

Adult Health and Social Care Policy Committee

**Wednesday 21 September 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

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

PUBLIC ACCESS TO THE MEETING

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. 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.

Meetings of the Policy Committee have to be held as physical meetings and are open to the public. Meetings are normally held at Sheffield Town Hall and are webcast.

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, as this will assist with the management of attendance at the meeting.

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. To aid safe access and protect all attendees, you are welcome to wear a face covering within the venue.

PLEASE NOTE: The Public Gallery in the Town Hall Council Chamber can accommodate 50 persons. Social distancing may not be possible in the Gallery depending on the numbers of members of the public in attendance at the meeting. An overspill area will be provided in the event that more than 50 members of the public attend - the webcast of the meeting will be live streamed to that room.

We are unable to guarantee entrance to the Public Gallery 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.

Public Questions and Petitions

The arrangements for dealing with questions and petitions at Policy Committee meetings are as follows:

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 working days in advance of the date of the meeting, by email to the following address: committee@sheffield.gov.uk.

You will also be asked to provide a contact email and/or telephone number. (Details of how we will use and keep your information can be found [here](#)).

The Chair of the meeting has discretion as to how questions and petitions are presented at the meeting and as to whether you are invited to ask your question or present a petition at the meeting, or they are read out at the meeting. A response to the question or petition will be given by the Chair or Council officer. If you are not able to attend the meeting, your question/petition may be referred to the Chair, and a written answer/response will be provided to you.

Where a submitted question or petition cannot be answered because time does not allow, or where a Member undertakes to provide a written answer/response, the written answer/response will be provided to you within ten working days of the meeting and will be published on the Council website.

Please note that the Chair of the meeting may not accept petitions or questions which relate to:

- matters not being within the responsibility of the Local Authority or which affects the City or its inhabitants;
- judicial or quasi-judicial matters;
- individual planning/licence/grant applications or appeals;
- named officers or Members of the Council;
- confidential matters of the type referred to in Schedule 12A to the Local Government Act, 1972; or
- matters of an irrelevant, repetitious, defamatory, frivolous or offensive nature or a general misuse of the opportunity.

Recording of Meetings

Recording is allowed at Policy Committee meetings under the direction of the Chair of the meeting. The [protocol on audio/visual recording and photography](#) provides further information.

Please note that meetings will be filmed for live or subsequent broadcast via the Council's website. See the Council's [Webcasting Notice](#) for more details.

FACILITIES

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.

**ADULT HEALTH AND SOCIAL CARE POLICY COMMITTEE AGENDA
21 SEPTEMBER 2022**

Order of Business

- 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. Minutes of Previous Meeting** (Pages 11 - 22)
To approve the minutes of the last meeting of the Adult Health and Social Care Policy Committee, held on the 15th June 2022.
 - 6. Public Questions and Petitions**
To receive any questions or petitions from members of the public
 - 7. Work Programme** (Pages 23 - 38)
Report of the Director
- Formal Decisions**
- 8. Supported Living, Respite and Day Services Provision for Working Age Adults** (Pages 39 - 56)
 - 9. Mental Health Market Shaping Statement and Recommissioning of Services** (To Follow)
 - 10. Older Persons Prevention Service** (To Follow)
 - 11. Safeguarding and Ensuring Safety Delivery Plan and New Safeguarding and Ensuring Safety Model** (To Follow)
 - 12. Adult Social Care Financial Update and Progress with Financial Recovery Plan** (To Follow)
 - 13. Adult Social Care Market Shaping Statement, Market Sustainability and Oversight Plan and Fair Cost of Care** (Pages 57 - 108)

Exercise

- | | |
|--|--------------------------|
| 14. Adult Social Care Budget Programme 2023/2024 | (To Follow) |
| 15. Adult Social Care Charging Delivery Plan | (To Follow) |
| 16. Director of Adult Social Care (DASS) Report and Delivery Plan | (To Follow) |
| 17. Budget Monitoring Report - Month 4 | (Pages 109 - 118) |

NOTE: The next meeting of Adult Health and Social Care Policy Committee will be held on Wednesday 16 November 2022 at 10.00 am

ADVICE TO MEMBERS ON DECLARING INTERESTS AT MEETINGS

If you are present at a meeting of the Council, of its Policy Committees, 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.

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Adult Health and Social Care Policy Committee

Meeting held 15th June 2022

PRESENT: Councillors Angela Argenzio (Co-Chair), George Lindars-Hammond (Co-Chair), Steve Ayriss, Martin Phipps, Ann Woolhouse, Ruth Milsom, Mary Lea and Richard Williams. Alexis Chappell, Fiona Martinez, John Macilwraith and Sarah Bennett

1. WELCOMING AND HOUSEKEEPING ARRANGEMENTS

1.1 Co-Chair of the Adult Health and Social Care Policy Committee, Councillor Angela Argenzio, welcomed attendees to the meeting and provided the housekeeping arrangements.

2. APOLOGIES FOR ABSENCE

2.1 There were no apologies for absence received.

3. EXCLUSION OF THE PRESS AND PUBLIC

3.1 No items were identified where resolutions may be moved to exclude the public and press.

4. DECLARATIONS OF INTEREST

4.1 There were no declarations of interest made.

5. PUBLIC QUESTIONS AND PETITIONS

5.1 There were no public questions or petitions received.

6. ADULT HEALTH AND SOCIAL CARE OVERVIEW

6.1 Alexis Chappell was in attendance to present the Adult Health and Social Care Overview. She stated that the leadership structure was outlined in the presentation. She said that the public had asked that they be included in discussions which impacted them and added that the portfolio now reflected this. She said that the legal contexts, frameworks, and policy initiatives were also outlined.

6.2 Councillor Angela Argenzio asked that in future reports, abbreviations be explained when first used. She also asked what the status of vacancies was. Alexis Chappell agreed that a shared language should be agreed upon. She stated that recruitment was underway, and that the aim was to brief members on this that day.

7. WORK PROGRAMME

- 7.1 Sarah Bennett gave an overview of the Work Programme for the Adult Health and Social Care Committee. She stated it was a living document and asked that committee members note the programme.
- 7.2 Councillor George Lindars-Hammond stated that the programme contained key priorities for members.
- 7.3 Councillor Steve Ayris stated that there was some scope for adaptation regarding the work programme.
- 7.4 Councillor Angela Argenzio asked whether it was possible to highlight time sensitive items. Sarah Bennett stated officers could put this in place before resubmission of the Work Programme to the Committee.

RESOLVED that: -

1. 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 of the report.
2. That the committee's work programme as set out in Appendix 3 of the report be agreed

8. MONTH 1 BUDGET REPORT

- 8.1 The Director of Finance and Commercial Services, Ryan Keyworth, presented the report which brought the Committee up to date with the Council's financial position as at Month 1, 2022/23. He stated that income had been received in late 2021/22; however, he asked that the Committee note that in Month 1 there was a forecasted overspend for the year of 18 million pounds. He stated this was largely a timing issue. He stated that the Council had made significant investments, illustrated in the report provided
- 8.2 Ryan Keyworth stated that the expected overspend for this Committee was currently 11 million pounds. He stated that the recruitment of skilled and experienced staff to manage savings had been challenging.
- 8.3 He raised a number of issues for the Committee, including inflation and the government mandated fair cost of care exercise.
- 8.4 He stated that there had been no indications from the government that further funding would be received. He said that information of this nature would be given in the Autumn statement and would not be seen by the Council until shortly before Christmas. He stated that it would not be prudent for the Council to depend on potential funding which would be announced later in the year. He said he would provide a further report on the 5th of July 2022. He stated that he felt it was important to provide information before the summer in order to outline the choices and options the Committee had regarding meeting budget targets. He said he would report back in the September Committee meeting and would then feedback all information to the Strategy and Resources Policy Committee meeting.

- 8.5 Councillor George Lindars-Hammond asked whether there were particular financial issues noted with the report which were major parts of the overspend which were not due to timing issues. Ryan Keyworth stated that within Adult Health and Social Care there was only a small overspend in the budgeting and commissioning area of the budget. He stated he was unsure whether these could be balanced within the year. He encouraged the committee to consider options for the balancing.
- 8.6 Councillor Mary Lea asked whether the cost of care reviews had been carried out throughout the sector, including adults and those with disabilities. Alexis Chappell stated this would be detailed in a report to be presented later in the meeting. She said the reviews were across all care groups.
- 8.7 Councillor Steve Ayris asked how other policy committees had approached meeting budget recommendations. Ryan Keyworth stated that he believed that item 13 would perhaps address Councillor Ayris' question. He said that other policy committees had asked officers to bring back reports on how to address existing overspends.
- 8.8 Councillor Martin Phipps asked how strategic reviews had progressed. Ryan Keyworth stated that strategic reviews had been put in place in order to identify areas of saving and ways in which working could be improved.
- 8.9 Councillor Angela Argenzio asked if there were any indications of how things might look at the end of the first quarter. Ryan Keyworth stated work was in progress to review the predicted position at the end of May.
- 8.10 **RESOLVED:** That the Adult Health and Social Care Policy Committee:
1. Note the Council's challenging financial position
 2. Confirm that *"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."* As agreed by Full Council on 23 March 2022
 3. Note that each Policy Committee will receive more detailed budget monitoring for their areas of responsibility at their meetings in June 2022
 4. Requires 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
 5. Approve the budget timetable set out in 1.5.1 of the report; and
 6. Note that each Policy Committee will be advised of the budget timetable at their June 2022 meetings including the requirement for each Policy Committee to plan to develop budget proposals over the course of the summer

8.11 **Reasons for Decision**

- 8.11.1 The recommendations in the 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.

8.12 **Alternatives Considered and Rejected**

- 8.12.1 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.

9. **RECOMMISSIONING HOMECARE SERVICES**

- 9.1 Paul Higginbottom and Catherine Bunten were in attendance to present on this item. Paul Higginbottom thanked all homecare providers and care providers for their work during the pandemic. He stated that contracts were ending in April 2023, and he stated that the purpose of the report was to secure approval of the commissioning of a new care and wellbeing strategy for adults. He added that the report also highlighted how risks to homecare had been mitigated.

He asked that the Committee reprocure a new model of care.

- 9.2 Councillor Lindars-Hammond stated he was pleased to see this report at the Adult Health and Social Care Policy. Her stated that he felt that this model would better link to wider work being done within healthcare in Sheffield.

- 9.3 **RESOLVED:** That the Adult Health and Social Care Policy Committee:-

- Approves the commissioning strategy for the delivery of Care and Wellbeing Services delivered through a 7-year contract term with options up to a further 3 years as set out in this report.

9.4 **Reasons for Decision**

- 9.4.1 The current contract for Home Care services will expire in April 2023 and further arrangements must be put in place to ensure that the service continues after that date to fulfil our statutory duties.

- 9.4.2 Like many other Local Authorities our Home Care market is in a fragile and fragmented state. This requires transformational change to deliver a sustainable and affordable market which operates effectively, improving the service experience and delivering the best possible outcomes for people in receipt of care.

- 9.4.3 The proposed 7 (+2 +1) year transformational contract will enable us to:

- introduce early changes that aim to have the maximum impact in underpinning the market - providing resilience, sustainability, and affordability. design, develop, and test change initiatives such as the

strategic shift from 'time and task' to outcome-based service delivery

9.5 **Alternatives Considered and Rejected**

9.5.1 The provision of Home Care services is a statutory obligation under the Care Act 2014, and discontinuing services is not an option.

9.5.2 *Do not go out to procurement / Tender under similar model*

It is not possible to extend the contract further and being out of contract opens the Council to unacceptable financial, legal and reputational risk.

The existing contract arrangements are not providing value for money. The market is fragile and current framework provision is not sufficient to deliver the levels of care needed. As a result, many support packages being procured via Direct Awards. Direct Award provision is a more expensive and higher risk form of care, and a higher risk to administer and charge for. The procurement strategy set out in this report specifically seeks to mitigate this.

Doing nothing is also likely to exacerbate issues with retention and recruitment in the sector, further reducing the Council's control of the market and ability to set its own rates of care. There is also a risk that delays supporting pick up will worsen, with risks of harm to people

9.5.3 *Agree to procurement strategy at lower rate.*

Agreement to award contracts at a rate of £19ph would be within budget at the point where delivery hours reduce to 36,500pw or fewer. However, this is not recommended for the following reasons:

- We anticipate that the Fair Cost of Care Exercise will increase the rate of care substantially, and agreeing the contract at this rate will require the Council to make sizable increases later.
- This current rate is contributing to the instability and insufficiency in the market. It is also likely that providers will not want to enter contracts with the Council at this rate. This means that continuing to contract at this rate will not make the shift required in market sustainability and leaves us vulnerable to the same risk around delays and package failure and the need to procure via Direct Awards – leading to further pressures to the ASC budget.

10. **COMMISSIONING AND PROCUREMENT OF TEMPORARY CARE HOME BEDS**

10.1 Catherine Bunten was in attendance to present this report. She stated the report set out how to improve the process whilst looking to the medium-term and longer-term aims.

10.2 **RESOLVED:** That the Adult Health and Social Care Committee:

- Approves 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.
- Delegates 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

10.3 **Reasons for Decision**

10.3.1 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

10.4 **Alternatives Considered and Rejected**

10.4.1 *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

10.4.2 *End the existing services and invest in other new provision*

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

11. **ADULT HEALTH AND SOCIAL CARE STRATEGY DELIVERY PLAN**

11.1 Jon Brenner was in attendance to present the report. He stated that the report

was a follow up to the Adult Health and Social Care plan presented pre-election. He said the report provided a summary of strategic plans for the coming months and years.

- 11.2 Councillor Lindars-Hammond stated that much of the plan was linked to the work programme for the committee. He suggested that the committee ensure that this could continue. He suggested that the committee find a cohesive way to monitor processes.
- 11.3 Councillor Argenzio suggested that a tracker be created to enhance monitoring.
- 11.4 Jon Brenner stated that 6-monthly updates and outcome reports would be provided.
- 11.5 Councillor Phipps asked if HealthWatch could sit on the committee to provide feedback. Councillor Argenzio stated she would be happy with this, should members agree. Councillor Lea stated there was an ongoing governance review which was ongoing, which would involve engagement from HealthWatch. Councillor Lindars-Hammond stated he would not advise this decision to be made here until an understanding of whether Policy Committees were able to co-opt members. Sarah Bennett stated that committees were able to co-opt members; however, she advised that for this decision to be taken a report should be created and presented. It was agreed that members consult on this and feedback in September.
- 11.6 Councillor Milsom asked about the use of the word health in the report, and the reference to working closely with health partners. Jon Brenner stated that the wording was used due to Alexis Chappell's job title, Director of Adult Health and Social Care. He added that they would be working closely with health colleagues, involving multiple communication types. Councillor Milsom asked that a briefing be given to further understand how integration would work. Councillor Argenzio agreed that a briefing for all members be held.
- 11.7 **RESOLVED:** That the Adult Health and Social Care Policy Committee:
- 11.7.1 Approves the Adult Health & Social Care Strategy Delivery Plan
- 11.7.2 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.
- 11.7.3 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
- 11.8 **Reasons for Decision**
- 11.8.1 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.
- 11.8.2 Asking for regular updates and refreshes of the plan will keep the Committee,

wider stakeholders, and the public the ability to hold the Council to account for progress and provide an additional mechanism to input to future development.

11.9 Alternatives Considered and Rejected

- 11.9.1 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.
- 11.9.2 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.

12. ADULT SOCIAL CARE FINANCIAL UPDATE AND PROGRESS WITH FINANCIAL RECOVERY PLAN

- 12.1 Liam Duggan was in attendance to provide an update on the Adult Social Care financial position. He stated that the report looked at the budget in its entirety, including expected overspend and Adult Social Care income.
- 12.2 Liam Duggan stated that the government had announced a 3-year investment in Adult Health and Social Care in 2021. He stated that this covered two reforms and added that the cost of these reforms to the Council was not yet known.
- 12.3 He said that a number of funding sources had ended following the pandemic. He added that a number of one-off grants had been given to home care providers.
- 12.4 Alexis Chappell thanked Liam Duggan and his team for their work on the plan. She drew members' attention to the recommendations in the report.
- 12.5 Councillor Lea asked if the groups consulted for the report understood the Council's situation and the savings they were required to make. Alexis Chappell stated that people understood the Adult Health and Social Care position at a national and local level.
- 12.6 Councillor Lindars Hammond thanked Liam Duggan for presenting. He stated that he felt it was correct to amend recommendation four in order to allow the committee time to discuss task and finish groups. He stated there were around 50 million pounds for people within the city to receive care, and asked what risks were seen around whether this money would be received. Secondly, he asked how Adult Health and Social Care could contribute knowledge, ideas and solutions to the Council's approach to tackling the cost-of-living crisis. Alexis Chappell stated that the cost-of-living crisis was incorporated into the plan. She said practical advice around navigating claiming benefits had been provided to individuals. She said it was their aim to improve this process. She said that the cost-of-living crisis was connected to social work, as social work was focused on social justice. Liam Duggan stated the process aimed to ensure those who had the least did not pay for their social care.

12.7 Councillor Ayris asked about the changes to the recommendation, and stated he felt it was important that members were kept updated on changes to amendments and were sighted on the state of play by September's meeting. He asked for clarification on the amendment. Councillor Argenzio asked that regular briefings be given on this over the summer. Alexis Chappell stated that recommendation three stated updates would be given on this. In reference to recommendation four, she stated briefings would now be given alongside work with members.

12.8 RESOLVED UNANIMOUSLY: That the Adult Health and Social Care Policy Committee:-

- Notes and considers the Adult Social Care budget in totality, pressures, and current progress with the recovery plan.
- Notes the impact of one-off funding, which includes Hospital Discharge Funding, no longer being available to fund Adult Social Care Services despite continuing demand.
- Agrees 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.
- Agrees that officers work with members to consider priorities for spend which will enable delivery of budget on balance by year end 31st March 2023 and to agree spend priorities for 23/24 for discussion at September 2022 Committee

12.9 Reasons for Decision

12.9.1 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.

