

Adult Health and Social Care Policy Committee

Monday 19 December 2022 at 2.00 pm

**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 Ayriss
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.

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

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

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

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

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

If you require any further information please email committee@sheffield.gov.uk.

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
19 DECEMBER 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 - 20)
To approve the minutes of the last meeting of the Committee held on the 16th November 2022.
- 6. Public Questions and Petitions**
To receive any questions or petitions from members of the public
- 7. Work Programme** (Pages 21 - 36)
Report of the Director of Legal and Governance

Formal Decisions

- 8. Development of a New Information, Advice and Guidance Platform** (Pages 37 - 54)
- 9. Approve City Wide unpaid carers Strategic Delivery Plan (commitment 5,6 ASC Strategic Plan)** (Pages 55 - 96)
- 10. Approve Adult Social Care Co-Production and Engagement Strategic Delivery Plan (Commitment 4 ASC Strategy)** (Pages 97 - 128)
- 11. Approve Direct Payments and Personalisation Strategic Delivery Plan (Commitment 5 ASC Strategy)** (Pages 129 - 154)
- 12. Fair Cost of Care Exercise** (Pages 155 - 176)
- 13. Equipment and Adaptations Eligibility Criteria Update** (Pages 177 -

218)

- 14. **Month 7 - Budget Monitoring Report** (Pages 219 - 228)
- 15. **Commissioning of Citywide Care at Night Services** (Pages 229 - 236)

Other Items

- 16. **Endorse Director of Adult Social Care (DASS) Report and delivery plan** (To Follow)
- 17. **Endorse Adult Social Care Financial Update and Progress with Financial Recovery Plan** (To Follow)

NOTE: The next meeting of Adult Health and Social Care Policy Committee will be held on Wednesday 8 February 2023 at 10.00 am

This page is intentionally left blank

ADVICE TO MEMBERS ON DECLARING INTERESTS AT MEETINGS

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

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

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

You **must**:

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

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

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

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

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

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

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

You have a personal interest where –

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

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

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

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

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

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

This page is intentionally left blank

Adult Health and Social Care Policy Committee

Meeting held 16 November 2022

PRESENT: Councillors Angela Argenzio (Co-Chair), George Lindars-Hammond (Co-Chair), Steve Ayris (Deputy Chair), Ruth Milsom, Kevin Oxley, Martin Phipps, and Mary Lea (Substitute Member)

1. APOLOGIES FOR ABSENCE

1.1 An apology for absence was received from Cllr Abtisam Mohamed, with Cllr Mary Lea attending the meeting as her substitute. Councillor Safiya Saeed also sent her apologies.

2. EXCLUSION OF PRESS AND PUBLIC

2.1 The Chair (Councillor Angela Argenzio) reported that sections of Item 17 relating to Adult Health and Social Care Budget Proposals 2023/24, were not available to the public and press because they contained exempt information described in Paragraph 3 of Part 1 of Schedule 12A of the Local Government Act 1972 (as amended), relating to the financial or business affairs of any particular person. Accordingly, if the content of those parts of the reports were to be discussed, the public and press would be excluded from the meeting.

3. DECLARATIONS OF INTEREST

3.1 Councillor Martin Phipps declared an interest in item 12 as a Software Developer.

4. MINUTES OF PREVIOUS MEETING

4.1 The minutes of the meeting of the Committee held on 21st September 2022 were approved as a correct record.

5. PUBLIC QUESTIONS AND PETITIONS

5.1 No petitions or questions from members of the public had been received.

6. WORK PROGRAMME

6.1 The Committee received a report containing the Committee's Work Programme for consideration and discussion. The aim of the Work Programme is 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, had been made in consultation with the Co-Chairs and Deputy Chair via their regular pre-meetings. The Work Programme will remain a live document and will be brought to each meeting of the Committee.

6.2 It was reported that, in relation to recommendation 4 in the report, there had been no referrals made to the Committee by any of the Local Area Committees.

6.4 **RESOLVED UNANIMOUSLY:** That the Committee's work programme, as set out in Appendix 1, be agreed, including the additions and amendments identified in Part 1 of the report.

7. ENDORSE DIRECTOR OF ADULT SOCIAL CARE (DASS) REPORT AND DELIVERY PLAN

7.1 The Committee considered a report of the Director of Adult Health and Social Care providing her update as regards the performance and governance of Adult Health and Social Care Services in Sheffield, including progress in meeting DASS (Director of Adult Social Services) accountabilities and delivering on our statutory requirements.

7.2 Alexis Chappell, Director of Adult Health and Social Care, thanked the team and their partners for their work in achieving outcomes.

8. ENDORSE ADULT SOCIAL CARE, CARE GOVERNANCE UPDATE AND QUALITY MATTERS FRAMEWORK

8.1 The Committee considered a report of the Director of Adult Health and Social Care presented by Janet Kerr, Chief Social Work Officer, and Liam Duggan, Assistant Director Governance and Inclusion. The report provided the Committee with an update on progress made in implementing the Adult Health and Social Care Governance framework, approved at the Adult Health and Social Care Policy Committee on the 15th June 2022.

The Committee was asked to endorse a Quality Matters Practice Framework which sought to assess how quality and strength-based practice was embedded across adult social care services.

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

1. Notes the progress made in relation to implementing the Adult Social Care Governance Framework approved at Committee on 15th June 2022.
2. Approves Annual Cycle of Care Governance Assurance Reporting to Committee.

3. Approves the Adult Social Care Quality Matters Practice Framework
4. Requests that the Director of Adult Health and Social Care reviews and refreshes the Quality Matters Practice Framework on a 3 yearly cycle for subsequent consideration by the Committee.

8.3 **Reasons for Decision**

The recommended option will deliver the following outcomes:-

The Adult Social Care, Care Governance Strategy, Quality Matters Practice Framework and Practice Quality Standards set out a framework focused around the quality of our supports and how we are delivering citizen-focused, personalised care and support which feels right and good from the point of view of people themselves and our communities.

It's aimed that this approach will promote a positive learning culture and an annual cycle of assurance and continuous improvement, which can then provide assurance to Committee regards our focus on delivery of excellent quality care and support.

8.4 **Alternatives Considered and Rejected**

8.4.1 **Option One**

Option 'to do nothing' and have no governance or quality matters framework. However, this would not enable delivery upon the Commitment 6 of our Adult Social Care Strategy.

8.4.2 **Option Two**

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

9. **APPROVE ADULT SOCIAL CARE AND DASS LOCAL ACCOUNT 2021-22 AND DASS ASSURANCE**

- 9.1 The Committee considered a report of the Director of Adult Health and Social Care, presented by Jonathan McKenna Moore, Service Manager and Liam Duggan, Assistant Director – Governance and Inclusion. The report asked the Committee to approve the publication of the Sheffield Local Account for 2021/22. Liam Duggan briefed members on the paper.

9.2 **RESOLVED UNANIMOUSLY:** That the Adult Health and Social Care Policy Committee approves the document *Sheffield Local Account 2021-22* for publication online.

9.3 **Reasons for Decision**

9.3.1 The Local Account highlights the strengths, areas of challenge and priorities for 2022 to 2023. It emphasises the journey towards enabling people to live the life they want to live and in particular enabling people to live independently at home.

9.3.2 Having a Local Account builds in transparency and accountability in relation to reporting on adult social care performance.

9.4 **Alternatives Considered and Rejected**

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

10. ENDORSE PROGRESS WITH CHANGING FUTURES DELIVERY PLAN (COMMITMENT 1, 6 ASC STRATEGY)

10.1 The Adult Health and Social Care Policy Committee received a report which provided an update on the Sheffield Changing Futures Programme, presented by Joe Horobin, Director of Integrated Commissioning.

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

- Notes progress made with delivery of the Changing Futures Programme.
- Endorses the Changing Futures Delivery Plan.
- (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.

10.3 **Reasons for Decision**

10.3.1 The Changing Futures programme is part way through delivery and will continue to adapt as it progresses. A key outcome for the programme will be identifying sustainable options for the programme at end of the funding cycle.

10.4 **Alternatives Considered and Rejected**

The Changing Futures programme is part way through delivery and will continue to adapt as it progresses. A key outcome for the programme will be identifying sustainable options for the programme at end of the funding cycle.

11. APPROVAL OF TECHNOLOGY ENABLED CARE CONTRACT EXTENSION

AND STRATEGY

11.1 The Committee considered a report of the Director of Adult Health and Social Care, presented by Paul Higginbottom, Service Manager – Commissioning seeking approval of a technology enabled care market shaping statement and highlighting the importance of ensuring the continuity of the Technology Enabled Care (TEC) Monitoring Services, part of the TEC service collaboration with City Wide Care Alarms across Sheffield, by extending the current contract.

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

(a) Noted the 12-month extension to the current Technology Enabled Care Monitoring Service contract as outlined in the report, authorised by the Director of Adult Health and Social Care

(b) Approved the Technology Enabled Care Market Position Statement as a key indicator to the market of the Council's intentions

11.3 Reasons for Decision

11.3.1 The current contract for TEC Monitoring Services is due to expire 4 September 2023. There are presently 8190 connections to the service throughout the city, the contract extension enables the continued delivery of Call Monitoring Services.

11.3.2 TEC enables older people to continue to live independently in their own homes and enables delivery of the Adult Social Care Strategy and Transformation Programme. This is a key concept/principle of the service in reducing the admissions to hospital and residential care.

11.4 Alternatives Considered and Rejected

11.4.1 The service aims to explore the potential benefits of wider connectivity for TEC services linked to key service areas, such as our Integrated Community Equipment Loan Service. There is also the opportunity to explore links with external services such as NHS 111.

11.4.2 The future option for the delivery of TEC Monitoring Services inhouse will be explored, being mindful of the potential operating costs both from staffing terms and conditions and the capital and revenue implications of the necessary investment in a TEC monitoring system platform.

11.4.3 There is also the option to explore the development of a regional South Yorkshire TEC Monitoring Services Hub, as part of the new Integrated Care System (ICS) bringing together the full range of TEC from a health and social care perspective, such as Telehealth, Tele-Medicine, Assistive Technology and Telecare.

12. APPROVE ADAPTATIONS, HOUSING AND HEALTH UPDATE

- 12.1 The Committee was asked to consider a report which outlined the demand position of the Adaptations, Health and Housing services following the COVID pandemic.

The report of the Director of Adult Health and Social Care, presented by Die Green, Service Manager and Jo Pass, Assistant Director Ageing Well North, updated the Committee on the impact that had been made through the recovery plan agreed in August 2021. The report also detailed proposed measures to continue the delivery plan for those services.

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

(a) Note the Adult Health & Social Care Equipment and Adaptations performance update.

(b) Endorse the Equipment and Adaptations Delivery Plan at Appendix 2.

(c) Endorse the Adult Health & Social Care Equipment and Adaptation Financial Recovery Actions identified at section 3.2.12.

(d) Requests that the Director of Adult Health & Social Care provides the Committee with updates on progress and outcomes in relation to the performance and financial spend on a six monthly basis.

12.3 **Reasons for Decision**

- 12.3.1 An approved delivery plan gives a structured approach to the promotion of independent living through equipment and adaptations as well as how the service is addressing waiting lists and impact of the pandemic. It will also provide greater accountability and transparency of how will do this.

- 12.3.2 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.

12.4 **Alternatives Considered and Rejected**

- 12.4.1 Don't complete a delivery plan for equipment and adaptations performance and financial recovery. This would not provide the assurances required to ensure that we are striving towards a high performing and financially sustainable service.

13. **APPROVE FUTURE DESIGN OF ADULT SOCIAL CARE**

- 13.1 The Committee received a report of the Director of Adult Health and

Social Care, presented by Jon Brenner, Head of Social Care Change and Strategy, which provided the Committee with further information on plans to deliver the Adult Health and Social Care Strategy 'Living the Live you Want to Live' through a new operating model and design for adult social care in Sheffield.

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

(a) Approve the future direction of adult social care operating model, and confirm it aligns with the Committee's strategic direction.

(b) Agree that the Director of Adult Health and Social Care brings a six-monthly report noting update and progress made with implementation of the model to Committee.

13.3 **Reasons for Decision**

The operating model gives a structured design for the vision, outcomes and commitments set out in the overall strategy. It will also provide greater accountability and transparency of how will do this.

13.4 **Alternatives Considered and Rejected**

13.4.1 **No new operating model** - There is an alternative available to not specifically design a new operating model. However, this would result in a less coherent adult social care system, and would also lack the accountability and transparency of informed decision making required in a democratic organisation.

13.4.2 **A different delivery plan** - The real options for the operating model 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 some of them resulting in their own future reports to the Committee.

