



Report to Policy Committee

Author/Lead Officer of Report: Avi Derei,
Commissioning Officer

Report of: Strategic Director Adult Care and Wellbeing
Report to: Adult Health and Social Care Policy Committee
Date of Decision: 16th March 2023
Subject: Advocacy Services – Current and Future

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? 1146				
Has appropriate consultation taken place? See notes below	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 checked="" type="checkbox"/>	No	<input 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>Appendix 2 is not for publication because it contains exempt information under Paragraphs 3 and 5 of Schedule 12A of the Local Government Act 1972 (as amended).</i>				

Purpose of Report:

The purpose of the report is to request an extension of 12 months to the current Advocacy Services contract, which is due to expire March 31st 2023, to meet the Council's statutory duties.

This report highlights the importance of ensuring continuity of advocacy services in a way that meets the needs of the people of Sheffield who require this service by extending the current contract whilst also allowing officers to assess the impact of key legislation changes on advocacy training and practice.

This report also sets out the Council's future intentions for the procurement of Advocacy Services, which will be subject to separate Council approval.

Recommendations:

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

- Approve the continuation of the current commissioning strategy and the extension of the Sheffield Advocacy Hub contract with Sheffield Citizens' Advice and Law Centre by 12 months.
- Endorses that proposals for retender for Advocacy Services are brought to the Adult Health and Social Care Policy Committee by July 2023.

Background Papers:

Appendix 1 – Equality Impact Assessment

Appendix 2 – Legal Implications

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: Laura Foster
		Legal: Richard Marik
		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:	<i>Cllrs Angela Argenzio and George Lindars-Hammond</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: Avi Derei	Job Title: Commissioning Officer
	Date: 27/02/2023	

1. PROPOSAL

- 1.1 The proposal is for the Council to commission a 12-month extension to the Advocacy Services with Sheffield Citizens Advice and Law Centre (SCALC) (01/04/2023 – 31/03/2024) with an estimated value of £1.23m.
- 1.2 The Council entered a 5-year (3+1+1) services agreement with SCALC in April 2017 (£4,465,695 value) and was extended by a year (April 2022 – April 2023 with a value of £1.03m) following approval from the Co-operative Executive on 24 March 2022 due to the imminent introduction of LPS legislation and the unknown impact it will have on advocacy services and demand.
- 1.3 Resource pressures and continuing uncertainties surrounding the introduction of Liberty Protection Safeguards legislation (and the unknown impact it will have on advocacy services and demand) mean there is insufficient time to re-tender for services before the current contract expiry on 31 March 2023.

Background

- 1.4 The Council have a statutory duty under the Care Act 2014, Mental Capacity Act 2005, the Health and Social Care Act 2012 and the Mental Health Act 2007 to maintain a stable and sustainable care market.
- 1.5 The Council also has a duty under the Care Act 2014 to provide an independent advocate for adults where needed as part of assessment and care management including safeguarding enquiries. The expiration of the contract without another in place to replace it would mean that the Council would fail to meet its statutory duty.
- 1.6 The advocacy duty applies from the point of first contact with the local authority and at any subsequent stage of the assessment, planning, care review, safeguarding enquiry or safeguarding adult review. If it appears to the authority that a person has care and support needs, then a judgement must be made as to:
 - whether that person has substantial difficulty in being involved (i.e., difficulty in understanding relevant information; retaining information; using or weighing information; and/or communicating views, wishes and feelings.)
 - if there is an absence of an appropriate individual to support them.
- 1.7 An independent advocate must be appointed to support and represent the person for the purpose of assisting their involvement if these two conditions are met and if the individual is required to take part in one or more of the following processes described in the Care Act:
 - a needs assessment
 - a carer's assessment
 - the preparation of a care and support or support plan
 - a review of a care and support or support plan
 - a child's needs assessment
 - a child's carer's assessment
 - a young carer's assessment
 - a safeguarding enquiry

- a safeguarding adult review
- 1.8 The advocacy role may also involve assisting a person to challenge a decision or process made by the local authority; and where a person cannot challenge the decision even with assistance, then to challenge it on their behalf.
- 1.9 In Sheffield, we fulfil these duties through a contract with Sheffield Citizens Advice and Law Centre who deliver the Sheffield Advocacy Hub providing Advocacy Services for the Council. The Sheffield Advocacy Hub provides a single point of contact for anyone requiring adult advocacy services. The advocacy services under the current contract include:
- Care Act advocacy
 - Independent mental health advocacy (IMHA)
 - Independent mental capacity advocacy (IMCA)
 - Independent mental capacity advocacy with a focus on deprivation of liberty (DOLS)
 - NHS complaints advocacy
 - Relevant person's representative advocacy (RPR)
- 1.10 Further information on the service provided can be found at the Sheffield Advocacy Hub website: [Sheffield Advocacy Hub \(sheffieldadvocacyhub.org.uk\)](http://sheffieldadvocacyhub.org.uk)
- 1.11 Sheffield Advocacy Hub receive an average of 160 referrals per month for various advocacy types, typically completing 2,705 hours of advocacy support.

Table 1: Breakdown of delivery and cost for Qtr. 3 22/23		
Type Advocacy	Advocacy Referral Numbers	Percentage of Referrals
Care act	109	23%
Independent Mental Health Advocate	78	16.50%
Independent Mental Capacity Advocate	105	22.25%
Learning disability	12	2.50%
NHS complaints	41	8.70%
Relevant Person Representative	127	27%
Total	472	

Rationale for extension

- 1.12 The timescale for the introduction of Liberty Protection Safeguards (LPS) was pushed back from the original date in Oct 2020 to April 2022 and has recently been pushed back further to an unknown date. This new legislation which will be replacing Deprivation of Liberty Safeguards, is due to have a wider remit; processing more court of protection applications relating to individuals being restricted in care setting, the community and including a new area of focus of 16–

18-year-olds.

- 1.13 This is likely to have an increase on the demand for IMCA (independent mental capacity advocates). The consultation advised of an additional cost pressure involved in the implementation of LPS and recommended that additional funds are made available from central government to support this.
- 1.14 Should the current contract with Sheffield Citizens Advice and Law Centre expire without re-tender or extension, then the Council would be unable to contract any further Advocacy services via the existing contracting arrangements.
- 1.15 If there was no re-tender or extension, advocacy support could only be arranged via a spot purchase - which is not recommended as the most efficient or effective contractual process. Any terms and conditions that we currently contract against, such as quality expectations, timescales for procurement, and quality monitoring, would no longer be enforceable, and would negatively impact upon The Council's ability to ensure that the services procured for Sheffield residents are appropriate and meeting their needs.
- 1.16 Alternatively, advocacy would need to be arranged via a direct payment – which may put unnecessary pressure upon the person in receipt of care to arrange, finance and manage if this is not what they wish to do. We do not feel that this process will be equitable across those in need of advocacy support and will inevitably favour those already the social care system. This may in turn lead to additional pressure on social care.
- 1.17 Resource pressures and continuing uncertainties surrounding the introduction of LPS legislation (and the unknown impact it will have on advocacy services and demand) mean there is insufficient time to re-tender for services before the current contract expiry on 31 March 2023
- 1.18 It is therefore proposed that the Council commission a 12-month extension to the Sheffield Advocacy Hub contract, with an estimated value of £1.23m, so that the Council can continue to provide Advocacy Services and meet its statutory duties under the Care Act 2014, Mental Health Act 2007.

Going forward

- 1.19 It is proposed to request approval at the Policy Committee in June 2023 to procure a new service contract for the delivery of Advocacy Services which will commence on the expiry of the current contract (April 2024).
- 1.20 It is planned to commission a new service contract for the delivery of Advocacy Services which will commence on the expiry of the current contract (April 2024). It is intended that the commissioning cycle will start immediately to allow for the procurement timescale within the years extension.

2. HOW DOES THIS DECISION CONTRIBUTE?

- 2.1 Sheffield City Council Corporate Delivery Plan outlines six strategic goals for the city. The Current arrangements for the delivery of Advocacy services and the

proposal to extend the current contract contributes most significantly to:

- **'Enabling adults to live the life that they want to live'**: Advocacy services are essential in providing voice for people and supporting the residents of Sheffield to get the support they want from social care and health services.
- **'Involve our citizens in the decisions that affect them and their communities'** – Advocacy is a key partner supporting the residents of Sheffield to participate in discussions about issues that affect them and their communities.

2.2 The proposal to extend the current contract will also ensure that we continue to meet the ambitions within the Joint Health and Wellbeing Strategy that **everyone has access to quality care**.

2.3 Sheffield City Council Adult Health and Social Care Strategic Plan (2021 – 2030) outlines in its vision that commitments to 'Provide temporary assistance to help people regain some stability and control in their life following ill health or crisis.' Several elements of the current advocacy contract are designed to enable this approach. An advocate will ensure a person has the tools to make an informed decision.

2.4 We have developed an [Adult Health and Social Care Strategy](#) and [delivery plan](#) to set out our vision for 2022 to 2030. Called 'Living the life you want to live', it is about how we work together to help the people of Sheffield to live long, healthy and fulfilled lives. Our Adult Social Care 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.

2.5 The vision is centred around delivery of five outcomes and six commitments. Our outcomes help to make our vision real – they are about what we want to focus on getting right. Our commitments are guiding principles we will follow and describe how we will achieve our outcomes and highlight what we want to do better.

2.6 The proposals in this report align with our vision and primarily support the delivery of **Commitment 4: 'Make sure support is led by "what matters to you"'**. Advocacy support can bridge a gap in communication and has the tools to offer independent support around a specific subject/area of life to those who feel they are not being heard and to ensure they are taken seriously and that their rights are respected.

2.7 A risk has been identified that the expiration of the contract without a new contract in place to start may impact upon the accessibility of statutory advocacy services.

3. HAS THERE BEEN ANY CONSULTATION?

3.1 A complete robust consultation with people using the advocacy service, family members, carers and stakeholders will be complete for the recommissioning of advocacy services. It is also planned to involve people using advocacy services in the retender and commissioning to ensure people are at heart of all we do.

- 3.2 For the extension, the very low number of complaints and multiple stories of difference, however, provide some evidence of positive experience for people who have been supported by the advocacy service were used to inform a proposal to extend with the current provider.
- 3.3 In addition, feedback from both commissioning officers and assessment and care management regards the current provider as used to inform the extension. All provided positive feedback, with all officers reporting that the relationship with the provider is excellent, quality of the advocacy provided is high and that they are receptive to feedback and take actions in a timely manner.
- 3.4 While the volume of the work is much higher than initially anticipated, the provider has implemented a robust triage system to enable the urgent cases to be accommodated. The residents of Sheffield are at the heart of the provider's operation and that they are dedicated in improving both user experience of advocacy services and generally social care services across the city.
- 3.5 Once the change to the legislation takes place and Liberty Protection Safeguards is embedded further and the impact of this legislation is understood fully, the intention is for co-production leading to co-design for a future service.

4. RISK ANALYSIS AND IMPLICATIONS OF THE DECISION

4.1 Equality Implications

- 4.1.1 Decisions need to consider the requirements of the Public Sector Equality Duty contained in Section 149 of the Equality Act 2010. This is the duty to have due regard to the need to:
- eliminate discrimination, harassment, victimisation, and any other conduct that is prohibited by or under the Act.
 - advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.
 - foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
- 4.1.2 The Equality Act 2010 identifies the following groups as a protected characteristic: age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex and sexual orientation.
- 4.1.3 The extension will support people to have a voice in their own health, support, and other matters that they would otherwise be without. In Equality Act terms, beneficiaries share many protected characteristics. The primary characteristic of Disability covers a range of support under Sheffield Advocacy Hub (including mental health and learning disability). Secondary characteristics (e.g., relating to Race or Age) apply). And advocacy is also relevant to the Council's wider consideration of equality interests – e.g., Health, Poverty.

4.1.4 As such, the extension to the framework contract and maintenance of advocacy provision is supportive of the Council's responsibilities under The Duty, namely, to consider ways to improve the experience and outcomes of people who share protected characteristics relative to those who do not.

An Equality Impact Assessment has been completed and is summarised below:

- The extension of the contract will prevent unnecessary disruption to continuity of care, which would have negative impacts upon the people in receipt of services.
- The extension will allow continued equitable access to advocacy services for Sheffield residents.
- Positives impacts upon persons who share protected characteristics would be maintained because of the extension.

4.1.5 The proposals will support to ensure that advocacy support remains stable over the next 12 months and will continue to ensure the availability and quality of advocacy delivered to vulnerable adults with eligible social care needs. The extension of the contract would not impact disproportionately on any section of the service user population.

4.2 Financial and Commercial Implications

4.2.1 For 22/23, the gross budget for the Advocacy business unit is £1,007,200. This includes the Advocacy contract c. £1,000,000 and the Healthwatch contract which is c. £210,000.

4.2.2 There is currently insufficient budget available to cover the cost of both contracts. At month 10, there was a forecast overspend of £125,000. An in-year uplift to the contract rate was recently agreed by Leadership which will further increase overspend in 22/23.

4.2.3 The proposed extension to the contract is valued at £1,230,000, which reflects the uplifted contract rate to £38 and forecast activity levels.

4.2.4 At present, the Advocacy service receives grant funding, and recharge income from DOLs. Recharges have been consistently higher than budgeted due to increased demand within the service. This increased income is included within forecasts and mitigates some of the pressure faced. Should there be a reduction in the recharges from the DOLs service, or the grant comes to an end, the level of overspend will further increase.

4.2.5 For 23/24, a standstill budget approach has been adopted because of the Council's financial position, and each committee has been asked to work within their budget envelope. Any additional pressures arising from a loss of income or uplifting the contract will need to be balanced with mitigations within the wider service.

4.3 Legal Implications

4.3.1 The Council has a statutory duty under the Care Act 2014, Mental Capacity Act

2005, the Health and Social Care Act 2012 and the Mental Health Act 2007 to maintain a stable and sustainable care market.

4.3.2 The Council also has a duty under the Care Act 2014 to provide an independent advocate for adults where needed as part of assessment and care management including safeguarding enquiries.

4.3.3 Council contracting arrangements are permitted by the Local Government (Contracts) Act 1997 and the extension to this contract by way of contract by way of variation should ensure that the Council meets these duties.

4.3.4 It is possible to form a legal argument that the proposed contract modification is not substantial for the purposes of Regulation 72(e) of the Public Contracts Regulations 2015:

- The contract will be materially similar in character following the modification (reg 72(8)(a)) – services and payment remain unchanged.
- The economic balance is not changed in the favour of the provider (reg 72(8)(c) – the economic balance remains unchanged.
- The scope of the contract is not significantly extended (reg 72(8)(d)) – the scope of the services has not been extended.

4.3.5 More fundamentally, the Lead Officer of this report has advised that the impact of an extended term on the original procurement process would not have any significant effect on that process to the extent that the Council would be in breach of reg 72(e) (and reg 72(8)(b)).

4.3.6 Further Legal Implications are set out in Appendix 2.

4.4 Climate Implications

4.4.1 Advocacy services are delivered by a single provider, The Sheffield Advocacy Hub. The Sheffield Advocacy Hub is a partnership between three non-profit organisations - Citizens Advice Sheffield, Cloverleaf Advocacy and Disability Sheffield.

4.4.2 Sheffield Advocacy Hub have been operating under contract since April 2017 on a 3-year initial contract with a plus 1 plus 1 extension. This was extended again for the period 1st April 2022 – 1st April 2023 due to the imminent introduction of LPS legislation and the unknown impact it will have on advocacy services and demand. Due to the delays, SCC have requested a further 12-month extension & will now recommission the service.

4.4.3 Advocacy providers will be able to raise awareness around climate impact both with their staff and people they support by improving health and wellbeing, specifically connecting with the local community, promoting active travel, and supporting people to manage fuel poverty by raising awareness around energy efficiency.

5. ALTERNATIVE OPTIONS CONSIDERED

5.1

Options	Risks	Mitigation
Option 1 - Allow contract to lapse	<p>SCC would not meet statutory responsibilities</p> <p>SCC would not have an overview on quality</p> <p>SCC would not have a say in the hourly rate cost</p> <p>SCC would not have an overview of referral rates</p> <p>SCC would not have an overview of spend</p> <p>SCC would not have an overview on throughput</p> <p>SCC would not have an overview on waiting lists</p>	SCC could spot purchase advocacy services
Option 2 - Offer extension at current hourly rate	The provider would likely not accept this offer. Concerns have been already raised about financial sustainability and recruitment & retention.	SCC could spot purchase advocacy services from a number of separate entities
Option 3 - Request extension for less than 12 months	<p>SCC would be unable to complete the commissioning cycle in time for retender - See appendix 1 for delivery plan</p> <p>SCC would not have time to carry out proportional consultation</p>	Robust resource from commercial services, legal and commissioning would allow for a faster turnaround
Option 4 - Request extension for more than 12 months	SCC would likely be in breach of procurement regulations	None

6. REASONS FOR RECOMMENDATIONS

- 6.1 Should the contract expire without re-tender or extension, then we would be unable to contract any further Advocacy services via the existing contracting arrangements.
- 6.2 We will be unable therefore to apply in an equitable manner our Statutory duty under the Care Act 2014, Mental Capacity Act 2005, The Health and Social Care Act 2012 and the Mental Health Act 2007 to maintain a stable and sustainable care market.
- 6.3 A 12-month extension will ensure that the commissioning cycle can be completed in a considered manner with robust engagement and consultation.

Part A

Initial Impact Assessment

Proposal name

Advocacy Framework Extension & Retender

Brief aim(s) of the proposal and the outcome(s) you want to achieve

The purpose of the report is to request an extension to the current social care advocacy contract and request permission to go out to tender for a future advocacy contract.

Proposal type

Budget Non Budget

If Budget, is it Entered on Q Tier?

Yes No

If yes what is the Q Tier reference

Year of proposal (s)

21/22 22/23 23/24 24/25 other

Decision Type

- Coop Exec
- Committee (e.g. Health Committee)
- Leader
- Individual Coop Exec Member
- Executive Director/Director
- Officer Decisions (Non-Key)
- Council (e.g. Budget and Housing Revenue Account)
- Regulatory Committees (e.g. Licensing Committee)

Lead Committee Member

Lead Director for Proposal

Alexis Chappell

Person filling in this EIA form

Avi Derei

EIA start date

01/04/2023

Equality Lead Officer

- | | |
|--|--|
| <input type="radio"/> Adele Robinson | <input type="radio"/> Beverley Law |
| <input type="radio"/> Annemarie Johnston | <input checked="" type="radio"/> Ed Sexton |
| <input type="radio"/> Bashir Khan | <input type="radio"/> Louise Nunn |

Lead Equality Objective

<input checked="" type="radio"/> Understanding Communities	<input type="radio"/> Workforce Diversity	<input type="radio"/> Leading the city in celebrating & promoting inclusion	<input checked="" type="radio"/> Break the cycle and improve life chances
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Portfolio, Service and Team

Is this Cross-Portfolio

- Yes No

Portfolio

People

Is the EIA joint with another organisation (eg NHS)?

- Yes No Please specify

Consultation

Is consultation required (Read the guidance in relation to this area)

- Yes No

If consultation is not required please state why

This is an extension of an existing arrangement and a request to go to tender for a future advocacy contract. We are not proposing reducing funding or changing scope of any existing services.

As part of the re-tender process, we are planning on carrying out consultation rather than co-production. This is due to an imminent change to legislation that will fundamentally change the advocacy offer in Sheffield. The consultation will take place with existing staff, a sample of referrers to the service and a sample of customers using the services.

Are Staff who may be affected by these proposals aware of them

- Yes No

Are Customers who may be affected by these proposals aware of them

- Yes No

If you have said no to either please say why

Customers – It's a statutory responsibility for the council to commission advocacy services. While the services may not be delivered in the current model it would be irresponsible to communicate to customers that the current Advocacy contract may come to an end without offering an alternative.

Initial Impact

Under the [Public Sector Equality Duty](#) we have to pay due regard to the need to:

- eliminate discrimination, harassment and victimisation
- advance equality of opportunity
- foster good relations

For a range of people who share protected characteristics, more information is available on the [Council website](#) including the [Community Knowledge Profiles](#).

Identify Impacts

Identify which characteristic the proposal has an impact on tick all that apply

<input checked="" type="radio"/> Health	<input checked="" type="radio"/> Transgender
<input checked="" type="radio"/> Age	<input checked="" type="radio"/> Carers
<input checked="" type="radio"/> Disability	<input checked="" type="radio"/> Voluntary/Community & Faith Sectors
<input checked="" type="radio"/> Pregnancy/Maternity	<input type="radio"/> Cohesion
<input checked="" type="radio"/> Race	<input type="radio"/> Partners
<input type="radio"/> Religion/Belief	<input checked="" type="radio"/> Poverty & Financial Inclusion
<input checked="" type="radio"/> Sex	<input type="radio"/> Armed Forces
<input checked="" type="radio"/> Sexual Orientation	<input type="radio"/> Other
<input type="radio"/> Cumulative	

Cumulative Impact

Does the Proposal have a cumulative impact

- Yes No

<input checked="" type="radio"/> Year on Year	<input type="radio"/> Across a Community of Identity/Interest
<input type="radio"/> Geographical Area	<input type="radio"/> Other

If yes, details of impact

SCC's failure to meet its statutory advocacy requirements will have a cumulative negative impact on the most vulnerable residents in Sheffield. Prior to this contract came in to place we fell shy of meeting our statutory advocacy requirements. The sport purchased advocacy services were unable to keep up with new demand which led to delays throughout social care and health services and often led to decisions being made without advocacy involvement. This also created a cumulative risk of judicial reviews and other decision challenges.

Proposal has geographical impact across Sheffield

- Yes No

If Yes, details of geographical impact across Sheffield

Local Area Committee Area(s) impacted

- All Specific

If Specific, name of Local Committee Area(s) impacted

Initial Impact Overview

Based on the information about the proposal what will the overall equality impact?

We view advocacy as a fundamental step in bridging the gap and amplifying the voices of marginalised populations in Sheffield.

SCC currently have a Statutory duty under the Care Act 2014, Mental Capacity Act 2005, The Health and Social Care Act 2012 and the Mental Health Act 2007 to maintain a stable and sustainable care market. The local authority also has a duty under the Care Act 2014 to arrange an independent advocate for adults as part of assessment and care management including safeguarding enquiries. The expiration of the contract without another in place to follow will mean that we fail to meet our Statutory duty

Advocacy helps people with disability facing complex challenges, people who cannot advocate for themselves, or don't have family, friends or peers who can support them in an informal capacity.

Advocacy supports people from BME community to access appropriate high-quality services as early as possible. This need is clearly recognised within the Department of Health action plan Delivering Race Equality in Mental Health Care.

Advocacy services in Sheffield offer vital support in preserving older people rights during decision making and is especially relevant in the decision making for older people to move into residential environments. Currently approx. 45% of the referrals to the service are for over 65s with the main criteria being RPR advocacy. The role of a Relevant Person's Representative (RPR) is to maintain contact with the person and to represent and support them in all matters relating to the deprivation of liberty safeguards (DoLS).

Advocacy offer essential support to LGBTIQ+ and non-male Sheffield residents, especially in mental health which disproportionately affects this section of the population and in turn increases referrals to mental health services in the city. We are aware from national statistics that In England, in 2014, one in six adults had a common mental health problem: about one in five women and one in eight men. From 2000 to 2014, rates of common mental health problems in England steadily increased in women. According to a research project conducted by Youth Chances, 52% of LGBTQ people reported self-harming, compared to 35% of heterosexual non-trans young people. Furthermore, 44% of the LGBTQ people reported suicidal thoughts, compared to 26% of heterosexual non-trans respondents. Our current advocacy contract offers support in the areas of independent mental health advocacy, independent mental capacity advocacy, independent mental capacity advocacy with a focus on deprivation of liberty and NHS complaints, amongst other areas.

The current Advocacy contract has been awarded to Sheffield Advocacy Hub who are non profit organisation and part of Citizens Advice Sheffield. The organisation sets itself a priority of reducing and eliminating inequality in society via their helpline, advocacy services and other social right campaigning.

Is a Full impact Assessment required at this stage? Yes No

If the impact is more than minor, in that it will impact on a particular protected characteristic you must complete a full impact assessment below.

Initial Impact Sign Off

EIAs must be agreed and signed off by the Equality lead Officer in your Portfolio or corporately. Has this been signed off?

Yes

No

Date agreed

24/01/2023

Name of EIA lead officer

Ed Sexton

Part B

Full Impact Assessment

Health

Does the Proposal have a significant impact on health and well-being (including effects on the wider determinants of health)?

Yes No *if Yes, complete section below*

Staff

Yes No

Customers

Yes No

Details of impact

Staff - We feel that the extension will have a positive impact on staff at the Advocacy Hub as it will give them further consistency around their employment. MIND research suggests a link between clarity on employment future and well-being.

Customers - We feel that the proposed extension will benefit the health and wellbeing of Sheffield residents who are currently in receipt of or that may access advocacy services in the future. The consistency and availability of advocacy support will remove barriers and enable the voice of the individual to be consistently heard through the decision-making process.

We know from information that Advocacy Hub collect that a large proportion of the individuals who access the service see themselves as having a health difficulty or challenge. The annual reporting shows that 39% of the individuals accessing the service see themselves as having mental health difficulties at the point of referral, 12% of the individuals accessing the services have a learning disability and that 22% have a cognitive impairment, such as dementia, stroke, brain injury.

Comprehensive Health Impact Assessment being completed

Yes No

Please attach health impact assessment as a supporting document below.

Public Health Leads has signed off the health impact(s) of this EIA

Yes No

Name of Health Lead Officer

Age

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

Staff - We feel that the extension will have a positive impact on staff at the Advocacy Hub as it will give them further consistency around their employment. This is particularly important to those with protective characteristics approaching retirement age. The University of Hull research via UK government, European Commission, Trades Union Congress comments on the difficulties of those aged 50-69 to find employment in new sectors.

Customers - We feel that the proposed extension will benefit the Sheffield residents who are currently in receipt of or that may access advocacy services in the future. From the Advocacy Hub statistics, we can gather that 41% of the individuals who access the hub are over the age of 65, which is far higher than their representation in the general populi of 18.9%. Peter Scourfield highlights in The British Journal of Social Work that advocacy plays a part in helping older people in residential care remain full citizens.

Disability

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

Staff - We feel that the extension will have a positive impact on staff with disabilities at the Advocacy Hub as it will give them further consistency around their employment. We are aware from the Office of National Statistics that employment within the disabled population of a working age in UK stands at 52% on comparison with a general population which is 76% which highlights the need around job security for those with disabilities.

Customers - We feel that the proposed extension will benefit Sheffield's' disabled population who are currently in receipt of or that may access advocacy services in the future. A large proportion of advocacy commissioned through this framework has direct links to the disabled population of the city, other services have an indirect links. Over the past year Advocacy Hub have reported 12% of referrals are from individuals with a learning disability and 22% had a cognitive impairment. There is a specific section of the framework that is classed as generic LD advocacy and other types of advocacies such are Independent Mental Health Advocacy, DOLs and Independent Mental Capacity Advocacy, traditionally have some very strong links to individual with disabilities.

Pregnancy/Maternity

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

Staff - We feel that the extension will have a positive impact on pregnant staff at the Advocacy Hub as it will give them further job security. A study conducted by IFF Research on behalf of the Department for Business, Innovation and Skills and the Equality and Human Rights Commission comments on the difficulty for pregnant individuals in seeking employment once made redundant from their current roles.

Race

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

We feel that the extension will have a positive impact on staff from BAME backgrounds at the Advocacy Hub as it will give them further consistency around their employment. As seen from the table below, overall there is more BAME representation in Sheffield Advocacy Hub's workforce than in the population of Sheffield. We are aware from Office for National Statistics that employment rate for the BAME community stand nationally at 66% in comparison with White British at 78%. It would be correct to assume on that basis that the risk is higher around regaining employment for BAME workers if Sheffield Advocacy Hub were to give notice to their workforce.

	Sheffield advocacy hub staff 2022	Sheffield 2011 population census
Caribbean	4.70%	1%
Black African	2.38%	2.60%
Other	4.70%	4.40%
Asian	9.52%	8%
Prefer not to say	7.14%	NA
White Asian	2.38%	0.60%
White British	69.04%	84%

Customers - We feel that the proposed extension will benefit Sheffield's BAME population who are currently in receipt of or that may access advocacy services in the future. The Sheffield Advocacy Hub have told us that 12% of referrals made to the service are for individuals who self-identify in the BAME community.

We are aware from research that Rethink, mental health charity has carried out that the BAME community are disproportionately affected by mental health difficulties. In turn the need for advocacy is essential and in particular advocacy support such as Independent Mental Health, Independent Mental Capacity, Care Act and NHS Complaints.

Advocacy supports people from BAME community to access appropriate high-quality services as early as possible. This need is clearly recognised within the Department of Health action plan Delivering Race Equality in Mental Health Care.

Religion/Belief

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

Customers – Advocacy plays a key role in supporting individuals with varying religious beliefs. Part of the advocate role is to ensure an individuals' wishes and feels are considered within health and social care decision making processes. This becomes essential for individuals who specific beliefs and ensuring they have the ability to exercise personal choice.

