

# **Adult Health and Social Care Policy Committee**

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**Wednesday 15 June 2022 at 10.00 am**

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

**The Press and Public are Welcome to Attend**

## **Membership**

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Councillor Angela Argenzio  
Councillor Martin Phipps  
Councillor Mary Lea  
Councillor George Lindars-  
Hammond  
Councillor Ruth Milsom  
Councillor Abtisam Mohamed  
Councillor Kevin Oxley  
Councillor Steve Ayris  
Councillor Ann Woolhouse

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## PUBLIC ACCESS TO THE MEETING

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The Adult Health and Social Care Policy Committee discusses and takes decisions on Adult Health and Social Care:

- Adult social work, care and support including specialist social work
- Carers
- Occupational therapy, enablement and support for independent living
- Adult safeguarding

Meetings are chaired by the Committees Co-Chairs, Councillors Argenzio and Phipps.

A copy of the agenda and reports is available on the Council's website at [www.sheffield.gov.uk](http://www.sheffield.gov.uk). You may not be allowed to see some reports because they contain confidential information. These items are usually marked \* on the agenda. Members of the public have the right to ask questions or submit petitions to Policy Committee meetings and recording is allowed under the direction of the Chair. Please see the [Council's democracy webpages](#) or contact Democratic Services for further information regarding public questions and petitions and details of the Council's protocol on audio/visual recording and photography at council meetings.

Policy Committee meetings are normally open to the public but sometimes the Committee may have to discuss an item in private. If this happens, you will be asked to leave. Any private items are normally left until last on the agenda.

Meetings of the Policy Committee have to be held as physical meetings. If you would like to attend the meeting, please report to an Attendant in the Foyer at the Town Hall where you will be directed to the meeting room. However, it would be appreciated if you could register to attend, in advance of the meeting, by emailing [committee@sheffield.gov.uk](mailto:committee@sheffield.gov.uk), as this will assist with the management of attendance at the meeting. The meeting rooms in the Town Hall have a limited capacity. We are unable to guarantee entrance to the meeting room for observers, as priority will be given to registered speakers and those that have registered to attend.

Alternatively, you can observe the meeting remotely by clicking on the 'view the webcast' link provided on the meeting page of the [website](#).

If you wish to attend a meeting and ask a question or present a petition, you must submit the question/petition in writing by 9.00 a.m. at least 2 clear days in advance of the date of the meeting, by email to the following address: [committee@sheffield.gov.uk](mailto:committee@sheffield.gov.uk).

In order to ensure safe access and to protect all attendees, you will be recommended to wear a face covering (unless you have an exemption) at all times within the venue. Please do not attend the meeting if you have COVID-19 symptoms. It is also recommended that you undertake a Covid-19 Rapid Lateral Flow Test within two days of the meeting.

If you require any further information please email [committee@sheffield.gov.uk](mailto:committee@sheffield.gov.uk).

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## FACILITIES

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There are public toilets available, with wheelchair access, on the ground floor of the Town Hall. Induction loop facilities are available in meeting rooms. Access for people with mobility difficulties can be obtained through the ramp on the side to the main Town Hall entrance.

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**ADULT HEALTH AND SOCIAL CARE POLICY COMMITTEE AGENDA  
15 JUNE 2022**

**Order of Business**

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- 1. Welcome and Housekeeping**  
The Chair to welcome attendees to the meeting and outline basic housekeeping and fire safety arrangements.
- 2. Apologies for Absence**
- 3. Exclusion of Press and Public**  
To identify items where resolutions may be moved to exclude the press and public
- 4. Declarations of Interest** (Pages 7 - 10)  
Members to declare any interests they have in the business to be considered at the meeting
- 5. Public Questions and Petitions**  
To receive any questions or petitions from members of the public
- 6. Adult Health and Social Care Overview** (Pages 11 - 38)  
Report of the Director of Adult Health and Social Care
- 7. Work Programme** (Pages 39 - 58)  
Report of the Director of Legal and Governance

**Formal Decisions**

- 8. Month 1 Budget Report** (Pages 59 - 70)  
Report of the Director of Finance and Commercial Services
- 9. Recommissioning Homecare Services** (To Follow)  
Report of the Director of Adult Health and Social Care
- 10. Commissioning and Procurement of Temporary Care Home Beds** (Pages 71 - 138)  
Report of the Director of Adult Health and Social Care
- 11. Adult Health & Social Care Strategy Delivery Plan** (Pages 139 -158)  
Report of the Director of Adult Health and Social Care
- 12. Adult Social Care Financial Update and Progress with Financial Recovery Plan** (Pages 159 -176)  
Report of the Director of Adult Health and Social Care
- 13. Adult Social Care Governance Strategy** (To Follow)

**Performance Improvement Framework and Quality Improvement Plan**

Report of the Director of Adult Health and Social Care

**Other Items**

**NOTE: The next meeting of Adult Health and Social Care Policy Committee will be held on Wednesday 21 September 2022 at 10.00 am**

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## ADVICE TO MEMBERS ON DECLARING INTERESTS AT MEETINGS

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If you are present at a meeting of the Council, of its executive or any committee of the executive, or of any committee, sub-committee, joint committee, or joint sub-committee of the authority, and you have a **Disclosable Pecuniary Interest (DPI)** relating to any business that will be considered at the meeting, you must not:

- participate in any discussion of the business at the meeting, or if you become aware of your Disclosable Pecuniary Interest during the meeting, participate further in any discussion of the business, or
- participate in any vote or further vote taken on the matter at the meeting.

These prohibitions apply to any form of participation, including speaking as a member of the public.

You **must**:

- leave the room (in accordance with the Members' Code of Conduct)
- make a verbal declaration of the existence and nature of any DPI at any meeting at which you are present at which an item of business which affects or relates to the subject matter of that interest is under consideration, at or before the consideration of the item of business or as soon as the interest becomes apparent.
- declare it to the meeting and notify the Council's Monitoring Officer within 28 days, if the DPI is not already registered.

If you have any of the following pecuniary interests, they are your **disclosable pecuniary interests** under the new national rules. You have a pecuniary interest if you, or your spouse or civil partner, have a pecuniary interest.

- Any employment, office, trade, profession or vocation carried on for profit or gain, which you, or your spouse or civil partner undertakes.
- Any payment or provision of any other financial benefit (other than from your council or authority) made or provided within the relevant period\* in respect of any expenses incurred by you in carrying out duties as a member, or towards your election expenses. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.

\*The relevant period is the 12 months ending on the day when you tell the Monitoring Officer about your disclosable pecuniary interests.

- Any contract which is made between you, or your spouse or your civil partner (or a body in which you, or your spouse or your civil partner, has a beneficial interest) and your council or authority –
  - under which goods or services are to be provided or works are to be executed; and
  - which has not been fully discharged.

- Any beneficial interest in land which you, or your spouse or your civil partner, have and which is within the area of your council or authority.
- Any licence (alone or jointly with others) which you, or your spouse or your civil partner, holds to occupy land in the area of your council or authority for a month or longer.
- Any tenancy where (to your knowledge) –
  - the landlord is your council or authority; and
  - the tenant is a body in which you, or your spouse or your civil partner, has a beneficial interest.
- Any beneficial interest which you, or your spouse or your civil partner has in securities of a body where -
  - (a) that body (to your knowledge) has a place of business or land in the area of your council or authority; and
  - (b) either -
    - the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body; or
    - if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which you, or your spouse or your civil partner, has a beneficial interest exceeds one hundredth of the total issued share capital of that class.

If you attend a meeting at which any item of business is to be considered and you are aware that you have a **personal interest** in the matter which does not amount to a DPI, you must make verbal declaration of the existence and nature of that interest at or before the consideration of the item of business or as soon as the interest becomes apparent. You should leave the room if your continued presence is incompatible with the 7 Principles of Public Life (selflessness; integrity; objectivity; accountability; openness; honesty; and leadership).

You have a personal interest where –

- a decision in relation to that business might reasonably be regarded as affecting the well-being or financial standing (including interests in land and easements over land) of you or a member of your family or a person or an organisation with whom you have a close association to a greater extent than it would affect the majority of the Council Tax payers, ratepayers or inhabitants of the ward or electoral area for which you have been elected or otherwise of the Authority's administrative area, or
- it relates to or is likely to affect any of the interests that are defined as DPIs but are in respect of a member of your family (other than a partner) or a person with whom you have a close association.



Guidance on declarations of interest, incorporating regulations published by the Government in relation to Disclosable Pecuniary Interests, has been circulated to you previously.

You should identify any potential interest you may have relating to business to be considered at the meeting. This will help you and anyone that you ask for advice to fully consider all the circumstances before deciding what action you should take.

In certain circumstances the Council may grant a **dispensation** to permit a Member to take part in the business of the Authority even if the member has a Disclosable Pecuniary Interest relating to that business.

To obtain a dispensation, you must write to the Monitoring Officer at least 48 hours before the meeting in question, explaining why a dispensation is sought and desirable, and specifying the period of time for which it is sought. The Monitoring Officer may consult with the Independent Person or the Council's Standards Committee in relation to a request for dispensation.

Further advice can be obtained from Gillian Duckworth, Director of Legal and Governance on 0114 2734018 or email [gillian.duckworth@sheffield.gov.uk](mailto:gillian.duckworth@sheffield.gov.uk).

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# AHSC Overview

Alexis Chappell,  
Director of Adult Health and Social  
Care

# Contents

- ✓ Our Vision, Strategic Commitments and Priorities
- ✓ Who We Are
- ✓ Who We Support and What We Do
- ✓ Our Governance

# Our Vision, Outcomes, Commitments and Priorities

## Our Vision

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

**Our Adult Social Care Strategic Plan was approved on 16<sup>th</sup> March 2022. It sets a direction, vision, outcomes, commitment and a delivery plan.**

# Our Strategic Outcomes

<b>Safe and Well</b>	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
<b>Active and Independent</b>	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.
<b>Connected and Engaged</b>	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.
<b>Aspire and Achieve</b>	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.
<b>Efficient and Effective</b>	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, 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.

# Our Strategic Commitments

<b>Commitment 1</b>	Support people to live a fulfilling life at home, connected to the community and resources around them, and provide care and support where needed.
<b>Commitment 2</b>	Provide temporary assistance to help people regain some stability and control in their life following ill health or crisis
<b>Commitment 3</b>	Provide care and support with accommodation where this is needed in a safe and supportive environment that can be called home.
<b>Commitment 4</b>	Make sure support is led by 'what matters to you', with helpful information and easier to understand steps.
<b>Commitment 5</b>	Recognise and value unpaid carers and the social care workforce and the contribution they make to our city
<b>Commitment 6</b>	Make sure there is a good choice of affordable care and support available, with a focus on people's experiences and improving quality



# Our Strategic Plan



## Sheffield's vision for adult social care Plan on a page

### What are we trying to achieve?

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

<p>How will we achieve it? What are our commitments?</p>	<ul style="list-style-type: none"> <li>Support people to live a fulfilling life at home, connected to the community and resources around them, and provide care and support where needed.</li> </ul>	<ul style="list-style-type: none"> <li>Provide temporary assistance to help people regain some stability and control in their life following ill health or crisis.</li> </ul>	<ul style="list-style-type: none"> <li>Provide care and support with accommodation where this is needed in a safe and supportive environment that can be called home.</li> </ul>	<ul style="list-style-type: none"> <li>Make sure support is led by 'what matters to you', with helpful information and easier to understand steps.</li> </ul>	<ul style="list-style-type: none"> <li>Recognise and value unpaid carers and the social care workforce and the contribution they make to our city.</li> </ul>	<ul style="list-style-type: none"> <li>Make sure there is a good choice of affordable care and support available, with a focus on people's experiences and improving quality.</li> </ul>
<p>What will we do?</p>	<ul style="list-style-type: none"> <li>We will provide a partnership of care and support, designed and delivered with communities.</li> <li>We will develop an accessible team model where social work staff can really work in partnership with and get to know their community.</li> </ul>	<ul style="list-style-type: none"> <li>We will deliver a strong, reactive offer of services that provide flexible and intensive crisis support.</li> <li>We will shift our resources and focus to develop and deliver more proactive, preventative approaches.</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> <li>We will transform care at home in Sheffield, focussing on improving experience and outcomes.</li> </ul>	<ul style="list-style-type: none"> <li>We will improve how we share information so that it meets the needs of everyone in Sheffield, with plain language and simplified access steps.</li> <li>We will invest in a system-wide approach that means everyone receives the same standard and continuity of preventative person-centred care.</li> <li>We will make sure everyone can be involved as an equal partner in designing the support and services they receive across the whole system.</li> <li>We will deliver more flexible and simplified ways for people to be able to purchase and arrange their care and support.</li> </ul>	<ul style="list-style-type: none"> <li>We will develop and deliver a Sheffield workforce strategy for the whole system, focussing on equality, diversity, and inclusion.</li> <li>We will embed a clear support offer and structure for all carers.</li> </ul>	<ul style="list-style-type: none"> <li>We will ensure people can move easily between care and support including health, social care, and the voluntary, community, and social enterprise sector.</li> <li>We will embed open and transparent decision-making alongside our plans and priorities for adult social care, created with the people of Sheffield.</li> </ul>
<p>What will people say?</p>	<ul style="list-style-type: none"> <li>I know what services and opportunities are available in my area.</li> <li>I am confident to engage with friends/ support services.</li> <li>I have a conversation with someone who understands me.</li> <li>I know where to go and get help.</li> <li>I can have fun, be active, and be healthy.</li> </ul>	<ul style="list-style-type: none"> <li>I know I have control over my life, which includes planning ahead.</li> <li>When I need support, it looks at my whole situation, not just the one that might be an issue at the time.</li> <li>We start with a positive conversation, whatever my age.</li> </ul>	<ul style="list-style-type: none"> <li>I know what services are available and can make informed decisions.</li> <li>I can make a choice on whether I move into a care home, and where I live and with whom.</li> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li>I know what services are available and can make informed decisions.</li> <li>I know that I have some control over my life and that I will be treated with respect.</li> <li>I know where to go and get help.</li> <li>I am listened to and heard and treated as an individual.</li> <li>I feel that I have a purpose.</li> <li>I can have fun, be active and be healthy.</li> <li>I am seen as someone who has something to give, with abilities, not disabilities. I get support to help myself.</li> <li>I can manage money easily and use it flexibly.</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> <li>I am resilient and have good mental health and wellbeing.</li> <li>I have balance in my life, between being a parent, friend, partner, carer, employee.</li> </ul>	<ul style="list-style-type: none"> <li>I only tell my story once unless there are changes to 'what matters to me'.</li> <li>The system is easy to navigate.</li> <li>I am listened to and heard.</li> </ul>

# Key Strategic Milestones Jan 2021 – April 2023

Strategic Priority	Key Products	Expected Completion Date
Setting Direction and Agreeing priorities	Adult Social Care Strategic Plan	Approved 16 <sup>th</sup> March 2022
	AHSC Strategic Delivery Plan & Market Shaping Statement	June 2022
	Direct Payments & Personalisation	September 2022
	Joint Strategic Commissioning Plans (Unpaid Carers, Adults with a Disability, Mental Health, Changing Futures)	February 2023
Financial Sustainability	Financial Recovery Plan and Governance Framework	June 2022
	Care Governance and Performance Framework	June 2022
Setting Standards and Quality Improvement	Joint Health and Wellbeing Outcomes Framework	September 2022
	Safeguarding Delivery Plan	June 2022
	Liberty Protection Standards Delivery Plan	September 2022
Workforce Sustainability	Workforce Plan	November 2022
	Recruitment Campaign	

# Key Operational Milestones April 2022 – April 2023

Operational/ Tactical Priority	Key Products	Expected Completion Date
Addressing Backlogs & Delivering Accessible & Sustainable Services,	Safeguarding	October 2022
	Equipment & Adaptations	March 2023
	Reviews	March 2023
	Discharges	October 2022
	Continuing Health Care	October 2022
	Transitions	March 2023
	Direct Payments	July 2022
New Models of Care & Quality	Homecare/ Care & Wellbeing	June 2022
	Care Homes	October 2022
	Technology Enabled Care	February 2023

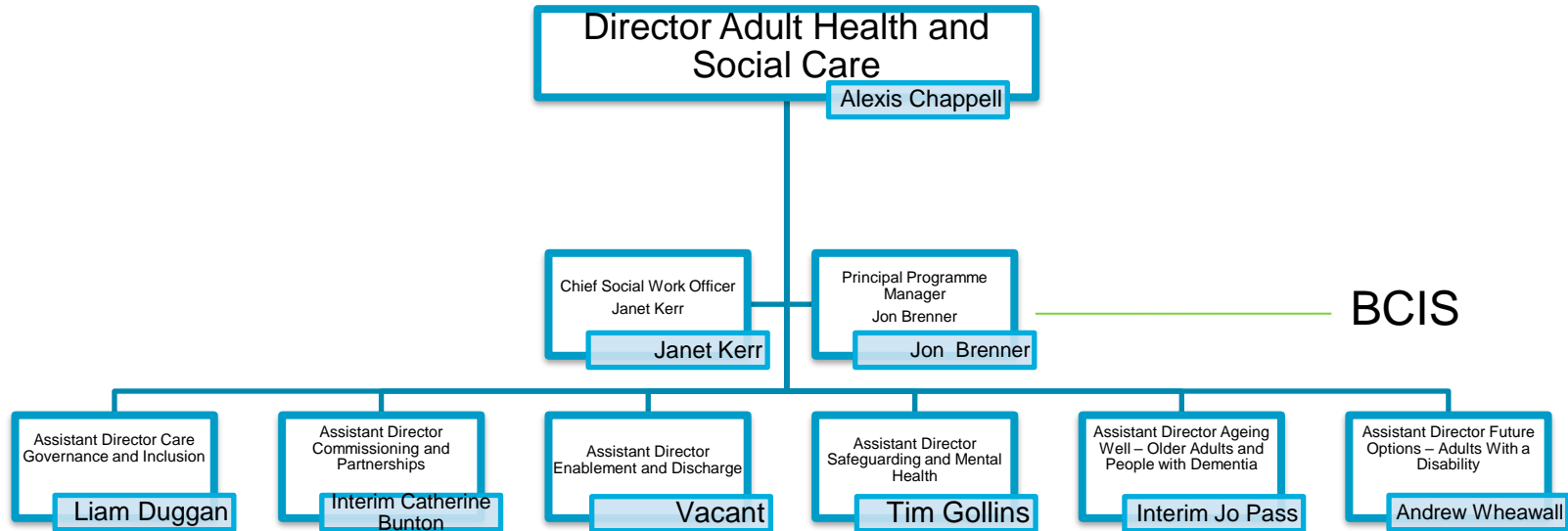
# Who We Are

# Who is Adult Health and Social Care?



Adult Health and Social Care is a Partnership of the people who use our services, unpaid carers, workforce, health, vcse, independent sector, communities, unions and our wider partners

# Adult Health and Social Care Leadership Teams



**Our leadership team have a responsibility for leading and working with partners to end inequalities, prevent and reduce need for care and support and maximise opportunities for adults and their unpaid carers to live independently, well and safely so that they can life they want to live in their local communities.**

# Our Focus

In line with our vision and commitments, each of our leadership teams will have a responsibility for working in partnership to end inequalities, prevent and reduce need for care and support and maximising opportunities for adults and their unpaid carers to live independently, well and safely so that they can live the life they want to live in their local communities.

Each Assistant Director will have responsibility for:

- Assessment and Review
- Commissioning of Services and development of Strategic Plans
- Provision and delivery of services
- Improvement and budget planning so that we deliver on our strategic outcomes and operational targets.
- A Local Area Committee and Strategic Board/ Partnership to represent Adult Social Care so that we are connected into our communities and working in partnership with our partners across the City.

# Adult Social Care Teams – Governance, Assurance and Professional Development

Chief Social Work Officer  
(Janet Kerr)

- Principal Social Worker, Cauldicot Guardian and Nominated Lead for CQC and Social Work England
- Workforce Planning and Practice Development
- Business Continuity.
- Quality Assurance
- Protecting People Strategic Lead
  
- Strategic Lead – Workforce, Unpaid Carers, Safeguarding and Protecting People

Assistant Director Governance and Financial Inclusion  
(Liam Duggan)

- Care Governance and Compliance
- Social Care Account Service and Charging
- Executer Services & Appointees
- Operational Governance including Business Support
  
- Strategic Lead - Financial Inclusion, Care Governance, Engagement and Co-Production/ TLAP

Assistant Director Commissioning and Partnerships  
(Catherine Bunten)

- Quality Assurance Commissioned Providers
- Direct Payments
- Adult Commissioning
- Strategic and Partnership Board Coordination and Partnerships.
  
- Strategic Lead – AHSC Strategic Plan & Strategic Delivery Plan, Personalisation, Climate Change and Early Intervention and Prevention



# Adult Social Care Teams – Delivery

## AD Safeguarding and Mental Health (Tim Gollins)

- First Contact Services/ MASH
- Approved Mental Health Officers
- DOLS/ BIA Assessors
- Forensic Social Work
- Mental Health Social Work
  
- Strategic Lead: Information and Advice, Mental Health, Liberty Protection Standards & Adults

## AD Ageing Well – Older Adults (Jo Pass Interim)

- Assessment and review
- Older Adult Mental Health Provision
- In house and Commissioned Older Adults Residential Care, Day Services
  
- Strategic Lead: Ageing Well, End of Life, Older Adults Accommodation & Residential Care, Dementia

## AD Wellbeing & Independence (Vacant)

- Occupational Therapy
- Homecare (Internal and Commissioned)
- Hospital Discharge & OOHS Teams
- Community Alarm/ Technology Enabled Care
  
- Strategic Lead: Wellbeing and Independent Living, Technology Enabled Care & Digital Transformation, Hospital Discharge

## AD Adults with a Disability (Andrew Wheawall)

- Assessment and Review
- Transitions
- Continuing Health Care
- Sensory Impairment Services
- In House and Commissioned residential, non residential services
  
- Strategic Lead: Learning Disability, Autism and Physical Disability

# Who We Support and What We Do

# Who Do Adult Health and Social Care Support?

Adult Health & Social Care has a responsibility to support people with specific needs to live independent and fulfilled lives safely in their local community. We do this by providing information, advice and guidance as well as support and services.

We offer support to the following groups of people who are over 18:

- People at risk of harm, inclusive of domestic abuse, deprivation of liberty
- People with physical disabilities
- People with sensory disabilities
- People with learning disabilities
- Older people and people with dementia
- People experiencing mental ill health
- People with autistic spectrum conditions
- People who provide care and support to friends or family
- People supported by Children's Social Services who are approaching 18 years old and may require adult social care support

## What Do We Do?

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

These legislation direct Adult Health and Social Care Services to:

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

**Keeping people safe is a critically important part of our obligations.**

# What is the DASS (Director of Adult Social Services) Accountabilities?

Professional Leadership Role	Professional Responsibilities (See Guidance notes for more details)
Professional Advisor	Provision of advice to the Council, Mayor or Leader, and Cabinet on the exercise of social work & social care statutory functions.
Strategic	Devising and securing agreement to a <b>vision for social care</b> that addresses the Council's statutory responsibilities, in the context of its political vision and direction, and ensures services and procedures drive engagement with people in the design, delivery and evaluation of services.
Delivery of Services	To ensure that the Council has a <b>local offer that meets statutory duties</b> in relation to <b>1) Delivery</b> (Prevention, information and advice; Assessment, Care and Support, Mental Health, <b>2) Performance</b> (Measuring effectiveness of services) <b>3) Complaints</b> (Ensuring effective arrangements to respond to complaints, serious incidents and matters referred to the Local Government Ombudsman).
Operating Framework	The DASS is accountable, on behalf of the Council, for the Social Care Operating Framework, and how it complies with legislation and best practice. Key Areas - <b>Adult Safeguarding, System Leadership, Promotion of rights of people with a disability. During COVID – Vaccination implementation for Social Care Staff.</b>
Resource Management	<b>1) Workforce</b> - Ensuring the availability and competence of staff, in direct employment and in the wider market; <b>2) Market Shaping</b> - to ensure sufficiency of supply and address current and anticipated future needs, whether publicly or privately funded, and its sustainability; <b>3) Quality</b> - Ensuring capacity and quality of services – whether commissioned or in house, <b>4) Financial</b> – to set and manage overall budget for Adult Social Care.



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# What Support Do We Offer

Adult Health and Social Care Offer a range of supports which includes:

- Information and advice
- Assessment, review and care coordination
- Safeguarding including protecting people at risk of harm from domestic abuse, deprivation of liberty, unlawful detention in hospital
- Care and support such as enablement, homecare, residential care, extra care, supported living, respite and day services
- Support to live independently such as equipment, adaptations, community alarms
- Specialist mental health services and recovery support.
- Financial inclusion and appointee services
- Support to unpaid carers

# Our Governance

# Governance and Accountability

Adult Health and Social Care has introduced governance and accountability at

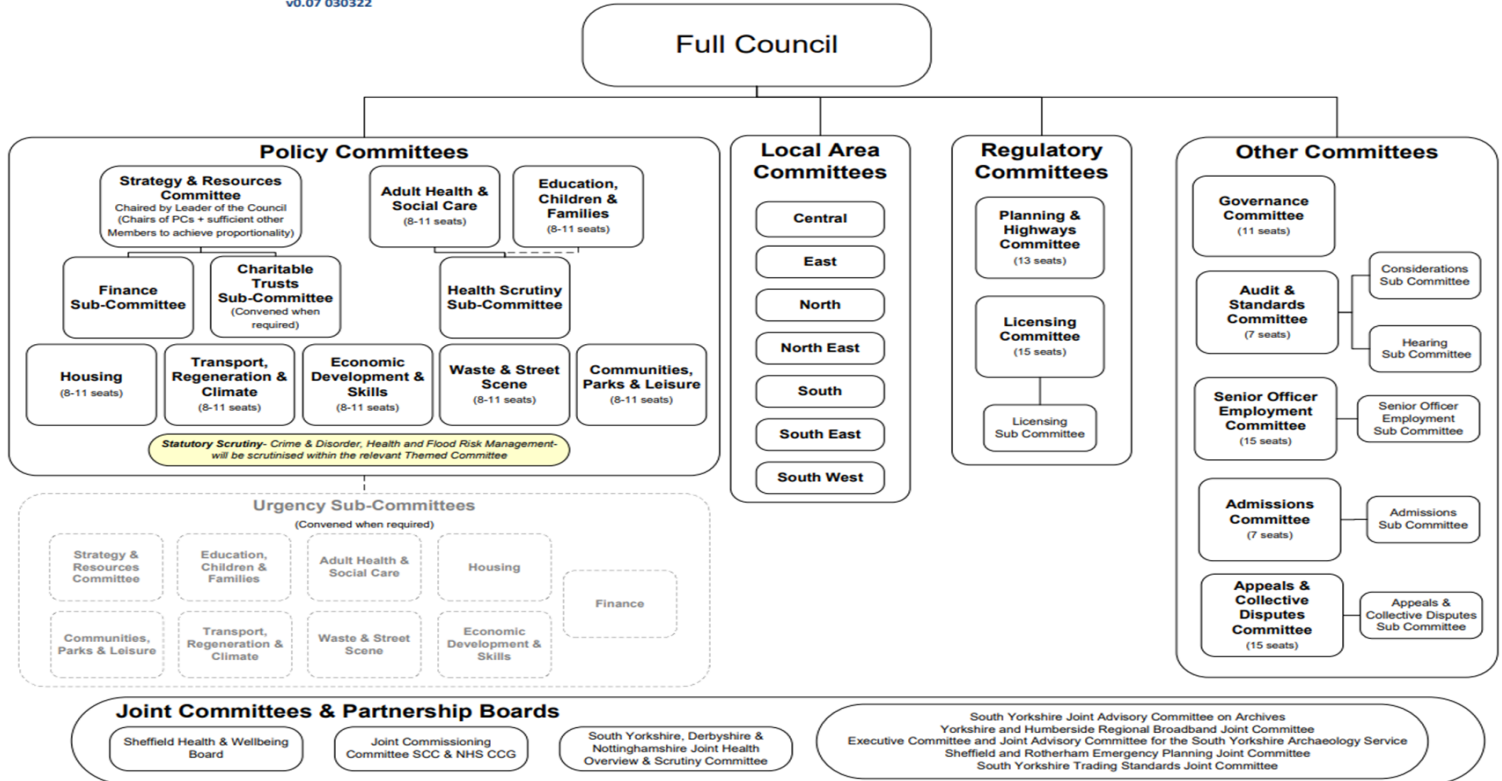
- Scrutiny and Decision Making – Policy Setting, Decision Making and Scrutiny through Adult Social Care Committee (see slide 23)
- Strategic – Oversight through a strategic delivery Board focused on coordinating and delivering transformation within Adult Social Care Services. (See slide 24)
- Tactical – Operational and tactical oversight of budget, performance and delivery through performance clinics, senior leadership meetings and union meetings
- Leadership and Governance Framework – Through a new leadership structure and Care Governance Accountability framework.