14. **ENDORSE BETTER CARE FUND (ADULTS) UPDATE REPORT AND DELIVERY PLAN (COMMITMENT 4, 6 ASC STRATEGY)**

14.1 The Committee considered a report of Director of Adult Health and Social Care and the Director of Commissioning Developments, South Yorkshire Integrated Care Board. The report provided an update on the background and progress to date of the Sheffield Better Care Fund and the ambitions for utilising pooled budgets to support Sheffield Health and Social Care.

The report provided a summary of the integrated care journey.

14.2 RESOLVED UNANIMOUSLY:

1. Note the Better Care Fund overview, background, and expenditure.
2. Note the Better Care Fund Plan 2022/ 2023
3. Note the Better Care Fund Annual Report 2021 - 2022
4. Agree that Director of Adult Social Care brings back 6 monthly reports on the implementation of the Better Care Fund Plan 2022/2023 and Hospital Discharge Improvement Activity.

14.3 Reasons for Decision

The report aims to provide an overview of the Better Care Fund for Committee attention following on from the Use of Resources report provided to Committee in September 2022.

It's aimed that this approach to the Better Care Fund will promote an annual cycle of assurance and continuous improvement, which can then provide assurance to Committee regards our focus on effective use of the funds.

14.4 Alternatives Considered and Rejected

- 14.4.1 The alternative options considered are more or less frequent updates to Committee. However, it is felt that the current proposals provide the right balance enabling oversight but also ensuring that there is progress for the Director of Adult Health and Social Care to Report on.

15. ENDORSE ADULT SOCIAL CARE FINANCIAL UPDATE AND PROGRESS WITH EFFECTIVE USE OF RESOURCES DELIVERY PLAN

- 15.1 Liam Duggan, Assistant Director – Governance and Inclusion, provided an update on resources, progress with the 2022/23 financial recovery plan and improvements made in relation to financial governance.

16. ADULT HEALTH AND SOCIAL CARE BUDGET PROPOSALS 2023/24

- 16.1 The Committee considered a report of the Director of Finance and Commercial Services, providing an update on the progress of the 2023/24 budget process.

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

1. Note the update on the Council's 2023/24 budget position.
2. Endorse the budget proposals set out in Appendix 1

16.3 Reasons for Decision

The Council is required by law to set a balanced budget each year. This report is pursuant to that objective and is in line with the process and timetable agreed by the Strategy and Resources Committee on 31 May 2022 and 5 July 2022.

16.4 Alternatives Considered and Rejected

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.

This page is intentionally left blank



Report to Adult Health and Social Care Policy Committee

9th December 2022

Report of: 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	<i>Details to be added by PDSO</i>
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:

New Items	Proposed Date	Note
CQC Assurance Readiness and Action Plan	December '23	New item providing a report to committee setting out ASC readiness for CQC assurance from 2023.
Approve Adult Social Care Eligibility Criteria	December '23	It was agreed within Equipment and Adaptations Recovery and delivery plan (that was before Committee on the 16th of November) that a revised and updated eligibility criteria and guidance for the Equipment and Adaptations Service will be developed. The paper will go onto detail the current financial and demand pressures on the disabled facilities grant and outline our recovery plan.
Approve Conversion Therapy Policy	December '23	Form 1/Further detail to follow
Endorse Improving Wellbeing Outcomes and Tackling Inequalities Through Early Intervention	December '23	Provide members with update re progress on delivery on development with the council's delivery plan
Approval to Recommission Care at Night Services (Commitment 3, ASC Strategy)	December '23	Form 1/Further detail to follow
Sheffield's Mental Health and Emotional Wellbeing Strategy	February '23	This strategy seeks to provide strategic direction and focus for all city partners seeking to improve and support Sheffield people's mental health and emotional wellbeing.
Rescheduled Items	Proposed Date	Note
Endorse Hospital Discharge and Urgent Delivery Plan (Commitment 2, ASC Strategy)	December '23	Moved from November meeting to December meeting
Sheffield Health and Social Care Integrated Outcomes Framework Report and Delivery Plan	February '23	Moved from December's meeting to February's meeting
Approve Annual Safeguarding Partnership Board Report 2021 - 2022	Removed	Not required as covered in September committee report
Approval to Recommission Residential Care Services for Older Adults (Commitment 3 ASC Strategy)	February '23	Moved from December's meeting to February's meeting

Approve Adult Social Care Voids Policy	March '23	Moved from December's meeting to March's meeting
CQC Assurance Readiness and Action plan	Removed	Not required as now part of the DASS report
Approve Conversion Therapy Policy	February '23	Moved from December's meeting to February's meeting

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 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
Endorse Director of Adult Social Care (DASS) Report and delivery plan		Alexis Chappell	Post-Decision	Yes	No	Adult Health and Social Care
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
Approve Adult Social Care Information and Advice Improvement Delivery Plan (Commitment 4 ASC Strategy)		Tim Gollins				Adult Health and Social Care
Approve City Wide unpaid carers Strategic Delivery Plan (commitment		Janet Kerr/Mary Gardner				Adult Health and Social Care

5,6 ASC Strategic Plan)						
Approve Adult Social Care Co-Production and Engagement Strategic Delivery Plan (Commitment 4 ASC Strategy)		Catherine Buntен/Liam Duggan			Consultation and coproduction through various means across citizens and partners.	Adult Health and Social Care
Approve Direct Payments and Personalisation Strategic Delivery Plan (Commitment 5 ASC Strategy)		Catherine Buntен/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
Fair Cost of Care Exercise		Catherine Buntен				Adult Health and Social Care
Endorse Hospital Discharge and Urgent Care Delivery Plan (Commitment 2, ASC Strategy)		Jo Pass,Nicola Afzal	Decision	Briefing with members on 31 st October	No	Adult Health and Social Care

Revised Equipment and Adaptations Policy and Disabled Facilities Grant Recovery plan (Previously 'Approve Adult Social Care Eligibility Criteria')	It was agreed within Equipment and Adaptations Recovery and delivery plan (that was before Committee on the 16th of November) that a revised and updated eligibility criteria and guidance for the Equipment and Adaptations Service will be developed.	Die Green, Jo Pass	Decision/Policy	Briefing with members on the 30 th November	-	Adult Health and Social Care
Budget Monitoring Report	Update on 2022/23 Budget Report	Ryan Keyworth/Jane Wilby	Monitoring			Adult Health and Social Care
Endorse Improving Wellbeing Outcomes and Tackling Inequalities Through Early Intervention	Provide members with update re progress on delivery on development with the council's delivery plan	Sandie Buchan	Monitoring/ Assurance	Briefing with members on the 30 th November		Adult Health and Social Care
Approval to Recommission Care at Night Services (Commitment 3, ASC Strategy)		Dani Hyde/Janet Kerr				Adult Health and Social Care
Standing items	<ul style="list-style-type: none"> • <i>Public Questions/ Petitions</i> • <i>Work Programme</i> 					

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
Endorse Director of Adult Social Care (DASS) Report and delivery plan		Alexis Chappell	Post-Decision	Yes	No	Adult Health and Social Care
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
Approve Citywide learning disability strategic delivery plan (commitment 1,6 ASC Strategy)		Andrew Wheawall/Andy Hare				Adult Health and Social Care
Approve Citywide Mental Health Strategic Plan and Approve new		Louisa King/Tim Gollins				Adult Health and Social Care

Mental Health Social Work Model and Delivery Plan						
Approve Adult Social Care Climate Response Delivery Plan (Commitment 1 ASC Strategy)		Catherine Buntun				Health Scrutiny
Endorse Adult Social Care Performance and Quality report and Progress update		Liam Duggan/Janet Kerr				Health Scrutiny
Endorse Progress with Discharge from Hospital Improvement Plan		Rebecca Dixon	Decision	Yes	No	Adult Health and Social Care
Approve Liberty Protection Standards Preparation Delivery Plan		Tim Gollins/Jo Pass				Adult Health and Social Care
Approve Adult Social care Annual		Jennie Everill/Janet Kerr				Adult Health and Social Care

Complaints and Compliments report 2021 - 2022						
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
Approve city Wide Autism Strategic Delivery Plan		Alexis Chappell/Kate Damiral	Strategic Delivery			Adult Health and Social Care
Approval to recommission Residential care services for older adults (Commitment 3 ASC Strategy)		Andy Hare/Catherine Bunten/Jo Pass	Decision		Engagement will be undertaken with stakeholders, including people who are supported in residential care services, providers, and health and social care partners to shape and inform the service specification and procurement	Adult Health and Social Care
Approve Sheffield Health and Social Care		Sandie Buchan/Catherine Bunten				Adult Health and Social Care

Integrated Outcomes Framework (Commitment 6 ASC Strategy)						
Approve Conversion Therapy Policy		Jeanette Munday, Janet Kerr				Adult Health and Social Care
Sheffield's Mental Health and Emotional Wellbeing Strategy	This strategy seeks to provide strategic direction and focus for all city partners seeking to improve and support Sheffield people's mental health and emotional wellbeing.	Louisa King	Strategy/Policy Committee	Members have been engaged with this strategy up to this point already, but it has been agreed to hold a joint briefing session with members from both the Adults' and Children's committees prior to this item going to the Adults' committee for final sign off	A range of public engagement events and consultation were carried out prior to the development of this strategy	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-</i>	Prior member engagement/ development required	Public Participation/ Engagement approach	Final decision-maker (& date)

			<i>decision (service performance/ monitoring)</i>	<i>(with reference to options in Appendix 1)</i>	<i>(with reference to toolkit in Appendix 2)</i>	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	
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 Buntin				Adult Health and Social Care
Item 5	Approve Better Care Fund Annual Report	Joe Horobin/Sandie Buchan/Catherine Buntin	Decision			Adult Health and Social Care
Item 6	Approve Adult Social Care Strategy and Quality Improvement Delivery Plan Progress Update	Jon Brenner/Catherine Buntin	Post-decision	Decision at June Committee, following Cabinet decision on Strategy in March 2022.	Consultation through various existing groups	N/A
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
Approve Adult Social Care Voids Policy		Andrew Wheawall/Catherine Buntin/Joe Horobin	Decision		Consultation, including through AH&SC Change Programme Board, providers and 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: Tim Gollins,
Assistant Director Mental Health, Safeguarding
and Access

Tel: 07595700150

Report of: Director of Adult Health and Social Care

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

Date of Decision: *19th December 2022*

Subject: *Development of a New Information, Advice, And Guidance Platform*

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? 1344				
Has appropriate consultation taken place?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Has a Climate Impact Assessment (CIA) been undertaken?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Does the report contain confidential or exempt information?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
If YES, give details as to whether the exemption applies to the full report / part of the report and/or appendices and complete below:-				
<p><i>“The (report/appendix) is not for publication because it contains exempt information under Paragraph (insert relevant paragraph number) of Schedule 12A of the Local Government Act 1972 (as amended).”</i></p>				

Purpose of Report:

The purpose of this report is to outline and explain the work being undertaken by adult social care and our partners to develop a comprehensive city-wide approach to information, advice, and guidance for citizens of Sheffield regarding adult and young people’s health and social care.

Recommendations:

The Adult Health and Social Care Policy Committee is asked to:

1. Endorse the work being done to develop city-wide citizen facing information, advice and guidance for adults and young people in Sheffield.

Background Papers:

Delivery plan

None

Lead Officer to complete:-	
1	I have consulted the relevant departments in respect of any relevant implications indicated on the Statutory and Council Policy Checklist, and comments have been incorporated / additional forms completed / EIA completed, where required.
	Finance: <i>Ann Hardy</i>
	Legal: <i>Patrick Chisolm</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>George Lindars-Hammond</i>
4	I confirm that all necessary approval has been obtained in respect of the implications indicated on the Statutory and Council Policy Checklist and that the report has been approved for submission to the Committee by the SLB member indicated at 2. In addition, any additional forms have been completed and signed off as required at 1.
	Lead Officer Name: <i>Tim Gollins</i>
	Job Title: <i>Assistant Director Mental Health, Safeguarding and Access</i>
Date: 16th November 2022	

1. PROPOSAL

- 1.1 The Care Act 2014 places a duty on local authorities to provide information, advice, and guidance to people about health and social care. Specifically, section 4 of the Care Act 2014 covers:
- The duty placed on local authorities to establish and maintain information and advice services relating to care and support for all people in its area
 - The local authority role with respect to financial information and advice
 - The accessibility and proportionality of information and advice
- 1.2 The [Adult Health and Social Care Strategy](#) and accompanying [Delivery Plan](#) set out our vision for 2022 to 2030. Called 'Living the life you want to live', it's about how we work together to help the people of Sheffield to live long, healthy and fulfilled lives.
- 1.3 The development of an information and advice platform aligns to delivery upon 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*. It is also a key enabler of our [Adult Social Care Target Operating Model](#) which was approved at Committee on 16th November 2022.
- 1.4 Information and advice are fundamental to enabling people, carers, and families to take control of, and make well-informed choices about, their care and support and how they fund it. Not only does information and advice help to promote people's wellbeing by increasing their ability to exercise choice and control, it is also a vital component of preventing or delaying people's need for care and support.
- 1.5 To fulfil this broad duty under section 4 of the Care Act 2014, local authorities need to go further than providing information and advice directly to people eligible for adult social care (though direct provision is important), by working to ensure the coherence, sufficiency, availability and accessibility of information and advice relating to care and support across the local authority area.
- 1.6 Therefore, the duty to establish and maintain information and advice relates to the whole population of the local authority area, not just those with care and support needs or in some other way already known to the system.
- 1.7 The local authority must ensure that information and advice that is provided covers more than just basic information about care and support, it must address a wide range of care and support related areas including: prevention of care and support needs, finances, health, housing, employment, what to do in cases of abuse or neglect of an adult, and 'other areas where required'.