12.9.2 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.

12.9.3 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.

12.10 Alternatives Considered and Rejected

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

13. ADULT HEALTH AND SOCIAL CARE GOVERNANCE STRATEGY

PERFORMANCE IMPROVEMENT FRAMEWORK AND QUALITY IMPROVEMENT PLAN

- 13.1 Alexis Chappell gave an overview of the plan. She stated that she felt the strategy and the framework were the start of the conversation and said that she wanted the work to be founded on the principles of listening and engagement. She said the focus was on openness and transparency.
- 13.2 Liam Duggan stated that the first item in the paper was the overarching framework for all aspects of the Health and Social Care service. He stressed the importance of listening and engagement, and stated they would work to demonstrate how they will involve people and listen to feedback. He stated he wanted to focus on improving quality and performance and said that managing risk and change was important. He stated that the proposal was that they would work to populate the performance management framework.
- 13.3 Councillor Lindars-Hammond stated he felt that in the past engagement with the public had involved asking questions which might have been difficult to understand for some. He asked how the team might put together a small list of clear questions which gathered information from those using services. Councillor Lindars-Hammond encouraged simplicity. Alexis Chappell stated that the Council wanted to gain information around people's experiences.
- 13.4 Councillor Angela Argenzio stated that she felt it could be useful to provide an ongoing opportunity for people to give both positive and negative feedback. Alexis Chappell said she agreed with this thought.
- 13.5 **RESOLVED UNANIMOUSLY:** That the Adult Health and Social Care Policy Committee:-
- Approves the Adult Social Care, Care Governance Strategy
 - Approves the Adult Social Care Performance Improvement Framework
 - Requests that the Director of Adult and Social Care provides the Committee with a report on the performance and quality of Adult Health and Social Care on a quarterly basis
 - Requests that the Director of Adult Health and Social Care reviews and refreshes the Strategy and Performance Improvement Framework on a bi-annual basis for subsequent consideration by the Committee

Reasons for Decisions

- 13.6 To provide an update on progress with the development of a governance framework for adult social care and particularly the Adult Health and Social Care, Care Governance Strategy and Performance Improvement Framework.
- 13.6.1

Seek feedback on the approach, and endorsement of the Adult Social Care, Care Governance Strategy and Performance Improvement Framework.

13.6.2

Alternatives Considered and Rejected

- 13.7 Option 1 - Option 'to do nothing' and have no governance or performance improvement framework. However, this would not enable delivery on the 1-year plan priority or delivery upon the Commitment 6 of our Adult Social Care Strategy.
- 13.7.1
- 13.7.2 Option 2 – Delay request for approval and implementation of the framework to enable further learning, benchmarking, and engagement. It is planned that benchmarking, learning and engagement will take place on the frameworks on an ongoing and dynamic basis to ensure it delivers what matters to people of Sheffield and is responsive to changing circumstances.

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Report to Adult Health and Social Care Policy Committee

21 September 2022

Report of: Gillian Duckworth, Director of Legal and Governance

Subject: Committee Work Programme

Author of Report: Fiona Martinez, Principal Democratic Services Officer

Summary:

The Committee's Work Programme is attached at Appendix 1 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 report, where applicable:

- Questions and petitions from the public, 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 (See Appendix 1)

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

Recommendations:

1. That the Committee's work programme, as set out in Appendix 1 be agreed, including any additions and amendments identified in Part 1;
2. That consideration be given to the further additions or adjustments to the work programme presented at Part 2 of Appendix 1;
3. That Members give consideration to any further issues to be explored by officers for inclusion in Part 2 of Appendix 1 of the next work programme report, for potential addition to the work programme; and
4. If items are referred from LACs, these should be highlighted to the Principal Democratic Services Officer to ensure they are dealt with appropriately

Background Papers: None

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 1 due to the discretion of the chair; or
- within the body of this report accompanied by a suitable amount of information.

2.0 References from Council or other Committees

2.1 Any references sent to this Committee by Council, including any public questions, petitions and motions, or other committees since the last meeting are listed here, with commentary and a proposed course of action, as appropriate:

Issue	None to report.
Referred from	
<i>Details</i>	
<i>Commentary/ Action Proposed</i>	

3.0 Member engagement, learning and policy development outside of Committee

3.1 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

Appendix 1 – Work Programme

Part 1: Proposed additions and amendments to the work programme since the last meeting:

Item	Proposed Date	Note
Older Persons Prevention Service	21 st September	Item added
Substance Misuse Report	NA	Moved to Strategy and Resources Policy Committee
Budget Monitoring Report – Month 4	21 st September	Item added

Part 2: List of other potential items not yet included in the work programme

Issues that 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.

Topic	
Description	
Lead Officer/s	
Item suggested by	<i>Officer, Member, Committee, partners, public question, petition etc</i>
Type of item	<i>Referral to decision-maker/Pre-decision (policy development/Post-decision (service performance/ monitoring)</i>
Prior member engagement/ development required <i>(with reference to options in Appendix 2)</i>	
Public Participation/ Engagement approach <i>(with reference to toolkit in Appendix 3)</i>	
Lead Officer Commentary/Proposed Action(s)	

Part 3: Agenda Items for Forthcoming Meetings

Meeting 2	21 st September 2022	Time				
Topic	Description	Lead Officer/s	Type of item <i>Decision/Referral to decision-maker/Pre-decision (policy development)/Post-decision (service performance/ monitoring)</i>	Prior member engagement/ development required <i>(with reference to options in Appendix 1)</i>	Public Participation/ Engagement approach <i>(with reference to toolkit in Appendix 2)</i>	Final decision-maker (& date) <i>This Cttee/Another Cttee (eg S&R)/Full Council/Officer</i>
Item 1	Supported living, respite and day services provision for working age adults (commitment 2, 3 ASC Strategy)	Andrew Wheawall/Christine Anderson/Catherine Bunten	Decision	Yes	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 2	Mental Health Market Shaping Statement and Recommission of Services (Commitment 2 ASC Strategy)	Louisa King/Tim Gollins	Decision	Yes	Yes	Adult Health and Social Care

Item 3	Older Persons Prevention Service	Sam Martin/Jo Pass/Tony Ellingham	Decision	Yes	Yes	Adult Health and Social Care
Item 4	Safeguarding and Ensuring Safety Delivery Plan and New Safeguarding and Ensuring Safety Model (Commitment 6 ASC Strategy).	Janet Kerr/Tom Gollins	Post - Decision	Yes	Yes	Adult Health and Social Care
Item 5	Adult Social Care Financial Update and Progress with Financial Recovery Plan	Liam Duggan/Liz Gough	Post-Decision	Yes	No	Adult Health and Social Care
Item 6	Adult Social Care Market Shaping Statement, Market Sustainability and Oversight Plan and Fair Cost of Care Exercise	Catherin Bunten	Decision	Yes	Engagement including through AH&SC Change Programme Board, Partners, and providers.	Adult Health and Social Care
Item 7	Adult Social Care Budget Programme 2023/2024	Liam Duggan/Liz Gough	Decision	Yes	No	Adult Health and Social Care
Item 8	Adult Social Care Charging Delivery Plan (commitment 4 ASC Strategy)	Liam Duggan/Charles Crowe	Decision	Yes	No	Adult Health and Social Care
Item 9	Endorse Director of Adult Social Care (DASS) Report and delivery plan	Alexis Chappell	Post-Decision	Yes	No	Adult Health and Social Care
Item 10	Budget Monitoring Report – Month 4	Ryan Keyworth	Decision	Yes	Yes	Adult Health and Social Care

Standing items	<ul style="list-style-type: none"> • <i>Public Questions/ Petitions</i> • <i>Work Programme</i> 					
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Meeting 3	16 th November 2022	Time				
Topic	Description	Lead Officer/s	Type of item <i>Decision/Referral to decision-maker/Pre-decision (policy development)/Post-decision (service performance/ monitoring)</i>	Prior member engagement/ development required <i>(with reference to options in Appendix 1)</i>	Public Participation/ Engagement approach <i>(with reference to toolkit in Appendix 2)</i>	Final decision-maker (& date) This Cttee/Another Cttee (eg S&R)/Full Council/Officer
Item 1	Approve Adult Social Care Workforce Strategic and Delivery Plan (Commitment 5 ASC Strategy)	John Chamberlain/Janet Kerr	Decision	Yes	Yes	Adult Health and Social Care
Item 2	Approve Adult Social Care Target Operating Model (Commitment 1 ASC Strategy)	Jon Brenner/Alexis Chappell	Decision	Yes	Yes	Adult Health and Social Care
Item 3	Approval to Recommission Care at Night Services (Commitment 3 ASC Strategy)	Paul Higginbottom/A D Enablement/Janet Kerr	Decision	Yes	Yes	Adult Health and Social Care
Item 4	Approval of New Technology Enabled Care Contract (Commitment 2 ASC Strategy)	Paul Higginbottom/Janet Kerr/Die Green	Decision	Yes	Yes	Adult Health and Social Care

Item 5	Approval to commission support services for women involved in sex work	Bethan Plant/Amy Buddery	Decision	Yes	Yes	Adult Health and Social Care
Item 6	Endorse Adult Social Care Financial Update and Progress with Effective Use of resources delivery plan	Liam Duggan/Liz Gough	Post-Decision	Yes	No	Adult Health and Social Care
Item 7	Approve Adult Social Care and DASS Local Account 2020-22	Alexis Chappell/Jonathan McKenna-Moore	Decision	Yes	Yes	Adult Health and Social Care
Item 8	Endorse Progress with Changing Futures Delivery Plan	Michael Corbishley/Sam Martin	Post-Decision	Yes	No	Adult Health and Social Care
Item 9	Endorse Director of Adult Social Care (DASS) Report and delivery plan	Alexis Chappell	Post-Decision	Yes	No	Adult Health and Social Care
Item 10	Endorse Better Care Fund (Adults) Update Report and Delivery Plan (Commitment 4, 6 ASC Strategy)	Sandie Buchan/Martin Smith	Decision	Yes	Yes	Adult Health and Social Care
Item 11	Endorse Hospital Discharge and Urgent Care Delivery Plan	Rebecca Dixon	Decision	Yes	No	Adult Health and Social Care
Item 12	Budget Position 2023/24	Liam Duggan/Liz Gough	Decision			Adult Health and Social Care
Standing items	<ul style="list-style-type: none"> • <i>Public Questions/ Petitions</i> • <i>Work Programme</i> 					

Meeting 4	19 th December 2022	Time				
Topic	Description	Lead Officer/s	Type of item <i>Decision/Referral to decision-maker/Pre-decision (policy development)/Post-decision (service performance/monitoring)</i>	Prior member engagement/development required <i>(with reference to options in Appendix 1)</i>	Public Participation/Engagement approach <i>(with reference to toolkit in Appendix 2)</i>	Final decision-maker (& date) This Cttee/Another Cttee (eg S&R)/Full Council/Officer
Item 1	Endorse Director of Adult Social Care (DASS) Report and delivery plan	Alexis Chappell	Post-Decision	Yes	No	Adult Health and Social Care
Item 2	Endorse Adult Social Care Financial Update and Progress with Financial Recovery Plan	Liam Duggan/Liz Gough	Post-Decision	Yes	No	Adult Health and Social Care
Item 3	Approve Adult Social Care Information and Advice Improvement Delivery Plan (Commitment 4 ASC Strategy)	Tim Gollins/Jon Brenner/Joe Horobin				Adult Health and Social Care
Item 4	Approve Sheffield Health and Social Care Integrated Outcomes Framework (Commitment 6 ASC Strategy)	Alexis Chappell/Sandie Buchan				Adult Health and Social Care
Item 5	Approve Annual Safeguarding Partnership Board Report 2021/22	Janet Kerr/Tim Gollins				Adult Health and Social Care
Item 6	Approve City Wide unpaid carers Strategic Delivery Plan (commitment 5,6 ASC Strategic Plan)	Janet Kerr/Mary Gardner				Adult Health and Social Care

Item 7	Approve Adult Social Care Co-Production and Engagement Strategic Delivery Plan (Commitment 4 ASC Strategy)	Catherine Buntten/Liam Duggan			Consultation and coproduction through various means across citizens and partners.	Adult Health and Social Care
Item 8	Approve Direct Payments and Personalisation Strategic Delivery Plan (Commitment 5 ASC Strategy)	Catherine Buntten/Mary Gardner			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 9	Approval to recommission Residential care services for older adults (Commitment 3 ASC Strategy)	Andy Hare/Catherine Buntten/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	Adult Health and Social Care

					specification and procurement	
Item 10	Approve Adult Social Care Voids Policy	Andrew Wheawall/Catherine Buntten/Joe Horobin	Decision		Consultation, including through AH&SC Change Programme Board, providers and various existing groups.	Adult Health and Social Care
Item 11	Approve city Wide Autism Strategic Delivery Plan	Alexis Chappell/Kate Damiral	Strategic Delivery			Adult Health and Social Care
Standing items	<ul style="list-style-type: none"> Public Questions/ Petitions Work Programme 					

Meeting 5	8 th February 2023	Time				
Topic	Description	Lead Officer/s	Type of item <i>Decision/Referral to decision-maker/Pre-decision (policy development)/Post-decision (service performance/ monitoring)</i>	Prior member engagement/ development required <i>(with reference to options in Appendix 1)</i>	Public Participation/ Engagement approach <i>(with reference to toolkit in Appendix 2)</i>	Final decision-maker (& date) This Cttee/Another Cttee (eg S&R)/Full Council/Officer
Item 1	Endorse Director of Adult Social Care (DASS) Report and delivery plan	Alexis Chappell	Post-Decision	Yes	No	Adult Health and Social Care
Item 2	Endorse Adult Social Care Financial Update and Progress with Financial Recovery Plan	Liam Duggan/Liz Gough	Post-Decision	Yes	No	Adult Health and Social Care

Item 3	Approve Citywide learning disability strategic delivery plan (commitment 1,6 ASC Strategy)	Andrew Wheawall/Andy Hare				Adult Health and Social Care
Item 4	Approve Citywide Mental Health Strategic Plan	Louisa King/Tim Gollins				Adult Health and Social Care
Item 5	Approve Adult Social Care Climate Response Delivery Plan(Commitment 1 ASC Strategy)	Catherine Bunten				Health Scrutiny
Item 6	Endorse Adult Social Care Performance and Quality report and Progress update	Liam Duggan/Janet Kerr				Health Scrutiny
Item 7	Endorse Progress with Discharge from Hospital Improvement Plan	Rebecca Dixon	Decision	Yes	No	Adult Health and Social Care
Item 8	Approve Liberty Protection Standards Preparation Delivery Plan	Tim Gollins/Jo Pass				Adult Health and Social Care
Item 9	Approve Adult Social care Annual Complaints and Compliments report 2021 - 2022	Jennie Everill/Janet Kerr				Adult Health and Social Care
Item 10	Approve new Mental Health Social Work Model and Delivery Plan	Tim Gollins/Louisa King				Adult Health and social care
Standing items	<ul style="list-style-type: none"> • <i>Public Questions/ Petitions</i> • <i>Work Programme</i> 					

Meeting 6	16 th March 2023	Time				
Topic	Description	Lead Officer/s	Type of item <i>Decision/Referral to decision-maker/Pre-decision (policy development)/Post-decision (service performance/ monitoring)</i>	Prior member engagement/ development required <i>(with reference to options in Appendix 1)</i>	Public Participation/ Engagement approach <i>(with reference to toolkit in Appendix 2)</i>	Final decision-maker (& date) <i>This Cttee/Another Cttee (eg S&R)/Full Council/Officer</i>
Item 1	Endorse Director of Adult Social Care (DASS) Report and delivery plan	Alexis Chappell	Post-Decision	Yes	No	
Item 2	Endorse Adult Social Care Financial Update and Progress with Financial Recovery Plan	Liam Duggan/Liz Gough	Post-Decision	Yes	No	Adult Health and Social Care
Item 3	Approve Adult Social Care Annual Domestic Abuse Report 2021 - 2022	Janet Kerr/Sam Martin	Performance & Quality			Adult Health and Social Care
Item 4	Approve Better Care Fund Submission	Joe Horobin/Sandie Buchan/Catherine Bunten				Adult Health and Social Care
Item 5	Approve Better Care Fund Annual Report	Joe Horobin/Sandie Buchan/Catherine Bunten	Decision			Adult Health and Social Care
Item 6	Approve Adult Social Care Strategy and Quality	Jon Brenner/Catherine Bunten	Post-decision	Decision at June Committee, following Cabinet	Consultation through various existing groups	N/A

	Improvement Delivery Plan Progress Update			decision on Strategy in March 2022.		
Item 7	Endorse Progress with Changing Futures Delivery Plan	Michael Corbishley/Sam Martin	Post-Decision	Yes	Yes	Health Scrutiny
Item 8	Endorse Progress with Transitions Improvement Plan	Andrew Wheawall/Nicola Shearstone				Adult Health and Social Care
Item 9	Endorse Progress with Safeguarding Improvement Delivery Plan	Janet Kerr/Tim Gollins				Adult Health and Social Care
Item 10	Approve City wide Older Adults / Ageing Well Strategic Delivery Plan (Commitment 3 1,6 ASC Strategy)	Jo Pass				Adult Health and Social Care
Item 11	Approve Adult Social Care Prevention, Independent Living and Wellbeing Strategic Delivery Plan (Commitment 2 ASC Strategy)	AD Enablement/ Catherine Buntin/ Joe Horobin	Decision		Consultation through various existing groups	Adult Health and Social Care
Standing items	<ul style="list-style-type: none"> • <i>Public Questions/ Petitions</i> • <i>Work Programme</i> 					

Appendix 2 – Menu of options for member engagement, learning and development prior to formal Committee consideration

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 3.