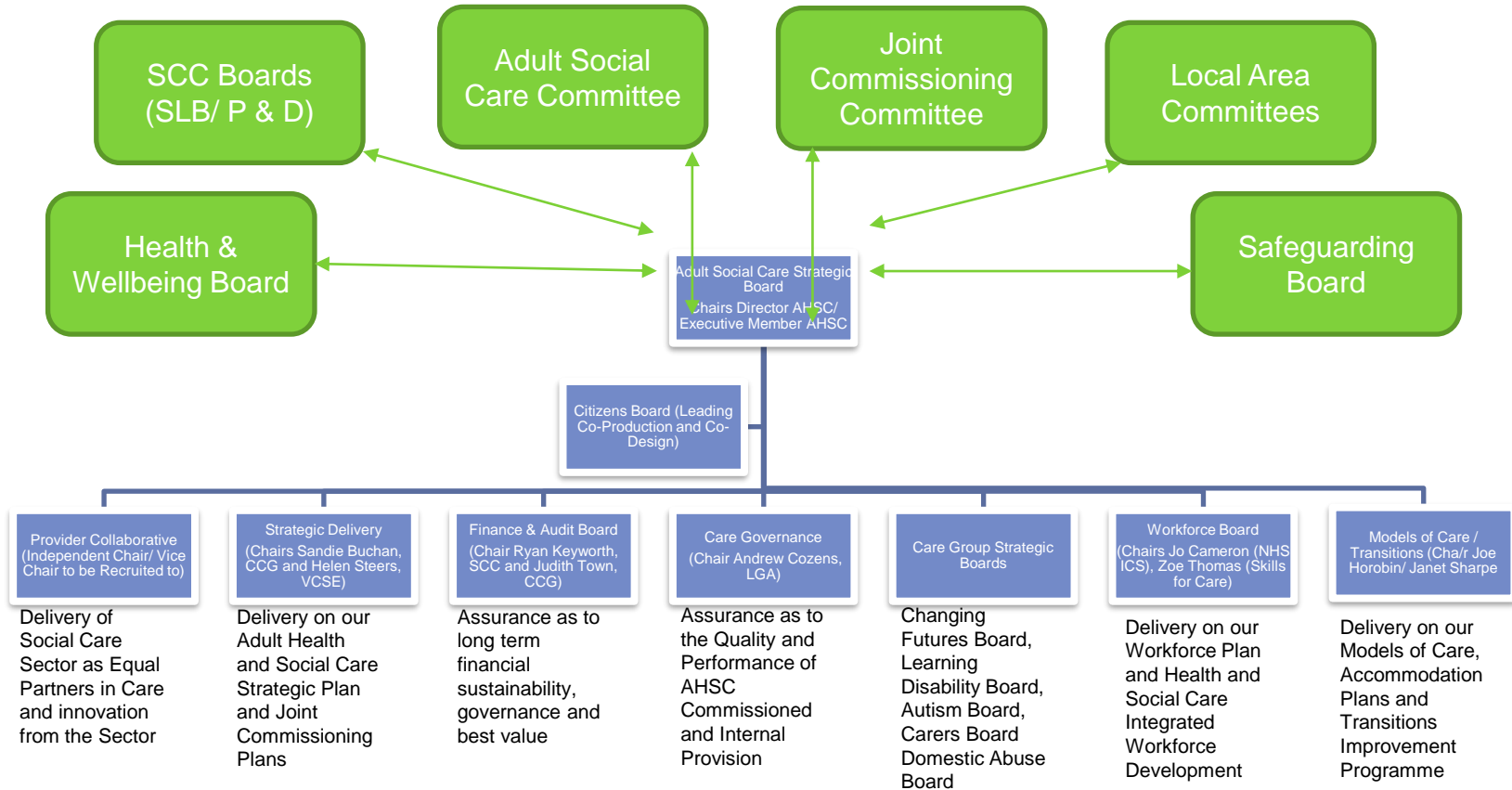
# Committee Structure

Proposed Governance Arrangements May 2022

v0.07 030322



# Strategic and Democratic Governance



## Key Documents – Sheffield Adult Social Care

Adult Social Care Strategic Plan – [Our adult social care vision and strategy \(sheffield.gov.uk\)](#)

Statutory Arrangements of Working with NHS – [Sheffield City Council - Agenda for Co-operative Executive on Wednesday 16 March 2022, 1.30 pm](#) – Agenda Point 13

Budget and Budget Delivery Programme 2022/ 2023 – [Sheffield City Council - Agenda for Co-operative Executive on Wednesday 16 February 2022, 2.00 pm](#) – Agenda Point 14

Change Programme – [Sheffield City Council - Agenda for Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee on Wednesday 16 March 2022, 10.00 am](#) – Agenda Point 9.

## Key Documents – National Policy

- Department of Health and Social Care White Paper ‘Integration and innovation: working together to improve health and social care for all’, 11th February 2021
- Department of Health and Social Care ‘Statutory Guidance, Care and support statutory guidance’, updated 27th January 2022
- DHSC (White Paper ‘Joining up care for people, places and populations’, 9 th February 2022
- [Build Back Better: Our Plan for Health and Social Care - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/white-papers/build-back-better-our-plan-for-health-and-social-care) – 8<sup>th</sup> March 2022
- [People at the Heart of Care: adult social care reform white paper - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/white-papers/people-at-the-heart-of-care-adult-social-care-reform-white-paper) – 18<sup>th</sup> March 2022

## Key Statutory Guidance

- [Infection prevention and control in adult social care: COVID-19 supplement - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/infection-prevention-and-control-in-adult-social-care-covid-19-supplement) – 3<sup>rd</sup> May 2022
- [Hospital discharge service: action cards - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/hospital-discharge-service-action-cards) – 31<sup>st</sup> March 2022
- [Hospital discharge and community support guidance - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/hospital-discharge-and-community-support-guidance) – 31<sup>st</sup> March 2022
- [Social care charging for local authorities: 2022 to 2023 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/social-care-charging-for-local-authorities-2022-to-2023)
- [Care Act 2014: supporting implementation - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/care-act-2014-supporting-implementation) – 27<sup>th</sup> January 2022
- [Summary of the statutory responsibilities of Local Authorities in relation to adult social care and the statutory role of the DASS \(adass.org.uk\)](https://adass.org.uk)

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## Report to Adult Health & Social Care Policy Committee

15<sup>th</sup> June 2022

**Report of:** Gillian Duckworth, Director of Legal and Governance

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**Subject:** Committee Work Programme

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**Author of Report:** [Fiona.Martinez@sheffield.gov.uk](mailto:Fiona.Martinez@sheffield.gov.uk)  
[Emily.Standbrook-Shaw@Sheffield.gov.uk](mailto:Emily.Standbrook-Shaw@Sheffield.gov.uk)

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### Summary:

The Committee's Work Programme is attached at Appendix 3 for the Committee's consideration and discussion. This aims to show all known, substantive agenda items for forthcoming meetings of the Committee, to enable this committee, other committees, officers, partners and the public to plan their work with and for the Committee.

Any changes since the Committee's last meeting, including any new items, have been made in consultation with the Chair, and the document is always considered at the regular pre-meetings to which all Group Spokespersons are invited.

The following potential sources of new items are included in this covering report, where applicable:

- Questions from the public (where notified sufficiently in advance)
- Petitions to this committee, including those referred from Council
- References from Council or other committees (statements formally sent for this committee's attention)
- A list of issues, each with a short summary, which have been identified by the Committee or officers as potential items but which have not yet been scheduled (the source of the items is specified)

The Work Programme will remain a live document and will be brought to each Committee meeting.

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**Type of item:**

Reviewing of existing policy	
Informing the development of new policy	
Statutory consultation	
Performance / budget monitoring report	
Briefing paper for the Committee	
Other	<b>X</b>

**Recommendations:**

1. That, with reference to issues raised in this report, consideration be given to any further additions or adjustments to the work programme presented at Appendix 3.
2. That the committee's work programme as set out in Appendix 3 be agreed.
3. That consideration be given to any further issues to be explored by officers for inclusion in part 6 of the next work programme report, for potential addition to the work programme

**Background Papers:**

**Category of Report:** OPEN

**COMMITTEE WORK PROGRAMME****1.0 Prioritisation**

1.1 For practical reasons this committee has a limited amount of time each year in which to conduct its formal business. The Committee will need to prioritise firmly in order that formal meetings are used primarily for business requiring formal decisions, or which for other reasons it is felt must be conducted in a formal setting.

1.2 In order to ensure that prioritisation is effectively done, on the basis of evidence and informed advice, Members should usually avoid adding items to the work programme which do not already appear:

- In the draft work programme in Appendix 3 due to the discretion of the chair; or
- within the body of this report accompanied by a suitable amount of information.

**2.0 Member engagement, learning and policy development outside of Committee**

2.1 Subject to the capacity and availability of councillors and officers, there are a range of ways in which Members can explore subjects, monitor information and develop their ideas about forthcoming decisions outside of formal meetings. Appendix 2 is an example 'menu' of some of the ways this could be done. It is entirely



appropriate that member development, exploration and policy development should in many cases take place in a private setting, to allow members to learn and formulate a position in a neutral space before bringing the issue into the public domain at a formal meeting.

## 2.2 Training & Skills Development - Induction programme for this committee.

Title	Description & Format	Date
Introduction to Adult Social Care	Briefing with Director of Health and Adult Social Care	TBD

## 3.0 Public Questions

3.1 Any public questions to this meeting are listed here with officer commentary as appropriate:

1. A
2. B
3. C

## 4.0 Petitions

4.1 Any Petitions to this meeting are listed here with officer commentary as appropriate:

1. A
2. B
3. C

## 5.0 References from Council or other Committees

5.1 Any references sent to this Committee by Council or other committees since the last meeting are listed here, with officer commentary as appropriate:

1. A
2. B
3. C

## 6.0 List of other potential items not yet included in the work programme

6.1 The following issues have recently been identified by the Committee, its Chair or officers as potential items but have not yet been added to the proposed work programme. If a Councillor raises an idea in a meeting and the committee agrees under recommendation 3 that this should be explored, it will appear either in the work

programme or in this section of the report at the committee’s next meeting, at the discretion of the Chair.

<b>Topic</b>	<i>[delete as appropriate from this column]</i>
<b>Description</b>	
<b>Lead Officer/s</b>	
<b>Item suggested by</b>	<i>Officer, Member, Committee, partners, public question, petition etc</i>
<b>Type of item</b>	<ul style="list-style-type: none"> <li>• <i>Decision</i></li> <li>• <i>Referral to decision-maker</i></li> <li>• <i>Pre-decision (policy development)</i></li> </ul> <i>Post-decision (service performance/ monitoring)</i>
<i>(re: decisions)</i> <b>Prior member engagement/ development required</b> <i>(with reference to options in Appendix 1)</i>	
<i>(re: decisions)</i> <b>Public Participation/ Engagement approach</b> <i>(with reference to toolkit in Appendix 2)</i>	
<b>Final decision-maker (&amp; date)</b>	<ul style="list-style-type: none"> <li>• This Cttee</li> <li>• Another Cttee (eg S&amp;R)</li> <li>• Full Council</li> <li>• Officer</li> </ul>
<b>Lead Officer Commentary</b>	

### **Appendix 1 – Menu of options for member engagement, learning and development prior to a formal decision**

Members should give early consideration to the degree of pre-work needed before an item appears on a formal agenda.

All agenda items will anyway be supported by the following:

- Discussion well in advance as part of the work programme item at Pre-agenda meetings. These take place in advance of each formal meeting, before the agenda is published and they consider the full work programme, not just the immediate forthcoming meeting. They include the Chair, Vice Chair and all Group Spokespersons from the committee, with officers
- Discussion and, where required, briefing by officers at pre-committee meetings in advance of each formal meeting, after the agenda is published. These include the Chair, Vice Chair and all Group Spokespersons from the committee, with officers.
- Work Programming items on each formal agenda, as part of an annual and ongoing work programming exercise

- Full officer report on a public agenda, with time for a public discussion in committee
- Officer meetings with Chair & VC as representatives of the committee, to consider addition to the draft work programme, and later to inform the overall development of the issue and report, for the committee's consideration.

The following are examples of some of the optional ways in which the committee may wish to ensure that they are sufficiently engaged and informed prior to taking a public decision on a matter. In all cases the presumption is that these will take place in private, however some meetings could happen in public or eg be reported to the public committee at a later date.

These options are presented in approximately ascending order of the amount of resources needed to deliver them. Members must prioritise carefully, in consultation with officers, which items require what degree of involvement and information in advance of committee meetings, in order that this can be delivered within the officer capacity available.

The majority of items cannot be subject to the more involved options on this list, for reasons of officer capacity.

- Written briefing for the committee or all members (email)
- All-member newsletter (email)
- Requests for information from specific outside bodies etc.
- All-committee briefings (private or, in exceptional cases, in-committee)
- All-member briefing (virtual meeting)
- Facilitated policy development workshop (potential to invite external experts / public, see appendix 2)
- Site visits (including to services of the council)
- Task and Finish group (one at a time, one per cttee)

Furthermore, a range of public participation and engagement options are available to inform Councillors, see appendix 2

## **Appendix 2 – Public engagement and participation toolkit**

Toolkit to follow.

Appendix 3 – Work Programme

Items which the committee have agreed to add to an agenda, but for which no date is yet set.						
Topic	Description	Lead Officer/s	Type of item <ul style="list-style-type: none"> <li>• Decision</li> <li>• Referral to decision-maker</li> <li>• Pre-decision (policy development)</li> <li>• Post-decision (service performance/monitoring)</li> </ul>	(re: decisions) Prior member engagement/development required <i>(with reference to options in Appendix 1)</i>	(re: decisions) Public Participation/Engagement approach <i>(with reference to toolkit in Appendix 2)</i>	Final decision-maker (& date) <ul style="list-style-type: none"> <li>• This Cttee</li> <li>• Another Cttee (eg S&amp;R)</li> <li>• Full Council</li> <li>• Officer</li> </ul>
Item 1	Commissioning Intentions to deliver local objectives against the new national drug strategy and subsequent procurement, mobilisation and performance management of expanded services	Sam Martin/Amy Buddery	Commissioning and Reprocurement			Adult Health and Social Care/Education, Children and Families.
Item 2						
Item 3						

Meeting 1	June 2022					
Topic	Description	Lead Officer/s	Type of item <ul style="list-style-type: none"> <li>Decision</li> <li>Referral to decision-maker</li> <li>Pre-decision (policy development)</li> <li>Post-decision (service performance/ monitoring)</li> </ul>	(re: decisions) Prior member engagement/ development required <i>(with reference to options in Appendix 1)</i>	(re: decisions) Public Participation/ Engagement approach <i>(with reference to toolkit in Appendix 2)</i>	Final decision-maker (& date) <ul style="list-style-type: none"> <li>This Cttee</li> <li>Another Cttee (eg S&amp;R)</li> <li>Full Council</li> <li>Officer</li> </ul>
Item 1	Approve Adult Social Care Strategy and quality improvement Delivery Plan	Jon Brenner/ Nic Rust/Alexis Chappell	Decision	Yes Email Briefing	Yes Engagement informed the delivery plan	Adult Health and Social Care
Item 2	Approval to recommission Somewhere to Assess Pathway Beds and Short Term Beds (commitment 2 ASC Strategy)	Joanne Knight/Louisa King/Janet Kerr	Decision	Yes Email Briefing	Yes engagement informed the delivery plan	Adult Health and Social Care
Item 3	Approval to recommission Homecare Services (commitment 3 ASC Strategy)	Paul Higginbottom/Catherine Bunten	Decision	Yes Email Briefing	Market and citizen engagement has shaped and informed the service specification via a number of events and consultation exercises, included targeted consultation with recipients of home care	Adult Health & Social Care

Item 4	Endorse Adult Social Care Governance Strategy and Performance Improvement Framework and Quality Improvement Plan (ASC 1 year plan priority)	Liam Duggan	Decision	Yes email briefing	Engagement proposed as part of the development	Adult Health and Social Care
Item 5	Endorse Adult Social Care Financial Update and Progress with Financial Recovery Plan	Liam Duggan/Liz Gough	Decision	Yes email briefing		Adult Health and Social Care
Standing items	<ul style="list-style-type: none"> <li>• <i>Public Questions/ Petitions</i></li> <li>• <i>Work Programme</i></li> <li>• <i>Committee Business – to include appointment of Budget Task and Finish Group</i></li> <li>• <i>[any other committee-specific standing items eg finance or service monitoring]</i></li> </ul>					

Meeting 2	September 2022	Time				
Topic	Description	Lead Officer/s	Type of item	(re: decisions) Prior member engagement/	(re: decisions) Public Participation/	Final decision-maker (& date)
			<ul style="list-style-type: none"> <li>• <i>Decision</i></li> <li>• <i>Referral to decision-maker</i></li> </ul>			<ul style="list-style-type: none"> <li>• This Cttee</li> </ul>

			<ul style="list-style-type: none"> <li>• <i>Pre-decision (policy development)</i></li> <li>• <i>Post-decision (service performance/ monitoring)</i></li> </ul>	<b>development required</b> <i>(with reference to options in Appendix 1)</i>	<b>Engagement approach</b> <i>(with reference to toolkit in Appendix 2)</i>	<ul style="list-style-type: none"> <li>• Another Cttee (eg S&amp;R)</li> <li>• Full Council</li> <li>• Officer</li> </ul>
Item 1	Buckwood View Nursing Home: Recommendations for the future	Caroline Stiff/Andrew Wheawall/Catherine Buntin	Decision		Consultation, including through AH&SC Change Programme Board, providers and various existing groups.	Adult Health and Social Care
Item 2	Approval to recommission supported living, respite and day services provision for working age adults (commitment 2, 3 ASC Strategy)	Andrew Wheawall/Christine Anderson/Catherine Buntin	Decision		Engagement will be undertaken with stakeholders, including people and families who receive supported living services, respite care and day service provision , as well as providers, and health and social care partners to shape and inform the service specification and procurement	Adult Health and Social Care
Item 3	Approval to recommission mental health prevention support (commitment 2 ASC Strategy)	Louisa King/Tim Gollins	Commissioning & Reprocurement			Adult Health and Social Care
Item 4	Approve Promoting Independence Project	Louisa King/Tim Gollins	Commissioning & Reprocurement			Adult Health and Social Care

	Contract variation (commitment 2 ASC Strategy)					
Item 5	Approve Housing Related Support Plan	Sam Martin/Suzanne Allen	Commissioning & Reprocurement			Adult Health and Social Care
Item 6	Approval of recommissioning of housing related support service for people in the criminal justice system (commitment 2, 3 ASC Strategy)	Sam Martin/Tony Ellingham	Commissioning & Reprocurement			Adult Health and Social Care
Item 7	Approval of Older Persons Prevention Service (commitment 2 ASC Strategy)	Sam Martin/Jo Pass	Commissioning & Reprocurement			Adult Health and Social Care
Item 8	Approve Adult Social Care and DASS Local Account 2020-22	Alexis Chappell/Jonathan McKenna-Moore	Performance & Quality			Adult Health and Social Care
Item 9	Approve Transitions Improvement Delivery Plan (ASC 1 Year Plan priority)	Andrew Wheawall/Nicola Shearstone)	Performance & Quality			Adult Health and Social Care
Item 10	Endorse Progress with Safeguarding Improvement Delivery Plan and New Safeguarding Model (Commitment 6 ASC Strategy)	Janet Kerr/Tom Gollins	Performance & Delivery			Adult Health and Social Care
Item 11	HealthWatch Quarterly Report April-June 2022	Catherine Bunten	Post-decision		Procurement undertaken in	Health Scrutiny



					partnership with CCG and included wide consultation with patient, citizen and service user groups	
Item 12	Endorse Adult Social Care Financial Update and Progress with Financial Recovery Plan	Liam Duggan/Liz Gough	Budget			Adult Health and Social Care
Item 13	Approve Adult Social Care Market Shaping Statement	Catherin Bunten	Decision		Consultation and coproduction, including through AH&SC Change Programme Board, Health partners, and providers.	Adult Health and Social Care
Item 14	Adult Social Care Budget Programme	Liam Duggan/Liz Gough				Adult Health and social care
Standing items	<ul style="list-style-type: none"> <li>• <i>Public Questions/ Petitions</i></li> <li>• <i>Work Programme</i></li> <li>• <i>[any other committee-specific standing items eg finance or service monitoring]</i></li> </ul>					

Meeting 3	November 2022	Time				
<b>Topic</b>	<b>Description</b>	<b>Lead Officer/s</b>	<b>Type of item</b> • <i>Decision</i>	<i>(re: decisions)</i> <b>Prior member engagement/</b>	<i>(re: decisions)</i>	<b>Final decision-maker (&amp; date)</b> • This Cttee

			<ul style="list-style-type: none"> <li>• Referral to decision-maker</li> <li>• Pre-decision (policy development)</li> <li>• Post-decision (service performance/monitoring)</li> </ul>	<b>development required</b> <i>(with reference to options in Appendix 1)</i>	<b>Public Participation/Engagement approach</b> <i>(with reference to toolkit in Appendix 2)</i>	<ul style="list-style-type: none"> <li>• Another Cttee (eg S&amp;R)</li> <li>• Full Council</li> <li>• Officer</li> </ul>
Item 1	Approve Adult Social Care Workforce Strategic and Delivery Plan (Commitment 5 ASC Strategy)	John Chamberlain/Janet Kerr	Strategic Delivery Plans			Adult Health and Social Care
Item 2	Approve Adult Social Care Target Operating Model (Commitment 1 ASC Strategy)	Jon Brenner/Alexis Chappell	Strategic Delivery Plans			Adult Health and Social Care
Item 3	Approval to Recommission Care at Night Services (Commitment 3 ASC Strategy)	Paul Higginbottom/AD Enablement/Janet Kerr	Commissioning & Reprocurement			Adult Health and Social Care
Item 4	Approval of New Technology Enabled Care Contract (Commitment 2 ASC Strategy)	Paul Higginbottom/Janet Kerr/Die Green	Commissioning & Reprocurement			Adult Health and Social Care
Item 5	Approval to commission support services for women involved in sex work	Bethan Plant/Amy Buddery	Commissioning & Reprocurement			Adult Health and Social Care
Item 6	Endorse Adult Social Care Performance and Quality Report and Progress update	Liam Duggan/Janet Kerr	Quality & Performance			Adult Health and Social Care

Item 7	HealthWatch quarterly report	Catherine Bunten	Post-decision		Procurement undertaken in partnership with CCG and included wide consultation with patient, citizen and service user groups	Health Scrutiny
Item 8	Endorse Adult Social Care Financial Update and Progress with Financial Recovery Plan	Liam Duggan/Liz Gough	Budget			Adult Health and Social Care
Item 9	Approval to recommission Residential care services for older adults (Commitment 3 ASC Strategy)	Andy Hare/Catherine Bunten/Jo Pass	Decision		Engagement will be undertaken with stakeholders, including people who are supported in residential care services, providers, and health and social care partners to shape and inform the service specification and procurement	Adult Health
Item 10	Approve Adult Social Care Voids Policy	Andrew Wheawall/Catherine Bunten/Joe Horobin	Decision		Consultation, including through AH&SC Change Programme Board, providers and	Adult Health and Social Care

					various existing groups.	
Item 11	Approve Adult Social Care Charging Delivery Plan (commitment 4 ASC Strategy)	Liam Duggan/Charles Crowe	Strategic Delivery Plans			Adult Health and Social Care
Item 12	Approve city Wide Autism Strategic Delivery Plan	Alexis Chappell/Kate Damiral	Strategic Delivery			Adult Health and Social Care

Meeting 4	December 2022	Time				
Topic	Description	Lead Officer/s	Type of item <ul style="list-style-type: none"> <li>Decision</li> <li>Referral to decision-maker</li> <li>Pre-decision (policy development)</li> <li>Post-decision (service performance/monitoring)</li> </ul>	(re: decisions) Prior member engagement/development required (with reference to options in Appendix 1)	(re: decisions) Public Participation/Engagement approach (with reference to toolkit in Appendix 2)	Final decision-maker (& date) <ul style="list-style-type: none"> <li>This Cttee</li> <li>Another Cttee (eg S&amp;R)</li> <li>Full Council</li> <li>Officer</li> </ul>
Item 1	Approve Adult Social Care Information and Advice Improvement Delivery Plan (Commitment 4 ASC Strategy)	Tim Gollins/Jon Brenner/Joe Horobin	Performance & Quality			Adult Health and Social Care
Item 2	Approve Sheffield Health and Social Care Integrated Outcomes Framework (Commitment 6 ASC Strategy)	Alexis Chappell/Sandie Buchan	Performance & Quality			Adult Health and Social Care

Item 3	Approve Annual Safeguarding Partnership Board Report 2021/22	Janet Kerr/Tim Gollins	Quality & Performance			Adult Health and Social Care
Item 4	Approve City Wide unpaid carers Strategic Delivery Plan (commitment 5,6 ASC Strategic Plan)	Janet Kerr/Mary Gardner	Strategic Delivery Plans			Adult Health and Social Care
Item 5	Approve Adult Social Care Co-Production and Engagement Strategic Delivery Plan (Commitment 4 ASC Strategy)	Catherine Bunten/Liam Duggan	Decision		Consultation and coproduction through various means across citizens and partners.	Adult Health and Social Care
Item 4	Approve Direct Payments and Personalisation Strategic Delivery Plan (Commitment 5 ASC Strategy)	Catherine Bunten/Mary Gardner	Decision		Consultation and coproduction through various means across citizens and partners. There will be an update on the Improvement programme and the Direct Payment Strategy will be prepared for approval.	Adult Health and Social Care
Item 1						
Item 2						
Standing items	<ul style="list-style-type: none"> <li>• <i>Public Questions/ Petitions</i></li> <li>• <i>Work Programme</i></li> </ul>					