For instance, a person who follows the Jehovah's Witnesses beliefs, may refuse blood transfusions in hospital but may have been deemed to have no/fluctuating capacity in regard to this decision. An advocate would ensure they are supported to express personal choice and preference.

Sex

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

Staff - We feel that the extension will have a positive impact on staff with protected characteristics at the Advocacy Hub as it will give them further consistency around their employment. Of the Advocacy Hub workforce, women represent 72%, men 24% and 4% preferred not to say. We know from the Women and Economy, house of Commons briefing paper that in the UK, 15.49 million women aged 16+ were in employment in October-December 2020, down 117,000 from a year ago. The female employment rate was 71.8%, down from a record high of 72.4% a year previously. The male employment rate was 80.6%. 9.61 million women were working full-time, while 5.88 million were working part-time. From these stats we can tell that there would be a more substantial impact on the non-male members of the workforce if the contract was terminated.

Customers - We feel that the proposed extension will benefit individuals with protected characteristics who are currently in receipt of or that may access advocacy services in the future. The analysis of referrals 2020-2021 found that 47% of the referrals were made for individuals who identified as female, 42% for individuals who identified as male, 10% preferred not to disclose, 0.6% individuals who identified as transgender and 0.5% individuals who identified as non-binary. We are aware from the Office of National Statistics that women live on average 3.6 years longer than men. This will in turn have an affect on those entering care and those who need to access advocacy support via the current framework.

Sexual Orientation

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

Staff - We feel that the extension will have a positive impact on staff with protected characteristics at the Advocacy Hub as it will give them further consistency around their employment.

The Stonewall LGBT in Britain Work Report tells us that almost one in five LGBT people (18 per cent) who were looking for work said they were discriminated against because of their sexual orientation or gender identity while trying to get a job in the last year.

Customers - We feel that the proposed extension will benefit individuals with protected characteristics who are currently in receipt of or that may access advocacy services in the future. The Women and Equalities Committee commented that a Government survey of 108,000 LGBT people found that many had difficulties accessing healthcare service.

National representative data from the NHS tells us that 16% of LGBT adults said they had a mental, behavioural or neurodevelopmental disorder as a longstanding condition. The proportion of heterosexual adults reporting the same was lower at 6%.

We can see from that research that the proportion of individuals from the LGBT community accessing health services is high and they are reporting difficulties in access health and social care services. Advocacy services are essential in narrowing the gap in these areas, giving a voice and support to individuals who access health and social care services.

Gender Reassignment (Transgender)

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

Staff - We feel that the extension will have a positive impact on staff with protected characteristics at the Advocacy Hub as it will give them further consistency around their employment.

Customers - We feel that the proposed extension will benefit individuals with protected characteristics who are currently in receipt of or that may access advocacy services in the future. We are aware that from the Advocacy Hub referral information that 0.6% of individuals referred, identified as transgender and 0.5% of individuals referred identified as non-binary. Any negative impacts due to changes will affect these individuals disproportionately.

Carers

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

Staff - We feel that the extension will have a positive impact on staff with protected characteristics at the Advocacy Hub as it will give them further consistency around their employment.

As much of the hub staff are part time employees, they may have additional caring roles. Any disruption to their employment may have an impact on their caring role.

Customers –

We feel that the proposed extension will benefit carers, who are currently in receipt of care themselves to be supported in decision making in relation to health and social care.

It would further benefit carers who are caring for individuals known to social care and health services already by supporting to alleviate the weight of sole decision making for the future of the individuals they are caring for.

Advocacy support would be of particular benefit for both young carers and older carers. Both groups are more likely to have more barriers to engagement with health and social care such as ill health, education commitments, multiple caring roles, etc.

future.

Poverty & Financial Inclusion

Impact on Staff

Yes No

Impact on Customers

Yes No

Please explain the impact

Staff - We feel that the extension will have a positive impact on staff with protected characteristics at the Advocacy Hub as it will give them further consistency around their employment.

As much of the hub staff are part time employees, there is a risk to those individuals who fall into low-income bracket. Any negative impacts due to changes to the Advocacy framework may affect them disproportionately.

Cohesion

Staff

Yes No

Customers

Yes No

Details of impact

Partners

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

Armed Forces

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

Other

Please specify

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

What actions will you take, please include an Action Plan including timescales

Supporting Evidence (Please detail all your evidence used to support the EIA)

Detail any changes made as a result of the EIA

Following mitigation is there still significant risk of impact on a protected characteristic. Yes No

If yes, the EIA will need corporate escalation? Please explain below

Sign Off

EIAs must be agreed and signed off by the Equality lead Officer in your Portfolio or corporately. Has this been signed off?

Yes No

Date agreed Name of EIA lead officer

Review Date

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By virtue of paragraph(s) 3, 5 of Part 1 of Schedule 12A
of the Local Government Act 1972.

Document is Restricted

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Report to Policy Committee

Author/Lead Officer of Report:
Catherine Bunten

Tel:

Report of:	Strategic Director of Adult Care and Wellbeing
Report to:	Adult Health and Social Care Committee
Date of Decision:	16 th March 2023
Subject:	Market Sustainability: Adult Social Care Fee Rates 2023/24

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? 1491		
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 type="checkbox"/>
Does the report contain confidential or exempt information?	Yes <input checked="" type="checkbox"/>	No <input 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>Appendix 3 is not for publication because it contains exempt information under Paragraphs 3 & 5 of Schedule 12A of the Local Government Act 1972 (as amended).</i>		

Purpose of Report:

The purpose of this report is to seek approval to proposed fee rates for Council contracted providers in the financial year 2023-24. It is proposed that these rates take effect from 10th April 2023.

The report additionally requests approval to undertake a cost of care exercise for non-standard accommodation with care provision in 23/24 to inform future commissioning and strategy.

This report sets out the process that the Council has followed and the analysis that informs the proposed fee rates to ensure a sustainable social care market, able to offer a diverse choice of quality provision.

Recommendations:

It is recommended that Adult Health and Social Care Committee:

1. Notes that the rates for Homecare and for services within the Adults Disability Framework (Supported Living, Day Activities and Respite/Short Breaks) and rates for Enhanced Supported Living have been set by previous Committee decisions and through procurement in 2022/23 with new contracts due to begin from April 2023.
2. Approves the award of short-term contracts, at a rate of £21ph for 6 months from 10th April 2023 with an option to extend for a further 6 months, to Homecare providers on our existing Framework contract.
3. Approves an increase of 9.74% to the fee rate for Care at Night and Extra Care (care element only).
4. It is proposed that the Council will provide an increase of direct payments of 9.74% for those buying provider support and for PA employers a rate of 9.68%.
5. Approves an increase of 9.74% to the fee rate for Dementia day care.
6. Approves a rate of £14.50 per week for Council provided Appointeeship services.
7. Agree the savings identified in Option 2 of Appendix 3 to enable the increase to £630 per week for contracted standard care homes and approve that increase.
8. Approves an increase of up to 9.8% for non-standard care home rates that are individually negotiated subject to contractual compliance.
9. Delegates authority to the Director of Adult Health and Social Care and Director of Finance in consultation with the Co-Chairs of the Adult Health and Social Care Policy Committee to agree any appropriate and proportionate fee increases requested by care homes outside Sheffield because cost pressures will vary from place to place.
10. Delegates authority to the Director of Adult Health and Social Care in consultation with the Co-Chairs of the Adult Health and Social Care Policy Committee to take all other necessary steps not covered by existing delegations to achieve the outcomes outlined in this report.

Background Papers:

[Recommissioning Homecare Services Report](#) June 15th 2022

[Supported Living, Respite and Day Services for Working Age Adults Report](#)
September 21st 2022

[Commissioning of City Wide Care at Night Services Report](#) December 19th 2022

[Fair Cost of Care Report](#) December 19th 2022

[Market Oversight and Sustainability Report](#), February 8th 2023

Appendices:

Appendix 1: Care Home Consultation Analysis

Appendix 2: ASC Fee Rates 2023-24 EIA

Appendix 3: (Confidential)

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: <i>Liz Gough</i>
	Legal: <i>Patrick Chisholm</i>
	Equalities & Consultation: <i>Ed Sexton</i>
	Climate: <i>Jessica Rick</i>
	<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>Cllr Angela Argenzio and Cllr George Lindars-Hammond</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: <i>Catherine Bunten</i>
	Job Title: <i>Assistant Director, Commissioning and Partnerships</i>
Date: <i>08/03/23</i>	

1. PROPOSAL

- 1.1 The report seeks approval to proposed fee rates for Council contracted providers in the financial year 2023-24. It is proposed that these rates take effect from 10th April 2023.
- 1.2 This report sets out the process that the Council has followed and summarises available assurance that the proposed fee rates will continue to ensure a sustainable, quality and diverse social care market as set out in the [Market Oversight and Sustainability Report](#) and accompanying Market Oversight and Sustainability Plan presented to Committee on 8th February 2022.
- 1.3 Proposals are informed by consultation and engagement with local social care providers through the Fair Cost of Care exercise, through the development of the Care and Wellbeing Tender (delivery of homecare, tender closed in November 2022) and the development of the Adults with a Disability Framework (tender closed in January 2023), and through a specific consultation with Care Homes in the City on the proposed fee increase for standard and non-standard residential care.
- 1.4 The proposals seek to balance significantly increasing costs for care providers with increasing costs for the Council's other essential services and in the context of a budget balanced through use of reserves and ambitious savings through 2022/23 and into 23/24.
- 1.5 Proposals are also made alongside analysis of the local and regional markets and with assurance that the Council continues to meet its legal responsibilities and Care Act duties in securing a sufficient and stable market, able to support assessed care needs of people in the City and provide choice and continuity of care.
- 1.6 Additionally, proposals are made within the context of the Council needing to provide Care Quality Commission (CQC) assurance. CQC assessments will focus on how local authorities discharge their duties under Part 1 of The Care Act (2014). This will focus on 4 themes:
1. How local authorities work with people
 2. How local authorities provide support
 3. How local authorities ensure safety within the system
 4. Leadership
- 1.7 Fee setting, as part of our duties in market oversight and sustainability is particularly relevant to providing support.
- 1.8 The fee setting process and timeline this year has been influenced by the Fair Cost of Care exercise and associated timelines, and by commissioning strategies and procurement for several service areas. The fee setting process in 2024-25, including consultation where appropriate, will align with Business Planning for 2024-25.

2. Community based care and support

2.1 Homecare

It is proposed that the Council will increase Homecare rates to £21ph.

2.1.1 The proposed rate for Homecare was agreed at Adult Health and Social Care Policy Committee in June 2022. This was informed by a Sheffield Council led cost of care analysis for homecare providers and in anticipation of further Fair Cost of Care Funding from Central Government. The June 22 committee report [Recommissioning Homecare Services](#) recommended a single rate of £21ph for the new Care and Wellbeing (Homecare) contract, representing an increase of 10.24% against the average rate at the time of £19.05ph and a significant step towards the FCOC median output of £21.60ph in 2022-23.

2.1.2 In December 2022, Adult Health and Social Care Policy Committee agreed to make an early step towards this rate, increasing our rate by 20 pence an hour, using the 2022/23 Fair Cost of Care Fund to achieve this.

2.1.3 The new Care and Wellbeing contracts are anticipated to be live in Autumn 2023. However, it is proposed that the rate agreed by Committee for those contracts (£21ph) is applied from 10th April 2023; providing this rate to providers on our current framework in advance of the new Care and Wellbeing (Homecare) contract being live.

2.1.4 It is proposed that the interim commissioning arrangements would apply from 10th April 2023 for up to a year; ceasing in accordance with the mobilisation period of the new Care and Wellbeing contracts. Providers would not be asked to deliver to the specification of the new contract for this interim period and would continue to be subject to terms consistent with their existing contracts.

2.1.5 Committee is asked to approve commissioning on this basis for this interim period.

2.1.6 *Summary Market Oversight and Sustainability:*

- There are a large number of homecare providers in Sheffield. The Council contracts with over 85 providers, 35 of which are operating within our Framework contract.
- The homecare market in Sheffield has stabilised, and we are seeing a sustained reduction in the number of packages waiting and improved timeliness of pick up.
- We are also continuing to support hospital discharge well and have more providers keen to support this pathway.
- Achieving a sustainable and sufficient workforce continues to be a key pressure for Homecare providers. High staff turnover and workforce instability impacts negatively on the experiences of people receiving home care; increases changes in support provision; causes delay in support pick up; reduces the quality of care; and increases provider's costs.
- Provision is generally Good (CQC rates 67% of homecare providers in Sheffield Good or Outstanding) and contract monitoring and oversight

ensures that providers are supported in continual improvement. A process for escalation exists where providers fall below acceptable standards.

- There is sufficient capacity across the whole market to ensure continuity of care and whilst we anticipate demand continuing to grow (an increase from both projections for 65+ population to increase and focus on the 'Home First' model) there are no indications that the market will not be able to meet current and future demand given the delivery plans for ASC and homecare in Sheffield currently in progress.
- Sheffield City Council rates for homecare have historically been comparable with regional rates.
- The Fair Cost of Care (FCOC) exercise highlighted a gap between current rates and the median FCOC output, and the move to £21ph supports us to close this gap. In the current contract, there are variable rates across the city. The increase to £21ph will therefore represent a variable percentage increase for different contract areas.

2.1.7 As we move away from the current model for homecare to the Care and Wellbeing Model, the City will benefit from a renewed market, with existing and new providers delivering an outcome focused contract, focussed on neighbourhood/area delivery and building community connections for the benefit of people in the City.

2.1.8 The model is anticipated to improve recruitment and retention with reduced distances to travel for staff, opening up employment possibilities to those who don't drive, and being more efficient for those who do.

2.1.9 Recent procurement for our new Care and Wellbeing homecare model, at £21ph saw a high interest from existing and new providers. We anticipate that our transition to the new model and contracts will further stabilise homecare provision in the City in the following ways:

- the new model of homecare moves towards a community integrated care and wellbeing approach, collective Practice Standards across Adult Social Care and Commissioned services will seek to drive practice that is outcome focused, strength-based, community connected, and person led so that all social care support is focused on enabling people to live independently, live the life they want to live and have positive experiences of care.
- Contracting with a fee rate that is sufficient to sustain better workforce retention and recruitment, in turn supporting timelier support pick up, improved continuity of care, and better outcomes for Sheffield people.
- Improved accessibility, stability, and continuity of care provision by moving to an increased contract duration and guaranteed payment to providers for a proportion of the anticipated volume, supporting business continuity, forecasting, and planning.
- Geographical alignment of support with a single provider operating in each the 16 contracted patches, operating as equal partners within multi-disciplinary and collaborative working arrangements across health and social care. It is anticipated that this will strengthen partnership working, improving monitoring arrangements, supporting provider efficiencies and sustainability, and reduce travel for care staff - and in doing so reduce our carbon footprint.

- Moving away from a time and task model (where the focus is delivery on requested hours) to an outcome-based model where care is focussed upon the priorities and goals a person wants to achieve to improve their wellbeing and independence. Providers will be asked to demonstrate – including through Trusted Reviews (Care Plans) - how they have enabled an individual to improve their wellbeing and live more independently and in doing so reduce the need for care and support.
- Changes to the payment and charging model. Switching from payment based on minutes of care delivered to payment based on planned care will shift the emphasis away from time and task; it will give providers more certainty and people more timely and more reliable invoices; and it will reduce complexity and improve efficiency. People in receipt of care will also be charged on planned hours.
- Asking providers to ensure a robust workforce development plan which ensures the recruitment and retention of a diverse care workforce so that individuals are supported by a workforce that reflects the population of Sheffield, reflects their cultural preferences, and delivers culturally appropriate care. Reducing turnover to 15% would save providers over £2.7 million in recruitment costs over the course of the contract.

2.2 *Adults with Disability Framework (Supported Living, Activities outside the home, short breaks) and Enhanced Supported Living*

2.2.1 Rates for these services are inclusive of 23/24 uplift and are provided below:

Supported Living	
Support during the day: Single rate	£21.00 per hour
Support during the day- Discounted rate- for services where more than 56 hours per week are delivered	£19.49 per hour
Support during the night: Waking Night	£19.49 per hour
Support during the night: Sleeping Night	£75.00 as a maximum flat rate

Activities outside the home
The fee for 1:1 support is £21.00 per hour.
Providers have responded to the tender with additional costs for activities/provision to support a greater variety and choice. The procurement process is ongoing.

Overnight Short breaks	
Sub-Lot 1: Community based overnight short breaks	
Cost per night (hotel costs & background & night staff costs)	£270.00
Addition 1:1 support cost- per hour	£19.49

Sub-Lot 2: Overnight short breaks for individuals with

physical needs	
Cost per night (hotel costs & 24hr costs)	£345.00
Addition 1:1 support cost- per hour	£19.49

Enhanced Supported Living	
Framework rate set between £21-26ph.	

- 2.2.2 Committee is asked to note that the rates for services within the Adults with a disability Framework (Supported Living, Day Activities and Respite/Short Breaks) and rates for Enhanced Supported Living have been set in previous Committee reports and through procurement in 2022/23 with new contracts due to come into being in April 2023.
- 2.2.3 Tendering for these services was carried out in Autumn / Winter 2022, and the procurement process is ongoing. In 2023, there will be new models of care for services for adults with a disability that are:
- outcome focused, strength-based, community connected, and person led approaches so that Adults can live the life they want to live and have positive experiences of support and care.
 - Led by co-production and co-design.
 - Flexible and offer choice alongside excellent quality, inclusive, socially valued and culturally appropriate support and care.
 - Supportive and valuing of our social care workforce.
- 2.2.4 There will be a requirement for all providers to develop new and flexible approaches in partnership with adults with a disability, and their families and wider stakeholders. For example, there are opportunities for providers to develop community hubs in the local area and establish networks between the different supported living and day service settings.
- 2.2.5 It is our intention that the recommission of services are suitable for people with a learning disability, autism spectrum disorder (ASD), Physical Disabilities (PD) and Sensory Impairment (SI).
- 2.2.6 We recognise that providers often work in isolation across different types of service provision that an Adult may need to achieve their outcomes. It's our intention through this recommission to encourage providers to be able to support an individual to achieve their outcomes, across the whole of their lives, and crucially across provision instead of each aspect of someone's day being delivered by a separate service. For example, enabling individuals' greater choice to stay at home or take part in activities in their local community or community of interest rather than travelling to a building-based activity every day.
- 2.2.7 The new model will involve a transformation of the existing arrangements, to ensure that the Council has the services available to deliver support and care which can improve individuals' outcomes, wellbeing and independence as well as increase the diversity of provision to offer more choice to individuals, their families and proxies. Furthermore, which values our social care workforce and brings long term sustainability and stability to the social care market so that individuals and

families can experience continuity of care.

2.3 *Care at Night and Extra Care*

2.3.1 **It is proposed that the Council will provide an increase of 9.74% to the fee rate for Care at Night and Extra Care (care element only).**

2.3.2 Care at Night provision is jointly commissioned by Sheffield City Council and South Yorkshire ICB: Sheffield Place. A single provider delivers Care at Night in the City, and the recommendations in [a report](#) setting out the Council's intentions for future commissioning to secure a stable, quality and efficient provision was agreed in December 2022.

2.3.3 There are five Extra Care Schemes in the City, providing accommodation for people with housing or care needs. The Council contracts with a single provider to deliver care and support for Older People with eligible care needs.

	Total Tenants	Tenants with eligible care needs	Hours care delivered pw
Buchanan Green	185	88	610
Guildford Grange	40	23	209
The Meadows	37	23	195
Roman Ridge	77	38	495
White Willows	58	28	229
Total	397	200	1738

Care provision has been stable and of high quality, with good relationships between the care providers and landlords at the schemes.

Historically, Sheffield fee rates for Extra Care (care element) have been comparable to regional neighbours. We have also had a good response to recent Tender. In our recent tender, providers were required to breakdown their costs and quote their hourly rate.

2.4 *Dementia Day Time Opportunities*

2.4.1 **It is proposed that the Council provide a 9.74% increase to contracts delivering Dementia Day Time Opportunities** care that reflects National Living Wage and Consumer Price Index

2.4.2 Dementia day activities are funded by Sheffield City Council with a contribution from South Yorkshire ICB: Sheffield Place. Four providers (3 voluntary/charitable organisations) deliver these services at various locations across the city, and they support people of all ages living with dementia including younger adults.

2.4.3 Daytime opportunities offer the individual a chance to meet with others in a safe and welcoming environment and support people with and without care needs to engage in meaningful activities and support to enhance wellbeing. In doing so in a significant number of situations this supports an unpaid carer to have a break from their caring responsibility

2.4.4 During 2023/24 there will be an updated commissioning plan developed for dementia daytime opportunities. This will include a review of the current services, a needs and demand analysis and consideration as to whether the current daytime activities are meeting needs and offering the sort of support which delivers better outcomes for people. The commissioning plan will make recommendations for change where this is needed.

2.5 *Direct Payments*

2.5.1 **It is proposed that the Council will provide an increase of direct payments of 9.74% for those buying provider support and for PA employers a rate of 9.68%.**

2.5.2 Direct Payments are available to people of any age and have been in use in social care since the mid-1990s. Direct Payments are monetary payments made to individuals who request them to meet some, or all, of their eligible care and support needs. It is made in lieu of services. The legislative context for Direct Payments is set out in the Care Act, Section 117(2C) of the Mental Health Act 1983 (the 1983 Act) and the Care and Support (Direct Payments) Regulations 2014.

2.5.3 They are a preferred mechanism for personalised care and support as they provide independence, choice, and control by enabling people to arrange and manage their own support.

2.5.4 Integral to this independence is ensuring that the Direct Payment is sustainable for person in receipt, year on year. This means creating systems that cause minimal disruption to arranging support. Two key elements are ensuring annual uplifts to manage inflation and ensuring adequate funding is in place to purchase appropriate support.

2.5.5 Increasing Direct Payments annually ensures the Council's statutory duty are met. The two increases based on those purchasing support from providers which percentage increase is in line with other commissioned services, and for those who employ Personal Assistants it covers the full employment related expenditure.

2.6 *Appointeeships*

2.6.1 **It is proposed that the Council have a rate of £14.50 per week for Council provided Appointeeship services.**

2.6.2 If someone loses the capacity to manage their finances, for example due to dementia or a severe stroke, another person, or a local authority, can become a deputy or an appointee to take responsibility for their financial affairs. Within Sheffield City Council, Executor Services, which forms part of the Social Care Accounts Service, carry out this work for over 700 clients.

2.6.3 Fee rates for Deputyship are set by the Court of Protection and the Council charges the individual accordingly. For Appointeeships this is a local decision and the cost forms part of the individual's personal budget. A fee rate has been

established to ensure that the support plan accurately reflects the full cost of support for each person.

2.6.4 These rates have not been changed since 2018 when the service was first set up in the council. It is proposed that the fee rates for Appointeeships are increased in line with financial modelling £14.50 per week.

2.6.5 This increase reflects increases in salary costs, additional staffing requirements and a new contract for pre-payment cards. Based on current information this will directly impact around 20 individuals whose contributions will increase in line with the revised rate.

2.6.6 As we are these individuals' financial representative, we have a dual responsibility to consider as both the provider and the persons representative. The key consideration is that £14.50 represents good value for people compared to the current average private rate of £21.98 and it is reasonable for an increase to occur to reflect the increased cost of running the service.

3. Accommodation with Care

3.1 **It is proposed that the Council will provide an increase of up to 9.8% for in City non-standard care home rates that are individually negotiated, subject to contractual compliance.**

3.2 This reflects the difference between the wage levels calculated in the fee rate for 22/23 and the new National Living Wage for 23/24 (£10.42) for the staffing element of the fee rate increase and the Consumer Price Index (as at September's CPI – the month used by DWP for calculating pension contributions) for non-staffing costs.

3.3 **Following consultation with Care Homes on a proposed rate of £620pw (a 9.8% increase), it is proposed that the Council will provide an increase of 11.5% for contracted standard rate care homes in the City, subject to approval of savings set out in Appendix 3.**

3.4 This uplift is applied to the in-year uplift given in 2022/23 through use of the Fair Cost of Care fund, thereby further closing the gap between SCC's current rates and the median output from the Fair Cost of Care Exercise in 2022/23. **This would take the standard rate for Care Homes to £630pw.**

3.5 Fair Cost of Care

3.5.1 The fair cost of care exercise in Sheffield was completed in 2022, with good levels of engagement from Care Homes in the City.

3.5.2 Government guidance accompanying the exercise stated that: *"Fair cost of care" means the median actual operating costs for providing care in the local area (following completion of a cost of care exercise). This must include and evidence values for return on capital and return on operations. This is, on average, what local authorities are required to move towards paying providers.*

3.5.3 An independent consultant (Laing Buisson) was appointed to carry out the field

work and report writing for the care home Cost of Care exercise in Sheffield. Laing Buisson were selected via a “request for quotes” process throughout which care home providers were closely consulted.

3.5.4 Providers were required to submit detailed costs associated with running the business including:

- Staffing
- Supplies
- Premises (for care homes)
- Profit/Returns

3.5.5 Outcomes for 65+ Care Homes were as follows:

Provision type	Median FCOC rate, 22/23			95% confidence range
	Operating Costs	Profit	Total	
Standard residential care homes	£653.63	£133.91	£787.54	£743-£915
Enhanced residential care homes	£670.46	£135.60	£806.06	£764-£931
Standard nursing homes	£825.43	£151.09	£976.52	£876-£1152
Enhanced nursing homes	£882.47	£156.80	£1039.27	£911-£1183
41 responses (58.5% response rate) Profit model: 6% ROC, 10% ROO				

3.6 *Summary Market Oversight and Sustainability:*

3.6.1 In recent years, and despite the impact of the pandemic, the Care Home market in Sheffield has remained stable and of good quality. We recognise that now, the market is more fragile and some support is needed to ensure the future sustainability of the market.

- There are over 100 Care Homes in the City¹ ranging from small, single homes to large national organisations.
- The sector has experienced lower occupancy in recent years - with an oversupply of residential beds (averaging 73.55% - 89.38% occupancy according to the FCOC exercise). Low occupancy levels may increase the risk of poorer quality provision and practice as the financial impact affects staffing, morale, and the risk of accepting residents whose needs cannot be met to increase income.
- Demand for residential provision is likely to remain, however, as demand for increased levels of domiciliary care continues to rise as people wish to stay at home and the NHS promotes the principles of ‘Home First’, we

¹ [Care Homes - Care Quality Commission \(cqc.org.uk\)](http://cqc.org.uk)

anticipate an increase in demand for residential care to meet more complex need. We will seek to work in partnership with providers to develop this market as part of our [Transforming Care Homes](#) commissioning strategy and delivery plan.

- Since 2015, 5 homes have closed related to practice, and 12 related to financial reasons. The Council, has not seen any care home closures significantly impacting on capacity before or post the pandemic period.
- Rising energy costs have hit the sector particularly hard, with increases of over 300% in some cases. By taking steps to improve energy efficiency, care homes and nursing homes could reduce their overheads and have more money to invest into their services. They could also reduce their carbon footprint and help with environmental sustainability. Helping residential care homes to identify appropriate energy efficiency options and secure funding to make these changes will help to reduce energy bills and improve the comfort of their residents.
- As with other provision in the Adult Social Care sector, Care Homes are facing significant pressure with staffing and there is a consistently high use of agency staff, impacting on both costs and quality.
- Sheffield Council fee rates are lower than regional averages, and a financial assessment of the market in early 2022 suggested that approximately 20% of Care Homes may be in moderate – high risk of business failure. Whilst Sheffield has a range of providers and business models – with some homes able to manage fluctuations and debt more than others, the culmination of many cost pressures means that financial viability is worsening, and this noted in the **feedback from consultation in Appendix 1**.
- The commitment of providers to offer high quality care and support is evidenced in our CQC judgements. Despite the ongoing pressures of recruitment, rising costs and the legacy of Covid for Older People's Care Homes, 87% of residential homes and 77% of nursing homes are rated as Good or Outstanding by CQC, which is better than the national average.

3.6.2 We are committed to working with providers to ensure a 'Cost of Care' that supports a sustainable care market and protects people from unpredictable costs; offers more choice and control over care received, offers quality provision; and is accessible to those who need it.

3.6.3 All adult social care provision is valued and appreciated; however, budgets are severely limited and for this reason, a targeted approach is recommended to focus on the area at highest risk of market failure.

3.6.4 The recommended proposal is therefore to offer an additional £10pw uplift to the standard rate for Care Homes. This would begin to address some of the issues Care Homes are facing. The total cost to the Council of the additional £10pw is estimated at £608k a year.

3.6.5 It is our intention to work with providers to move towards the care workforce achieving the Foundation Living Wage, and to ensure that we maintain a sufficient and stable market, offering choice, quality, and value for money and efficiency in our residential provision by delivering the [Transforming Care Homes](#) programme.

3.6.6

The Transforming Care Homes [Commissioning Plan](#) and [delivery plan](#) was presented to and approved by Committee 8th February 2023. Specifically, this programme of work seeks to:

- Develop improved contracting arrangements and consistent bands and rates for non-standard care provision and bed prices. This includes undertaking a cost of care exercise for non-standard care provision, and Committee are asked to approve the purchase of software, licences and support of this exercise. This is anticipated to be approximately £30,000.
- Work in collaboration with providers to showcase high quality provision, promoting care homes in the City as a positive choice as a place to live and work.
- Improving stability through planned market shaping and support, increasing occupancy and ensuring we develop provision that can meet needs now and in the future.
- Support and grow partnerships and collective ways of working – for example, seeking out opportunities to improve terms and conditions for the workforce, or exploring new models and provision with Care Home providers. To better understand the differential of costs of delivery across the sector, and to support all provider to deliver at the most efficient levels to ensure quality, innovation and value for money.