Appendix 3 – Public engagement and participation toolkit

Public Engagement Toolkit

On 23 March 2022 Full Council agreed the following:

A toolkit to be developed for each committee to use when considering its ‘menu of options’ for ensuring the voice of the public has been central to their policy development work. Building on the developing advice from communities and Involve, committees should make sure they have a clear purpose for engagement; actively support diverse communities to engage; match methods to the audience and use a range of methods; build on what’s worked and existing intelligence (SCC and elsewhere); and be very clear to participants on the impact that engagement will have.

The list below builds on the experiences of Scrutiny Committees and latterly the Transitional Committees and will continue to develop. The toolkit includes (but is not be limited to):

- a. Public calls for evidence
- b. Issue-focused workshops with attendees from multiple backgrounds (sometimes known as ‘hackathons’) led by committees
- c. Creative use of online engagement channels
- d. Working with VCF networks (eg including the Sheffield Equality Partnership) to seek views of communities
- e. Co-design events on specific challenges or to support policy development
- f. Citizens assembly style activities
- g. Stakeholder reference groups (standing or one-off)
- h. Committee / small group visits to services
- i. Formal and informal discussion groups
- j. Facilitated communities of interest around each committee (eg a mailing list of self-identified stakeholders and interested parties with regular information about forthcoming decisions and requests for contributions or volunteers for temporary co-option)
- k. Facility for medium-term or issue-by-issue co-option from outside the Council onto Committees or Task and Finish Groups. Co-optees of this sort at Policy Committees would be non-voting.

This public engagement toolkit is intended to be a quick ‘how-to’ guide for Members and officers to use when undertaking participatory activity through committees.

It will provide an overview of the options available, including the above list, and cover:

- How to focus on purpose and who we are trying to reach
- When to use and when not to use different methods
- How to plan well and be clear to citizens what impact their voice will have
- How to manage costs, timescales, scale.

There is an expectation that Members and Officers will be giving strong consideration to the public participation and engagement options for each item on a committee’s work programme, with reference to the above list a-k.



Report to Policy Committee

Author/Lead Officer of Report:

Caroline Stiff: Commissioning Officer
Catherine Bunten: Assistant Director,
Commissioning and Partnerships

Tel: 07824 361924

Report of: Director of Adult Health and Social Care

Report to: Adult Health and Social Care Policy Committee

Date of Decision: 21st September 2022

Subject: Approval to Recommission Supported Living, Respite and Day Services provision for Working Age Adults

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? 1211				
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"/>

Purpose of Report:

The purpose of this report is to secure approval to commission the delivery of care and support services for adults who have a disability. It is proposed to commission a **Working Age Framework** to include Supported Living, Activities Outside the Home (day services) Short Breaks/Respite services

The current Supported Living Framework is due to expire in March 2023 and commissioning provides us with an opportunity to make changes that will enable a more sustainable & flexible suite of services to meet people's needs and to incorporate Supported Living, Day Services and Respite services into a new Working Age Framework.

This report will also highlight the risks faced by Sheffield City Council regarding its statutory duty under the Care Act, to provide an effective and efficient market for the delivery of services to people with disabilities.

Recommendations:

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

- Approves the commissioning of the Supported Living Service (which includes Supported Living, Short Breaks/Respite and Day Services provision for Working Age Adults) by way of a Framework/Dynamic Purchasing System with a term of 10 years and an estimated value of £500m, as set out in this report.
- Notes and endorses the South Yorkshire Market Position Statement – Housing with Support for People with a Learning Disability and/ or Autism

Background Papers:

Appendix 1: 2022 Market Position Statement- Housing with Support for People with a Learning Disability and/or Autism

Appendix 2: Delivery Action Plan

Appendix 3: 'Golden Threads' document

Appendix 4: Summary of Consultation and Engagement with professionals and providers

Appendix 5: Equality Impact Assessment 1211

Appendix 6: Financial options for the supported living services

Appendix 7: Climate Impact Assessment

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: Richard Marik
	Equalities & Consultation: Ed Sexton
	Climate: Jessica Rick
	<i>Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.</i>
2	SLB member who approved submission:
	Alexis Chappell

3	Committee Chair consulted:	<i>Councillor Angela Argenzio Councillor George Lindars-Hammond</i>
4	I confirm that all necessary approval has been obtained in respect of the implications indicated on the Statutory and Council Policy Checklist and that the report has been approved for submission to the Committee by the SLB member indicated at 2. In addition, any additional forms have been completed and signed off as required at 1.	
Lead Officer Name: Caroline Stiff		Job Title: Commissioning Officer
Date: 7th September 2022		

1. PROPOSAL

- 1.1 The purpose of this report is to secure approval to commission care and support services for adults who have a disability. We propose to commission a **Working Age Framework** to include Supported Living, Activities Outside the Home (day services) and Short Breaks/Respite services with a term of 10 years and an estimated value of £500m. The Supported Living, Day Services and Respite services are all currently delivered under separate contractual arrangements, and it is proposed that each service is incorporated under one framework agreement (Working Age Framework).
- 1.2 The current Supported Living Framework is due to expire in March 2023 and commissioning provides us with an opportunity to make changes that will enable a more sustainable & flexible suite of services to meet people's needs.

2.0 BACKGROUND

- 2.1 Our Adult Health and Social Care Vision is that:
- 'Everyone in Sheffield lives in a place they can call home, in communities that care, doing things that matter to them, celebrated for who they are – and when they need it, they receive care and support that prioritises independence, choice, and recovery.'*
- 2.2 This proposal is in alignment with this vision.
- 2.3 We have developed an Adult Health and Social Care Strategy and delivery plan to set out our Vision for 2022 to 2030. Called 'Living the life you want to live', it is about how we work together to help the people of Sheffield to live long, healthy and fulfilled lives.
- 2.4 The Adult Health and Social Care Strategy has 6 commitments, and this report primarily aligns to:
- Commitment 1: Support people to live a fulfilling life at home, connected to the community and resources around them, and provide care and support where needed.
- 2.5 We have identified several drivers for change in the local offer of community and 'day activities', and how they are accessed so that individuals can achieve personal development, social inclusion, and wellbeing outcomes. These have been identified through engagement with people with a Learning Disability and/or Autism, Carers, Providers, and Professionals.
- 2.6 Through this recommission, Adult Health and Social Care will be further making a shift towards outcomes-based commissioning.

2.7	<p>It is planned that through the recommission, we will embed across all supports commissioned:</p> <ul style="list-style-type: none"> • An outcome focused, strength-based, community connected, and person led approach so that Adults can live the life they want to live and have positive experiences of support and care. • Co-production and co-design • Flexibility, innovation, and choice • Excellent quality, inclusive, socially valued and culturally appropriate support and care. • Support and value of our social care workforce • Best Value
2.8	<p>There will be a requirement for all providers to be innovative and develop new, flexible approaches in partnership with Adults with a Disability and their families and wider stakeholders. For example, there are opportunities for providers to develop community hubs in the local area and establish networks between the different supported living and day service settings.</p>
2.9	<p>It is our intention that the recommission of services are suitable for people with a learning disability, autism spectrum disorder (ASD), Physical Disabilities (PD) and Sensory Impairment (SI). In addition, that there are appropriate services in place to meet the needs of younger people transitioning from support funded by Children's services.</p>
2.10	<p>We recognise that providers often work in isolation across different types of service provision that an Adult may need to achieve their outcomes. It's our intention through this recommission to encourage providers to be able to support an individual to achieve their outcomes, across the whole of their lives, and crucially across provision instead of each aspect of someone's day being delivered by a separate service.</p>
2.11	<p>For example, enabling individuals' greater choice to stay at home or take part in activities in their local community or community of interest rather than travelling to a building-based activity every day. Its our intention to encourage a holistic and person-centred approach, which improves outcomes and promotes continuity of support.</p>
2.11	<p>This Commission will involve a transformation of the existing arrangements, to ensure that the Council has the services available to deliver support and care which can improve individuals outcomes, wellbeing and independence as well as increase the diversity of provision to offer more choice to individuals, their families and proxies. Furthermore, which values our social care workforce and brings long term sustainability and stability to the social care market so that individuals and families can experience continuity of care.</p>

3 SCOPE OF THE RECOMMISSIONING

- 3.1 The Council currently supports c1649 people who have a Learning Disability. In addition, there are c1572 people who are supported due to their Mental Health condition, Physical Health or for some other reason (such as early onset dementia or sensory impairment). The budget for services which support the individuals is £76.4 million for 22/23.
- 3.2 Individuals with support needs present to the Council at different ages, although people with a disability do usually transition from Children's Services.
- 3.3 Care and support services can be funded via a Direct Payment (where the individual has an agreement with the provider) or via payment from the Council (subject to the appropriate agreement with the provider).
- 3.4 Sheffield City Council is responsible for supporting around 7600 vulnerable people in care settings or in their own home. This is around 1.6% of the adult population of Sheffield.

3.5 Supported Living

- 3.5.1 This describes support that is delivered in a person's own home. The types of accommodation, and support which is offered varies greatly.
- 3.5.2 A key variation is the type of accommodation-based service/scheme. There are supported living 'schemes/services' where a group of individuals share the support and staff team. This can be in a large 'group home' or in a block of self-contained flats. A supported living service can also be delivered in a person's own home.
- 3.5.3 Providers of supported living services are registered with the Care Quality Commission (CQC), for homecare/personal care or supported living. As part of the CQC registration, these providers will state that they provide support to people with a Learning Disability.
- 3.5.4 The CQC and the Adult Health and Social Care Quality and Performance team monitor the quality of these services.
- 3.5.5 The Supported Living Framework for people with a learning disability and/or autism as it is currently commissioned has been in place since 2017 and is due to expire in March 2023.
- 3.5.6 There are 32 providers on the Framework, 21 of whom are currently 'active', or providing support. These providers deliver services in supported living 'schemes', and in people's own properties as well as providing community outreach. They deliver services in an integrated way, working with multiple professionals, and enabling people receiving support to meet individual outcomes.

- 3.5.7 The Framework providers deliver around 21,024 hours of 1:1 support to 590 people per week; and around 7,707 hours of 'shared' support to 302 people per week.
- 3.5.8 We will aim for existing supported living providers to continue to be able to deliver the support to people they already support, if they are not successful in the tender process to enable continuity of provision for individuals involved, but seek to instead ensure a focus on individuals outcomes through a review of support arrangements in place.

3.6 Activities Outside the Home - Day Services

- 3.6.1 As an alternative, to support provided in the home, on average 850 people receive support from a day service provider.
- 3.6.2 These are services which are delivered outside of the home and are typically delivered during the daytime. These services are delivered in varying situations, including building based and on a more 'outreach' basis.
- 3.6.3 These services provide vital carer respite, as well as care and support for the individual and opportunities to engage in activities and meet with friends. For these services, providers typically charge on a sessional basis, for a day or half-day, or on a 1:1 basis.
- 3.6.4 There are approximately 40 providers from the independent sector who deliver these services outside of people's homes.
- 3.6.5 The quality of day service provision has not been monitored by the local authority in the past and providers are not required to be registered with the CQC. Through implementation of the Adult Health and Social Care Change Programme, its planned to monitor the quality of provision through the new framework.
- 3.6.6 The Council currently has several individual rolling contracts in place with providers delivering day services, and there are also several services being funded by Direct Payments. It is intended that all new arranged contracts for day services will be sourced through the new Working Age Framework on its commencement.
- 3.6.7 The Council wishes to be able to support day activities which meets the outcomes of individuals it supports and enables individuals to live independent fulfilled lives. The Council wishes to have in place an arrangement to enable it to fulfil its obligations to shape the market, and ultimately ensure that there is a choice of excellent quality and appropriate support for people with a range of disabilities to choose from.

3.7 Activities Outside the Home - Respite/ Short Breaks

- 3.7.1 Respite provision is typically provided on a nightly basis, generally in a building. This provision can be on a planned basis (for example, to enable family carers to go on holiday or take a break) or emergency basis (where family carers are having a crisis).
- 3.7.2 Building based (where an individual goes to a building for a stay) is typically based in a registered care home. These services are monitored by the CQC and the Council's Quality and Performance team.
- 3.7.3 The market for Respite/ Short Breaks provision for people with learning disabilities has remained unchanged for several years, with six providers, three of whom provide a service within a residential setting, the other three using a Supported Living model. We know that there is a gap in the market for younger people with autism.
- 3.7.4 Respite services are currently used by c168 individuals.
- 3.7.5 The arrangements for payments are varied with two providers as Council Arranged Services and four which are paid via a Direct Payment. All six providers are registered as non-standard short-term residential services and are monitored by the CQC and Quality & Performance team.
- 3.7.6 The Council currently has several individual placement contracts in place with providers delivering respite services and there are also several services being funded by Direct Payments. It is intended that all new council arranged contracts for respite services will be sourced through the new Working Age Framework on its commencement.
- 3.7.7 We intend to engage with the market to ensure we have sufficient quality and choice for individuals and their families as is required under the Care Act.
- 3.7.8 As well as these services detailed above, the Council is considering how to engage with Housing Providers, in response to the Market Position Statement at Appendix 1.

3.8 Direct Payments and Direct Awards

- 3.8.1 Direct Payments are paid to the individual receiving care or their proxy. Adult Health and Social Care arrange the payment. The individual receiving the care or their proxy uses the payments to organise the care required to meet their statutory needs.
- 3.8.2 This care could include day services, employing their own carers or paying a care provider. Direct Payment arrangements between providers and service users will not form part of the Working Age Framework.
- 3.8.3 There is currently £15 million budgeted for Direct Payments for services in use by people of a working Age with a disability.

3.8.4 Currently, there are supported living services and day services which are funded by Direct Payment. Although this Direct Payments will not be included in the Working Age Framework, we intend on working with individuals and providers to ensure the Direct Payments are delivering an individual's personal outcomes and resolve any quality issues arising.

3.9 Demand for Services

3.9.1 According to National Indicators which Sheffield reports on, the demand for services for people with a Learning Disability remains mostly stable. Weekly costs for services have been gradually increasing. The most recent figures are for 20/21.

3.9.2 Gross expenditure (long term care £000s) in 20/21 per 100,000 18-64 population:

Service	Sheffield	Core Cities	CIPFA Group	Y&H	England
Nursing Care	£985	£352	£373	£305	£174
Residential Care	£2,623	£4,380	£3,780	£4,274	£5,105
Supported Accommodation	£73	£1,796	£1,364	£356	£1,031
Community: Supported Living	£5,203	£5,679	£6,577	£5,956	£4,894
Community: Home Care	£1,007	£725	£669	£988	£1,095
Community: Direct Payments	£4,491	£1,548	£2,167	£2,338	£2,174
Community: Other long term care	£81	£1,468	£1,347	£1,539	£1,685
Total	£14,462	£15,948	£16,276	£15,755	£16,158

3.10 Proposed New Model – Supports for Working Age Adults

3.10.1 The proposal is to commission a framework for services for Working Age people with a Disability, with Individual Lots for Supported Living and Activities outside the home - Short Breaks/Respite and Day Services.

3.10.2 There will also be a Lot for 'Innovation' – to enable the Council to develop new ways of working, for example, with young people who will transition to support from Adults Services and to allow the Council to be responsive to upcoming changes in policy. The Council is also considering ways to engage with Recognised Housing Providers to address the demand for supported living services.

3.10.3 It is proposed that the framework will have a term of 10 years (7+2+1) and an estimated value of £500m.

3.10.4 The proposed commissioning approach will bring all the services involved in an individual's support into the same arrangement with a shared focus on the individual's outcomes, quality of service and experiences.

3.10.5 In addition, the proposed commissioning approach will also seek to value our social care workforce by building in the same supports to our workforce as was agreed on 15th June in relation to the Care and Wellbeing Service¹.

3.10.6 This will involve:

- Developing the existing supported living service offer- to improve the uptake of smaller packages of care.
- Developing the existing supported living services by ensuring that providers can meet the needs of a range of individuals, with a particular focus on younger people and people from the BAME community
- Promoting stability in the market, by moving to a longer contract term while also ensuring the Council has sufficient flexibility to changes in needs and demand during the term of that contract.
- Engaging with providers to develop service specifications to meet emerging needs- e.g., for younger people transitioning from Children's services; to explore employment support options
- Promoting stability and choice in the day activities/activities outside the home market
- Developing the Council's offer for short breaks and respite services, which can be delivered within and outside the home.
- Developing the market for day services/activities outside the home to ensure there is sufficient quality and choice to meet people's needs and aspirations

3.10.7 Benchmarking, reference to best practice guidance, such as the Alders Commissioning practice and ongoing engagement with Adults, families, providers and partners will also be used to complete the accompanying specification and information to the sector.

3.11 South Yorkshire Market Position Statement

3.11.1 To support Market preparation for the new commissioning approach, a South Yorkshire Market Position Statement (MPS) for accommodation for people with a learning disability and/ or autism was launched on 27th July 2022.

3.11.2 The Market Position Statement identifies a range of pressures in relation to the provision of supported living accommodation. The MPS identified the indicative demand for services over a 10-year period and identifies that there is a demand for self-contained 'core and cluster' model of accommodation.

3.11.3 This Market Position Statement is included at *Appendix 1* to this report.

¹ [\(Public Pack\)Item 9 - Recommissioning Homecare Services Agenda Supplement for Adult Health and Social Care Policy Committee, 15/06/2022 10:00 \(sheffield.gov.uk\)](#)

3.12 Market Position and Adult Health and Social Care Target Operating Model

- 3.12.1 An Adult Health and Social Care Market Position Statement is proposed for approval at Committee on 21st September 2022. This provides providers with our intentions and standards and supports the implementation of the recommissioning of supports for working age adults.
- 3.12.2 It is intended that further partnership and engagement activity is undertaken with Adults with a Disability, providers and partners to enable a further dedicated Strategic Outcome Delivery Plan and Market Shaping Statement to be co-produced and considered for approval at Committee by February 2023.
- 3.12.3 Through implementation of our Adult Health and Social Care Strategy, a new target operating model is being developed which will enable practical realisation of the strategy. It's intended that providers successful through the recommissioning exercise are enabled to co-design the Adults with a Disability part of the model along with Adults, Families and wider partners so that our model reflects and deliver improved outcomes for people of Sheffield.
- 3.12.4 Progress with implementation of the recommissioning exercise will be reported to Committee by way of the DASS report and through the change board, to ensure effective oversight and governance in relation to the recommissioning exercise.