	<ul style="list-style-type: none"> <li>[any other committee-specific standing items eg finance or service monitoring]</li> </ul>					
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Meeting 5	February 2023	Time				
Topic	Description	Lead Officer/s	Type of item <ul style="list-style-type: none"> <li>Decision</li> <li>Referral to decision-maker</li> <li>Pre-decision (policy development)</li> <li>Post-decision (service performance/monitoring)</li> </ul>	(re: decisions) Prior member engagement/development required (with reference to options in Appendix 1)	(re: decisions) Public Participation/Engagement approach (with reference to toolkit in Appendix 2)	Final decision-maker (& date) <ul style="list-style-type: none"> <li>This Cttee</li> <li>Another Cttee (eg S&amp;R)</li> <li>Full Council</li> <li>Officer</li> </ul>
Item 1	Approve Citywide learning disability strategic delivery plan (commitment 1,6 ASC Strategy)	Andrew Wheawall/Andy Hare	Strategic Delivery Plans			Adult Health and Social Care
Item 2	Approve Citywide Mental Health Strategic Plan	Louisa King/Tim Gollins	Strategic Delivery Plans			Adult Health and Social Care
Item 3	Approve Adult Social Care Climate Response Delivery Plan(Commitment 1 ASC Strategy)	Catherine Bunten	Strategic Delivery Plans			Adult Health and Social Care
Item 4	Endorse Adult Social Care Performance and Quality report and Progress update	Liam Duggan/Janet Kerr	Performance & Quality			Adult Health and Social Care
Item 5	Healthwatch Quarterly Report	Catherine Bunten	Post-decision		Procurement undertaken in	Health Scrutiny

					partnership with CCG and included wide consultation with patient, citizen and service user groups	
Item 6	Endorse Progress with Discharge from Hospital Improvement Plan	Rebecca Dixon	Performance and Quality			Health Scrutiny
Item 7	Endorse Adult Social Care Financial Update and Progress with Financial Recovery Plan	Liam Duggan/Liz Gough	Budget			Adult Health and Social Care
Item 8	Approve Liberty Protection Standards Preparation Delivery Plan	Tim Gollins/Jo Pass	Performance & Delivery			Adult Health and Social Care
Item 9	Approve Adult Social care Annual Complaints and Compliments report 2021-2022	Jennie Everill/Janet Kerr	Performance and Quality			Adult Health and Social Care
Item 10	Approve new Mental Health Social Work Model and Delivery Plan	Tim Gollins/Louisa King	Performance & Quality			Adult Health and social care
Standing items	<ul style="list-style-type: none"> <li>• <i>Public Questions/ Petitions</i></li> <li>• <i>Work Programme</i></li> <li>• <i>[any other committee-specific standing items eg finance or service monitoring]</i></li> </ul>					

Meeting 6	<b>March 2023</b>	Time				
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Topic	Description	Lead Officer/s	Type of item <ul style="list-style-type: none"> <li>Decision</li> <li>Referral to decision-maker</li> <li>Pre-decision (policy development)</li> <li>Post-decision (service performance/monitoring)</li> </ul>	(re: decisions) <b>Prior member engagement/development required</b> <i>(with reference to options in Appendix 1)</i>	(re: decisions) <b>Public Participation/Engagement approach</b> <i>(with reference to toolkit in Appendix 2)</i>	<b>Final decision-maker (&amp; date)</b> <ul style="list-style-type: none"> <li>This Cttee</li> <li>Another Cttee (eg S&amp;R)</li> <li>Full Council</li> <li>Officer</li> </ul>
Item 1	Approve Adult Social Care Annual Domestic Abuse Report 2021 - 2022	Janet Kerr/Sam Martin	Performance & Quality			Adult Health and Social Care
Item 2	Approve Better Care Fund Submission	Joe Horobin/Sandie Buchan/Catherine Buntun	Budget			Adult Health and Social Care
Item 3	Approve Better Care Fund Annual Report	Joe Horobin/Sandie Buchan/Catherine Buntun	Decision			Adult Health and Social Care
Item 4	Approve Adult Social Care Strategy and Quality Improvement Delivery Plan Progress Update	Jon Brenner/Catherine Buntun	Post-decision	Decision at June Committee, following Cabinet decision on Strategy in March 2022.	Consultation through various existing groups	N/A
Item 5	Endorse Progress with Changing Futures Delivery Plan	Michael Corbishley/Sam Martin	Performance & Quality			Health Scrutiny
Item 6	Endorse Progress with Transitions Improvement Plan	Andrew Wheawall/Nicola Shearstone	Performance & Quality			Adult Health and Social Care
Item 7	Endorse Progress with Safeguarding Improvement Delivery Plan	Janet Kerr/Tim Gollins	Performance and Quality			Adult Health and Social care
Item 8	Approve City wide Older Adults / Ageing Well	Jo Pass	Strategic Delivery			Adult Health and Social care



	Strategic Delivery Plan (Commitment 3 1,6 ASC Strategy)					
Item 9	Approve Adult Social Care Prevention, Independent Living and Wellbeing Strategic Delivery Plan (Commitment 2 ASC Strategy)	AD Enablement/ Catherine Bunten/ Joe Horobin	Decision		Consultation through various existing groups	Adult Health and Social Care
Standing items	<ul style="list-style-type: none"> <li>• <i>Public Questions/ Petitions</i></li> <li>• <i>Work Programme</i></li> <li>• <i>[any other committee- specific standing items eg finance or service monitoring]</i></li> </ul>					

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## Report to Policy Committee

**Author/Lead Officer of Report:** Ryan Keyworth,  
Director of Finance and Commercial Services

**Tel:** +44 114 474 1438

**Report of:** *Ryan Keyworth*  
**Report to:** *Adult Health and Social Care Committee*  
**Date of Decision:** *15 June 2022*  
**Subject:** *Month 1 Monitoring, Financial Position and Budget Timetable*

Has an Equality Impact Assessment (EIA) been undertaken?	Yes		No	X	
Has appropriate consultation taken place?	Yes		No	X	
Has a Climate Impact Assessment (CIA) been undertaken?	Yes		No	X	
Does the report contain confidential or exempt information?	Yes		No	X	

### **Purpose of Report:**

*This report brings the Committee up to date with the Council's financial position as at Month 1 2022/23. The report also reports the proposed budget timetable for the development of the 2023/24 budget.*

### **Recommendations:**

#### **The Committee is recommended to:**

1. Note the Council's challenging financial position and the Month 1 position.
2. Note the budget timetable set out in this report including the requirement for the Committee to plan to develop budget proposals over the course of the summer
3. Note that the Strategy and Resources Committee was recommended at its 31 May 2022 meeting to "require any Policy Committee that is forecasting an overspend on their budget to develop an action plan to address the overspend in-year and ask the Finance Sub-Committee to monitor both the development of any required action plans and delivery against them"
4. Commission work from Officers to develop and implement plans to mitigate overspends and deliver stalled savings plans to bring forecast outturn back in line with budget

### **Background Papers:**

[2022/23 Revenue Budget](#)

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>Ryan Keyworth, Director of Finance and Commercial Services</i>
		Legal: <i>David Hollis, Assistant Director, Legal and Governance</i>
		Equalities & Consultation: <i>James Henderson, Director of Policy, Performance and Communications</i>
		Climate: <i>n/a</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	<b>SLB member who approved submission:</b>	<i>Ryan Keyworth</i>
3	<b>Committee Chair consulted:</b>	
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.	
	<b>Lead Officer Name:</b> <i>Ryan Keyworth</i>	<b>Job Title:</b> <i>Director of Finance and Commercial Services</i>
	<b>Date:</b> <i>26 May 2022</i>	

## 1. PROPOSAL

### 1.1 Context

1.1.1 The Council is facing a challenging financial position. It is critical that all Committees stay within the budgets that have been allocated to them by Full Council

1.1.2 A specific recommendation to Council in the [March 2022 budget report](#) supports this:

*“d) To note that, if overspends against the agreed budgets emerge, then Executive Directors and Directors will be required to develop and implement plans to mitigate fully any overspend, within 2022/23, in consultation with elected Members;”*

1.1.3 This recommendation was further reinforced by an [amendment](#) to the [report establishing the new Committee](#) system approved at Council on 23 March proposed by Cllr Cate McDonald (Executive Member for Finance and Resources), seconded by Cllr Sioned-Mair Richards (Chair of Audit and Standards Committee).

*“49. It is the responsibility of each Committee to work within the budget framework agreed by Council. This includes taking timely action to address any overspend within the services for which the Committee is responsible.”*

### 1.2 Background – 2021/22 Out-turn and 2022/23 Budget

1.2.1 The Council finished the 2021/22 financial year with a £20m overspend – helped by one-off income from the NHS.

<b>£m</b>	<b>FY Outturn</b>	<b>FY Budget</b>	<b>FY Variance</b>
People	286.7	264.3	22.4
Place	131.2	135.1	(3.8)
PPC	3.1	3.4	(0.4)
Resources	10.5	8.8	1.7
Corporate	(411.7)	(411.6)	(0.1)
<b>Total</b>	<b>19.8</b>	<b>0.0</b>	<b>19.8</b>

1.2.2 Balancing the 2022/23 Budget required significant savings and a use of reserves. On 2 March 2022, Council approved the 2022/23 budget. That budget required almost £53m of savings proposal and the use of £15m of the Council's one-off reserves to balance it.

<b>£m 22/23</b>	<b>Approved Savings</b>
People	37.7
Place	7.1
PPC	1.2
Resources	6.7
<b>Total</b>	<b>52.7</b>

The Council has also earmarked £25m of reserves to manage the delivery (ie can the saving be realised) and timing risks (ie when can the full saving be delivered) associated with the £52.7m savings.

1.2.3 The Council allocated a total of £70m Reserves to support the Budget from 2021/22

These one-off reserves have been used, or are earmarked as follows:

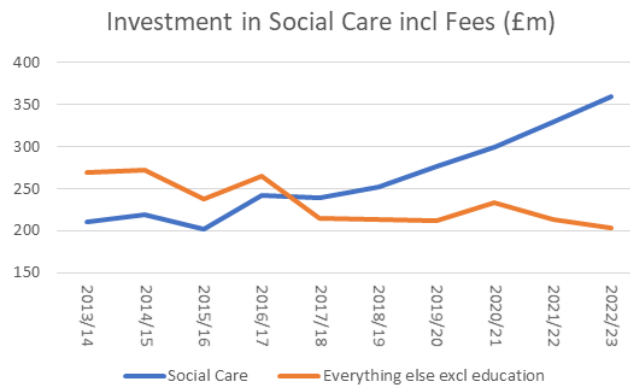
<b>Reserves Usage</b>	<b>£m</b>
2021/22 Overspend	20
2022/23 Budget Balancing	15
2022/23 Current Overspend	19
<i>Unallocated</i>	<i>16</i>
<b>Total</b>	<b>70</b>

1.2.4 The 2022/23 budget, consistent with the Council’s long-term priority, protected investment in key front-line services and in particular social care.

The table below shows how budgets changed from 2021/22 to 2022/23. Effectively, the 2021/22 overspend in People as shown above has been built into the 2022/23 budget. There have been some reallocations between portfolios (eg Libraries) but the message is unaltered:

<b>£m Budget Comparison</b>	<b>2021/22</b>	<b>2022/23</b>	<b>Change</b>
City Futures		43.8	
Operational Services		112.3	
Sub-Total	135.1	156.1	21.0
People	264.3	291.9	27.7
Policy, Performance And Comms	3.4	2.8	(0.6)
Resources	8.8	6.6	(2.2)
Corporate (Incl Use Of Reserves)	(411.6)	(457.4)	
<b>Total</b>	<b>0.0</b>	<b>(0.0)</b>	<b>45.8</b>

1.2.5 Over the longer term and including fee income, this chart shows how the Council has continued to invest in Social Care services with increases of 6% per year for last 10 years and 8% per year for the last 5 years.



1.2.6 The use of reserves can only be one-off. A series of Reviews were commissioned as part of the 2022/23 budget that are designed to save money over the longer term whilst protecting vital services:

<b>Early Intervention &amp; Prevention including Financial Support</b>	Review and consolidation of the Council's early intervention and prevention services including services provided by Children and Families, Housing, Communities, Adult Health and Social Care.  Review of the Council's approach to providing financial support / hardships support including the funding and administration of schemes. Including Council Tax support / hardship, s17 payments, No Recourse to Public Funds, Local Assistance Scheme etc
<b>Libraries</b>	Review the Council's Libraries offer, including the remaining 11 Council-run libraries to determine whether any more should become volunteer run libraries.
<b>Accommodation</b>	<ol style="list-style-type: none"> <li>1. City Centre e.g Moorfoot, Howden, Town Hall</li> <li>2. Locality buildings</li> <li>3. Depots / operational type bases</li> <li>4. Community buildings, including all parks/libraries</li> <li>5. Service tenancies</li> <li>6. Commercial Estate and leased out</li> </ol>
<b>Apprenticeships</b>	Review to explore further opportunities to grow our apprenticeship cohort, saving money and providing opportunities at the same time.
<b>Customer Service</b>	<ol style="list-style-type: none"> <li>1. Communication</li> <li>2. Access to Services</li> <li>3. Quality and Timeliness</li> <li>4. Digital and Self-Service</li> </ol>

### 1.3 Council Portfolio Month 1 2022/23

1.3.1 The Council is forecasting an £18.7m overspend against the 2022/23 budget

Full Year £m	Outturn	Budget	Variance
Corporate	(457.0)	(457.1)	0.1
City Futures	44.6	43.8	0.8
Operational Services	111.9	112.0	(0.1)
People	308.2	291.9	16.3
Policy, Performance Comms	2.9	2.8	0.1
Resources	8.1	6.6	1.5
<b>Total</b>	<b>18.7</b>	<b>0.0</b>	<b>18.7</b>

1.3.2 This overspend is due to a combination of agreed Budget Implementation Plans ("BIPs") not being fully implemented and ongoing cost / demand pressures that are partially offset by one-off saving.

Full Year £m	One-off	BIPs	Trend Variance	
Corporate	-	-	0.1	0.1
City Futures	-	-	0.8	0.8
Operational Services	(3.2)	1.3	1.8	(0.1)
People	(1.2)	15.4	2.1	16.3
Policy, Performance Comms	-	0.1	-	0.1
Resources	-	1.4	0.1	1.5
<b>Total</b>	<b>(4.4)</b>	<b>18.2</b>	<b>4.9</b>	<b>18.7</b>

#### 1.4 Committee Financial Position

##### 1.4.1 Overall Position

The Council is forecasting a £18.7m overspend at Month 1

Within this, there is a £11.6m overspend in Adult Health and Social Care Committee and a £4.7m overspend in Education, Children and Families	Full Year Forecast £m @ Month 1	Outturn	Budget	Variance
Adult Health & Social Care		162.1	150.5	11.6
Education, Children & Families		133.9	129.2	4.7
Housing		8.8	8.8	-
Transport, Regeneration & Climate		41.6	39.9	1.7
Economic Development & Skills		5.8	5.8	-
Waste & Street Scene		53.7	54.2	(0.5)
Communities Parks and Leisure		39.3	39.8	(0.5)
Strategy & Resources		(426.5)	(428.2)	1.7
<b>Total</b>		<b>18.7</b>	<b>0.0</b>	<b>18.7</b>

The majority of the overspend is attributable to forecast shortfall in Business Improvement Plans (BIPs) delivery	Variance Analysis £m @ Month 1	One-off	BIPs	Trend
Adult Health & Social Care		-	9.2	2.4
Education, Children & Families		-	6.3	(1.6)
Housing		-	-	-
Transport, Regeneration & Climate		(0.1)	1.2	0.6
Economic Development & Skills		-	-	-
Waste & Street Scene		(3.0)	-	2.5
Communities Parks and Leisure		(1.4)	-	0.9
Strategy & Resources		-	1.5	0.2
<b>Total</b>		<b>(4.5)</b>	<b>18.2</b>	<b>5.0</b>

£4.5m of one-off savings are mitigating part of the ongoing overspend Contributions from provisions for energy and waste inflation mitigate the in-year impact of rising baseline costs. These are one-off contributions that will not help our position in 23/23 as the trend continues.

Balancing the 22/23 budget was only possible with £53m of BIPs, £34m are reported as deliverable in year	£m Portfolio	Total Savings 22/23	Deliverable in year	FY Variance
	People	37.7	22.3	15.4
	Operational Services	7.1	5.8	1.3
	PPC	1.2	1.1	0.1



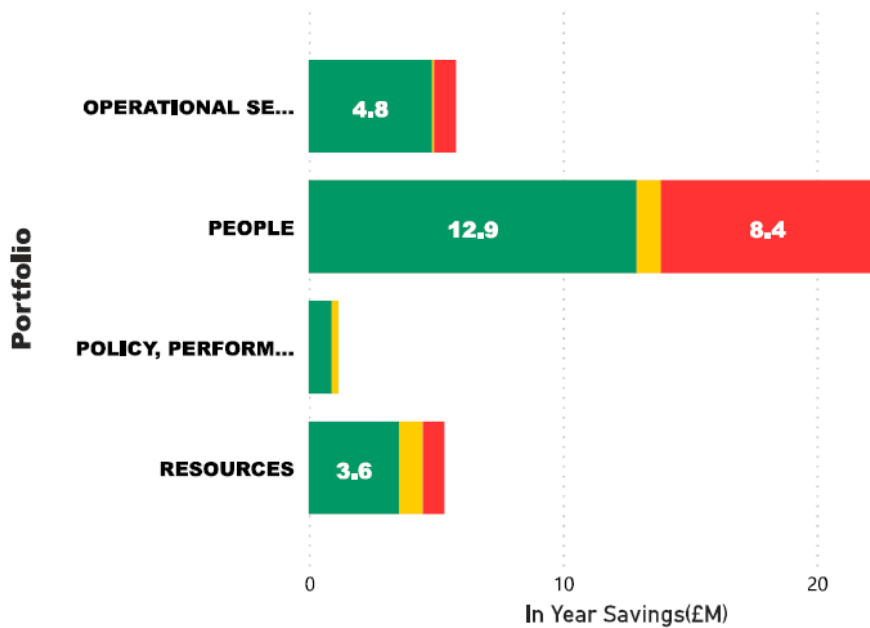
Resources	6.7	5.3	1.4
<b>Total</b>	<b>52.7</b>	<b>34.5</b>	<b>18.2</b>

Focus has to be on delivering BIPs in 22/23 and preventing the budget gap from getting any wider

Of the £34m BIPs forecast as being deliverable, £10m are rated Red, which indicates high risk of increased overspending.

### £34M Deliverable

Financial RAG ● Green ● Amber ● Red



Adult Health and Social Care are forecast to overspend by £11.6m

The high cost of packages of care put in place during covid has increased our baseline costs into 22/23. Work is underway as part of an investment plan with additional resource to tackle the underlying issues although recruitment issues are impacting our ability to deliver the required savings.

Education, Children and Families are forecast to overspend by £4.7m

Forecast under-delivery of budget implementation plans in the service are the main cause of overspends; plans to reduce staffing and increase income from Health are looking unlikely and the residential children's home strategy requires further work on capital business cases in order to progress. The service needs to provide mitigations to bring overspends back in line with budgets.

## 1.4.2 Adult Health and Social Care - £11.6m overspend at Month 1

The revenue outturn position for the AHSC Committee is to overspend by £11.6m

Full Year Forecast £m @ Month 1	Outturn	Budget	Variance
<b>Adult Health &amp; Social Care</b>	153.2	141.5	11.6
<b>Integrated Commissioning</b> <i>(Early Help and Prevention; Supporting Vulnerable People)</i>	8.9	8.9	-
<b>Total</b>	<b>162.1</b>	<b>150.5</b>	<b>11.6</b>

£9.2m of the overspend relates to BIP shortfalls. Staffing is £1.1m overspent and Purchasing Activity £1.2m over budget

Variance Analysis £m @ Month 1	One-off	BIPs	Trend
Adult Health & Social Care	-	9.2	2.4
Integrated Commissioning	-	-	-
<b>Total</b>	<b>-</b>	<b>9.2</b>	<b>2.4</b>

BIP delivery for 22/23 is looking challenging, focus needs to be on reviewing high-cost packages put in place during covid

£11m of the BIP savings required for 22/23 relate to reviewing high-cost packages of care put in place during the pandemic.

Work is underway as part of an investment plan with additional resource to tackle the underlying issue although recruitment issues is impacting on deliverability.

Reported delivery of savings in year amounts to £4.7m leaving a continued gap of £6.4m as part of the overall overspend. Further analysis of the reviews is on-going and will be fed into forecasts each month. Staffing issues pose a risk to case review work.

RAG	Saving	Total Budgeted	Deliverable	GAP
<b>Red</b>	Case review	11.1	4.7	6.4
	Staffing	1.4	0.7	0.7
	TUPE	1.0	0.5	0.5
	MH Social Work	1.0	0.5	0.5
	Localities	0.5	0.1	0.4
	Vacancies & Voids	0.7	0.4	0.4
	<b>Red Total</b>	<b>15.7</b>	<b>6.9</b>	<b>8.9</b>
<b>Amber</b>	Contract Changes	0.5	0.4	0.1
	Support services	0.4	0.3	0.1
	Safeguarding			
	Prevention	0.1	0.1	0.0
	MH & Domestic Abuse	0.2	0.1	0.1
	<b>Amber Total</b>	<b>1.2</b>	<b>0.9</b>	<b>0.3</b>
	<b>Green Total</b>	<b>8.3</b>	<b>8.3</b>	<b>0.0</b>
	<b>Grand Total</b>	<b>25.2</b>	<b>16.1</b>	<b>9.2</b>

Purchasing Budgets are £9.8m over, £8.6m of which is BIP shortfall. The £1.2m underlying activity overspend could indicate further BIP slippage/shortfall.

Full Year Forecast £m @ Month 1	Outturn	Budget	Var.
Older People	34.6	31.2	3.4
Learning Disabilities	34.8	29.1	5.7
Physical Disabilities	17.0	16.6	0.4
Mental Health	9.7	9.4	0.3
<b>Total Purchasing</b>	<b>96.1</b>	<b>86.3</b>	<b>9.8</b>

**Recruitment and retention difficulties continue to impact savings delivery in 22/23, but with the potential to increase staffing pressure in future years**

Vacancies which are part of the investment plan are not fully recruited to.

If posts are filled, the £1.1m current employee overspend would increase but an improvement in BIP delivery would be expected.

However, some elements of the investment plan funding employees are time limited with c.£2m due to be removed from staffing budgets over the next 2 financial years.

A Target Operating Model is being worked on and it is anticipated to arrive at an optimum staffing establishment level but will need to consider the level of permanent funding available.

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**Home care continues to be a huge challenge**

Increased cost and size of packages following the pandemic continues to be an underlying issue. The market is also suffering from staff recruitment and retention problems resulting in a lack of capacity.

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**Fair Cost of Care Exercise and Social Care Reform will increase Adult Social Care responsibilities and costs**

Fair Cost of Care is to determine an appropriate fee level on over-65 Care Homes and Homecare delivery. SCC are currently an average to low payer when benchmarked against other Local Authorities which indicates the potential to have to increase rates above current forecast levels. Any grant allocated is unlikely to fully cover the cost of those increases.

Social Care Reform will levy significant new responsibilities on Local Authorities and also introduces a cap on care costs. The grant allocated is unlikely to fully cover the costs of those increases or the required increase staffing base needed in order to deliver our new responsibilities.

## 1.5 Outlook for 2023/24 and Beyond

1.5.1 We do not expect to receive additional core funding – the trend in government is to support specific initiatives rather than general funding uplifts. In any case, the Local Government finance settlement is normally issued just before Christmas – far too late to support a budget process.

The best we can hope for is that the government will recognise and provide funding to cover the current high rates of inflation, although there are no indications from government on this and we would not expect to get any confirmation until the Autumn Statement at the earliest.

1.5.2 We are working on the Medium Term Financial Analysis which will provide our best estimate of the Council's overall financial position for the next few years. We normally produce this over the summer for publication in the early Autumn, but this year, we are bringing it forward to July because of the Council's difficult financial position.

1.5.3 There is likely to be a significant budget gap to bridge for 2023/24

Possible 2023/24 Budget Gap	£m
Use of Reserves in 2022/23 Budget	15
Current 2022/23 Forecast Overspend	19
One-offs being used in 2022/23	4
Ball-park inflationary / demand pressures	?45?
Expected Grant / Council Tax Increase	(15)
<b>Potential Budget Gap</b>	<b>68</b>

## 1.6 2023/24 Budget Timetable

1.6.1 The high-level timetable for the 2023/24 budget has been structured around the Committee timetable. This timetable will require significant work from Policy Committees over the summer and will mean that budget proposals from Committees will be reported during September.

<b>Throughout June 2022</b>	Budget Monitoring and timetable Reports to <b>Policy Committees</b> at Month 1 2022/23.
<b>5 July 2022</b>	Medium Term Financial Analysis to <b>Strategy and Resources Committee</b> . <b>Strategy and Resources Committee</b> sets Policy Committee budget targets.
<b>July – September 2022</b>	<b>Policy Committees</b> develop Revenue and Capital budget proposals to address any cost or demand pressures within the budget allocated by Strategy and Resources Committee.
<b>Throughout September 2022</b>	<b>Policy Committee</b> meetings to formally set out how they are going to deliver their budget – reporting the results of the work done over the summer.
<b>12 October 2022</b>	Consolidated budget report based on individual Policy Committee work to <b>Strategy and Resources Committee</b> .

<b>Throughout November 2022</b>	<b>Policy Committee</b> meetings formally to sign-off budgets after any changes from Strategy and Resources Committee in October
<b>5 December 2022</b>	Overall budget formally signed off by <b>Strategy and Resources</b> including the Housing Revenue Account Rent setting report as part of the Housing Policy Committee's budget.
<b>24 January 2023</b>	Budget report formally approved by <b>Strategy and Resources</b> with recommendations to Full Council
<b>1<sup>st</sup> February 2023</b>	Housing Revenue Account budget approved at <b>Full Council</b> , together with the Rent Setting decision
<b>1<sup>st</sup> March 2023</b>	2023/24 Revenue and Capital Budgets to <b>Full Council</b>

## 2. HOW DOES THIS DECISION CONTRIBUTE?

- 2.1 The recommendations in this report will ensure that the Council has a robust budget process for 2023/24 and will ensure that each Policy Committee undertakes any work required to both balance their 2022/23 budget and prepare for the 2023/24 budget.

## 3. HAS THERE BEEN ANY CONSULTATION?

- 3.1 There has been no consultation on this report, however, it is anticipated that the budget process itself will involve significant consultation as the Policy Committees develop their budget proposals

## 4. RISK ANALYSIS AND IMPLICATIONS OF THE DECISION

### 4.1 Equality Implications

- 4.1.1 There are no direct equality implications arising from this report. It is expected that individual Committees will use equality impact analyses as a basis for the development of their budget proposals in due course.

### 4.2 Financial and Commercial Implications

- 4.2.1 There are no direct financial implications from this report.

### 4.3 Legal Implications

- 4.3.1 Under section 25 of the Local Government Act 2003, the Chief Finance Officer of an authority is required to report on the following matters:

- the robustness of the estimates made for the purposes of determining its budget requirement for the forthcoming year; and
- the adequacy of the proposed financial reserves.

- 4.3.2 There is also a requirement for the authority to have regard to the report of the Chief Finance Officer when making decisions on its budget requirement and level of financial reserves.

- 4.3.3 By the law the Council must set and deliver a balanced budget, which is a financial plan based on sound assumptions which shows how income will equal spend over the short- and medium-term. This can take into account deliverable cost savings and/or local income growth strategies

as well as useable reserves. However, a budget will not be balanced where it reduces reserves to unacceptably low levels and regard must be had to any report of the Chief Finance Officer on the required level of reserves under section 25 of the Local Government Act 2003, which sets obligations of adequacy on controlled reserves.

4.4 Climate Implications

4.4.1 There are no direct equality implications arising from this report. It is expected that individual Committees will consider climate implications as they develop their budget proposals in due course.

4.4 Other Implications

4.4.1 No direct implication

**5. ALTERNATIVE OPTIONS CONSIDERED**

5.1 The Council is required to both set a balance budget and to ensure that in-year income and expenditure are balanced. No other alternatives were considered.



## Report to Policy Committee

### Author/Lead Officer of Report

Joanne Knight – Strategic Commissioning Manager (Dementia and Older Adults)  
Robert Addenbrooke – Commissioning Officer (Older Adults)

**Tel:** 0114 205 7142

**Report of:** Director of Adult Health and Social Care

**Report to:** Adult Health and Social Care Policy Committee

**Date of Decision:** 15<sup>th</sup> June 2022

**Subject:** Commissioning and Procurement of Temporary Care Home Beds

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? <b>986</b>				
Has appropriate consultation taken place?	Yes	<input 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 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 (<b>report/appendix</b>) is not for publication because it contains exempt information under Paragraph (<b>insert relevant paragraph number</b>) of Schedule 12A of the Local Government Act 1972 (as amended)."</i>				

### Purpose of Report:

The purpose of this report is to seek Health and Social Care Policy Committee approval for the re-commissioning and procurement of a number of Somewhere to Assess Pathway Beds and Short-Term Beds.

The current contracts expire on 11<sup>th</sup> September 2022.