- 1.8 It is important to note that the availability and provision of information and advice, whether more general information about the way the system operates in Sheffield or more personalised information and guidance regarding a person's specific needs, are essential building blocks to meeting all of the duties in the Care Act 2014.
- 1.9 The 'guidance' requirements on local authorities in the Care Act legislation is met by Sheffield Adult Social Care service through a contract with Sheffield Advocacy Service, and through the work of social carer staff, families, and friends, with the consent of individuals. This paper focuses on the availability of information and advice.
- 1.10 A self-assessment using Local Government Association Towards Excellence in Social Care in 2021, identified that Sheffield did not have an adequate local offer in relation to the provision of information and advice. This was due to a combination of the platform functionality, leadership, and prioritisation of resource.
- 1.11 To deliver an improved offer to residents of Sheffield and professionals working across social care, targeted improvement activity was undertaken during the period 2021 – 2022 supported by a change to the platform provider. The platform provider has been changed to Public Partnerships, originally formed as Shop4Support in 2008, and subsequently taken over by Public Consulting Group (PCG) in 2014. The change of platform provider will realise several benefits, which include greater:
- Accessibility, e.g., different font sizes for people who are partially sighted or, 'read aloud' for example for people with reading difficulties
 - Functionality, including the development of the 'Virtual Wallet', care account management, self-assessment and citizen purchasing capabilities
 - Efficiency, and value for money as this will seek to generate greater coherence and ease of access to information and support, reduce duplication and reduce need for paper copies.
 - Opportunity to embed coproduction and engagement of citizens and people who use services in the design and development of information, advice and guidance offer to them.
 - Quality of information and the quality of presentation due to local editorial capability
 - Collaboration across multiple advice platforms, services, and partnerships locally and nationally to enable individuals to easily access a range of information relating to their circumstances in one place.
 - Capabilities to enable professionals across the health and social care system to provide up to date information to individuals and carers about options, available provisions and where to go for further help and assistance.
- 1.12 To support the web site development, a co-production network has been formed to review and grow the depth and quality of the information and

advice that is available to make sure it is as relevant as possible to the questions people have about adult social care. This co-production work includes working alongside representatives from the voluntary and community sector, wider partners, and colleagues across the Council.

1.13 The information and advice platform provides a foundation for which to further develop self-help and technological solutions which enable individuals, families, and carers to easily access the support. The future initiatives include:

- Self-Assessment options which enable easy access to equipment, adaptations, and availability of support.
- Easy access to online learning, videocalls and information about resources.
- Links to guidance around social care policies and procedures.
- Virtual wallets and Care Accounts so that individuals and carers can easily access information about their social care budgets and personal accounts.
- Bringing together directories, local and national information, and advice by local area in Sheffield to enable ease of navigation about supports available in local areas and neighbourhoods as well as when individuals travel to other areas.
- Development of an APP which individuals, carers and professionals can download and receive online updates.

1.14 The new Information and Advice website went live to the citizens of Sheffield with a soft launch at the end of November 2022 with our workforce and partners. The link to the website is here: Sheffield Directory - [Home Page | Sheffield \(sheffielddirectory.org.uk\)](https://www.sheffielddirectory.org.uk)

1.15 A formal public launch and media campaign will take place in the New Year, with regular updates provided throughout the year.

2. HOW DOES THIS DECISION CONTRIBUTE?

2.1 Developing the Information, advice and guidance offer for people who live in Sheffield is an important part of the Adult Social Care Strategy. Specifically, it helps people to stay safe and well by enabling people to self-serve through access to equipment and adaptations, and voluntary and community sector organisations.

2.2 The work supports people to be active and independent, by providing information and guidance about healthy living options. It helps people to be connected and engaged by providing accessible opportunities for people to link to their communities more.

2.3 Having a fit for purpose information and advice platform which is accessible and usable by professionals as well as citizens brings with it improvements to practice, smarter and more efficient solutions become possible, and people get better outcomes.

- 2.4 The benefit of developing our information, advice and guidance offer enables people who live in Sheffield, or people who are preparing to move to Sheffield to 'self-serve'. With a good communications campaign using social media information about Sheffield adult social care, the local offer, and children's services as well as SEND will be up to date, relevant and accessible. The additional capabilities of the platform will then provide opportunities to respond positively to increasing demand in the most cost-effective way.
- 2.5 The development of a new information, advice and guidance platform for the City focused on adult social care and health creates possibilities for future efficiencies. For example, in future it may be possible to bringing together diverse information and advice provisions within the City, so they are accessible from a central platform, which, as its primary function aims to support and promote independence and autonomy. Its development registers a shift towards citizen and community empowerment.

3. HAS THERE BEEN ANY CONSULTATION?

- 3.1 Changing the information, advice and guidance platform did not require any consultation, it was a necessary business decision that saved resources (see finance section) whilst providing a more fit for purpose solution.
- 3.2 The 'soft launch' in November 2022 will involve communications with key stakeholders and staff whilst the public launch would take place in the New Year / final quarter of 2022 financial year.
- 3.3 The Information, Advice and Guidance Board has a wide array of partners involved and this includes people who use services and carers groups.
- 3.4 A coproduction network has been set up which will review content and develop it on an ongoing basis, making sure we are answering the questions that people who use services and carers have about adult health and social care, and helping us keep the site up to date and relevant.
- 3.5 There are several further development opportunities that the new platform brings with it. These are being explored with partners with the care cap reform potentially coming in next year, and opportunities to develop out direct payments and personal health budgets offer through use of a 'virtual wallet'.

4. RISK ANALYSIS AND IMPLICATIONS OF THE DECISION

4.1 Equality Implications

- 4.1.1 The new provisions will significantly increase the Council's ability to provide needed information advice and guidance about the adult health and social care system as well as specific issues and areas of adult social care to a wide variety of audiences in formats that suit them, in their own languages.

4.2 Financial and Commercial Implications

4.2.1 The cost of the original platform is £33k per annum. The table below demonstrates the cost of delivery of the new platform.

		<u>2023/24</u>	<u>2024/25</u>	<u>2025/26</u>	<u>2026/27</u>
IDOX					
System	Yearly Cost	£33,075	£33,075	£33,075	£33,075
PPL					
System	Set-Up Costs	£21,000			
	Yearly Cost	£25,000	£25,000	£25,000	£25,000
	Co-Production Costs	£8,400	£8,400	£8,400	£8,400
	Total	£54,400	£33,400	£33,400	£33,400
	Additional Cost	£21,325	£325	£325	£325

4.2.2 The system will not yield any savings in future years and will cause a pressure based on the set-up costs in year 1. This pressure needs to be addressed to remain within budget.

4.3 Legal Implications

4.3.1 The contract with Idox, the previous platform provider, has been ended and data is being transferred from the previous platform to the new. Once completed there will be no further work with the previous provider. There have been technical challenges in transferring some information from the previous platform, but they have agreed extensions to enable this to be resolved, however, no legal work has been necessary, or is expected.

4.3.2 Crown Commercial Services G-Cloud 12 Framework was used to procure the new platform, overseen by corporate procurement services.

4.3.3 The proposal will allow the Local Authority to continue to meet its Care Act duties to establish and maintain information and advice services.

4.4 Climate Implications

4.4.1 The proposal is not considered to have significant climate impacts and as such a full assessment is not required, however relevant impact areas have been addressed below.

4.4.2 A fully functional platform will reduce the need to provide as many hard copy leaflets as possible in future, although it will not eradicate this need completely.

4.4.3 When introducing the platform to staff there will be a focus on not using printing options and supporting an electronic 'basket' of information that can be sent to people they are working with by email or text with a link, rather than using printing options. The new platform therefore supports the notion of channel shift from paper-based information, advice, and guidance provision to electronic formats.

4.4.4 The platform is procured through Crown Commercial Services who themselves are working towards government Net Zero targets and this is reflected in the framework where relevant.

4.5 Other Implications

4.5.1 There are no redundancies because of this work

5. ALTERNATIVE OPTIONS CONSIDERED

5.1 The alternative was to remain with the old platform, but in discussion with all stakeholders, after due consideration it was agreed the platform was not fit for purpose, and a step change in our information and advice capability was needed.

5.2 Procurement options were considered and the national framework for information and advice organisations developed by ADASS was used to secure the leading provider. This was led by corporate procurement colleagues. All procurement rules were followed.

6. REASONS FOR RECOMMENDATIONS

6.1 Endorsing the work being done and the future development of the city-wide platform for information, advice and guidance about social care, and health will enable further development to partnership working across health and social care, with the voluntary sector and people who use services and carers to provide a truly coproduced and relevant, cutting-edge information, advice and guidance service. It provides options to develop cost effective demand management functions over the next year in response to legislative changes.

Equality Impact Assessment Number

Part A

Initial Impact Assessment

Proposal name

Information, advice and guidance

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

Launch a new information, advice and guidance platform to improve the access citizens of Sheffield have to information advice and guidance regarding adult social care and health.

Proposal type

Budget Non Budget

If Budget, is it Entered on Q Tier?

Yes No

If yes what is the Q Tier reference

Year of proposal (s)

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

Decision Type

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

Lead Committee Member

George Linders-Hammond

Lead Director for Proposal

Alexis Chappell

Person filling in this EIA form

Tim Gollins

EIA start date

1/11/22 Page 45

Equality Lead Officer

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

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

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

Portfolio, Service and Team

Is this Cross-Portfolio

- Yes No

Portfolio

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

- Yes No Please specify

Consultation

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

- Yes No

If consultation is not required please state why

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

- Yes No

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

- Yes No

If you have said no to either please say why

Soft launch to staff will take place 1 November 2022, public launch in the last quarter of the 22-23 financial year

Initial Impact

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

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

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

Identify Impacts

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

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

Cumulative Impact

Does the Proposal have a cumulative impact

- Yes No

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

If yes, details of impact

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 be the overall equality impact?

The development will enable people who live in Sheffield to find out about the health and social care system and get support to access it more easily, and when they do access it the information, advice and guidance they receive will be better quality and more relevant to them.

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 Name of EIA lead officer

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

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 N

**Name of Health
Lead Officer**

Age

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

Disability

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

Pregnancy/Maternity

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

Race

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

Religion/Belief

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

Sex

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

Sexual Orientation

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

Gender Reassignment (Transgender)

Impact on Staff

Impact on Customers

Yes No Yes No

Details of impact

Carers

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

Poverty & Financial Inclusion

Impact on Staff

Yes No

Impact on Customers

Yes No

Please explain the impact

Cohesion

Staff

Yes No

Customers

Yes No

Details of impact

Partners

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

Armed Forces

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

Other

Please specify

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

Action Plan and Supporting Evidence

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

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

Detail any changes made as a result of the EIA

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

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

Sign Off

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

Yes No

Date agreed Name of EIA lead officer

Review Date



Report to Policy Committee

Author/Lead Officer of Report: Mary Gardner,
Strategic Commissioning Manager

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

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

Date of Decision: *19 December 2022*

Subject: *Unpaid Carers Delivery Plan (2022-2025)*

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? 903				
Has appropriate consultation taken place?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Has a Climate Impact Assessment (CIA) been undertaken? <small>(see Section 4.4 for summary of climate implications)</small>	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"/>

Purpose of Report:

This report seeks Health and Social Care Policy Committee approval of our multi-agency Carers Delivery Plan (2022-2025).

The delivery plan supports the 'Young Carer, Parent and Adult Carer Strategy' and 'Living the life you want to live,' the Adult Social Care Strategy 2022 to 2030.

