would make a difference?	Personalisation and Direct Payment Strategy Impact / Alignment
<p>Commitment 4 - Make sure support is led by 'what matters to you', with helpful information and easier to understand steps.</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 31</p>	<p>We will overhaul how we share information so that it meets the needs of everyone in Sheffield, with plain language and simplified access steps.</p>	<p>What people will say is different as a result of the Strategy:</p> <ul style="list-style-type: none"> • I know what support is available and can make informed decisions. • I have the information, advice and support I need to increase and/or maintain my independence. • Information I receive is clear, simple and easy to understand. • I know where to go and get help.
	<p>We will invest in a system-wide approach that means everyone receives the same standard and continuity of preventative person-centred care.</p>	<p>What people will say is different as a result of the Strategy:</p> <ul style="list-style-type: none"> • I know that I have some control over my life and that I will be treated with respect. • I am listened to and heard and treated as an individual. • I am seen as someone who has something to give, with abilities, not disabilities. I get support to help myself. • I feel that I have a purpose. • I can have fun, be active, and be healthy.
	<p>We will make sure everyone can be involved as an equal partner in designing the support and services they receive across the whole system.</p>	<p>What people will say is different as a result of the Strategy:</p> <ul style="list-style-type: none"> • I am listened to and heard and treated as an individual. • I am seen as someone who has something to give, with abilities, not disabilities. I get support to help myself. • I have the support I need to develop personal outcomes and aspirations. • I connect with others with similar experiences and feel empowered through peer-support opportunities.

	<p>We will deliver more flexible and simplified ways for people to be able to purchase and arrange their care and support.</p>	<p>What people will say is different as a result of the Strategy:</p> <ul style="list-style-type: none"> • I can manage money easily and use it flexibly. • I have the support I need to be able to manage my own money. • I am empowered to use my personal budget creatively to meet my needs and personal outcomes.
<p>Commitment 6 - Make sure there is a good choice of affordable care and support available, with a focus on people's experiences and improving quality.</p> <p>Page 32</p>	<p>We will ensure people can move between care and support more easily, including health, social care, providers and the voluntary, community, and social enterprise sector.</p>	<p>What people will say is different as a result of the Strategy:</p> <ul style="list-style-type: none"> • I only tell my story once unless there are changes to 'what matters to me'. • The system is easy to navigate. • I am able to choose my own support from a vibrant and diverse market of providers, services and agencies that offer me real choice and variety to meet my individual needs. • I am supported by a well-trained and responsive workforce that works together in innovative and creative ways and is trusted to make the right decisions with me to plan and deliver my support.
	<p>We will embed open and transparent decision making alongside plans and priorities for adult social care, designed and developed with the people of Sheffield.</p>	<p>What people will say is different as a result of the Strategy:</p> <ul style="list-style-type: none"> • I am listened to and heard. • I am actively involved in the developments and improvements to personalised approaches in Sheffield.

Whether support is arranged by the Council or through self-directed ways, we will ensure that how we embed personalised care and support is weaved through all of our activity. Our Quality Matters Framework, the Outcome-based Homecare, the Working Age Adults Framework and in due course Care Homes Transformation will all focus on becoming more personalised and outcome based.

How the Personalisation and Direct Payment Strategy will deliver on the Adult Social Care Strategy Outcomes

The Adult Social Care Strategy ‘Living the life you want to live’ also identifies 5 outcomes which we want to focus on getting right.

The Personalisation and Direct Payments Strategy contributes towards the achievement of these outcomes in the following ways:

Living the life you want to live Outcomes	How the Personalisation & Direct Payments Strategy makes a difference?
Safe and Well	<ol style="list-style-type: none"> 1. People access care and support they want and need, helping to ensure they feel safe in a place they call home and protected from harm. 2. Support people to manage their conditions and to be able to return to their normal life as much as possible after a change in their circumstances.
Active and Independent	<ol style="list-style-type: none"> 3. Direct Payments and Individual Service Funds give people real choice and control over their care and support. 4. Information, advice and support enables people to increase their independence. 5. Direct Payments and Individual Service Funds process to be clear, simple and easy to understand.
Connected and engaged	<ol style="list-style-type: none"> 6. People with lived experience are actively involved in the developments and improvements to Direct Payments and personalisation in Sheffield. 7. A responsive support service will provide tailored information, advice and support to people, families and professionals. 8. People connect with others with similar experiences and are empowered through peer support opportunities.
Aspire and achieve	<ol style="list-style-type: none"> 9. People are supported to develop personal outcomes and aspirations. 10. People are empowered to use their personal budget creatively to meet their needs and personal outcomes.
Efficient and effective	<ol style="list-style-type: none"> 11. There is a vibrant and diverse market of providers, services and products offering real choice and variety to meet individual needs. 12. There is a well-trained and responsive workforce that works together through innovation and creativity that is trusted to make the right decisions with people who receive support.

Appendix A6 – Context for the Strategy

Sheffield's Personalisation and Direct Payments Strategy has been developed in the context of national legislation and best practice, which focus on ensuring people are supported in the best way and reach their health and wellness potential.

The Care Act (2014)

The Care Act (2014) aims to improve the outcomes and experience of care and secure a more effective use of public and community resources by improving the personalisation of services and giving people more choice and control over how their desired outcomes are achieved.

This key piece of legislation put the right to a personal budget and self-directed support into law and sets out that these are the expected norm of the care and support systems.

Care Act (2014) Statutory Guidance

The Statutory Guidance supporting the Care Act (2014) advises that,

“Local authorities should facilitate the personalisation of care and support services, encouraging services (including small, local, specialised and personal assistant services that are highly tailored), to enable people to make meaningful choices and to take control of their support arrangements, regardless of service setting or how their personal budget is managed.” (4.46)

The guidance describes 3 main ways in which a personal budget can be deployed:

- *as a managed account held by the local authority with support provided in line with the persons wishes*
- *as a managed account held by a third party (often called an individual service fund or ISF) with support provided in line with the persons wishes*
- *as a direct payment the other 2 options being the use of a Direct Payment or receiving Council managed services.*

The guidance goes on to say, *“Where there are no ISF arrangements available locally, the local authority should consider establishing this as an offer for people. Additionally, the local authority should reasonably consider any request from a person for an ISF arrangement with a specified provider.” (11.33)*

Other key points within the guidance pertinent to personalisation include:

“Care and support should put people in control of their care, with the support that they need to enhance their wellbeing and improve their connections to family, friends and community.” (10.1)

“Evidence suggests that in most cases people need to know the amount of their budget, be able to choose how it is managed, and have maximum flexibility in how it is used to achieve the best outcomes.” (11.35)

“Direct payments... remain the Government’s preferred mechanism for personalised care and support. They provide independence, choice and control by enabling people to commission their own care and support in order to meet their eligible needs.” (12.2)

4.46 Local authorities should facilitate the personalisation of care and support services, encouraging services (including small, local, specialised and personal assistant services that are highly tailored), to enable people to make meaningful choices and to take control of their support arrangements, regardless of service setting or how their personal budget is managed.

Children and Families Act (2014)

A new feature of the Children and Families Act 2014 was the introduction of personal budgets. A personal budget is a notional amount identified to deliver a service or provision for a particular child or young person with SEND. It is not an actual amount of cash but can be used for the purposes of calculating direct payments which may be received and used to pay for a particular provision. It can include funds from the local authority for education and social care and from the CCG (now SY ICB) for health.

There is a duty on Local Authorities (LAs) to identify a personal budget for the provision specified within an EHCP if they are requested to do so by a young person or parent of a child with SEND. (See the bottom of this sheet for the piece of Law – Children and Families Act, section 49).

There are four ways you can use a personal budget:

- Sometimes the local authority, school or college will look after the personal budget for you.
- Sometimes you can receive money directly to manage all or part of the personal budget yourself. This is called a Direct Payment.
- Sometimes you can opt to have someone else to manage the personal budget for you. This is called a Third-Party Arrangement.
- Sometimes you can have a mixture of some or all of these arrangements.

A personal budget requested may contain elements of education, social care and health funding. The SEND Code says that partners must set out in their joint commissioning arrangements their arrangements for agreeing personal budgets.

Best Practice

The Social Care Institute for Excellence (SCIE) describes personalisation as “recognising people as individuals who have strengths and preferences and putting them at the centre of their own care and support.” This definition was adapted by people with lived experience in Sheffield.

Personalisation means:

- tailoring support to people’s individual needs and what is important to them

- ensuring people have access to the right information at the right time in order to make informed decisions about their care and support
- involving and working closely with people with lived experience to design, deliver and evaluate services
- work with people to co-produce a range of services and shape the market to ensure people are able to choose from efficient and effective services that meet their needs
- developing the right processes, procedures and guidance to enable and empower staff to work in creative and person-centred ways
- embedding early intervention, reablement and prevention so that people are supported early on and in a way that's right for them recognising and supporting carers in their roles
- ensuring all citizens have access to universal community services and resources – a system of support.

(adapted from SCIE 2008)

Approaches for personalisation

Effective approaches for personalisation involve finding out what is important to people with social care needs (involving their families and friends) and helping them to plan how to use the available money in the best way(s) to achieve these aims. There should be a focus on agreeing and working towards outcomes and ensuring that people have choice and control over their support arrangements. Elements for implementing personalisation and self-directed support include:

Self-directed assessment – a clear and simple assessment that is led by the person (as far as possible) in partnership with the professional. The assessment should focus on the outcomes the person wants to achieve in meeting their eligible needs and should look at the individual's circumstances and whole situation and, takes account of the situation and needs of carers, family members and others who provide informal support.

Up-front (indicative) budget - the person has a clear indication at an early stage of the amount of public funding (if any) that is likely to be available to achieve these outcomes before support planning takes place. This amount may be adjusted following the development of the support plan.

Support planning - there is advice and support available to help people (no matter where their money comes from) to develop plans that will achieve a desired set of outcomes. Putting People First stated that the plan should be "proportionate and non-prescriptive" – it need not be expressed in units of provision (like hours of care) and can include broader needs and outcomes beyond those that made the person eligible for support (Putting People First Consortium 2010a). Arrangements should make the most use of any existing social support networks and mainstream services.

Choice and control - the person should (as far as capacity allows) decide how any funding should be managed and how best to spend it to meet their needs and achieve their agreed outcomes. Decisions should not be constrained by the choice of services currently offered.

Review - the local authority should have a process for checking whether the outcomes agreed in the support plan are being achieved.

(Adapted from ADASS 2009a: 3–4).

Families and Personalisation

NDTI's Insight: [Families and Personalisation](#) makes the following conclusions about how personalisation can be successful for families:

- Local statutory agencies should review how they are providing information to families about personalisation starting by asking about their information and process needs.
- Local statutory agencies ensure that the people working with families have access to current and best practice information and have a commitment to working in family centred ways.
- Information about personalisation needs to be more local and to reflect the experiences, circumstances and aspirations of more families.
- Service providers understand the opportunities raised by working in real partnerships with families both in the design and delivery of services and to actively.
- Local authorities work with all families to build better access to family support networks

Health and Care Act 2022

The Health and Care Act 2022 introduced a range of changes to the rules around the funding regime in Social Care. The changes are to be implemented in October 2023. These changes include a lifetime cap on care costs which will increase the need to monitor spend and also a higher capital threshold for funding which will significantly increase the number of people entitled to council support. This is likely to have significant impacts on the number of people receiving Direct Payments over the next few years. It is also likely to have significant impacts on the care market.