**Recommendations:**

That the Adult Health and Social Care Policy Committee:

- Approve the commissioning and procurement of the contracts detailed in this report, noting the budget provision, as set out in the financial implications section of the report.
- Delegate authority to the Director of Adult Health and Social Care in consultation with the Director of Legal and Governance Services and Director of Finance and Commercial Services to approve the procurement strategy, conduct the procurements and award the resulting contracts

**Background Papers:**

The Sheffield City Council Short-Term Care Strategy for Older People including the engagement report can be found at Appendix A.

Lead Officer to complete: -		
1	I have consulted the relevant departments in respect of any relevant implications indicated on the Statutory and Council Policy Checklist, and comments have been incorporated / additional forms completed / EIA completed, where required.	Finance: Ann Hardy
		Legal: Tim Hoskin
		Equalities & Consultation: Ed Sexton
		Climate: <i>(Insert name of officer consulted)</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	<b>SLB member who approved submission:</b>	<i>John Macilwraith</i>
3	<b>Committee Chair consulted:</b>	<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.	
	<b>Lead Officer Name:</b> Joanne Knight	<b>Job Title:</b> Strategic Commissioning Manager (Dementia and Older Adults)



## 1 PROPOSAL

- 1.1 It is proposed that a commissioning and procurement exercise takes place to source Somewhere to Assess Pathway and Short-Term Care Beds.
- 1.2 In partnership with Sheffield Clinical Commissioning Group (SCCG), 40 Somewhere to Assess Beds (S2A) which:
- Offer a care home bed outside of a hospital setting to assess the longer-term needs of a person.
  - Offer a care home bed when a person is no longer able to safely stay at home until their longer-term needs are assessed
  - Use a dispersed purchasing model so there are more beds available in local areas
- 1.3 In partnership with Sheffield Clinical Commissioning Group a framework of providers who can provide S2A beds on a spot purchase basis, seven respite and emergency beds which:
- Allow an unpaid carer or a representative/care manager to pre book a respite bed for the unpaid carer to take a holiday or break from their caring role
  - Offer a safe and secure place for a person to stay in an emergency where they cannot stay in their usual place of residence
  - A framework of providers who can provide respite and emergency beds on a spot purchase basis

## 2 BACKGROUND

- 2.1 Many care homes in Sheffield provide accommodation with care to people over the age of 65. Most provide a range of permanent placements, and some provide temporary accommodation both on a private basis and via contract with the Sheffield Clinical Commissioning Groups and Sheffield City Council (SCC).
- 2.2 These differ slightly from the arrangements for working age adults, who have a different range of options open to them. The provision of temporary care home beds to this group are therefore not included in this report.
- 2.3 Temporary or short-term accommodation is provided for several reasons including to support hospital discharge, to facilitate an emergency at a person's home, for rehabilitation or to facilitate a break for an unpaid carer.

2.4 The current range of contracted short-term beds for older people in Sheffield are as follows (those highlighted are the subject of this report): -

<b>Type of arrangement</b>	<b>Nursing/residential</b>	<b>Funded by</b>	<b>Purpose</b>	<b>Current Contract Arrangements</b>
Somewhere else to assess beds (S2A)	Nursing and residential	Jointly funded by SCC/SCCG	Assess the longer term needs of a person outside of the hospital/crisis situation	Block contract for 40 beds which expires in September 2022
Intermediate care beds	Nursing	Sheffield Teaching Hospitals NHS Foundation Trust (STH)	Provide temporary accommodation for rehabilitation and recovery following illness or crisis	Block contract for between 88-108 beds, this is midway through a tender exercise
Respite beds	Residential	SCC	To facilitate a break for an unpaid carer either prebooked or when required	Block contract for 4 beds which expires in September 2022
Emergency beds	Residential	SCC	To accommodate a person in a crisis situation who cannot stay safely at home	Block contract for 3 beds which expires in September 2022
Community beds	Residential	STH	To accommodate people from hospital to wait for an independent home care package or short-term intervention service	Block contract for 47 beds which expires in May/June 2022

- 2.5 The impact of COVID on the care home market has been significant and this has brought further attention to many of the issues that already existed such as recruitment and retention, high staff turnover and increasing numbers of vacancies. The market is being supported through these issues by the care homes teams in both organisations.
- 2.6 This procurement now offers the whole market an opportunity to develop business models to accommodate temporary arrangements alongside the permanent care beds they have always offered.
- 2.7 In the longer term we aspire to jointly commission, with health colleagues, all the temporary bed arrangements and create a more flexible, outcomes focussed and cost-effective approach. However, this will require further scoping, planning, co-commissioning across partner organisations, and investment sharing agreements along with further engagement with individuals, family members and carers to ensure individuals and carers views inform a longer-term approach.
- 2.8 In the interim, therefore, there is a need to make some provision in the medium term so that we have an offer of short-term beds in the City as the current contracts referred to in this report expire in September 2022.
- 2.9 This medium-term arrangement will also offer time to understand the outcome of other initiatives that are being introduced and the impact these have on the need and demand for short term care home beds. These initiatives include the development of the NHS virtual wards, the introduction of the enablement service in social care and the development of the care and wellbeing home support service.
- 2.10 The proposals in this report do however start to work towards the joint ambition of aligning all short-term arrangements by bringing together some of the beds into one procurement exercise and aligning the contract ends dates. This will help create further flexibility and enable the care home market to understand the types of support required, begin to redevelop their business models, and create capacity which can meet the demand for this range of temporary services.

### **3 THE NEED FOR CHANGE**

#### **3.1 Somewhere Else to Assess (S2A)**

- 3.1.1 The [Hospital discharge and community support guidance - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/guidance/hospital-discharge-and-community-support-guidance) was published in March 2020 (last updated 31<sup>st</sup> March 2022) and set out around 4 clear pathways with an intention to support more people to be discharged to their own home

1.

- 3.1.2 It is clear from the guidance that the default pathway should always be home, however, there is also a recognition that there are circumstances where another community setting is more appropriate to be able to assess the longer-term needs of a person.
- 3.1.3 SCC and SCCG commissioned S2A beds for this purpose and these beds have been in place since 2019. During this time there have been various iterations of the model of provision, they have however always been a joint arrangement with Sheffield CCG (SCCG)
- 3.1.4 A review of S2A was undertaken in March 2022 and found that although the assessment outside of hospital remains a valid and needed option, there are circumstances where undertaking this at home is not an option and there is a need for a place where people can recover and be assessed for their longer-term needs which is away from home but outside of an acute setting
- 3.1.5 The review concluded there was very little evidence that the current model and specification needs major development. Some amendments are required to ensure the specification reflects recent national and local planning and operating guidance; however, the purchasing model does need change to better reflect the needs of both individuals using this and the health and social care system. This procurement will address the issues identified
- 3.1.6 The review concluded the four principal areas where further development is needed, are as follows.

Issues identified	How this procurement will address this issue
Further development of a person-centred approach particularly for those with dementia e.g., reducing the number of moves a person must make	<p>Creating more dispersed sites geographically will allow an opportunity for individuals to be closer to home. If their assessment suggests they need ongoing care in a care home, it is more likely their temporary stay could be accommodated longer term in the same place.</p> <p>A framework of providers will be established which will reduce the number of failed admissions</p> <p>The principles of a person-centred approach will form part of the specification and the standard operating procedure</p>

<sup>1</sup> <https://www.gov.uk/government/publications/hospital-discharge-service-policy-and-operating-model/hospital-discharge-service-policy-and-operatingmodel#:~:text=Discharge%20to%20assess%20model%20%E2%80%93%20pathways,their%20long%2Dterm%20care%20needs.>

<p>Contracts only available in 4 homes which limits availability and choice</p> <p>Home closures due to infection control have meant a significant number of voids</p>	<p>A dispersed model of provision means smaller clusters of beds available in different geographical areas</p> <p>Alongside this will be a framework of providers who will be available to provide S2A support on an as and when basis</p>
<p>Lack of dedicated wrap around support for the individual and family and systems and processes which need further development</p>	<p>There will be a review and redevelopment of the standard operating procedure, which is jointly agreed between SCC, STH and SCCG.</p> <p>This will clarify roles and responsibilities and the introduction of new processes and systems to ensure effective operation of the beds e.g., data collection, brokering the right service and contract management.</p>
<p>Strengthen the relationship with providers</p>	<p>All providers have been notified about the system for registering their interest in future tenders</p> <p>Meet the buyer events will take place before the procurement is live.</p> <p>The ongoing relationship with providers will continue through the quality and performance team in Adult Social Care Commissioning and Sheffield CCG.</p>

## 3.2

### Respite and Emergency beds

#### 3.2.1

The respite and emergency beds have been in place since 2015 with one organisation who use a number of their care homes sites to provide this service. They are under contract and funded by SCC.

#### 3.2.2.

Over the past 18 months the beds have not been well used, for this reason the number of beds available was reduced from 14 to 7 in April 2022.

#### 3.2.3

The reason for the under usage is likely to be because of multiple factors including the impact of COVID, beds being closed due to infection control measures, and people having limited confidence in care homes (linked to COVID) as well as indicating that they are no longer the type of arrangement that people would like

#### 3.2.4

A short-term care commissioning strategy for older people was developed in 2021, it was developed using consultation with a number of people with lived experience, paid

workers, and unpaid carers. The strategy and engagement report are noted in Appendix 1 and Appendix 2.

### 3.2.5

For respite care it identified the need to provide: -

- a greater variety of respite options
- increased flexibility in delivery
- more capacity and improved confidence in the services that are available
- improved information on availability of respite options

### 3.2.6

The strategy also identified the need to improve the emergency breaks offer by: -

- providing support options that are available and responsive when needed
- offering short term overnight support in a range of settings
- ensuring enough availability of urgent and rapid access options

### 3.2.7

For some people however the traditional support offered by a care home was still important and this is evidenced by the fact that some people still choose to use the current beds and really value them.

### 3.2.8

This procurement will be the first stage in building the model of short-term support by redeveloping respite and emergency options in care homes.

## 4

### **HOW DOES THIS DECISION CONTRIBUTE?**

#### 4.1

As well as responding to the review of the S2A model of support and the Sheffield City Council Commissioning Strategy for Short Term Care for Older People this proposal also assists the council to meet its statutory duties under the Care Act 2014 in the following ways:

#### 4.2

##### **The Care Act 2014 Section 2(1) - Preventing needs for care and support**

- (a) contribute towards preventing or delaying the development by adults in its area of needs for care and support.
- (b) contribute towards preventing or delaying the development by carers in its area of needs for support.
- (c) reduce the needs for care and support of adults in its area.
- (d) reduce the needs for support of carers in its area.

#### 4.3

##### **The Care Act 2014 Section 5(1) - Promoting diversity and quality in provision of services**

- (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

#### 4.4

##### **The Care Act 2014 Section 6(1) - Co-operating generally**

- (a) their respective functions relating to adults with needs for care and support,
- (b) their respective functions relating to carers, and
- (c) functions of theirs the exercise of which is relevant to functions referred to in paragraph [\(a\)](#) or [\(b\)](#).

#### 4.5 **The Care Act 2014 Section 8(1)(2)(3) – Meeting Needs**

- (1)(a) accommodation in a care home or in premises of some other type.
- (2) The following are examples of the ways in which a local authority may meet needs under sections 18 to 20—
  - (2)(a) by arranging for a person other than it to provide a service.
  - (3) “Care home” has the meaning given by section 3 of the Care Standards Act 2000.

4.6 This proposal supports and links to the commitments stated in the **Adult Social Care Strategy, “Living the Life you Want to Live” 2021** in particular

- Commitment 2 - Provide temporary assistance to help people regain some stability and control in their life following ill health or crisis by ensuring that when individuals are assessed they are given an opportunity to maximise their potential before doing so.
- Commitment 3 - Provide care and support with accommodation where this is needed in a safe and supportive environment that can be called home by offering a safe and enabling environment which supports their recovery.

4.7 This proposal has a strong link to the **Local Area Committees** and their **Empowering Communities** work. In particular

- Empowering communities – building community-based resources
- Improving health and wellbeing – supporting the local population to recover and regain skills they may have lost through ill health or crisis and supporting carers to maintain their health and wellbeing

4.8 **Climate Change** - This procurement supports Sheffield City Council in its commitment to be a Net Zero city by 2030. The procurement will support low carbon investment by testing out providers who support the need for climate consideration in their business model. It will also actively seek local community provision to reduce the carbon omissions created by prolonged travel.

4.9 **Financial sustainability** – By improving the way the services are provided and using a dispersed model of support there are likely to be reduced costs in failure demand, in voids and vacancies and improved quality which also reduces cost.

4.10 **Sheffield’s 1 Year Plan** – This procurement will support and help deliver the 1-year plan by investing in Enablement Support, which assists people to live more actively and independently with time to recover, gain, regain or maintain skills, health, and wellbeing.

#### 5. **HAS THERE BEEN ANY CONSULTATION?**

5.1 As part of the review of the S2A beds, consultation took place with a wide range of stakeholders, through interviews and surveys. This included providers, SCC and NHS staff and a limited number of people and their carers who had used the service. It was more difficult to gain feedback from people using the service as this is only a temporary arrangement for approximately 28 days.

- 5.2 The Short-Term Care Strategy for Older People included consultation with a wide range of stakeholders who co-developed the recommendations.
- 5.3 A summary of the outcome of these consultations can be seen in the further information section where there is a summary of the engagement report

## **6. RISK ANALYSIS AND IMPLICATIONS OF THE DECISION**

### **6.1 Equality of Opportunity Implications**

- 6.1.1 As a Public Authority, we have legal requirements under the Equality Act 2010. This incorporates the Public Sector Equality Duty, which includes the requirement to have due regard to the need to *advance equality of opportunity between those who share a relevant protected characteristic and those who do not.*
- 6.1.2 The proposal is considered to be supportive of this provision, as it advances equality of opportunity specifically for people sharing the protected characteristics of Age and Disability (as well as other protected characteristics).
- 6.1.3 The proposal is also consistent with the Council's wider equality impact assessment through its support for people with unpaid caring responsibilities.
- 6.1.4 In November 2020, Carers UK released research into carers' experiences during the COVID-19 pandemic which showed that "More than three quarters (78%) of carers reported that the needs of the person they care for have increased recently." The proposal for respite care will support carers and offer the opportunity to pre book a break from their caring role
- 6.1.5 Whilst the provision of care home support does not meet the needs and aspirations of all carers, there are some who prefer this traditional model of support therefore this proposal will ensure this group still have the opportunity to use the type of support that best meets their needs.
- 6.1.6 An Equalities Impact Assessment has been undertaken and there are no adverse effects as a result of this proposal.

### **6.2 Financial and Commercial Implications**

#### **Finance**

- 6.2.1 The anticipated cost of this proposal is approx. £1.3m per annum, £1.14m for S2A (50/50 cost split between SCC and SCCG) and 200k per annum for respite and emergency beds funded by SCC
- 6.2.2 The funding will be from existing budgets and the existing financial agreement between the SCCG and SCC for S2A will be reviewed and updated as necessary



**Commercial and Procurement**

- 6.2.3 This proposal constitutes a Social Services procurement and as such the service/s can be procured under the Light Touch Regime in accordance with regulation 74 of the Public Contracts Regulations (PCR) 2015. We intend to adopt a bespoke open tender process, in accordance with Council standing orders and fully compliant with PCR 2015.
- 6.2.4 The existing contracts ends in September 2022. The re-procurement and new commissioning are being undertaken in line with advice and guidance from Commercial Services and the procurement team at Sheffield CCG.
- 6.2.5 The contract will be for up to 2 +2 years to allow the bidders some stability but also give time for further development of a city offer for short-term care home beds.
- 6.2.6 The price for the beds will be set at SCC standard rate, the contract will be a block purchase arrangement so providers will be paid for any voids. Temporary beds by their nature have additional administration costs and a guaranteed income arrangement helps to cover these costs
- 6.2.7 All framework providers will be paid on a spot purchase basis and used as and when required
- 6.2.8 Bidders will be selected on quality and geographical location to ensure there is an even spread across the city
- 6.2.9 The changes this proposal brings to the existing arrangements can be seen below

Current Service	Proposed Change
<p>S2A beds</p> <ul style="list-style-type: none"> <li>• 40 beds in 4 care homes.</li> <li>• 3-year contract</li> <li>• Only available from hospital</li> <li>• No framework for spot purchases</li> </ul>	<ul style="list-style-type: none"> <li>• Tender for a 2-year contract block contract with the option to extend for a further 2 years following review</li> <li>• Improve the specification based on the recent review of the S2A model and feedback from stakeholders</li> <li>• Increase the number of sites available from 4 up to a maximum of 20 across a wide geographical area</li> <li>• Open the pathway to facilitate assessments from the community where this is deemed appropriate. (There will be a charge to the individual for this in some circumstances)</li> <li>• Create a framework of providers who can undertake work on a spot basis should capacity be insufficient</li> <li>• Create a framework of providers who can offer enhanced S2A (care needs over and above</li> </ul>

	<p>those which are classed as standard). This will largely be used by the CCG and at a different fee rate</p> <ul style="list-style-type: none"> <li>• Ensure the configuration of the beds is based on demand (no of residential as opposed to nursing beds)</li> </ul>
<p>Respite and emergency beds</p> <ul style="list-style-type: none"> <li>• 7-year contract</li> <li>• Specification which is 7 years old</li> <li>• Currently either respite or emergency</li> </ul>	<ul style="list-style-type: none"> <li>• Tender for a 2-year block contract with the option to extend for a further 1+1 years following review</li> <li>• Ensure there is a geographical spread</li> <li>• Improve the specification based on feedback from carers and social care workers</li> <li>• Create more flexible use of the beds so they can be used for respite or emergencies</li> </ul>

6.2.10 The proposed timescale for undertaking this procurement is as follows

Stage in Procurement Process	Dates
Issue of Invitation to Tender	17th June 2022
Clarification Deadline	4th July 2022
Deadline for submission of tenders	18th July 2022 12pm
Evaluation of tenders	19th July – 5th August
Notification of result of evaluation	8th August
Standstill Period	8th August
Award decision	18th August
Anticipated contracts start date	September 2022

### 6.3 Legal Implications

6.3.1 The Council has the statutory power to make this provision, under the Care Act 2014. The 2014 Act provides the legal framework for the provision of adult social care, and it includes general duties to promote individual wellbeing and to promote integration with health services.

6.3.2 In terms of the Council's duties to the individuals concerned, the Council has a duty under section 18 of the Act to meet assessed needs for care and support.

6.3.3 The Council has a discretion not to charge, notwithstanding its normal policy. In this

case, the short-term nature of the S2A arrangement, and the manner in which the Council is deciding to meet the assessed needs, justifies not charging (and any departure from charging policies) for these interim periods only. It is advised that care should be taken to ensure the individuals concerned are clear that any waiving of charges is on a time limited basis and will be revisited when care and support is provided in other ways. The discretion not to charge does not apply to the respite beds which are pre bookable and part of an assessed care need

- 6.3.4 The Director of Adult Social Services will ensure that the arrangements for the recovery of the Council's costs from the SCCG are robust, transparent, and enforceable, before awarding the contracts. If no other suitable mechanism is available, this should be achieved by putting in place a suitable grant funding agreement.
- 6.3.5 The proposed procurement will be compliant with both the Public Contracts Regulations 2015 (PCR) and the Council's Standing Orders for Contracts. Given the nature of the procurement, the 'Light Touch' procurement regime under PCR regulations 74 – 76 is available.
- 6.3.6 The terms and conditions for the S2A contract will be the NHS standard terms and conditions, this is currently the case with the existing contract as advised by SCCG.
- 6.3.7 The terms and conditions for the respite and emergency beds will be the standard terms and conditions used by the Council and as advised by Commercial Services.
- 6.3.8 If there is a change in service provider this will have an impact on the staff providing the service and TUPE may apply although it is unlikely in this scenario. This will be drawn to the bidder's attention so that they can consider the potential impact of TUPE and current providers will be required to share information as appropriate in accordance with their existing contracts and the TUPE legislation.

## **6.4 CLIMATE IMPLICATIONS**

- 6.4.1 *This procurement supports Sheffield City Council in its commitment to be a Net Zero city by 2030. The procurement will support low carbon investment by testing out providers who support the need for climate consideration in their business model. It will also actively seek local community provision to reduce the carbon omissions created by prolonged travel.*

## **7. ALTERNATIVE OPTIONS CONSIDERED**

- 7.1 In making the recommendations two other options were considered and rejected:

- 7.1.1 *i. Continue with the existing services*

This alternative was rejected because:

- It does not respond to feedback gathered
- It does not allow us to update the current service specifications and
- It does not meet with legal and commercial regulations

ii. *End the existing services and invest in other new provision*

7.1.2 This alternative was also rejected because:

- There would be a gap in provision which would have implications hospital discharge
- There would be insufficient capacity for unpaid carers to pre book a break from their caring role

## 8. REASONS FOR RECOMMENDATIONS

8.1 The provision of these beds will: -

- Provide a suitable and locally based provision where individuals can have their long-term needs assessed outside of an acute or unsafe setting
- Support and enable where possible the individual to return home if they can do so
- Support the discharge of people out of acute settings when they are fit for discharge
- Offer a pre bookable respite care option for unpaid carers to plan a break from their caring role
- Offer emergency provision in a crisis or other situation where an individual cannot stay at home
- Offer locally based provision closer to family and friends
- Be more person centred in approach reducing the number of temporary moves a person has

## 9. APPENDICES

### Appendix 1

Short Term Care Strategy for Older People



adult-short-term-care-strategy.pdf

### Appendix 2

Short Term Care Engagement Report



sheffield-stc-engagement-report-21-december.pdf



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# **SHORT-TERM CARE IN SHEFFIELD**

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## **Adult Social Care Commissioning Strategy for Older People**

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## EXECUTIVE SUMMARY

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The Sheffield Short-Term Care for Older People Strategy has been influenced by national guidance and best practice as well as through feedback from people who use short-term care, their carers, volunteers and professionals who support people to access short-term care both health and social care

It will explore the current arrangements and aim to resolve some of issues that have been raised including:

- People's perceptions of what constitutes short-term care have been mixed and often confused, they have sometimes been focused on what is (a care home stay) rather than what could be.
- Short term care is usually associated with supporting carers and whilst this is a crucial aspect, short term care should be viewed in a wider context, and the impact it can have for everyone.
- Contracted capacity was sufficient at the time of the original contract however, due to natural population growth, changing patterns in purchasing and growing expectations, demand for short-term care has increased. Purchasing history shows that additional provision over and above the block contracts is being secured at an additional cost pressure on the purchasing budget. This indicates that our models of support and methods of purchasing require review.
- Issues raised through both previous reviews and more recent engagement have identified some positive aspects to the current model which provide a good basis for development, but there are areas that need to be addressed to further develop the short term care offer for the city.

We also know however that people value short term care as a safety net and the support and break it offers to many carers and to many individuals at short notice and in circumstances that they could not predict.

Through the aims set out in this strategy, we can achieve a short term social care model for older people that provides a greater variety of options, increased flexibility in delivery, more capacity and improved confidence in the services that are available. For the people accessing short term care, this model will provide real choice and greater awareness on what there is available, and ultimately more independence to decide how their needs are met.

## SECTION A: OVERVIEW

### A.1. PURPOSE OF THE STRATEGY

This is Sheffield's strategy for short term care for older people and sets the direction of travel over the next 5 years.

It sets out the current needs and future expectations for short term care in Sheffield and how this aligns with the overall strategic direction. It has been produced in collaboration with people who use short term care, unpaid carers, social care workers and professionals.

This provides a context and set of strategic aims for how we intend to meet current and future demand for short-term care provision, and further contribute to the overarching aims described in a number of city strategies including the Sheffield Adult Social Care Strategy and the Sheffield Carers Strategy.

This strategy provides clearly defined aims that should be central to the commissioning intentions outlined in the various areas within the report and explores how these aims can be achieved.

The strategy starts by providing the strategic context for the whole adult social care commissioning system, followed by the current short-term care landscape and linked commissioning activity.

### A.2. STRATEGIC CONTEXT

Sheffield has published its Joint Health & Wellbeing Strategy 2019-24. This covers the entire life course, but relates specifically to short-term care in its aims around "Ageing well":

- *Everyone has equitable access to care and support shaped around them.*
- *Everyone has the level of meaningful social contact that they want.*
- *Everyone lives the end of their life with dignity in the place of their choice*

The Sheffield Adult Social Care Strategy currently in development, which is being co-produced, is likely to focus on the following commissioning principles:

- *Support to maintain independence, stability, and control in your life.*
- *Support people living at home for as long as possible, but to also to ensure care and support is available wherever you call home.*
- *Listen to what matters to you.*
- *Help to sustain the availability and accessibility of support.*
- *Ensure services we buy and arrange are high quality and improve people's experience of care and support.*

The Sheffield Carers Report (Jan 2020) and Sheffield Dementia Strategy Engagement Report (Feb 2019) also highlighted the commitment for:

- *More and greater options of breaks for Carers – as a preventative tool before breakdown in caring.*
- *Sheffield will continue to provide out of hospital emergency assessments and short-term care when people need it and in the most appropriate setting.*

### **A.3. THE CITY PICTURE**

There are several different types of short-term care, some provide a break for carers, and others offer a short stay for assessment or rehabilitation. Although they are all very different there are common factors, they always incorporate an overnight stay and currently they are predominantly provided in a care home.

Sheffield City Council currently purchases through contracts:

- Eight (8) pre-bookable respite beds located across several care home venues, this is a block contract and the contract for these is due for renewal in October 2021.
- Six (6) emergency beds also across several locations (the locations are flexible dependent on need), this is a block contract and the contract for these is due for renewal in October 2021.
- A significant number of spot purchase for short-term care from the care home market.

In 2019/20 the total forecast spend on short-term care was approximately £2.5 million, and this accounts for 3% of the total expenditure on the older people's purchasing budget.

Some of the issues and areas that had to be addressed further as part of this strategy include:

- There has not been any recent consultation with carers and individuals about short-term care and what this should look like in the future.
- There have been some suggestions that carers prefer to take a break with the person they care for.
- The alternatives for short-term care outside of a care home setting are limited.
- There is anecdotal evidence that carers are not able to find any pre-bookable respite
- The pre-bookable respite beds are not being used to full capacity however there are spot purchases for short-term care outside this contract.
- The short-term care arrangements all sit in the independent sector.
- The current respite and emergency short term arrangements were put in place following the closure of a care home and therefore are traditional in approach, they were provided on a like for like basis rather than based on evidence of what works and have not been reviewed recently.

#### **A.4. WHAT DO PEOPLE TELL US ABOUT THE SYSTEM?**

A consultation into short-term care for older people was conducted as part of the strategy development to understand what is important to people when considering short term care. This also provided the opportunity to highlight issues in the current model of short-term care, as well as what people would like to see in future. The consultation found that:

- Priorities for people included the quality of the options, the availability, and how person centred the service was.
- In addition to the aims that were suggested respondents felt that the strategy needed to ensure there was access to emergency and rapid access to short term care options, and that socially valuable relationships could be built between the cared for person and providers.
- What was also highlighted as important to people included having confidence in the quality of care provided, having access to short term care at different times of the day or week, and having a variety of different short term care options in different settings.

A copy of the full consultation report and summary infographic can be found in the appendices.

## A.5. OUR COMMISSIONING APPROACH

In Sheffield we follow a commissioning cycle consisting of:

- Analyse: activity and resource assessment.
- Plan: gap analysis, commissioning strategies and service design.
- Do: service delivery and provider working.
- Review: outcome and performance analysis.

This cycle is summarised in the diagram below.



Figure 1 Commissioning Cycle

This strategy is a key element of the plan stage of the commissioning cycle as it will inform the subsequent planning and delivery of short-term care for older people in Sheffield.

Although this strategy is intended to set the strategic direction for the next 5 years once implemented, the commissioning plan will need to be refreshed on an annual basis as part of the commissioning cycle.

An annual monitoring review should also take place with commissioners, service providers and those who engage in short-term care to review the implementation progress of the strategy. This will also provide the opportunity for changing outcomes to be identified and the market to respond to these.