4. HOW DOES THIS DECISION CONTRIBUTE?

- 4.1 This proposal meets the four ASC outcome/s that are set out in the ASC Strategy in several ways:
- Safe and well - The recommissioning of these services will enable people who have long-term disabilities and health conditions to live as safe and well as possible.
 - Active and independent -The recommissioning of these services will enable people to be as independent as possible.
 - Connected and engaged - With the support of commissioned providers, people with long term disabilities can relate to their local community and engage with mainstream activities.
- 4.2 This proposal also supports a broad range of strategic objectives for the Council and city, and is aligned with existing policies and commitments, including: -
- Our Sheffield: One Year Plan – under the priority for Education Health and Care, enabling adults to live the life that they want to live
 - Conversations Count: our approach to adult social care, which

focuses on listening to people, their strengths, and independence.

- Our new ASC Operating Model - this aligns to that new arrangement by ensuring that all working age adults who have long term health conditions have access to appropriate care and support services.
- Team around the Person: where professionals work together to find the best solutions when someone's needs have changed, or a situation escalated.
- ACP Workforce Development Strategy: a vision of 'developing our people in a joined-up way to deliver holistic, person-centred and integrated care'.
- Unison Ethical Care Charter: signed up to by SCC in 2017/14, the Charter 'establishes a minimum baseline for the safety, quality and dignity of care'.
- Ethical Procurement Policy: driving ethical standards and increasing social value for the city through procurement.

4.3 *Appendix 2* details the Delivery Action Plan for the recommissioning project, including the key milestone dates.

5. HAS THERE BEEN ANY CONSULTATION?

5.1 Disability Sheffield/ Healthwatch

5.1.1 Disability Sheffield/Healthwatch have been commissioned to assist the Council in developing a sustainable co-production model for engaging with people with a learning disability.

5.1.2 Their initial focus is to identify and establish a network of groups and individuals who will be able to be involved in the project which has been named 'Chance to Choose'.

5.1.3 They are reaching out to people who access all services, and family carers, capturing their feedback in a variety of creative ways – via drama, art, and writing.

5.1.4 The people who are involved in the 'Chance to Choose' project will also be invited to take part in the development of method statements and the evaluation of tender submissions.

5.1.5 Disability Sheffield has produced a draft 'Golden Threads' document, which has highlighted key aspirations that people want from services in the future. This document is attached at *Appendix 3*.

5.1.6 Our vision is that the individuals involved will continue to be part of monitoring the quality of the tendered services as experts with lived experience. The outcomes of our engagement with individuals will be used to develop the tender documents and procurement process

5.2 Existing providers

5.2.1 Provider events have been held and are ongoing with both supported living and day activity providers. The outcomes of these will be used to develop the tender documents and procurement process.

5.2.2 A summary of these consultations is at *Appendix 4*.

5.3 Assessment and Care Management

5.3.1 Social workers and care managers have also been asked to engage in the development of the specification.

5.3.2 *Appendix 4* contained a summary of the consultation which has been undertaken with professionals.

6. RISK ANALYSIS AND IMPLICATIONS OF THE DECISION

6.1 Equality Implications

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

- Eliminate discrimination, harassment, victimisation, and any other conduct that is prohibited by or under the Act
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it

6.1.2 An Equality Impact Assessment has been completed. There is an expected to be an overall positive impact through developing the provider market to meet a wider range of needs. The service specification will ensure that services continue to have a strength-based approach and support people with independence and wellbeing. Monitoring and other actions have been identified to ensure the commissioning arrangement operates in line with these obligations.

6.1.3 The primary impact is assessed as being on people sharing the protected characteristics of Age and/or Disability but the EIA also identifies secondary impacts, including in relation to Sex and Race.

6.1.4 The Equality Impact Assessment can be found at *Appendix 5*

6.2 Financial and Commercial Implications

Financial Implications

- 6.2.1 For 2023/24 a standstill budget approach has been adopted because of the Council's financial position.
- 6.2.2 The current available budget for 2023/24 for Supported Living is c£35m, for Day Services is c£5m and for Respite is also c£5m. This also includes c£1.8m for support provided on a Direct Award basis.
- 6.2.3 Due to the way Respite/Short breaks care are procured and recorded it is assumed for the purposes of this report that no budget pressure exists, and expenditure will remain within the budget envelope.
- 6.2.4 The current estimated delivery costs of Supported Living in 2022/23 are estimated to outturn at £35m so within budget. This is based on average delivery of 3,6000 hours of care per week which includes framework hours, discounted hours, sleeping and waking nights.
- 6.2.5 Day Services is estimated to outturn at £6m in 2022/23 against the budget of £5m an overspend of c£1.2m.
- 6.2.6 Within the recommissioning, it is proposed to review the hourly rate which is currently paid for the supported living services. If the rate increases against the existing activity, this will put additional pressure on the budget. In terms of activities outside the home, we will be able to work more closely with these providers to manage their cost models.
- 6.2.7 Any budget pressures will be managed by:
- Reviewing the rate which is paid for sleeping night support
 - Reviewing supported living services to ensure that packages are meeting the individual outcomes appropriately.
 - Reviewing supported living services which are funded by Direct Payments, to ensure that packages are meeting individual outcomes as appropriately as possible
 - Developing a Trusted Reviewer model with providers.
 - Considering whether other providers could meet some of the needs of the individuals, for example, shopping and cleaning services.
 - Review the packages which are on a Direct Award basis, to rationalise the hourly rate if appropriate
- 6.2.8 *Appendix 6* contains further detail on the financial options which have been considered.

Commercial Implications

- 6.2.9 There are challenges facing providers in this market area. This procurement will aim to increase stability and strengthen existing provision, as well as ensuring the right providers are in the market to meet all needs. The Council is proposing to enter in to a 10-year contract for these services, with break clauses at years 5 and 6.
- 6.2.10 The procurement will be governed by the Light Touch Regime (LTR) as outlined in schedule 3 of the Public Contracts Regulations 2015, allowing flexibility to draw on provider innovation and collaboration throughout the tender process. The recommendation is to develop a framework, comprising of four individual lots (as mentioned above).
- 6.2.11 Contracts will be developed to build in the ability to flex services in line with demand. We will also use the ability to reopen the framework where necessary to compliantly onboard new providers if necessary. As the existing Supported Living Framework is the only contract in this cohort governed by a definitive end date, the procurement timetable will be driven by this, aiming for contracts go live by March 2023. Consideration will be given to TUPE and mobilisation periods when developing the timeline, to ensure a smooth transition.
- 6.2.12 The contract value over the term of the contract is likely to be in the region of £500million.

6.3 Legal Implications

6.3.1 Under the Care Act 2014, the council: has a general duty to promote the health and wellbeing of its constituents; a duty to provide or arrange services, facilities and resources to prevent needs for care and support of its constituents; and a duty to meet needs for care and support.

6.3.2 In terms of meeting these duties, the Act lists (*inter alia*):

- accommodation in a care home or in premises of some other type;
- care and support at home or in the community; and
- facilities

as examples of what may be provided to meet the duties under the Act.

6.3.3 These arrangements are permitted by the Local Government (Contracts) Act 1997 and should ensure the Council can meet their statutory duties.

6.3.4 All public contracts must be awarded in accordance with the Public Contracts Regulations 2015 and the Council's Contracts Standing Orders.

6.4 Climate Implications

- 6.4.1 A Climate Impact Assessment has been completed and is attached at *Appendix 7*. The assessment has considered how the Working Age Framework providers can have a focus on the impact of climate change and contribute to mitigate against these changes, thereby aligning with Sheffield's aim to become a net zero carbon city by 2030.
- 6.4.2 Provision of a more sustainable and flexible suite of services over a longer contract term will enable the local authority and all stakeholders to explore and develop opportunities to collaborate, share resources and reduce carbon emissions. Framework providers will be in a unique position to influence people they support by raising awareness of climate impact and encouraging them to make changes in their everyday lives that will reduce carbon emissions.
- 6.4.3 We expect all providers to appoint Climate Impact Champions and complete an annual self-assessment to evidence how they are working towards the reduction of carbon emissions. The co-benefits of provider and service user involvement will be:
- Improving health and wellbeing, specifically connecting with the local community, promoting active travel and healthy eating, and learning new skills (e.g., cooking and DIY)
 - Supporting people to manage fuel poverty by raising awareness around energy efficiency
- 6.4.4 The table below shows the full assessment (with Carbon emissions shown in tonnes on the horizontal axis):



7. ALTERNATIVE OPTIONS CONSIDERED

7.1 Option One: 'Do Nothing'

7.1.1 This is not an option. The current framework for supported living is due to end in April 2023 and cannot be extended beyond this time.

7.1.2 If the current arrangement for the day activities remains in place, the Council has limited options to develop this offer further. Day activities providers are indicating that the current fee arrangements are inadequate. This also remains a market where there is no quality monitoring in place without a Framework.

7.2 Option Two: Recommissioning of a Supported Living Framework on a Similar Basis

7.2.1 This will not meet the Council's strategic goals, of supporting people with a range of additional needs to meet their needs and outcomes.

7.2.3 This option will not enable the Council to develop new service offers to meet emerging needs, for example for young people transitioning from Children's services, and for people who require overnight support.

7.3 Option 3: Recommission a Working Age Framework (recommended)

7.3.1 This will enable greater flexibility and for more providers to join the Framework thereby increasing diversity.

7.3.2 It will enable the Council to meet its statutory duty and fulfil obligations to meet a range of needs.

8. REASONS FOR RECOMMENDATIONS

8.1 It is recommended that the Committee approve this report and that the recommended option will deliver the following outcomes:

- The Council can meet its statutory duties under the Care Act 2014.
- Individuals who have assessed eligible social care needs because of their disabilities and long-term health conditions will be supported.
- The market will be stabilised and diversified, with increased provision to meet the needs of the cohort.
- The Council can be assured of the quality of the provision it has commissioned.
- Individuals will have access to support that is appropriate, meets their wishes and is delivered in a timely manner
- Individuals will meet their outcomes as set out in the Support Plans
- Individuals will be supported to live as independently as possible within the community with appropriate support

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Report to Policy Committee

Author/Lead Officer of Report:
Catherine Bunten

Tel: 07786112884

Report of: Director of Adult Social Care
Report to: Adult Health and Social Care Committee
Date of Decision: 21st September 2022
Subject: Market Shaping – Adult Social Care

Has an Equality Impact Assessment (EIA) been undertaken?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
If YES, what EIA reference number has it been given? 1256				
Has appropriate consultation taken place?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Has a Climate Impact Assessment (CIA) been undertaken?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Does the report contain confidential or exempt information?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
If YES, give details as to whether the exemption applies to the full report / part of the report and/or appendices and complete below:-				
<i>"The (report/appendix) is not for publication because it contains exempt information under Paragraph (insert relevant paragraph number) of Schedule 12A of the Local Government Act 1972 (as amended)."</i>				

Purpose of Report:

To seek approval from Committee for Sheffield's Market Shaping Statement, noting the proposal to develop further, more detailed 'Market Positions Statements' through 2022 and 2023.

To update Committee on progress made towards meeting the government's requirement to conduct and report on a 'Fair Cost of Care Exercise' and 'Market Sustainability Report' which are due for submission on 14/10/22

To note the Market Sustainability Development plan, which sets out how we will ensure that we fulfil our statutory duties as set out in the Care Act 2014, and how we will develop our October and February 2023 Fair Cost of Care submissions to the Department of Health and Social Care (DHSC)

Recommendations:

1. To approve Sheffield's Market Shaping Statement.
2. To approve proposals to develop a range of Market Position Statements over the next 12 months.
3. To note the progress being made towards making the required returns to government to access its Market Sustainability and Fair Cost of Care Fund (2022-23)
4. To receive a further update in December 2022.

Background Papers:**Appendix 1 – Market Shaping Statement****Appendix 2 – Market Sustainability Delivery Plan****Appendix 3 – Equality Impact Assessment**

Lead Officer to complete: -			
1	I have consulted the relevant departments in respect of any relevant implications indicated on the Statutory and Council Policy Checklist, and comments have been incorporated / additional forms completed / EIA completed, where required.		
	Finance: <i>Liz Gough, Ann Hardy</i>		
	Legal: <i>Patrick Chisholm</i>		
	Equalities & Consultation: <i>Ed Sexton</i>		
	Climate: <i>Jessica Rick</i>		
	<i>Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.</i>		
2	SLB member who approved submission: <i>Alexis Chappell</i>		
3	Committee Chair consulted: <i>Cllrs Angela Argenzio and Steve Ayris</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.		
	<table border="1"> <tr> <td>Lead Officer Name: <i>Catherine Bunten</i></td> <td>Job Title: <i>Interim Head of ASC Commissioning</i></td> </tr> </table>	Lead Officer Name: <i>Catherine Bunten</i>	Job Title: <i>Interim Head of ASC Commissioning</i>
Lead Officer Name: <i>Catherine Bunten</i>	Job Title: <i>Interim Head of ASC Commissioning</i>		

1. PROPOSAL

- 1.1 The purpose of this report is to seek approval from Committee for Sheffield's Market Shaping Statement, attached at *Appendix 1*, noting the proposed programme of work to develop a range of 'Market Positions Statements' through 2022 and 2023.
- 1.2 The Market Shaping Statement summarises the responsibilities of the Council as set out in the Care Act 2014, and the activity that Sheffield Council carries out to meet these responsibilities.
- 1.3 This report also updates Committee on progress made towards meeting the government's requirement to conduct and report on a 'Fair Cost of Care Exercise' and 'Market Sustainability Report' which are due for submission on 14/10/22. Our Market Sustainability Development Plan is included in *Appendix 2*.

2 BACKGROUND

2.1 Local Context

- 2.1.1 An [Adult Health and Social Care Strategy](#) and an accompanying Adult Health and Social Care Strategy Delivery Plan were approved in 2022 to set out our vision for 2022 to 2030. Called 'Living the life you want to live', it is about how we work together to help the people of Sheffield to live long, healthy and fulfilled lives.
- 2.1.2 Our Adult Social Care Vision is that *everyone in Sheffield lives in a place they can call home, in communities that care, doing things that matter to them, celebrated for who they are - and when they need it, they receive care and support that prioritises independence, choice, and recovery.*
- 2.1.3 The vision is centred around delivery of five outcomes and six commitments. Our outcomes help to make our vision real – they are about what we want to focus on getting right. Our commitments are guiding principles we will follow and describe how we will achieve our outcomes and highlight what we want to do better.
- 2.1.4 The proposals in this report align with our vision and primarily supports the delivery of Commitment 6:

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

Specifically, the ASC Strategy Delivery Plan sets out the intention to:

- Develop Market Position Statement[s] so that providers have the information they need to develop new business models (by March 2023)
- Implement the Market Position Statement and refresh the statement on a three yearly cycle. (April 2023 to March 2029)

2.2 National Context

2.2.1 The Care Act places duties on local authorities to promote the efficient and effective operation of the market for adult care and support. This can be considered a duty to facilitate the market and a market position statement (MPS) is a document which summarises supply and demand in a local authority area, and signals business opportunities within the care market.

2.2.2 A Market Position Statement gives providers a range of information relevant to their business and how it might develop. It should tell providers what commissioners' plans are and aim to give its readers information which would be helpful in planning their future businesses and offer a clear picture of what gaps there are in the existing care market

2.3 Market Shaping

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

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

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

In performing that duty, a local authority must have regard to the following:

- a) the need to ensure that the authority has, and makes available, information about the providers of services for meeting care and support needs and the types of services they provide;
- b) the need to ensure that it is aware of current and likely future demand for such services and to consider how providers might meet that demand;
- c) the importance of enabling adults with needs for care and support, and carers with needs for support, who wish to do so to participate in work, education or training;
- d) the importance of ensuring the sustainability of the market
- e) the importance of fostering continuous improvement in the quality of services and the efficiency and effectiveness with which services are provided and of encouraging innovation

- in their provision;
- f) the importance of fostering a workforce whose members are able to ensure the delivery of high-quality services

2.3.2 To support our statutory responsibilities under the Care Act 2014, we produce a Market Position Statement that sets out how we intend to shape a market that can deliver a wide range of high-quality care and support services that meets the needs of, and is accessible to, people living in the City.

2.4 Fair Cost of Care Exercise and Market Sustainability Plan

2.4.1 As part of the government's adult social care reform agenda, local authorities are required to complete a fair cost of care exercise, and in 2012, the government announced the [Market Sustainability and Fair Cost of Care Fund 2022 to 2023](#) to support local authorities to do this.

2.4.2 To receive its share of the fund (c £1.8m this year and c£6m in each of the next 3 years), Sheffield Council is required to complete a "fair cost of care exercise" to arrive at a shared understanding with providers of the local cost of providing care.

2.4.3 In addition, authorities are required to publish a Market Sustainability Plan detailing how they plan to move towards a fair cost of care (where this is not already being paid) over the next three years.

2.4.4 The Market Sustainability Plan will need to cover the key risks to market sustainability for the 65+ care home market and the 18+ domiciliary care market and to set out plans to address any issues identified, including how fair cost of care funding will be used over the next three years.

2.4.5 The outcomes of the Fair Cost of Care Exercise, a draft version of the Market Sustainability Plan, and report setting out how the Fair Cost of Care Grant has been used in 22/23 must be submitted to DHSC by 14th October 2022, with the final Market Sustainability due to be submitted, and published in February 2023.

3 **MARKET SHAPING**

3.1 The Care Act 2014 placed duties on local authorities to promote the efficient and effective operation of the market for Adult Care and Support so that it meets the needs of all people in their area who need care and support, whether arranged or funded by the state, by the individual themselves, or in other ways.