New guidance will also be issued around the options for people to fund additional support over and above the support they are assessed as needing this guidance may extend to Direct Payments or could be used to inform practice around Direct Payments.

The detail of these proposals has not been finalised and further information will be added once the final guidance is produced.

Appendix A7 – Market Shaping Statement

Current Picture

Historically the Direct Payment market, including support/information, providers, money management and Personal Assistants (PAs), has not been actively overseen by commissioning other than a Recognised Provider List.

A significant number of people with a Direct Payment use PAs or care providers, however there may be other, more creative options that would meet needs more effectively should these be available. – cost effective, efficiencies

People find it difficult to recruit Personal Assistants (PAs) due to a shortage in the market, appropriate match in terms of skills and experience, pay and conditions when compared to other sectors.

Some people may want flexible support but don't want or are unable to manage their own Direct Payment and associated responsibilities. Some direct payments set up may not have been most appropriate option for the individual.

Our market shaping aim

To shape and develop a creative, diverse and responsive marketplace for Direct Payment recipients. To enable people accessing a Direct Payment to have more choice & control and to have the opportunity to use creative or alternative options for arranging their support.

Areas for development

Direct Payment Improvement Programme aims to shape and develop a creative, diverse and response marketplace for all who use Direct Payments.

Exploration and development of more creative options and opportunities that enable people to meet their needs and achieve their outcomes more effectively than traditional approaches and solutions including the cultivation of micro-providers and micro-enterprises.

A Direct Payment Provider Forum will be established where Direct Payment recipients can engage with providers/agencies/services they may wish to purchase care and/or support from. Providers can also hear first-hand from people who use DPs about their needs and expectations from the market.

From September 2022, a 12-month pilot starts to design, develop and implement a new operating framework to enable the Council to offer Individual Service Funds (ISFs) effectively in Sheffield.

Key messages to the market

Providers for the Direct Payment market must be personalised, highly flexible, strengths-based and outcome focused, through their approach and business model.

People who use Direct Payments have said it is important for them to have assurance of the quality of providers operating in the Direct Payment market – we want to explore options and approaches for this including ‘customer review systems’.

We are seeking creative and innovative support providers and agencies who wish to explore offering Individual Service Funds (ISFs) in Sheffield.

In an ISF arrangement, an individual’s personal budget is administered by an ‘ISF holding provider’ on their behalf. The ISF holding provider uses the ISF, as requested and directed by the individual (or their representative) to arrange the care and support the individual requires to help them meet their assessed eligible needs and achieve their desired outcomes.

The ISF holding provider is likely to provide a level of an individual’s care and/or support, but will also work with other, often smaller local providers/services and opportunities to find creative and innovative ways to meet an individual’s assessed needs and outcomes.

The pilot project will start with providers of supported living and day activities, before broadening out into wider home and community support models.

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Report to Policy Committee

Author/Lead Officer of Report:

Alexis Chappell, Director Adult Health and Social Care

Contact:

Report of: Director of Adult Health & Social Care

Report to: Adult Health and Social Care Policy Committee

Date of Decision: 19th December 2022

Subject: *Director of Adult Social Services (DASS) Report to Committee*

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?				
Has appropriate consultation taken place?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Has a Climate Impact Assessment (CIA) been undertaken?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
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:

This paper provides a Director’s update regards the performance and governance of Adult Health and Social Care Services, including progress in meeting DASS accountabilities and delivering on our statutory requirements.

It also provides an update regards Adult Health and Social Care progress in relation to the Council’s Delivery Plan and key strategic events and issues on the horizon.

Recommendations

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

- Notes the Director of Adult Health and Social Care report.
- Endorses progress against Council Delivery Plan and One Year Plan in relation to actions required by Adult Social Care.

Background Papers:

Appendix 1 – Council Delivery Plan Update

Appendix 2 – Overview of Change Programme.

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: Ann Hardy
		Legal: Sarah Bennett
		Equalities & Consultation: Ed Sexton
		Climate:
	<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	SLB member who approved submission:	<i>Alexis Chappell</i>
3	Committee Chair consulted:	<i>Councillor George Lindars-Hammond and Councillor Angela Argenzio</i>
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 Committee by the SLB member indicated at 2. In addition, any additional forms have been completed and signed off as required at 1.	
	Lead Officer Name: Alexis Chappell	Job Title: Director Adult Health and Social Care
	Date: 5th December 2022	

1 PROPOSAL

1.1 This report starts with a thank you again to all of the social care sector, our teams and partners, who work consistently work well together to deliver the best outcomes for people of the City.

1.2 Following on from the last DASS report, the service has continued to make significant inroads in achieving and delivering upon our vision and our ambition to improve outcomes of people of Sheffield which is described in our strategy¹ and accompanying Delivery Plan² - Living the Life You Want to Live.

1.3 Adult Social Care is about collaborating with individuals, carers, partners, and our workforce so that we deliver the best outcomes for people and communities of Sheffield. All what we are taking forward in our change programme is to enable people to live the life they want to live.

1.4 Service and Performance Updates

1.4.1 At Committee today, is an update regards key change activity for approval by Committee which continue to assist us to further our change programme and deliver upon our vision and strategy. These are:

- Improving Outcomes and Tackling Inequalities Through Partnership Working Update, including approval for a city wide outcomes framework.
- Personalisation and Direct Payments and Unpaid Carers Strategies to improve choice and control and support to Carers.
- Our progress with updating our Care at Night, Information and Advice, Co-Production & Involvement, Eligibility and Trajectory towards our Fair Cost of Care Offer
- Our Budget Position 22/23 and our progress against LGA recommendations noted in September 2022.

1.4.2 The pandemic impacted significantly on our operational delivery and established waiting lists. Our priority, therefore, at the start of this year was to clear our backlogs and establish practice improvements so that we could implement our new operating model without waiting lists and with that enable the best start to a new way of working.

We are on trajectory to do that by June 2023 and key progress is as follows:

- **36%** reduction in equipment and adaptations waiting lists (from 2442 people waiting up to 18 months a year ago to 1555 people waiting up to 4 months at December 2022).
- **51% reviews** completed and we are on target to achieve 75% reviews completed by June 2023. This is a key focus for 23/24 to achieve sustainable performance.
- **59% reduction** with the safeguarding waiting list (from 598 in August 2022 to 245 in December 2022). This is a significant improvement from last year.
- **59% reduction of people** waiting for homecare services to be put in place (from 234 in September 2022 to 95 in December 2022). Again, this a significant reduction from last year.
- **100% reduction** in Care at Night Waiting Lists with no waits at December 2022.

1.4.3 As we move into new teams and ways of working our priority and performance focus from 1st April 2023 to 1st April 2024 will be to improve our response to complaints, FOI and PDR's as well as continue to build a strength and enablement focused practice base through consolidating our approach to learning.

1.5 One Year Plan, Council and Directorate Plan Update

1.5.1 On 21st July 2021 a [One Year Plan](#) (OYP) was approved by the Cooperative Executive and following that a [Council Delivery Plan \(CDP\)](#) was approved by the Strategy and Resources Committee on 30th August 2022. In each plan are identified actions for Adult Health and Social Care to complete.

1.5.2 In addition to this, Adult Social Care implemented a Change Programme following self-assessment using Towards Excellence in Social Care in 2021 and to support implementation of our Adult Social Care Strategy, Vision and Outcomes and Commitments. This then informed a Directorate plan to enable the service to improve wellbeing outcomes, deliver compliance with legislation and financial sustainability.

1.5.3 Good progress has been made in delivering upon actions identified in all plans

- ✓ Attached at Appendix 1 is the Adult Social Care part of the Council Delivery Plan progress and an update against the One Year Plan. In summary, we are making good progress with each of the actions and have plans in place to address each of the areas of performance improvement.
- ✓ At Committee today is the Area for Development in the Council Delivery Plan – Improving Outcomes Through Tackling Inequalities and Partnership Working. This demonstrates good progress is being made and good relationships are in place between health and care to implement the actions.
- ✓ The Areas for Development Valuing our Social Care Workforce is planned for an update at February Committee alongside request to approve an Adult Social Care Workforce Strategy.
- ✓ The Area for Development Adult Safeguarding – a safeguarding delivery plan was approved at Committee on 21st September 2022 and since then actions are progressing well. Briefings have been provided on development of a Multi-Agency Screening Hub and a multi-agency safeguarding review as a preparation for CQC.

1.5.4 As we go forward into 2023/ 2024, the service will now move into annual business planning cycle per portfolio, aligned to a Directorate plan and the Adult Social Care Strategy. This presents a further step in implementing the future design of adult social care approved at Committee and establishing effective governance throughout the service to improve outcomes and wellbeing for individuals.

1.6 Progress In Implementing the Future Design of Adult Social Care and Delivering on Director of Adult Social Care Services (DASS) Statutory Duties.

- 1.6.1 On 16th November 2022, Committee approved the future design of adult social care. The future design is about establishing the model, conditions and enablers which improve outcomes for individuals, carers, our workforce, our performance and delivers a sustainable social care service.
- 1.6.2 An overview of the change programme trajectory to 2024 is attached at Appendix 2. It highlights in one page the journey and priorities over the next year.
- 1.6.3 Good progress has been made in implementing the future design, our statutory duties and with that developing a community connected social care service which works in partnership with primary care, healthcare, voluntary sector, housing, education, children, and wider partners in communities across Sheffield is as follows:
- ✓ Social Care Teams have made preferences for portfolios and its aimed that the move to portfolios of adults with disabilities, living and ageing well and mental health will be completed over next 2 months with full implementation by June 2023.
 - ✓ Recommissioning of homecare supported living, day activities, mental health is well underway following approvals at Committee and on track for implementation by June 2023. This will enable implementation of commissioned resources which work in partnership with Sheffield Council teams in a connected way and which are commissioned for quality, enablement, and strength-based approaches.
 - ✓ Strengthening of Care Governance and Practice Development, including business planning so that we embed continuous improvement and a focus on delivering excellent standards.
 - ✓ Working with individuals, carers, and partners to deliver an improved offer in relation to our information and advice, co-production, personalisation, unpaid carers. Updates in relation to each are at Committee today.
- 1.6.4 A number of key steps, with partners, are planned to be brought to Committee between January and March 2023, which will further build confidence in our delivery of the future design.
- A new early intervention and prevention model.
 - Support individuals living in care homes including how we ensure individuals; carers views are central to any planning and transitions, how we ensure sustainability of residential care across the City and how we take a joined up approach with health and providers to deliver excellent care.
 - Strategies which develop an Autism Inclusive Sheffield, and which promote Emotional Wellbeing and Mental Health.
- 1.6.5 What's important in our journey of change and transformation is our commitment to co-production and collaboration and working in an open and transparent way to improve lives and outcomes of people of Sheffield.

2 HOW DOES THIS DECISION CONTRIBUTE

2.1 Organisational Strategy

2.1.1 Our long-term strategy for [Adult Health and Social Care](#), sets out the outcomes we are driving for as a service, and the commitments we will follow to deliver those outcomes:

- Support people to live a fulfilling life at home, connected to the community and resources around them, and provide care and support where needed.
- Provide temporary assistance to help people regain some stability and control in their life following ill health or crisis.
- Provide care and support with accommodation where this is needed in a safe and supportive environment that can be called home.
- Make sure support is led by ‘what matters to you,’ with helpful information and easier to understand steps.
- Recognise and value unpaid carers and the social care workforce and the contribution they make to our city.

2.1.2 Make sure there is a good choice of affordable care and support available, with a focus on people’s experiences and improving quality.