This delivery plan will help turn these strategies into reality; driving actions that will help unpaid Carers live the life they want to live.

Recommendations:

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

1. Approve the Carers Delivery Plan (2022-2025) signalling our continued support for people who are unpaid carers across the City.

Background Papers:

- 'Young Carer, Parent and Adult Carer Strategy'
- 'Living the life you want to live', the Adult Social Care Strategy 2022 to 2030
- 'Our Sheffield Delivery Plan 2022-23' Sheffield City Council
- 'Care and Support Statutory Guidance Issued Under the Care Act 2014'
- 'Sheffield City Council Youth Services Strategy 2022-2025'
- 'Sheffield Inclusion Strategy 2020-2025'
- 'Caring behind closed doors', Carers UK
- 'Under pressure: caring and the cost of living crisis', Carers UK
- 'The Care Act and Whole-Family Approaches', Local Government Association

Appendices:

- Appendix 1 – the 'Carers Delivery Plan 2022-2025'

Lead Officer to complete:-					
1	<p>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.</p> <table border="1"> <tr> <td>Finance: Ann Hardy/Anna Beeby</td> </tr> <tr> <td>Legal: <i>Rike Ridings</i></td> </tr> <tr> <td>Equalities & Consultation: Ed Sexton</td> </tr> <tr> <td>Climate: Jessica Rick</td> </tr> </table>	Finance: Ann Hardy/Anna Beeby	Legal: <i>Rike Ridings</i>	Equalities & Consultation: Ed Sexton	Climate: Jessica Rick
Finance: Ann Hardy/Anna Beeby					
Legal: <i>Rike Ridings</i>					
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	<p>SLB member who approved submission:</p> <p><i>Alexis Chappell</i></p>				
3	<p>Committee Chair consulted:</p> <p><i>Councillor George Lindars-Hammond and Councillor Angela Argenzio</i></p>				
4	<p>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.</p> <table border="1"> <tr> <td>Lead Officer Name: <i>Janet Kerr</i></td> <td>Job Title: <i>Chief Social Work Officer</i></td> </tr> <tr> <td colspan="2">Date: <i>25 October 2022</i></td> </tr> </table>	Lead Officer Name: <i>Janet Kerr</i>	Job Title: <i>Chief Social Work Officer</i>	Date: <i>25 October 2022</i>	
Lead Officer Name: <i>Janet Kerr</i>	Job Title: <i>Chief Social Work Officer</i>				
Date: <i>25 October 2022</i>					

1. PROPOSAL

1.1 *Carers need all kinds of different support from lots of different agencies, including the health services. The health services and social services should know about and look after carers, as well as the person who has the care.* – quotation from a carer

1.2 The '[Young Carer, Parent and Adult Carer Strategy](#)' adopts a multiagency partnership approach to recognise, value and support our unpaid carers across the City.

1.3 A Delivery Plan was refreshed in 2022 to build on activities within the carers strategy (please see the [action plan](#) for more details), deliver upon '[living the life you want to live](#)' which is Sheffield's vision for adult social care 2022-2030, our [youth service strategy](#) and an [inclusion strategy](#) that are important for young carers and parent carers. It also enabled a response to the learning on the impact of the pandemic on unpaid carers

1.4 Our Delivery Plan is shaped by these strategies to drive positive change for carers. Carers want actions, not just words and the Delivery Plan provides a roadmap for that change over the next three years.

1.5 Who is a Carer?

1.5.1 An unpaid carer is someone, of any age, who looks after a person (a family member, partner, or friend) who needs help because of their illness, frailty, disability, a mental health problem or an addiction and cannot cope without their support. The care they give is unpaid.

1.5.2 The Delivery Plan includes support for:

- Young carers – A person under 18 who provides or intends to provide care for another person
- Young adult carers - Young people aged 16–25 who care, unpaid, for a family member or friend with an illness or disability, mental health condition or an addiction.
- Adult carers – An adult who provides or intends to provide care for another adult (an adult needing care)
- Parent carers – A person aged over 18 who provides or intends to provide care for a disabled child for whom the person has parental responsibility.

1.5.3 There were 57,373 carers in Sheffield according to the Census 2011. Research in 2015 by Carers UK and the University of York found that the caring population changes regularly; it is not static. Pre-Coronavirus in Sheffield, this meant around 20,000 people starting caring and 19,000 stopping caring per year.

1.6 Why it's Vital to Support Our Unpaid Carers

1.6.1 *'Some people can shout and make others understand what they need . Others find that hard. None of us ever thought we would be carers. That's our job. Just make sure you are all doing yours right for people like me.'* – quotation from a carer

1.6.2 Unpaid Carers are an essential part of our health and social care systems and play a key role in our communities by providing care and support to some of the most vulnerable in our society. Unpaid Carers are the glue, which hold our health and social care systems together for the person they care for.

1.6.3 The fact that the care provided is unpaid, is of enormous benefit to our economy too. Carers UK's ['Facts & Figures'](#) suggests that each unpaid carer saves the economy £19,336 per year; in Sheffield, that would equate to £1.2 billion of savings for our economy.

1.6.4 The case for investing in carer services is clear and set out in '[Economic Case for Local Investment in Carer Support](#)'. In Summary, the document, written by ADASS and Carers Trust highlight the benefit of investing in carer support and suggest that 'for every £1.00 invested in carers, there is a potential equivalent reduction in local authority cost of £5.90 (£4.90 net reduction), therefore illustrating the importance of carers and their role in supporting social care

1.6.5 However, we also know that the pandemic has made things harder for carers. Sheffield City Council used Citizen Space to conduct a carer questionnaire to understand how carers were feeling after an incredibly difficult year following the onset of the Coronavirus pandemic. The questionnaire closed in April 2021 and had 326 respondents.

1.6.6 The key findings were:

- 58% of carers said the person/people they care for needed more help since the start of Coronavirus.
- Only 30% of carers said they felt they had enough breaks from caring before the start of the pandemic and lockdowns have made the situation worse.
- 28% of carers reported their health as either bad (18.4%) or very bad (9.2%).
- 51% of carers indicated that their physical health has got worse since the start of the pandemic.
- 33% of carers described their mental wellbeing as bad (25.7%) or very bad (7.6%).
- 68% of carers feel that their mental wellbeing has got worse since the start of the pandemic.
- 22% of carers reported that they found it difficult to find the information they need.
- 56% of carers would like more help to manage their caring role.

- 11% of carers said they didn't feel they could provide care safely.
- 67% of carers don't have an emergency plan in place.
- 11% of carers indicated they don't have enough money for essentials.

1.6.7 Equally significant is the fact that the carer population is increasing, with the main reason being the Coronavirus pandemic. [Carers UK research](#) estimated that COVID-19 increased the numbers of unpaid carers by 49.5%.

1.6.8 When applied to Sheffield, this meant that at the height of the pandemic there could have been up to 90,000 carers. Carers UK anticipated that the caring numbers would 'decrease slightly' from their peak during the pandemic, however, an aging population and improvements to healthcare mean our caring population will continue to grow. As our carer population is constantly changing and growing, identifying more carers is therefore a core aim of our Carers Delivery Plan.

1.6.9 The numbers of unpaid carers that we know about currently (via carers registers) versus the total unpaid carer population is listed in the table below:

	Estimated population in Sheffield	Number of carers on registers in Sheffield (as of August 2022)	Percentage of carers on registers
Adult carers	60,000-90,000	10,800	12%-18%
Young carers	7,000-10,000	602	6%-8.6%

*For more information on Sheffield's carer demographics please look at the Council's ['Community Knowledge Profile'](#).

1.6.10 Further pressure on unpaid carers will come due to the cost-of-living crisis. Carers UK have said that *'Carers have several additional costs such extra costs from equipment, care, travel, and food. At the same time, their capacity to work to earn money is reduced, with carers working below their potential or having to give up work entirely in order to care.'*

1.6.11 In a [report](#) released in March 2022, Carers UK said 55% of people are 'worried about how they will manage their bills' and 75% of people are feeling 'stressed and anxious about their finances'.

1.6.12 Evidence tells us that it has been harder for carers because of the events of the last few years, yet caring is still rewarding and a source of pride for many who choose to do it.

1.6.13 For people who wish to provide care, we know we need to deliver a clear vision and future plan. Carers need to be able to see and understand what is being done to help them, so they feel recognised, valued, and supported. The Carers Delivery Plan builds on previous work and provides fresh direction for the next 3 years.

1.7 The Vision and Our Delivery Plan

- 1.7.1 *'...Please make carers feel valued & respected, including hidden carers...'* – quotation from a carer
- 1.7.2 The Delivery Plan is shaped by the vision of the Young Carer, Parent and Adult Carer Strategy. This says that Sheffield is a *'City where Carers are valued and have the right support to continue to care for as long as they want to.'*
- 1.7.3 This vision is echoed in *'Living the life you want to live,'* which says, *'Unpaid carers are recognised for their expertise and supported to make the right choices for them and their family.'*
- 1.7.4 We want to be bold, ambitious and make Sheffield a carer friendly city, so that *'... carers are plugged into a network that enables them to get support for their own mental health, wellbeing, and needs.'*
- 1.7.5 The Delivery Plan aligns with the Carers Strategy through using the co-produced *'Carer Principles'* that were refreshed in 2020. This is when the Carers Strategy ended. However, the view from unpaid carers and stakeholders was that we didn't need a new Carers Strategy, we just needed to refresh the Carer Principles, which drive actions that create positive change. The refreshed *'Carer Principles'* and the Delivery Plan with actions are noted in Appendix 1 for approval by Committee.

2. HOW DOES THIS DECISION CONTRIBUTE?

- 2.1 The Carers Delivery Plan contributes to the obligation in our Council Delivery Plan milestone which sets an ambition to *"Deliver an Unpaid Carers Strategic Delivery Plan with implementation over the following year which sets out how we will improve experiences and supports to unpaid carers in the city."*
- 2.2 Carers are an essential partner in supporting those with health and social care needs; this is recognised in the *'long-term strategic direction and plan for Adult social Care'* (*'Living the life you want to live'*). The strategy has the following commitment *'Recognise and value unpaid carers and the social care workforce and the contribution they make to our City.'*
- 2.3 To *'give everyone the best start in life'* we need to support our young carers and the Delivery Plan intends to do this. National research tells us:
- One in 12 young carers is caring for more than 15 hours per week. Around 1 in 20 miss school because of their caring responsibilities.
 - Young carers are 1.5 times more likely than their peers to have a special educational need or a disability.
 - Young carers have significantly lower educational attainment at GCSE level, the equivalent to nine grades lower overall than their peers e.g. the difference between nine Bs and nine Cs.
 - Young carers are more likely than the national average to be not in

education, employment or training (NEET) between the ages of 16 and 19’.

2.4 Our delivery plan ensures that all unpaid carers remain a priority and they get the support they deserve, so they can live their best life.

2.5 **What it means for people in the city**

2.5.1 We want to be bold and ambitious and make Sheffield a carer friendly city. We want to recognise, value, and support our carers and the vital role they have in our communities.

2.5.2 The Delivery Plan Can help to reduce inequalities. We know that unpaid carers can be impacted by their caring role. Caring can also negatively impact mental and physical health, employment status, potential earnings/pension accrual, life chances etc.

2.5.3 We also know that Coronavirus and the cost-of-living crisis has disproportionately affected unpaid carers and will continue to do so. For example, Coronavirus significantly increased the need for unpaid care, meaning that there are more carers and for many caring has become more intensive i.e., more demanding for the carer.

2.5.4 As most unpaid carers are female (57%) the pandemic is likely to have exacerbated gender inequality as women are more likely to provide care and change their circumstances to do so e.g., reduce hours in employment/leave work etc. however, caring is still satisfying and a source of pride for many who choose to do it. We need to help our carers continue to care, if they want to, and reduce the inequalities they can face due to providing unpaid care.

2.5.5 This delivery plan will have a positive impact on young carers who are learning in our schools. It will help ensure that young carers are identified and that they are not undertaking any inappropriate caring tasks and responsibilities that could impact their education or wellbeing.

3. **HAS THERE BEEN ANY CONSULTATION?**

3.1 This delivery plan is based on an existing co-produced carers strategy. Carers and other key stakeholders helped us create the strategy and the ‘Carer Principles’ that drive actions/outcomes for carers.

3.2 The consultation process was extensive, and the strategy was informed by carer support groups, carers cafes, carers organisations/stakeholders, over 700 carer questionnaire responses etc. A ‘stakeholder reference group’ met regularly to write/edit the strategy document.