3.6.7

This is further described in the response to consultation summarised below.

3.6.8

As well as engagement and feedback throughout the Fair Cost of Care Exercise, as set out in the [Fair Cost of Care Report](#) agreed at Adult Health and Social Care Committee on 19th December 2022, **consultation on the proposed uplift (including the increase of the standard residential rate to £620 pw) has been undertaken with Care Homes in the City during February 2023.**

3.6.9

We received a total of 20 responses from providers (out of 62 across older peoples and working age adults) representing 35 homes. The responses came from a mixture of large and small providers, covering homes mainly receiving funding at the standard rate and those who also have high numbers of non-standard packages. Responses were received from both Residential and Nursing providers, and those providing support to both 65+ and under 65 years of age. Not all responses answered every question.

A summary of responses is provided below, with a fuller analysis in Appendix 1

3.7

Standard Rate Care Homes

3.7.1

Most providers who contract on the standard residential rate felt the proposed rate of £620 would have a negative or neutral effect on the home. Two Homes felt that the proposed rate would have a severely negative impact on them, and it is likely they will have to close in the current financial year. The actual figure for homes at high risk of closure may be higher than this as the response rate was approximately 33% of homes.

3.7.2

A small number of homes thought the proposed rate would enable them to balance costs across settings.

3.7.3

From the consultation and previous engagement with providers and analysis it is

possible to identify some characteristics of homes most at risk of closure.

- *Residential Homes* – These currently have lower occupancy rates than nursing homes in the city and admissions into them have still not recovered to pre-pandemic levels. The level of care offered is also more likely to be possible to be replicated in other settings such as the person’s own home or extra care housing.
- *Older Care Homes* – These may be less appealing to prospective admissions and maintenance costs are likely to be higher and increasing faster than the rate of inflation. For example, they may be less likely to have en-suites which can make them less appealing to new admissions and limit income from self-funders or third party top ups. They are also more likely to have double rooms meaning homes operate below their registered capacity.

Response

- 3.7.4 Following consultation with Care Homes, it is proposed to increase the standard rate for residential care homes to £630 pw.
- 3.7.5 We asked homes to rate their current pressures in relation to other pressures they faced from greatest to lowest. 33 homes answered this question.
- The most common answer for the greatest pressure currently facing care homes is **Agency Staff Costs**. With 10 homes saying this was their greatest pressure. Overall, this was mentioned by 29 homes, 27 of whom had it in their top 5 pressures. This pressure appears partly from the increased reliance on agency workers and associated cost.
 - Linked to this, **Staff recruitment and retention of care staff** was an issue for 30 homes and the highest pressure for 3. 26 homes had it in their top 5 pressures.

Response

- 3.7.6 We will prioritise our support and development offer to the care sector workforce in Sheffield. We will work with provider markets to explore mechanisms by which they can improve the terms and conditions for staff.
- 3.7.7 This will be achieved by delivery of the Care Sector Workforce Strategy (to be presented at AHSC Policy Committee 16th March 2023) and developing a joint plan to move to Foundation Living Wage for care staff quicker.
- 3.7.8 The steps we are taking include exploring ways in which the Council can support the sector to mitigate high agency costs. This may include growing in-house bank staff and/or looking at co-commissioning models for agency contracts- either with the Council; through provider collaboratives; or via vehicles such as the Sheffield Care Association as well as further work on developing differential fee rates to reflect both the level of care and support provided and the terms and condition of staff.
- 3.7.9 The proposed increase to £630pw supports us to do this.
- 3.7.10
- **Energy costs** was rated as the greatest pressure for 9 homes, this was the 2nd highest concern. All 33 homes who answered this question rated it

as a pressure, 31 of which in their top 5 concerns.

Response

- 3.7.11 The Council has worked with Business Sheffield to develop and deliver a series of webinars to support the provider market. These have included Digital Innovation, Practical solutions to recruitment and retention, and Energy Savings.
- 3.7.12 The Council must continue to work with providers to support capital investment to allow homes to be more energy efficient, helping to reduce energy bills and improve the comfort of their residents.
- 3.7.13 The increase in energy costs may be a temporary impact, and officers have lobbied Government to provide investment to the sector to manage these costs.
- 3.7.14
- **Local Authority/ICB fees** were listed as the greatest pressure by 9 homes. Whilst this is lower than agency costs or energy costs a further 18 homes listed it as their 2nd biggest concern. **This means it was in the top 2 concerns for more homes than any other issue.**

Response

- 3.7.15 Following consultation with Care Homes, it is proposed to increase the standard rate for residential care homes to £630 pw.
- 3.7.16
- **Low Occupancy/referrals** were the biggest concern for 5 homes and the 3rd biggest concern for a further 3. It was ranked low for 16 of the other homes that mentioned it. This reflects that whilst many homes occupancy levels have now returned to viable levels some homes are still struggling and may only be half full.

Response

- 3.7.17 Increasing occupancy rates is a key outcome in the Transforming Care Homes programme. We will work in the short and medium term to support Care Home providers to prepare for changes in levels and demographics of demand, shaping the market to meet current and future care needs in the City – critically to improve capacity in nursing and more complex care provision and reducing general residential capacity to more sustainable levels. This will also include working with providers to diversify where appropriate.
- 3.7.18 We asked care home providers if they had any comments related to the Fair Cost of Care exercise or the proposed standard rate for care homes. We received 12 qualitative responses to this question. There did not appear to be any challenge to the validity of the results produced by the exercise, however, two providers commented that it was an onerous process.
- 3.7.19 10 of these responses stated that the uplift offer was insufficient due to the size of the gap between the offer and the fair cost of care. Five responses suggested the gap between the council standard rate and the fair cost of care will increase due to current inflationary pressures or the historic low fee paid. Three responses point to the Sheffield fee rate being lower than other local authorities in the

region.

Response

- 3.7.20 Following consultation with Care Homes, it is proposed to increase the standard rate for residential care homes to £630 pw.
- 3.7.21 A rate of £630pw closes the gap to meet the Lower Quartile Fair Cost of Care outcome for standard residential beds, covering both costs and a healthy profit margin, and – alongside the delivery of the commissioning programme for Care Homes the Council is already undertaking – is considered to support the future sustainability of the market.
- 3.7.22 As energy costs stabilise in the future, and work is delivered to support the sector – including improved workforce stability, and development of collective purchasing, it is anticipated that the cost of providing care will achieve further efficiencies.
- 3.8 *Non standard Care Homes*
- 3.8.1 We asked providers on their views on the proposal of a 9.8% uplift for in City, non-standard care home placements.
- 3.8.2 10 providers provided qualitative feedback to this question with most thinking the proposal was insufficient. Five of these providers stated that they would challenge the uplift or that it would lead to unsustainable services, a further three felt the uplift was below what their increased cost pressures would be but would accept the uplift or could cope with it. A further provider felt the offer was in line with inflation, but their current fees were too low, only one provider felt this offer was in line with their predictions.
- 3.8.3 The reasons given by non-standard providers for the proposal being insufficient were in line with the reasons given by standard rate providers, for example rising energy costs, recruitment and retention issues and rising agency costs.
- 3.8.4 Response
Non-standard rate Care Home placements are individually negotiated and agreed with providers prior to admission at a level that allows the delivery of the level of care and support an individual needs. An inflationary based uplift is considered appropriate for these rates.
- 3.8.5 Providers who wish to challenge the uplift will be supported to submit their costs for review through an open book exercise.
- 3.9 It is proposed that Committee delegates authority to the Director of Adult Health Social Care and Director of Finance in consultation with the Co-Chairs of the Adult Health and Social Care Policy Committee to agree any appropriate and proportionate fee increases requested by care homes outside Sheffield because cost pressures will vary from place to place.

4. HOW DOES THIS DECISION CONTRIBUTE?

Local Context

- 4.1 We have developed an [Adult Health and Social Care Strategy](#) and [delivery plan](#) to set out our vision for 2022 to 2030. Called 'Living the life you want to live', it is about how we work together to help the people of Sheffield to live long, healthy and fulfilled lives.
- 4.2 Our Adult Social Care 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.*
- 4.3 The vision is centred around delivery of five outcomes and six commitments. Our outcomes help to make our vision real – they are about what we want to focus on getting right. Our commitments are guiding principles we will follow and describe how we will achieve our outcomes and highlight what we want to do better.
- 4.4 The proposals in this report align with our vision and primarily supports the delivery of Commitment 6:
'We will make sure there is a good choice of affordable care and support available, with a focus on people's experiences and improving quality'.
- 4.5 Specifically, the ASC strategy delivery plan sets out the intention to:
- Develop Market Position Statement[s] so that providers have the information they need to develop new business models (by March 2023)
 - Implement the Market Position Statement and refresh the statement on a three yearly cycle. (April 2023 to March 2029)
- 4.6 This proposal also meets the 'Efficient and effective' outcome set out in the Adult Social Care Strategy. Effective Market Shaping should ensure that people have a choice of good services that meet their needs and give them a positive experience regardless of their background, ethnicity, disability, sex, sexual orientation, religion, or belief.
- 4.7 This proposal supports a broad range of strategic objectives for the Council and city and is aligned with "[Our Sheffield: One Year Plan](#)" – under the priority for Education Health and Care; Enabling adults to live the life that they want to live.

4.8 National Context

Local authorities' duties in Market Shaping are covered in section 5 of the Care Act 2014:

A local authority must promote the efficient and effective operation of a market in services for meeting care and support needs with a view to ensuring that any person in its area wishing to access services in the market:

- a) has a variety of providers to choose from who (taken together) provide a variety of services;
- b) has a variety of high quality services to choose from;
- c) has sufficient information to make an informed decision about how to meet the needs in question.

4.9 Taken together with ongoing commissioning and partnership work with provider markets, the proposals are considered to meet the Council's legal responsibilities by being sufficient to support a stable market able to meet people's assessed care needs.

5. HAS THERE BEEN ANY CONSULTATION?

5.1 Consultation and engagement has included:

- Engagement with Care Home and Home Care providers by officers, and by Laing Buisson in the completion of the Fair Cost of Care exercise for 18+ domiciliary care and 65+ care homes.
- A dedicated consultation with Care Homes in the City on the proposed weekly standard rate for residential care.
- Consultation and engagement with providers during re-commissioning – specifically Care and Wellbeing (Homecare), and the Adults with Disabilities Framework.
- During consultation with existing Supported Living providers, we received the feedback that the current approach of geographical rates is not replicated in other authorities. Hourly rates for care are generally determined by the complexity of need of the individual. This led to the proposed increased single rate across the City.

6. RISK ANALYSIS AND IMPLICATIONS OF THE DECISION

6.1 Equality Implications

6.1.1 Decisions need to take in to account the requirements of the Public Sector Equality Duty contained in Section 149 of the Equality Act 2010. This is the duty to have regard to the need to:

- Eliminate discrimination, harassment, victimisation, and any other conduct

that is prohibited by or under the Act

- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it

6.1.2 An Equality Impact Assessment has been completed.

6.1.3 The primary impact is assessed as covering most protected characteristics, and it is essential that further Equality Impact Assessments are completed.

6.1.4 The Equality Impact Assessment can be found at Appendix 2

6.2 Financial and Commercial Implications

6.2.1 The financial implications of the proposed fee rates were included in the 2023/24 budget, as agreed by Full Council 1st March 2023, at a cost of £21.1m, the exception to this is the additional £10 pw for Care Homes now proposed in this report.

6.2.2 The cost of increasing the Care Home standard rate by an additional £10pw is an £608k per annum pressure, this is only affordable if option 2, as set out in Appendix 3 of this report, is approved.

6.2.3 The commercial considerations are set out in the body of the report.

6.3 Legal Implications

6.3.1 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.

6.3.2 The Care Act 2014 also sets out the law around market development in adult social care. It enshrines in legislation duties and responsibilities for market-related issues for various bodies, including local authorities.

6.3.3 Section 5 of the Care Act sets out duties on local authorities to facilitate a diverse, sustainable high-quality market for their whole local population, including those who pay for their own care and to promote efficient and effective operation of the adult care and support market as a whole.

6.3.4 The statutory guidance to the Act suggests that a local authority can best commence its market shaping duties under Section 5 of the Care Act by developing published Market Position Statements with providers and stakeholders. In considering such matters it would be reasonable for local authorities to consider, bearing in mind the funds available, whether proposals

would involve too great a risk of provider failure, which can be to the significant detriment of service users and can involve significant costs to manage, and also potential costs involved in dealing with challenges to proposed fee rates which can increase in likelihood depending on the proposals. The proposals are therefore in line with the Council's legal obligations.

6.4 Climate Implications

6.4.1 The Adult Social Care Strategy and Delivery Plan 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.

6.4.2 Elements of the Strategy Delivery Plan with a significant climate impact, have and will continue to complete a detailed climate impact assessment to inform plans and decision making. The elements with the most significant climate impact to date are linked below and information can be seen in Climate Impact Sections of those reports:

- [Supported living, day services and respite care for working age adults](#)
- [Approval of new technology enabled care contract extension and strategy](#)
- [Adults Health and Social Care Digital Strategy](#)
- [Transforming Care Homes for Citizens of Sheffield](#)
- [Climate Impact Assessment for Recommissioning Homecare Services](#)

6.4.3 Energy usage and costs are a significant pressure for providers – most notably Care Homes – making supporting energy efficient measures all the more important.

6.4.4 It is planned to bring a specific Climate Action Plan to Committee later in 2023. The plan will cover how Climate Impact Assessments are done across the service, what the common themes are, how these can be addressed consistently.

7. **ALTERNATIVE OPTIONS CONSIDERED**

7.1 Alternative options for fee levels for Homecare, Supported Living, Day Activities and Respite/Short breaks were presented in Committee reports seeking approval for commissioning strategies for those services.

7.2 The Council could consider lower uplifts for services, but this is not recommended given the current context and issues across care and support provision for adults, and the level of change Adult Social Care is undertaking to improve the lives and experiences of people in the City.

7.3 The Council originally consulted on an increase to the standard rate for Care Homes to £620pw. This is not recommended following responses to the consultation and further analysis of the risks facing the sector.

8. **REASONS FOR RECOMMENDATIONS**

8.1 The recommendations arise from the Council's market shaping responsibilities.

Summary of Care Home Fees Consultation Feedback

We received a total of 20 responses from providers representing 35 homes. The responses came from a mixture of large and small providers, covering homes receiving funding at the standard rate and those who also have high numbers of non-standard packages. Responses were received from both Residential and Nursing providers, and those providing support to both 65+ and under 65 years of age. Not all responses answered every question.

1. The Impact of the Standard Fee Rate

As we are aware that the proposed fee rate falls short of the Median cost of care calculated by the recent fair cost of care exercise, we wished to determine what effect this is likely to have on care homes. This is because we are aware that there may be some cross subsidy of care fees from self-funders and some homes can provide care for less than the median cost of care. Overall most providers felt the proposed rate would have a negative or neutral effect on the home.

Two Homes felt that the proposed rate would have a severely negative impact on them, and it is likely they will have to close in the current financial year. The actual figure for homes at high risk of closure is likely to be higher than this as we only received responses from approximately 1 in 3 care homes.

Some providers organisations replied separately for each of their homes, this highlighted that even for homes where the proposed rate may have a positive impact, this would have to be used to subsidising other homes that may otherwise be at risk of closure at the proposed rate.

From this consultation and previous engagement with providers and through contextual analysis, it is possible to identify some characteristics of homes most at risk of closure.

- Residential Homes – These currently have lower occupancy rates than nursing homes in the city and the rate of admissions into them have still not recovered to pre-pandemic levels. The level of care offered is also more likely to be possible to be replicated in other settings such as the person's own home or extra care housing.
- Older Care Homes – These may be less appealing to perspective admissions and maintenance costs are likely to be higher and increasing faster than the rate of inflation. They are less likely to have en-suites which can make them less appealing to new admissions and can limit income from self-funders or third-party top ups. More likely to have double rooms, these can rarely be used for double occupancy forcing homes to operate at below their registered capacity.
- In areas of high competition with other care homes.

Homes displaying the above characteristics often have lower, occupancy rates, lower average fees and in some cases are experiencing the highest cost pressures.

	Number of responses
The proposed fee rate will have a severe negative impact on the home, it is likely that the home will have to close entirely or close some units.	2
The proposed fee rate will have a negative impact on the home, there is a risk that home may have to close or close some units, but this is not likely this year. The home is unlikely to be able to re-invest in improving services.	12
The proposed fee rate will have a neutral impact. The home is likely to survive but re-investments in the service are likely to be minimal.	12
The proposed fee rate will have a positive impact. This will enable the home to make a profit and/or re-invest in the service.	4
Our service has very few residents at the standard fee rate and as such it will have little to no impact on us.	1
I am not sure what impact this will have.	2
Total	33

2. What are the greatest pressures on care homes?

We asked homes to rate their current pressures in relation to other pressures they faced from greatest to lowest 33 homes answered this question.

The most common answer for the greatest pressure currently facing care homes is Agency Costs. With 10 homes saying this was their greatest pressure. Overall, this was mentioned by 29 homes, 27 of whom had it in their top 5 pressures. This pressure appears partly from the increased reliance on agency workers but also the cost of the workers is also increasing due to the increased demand for them.

Overall staff recruitment and retention of care staff was an issue for 30 homes and the highest pressure for 3. 26 homes had it in their top 5 pressures. Whilst nurse recruitment was mentioned less times than recruitment of other staff this is largely due to it not being relevant to residential homes. Out of the responses who it was relevant for it was a bigger pressure than recruiting other care staff for 12 of these, a lower pressure for 1 and an equal pressure for another 1 home. Whilst recruitment and retention of management was mentioned as a pressure by 22 homes, this was only in the top 5 pressures for 5 of them and was the lowest ranked pressure for 11 so overall not deemed to be one of the greatest pressures.

Market Sustainability: Adult Social Care Fee Rates 2023/24
Appendix 1: Consultation Analysis

Energy costs was rated as the greatest pressure for 9 homes, this was the 2nd highest concern. All 33 homes who answered this question rated it as a pressure, 31 of which in their top 5 concerns.

Local Authority/ICB fees were also listed as the greatest pressure by 9 homes. Whilst this is lower than agency costs and equal to energy costs, a further 18 homes listed it as their 2nd biggest concern. This means it was in the top 2 concerns for more homes than any other issue.

Low Occupancy/referrals were the biggest concern for 5 homes and the 3rd biggest concern for a further 3. It was ranked low for 16 of the other homes that mentioned it. This reflects that whilst many homes occupancy levels have now returned to viable levels some homes are still struggling and may only be half full.

Other costs increases for things such rents, borrowing costs and other general price increases were a concern for most providers but where generally of medium concern.

Outdated buildings and equipment were not a top 2 concern for anyone but were the 3rd highest concern for 11 homes. Whilst this was listed as a concern for 26 homes it was only in the top 5 for 15 and was often seen as a lesser concern.

Lack of guaranteed income from care homes was mentioned by 20 homes but never in the top 2 pressures and only in the top 7 pressures for 6 homes. This was the pressure of least concern to homes.

One home suggested a new pressure, this being the delay of homes receiving their first payments after a new admission. They listed this as their 3rd biggest pressure, but no other home mentioned it in this consultation. It has however been mentioned by some providers outside of this consultation as a concern they have and affecting their cash flow.

Table showing how providers rate their individual pressures from greatest to lowest.

	total providers mentioning	Greatest pressure										lowest pressure
		1	2	3	4	5	6	7	8	9	10	11
Local authority/Integrated Care Board Fee Rates	31	9	18	1	1	2	0	0	0	0	0	0
Low Occupancy/Low referrals	24	5	0	3	0	0	2	3	0	11	0	0
Energy Costs	33	9	3	6	9	4	2	0	0	0	0	0
Increased rental costs or costs of borrowing.	27	1	3	1	0	1	6	10	0	2	0	3
Other cost increases (not rent, borrowing or energy)	24	1	1	5	1	3	11	0	1	0	1	0
Recruitment and retention of Nurses.	14	1	3	1	5	0	0	4	0	0	0	0
Recruitment and retention of management positions.	22	1	2	0	2	0	1	0	5	0	11	0
Recruitment and retention of staff (excluding nurses and management)	30	3	2	3	7	11	1	0	0	3	0	0
Agency costs	29	10	5	1	7	4	1	0	1	0	0	0
Outdated buildings or equipment.	26	0	0	11	1	3	0	3	1	2	3	2
Lack of guaranteed income from care contracts.	22	0	0	4	4	0	0	0	10	0	3	1
(other) Delays in payment for new packages	1	0	0	1	0	0	0	0	0	0	0	0

NB: some providers listed some pressures as a tie with multiple pressures occupying the same ranking. This is the reason the number of individual pressures listed as the greatest pressure exceeds the total number of responses.

3. Private fee rates.

Providers disclosed a wide range of private rates ranging from £689-£1,175 per week for the minimum price charged to self-funders in beds we would usually fund at our standard rate of £565 per week.

Some premium beds fetched prices of up to £1,555 per week.

The median price for the cheapest private rate in these homes was £783. This is £218 per week higher than our standard rate, and also broadly in line with the median Fair Cost of Care figures calculated (for non-enhanced support).

The figures collected in this consultation are broadly in line with other research completed by LaingBuisson and Carterwood on private fee rates. Providers told us they intended to increase their private fee rates by between 6.66% and 24% with a median increase of 10%.

4. Rates of pay for staff.

It is clear from the consultation feedback that most care workers and domestic staff or those on similar grades continue to receive low pay.

Out of 30 homes that answered the question on rates of pay for the next year, 25 homes pay a starting wage that is within 20p of the national minimum wage of £10.42. The highest starting hourly rate reported was £11.65 per hour and average was starting rate was £10.67, this is less than the Foundation Living Wage of £10.90 as of 22/9/2023 ([What is the real Living Wage? | Living Wage Foundation](#)).

The differential between the wage paid to senior carers/team leaders and carers ranged from 25p – £2.79 per hour with an average of £1.24 per hour difference.

5. Specific pressures

We asked homes if they were facing any exceptionally high cost increases over and above inflation, below is a summary of the responses we received.

Pressure	Comments
Rent	5 homes told us rent increases were a specific concern with increases of between 3-4.5%
Utilities	23 homes told us about their utilities increases, these ranged from 7.75% increases to 300% increases. In some cases, Gas increased by more than 300% but electric cost increases were less significant reducing the overall impact. 16 homes reported their utilities prices were more than doubling.
Food	20 homes told us about the increases in their food costs ranging from an 8-25% increase, with most increases in the 15-17% region.
Insurance	6 homes told us about the increased cost of their insurance premiums with costs increasing by between 18-28% with a median increase of 24%.
Maintenance	14 homes told us about increased maintenance costs with costs increasing by 11-100%. 9 homes said their expected maintenance costs will double next year.
Agency costs	3 care home groups representing 12 care homes told us about their increase agency costs. 1 group expected a 10-25% rise, another 137%, the final one expected an additional £624k on their agency bill (it is not known the increase in percentage terms).
Interest payments	One care home group is facing a 107.95% increase in their interest payments and another facing additional interest payments of £100k per year (percentage increase unknown). A further provider said an additional 1.25%, it is not known if this is how much their interest rate is increasing by or the percentage increase in their payments.
Wages	One home said they were facing an additional 7% wage bill on top of National Minimum Wage increases due to a pay restructure. Another 2 homes said they were facing additional pressures beyond NMW in this area without specifying amounts.
Purchasing/supplies	One provider told us they were forecasting an increase in their supplies/purchasing budget of 93.86% this budget covered a variety of different expenditures such as food but also replacing items from wear and tear. It is therefore possible that this increase might not be entirely due to inflation.
IT	9 homes told us of increases to their IT costs of 15%.

It is clear from this feedback that inflationary pressures can vary drastically from one care home to the next.

6. Summary of qualitative feedback.

We asked care home providers if they had any comments related to the Fair Cost of Care exercise or the proposed standard rate for care homes. We received 12 qualitative responses to this question. There did not appear to be any challenge to the validity of the results produced by the exercise. However, two providers commented that it was an onerous process.

10 responses stated that the uplift offer was insufficient due to the size of the gap between the offer and the fair cost of care. Five of these responses suggested the gap between the council standard rate and the fair cost of care will actually increase because of the process due to current inflationary pressures or the historically low fee paid.

Three responses point to the Sheffield fee rate being lower than other local authorities.

Two responses suggested a higher rate of inflation on their business with 1 believing their pressures were 12.9% and the other over 11%. The provider who believed their cost increases were 12.9% asked us to split the difference with our proposal to offer an 11.3% increase. One provider stated they are being asked to provide care at less than cost and another felt the fair cost of care exercise was a waste of time as it appears to have been ignored.

One provider asked for our calculations and more transparency with our calculations on where the money received by Sheffield from the spending review was being spent and pointed to greater uplifts being granted by other local authorities who already pay more than Sheffield.

We asked if providers had any other comments regarding the fees review process for the standard rate. We received eight qualitative responses to this question.

Six of these relate to the fee offer being insufficient, either due to the provider not believing this meets their current cost pressures or due to the historical rate being too low. Reasons for them believing it does not meet their current cost pressures are similar as to set out elsewhere in the consultation summary for example increased energy costs, agency costs, staff recruitment and retention, ageing buildings and increased maintenance costs.

One provider made a request for Sheffield City Council to provide more equipment to care homes and gave North Lincolnshire as an example of an authority that does this and where it works well.

One provider asked for Sheffield City Council to consider a contractual addition to require homes to pay Foundation Living Wage in exchange for a further fee increase.

One provider suggested that there were current disparities in some of the fees paid by Sheffield City Council. These have been investigated and the only differences in fee rates for the residents we fund are due to different Third Party Top up fees which are set by the providers.

7. Proposed Non Standard increase

We also asked providers on their views on the proposal of a 9.8% uplift for non-standard care home placement.

10 providers provided qualitative feedback to this question with most thinking the proposal was insufficient. Five of these providers stated that they would challenge the uplift or that it would lead to unsustainable services, a further three felt the uplift was below what their increased cost pressures would be but would accept the uplift or could cope with it. A further provider felt the offer was in line with inflation, but their current fees were too low, only one provider felt this offer was in line with their predictions.

The reasons given by non-standard providers for the proposal being insufficient were inline with the reasons given by standard rate providers, for example rising energy costs, recruitment and retention issues and rising agency costs.

Conclusions from consultation feedback

Whilst there was a range of responses received in this consultation the prevailing view from most providers are that the fee rates that are being proposed for next year are not sufficient. In some cases, providers feel it is a fair uplift but on a fee that is historically too low, other providers feel it does not cover their current unprecedented pressures and some providers feel it is a combination of the two.

It appears that providers are increasing their private fee rates by an average of 10% though there is significant deviation between providers. This is very similar to the 9.8% increase that is being proposed. Combined with analysis of expected cost increases from CPI inflation and National Minimum Wage this is an indication that the proposed increase is close to the average cost increase providers will face next year. However, it is still likely that many providers will still struggle financially with this proposal as half would be expected to face above average cost increases, some which will face cost increases significantly above average. In addition, in cases where a provider is already paid a fee that is unsustainably low, a fee increase that only matches inflation will not make the placement sustainable.

Many providers felt the proposal would have a negative impact on the business in the coming year. Whilst most did not believe this would lead to the most significant consequences such as home closures, some did. Most providers felt the proposal could lead to the worsening of longstanding issues in the sector such as staff recruitment and retention and lack of investment in environments as well as increasing the risk of future closures. Few providers felt the proposal would lead to any improvement in the known emerging and longstanding pressures on the sector.

Part A

Initial Impact Assessment

Proposal name

AHSC Fees 2023-24

Brief aim(s) of the proposal and the outcome(s) you want to achieve

This EIA provides an overview of potential impacts of the proposed fee uplifts for providers of nursing/residential care, extra care, supported living, home care, respite care and day activities; and the proposed increased rates for personal assistants and to cover direct payment activities.

Proposal type

Budget

If Budget, is it Entered on Q Tier?

Yes

If yes what is the Q Tier reference

118

Year of proposal (s)

21/22

23/23

23/24

24/25

other

Decision Type

Coop Exec

Committee (AHSC Policy Committee)

Leader

Individual Coop Exec Member

Executive Director/Director

Officer Decisions (Non-Key)

Council (e.g. Budget and Housing Revenue Account)

Regulatory Committees (e.g. Licensing Committee)

Lead Committee Member

Councillors Angela Argenzio and George Lindars-Hammond

Lead Director for Proposal

Alexis Chappell

Person filling in this EIA form

Catherine Buntin

EIA start date

06/02/2023

Equality Lead Officer

- | | |
|---|---|
| <input type="checkbox"/> Adele Robinson | <input type="checkbox"/> Ed Sexton <input checked="" type="checkbox"/> |
| <input type="checkbox"/> Bashir Khan | <input type="checkbox"/> Louise Nunn |
| <input type="checkbox"/> Beverley Law | <input type="checkbox"/> Richard Bartlett |

Lead Equality Objective ([see for detail](#))

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Understanding Communities | <input type="checkbox"/> Workforce Diversity | <input type="checkbox"/> Leading the city in celebrating & promoting inclusion | <input type="checkbox"/> Break the cycle and improve life chances <input checked="" type="checkbox"/> |
|--|--|--|--|

Portfolio, Service and Team

Is this Cross-Portfolio Yes **No**

Portfolio:

Adults Care and Wellbeing

Is the EIA joint with another organisation (eg NHS)?