3 HAS THERE BEEN ANY CONSULTATION?

3.1 The purpose of this report is to provide an update in relation to Adult Health and Social Care Services.

3.2 Consultation is undertaken during the development of proposals for the budget and implementation of proposals for the budget as appropriate.

3.3 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. A dedicated item on this is proposed as part of the Committee’s forward plan

4 RISK ANALYSIS AND IMPLICATIONS OF THE DECISION

4.1 Equality Implications

4.1.1 This update is based on a strategic approach, which was supported by a comprehensive equality impact assessment, which can be found on the Council website [Our adult social care vision and strategy \(sheffield.gov.uk\)](#).

4.1.2 Any individual parts of our change and activity will require their own detailed equality impact assessment, which will be completed to inform plans and decision making.

4.2 Financial and Commercial Implications

4.2.1 The strategy was supported by a financial strategy, which can be found on the Council website [Our adult social care vision and strategy \(sheffield.gov.uk\)](https://www.sheffield.gov.uk/our-adult-social-care-vision-and-strategy), and is closely aligned with the budget strategy.

4.2.2 The additional update does not alter this strategy, although does add a layer of detail.

4.2.3 All individual components of Adult Social Care activity will be assessed for their financial contribution to this finance strategy and the Council's budget. This will be used to inform both plans and decision-making.

4.3 Legal Implications

4.3.1 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.

4.3.2 The Care Act Statutory Guidance requires at para 4.52 that "... Local authorities should 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.

4.3.3 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.

4.4 Climate Implications

4.4.1 The Adult Social Care Strategy makes specific reference to ensuring a focus on Climate Change – both in terms of an ambition to contribute to net zero as well as adapt to climate change.

4.4.2 It is planned within the forward plan of the Committee to bring a specific Climate Action Plan in February 2023.

4.5 Other Implications

4.5.1 There are no specific other implications for this report. Any recommendations or activity from the detailed workplans of the strategy will consider potential implications as part of the usual organisational processes as required.

5 ALTERNATIVE OPTIONS CONSIDERED


5.1 Not applicable – no decision or change is being proposed.

6 REASONS FOR RECOMMENDATIONS

6.1 Reasons for Recommendations

This report provides an update regards Adult Social Care activities for Members.

COUNCIL DELIVERY PLAN – ADULT SOCIAL CARE UPDATE

 Adult Health and Social Care					
Strategic priority: Healthy lives and wellbeing for all					
<p>Issue Summary: Our vision is that ‘everyone in Sheffield lives in a place they can call home, in communities that care, doing things that matter to them, celebrated for who they are - and when they need it, they receive care and support that prioritises independence, choice, and recovery.</p> <p>We need to focus on improving wellbeing outcomes and quality of care and support for Adults and their families and carers across Sheffield and delivering accessible, excellent quality services to do that. We also need to address the financial sustainability of social care and are making progress on this aim, with £9.4m of savings delivered to date.</p>					
Accountable Officer: Director of Adult Health and Social Care			Accountable Committee: Adult Health and Social Care		
Performance picture	Baseline July 2022	Current	Target by June 2023	Direction of travel	RAG
Proportion of ASC users who have had an annual review	44% (July 22)	51% (Nov 22)	75%		
ASC timescales median no. of days to determine if support needed	34 days (July 22)	35 (Nov 22)	28		
ASC timescales median no. of days to put support in place	14 days (July 22)	13 (Nov 22)	28		
Gross current expenditure on long- and short-term care for adults aged 65 and over, per adult aged 65 and over	1,023.59 (2020/21 for Sheffield)	1,128.92 (2021/22 for Sheffield)	1,161.94 (2021/22 Mean for Core Cities)		
Gross current expenditure on long- and short-term care for adults aged 18-64, per adult aged 18-64	228.22 (2020/21 for Sheffield)	259.51 (2021/22 for Sheffield)	264.85 (2021/22 Mean for Core Cities)		
Sickness absence: % time lost due to sickness – last 12 months	7.5% (12 months to end June 22)	7.5% (12 months to end Nov 22)	<6% across service		
% of Regulated Care – Care Homes - rated good or outstanding	89% (July 22)	87% (Nov 22)	Y&H Q1 22/23: Care homes 77%		
% of Regulated Care - Homecare – rated good or outstanding	79% (July 22)	76% (Nov 22)	Y&H Q1 22/23: Homecare 84%		
% Safeguarding Adults Outcomes Met: % expressed outcomes fully met (S42 enquiries)	66% (Q1 22/23)	53% (Nov 22)	64% (Y&H Q1 22/23 average)		

COUNCIL DELIVERY PLAN – ADULT SOCIAL CARE UPDATE

% Safeguarding Adults Outcomes Met: % expressed outcomes partially or fully met (S42 enquiries)	95% (Q1 22/23)	99% (Nov 22)	95%		
Safeguarding Adults Impact on Risk: % risk removed or reduced (S42 enquiries)	91% (Q1 22/23)	97% (Nov 22)	93% (Y&H Q1 22/23 average)		
Overall satisfaction of carers with social services: % Extremely or very satisfied	35% (21/22)	Annual measure	39% (National Average)		
Overall satisfaction of people who use services with their care and support: % Extremely or very satisfied	59% (21/22)	Annual measure	64% (National Average)		

What Are We Doing to Deliver Excellent Quality and Accessible Adult Social Care Services and Improve Our Performance.

Our vision set out in our [Adult Social Care Strategy](#) is that “everyone in Sheffield lives in a place they can call home, in communities that care, doing things that matter to them, celebrated for who they are - and when they need it, they receive care and support that prioritises independence, choice, and recovery”.

We have implemented a [Delivery Plan](#) to deliver upon this vision and our priority that people experience excellent quality, accessible and person led support from all adult social care whether from Sheffield City Council or through our funded provision. A [Future Design of Adult Social Care](#) was approved at Committee on 16th November 2022 which aims to provide the foundations to deliver on the vision and our ambitions.

From our review of performance, we know that we are progressing well in relation to quality-of-care homes, impact on risk, timescale to put support in place and gross expenditure. Our priority is to continue to improve our performance so that we are outstanding.

However, we also know that we need to improve our review performance, satisfaction, wellbeing outcomes and quality of community provision.

To that end improvement activity are underway, aligned to the milestones in the One Year Plan and Council Delivery Plan and the Adult Social Care Strategy Delivery Plan to improve our performance in relation to Quality, Accessibility and Satisfaction, which is reflected in our milestones.

COUNCIL DELIVERY PLAN – ADULT SOCIAL CARE UPDATE

No	Milestone/ Action	Lead	By when	Update	RAG
1	Deliver a new Target Operating Model for Adult Social Care which enables delivery on our strategy and vision and creates the foundations for long term sustainability of social care to improve outcomes and quality.	Principal Programme Manager Adult Health and Social Care	March 2023	Future Design of Adult Social Care approved at Committee on 16/11/2022. Achieving Change completed which supports the implementation of the design and on track for full implementation by March 2023	
2	Deliver a Market Position Statement and Market Sustainability and Oversight Plan.	Assistant Director Adult Commissioning Adult Health and Social Care	Sept 2022	Market Position Statement Approved at Committee on 21/09/22. Market Oversight & Sustainability Plan planned for approval at February 2022 Committee aligned to national requirements.	
3.	Deliver a Joint Health and Wellbeing Outcomes Framework which sets out the impact health and care services are having in Sheffield.	Director Commissioning NHS SY ICB	Nov 22	The Outcomes Framework has been developed and an update report is at Committee on 19/12/2022 for approval.	
4	Deliver a Sheffield Adult Social Care Workforce Strategy	Chief Social Work Officer	April 23	A workforce strategy is in development and its planned that a strategy will be brought to Committee by March 23 for approval.	
5	Deliver a new model for residential care with implementation over the following year.	Assistant Directors Adult Commissioning and Ageing and Living Well	Feb 23	A report setting out plans for long term residential care is planned to be brought to Committee by March 23 for approval. A new model for short term care was approved by Committee on 15/06/22.	
6	Deliver an Unpaid Carers Strategic Delivery Plan with implementation over the following year which sets out how we will	Chief Social Work Officer and Service	Feb 23	The Delivery Plan has been developed and is brought for approval at Committee on 19/12/2022. A series of events and	

COUNCIL DELIVERY PLAN – ADULT SOCIAL CARE UPDATE

	improve experiences and supports to unpaid carers in the City.	Manager Commissioning		partnership arrangements are in place to deliver upon the actions in the plan.	
7	Deliver a Direct Payments and Personalisation Strategy and Strategic Delivery Plan setting out how we will improve choice and control for people with a disability across Sheffield.	Assistant Director Adult Commissioning Service Manager Commissioning	April 23	The Strategy and Delivery Plan has been developed and is brought for approval at Committee on 19/12/2022. A series of events and partnership arrangements are in place to deliver upon the actions in the plan.	
8	Deliver a new model for safeguarding Adults in Sheffield supported by a new Safeguarding Delivery Plan.	Chief Social Work Officer; Assistant Director Access Mental Health and Wellbeing	April 23	The Safeguarding Update and Delivery Plan was approved at Committee on 21/09/2022. Work is underway with partners to implement the plan and model.	
9	Deliver a new model for Mental Health Social Care Services in Sheffield with implementation in the following year to improve outcomes of people experiencing mental ill health in need of care and support.	Assistant Director Access, Mental Health and Wellbeing	April 23	The return of mental health social workers back to line management of adult social care following decision by Cooperative Executive on 16 th March 22 is on track for completion by April 23. The recommissioning of mental health services is underway following decision at Committee on 21/09/22.	
10	Deliver a new transformational Homecare Contract which enables a more people to live independently for longer.	Assistant Directors Adult Commissioning and Ageing and Living Well	June 23	The approval to recommission homecare was provided by Committee on 15/06/2022. The tender was subsequently issued. The programme is on track for delivery by June 23.	