## SECTION B: DEMAND AND PROVISION

### B.1. DEFINITIONS AND SCOPE

**Short Term Care** is commonly understood as a temporary solution in a residential care home. It is aimed to support a person on a temporary basis following a bout of illness, injury, or other situations and where a person may benefit from a stay in a residential setting to recover and until they can return home.

A wider understanding of Short-term care and one that this strategy adopts is that it is:

**Short-term care covers a range of short-term services that may help a person and their family to sustain as much independence living at home for as long as possible, usually as part of a package of care and support.**

These services can include:

- Occasional days in a setting away from home.
- Short stays in an overnight setting.
- Support at home for short periods to enable the person and their family or carer to have some time to themselves.

**Respite care** is traditionally defined as a planned short-term arrangement in a residential home funded by social care (The Local Authority) which:

- offers family carers a break from their caring role
- offers short term alternative accommodation where a person needs this

In fact, this strategy adopts the following, as it more accurately reflects the purpose:

**Respite care is a specific type of short-term care which is mainly for the benefit of a person's carer, to give them a chance to take a break from their caring role.**

**Emergency care** beds are unplanned short-term admission in a crisis usually because of a family/environmental crisis or to prevent a hospital admission.

Some indicators for Emergency care beds are:

- Emergency admissions are always unplanned.
- Usually for a maximum of 7 days during in which time an alternative plan or arrangement for the person is developed.
- Some people require additional support during this time
- Providers need to demonstrate that they can deal with admissions having the right on call arrangements and arrangement to develop plans of care with pace.

**Shared Lives** - The principle of Shared Lives is that people with support needs, such as adults with learning disabilities, people with mental health problems and older people are supported in the homes of self-employed carers and participate fully in their family and community life. Shared Lives is a service where carers provide day support, short breaks, and longer-term support to people over 16 years old.

In addition to the directly purchased or contracted short-term care arrangements, people also access short-term care through the following:

- **Direct Payments** – this is a different method of purchasing and involves monetary payments made to individuals who request to receive one to meet some or all their eligible care and support needs. Direct Payments, along with personal budgets and personalised care planning, all form part of the Care Act to deliver a modern care and support system. People should be encouraged to take ownership of their care planning and be free to choose how their needs are met, whether through the council or third-party provision, by Direct Payments, or a combination of the three approaches.
- **Spot Purchases** are a mechanism used to purchase a support service (usually a bed), where all contracted services are at capacity. The purchase of this goes through an approval process.

Assessment Beds and Intermediate care beds are predominantly used with a rehabilitation focus for the individual. The social care focus of short-term care is more towards the circumstances of the individual as opposed to their health/therapy need, and so this is the view point that will be used to define which of the above short-term care type are within scope.

Assessment beds, Intermediate care beds, and offsite community beds are outside of this scope of this strategy.

Respite care, Emergency care beds, Shared Lives, Direct payment for short-term care, and other Spot Purchases for short term care will be within scope.

## **B.2. CURRENT SHORT-TERM CARE OPTIONS**

### **Care Homes**

There are approximately 76 care homes for older people in Sheffield (Capacity Tracker, Dec 2020) providing 3703 beds for both residential and nursing care. Both the CCG and SCC purchase care from most of these homes with SCC being the dominant purchaser, however there are also placements made by other local authorities and private arrangements by individuals' who fund their own care.

Sheffield City Council contracts with independent sector to provide both pre-bookable respite beds, along with emergency respite beds.

The pre-bookable service can provide 8 beds, at the Sheffield City Council current standard fee rate each week. The emergency bed provision is for 6 beds.

## **Direct payments**

Direct Payments enable people to purchase short-term care options that best meet their needs. The engagement with this group of people was of particular interest to help understand the variety of short-term care options that have been accessed.

## **Shared Lives**

The cost of shared lives ranges from £450 per week for live in support to £8.72 per hour for day support. There are also opportunities for both planned and unplanned overnight short breaks.

### **B.3. PREVIOUS ANALYSIS**

#### **Residential care home placements – April 2019**

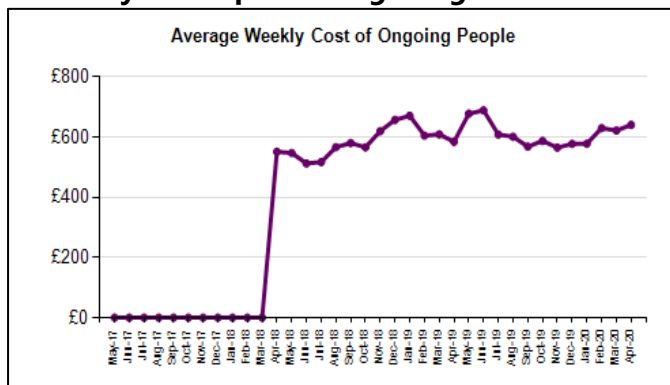
A care homes position update was discussed at a leadership team in Dec 2018. Following further analysis, consultation and planning a review was produced that aimed to update the position and recommend/note further action. Part of this review focussed on the provision of short-term care. The following are the relevant headlines from this review:

- Spend on short term residential care increased between the financial years 2017/18 and 2018/19 by 30%, of which 19% was attributed to the increase in client numbers. The link between unplanned admissions to short term residential and subsequent admission to long term residential care was also identified for further understanding.
- Underutilisation (or overly lengthy stays) of the block respite beds and use of spot purchases instead could be contributing to this increase.
- Another explanation for the increase could be that more people were seeking respite to support their stay at home. However, this would need exploring.
- Although home care for people being discharge from hospital was prioritised, social work teams were unable to access timely urgent home care for people at risk of admission to emergency respite or in need of home care on leaving respite.
- The current 'Emergency Placements' process/practice guidance is out of date – the model focuses on placements primarily being made via First Contact (however since the move to localities many placements are made by locality teams with known customers).
- The lack of availability of home care during the night-time (other than relating to tissue viability) was an issue.
- Locality Teams felt that the backlog in planned and unplanned reviews was likely to be contributing to the risk of emergency placements being needed. Although urgent requests were prioritised, it was felt that this increased the risk of people's situations deteriorating.

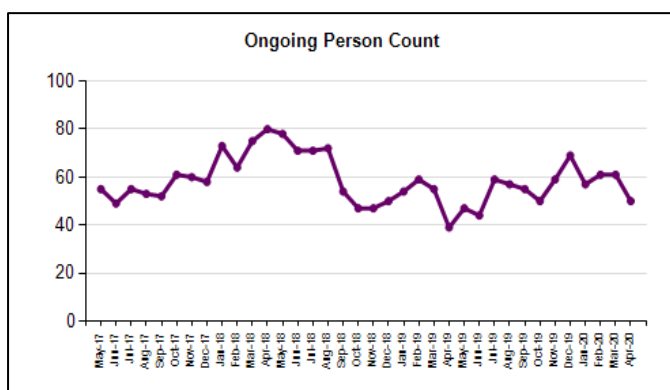


## B.4 CURRENT DEMAND AND USAGE

### Summary of the purchasing budget information



Line chart showing average weekly cost of short term care from May 2017 to April 2020 between £400 and £700.



People accessing Short-term Care

Line chart showing numbers of people accessing short term care on a weekly basis from May 2017 to April 2020. The range is between 40 to 80.

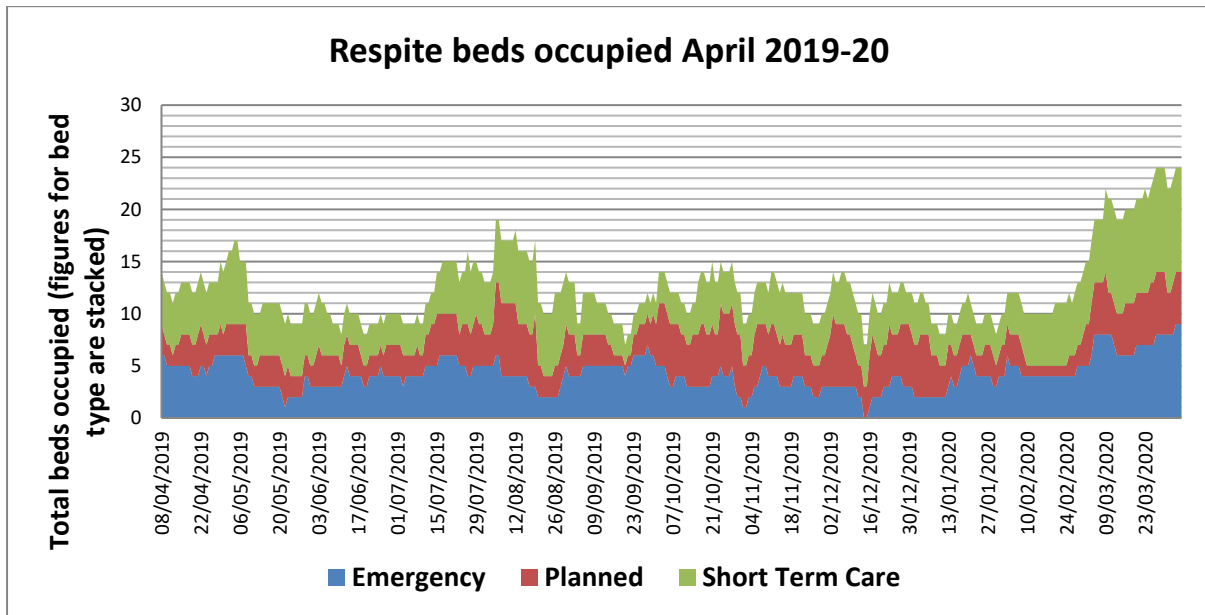
### Figure 2 – Purchasing Budget Dashboard - Monthly

The purchasing budget analysis has the following headlines:

- While the number of people accessing all forms of short-term care varies each month, the numbers of starting provision, balances off the numbers of people stopping

- The average weekly cost has increased.

### Summary of the contracted respite provision

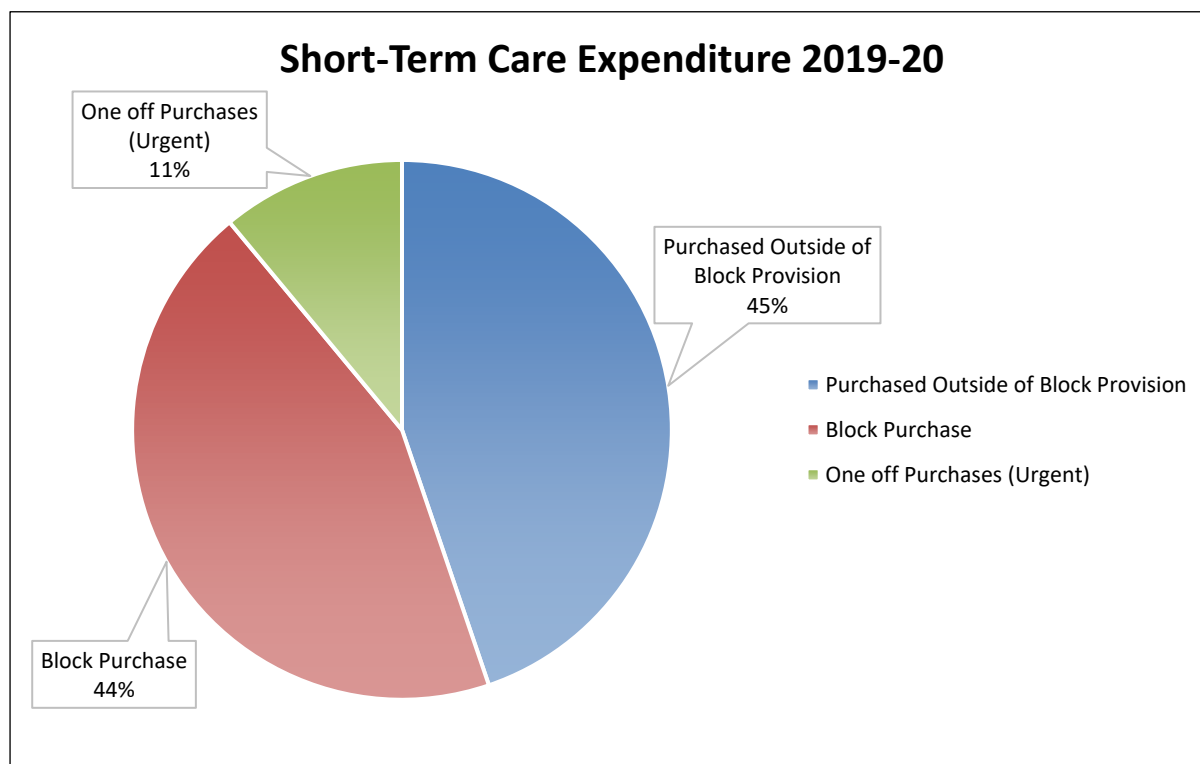


**Figure 3 – Contracted respite bed occupancy April 2019 to 2020**  
 Line chart showing respite bed usage by type (Emergency/Planned/Short Term) between April 2019 to March 2020 weekly, from 0 to 24. This was relatively stable with a large increase into the first quarter of 2020

The occupancy analysis has the following headlines:

- Although the usage remained relatively stable across the year, there was a notable increase into the first quarter of 2020.
- The use of the planned beds only reached a maximum occupancy of 87.5% on 10 days over the year period.
- The emergency bed occupancy reached 112.5% during this year period.
- There were 183 different people (2879 nights) who accessed these services over the period.
- Of these, 70 people accessed 1525 nights of the emergency provision, and 77 people pre planned their short-term care stay for 1354 nights.
- In addition to this, 36 people, equalling a total of 2170 nights also accessed the short-term care outside of the contracted bed provision.

## Summary of the financial position on Short-Term Care 2019-2020



**Figure 4 - Short-Term Care Financial Analysis 2019 to 2020**

A pie chart representing expenditure on short term care in the year 2019 to 2020. 44% Block purchase, 45% outside of block purchase, 11% one off purchases (urgent)

The financial analysis has the following headlines.

- The financial analysis accounts for all forms of short-term care delivered in care homes that that is inclusive of services such as assessment and discharge to assess beds.
- The total spends on short-term care for 2019 – 2020 was approximately £2.5 million.
- 45% of the short-term care spend was used to purchase residential short-term care outside of the planned and emergency care contracted provision.
- This was across 91 different residential care providers both in city and other areas.

## Summary of the forecasted population and demand

Sheffield	2020	2021	2022	2023	2024
People aged 65 and over who need help with at least one domestic task	27,732	27,891	28,201	28,550	28,962

<b>People aged 65 and over who need help with at least one self-care activity</b>	27,429	27,570	27,844	28,176	28,581
<b>Total population 65 and over</b>	95,100	95,700	96,600	97,900	99,000

Figure 5 - Forecasted population and demand over next 5 years, POPPI

The forecasted population and demand has the following headlines.

- The Sheffield over 65 population in need of some sort of support is projected to increase by 4% over the next 5 years.
- This will be a potential source of extra demand on the existing short-term care provision.

### B.5 COVID IMPACT

- The risk assessment of the care home market is at medium due to the financial risk, the high level of vacancies and the low rate of new admissions across the care home sector. Public Health estimates an overall vacancy level of 21% (Dec 2020) in Sheffield Care Homes. (Provider Position Report 3<sup>rd</sup> December 2020)
- Research by Carers UK (2020) has found that 81% of unpaid carers are currently providing more care than before the March lockdown. In addition, more than 78% of carers reported that the needs of the person they care for have increased recently and 64% of carers have not been able to take any breaks at all in the last six months. The report concludes that should these carers burnout or be otherwise unable to provide care there will be a significant cost impact on the health and social care systems. (Carers UK 'Unseen and undervalued' (Nov 2020))

### B.6 CONSULTATION RESPONSES

Analysis of the responses from the consultation provided a range of views and critical thinking on the current model of short-term care and were a mix of personal experiences and wider considerations.

The following summary is a themed collation of these responses.

#### Positive experiences of short-term care

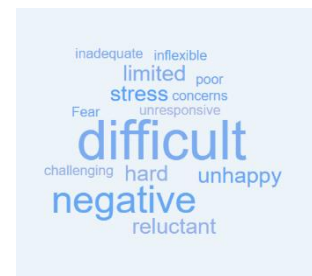
- Respondents felt that for a model to be successful, both availability of services and information were key elements. Responsive services, and options that could provide consistency were also themes that emerged in the responses.
- Comparisons to short term care models in other service areas were drawn, with the options available to people with learning disabilities being particularly referenced.



- Individual experiences were provided regarding various forms of short-term care such as care at home, and overnight stays in residential settings that are seen in the current model.
- Benefits were also highlighted regarding how short-term care options can help people transition through different stages of their lives.
- Instances where innovative approaches had facilitated short term care were also shared, such as use of a reablement team to support a person at home in an urgent situation, and for a short period.

### **Negative experiences of short-term care**

- Themes that became apparent from the consultation responses varied, however lack of access to information was a consistent thread through some of the responses. This was coupled with communication issues that could range from difficulty in planning and making bookings, to the lack of interaction and weak relationships that people have experienced in the support they have received.
- Some of the individual experiences that were shared reflected on issues where a more flexible outcome-based approach to how the person uses their break and time could have a much wider positive impact. Equally, the comments demonstrated how difficult it has been to get access to information on options, their quality and ultimately their availability. Through making this information more consistently held and publicised several the issues reflected could be addressed.
- Drawing out the impacts of some of these experiences we see that additional time and pressure can be felt in trying to source short term care, particularly in urgent situations which already carry pressures. Some of the experiences have left respondents feeling disconnected, be this physically due to location for the main carers and the cared for person, to the lack of connection and person centred approach in the delivery of the short term care service. Choice has also been limited by either the limit of options that meet the persons need, or through the lack of information on options that are available more widely. More recently, and comments reflected this several times in the responses, the impacts of the pandemic have created a fear in the use of short-term care, be that in the community and in residential settings.



### **Awareness of other short-term care opportunities**

- Respondents were presented with a range of short-term care options that are not widely accessed by older people who use short term care to understand if this based on choice, quality, or awareness. The results signify that the types of services that were suggested are not widely know about, which limits people’s access to a wider variety of short-term care that is available.

## Areas of focus

With the experiences of short-term care explored with respondents, areas for focus were prioritised that they felt would support the positive aspects and address the issues highlighted through the negative experiences. The following areas were closely ranked.

- Confidence in the quality of care provided.
- Access to short-term care at different times of the day / week.
- Access to short-term care of different types and in different settings.
- Flexibility about when short-term care is arranged.
- Option for the carer to have a break and the cared for person to stay in their home.
- Choice in length of break.
- Option to pre-book short-term care and plan ahead.
- Option for the carer to have a break with the cared for person.

## B.7 BENCHMARKING & BEST PRACTICE

Review into models of short-term care that are publicly available found some examples of options or methods to facilitate options, however there was little evidence of whole short-term care models to compare against.

- Leeds, Nottingham, Manchester and other core cities all reference short term care within their respective adult social care strategies as an outcome to achieve some level of improvement, with varying level of detail on the outcome, but largely in regard to either their carers, or learning disability strategies.
- Derbyshire County Council – Information on short term care is provided on their local authority website, outlining what short term care means, and how access can be supported ([link](#)). The model however is built within the wider “Older People’s Housing, Accommodation and Support” strategy and is only referenced in respect to care at home support and care overnight.
- Falkirk, Scotland run Short Breaks Bureau to support people with accessing short term care options, and arranging on their behalf, or providing a range of options for the person to explore. This has been developed further over the last year in response to the lockdowns and are inviting suggestions on how to provide alternatives to breaks at this time. ([link](#))
- Another area being piloted, particularly in Scotland is Respitality ([link](#)). The aim of this is to provide short breaks to unpaid carers and links with hospitality, tourism and leisure businesses who are willing to donate free breaks.
- Looking further afield, New South Wales, Australia have a Mobile Respite Team in response to their increasing rural population who are living with dementia, and the need to support their carers. ([link](#))

- CommunityCare.co.uk hosted an article in 2017 referencing Community Care Cooperatives, and the benefits of more flexible support that can be achieved using social care cooperatives. ([link](#))
- Short break funds have also been set up in Scotland, predominantly for children and their carers, however these provide grants to third sector organisations to provide short breaks, and so develop the range and availability of options that are available. ([link](#))
- Looking toward health services, websites such as [www.careopinion.org.uk](http://www.careopinion.org.uk) provide people with the opportunity to feed back on their experience of the service they have accessed, and inform others as to the quality of the services that they may expect.

## SUMMARY OF SECTION B

- Understanding of short-term care terminology varies and should be commonly defined.
- Contracted capacity was sufficient at the time of the original contract however, due to natural population growth, changing patterns in purchasing and expectations, demand for these options has increased. Through the information on spot purchases we see that additional provision is purchased, at an additional cost pressure on the purchasing budget.
- Issues raised through both previews review and current engagement have identified some positive aspects to the current model, which provides a good basis, as well as areas that need to be addressed to further develop the short term care offer for the city.
- The main outcomes indicated from the consultation reflect a desire for confidence in the quality of care provided within short term care options, access to options at different times of the day, or week, and a greater choice of options that are provided in different settings and offer a wider variety of engagement.
- There are some good features that can be drawn upon from other authorities and wider organisations for a short-term care model, but there was little evidence of a whole short-term care model view. Short-term care appears to form part of wider adult social care strategies. This further demonstrates the lack of information readily accessible to people on short-term care.

## SECTION C: COMMISSIONING INTENTIONS

The aims set out below and agreed through consultation provide the core building blocks for the short-term care model to be taken forward.

### C.1 THE STRATEGIC AIMS

- **Offer carers a break from their caring role.**
- **Allow carers to pre-book support so they can plan ahead.**
- **Offer both carers and cared-for people a range of options for more personalised breaks.**
- **Offer responsive support to the cared-for person and family at a time of need.**
- **Offer short term overnight support in a range of settings.**
- **Ensuring emergency and rapid access to short-term care options.**
- **Develop opportunities to build familiarity of care providers and the cared for person.**

Through the adoption of these aims, comparability, and consistency to working age adult care can be met, achieve a more whole life approach to short term care.



## C.2 THE MODEL

At a strategic level Sheffield intends to meet the individual outcomes for people who use short term care as part of their support structure through a graduated approach, with targeted developments and improvement in each area that should serve to support the changing demand for services and provision in the long-term:

### All short-term care options need to provide:

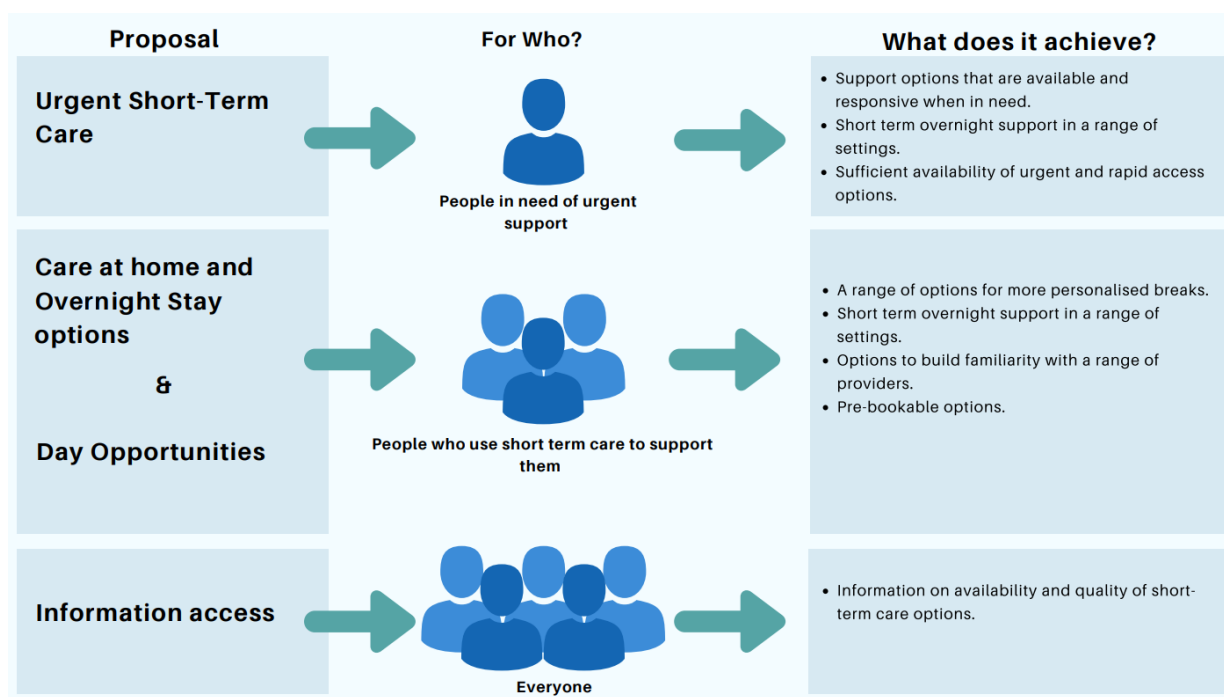
- A break for carers from their caring role.
- A range of options for more personalised breaks that fulfil both the aims of the main carer and the cared for person.
- Support options that are available and responsive to the cared-for person and family at a time of need.
- Options that provide opportunities to build familiarity of care providers and the cared for person.

### Some short-term care options should be available with:

- Pre-bookable support for carers to enable them to make plans.
- Short term overnight support in a range of settings.
- Sufficient availability of urgent and rapid access short term care options.

### The whole short-term care model requires:

- Information on the availability and quality of short-term care options that is widely accessible and understandable.



The proposal is:

- Urgent short-term care for people in need of urgent support. This achieves:
  - Support options that are available and responsive when in need.
  - Short term overnight support in a range of settings.
  - Sufficient availability of urgent and rapid access options.
- Care at home & overnight stay options, and day opportunities for people who use short term care to support them. This achieves:
  - A range of options for more personalised breaks.
  - Short term overnight support in a range of settings.
  - Options to build familiarity with a range of providers.
  - Pre-bookable options
- Information access for everyone. This achieves information on availability and quality of short-term care options.

The next part of the strategy outlines the recommendations for Sheffield Adult Social Care Commissioning to adopt and aim towards for older people's short-term care, in line with the outcomes reflected above.

The recommendations are described against the following areas of the system and needs:

- 1. Urgent short-term care**
- 2. Care at home and Overnight stay options**
- 3. Day Opportunities**
- 4. Information Access**

### C.3 URGENT SHORT-TERM CARE

#### **Model Attributes: Urgent Short-Term Care**

- Short term care availability that can respond rapidly in urgent situations.
- Part of the provision should be focussed on people living at home.
- The other part of this provision of short-term care is to ensure there is an overnight stay element for urgent situations.
- Both urgent care at home and overnight stay short term care options should be available for all older adults.
- Availability should be publicised and easily accessible.
- In urgent unplanned short-term care situations responses should be swift to resolve the situation for the person.
- Urgent overnight stay options should be local to the person and their main carer.
- Short term care options that are available for urgent situations should be supported by a multi-agency response to ensure the provider can commit to supporting the person.

#### **Model Attributes: Reasoning**

- The emergency respite bed contract provides 6 beds; however, the monitoring information has demonstrated that demand has exceeded capacity. This has been managed by utilising the vacancies in the pre-planned capacity or purchasing through one-off agreements.
- Some council services have been accessed on occasion where capacity allow to provide care and support at home rapidly for a short period of time, however this is not a dedicated service. A pilot project has been in development to address some of this need, but for a target population initially.
- Most overnight support provision is currently to meet the demand for short term care for people living with dementia. The available provision does not cover populations without a dementia support need, and it does not provide provision that can avoid unnecessary moves for anyone wishing to remain at home.
- The current provision provides overnight stay options but may not provide sufficient capacity in the current configuration.
- The responses from the consultation have indicated that availability is an issue. There are availability systems that can be accessed internally but may not be widely known or accessed. These systems are also only as good as the information held within them and require update by the homes. These options do not provide ready access to the public. This does not provide access to at home provision.
- Whilst this is not the case in all situations, it was also raised through the consultation that decisions on admissions to care homes are not always responsive, particularly at times that are considered out of hours or at weekends.
- With the limited number of sites under contract to deliver urgent overnight care the current model does not always achieve local delivery for the person or carer.
- Support to the short-term care options to provide urgent care can vary between situations. There is no consistent coordinated support offer that may extend the urgent provision in the city.