Yes **No** Please specify

Consultation

Is consultation required (Read the guidance in relation to this area)

Yes No

If consultation is not required, please state why

Are Staff who may be affected by these proposals aware of them

Yes No

Are Customers who may be affected by these proposals aware of them

Yes No

If you have said no to either please say why

Initial Impact

Under the [Public Sector Equality Duty](#) we have to pay due regard to the need to:

- eliminate discrimination, harassment and victimisation
- advance equality of opportunity
- foster good relations

For a range of people who share protected characteristics, more information is available on the [Council website](#) including the [Community Knowledge Profiles](#).

Identify Impacts

Identify which characteristic the proposal has an impact on tick all that apply

<input type="checkbox"/> Health <input checked="" type="checkbox"/>	<input type="checkbox"/> Transgender
<input type="checkbox"/> Age <input checked="" type="checkbox"/>	<input type="checkbox"/> Carers <input checked="" type="checkbox"/>
<input type="checkbox"/> Disability <input checked="" type="checkbox"/>	<input type="checkbox"/> Voluntary/Community & Faith Sectors
<input type="checkbox"/> Pregnancy/Maternity	<input type="checkbox"/> Partners <input checked="" type="checkbox"/>
<input type="checkbox"/> Race <input checked="" type="checkbox"/>	<input type="checkbox"/> Cohesion
<input type="checkbox"/> Religion/Belief	<input type="checkbox"/> Poverty & Financial Inclusion <input checked="" type="checkbox"/>
<input type="checkbox"/> Sex <input checked="" type="checkbox"/>	<input type="checkbox"/> Armed Forces
<input type="checkbox"/> Sexual Orientation	<input type="checkbox"/> Other

Cumulative Impact

Does the Proposal have a cumulative impact

Yes No

<input type="checkbox"/> Year on Year <input checked="" type="checkbox"/>	<input type="checkbox"/> Across a Community of Identity/Interest
<input type="checkbox"/> Geographical Area	<input type="checkbox"/> Other

If yes, details of impact

Fee rates agreed in 2023-24 provide a baseline for further fee increases in the future.

Proposal has geographical impact across Sheffield

Yes No

If Yes, details of geographical impact across Sheffield

Local Area Committee Area(s) impacted

All Specific

If Specific, name of Local Committee Area(s) impacted

Initial Impact Overview

Based on the information about the proposal what will the overall equality impact?

Fee rate proposals for 2023-24 have been informed by:

- Inflation modelling (applying proportionate increase to staffing costs, to reflect the difference between the wage levels calculated in the fee rate for 22/23 and the new National Living Wage for 23/24 (£10.42), and to non-staffing costs to reflect the Consumer Price Index (as at September's CPI – the month used by DWP for calculating pension contributions)
- Consultation and engagement with providers as part of tendering exercises for Homecare, Supported Living, Enhanced Supported Living, MH Support and Independence,

Setting fees rates is a critical factor in ensuring a sustainable market that enables access to appropriate provision, offers choice and control over the support individuals need to improve and better manage their wellbeing, and contribute to improved experiences and outcomes.

Proposed Fee rates increases in 2023-24 are at least in line with inflation modelling to avoid a situation where fee increases don't keep up with the cost pressures that providers face, as this would be likely to have the following adverse impacts:

- Quality of care – under funding can lead to reduced staff training, lower staffing levels, loss of trained staff to other sectors, and a lack of investment in the care provision.
- Availability and choice of provision – under funding reduces the financial viability of the market increasing the risk of provider exit and reducing the likelihood that new providers will open in the City. This can lead to a reduction in choice and an increased risk of delayed care, unavailable care or – in residential care - increased out of area placements.
- Poorly paid staff – many providers pay national minimum wage or close to it for staff such as carers and support workers. If funding does not at least increase in line with inflationary pressures this situation is unlikely to change and may result in more providers only paying National Minimum wage. This would be of particular concern for people with a learning disability/autism who need continuity of care if there is a significant increase in churn of key workers. In terms of day services, this may have a negative impact on family carers where their son or daughter still lives at home e.g. if it leads to a change in behaviours or means that there is a reduction in services due to low staff levels and as a consequence means that their caring responsibilities increase.
- Private Fee Rates – if council funding does not at least keep up with increased cost pressures, then it is likely that providers will place some of the additional burden onto Private fee payers by increasing their fees.

By proposing fee increases at least in line with inflation, together with commissioning strategies already in train, we seek to address and mitigate cost pressures providers face, the risk of these adverse impacts is reduced, and there are more opportunities for ongoing improvements and development work to improve outcomes for people, with a particular focus on reducing inequalities and disproportionality.

Those who make contributions to their care will see an increase with Council fee rate increases, and this takes place in a context where many people are impacted by the cost of living crisis, and the impact of this falls disproportionately across protected characteristics.

Where provider costs remain higher than the rate paid, costs may be passed on to private fee payers.

Is a Full impact Assessment required at this stage? Yes No

If the impact is more than minor, in that it will impact on a particular protected characteristic you must complete a full impact assessment below.

Initial Impact Sign Off

EIAs must be agreed and signed off by the Equality lead Officer in your Portfolio or corporately. Has this been signed off?

Yes No

Date agreed 07/03/2023

Name of EIA lead officer Ed Sexton

Update reviewed and agreed

Part B

Full Impact Assessment

Health

Does the Proposal have a significant impact on health and well-being (including effects on the wider determinants of health)?

Yes No *if Yes, complete section below*

Staff

Yes No

Customers

Yes No

Details of impact

Proposed fee increases in 23/24 are based on inflation modelling applied to staffing and non staffing costs, with some additional investment in some markets. These are provided alongside new commissioning and delivery models designed to improve the continuity of care and outcomes for people in Sheffield.

There may, however, be a negative impact on those people who are private fee payers if provider costs that aren't covered by proposed fee levels are passed on to them by providers. This would see their disposable income reducing. This is most likely to impact of people privately paying for homecare or Care Homes. Less is known about private fee payers and any disproportionate impact this may have, though the commissioning strategy for Care Homes will continue to work towards improved provider models to support wider market sustainability and reduce the likelihood of this.

Comprehensive Health Impact Assessment being completed

Yes Yes

Please attach health impact assessment as a supporting document below.

Public Health Leads has signed off the health impact(s) of this EIA

Yes No

**Name of Health
Lead Officer**

Age

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

Older people represent the vast majority of people who draw on AHSC. The majority of homecare and care homes are for older people, 84% of adult care home capacity is for over 65s compared to 16% of working age. The care home population is also ageing with 59.2% being over 85 in 2011, compared to 56.5% in 2001. *Changes in the Older Resident Care Home Population between 2001 and 2011 - Office for National Statistics (ons.gov.uk).*

Ensuring that fee rates are sufficient to sustain a quality market, with choice means that people can expect to receive continuity of care, and high quality support.

Those who pay for their care may see an increase in their contributions, and this is more likely to be the case for older people receiving homecare.

There are also implications for the provider workforce, which includes a proportion of older workers. As part of the wider commissioning work, and alongside fee increase in 23-24, we will work with providers to develop plans toward achieving the foundation living wage.

Disability

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

Many people with disabilities have a need to draw on AHSC services.

Dementia is especially prominent in the care home population. There has been an increase in the number of beds for residents with dementia in recent years, with 61 extra dementia registered beds in the city compared to a loss of 357 beds not registered for dementia in the past 5 years. The increase in acuity when older residents enter care has been a regular topic of concern in fees consultation. This will in part be due to residents staying at home longer and entering care when older.

The commissioning programme for the adults with disabilities framework includes a significant increase for Supported living, and provider-led submissions for activities costs (above the rate set for 1-1 support). This should ensure the ongoing stability of the market, which has been healthy in recent years, with ongoing work in partnership to develop new ways of working to promote independence and improve outcomes for adults with disabilities.

Pregnancy/Maternity

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

No direct or disproportionate impact is identified at this stage.

Race

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

People from BAME communities are underrepresented in the cohort of people drawing on formal social care services, with Direct Payments being a preferred option.

The proposed rates of increase for people receiving Direct Payments are in line with inflation modelling, and ongoing DP review and audit supports people with Direct Payments to be able to secure the support they need.

Most care home residents in Sheffield are White British.

Skills for Care estimate that 24% of staff working in Nursing Homes and 11% of staff in Residential Homes in Sheffield are Black African, Black Caribbean or Asian, this increases to 53% of registered nurses. This compares to 19% in Sheffield's population in the 2011 census. (Population and Census (sheffield.gov.uk))

Religion/Belief

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

No direct or disproportionate impact is identified at this stage.

Sex

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

The proposals will have a disproportionate impact on women, who form the majority of AHSC customers overall. Similarly, the significant majority of AHSC staff are female. Skills for Care estimate most workers in care homes in Sheffield are female (83% Nursing Homes and 85% Residential Homes).

Older people's care homes residents are mostly female. There was a ratio of 2.8 females to every male in the 2011 Census, however this gap is narrowing as there was 3.3 females to every male in 2001.

Sexual Orientation

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

No direct or disproportionate impact is identified at this stage.

Gender Reassignment (Transgender)

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

No direct or disproportionate impact is identified at this stage.

Carers

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

Embedded in the commitments around which the market shaping approach is based, is that we will recognise and value unpaid carers and the social care workforce, and the contribution they make to our city.

There is a risk to carers if services become unsustainable, particularly Short breaks.

Voluntary, Community & Faith sectors

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

We know that, especially in the Care Home sector, different organisational structures can have a significant impact on financial health and delivery costs. It is important to have a varied provider market – including not for profit organisations. The fee rates proposed should be sufficient to ensure our markets continue to be sustainable, and wider work to support occupancy / business levels to continue to secure a varied market will continue.

Partners

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

Health partners and the Voluntary and Community Sector are impacted by the fees rates that the Council sets. Differentials between Health and Council rates may have an adverse impact on the way the market operates. By continuing to work together and seek further integration with our commissioning, we seek to reduce or avoid such adversity.

The fee increases proposed reduce the risk of provider failure.

Cohesion

Staff

Yes No

Customers

Yes No

Details of impact

No direct or disproportionate impact is identified at this stage.

Poverty & Financial Inclusion

Impact on Staff

Yes No

Impact on Customers

Yes No

Please explain the impact

There is some evidence of self-funders subsidising council funded placements within older people's care homes. Self-funders are not evenly distributed throughout the city and are heavily concentrated in wealthier areas. Whilst subsidisation of council funded residents occurs, this is likely to have impacts on care homes or their residents in poorer areas with less self-funding residents.

For example - Lower average fee rates, leading the home to have less money to invest in the home or staffing and reduced financial viability, or private fee rates increasing faster than that of homes in wealthier areas to enable the home to achieve the required level of subsidisation from fewer self-funding residents.

Armed Forces

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

No direct impact likely

Action Plan and Supporting Evidence

What actions will you take, please include an Action Plan including timescales

1. Market oversight and sustainability monitoring to draw out equalities information and impacts
2. Further analysis on the self funding market and equalities characteristics
3. Review actions from EIAs relating to commissioning strategies and procurement for care provision
4. Monitor impact on workforce changes in provider markets
5. Update Market Analysis with any equalities data

Supporting Evidence (Please detail all your evidence used to support the EIA)

Detail any changes made as a result of the EIA

Following mitigation is there still significant risk of impact on a protected characteristic. Yes No

If yes, the EIA will need corporate escalation? Please explain below

Sign Off

EIAs must be agreed and signed off by the Equality lead Officer in your Portfolio or corporately. Has this been signed off?

Yes No

Date agreed **09/03/2023**

Name of EIA lead officer **Ed Sexton**

Review Date

09/06/2023

By virtue of paragraph(s) 3, 5 of Part 1 of Schedule 12A
of the Local Government Act 1972.

Document is Restricted

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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: 16th March 2023

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: -				
<p><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></p>				

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.

Background Papers:

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: 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: 24th February 2023	

1 PROPOSAL

1.1 This report starts as always 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 about collaborating with individuals, partners, and our workforce so that we deliver the best outcomes for people and communities of Sheffield.

1.4 Adult Health and Social Care Strategic Update

1.4.1 Over the past 2 years, there has been a significant journey of change and I am pleased to note and celebrate our successes as a sector as we go into the next phase of delivering upon our strategy - – [Living the Life You Want to Live](#) to improve the lives and outcomes of citizens of Sheffield.

1.4.2 At last Committee, the DASS and Directors Assurance were also shared to enable openness, transparency and scrutiny regards our delivery of Adult Care in the City.

1.4.3 Through the implementation of our future design of social care, delivery plan as well as wider work to deliver and develop robust partnership arrangements highlighted in the strategic update above, good progress has been made and this is outlined in our reports today - Strategic Delivery Update, Living, and Ageing Well, Adult Future Options, Changing Futures, Finance and Workforce Strategy at Committee Today.

1.4.4 Our future design went live at the end February and this highlights another positive step forward in establishing joined up local services all around people and communities so that our focus is on positive experiences and outcomes for people.

1.4.5 Underpinning all of this is embedding a culture of empowerment, value, trust, and compassion across Adult Care and across all our workforce – both within Sheffield City Council and across all our providers, which enables everyone to feel engaged to lead and deliver excellent quality support which individuals and carers feel is positive. This will be our key focus for 23/24 as a golden thread and enablers across all our activities.

1.4.6 As a key next step, a briefing is planned with Members along with the CQC assurance for March to bring Members up to date and engage in our priorities and focus for 23/25. It's aimed that this then informs an annual assurance statement to Committee alongside the annual local account from 23/24.

¹ Adult Social Care Strategy - [Living the life you want to live Sheffield's adult social care vision 2021 to 2030](#)

² Adult Social Care Delivery Plan - [11. Appendix 1 - Adult Social Care Delivery Plan.pdf \(sheffield.gov.uk\)](#)

1.5 CQC Assurance Update

- 1.5.1 Following the update to Committee, guidance has now been published on the new assurance framework including timelines for implementation. The Guidance is attached at Appendix 1 for information.
- 1.5.2 A follow up briefing and workshop is arranged for March 2023 to provide an overview of CQC self-assessment, our position statement, and activities underway to achieve a good rating. It's aimed that this will enable engagement and discussion about next steps regards the assurance process for the Committee.
- 1.5.3 As a team, we have continued to take an open and learning approach, as it enables us to evolve and transform to deliver excellent support so that the people of Sheffield have positive experiences and outcomes and feel that they can live the life they want to live.

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 were 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 of provision.

3 HAS THERE BEEN ANY CONSULTATION?

3.1 The purpose of this report is to provide and 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 as agreed at Committee in December 2022.

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 \(sheffield.gov.uk\)](https://www.sheffield.gov.uk/adult-social-care/our-adult-social-care-vision-and-strategy).

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/adult-social-care/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.

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.

4.5 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.



Report to Policy Committee

Author/Lead Officer of Report

Liam Duggan, Assistant Director Care Governance and Financial Inclusion

Report of: Strategic Director of Adult Care and Wellbeing

Report to: Adult Health and Social Care Policy Committee

Date of Decision: 16th March 2023

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.

This update provides assurance regards our delivery upon our financial recovery plan in 2022/23, the forecast outturn in 2022/23 and a targeted look at the management of voids and vacancies to support our budget position.

It also provides an update on the Section 75 agreement for 2022/23, a look ahead to 2023/24, our preparation for the new financial year including a look at the key risks and challenges and a proposed timeline for the budget planning process for the 24/25 financial year.

Recommendations:

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

1. Note the update to the financial forecast for the delivery of savings in 2022/23.
2. Note ongoing actions to mitigate pressures, with specific regard to void payments and Disabled Facilities Grant.
3. Note the assessment of savings in 2023/24 with regards to risk.
4. Note the update regarding budget planning for 2024/25.
5. Request updates on progress with implementation through our Budget Delivery Reports to future Committee

Background Papers:

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: 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: 20th February 2023

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

1.1 Forecast Delivery of 2022/23 Savings

1.1.1 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.

1.1.2

Table A: Adult Health and Social Care Pressure Mitigations Agreed at Cooperative Executive 16th February 2022	Value (£000s)	Forecast (£000s)	Forecast by 1st April 2023 %	Forecast by 1st April 2024
Social Care Precept	£3.3m	£3.3m	100%	100%
Increased Grant	£8.5m	£8.5m	100%	100%
Funding from Council Reserves	£6.2m	£6.2m	100%	100%
Savings / mitigations	£25.2m	£16.5m	65%	96%
Total Pressures	£43.2m	£34.5m	79.6%	96%

1.1.3 Table B shows a breakdown of the forecast by savings type and the movement in the forecast to be achieved by 1st April 2023 and by 1st April 2024.

Table B – Recovery Activity and Progress Against Savings Approved on 16th February 2022.

Saving Category by Service	Savings Value	Forecast June 22	Forecast Jan 23	Forecast Mar 23	Forecast % by 1st April 2023	Forecast % by 1st April 2024
	(£000s)					
Change and Strategy Delivery	1,803	1,803	1,500	1,500	83%	100%
Living and Ageing Well	10,888	6,980	7,154	7,091	65%	94%
Adults with Disabilities	9,506	4,797	4,658	4,771	50%	94%
Mental Health and Wellbeing	1,650	1,275	1,210	1,210	73%	88%
Care Governance and Inclusion	1,254	1,254	1,783	1,783	142%	142%
Commissioning and Partnerships	100	100	100	100	100%	100%
Chief Social Work Officer	0	-	-	-	-	-
Total	25,201	16,209	16,405	16,455	65%	96%

- 1.1.4 Since the last update to Committee in February there has been a slight reduction of £82k to the in-year forecast. This is mainly due to the variation in review outcomes compared to the previous trend.
- 1.1.5 The forecast for the full year effect of these savings, which will be realised in 2023/24, has improved by £320k. This means that less than £1m additional mitigations will be required to fully achieve the planned savings by 31 March 2024.
- 1.1.6 Appendix 1 provides detail on delivery of individual savings and planned mitigations.

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

- 1.2.1 The Adult Health and Social Care Budget 2022/23 is forecasting at Month 10 (year to January) an overspend of £9.0m against the £145m net budget. This is an improvement by £1.6m on the previous month which is mainly attributable to forecast hospital discharge funding.
- 1.2.2 £8.7m of this overspend is directly attributable to the non-delivery of savings within the 1 year provided (£953k staffing and £7.7m non-staffing). As has been noted in all previous financial recovery reports to Committee, it was always a risk when set against pandemic, corporate risks regard noncompliance with the local offer and advent of CQC Assurance for Adult Care.
- 1.2.3 An overspend of £7m against Learning Disabilities purchasing is partly due to undelivered savings (£4m) and partly due to the rate of growth in demand for LD services (£3m).
- 1.2.4 The overall staffing overspend is forecast to be around £1m. This is significantly impacted by hospital discharge funding and volume of increased demand experienced during 2022/2023 both due to referrals and strike action.
- 1.2.5 Underspends against other budget areas and the additional hospital discharge funding have provided some mitigation against the overspend position. The corporate and organisational risk going into 2023/24 continues to be the scale and pace of required savings in the context of meeting our duties under the care act, the advent of CQC Assurance Framework and service demand pressures:
- 60% increase in requests through First Contact call centre from 2021 to 2022.
 - 1,300 people awaiting assessment for Equipment and Adaptations
 - Nationally recognised issues in recruitment and retention.

1.3 Recovery and Mitigations Plan

1.3.1 As detailed in the update to Committee in January 2023, actions are in motion to mitigate the current overspend position.

- Dedicated resource for reviews of high-cost support put in place during the pandemic has been extended until June 2023, improving the forecast for recovery by £1m.
- Efficiencies under the Target Operating Model will reduce avoidable demand.
- A new Workforce Strategy will seek to address recruitment and retention issues and the associated costs of staff turnover.
- Options for income generation.
- Bringing in external support to further facilitate effective use of resources.

1.4 Void Payments on Block Contracts

1.4.1 There are several block contracts which have a strategic benefit to agree fixed payments when places are unoccupied. These are referred to as payments for Voids (covering the cost of the place) and payments for Care Vacancies (covering the cost of support, for example when a care worker is only supporting three people instead of four, but their costs have not changed).

1.4.2 Block contracts are in place for Supported Living facilities (mainly for people with Learning Disabilities, where places may be held vacant over a long planning process prior to occupancy), Respite for people with Learning Disabilities (in order to make sure places are available at short notice) and Somewhere Else to Assess beds in residential care homes (mainly for older people following discharge from hospital – also known as S2A).

1.4.3 *The £700k saving was included in the 2022/23 budget has been achieved*, based on a reduced spend on Voids. Across both Supported Living and Somewhere Else to Assess contracts there has been a reduction in spend on voids based on an improved occupancy rate, indicating better management of the contracts and greater efficiency. It should be noted that whilst the actual spend on Voids has reduced as planned, the original proposal to reduce the number of block contracts to match average occupancy has not been necessary.

1.4.4 In Supported Living there were a high number of planned transfers that made it inappropriate to reduce the block contract provision. *Spend on Voids is forecast to reduce by £451k for 2022/23 compared to 2021/22*. This includes having taken on two new 4 bed properties, which required time to safely manage the transfer of tenants but are now due to be 90% occupied by March 2023.

1.4.5 For Somewhere Else to Assess beds there was a brief reduction in block contracts followed by a total recommission of the service, starting in September 2022. *This has*

seen an improvement from 40% occupancy under the old contracts to 84% occupancy in February 2023. Spend has increased marginally due to fee uplifts, however, further review will be undertaken in 2023/ 2024 to ensure efficiency of the model.

- 1.4.6 In addition to the block contracts for Somewhere Else to Assess, places are commissioned from other residential homes (for example if the location is more suitable for the individual). These are referred to as Spot Purchases. In 2021/22 the spend on spot purchases and respite totalled £671k. In 2022/23 it is forecast to total £692k (including fee uplifts).
- 1.4.7 An improved occupancy rate on the block contracts was expected to reduce the spend on spot purchases. In practice, the spend on spot purchases has remained at the same level, allowing for fee uplifts. This indicates a higher rate of activity, which is in part due to the drive to improve hospital discharge times. It is anticipated that the additional £270k costs from December 2022 to March 2023 will be met by winter pressures funding, reducing the overall cost to the council.

2.0 BUDGET IMPLEMENTATION 2023/24

2.1 Implementation for 2023/24

- 2.1.1 Budget Proposals of for 2023/24 were approved at full council on March 1st. Service leads will develop implementation plans and agree metrics and reporting over the course of March.
- 2.1.2 Appendix 2 sets out our initial risk assessment of proposals. The assessed risk is based on whether the proposal requires a new or an established method of working, whether it is dependent on external factors, such as funding or agreement with partner organisations, or if the value of the saving is high.
- 2.1.3 Risk is indicative of the amount of capacity and momentum that will be required to deliver the saving within the year. Greater scrutiny and closer management of related activity will be allocated in proportion to the assessed risk.

2.2 Budget risks for 2023/24

- 2.2.1 The key budget risk in 2023/24 will be the management of the underlying pressure which is resulting in the forecast £9m overspend in 2022/23. As described in section 1.2 this overspend is mostly attributable to non-staffing spend resulting from timing to the delivery of savings.
- 2.2.2 £8.1m delayed non-staffing savings will need to be delivered 2023/24 in parallel with the delivery of the £25m new savings agreed for 2023/24 along with further mitigations to offset the financial impact of delivering the delayed savings in year.
- 2.2.3 Alongside non-staffing savings the service is also forecasting a £1m overspend on staffing in 2022/23. This overspend figure accounts for assumed hospital discharge funding in 2022/23.

- 2.2.4 The full year effect of this staffing spend without hospital discharge funding would be significant. The full year effect of the staffing pressure solely relating to hospital discharge is estimated to be £2.3m. It's assumed that this pressure will be managed through the allocation of the £4.1m Hospital Discharge grant for 2023/24 alongside a planned review of the Living and Ageing Well service. Other staffing pressures have other mitigation plans.
- 2.2.5 The uncertainty about the conditions and use for the hospital discharge grant in 2023/24 is a particular risk to budget planning and clarification on the use of the grant in 2023/24 is needed urgently.

2.3 Disabled Facilities Grant

- 2.3.1 One of the budget risks emerging for the Adult Health and Social Care revenue budget in 2023/24 are risks resulting from the pressure on the Disabled Facilities Grant.
- 2.3.2 Disabled Facilities Grant (DFG) is grant funding made available to Local Authorities to support disabled people make changes to their home to improve their independence.
- 2.3.3 It was reported to this committee in November that there was a risk that this grant would overspend because of the service's ongoing efforts to address the waiting list which emerged during the pandemic as well as responding to the increased demand and the subsequent increase in provision of equipment and adaptations.
- 2.3.4 In 2023/24 the Council estimates that it will have £5.1m DFG grant to meet minimum commitments of £6.2m mandatory DFG works. Whilst this shortfall can be met by one-off historic social care capital grant all DFG grant will be required by the service to fund mandatory DFG works.
- 2.3.5 This puts pressure on services previously benefiting from DFG capital funding during times when DFG would otherwise have underspent. DFG underspend has been used to fund the Integrated Community Equipment Loans Medequip contract to support hospital discharge, and to City Wide Care alarms (CWCA) to support digital transfer of alarm systems.
- 2.3.6 In 2022/23 CWCA is forecast to draw down around £255k DFG grant from a budget of £400k. Removing this funding stream will create a budget challenge for City Wide Care Alarms. Due to this, the service is looking at options to mitigate this challenge which may include a review of the service charge.
- 2.3.7 The dependency of the Integrated Community Equipment Loans contract on DFG grant for high value equipment is expected to be around £700k in 2023/24. Options are currently being developed with health colleagues to reduce spend through improved collection rates for equipment, reduced ordering costs and a review of both prescribing and operating model.
- 2.3.8 It is proposed that a report is brought to Committee in June 2023, setting out how both the City-Wide Care Alarms and Integrated Community Loans pressures are mitigated.

3.0 BUDGET PLANNING 2024/25

- 3.1 Budget proposals and improvement plans that will contribute to delivering a balanced budget for 2024/25 will be developed over the course of the coming year.
- 3.2 Care fee uplift planning with providers is an integral part of the business planning process and will commence in July. This process will impact upon known pressures and updates will be provided in response to progress against each service type and framework rate.
- 3.3 Appendix three provides a detailed breakdown of the process. Key points for the Adult Health and Social Care Policy Committee are:
- May: Discussions with policy committee chairs and members on scrutiny of pressures and service priorities, set against CC Assurance, DASS duties and local offer.
 - July: Briefings from Assistant Directors on the scope and direction of proposals under development.
 - July: Care fee 2024/25 planning process begins
 - September: Long list of budget proposals for discussion at committee.
 - November: Short listed budget proposals to committee for approval.
 - December: Any outstanding budget pressures and proposals to Strategy and Resources Committee.
 - March 2024: Budget approval at full council.

4.0 SECTION 75 AGREEMENT AND BETTER CARE FUND

- 4.1 The Better Care Fund (BCF) is one of the government's national vehicles for driving health and social care integration for adult services. It requires integrated care boards (ICBs) and local government to agree a joint plan, owned by the health and wellbeing board (HWB). These are joint plans for using pooled budgets to support integration, governed by an agreement under section 75 of the NHS Act (2006). An overview of the Better Care Fund in Sheffield was presented to the committee in November 2022: <https://democracy.sheffield.gov.uk/ieListDocuments.aspx?CId=642&MId=8432&Ver=4> (agenda item 14).
- 4.2 In Sheffield the Better Care Fund forms part of our vision of joined up services, aligned incentives and shared objectives. It is used to support integration across our place and underpin our alliance arrangements for out-of-hospital services. The Section 75 mechanism allows us to pool funding between the Local Authority and Integrated Care Board. The Better Care Fund arrangement only covers Adult Services; however, the Section 75 agreement includes both Adults and Children's services.
- 4.3 Better Care Fund (BCF) plans are jointly developed by health and social care partners in every area in England and support integrated, person-centred care in communities.

The Government released the BCF policy framework setting out the national conditions, metrics, and funding arrangements for the BCF in 2022/23 on 19 July 2022.

4.4 Key areas of activity funded through the Better Care Fund are:

- Personalised care
- Hospital discharge
- Support for unpaid carers
- People Keeping Well partnerships

4.5 The 2022/23 Better Care Fund priorities and changes for Sheffield were discussed by the Health and Wellbeing Board in June 2022 but because the national guidance and policy framework had not yet been released final responsibility for approval of the BCF Plan was delegated to the Chair. The Plan was then approved by the Chair in September 2022, noted by the Adult Health and Social Care Policy Committee in November, and approved by NHS England on 6 January 2023.