3.3 The delivery plan has been shaped by the vision of the Carers Strategy. We know what carers want and how difficult it has been due to

Coronavirus and cost of living. As the strategy was multi-agency, it was vital to continue this approach with the delivery plan.

- 3.4 Partners including Sheffield Integrated Commissioning Board, Sheffield Carers Centre, Sheffield Young Carers, Sheffield Teaching Hospitals, Sheffield Health and Social Care Trust, Sheffield Parent Carer Forum, Sheffield City Council, and carers have helped develop the delivery plan. The delivery plan will be updated annually, with carers being a vital partner in this process.

4. RISK ANALYSIS AND IMPLICATIONS OF THE DECISION

4.1 Equality Implications

- 4.1.1 Unpaid carers are at risk of health and social inequalities. Government has acknowledged that caring should be considered a social determinant of health. This delivery plan will help identify more carers and link them into appropriate provision/support. This will help prevent, reduce and delay needs for support developing and reduce inequalities that can be caused by being a carer.

- 4.1.2 As a Public Authority, we have legal requirements under sections 149 and 158 of the Equality Act 2010. These are often collectively referred to as the 'general duties to promote equality.' Section 149(1) contains the Public Sector Equality Duty, under which public authorities must, in the exercise of their functions, have due regard to the need to:

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

- 4.1.3 The Council recognises unpaid carers as a group when carrying out equality analysis, going beyond the statutory scope of protected characteristics.

- 4.1.4 The report sponsor has considered the Council's obligations under both statutory duties and organisational policy in this report, noting that the Council is committed to ensuring that all citizens, particularly those who are most vulnerable or in need of support, have access to the information and support they need to access services and make decisions about their lives. The proposal submitted complies with the above aims, duties and policy.

4.2 Financial and Commercial Implications

- 4.2.1 This delivery plan supports existing investment in carer services and is not asking for additional expenditure. It is more of a financial and

commercial risk, to not continue supporting our carers.

- 4.2.2 Sheffield City Council currently holds a budget of £1,014k cash limit and a further £234k of public health grant to support this initiative. We understand the vital contribution carers make to our communities and want carers to live the life they want to live. See 2.2.4 for more information on the economic impact of providing carer support.

4.3 Legal Implications

- 4.3.1 In focusing on identifying more carers the delivery plan will support Sheffield City Council to discharge its section 2 Care Act 2014 duties regarding it 'preventing needs for care and support'. Section 2 states that:

(1) A local authority must provide or arrange for the provision of services, facilities, or resources, or take other steps, which it considers will - ...
(b) contribute towards preventing or delaying the development by carers in its area of needs for support ...
(d) reduce the needs for support of carers in its area'.

- 4.3.2 The delivery plan can also support the health system to deliver section 91 of the Health and Care Act 2022 which states:

(1) Where a relevant trust is responsible for an adult hospital patient and considers that the patient is likely to require care and support following discharge from hospital, the relevant trust must, as soon as is feasible after it begins making any plans relating to the discharge, take any steps that it considers appropriate to involve—
(...B) any carer of the patient'.

4.4 Climate Implications

- 4.4.1 The impacts of the delivery plan in terms of carbon emissions are not likely to be significant. There are no specific impacts in terms of buildings/infrastructure, energy, economy, land use or waste. However there are still things we can do to support the policy of Sheffield becoming a net zero city by 2030, in response to the climate emergency.

- 4.4.2 Reducing Transport - When partners meet to progress/scrutinise the delivery plan, we can use MS Teams for a proportion of the meetings, reducing the need to travel. When we meet in person, 'active travel' and public transport will be promoted in meeting invitations.

- 4.4.3 Partnerships - We are collaborating with partners who are engaged with the climate agenda, for example, Sheffield teaching Hospitals are 'committed to becoming a more sustainable Trust and with it reducing their climate footprint and its impact on climate change.' The Trust are running a project called 'Be Green' to help their hospitals and offices operate in a more environmentally friendly way.

- 4.4.4 Awareness - The partnership includes unpaid carers; we can use our

delivery plan to encourage climate impact awareness such as adapting to some of the impacts of climate change, including extreme weather/heat events, resource scarcity, price increases, energy/water/resource efficiency advice, travel options etc by signposting people to climate-friendly resources where appropriate to their situation.

4.5 Other Implications

4.5.1 There are no other implications

5. ALTERNATIVE OPTIONS CONSIDERED

5.1 No Update to The Delivery Plan - Not updating the delivery plan was rejected as an option. Now is a good time to be reaffirming our commitment to Unpaid Carers due to the negative impact of the pandemic and cost of living crisis on Unpaid Carers. Not refreshing our Delivery Plan sends out the wrong message. If we want Unpaid Carers to feel recognised and supported, what we are doing to make that happen needs to be obvious. The Delivery Plan is a great tool to show what organisations are doing to improve carers lives and outcomes and enable carers to feel valued.

6. REASONS FOR RECOMMENDATIONS

6.1 Carers are vital to our health and social care systems. They provide care to some of the most vulnerable in our communities and in doing so, save the economy billions of pounds per year, however, being a carer can lead to social, educational and health inequalities.

6.2 It is therefore essential, that we recognise, value and support those in a caring role and prevent inappropriate caring, especially with young carers; a delivery plan will help us do this and that is why it is the preferred option.

Adult Health and Social Care

Carers Delivery Plan 2022/25

Adult Health and Social Care: Carers Delivery Plan 2022 – 2025

Our Vision and Ambitions for Carers in Sheffield

The Young Carer, Parent and Adult Carer Strategy says that Sheffield is a ‘City where Carers are valued and have the right support to continue to care for as long as they want to.’ This vision is echoed in ‘Living the life you want to live’, which says, ‘Unpaid carers are recognised for their expertise and supported to make the right choices for them and their family.’ Our Delivery Plan for carers will be shaped by the vision and help us achieve its ambition.

The vision is centred around delivery of six Carer Principles; these provide the guidance our multi-agency partnership will follow to improve the lives of carers in our city. This delivery plan will align with and adopt Commitment five of ‘Living the life you want to live’ which states we will ‘recognise and value unpaid carers and the social care workforce, and the contribution they make to our city’.

The identification and support of carers is the responsibility of all partners in the health, education, and social care systems. No single organisation can deliver everything that is needed for carers to feel recognised, valued and supported; for this to happen, it requires a partnership approach that provides ‘a system of support’ as described in the adult social care strategy. ‘The strategy is about strengthening the relationship between the services providing support and the people supported, together with their carers — all as equal members of this system.’

Making the vision a reality

The strategy underpinned by this Delivery Plan and robust governance structures will ensure that we deliver on our vision. Good governance helps to provide strategic clarity, support, guidance, challenge, and accountability. Put simply, effective governance turns policies into results. This is what carers who support someone living in Sheffield want, actions not just words, change, not just the status quo. Carers need to be able to see and understand what is being done to help them; to make this easy for carers, the Delivery Plan lists the actions that will happen; these actions will be overseen by the governance structure, to make sure progress is made. A new governance structure has been designed to review the delivery plan and promote carer awareness in the education, health and social care systems. Figure 1 outlines how this will work.

Carers: Sheffield Governance Structure

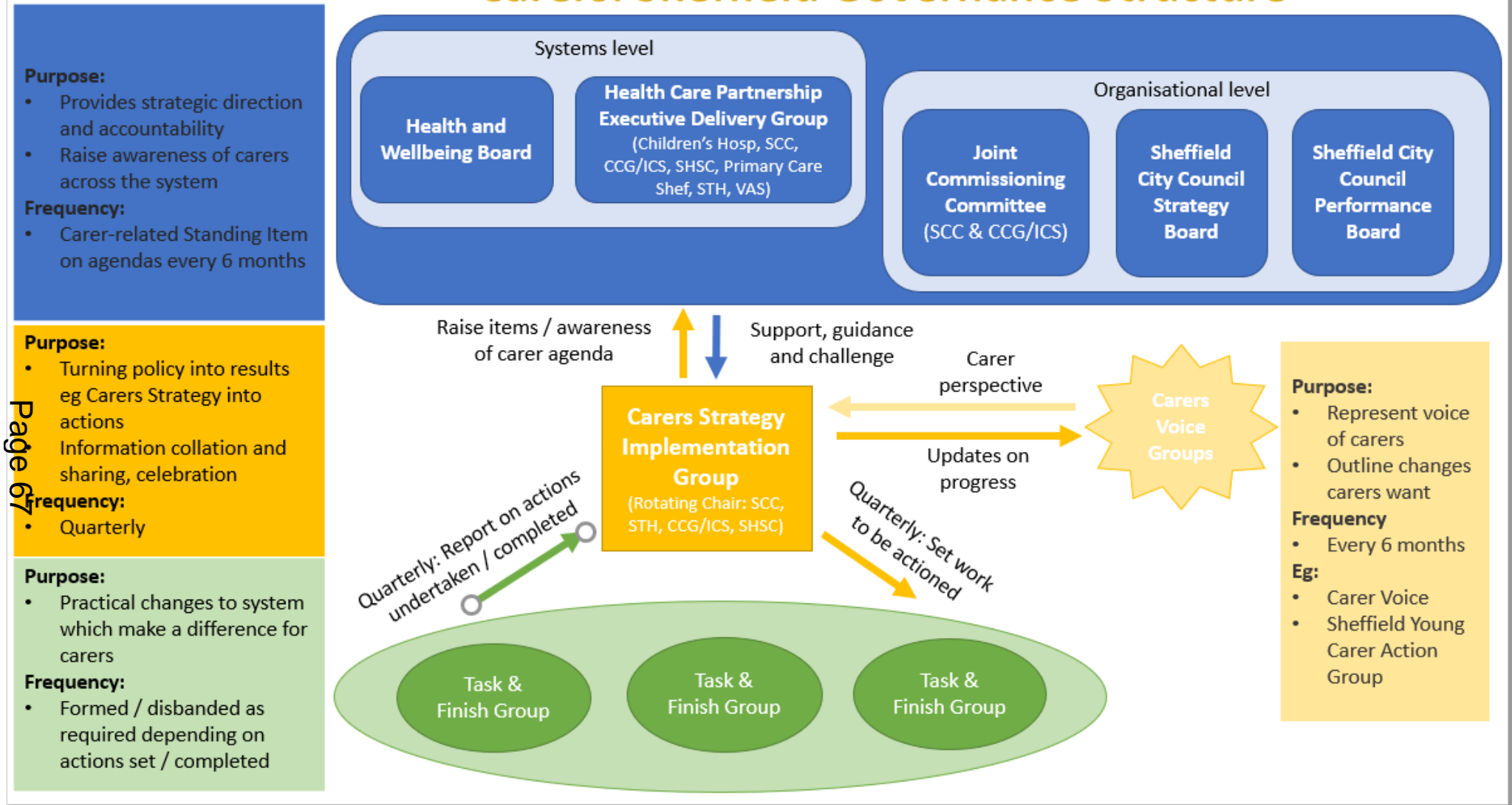


Figure 1.

This Delivery Plan aims to drive activity and achieve outcomes for carers by clearly setting out the milestones/actions that our multi-agency partnership will be focusing on.

Who is a carer?

The Young Carer, Parent and Adult Carer Strategy defines a carer as:

... someone of any age who provides unpaid support to family or friends to enable them to cope and carry on with their day-to-day life as they could not manage without this help. This could be caring for a relative, partner or friend who is ill, frail, disabled or suffers with mental ill-health or substance misuse'

Within that broader definition, there are specific groups of carers and these are:

- Young carers – A person under 18 who provides or intends to provide care for another person
- Young adult carers - Young people aged 16–25 who care, unpaid, for a family member or friend with an illness or disability, mental health condition or an addiction.

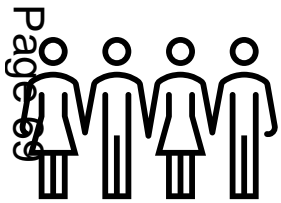
• Adult carers – An adult who provides or intends to provide care for another adult (an adult needing care)

• Parent carers – A person aged over 18 who provides or intends to provide care for a disabled child for whom the person has parental responsibility.

What does good look like?

The 'Carer Principles' below show what things should be like for carers if the strategy was working i.e. what good looks like.

Carers will say:



1. I have good quality information and advice which is relevant to me and the person I care for.

2. I know what my rights are and how to enforce them.
There are laws that help and protect me as a carer, and they cover things like:

- Employment.
- Protection from discrimination.
- Right to education.
- Social security benefits.
- Assessment of my need(s).

3. The caring I do is valued and I am listened to. This includes:

- My own needs, wants, opinions and feelings as a carer.
- My needs, wants opinions and feelings when talking about the person I care for.