3.2 This market should be sustainable and offer a diverse range of care and support providers, continuously improving quality and choice, and delivering better outcomes that promote the wellbeing of people who need care and support through innovation.

3.3 Market shaping should be considered a process, based on co-production, that includes:

- Designing strategies that meet local needs – including reviewing the way

in which services are commissioned.

- Engaging with providers and local communities.
- Understanding the current and future care and support needs in the City, and understanding the market, and how it may need to change to deliver the services to meet these needs This should include demographics, drivers and trends, the aspirations, priorities and preferences of those who will need care and support, their families and carers, and the changing care and support needs of people as they progress through their lives.
- Facilitating the development of the market
- Integration with local partners, especially Health partners and the Voluntary and Community Sector
- Securing supply in the market and assuring its quality through contracting and oversight

3.4 Sheffield's Market Shaping Statement (provided at *Appendix 1*) is the starting point of this process and is informed by the consultation and engagement behind the Adult Social Care Strategy, re-modelling of Homecare, commissioning strategies for Working Age Adults and Mental Health, and the engagement with providers in the Fair Cost of Care exercise.

3.5 It provides providers with our intentions and standards and provides a starting point from which to engage further with our communities, our providers, and our partners to inform and influence a number of more detailed Market Position Statements that give both the purchasers and providers of care information on the needs and demands for different types of care and support, and the commissioning intentions to shape and change the market to meet these needs.

3.6 In addition to Market Position Statements, commissioning and procurement practice must ensure sustainability, quality, and value for money in the market. This includes market oversight and contract management to mitigate, as far as possible, risks around discontinuity of care (for example, destabilisation caused by multiple contracts ending at the same time, provider failure or exit of the market), or decommissioning of services.

3.7 The Market Shaping Statement, and subsequent Market Position Statements are intended to be dynamic documents, subject to regular review and engagement and updated at least annually for approval by Committee.

3.8 Adults Health and Social Care Committee are asked to approve the Market Shaping Statement and note next steps:

- Development of a summary and web-friendly version for publication
- Engagement and production of supporting Market Position Statements
- Review in Spring 2023, following publication of Fair Cost of Care Market

Sustainability Plan.

- Annual review thereafter

3.9 Timeline for Market Position Statements:

Document	Timeline
Mental Health and Emotional Wellbeing Market Position Statement	Autumn 2022
Working Age Adults Market Position Statement	December 2023
Living and Ageing Well Market Position Statement	Spring 2023
Dementia Strategy & Market Position Statement	Spring 2023

3.10 Adult Social Care Target Operating Model

- 3.10.1 Through implementation of our Adult Health and Social Care Strategy, a new target operating model is being developed which will enable practical realisation of the strategy.
- 3.10.2 Providers will be working alongside this operating model and, where successful in commissioning and procurement exercises, they will be enabled to co-design relevant elements of the model along with Adults, families and wider partners so that our model reflects and deliver improved outcomes for people of Sheffield and our communities.
- 3.10.3 A report on the Adult Health and Social Care Target Operating Model is planned for approval at November 22 Committee.

4 **FAIR COST OF CARE AND MARKET SUSTAINABILITY PLAN**

4.1 Fair Cost of Care

As part of the government's adult social care reform agenda, the Fair Cost of Care exercise, and the funds being made available to local authorities, are designed to support:

- Preparation of the markets for reform, including the implementation of Section 18(3) of the Care Act 2014 in October 2023.
- Local authorities moving towards paying providers a fair cost of care.

4.2 Local authorities are required to undertake a fair cost of care exercise and submit their findings to the Department of Health and Social Care.

4.3 Working with providers, Sheffield Council will build a shared understanding of the local cost of providing care so that our submission to DHSC is an accurate reflection of the true costs facing care providers.

- 4.4 The Department of Health and Social Care considers 'fair' to mean the median actual operating costs for providing care in the local area. 'Fair' also means what is sustainable for the local market. This is what local authorities will move towards paying providers.
- 4.5 The final version must be submitted to DHSC by 14th October 2022
- 4.6 In undertaking this exercise, the Council are looking to identify the lower quartile, median and upper quartile costs in Sheffield for the following care categories:
- 65+ care homes
 - standard residential care
 - residential care for enhanced needs
 - standard nursing care
 - nursing care for enhanced needs
 - 18+ domiciliary care
- 4.7 An independent consultant (Laing Buisson) was appointed to carry out the field work and report writing for the care home part of the exercise. Laing Buisson were selected via a "request for quotes" process throughout which care home providers were closely consulted. For home care, the field work was carried out in-house with the data validation and report writing being delegated to Laing Buisson.
- 4.8 Laing Buisson's fees are being covered by part of the Department of Health and Social Care Market Sustainability and Fair Cost of Care Fund for 2022-23 and therefore have no impact on Council budgets.
- 4.9 Providers were required to submit detailed costs associated with running the business including:
- Staffing
 - Supplies
 - Premises (for care homes)
 - Profit/Returns
- 4.10 Verification of returns is currently in the final stages, and we are expecting these in mid-September to inform our Market Sustainability Plan.
- 4.11 Market Sustainability Plan**
- 4.11.1 The purpose of the Market Sustainability Plan is to detail how Councils plan to move towards a fair cost of care over the next three years. They must also assess market sustainability, identifying any risks and demonstrating how Sheffield City Council will address these to ensure that local care markets are sustainable.
- 4.11.2 The Plan will assess the impact current fee rates are having on the market and the potential future risks (particularly in the context of adult social care reform). This assessment will enable Sheffield City Council to inform the development of

mitigating actions, including how much we will need to increase fee rates over the three-year period.

4.11.3 A provisional Plan must be submitted alongside the Fair Cost of Care results by 14th October 2022. As mentioned above, Laing Buisson have been commissioned to complete this draft. This version will outline SCC's assessment of the sustainability of the local care market in relation to 65+ care home services and for 18+ domiciliary care services, which:

- considers the results from the cost of care exercises
- considers the impact of future market changes over the next three years, particularly in the context of adult social care reform
- sets out an outline action plan for addressing the issues identified and the priorities for market sustainability investment

4.11.4 A draft Market Sustainability Plan covering the whole Adult Social Care market is attached to Sheffield's Market Shaping Statement and is provided at *Appendix 2*. This will be further aligned with the Fair Cost of Care Market Sustainability Plan as we consult with providers over the Winter.

4.11.5 A final version of the Market Sustainability Plan will be submitted in February 2023 following the publication of the Local Government Finance Settlement 2023 to 2024. The key addition at this stage will be the inclusion of a commitment for how the local authority will move towards the cost of care calculated in their exercise as part of their 2023 to 2024 budget setting process.

4.11.6 Local authorities are required to publish their final market sustainability plans (with commercially sensitive information redacted) once they are finalised and following notification from DHSC that the review process is complete.

5. HOW DOES THIS DECISION CONTRIBUTE?

5.1 This proposal meets the 'Efficient and effective' outcome set out in the Adult Social Care Strategy. Effective Market Shaping should ensure that people have a choice of good services that meet their needs and give them a positive experience regardless of their background, ethnicity, disability, sex, sexual orientation, religion, or belief.

5.2 This proposal also supports a broad range of strategic objectives for the Council and city and is aligned with "[Our Sheffield: One Year Plan](#)" – under the priority for Education Health and Care; Enabling adults to live the life that they want to live and the Councils Delivery Plan approved at Strategy and Resources Committee on 30th August 2022.

6 HAS THERE BEEN ANY CONSULTATION?

6.1 The ASC Strategy, which has informed our commissioning intentions, was developed through significant consultation over an 18-month period. This involved people receiving services, carers, providers, partners, and workforce across the sector.

- 6.2 Each Market Position Statement will be developed with further collaboration with providers of care and support services as well as those who draw on the services.
- 6.3 The Fair Cost of Care exercise has relied on the participation of care providers to input cost data into the respective online tools, and further engagement will take place in the development of our final Market Sustainability Plan.

7 RISK ANALYSIS AND IMPLICATIONS OF THE DECISION

7.1 Equality Implications

- 7.1.1 As a Public Authority, we have legal requirements under the Equality Act 2010. This includes the Public Sector Equality Duty, under which public authorities must, in the exercise of their functions, have due regard to the need to:
- eliminate discrimination, harassment, victimisation and any other conduct that is connected to protected characteristics and prohibited by or under this Act;
 - advance equality of opportunity between those who share a relevant protected characteristic and those who do not;
 - foster good relations between those who share a relevant protected characteristic and those who do not.
- 7.1.2 The broad ambitions set out above are consistent with The Duty. These include promoting independence and wellbeing and for people to be actively involved in the design of their own support; envisaging a range of different types of provision envisaged (supported living, extra care, residential care, etc), including support for people with complex needs; aiming for preventative and community-based support, including for people with mental ill health.”
- 7.1.3 The Equality Impact Assessment can be found at *Appendix 3*.

7.2 Financial and Commercial Implications

- 7.2.1 The grant allocation from Central Government has not been determined yet so the figures included in business planning are estimates.
- 7.2.2 It is currently assumed that the amount of grant received will not be adequate to cover the full cost of uplifts to the Homecare and Care Home market to achieve the Fair Cost of Care assuming our estimates are correct and without knowing the outcome of the market testing.

7.3 Legal Implications

- 7.3.1 The Care Act 2014 sets out the law around market development in adult social care. It enshrines in legislation duties and responsibilities for market-related issues for various bodies, including local authorities. Section 5 of the Care Act sets out duties on local authorities to facilitate a diverse, sustainable high-quality market for their whole local population, including those who pay for their own care and to promote efficient and effective operation of the adult care and

support market as a whole. The statutory guidance to the Act suggests that a local authority can best commence its market shaping duties under Section 5 of the Care Act by developing published Market Position Statements with providers and stakeholders. The proposals are therefore in line with the Council's legal obligations.

7.4 Climate Implications

7.4.1 The commissioning of care and support services for Adults in Sheffield can have a large impact on Sheffield's Climate Emergency.

7.4.2 For example:

- The care workforce is significant, and is required to travel across the city, working together to create better opportunities for 'active travel' can help to reduce emissions from transport
- The energy efficiency of the buildings in which care is delivered (such as day services, or residential care) provides a significant opportunity to reduce our carbon emissions, and commissioning should encourage and enable improvements to environmental standards and promote green energy.

7.4.3 There will be additional areas of impact to transport and energy efficiency, and we will be bringing forward a Climate Action Plan for Adults Social Care to fully assess these, alongside an action plan setting out how we will contribute to Sheffield's 'Net Zero' Climate ambitions.

7.4.4 Further, Climate Impact Assessments will be undertaken as a key element of our commissioning approach, and we want providers and partners to align with our Net Zero ambitions and will be looking to work with them to identify key areas of impacts in their activities and how we can reduce, monitor and measure these.

7.4.5 Giving early indications of this intention to the market is important as it potentially links to cost of providing the service, for example when thinking about things like energy use and the business case for providers to invest in alternative energy sources.

7.5 Other Implications.

8 ALTERNATIVE OPTIONS CONSIDERED

8.1 The development of Market Position Statements is consistent with Council's duty to oversee and if necessary to intervene in the market to ensure that people have a choice of good quality support providers to choose from should they need to draw on social care services, whether funded by themselves or from public funds.

8.2 The completion of the Fair Cost of Care Exercise is a mandatory requirement of the Department of health and Social Care as a condition of accessing the funding described above.

8.3 There is therefore no alternative open to the Council other than to proceed with these exercises.

9 REASONS FOR RECOMMENDATIONS

9.1 The recommendations arise from the Council's market shaping responsibilities and from the need to fulfil the conditions for receiving the DHSC's Market Sustainability and Fair Cost of Care Fund (2022-23).



Adult Health & Social Care

Commissioning Framework

Market Shaping: Sheffield's Market Position Statement and Market Sustainability & Oversight Plan

SEPTEMBER 2022

Sheffield City Council
[Sheffield.gov.uk/home/social-care](https://www.sheffield.gov.uk/home/social-care)

Care Governance Framework: Market Shaping

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Care Governance Framework: Market Shaping

OVERVIEW

Our Vision and Outcomes

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.***

The vision is centred around delivery of five outcomes and six commitments.

Our **outcomes** help to make our vision real – they are about what we want to focus on getting right.



Safe and well

Everyone has the right to feel safe and be protected from harm in a place they can call home
Everyone in Sheffield is physically and mentally well for as long as possible, able to manage their conditions and able to return to their normal life as much as possible after a change in their circumstances.



Active and independent

Everyone in Sheffield should be able to live independently and have control and choice over decisions that affect their care and support. All our work should support people to increase their independence regardless of condition, disability, or frailty. Independence will look different for everyone. We will advocate for people who may need it.



Connected and engaged

Everyone can connect with communities that care and support them. Unpaid carers have a network that enables them to get support for their own mental health, wellbeing, and needs. We listen to people and take feedback on board.



Aspire and achieve

Everyone can develop their sense of purpose and find meaning in their lives. We support people 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.



Efficient and effective

Everyone is supported by a system that works smartly together, delivering effective and quality outcome-focused services that promote independence and recovery. People have a choice of good services that meet their needs and give them a positive experience regardless of their background, ethnicity, disability, sex, sexual orientation, religion, or belief. This is enabled by an engaged, 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

Care Governance Framework: Market Shaping

Our Commitments and Priority Actions

Our commitments are guiding principles we will follow and describe how we will achieve our outcomes and highlight what we want to do better.

Commitment 1	Support people to live a fulfilling life at home, connected to the community and resources around them, and provide care and support where needed.	<ul style="list-style-type: none"> • We will provide a partnership of care and support, designed, and delivered with communities • We will develop a model where social work staff can really work in partnership with, and get to know their community
Commitment 2	Provide temporary assistance to help people regain some stability and control in their life following ill health or crisis	<ul style="list-style-type: none"> • We will deliver a strong, reactive offer of services that provide flexible and intensive crisis support • We will shift our resources and focus to develop and deliver more proactive, preventative approaches
Commitment 3	Provide care and support with accommodation where this is needed in a safe and supportive environment that can be called home.	<ul style="list-style-type: none"> • 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 strength of the person and their networks • We will transform care at home in Sheffield, focussing on improving experience and outcomes
Commitment 4	Make sure support is led by ‘what matters to you’, with helpful information and easier to understand steps.	<ul style="list-style-type: none"> • We will improve how we share information so that it meets the needs of everyone in Sheffield, with plain language and simplified access steps • We will invest in a system-wide approach that means everyone receives the same standard and continuity of preventative person-centred care • We will make sure everyone can be involved as an equal partner in designing the support and services they receive across the whole system • We will deliver more flexible and simplified way for people to be able to purchase and arrange their care and support
Commitment 5	Recognise and value unpaid carers and the social care workforce and the contribution they make to our city	<ul style="list-style-type: none"> • We will develop and deliver a Sheffield workforce strategy for the whole system, focussing on equality, diversity, and inclusion • We will embed a clear support offer and structure for all carers
Commitment 6	Make sure there is a good choice of affordable care and support available, with a focus on people’s experiences and improving quality	<ul style="list-style-type: none"> • We will ensure people can move easily between care and support including health, social care and the voluntary community and social enterprise sector • We will embed open and transparent decision-making alongside our plans and priorities for Adults Health and Social Care, created with the people of Sheffield.

Care Governance Framework: Market Shaping

Market shaping and commissioning of adult social care

Adult social care is the care and support people may need as they grow older due to illness, disability, or frailty. This can include support to live independently in their own home, or a move into accommodation with on-site care and support such as extra care housing, supported living or a care home.

Unlike NHS services, social care is not free at the point of access. Council's currently fund those who cannot afford to pay for their care, but many people pay all or some of their care costs themselves. Market shaping therefore covers services arranged and paid for through Sheffield City Council; services arranged and paid for through Direct Payments; and services arranged and paid for by individuals (self-funders).

Market shaping **prioritises outcomes and wellbeing and** covers services for adults who have needs for care and support, and services for meeting carers' support needs.

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

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

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

To support our statutory responsibilities under the Care Act 2014, we produce a **Market Position Statement** that sets out how we intend to shape a market that can deliver a wide range of high-quality care and support services that meets the needs of, and is accessible to, people living in the City.

Central to the efficient and effective operation of the local market is the need to ensure sustainability, and to have oversight of the provision of care in the local authorities' area. The Care Act 2014 additionally sets out the responsibilities of local authorities in ensuring the sustainability of the market, and provision of care¹. A draft Market Sustainability Delivery Plan accompanies this document, summarising our approach to assessing opportunities and risks, and the actions we will take to ensure a stable and sustainable market.

In line with the Fair Cost of Care work, we will continue to engage with providers to develop a final Plan for submission and publication in February 2023.

The Strategic Context

National Context

In 2021 Government published two white papers focus on the reform of funding and delivery of adult social care. The first, [Build Back Better](#) focussed on the NHS and health and care system, the second, [People at the Heart of Care](#) focussed on the future of adult social care.

¹ These duties are as set out in Section 48 to 57 of the Care Act 2014

Care Governance Framework: Market Shaping

The key elements of the reforms are:

- **A cap on personal care costs of £86,000** – The care cap takes effect from October 2023 and will mean that no one in England will have to pay more than this amount towards meeting their care costs in their lifetime. More self-funders will be assessed by local authorities to ensure that where they have eligible needs, their contributions to their care are recorded and count towards this cap.
- **A new, more generous assessment for local authority financial support** – anyone with assets of less than £20,000 will not have to make any contribution for their care but may still be expected to contribute from their income; anyone with assets between £20,000 and £100,000 will be eligible for some means-tested support; and those with assets over £100,000 will pay the full fees for their care.
- **Moving towards a ‘fair cost of care’ for providers of care** – The means understanding the local costs of providing high-quality care, including allowing for reasonable profits and investment for improvement and innovation. The *median actual operating costs* are considered the ‘fair’ cost of care, ‘fair’ also means what is sustainable for the local market. This is what local authorities will move towards paying providers. This currently applies only to 65+ residential care homes and 18+ home care providers, though it is our intention to undertake similar exercises for wider markets in adults' health and social care.
- **All individuals will be able to ask the local authority to arrange their care** - this is the enactment of section 18.3 of the Care Act 2014 and will mean that more self-funders (people who currently pay for their own care in full) can ask the local authority to commission their care in the same way as it does for those who are supported by a means test. People receiving domiciliary care are able to do this already. Providers who rely on subsidising state funded care with fees from people who self-fund may be affected by this change. Where this does have an impact, we will make sure that we continue to deliver a sustainable market – including through sustainable fee rates.