4.6 The Section 75 Agreement was updated to reflect the new BCF plan, our revised governance arrangements and the expanded scope of budgets approved by the Co-operative Executive in March 2022. The deed of variation to the updated Section 75 Agreement was executed by Sheffield City Council and NHS South Yorkshire Integrated Care Board on 6 February and agreed at Partnership Board on 21 February 2023.

4.7 The regional Integrated Care Board (ICB) is required to agree an integrated care strategy for South Yorkshire and submit a five year joint forward plan by the end of March 2023, with a publication date of 30 June 2023.

5.0 HOW DOES THIS DECISION CONTRIBUTE?

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

5.2 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.

6.0 HAS THERE BEEN ANY CONSULTATION?

6.1 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.

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

7.0 RISK ANALYSIS AND IMPLICATIONS OF THE DECISION

7.1 Equality of Opportunity Implications

7.1.1 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.

7.2 Financial and Commercial Implications

7.2.1 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

7.2.2. 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.

7.2.3 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.

7.2.4 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.

7.3 Legal Implications

7.3.1 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.

7.4 Climate Implications

7.4.1 There are no climate impacts to consider arising directly from this report.

7.5 Other Implications

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

8.0 ALTERNATIVE OPTIONS CONSIDERED

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

9.0 REASONS FOR RECOMMENDATIONS

9.1 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.

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Appendix 1: Recovery Plan Performance by Service Area

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	Risks and Actions to Deliver Required Savings
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1. Change and Strategy Delivery

Operating model and MER – efficiencies and staff reduction	1500	1500	100%	100%	1375	Project on track to be in place for 1 st April 2023	Risk: - Overall staffing costs across AHSC need to match available budget. Staffing pressures identified as establishment reviewed and corrected. Risk Mitigation: - All AD to set plan for March Committee on how budgets will be delivered to envelope available
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.	Risk: Recruitment issues require that agency staff are still required to fulfil statutory duties. Risk Mitigation – Specialist recruitment to be undertaken to deliver stable workforce and reduce agency costs.
Total	1803	1500	83%	100%	1375		

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2. Living and Ageing Well

Review of new High-Cost Homecare arranged during Covid response	3470	2752	79%	92% (3.2m)	2752	£2,752k planned to be delivered by 31 st March 2023 with a further £380k forecast by 1 st April 2024, making a total of £3.132m.	Risk: Capacity issues due to priority of responding to new referrals. Risk Mitigation: - Options appraisal underway to build capacity for homecare reviews on a sustainable basis for noting at March Committee.
Right-sizing Home-Care packages increased during Covid response & Review of Direct Awards.	4408	1329	30%	90% (4m)	1243	£1,329k planned to be saved by 31 st March 2023. A further £1.9m is forecast to be delivered in 23/24 making a total of £3.3m by 1 st April 2024. This leaves £1.15m to be mitigated, of which £750k is planned via review of direct awards.	Risk: - 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. Risk Mitigation: - Options appraisal underway to build capacity for homecare reviews on a sustainable basis for noting at March Committee.

Appendix 1: Recovery Plan Performance by Service Area

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	Risks and Actions to Deliver Required Savings
Managing new demand for high-cost support through a new Enablement test for change	1281	1281	100%	100%	1174	New starter costs for homecare have decreased for fifth month in a row (now £279pw compared to £380pw last year). No completion date as target is ongoing.	Risk: - Enablement funded on a temporary basis with funding ending on 1 st April 2023. Risk Mitigation: - Options appraisal to implement enablement as part of core service delivery.
Managing demand for Homecare through Equipment & Adaptations	380	380	100%	100%	348	Backlog now at 1,350 – returning to pre-covid level). Project due to be completed by June 2023.	Risk: - Ability to maintain focus on reducing backlog at same time as increased demand of 22% on the service. Risk Mitigation: - Project plan in place with clear milestones.
Reducing additional staff costs in provider services	812	812	100%	100%	0	Additional funding to meet these responsibilities has now been identified and is being pursued.	Risks: - Levels of absence have increased costs and use of overtime. Loss of Staff plan IT System has added to capacity issues. Risk Mitigation: - Retender for IT System and service development planned for 23/24.to mitigate costs.
Resetting the localities staffing budget	537	537	100%	100%	537	Delivered	n/a
Total	10,888	7,091	65%	94% (10.2m)	6,054	£688k remains to be mitigated through additional activity	

Appendix 1: Recovery Plan Performance by Service Area

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	Risks and Actions to Deliver Required Savings
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3. Adults with a Disability

Direct Payment Reviews	2800	464	17%	100%	364	464k forecast by 31/03/23. A further £1.4m is forecast to be delivered as FYE in 23/24. Full value £1.86m (£1m short of target). £3m saving from ongoing review activity will be required in 23/24 to cover shortfall and meet 23/24 budget plan.	Risks: Several recruitments attempt from permanent workforce were unsuccessful. Risks Mitigations: - 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.	Risks: - Recruitment to new team. Risk Mitigation: - 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.	Risks: - Recruitment to new team and responding to backlogs in a timely way – the team are managing transition of a 100+ young adults. Risk Mitigation: - Team now in place and plan in place to address backlogs and waits.
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.	Risks: - Growth in numbers of Adults with complex care needs but not corresponding provision of support to meet need. Risk Mitigation: - Review recovery programme implemented to review existing care. Recommission of supported living, extra care, day activities underway to increase provision. Specialist review to be implemented.
Efficiency through integration of Continuing Health Care Services	400	400	100%	100%	367	Joint Package spend has reduced from £51.3m in April to £50.6m. Assuming 75% paid by SCC, that's £490k less.	Risks: Understanding of CHC/ JPOC across AHSC, recording on systems and separate health and care systems. Risk Mitigation: Review of management of CHC/ JPOC decisions currently under review. Dedicated project and team implemented to review and develop better understanding of CHC.
Direct Payment Service Transformation	359	696	194%	270% (970k)	682	New costing £291 per week compared to £464; saves 696k in 22/23 date and a further £274k FYE in 23/24	Risks: Recruitment to Team, Practice Development and increases to support are increasing costs overall Risk Mitigation: - Review plan to address outdated reviews in place Jan – Jan 23 and Direct Payments Strategy agreed at Committee.

Appendix 1: Recovery Plan Performance by Service Area

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	Risks and Actions to Deliver Required Savings
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.	Risk: Delays to agreement on second property delayed, incurring ongoing fixed costs. Risk Mitigation: - Management of void charges through regular reporting.
Vacancies and Voids costs	700	692	99%	100%	634	Void/Vacancy elements of contract arrangements under ongoing scrutiny.	Risk: Additional invoices have been received in the last month, reducing the forecast by 20% Risk Mitigation: Dedicated project management and oversight by AHSC Leadership from January 2023.
Supported Living TUPE contract ends	1000	400	40%	60%	300	A phased plan has been implemented to schedule reduction in TUPE payments by 1st April 2025.	Risk: Contractual requirements and provider sustainability required to meet Care Act duties. Risk Mitigation: - Ongoing payment of TUPE monies to be reduced on a phased agreement to maintain market sustainability.
Review of Befriending, Short Breaks and Day Activity Services	678	728	107%	107% (728k)	440	Work complete	Risk: New frameworks for Short Breaks and Day Services did not yield any savings. Risk Mitigation: - Use of in-house short breaks and development of a further in house short breaks service.
New Accommodation Strategy	111	100	90%	100%	96	Project due to be completed by March 2023.	Risks: Delays in finding suitable tenants that can share properties meant that vacant places were not taken up as quickly as desired. Risk Mitigation: Project management and to support delivery of project by March 2023 so that all savings can be realised in 2023.
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	Risk: In-house services were closed during covid, so staff costs were static. Since services reopened there has been increased over-time to facilitate cover, creating a cost pressure on staffing budget. Risk Mitigation: - Allocate underspends in other areas of the service to meet pressures.
Total	9,506	4,771	50%	94% (8.9m)	3,721	£596k remains to be mitigated by additional activity	

Appendix 1: Recovery Plan Performance by Service Area

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	Risks and Actions to Deliver Required Savings
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4. Mental Health and Safeguarding

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. Notice has been served on the contract with end date of 31 st March 2023.	Risks: Vacancies in the service and staff departures indicated a reduced staff spend was achievable; however, service is over budget on staff. Risk Mitigation: risk now placed within purchasing budget as part of review programme and new practice.
Safeguarding, MH and Domestic Abuse delivery efficiencies and contractual review	300	100	33%	33%	50	To be discussed corporately whether this saving is now applicable to Adult Services.	Risks: The original project could not be delivered due to organisational changes. Risk Mitigation: Discuss through Corporate Boards how the risk will be mitigated.
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.	

5. Adult Commissioning and Partnerships

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

Income & Payments Programme	854	1383	150%	150%	854	Delivered (529k over delivery forecast)	n/a
Financial assessment review fast track	200	200	100%	100%	200	Delivered	n/a
Supplies and Services	200	200	100%	100%	183	Metric is spend on supplies across the service; as such work is ongoing.	n/a
Total	1,254	1,783	142%	142%	£1,237	Delivered – No Mitigations Required	

Appendix 1: Recovery Plan Performance by Service Area

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	Risks and Actions to Deliver Required Savings
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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	7,091	10,200	65%	94%	688
Adults with Disabilities	9,506	4,771	8,900	50%	94%	596
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	16,455	24,236	65%	96%	955

Appendix 2: 2023/24 Recovery Plan – risk assessment

Project Title	Target 31/03/23 (£000s)	Delivery risks and mitigations	Decisions needed to implement saving
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1. Living and Ageing Well

Reviewing costs increased during Covid	2,315	Dependent on maintaining capacity to conduct reviews.	Reviews are part of standard case load and should be delivered through practitioner teams. Decision may be required to ensure dedicated capacity for review.
Mitigating costs from new demand	422	New models for prevention and managing demand.	An increased emphasis on enablement has already been approved and will be developed across service areas. Decision may be required for any major changes to our Early Help offer.
Recommissioning Community Support	570	New model of homecare delivery implemented in September 23.	New Wellbeing contracts for homecare already approved by committee. Decision may be required on fee rates as inflation exceeds original modelling.
Review of Living and Ageing Well	1,607	New approach and models.	Following test of change in 2022/23, enablement approach will be embedded through the newly established operating model.
Residential Care Offer	615	Dependent on completion of provider negotiations.	New residential frameworks will come to committee for approval. Initial proposals were approved by committee in February 2023.
Joint Efficiencies	200	Dependent on delivery of joint review.	Updates on the BCF review will come to committee for approval.
External Funding	12,646	External funding.	Confirmation of announced funding proposals. Will not require committee decision.
Total	18,375		

Appendix 2: 2023/24 Recovery Plan – risk assessment

Project Title	Target 31/03/23 (£000s)	Delivery risks and mitigations	Decisions needed to implement saving
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2. Future Options - Adults with a Disability

Reviewing costs that increased during Covid	1,467	Dependent on maintaining capacity to conduct reviews.	Reviews are part of standard case load and should be delivered through practitioner teams. Decision may be required to ensure dedicated capacity for review.
Mitigating costs from new demand	1,719	Aligned to new team models for Transitions and Continuing Health Care.	Improved planning and coordination around complex care is being embedded. Should not require decision from committee.
Mitigating cost increases to existing support	1,050	Growth in LD has been high on 22/23.	Reviews are part of standard case load and should be delivered through practitioner teams.
Recommissioning Community Based Support	579	Financial benefits of new provision framework to be delivered	Committee approved framework proposal in September 2022. Decision may be required to ensure dedicated capacity for reviews of supported living facilities.
Residential Care offer	372	Dependent on provider negotiations.	New residential frameworks will come to committee for approval. Initial proposals were approved by committee in February 2023.
Ongoing benefits of 2022 projects	550	Work is already in progress.	Processes in place. No decision required from committee.
Joint Efficiencies	300	Dependent on delivery of joint review.	Updates on the BCF review will come to committee for approval
Total	6,037		

Appendix 2: 2023/24 Recovery Plan – risk assessment

Project Title	Target 31/03/23 (£000s)	Delivery risks and mitigations	Decisions needed to implement saving
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3. Mental Health and Safeguarding

Residential Care Offer	1,031	Established programme. Risk relates to high value of forecast.	No decision required from committee – process already in place.
Mitigating cost increases to existing support	443	Dependent on capacity to conduct reviews.	Reviews are part of standard case load and should be delivered through practitioner teams. Decision may be required to ensure dedicated capacity for review.
Income and Funding	1,588	Relates to agreed external funding.	Will not require committee decision.
Contract savings (Mental Health)	250	Dependent on provider negotiations	Specific changes in contract provision will be brought to committee for approval.
Total	3,312		

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4. Commissioning and Partnerships

Commissioning Disinvestment	468	Planned budget reduction.	No decision required from committee – refers to existing agreement to end temporary project funding.
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5. Governance and Inclusion

Maximising Income	3,345	Established annual process and methodology.	No decision required from committee – process already in place.
Disinvestment -Care Governance	15	Planned budget reduction	No decision required from committee – refers to existing agreement to end temporary funding mid-year.
Total	3,360		

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2024/25 Business Planning Timeline

Timeline	Activity	Events	
Mar-23	Week 1	Benchmarking: understanding variation in spend;	Member briefings/papers due
	Week 2		AHSC Policy Committee
	Week 3	Budget Strategy: setting targets for preferred provision mix.	
	Week 4		
Apr-23	Week 1	Service level discussions on potential improvements and efficiencies	
	Week 2		
	Week 3	Finance complete "lessons learnt"	
	Week 4		
May-23	Week 1		Member briefings/papers due
	Week 2	Finance review MTFs	AHSC Policy Committee
	Week 3		
	Week 4	MTFS Pressures quantified	
Jun-23	Week 1	Proposal scoping with service leads	ASCLT proposals workshop
	Week 2		
	Week 3	AD presentations on proposal scope (internal)	
	Week 4		
Jul-23	Week 1		AD briefings to Policy Committee
	Week 2	Finance check-in: any changes to consider	AHSC Policy Committee
	Week 3	ASCLT agree initial proposals	
	Week 4	Provider fee rate planning	
Aug-23	Week 1	Proposal development with service leads	
	Week 2		
	Week 3	Long-list of proposals complete	
	Week 4		
Sep-23	Week 1	EIA work starts	
	Week 2		Member briefings/papers due
	Week 3	Long-list of proposals to committee for discussion	AHSC Policy Committee
	Week 4	Short-list of proposals agreed	
Oct-23	Week 1	Proposal development with service leads	
	Week 2		
	Week 3	Short-list of proposals complete & uploaded	
	Week 4		
Nov-23	Week 1	Draft EIAs completed by ADs	Member briefings/papers due
	Week 2	Short-list of proposals to committee for approval	AHSC Policy Committee
	Week 3		
	Week 4	Finance check-in: any changes to consider	
Dec-23	Week 1		Member briefings/papers due
	Week 2	Final proposals to committee for approval	Strategy & Resources Committee
	Week 3	EIA internal review	
	Week 4		
Jan-24	Week 1	Finance complete Budget Book	
	Week 2	Final EIAs complete	
	Week 3		
	Week 4		
Feb-24	Week 1	Develop implementation plans and metrics with service leads	
	Week 2		Member briefings/papers due
	Week 3	EIA sign off	Strategy & Resources Committee
	Week 4		
Mar-24	Week 1		Full Council - Budget Meeting
	Week 2	ASCLT approve implementation plans, agree metrics and monitoring	Member briefings/papers due
	Week 3		AHSC Policy Committee
	Week 4		

Pressures to be Confirmed:	
Fee uplifts agreed	Commissioning
Pay awards agreed	Corporate
Growth forecast	Finance
Funding changes	Finance
Project costs	Service
Member Priorities	Committee

2024/25 Business Planning Timeline

March	Benchmarking
April	Initial pressures in order to assess savings required
May	Service discussion on potential improvements and efficiencies
June	Proposal development
July	Initial proposals agreed by ASCLT
August	Proposal development
September	AHSC Committee discussion of proposals (long list)
October	Proposal development
November	AHSC Committee approval on proposals (short list)
December	S&R Committee approval on proposals (final list)
January	Budget book and EIAs complete
February	EIA briefing
March	Sign off by full council

Start drafting EIAs
Complete EIAs

Draft up implementation plans, agree metrics and monitoring

Provision mix / budget strategy

Fee uplifts agreed	Commissioning
Pay awards agreed	Corporate
Growth forecast	Finance
Funding changes	Finance
Project costs	Service
Qtier entry	
Member briefings	
Review for changes	

Do we need to factor anything specific in for Health Integration?
or would that just come under the heading of proposals?

Do it month, then week 1, week 2, etc, rather than specific dates
then merge the larger tasks

May 18th	LACs
May 31st	Strategy and Resources Committee
June 15th	AHSC Committee
June 29th	Health and Well-being Board
July 5th	Strategy and Resources Committee
July 27th	Finance sub-committee
August 24th	Strategy and Resources Committee
Sept 15th	Strategy and Resources Committee
Sept 21st	AHSC Committee
Sept 29th	Health and Well-being Board
Oct 12th	Strategy and Resources Committee
Nov 15th	Strategy and Resources Committee
Nov 16th	AHSC Committee
Dec 8th	Health and Well-being Board
Dec 12th	Strategy and Resources Committee
Dec 19th	AHSC Committee
Jan 24th	Strategy and Resources Committee
Feb 8th	AHSC Committee
Mar 1st	Full Council - budget meeting
Mar 15th	Strategy and Resources Committee
Mar 16th	AHSC Committee



Report to Policy Committee

Author/Lead Officer of Report:

Jon Brenner, Principal Programme Manager; Alexis Chappell, Strategic Director

Contact: jon.brenner@sheffield.gov.uk

Report of: Strategic Director of Adult Care and Wellbeing

Report to: Adult Health & Social Care Policy Committee

Date of Decision: 16th March 2023

Subject: Adult Health & Social Care Strategy Delivery 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? 1148				
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:

Sheffield's [Adult Health & Social Care Strategy](#) was approved by the Co-operative Executive on 16th March 2022. The Strategy was developed through significant co-production and formal consultation, involving people receiving services, carers, providers, partners, and our social care workforce across the sector.

The [Adult Social Care Strategy Delivery Plan](#) was approved by the Adult Health and Social Care Committee on 15 June 2022.

This paper updates on progress in delivering the plan and sets out the refreshed strategy delivery plan for 2023. The paper also demonstrates how impact is being measured so that we can demonstrate our progress in enabling citizens of Sheffield to live the life they want to live.

Recommendations:

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

1. Endorses progress in delivering upon the Adult Care Strategy and the accompanying Delivery Plan.
2. Requests that an updated Adult Care & Wellbeing Directorate Plan setting out priorities for 2023 - 2025 is brought to the June 2023 Policy Committee for approval.

Background Papers:

Adult Health & Social Care Strategy [Our Adult Social Care vision and strategy \(sheffield.gov.uk\)](https://www.sheffield.gov.uk)

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: Laura Foster
		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:	<i>Alexis Chappell</i>
3	Committee Chair consulted:	<i>Councillor George Lindars-Hammond and Councillor Angela Argenzio, Councillor Steve Aris</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: Jon Brenner	Job Title: Principal Programme Manager
	Date: 24th February 2023	

1 PROPOSAL

- 1.1 Sheffield's [Adult Health & Social Care Strategy](#) was approved by the Cooperative Executive on 16th March 2022. The Strategy was developed through significant co-production and formal consultation, involving people receiving services, carers, providers, partners, and workforce across the sector and sets our vision and approach to enable people of Sheffield to live the life they want to live.
- 1.2 The strategy focuses on five outcomes and makes six commitments as the guiding principles we will follow to deliver upon the outcomes. By focusing on delivery of outcomes and working in this way, we want to achieve positive experiences and outcomes through excellent quality social work and social care in the city for citizens of Sheffield.
- 1.3 Our [Adult Health and Social Care Strategy Delivery Plan](#), approved on 15 June 2022 provided more detail of the projects that would be delivered and set out how the Strategy would be delivered and the impact of people, measured by I statements.
- 1.4 In August 2022, the [Council Delivery Plan](#) was approved, and this set out milestones and deliverables to achieve the Council's priorities. Alongside that budget programmes were also implemented to enable delivery of a financially sustainable Council aligned to the Council's Medium Term Financial Strategy. At the same time, Adult Care saw the introduction of Care Quality Commission Assurance, Integrated Care Systems, Fair Cost of Care and Charging Reforms.
- 1.5 Due to this, programme alignment was undertaken to bring together the national, local, and service specific activities around the Outcomes set out in our strategy to bring coordination and coherence to Adult Care focus to go into the second year of the delivery of the strategy and implementation of our [future design of Adult Care](#). As with the Council wide programme, our focus has been on stabilise, embed, grow, and flourish.
- 1.6 This paper sets out an update on the activities that we said we would deliver or start in 2022 to achieve the vision and outcomes set out in the Strategy. It also highlights the deliverables in the plan for 2023 – 2024 aligned to each outcome of the strategy.

2.0 The Strategy Delivery Plan Update: Impact and Progress Made

- 2.1 Considerable progress has been made in delivering upon the Strategy. Most of the work that we said we would complete has been achieved and some activities have been delivered ahead of schedule.
- 2.2 The successful delivery has laid foundations for the future and put us in an excellent position for taking forward our 2023 2024 work programme. The detail can be seen in Appendix 1 against the Adult Social Care Strategy and Appendix 2 against the Council Delivery Plan. Key achievements and next steps are highlighted under each outcome of the Strategy below.
- 2.3 When developing the Strategy and our accompanying future design, it was acknowledged that we needed to improve the outcomes, experiences that people of Sheffield had of care and that we also needed to improve our performance in relation to delivering accessible, timely and effective services.

- 2.4 Due to this, our priority has been to lay the foundations for the transformation of Adult Care, which has subsequently enabled a range of projects to be delivered ahead of schedule.
- 2.5 Underpinning delivery upon the Strategy is our future design, which as approved at Committee on 16th November 2023 and sets out how Adult Care is organised. As with the strategy, the design was developed based on 18th months of listening, learning and ongoing dialogue around getting the right outcomes for people, our communities and building positive relationships with our partners.
- 2.6 The building blocks of the new model are place with a new leadership team structure, and portfolios of Living and Ageing Well, Adult Future Options, Mental Health and Wellbeing, Commissioning and Partnerships, Governance and Inclusion and Chief Social Work Office are in now in place, with the restructure of long-term terms into these portfolios went live on 27th February 2023. An overview of the future design progress is provided at Appendix 3, and the overall strategy delivery programme summary at Appendix 4.
- 2.7 As enablers to the delivery upon the strategy, our priority has also been to build effective partnerships across the City, support and develop our workforce and embed greater use of technology across the service. Great progress has been made in doing this and in particular, the Adult Care Workforce Strategy has been brought to Committee today for approval as a further step forward.
- 2.8 Appendix 5 sets out the I statement from our strategy (Autumn 2022) and our current baseline. The current position in relation to our ASCOF measures were provided to Committee in November 2022 – [Local performance](#) - along with our [Local Account](#) setting out our performance in 2021 - 2022. The DHSC is currently consulting on new ASCOF (Adult Care Outcome Framework) measures.
- 2.9 It's planned that the I statement's, our performance measures, our quality statements will be used to inform evidence of impact of the strategy and with that be able to evidence ongoing improvements in the outcomes and experiences of people who access Adult Care.
- 2.10 Outcome 1 – Safe & Well**
“Everyone has the right to feel safe in a place they can call home (at home or in a homely setting) and protected from harm. We want everyone in Sheffield to be physically and mentally well for as long as possible, able to manage their conditions and to be able to return to their normal life as much as possible after a change in their circumstances.”
- 2.10.1 The ASCOF measures highlighted that in 2020/21 our approach to reablement and discharge was delivering and enabling people to remain home after discharge but our approach to improving individual feelings of being safe at home and in improving their quality of life needed to improve.
- 2.10.2 To that end, in the year since the strategy was published and to improve how people feel safe and be protected from harm, we have:
- Put in place a [safeguarding delivery plan](#), making immediate improvements to capacity, approach, training around adult safeguarding and reducing our waits in relation to safeguarding. A report is at Committee today providing our updates regards our performance and progress upon delivery of the plan.

- Designed and planned launch of a multi-agency safeguarding hub and clarified job roles, around safeguarding responsibilities, which remain everyone's business.
- Commissioned a safeguarding specialist to support an update of the council wide approach to safeguarding so that we have the right culture, governance, and systems to prevent abuse and harm in a joined up integrated approach, centred around people.
- Brought back mental health social work teams under direct management of the Council, so that we can move towards greater integrated working in communities, around primary care and with partners across the City, to promote recovery.
- Reduced waits for people to be [discharged from hospital](#) and embarked on a programme with health and city partners to develop a new discharge model for the City, which delivers on our home first ambitions and makes discharge personal and focused our individual outcomes.

2.10.3 The next steps to improve individual's experiences and outcomes are to implement:

- The Multi-Agency Safeguarding Hub and our Safeguarding Delivery Plan including any learning from reviews commissioned.
- A new model for discharge in partnership with colleagues across the City which delivers on our principle of home first and making discharge personal.
- Welcome and embed mental health social work into Adult Care and work with colleagues across primary care and secondary care to continue to implement the [primary and secondary care mental health transformation programme](#), and our all age emotional and mental health strategy, endorsed on 8th February 2023.
- A joined up and integrated approach to quality assurance and improvements with health, so that our delivery of care and all providers are rated Good or Outstanding by CQC.

2.11 **Outcome 2 – Active & Independent**

“Everyone in Sheffield should be able to live independently and have control and choice over decisions that affect their care and support. All our work should support people to increase their independence regardless of condition, disability, or frailty. Independence will look different for everyone. We'll work to simplify the adult social care system, but we know that some people will still need support to access it: we will advocate for people who may need it.”

- 2.11.1 From the recent I statement survey of those receiving care, we know that we have strengths in relation to people's perception of choice, in particular relating to being listened to and treated as an individual (66.5% strongly agreed or agreed), and where they live and with whom (65.5%). We want and need to improve in support for people to know what services are available and therefore able to make informed decisions (36.4%).
- 2.11.2 The ASCOF measures highlighted that in 2020/21 our use of direct payments and self-directed support remained good and well above national averages. Sheffield had fewer old people in residential and nursing care than our comparator areas, however more long-term support needs of younger adults were met by admission to residential and nursing settings. This is partly the from a higher rate of identified disability needs in the city and availability of dedicated care.

2.11.3 In the year since the strategy was published, we have:

- Agreed a [Direct Payments and Personalisation Strategy](#), with ongoing implementation through a delivery plan.
- Reviewed our delivery of Equipment and Adaptations and with that implemented a [criterion for access to adaptations](#) to ensure fairness and transparency in our approach and reduced our waits and backlogs for access equipment adaptations.
- Developed a [South Yorkshire Housing with Support Market Position Statement](#) to enable greater choice and options for Autistic Adults and people with a learning disability.
- Reviewed our access points and our approach to early intervention and prevention, working with city partners to develop opportunities for [integrated working and tackling inequalities](#). A report is at Committee today setting out proposals.
- Agreed and implemented a new future design with a greater focus on independence and wellbeing outcomes, ensuring that individuals voices are central to what we do and simplifying our ways of working. An update is provided at Appendix 4.

2.11.4 The next steps to improve individual's experiences and outcomes are to implement:

- Our direct payments and personalisation delivery plan across all portfolios across Adult Care, particularly with a focus on choice and control, enablement and positive experiences and outcomes.
- A review our advocacy services, being proactive in our preparation for liberty protection safeguards.
- A South Yorkshire development of housing with support following on from the Market Position agreed last year with a particular focus on out of area and development of specialist provision locally.
- Our Care and Wellbeing services bringing together all homecare provision around communities and primary care networks and enabling a shift towards outcomes and enablement focused delivery across all regulated provision.
- Partnerships with neighbourhood services, primary and secondary care, health and VCF colleagues to further develop options which can enable individuals to live independently in communities across Sheffield and a transformational shift towards earlier intervention and prevention.

2.12 **Outcome 3 – Connected and Engaged**

“Everyone can connect with communities that care and support them. We listen to their voices and take feedback on board. People are engaged in that community, sharing their experience, and contributing to the wellbeing and prosperity of their members. Unpaid carers are plugged into a network that enables them to get support for their own mental health, wellbeing, and needs.”

- 2.12.1 From the recent I statement survey we know that we have strengths in relation to people feeling they could have a conversation with someone who understands them (65% strongly agreed or agreed). We want and need to do better in improving the number of people who know what services and opportunities are available in their area (43.4%)
- 2.12.2 The ASCOF measures highlighted that in 2020/21 saw us having above target and improving satisfaction rates from carers, however below average scores on carer quality of life and social contact. The Carers Centre who are contracted to provide assessment and support on our behalf had high levels of satisfaction and outcomes.

2.12.3 In the year since the strategy was published, we have:

- Launched a new information, advice, and guidance platform for the city – Our [Sheffield Directory](#) as a way of improving information on how to access support.
- Agreed and started implementing a coordinated approach to co-production across Adult Care, including agreeing an [involvement delivery plan](#)
- Agreed and started implementing a [carers' delivery plan](#) to improve the outcomes and experiences of unpaid carers across the City.
- Agreed a plan to stabilise and [transform our residential care homes](#), so that adults living in residential care experience excellent quality care.
- Agreed a [digital strategy](#) and technology enabled care market statement as a way of using technology to promote wellbeing, independence, and connectivity.