4. I have breaks from caring, meaning I have a life of my own and time for friends and family.

5. My prospects in life are not affected due to me being a carer. I can access education, employment, and training.

6. I am supported to look after my mental/physical health and wellbeing.

What organisations will do to make a difference:

1.	<p>We will:</p> <ul style="list-style-type: none"> Identify carers and understand that not all people in a caring role will recognise the term carer. Link up carer registers across Sheffield to make carer identification more effective. Be proactive, giving carers good quality information and advice when it is wanted or needed. Give personalised information and advice that is specific to the carer and the person they care for.
2.	<p>We will:</p> <ul style="list-style-type: none"> Make effective interventions at the right time to prevent, reduce or delay carers' needs developing/escalating. Recognise carers' rights and support them to: Balance caring with education/employment. Avoid inappropriate caring. Be involved in health/social care planning for the person they care for. Arrange regular training for staff so they understand carers rights and know what support is available to carers. Take a whole family approach to assessment and support. This will result in a holistic view of the needs of the cared-for person and their family/network of support.
3.	<p>We will:</p> <ul style="list-style-type: none"> Listen to carers and support them to participate in decision making with the person they care for. Recognise and understand the importance of carers who are experts by experience. Treat carers with dignity and respect. Enable and empower carers to have a 'voice.' Work with carers like they are partners in the delivery of health/social care. Build relationships with carers, recognising that trust is earned. This is particularly important for organisations providing support to the cared-for person. Help carers to reduce or stop their caring role when that is what the carer wants. Consider different cultural and religious beliefs. Co-design/co-produce support for carers with carers.
4.	<p>We will:</p> <ul style="list-style-type: none"> Signpost or provide carer break support. Take a personalised approach, asking carers 'what matters to you?' Be flexible, allowing carers to make best use of their time to give more scope for breaks Encourage carers to get replacement care via an assessment of the person they care for. Support carers to be digitally included to help keep in touch with friends and family.
5.	<p>We will:</p> <ul style="list-style-type: none"> Work together with the carer to raise aspirations and achieve the outcomes that matter to them in their lives. Recognising that this is especially important for young carers transitioning to adulthood. Be carer aware with carer friendly policies/processes e.g. flexible working.
6.	<p>We will:</p> <ul style="list-style-type: none"> Understand that caring can negatively impact on a person's health and wellbeing. Promote self-care so carers are more actively interested in their own health. Support carers to access services/groups that will promote health and wellbeing e.g. exercise groups/move more initiatives. Proactively engage at risk groups including carers who are isolated or lonely.

What must we do to support carers?

We know what good looks like, but there is also legislation that states what we must do to support carers. These are predominantly covered in:

- Care Act (2014)
- Children and Families Act (2014)
- Health and Care Act (2022)

The majority of the legal duties are to be discharged by local authorities. There are general duties that apply to carers e.g. section 1 of the Care Act on promotion of wellbeing, section 2 of the Care Act on preventing needs for care and support, section 4 of the Care Act on providing information and advice etc. There are also more specific duties covering identification, assessment and support of carers. For example:

Care Act (2014)

- Assessment of a carer's needs for support – section 10
- Eligibility criteria – section 13
- Duty and power to meet a carer's needs for support -section 20
- Preparing a support plan – section 25
- Allocating a personal carers budget – section 26
- Review of support plan - section 27
- Assessment of a child's carer's need for support – section 60
- Child's carer's assessment: requirements etc – section 61
- Power to meet child's carer's needs for support -section 62
- Assessment of a young carer's need for support – section 63
- Young carer's assessment: requirements etc – section 64

Children and Families Act (2014)

- Young carers – section 96
- Parent carers – section 97

Health and Care Act (2022)

- Hospital patients with care and support needs: repeals etc – section 91
This delivery plan takes into account the above legislation and corresponding guidance/regulations.

What are the key outcomes for carers (national context)?

In 2008, the Government published '[Carers at the heart of 21st century families and communities.](#)' This 10-year strategy built on the first national carers strategy from 1999, 'Caring about Carers.' In 2010 '[Recognised, valued and supported: next steps for the Carers' Strategy](#)' was reviewed and a revised action plan was produced. The '[Carers Action Plan 2018-2020 – Supporting carers today,](#)' set out the Government's short-term programme of action to support unpaid carers, ahead of the social care green paper. This green paper has not yet been published so until it is, the existing 2010 carers strategy aims, and outcomes remain in place. Our carer delivery plan, strategy and 'Carer Principles' are aligned with the national approach and outcome areas listed below.

- Carers will be respected as expert care partners and will have access to the integrated and personalised services they need to support them in their caring role.
- Carers will be able to have a life of their own alongside their caring role.
- Carers will be supported so that they are not forced into financial hardship by their caring role.
- Carers will be supported to stay mentally and physically well and treated with dignity.
- Children and young people will be protected from inappropriate caring and have the support they need to learn, develop, and thrive and to enjoy positive childhoods.

This delivery plan will also help us focus on the national indicators listed below:

NHS Outcome Framework Outcomes

Page 72

- Enhancing quality of life for carers - 2.4 Health-related quality of life for carers (ASCOF 1D**)
- Improving the experience of care for people at the end of their lives - 4.6 Bereaved carers' views on the quality of care in the last 3 months of life

More information on the NHS Outcome Framework can be found [here](#).

Adult Social Care Outcome Framework Outcomes

- Domain 1 – Enhancing quality of life for people with care and support needs
 - (1D) Carer-reported quality of life
 - (1I) Proportion of people who use services and carers, who reported that they had as much social contact as they would like.
- Domain 3 – Ensuring that people have a positive experience of care and support
 - (3B) Overall satisfaction of carers with social services
 - (3C) The proportion of carers who report that they have been included or consulted in discussion about the person they care for
 - (3D) The proportion of people who use services and carers who find it easy to find information about support

More information on the Adult Social Care Outcome Framework can be found [here](#).

Carers Delivery Plan

This Delivery Plan supports the ‘Young Carer, Parent and Adult Carer Strategy’ and ‘Living the life you want to live’, the Adult Social Care Strategy 2022 to 2030. These strategies set our vision, values, and direction, but we need to work with our communities to figure out what comes next together.

The ‘Carers Delivery Plan 2022-2025’ sets out the detail we’ll need to make the carers strategy a reality. We’ll make sure our carers can be involved in helping set these plans and priorities through our governance structure.

Our plan will be published and shared. We will set up ways for people to hear our progress and challenge us where things aren’t working. It will be a live document that carers and partners can add to/amend at any time. A refreshed version will be published on an annual basis. A report on the progress made on the Delivery Plan will be completed on an annual basis and scrutinised by the governance structure outlined earlier.

The actions in the Delivery Plan will be shaped by:

1. The aim of identifying more carers.
2. The ‘Carers Principles’ table in this document.
3. Living the life you want to live the adult social care strategy.
4. Other relevant strategy/policy documents partners have in Sheffield.

Page 7

Tasks in orange are taken from the ‘ASC delivery plan’ and have dates that run beyond March 2025, which is when the carers delivery plan ends. Purple in the RAG column indicates an action has not yet begun.

Theme	Milestone/action	By when	Lead	RAG
Strategic	Develop a Joint Health and Care Plan for supporting unpaid carers in the city in partnership with the Carers Strategy Implementation Group.	March 2024	Sheffield City Council	Purple
	Implement the Joint Health and Care Plan and refresh on a biannual basis in partnership with unpaid carers.	March 2024	Sheffield City Council	Purple
	Continue to work collaboratively to organise and participate in awareness raising campaigns for carers. Especially during Carers Week, Young Carers Awareness Day, and Carers Rights Day.	March 2030	Sheffield City Council	Green
	Ensure the Council is meeting our statutory duties appropriately by: <ul style="list-style-type: none"> • Developing a transition assessment for young adult carers. • Ensure completed Young Carer’s Needs Assessments / Transition Assessments are collated and reviewed. 	March 2024	Sheffield City Council	Green

<ul style="list-style-type: none"> • Providing training on completing Young Carer's Needs / Transition assessments to the workforce. • Review and quality-assure Young Carer's Needs Assessments, in order to ensure they are being done appropriately, effectively and are leading to meaningful change for young people. 				
Improve outcomes for carers by influencing and working with other organisations		December 2026	Sheffield Carers Centre	Green
Create a joint carers communication plan using tools like 'stories of difference' and case studies to promote the carer agenda and identify more carers within health and social care.		March 2023	Sheffield City Council/ Sheffield Integrated Care Board	Purple
<p>All partners have systems to capture and report on relevant carer data (each key partner will have its own individual priority actions under this, including health and care systems, education providers etc.</p> <p>All partners have processes to effectively connect carers to the most appropriate local support organisation/group/network (alter Liquidlogic to reflect the Carers Centre's new referral processes as well as explore ways to roll out systems for registering young carers on the Young Carers Register to more settings e.g. health, voluntary sector, etc.).</p>		March 2023	Sheffield City Council	Green
Develop longer term planning for families with ageing carers.		March 2024	Sheffield City Council	Green
Scope options (with Sheffield Integrated Care Board and others) to improve carer identification via data sharing between health and social care. Including reporting on the feasibility of joining up carer registers.		March 2023	Sheffield City Council/ Integrated Care Board/ Sheffield Carers Centre	Green
Work with Adult Social Care to improve our carers Adult Social Care Outcome Framework results.		March 2024	Sheffield City Council	Purple
Increase the number of young carers on the Council's Young Carers Register to better reflect the likely number in the city (through regular promotion with schools, CSC, ASC and other stakeholders).		March 2024	Sheffield City Council	Green
Analyse the new schools census data about young carers (from Spring 2023) and the numbers registered on the city's Young Carers Register to review resource allocation i.e. are we meeting demand for support.		December 2023	Sheffield City Council	Purple

	Carers services will engage with relevant stakeholders to improve the health and wellbeing of carers in the city (e.g. GPs, hospitals, leisure services etc)	March 2025	Sheffield Young Carers/ Sheffield Carers Centre	Green
	Work with all health care professionals to raise awareness of identification of carers	March 2025	Integrated Care Board	Green
57 Operational	Monitor and continuously improve the carer support services delivered by Sheffield Carers Centre and Sheffield Young Carers, in partnership with unpaid carers This will include monitoring our carers services to make sure they reflect our diverse population in Sheffield.	March 2025	Sheffield City Council	Green
	Start the Carers Strategy Implementation Group to oversee, add to and allocate actions for transparency/scrutiny purposes	November 2022	Sheffield City Council	Green
	Promote adult carer's assessments by improving our whole family approach to assessing and supporting carers including referring more carers from adult social care to the Sheffield Carers Centre.	March 2023	Sheffield City Council	Green
	Identify more young carers when assessing adults with care and support needs and implement a new process and guidance.	March 2023	Sheffield City Council	Green
	Promote that the Council identifies carers within the Council via our annual workforce survey, ensure they are aware of the Carers Service and encourage employee carers to join the community of carers at Sheffield Carers Centre	March 2025	Sheffield City Council	Purple
	Support carers to enter and stay in employment within the city through renewing our subscription to Employers for Carers. This adds to our information offer via 'Digital Resources for Carers' provided by Carers UK. <ul style="list-style-type: none"> Recruit carers by promoting benefits in recruitment communications Apprenticeships for carers Employment standards for the city for all carers for businesses /organisations to sign up to Review our policies e.g. Carers Leave (depending on new Bill etc) 	January 2023	Sheffield City Council	Green
	Ensure every school in the city has a named Young Carers Lead who is given dedicated time for this role and is part of SYC's Young Carers Schools Network	March 2024	Sheffield City Council/ Sheffield Young Carers	Green
	Practice Development to engage with ASC teams to increase carer awareness and promote the Carers Centre	March 2024	Sheffield City Council	Purple