COUNCIL DELIVERY PLAN – ADULT SOCIAL CARE UPDATE

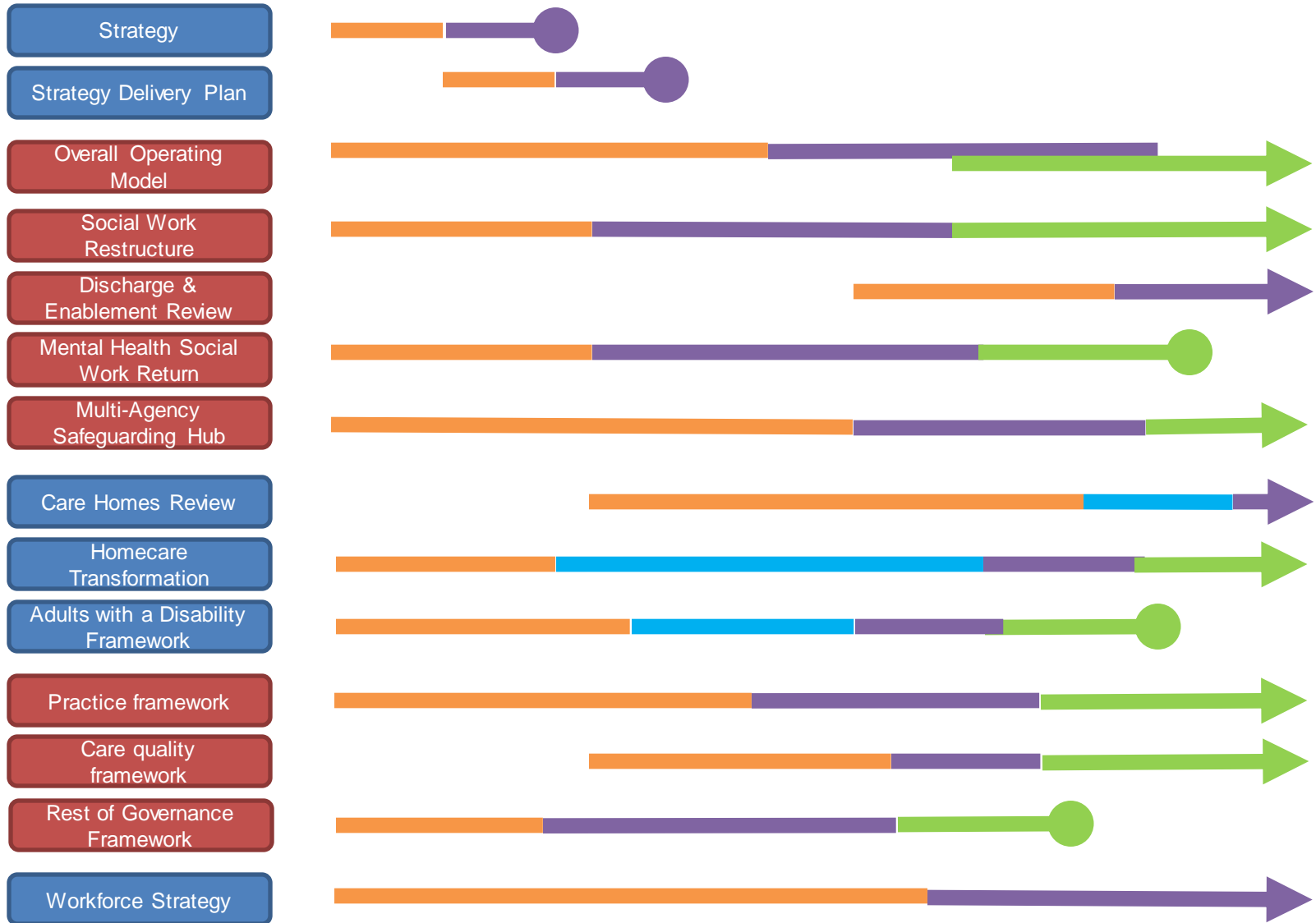
11	Deliver and implement the national government funding reforms	Assistant Director Governance and Inclusion	Oct 23	An update and plan to implement the Charging Cap was provide to Committee on 21/09/22. Guidance is being sought as to future of charging reforms following Autumn Statement.	
12	Quality of Care	Assistant Director Adult Commissioning and Partnerships	June 23	<p>Our quality ambitions have been set out in our Market Position Statement approved at Committed on 21st September 2022. Through re-commissioning exercises we will commission providers who are rated Good or Outstanding.</p> <p>We have also strengthened our quality improvement support, so that current and successful providers are supported to maintain a rating of good or outstanding. We are establishing a joint arrangement with health, so that have a joint governance arrangement to set standards and monitor quality across all provision in the City.</p>	

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AH&SC Change Programme – Period to Jan 2024

January 2022 July 2022 January 2023 July 2023 January 2024

Operating model
Care programme
Quality & perf



Key: Design Commercial Implement Embed



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Report to Policy Committee

Author/Lead Officer of Report

Liam Duggan, Assistant Director Care Governance and Financial Inclusion

Tel: 07791119860

Report of: Director of Adult Health and Social Care

Report to: Adult Health and Social Care Policy Committee

Date of Decision: 19th December 2022

Subject: Adult Health and Social Care: Financial Recovery Plan Update

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? 1128				
Has appropriate consultation taken place?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Has a Climate Impact Assessment (CIA) been undertaken?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
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:

The report delivers on our commitment to transparent and accountable financial reporting. It provides information about our financial recovery and expenditure, our recovery and forecast, financial risks and issues, an update on assurances put in place through improved governance arrangements, and an update on recommendations from the LGA review and an update on Autumn Statement.

The reporting milestones for December on use of Adult Health and Social Care Policy Committee resources on Integrated Commissioning Budget Overview and Expenditure, Covid Grants, Establishment Controls and Contract Management Controls are provided today.

Recommendations:

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

1. Note progress on the delivery of savings for 2023/24
2. Note the next steps regarding budget setting in 2024/25
3. Note the update to the financial forecast for the delivery of savings in 2022/23
4. Note actions taken to achieve savings or mitigation of pressures.
5. Note the development of a contract register and an establishment control process for adult health and social care in line with our Use of Resources Development Plan
6. Request updates on progress with implementation through our Budget Delivery Reports to future Committee

Background Papers:

Appendix One: Recovery Plan by service area

Appendix Two: LGA Review of Adult Social Care

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, Ann Hardy
		Legal: Patrick Chisholm
		Equalities & Consultation: Ed Sexton
		Climate: Jessica Rick
	<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	SLB member who approved submission:	Alexis Chappell
3	Committee Chair consulted:	Councillor George Lindars-Hammond and Councillor Angela Argenzio
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 Committee by the SLB member indicated at 2. In addition, any additional forms have been completed and signed off as required at 1.	
	Lead Officer Name: Liam Duggan	Job Title: Assistant Director Governance and Financial Inclusion
	Date: 12th December 2022	

1.0 2023/ 2024 BUDGET UPDATE

1.1 Adult Social Care 2023/24 Budget Setting Update

- 1.1.1 For 2023/24 the Committee is required to deliver a cash standstill budget which requires it to find mitigations for any service pressures over the 2022/23 budget.
- 1.1.2 On 21st September 2022, the Adult Health and Social Care Policy Committee noted savings proposals totalling £25.044m in response to forecasted budget pressures of the same value. These pressures were then updated in October based on September inflation figures and increased to £26.037m.
- 1.1.3 On 16 November 2022, the Committee subsequently endorsed savings proposals totalling £21.327m which had widespread political support. A further £0.576m savings were then endorsed post- Committee resulting in Adult Health and Social Care proposals totalling £21.903m being tabled at the Strategy and Resources Committee on 5th December. Several proposals remain under development.
- 1.1.4 At the Autumn, UK Government announced a budget statement on 17th November. Several announcements were made in relation to Adult Social Care funding which are likely to impact the 23/24 position. The increase to the National Living Wage will create a significant additional pressure on the budget for next year although it is anticipated that additional national funding will be provided to support these costs.
- 1.1.5 The detail concerning the Autumn budget will be released by UK Government on 21 December 2022 and an update will be provided regarding its implications will be provided to Members and to next Committee.
- 1.1.6 The Strategy and Resources Committee are recommending budget proposals through December, and it is aimed that by the end of the Council's budget process a balanced budget for Adult Health and Social Care will be achieved.

1.2 Adult Social Care Medium Term Business Planning

- 1.2.1 During November, the Council's assumptions relating to the Medium-Term Financial position have been updated to consider growth and inflation.
- 1.2.2 When the Government releases the detailed budget information on the 21 December 2022, this will further inform the medium-term outlook for Adult Health and Social Care in Sheffield.
- 1.2.3 Beginning in January the savings proposals for 2024/25 and beyond will be reviewed and updated to consider planned activity in 2023/24 and the financial implications. The update report to February Committee will provide the outcomes of the medium-term financial analysis.

2.0 ADULT HEALTH AND SOCIAL CARE DIRECTORATE 2022/23 FORECAST AND RECOVERY PLAN

2.1 Forecast Delivery of 2022/23 Savings

2.1.1 A summary of the **£43.2m** pressures on Adult Health and Social Care Directorate Budget for 2022/23 is set out in Table A below. The delivery of planned savings is critical to financial sustainability, bringing expenditure down to within available resources and supporting the Council to set a balanced budget.

2.1.2

	Value (£000s)	Forecast (£000s)	Forecast by 1st April 2023 %
Social Care Precept	£3.3m	£3.3m	100%
Increased Grant	£8.5m	£8.5m	100%
Funding from Council Reserves	£6.2m	£6.2m	100%
Savings / mitigations	£25.2m	£15.9m	63%
Total Pressures	£43.2m	£33.2m	76.9%

2.1.3 Table B shows a breakdown of the forecast by savings type and the movement in the forecast by achievement at 1st April 2023 and by 1st April 2024

Saving Category by Service	Savings Value	Forecast June 22	Forecast Nov 22	Forecast Dec 22	Forecast % by 1st April 2023	Forecast % by 1st April 2024
	(£000s)					
Change and Strategy Delivery	1,803	1,803	1,803	1,500	83%	100%
Living and Ageing Well	10,888	6,980	6,423	6,994	64%	94%
Adults with Disabilities	9,506	4,797	4,360	4,312	45%	92%
Mental Health and Wellbeing	1,650	1,275	1,210	1,210	73%	88%
Care Governance and Inclusion	1,254	1,254	1,683	1,783	142%	142%
Commissioning and Partnerships	100	100	100	100	100%	100%
Chief Social Work Officer	0	-	-	-	-	-
Total	25,201	16,209	15,579	15,899	63%	96%

- 2.1.4 To date, Adult Health and Social Care have **delivered £9.4m in savings** through staffing budget adjustments, recommissioning programmes, reviewing excess costs and other projects – an increase of £500k from November’s update report.
- 2.1.5 Since the update report to Committee on 16th November 2022, the forecast for delivery of £25.2m planned savings has **improved from £15.6m (62%) to £15.9m (63%) by 1st April 2023 and £24.1m (96%) by 1st April 2024** as noted in Table B.
- 2.1.6 The forecast reflects delivery of savings from reviews of care put in place during the pandemic, improved trend for cost of new support implemented which adds £1.1m to the forecast and anticipated funding from the national £500m discharge fund which was released in Autumn Statement.
- 2.1.7 Table B and Appendix 1 demonstrate when savings will be delivered and a breakdown of progress against individual projects and portfolios. They show that, of the £25.2m target, £15.9m is forecast to be delivered by March 2023 and details that a further £8.2m will be delivered as a full-year-effect in 2023/24. **In total this means that £24.1m savings are anticipated to be delivered by 1st April 2024 within current plans, leaving £1.1m to be mitigated during 2023/24.**
- 2.1.8 As has been stated in previous reports to Committee it was anticipated that it would be challenging and an organisational risk to deliver the level of savings required in one year due to the impact of the pandemic, recruitment to staff, safety of individuals we care for and our wider legal duties set against commercial implications of the savings, the impact of and inefficiencies of our current operating model and mitigating the corporate risk on the risk register regards our local offer.
- 2.1.9 Table C provides an overview of increasing adult social care demand which is managed by the service alongside undertaking the activity to transform adult social care to deliver improved outcomes, long term sustainability and deliver the required savings. In summary, these can be described as:

TABLE C – Adult Social Care Demand – total activity per year					
Area of Referral Activity	19/20 actuals	20/21 actuals	21/22 actuals	22/23* Actuals plus forecast	% Increase between 19/20 and 22/23
Community Support Requests	11,785	11,015	14,439	13,355	13.3%
Safeguarding Contacts	2,823	4,192	5,469	4,754	68.4%

Equipment and Adaptations Assessments	4,211	2,107	3,358	4,268	1.35%
Hospital Support Requests	3,655	3,869	4,014	4,387	20%

* 22/23 includes a forecast for remaining months based on winter averages (winter demand typically being higher)

2.1.10 It highlights that the Directorate is continuing to manage high levels of demand which would otherwise result in increases in underlying cost.