Fair Cost of Care

Local authorities are required to undertake a ‘Fair Cost of Care’ exercise to arrive at a shared understanding with providers of the local cost of providing care. It covers 65+ care homes and 18+ domiciliary care. In undertaking the exercise, local authorities will be looking to identify the lower quartile, median and upper quartile costs in the local area across the following care categories:

- 65+ care homes
- standard residential care
- residential care for enhanced needs
- standard nursing care
- nursing care for enhanced needs
- 18+ domiciliary care (home support – excluding short term or reablement provision).

The Fair Cost of Care exercise will be supported by a Market Sustainability Plan setting out how local authorities will move towards paying this rate where they do not already do so.

Sheffield’s Adult Social Care Directorate has been working with providers to complete this exercise, and we will continue to engage to develop and deliver our Market Sustainability plan. The cost of care exercise is separate from the local authority’s fee uplift process.

Further information can be found at: [Market sustainability and fair cost of care fund 2022 to 2023: guidance - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/market-sustainability-and-fair-cost-of-care-fund-2022-to-2023)

Care Governance Framework: Market Shaping

Local Context

The provision of care and support services in Sheffield is shaped by our Adults Social Care strategy: **Living the life you want to live**. The strategy sets out our vision for people living in Sheffield, the outcomes we want to achieve, and our commitments for how we will achieve the change. The full strategy can be found [here](#).

A strong and effective partnership with providers is essential in delivering our vision. We need to work together to support people's health, care and support needs and achieve the best outcomes for people in Sheffield. In the delivery of care and support services, we want to ensure that people have choice, control and independence and that high-quality care is accessible to everyone who needs it, when they need it.

Sheffield's population is growing, and people are living for much longer, this means that the planning and delivery of health and social care services needs be able to meet the demand within available resources.

Commissioning Values and Principles

The values and commissioning principles² guiding Market Shaping in Sheffield are:

Values:



Principles:

1. **Outcomes** and wellbeing for users are at the heart of what we do
2. Promoting **equality** in access, experience, and outcomes - including by reducing Health Inequalities – underpins all commissioning activity
3. Commissioning policy and activity is **knowledge & evidence based**
4. The provision of **quality** services is central to effective commissioning
5. Commissioning is focused on supporting **sustainability**
6. People have **choice** and are involved in decisions about their care
7. **Engagement** is meaningful and embedded at all stages of the commissioning cycle
8. We will promote **integration** and 'whole system' approaches for the benefit of people in Sheffield
9. We will deliver **efficiency and value for money**, including through Social Value
10. Commissioning will support Sheffield's **Climate** ambition to be a net zero city by 2030

Key Messages for the Market

Aims and outcomes for Care

- All care will be high quality and based on "what matters to you", it will be rated **good or outstanding** by the Care Quality Commission.

² Sheffield Adult Social Care Commissioning Principles are provided at Appendix A

Care Governance Framework: Market Shaping

- We will **invest resources into prevention**, working with people to develop their skills, abilities, and knowledge, and to find informal supportive relationships so that they can **maximise their independence and wellbeing** in the context of where they live. Preventative care and support will tackle the key risks people in Sheffield face to achieving their outcomes whilst strengthening protective factors. For example, training and employment opportunities, independent living skills, tackling loneliness, smoking, the impact of poverty, management of long-term conditions, frailty, dementia.
- When people do need help, that help and care will be **community-connected**, supporting people to access resources in, and contribute to their communities and building on existing networks of friends, family, and community that people have and working more closely with them in meeting people's needs.
- Care will be **person-centred**, and providers will be able to adapt to meet individuals' needs as they change over time and from day to day and reflecting the diverse range of people needing care and their personal needs and wishes. People will take an active role in designing their support.
- Care will be more **flexible**, being easy to change over time as people's needs change and their life changes. It should not need a formal annual review to change care arrangements. This means that people will get the care that they need when they need it, and care providers will be able to support people through crisis and change. This may include responsive and short-term provision, development of our respite offer, or 'trusted reviewer' models with providers.
- Care will actively promote wellbeing and support to improve confidence and abilities to live as **independently as possible**. This means an enabling approach and may include reablement as a continuous and ongoing part of care. With timely, effective short-term help and support, we can enable a move away from a reliance on long-term care packages and reduce and delay needs from escalating.
- Where people need more intensive or longer-term support, we prioritise wellbeing and independence through **strength-based** work in communities, with families and individuals, recognising that people with more complex needs have their own skills, abilities, relationships, and priorities that matter to them. Whatever level of needs people have, care will help them be as independent as possible.
- Care will be **accessible**. When people need help, they know when and where they can access this. Care will meet the diverse needs and preferences of all people, improving equalities outcomes and reducing health inequalities.
- Care will provide the **support that carers need**.

Aims and outcomes for the Care Market

- **Sufficiency** of affordable supply to meet people's care needs and give the opportunity for people to exercise choice over their care, whoever is the purchaser (the Local Authority, Integrated Care Board, self-funders).
- **Stability**, including **sustainable rates of care, effective occupancy or 'user' levels, and a valued workforce**. Providers should be able to evidence how they value their workforce to deliver continuity of support to individuals and how they promote a workforce which reflects the diversity of our communities across Sheffield.
- Providers are part of our **partnership approach** across the City and region, with the right balance of collaboration and competition to drive up quality and efficiency
- The market has opportunity and resources for **innovation and new models of care**.
- **Clarity about the needs, outcomes and preferences of people purchasing care** – now and in the future - allows the market to plan for and meet these needs.

Care Governance Framework: Market Shaping

MARKET POSITION STATEMENT

Our Market Position Statement:

- Shares our vision and commitment for people in Sheffield.
- Explains what we know about the current and future needs of people in Sheffield.
- Provides an overview of the financial context in which services must be delivered.
- Sets out our priorities and the commissioning intentions to deliver our vision and meet identified and projected needs – i.e., what the future of care and support will look like in Sheffield and the opportunities and ways in which providers can work with us.

This means understanding and explaining:

- The **types of services** we want to provide in the future.
- The **volume of different services** we expect to be needed.
- The **types of provider organisations** who could deliver those services.
- How we plan to **purchase** these services.
- How we want to **work with providers** to develop and promote best practice and deliver the best services for people in Sheffield.

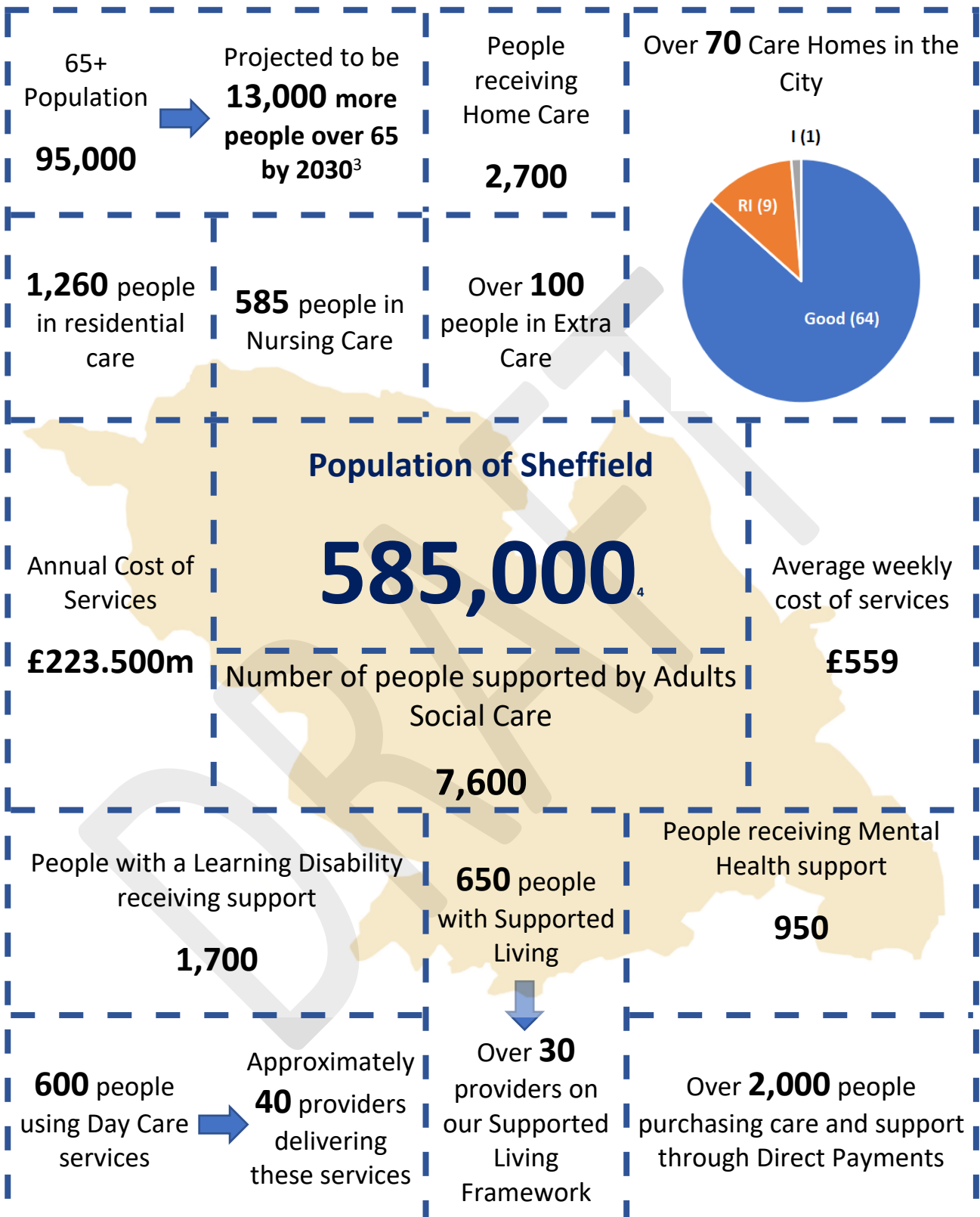
Engagement is a core part of market shaping and this Market Position Statement is the starting point of a process: in setting out our vision, key information, and our direction of travel, it provides an opportunity to co-produce and co-deliver a strong, effective, and innovative market of services that promotes independence and improves the lives and experiences of people in Sheffield.

We will continue our engagement through 2022/23 to develop a number of supporting documents that support our overall vision, including:

- Fair Cost of Care exercise and Market Sustainability Plan (65+ Care Homes and 18+ Domiciliary Care) (February 2023)
- Living and Ageing Well Market Position Statement (Spring 2023)
- Working Age Adults Market Position Statement (Spring 2023)
- Autism Partnership Strategy and Delivery Plan (Autumn 2022)
- Unpaid Carers Strategy and Delivery Plan (December 2022)
- Mental Health and Emotional Wellbeing Market Position Statement (Autumn 2022)
- [Short term care strategy for older people](#)

Care Governance Framework: Market Shaping

Summary Needs Analysis



Figures may not sum due to rounding. Additionally, figures are based on primary support reason; many individuals have additional health & support needs and have more than one service.⁵

³ [Projecting Older People Population Information System \(poppi.org.uk\)](http://poppi.org.uk)

⁴ Rounded from Office for National Statistics 2019 mid-year population estimates

⁵ Unless otherwise stated, figures from Sheffield Council Adult Social Care Business Information Hub, Sept 22

Care Governance Framework: Market Shaping

The Cost of Care in Sheffield

During 2021/22, the Council spent £256m on services for adults in Sheffield, of which £194m (representing 76%) relates to spend on direct care provision.

In 22/23, that budget has increased as set out below:

Income

ASC Income 2022/23	Amount (£000's)	%
Sheffield City Council ('cash limit')	£132,651	48.2%
Fees and Charges	£51,452	18.7%
Better Care Fund	£29,288	10.6%
S75 Agreement	£26,276	9.6%
Grants and other income	£33,656	12.2%
Recharge to other services	£1,783	0.7%
TOTAL	£275,106	

An additional £18.1m is allocated to Integrated Commissioning to fund services relating to support to adults in the city (for example, Drug and Alcohol Services, Housing Related Support, Domestic Abuse and Early Intervention)

Resource Allocation

Third Party Spend, i.e., the budget for purchasing of care and support services to deliver care to people across the city, is allocated approximately 79% of the total ASC budget: **£217m 2022/23**.

This is allocated as follows:

2022/23 Purchasing Budgets	Amount (£000's)				
	Older People	Learning Disabilities	Physical Disabilities	Mental Health	Total
Home Support	£30,193	£1,268	£5,467	£110	£37,038
Direct Payments	£9,726	£23,081	£12,724	£5,619	£51,150
Residential and Nursing	£46,306	£18,288	£3,825	£8,174	£76,593
Short Term Care	£3,281	£665	£713	£80	£4,739
Supported Living	£7,167	£24,656	£3,570	£332	£35,725
Day Care	£1,067	£4,088	£410	£20	£5,585
Other	£1,078	£550	£131	£386	£2,145
TOTAL	£98,818	£72,596	£26,840	£14,721	£212,975
3 rd party spend outside these services					£3,821
					£216,796

There is no increase to the cash limit for Adult Social Care Budget in 23/24 due to budget pressures faced by the Council.

Additional pressures to the Adult Social Care budget in 23/24 are anticipated to include:

Care Governance Framework: Market Shaping

- Social Care Reform, including the cap on care and any gap between current fees rates and the Fair Cost of Care outcome
- Increase in demand
- Impact of cost-of-living crisis on our populations and providers

Whilst the Fair Cost of Care Grant will go some way to mitigating these pressures, it is not clear that they will be fully mitigated.

Social Care Reforms

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. 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.

Benchmarking

2020/21 benchmarking information⁶ - using a comparison to Core Cities, Yorkshire and Humber, CIPFA Groups and England – indicates that:

- Sheffield broadly supports same volume of people as Core Cities, which is the main comparator.
- There are more people supported though homecare than in residential care, which would indicate a greater shift towards community-based support and independent living.
- Sheffield spends significantly more per population than all comparator groups apart from Core Cities.
- Sheffield's spend on supporting people in both community and residential settings increased in 20/21 due to the COVID pandemic, whereas most comparators saw a reduction in care home spend.
- In Sheffield, the cost of community-based support increased significantly during the COVID pandemic and at a higher rate than other local authorities.
- Sheffield spends significantly more on homecare than all comparator groups but remains comparable in relation to spend on residential care.
- Sheffield spends significantly more than comparator cities on assistive technology (such as equipment to enable people to live more independently) but at same time continues to provide more homecare support than comparators cities.
- Sheffield also spends more on direct payments for people with physical disabilities than comparators.
- Spend on supporting people with a learning disability increased at a higher rate than comparators.

⁶ [Adult Social Care Activity and Finance Report, England - 2020-21 - NHS Digital](#)

Care Governance Framework: Market Shaping

Commissioning Intentions

Providers of care and support to older people

It is likely that long term placements into care homes will continue to decrease, and we will therefore want more and better housing with care options such as extra care and supported living arrangements, as well as a strong care at home market.

- Care homes will need to deliver personalised care and be well connected to and part of the local community.
- We anticipate a role for care homes in more specialised provision and for supporting people with more complex needs.
- To meet people's needs effectively, we will need more flexible residential provision that can accommodate both an enabling approach, promoting and supporting people's independence, as well as providers who can plan and support people – including through multi-agency and partnership working - whose needs become more complex, allowing them to continue living in what is their home safely, and happily.
- We will develop new approaches in pathways and processes for short term care, especially related to hospital discharge and "Somewhere to Assess"
- We anticipate that the supply for longer term homecare for people 65+ will be sufficient, following procurement of the Care and Wellbeing service in 2022.
- The Care and Wellbeing service will enable Home Care providers to develop services which promote independence and wellbeing.
- Building based day services are likely to remain popular with some people but providers who can help people connect with their local community away from such centres will be encouraged.

Providers of care and support to working age adults

We are anticipating a steady increase in demand for services as the population changes. In Winter 2022/Spring 2023 we will be commissioning a Working Age Framework to include Supported Living, Activities Outside the Home (day services) and Short Breaks/Respite services. It is proposed that the contract will have a term of 10 years and an estimated value of £500m.

- There will be a requirement for all providers to be innovative and develop new, flexible approaches. For example, there are opportunities for providers to develop community hubs in the local area and establish networks between the different supported living settings.
- Although people with a Learning Disability are a large cohort which the Council supports, many of these individuals also have other health conditions. We also want to ensure that these services will be suitable for people with an autism spectrum disorder (ASD), Physical Disabilities (PD) and Sensory Impairment (SI).
- We also need to ensure that there are appropriate services in place to meet the needs of younger people transitioning from support funded by Children's services.
- We recognise that providers often work in isolation but may be better placed to support an individual across the whole of their lives, rather than each aspect of someone's day being delivered by a separate service, for example, giving people greater choice to stay at home or take part in activities in their local community or community of interest rather than travelling to a building-based activity every day.
- Respite services are currently used by c168 individuals. The market for Respite/Short Breaks provision for people with learning disabilities has remained unchanged for several years. We know that there is a gap in the market for younger people with autism. We intend to engage with the market to ensure we have sufficient quality and choice to meet our needs under the Care Act.