2.12.4 The next steps to improve individual's experiences and outcomes are to implement:

- Our information, advice platform and further develop content, steered by people with lived experience and building opportunities for self-help and self-assessment.
- Our co-production and involvement plan, particularly building our experts by experience, our hub model, and our learning from changing futures and from carers centre.
- Our carer's delivery plan, including joined up partnership approaches with the Carers Centre, Local Area Committee's, and our teams.
- Our transformation of residential care homes, establishing a community connected model with care homes are truly part of each community.
- Positive relationships with the Local Area Committees, to connect and work with our communities in a meaningful way, including aligning each Assistant Director with a LAC to enable connectivity and providing performance data aligned to each LAC from Adult Care to support discussions and local solutions.
- Portfolio led delivery of integrated community wellbeing models, pathways, partnerships, and approaches which prevents and reduces need for care and support and enables Adults live independently, safely, and well in communities across Sheffield and the live they want to live.

2.13 **Outcome 4 – Aspire and Achieve**

“Everyone can develop their sense of purpose and find meaning in their lives. We support them to develop their personal outcomes and aspirations to achieve their ambitions, which can include cultivating hobbies and interests, helping others, education, employment, or lifelong learning.”

2.13.1 From the recent I statement survey we know that we need to improve in relation to those who felt they can manage money easily and use it flexibly (38.9% disagreed or strongly disagreed).

2.13.2 The ASCOF measures highlighted that in 2020/21 we had a significantly lower proportion of people with a learning disability in paid employment than the national and regional averages.

2.13.4 In the year since the strategy was published, we have:

- Made the shift from time and task to outcomes-based [commissioning our homecare services](#), recommissioned our [day activities, supported living and respite services](#) and placed outcomes at the heart of our all of our commissioning activity.

- Launched a [changing futures programme](#) as a partnership with colleagues across the City, to tackle inequalities and improve outcomes for people experiencing multiple disadvantage.
- Embarked on a programme to improve our transitions offer in partnership with colleagues across the City, including setting up a new transitions team and dedicated commissioning support in Adult Care as part of our Adult Future Options Services, so that young people have the best start in life.

2.13.5 The next steps to improve individual's experiences and outcomes are to implement:

- Through our Adults Future Options, Living and Ageing Well and Mental Health portfolios, co-designing new models which improve access to employment, education, and learning.
- A dedicated approach to tackling inequalities and promoting equality both in our delivery of support and for our workforce as a partnership with city colleagues.
- A named worker approach, so that all Adults are known, feel listened to and enabled to achieve their personal outcomes.
- Further develop our approach to transition to adulthood and changing futures, working across the city and with colleagues to embed learning.
- A dedicated approach to money management, including welfare rights.
- An all-age strategy and approach to establishing Sheffield as an Autism Friendly City, improving lives and outcomes for Autistic people.
- An all-age strategy and approach to improving lives and outcomes of people with a learning disability through a Learning Disability Strategy.

2.14 **Outcome 5 – Efficient and effective**

“Everyone is supported by a system that works smartly together, delivering effective and quality outcome-focused services that promote independence and recovery. People have a choice of good services that meet their needs and give them a positive experience regardless of their background, ethnicity, disability, sex, sexual orientation, religion, or belief. This is enabled by an engaged, led, supported, and well-trained workforce that works together through innovation and creativity that is trusted to make the right decisions with the people they support. Our transparent decision-making system delivers best value. We will consider climate impacts in our decisions.”

2.14.1 From the recent I statement survey we know that we need improve the number of people who feel our system is easy to navigate (45.6% said it wasn't) and felt they can have fun, be active and be health (35.7% said they couldn't).

2.14.2 The ASCOF measures highlighted that in 2020/21 the overall satisfaction of people who use our services was well below national and regional average.

2.14.3 In the year since the strategy was published, we have:

- Launched [Practice Quality Standards](#) aligned to our strategic outcomes with a development programme underway to enable implementation across all the teams.
- Agreed and implemented a new operating model focussed on better outcomes and experiences of Adults, Carers, and families. This is described at Appendix 4.
- Agreed and started implementing a new market shaping statement and dedicated portfolio-based statements – Living and Ageing Well, Mental Health and Housing with Support.

- Developed a workforce strategy for Sheffield's whole ASC sector, which has been brought to Committee today.
- Agreed and implemented new governance and performance frameworks to improve our understanding of our impact and build good governance across the service.
- Established a governance approach to managing our budgets and a transparent reporting framework to committee to enable scrutiny.
- Welcomed a peer review and a range of external support to support our improvement journey and learning as a team and to inform our future priorities.

2.14.4 The next steps to improve individual's experiences and outcomes are to implement:

- A programme of activity to simplify our systems, processes, and communications to make Adult Care easier to navigate for individuals, carers, our workforce, and our partners.
- Embed the new operating model, practice framework and recommissioning activities underway and planned.
- The workforce strategy (assuming approved on this agenda).
- The budget and business planning approach develop this year so that best value is achieved.
- Portfolio led plans which enable practical delivery to achieve the strategic outcomes in our strategy, I statement and quality standards as the next step of our future design. The plans will be brought to our next Committee for approval.

2.15 Strategy Delivery Plan Refresh

2.15.1 As we conclude the first phase of the implementation of the Strategy it was recognised that Adult Care landscape has continued to shift, and we have also learned throughout the change journey.

2.15.2 A mapping and learning exercise is being concluded in relation to the emerging CQC Assurance Framework, the Council Delivery Plan, wider Health and Care Integration, our financial recovery activities, and our performance and legal objectives and ne ASCOF measures. We also looked at learning from our performance review, peer review and external supports, feedback from I statements, casefile audits, internal audits, and peer learning over the last year.

2.15.3 This is so that we have one programme of activity for Adult Care, focused around our strategy with clear roles, responsibilities, accountability, assurance and communications processes in place. Our first year was about creating the conditions, frameworks, designs, and structures to underpin our transformational programme of change that aligns to the Adult Social Care strategy and outcomes for people.

2.15.4 The year ahead is about implementation and embedding change to meet the vision, commitments, and outcomes that our citizens of Sheffield and workforce have said are so important to them and to ensure that we have a financially sustainable Adult Social Care model moving forwards. To that end, its planned to bring to Committee in June, as scheduled:

- A refreshed Strategy Delivery Plan, including an accompanying Directorate Plan aligned to I statements and quality statements.
- Portfolio led plans for Living and Ageing Well, Adult Future Options, Mental Health, Care Governance, Chief Social Work Officer, and Commissioning which enable practical delivery to achieve the strategic outcomes in our strategy, I statement and quality standards as the next step of our future design.

3.0 HOW DOES THIS DECISION CONTRIBUTE

3.1 Organisational Strategy

3.1.1 Living the life, you want to live – the Adult Social Care Strategy 2022- 2030 drives the implementation of our ambitious plans for social care in Sheffield over the next decade.

3.1.2 The strategy met the obligation in Our Sheffield One Year Plan 2021/22 to ‘Produce a long-term strategic direction and plan for Adult Social Care which sets out how we will improve lives, outcomes and experiences and adults in Sheffield’. The Delivery Plan augments this with further detail to provide detail on how these outcomes will be achieved.

3.2 Health & Care System Alignment

3.2.1 The overall strategy was developed in alignment with the Joint Health & Wellbeing Strategy (2019-2024), developed by Sheffield Health & Wellbeing Board, our Joint Commissioning Intentions with NHS colleagues as well as the Shaping Sheffield System Plan.

3.2.2 The Delivery Plan continues with this alignment and will be delivered working closely with health partners both on a city and regional basis.

4 HAS THERE BEEN ANY CONSULTATION?

4.1 A crucial element in the successful delivery of the strategy is the increased involvement in people receiving, and staff directly delivering care, in the development of all key part of the plan. Throughout the sector, we know that involving and coproducing these makes them more likely to be successful.

4.2 To enable this, the governance structures will include the voices of those receiving care, carers, partners, and care providers so that we ensure we deliver what matters to people of Sheffield. This includes co-developing a mechanism (e.g., Citizens Board) so that people with lived experience are equal partners in the delivery of our strategic plan.

4.3 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. Our [Involvement Delivery Plan](#) was approved by the Adult Health and Social Care Policy Committee in December 2022 and sets out how we aim to achieve those ambitions,

5 RISK ANALYSIS AND IMPLICATIONS OF THE DECISION

5.1 Equality Implications

5.1.1 The strategy was supported by a comprehensive equality impact assessment, which can be found on the Council website [Our Social Care vision and strategy](#)

5.1.2 The additional detail in this Strategy Delivery Plan does not alter this assessment, although does add a layer of detail.

5.1.3 In this Strategy Delivery Plan refresh there is additional focus on ensuring that we have appropriate attention to equality, diversity, and inclusion. In particular, we will be looking to incorporate recommendations from the recent findings of the [Sheffield Race Equality](#)

[Commission report](#) and to ensure that our workforce strategy has a diverse workforce at its heart.

- 5.1.4 Many constituent parts of the Strategy Delivery plan will require their own detailed equality impact assessment, which will be completed to inform plans and decision making. Examples of this are the Speak Up Sheffield report on the African Caribbean Perspective on Homecare which is informing our commissioning of our new Care and Wellbeing service and the HealthWatch report - older peoples experience of living in a care home which is central to our plan to transform care homes in the city.

5.2 Financial and Commercial Implications

- 5.2.1 The strategy was supported by a financial strategy, which can be found on the Council website [Our Adult Social Care vision and strategy \(sheffield.gov.uk\)](http://sheffield.gov.uk), and is closely aligned with the budget strategy.
- 5.2.2 The additional detail in this Strategy Delivery plan does not alter this strategy, although does add a layer of detail.
- 5.2.3 All individual components 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.

5.3 Legal Implications

- 5.3.1 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.
- 5.3.2 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.
- 5.3.3 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 demonstrates how we are already delivering on commitments and sets out a clear plan for 2023 and up to 2030.

5.4 Climate Implications

- 5.4.1 The Adult Social Care Strategy and Delivery Plan 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.
- 5.4.2 Elements of the Strategy Delivery Plan with a significant climate impact, have and will continue to complete a detailed climate impact assessment to inform plans and decision making. The elements with the most significant climate impact to date are linked below and information can be seen in Climate Impact Sections of those reports:
- [Supported living, day services and respite care for working age adults](#)
 - [Approval of new technology enabled care contract extension and strategy](#)
 - [Adults Health and Social Care Digital Strategy](#)
 - [Transforming Care Homes for Citizens of Sheffield](#)
 - The [Climate Impact Assessment for Recommissioning Homecare Services](#)
- 5.4.3 It is planned to bring a specific Climate Action Plan to Committee later in 2023. The plan will cover how Climate Impact Assessments are done across the service, what the common themes are, how these can be addressed consistently.

5.5 Other Implications

- 5.5.1 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.

6 ALTERNATIVE OPTIONS CONSIDERED

- 6.1 Do not alter the Strategy Delivery Plan – When the Strategy Delivery Plan was approved by Committee in June 2022 the was a commitment to review the plan regularly and by not reviewing, we would not be meeting that commitment. Due to the significant amount that has been delivered on the plan, leaving it as it would make it harder to identify priorities for 2023.
- 6.2 A different delivery plan - The real options for the delivery plan are around the individual elements, which will be worked through as part of the constituent pieces of work. These will be worked through in different ways, with many of them resulting in their own future reports to the Committee.

7 REASONS FOR RECOMMENDATIONS

7.1 Reasons for Recommendations

- 7.1.1 An approved delivery plan for the strategy for 2023 gives a structured approach to delivery of the vision, outcomes and commitments set out in the overall strategy. It will also provide greater accountability and transparency of how will do this.
- 7.1.2 Asking for regular updates and refreshes of the plan will keep the Committee, wider stakeholders, and the public the ability to hold the Council to account for progress and impact and will provide an additional mechanism to input to future development.

Sheffield's Adult Social Care Strategy Strategy Delivery Plan – Update & Review – March 2023



The delivery plan supports [‘Living the life you want to live’, the Adult Social Care Strategy 2022 to 2030](#).

The strategy and the high-level plan within it are a starting point. They set our vision, values, and direction, but we need to work with our communities to figure out what comes next together.

The strategy will be accompanied by annual delivery plans that set out the detail we’ll need. The strategy is a long-term vision, and we know how quickly situations change and priorities shift. This review looks at what progress we’ve made in 2022/23 and adds 5 new actions into the delivery plan, reflecting decisions the Adult Health & Social Care Policy Committee has made during the year. Our delivery plan is a living documents, and therefore will periodically be updated to reflect progress and new ambitions.

We’ll make sure our citizens can be more involved in helping set these plans and priorities through our governance structure. Our delivery plans will be published and shared. We will set up ways for people to hear our progress and challenge us where things aren’t working.

The impact against the strategies’ outcomes will be measured in several ways

- Feedback from people receiving care and their carers, through ‘I statement surveys’ and involvement. Similar methods of feedback from our workforce.
- Our progress on national indicators in the Adult Social Care Outcome Framework (ASCOF)
- Measures in the Council’s performance framework and delivery plan
- Compliance feedback from Care Quality Commission (CQC) inspection, peer reviews and self-assessment
- Financially sustainable budgets set through the Council’s financial processes.

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‘Living the life you want to live’ is a call to everyone who experiences, or may experience, adult social care in Sheffield. We owe it to ourselves, our families, and future generations to deliver the vision set out in this document. Please work with us to make it a reality.

New actions for 2023/24 (taken from Policy Committee decisions during 2022/23)

- Support the Council’s review of accommodation to identify opportunities to co-locate with health, care and voluntary sector partners across the city (April ’23 to March ’28)
- Implement the Adult Social Care digital strategy and delivery plan, using technology to make it easier to access services, receive information, and prevent and reduce need for crisis support (April ’23 to March ’27)
- Develop our climate impact delivery plan (April ’23 to March ’26)
- Develop an approach that ensures that we understand the impact of changes and service delivery on diverse groups and that supports equality of experience in relation to race equality, diversity and inclusion for our programme of change (April ’23 to Mar ’24)
- Implement the Joint Health and Care Plan for carers and refresh on a biannual basis in partnership with unpaid carers (April ’23 to March ’30)

COMMITMENT ONE

Support people to live a fulfilling life at home, connected to the community and resources around them, and provide care and support where needed.

What would make a difference?	How will we know we've made a difference?	What Did We Say We Would Deliver?	Timeframe for delivery	Comments and Evidence	Delivery Progress RAG
We will provide a partnership of care and support, designed, and delivered with communities.	<ul style="list-style-type: none"> ■ I know what services and opportunities are available in my area. ■ I am confident to engage with friends/support services. ■ I have a conversation or can communicate with someone who understands me. ■ I know where to go and get help. 	Co-design and build a new Information, Advice, and Guidance Offer that includes plain language and is easy for people to find information that they need.	April 2022 to March 2024	New technology and resource to support development of the offer is in place. A plan for migrating existing content and then updating the content is being developed.	
		Recommission the Sheffield Mental Health Guide, with more information to be available for children and young people.	April 2022 to March 2023	The contract to refresh the Sheffield Mental Health Guide started 1 st February 2023 and the extended guide which includes children's service will be launched in September 2023.	
		Design a new multi-agency safeguarding model and safeguarding improvement plan which protects people who are at risk of harm and supports a shift towards prevention of harm.	April 2022 to March 2023	The safeguarding improvement plan is complete. A new Multi Agency Safeguarding Hub is being introduced from March 2023.	
We will develop an accessible team model where social work staff can really work in partnership with, and get to know, their community.		Design and implement a new Operating Model for Adult Social Care, focussed on delivering the outcomes of the strategy with partners across the city, and establishing an integrated place-based model of working.	April 2022 to March 2025	The Operating Model has been designed and the new structure has been implemented. The focus for 2023 is on improving the model and establishing integrated working.	
		Design and implement the Changing Futures Programme to improve our approach to supporting people with multiple disadvantage and reducing inequalities.	April 2022 to March 2025	81 adults are involved in a pilot to improve personal outcomes. Rough sleeping has reduced as a result and engagement with services has increased. Experts by experience are co-producing new ways of working for a broader range of disadvantaged people. More information can be found here	

COMMITMENT TWO

Provide temporary assistance to help people regain some stability and control in their life following ill health or crisis.

What would make a difference?	How will we know we've made a difference?	What are we delivering now?	Timeframe for delivery	Comments	Delivery Progress RAG
We will deliver a strong, reactive offer of services that provide flexible and intensive crisis support.	<ul style="list-style-type: none"> I know that I have control over my life, which includes planning ahead. When I need support, it looks at my whole situation, not just the one that might be an issue at the time. 	Develop improved models of care for people who need help to gain some stability following a crisis.	April 2022 to March 2024	Improvements have been made to First Contact and pathways from Hospital Discharge to our Somewhere to Assess provision, including tests of change in relation to a multi-agency screening hub.	
		Implement a Council delivered enablement and wellbeing offer to help people gain some stability in their lives more quickly following a crisis and be better connected with community-based services.	April 2022 to March 2024	A Council delivered enablement offer is in place and is now realigned to primary care networks. Next steps is to further develop the model in 2023 - 2024	A
Page 115		Establish an integrated model of working which prevents admission to hospital and enables people to return home from hospital when they are well.	April 2022 to March 2024	A high-level model of the current pathway has been developed. The focus for the next year will be to develop and implement a model that improves outcomes for people when they leave hospital	
We will shift our resources and focus to develop and deliver more proactive, preventative approaches.	<ul style="list-style-type: none"> When I need support, it looks at my whole situation, not just the one that might be an issue at the time. We start with a positive conversation, whatever my age. 	Co-design and implement a locality-based preventative community integrated model of working to help people avoid crisis and remain in control of their lives, which includes Team Around the Person, closer working with primary care and a new front door approach to adult social care.	April 2022 to March 2023	A study of data and interventions in relation to falls has been started and is being used to help to develop a model and suite of interventions for people at risk of crisis.	
		Co-design and implement a new approach and model to improve our transitions offer and experiences for young people who will need ongoing support as an adult and their families.	April 2022 to March 2023	The Transitions team has linked with the Preparation for Adulthood Team (PAT) in Children's services. A transitions pathway for young adults with disabilities transferring into adult social care is in place. The PAT has also been working with young people to develop strengths-based approaches that have a focus on developing independence and autonomy between the ages of 14 and 18.	

		Recommission mental health provision for people who need support to maintain their independence in the community.	April 2022 to March 2023	The new mental health framework arrangements started 1 st November 2022. A second tender process in February aims to recruit additional providers to increase capacity so that more people can be supported.	

COMMITMENT THREE

Provide care and support with accommodation where this is needed in a safe and supportive environment that can be called home.

What would make a difference?	How will we know we've made a difference?	What are we delivering now?	Timeframe for delivery	Comments	Delivery Progress RAG
<p>We will develop vibrant options for care that offer more choice, that help the person to retain or regain control of their life and build on the strengths of the person and their networks.</p>	<ul style="list-style-type: none"> ■ I understand the types of services available and can make informed decisions. ■ I can make a positive choice about whether I move into a care home and have control over where and with whom I live. 	<p>Develop more diverse models of care for people who need longer term, ongoing care as part of development of joint commissioning plans.</p>	<p>April 2022 to March 2024</p>	<p>The Buchanan Green Extra care scheme is now fully occupied and the Transforming Care Homes for Citizens of Sheffield review is likely to identify future Models of Care.</p>	<p style="background-color: #90EE90;"></p>
		<p>Review and recommission our residential care services to enable a move towards community connected residential care.</p>	<p>April 2022 to March 2023</p>	<p>The Transforming Care Homes for Citizens of Sheffield report and high level plan was approved by AHSC Policy Committee February 2023.</p>	<p style="background-color: #90EE90;"></p>
		<p>Work in partnership with Housing and Health to develop a delivery plan which sets out the type of accommodation with care we will develop over next 10 years to promote and enable independent living.</p>	<p>April 2022 to March 2025</p>	<p>A Housing with Support Market Position Statement for people with a learning disability and/ or autism was approved by the AHSC policy Committee in 2022</p>	<p style="background-color: #90EE90;"></p>
		<p>Co-design models which promote long-term recovery as part of development of a new partnership model to support people experiencing mental ill health.</p>	<p>April 2022 to March 2023</p>	<p>The new mental health framework arrangements started 1st November 2022. A second tender process in February aims to recruit additional providers to increase capacity so that more people can be supported.</p>	<p style="background-color: #90EE90;"></p>
		<p>Implement a new extra care living scheme at Buchanan Green.</p>	<p>April 2022 to April 2023</p>	<p>Buchanan Green is open and currently 100 % full (8 people)</p>	<p style="background-color: #90EE90;"></p>
		<p>Review our Supported Living and Extra Care Offer aligned to development of joint commissioning plans.</p>	<p>April 2022 to March 2023</p>	<p>The Supported Living Framework is being re-procured with a greater emphasis on improving outcomes and aspirations for people with learning disabilities. The new contracts will go live in May 2023. The older People's Independent Living strategy is being developed with housing colleagues</p>	<p style="background-color: #FFD700;"></p>

COMMITMENT THREE (continued)

Provide care and support with accommodation where this is needed in a safe and supportive environment that can be called home.

What would make a difference?	How will we know we've made a difference?	What are we delivering now?	Timeframe for delivery	Comments	Delivery Progress RAG
We will transform care at home in Sheffield, focussing on improving experience and outcomes.	<ul style="list-style-type: none"> ■ I understand the types of services available and can make informed decisions. ■ I deal with people I know and trust that are well-trained and love their job and can make decisions with me. 	Start a test for change for a new outcome focussed, Home Care Service Model in Netherthorpe, Upperthorpe and Walkley.	April 2022 to March 2024	This has started with a focus on strengths and outcomes-based delivery.	A
		Develop and implement a new transformational contract for the delivery of care and wellbeing services focussing on individual outcomes, person centred care and community wellbeing services that maximise independence and improve our workforce offer.	April 2022 to March 2025	ASC Committee approved the vision and approach In June 2022 . The new framework will go live in September 2023.	
		Develop a refreshed approach to recruitment, retention, career pathways and workforce development of all care staff in the city.	April 2022 to March 2024	A recruitment campaign including a new recruitment Sheffield Cares website is now live. Career pathways and progression routes for the SCC social care workforce have been implemented. The workforce strategy will provide further information	
		Develop and implement a trusted reviewer model to enable more flexible approaches to the delivery of care across the city.	April 2022 to March 2025	Some testing of an approach is taking place with Care Homes.	
		Further develop our approach to technology enabled care and digital solutions to support improved experiences and independent living.	April 2022 to March 2024	The Adult Health and Social Care Digital Strategy and delivery plan was approved by Committee in February 2023 (insert link)	
		Design and implement changes relating to the Social Care Charging Reforms.	April 2022 to March 2024	An impact assessment and delivery plan was completed however, this is no longer a Government priority and so this will not be taken forward at this time.	

COMMITMENT FOUR A

Make sure support is led by ‘what matters to you’, with helpful information and easier to understand steps.

What would make a difference?	How will we know we've made a difference?	What are we delivering now?	Timeframe for delivery	Comments	Delivery Progress RAG
We will overhaul how we share information so that it meets the needs of everyone in Sheffield, with plain language and simplified access steps.	<ul style="list-style-type: none"> ■ I understand the types of services available and can make informed decisions. ■ I know where to go and get help. 	Co-design and build the new Information, Advice, and Guidance Offer.	April 2022 to March 2023	New technology and resource to support development of the offer is in place. A plan for migrating existing content and then updating the content is being developed	
We will invest in a system-wide approach that means everyone receives the same standard and continuity of preventative person-centred care.	<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 like I am 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. 	Develop a market position statement so that providers have the information they need to develop new business models.	April 2022 to March 2023	The Market Shaping Statement , Sustainability Plan , a Mental Health Market Shaping Statement and a Housing with Support Market Position Statement for people with a learning disability and/ or autism have all been approved by the AHSC policy and will underpin our long term care commissioned arrangements for the next few years	
		Co-develop a joint plan for supporting people with autism and create an Autism Inclusive City in partnership with the Autism Partnership Board.	April 2022 to March 2023	This plan is being developed by the Autism Partnership Board and will be taken to the Strategy and Resources Committee in April 2023	A
		Develop a city-wide mental health strategy with partners and the Mental Health Collaborative.	April 2022 to March 2024	The All Age Mental Health and Emotional Wellbeing Strategy was approved by the AHSC policy committee on 8 February 2023	
		Co-develop a joint plan for supporting people with a learning disability in partnership with the Learning Disability Partnership Board.	April 2022 to March 2024	An update will be taken to the AHSC Policy Committee in March 2023	
		Co-develop and launch the adult social care Practice Standards.	April 2022 to March 2023	The Quality Matters Practice Framework was approved by the AHSC Policy Committee in November 2022. Embedding activity is being led by the new created Chief Social Work Officer postholder	
		Co-develop the adult social care Quality Standards for Commissioned Providers.	April 2022 to March 2023	The Care Quality Framework was approved by the AHSC Policy Committee in February 2023	

		Implement an adult social care Care Governance Strategy and Performance Improvement Framework.	April 2022 to March 2024	The Care Governance Framework was approved by the AHSC Policy Committee in June 2022. Dashboards and Performance clinics take place to provide data and support and challenge around improvement	
		Implement a Care Governance Board to enable dedicated scrutiny and improvement in relation to our quality of care.	April 2022 to March 2023	This is in place. The Board owns the Care Governance Strategy, drives the associated improvements and reviews the strategy and the domains beneath it.	
		Develop a Sheffield Joint Health And Social Care Wellbeing Outcomes Framework.	April 2022 to March 2023	Care, health and housing colleagues have developed approaches to improve outcomes and tackle inequalities , co-develop a city wide outcomes framework and delivery plan so that we can jointly measure the impact of what we are doing and deliver joined up supports so that people only need to tell their story once.	

COMMITMENT FOUR B

Make sure support is led by 'what matters to you', with helpful information and easier to understand steps.

What would make a difference?	How will we know we've made a difference?	What are we delivering now?	Timeframe for delivery	Comments	Delivery Progress RAG
We will make sure everyone can be involved as an equal partner in designing the support and services they receive across the whole system.	<ul style="list-style-type: none"> ■ I am listened to and heard and treated like I am an individual. ■ I am seen as someone who has something to give, with abilities, not disabilities. I get support to help myself. 	Design and implement a new adult social care Practice Learning and Development Framework, aligned to best practice standards, quality standards and performance framework.	April 2022 to March 2025	The Framework for 2022/23 has been developed following consultation with workforce. The Framework will be reviewed and updated in 2023	
		Increase workforce training about the benefits of, and access to direct payments, so that people can have more control over their care provision.	April 2022 to March 2025	64 people have attended Direct Payment induction sessions so far and these continue to run each month. A range of other sessions are planned for the next 2 years	

COMMITMENT FIVE

Recognise and value unpaid carers and the social care workforce and the contribution they make to our city.

What would make a difference?	How will we know we've made a difference?	What are we delivering now?	Timeframe for delivery	Comments	Delivery Progress RAG
<p>We will develop and deliver a Sheffield Workforce Strategy for the whole system, focussing on equality, diversity, and inclusion.</p>	<p>■ I deal with people I know and trust that are well-trained and love their job and can make decisions with me.</p>	<p>Co-develop a Sheffield Workforce Strategy which empowers and values our adult social care workforce, is representative of our diverse communities and sets out how we will improve recruitment, retention and implement the Foundation Living Wage for all social care workers in the city.</p>	<p>April 2022 to March 2023</p>	<p>The Workforce Strategy is due to taken to the AHSC Policy Committee in March 2023. The Recruitment Campaign and cross sector recruitment website has been launched</p>	<p></p>
		<p>Implement an adult social care Workforce Engagement Board to drive collaboration, quality and improvement across social care.</p>	<p>April 2022 to March 2024</p>	<p>The Workforce Board was established in July 2022. The board is co-chaired by the workforce lead from South Yorkshire Integrated Care Board and Locality Manager from Skills for Care.</p>	<p></p>
		<p>Transfer carer responsibilities from Sheffield Health and Social Care Trust to the Carers Centre.</p>	<p>April 2022 to March 2023</p>	<p>This is due to happen on 3 April 2023. The Mental Health Update Sept 22 shows how this fits in the context of wider change.</p>	<p></p>
<p>We will embed a clear support offer and structure for all carers.</p>	<p>■ I am resilient and have good mental health and wellbeing. ■ I have balance in my life, for example between being a parent, friend, partner, employee, student.</p>	<p>Develop a Joint Health and Care Plan for supporting unpaid carers in the city in partnership with the Carers Partnership Board.</p>	<p>April 2022 to March 2024</p>	<p>The Carers Delivery Plan was approved by AHSC Committee (12/2022). The Carers Strategy Implementation Group is in place and this group will help develop and oversee the Carers Delivery Plan</p>	<p></p>
		<p>Monitor and continuously improve the carer support service that started in January 2022 in partnership with Carers Centre and unpaid carers.</p>	<p>April 2022 to March 2026</p>	<p>Sheffield City Council monitors the contract with the carers centre on a monthly basis where opportunities for continuous improvement are identified and progressed</p>	<p></p>
		<p>Promote carer's assessments by improving our whole family approach to assessing and supporting carers including referring more carers from adult social care to the Sheffield Carers Centre.</p>	<p>April 2022 to March 2026</p>	<p>In April 2022 the Carers Operational Group was started. The group oversees and improves the number of carers referred from ASC to the Carers Centre. The impact of this is an over 40% increase in referrals to the carers centre when comparing 2021 to 2022.</p>	<p></p>

		Identify more young carers when assessing adults with care and support needs and implement a new process and guidance.	April 2022 to March 2026	The process and guidance has been launched on how to add young carers to our register. Further work needs doing to increase the number of young carers identified.	