	Invite and train carers to sit on recruitment panels for all relevant Council posts (e.g. in ASC, CSC, MAST, carers commissioning posts etc.) Carers to be invited via Sheffield Carers Centre, Sheffield Young Carers and Parent Carer Forum.	March 2025	Sheffield City Council	Purple
	Work with partners to refresh the Carer Voice group to broaden our engagement with carers.	March 2023	Sheffield City Council	Green
	<p>Training and development:</p> <ul style="list-style-type: none"> • All professionals who work with/come into contact with carers have access to introductory level training/resources to provide awareness of carers, the impact of caring and enables them to identify carers, e.g. in the health and care system. (actions for the key organisations to make this available within their own learning and development platforms). For example, all relevant staff to undertake Sheffield Young Carer's e-learning course on identifying and supporting young carers as part of their induction and Continued Professional Development. • All professionals who work with/come into contact with carers have access to training/resources that enable them to signpost and refer to the most relevant local support organisation, group or network. (actions to include our joint training). • Provide training and resources across the city's workforce to build capacity to identify and offer support to carers 	March 2024	Sheffield Young Carers/ Sheffield Carers Centre	Green
	Involve young carers in the design and development of local and national service, policy and practice development (through the SYC Action Group, Young Carers National Voice, Young Carers Alliance etc)	March 2023	Sheffield Young Carers	Green
	Publish Sheffield Teaching Hospitals Carers Policy and publicise across the Trust. Policy to give guidance on identifying carers, working in partnership with carers and referring for further support.	September 2023	Sheffield Teaching Hospitals	Green
	Roll out new online Carers training at Sheffield Teaching Hospitals and promote this and existing training available to all staff who work with carers. Training to give guidance on identifying carers, working in partnership with carers and referring for further support.	September 2023	Sheffield Teaching Hospitals	Green
	ICB Sheffield to raise awareness of Carers within their own organisation	March 2025	Integrated Care Board	Purple

ICB to lead on supporting the delivery of <ul style="list-style-type: none"> the embedding of the Carers strategy with the Council, and Health, the Primary Care Carer Resource packs across GP practices, localities and networks and the identification of Primary Care Carer Champions 	March 2025	Integrated Care Board	Green
To develop closer working relationship with The Sheffield Carers Centre and Sheffield Young Carers in order to further scope mutual support across organisations	March 2025	Integrated Care Board	Green
To look at ways to maximise carers voice in order to feed into planning decisions and services	July 2023	Integrated Care Board	Green
To work with all health care professionals to raise awareness of identification of carers	March 2025	Integrated Care Board	Green
Review impact of Carers Policy and Training at Sheffield Teaching Hospitals via: <ul style="list-style-type: none"> Staff survey to identify if staff feel comfortable with how to identify and work in partnership with carers and know where to refer for support. Monitor number of carers identified via Sheffield Teaching Hospitals patient administration system Lorenzo Monitor number of referrals made to Carers Centre's 	June 2023	Sheffield Teaching Hospital	Green
Annual survey of carers views – including whether they have been involved and consulted in discharge arrangements	June 2022	Sheffield Teaching Hospitals	Green
Deliver services for carers, as contracted with Sheffield City Council, to include information, advice, signposting Carers Assessments, Personal Budgets, support planning, and events	December 2026	Sheffield Carers Centre	Green
Reach 'hidden' carers and ensure they are connected to support through promotional activities and public campaigns (e.g. Carers Week); encourage carers to self-identify and join the community of carers at Sheffield Carers Centre	December 2026	Sheffield Carers Centre	Green
Reach 'hidden carers' and ensure they are connected to support by raising awareness amongst professionals who work with carers and encouraging them to signpost and refer to Sheffield Carers Centre. To include delivering training and information about the service offer and the pathways into the service.	December 2026	Sheffield Carers Centre	Green
Deliver 3 scheduled joint training sessions per year, open to all health and care professionals, with Sheffield Young Carers.	December 2026	Sheffield Carers Centre/ Sheffield Young Carers	Green

	Create and deliver a coordinated joint communications plan, with Sheffield Young Carers, to promote the joint training	December 2022	Sheffield Carers Centre/ Sheffield Young Carers	Purple
--	--	---------------	---	--------

Equality Impact Assessment

Introductory Information

Budget/Project name

Carers' Strategy Delivery Plan

Proposal type

- Budget
 Project

Reference number

903

Decision Type

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

Lead Cabinet Member

Cllr George Lindars-Hammond

Entered on Q Tier?

- Yes No

Year(s)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
14/15	15/16	16/17	17/18	18/19	19/20	20/21	21/22

EIA date

04/02/2021

EIA Lead

- | | |
|--|--|
| <input type="radio"/> Adele Robinson | <input checked="" type="radio"/> Ed Sexton |
| <input type="radio"/> Annemarie Johnston | <input type="radio"/> Louise Nunn |
| <input type="radio"/> Bashir Khan | <input type="radio"/> Michael Bowles |
| <input type="radio"/> Beth Storm | <input type="radio"/> Michelle Hawley |
| <input type="radio"/> Diane Owens | <input type="radio"/> Rosie May |

Person filling in this EIA form

Lee Teasdale-Smith

Lead officer

Alexis Chappell

Lead Corporate Plan priority

<input type="radio"/> An In-Touch Organisation	<input type="radio"/> Strong Economy	<input checked="" type="radio"/> Thriving Neighbourhoods and Communities
<input checked="" type="radio"/> Better Health and Wellbeing	<input type="radio"/> Tackling Inequalities	

Portfolio, Service and Team

Cross-Portfolio

- Yes No

Portfolio

People Services

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

- Yes No

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

This EIA has been produced to take account of the updated delivery phase of the Carers Strategy. It considers the impacts of the Carers Strategy Delivery Plan which goes to the Adult Health & Social Care Policy Committee in December 2022.

The Carers Strategy takes a multi-agency approach and partners alongside SCC have actions in the Delivery Plan; these actions are driven by the 'Carer Principles' that were co-produced when refreshing the carers strategy. They tell us, what carers will say and what organisations will do if the strategy is working:

Carers will say	Organisations will
1. I have good quality information and advice which is relevant to me and the person I care for.	<p>We will:</p> <ul style="list-style-type: none"> Identify carers and understand that not all people in a caring role will recognise the term carer. Link up carer registers across Sheffield to make carer identification more effective. Be proactive, giving carers good quality information and advice when it is wanted or needed. Give personalised information and advice that is specific to the carer and the person they care for.
<p>2. I know what my rights are and how to enforce them.</p> <p>There are laws that help and protect me as a carer, and they cover things like:</p> <ul style="list-style-type: none"> Employment. Protection from discrimination. Right to education. Social security benefits. Assessment of my need(s). 	<p>We will:</p> <ul style="list-style-type: none"> Make effective interventions at the right time to prevent, reduce or delay carers' needs developing/escalating. Recognise carers' rights and support them to: Balance caring with education/employment. Avoid inappropriate caring. Be involved in health/social care planning for the person they care for. Arrange regular training for staff so they understand carers rights and know what support is available to carers. Take a whole family approach to assessment and support. This will result in a holistic view of the needs of the cared-for person and their family/network of support.
3. The caring I do is valued and I am listened to. This	<p>We will:</p> <p>Page 80</p> <ul style="list-style-type: none"> Listen to carers and support them to participate in

<p>includes:</p> <ul style="list-style-type: none"> • My own needs, wants, opinions and feelings as a carer. • My needs, wants opinions and feelings when talking about the person I care for. 	<p>decision making with the person they care for.</p> <ul style="list-style-type: none"> • Recognise and understand the importance of carers who are experts by experience. • Treat carers with dignity and respect. • Enable and empower carers to have a 'voice.' • Work with carers like they are partners in the delivery of health/social care. • Build relationships with carers, recognising that trust is earned. This is particularly important for organisations providing support to the cared-for person. • Help carers to reduce or stop their caring role when that is what the carer wants. • Consider different cultural and religious beliefs. • Co-design/co-produce support for carers with carers.
<p>4. I have breaks from caring, meaning I have a life of my own and time for friends and family.</p>	<p>We will:</p> <ul style="list-style-type: none"> • Signpost or provide carer break support. • Take a personalised approach, asking carers 'what matters to you?' • Be flexible, allowing carers to make best use of their time to give more scope for breaks • Encourage carers to get replacement care via an assessment of the person they care for. • Support carers to be digitally included to help keep in touch with friends and family.
<p>5. My prospects in life are not affected due to me being a carer. I can access education, employment, and training.</p>	<p>We will:</p> <ul style="list-style-type: none"> • Work together with the carer to raise aspirations and achieve the outcomes that matter to them in their lives. Recognising that this is especially important for young carers transitioning to adulthood. <p>Be carer aware with carer friendly policies/processes e.g. flexible working.</p>
<p>6. I am supported to look after my mental/physical health and wellbeing.</p>	<p>We will:</p> <ul style="list-style-type: none"> • Understand that caring can negatively impact on a person's health and wellbeing. • Promote self-care so carers are more actively interested in their own health. • Support carers to access services/groups that will promote health and wellbeing e.g. exercise groups/move more initiatives. • Proactively engage at risk groups including carers who are isolated or lonely.

The delivery plan will also be shaped by the vision of the carers strategy. This says that Sheffield is a *'City where Carers are valued and have the right support to continue to care for as long as they want to.'* This vision is echoed in *'Living the life you want to live,'* which says, *'Unpaid carers are recognised for their expertise and supported to make the right choices for them and their family.'*

The first, and most important step, in making this vision a reality is identifying carers. If we don't know who our carers are, then how can we value and support them? NHS England's Commitment to Carers (2014) states that *'It takes carers an average of two years to acknowledge their role as a carer. It can be difficult for carers to see their caring role as separate from the relationship they have with the person for whom they care whether that relationship is as a parent, a son or daughter, or a friend.'* The identification and support of carers is the responsibility of all partners in the health, education, and social care systems.

Though the Care Act/Children and Families Act (2014) duties apply primarily to local authorities, the Care Act and other relevant guidance applies to other partners e.g., NICE's '[Supporting Adult Carers](#)'; this guidance is clear, detailing that carers should be identified and supported whilst in the health system. Supporting carers is also promoted via NHS England's '[Commitment to Carers](#)' and '[Supporting carers in general practice: a framework of quality markers](#)'. *The Health and Care Act (2022) places a duty on hospital trusts to take any steps that it considers appropriate to involve carers, as soon as feasible when discharge planning. Health services are a essential partner for this delivery plan and this is underlined by NHS England's Commitment to Carers (2014) which states that '70% of carers come into contact with health professionals, yet health professionals only identify one in ten carers with GPs, more specifically, only identifying 7%.'*

The delivery plan aims to identify more carers in the health and social care systems, in order to link them into support and achieve our vision and 'Carer Principles'.

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

More information is available on the [Council website](#) including the [Community Knowledge Profiles](#).

Note the EIA should describe impact before any action/mitigation. If there are both negatives and positives, please outline these – positives will be part of any mitigation. The action plan should detail any mitigation.

Overview

Briefly describe how the proposal helps to meet the Public Sector Duty outlined above

The proposal supports SCC's responsibilities under the Public Sector Equality Duty, specifically in relation to people who share different protected characteristics:

For example, younger people, older people, people with a disability, people from different ethnic backgrounds who require care and will benefit from support to their carers (people who provide unpaid care).

The proposal also supports broader SCC equality priorities that go beyond legally defined protected characteristics: i.e. carers themselves will directly benefit, and there will be an impact on health, poverty and other areas of interest.

It is critical that we do what we can to support our carers; Coronavirus continues to have a profound impact on our caring population, including a dramatic increase in the number of those caring for someone living in Sheffield. [Carers UK reported](#) that the financial impact of the Coronavirus pandemic has been even harder on under-represented groups and the 'cost of living crisis' will likely exacerbate the impact; this means, that existing social, economic and health inequalities could be further amplified and embedded.

Impacts

Proposal has an impact on

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

Give details in sections below.

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

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

Customers

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

In March 2021 the Department of Health and Social Care produced a report arguing that there is growing evidence to suggest that caring should be considered a social determinant of health. The report detailed the impact caring has both mentally and physically stating:

'The evidence available suggests that the consequences of caring for older people are not significantly different to the consequences of caring for other populations. The rapid review evidence indicates that carers of older people experience poor mental health, including anxiety and depression, alongside 'carer burden', stress and poor quality of life. This aligns with findings from previous research about the impact of providing unpaid care (for any population) on mental health.

The report goes on to say:

'...carers are at increased risk of illness, and specifically musculoskeletal conditions, cardiovascular disease, generalised cognitive deterioration and function, and poor sleep.'

The Delivery Plan will have a positive impact on carers' health. It will support carers being identified earlier, multiagency working i.e., Sheffield Teaching hospitals, Sheffield Integrated Commissioning Board, Sheffield health and Social Care Trust and other partners working together in a strategic way to support carers.

The refreshed Carers Strategy and Delivery Plan both have health outcomes, focused on maintaining or improving the health of carers. They also focus on prevention and early intervention as well as health and wellbeing.

These focuses are essential as, according to Carers UK, 58% of carers felt like their physical health has been impacted by caring through the Coronavirus pandemic. This is reflected in our local caring population too. The Council used Citizen Space to conduct a carer questionnaire which closed in April 2021. Our findings in relation to health were that:

- 28% of carers reported their health as either bad (18.4%) or very bad (9.2%).
- 51% of carers indicated that their physical health has got worse since the start of the pandemic.
- 33% of carers described their mental wellbeing as bad (25.7%) or very bad (7.6%).
- 68% of carers feel that their mental wellbeing has got worse since the start of the pandemic.