Care Governance Framework: Market Shaping

- We seek to develop the existing supported living service offer- to improve the uptake of smaller packages of care and ensure that providers can meet the needs of a range of individuals, with a particular focus on younger people and people from Black, Asian and minority ethnic communities
- We want to support a creative, diverse and responsive marketplace for all who use Direct Payments including more opportunities for micro-providers and micro-enterprises.

Providers of care and support of people with Mental Health issues

A new Mental Health Independence and Support Framework, which is the key mechanism used to find support for people in their own tenancies and / or accommodation is being recommissioned in summer 2022 and will replace the current Recovery Framework.

In addition, there are known gaps in the market which must be addressed in the coming years.

- Services for young people with emotionally unstable personality disorder, many of whom are currently supported out of city.
- Services for people with complex needs who need considerable hours of support/oversight per day, sometimes also with physical health needs.
- Services for people with a dual diagnosis, e.g., learning disability/autism/mental health or drug and alcohol abuse/mental health.

We are going to review our approach to prevention, commissioning over the coming months and years to align with our strategy and wider focus on prevention and early intervention across Sheffield. We will be looking for providers who will support development of informal networks and peer support that promotes and enables individuals to be connected to their communities.

Personal Budgets

As more people have control over decisions and funding for their own care through Personal Budgets or Direct Payments, the amount of money for 'block contracts' or larger scale commissioning reduces – so the way in which we shape, and support markets needs to adapt.

- Most direct payment holders are using their funding to purchase traditional models of care such as home care and personal assistants. Our Direct Payment Improvement Programme aims to shape and develop a creative, diverse and responsive marketplace for all who use Direct Payments to support people to be more creative with their Personal Budgets.
- Our 'Direct Payment - Provider Forum' will allow Direct Payment recipients to engage with providers/agencies/services who they may wish to purchase care and/or support from. Providers can also hear first-hand from people who use Direct Payments about their needs and expectations from the market.
- People who use Direct Payments have said it is important for them to have assurance of the quality of providers operating in the market – we want to explore options and approaches for this including 'customer review systems'.
- From September 2022, we are commencing a 12-month pilot project to design, develop and implement a new operating framework to enable the Council to offer Individual Service Funds (ISFs) effectively in Sheffield. Individual Service Funds offer an alternative option for people directing their own support and suit anyone who wants to have flexible support without taking on the responsibilities that come with managing a direct payment. The pilot project will start with providers of supported living and day activities, before broadening out into wider home and community support models.

Care Governance Framework: Market Shaping

Tech Enabled Care and Digital innovation

- We will review our current offer around equipment to ensure we maximise opportunities to support people at the earliest opportunity and support independence.
- We will look at how service users and care providers can use technology to help people to meet their care outcomes

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APPENDIX A: COMMISSIONING PRINCIPLES

We have set out the principles that will guide our commissioning practice below. These support the delivery and approach set out in “Living the life you want to live,” Sheffield’s Strategy for Adults Social Care, 2022-2030. The plan is to develop these principles in partnership with the people we support, carers and providers.

Adult Social Care Commissioning Principles

Commissioning is about the most effective and efficient way of using all the available resources to improve outcomes for people and communities.

It is a continual process that includes assessing the needs of a population, determining which elements of these needs should be arranged by the local authority, and then designing the services to meet needs and improve outcomes (including assessing the best way for these services to be delivered, and monitoring and evaluating effectiveness).

Our commissioning principles define how we will ensure our commissioning is effective, and supports the delivery of our vision, outcomes and commitments as set out in [‘Living the life you want to live’, Sheffield’s adult social care vision, 2022 to 2030](#)

1. Outcomes and wellbeing for users are at the heart of what we do

- All commissioning will be in support of the Adults Social Care Strategy: ‘Living the Life You Want to Live’ outcomes.
- Everyone who works across the City will be person-centred and put the needs and voice of the individual at the heart of how they deliver their services.
- Commissioning will be based on longer-term outcomes and maximising independence, driven by, and aligned with support plans.
- We will measure whether outcomes have been delivered, holding ourselves and each other to account - seeking and acting on feedback from service users, communities, and providers to review the effectiveness of our commissioning in meeting local needs
- We will be creative and inclusive in considering the fullest practical range of providers and delivery models to understand the difference this could make to delivering outcomes.

2. Promoting equality in access, experience, and outcomes - including by reducing Health Inequalities – underpins all commissioning activity

- We tackle inequality, working to make sure that everyone has the same access to and experience of excellent care and support
- We will continue to work to understand and address the inequalities that people experience in the City.
- Fostering equality, diversity, and inclusion will be a key outcome of all commissioning
- Outcomes will be considered both in terms of outcomes for individuals and outcomes for groups of people and populations, specifically against protected characteristics.
- We will commission to foster a diverse workforce, reflecting our population and seek to strengthen fair access to jobs and local employment opportunities

3. Commissioning policy and activity is knowledge & evidence based

- Commissioning will be based on the best available information and evidence, and informed by those receiving care, those providing care, and the context of available resources
- By engaging widely, we will understand the needs and priorities of our communities, now and in the future, and clearly specify our requirements for services to meet these needs.

Care Governance Framework: Market Shaping

- The provision and delivery of services will be underpinned by detailed analysis of need, which is regularly reviewed to ensure it is still relevant and informs the steps we are taking to improve outcomes.
- Evaluation of all service delivery will be evidence based, we will work within a clear performance management framework which closely monitors activity, providers must be able to demonstrate that the services they are delivering are making a difference to the wellbeing of people. In doing this we will listen carefully to people and communities and use their evidence to shape and redesign services.
- Where services are not able to demonstrate that they are making a difference and meeting the needs of Sheffield people, then we are committed to reviewing those services and redesigning and decommissioning services as appropriate.

4. The provision of quality services is central to effective commissioning

- We will facilitate markets that offer a diverse range of high-quality services and prioritise the continual improvement of services as a partnership endeavour; providing support and challenge to drive up the quality of all services in the city
- Our Care Quality Standards will set out expectations about what is important and clear criteria to measure to ensure that they are met
- Think Local Act Personal (TLAP) is a key approach and foundation to our activities
- Critical to quality provision is a sufficient, stable, skilled, and valued workforce, and to that end, commissioning activity will support competitive terms and conditions, alongside a comprehensive training and qualifications offer.
- When commissioning services, we will ensure that contract terms and conditions and fee levels for care and support promote Health and Social Care careers in Sheffield, including through fair rates of pay for staff

5. Commissioning is focused on supporting sustainability

- Fee rates will be sufficient to sustain a high quality, diverse market of provision that can meet identified need and invest in future developments and ongoing improvement.
- Contracts will support providers to invest in service delivery in Sheffield, for example through longer term contracts (where appropriate) to support efficiency, change and partnership approaches, and focus commissioning on service delivery and development rather than repeated procurement cycles, or through shorter term contracts to support pilots in new ways of working, or innovation in focussed areas.
- Commissioning will ensure that there are a range of appropriate and high-quality providers and services for people to choose from.
- Sufficient market oversight will strengthen focussed support for the market to ensure continuity of the provision of care
- Provision of up-to-date information and data on the services needed and trends will allow providers to plan for future, or changing needs

6. People have choice and are involved in decisions about their care

- We will enable people to make meaningful choices and informed decisions to take control of their support arrangements – including support for people who fund their own care or receive direct payments to pool budgets and/or ‘micro-commission’
- We will commission services that enable people to maximise choice and control, with a variety of different providers and different types of services available to meet the range of needs and preferences of local people who need care and support services, including for people who choose to take direct payments.
- Providers are expected to evidence the voice of the individual in the care they receive, and this will also be evident through the commissioning cycle

Care Governance Framework: Market Shaping

7. **Engagement is meaningful and embedded at all stages of the commissioning cycle**
 - We will work in partnership with people, communities, providers, partners, the voluntary and community sector, and other stakeholders in the City and region in the design, delivery, and evaluation of services.
 - Engagement will emphasise understanding the needs of individuals and specific communities, what aspirations people have, what outcomes they would like to achieve, views on existing services and how people would like services to be delivered in the future.
 - The commissioning process is clear, transparent, and inclusive – informed by the people affected by it
 - We are looking for providers who will work in partnership, and in a collaborative way Engagement with service providers will emphasise understanding risks, plans, and focus on building trusting relationships, improvement, and innovation to better meet the needs of people in the area.
8. **We will promote integration and ‘whole system’ approaches for the benefit of people in Sheffield**
 - Improved outcomes for Sheffield people can only be achieved through effective partnership working: our commissioning will deliver an integrated system of support, based on the effective use of our resources, where all partners will work together to ensure clarity of roles and seamless service provision where people receive a ‘total service’ to meet their needs.
 - We work with partners across the City and region to improve outcomes for people in Sheffield.
 - We work in collaboration with health partners, specifically NHS South Yorkshire Integrated Care Board, and Sheffield Place, commissioning jointly and/or regionally where this is in the best interests of people in Sheffield.
 - Commissioning for Adults Social Care outcomes involves several other services, including Housing, Public Health, Leisure, and Transport.
 - We will share data and information appropriately with partners and providers to maximise outcomes and promote integration and person-centred care.
9. **We will deliver efficiency and value for money, including through Social Value**
 - Everything we provide and choose to fund will be based on a standard of safe, effective, and quality services for all
 - We will commission providers who connect with, and invest in the local community
 - We will ensure that Sheffield people are able to benefit from technology and digital developments in care and support
 - Where it would provide better value for money (for example, where it is a more economic process, or a more effective approach to the achievement of outcomes) Grant making will be considered as an appropriate way to source services and meet users’ needs.
 - Our commissioning processes and approach will seek to maximise the opportunities for investment and income generation in the delivery of services
10. **Commissioning will support Sheffield’s ambition to be a net zero city by 2030**
 - Our commissioning will seek to mitigate climate change, for example through enabling and promoting energy efficiency; considering transport; and reducing waste and consumption
 - Seek to understand and mitigate the impact of climate change on our communities, including where this impact falls disproportionately.

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Adult Health and Social Care

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**Market Sustainability Delivery Plan
2022**

Adult Health and Social Care: Market Sustainability Delivery Plan 2022

Our Vision and Ambitions for people of Sheffield

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.

The vision is centred around delivery of five outcomes and six commitments. The commitments and outcomes are the guiding principles we will follow and how we deliver the strategy. They show how we will achieve our outcomes and highlight what we want to do better. These commitments are:

1. Support people to live a fulfilling life at home, connected to the community and resources around them, and provide care and support where needed.
2. Provide temporary assistance to help people regain some stability and control in their life following ill health or crisis
3. Provide care and support with accommodation where this is needed in a safe and supportive environment that can be called home.

4. Make sure support is led by 'what matters to you,' with helpful information and easier to understand steps.
5. Recognise and value unpaid carers and the social care workforce, and the contribution they make to our city.
6. Make sure there is a good choice of affordable care and support available, with a focus on people's experiences and improving quality.

Our Commitment to Market Sustainability

It is only through having a sustainable market, that we can assure ourselves of provision and continuity of care for the people of Sheffield.

The Care Act 2014 places a duty on local authorities to assure themselves and have evidence that fee levels are appropriate to provide the agreed quality of care, and enable providers to invest in staff development, innovation, and improvement.

To that end it is our ambition that we facilitate an efficient and effective market, leading to a sustainable and diverse range of care and support, delivering choice, and driving improvement and better outcomes for Adults in need of care and support in the City.

An assessment of Market Sustainability considers:

- adult social care statutory duties
- an analysis of the current context, including the strengths and risks facing the market (for example CQC (Care Quality Commission) returns, sufficiency of supply and occupancy levels, equalities, financial context, geographical context, workforce stability and sufficiency)
- an analysis of future market changes

In 2022/23, Sheffield Council is undertaking a Fair Cost of Care exercise in line with the Government's Market Sustainability and Fair Cost of Care Fund conditions. As part of this exercise, local authorities are required to complete a market sustainability plan, and this informs the themes by which we have structured our delivery plan.

What is Market Sustainability?

A sustainable market is one which has a **sufficient supply of high-quality services**, and is able to deliver investment, innovation, and choice in care and support service provision.

It is a market with a **sufficient workforce**, receiving a fair rate of pay and supported with training and development to have the skills and knowledge to meet the needs of people receiving care and support.

It also refers to a market which **operates in an efficient and effective way**.

Market Sustainability is therefore indicated by:

- A sufficient supply of services to ensure continuity of care with minimal disruption in the event of providers exiting from the market
- A range of high-quality services for people to choose from
- Sufficient investment in its workforce to enable the attraction and retention of high-quality care staff
- Evidence of innovation and service diversity in order to evolve and meet changing user needs
- Being attractive to new market entrants and able to manage and offset the impact of future market changes

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Provider entry and exit

Provider entry and exit

Market sustainability does not mean that providers do not ever exit the market: it is normal in a healthy market for businesses to both enter and exit. This may be due to a decision to close, business failure, or managed exits by local authorities. A *sustainable market* means that where there is provider exit, there are sufficient alternative care services so that continuity of care can be maintained for people.

What Does Good Look Like?

We have started this delivery plan by setting out some initial indicators of what we think good looks like. The plan is to continue to develop these indicators in partnership with the people we support, carers and providers.

Leadership & Governance

- ✓ Strategic leaders, commissioners and providers work together, and evidence joined up visible and effective leadership around a shared vision and plan
- ✓ Staff, Adults, Carer and Partners feel confident about the support, leadership, and plans in place.
- ✓ Information to support people in receipt of, or purchasing care to make informed decisions and information to support providers to respond to changing needs is accessible, current, consistent, and clear
- ✓ There are periodical reviews of Market Sustainability to determine risks and then delivery of the improvements and mitigations to stabilise care.

Quality & Outcomes

- ✓ All care provision is rated as 'Good' or better
- ✓ Care provision reflects the needs and preferences of people in Sheffield
- ✓ Care provision reflects the cultural diversity of Sheffield
- ✓ Any disproportionality in access, experience and outcomes is understood and actions to address are collectively owned and monitored
- ✓ Adults and their unpaid carers are integral to service planning and their views inform continued improvements.

Providing Support

- ✓ There is sufficiency of services to ensure timely provision and continuity of care
- ✓ Staff retention is high, with a low vacancy and turnover rate
- ✓ The workforce is supported by fair rates of pay and high-quality training and development
- ✓ Rates cover the costs of care, and support investment, innovation, and quality.

Market Sustainability Delivery Plan

Ambition: Adults in Need of Care and Support benefit from an efficient and effective market, leading to a sustainable and diverse range of care and support, delivering choice, and driving improvement and better outcomes.

Context: A sustainable market is a critical part of delivering excellent social care services.

Accountable Officer: Director Adult Health and Social Care

Accountable Committee/ Board: Adult Health and Social Care Policy Committee

Lead: AD Adults Social Care Commissioning

Theme / Indicator	Milestone/action	By when	RAG
A sufficient supply of services to ensure continuity of care with minimal disruption in the event of providers exiting from the market	Undertake an assessment of Market Sustainability including adult social care statutory duties, CQC information and returns; local data and intelligence; sufficiency and diversity in the market for different types of care, and different geographical areas; occupancy levels; equalities data and information; the financial context – including current rates of care; and workforce stability and development.	1 st October 22	AMBER
	A provisional market sustainability plan to be submitted to DHSC (Department of Health and Social Care) outlining assessment of the sustainability of Sheffield’s local care market in relation to 65+ care home services and for 18+ domiciliary care services. The provisional market sustainability plan will: <ul style="list-style-type: none"> • consider the results from the cost of care exercises • consider the impact of future market changes over the next three years, particularly in the context of adult social care reform • set out an outline action plan to address the issues identified and the priorities for market sustainability investment 	14 October 2022	AMBER
	A final market sustainability plan to be submitted in February 2023, once budgets are agreed following the publication of the Local Government Finance Settlement 2023 to 2024. This plan must include a commitment for how the Sheffield will move towards the cost of care calculated in the FCOC (FAIR COST OF CARE) exercise as part of their 2023 to 2024 budget setting process.	February 2023	GREEN
	Undertake a programme of engagement to cover Social Care Reform and Market Sustainability to ensure the market is prepared and enabled through the change and is able to inform Sheffield’s commissioning strategies to meet the needs of adults needing care and support in the City.	February 2023	GREEN

	Development of Market Position Statements for Ageing and Living Well, Working Age Adults, and Mental Health to improve information and planning with providers	Spring 2023	GREEN
	We will be undertaking a “cost of care” exercise to include residential services for Working Age Adults and Mental Health to support a transparent and clear model for costs and standards of provision	Summer 2023	GREEN
A range of high-quality services for people to choose from	Work collaboratively at a regional level to develop outcome-based care standards, providing greater consistency for care providers and launching Sheffield’s Care Quality Standards to support effective and ‘whole market’ contract management and quality assurance	Winter 2022	GREEN
	Commissioning a new Mental Health Independence and Support Framework to strengthen provision for people needing care and support in their own tenancies or accommodation through three levels of support: <ul style="list-style-type: none"> • Helping people to help themselves - Universal Services and Resilient Communities. • Help when needed - Targeted Help (including crisis and reablement). • Helping people to live their lives - Ongoing Care 	Autumn 2022	GREEN
	Commissioning a new Working Age Framework that covers Supported Living, Enhanced Supported Living and Activities outside the home. The framework will build in supports to the workforce, provide longer contract terms to promote market stability and sustainability, increase choice and diversity in the activities outside the home market and strengthen our contract management and quality oversight mechanisms	Summer 2023	GREEN
Sufficient investment for development of the workforce and to support retention and recruitment of high-quality care staff	Development of overseas recruitment programme in partnership with providers	Spring 2023	GREEN
	Working at a system level to develop a workforce strategy	Ongoing	GREEN
Evidence of innovation and service diversity in order to meet changing user needs	Transformation of Home Care in the procurement of a Care and Wellbeing Service, outcome focused care and support that supports workforce stability and moves towards improved terms and conditions for staff, including a test of change for shift-based work. Area based providers will strengthen community networks and partnership working to the benefit of people in receipt of the service. Development of ‘Trusted Reviewer’ model	Winter 22 – Summer 23	AMBER

	Inclusion of “Innovation” lot in Working Age Adults Framework to support creativity and flexibly in the development of services, led by people in Sheffield and the sector.	Spring 2023 onwards	GREEN
Being attractive to new market entrants and able to manage and offset the impact of future market changes	As we procure, new contracts set out clear processes and approaches to fee increases to support providers in their financial planning	Ongoing	GREEN
	Commissioning strategies that promote longer term contracts where appropriate to encourage investment in Sheffield, develop longer term partnerships with providers, provide more stability and ability to plan: <ul style="list-style-type: none"> • Care and Wellbeing Service (home care) • Working Age Adults Framework • Accommodation with Care (residential care homes) 	Summer 2023	GREEN
	Improving charging models to allow providers to plan care and provision, and use their expertise to invest in and develop best practice	Summer 2023	GREEN
Risks <ul style="list-style-type: none"> • Increase in self funders asking LA to commission care • Cost of living / inflation continues to rise • LA fee rates not reflective of cost of care; Local Government Finance Settlement 23-24 is not sufficient to meet any gap • Providers competing for same workforce • NHS able to offer better pay, terms and conditions • Increasing numbers of staff choosing to leave the sector • Increased risk of provider failure / home closures • Increasing demand / complexity, not enough capacity in system to meet demand • Change in CQC’s approach to regulation • Impact of Integrated Care Systems 			

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Part A

Initial Impact Assessment

Proposal name

AHSC Market Shaping

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

Sheffield’s Market Shaping Statement sets out strategic context and key messages for the market in Sheffield to ensure a sustainable market providing a diverse, high quality choice of providers to meet the needs and outcomes of adults in need of care and support in the City.