COMMITMENT SIX

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

What would make a difference?	How will we know we've made a difference?	What are we delivering now?	Timeframe for delivery	Comments	Delivery Progress RAG
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.	<ul style="list-style-type: none"> I only tell my story once. The system is easy to navigate. 	Develop practice standards that include best practice for reviews and focus on building on the individual's strengths and assets.	April 2022 to March 2023	Guidance has been shared and in and we are now on an improving trajectory towards a target of 75% of people in receipt of long term support for more than 12 months have had a review in 12 months by June 2023.	
We will embed open and transparent decision making alongside plans and priorities for adult social care, designed and developed with the people of Sheffield.	<ul style="list-style-type: none"> I am listened to and heard. 	Develop a co-production and engagement approach and strategy for adult social care.	April 2022 to March 2024	The Co-production and Engagement update was approved by the AHSC Policy Committee in December 2022.	
		Set up an adult social care Strategic Board and link to other boards to co-develop priorities with partners.	April 2022 to March 2023	This has been in place since February 2022 and meets every 3 months	
		Expand ongoing engagement and co-production mechanisms with existing and new networks. Ensure our involvement work is regularly reviewed through our governance structures.	April 2022 to March 2024	AHSC Policy Committee approved the Co-production and Engagement Strategic Delivery Plan in December 2022.	
		Continue close working between adult social care services and the new Integrated Care Board health structures to ensure continuation of positive relationships and shared services.	April 2022 to March 2023	We have worked in a joined-up way with health, voluntary sector, and housing colleagues to improve outcomes and tackle inequalities , co-develop a city wide outcomes framework and delivery plan and use the Better Care Fund (Doc 29) , Better Care Fund Plan 2022 - 2023	
		Refresh the Adult Social Care Strategy Delivery Plan annually.	April 2023 to March 2030	This document is the first iteration of this work	

About this document

Strategy Delivery Plan – Review of 2022/23.


Sheffield's Adult Social Care Strategy Delivery Plan v5 was approved by the Adult Health and Social Care Policy Committee on 15th June 2022.

Available in different formats and languages. Contact us about this. Sheffield City Council Strategy and Commissioning Service. Telephone (0114) 273 4119. Email information@sheffield.gov.uk.

For more information about adult social care visit our website www.sheffield.gov.uk.

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COUNCIL DELIVERY PLAN – ADULT SOCIAL CARE UPDATE

	Urgent Performance Challenge: Adult Health and Social Care				
Performance picture	Baseline July 2022	Current	Target by June 2023	Direction of travel	Update
Proportion of ASC users who have had an annual review	44% (July 22)	58% (Feb 23)	75%		
ASC timescales median no. of days to determine if support needed	34 days (July 22)	27 days (Feb 23)	28		
ASC timescales median no. of days to put support in place	14 days (July 22)	9 days (Feb 23)	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)	264.89 (2021/22 Mean for Core Cities)		
Sickness absence: % time lost due to sickness - last 12 months	7.5% (12 months to end June 22)	6.9% (12 months to end Jan 23)	<6% across service		
% of Regulated Care - Care Homes - rated good or outstanding	89%	86% (Feb 23)	Y&H Q1 22/23: Care homes 77%		
% of Regulated Care - Homecare - rated good or outstanding	79%	75% (Feb 23)	Y&H Q1 22/23: Homecare 84%		
% Safeguarding Adults Outcomes Met: % expressed outcomes fully met (S42 enquiries)	66% (Q1 22/23)	59% (Feb 23)	64% (Y&H Q1 22/23 average)		
% Safeguarding Adults Outcomes Met: % expressed outcomes partially or fully met (S42 enquiries)	95% (Q1 22/23)	97% (Feb 23)	93% (Y&H Q1 22/23 average)		
Safeguarding Adults Impact on Risk: % risk removed or reduced (S42 enquiries)	91% (Q1 22/23)	93% (Feb 23)	93% (Y&H Q1 22/23 average)		
Overall satisfaction of carers with social services: % Extremely or very satisfied	35% (21/22)	Biennial Survey - next results available May 24	39% (National Average)		

COUNCIL DELIVERY PLAN – ADULT SOCIAL CARE UPDATE

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 provides 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.

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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 and went live on February 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 approved at Committee on February 2023.	
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 was approved at Committee on 19/12/2022.	

COUNCIL DELIVERY PLAN – ADULT SOCIAL CARE UPDATE

4	Deliver a Sheffield Adult Social Care Workforce Strategy	Chief Social Work Officer	April 23	A workforce strategy has been brought to Committee in March 2023 for approval. A workforce board has been developed to enable implementation of the strategy.	
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 plan to stabilise and develop residential care was approved on 8 th February 2023. 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 improve experiences and supports to unpaid carers in the City.	Chief Social Work Officer and Service Manager Commissioning	Feb 23	The Delivery Plan was approved at Committee on 19/12/2022. A series of events and 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 was approved 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	

COUNCIL DELIVERY PLAN – ADULT SOCIAL CARE UPDATE

				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. He programme is on track for delivery by June 23.	
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 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 recommission 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</p>	

COUNCIL DELIVERY PLAN – ADULT SOCIAL CARE UPDATE

				standards and monitor quality across all provision in the City.	
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Adult Social Care Future Design Update

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February 2023

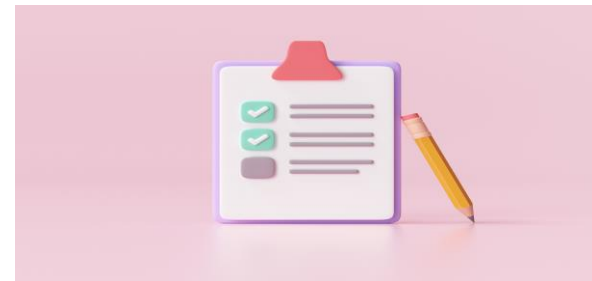


Why do we need a new model?

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Unprecedented challenges – demographics, recruitment & retention, cost of living, financial and new legislation

Great workforce across the system who need effective, sustainable system that works with people, families, carers and communities



- Feedback
- Benchmark
- Demand
- Strategic review
- Self assessments

High Level Aims

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Deliver on Adult Care Strategy, vision, outcomes and commitments



Improve our impact on people, carers and their outcomes



Establish a more sustainable social care market



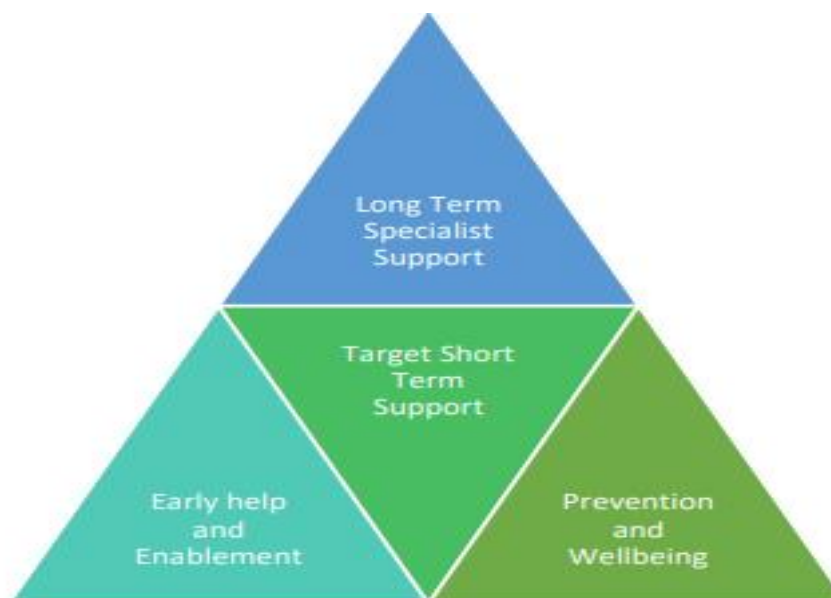
Improve our workforce offer



Establish long term financial sustainability

The New Model

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Key features of the new model

- **Access, Mental Health and Wellbeing** – which supports people new to adult social care, vulnerable adults, those with safeguarding needs, and those with mental health needs. As part of the new service, a multi-agency safeguarding hub (MASH) is under development.
- **Living and Ageing Well** - includes older adults and people with dementia and those accessing occupational therapy, hospital support, and enablement services. Community teams, homecare, residential services will be aligned to Primary Care Network (PCN) boundaries and community connected to enable joined up supports so that people can live the life they want to live.
- **Adults Future Options** - focused around promoting and enabling adults to live as independently as possible and be connected to their own communities. Aligned to commissioned services model and closer integrated working with health and other partners.

Customer Journey -what will feel different?

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- ✓ New Early Intervention & Prevention offer
- ✓ New & significantly improved online offer
- ✓ Better signposting to universal help available, including financial help
- ✓ Better links with other professionals, eg VCF, Housing, Community Support

- ✓ Improved hospital discharge route
- ✓ More consistency of contact
- ✓ Online financial assessment
- ✓ Better use of tech & equipment

- ✓ Specialist teams, with more consistency of contact for person
- ✓ Closer links with health colleagues
- ✓ Bigger role for providers
- ✓ Online account with care info

Where are we now?

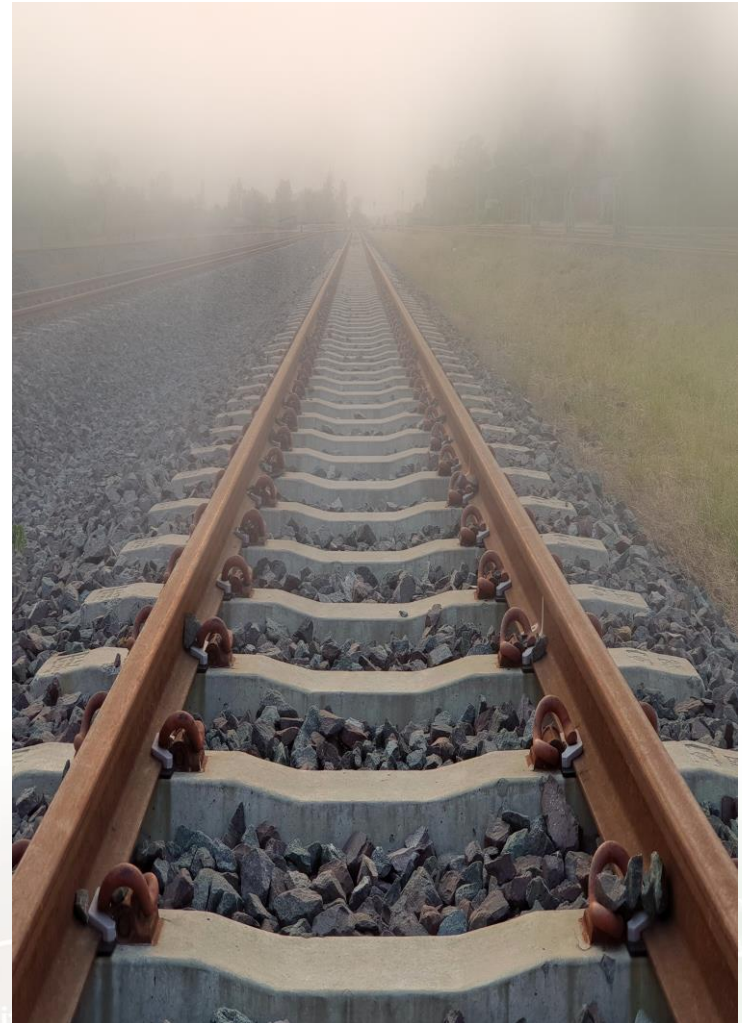
- Leadership Structure in place and new teams went live at the end of Feb 23.
- Sheffield Directory launched.
- Staff progression pathways in place
- Customers moving to appropriate teams
- Leadership Development
- Partnership engagement in the new model



Where next?

- Implement, embed, learn and continuous improvement.
- Solving known problems
- Partnership working and early intervention and prevention.
- Integrating other parts of the operating model
 - Homecare
 - Strategic review of Care Homes
 - Adults with disabilities framework
 - Mental Health framework
 - Workforce Strategy
 - And many more from ASC strategy delivery plan

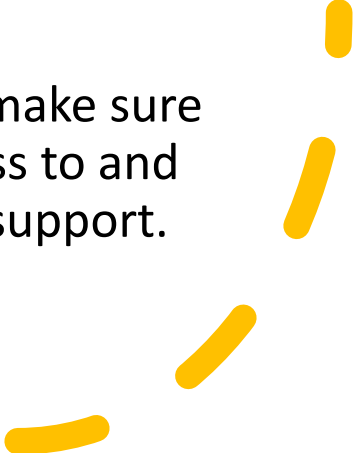
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Adult Social Care Values

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Person Centred Strengths Based

- We view everyone as unique individuals who have strengths, **assets**, skills, and talents.
 - We avoid trying to fit people into a range of inflexible services. Instead, we focus on their strengths, assets, and the **outcomes** they want to achieve.
 - We listen to what matters to each person we work with, making sure they have an equal voice in their care and support.
 - We remove barriers so that people can engage and connect with what matters to them, including delivering support more locally.
 - We tackle inequality, working to make sure that everyone has the same access to and experience of excellent care and support.
- 

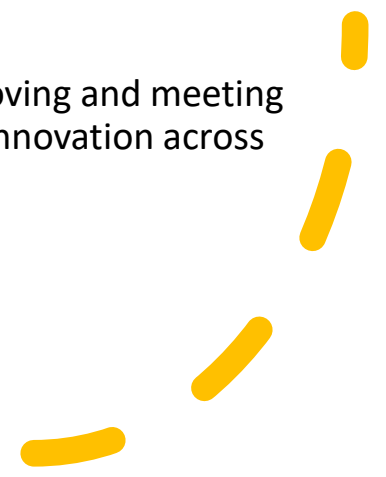
Collaborative and Empowering

- We communicate openly — sharing information and listening to others.
 - We make sure everyone can make informed decisions about their support and maintain an active role in their community.
 - We collaborate with people and communities to make sure we're working together effectively, and we are committed to developing more ways to share power.
 - We continue to support effective integration, particularly across health and social care, but also across the system.
 - We support everyone who works to deliver adult social care to be knowledgeable, informed, innovative, and creative in their work.
- 

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Compliance and Best Value

- Everything we provide and choose to fund is based on a standard of safe, effective, and quality services for all.
- We focus on people's experiences, continuing what works and fixing what doesn't.
- Our decision making is clear, **transparent**, and **inclusive** (meaning everyone is involved). Decisions are made with the people they affect and as locally as possible.
- Important Human Rights principles of dignity, fairness, respect, and equality will be at the centre of all we do.
- We fully promote creativity about how people are supported — and use our funds to innovate and provide support that works.
- We take impacts on the environment into account and contribute to the city's sustainability goals.
- We promote best practice, commit to improving and meeting standards, and encourage evidence-based innovation across all parts of adult social care.



Adult Care Strategy Delivery Programme – Period to Jan 2024

January 2022 July 2022 January 2023 July 2023 January 2024

Operating model
Care provision
Quality & perf



Key: Design Commercial Implement Embed



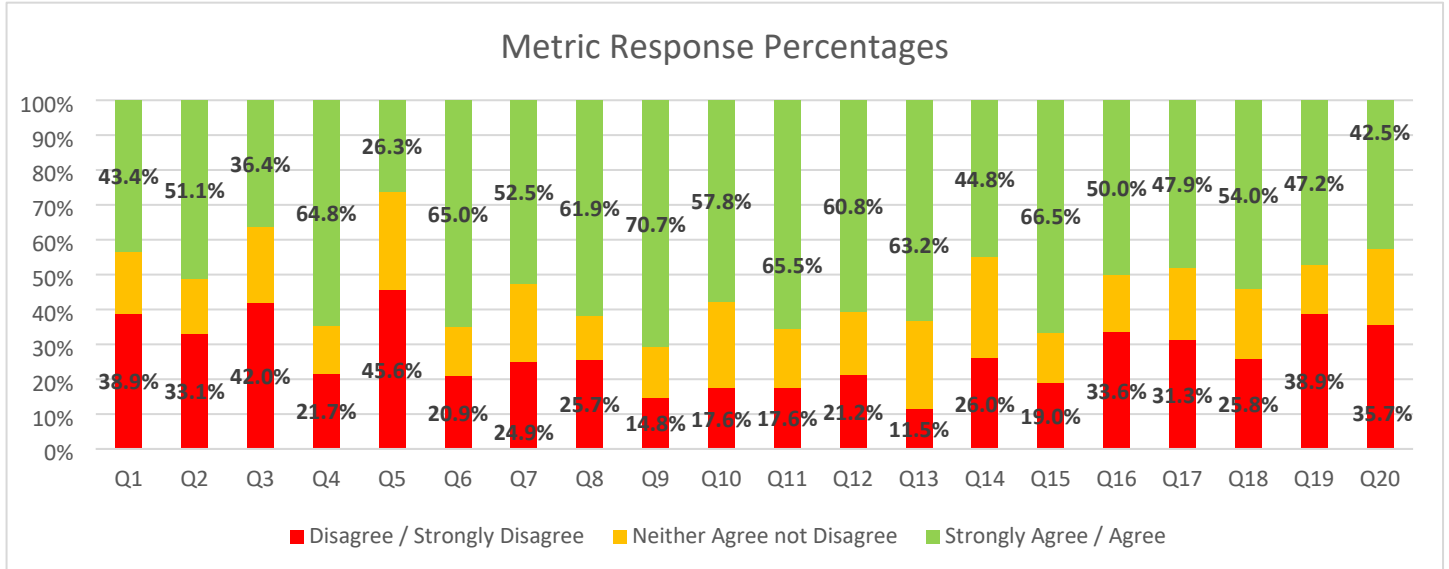
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I Statement Survey Analysis

273 questionnaires of the 2000 sent were returned completed, giving a return rate of 13.7%. This is a reasonably good return rate for an unsolicited survey, and sufficient sample size to draw conclusions.

Of this 93.4% of questions were answered with a strongly agree to strong disagree response. To allow for the figures to be used as future metrics all of the following percentages are based on these responses only, excluding Not Applicable and Not Answered

Strongly Agree and Agree have been used as agreed to the statement with Disagree and Strongly disagree as disagreed



On average across all 20, 'I Statements', 53.6% agreed with them and 27.3% disagreed with them. With the remaining 19.1% neither agreed nor disagreed.

For the following statements 65% or more agreed. With the highest being Q9 with 70.7% either Strongly Agreeing or Agreeing.

Question No.	Question	Strongly Agree / Agree
9	I know that I have some control over my life and that I will be treated with respect.	70.7%
15	I am listened to and heard and treated as an individual.	66.5%
11	I can make a choice on whether I move into a care home, and where and with whom I live.	65.5%
6	I have a conversation with someone who understands me.	65.0%

In contrast over 35% disagreed on all the following statements, with over 40% disagreeing to Q3 & Q5.

Question No.	Question	Disagree / Strongly Disagree
5	The system is easy to navigate.	45.6%
3	I know what services are available and can make informed decisions.	42.0%
19	I can manage money easily and use it flexibly.	38.9%
1	I know what services and opportunities are available in my area.	38.9%
20	I can have fun, be active, and be healthy.	35.7%

This suggests people have difficulty finding information about how to access social care services, but once contact is made then it is a much more positive experience.

19.1% of all responses were 'neither agree nor disagree', however, over 25% answered like this for the following questions:

Question No.	Question	Neither Agree not Disagree
14	I only tell my story once unless there are changes to 'what matters to me'.	29.2%
5	The system is easy to navigate.	28.2%
13	We start with a positive conversation, whatever my age.	25.3%

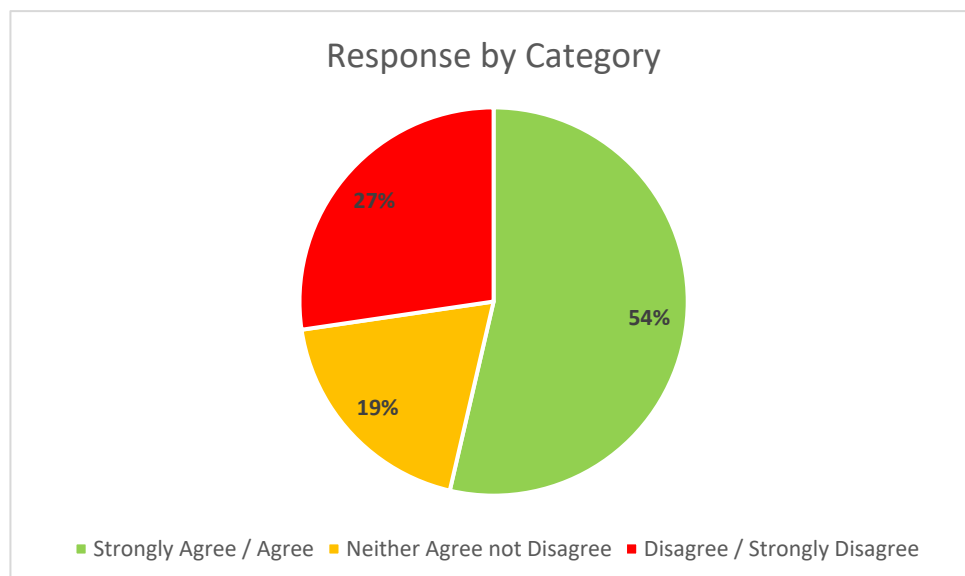
For Q5 along with the 45.6% who disagreed the system was easy navigate makes up 73.8% of the responses for this question.

Q14 suggestions people are unsure who or how many people they do or should deal with.

20.5% either found Q17 - I have balance in my life, between being a parent, friend, partner, carer, employee, not applicable or did not answer. And 12.82% for Q11 - I can make a choice on whether I move into a care home, and where and with whom I live. However, both questions are very situation specific, so this does not feel out of place.

50% or more of people agreed with 13 of the 20 statements. Whilst 25% or more disagreed with 11 of the 20 statements.

Overall, 72.7% of responses were either agreed with of neither agreed nor disagreed with. 27.3% having a negative experience opinion.



Response per Question and Metrics

Question No.	Question	Strongly Agree / Agree	Neither Agree not Disagree	Disagree / Strongly Disagree
1	I know what services and opportunities are available in my area.	43.4%	17.7%	38.9%
2	I know where to go and get help.	51.1%	15.8%	33.1%
3	I know what services are available and can make informed decisions.	36.4%	21.6%	42.0%
4	I am confident to engage with friends/support services.	64.8%	13.5%	21.7%
5	The system is easy to navigate.	26.3%	28.2%	45.6%
6	I have a conversation with someone who understands me.	65.0%	14.2%	20.9%
7	When I need support, it looks at my whole situation, not just the one that might be an issue at the time.	52.5%	22.6%	24.9%
8	I deal with people I know and trust that are well-trained and love their job, respect my expertise, and can make decisions with me.	61.9%	12.5%	25.7%
9	I know that I have some control over my life and that I will be treated with respect.	70.7%	14.4%	14.8%
10	I am seen as someone who has something to give, with abilities, not disabilities. I get support to help myself.	57.8%	24.6%	17.6%
11	I can make a choice on whether I move into a care home, and where and with whom I live.	65.5%	16.8%	17.6%
12	I know that I have control over my life, which includes planning ahead	60.8%	18.0%	21.2%
13	We start with a positive conversation, whatever my age.	63.2%	25.3%	11.5%
14	I only tell my story once unless there are changes to 'what matters to me'.	44.8%	29.2%	26.0%
15	I am listened to and heard and treated as an individual.	66.5%	14.4%	19.0%
16	I am resilient and have good mental health and wellbeing.	50.0%	16.4%	33.6%
17	I have balance in my life, between being a parent, friend, partner, carer, employee.	47.9%	20.7%	31.3%
18	I feel that I have a purpose.	54.0%	20.2%	25.8%
19	I can manage money easily and use it flexibly.	47.2%	13.9%	38.9%
20	I can have fun, be active, and be healthy.	42.5%	21.8%	35.7%

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Report to Policy Committee

Author/Lead Officer of Report: Andrew Wheawall, Assistant Director Adult Future Options; Christine Anderson, Strategic Commissioning Manager

Report of: Strategic Director of Adult Care and Wellbeing.

Report to: Adult Health and social Care Committee

Date of Decision: 16th March 2023

Subject: Adult Future Options and Alders Position Statement

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 checked="" 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 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 report outlines the Adult Future Options Strategic Delivery Priorities. It describes the vision, the steps that we have already been taken to implement our city-wide Adult Future Options service and the measures proposed to continue to embed and deliver our strategic vision for adults with a learning disability and a disability in our city.

It also sets out our progress in implementing Alders best practice guidance and our milestones to delivering an all age Strategy for people with a learning disability.

Recommendations:

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

1. Endorses the direction of travel, including the priorities and closer joint working with partners across the City.
2. Approves the Alders Position Statement.
3. Requests that the Director of Adult Health and Social Care provides the Committee with updates on the progress and outcomes of this delivery strategy on a 6 monthly basis.

Background Papers:

Appendix 1: Alders Position Statement

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: Laura Foster
		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:	<i>Councillor George Lindars-Hammond. Councillor Angela Argenzio, Councillor Steve Ayers.</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: Andrew Wheawall	Job Title: Assistant Director Adult Future Options.
	Date: 16 th February 2023	

1. PROPOSAL

1.1 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.

1.2 Through the future design of Adult Care, an Adult Future Options service was established to provide a dedicated focus on enabling working age Autistic Adults, people with a learning disability, a physical disability and/ or sensory impairment to live the life they want to live. After a restructure of Adult Care, the Service went live on 27th February 2023.

1.3 The service brings together several previously separate functions into one portfolio so that a strategic and operational coordinated, holistic, and joined up approach can be undertaken across care services for the benefit of people with a disability, their family members and carers and our communities.

1.4 An Overview of Adult Future Options

1.4.1 It has an overall budget of £116.5m and a staff group of 345 people. This Service supports 2,600 approximately people on a long-term basis. A brief description: -

- Social work assessment and care management functions across the community, residential care homes, supported living schemes and hospital settings.
- Commissioned and Council provision of services, enablement, residential care, and day activities.
- Strategic leadership of all commissioning activity relating to Adults with a Disability (Learning and Physical), Autism, Transitions Services, Sensory Impairments, Continuing Health Care, Direct Payments, Shared Lives, Short Breaks and Day Services.

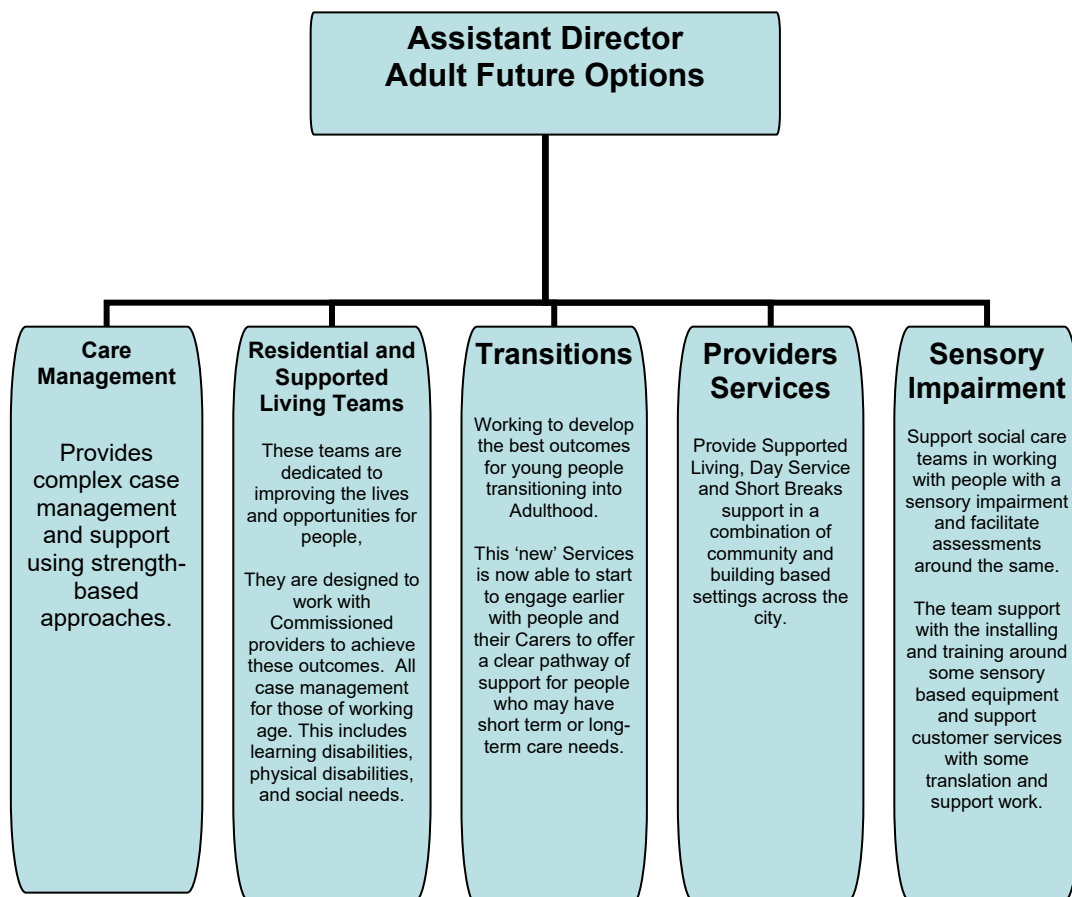
1.4.2 The commitments and outcomes outlined in the [Adult Care Strategy](#) have been used as the guiding principles, for developing the Living and Ageing well service and design. They show how we'll achieve individual's outcomes and highlight what we want to do better for citizens of Sheffield.