2.1.11 In this context, a continued focus on keeping people at the centre of what we do, delivering on what we said we do, effective governance and enabling innovation are required to enable social care to improve outcomes for people and generate long term sustainability.

2.2 Forecast Spend against 2022/23 Adult Health and Social Care Directorate Budget

2.2.1 The Adult Health and Social Care Directorate Budget 2022/23 is forecasting at Month 7 (Year to Oct) an overspend of £11.7m against the £132m net budget.

2.2.2 £9.4m of this overspend is directly attributable to the non-delivery of savings (£0.7m staffing and £8.7m non-staffing). The remaining difference is accounted for by underlying pressure in the Learning Disabilities purchasing budget and a forecast overspend on staffing.

- Learning Disabilities purchasing £6.6m overspend linked partially to savings non-delivery and partially due to underlying pressure.
- Purchasing for Older People, people with Physical Disability and Mental Health £4.4m overspend overall attributable entirely to savings non-delivery.
- Staffing overspends of £2.4m forecast attributable to the fragility of the care sector in the early part of 2022/23 and the need to ensure continuity of care. It is also due to managing the risks of bringing the Mental Health social workers back in-house.

2.2.3 This analysis shows that following a recent period of significant growth in care costs (see September benchmarking reported to this committee), except for Learning Disabilities budget:

- All purchasing budgets are now largely able to operate within their budgets for growth.
- The services are relatively cost stable, i.e. the demand pressures (described in Table C) which are partly responsible for delays in the delivery of savings are being managed effectively and are not adding to our long-term costs.

2.2.4 Whilst the savings forecast has fluctuated the overall financial forecast based on spend (and therefore savings) recorded in the ledger has held steady all year (Month 1 forecast was for £11.6m overspend). **This is a sign of financial stability and evidence that the savings are being delivered as forecast.**

2.2.5 Although, the service is now reaching a point of stability, the combined impact of undelivered savings, staffing, and additional growth (notably for Learning Disabilities) is a forecast £13.5m pressure on the 2023/24 budget. This will require timely implementation of budget control measures to reduce the financial risk.

2.2.6 The key financial risk, therefore going into 2023/24 for the service is the pace of savings required and the impact of this year's savings carrying into 2023/24 when significant new additional savings will also be required of the service.

2.3 Recovery and Mitigations Plan

2.3.1 Over-achievement against specific savings is already mitigating the non-delivery of other savings by £1.3m for the forecast to the end of March 2024 (as shown in Appendix 1).

2.3.2 The Recovery and Mitigation Plan to recover the remaining £1.1m savings and maintain our current management of increased demand for adult social care required is seen in the context of the Adult Social Care Change programme and Future Design of Social Care, approved at Committee on 16th November 2022.

2.3.3 As detailed in the November Committee update, several mitigations are in place to ensure a robust forecast and to mitigate the over-spend. The management of ongoing demand is being addressed through our practice development, a redesign of prevention and early help approaches and a remodel of our enablement offer.

2.3.4 Aligned with our forecast position to 1st April 2024 and areas of defined pressure, the main actions to mitigate the £1.1m remaining to be found are:

- **Review of Adults with Disabilities Services Purchasing** – A priority for the new portfolio is to review models, ways of working and practice which will mean that the service will be asked to deliver their purchasing budget in balance by 1st April 2024. It's aimed that this work will generate the £796k mitigations required for the service area.
- **Review of Ageing and Living Well Design** – Work is underway to develop a future design of living and ageing well portfolio. The implications of the Autumn Statement and Funding Guidance which will be released on 21st December 2022 will inform further mitigations in this portfolio. It's aimed that this work will generate the £661k mitigations required for the service area.

2.3.5 In addition to this, as noted at the November Committee further mitigations were being explored and the update is below:

- Costs of a dedicated external focused review of Adult Social Care finances, expenditures, and governance - An update will be provided at next Committee.
- A business case for an additional one off spends on agency staff to escalate pace of reviews - Additional agency starts in December will add capacity to undertake reviews as well as undertake work to update information in liquid logic. It's planned to complete this work by 1st April 2023
- A business case for support to implement automation and digital technologies across Adult Social Care - Work is underway to look at automation and digital technologies and an update will be provided at February Committee regarding progress made.

3.0 GOVERNANCE ASSURANCES

3.1 At Committee in June 2022, it was approved a routine monitoring of budgets to Committee to provide assurances to the Committee regards governance arrangements in place. The Establishment Control, Contracts and Data Control implemented by Adult Health and Social Care are provided today.

3.2 Integrated Commissioning Budget Oversight including establishment and contractual control is underway and a full update will be provided at February Committee.

3.3 Adult Social Care Establishment and Contracts

3.3.1 In addition to the actions noted above, and the mitigations noted in the November update, Governance improvements in Adult Health and Social Care continue to provide a greater level of financial control and accountability across all service areas. Improvements have been made as detailed below:

3.3.2 Our Establishment Control has been improved to ensure recruitment and staffing forecasts are aligned with available staffing budgets by:

- Ensuring that recruitment and staffing forecasts are aligned with available staffing budgets.
- Reviewing our current staffing lists by team and portfolio as part of the redesign of adult health and social care taking place over past 4 months to ensure accuracy of staffing information.
- As we implement the new portfolios and transfer staff during January to February, a monthly list by Assistant Director portfolio will be Implemented to ensure accuracy of establishment.

3.3.3 Our Contracts Register and Controls has been improved to ensure all spend is visible, approved and represents value for money by.

- Implementing a contract's register which details all contracts known to the Committee. This will now be updated monthly to ensure currency and is available to members of the Committee.
- The contracts register is now aligned by Directorate and Adult Social Care Portfolio to enable robust financial monitoring and best value use of resources.

3.4 Local Government Association Recommendations

3.4.1 In the budget update to the Policy Committee in September, several lines of enquiry were put forward following a review of budget planning processes by the Local Government Association. The review was well received by the service and supported activity to further provide assurance regards our effective use of resources.

3.4.2 Appendix 3 details the response to these recommendations as an assurance to Committee that the recommendations have been acted upon. Updates will be provided again in March 2023 to confirm actions completed.

3.4.3 As a key next step and following on from the mitigation noted at November 2022 Committee, the Local Government Association have been contacted to undertake a follow up use of resources assurance visit in the new year. The outcomes of this will be reported to committee.

3.5 Update on Covid Grants

3.5.1 In the June 2022, Appendix 2 to the policy committee's financial update referred to £31.2m in grants relating to covid testing, infection control, vaccination roll-out and boosting capacity in the workforce.

3.5.2 Table D shows a full summary of the covid grants over the last three years. The previously reported £31.4m was limited to Adult Health and Social Care. An additional £3.56m also related to housing support for adults.

Table D: Covid Grants for Sheffield Adult Health and Social Care				
Service area	Values (£000s)			% Provided
	20/21	21/22	22/23	
Distributed to Care homes	15,059	9,098	-	69.4%
Distributed to Other Providers (e.g., homecare)	1,353	3,740	1,474	18.9%

National Living Wage Grant (distributed to providers)	-	2,500	-	7.2%
Total to Providers	16,412	15,338	1,474	95.5%
Adult Health and Social Care (SCC)	631	676	266	4.5%
Annual Totals	17,043	16,014	1,740	100%
Grand Total	34,797			

Key points for the Committee to note are:

- The Adult Health and Social Care sector has benefited from £34.8m support from Covid grants, mainly in support to providers. This does not include the one off £10m Enhanced Hospital Discharge fund in 2021/22.
- 95.5% of the COVID Grants were provided direct to commissioned social care providers, with 69.4% of the grants provided to care homes.
- However, 2022/23 shows a reduced fund, with only legacy payments remaining. Meanwhile the impact of Covid on the health of residents, on the workforce and sustainability of providers remains.

4.0 HOW DOES THIS DECISION CONTRIBUTE?

4.1 Good governance in relation to resource management and financial decision making supports the delivery of the adult social care vision and strategy

4.2 Our long-term strategy for Adult Health and Social Care, sets out the outcomes we are driving for as a service, and the commitments we will follow to deliver those outcomes.

5.0 HAS THERE BEEN ANY CONSULTATION?

5.1 The purpose of this report is provided background to the funding of Adult Social Care, an update to the forecast spend position for 2022/23 and progress with the delivery of savings. No consultation has been undertaken on these aspects.

5.2 Consultation is undertaken during the development of proposals for the budget and implementation of proposals for the budget as appropriate.

6.0 RISK ANALYSIS AND IMPLICATIONS OF THE DECISION

6.1 Equality of Opportunity Implications

6.1.1 As part of the annual budget setting process, an overarching EIA assesses the cumulative impact of budget proposals (EIA 1128), as well as individual EIAs for each proposal that are monitored and maintained as an ongoing process.

The Savings Plan referred to in summary was agreed by the Council as part of the 22/23 Budget and the EIAs for each element remain live.

6.2 Financial and Commercial Implications

6.2.1 Our long-term financial strategy to support the implementation of the adult health and social care strategy consists of three elements:

- Supporting people to be independent
- Secure income and funding streams
- Good governance

6.2.2 This report is part of an improved financial governance framework that aims to improve understanding and provide transparency on the use of public money to the citizens of Sheffield.

6.2.3 Financial governance will be aligned with the adult health and social care strategy to ensure that opportunities for efficiency and improvement are recognised and developed by accountable owners. An emphasis on enablement and less formal support will be embedded through processes that identify a strengths-based practice at the point of assessment and review.

6.2.4 Given the overall financial position of the Council there is a requirement on the committee to address the overspend position in 2022/23 and support plans to mitigate it.

6.3 Legal Implications

6.3.1 As this report is designed to provide information about background to and an update about the financial position rather than set out particular proposals for the budget and implications, there are no specific legal implications arising from the content. The ongoing process will however assist the local authority in meeting its obligations and legal duties. Legal Services can provide advice on specific proposals as and when necessary.

6.4 Climate Implications

6.4.1 There are no significant climate impacts to consider arising directly from this decision.

6.5 Other Implications

6.5.1 There are no further implications to consider at this time.

7.0 ALTERNATIVE OPTIONS CONSIDERED

7.1 Not applicable – no decision or change is being proposed.

8.0 REASONS FOR RECOMMENDATIONS

- 8.1 These recommendations are made to support strategic planning and operational decisions that are necessary for the long-term sustainability of adult health and social care and the long-term benefit of people in Sheffield.

Appendix 1: Recovery Plan Performance by Service Area

1. Change and Strategy Delivery

Project Title	Target 31/03/23 (£000s)	Forecast 31/03/23 (£000s)	% By 31/03/23	% By 31/03/24	Achieved to Date (£000s)	Timeline for completion	Challenges
Operating model and MER – efficiencies and staff reduction	1500	1500	100%	100%	925	Project on track to be in place for 1 st April 2023	n/a
Reduced Agency Spend	303	0	0%	100%	0	Reduction in agency staff planned by 1 st April 2024 related to workforce strategy and new future design of social care.	Recruitment issues require that agency staff are still required to fulfil statutory duties.