- Most of the overnight urgent support is often away from the persons home and some needs to be available at home.

### **Model Attributes: Possible solutions**

- Revisit existing contracts for both urgent support beds and pre-bookable beds, reviewing the allocations in line with the occupancy rates, and the flexibility in use of the provision.
- Extend availability to all older adults (inclusive of people without dementia, or with nursing needs). This should be achieved in hand with an increase in capacity for pre-bookable provision so as not to diminish the availability of short-term care for any group.
- Look to include more care homes making use of unoccupied capacity (inclusive of opportunities under other contract arrangements such as intermediate care). Open frameworks could help to support the development of the market and be flexible to the changeable nature of the market.
- Identify and support all interested care homes with appropriate dementia training to make these more accessible.
- Wrap around team linking in with the local authority, GP's, health professionals and community organisations to avert crisis.
- Investments should be directed towards a rapid response home support team or mobile respite team (New South Wales)
- Explore the opportunities with home support providers to provide emergency support
- Other options for emergency support should be considered i.e.
  - Extending the remit or specifically recruiting carers in the shared lives service.
  - Working with extra care providers to look at emergency options in extra care.
  - Working with sheltered housing and other housing schemes to pursue the possibility of housing and support options
  - Looking at the possibilities of extending the remit of supported living providers who predominantly work with adults with disabilities.

## C.4 CARE AT HOME AND OVERNIGHT STAY OPTIONS

### Model Attributes: Care at Home and Overnight Stay Options

- Flexibility for the main carer and cared for person to explore their own short-term care options that meet their own outcomes and can be purchased through council arrangements or individual purchase arrangements.

#### Care at home

- Short term care opportunities that take a person-centred approach, which can meet the care and support needs, interests, and individual outcomes of the cared for person and their main carer.
- Support periods not determined by time and task approach, but by the desired outcomes of the cared for person and their main carer.
- Quality provision based on developed relationships between the cared for person and their care and support team to ensure positive social connections.
- Provision available to ensure both daytime and overnight short-term care and support.

#### Overnight Stay

- Short term overnight stays options to provide options for people with diverse care and support needs.
- A range of options delivering different short-term care experiences, both in and out of the city.
- Flexibility in the length of time that short term care is bookable for inclusive of short weekend stays to longer periods.
- Good quality services that provide a range of positive experiences.
- Sufficient capacity to meet urgent requests.

### Model Attributes: Reasoning

- With a lack of access to information on the variety of short-term care options available and the limited use of direct payments to purchase short term care, the flexibility that the current model provides is limited. With increased market shaping and development of services a greater variety of options can be achieved. By promoting greater use of individual purchase arrangements, there will be more opportunity for people to purchase short term care that they feel meets their outcomes.
- Adopting more person-centred approaches can not only achieve a greater benefit for the person and their main carer, but through review can help to develop what the service can offer.
- Through a shift from time and task orientated support at home towards support directed by the person that meets their needs, individual outcomes are more likely to be met, and breaks down barriers such as what is and isn't part of the support remit. This will support the move towards outcome-based home support provision.

- Relationships were noted as an area in the consultation and practice developed in working age adult social care have demonstrated the benefit not only for the person and their main carer, but also the person or team providing the support. Through a greater involvement and choice from the person and their main carer in who delivers their support commonality can be found. This can help to allay concerns for the main carer when taking a break.
- Both day and overnight support at the persons home helps to keep the person at home and so avoid unnecessary moves.
- A range of options to provide overnight stays to people with diverse needs are already accessed, however these are usually through spot purchases on a individual basis. By using this information and formalising their availability this will provide the same options to all and a greater understanding of what is available in the market. This may also provide short-term care opportunities for services to extend into.
- Some access to of out of city provision is already purchased under the current model. Understanding the availability of these options should be developed and publicised where user experience can be drawn upon, as this provides the opportunity for peoples own aims to be met that may extend beyond the city or be a different view of short-term care. This was a theme that could be drawn out of the engagement.
- The engagement also similarly reflected that there were few options available for short stays less than a week. Through developing more options in the short-term care market for shorter stay's, this would also enable people to potentially access these services more frequently, thus providing more frequent breaks for the cared for person and their main carer.
- Good quality services are something that the current model achieves to some extent but this can only be achieved with the continued management of expectations and more developed person centred approaches. Promotion of user experiences will enhance the wider understanding of services quality.
- The monitoring of the usage of current contracted short-term care option has demonstrated that the capacity has been increasingly reaching its limit in its current form. This would need to be increased to facilitate wider access and meet the demands to be expected through increase in natural growth. Equally, where delays have been seen due to pending decisions on acceptance, services should be supported to have the confidence to be able to make the decision without unnecessary delay.

#### **Model Attributes: Possible solutions**

- Explore methods such as direct payments that provide alternative purchasing arrangements such as respite card and payment systems.
- Support providers to adopt more person-centred recruitment and matching practices.
- Increase variety of venues and capacity within the short-term care market for pre-bookable options that could explore hotel or increased hospitality offers within care homes, extra care housing or supported living environments.

- Consider concepts such as Community Care Co-operatives (Wales), which may increase personalised approaches and build resilience in the care market and afford additional individual purchase of more time from familiar carers.
- Explore visibility and use of opportunities such as shared lives, Live in carer support, or HomeShare and other options not routinely utilised. Could these be extended to include an emergency option?



## C.5 DAY OPPORTUNITIES

### **Model Attributes: Day Opportunities**

- Day opportunities that provide a range of availability across the full day inclusive of early mornings and evenings.
- Opportunities that take a person-centred approach to delivering on individual outcomes of the cared for person, or the main carer/cared for person relationship.
- Options which are flexible in their delivery of short-term care for the cared for person, the main carer, or a wider group of people with similar interests.
- A range of day opportunities which are deliverable in fixed settings, in a person's own home or in the community.

### **Model Attributes: Reasoning**

- The current provision of day opportunities is largely building based and operate predominantly over daytime hours. There are few options that facilitate short breaks that may start in an earlier morning or run into the evening.
- Adopting more person-centred approaches can not only achieve a greater benefit for the person and their main carer, but through review can help to develop what the service can offer.
- Day opportunities that offer structure for individuals are well established, but through also offering a flexible approach that can adapt to the outcomes that the person wants to achieve on the day may provide an increased personalised approach. Through developing groups based on interests' natural relationships and support structures may also be developed reducing the need for a specific short-term care input.
- Through having a varied offer of day opportunities that can be delivered in various settings, instances where people have to travel long distances reduce and more support can be delivered locally, building the person more into the community if they want the opportunity.

### **Model Attributes: Possible solutions**

- Seek to develop and contract options that add social value through more flexible operating times.
- Consider engaging community businesses to explore their opportunities or the development of a "Short Breaks Fund" or "Respiteability" approach (Scotland).
- Challenge existing options to explore how they could offer an alternative to their provision and require a developing plan on future development and inclusion.
- Develop a range of providers who can provide company for people with and without care with flexible durations to aid in breaks that could be between an hour to a half day.

## C.6 INFORMATION ACCESS

### Model Attributes: Information Access

- Access to an information hosting/booking solution that reflects the accurate availability of different types of short-term care options be it a day opportunity or an overnight stay. This would enable people to arrange short-term care themselves, but also allow for others to arrange this on their behalf.
- This information should be easily accessible for both social care workers, and the public.
- This should be inclusive of any short-term care options both locally and nationally.
- This should be open to new submissions for inclusion on a flexible basis.
- The quality of short-term care options should be actively promoted to provide reassurance in the services available.
- Terminology when considering short term care options should be consistent to avoid varying expectations of options.
- Information on the quality of services should be presented in a consistent manner with existing ratings.
- Feedback on personal experience of options should also be promoted.

### Model Attributes: Reasoning

- Current provision is accessed through the knowledge of the person booking and so can limit the person to what options they know about. Equally although there are systems that hold vacancy information, access is limited to professionals and not widely available to the public. The pressure here is therefore on the social care worker to get in contact with the service and arrange the booking individually.
- There is no current single system in place that provides equal access to availability and range of options for both social care workers and public.
- The current systems that hold vacancy information do hold information nationally, however this is only for care home provision, and does not extend to the variety of short-term care options that may have availability.
- The current contracts that are in place for short term care are opened and extended on a periodical basis, so do not provide flexibility to include new short-term care opportunities as they arise.
- The contracted short-term care provision is routinely monitored in line with the contractual requirements, and care homes are monitored routinely under the local authorities' requirements to duty of care. This is, along with the outcomes are not however widely promoted.
- There are various understandings attributed to different terms used within short-term care. This has both limited access to options and raised differing expectations of services. Although some of these terms are outlined in local government process, a consistent understanding is not necessarily held in both social care worker and public understanding.

- CQC Registered services that provide short-term care receive a quality rating, and this is mirrored for services that are contracted monitored by the local authority. However, these ratings and monitoring regimes are not consistently undertaken to all short-term care options.
- Short term care user feedback is being gradually developed into contractual monitoring formats. Individual review and sharing of personal experience is largely based on the services own promotion. Attempts to create a platform for these have been attempted outside of the Local Authority, however there is currently no central point that provides user experience review of services.

### **Model Attributes: Possible solutions**

- Explore systems such as Short Break Bureau, an Online Short Break Information Service (Scotland), which would help people to plan and book short term care in advance.
- Consider review of systems such as "www.careopinion.org.uk" or collaborate with organisations such as Healthwatch over "Rate and Review" systems for service reviews to build greater confidence in options.
- Greater sharing of what is available and best practice opportunities with providers establishing a communications plan that is widely visible.
- Review quality monitoring approaches of these opportunities to include services that are not CQC monitored and share the outcomes, inclusive of the social value they provide. User experience should be central to this.
- Urgent social care support – Explore the "Directory of Services" to achieve a more joined up approach with emergency services.
- Ensure social care guidance is reflective of the current Adult Social Care model of operation.

### **Additional comments on the proposed model**

Through the consultation, respondents were invited to provide further comment on the proposed model of short-term care that had been developed based on their comments. Several comments were provided from some of the respondents and reflected the below:

- People are generally very much in favour of the proposals.
- Respite for one or two nights for older people was viewed as a positive.
- People felt that where emergency support is needed (e.g. main carer hospitalised) having the options of increased support at home or a care home placement would be very positive.
- There was a view that short term care at home services need to be more flexible in the care they can provide in emergency situations.
- Even if resources are not available, what must be done is provide information.

## **SECTION D: IMPLEMENTATION & NEXT STEPS**

### **(Not exhaustive)**

#### **2021 End point**

New urgent short-term care option in place and available for use.

New day time options in place and available for use.

#### **2022 End Point**

New Overnight options in place and available for use.

Information available and accessible about all short-term care options.

Method for assuring quality in place and available.

for anyone seeking short term care.

#### **2023 End Point**

Consultation and feedback completed on all short-term care options and models adjusted accordingly.

#### **2024 End Point**

Consultation and feedback completed on all short-term care options and models adjusted accordingly.

#### **2025 End Point**

Strategy fully implemented

Strategy review

#### **Success Measures**

- Reduced spot purchases for urgent support.
- Urgent support option at home accessible to all
- Reduced delays in accessing provision.
- Less unnecessary admissions to long term care and/or hospital.
- Carers and others have confidence in the quality.
- Local overnight provision is available.
- Short term care at home is an option.
- Wide choice of options available and different purchasing options available.
- Carers and others have confidence in the quality.
- More flexible options on opening times and days available.
- Available as close to home as possible.

- Carers and others have confidence in the quality of the provision.
- Available in building based, at home or remotely.
- Good quality options, under monitoring routines.
- People seeking short term care know where to go for information.
- Facilitated support is in place for people to access short term care options.

## Appendices

- Attachment 1 - Sheffield Short Term Care Engagement Report
- Attachment 2 - Short Term Care Feedback Infographic & Accessible version
- Attachment 3 - Short Term Care Model Infographic & Accessible version

## Sheffield Short-Term Care for Older People Strategy Engagement Report – September 2020

### 1 Introduction

There are a number of joint pieces of work across health and social care that are looking at short term care, the main one being Intermediate Care which is looking at re-ablement, therapy and assessment both for hospital discharge and admission avoidance. This strategy is focused on developing both strategic aims and a model for social short-term care options in Sheffield.

The draft Sheffield Short-Term Care for Older People Strategy has been influenced by national guidance and best practice as well as through feedback from people who use short-term care, their carers, volunteers and professionals who support people to access short-term care both health and social care.

This engagement report sets out:

- the activity undertaken to engage with the people about the draft Sheffield Short-Term Care for Older People Strategy
- an analysis of the responses received

Part of the purpose of this engagement was to also ensure that the voices of people utilising short-term care options are heard and used to develop the actions plans that will drive the delivery of the Strategy once it is agreed.

Engagement began on 22 July 2020 and ran until 25 September 2020.

### 2 Purpose

The purpose of the engagement was to:

- Raise awareness of the draft Strategy
- Identify any areas that are missing
- Identify any potential barriers to delivery of the Strategy and look for possible solutions to overcome them
- Set priorities for delivery in the first two years of the Strategy

### 3 Objectives

- To facilitate genuine and meaningful engagement with individuals who use short-term care, unpaid carers, families, the public and professionals.

- To target people and families who are directly accessing short-term care whilst encouraging the wider public to contribute.
- To ensure engagement with all sectors of our communities, including groups traditionally classed as 'hard to reach' or 'seldom heard'.
- To generate discussion and feedback from stakeholders to help inform the final Strategy.

## 4 Target Audiences

The engagement focused on those who had experience of short-term care from various viewpoints depending on their role. These were namely the individuals using short term care, their carers and family, as well as professionals involved in their care. We also wanted to ensure that other people were able to have their say and the consultation was tailored to be accessible to all audiences.

## 5 Methods

The following is an overview of the methods and activities undertaken for the engagement.

A survey was produced to allow feedback. The survey was available online through Citizenspace, along with a printable paper copy, and was promoted through various networks. Specific promotion of the consultation was sent to people who have purchased short term care through their personal budgets. A printable copy of the consultation can be found in Appendix 1.

The consultation was distributed through networks to reach a wider audience. This included printable versions of the consultation distributed to all Sheffield Older People Care Homes, as well as the information being sent to community organisations that work with communities that may be hard to reach. Full details of all engagement activity and distribution can be found in the Engagement Activity Tracker in Appendix 2

A dedicated section on Sheffield City Councils (SCC) Citizenspace portal acted as the central hub for all information relating to the engagement, a vital link for people to find out what's happening, how they can get involved and have their say.



Social media accounts of partner organisations were used to support the process. This reach was further extended by targeting other organisations' social media channels.

The large workforces internally to SCC Adult Social Care and partner organisation were targeted through staff communications. This served to raise awareness of the draft Strategy for them as professionals, but also as individuals who may be affected. A full plan of the activities, groups and distribution channels used by the partner agencies are detailed in Appendix 2.

The engagement plan was developed in collaboration with the Equalities and Involvement Officer for Adults Social Care.

## 5 Feedback

### 5.1 Responses

Fifty-three (53) were received on total to the engagement activity. All responses were received from surveys.

Respondents were asked which of the following categories they were responding as.

Option	Total	Percent
Unpaid carer	18	33.96%
Someone who may personally use short-term care	0	0.00%
Social care worker	23	43.40%
Other (Please state):	12	22.64%
Not Answered	0	0.00%

Other roles that respondents identified as included:

Other (Please state):	Total
Care Provider	6
Occupational Therapist	3
Unpaid carer	2
Social care worker	2

Twenty-five (25) respondents also shared their contact details so that they can continue to be involved in the development of the short-term care strategy and

model of provision. Once the Short-Term Care Strategy has been formally signed off, these people will be contacted to thank them for their involvement, with a link to the final document, and details of where public engagement has influenced the Strategy and Model development.

The qualitative feedback received has been Each question was designed to allow the feedback to influence specific aspects of the strategy and has been analysed and themed. The purpose and themes of each question are highlighted below.

**Question: Please list the three most important factors for you when considering short-term care. For example, availability, reliability, quality of service, convenience, flexibility.**

This question was designed to identify what is immediately important to people when considering Short Term Care.

There were 53 responses to this part of the question:

Row Labels	1st	2nd	3rd
<b>Quality</b>	19	19	19
<b>Availability</b>	15	15	13
<b>Person-centred</b>	6	6	6
<b>Flexibility</b>	4	4	4
<b>Availability</b>	3	3	3
<b>Accessibility</b>	2	2	2
<b>Reliability</b>	1	1	1
<b>Location</b>	1	1	1
<b>Availability</b>	1	1	1

**Question: Do you agree with these aims?**

A list of draft aims for the strategy that had been developed on previous comment and work on short term care were presented. This question sought to understand if these were appropriate, and representative of the persons own views.

There were 53 responses to this part of the question.

Option	Total	Percent
<b>Yes completely</b>	45	84.91%

<b>Yes partly</b>	8	15.09%
<b>No</b>	0	0.00%
<b>Not Answered</b>	0	0.00%

**Question: Is there anything that should be added or not included?**

**Please comment below:**

This question provided the opportunity to make suggestions for aims to be included or changed on the presented list.

There were 29 responses to this part of the question.

- Easy access emergency/rapid access to short-term care.
- Personalised care.
- Build familiarity with the provider prior to the short-term care option being undertaken.
- More carers for Shared Lives.
- Own home in range of settings.
- Move away from the person having to move.
- Prevent unnecessary moves.
- Independence and dignity.
- Enhanced support.
- Straight forward booking system that is up to date.
- Bed based not only option, develop flexible community response.
- Current services improved and not reduced.
- Day care service attached to care homes.
- Autonomy for the person.
- Financial assistance for carer.
- Choice of good quality care.
- Care companies feel that the work to reward ratio is unbalanced.
- Any costs are reasonable.

**Question: Have you had a positive experience of short-term care?**

**Please tell us about this here:**

This question aimed to identify the positive aspects of the current model of short-term care provision.

There were 38 responses to this part of the question.

- Availability and Information are key.
- Respite in own home. Regular carers where relationship has been formed.
- Positive experiences of particular care homes.
- The view of the model of short-term care for people with a learning disability seemed positive.
- Short-term care can be a good way of introducing the idea of longer-term care
- Use of the Short Term Intervention Team in an emergency
- Pre booked in care homes, give feeling of consistency
- Responsive care
- Bed based and enhanced community service
- Manage amongst family
- Before Covid there were experiences of using many care homes
- Respite care
- Domiciliary care has stepped in, but the reward has been small.
- Gives peace of mind
- Importance of information on the person for the carers
- Book in advance
- Care homes go out of way to make possible
- Appropriate communication methods

**6: If you have had a negative experience, or if there is anything you would change about short-term care, please tell us about it here:**

This question aimed to identify the negative aspects of the current model of short-term care provision and potential areas for improvement.

There were 34 responses to this part of the question.

- Not knowing availability.
- Not having current support information or having to redo or arrange at short notice.
- Emergency respite not near family.
- Lack of Care Home Management cover out of hours or on weekends to make decisions.
- No interaction from home carer.
- Home care support team provided has been inconsistent.
- Limited choice and flexibility.
- Transport issues.
- None residential options only tend to be Monday to Friday, 9:00 am to 5:00 pm
- Short Term Care effect in residential settings (people go on to Long term – deskill/deteriorate).
- Too traditional experience of a care home stays and quality of care issues.
- Hard to pre book.
- Lengthy process to book.
- Dementia requirement criteria for acceptance in some care home excludes others
- Lack of resources for creativity
- Restricted to minimum Length of Stays of a week. More attention to shorter periods.
- Fear of Covid.
- Short-term care breaks the routine for people with Dementia.
- People's expectations of short-term care can be unrealistic.
- More reasonably priced short-term care options.
- Honest feedback to families required.
- Lack of communication methods.
- Not been offered, don't know how to access
- Resisting respite care due to covid and unknown
- Crisis – Ring arounds and the person's needs, and cost ratio can mean delays.

### Question: Have you heard of Home Care?

The following set of questions sought to identify people's awareness of wider short-term care options that are under utilised.

There were 53 responses to this part of the question.

Option	Total	Percent
Yes	45	84.91%
No	6	11.32%
Not sure	2	3.77%
Not Answered	0	0.00%

### If yes, have you used Home Care for short-term care?

There were 47 responses to this part of the question.

Option	Total	Percent
Yes	20	37.74%
No	26	49.06%
Not sure	1	1.89%
Not Answered	6	11.32%

### Have you heard of Shared Lives?

There were 53 responses to this part of the question.

Option	Total	Percent
Yes	38	71.70%
No	12	22.64%
Not sure	3	5.66%
Not Answered	0	0.00%

### If yes, have you used Shared Lives for short-term care?

There were 43 responses to this part of the question.

Option	Total	Percent
Yes	5	9.43%
No	38	71.70%
Not sure	0	0.00%
Not Answered	10	18.87%

## Have you heard of Supported Holidays?

There were 53 responses to this part of the question.

Option	Total	Percent
Yes	19	35.85%
No	30	56.60%
Not sure	4	7.55%
Not Answered	0	0.00%

## If yes, have you used Supported Holidays for short-term care?

There were 37 responses to this part of the question.

Option	Total	Percent
Yes	6	11.32%
No	31	58.49%
Not sure	0	0.00%
Not Answered	16	30.19%

## Question: Please rank the following in order of importance from 1 to 8 - where 1 is most important to you and 8 is least important to you:

This question sought to identify where to focus commissioning activities to better achieve the strategic aims.

Item	Ranking
Confidence in the quality of care provided	6.06
Access to short-term care at different times of the day / week	5.17
Access to short-term care of different types and in different settings	5.00
Flexibility about when short-term care is arranged	4.51
Option for the carer to have a break and the cared for person to stay in their home	3.85
Choice in length of break	3.58
Option to pre-book short-term care and plan ahead	3.45
Option for the carer to have a break with the cared for person	2.34

**Question: Could you tell us about any other types of short-term care you know about that works well?**

This question provided the opportunity to understand aspects of short-term care that people found useful, and that could potentially be built in to existing short-term care opportunities.

There were 29 responses to this part of the question.

- Shared Lives .
- Emergency Respite.
- Regular Daycare.
- Nursing care at home.
- Men in Sheds (Age UK).
- Sitting service/befriending.
- STIT/Active Recovery.
- Using vacancies in models such as Intermediate care.
- Limited & expensive.
- Planned care at persons' home.
- Night care/waking nights.
- Regular respite.
- All day care – in a care home.
- Respite voucher for short term care.
- Care home break for some.
- Live in carer support.
- Good Quality hotel that provides excellent care.
- An option for BSL users.

**Question: Could you tell us about any ideas you have for short-term care that would improve what is available in Sheffield?**

**We're interested in creative thinking - for example, things like a supported spa break, a hotel stay with support on hand or other imaginative ideas.**

This question provided the opportunity to suggest other forms of short-term care that people were aware of that might help to create and develop the short-term care market in both variety and capacity.



There were 31 responses to this part of the question.

- Supported Living or similar (something more like the persons own home).
- Informal support for shopping/appointments.
- Hotel or care home on the coast.
- Supported spa breaks/hotels.
- Luxurious care homes & Gardens for breaks.
- Day care with pick up/ drop off for longer periods in the morning and evening would aid carers in their own employments.
- More trips to accessible safe spaces like Chatsworth or Garden projects.
- Direct payments are a useful means for enabling creativity around a break. we could use a simple formula which looked at the amount and type of informal care being provided and convert that into a cash value to fund a break-if the cared for person then decided to top that up to fund a supported spa break that would be a reasonable use of public finance and give the informal carer a break. It could also fund home care to replace the informal support while the informal carer goes on holiday and the cared for person remains in a familiar setting.
- Personalised breaks designed on the persons communicated dreams.
- Stop flexing no of intermediate care beds, have static numbers that could be used for respite when not full and it incorporates an assessment of the persons needs.
- Caravan at the coast for person and carer/Mobile home.
- Information: Website with what is available.
- Small teams of set support staff for local neighborhoods/bubbles/microbusinesses.
- Overnight holidays/activity holidays.
- Quality care, easy accessible flexible, enhanced if needed.
- Accommodation that caters to the persons specific interests/similar interest groups.
- Council holiday homes such as previously with Ash house & Sidden Hope (Matlock).
- Hotels that can access carers in their locality.
- Social environments and activities.
- Activity orientated breaks like fishing or theatre.
- Bed based. Manager with authority to take admissions.
- Use intermediate care bed when not in use for emergencies.

## **Appendix 1 – Short Term Care Consultation Questions**

### Short Term Care

The information from this questionnaire will be used to help Sheffield City Council produce a Short Term Care Strategy for Older People. Why is this important? The strategy will help change and improve short term care options across the city.

Short term care is aimed at supporting a person on a temporary basis. There are various reasons why short term care might be needed. This could be to provide a solution during an emergency, (for example when a carer is admitted to hospital); or planned and booked in advance to provide a carer with a break, (for example, through respite in a care home).

This questionnaire is primarily for unpaid carers, social care workers, and anyone using short term care, to complete.

(It is entirely anonymous – however if you would like to speak with someone about your answers in more detail then you can provide your contact details at the end of the questionnaire)

#### **What is your role?**

Please select your role(s) from the options below, i.e. from what perspective you are completing this questionnaire. (You might have more than one perspective).

Unpaid carer:	Yes or No
Social care worker:	Yes or No
Someone who may personally use short term care:	Yes or No
Other (Please state):	

### 1) Aims of the strategy

Based on previous feedback from work around this area we are proposing to put in place a short term care strategy that:

- Offers carers a break from their caring role.
- Allows carers to pre-book support so they can plan ahead.
- Offers both carers and cared-for people a range of options for more personalised breaks.
- Offers responsive support to the cared-for person and family at a time of need.
- Offers short term overnight support in a range of settings.

Do you agree with these aims?

Yes completely

Yes partly

No

Is there anything that should be added or not included? Please comment below:

### 2) How things work now

The current model of short term care includes:

- Pre-bookable respite in a residential care home
- Pre-planned short term care usually in a residential care home
- Emergency care beds used in a crisis situation.

In addition to this people who receive direct payments to manage their support needs may also purchase short term care independently.

Please list three factors that are important to you when considering short term care., e.g. availability, reliability, quality of service, convenience, flexibility

1)

2)

3)

### **3) Your experience of short term care**

Have you had a positive experience of short term care? Please tell us about this?

Is there anything that you would change about short term care?

### **4) Availability**

Please rank the following in order of importance from 1 to 8 where 1 is most important to you and 8 is least important to you

Access to short term care of different types and in different settings:

Access to short term care at different times of the day / week:

The option for the carer to have a break with the cared for person:

The option for the carer to have a break and the cared for person to stay in their home

A choice in length of break:

Flexibility over when short term care is arranged:

Confidence in the quality of care provided:

The option to pre-book short term care and plan ahead:

## 5) Alternatives

In addition to short term care such as planned and emergency respite, other options have been accessed such as;

Have you heard of any of the following?

Home care – Provided by a care company, home care is flexible and can be provided from one hour to several a day. Live-in carers can also be provided. This can be for temporary (for a few weeks) or longer term if required. For more information see the link below.

<https://www.nhs.uk/conditions/social-care-and-support-guide/care-services-equipment-and-care-homes/homecare/>

Yes or No

Shared Lives – The schemes match someone who needs care with an approved carer. The carer shares their family and community life, and gives care and support to the person with care needs. For more information see the link below.

<https://www.nhs.uk/conditions/social-care-and-support-guide/care-services-equipment-and-care-homes/shared-lives-schemes/>

Yes or No

Supported holidays – Holidays for the family that are supported by a care company specialising in holidays and travel. For more information see the link below.

<https://www.alzheimers.org.uk/get-support/staying-independent/holidays-travelling-other-resources>

Yes or No

## **6) Suggestions**

Could you please (excluding short term care such as planned and emergency respite):

Tell us about any other types of short term care you know about that works well?