1.4.3 Through working in partnership with the people and communities we serve, our workforce, unions, and partners across the city, valuing and empowering our workforce and maintaining a focus on enablement and strength-based practice, it's aimed that we make a fundamental long-term strategic shift and transformational towards enabling:

- Meaningful coproduction with individuals and carers, so that individuals and carers drive change and planning, aligned to our commitment to coproduction.

- Greater opportunities for individuals and carers choice and control over support, aligned to our Direct Payments Strategy.
- Individuals to live well and as independently as possible in their own home and in communities that connect, care and are inclusive.
- Earlier intervention and prevention, particularly around admissions avoidance, falls reduction, reducing need for long term support and timely discharge from hospital.
- Meaningful integrated working with health, voluntary sector, and communities so that individuals experience joined up supports and only tell their story once.

1.4.4 To support this, as part of implementation of the future design, Adult Future Options portfolio is now structured in the following service areas:



1.4.5 Adult Future Options are developing our close working relationships with our health colleagues, particularly community learning disability teams and primary care networks. In addition, the service will aim to connect with communities and work with voluntary sector, faith groups and providers to support Adults with a disability, particularly those seldom heard from, living in our communities to feel connected and able to live the life they want to live.

1.4.6 The teams will support, and lead delivery of the working age adult's day activities, supported living and respite framework approved at Committee developing a collaborative approach with providers to enable joined up working around people and carers.

- 1.4.7 The service will also work with colleagues to look at housing with support as part of transformation of our residential offer, including our ambition to return people to Sheffield. It will also lead our improvement in our transitions and continuing healthcare offer, particularly in partnership with colleagues across health and children services.
- 1.4.8 Safeguarding is everyone’s responsibility, and all our teams will fulfil our duties under the 2014 Care Act. Aligned to the safeguarding delivery plan this new structure brings greater alignment and coordination between Council and Commissioned provision and with that greater oversight and ability to consider earlier indicators of concern.
- 1.4.9 In addition, all parts of the service will build upon our early intervention and prevention offer, described in the early intervention and prevention report to Committee today as well as enable individuals to prevent admission to hospital and return home from hospital when well.
- 1.4.10 The next phase of Adult Future Options is to embed these new ways of working at the planned timescales below and to take a learning approach working in partnership with individuals, carers, our workforce, and partners so that we continue to develop the service. We will, in particular, focus on how we are delivering improved outcomes and experiences for people with a learning disability, sensory impairment, adults with a disability building a culture of continuous improvement and learning to do that.
- 1.4.11 As the service continues to grow and flourish, it’s our aim that we become seen a model of best practice and innovation across England so that we can be confident that we are delivering very best outcomes for people.

1.5 Delivery on Outcomes

- 1.5.1 It’s our ambition to enable people to live the life they want to live, to have positive experiences of social care and deliver improved wellbeing outcomes and experiences of individual’s and carers who we support directly and through our commissioned services.
- 1.5.2 The I Statement’s we intend to deliver upon and be measured by are those co-developed through our Strategy and measured by CQC, which are:

I Statements
Adult social care services and activities in your area
I know what services and opportunities are available in my area.
I know where to go and get help.
I know what services are available and can make informed decisions.
I am confident to engage with friends/support services.
The system is easy to navigate
The contact you have with adult social care workers and services
I have a conversation with someone who understands me.
When I need support, it looks at my whole situation, not just the one that might be an issue at the time.

I deal with people I know and trust that are well-trained and love their job, respect my expertise, and can make decisions with me.
I know that I have some control over my life and that I will be treated with respect
I am seen as someone who has something to give, with abilities, not disabilities. I get support to help myself.
I can make a choice on whether I move into a care home, and where and with whom I live.
I know that I have control over my life, which includes planning ahead
We start with a positive conversation, whatever my age
I only tell my story once unless there are changes to 'what matters to me'.
I am listened to and heard and treated as an individual.
All about you
I am resilient and have good mental health and wellbeing.
I have balance in my life, between being a parent, friend, partner, carer, employee.
I feel that I have a purpose.
I can manage money easily and use it flexibly.
I can have fun, be active, and be healthy.

1.5.3 Over the past 2 years, we have made significant strides establishing the conditions and working environment for delivering improved experiences and outcomes for individual's by improving our offer. The improvements are set out in the Strategy update to Committee today and our approach to supporting our workforce as an enabler is also set out in the Workforce strategy today.

1.5.4 As part of our commitment to deliver on positive experiences and outcomes for all Adults we aim to embed continuous development, learning and improvement by embedding the I and quality statements and practice standards across all teams. We will also be introducing regular feedback from individuals, carers, communities, members, and partners and working in partnership with our workforce so that our workforce across council and commissioned services feel engaged and empowered to deliver excellent quality support.

1.6 Alder's Position Statement

1.6.1 The purpose of this part of the report is to update the Adult Health and Social Care Policy Committee on the progress that Adult Social Care has achieved over the past 12 months in relation to the Alders Report for ADASS, attached at Appendix 1

1.6.2 The report summarises the achievements made and the activities the Council plans to carry out to ensure we are aligning with the Supporting Adults with a Learning Disability to have better lives framework.

1.6.3 The report describes our achievements and planned activities in alignment with the Supporting Adults with a Learning Disability to have better lives framework elements:

- Inclusion
- Equal Access
- Person Centred Planning and Support
- Safeguarding
- Sustainable Models of Support
- Progression

1.6.4 Alders includes a benchmarking summary – the number of people with a learning disability receiving long term support at the end of 21/22 per 100,000 18-64 population, and the costs of their support. The highlights of the benchmarking summary are as follows:

- Sheffield supports a similar number of people per population to other local authorities.
- Sheffield has a slightly lower proportion of people supported in care homes than most other local authorities, and lower than the Yorkshire & Humberside average.
- The number of people receiving long term support in Sheffield dipped slightly in 20/21 due to the pandemic but increased back to 19/20 levels in 21/22.

1.6.5 As a key next step, the Alders report and framework will be used to inform the Learning Disability Strategy further development and further development of the Future Options Service.

1.7 Delivery Planning and Priorities for 2023 to 2025

1.7.1 As a next step, during 23/24 its intended to undertake key projects to continue to improve and build a sustainable system of working, reach our ambitions, and achieve positive experiences and outcomes for all Adults. The milestones are summarised below and it's planned to bring a plan on page as part of endorsement of an overall Directorate plan to Committee in June for approval.

1.7.2 The Milestones are:

Milestone Date	Actions
By June 2023	CHC We will have established an approach and Continuing Health Care Teams implementation plan including how we work with the ICB.
By July 2023	Transitions We will have established an approach on how we work

	<p>closer with our Children’s Service to ‘merge’ our Transition Team with their Preparation for Adults Team. This will give us a consistent approach for people going through the transition from Children to Adulthood. It will be supported by a singular approach to Commissioning the appropriate services that need to be delivered, as well as delivering Person Centred Outcomes.</p>
By September 2023	<p>Strategy We will have established an all-age Learning Disability Strategy and Delivery Plan, co-produced and taken forward with Adults with a Learning Disability.</p>
By September 2023	<p>Enablement We will have established an approach on how we support people with Ongoing Care Needs, this is to ensure that we do not miss any opportunity to meet outcomes and offer a more fulfilling and meaningful life. This approach will be supported by Assistive Technology, Occupational Therapy, Carers support, prevention workers, Lifelong Learning opportunities and Housing and Accommodation.</p>
By December 2023	<p>Housing and Accommodation We have established an approach and implementation plan with Housing, Regional NHS, and the independent sector about planning the accommodation needs for today and for the next ten years plus.</p>
By December 2023	<p>Reviews Assessments and reviews are completed using a strength-based and outcomes led approach and working collaboratively to involve providers in reviews. Feedback, surveys, and business improvement plans embedded in service so that this informs focus and continued improvement.</p>
By April 2024	<p>Leadership Staff and Stakeholders are and feel confident about the support, leadership and plans in place. We are forming relationships through a Mentoring Approach with other Senior Managers across South Yorkshire, this is to be used as a ‘supportive relationship’ allowing our development to be noted.</p>
By April 2024	<p>Continuous improvement Quality assurance, policies and audit processes and delivery on improvements identified are embedded and evidenced throughout all levels of the service and publicly available.</p>

By April 2024	<p>Culture A working culture of ongoing learning and development throughout the service with informal and formal opportunities. We believe that the investment in our workforce is vital for the success of our delivery for the people of Sheffield.</p> <p>This work has already commenced with the delivery of a training module that runs every week for all the Staff in Adult Future Options. The delivery is vital if we are to improve our Services and to ensure that we have staff that are armed appropriately in their efforts to deliver the best for the people of Sheffield. Supporting this approach are our partners in Health and Housing as well as all Services with Adult Social Care.</p>
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2. HOW DOES THIS DECISION CONTRIBUTE?

2.1 This proposal supports the delivery of the Council's 6 commitments. Of note it meets the Commitments 1,3 and 6 ASC outcome/s that are set out in the ASC Care Governance Strategy in several ways: -

Safe and well – We are providing ways to ensure that people are safe in communities and free from the risk of discrimination, hate crime and abuse through co-developing a Multi-Agency Safeguarding Hub, implementing our Safeguarding Delivery Plan, delivering our Changing Futures Programme and developing our approach to Domestic Abuse.

Active and independent – We are ensuring that people have the same chances and access to social and leisure opportunities or have access to housing, jobs, health, and transport. This is achieved by person centred and outcomes focussed support planning and support provision.

Connected and engaged – People with a learning disability are supported to have good lives in their communities and treated with respect. We are listening to people from all sections of the community and involving them in co-production.

Aspire and achieve – We are making improvements to the support people get in their transitions into adulthood, so that more people can live well & independently in their own communities, find work, higher education, or other opportunities. Care and support plans are based on the person's strengths and needs and involve the person at the heart, and their families/carers.

Efficient and effective – We are developing the right type of support together with people who will use it and offering a choice of services to enable us to create flexible options of support - making sure support is right and lasts as long as it's needed.

3. HAS THERE BEEN ANY CONSULTATION?

- 3.1 We have recently commissioned Sheffield Voices (part of Disability Sheffield), a local peer advocacy organisation to support us to develop specialist engagement and co-production practice in learning disability social care.
- 3.2 The 'Chance to Choose' project engaged with over 500 people with a learning disability and family carers leading to co-production to support the design of the new Adults Future Options Framework. This Framework will act as an enabler for future improvements in Supporting Adults with a Learning Disability to have better lives.
- 3.3 The engagement and co-production is ongoing via the 'We Speak, You Listen' forum. Members from this group will hold elections for the Learning Disability Partnership Board. The intention is that we will continue to engage with the Board and sub-groups, to produce the Learning Disability Strategy and Delivery Plan.

4. RISK ANALYSIS AND IMPLICATIONS OF THE DECISION

4.1 Equality Implications

4.1.1 As a Public Authority, we have legal requirements under the Equality Act 2010, collectively referred to as the 'general duties to promote equality'. Section 149(1) contains the Public Sector Equality Duty, under which Page 124 Page 11 of 14 6.1.2 public authorities must, in the exercise of their functions, have due regard to the need to:

- eliminate discrimination, harassment, victimisation, and any other conduct that is connected to protected characteristics and prohibited by or under this Act.
- advance equality of opportunity between those who share a relevant protected characteristic and those who do not.
- foster good relations between those who share a relevant protected characteristic and those who do not.

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

4.2 Financial and Commercial Implications

4.2.1 There are no direct financial implications of this report.

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

4.3.3 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".

4.3.4 This report evidences the continuing strategy to ensure these obligations are met within the Adult Future Options Service.

4.4 Climate Implications

4.4.1 The Adult Social Care Strategy and Delivery Plan 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 Elements of the Strategy Delivery Plan with a significant climate impact, have and will continue to complete a detailed climate impact assessment to inform plans and decision making. The elements with the most significant climate impact to date are linked below and information can be seen in Climate Impact Sections of those reports:

- Supported living, day services and respite care for working age adults
- Approval of new technology enabled care contract extension and strategy
- Adults Health and Social Care Digital Strategy
- Transforming Care Homes for Citizens of Sheffield
- The Climate Impact Assessment for Recommissioning Homecare Services

4.4.3 It is planned to bring a specific Climate Action Plan to Committee later in 2023. The plan will cover how Climate Impact Assessments are done across the service, what the common themes are, how these can be addressed consistently.

4.5 Other Implications

4.5.1 No other implications identified.

5. ALTERNATIVE OPTIONS CONSIDERED

5.1 The alternative option was not to provide an update to committee.

6. REASONS FOR RECOMMENDATIONS

6.1 An approved direction of travel gives a structured approach to the promotion of delivering on our commitments to adults through the development of the Adult Future Options Service. It will also provide greater accountability and transparency of how will do this.

6.2 Asking for regular updates will keep the Committee, wider stakeholders, and the public the ability to hold the Council to account for progress and provide an additional mechanism to input to future development



Adults Future Options

The below report highlights the progress that Adult Social Care has achieved over the past 12 months in relation to the Alders Report for ADASS. The request from ADASS was to have an overview of need and requirements in order for Local Authorities to support appropriately. The Link to the ADASS report is at the end of this document.

Supporting Adults with a Learning Disability to have better lives framework

The aim of the framework is to help directors of adult social services work with their colleagues and partners to identify how they can improve how they support adults with a learning disability and how they can be assured that the care and support in their area is good value for money.

The vision has six interrelated and overlapping elements.

The six elements are:

Sheffield ASC responses

1. Inclusion

Support people with a learning disability to have good lives in their communities and to be treated with respect.

As a Local Authority and key public institution in Sheffield, it is our ambition to be at the forefront of making our city fair, diverse and inclusive for everyone.

Our approach is to work more closely in communities, with local area committees and communities of interest so that we are community connected and linked into the emerging Future Sheffield transformation programme.

We have recently commissioned Sheffield Voices (part of Disability Sheffield), a local peer advocacy organisation to support us to develop specialist engagement and co-production practice in learning disability social care. The 'Chance to Choose' project engaged with over 500 people with a learning disability and family carers leading to co-production to support the design of the new Adults Future Options Framework. The engagement and co-production is ongoing via 'We Speak, You Listen' forums leading to continual development of learning disability services in Sheffield. Including the involvement of people with lived experience in quality checking.

The provision from the new Framework will be: support within the home; opportunities outside the home and overnight breaks & respite. A key theme for providers on the framework will be ensuring that people who they are supporting are enabled to have a good quality of life and to maximise their wellbeing. Providers will also be expected to enable people to access activities within their local communities.

We are continually developing new housing options for individual with learning disabilities and autism in line with the market position statement developed regionally in 2022. Within this statement there is recognition that additional housing and support resource is needed across the region to support individuals with learning disabilities to remain connected to their local communities in adulthood.

In the statement there is some focus on enabling discharge from and preventing admission to long term mental health hospitals and wards. There is also focus on supporting individuals to step down from and prevent out of city residential placements.

As part of the focus in these areas, we have recently co-developed Highgreave, a bespoke Autism sensory, move on, support living environment that aims to work with individuals of a transition age. The service has the goals of supporting individuals in less restrictive environments, avoiding hospital admission and out of city placements. Another aim of this service is supporting individuals to develop skills and coping mechanisms to enable better integration into the community and promote a move on to lesser specialist environment within a period of 3-5 years.

In line with the values of the market position statement, we also developed Wordsworth View and Buchanan Green, in conjunction with Sheffield City Council Housing. Both projects aim to support individuals with learning disabilities to live alongside the wider community. Wordsworth View is an 8 self-contained flat supported living development aimed at supporting individuals from the Transforming Care programme to leave long stay hospitals and residential environments.

	<p>Buchanan Green has been developed as part of a larger extra care scheme to support 8 older individuals with a learning disability and autism to live alongside other older people in self-contained accommodation.</p>
<p>2. Equal access</p> <p>Have the same chances and access to services as everybody else. For example, being able to go to social and leisure opportunities or have access to housing, jobs, health, and transport.</p>	<p>Our understanding of how the personal characteristics of a person influences access to and experience of Adult Health and Social Care in Sheffield is underdeveloped.</p> <p>Work is underway to develop this intelligence through an analysis of data relating to access; and improved data collection processes for experience / outcomes which will allow the Council to link feedback on experience and outcomes to personal characteristics for the first time.</p> <p>We have a range of transformational change activities taking place right now which will shape adult health and social care in Sheffield for the coming years – changes like the recommissioning of homecare, and of Supported Living, the Care Home strategic review and the implementation of the new operating model. This is a major opportunity to make sure that change is made for the better, that cultural bias or unfairness is not ‘baked in’ to future arrangements and that people receive a consistently high standard of care and support irrespective of their background or personal characteristics. Capacity has been identified within the service to take forward this piece of work at pace to ensure that opportunities for improvement are not missed.</p> <p>Direct Payments enable people to choose very personal bespoke support that fits around the person’s lifestyle and choices, with support to plan in a way that works for them.</p> <p>Direct Payments enable people to buy or access everyday activities and opportunities. People are in control of the things they buy to meet their needs rather than being tied to council contracted services only. Our Personalisation Strategy will focus on developing Individual Service Funds to provide flexibility, choice and control for people that may not have the option of Direct Payments.</p> <p>Our involvement and engagement around market shaping means we are developing a market of alternative support options to improve diversity and choice.</p>

	<p>We are working in partnership with the DWP to deliver a supported employment project over the next 2 years, with the aim of supporting 70 people with a learning disability and/or autism into employment.</p>
<p>3. Person-centred planning and support</p> <p>Care and support plans are based on the person's strengths and needs and involves people, families and carers.</p>	<p>The Future Options Team have led the work on the National Transforming Care Programme, working with a specified cohort of inpatients with a Learning Disability and/or Autism, to support discharges from long stay LD/MH locked or Secure Units. They have very successfully supported other people with complex needs to greater independence by taking a person-centred approach.</p> <p>We are very proud of the support our team has provided to individuals, who have required complex care management, including forensic support, to ensure appropriate and timely discharges, that have supported them to re-enter the community safely and to prevent readmissions to hospital.</p> <p>By joint MDT working with SCCG and SHSC and NHSE, we have ensured that the focus has been about empowering and involving the person at the centre. We have surpassed our local targets, by collaborating, listening, and respecting each other and creating new ways of working. We have 'built the right support' for these individuals and have delivered outcomes that have seen individuals move onto accommodation and support in the least restrictive environment, with increased independence and living 'ordinary lives'.</p> <p>Support planning is being developed to look at the strengths, abilities and opportunities they bring. We take time to explore what people want and try new things, taking advantage of technology and equipment to enable people to be as independent as possible.</p> <p>To complement our person centred and outcomes focused approach, Providers on the new Adults Future Options Framework will be required to work with people to develop their person-centred plans and identify what outcomes each individual wishes to achieve. The providers will work with the individuals and their families, other carers, and advocates as part of this planning.</p>

	<p>As part of the change to the new framework, the approach to how these services are monitored will change. The monitoring will focus on how individuals are supported to achieve their outcomes.</p>
<p>4. Safeguarding</p> <p>Be safe in communities and free from the risk of discrimination, hate crime and abuse.</p>	<p>Sheffield City Council's aim is to achieve effective multiagency outcomes that address risks to wellbeing and safety whether through a safeguarding response or another pathway. We are currently modelling a Multi-Agency Safeguarding Hub (MASH); this will improve joint working and information sharing to include all organisations with accountability and responsibility for decisions and actions to keep people safe. MASH will support early intervention/prevention with adults at risk working in partnership across these organisations.</p> <p>Making Safeguarding Personal has six key principles of safeguarding which will underpin the work of the MASH team. These principles will inform the way that all professionals and staff work with adults by adopting a flexible approach with a focus on which aspects of wellbeing matters most to the adult and considering how identified risk will be mitigated.</p> <p>Strengthening our focus on preventing abuse and safeguarding with our partners and across the Council through co-developing a Multi-Agency Screening Hub, implementing our <u>Safeguarding Delivery Plan</u>, delivering our <u>Changing Futures Programme</u> and developing our approach to <u>Domestic Abuse</u>. Through the <u>Safeguarding Board Partnership</u>, we also commissioned an external review of our arrangements to inform future priorities for the Board – this will be completed by April 2023. The same external reviewer will then complete a review of the Council arrangements between May to October 2023 to inform an update and priorities for our <u>Safeguarding Delivery Plan 2023 – 2025</u> and the development of Council wide <u>Adult Safeguarding Governance and Assurance arrangements</u>.</p>

<p>5. Sustainable models of support</p> <p>Making sure support is right and lasts as long as it's needed.</p>	<p>We are developing the right type of support together with people who will use it and services that offer it enables us to create flexible options of support:</p> <ul style="list-style-type: none"> • Developing support planning techniques that consider strengths and look at short and long-term goals enable good planning. Reviewing at the right time is key. • Setting personal budgets that can be teamed and ladled means that people can buy the right support when its needed and can respond to day-to-day changes. <p>We are working alongside children's social care and the special educational needs department to look at the current approach to transitions and how we can better improve working relationships, service provision and working practices. This will enable us to bridge the gap for individuals transitioning between children's social care or special education needs services to adult social care. This project will lead to more sustainable services, enabling continuity for individuals and carers in the city.</p> <p>We are on the verge of awarding a ten year dynamic framework of providers and services aimed at supporting individual with disabilities in the city. The framework looks to establish services that have previously been spot purchased in the past, replacing a current framework that has come to an end and developing new services as identified through our co-production work mentioned previously. This will support in creating a sustainable, versatile marketplace, giving individuals, carers, social workers, and providers confidence there is a continual investment from social care in the development of disability support services in Sheffield. We have also launched an Enhanced Supported Living Framework, to support people with more complex needs and work with providers to develop bespoke housing options.</p>
<p>6. Progression</p> <p>People with all disabilities have the potential to live life the way they want and get new skills.</p>	<p>Enabling a decisive shift towards promoting independence through developing our use of technology enabled care with key projects such as the Happiness Project, our Equipment and Adaptations Criteria and development of Our Sheffield Directory and Digital Strategy , which will be launched in 2023 along with key projects which</p>

The framework should support services to include everyone, be person-centred, safe, long-lasting and give people the same chances as everyone else.

further embed our use of digital technologies to enable people to live healthy, independent lives and more easily find out about our services, supports on offer and what we do.

- **Practice and Performance Standards** - Practice framework and a continuous improvement culture across all aspects of social care so that we are continually learning to develop excellent services and support to people of Sheffield.
- **Future Design of Adult Social Care** - This includes completing the restructure of long-term social work, the transfer of mental health social work back to the Council and strategically developing multi-disciplinary place-based teams around primary care networks in Sheffield as a key next step for integrated health, care and voluntary sector working in communities across Sheffield and consolidating our approach to early help and prevention with our partners across the city.
- As key enablers to our future design, implementing a future **commissioning and quality improvement model and service** based on best practice, robust Governance and Practice Development Service and use of technology and digital systems.
- **Equalities and Diversity** - Approach to working more closely in communities, local area committees and with communities of interest so that we are community connected and linked into the emerging Future Sheffield transformation programme.
- **New model of safeguarding**, safeguarding assurance and a model for multi-agency working through development of a multi-agency safeguarding hub.
- A new **care and wellbeing at home** model and working age adults' provision as well as stabilising and further developing our care home provision and further developing our approach to admission avoidance and hospital discharge with partners across the City.
- Agree new **workforce strategy** and development framework for the 14,000 ASC sector along with a robust care sector recruitment and marketing campaign planned for February 2023. It will be our focus throughout 2023 to meaningfully value our social care workforce.

	<ul style="list-style-type: none"> • Completing the move to a new information, advice, and guidance platform, and systematically improving content so that citizens can find information easily about us. • Finalising new involvement approach (co-produced) and consolidating our relationships with the voluntary sector so that we achieve best practice. • Good support planning gives people opportunity to consider their goals and aspirations for progression. • Having Direct Payments based against outcomes gives people time to test a range of things / activities out without requiring continuous input or reviews from social care staff. • Personal Budgets through Direct Payments and ISFs are open to all ages so progression through life stages or social care services, i.e. children to adults can run smoother as support can remain more consistent
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ADASS hyper link: [Supporting adults with a learning disability to have better lives framework | Local Government Association](#)

1. Completed By:

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Learning Disabilities Benchmarking Summary – number of people supported and their costs

People receiving long term support at the end of 21/22 per 100,000 18-64 population – LD

Service	Sheffield	Leeds	Liverpool	Nottingham	Birmingham	Newcastle	Bristol	Manchester	Core Cities	CIPFA Group	Y&H	England
Nursing Care	8	3	11	4	3	5	3	3	5	4	3	3
Residential Care	39	46	11	87	68	29	67	29	48	43	58	60
Community	336	308	389	275	225	378	236	241	288	334	313	304
Total	383	357	411	367	296	412	307	272	341	381	374	367

- Sheffield supports a similar number of people per population to other LAs.
- Sheffield has a slightly lower proportion of people supported in care homes than others (apart from the CIPFA group which is very similar).

People receiving long term support at the end of each financial year in per 100,000 18-64 population – LD

Service	21/22	20/21	19/20
Nursing	8	11	11
Residential	39	37	38
Community	336	330	337
Total	383	378	385

- The number supported in Sheffield dipped slightly in 20/21 due to the pandemic but increased back to 19/20 levels in 21/22.
- The 3 people reduction per 100,000 population in nursing is 11 people.

Gross expenditure (long term care £000s) in 21/22 per 100,000 18-64 population – LD

Service	Sheffield	Leeds	Liverpool	Nottingham	Birmingham	Newcastle	Bristol	Manchester	Core Cities	CIPFA Group	Y&H	England
Nursing Care	£872	£151	£840	£331	£205	£164	£356	£143	£362	£336	£255	£187
Residential Care	£3,960	£4,451	£2,292	£6,408	£6,112	£2,440	£7,019	£3,074	£4,644	£3,948	£4,581	£5,130
Supported Accommodation	£76	£231	£0	£3	£0	£198	£5,338	£9,866	£1,842	£1,434	£368	£1,021
Community: Supported Living	£4,634	£7,663	£12,105	£4,291	£3,138	£16,282	£2,167	£0	£5,523	£6,442	£5,947	£5,316
Community: Home Care	£246	£387	£123	£165	£1,417	£1,758	£120	£407	£630	£708	£866	£1,121
Community: Direct Payments	£5,237	£825	£58	£978	£1,933	£1,386	£971	£1,159	£1,638	£2,174	£2,536	£2,231
Community: Other long term care	£833	£2,734	£1,422	£1,764	£1,621	£722	£1,051	£2,380	£1,674	£1,574	£1,843	£1,739
Total	£15,858	£16,441	£16,725	£13,940	£14,425	£22,950	£17,022	£17,028	£16,313	£16,614	£16,395	£16,745

- Overall spend per population in Sheffield is generally lower than others.
- Sheffield spends significantly more than others on direct payments. However, some of this may be due to Sheffield using direct payments to purchase support such as supported living which skews the comparisons in this and the other service categories.
- The Supported Accommodation category includes long term placements in: Adult placement schemes (Shared Lives), Hostels, Unstaffed homes, Partially staffed homes or Group homes. There may be recording differences across different LAs.
- Finance systems are not fully aligned to reporting by these categories, so a methodology on apportionment of costs has been applied. Other LAs will also be applying various methodologies and therefore comparisons should be taken as a starting point for further investigation rather than an exact figure.

Gross expenditure (long term care £000s) at the end of each financial year per 100,000 18-64 population – LD

Service	21/22	20/21	19/20
Nursing Care	£872	£985	£414
Residential Care	£3,960	£2,623	£2,395
Supported Accommodation	£76	£73	£84
Community: Supported Living	£4,634	£5,203	£3,622
Community: Home Care	£246	£1,007	£786
Community: Direct Payments	£5,237	£4,491	£4,520
Community: Other long term care	£833	£81	£137
Total	£15,858	£14,462	£11,957

- Spend per population has increased over the last 2 years. This increase has been across most service types.
- The year-on-year increase is bringing Sheffield closer to the England average which was £15,692 in 19/20, £16,158 in 20/21 and £16,745 in 21/22.
- 20/21 spend was artificially increased due to payments to providers linked to the pandemic.
- Finance systems are not fully aligned to reporting by these categories, so a methodology on apportionment of costs has been applied. Apportionment of generic provider payments (such as COVID related payments), accruals etc will therefore affect any trend analysis.