2. Living and Ageing Well

Project Title	Target 31/03/23 (£000s)	Forecast 31/03/23 (£000s)	% By 31/03/23	% By 31/03/24	Achieved to Date (£000s)	Timeline for completion	Challenges
Review of new High-Cost Homecare arranged during Covid response	3470	2628	76%	87% (3.017m)	2.628	£2628 planned to be delivered by 31 st March 2023 with a further £389k forecast by 1 st April 2024, making a total of £3017m.	Capacity issues due to priority of responding to new referrals.
Right-sizing Home-Care packages increased during Covid response & Review of Direct Awards.	4408	1356	31%	96% (4.2m)	1072	£1,356 planned to be saved by 31 st March 2023. A further £1.87m is forecast to be delivered in 23/24 making a total of £3.2m by 1 st April 2024. This leaves £1.2m saving to be mitigated, of which £1m is planned via review of direct awards.	Agency staff have been required to complete this work, as initial attempts to incorporate work into current workload was unsuccessful due to responding to new demand.
Managing new demand for high-cost support through a new Enablement test for change	1281	1281	100%	100%	747	Metric is average new starter costs for homecare (now £288pw compared to £380pw last year). No completion date as target is ongoing.	The Enablement Team have not been deployed as intended due to a priority of supporting homecare sector to deliver new support.
Managing demand for Homecare through Equipment & Adaptations	380	380	100%	100%	222	Project due to be completed by June 2023.	Reducing backlog at same time as increased demand of 22% on the service.
Reducing additional staff costs in STIT	812	812	100%	100%	0	Additional funding to meet these responsibilities has now been secured.	Levels of absence and long-term absence have increased costs and use of overtime. Loss of Staffplan IT System has added to capacity issues.
Resetting the localities staffing budget	537	537	100%	100%	537	Delivered	n/a
Total	10,888	6994	64%	94% (10.23m)	5206	£661k remains to be mitigated through additional activity	

Appendix 1: Recovery Plan Performance by Service Area

3. Adults with a Disability

Project Title	Target 31/03/23 (£000s)	Forecast 31/03/23 (£000s)	% By 31/03/23	% By 31/03/24	Achieved to Date (£000s)	Timeline for completion	Challenges
Direct Payment Reviews	2800	334	12%	100%	216	334k forecasted by 31/03/23. A further £820k is forecast to be delivered as FYE in 23/24. Full value £1.2m (£1.6m short of target). £3m saving from ongoing review activity will be required in 23/24 to cover shortfall and meet 23/24 budget plan.	Several recruitments attempt from permanent workforce were unsuccessful. Agency team put in place in September to complete project.
Complex Care Review Team	1000	600	60%	130% (£1.3m)	437	Work to be completed by April 2023. £700k delivered as full year effect in 23/24 will exceed target.	Reviews have been picked up as business-as-usual. Dedicated resource to review started in October 22.
Improved Transitions Planning	252	130	52%	100%	130	Work is ongoing. Team will be able to review support for young adults methodically from 23/24 onwards and it's planned to meet the target in 23/24 due to this.	Transitions Team are newly established and have prioritised managing the transition of 100+ young adults who have not had an adults assessment.
Improved Social Work Practice through Strengths-Based Reviews	1157	0	0	0	-	Increases to existing packages are forecast to exceed target, making this saving unachievable. Saving cannot be recovered in 23/24 because it relates to growth rather than a specific task.	A small number of high-cost placements related to provider closures or providers withdrawing support have increased costs for existing customers.
Efficiency through integration of Continuing Health Care Services	400	400	100%	100%	266.4	Metric is Joint Package spend. This has reduced from £51.3m in April to £50.6m. Assuming 75% paid by SCC, that's £490k less	System data quality needs to improve to fully assess impact of joint reviews and CHC specialism.
Direct Payment Service Transformation	359	385	107%	214% (770k)	230	New costing £261 compared to £464; saves 385k in 22/23 and a further £385k FYE in 23/24	New Direct Payments are coming in at a lower cost (£261pw compared to £464pw) but increases to existing support are driving costs.
Reduced liability for contract void charges	549	271	49%	100%	271	One project completed and second project due to be completed by March 2023. Saving from second project will be realised in 23/24.	Transfer from one property completed to schedule but delays to agreement on second property delayed, incurring ongoing fixed costs.
Vacancies and Voids costs	700	700	100%	100%	433	On course for full delivery of saving in year.	n/a
Supported Living TUPE contract ends	1000	400	40%	600k	314	A phased plan has been implemented to schedule reduction in TUPE payments by 1st April 2025.	Contractual requirements and provider sustainability required ongoing payment of TUPE monies on a phased agreement.

Appendix 1: Recovery Plan Performance by Service Area

Review of Befriending, Short Breaks and Day Activity Services	678	728	107%	107% (728k)	440	Work complete	New frameworks for Short Breaks and Day Services did not yield any savings. This was mitigated by use of in-house short breaks.
New Accommodation Strategy	111	100	90%	100%	96	Project due to be completed by March 2023.	Delays in finding suitable tenants that can share properties meant that vacant places were not taken up as quickly as desired.
Provider Services staffing budget adjustment	500	290	58%	100%	-	Budget is overspent, but there are underspends in other areas of the service. Staffing budgets will be in balance by 1 st April 2024	In-house services were closed during covid, so staff costs were static. Since services reopened there has been increased overtime to facilitate cover, creating a cost pressure on staffing budget.
Total	9,506	4,312	45%	92% (8.71m)	2,833	£796k remains to be mitigated by additional activity	

4. Mental Health and Safeguarding

Project Title	Target 31/03/23 (£000s)	Forecast 31/03/23 (£000s)	% By 31/03/23	% By 31/03/24	Achieved to Date (£000s)	Timeline for completion	Challenges
Care Trust – Remodelling of social work mental health provision.	1000	760	76%	100%	477	This project will be completed by 1 st April 2024 aligned to a wider review of health and care. Mitigation is planned via mental health reviews as indicated in the Committee reports.	Vacancies in the service and staff departures indicated a reduced staff spend was achievable; however, service is over budget on staff.
Safeguarding, MH and Domestic Abuse delivery efficiencies and contractual review	300	100	33%	33%	50	Mitigation of this saving is now required in 23/24.	The original project could not be delivered due to organisational changes.
Domestic Abuse Refuge funding	350	350	100%	100%	350	Delivered	n/a
Total	1,650	1,210	73%	88%	877	200k remains to be mitigated.	

Appendix 1: Recovery Plan Performance by Service Area

5. Adult Commissioning and Partnerships

Project Title	Target 31/03/23 (£000s)	Forecast 31/03/23 (£000s)	% By 31/03/23	% By 31/03/24	Achieved to Date (£000s)	Timeline for completion	Challenges
Vulnerable People: Commissioning staff saving	100	100	100%	100%	100	Delivered	n/a
Total	100	100	100%	100%	100	Delivered – No Mitigations Required	

6. Governance and Inclusion

Project Title	Target 31/03/23 (£000s)	Forecast 31/03/23 (£000s)	% By 31/03/23	% By 31/03/24	Achieved to Date (£000s)	Timeline for completion	Challenges
Income & Payments Programme	854	1383	150%	150%	854	Delivered (529k over delivery forecast)	n/a
Income and Payments financial assessment review fast track	200	200	100%	100%	200	Delivered	n/a
Supplies and Services	200	200	100%	100%	133	Metric is spend on supplies across the service; as such work is ongoing.	n/a
Total	1,254	1,783	142%	142%	£1,187	Delivered – No Mitigations Required	

7 Overall Total

Saving Category by Portfolio	Target 31/03/23	Forecast 31/03/23	Forecast 31/03/24	Forecast % by 1 st April 2023	Forecast % by 1 st April 2024	Mitigations Required (£000's)
	(£000s)	(£000s)	(£000s)			
Change and Strategy Delivery	1,803	1,500	1,803	83%	100%	0
Living and Ageing Well	10,888	6,994	10,227	64%	94%	661
Adults with Disabilities	9,506	4,312	8,710	45%	92%	796

Appendix 1: Recovery Plan Performance by Service Area

Mental Health and Wellbeing	1,650	1,210	1,450	73%	88%	200
Care Governance and Inclusion	1,254	1,783	1,783	142%	142%	-529
Commissioning and Partnerships	100	100	100	100%	100%	0
Chief Social Work Officer	0	-	-	-	-	0
Total	25,201	15,899	24,073	63%	96%	1,128

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Appendix 3: Local Government Association Review of Adult Social Care Budget

LGA ACTION	UPDATE	TIMESCALE FOR COMPLETION	RAG
Theme 1 – Corporate Finance			
Develop a budget strategy that does not place reliance on the use of reserves to deliver an annually balanced budget.	No further action required, other than Portfolios to deliver balanced budget proposal for future years. Our budget strategy is not to set a budget that relies on reserves. 2022/23 was the first year this option was taken due to £15m of proposed savings not being agreed and several strategic reviews being developed to remove the need for use of reserves going forward.	Completed	
Consider the development of multiyear saving or transformation programmes to bring about longer-term strategic change as a corporate priority.	Requires aligning the change programme to Medium Term Financial Strategy. New Boards and programmes established this year should facilitate this approach.	Ongoing	
Consider your approach to target setting to ensure a more equitable distribution of budget saving requirement (over the long term).		Ongoing	
Consider whether there are opportunities to use capital programme as invest to save.	There are several capital schemes in plan for Older People Independent Living and Learning Disability Living Schemes. Capital resources and competing priorities will be a consideration. Next Steps is to complete business cases in line with strategic direction and modelling.	1 st April 2024	
Consider the merit of using capital receipt flexibility to provide capacity in the delivery of revenue savings.	Consideration will be given for any flexibility based on a business case. Next Steps is to complete business cases in line with strategic direction and modelling.	1 st April 2024	

Appendix 3: Local Government Association Review of Adult Social Care Budget

Theme 2 – Service Strategy			
<p>Review as a priority the future provision of care to ensure changing needs are met in the right way and to improve value for money and work collaboratively with providers to reshape the market.</p>	<p>The Adult Social Care Strategy approved on 16th March and subsequent Delivery Plan makes this Commitment. Recommissioning of homecare was approved on 15th June and recommissioning of supported living, day services and extra care on 21st September. A Market Shaping Statement was subsequently approved on 21st September and outlines approach to collaboration with the sector.</p>	<p>1st April 2024</p>	
<p>As a priority find alternative ways of supporting people so that they don't need long term care. This should be at the heart of a transformation programme and one that adopts strengths-based approaches. This should include developing arrangements to improve take up of direct payments; support more people with a learning disability to live more independent lives and reduce your use of care homes.</p>	<p>Already part of the main AHSC Strategy and related Direct Payment Transformation Programme. The Direct Payments Strategy is noted for approval at December Committee.</p> <p>Performance clinics related to the <i>Active and Independent</i> outcome under the AHSC strategy will monitor progress.</p> <p>The Early Help review, and an improved Information Advice and Guidance offer will support this approach. The information and advice update is noted at December Committee and approval is planned for March 2023 for a new early help mode.</p> <p>The future design of adult social care was approved at Committee on 16th November and sets a direction to support alternatives so that people don't need long term care.</p>	<p>1st April 2024</p>	
<p>Compare your operational and commissioning practices for people with learning disabilities with Alders best practice guide.</p>	<p>Recommissioning of supported living, day services and extra care was approved on 21st September 2022 with involvement of individuals, stakeholders, and benchmarking. A review of current position against Alders Best Practice Guide is being undertaken by the Adults with Disabilities and an update on progress will be provided as part of our governance arrangements and future design of adults with disabilities service.</p>	<p>1st June 2023</p>	

Appendix 3: Local Government Association Review of Adult Social Care Budget

Review your mental health provision in conjunction with health partners.	A decision was made on 16 th March to return line management of mental health social work to adult social care. A transition project in partnership with SHSC and ICB is underway to complete the transition by 1 st April 2023. Approval was provided to recommission mental health provision on 21 st September aligned to a Market Shaping Statement agreed on same date. This is underway. In addition to this, a collaborative project was commenced during the pandemic to look at mental health transformation. This is progressing well with an updated provided at the HWBB on 8 th December 2022.	1 st June 2023	
Review arrangements for partner and user contributions.	Included in 23/24 budget plans; review of charging policy; S117 and Funded Nursing Care gaps to be updated; system wide improvement on CHC and JPOC planned.	31 st March 2024	
Theme 3 – Processes			
Consider approaches to completion of returns, data management and data integrity to ensure accuracy, consistency, and timeliness in compliance with the reporting requirements.	Accountability for timely recording to be the responsibility of each Assistant Director once new operating model fully implemented. Coordination will be through performance clinics and quarterly reports to Committee. Income to include loan repayments to recalibrate benchmarking with other authorities	1 st April 2024	
Review the presentation and format of public facing financial reports to improve transparency and the “golden thread”.	A review of reporting has been undertaken and its planned to provide a standard quarterly update to the Committee and Councils Board from 2023, linking to the local account and reporting against the Sheffield Delivery Plan.	1 st April 2023	
Ensure arrangements for effective budget management and financial control are embedded and integrated into corporate financial management.	Covered by implementation of the Financial Governance plans	1 st April 2023	

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Report to Policy Committee

Author/Lead Officer of Report: Martin Smith,
Deputy Director Planning and Commissioning,
NHS South Yorkshire Integrated Care Board
Sheffield

Report of: Director Adult Health, and Social Care and Director Commissioning Developments, South Yorkshire Integrated Care Board.