Tell us about any ideas you have for short term care that would improve what is available in Sheffield? For example a supported spa break, or a hotel stay with support on hand?

Please comment below:

This survey has been set up for people to respond anonymously. The subject discussed can be personal and we hope to encourage free and honest responses. If you have a query, please leave your details if you wish, and we'll get in touch.

Name:

Email:

Telephone Number:

Your Query:

**Appendix 2 - Engagement Activity Tracker**

<b>Sheffield Short-Term Care for Older People Strategy Engagement Activity Plan</b>			
<b>Who</b>	<b>Action</b>	<b>When</b>	<b>Activity</b>
<b>Preparation</b>			
Commissioning	Sign off draft strategy	10-Jun-20	Actioned
Commissioning & Equalities and Involvement	Agree content and questions	02-Jul-20	Actioned
Equalities and Involvement	Set up Citizenspace page. Consultation opened.	22-Jul-20	Actioned
Commissioning	Write letter for targeted promotion	31-Jul-20	Actioned
Commissioning	Write promotional material to support distribution	21-Jul-20	Actioned
<b>Preparation Communication Activity</b>			
Commissioning	Apply consultation link to email signatures	22-Jul-20	Actioned
Commissioning & Business Support	Send letters to people with Direct payments who have purchased STC	04-Aug-20	Actioned
Commissioning	Promoted link to consultation on social media channels	22-Jul-20	Actioned
Sheffield City Council People Portfolio	Link and promotion notice included on internal newsletter of the portfolio	22-Jul-20	Actioned
<b>Engagement Activity</b>			
SheffCare	Link to consultation and promotional notice sent for SheffCare to promote in service	22-Jul-20	Actioned
Sheffield Carers Centre	Link to consultation and promotional notice sent for the Carers Centre to promote in service. Link shared through social media channels and through newsletter.	22-Jul-20	Actioned

Sheffield Care Homes	Link to consultation and promotional notice sent for the individual care homes to promote in service.	23-Jul-20	Actioned
Sheffield Care Home Managers Forum	Contacted the forum lead to ask to promote the consultation in their managers forum and back up the previous email.	23-Jul-20	Actioned
Shared Lives	Shared Lives lead contacted. Link and promotional notice sent for this to be distributed through the Shared Lives Network.	22-Jul-20	Actioned
Healthwatch	Link to consultation and promotional notice sent for Healthwatch to promote through their communications.	22-Jul-20	Actioned
Age UK	Link to consultation sent for AgeUK to promote through their Dementia News.	31-Jul-20	Actioned
Disability Sheffield	Link to consultation and promotional notice sent for Disability Sheffield to promote through their communications.	03-Aug-20	Actioned
Adult Social Care First Contact	Link to consultation and promotional notice sent to the head of service to promote through their communication channels. Also tabled for discussion at Senior Management Team	22-Jul-20	Actioned
Adult Social Care Localities	Link to consultation and promotional notice sent to the head of service to promote through their communication channels. Also tabled for discussion at Senior Management Team	22-Jul-20	Actioned
Commissioning and Contracts	Link to consultation and promotional notice sent internally to promote through their communications.	22-Jul-20	Actioned
All the above	Repromoted	03-Sep-20	Actioned
Heads of Service and Cabinet Members	Link to consultation and promotional notice sent internally for awareness and to promote through their communications.	28-Jul-20	Actioned



<b>Analysis</b>			
Engagement Close		25-Sep-20	Complete
Collate Feedback		30-Sep-20	Actioned
Theme Analysis		09-Oct-20	Actioned
Engagement Feedback Infographic	Distributed	20-Oct-20	Actioned
Model Review Feedback Open		04-Dec-20	Actioned
Model Review Feedback Closed		18-Dec-20	Complete
Engagement Report	Report	18-Dec-20	Complete

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## Report to Policy Committee

### Author/Lead Officer of Report:

Jon Brenner, Principal Programme Manager

**Contact:** jon.brenner@sheffield.gov.uk

**Report of:** Director of Adult Health & Social Care

**Report to:** Adult Health & Social Care Policy Committee

**Date of Decision:** 15<sup>th</sup> June 2022

**Subject:** Adult Health & Social Care Strategy Delivery Plan

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? <b>1148</b>				
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 (<b>report/appendix</b>) is not for publication because it contains exempt information under Paragraph (<b>insert relevant paragraph number</b>) of Schedule 12A of the Local Government Act 1972 (as amended).”</i></p>				

### Purpose of Report:

Sheffield’s Adult Health & Social Care Strategy was approved by the Co-operative Executive on 16<sup>th</sup> 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.

This paper sets out the delivery plan to achieve the vision and outcomes set out in the strategy and in doing so improve the quality and experience of social care across the city. It is informed by same the co-production and consultation activity that enabled development of the Adult Health and Social Care Strategy.

The Committee are asked to comment upon and approve the delivery plan and agree a schedule that they are updated upon progress against it.

**Recommendations:**

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

1. Approves the Adult Health & Social Care Strategy Delivery Plan.
2. Requests that the Director of Adult Health & Social Care provides the Committee with updates on progress against the Delivery Plan on a six-monthly basis.
3. Requests that the Director of Adult Health & Social Care reviews and refreshes the plan on a bi-annual basis for subsequent consideration by the Committee.

**Background Papers:**

Adult Health & Social Care Strategy [Our adult social care vision and strategy \(sheffield.gov.uk\)](http://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: 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	<b>SLB member who approved submission:</b>	<i>John Macilwraith</i>
3	<b>Committee Chair consulted:</b>	<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.	
	<b>Lead Officer Name:</b> Jon Brenner	<b>Job Title:</b> Principal Programme Manager
	<b>Date: 19<sup>th</sup> May 2022</b>	



## 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.
- 1.2 This paper sets out the Delivery Plan to achieve the vision and outcomes set out in the Strategy. It is informed by some of the co-production and consultation activity that fed into the overall strategy. It has been further tested with some of those who contributed to check it reflects their comments, from which some amendments have been made.
- 1.3 The Committee are asked to comment upon and approve the Delivery Plan and agree a schedule that they are updated upon progress against it.

## BACKGROUND

- 1.4 Sheffield's Adult Health & Social Care Strategy was approved by the Cooperative Executive on 16<sup>th</sup> March 2022. The Strategy covers the period of 2022 to 2030. The document, and background information, 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/vision-and-strategy).
- 1.5 The vision and strategy set out the approach to make sure that everyone can live and age well in Sheffield. It was developed through significant co-production and formal consultation over an 18-month period. This involved people receiving services, carers, providers, partners, and workforce across the sector.
- 1.6 The strategy makes 6 commitments as the guiding principles we will follow and how we deliver this strategy. They show how we will achieve our outcomes and highlight what we want to do better. By working in this way, we want to achieve fundamental changes to the experience of and quality of social care in the city.
- 1.7 These commitments are:
- Support people to live a fulfilling life at home, connected to the community and resources around them, and provide care and support where needed.
  - Provide temporary assistance to help people regain some stability and control in their life following ill health or crisis.
  - Provide care and support with accommodation where this is needed in a safe and supportive environment that can be called home.
  - Make sure support is led by 'what matters to you,' with helpful information and easier to understand steps.
  - Recognise and value unpaid carers and the social care workforce, and the contribution they make to our city.
  - Make sure there is a good choice of affordable care and support available, with a focus on people's experiences and improving quality.

## **2 THE DELIVERY PLAN**

### **2.1 Developing the Delivery Plan**

- 2.1.1 The Delivery Plan started with the vision, outcomes and commitments set out in the Strategy. From the co-production and consultation that supported the strategy development, the ideas and asks from the people taking part were central to developing the Delivery Plan and ensuring it reflected what matters to the people of Sheffield.
- 2.1.2 While the Strategy was developing, the Director of Adult Health & Social Care established a Change Programme as the delivery vehicle for both existing activity and the commitments that would be made from the strategy founded on a principle of co-production and a commitment to a partnership approach to social care.
- 2.1.3 The content of the existing activity and plans were reviewed to ensure fit with the future direction set out in the strategy, and then included in the plans. The Change Programme and our preparation for the introduction of the Care Quality Commission Assurance Framework were considered at the Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee on 16<sup>th</sup> March 2022.
- 2.1.4 The Delivery Plan was also reviewed in relation to new and emerging national policy and guidance in relation to Adult Social Care. This includes the Department of Health and Social Care White Papers ‘Joining up care for people, places and populations,’ “Build Back Better: Our Plan for Health and Social Care” and “People at the Heart of Care: Adult Social Care Reforms” as well as Care Quality Commission Quality Standards.
- 2.1.5 Alignment was also made to the One Year Plan, Health and Wellbeing Strategic Plan, Shaping Sheffield, Joint Commissioning Intentions, and key projects underway across Sheffield City Council and locally across partners colleagues within Sheffield.
- 2.1.6 The overall Delivery Plan was then tested for completeness and tested in workshops with people who had contributed to the strategy’s development, alongside the leadership team responsible for delivering it. This process has endeavoured to ensure that the robustness of the delivery plan and alignment with Sheffield City Council, local and national policy and guidance relating to Adult Social Care and fundamentally it reflects what matters to people of Sheffield.

### **2.2 What the Delivery Plan Covers**

- 2.1.2 The Delivery Plan is included at **Appendix 1** and sets out a high-level set of actions planned to deliver the Strategy.
- 2.1.3 While the Strategy covers the period 2022 to 2030, the most specific commitments in the delivery plan covers the next couple of years. The longer-term content will be informed by the work and will necessarily change to reflect our increased understanding and changing landscape.

2.14 The Delivery Plan covers each of the main Commitments identified in the Strategy and is focused around our:

- New model of working so that we are working cohesively with individuals, carers, and partners to improve population and wellbeing outcomes for people.
- Partnership and Commissioning Intentions for the next 3 years with a range of partners to use our shared resources and pooled budgets in a way that delivers improved outcomes for people.
- Care Governance, Quality and Performance Outcomes so that we are focused on delivering and providing excellent quality support and ensuring safety of
- Valuing our care workforce and our care leaders so that we create the conditions for excellent quality support and positive experience of social care.

## **2.3 Governance and Review Arrangements**

2.3.1 Our ambition is to enable the delivery of our Strategy as a partnership with colleagues and communities across Sheffield, so that the Delivery Plan is implemented using principles of co-design and partnership working.

2.3.2 To that end, a detailed programme and project planning arrangements and governance arrangements have been implemented as follows to enable a collaborative approach:

- Formation of an Adult Social Care Strategic and Improvement Board Chaired by Director of Adult Health and Social Care and Executive Members. This Board oversees the overall programme of change and delivery across Adult Social Care.
- Establishment of a Delivery Board, which reports into the Adult Social Care Strategic and Improvement Board, to oversee implementation of the Delivery Plan. The Delivery Board will be co-chaired by Director of Commissioning, NHS Sheffield Clinical Commissioning Group and Health and Wellbeing Lead, Voluntary Action Sheffield to empower further collaboration with key partners across Sheffield.
- Establishment of a Citizens Board to ensure that peoples voices and public engagement are at the centre of what we do and to embed co-production and co-design as our fundamental approach to social care across Sheffield.
- Establishment of a Social Care Providers Collaborative so that our social care providers are seen as equal partners in the development, design, and delivery of social care.
- Progress against the overall Delivery Plan will key in delivering improved the vision and outcomes set out in the strategy. Therefore, the Committee is recommended to ask for regular updates on progress against the plan. A frequency of every 6 months is suggested.

2.3.4 By its nature, the Delivery Plan will be a living document as plans become more detailed, learning applied and circumstances change. Therefore, the Committee is recommended to ask the plan to be reviewed and refreshed on a biannual basis.



### **3 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 will drive the implementation of our ambitious plans for social care in Sheffield over the next decade.

3.1.2 The strategy meets 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 Quality and Performance Improvement**

3.2.1 The Strategy and the resultant Delivery Plan aim to achieve improved outcomes and experiences of citizens and family carers through ensuring the delivery of excellent quality care and supports.

3.2.2 To evidence improvements the programme management and project planning governance arrangements map the actions and commitments against Adult Social Care Outcome Measures, Operational Performance Improvement, Think Local Act Personal Outcome Statements and our Joint health and wellbeing outcomes.

3.2.3 The Delivery Plan also incorporates and aligns to our Care Governance Strategy and Performance Improvement Framework which has been brought to the Committee on 15th June 2022 for consideration and approval.

#### **3.3 Health & Care System Alignment**

3.3.1 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.

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

## **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 adult social care vision and strategy \(sheffield.gov.uk\)](http://sheffield.gov.uk).
- 5.1.2 The additional detail in this Delivery Plan does not alter this assessment, although does add a layer of detail.
- 5.1.3 Many constituent parts of the delivery plan will require their own detailed equality impact assessment, which will be completed to inform plans and decision making.

### **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.
- 5.3.2 The additional detail in this delivery plan does not alter this strategy, although does add a layer of detail.
- 5.4.3 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 builds upon that by setting out how the aims of the strategy will be delivered and provides for the monitoring and review encouraged by the statutory guidance.

## **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 Delivery Plan with a significant climate impact, will complete a detailed climate impact assessment to inform plans and decision making. An example of this is the Homecare Re procurement considered by the Committee on 15<sup>th</sup> June 2022.

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

## **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 **No published delivery plan** - There is an alternative available to not specifically publish a delivery plan for the overall strategy. However, this would result in less accountability and transparency, which is not appropriate.

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 Recommendations**

It is recommended that Adult Health and Social Care Committee:

1. Approves the Adult Health & Social Care Strategy Delivery Plan.
2. Requests that the Director of Adult Health & Social Care provides the Committee with updates on progress against the Delivery Plan on a six-monthly basis.
3. Requests that the Director of Adult Health & Social Care reviews and refreshes the plan on a bi-annual basis for subsequent consideration by the Committee.

### **7.2 Reasons for Recommendations**

7.2.1

7.2.2 An approved delivery plan for the strategy 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.

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 provide an additional mechanism to input to future development.

# Sheffield's Adult Social Care Strategy

# Strategy Delivery Plan DRAFT



This delivery plan supports 'Living the life you want to live', the Adult Social Care Strategy 2022 to 2030.

This 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. Our delivery plans will need to be mindful of this shifting landscape and are set out starting from 1 April 2022.

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.

We'll know the strategy is a success when:

- People can make the best possible choices about their health and care.
- People tell us they feel supported as an individual.
- People tell us they are working to achieve their goals.
- People feel a sense of independence and connection to their communities.
- Our system is sustainable.

**'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.**

## 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 are we delivering now?	Timeframe for delivery	Future deliveries	Timeframe for delivery
We will provide a partnership of care and support, designed, and delivered with communities.	<ul style="list-style-type: none"> <li>■ I know what services and opportunities are available in my area.</li> <li>■ I am confident to engage with friends/support services.</li> <li>■ I have a conversation or can communicate with someone who understands me.</li> <li>■ I know where to go and get help.</li> </ul>	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	Publicise the Information Advice and Guidance Offer and collaborate with partners to ensure that all local services are included.	April 2024 to March 2025
		Recommission the Sheffield Mental Health Guide, with more information to be available for children and young people.	April 2022 to March 2023	Align the mental health guide with workforce development and the adult social care Information, Advice, and Guidance Offer.	April 2023 to March 2026
		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	Implement the new safeguarding model and improvement plan.	April 2022 to March 2024
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	Enhance the operating model by embedding ongoing learning and review and continuing to work with all locally based partners to improve people outcomes.	April 2025 to March 2030
		Co-design and implement a partnership model and approach that enables people experiencing mental ill health to live independently in communities across Sheffield.	April 2023 to March 2024	Further develop our model based on learning, review and partnership working and align to our new Operating Model for Adult Social Care.	April 2024 to March 2030
		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	Embed learning from the Changing Futures Programme as part of our new Operating Model for Adult Social Care.	April 2023 to March 2030

## 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	Future deliveries	Timeframe for delivery
We will deliver a strong, reactive offer of services that provide flexible and intensive crisis support.	<ul style="list-style-type: none"> <li>I know that I have control over my life, which includes planning ahead.</li> <li>When I need support, it looks at my whole situation, not just the one that might be an issue at the time.</li> </ul>	Develop improved models of care for people who need help to gain some stability following a crisis.	April 2022 to March 2024	<p>Recommission short-term support services linked to hospital discharge.</p> <p>Implement the changes to short-term and respite care offer.</p>	<p>April 2022 to March 2025</p> <p>April 2022 to March 2022</p>
		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	Further develop our enablement and wellbeing offer aligned to development of a new Operating Model for Adult Social Care.	April 2024 to March 2030
		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	Further develop our urgent care offer based on learning and review and partnership working and align to our new Operating Model for Adult Social Care.	April 2024 to March 2030
We will shift our resources and focus to develop and deliver more proactive, preventative approaches.	<ul style="list-style-type: none"> <li>When I need support, it looks at my whole situation, not just the one that might be an issue at the time.</li> <li>We start with a positive conversation, whatever my age.</li> </ul>	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 2025	<p>Further develop the locally based preventative community integrated model of working based on learning, review and partnership working and align to our new Operating Model for Adult Social Care.</p> <p>Implement a new approach to managing demand at the front door of adult social care.</p>	<p>April 2025 to March 2026</p> <p>April 2023 to March 2025</p>
		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	Further develop and co-design transitions to adulthood offer based on our learning and discussions with young people and their families and embed within our Operating Model for Adult Social Care.	April 2023 to March 2026
		Recommission mental health provision for people who need support to maintain their independence in the community.	April 2022 to March 2023	Further develop mental health social care provision aligned to city-wide strategy, joint commissioning intentions and new partnership model to promote independence.	April 2024 to March 2026

## 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	Future deliveries	Timeframe for delivery
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.	<ul style="list-style-type: none"> <li>■ I understand the types of services available and can make informed decisions.</li> <li>■ I can make a positive choice about whether I move into a care home and have control over where and with whom I live.</li> </ul>	Develop more diverse models of care for people who need longer term, ongoing care as part of development of joint commissioning plans.	April 2022 to March 2024	Implement new models for ongoing care aligned to our new Operating Model for Adult Social Care and joint commissioning plans.	April 2024 to March 2030
		Review and recommission our residential care services to enable a move towards community connected residential care.	April 2022 to March 2023	Implement our commissioning plan for residential care.	April 2024 to March 2030
		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.	April 2022 to March 2025	Work in partnership with Housing services, Registered Social Landlords and private rented landlords to implement the Housing and Health Delivery Plan to improve choice and access arrangements for safe and appropriate accommodation.	April 2024 to March 2025
		Co-design models which promote long-term recovery as part of development of a new partnership model to support people experiencing mental ill health.	April 2022 to March 2024	Further develop our recovery model based on learning, review and partnership working and align to our new Operating Model for Adult Social Care.	April 2025 to March 2030
		Implement a new extra care living scheme at Buchannan Green.	April 2022 to April 2023		
		Review our Supported Living and Extra Care Offer aligned to development of joint commissioning plans.	April 2022 to March 2023	Implement our new Supported Living and Extra Care Offer.	April 2023 to March 2030



## 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	Future deliveries	Timeframe for delivery
We will transform care at home in Sheffield, focussing on improving experience and outcomes.	<ul style="list-style-type: none"> <li>■ I understand the types of services available and can make informed decisions.</li> <li>■ I deal with people I know and trust that are well-trained and love their job and can make decisions with me.</li> </ul>	Start a test for change for a new outcome focused, Home Care Service Model in Netherthorpe, Upperthorpe and Walkley.	April 2022 to March 2024	Use the learning to support implementation of the new care and wellbeing home care model.	April 2023 to March 2024
		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	Further develop our care and wellbeing services based on learning, review and partnership working and align to our new Operating Model for Adult Social Care.	April 2025 to March 2030
		Develop a refreshed approach to recruitment, retention, career pathways and workforce development of all care staff in the city.	April 2022 to March 2024	To design and implement home care recruitment and retention approach.  To continue to co-design and deliver workforce development initiatives for staff employed by care providers.	April 2022 to March 2024  April 2024 to March 2028
		Improve our city-wide care alarms offer and simplify access to the service.	April 2023 to March 2025	Further develop our city-wide alarm services based on learning, review and partnership working and align to our new Operating Model for Adult Social Care.	April 2025 to March 2030
		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	Further develop the trusted reviewer model based on learning, review and partnership working and align to our new Operating Model for Adult Social Care.	April 2025 to March 2030
		Further develop our approach to technology enabled care and digital solutions to support improved experiences and independent living.	April 2022 to March 2024	Implement new models and approaches which promote improves experiences and independent living through technology and refresh on a biannual basis.	April 2023 to March 2030
		Design and implement changes relating to the Social Care Charging Reforms.	April 2022 to March 2024	Embed learning and development of the Social Care Charging Reforms.	April 2024 to March 2030

## 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	Future deliveries	Timeframe for delivery
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"> <li>■ I understand the types of services available and can make informed decisions.</li> <li>■ I know where to go and get help.</li> </ul>	Co-design and build the new Information, Advice, and Guidance Offer.	April 2022 to March 2023	Draft and deliver a system wide workforce development plan around our Information, Advice, and Guidance Offer.	April 2023 to March 2024
		Improve data sharing agreements with partners so that customers can meet their outcomes quicker.	April 2024 to March 2027		
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"> <li>■ I know that I have some control over my life and that I will be treated with respect.</li> <li>■ I am listened to and heard and treated like I am an individual.</li> <li>■ I am seen as someone who has something to give, with abilities, not disabilities. I get support to help myself.</li> <li>■ I feel that I have a purpose.</li> <li>■ I can have fun, be active, and be healthy.</li> </ul>	Develop a market position statement so that providers have the information they need to develop new business models.	April 2022 to March 2023	Implement the Market Shaping Statement and refresh the statement on a three yearly cycle.	April 2023 to March 2029
		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	Implement the joint plan in partnership with the Autism Partnership Board and refresh the joint plan on a biannual basis.	April 2023 to March 2029
		Develop a city-wide mental health strategy with partners and the Mental Health Collaborative.	April 2022 to March 2024	Implement the city-wide mental health strategy with partners and refresh on a biannual basis.	April 2024 to March 2029
		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	Implement the joint plan in partnership with the Learning Disability Partnership Board and refresh on a biannual basis.	April 2024 to March 2029
		Co-develop and launch the adult social care Practice Standards.	April 2022 to March 2023	Implement the adult social care Practice Standards.	April 2023 to March 2025
		Co-develop the adult social care Quality Standards for Commissioned Providers.	April 2022 to March 2023	Implement the adult social care Quality Standards for Commissioned Providers.	April 2022 to March 2025
		Implement an adult social care Care Governance Strategy and Performance Improvement Framework.	April 2022 to March 2024	Use outcomes of customer insight and audits arising from all frameworks to drive continuous improvement.	April 2022 to March 2027
		Implement a Care Governance Board to enable dedicated scrutiny and improvement in relation to our quality of care.	April 2022 to March 2023	Embed quality standards and ongoing peer challenge and benchmarking to support continuous improvement.	April 2024 to March 2030
		Develop a Sheffield Joint Health And Social Care Wellbeing Outcomes Framework.	April 2022 to March 2023	Update and integrate shared health and care performance and quality frameworks within health and care systems.	April 2024 to March 2025

## 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	Future deliveries	Timeframe for delivery
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"> <li>■ I am listened to and heard and treated like I am an individual.</li> <li>■ I am seen as someone who has something to give, with abilities, not disabilities. I get support to help myself.</li> </ul>	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	Further develop the adult social care Practice Learning and Development Framework based on learning, review and benchmarking.	April 2025 to March 2030
		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	Embed ongoing learning and development in relation to direct payments and personalisation best practice.	April 2025 to March 2030
We will deliver more flexible and simplified ways for people to be able to purchase and arrange their care and support.	■ I can manage money easily and use it much more flexibly.	Provide a greater range of high-quality money management options for those that want to take direct payments to manage their own care.	April 2023 to March 2024	Design a welfare rights service with partners to enable an effective response to the cost-of-living crisis and prevent hardship.	April 2024 to March 2025
		Develop a Direct Payments and Personalisation Strategy which sets out our long-term approach towards increasing choice and control.	April 2023 to March 2024	Implement the Direct Payments and Personalisation Strategy and refresh the approach on a biannual basis.	April 2024 to March 2030

## 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	Future deliveries	Timeframe for delivery
We will develop and deliver a Sheffield Workforce Strategy for the whole system, focussing on equality, diversity, and inclusion.	<ul style="list-style-type: none"> <li>I deal with people I know and trust that are well-trained and love their job and can make decisions with me.</li> </ul>	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.	April 2022 to March 2023	<p>Implement our workforce strategy as a partnership with health, VCSE, providers, unions and partners across the city.</p> <p>Improve workforce skills in working with people with specific needs relating to learning disability, autism and mental health.</p> <p>Improve workforce skills in strengths-based conversations and assessments.</p>	<p>April 2023 to March 2026</p> <p>April 2024 to March 2026</p> <p>April 2023 to April 2024</p>
		Implement an adult social care Workforce Engagement Board to drive collaboration, quality and improvement across social care.	April 2022 to March 2024	Further develop the board with an ongoing focus on collaboration, peer challenge and benchmarking to support continuous improvement.	April 2024 to March 2030
		Transfer carer responsibilities from Sheffield Health and Social Care Trust to the Carers Centre.	April 2022 to March 2023	Implement a new approach to supporting carers supporting people experiencing mental ill health.	April 2023 to March 2025
We will embed a clear support offer and structure for all carers.	<ul style="list-style-type: none"> <li>I am resilient and have good mental health and wellbeing.</li> <li>I have balance in my life, for example between being a parent, friend, partner, employee, student.</li> </ul>	Develop a Joint Health and Care Plan for supporting unpaid carers in the city in partnership with the Carers Partnership Board.	April 2022 to March 2024	Implement the Joint Health and Care Plan and refresh on a biannual basis in partnership with unpaid carers.	April 2024 to March 2030
		Monitor and continuously improve the carer support service that started in January 2022 in partnership with Carers Centre and unpaid carers.	April 2022 to March 2026	Continue to work collaboratively to organise and participate in awareness raising campaigns for carers. Especially during Carers Week, Young Carers Awareness Day, and Carers Rights Day.	April 2022 to March 2030
		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.	April 2022 to March 2026	Develop longer term planning for families with ageing carers.	April 2025 to March 2027
		Identify more young carers when assessing adults with care and support needs and implement a new process and guidance.	April 2022 to March 2026		

## 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	Future deliveries	Timeframe for delivery
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"> <li>■ I only tell my story once.</li> <li>■ The system is easy to navigate.</li> </ul>	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	Implement best practice approach to reviews through workforce support and development	April 2023 to March 2025
		Develop ways for a multi-disciplinary approach to reviews to reduce duplication between services and supports.	April 2023 to March 2024	Embed new approaches in our target operating model implementation.	April 2023 to March 2025
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"> <li>■ I am listened to and heard.</li> </ul>	Develop a co-production and engagement approach and strategy for adult social care.	April 2022 to March 2024	Embed the co-production approach and standards.	April 2022 to March 2025
		Set up an adult social care Strategic Board and link to other boards to co-develop priorities with partners.	April 2022 to March 2023	Review progress of the ASC Delivery Plan through engagement forums and the Strategic Board.	April 2023 to March 2030
		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	Jointly identify and resolve gaps in citizen and partner voice in adult social care, including co-designing a Citizen’s Board.	April 2022 to March 2030
		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	Jointly identify and resolve gaps in provision and support through joint strategic and operational planning with partner organisations.	April 2023 to March 2025
		Refresh the Adult Social Care Strategy Delivery Plan annually.	April 2023 to March 2030		

### About this document

Sheffield’s Adult Social Care Strategy 2022 Delivery Plan DRAFT v5. This draft version was developed in May 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](mailto:information@sheffield.gov.uk).

For more information about adult social care visit our website [www.sheffield.gov.uk](http://www.sheffield.gov.uk).