Includes is a draft market sustainability plan with actions and timescales to strengthen Sheffield Council’s position in market sustainability, including compliance with the Government’s Fair Cost of Care exercise.

A final Market Sustainability Plan will be submitted to DHSC which will set out how Sheffield council will use Fair Cost of Care funding (£6m) to move towards paying a Fair Cost of Care to providers of residential care for older people, and domiciliary care for all adults needing to draw on social care.

Key to the market is the workforce who deliver social care services. We know the workforce is overwhelmingly female, but we need to know more about its diversity and to capture demographics to ensure that it is broadly representative of the people who draw on social care

Proposal type

Budget

If Budget, is it Entered on Q Tier?

Yes

If yes what is the Q Tier reference

118

Year of proposal (s)

<input type="checkbox"/> 21/22	<input type="checkbox"/> 23/23	<input checked="" type="checkbox"/> 23/24	<input type="checkbox"/> 24/25	<input type="checkbox"/> other
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Decision Type

Coop Exec

Committee (AHSC Policy Committee)

Leader

Individual Coop Exec Member

Executive Director/Director

Officer Decisions (Non-Key)

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

Regulatory Committees (e.g. Licensing Committee)

Lead Committee Member

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Councillor Angela Argenzio,
Councillor George Lindars-

Lead Director for Proposal

Alexis Chappell

Person filling in this EIA form

Catherine Buntun

EIA start date 08/09/2022

Equality Lead Officer

Adele Robinson

Ed Sexton

Bashir Khan

Louise Nunn

Beverley Law

Richard Bartlett

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

Understanding Communities

Workforce Diversity

Leading the city in celebrating & promoting inclusion

Break the cycle and improve life chances

Portfolio, Service and Team

Is this Cross-Portfolio

Yes No

Portfolio

People

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

Yes No Please specify

Consultation

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

Yes No

If consultation is not required, please state why

Consultation will be required as more detailed commissioning strategies and Market Position Statements are developed, and an EIA will be completed for each of these. Consultation will also be required in development of the Market Shaping Statement submitted to DHSC as part of the Fair Cost of Care exercise. This will set out how Sheffield intends to use the Fair Cost of Care funding and how our rates for care ensure market sustainability.

There will continue to be consultation with people purchasing care and support services, either independently, through the local authority, or for whom the local authority purchases and provides services.

There will continue to be consultation with providers on Social Care Reform and Sheffield's Market Sustainability Plan, as well as in the development of our Market Position Statements.

This proposal is a high level document, based on the ASC Strategy; 'Living the life you want to live', which was heavily informed by a wide engagement and consultation programme.

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

Yes No

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

Yes No

If you have said no to either please say why

As the Market Shaping process develops, staff and customers will be engaged and informed as required/relevant

Initial Impact

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

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

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

Identify Impacts

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

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

Cumulative Impact

Does the Proposal have a cumulative impact

- Yes No

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

If yes, details of impact

We expect Social Care Reform, and Sheffield's approach to market sustainability and moving towards a fair cost of care to have an ongoing impact on people in the City – specifically in changes to the way people might purchase care, and also in the changes we anticipate in the way services are delivered in the city.

Proposal has geographical impact across Sheffield

- Yes No

If Yes, details of geographical impact across Sheffield

Local Area Committee Area(s) impacted

- All Specific

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

Initial Impact Overview

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

Broadly, these proposals should have a positive impact – with thresholds meaning people will pay less overall for their personal care, and our ambition to improve the quality of provision, continuing to move towards person-centred, outcomes-based service delivery.

In doing this, equalities objectives should also be achieved – improving the choice of care available and improving outcomes for people who currently face disadvantage due to inequalities and/or discrimination.

However, it is possible that the financial context negatively impacts on the pace of change, or the market’s ability to deliver the required quality or volume of care – in which case there will be a negative impact, and this could fall more heavily on people with one or more of the protected characteristics. It is for this reason that further analysis – including EIAs - will be completed for each document / output as our engagement in our market sustainability planning continues.

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

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

Initial Impact Sign Off

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

Yes No

Date agreed 12/09/2022

Name of EIA lead officer Ed Sexton

Part B

Full Impact Assessment

Health

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

Yes No *if Yes, complete section below*

Staff

Yes **No**

Customers

Yes No

Details of impact

A better fit in terms of the range and quality of available services is likely to result in a better experience for customers (e.g., reduced isolation, better preventative approach). As integration with health services continues where relevant, a more holistic approach should benefit customers.

Comprehensive Health Impact Assessment being completed

Yes **No**

Please attach health impact assessment as a supporting document below.

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

Yes No

**Name of Health
Lead Officer**

Age

Impact on Staff

Yes **No**

Impact on Customers

Yes No

Details of impact

Older people represent the vast majority of people who draw on AHSC and in the medium term, they should see a better fit in terms of the range and quality of services available.

Implications for the workforce, which includes a proportion of older workers, will be kept under review and reflected in further EIA work as appropriate.

Disability

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

Many disabled people have a need to draw on AHSC services and in the medium term, they should see a better fit in terms of the range and quality of services available.

Pregnancy/Maternity

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

No impact

Race

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

People from minority ethnic communities are underrepresented in the cohort of people drawing on formal social care services. Market shaping should address this and create a better range and quality of serviced for people to draw on including the engagement of staff from those communities. There may therefore be a positive impact in the medium term for both potential staff and customers.

Religion/Belief

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

No impact

Sex

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

The proposals will have a disproportionate impact on women, who form the majority of AHSC customers overall. Similarly, the significant majority of AHSC staff are female. Impacts, opportunities and mitigations will need to be identified in individual EIAs that cover specific elements of this proposal.

Sexual Orientation

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

No direct or disproportionate impact is identified at this stage. Impacts, opportunities and mitigations will need to be identified in individual EIAs that cover specific elements of this proposal.

Gender Reassignment (Transgender)

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

No direct or disproportionate impact is identified at this stage. Impacts, opportunities and mitigations will need to be identified in individual EIAs that cover specific elements of this proposal.

Carers

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

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

Market shaping must consider the importance of enabling unpaid carers who wish to do so, to participate in work, education or training.

The overall process should allow us to better understand demographics, drivers and trends, the aspirations, priorities, and preferences of unpaid carers.

Voluntary, Community & Faith sectors

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

The market shaping process will value the contribution of the VCF sector who are well placed to deliver innovative, community focussed services, perhaps most significantly at the preventative end of the range of services.

Partners

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

Integration with local partners, especially Health partners and the Voluntary and Community Sector is an important feature of market shaping. There should be a medium term positive impact in terms of working relationships which should improve prospects of a better coordinated and seamless service for people who need to draw on AHSC.

Cohesion

Staff

Yes No

Customers

Yes No

Details of impact

No direct impact likely

Poverty & Financial Inclusion

Impact on Staff

Yes No

Impact on Customers

Yes No

Please explain the impact

Broadly, these proposals should have a positive impact – with new thresholds meaning people will pay less overall for their personal care.

Armed Forces

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

No direct impact likely

Other

Please specify

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

Action Plan and Supporting Evidence

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

Monitor the impact of the market shaping process on the diversity of the workforce and those who draw on services.

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

Detail any changes made as a result of the EIA

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

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

Sign Off

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

Yes No

Date agreed

Name of EIA lead officer

Review Date

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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 & Social Care Committee*
Date of Decision: *21 September 2022*
Subject: *Month 4 Monitoring*

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 4 2022/23.

Recommendations:

The Committee is recommended to:

1. Note the Council's challenging financial position as at the end of July 2022 (month 4).

Background Papers:

[2022/23 Revenue Budget](#)

Lead Officer to complete: -							
1	<table border="1"> <tr> <td rowspan="4">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.</td> <td>Finance: <i>Ryan Keyworth, Director of Finance and Commercial Services</i></td> </tr> <tr> <td>Legal: <i>David Hollis, Assistant Director, Legal and Governance</i></td> </tr> <tr> <td>Equalities & Consultation: <i>James Henderson, Director of Policy, Performance and Communications</i></td> </tr> <tr> <td>Climate: <i>n/a</i></td> </tr> </table>	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>	
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	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	<table border="1"> <tr> <td>SLB member who approved submission:</td> <td><i>Ryan Keyworth</i></td> </tr> </table>	SLB member who approved submission:	<i>Ryan Keyworth</i>				
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Lead Officer Name: <i>Ryan Keyworth</i>	Job Title: <i>Director of Finance and Commercial Services</i>						
Date: <i>1st September 2022</i>							

1. PROPOSAL

1.1 This report brings the 22/23 M4 monitoring information for each committee. Executive Directors and Directors will be required to develop plans to mitigate the in-year forecast overspends.

1.2 Council Portfolio Month 4 2022/23

1.2.1 The Council is forecasting a £21.7m overspend against the 2022/23 budget as at month 4.

Full Year £m	Outturn	Budget	Variance
Corporate	(462.0)	(461.2)	(0.8)
City Futures	47.1	46.6	0.5
Operational Services	115.0	114.9	0.1
People	313.2	293.7	19.5
Policy, Performance Comms	3.2	2.9	0.3
Resources	5.2	3.1	2.1
Total	21.7	0	21.7

1.2.2 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 savings.

Full Year £m	One-off	BIPs	Trend	Total Variance
Corporate	0.0	0.0	(0.8)	(0.8)
City Futures	0.0	0.0	0.5	0.5
Operational Services	(5.0)	2.4	2.7	0.1
People	0.1	15.3	4.0	19.5
Policy, Performance Comms	(0.1)	0.3	0.1	0.3
Resources	(0.3)	1.7	0.7	2.1
Total	(5.3)	19.7	7.2	21.7

1.3 Committee Financial Position

1.3.1 Overall Position - £21.7m overspend at Month 4

There is a £12.4m overspend in the Adult Health and Social Care Committee and a £7.5m overspend in the Education, Children and Families Committee	Full Year Forecast £m	Outturn	Budget	Variance
	Month			
	Adult Health & Social Care	163.1	150.8	12.4
	Education, Children & Families	136.1	128.6	7.5
	Strategy & Resources	(440.1)	(442.3)	2.1
	Economic Development & Skills	11.0	10.9	0.1
	Housing	8.8	8.8	(0.0)
	Waste & Street Scene	56.2	56.2	(0.0)
	Transport, Regeneration & Climate	41.8	41.9	(0.1)
	Communities Parks and Leisure	44.9	45.2	(0.3)
	Total	21.7	(0.0)	21.7

The 22/23 pay award proposal affected the outturn in the General Fund by £3.3m The proposed pay award of £1,925 flat rate per employee has been factored into forecasts in M4. Within the outturn at M3, an increase of £4.2m had already been accounted at service level, £5.6m had been provisioned corporately meaning an additional pressure of £3.3m has now been forecast in the M4 outturn, broken down into committees as follows:

£000s Committee	Increase (inc on costs)	Pay Pressures covered	Corporate Funding	Remainin g Pressure
Education, Children & Families Strategy And Resources	3,882	1,181	1,655	1,046
Adult Health And Social Care	2,817	1,209	1,201	407
Communities, Parks, And Leisure	2,658	815	1,133	709
Waste And Street Scene	1,570	483	670	418
Transport, Regen & Climate	820	255	350	215
Economic Development & Skills	546	227	233	86
Housing	410	27	175	208
	396	-	169	227
Grand Total	13,100	4,197	5,586	3,317

The overall position worsened by £1.4m from M3 to M4, improvements elsewhere have offset the full impact of the pay award. The £3.3m pressure for pay was offset in M4 by improvements totalling over £2m across the organisation:

- Transport, regen & climate committee budget position improved by £1.2m due to a release of a one-off provision to mitigate the loss of income from the delayed go live date for the clean air zone
- Education, children's & families improved by £700k due a combination of better-quality forecasting in services and slippage in recruitment
- Strategy & resources improved overall by £270k mainly due to higher investment returns in the market

Most of the full year forecast overspend is attributable to shortfalls in Budget Implementation Plans (BIPs) delivery	Variance Analysis £m Month 4	One-off	BIPs	Trend	Total Variance
Adult Health & Social Care		(0.3)	8.5	4.1	12.4
Education, Children & Families		0.7	6.8	0.0	7.5
Strategy & Resources		(0.3)	1.9	0.6	2.1
Economic Development & Skills		(0.0)	0.0	0.1	0.1
Housing		0.0	0.0	(0.0)	(0.0)
Waste & Street Scene		(3.0)	0.2	2.8	(0.0)
Transport, Regeneration & Climate		(2.1)	2.1	(0.1)	(0.1)
Communities Parks and Leisure		(0.3)	0.2	(0.1)	(0.3)
Total		(5.3)	19.7	7.3	21.7

£5.3m of one-off savings are mitigating part of Contributions from provisions for energy and waste inflation mitigate the in-year impact of rising baseline costs. These are

the ongoing overspend	one-off contributions that will not help our position in 23/24 as the trend continues.			
Balancing the 22/23 budget was only possible with £53m of BIPs, £33m are reported as deliverable in year	£m Portfolio	Total Savings 22/23	Deliverable in year	FY Variance
	People	37.7	22.4	15.3
	Operational Services	7.1	4.7	2.4
	PPC	1.2	0.9	0.3
	Resources	6.7	5.1	1.6
	Total	52.7	33.1	19.7
Focus must be on delivering BIPs in 22/23 and preventing the budget gap from widening	Of the £33.1m BIPs forecast as being deliverable, £10.1m are rated red, which indicates considerable risk of increased overspending. Of the £19.6m savings that are forecast to be undelivered this year, some can be delivered next financial year. It is estimated that £10m of this year's undelivered savings will still be unachievable in 23/24 and form part of the baseline pressures captured in the draft medium term financial analysis presented to the Strategy and Resources Committee on 5 th July 2022.			
Adult Health and Social Care are forecast to overspend by £12.4m	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.			
Education, Children and Families are forecast to overspend by £7.5m	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 looks unlikely to deliver financial benefits. The service needs to provide mitigations to bring overspends back in line with budgets.			

The following section provides further detail for the Adult Health & Social Care Committee.

1.4.1 Adult Health & Social Care- £12.4m overspend at Month 4

The revenue outturn position for the AHSC Committee is to overspend by £12.4m	Full Year Forecast £m @ Month 4	Outturn	Budget	Variance
	Adult Health & Social Care Integrated Commissioning <i>(Early Help and Prevention - Partnership Funding; Supporting Vulnerable People)</i>	154.2	141.8	12.4
		9.0	9.0	(0.0)
	Total	163.1	150.8	12.4
£8.5m of the overspend relates to BIP shortfalls. Staffing is £1.9m overspent and Purchasing activity £2.2m over budget	Variance Analysis £m @ Month 4	One-off	BIPs	Trend
	Adult Health & Social Care	(0.3)	8.5	4.1
	Integrated Commissioning	0.0	0.0	(0.0)
	Total	(0.3)	8.5	4.1
	Expenditure trends continue in learning disabilities and older people's purchasing budgets with an underlying pressure of £2.2m in this sector and a potential for the position to worsen.			
The impact of the proposed pay offer creates an additional £0.7m pressure to the committee	The proposed pay award of £1,925 flat rate per employee has been factored into forecasts in M4. The proposal leaves an additional pressure of £0.7m for the AHS&C Committee.			
	It should be noted that the pay offer cost is an initial indicative estimate which will require further work to fully understand the actual impact on each service.			
The committee position worsened from M3 to M4 by £0.5m	A contribution from the Fair Cost of Care grant of £0.4m to the committee offset increased costs of £0.2m for the Complex Needs team and contributed towards the overall increased pressure in the service:			
		£m		
	M3 Overspend	11.9		
	Pay Award pressure	0.7		
	Fair cost of care grant contribution	-0.4		
	Complex needs staffing overspend	0.2		
	M4 Overspend	12.4		
BIP delivery for 22/23 is looking challenging, focus needs to be on reviewing high-cost packages put in place during covid	Over £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 £5.3m leaving a continued gap of £5.8m 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.			
Recruitment and retention difficulties continue to impact	Vacancies which are part of the investment plan are not fully recruited to.			

savings delivery in 22/23, but with the potential to increase staffing pressure in future years

If posts are filled, the £1.9m 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.

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.

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 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 to deliver our new responsibilities.

2. HOW DOES THIS DECISION CONTRIBUTE?

- 2.1 The recommendations in this report are 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.

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