Report to: Adult Health and Social Care Policy Committee

Date of Decision: 19th December 2022

Subject: *Improving Wellbeing Outcomes and Tackling Inequalities Through Early Intervention, Integration and Partnership Working.*

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?				
Has appropriate consultation taken place?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Has a Climate Impact Assessment (CIA) been undertaken?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
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:

The purpose of this report is to provide an overview of the joint working across health and social care in Sheffield and how this is improving outcomes and closing the gap on inequalities for the residents of Sheffield. Improving people's experience of health and care services in Sheffield has been a key driver to ensure people and carers have a similar experience of services and support which ever service they access.

The report also provides an update in progress in relation to the area of development *Improving Wellbeing Outcomes and Tackling Inequalities Through Early Intervention, Integration and Partnership Working* in the Council's Delivery Plan.

Recommendations:

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

1. Note progress in relation to the Adult Health and Social Care Integrated Working Delivery Plan – Improving Outcomes through Tackling Inequalities through Integrated Working attached at Appendix 1.
2. Approve the Sheffield Wellbeing Outcomes Framework described at section 1.9.
3. Agree that Director of Adult Social Care brings back 6 monthly reports on progress in implementation of the Delivery Plan and Outcomes Framework.

Appendixes

Appendix 1 - Improving Wellbeing Outcomes and Tackling Inequalities Through Early Intervention, Integration and Partnership Working in the Council's Delivery Plan

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: Patrick Chisholm
		Equalities & Consultation: Ed Sexton
		Climate:
	<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	SLB member who approved submission:	<i>Alexis Chappell</i>
3	Committee Chair consulted:	<i>George Lindars Hammond and Angela Argenzio</i>
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 Committee by the SLB member indicated at 2. In addition, any additional forms have been completed and signed off as required at 1.	
	Lead Officer Name: Martin Smith Jon Brenner	Job Title: Deputy Director Planning and Commissioning Principal Programme Manager, Adult Health and Social Care
	Date: 5th December 2022	

1.0 PROPOSAL

- 1.1 The [Adult Health and Social Care Strategy](#) and accompanying [Delivery Plan](#) set out our vision for 2022 to 2030. Called 'Living the life you want to live', it's about how we work together to help the people of Sheffield to live long, healthy and fulfilled lives. A key commitment within the Strategy and Delivery Plan is the development of effective partnerships and relationships which enable people to live the life they want to live.
- 1.2 Sheffield partners recognise that to take a fully outcomes-focused approach to health and care services necessitates looking forward about what makes for an independent, fulfilling life and how to support people to lead that life. If integration really impacts on peoples' lives positively then it does matter to them.
- 1.3 In 2018 the Care Quality Commission undertook a [Local Area Review of the Sheffield System](#) and found that too much of the care and support provided to Sheffield citizens was delivered away from their home environment, that services were fragmented and hard to navigate, there was insufficient focus upon preventative pathways and that financial pressures could be increasingly risk managed in collaboration.
- 1.4 The Council must set out how it will promote wellbeing, integrated working and prevent needs for care and support in accordance with the Care Act 2014 general responsibilities in relation to [1.Promoting individual well-being](#), [Preventing needs for care and support](#), [Promoting integration of care and support with health services etc.](#).
- 1.5 In response to the findings as well as the legal duties, significant work has been undertaken to build partnerships and relationships which improves lives and outcomes for people of Sheffield. This has been reflected in the [Better Care Fund Update and Overview](#) reported to Committee on 16th November 2022, [Sheffield Joint Health and Wellbeing Strategy 2019 - 2024](#) reported to the Health and Wellbeing Board.
- 1.6 In particular, the Council has made a clear commitment to *Improving Wellbeing Outcomes and Tackling Inequalities Through Early Intervention, Integration and Partnership Working* by way of thematic delivery actions under the Strategic Goal of Healthy Lives and Wellbeing for All set out in the [Council's Delivery Plan](#) approved at Strategy and Resources Committee on 30th August 2022.
- 1.7 It's aimed that the actions in the plan provide a foundation for delivery upon our strategy, our legal duties, the CQC findings and ultimately through these improving lives and outcomes of people of Sheffield. This report provides an update in relation to the actions contained in the Councils Delivery Plan and seeks endorsement of an approach to Sheffield Outcomes Framework.

1.8 Update Against the Improving Wellbeing Outcomes and Tackling Inequalities Through Early Intervention, Integration and Partnership Working Theme of the Council's Delivery Plan

1.8.1 The "Improving Wellbeing Outcomes and Tackling Inequalities Through Early Intervention, Integration and Partnership Working" Delivery Plan which is the actions agreed within the Council's Delivery Plan attached at Appendix 1 provides an update in relation to progress made.

1.8.2 Good progress has been made to date as follows:

- ✓ Joined Up Local Support – [An Adult Social Care Target Operating Model](#) was approved at Committee on 16th November 2022 and this provides a foundation for greater joined up working with Primary Care Networks, Trusts, ICB and partners to develop multi-disciplinary team-based ways of working and a shift towards early intervention and prevention. A report on progress in implementing the Target Operating Model and joint working with Primary Care, Trusts and key partners is planned for March 2023 Committee.
- ✓ Joint Wellbeing Outcomes - A Joint Health & Wellbeing Outcomes Dataset which tells us the impact we are having on people of Sheffield and areas for development has been developed and further information is provided in this report about the outcomes dataset.
- ✓ Joint Quality Framework - A Joint Health and Social Care Quality Board has been developed and its planned to use this as a foundation for developing joint framework for monitoring quality across health and care commissioned provision aligned to the [Care Governance Strategy](#) and [Practice Development Framework](#) approved at June and November Committees. Updates will be provided to March 2023 Committee.
- ✓ Information and Advice - A new information and advice platform which provides greater information and advice about supports available and builds a foundation for greater use of digital technology and self-assessment to improve access to social care has been developed and update is provided to Committee today.
- ✓ Early Help and Intervention – A working group is underway to refresh our approach to Early Intervention and Help which enables people to live independently and healthier at home for longer. A workshop has been organised with Committee Members for 11th January 2023 to inform a future model and report to Committee seeking approval for the Model in March 2023.

1.8.3 Over the next six months it's planned to progress delivery upon of a Joint NHS and Social Care Financial and Strategic Plan, so that we can evidence how we are using our joint funding effectively to achieve best outcomes for people of the City and delivery of a joined-up approach across Social Care and Housing to support people to live independently and well across communities.

1.8.4 It's aimed that in undertaking each of these developments, this establishes further foundations for further partnership working which can close the gap on inequalities, delivers improved wellbeing outcomes and enables people to live the life they want to live.

1.9 Sheffield Wellbeing Outcomes Framework

1.9.1 The growing body of evidence shows that better outcomes and experiences, as well as reduced health inequalities, are all possible when people can actively shape their care and support. As Sheffield health and care organisations work together more closely, the power of individuals as the best integrators of their own care is well recognised.

1.9.2 This principle has underpinned the creation of a Sheffield Outcomes Framework. It aims to be a framework which can enable us to evidence the joint impact on people and communities. This then supports our ambition that we build services around people rather than around organisations to improve the experience of health and care and to make a real difference to outcomes. Collaboration will be key to delivering upon the outcomes and everyone will have a role to play.

To achieve this, the framework operates at three different levels:

1.9.3

- that of the individual person; (Personalised Care)
- the place where they live; (Communities and Neighbourhoods)
- and the wider population of which they form a part. (Population Health Management)

1.9.4 The focus of integrated transformation needs to be both on designing services for people with specific needs to give them greater control over their lives and improve overall outcomes, as well as on places and populations to address the wider determinants of poor health. It's about building on the assets, strengths and skills of local communities and people to reduce the need for care and health support from the statutory agencies, and to improve outcomes

1.9.5 By owning a set of key outcomes that are important to the City, we will ensure that progress is made and commitment by all is maintained. This provides a great opportunity for us all to make a difference, reduce inequalities and ensure our most vulnerable citizens are respected and heard over a sustained period.

1.9.6 It provides an all-age approach from maternity and childhood, through living with frailty, older age, and end of life, encompassing both mental and physical health and recognises the role and voice of carers. It also importantly recognises the contribution of communities and the voluntary and community sector.

1.9.7 The Sheffield Health and Wellbeing Outcomes Framework will ensure all organisations in Sheffield are committed to delivering the outcomes and annual reporting will show progress against our vision. This fits with the Sheffield Joint Health and Wellbeing Strategy ambitions to enable the people of Sheffield to start well, live well, age and die well.

1.9.8 The Framework was developed through significant engagement with individuals and partners throughout the period 2021 to 2022. This was undertaken at the same time as development of the Adult Social Care Strategy which supported an alignment of the ambitions and focus on people.

1.9.9 To enable oversight and implementation of the framework, a multi-agency Outcomes Steering Group was established as a way of bringing partners together around a focus on outcomes for citizens of Sheffield.

1.9.10 The Steering Group has used the framework to take a thematic deep dive into our impact on people of Sheffield in a systematic way. To date the framework has focused on children and young people, mental health and dementia and it's planned to look at adults with a disability and older adults in the new year.

1.9.11 To enable effective oversight of the outcomes framework, learning and implementation from these the Outcomes Steering Group, will provide update reports to the Health and Wellbeing Board and to care group specific partnerships. For Adults its proposed that the outcomes are reported to the Committee as part of the overall outcomes and performance reporting now established to the Committee.