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## Report to Policy Committee

### Author/Lead Officer of Report

Jonathan McKenna-Moore, Service Manager

**Tel:** 07909925612

**Report of:** Director of Adult Health & Social Care

**Report to:** Adult Health and Social Care Policy Committee

**Date of Decision:** 15<sup>th</sup> June 2022

**Subject:** Adult Health and Social Care: Financial Update and Progress with Financial Recovery Plan

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? <b>1128</b>				
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: -				
<p><i>“The (<b>report/appendix</b>) is not for publication because it contains exempt information under Paragraph (<b>insert relevant paragraph number</b>) of Schedule 12A of the Local Government Act 1972 (as amended).”</i></p>				

### **Purpose of Report:**

The purpose of this report is to provide an update on the Adult Social Care financial position, an overview of our budget and to seek endorsement for recovery plans.

The development of an Adult Social Care, Care Governance Strategy identified that, alongside the Council’s Medium-Term Financial Strategy (MTFS) analysis of cost pressures and planned savings, a full budget analysis was required for greater transparency and to ensure that ongoing financial risks and issues remain visible.

This report looks at the whole rather than the change, highlighting relative growth in spend by service type and the links between funding streams and specific activity.

This is a key report in our financial governance as it enhances our understanding of the full budget position and the relative value of pressures, savings and ongoing commitments when making spending decisions.

It also supports delivery on Sheffield City Council One Year Plan priority to deliver a framework for measuring our performance and quality so that people can hold us to account for the care services we provide.



**Recommendations:**

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

1. Note and consider the Adult Social Care budget in totality, pressures, and current progress with the recovery plan.
2. Note the impact of one-off funding, which includes Hospital Discharge Funding, no longer being available to fund Adult Social Care Services despite continuing demand.
3. Agree that a report providing an update on the budget position and progress in delivering a balanced budget is brought to Committee on a regular basis.
4. Agree that a Member's task and finish group is implemented to consider priorities for spend which will enable delivery of budget on balance by year end 31<sup>st</sup> March 2023 and to agree spend priorities for 23/24 for discussion at September 2022 Committee.

**Background Papers: None**

Lead Officer to complete: -		
1	I have consulted the relevant departments in respect of any relevant implications indicated on the Statutory and Council Policy Checklist, and comments have been incorporated / additional forms completed / EIA completed, where required.	Finance: Liz Gough
		Legal: Tim Hoskins
		Equalities & Consultation: Ed Sexton
		Climate: <i>(Insert name of officer consulted)</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	<b>SLB member who approved submission:</b>	<i>John MacIlwraith</i>
3	<b>Committee Chair consulted:</b>	<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.	

<b>Lead Officer Name:</b> Jonathan McKenna-Moore	<b>Job Title:</b> Acting Service Manager, Planning Performance and Risk
<b>Date: 27 May 2022</b>	

## **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 The purpose of this report is to provide an update about Adult Social Care financial position, an overview of our budget and to seek endorsement for recovery plans.
- 1.3 The development of an Adult Social Care, Care Governance Strategy identified that, alongside the Council's Medium-Term Financial Strategy (MTFS)<sup>1</sup> analysis of cost pressures and planned savings, a full budget analysis was required for greater transparency and to ensure that ongoing financial risks and issues remain visible.
- 1.4 This is a key report in our financial governance as it enhances our understanding of the full budget position and the relative value of pressures, savings and ongoing commitments when making spending decisions. The development of this report and framework supports delivery on Sheffield City Council One Year Plan priority to deliver a framework for measuring our performance and quality so that people can hold us to account for the care services we provide.

## **2 BACKGROUND**

- 2.1 Adult Health & Social Care has a responsibility to support Adults over 18 with specific needs to live independent and fulfilled lives, safely in their local community. We do this by providing information, advice, and guidance as well as support and services.
- 2.2 To do this, the Council is responsible for assessing and understanding the needs of adults to ensure they can live as independently as possible, living a fulfilled life, safe from abuse.
- 2.3 The needs of eligible adults can be met through formal services that the Council provides directly or commissions from a third party, or it can be met through family and friends providing informal care. Formal care includes residential care, home care, supported living, day activities, short breaks, housing support, or the flexibility of choice through Direct Payments.
- 2.4 Appendix 1 provides a brief overview of our main duties and statutory guidance which informs what and how we deliver adult social care. This is important to our budget, as we need to ensure we can demonstrate that we have used our resources effectively to deliver improved outcomes for people, our statutory duties and in doing support and protect those most vulnerable across Sheffield to live the life they want to live.

### 3 OVERVIEW OF ADULT SOCIAL CARE INCOME

Income Source	Amount (£000s)	%
Sheffield City Council (Cash Limit)	132,563	48.3%
Fees and Charges from Citizens of Sheffield	51,452	18.8%
Better Care Fund	29,288	10.7%
S75 Agreement with NHS Sheffield CCG	26,276	9.6%
Grants & Other Income	32,814	12.0%
Recharges to Other Services	1,943	0.6%
<b>TOTAL</b>	<b>274,335</b>	

- 3.1 The total budget of £274m includes £132.6m from the Council’s corporate budget, built up of Council Tax revenue, the Revenue Support Grant from Central Government and Business Rates (which are paid into and then reallocated by central government).
- 3.2 This part of the budget is also referred to as the **Cash Limit**. Any reduction in spend will target the Cash Limit. Where funding is directly linked to specific activity (for example a S75 agreement for Mental Health support) reduced spend will have less or no impact on the cash limit budget.
- 3.3 The Adult Health and Social Care budget does not include £16.3m to fund those aspects of the new Integrated Commissioning Service which relate to delivery of supports to Adults in the City. This includes Drug and Alcohol Services, Housing Related Support, Domestic Abuse, Early Intervention, and other related budgets which impact on Adult Health and Social Care delivery of legal duties. These budgets are set out in Table B below:

	£000s
Cash Limit	7,083
Fees & Charges	18
S75 CCG	49
Government Grants	8,345
Other Income	803
Recharges	30
<b>TOTAL</b>	<b>16,328</b>

- 3.4 The amount of money available through Council Tax revenue has been increased through use of the social care precept. This is currently 1%, generating an additional £3.3m. Further increases would each require an annual Committee decision and can therefore not be assumed each year.

<sup>1</sup> [Sheffield City Council Medium Term Financial Analysis, 2022/23 to 2025/26](#)

- 3.5 People in receipt of formal care are assessed to see if they can pay some or all their support costs. Individuals are invoiced monthly, and recovery of invoices averages 90% subject to follow up from a debt recovery team. This accounts for the £51, 452 noted in the budget.
- 3.6 The Better Care Fund<sup>2</sup> is a national programme that requires Local Authorities and CCGs to pool defined budgets through a section 75 arrangement to support the integration of care. In Sheffield, our Better Care Fund goes beyond the minimum contributions and our programmes extend to include many other areas of work that benefit from joint decision making and are commissioned through pooling budgets. The Better Care Fund income element of the Budget (£29,288m) includes the funding for social care allocated to NHS Commissioning bodies and redistributed to local authorities.
- 3.7 The S75 Agreement income covers £19.6m of Better Care Fund that the NHS Sheffield Clinical Commissioning Group passport to the Council. The remaining £6,676m is to fund integrated or commissioned services in social care. This includes part funding of Council's Short-Term Intervention Team, the Equipment Service and other Social Care Teams including Safeguarding and Income and Payments.
- 3.8 Grants and other income are mainly the Adults Social Care Grant (£29.5m) which is a relatively new Government Grant, the Independent Living Fund, and other small grants.
- 3.9 The total budget shown above does not include a further £8.95m for Service Level Agreements and Corporate Overheads nor £71k for Business Support. This is because these are temporary funding arrangements matched to internal spend on premises and service support. These are not formally part of the permanent budget for AHSC.

### **3.10 UK Government Funding to Adult Social Care – Social Care Reforms**

- 3.10.1 In September 2021, the Government announced £5.4 billion over 3 years for adult social care reform. At the Spending Review in October 2021, it announced that this investment will be used for the following areas:
- £3.6 billion to pay for the lifetime cap on care costs, the extension to means test, and support progress towards local authorities paying a fair cost of care.
  - £1.7 billion to improve social care in England, including at least £500 million investment in the workforce.
- 3.10.2 This investment is backed by the new Health and Social Care Levy. The Government intention is that, beyond the next three years, an increasing share of funding raised by the levy will be spent on social care.

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<sup>2</sup> [Department of Health and Social Care Better Care Fund Guidance](#)

- 3.10.3 Of the £3.6bn allocated nationally to cover charging reform and the fair cost of care it is not yet known what the final allocation will be for Sheffield or whether this allocation will account for both costs to meet additional assessment demands and costs of care.
- 3.10.4 A proportionate split might indicate that Sheffield could be allocated up to £36m for the three years 2022/23 to 2024/25 with roughly half for charging reform and half for the fair cost of care.
- 3.10.5 Sheffield received a grant in 2022/23 of £1.8m for the Fair Cost of Care which is a fraction of what would be expected based on these national figures. Because the Government has stated that the fund distribution will be reviewed ahead of allocating money for 2023 to 2024 “to ensure they remain appropriate to meet the objective of making local markets more sustainable” it is impossible to predict with any certainty what level of income might be expected.
- 3.10.6 The cost of charging reform is not known and cannot be accurately forecasted as it will depend on the personal wealth of people not currently known to the Council. However, it is likely that these new costs will be very significant (£5-£15m) in 2023/24 and again in 2024/25.
- 3.10.7 The national investment in social care of £1.7bn is designed to support the Government’s 10-year vision, ‘People at the Heart of Care: adult social care reform’. This includes a range of Government policies over the next 3 years including:
- at least £500 million for social care workforce.
  - at least £300 million to integrate housing in strategies.
  - at least £150 million to drive greater adoption of technology.
  - up to £25 million to support unpaid carers.
  - £30 million to help local areas innovate support.
  - Over £70 million to increase and improve the AHSC offer.

It is not yet clear to what extent Sheffield might benefit directly from the £1.7bn funding.

### **3.11 UK Government Funding – COVID and Hospital Discharge Funding**

- 3.11.1 Additional health funding in response to Covid Pandemic ceased on 31<sup>st</sup> March 2022.
- 3.11.2 This means the £13 million towards additional post-discharge care and support services are longer be funded through the National Discharge Fund<sup>3</sup>. The end of this funding resource places a significant pressure on Sheffield City Council Adult Social Care to fund discharge to assess as a preferred pathway for discharge. To that end, work is underway with NHS colleagues in the City to look at long term sustainable solutions which enable people to be discharged

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<sup>3</sup> [Funding of discharge services from acute care in 2022/23](#)

from hospital in a safe and timely manner in line with Hospital Discharge and Community Support National Guidance <sup>4</sup>.

- 3.11.3 The Council also administered £31,241,339 of one-off grants to providers in 21/22, to support infection control and workforce stability. These grants were mainly financially neutral to the council with 96% of funding passed directly to the care providers across the city. A breakdown of the one-off grants and their usage is noted at Appendix 2.

## 4 OVERVIEW OF CURRENT RESOURCE USE

### 4.1 Current Permanent Resource Allocation

<b>Spend</b>	<b>Amount (£000s)</b>	<b>%</b>
3rd party spend	£217,279	79.3%
Employees	£44,136	16.0%
Premises	£578	0.2%
Supplies and Services	£11,388	4.2%
Transport	£954	0.3%
<b>TOTAL</b>	<b>£274,335</b>	<b>100%</b>

- 4.2 The majority of the budget is spent on 3<sup>rd</sup> party spend which is the purchasing of supports and services to deliver care to people across the city. Due to this, it is important that the care that we purchase is of excellent quality, person led and of best value.

- 4.3 The spend on 3<sup>rd</sup> Party supports and services is allocated through Purchasing Budgets and can be broken down as noted in Table D:

<b>3<sup>rd</sup> Party Spend (£000s)</b>	<b>OP</b>	<b>LD</b>	<b>PD</b>	<b>MH</b>	<b>Total</b>
Home Support	30,217	1,268	5,467	110	37,062
Direct Payments	9,726	23,081	12,724	5,619	51,150
Residential & Nursing	48,149	16,352	3,825	8,174	76,500
Short Term Care	1,788	665	713	80	3,246
Supported Living	7,167	24,243	3,570	332	35,312
Day Care	367	4,088	410	20	4,885
Other	1,049	2,592	131	386	4,158
<b>Total Gross Expenditure</b>	<b>98,463</b>	<b>72,289</b>	<b>26,840</b>	<b>14,721</b>	<b>212,313</b>

(OP = Older People; LD = Learning Disabilities, PD = Physical Disabilities; MH = Mental Health)

- 4.4 Further third-party expenditure outside of 3<sup>rd</sup> Party purchasing of supports and services equals £4.966m, bringing the total to £217, 279m.

<sup>4</sup> [Hospital discharge and community support guidance](#)

- 4.5 The income from contributions from individuals varies between working age people, whose main income tends to be state benefits, and older people who often have capital and additional private income as well as their pension. Table E shows the impact of contributions.

<b>Table E – Adult Health and Social Care Income from Contributions</b>					
<b>Income against Spend (£000s)</b>	<b>OP</b>	<b>LD</b>	<b>PD</b>	<b>MH</b>	<b>Total</b>
<b>Gross Expenditure (Table D)</b>	<b>98,463</b>	<b>72,289</b>	<b>26,840</b>	<b>14,721</b>	<b>212,313</b>
Contributions From Individuals	-28,805	-4,977	-2,159	-746	-36,687
NHS CCG Contributions to costs	-1,400	-8,114	-700	-609	-10,823
Other Contributions	-40,043	-30,915	-7,335		-78,293
Total Income	-70,248	-44,006	-10,194	-1,355	119,121
<b>Net Expenditure</b>	<b>28,215</b>	<b>28,283</b>	<b>16,646</b>	<b>13,366</b>	<b>86,510</b>
<b>% Resource Allocation From Cash Limit Provided by Council</b>	<b>29%</b>	<b>39%</b>	<b>62%</b>	<b>91%</b>	<b>41%</b>

(OP = Older People; LD = Learning Disabilities, PD = Physical Disabilities; MH = Mental Health)

- 4.6 The combined individual and NHS Sheffield Clinical Commissioning Group contributions of £47.5m is £4m less than the £51.5m shown in Table A.

- 4.7 This is due to income recovered across a variety of service areas outside of Purchasing Budgets, £1.7m of which is individual contributions to Citywide Care Alarms and the rest is contributions from capital towards equipment costs.

## 5 CURRENT FORECAST FOR 2022/ 2023

- 5.1 Due to a combination of national under-funding, the ongoing impact of Covid19 on service availability and demand, and undelivered savings from consecutive previous years, the Adult Health and Social Care, inclusive of Integrated Commissioning, budget is forecast not to deliver a balanced budget at quarter 1 despite making significant inroads into making savings to date.
- 5.2 Table F shows the 22/23 budget. The first part of the table shows the non-purchasing budget (predominantly employee spend) and the second part of the table shows the purchasing budget (as described under 3<sup>rd</sup> party spend in Table D).
- 5.3 Both sections are net of income (i.e., Cash Limit only), with the total of £141.5m aligned to the £132.6m Cash Limit described in the Income Source and Budget Allocation tables, plus the £8.9m of temporary budget for SLAs and Corporate Overheads described in Section 1.



5.4 The 22/23 budget assumes that £25m savings contained within the Revenue Budget and Capital Programme 2022/23<sup>5</sup> agreed at the Co-Operative Executive held on 16<sup>th</sup> February 2022 will be achieved in full (see next section). To this end the £25m has already been removed from the budget and any savings not met will be required to be mitigated within this financial year in line with this decision.

Table F – Budget and Outturn						
Budget and Outturn (All amounts shown in £000s)	2021/22			2022/23		
	Full Year Budget	Actual Outturn	Variance	Full Year Budget	Forecast Outturn	Variance
Adult Health and Social Care	51,876	53,624	1,748	55,155	56,963	1,808
EHD income*	-2,866	-13,224	-10,358	0	0	0
<b>Non-purchasing Total</b>	<b>49,010</b>	<b>40,400</b>	<b>-8,610</b>	<b>55,155</b>	<b>56,963</b>	<b>1,808</b>
Older People	28,064	41,241	13,177	31,163	34,618	3,455
Physical Disabilities	12,900	14,769	1,869	16,646	17,011	365
Learning Disabilities	33,313	34,324	1,011	29,086	34,829	5,743
Mental Health	5,996	8,886	2,890	9,466	9,733	267
<b>Purchasing Total</b>	<b>80,273</b>	<b>99,220</b>	<b>18,947</b>	<b>86,361</b>	<b>96,191</b>	<b>9,830</b>
<b>Grand Total</b>	<b>129,283</b>	<b>139,620</b>	<b>10,337</b>	<b>141,516</b>	<b>153,154</b>	<b>11,638</b>

5.5 \*EHD income refers to Enhanced Hospital Discharge funding, referenced at 3.11, that was set up as part of the Covid19 response and ceased at on 31<sup>st</sup> March 2022. The funding off-set the additional support required to enable people to be discharged from hospital and back home during the pandemic. However, much of that support is still in place as is the demand for additional support without the corresponding funding.

5.6 Along with this, initial benchmarking highlights that Sheffield City Council has provided higher levels of care than other comparable authorities throughout the pandemic. The variance column for 21/22 shows where we spent more than the allocated budget last year. Had it not been for one-off EHD funding which reduced the overspend to £10m in 21/22, the cost of care and support would have exceeded the planned budget by around £21m.

5.7 **The overspend was largely because of our priority towards keeping people safe during the COVID pandemic. Much of this underlying spend and support put in place during the pandemic remains and this is what is causing the main pressure for the 22/23 budget.**

<sup>5</sup> [Revenue Budget and Capital Programme 2022/ 2023](#)

5.8 Table G shows the total pressures built into the 2022/23 budget and the way these pressures have been offset to create a balanced budget.

<b>Table G - 22/23 Pressures</b>	<b>£m</b>
21/22 forecast overspend (care packages) as of Autumn 2021	21.8
Growth in demand for services	6.9
Uplifts to provider fees	6
Loss of income (inc. one-off Health funding and reduction to ILF)	2.2
Long-term investments to meet service demand	3.9
Short-term investments to mitigate 21/22 overspend	1.6
Staff pay award (2%)	0.8
<b>Total Pressures</b>	<b>43.2</b>
Increased ASC grant	-8.5
Social Care Precept	-3.3
Mitigations / Savings	-25.2
One-off funding from Council Reserves	-6.2
<b>Total Off-set</b>	<b>-43.2</b>

5.9 The precept and the one-off reserves have increased the cash limit and therefore the net budget for adult social care in 2022/ 23. The Adult Social Care Grant is treated in the budget as income and so is not visible in the net budget. Clearly a major element of this year's budget is the delivery of £25.2m savings.

5.10 The forecast indicates a potential £11.6m spend more than the allocated 22/23 budget unless mitigating actions are successful. This is mainly due to slippage against planned savings mainly due to the impact of the pandemic on workforce availability at the start of the year to undertake the activities and the ongoing pressure of hospital and community demand, without funding to pay for the ongoing demands. Due to this, a range of actions are underway to establish a balanced budget detailed in section 6.

## **6 ADULT SOCIAL CARE FINANCIAL RECOVERY AND SUSTAINABILITY**

6.1 It is our ambition to achieve a sustainable adult social care service. To this end, a change programme was implemented in 21/22 after a period of self-assessment to enable delivery of improved outcomes for people, improved performance and deliver not only a balanced budget but a long term sustainable social care service.

### **6.2 Current Recovery Actions**

6.2.1 While the 22/23 budget has been increased from 21/22, this only addresses part of the budget pressure.

6.2.2 £25m was taken out of the 22/23 budget based on full delivery of planned savings and therefore any savings not delivered will show as an overspend or pressure. These savings can be summarised as follows:

<b>Table H – Recovery Activity and Progress</b>				
<b>Saving Category</b>	<b>Value (£000s)</b>	<b>FTE</b>	<b>Forecast value</b>	<b>Forecast %</b>
Reviewing Excess Costs	13,235	0	5,850	44%
Mitigating New Costs	2,272	0	2,057	91%
Re-commissioning of services	3,038	0	2,071	68%
New Operating Model	2,800	40	2,225	79%
Establishment Control	2,252	3.6	2,252	100%
Budget Adjustments	350	0	350	100%
Maximising Income	1,254	0	1,254	100%
<b>Total</b>	<b>25,201</b>	<b>43.6</b>	<b>16,059</b>	<b>64%</b>

- 6.2.3 To date, we have delivered £6.2m in savings through:
- £2.2m of savings through budget adjustments and recommissioning programmes.
  - £2.3m through reviewing excess costs/strength-based reviews.
  - £1.7m through our current projects
- 6.2.4 By end quarter 2, we expect to have delivered a further £923,000 through our savings programme bringing total predicated to £7.1m delivered savings by Quarter 3.
- 6.2.5 18 projects are underway with an expected delivery date of 31<sup>st</sup> March 2023 to deliver the remainder of the savings and weekly monitoring is in place to enable a focus on delivery of each of these 18 projects so that we are responsive in mitigating reasons for potential undelivered savings and reducing risk of savings not met at an early stage.
- 6.2.6 This includes development of a new Target Operating Model for Adult Social Care which aims to build a greater focus on individual wellbeing and enabling people to live independently in communities across Sheffield, in line with our Strategic Vision and priorities and with that reduce the need for care and support in line with our Care Act duties. The Target Operating Model is planned for submission to Committee in September 2022 for approval.
- 6.2.7 Following on from review in 21/22, several arrangements were implemented to improve understanding of the budget and to enable effective resource management. This included implementing a detailed understanding of the budget, establishment control, review of spend against legal duties and strategic priorities, commission to internal audit as a business partner to support development of an action plan to ensure robust financial governance. A new leadership structure in May 2022 was also implemented which brings commissioning and operations together so that Senior Leaders have oversight of the totality of a budget by portfolio and can make effective decisions regards spend.

6.2.8 As Table H shows, current forecasts do not anticipate full delivery of the £25m budgeted savings plan at Quarter 1. This is reflected in the forecast overspend, which will also include new and emerging pressures. Adult Health and Social Care is required to mitigate this forecast overspend by April 2023.

6.2.9 In response to early indicators that all savings may not be met and in line with our dynamic budget review process, further recovery planning is underway to increase confidence of deliverability against each project, in particular reviews, as well as:

- Review of all activity between Adult Social Care, Integrated Commissioning and NHS Sheffield Clinical Commissioning Group, including activity within pooled budgets to determine shared areas of efficiency.
- Joint funding proposal with Sheffield Teaching Hospitals to support a timely and effective response to discharge from hospital and support elective recovery.
- Commissioning a report from the Local Government Association to determine where any further areas for efficiency which can be made.
- Review of current systems and processes to manage demand to offset future demand pressures.
- Review of practice across health and social care to enable a move towards strength-based practice and promotion of independent living
- Review of Sheffield discharge model, response, and funding with partners so that people can be discharged on a timely basis but within funding envelope available.

6.2.9 It is proposed that a Member's task and finish group is implemented which will consider spend priorities to support and enable delivery of a balanced budget at year end and priorities for 23/24 budget, which includes the entirety of Adult Social Care budget inclusive of Adult Social Care and Integrated Commissioning and makes recommendations to September 2022 Committee.

6.2.10 It is proposed that future reports are brought to the Committee which set out more detail on funding streams, more detail on spends and more detail on forecasting including long term assumptions.

## **7 HOW DOES THIS DECISION CONTRIBUTE?**

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

7.2 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:

- Support people to live a fulfilling life at home, connected to the community and resources around them, and provide care and support where needed.
- Provide temporary assistance to help people regain some stability and control in their life following ill health or crisis.

- Provide care and support with accommodation where this is needed in a safe and supportive environment that can be called home.
- Make sure support is led by 'what matters to you,' with helpful information and easier to understand steps.
- Recognise and value unpaid carers and the social care workforce and the contribution they make to our city.
- Make sure there is a good choice of affordable care and support available, with a focus on people's experiences and improving quality.

## **8 HAS THERE BEEN ANY CONSULTATION?**

8.1 The purpose of this report is provided background to the fund 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.

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

## **9 RISK ANALYSIS AND IMPLICATIONS OF THE DECISION**

### **9.1 Equality of Opportunity Implications**

9.1.1 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.

9.2.1 Over the last 4 years, the Council has provided vital social care services with above inflation funding increases. A 16% increase for 2022/23, and an average increase of nearly 13% p.a. over the last 5 years, has seen the budget for adults and children's social services rise by a total of £126m.

9.2.2 The year-on-year reductions from Government has meant that over the last ten years we have seen a real terms reduction of 29% and this has impacted on the people of Sheffield, including those in greatest need and groups that share equality characteristics. We have also seen increasing demand for our services in key areas like social care.

9.2.3 The 2022/23 savings targets are the highest the Council has ever faced, as the Council needs to make over £52.7m of savings across all service areas. Although there are very difficult choices to make, our impact assessments illustrate our commitment to tackling inequality and ensuring inclusivity and to mitigate negative impacts where possible. We will monitor closely for any adverse equality impacts as reductions and changes in provision occur during the next year.

## **9.2 Financial and Commercial Implications**

9.2.1 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

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

9.2.3 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.

## **9.3 Legal Implications**

9.3.1 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 under the duties set out in Appendix 1.

## **9.4 Climate Implications**

9.4.1 There are no climate impacts arising directly from this decision.

## **9.5 Other Implications**

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

## **10 ALTERNATIVE OPTIONS CONSIDERED**

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

## **11 REASONS FOR RECOMMENDATIONS**

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

- 1) Note and consider the Adult Social Care budget in totality, pressures, and current progress with the recovery plan.
- 2) Note the impact of one-off funding, which includes Hospital Discharge Funding, no longer being available to fund Adult Social Care despite continuing demand pressures.
- 3) Agree that reports providing an update on the Budget and progress in delivering a balanced budget are brought to Committee.

- 4) Agree that a member's task and finish group is implemented to consider priorities for spend which will enable delivery of budget on balance by year end and priorities for 23/24 budget.

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

## 12 Appendices

### 12.1 Appendix 1 - Overview of Adult Health and Social Care:

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.

In line with this, the core purpose of adult care and support is to help people to achieve the outcomes that matter to them in their life, to promote wellbeing and keep people safe. This is set out in six main pieces of legislation:

- The Care Act 2014,
- The Mental Capacity Act 2005 and Deprivation of Liberty Safeguards,
- The Mental Health Act 2007,
- The Human Rights Act 1998,
- The Domestic Violence, Crime and Victims Act 2004 and subsequent legislation relating to Domestic Violence Protection Notices and Orders, the criminal offence of Coercive and Controlling Behaviour, Modern Slavery and Forced Marriages.
- Local Authority Social Services Act 1970 Section 6

These direct Adult Health and Social Care Services to:

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

The Care and Support Statutory Guidance provides an overview of the key principles and practice which defines Adult Social Care - [Care and support statutory guidance - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/672222/care-and-support-statutory-guidance.pdf)

12.2 Appendix 2 - One-off grant funding during 21/22 Covid Response:

<b>One-off Covid Grants Received</b>	<b>£s</b>
Infection Prevention and Control	16,377,651
Rapid Flow Testing	4,889,217
Workforce Stability	9,742,248
Vaccines	232,223
<b>TOTAL</b>	<b>31,241,339</b>

<b>Distribution of one-off grants</b>		
3 <sup>rd</sup> Party Care homes	19,276,282	62%
3 <sup>rd</sup> Party Home care	5,133,696	16%
3 <sup>rd</sup> Party Day care	1,486,867	5%
Direct payments	43,857	0.1%
3 <sup>rd</sup> Party Supported living	882,504	3%
Sheffield City Council Services	875,920	3%
Ad hoc	57,873	0.2%
<b>Not claimed by 3<sup>rd</sup> Parties and returned to DHSC</b>	<b>3,484,340</b>	<b>11%</b>
<b>Total Distribution to 3<sup>rd</sup> Parties</b>	<b>26, 823, 206</b>	<b>86%</b>
<b>Total Distribution to Council Services</b>	<b>875,920</b>	<b>3%</b>
<b>Total</b>	<b>31,241,339</b>	<b>100%</b>