The Framework is described below:

1.9.12

Sheffield City Health and Wellbeing Outcomes	Alignment to Adult Care Commitments	What does this mean as a partnership?	What does this mean for individuals?	'I' statements for Sheffield
The most deprived communities have the same healthy life expectancy as those from the most affluent communities	Commitment 2 - Provide temporary assistance to help people regain some stability and control in their life following ill health or crisis.	All partners across the city work collaboratively to improve healthy life expectancy and disability free life expectancy. Health, social care, education, housing, activity, police, fire, public health, Voluntary, Community and Social Enterprise Sector (VCSE) and the citizens of Sheffield	Knowing that all professionals are working together and encouraging individuals to have choice and control over their lives.	I can expect to live a long and healthy life I have the information I need to help me to achieve this I know how to access support when I need it
The population of Sheffield will be supported by a diverse range of individuals and organisations	Commitment 1 – Support people to live a fulfilling life at home, connected to the community and resources around them, and provide care and	We will support and encourage thriving communities, and continue to strengthen connections and innovative approaches of	Knowing that appropriate support opportunities will be available from a variety of organisations	I know that I will be supported by a wide range of organisations – now and in the future I know how to access the

	support where needed	engagement at all levels across the city		services available to me
The Sheffield population's voice drives service and strategic changes	Commitment 4 - Make sure support is led by 'what matters to you', with helpful information and easier to understand steps.	Co-ordinated engagement with our communities to raise awareness, actively listen and ensure services reflect what has been heard – we do not always know best...	All voices, especially those with lived experience, will be heard and will help to influence and shape future services across Sheffield and within communities	I know how to get involved and make my voice heard I know I will be listened to I know I will get feedback in an accessible format and be kept informed of progress and improvements
Sheffield people feel connected to friends, family and community	Commitment 1 – Support people to live a fulfilling life at home, connected to the community and resources around them, and provide care and support where needed	Ensuring people are supported in the ways they want to be by their family, friends and communities and know how and where to make connections with others, digitally or otherwise	Getting the right level of support, engagement, and access to live your life in a way that suits you	I feel connected to my friends and family I know where to go if I need support from my community I know how I can get involved in my community
Our workforce reflects the make-up of the Sheffield population.	Commitment 5 - Recognise and value unpaid carers and the social care workforce and the contribution they make to our city.	Ensuring everyone has the opportunity and support to progress and enhance their life and work choices	Knowing there are equal opportunities for everyone	I know there are equal employment opportunities for everyone in Sheffield I know how and where I can get the support I need
The Sheffield population experience high quality support and services	Commitment 3 and Commitment 6 – Make sure there is a good choice of affordable care and support available, with a focus on people's experiences and improving quality.	Ensuring everyone experiences high quality services that meets their needs and delivers positive outcomes	Knowing that whenever you need help and support, the services you receive will meet your needs	I will receive the right care and support when I need it I know the care and support I receive will be what I need and of high quality

4.0 HOW DOES THIS DECISION CONTRIBUTE?

4.1 This proposal also supports a broad range of strategic objectives for the Council and City, and is aligned with existing policies and commitments, including:

- *Adult Social Care Strategy* – Delivery upon vision, outcomes and all commitments.
- *Councils Delivery Plan* – Under the Strategic Goal Health and Wellbeing for all.
- *Our Sheffield: [One Year Plan](#)* – under the priority for Education Health and Care, Enabling adults to live the life that they want to live
- *Conversations Count*¹⁰: our approach to adult social care, which focuses on listening to people, their strengths, and independence.
- *Our new ASC Operating Model* - this aligns to that new arrangement by establishing greater focus on outcomes and community connection.

4.2 The governance arrangements proposed will support a culture of accountability, learning and continuous improvement which will enable the Council to deliver upon its vision and strategy for Adult Social Care, deliver better outcomes and an improved experience for people and a more sustainable adults social care service for the future.

4.3 One of the commitments under the strategy is to “Make sure support is led by ‘what matters to you’, with helpful information and easier to understand steps.” The improved governance arrangements aim to promote and ensure quality of support and practice which matters to individuals.

5.0. HAS THERE BEEN ANY CONSULTATION?

5.1 The update describes progress in delivering upon an area of development in the Council’s Delivery Plan and Adult Social Care Strategy. Due to this the update has not been formally consulted on.

5.2 There is lots of work currently underway to strengthen the direct involvement of people in the decision making and co-production of adult social care services and functions. The intention is that this will be formalised in a co-produced and co-designed dedicated document which will set out the different ways that people are able to engage with the Council from complaints and surveys to board membership and performance challenge sessions.

6.0. RISK ANALYSIS AND IMPLICATIONS OF THE DECISION

6.1 Equality of Opportunity Implications

6.1.1 The Equality Act 2010 gives legal status to various protected characteristics which people have – these include Age and Disability, characteristics which are central to the core activity of Adult Health and Social Care. As a Public Authority,

the Council has legal requirements under the Equality Act. These are specified in the Public Sector Equality Duty, which includes a requirement to consider if and how we can advance equality of opportunity between people who share a protected characteristic and those who do not.

6.1.2 The aims of the Delivery Plan are consistent with these equality duties – this report identifies ways in which it can contribute to these ends.

6.2 Financial and Commercial Implications

6.2.1 A key function of the improving outcomes through partnership working update is to support the delivery of a financially sustainable Adult Health and Social Care Service, because it is designed to give assurance about the delivery of the Council's statutory responsibilities for adult health and social care.

6.2.2 These duties include ensuring a sustainable care market and the ability to meet eligible care needs. The ongoing resourcing of Adult Health and Social Care is a key challenge for Sheffield City Council and Local Authorities nationally.

6.3 Legal Implications

6.3.1 The main responsibilities of Adult Health and Social Care are set out in the following main pieces of legislation: the Care Act 2014, the Mental Capacity Act 2005, the Human Rights Act 1998, the Health and Care Act 2022, and Domestic Violence Act 2021.

This legislation directs Adult Health and Social Care to:

- promote wellbeing
- protect (safeguarding) adults at risk of abuse or neglect
- prevent the need for care and support
- promote integration of care and support with health services
- provide information and advice
- promote diversity and quality in providing services

6.3.2 As previously described the key function of the report today is to provide an overview of the to set out how the Council will ensure that Adult Social Care is statutorily compliant.

6.4 Climate implications

6.4.1 In future years will ensure that climate impacts are considered in decision making as this is a part of the Effective and Efficient Outcome in the Adult Health and Social care vision and strategy.

6.4.2 Through implementation of the outcomes framework, officers will therefore be tasked with measuring the achievement of the service in the delivery of this ambition and identifying actions as and when performance falls short.


7.0 ALTERNATIVE OPTIONS CONSIDERED

Alternative options have been considered and the options are:

- 7.1 Option 1 - Option 'to do nothing' and have no outcomes framework. However, this would not enable citizens to see the impact of health and social care activity in an open and transparent way.
- 7.2 Option 2 – Delay request for approval and implementation of the framework to enable further learning, benchmarking, and engagement. It is planned that benchmarking, learning and engagement will take place on an ongoing and dynamic basis to ensure it delivers what matters to people of Sheffield and is responsive to changing circumstances.

8.0 REASONS FOR RECOMMENDATIONS

- 8.1 The report provides an update in relation to *Improving Wellbeing Outcomes and Tackling Inequalities Through Early Intervention, Integration and Partnership Working* theme in the Council's Delivery Plan. It also seeks approval for city wide health and wellbeing outcomes framework.
- 8.2 It's aimed that this approach will promote continuous improvement, which can then provide assurance to Committee regards our impact on people as a collaboration across health and care.

	Area for development: Improving Wellbeing Outcomes and Tackling Inequalities Through Early Intervention, Integration and Partnership Working			
Strategic Goal: Healthy Lives & Wellbeing for All				
Context: We want to ensure that people experience seamless services and have positive experiences of support; to deliver this, we need to develop joined up approaches with our NHS, housing, VCSE and wider partners and through this enable delivery of individuals and carers wellbeing outcomes, tackle inequalities and improve the opportunities and inclusion of people with a disability in Sheffield. Our benchmarking shows that we need to do more to increase Adults opportunities to live longer, healthier lives.				
Accountable Officer: Director of Adult Health and Social Care			Accountable Committee: Adult Health & Social Care	
Where do we want to get to in 2022/23? We need to build on our Target Operating Model to develop coherent pathways for care and support for people with primary care and community partners, and work with all our partners, and citizens of Sheffield and Carers, to establish joint approaches to quality, and improving outcomes for the people of Sheffield. We want to develop ways of working that recognises individuals' strengths and assets and enables and supports people to live independently in their home to create the future foundations for managing demand and enabling people to self-manage through access to the right information and advice.				
Key milestones	Milestone/action	By when	Update	RAG
1	Build on agreed Target Operating Model and align with Primary Care Networks to develop multi-disciplinary team-based ways of working and a shift towards early intervention and prevention.	April 2023	TOM approved at Committee on 16 th November 2022. Next Steps consolidate joint operational working with primary care.	
2	Implementation of a Joint Health & Wellbeing Outcomes Dataset which tells us the impact we are having on people of Sheffield and areas for development.	December 2022	An outcomes framework has been developed and an update is provided at 19 th December Committee.	

SHEFFIELD CITY COUNCIL DELIVERY PLAN – STRATEGIC GOAL HEALTH AND WELLBEING FOR ALL

3	Implementation of Joint Health and Social Care Quality Framework and Board which sets standards about health and care and ensure individual voices and experiences inform how we ensure excellent quality of health and care in the City.	February 2023	Joint Board set up and first meeting December 2022. Next Steps agree a joint Quality Framework in 2023. An update is planned for February and March Committee.	
4.	Delivery of a new information and advice platform and model which provides greater information and advice about supports available and builds a foundation for greater use of digital technology and self-assessment to improve access to social care.	April 2023	Soft launch planned for December 2022 with full launch planned for January 2023. Update report provided to 19 th December Committee	
5.	Deliver a new Adults Early Intervention and Help Model which enables people to live independently and healthier at home for longer	June 2023	Members workshop organised for 11 th January 2022 and report planned for March 2023 Committee to propose a new model. Actions underway to deliver this aligned to Target Operating Model agreed at Committee on 16 th November and corporate activity.	
6.	Delivery of Joint NHS and Social Care Financial and Strategic Plan, so that we can evidence how we are using our joint funding effectively to achieve best outcomes for people of the City	March 2023	A report will be brought to March 23 Committee setting out progress, building upon the better care fund update reported to Committee in November and the joint outcomes framework which is planned for report to Committee in December 22.	
7.	Delivery of a joined-up approach across Social Care and Housing to support people to live independently and well across communities	April 2023	A working group is established to complete this for approval by Members in March 2023. It will build upon activities undertaken throughout 22/23 and report to EHC in March 22.	

SHEFFIELD CITY COUNCIL DELIVERY PLAN – STRATEGIC GOAL HEALTH AND WELLBEING FOR ALL

8.	Delivery of a joined-up approach to tackling inequalities across Sheffield	June 2023	By taking forward the actions described these aim to build a foundation for jointly tackling inequalities. A priority for 2023 is to	
9.	Development of innovative partnership arrangements to enable early action to support people to live independently, working with statutory and voluntary sector partners	Ongoing	Voluntary Sector leads have been asked to co-chair the adult social care strategy delivery in order to support partnership and innovation with partners.	
<p>Risks</p> <ul style="list-style-type: none"> • Winter pressures will affect priorities and could impact on work to improve our offer. • In establishing all joined up activity we will need to consider equality, equity and representation issues. 		<p>Other issues</p> <ul style="list-style-type: none"> • This work will build on the review of Early Intervention and Prevention set out in the Public Health area for development of this plan. • National issues outside of control of services that are increasing demands for services. • Capacity of partners in statutory and non-statutory sectors impacted by reduction in public funding and increased costs. • Balancing our immediate response and operational pressures with a strategic approach to addressing the long-term issues. 		

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