Refresh Young Carer, Parent and Adult Carer Strategy Principles

These Principles were co-produced with carers and professionals from organisations that typically interact with, or support carers. The Work on the Delivery Plan will use the updated 'Carers Principles' to maintain the momentum:

Principle 6 is 'I am supported to look after my mental/physical health and wellbeing.' Organisations that sign up to the strategy will be expected to:

- Understand that caring can negatively impact on a person's health and wellbeing.
- Promote self-care so carers are more actively interested in their own health.
- Support carers to access services/groups that will promote health and wellbeing e.g., exercise groups/move more initiatives.
- Proactively engage at risk groups including carers who are isolated or lonely.

Comprehensive Health Impact Assessment being completed

Yes No

Please attach health impact assessment as a supporting document below.

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

Yes No

Health Lead

Age

Staff

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

Customers

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

Approximately 20% of carers in Sheffield are aged 65 and over and one in three are aged 50-65. We also know that carers are getting older (21% increase of carers aged 65+ from the 2001 to 2011 census).

The Delivery Plan will have a positive impact on those aged 65 and over as it will help support carers and as there are a disproportionate number of carers over 65, compared with the general population of Sheffield (approximately 15%).

Disability

Staff

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

Customers

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

There are approximately 17,000 people in Sheffield who provide unpaid care who themselves have a long-term health problem. This includes approximately 7,000 carers whose day-to day activities are limited a lot, 50% of whom provide more than 50 hours of care per week.

We also know that young carers are more likely to have special educational needs or a disability than their peers.

The Carers Strategy and Delivery Plan will positively impact all carers, as one of the main aims is to identify more carers and provide them with support, including those with a disability.

Race**Staff**

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact**Customers**

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

Approximately 11% of those caring in Sheffield are Black Asian Minority Ethnic (BAME). The Delivery Plan will have a positive impact on BAME carers. For example one of the delivery plan actions is:

‘Monitor and continuously improve the carer support services delivered by Sheffield Carers Centre and Sheffield Young Carers, in partnership with unpaid carers’

This will include monitoring our carers services to make sure they reflect our diverse population in Sheffield.'

Sex

Staff

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

Customers

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

The carer support proposed will positively impact women, this is due to the makeup of the carer population in Sheffield – approximately 60% of carers are women and 40% are men. SCC needs to ensure that the carers we engage and support are reflective of the demographic profile in Sheffield to ensure equity. This will be done via SCC's equalities monitoring which is a standard part of contract monitoring.

Furthermore, a key aim of the delivery plan is to identify and support more carers. [Evidence](#) shows that typically, providing care is disproportionately done by women and girls and the Coronavirus pandemic has exacerbated this. The delivery plan will help us identify more carers and therefore more women and girls who we can support.

Carers

Staff

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

This is an opportunity to consider SCC employees within the broader aims of the strategy. Unpaid carers made up 14% of SCC's workforce in 2020-21 (the most recently available year). The delivery Plan has actions related to campaigning/awareness raising during Carers Week/Carers Rights Day. This includes messaging to our own staff, highlighting our carer support e.g. Employers for Carers/paid carers leave etc.

Customers

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

SCC (and partners) are being responsive to needs of carers through the Delivery Plan and our response to the refreshed Carers Strategy 'Principles.' The Delivery Plan aims to drive activity and achieve outcomes for carers by clearly setting out the milestones/actions that our multi-agency partnership will be focusing on. For more information, please see the Committee Report and Appendix 1 of that report (which contains the Delivery Plan).

This is more important than ever, due to the impact of Coronavirus. Carers UK figures suggest that there was a 50% increase in the number of carers since the start of the pandemic (nationally). If Sheffield followed the national trend, then there would be approximately 30,000 extra people caring meaning our total carer population could have reached 90,000 at the peak of the pandemic.

Voluntary/Community & Faith Sectors

Staff

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

Sheffield Young Carers and Sheffield Carers Centre are VCS partners in the Delivery Plan. A proportion of their workforce are in a caring role, furthermore, both partners are part of the Sheffield VCS network and can support other organisations (including their staff) with identifying and supporting carers.

Customers Yes No**Impact** Positive Neutral Negative**Level** None Low Medium High**Details of impact**

As above, the Delivery Plan will work with the VCS to raise carer awareness so that more of their customers who are carers are identified and supported.

Cohesion**Staff** Yes No**Impact** Positive Neutral Negative**Level** None Low Medium High**Details of impact****Customers** Yes No**Impact** Positive Neutral Negative**Level** None Low Medium High**Details of impact**

Carers are an essential component to community cohesion. The care they provide, to some of the most vulnerable people in our society should be recognised and valued. The Delivery Plan will mean Sheffield continues to support our carers, for example by creating a joint health and care plan. This in return will help our health and social care systems and our communities, having a positive impact on cohesion.

Partners

Staff

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

Several partner organisations are signed-up to the Delivery Plan and a multiagency approach, including Sheffield Teaching Hospitals, Sheffield Integrated Care Board, Sheffield Health and Social Care Trust, Sheffield Carers Centre, Sheffield Young Carers etc. It is vital we take a partnership approach to identify carers in the health, education and social care systems. The delivery plan encourages organisations to work together to recognise, value and support carers.

Customers

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

Poverty & Financial Inclusion

Staff

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

Customers

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

Carers can often be financially disadvantaged due to caring. This is due to things like carers reducing their hours at work, stopping working in order to provide care, finding it difficult to regain employment after taking time away from work etc.

A Carers UK survey suggests that Coronavirus has further exacerbated financial issues, with 28% of carers saying they are struggling to 'make ends meet'. Applied to Sheffield this would mean that approximately 25,000 carers will be struggling with their finances. The cost of living crisis means that financial support will be a vital strand of work in our delivery plan.

It is important that carers are given appropriate financial advice and guidance as well as financial support via benefits, grants and other hardship funds. The Delivery Plan and our carers support services will continue to tackle poverty and financial hardship.

Service delivery connected to the Delivery Plan encourages links with other organisations such as Citizens Advice Sheffield to ensure carers are maximising their income including claiming appropriate benefits such as carers allowance.

Cumulative Impact

Proposal has a cumulative impact

Yes No

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

If yes, details of impact

The development of the Delivery Plan follows the successful contracting with Sheffield Carers Centre and Sheffield Young Carers in 2021 to provide support to a wide range of unpaid carers.

The Delivery Plan builds on several strategies including The Young Carer, Parent and Adult Carer Strategy. This says that Sheffield is a 'City where Carers are valued and have the right support to continue to care for as long as they want to.' This vision is echoed in 'Living the life you want to live', which says, 'Unpaid carers are recognised for their expertise and supported to make the right choices for them and their family.' Our Delivery Plan for carers will be shaped by the vision and help us achieve its ambition.

The vision is centred around delivery of six Carer Principles; these provide the guidance our multi-agency partnership will follow to improve the lives of carers in our city. This delivery plan will align with and adopt Commitment five of 'Living the life you want to live' which

states we will 'Recognise and value unpaid carers and the social care workforce, and the contribution they make to our city'.

Proposal has geographical impact across Sheffield

- Yes No

If Yes, details of geographical impact across Sheffield

Local Partnership Area(s) impacted

- All Specific

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

Action Plan and Supporting Evidence

Action Plan

Need to consider how to enhance communication to SCC's workforce – e.g. by intranet and other methods (e.g. supervision or team meeting prompts?)

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

Consultation

Consultation required

- Yes No

If consultation is not required please state why

The Delivery Plan is a mechanism to achieve aims set out in the Carers Strategy, which was subject to consultation and engagement. In addition, there is very close, ongoing engagement with partners through the Delivery Plan.

Are staff who may be affected by these proposals aware?

- Yes No

Are customers who may be affected by these proposals aware?

- Yes No

If you have said no to either please say why

Summary of overall impact

Summary of overall impact

In 2018 the Department of Health & Social Care produced the 'Carers Action Plan 2018-2020'. The document said that 'A sustainable social care system for the future is simply not possible without focusing on how our society supports carers'. Coronavirus has applied even more pressure to our health and social care systems in Sheffield; now more than ever, we need to care for our carers.

The Delivery Plan will have a positive impact across several areas outlined above and it will help support our carers. This is beneficial for our health and social care systems and our communities, as well as carers themselves.

Summary of evidence

Changes made as a result of the EIA

Escalation plan

Is there a high impact in any area?

- Yes No

Overall risk rating after any mitigations have been put in place

- High Medium Low None

Sign Off

EIAs must be agreed and signed off by an Equality lead Officer. Has this been signed off?

Yes No

Date agreed

Name of EIA lead officer

Review Date

This page is intentionally left blank



Report to Policy Committee

Author/Lead Officer of Report: Catherine Buntin, Assistant Director Adult Commissioning and Kate Damiral, Involvement and Engagement Lead.

Tel: 0114 305 1418

Report of: Director Adult Health and Social Care
Report to: Adult Health and Social Care Policy Committee
Date of Decision: 19th December 2022
Subject: Coproduction and Involvement Update

Has an Equality Impact Assessment (EIA) been undertaken?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
If YES, what EIA reference number has it been given? 1345				
Has appropriate consultation taken place?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Has a Climate Impact Assessment (CIA) been undertaken?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Does the report contain confidential or exempt information?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
If YES, give details as to whether the exemption applies to the full report / part of the report and/or appendices and complete below:-				
<p><i>"The (report/appendix) is not for publication because it contains exempt information under Paragraph (insert relevant paragraph number) of Schedule 12A of the Local Government Act 1972 (as amended)."</i></p>				

Purpose of Report:

The report seeks of an endorsement of our ambition to further develop our involvement offer for local people. We propose to create new ways to empower citizens to inform, have influence, and to hold Adult Social Care to account across its services; and to lead our approach to co-production and other forms of involvement.

It also seeks endorsement of sign up to making it real as a key approach in embedding personalisation and coproduction based on what matters to you.

Recommendations:

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

1. Endorse the approach to involvement and engagement set out in the delivery plan at Appendix 1.
2. Agree that Adult Health and Social Care sign up to Making it Real as demonstration of our commitment to coproduction and personalisation.
3. Request that the Director of Adult Health and Social Care bring back six-monthly updates on progress in relation to delivery upon the plan.

Background Papers:

Adult Health and Social Care Strategy

Adult Health and Social Care Strategy Delivery Plan

[TLAP-Making-it-Real-report.pdf \(thinklocalactpersonal.org.uk\)](#)

[Ladder-of-coproduction.pdf \(thinklocalactpersonal.org.uk\)](#)

Appendixes

Appendix 1 – Involvement and Engagement Delivery Plan

Appendix 2 – Equalities 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>Ann Hardy</i>
		Legal: Patrick Chisholm, Service Manager
		Equalities & Consultation: <i>Ed Sexton</i>
		Climate:
<i>Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.</i>		
2	SLB member who approved submission:	<i>Alexis Chappell, Director of Adult Social Care</i>
3	Committee Chair consulted:	<i>Councillors George Lindars-Hammond and Angela Argenzio</i>
4	I confirm that all necessary approval has been obtained in respect of the implications indicated on the Statutory and Council Policy Checklist and that the report has been approved for submission to the Committee by the SLB member indicated at 2. In addition, any additional forms have been completed and signed off as required at 1.	
	Lead Officer Name: <i>Kate Damiral</i>	Job Title: <i>Involvement and Engagement Lead Officer</i>
	Date: 5 th December 2022	

1. PROPOSAL

- 1.1 The [Adult Health and Social Care Strategy](#) and accompanying [Delivery Plan](#) set out our vision for 2022 to 2030. Called 'Living the life you want to live', it's about how we work together to help the people of Sheffield to live long, healthy and fulfilled lives.
- 1.2 In delivering upon the Strategy, it is our ambition to further develop our involvement offer for local people. We propose to create new ways to empower citizens to inform, have influence, and to hold Adult Social Care to account across its services; and to lead our approach to co-production and other forms of involvement.
- 1.3 We aim to increase and broaden the range of people we reach, to better reflect the diversity of the city and tackle inequalities in social care provision. The goal is to create a sustainable model that embeds community involvement throughout adult social care.
- 1.4 Our commitment to involving people is featured in several places throughout the strategy:
- Commitment 1 - We will provide a partnership of care and support, **designed, and delivered with communities**
 - Commitment 4 - We will make sure **everyone can be involved as an equal partner in designing the support and services they receive** across the whole system.
 - Commitment 6 - We will embed **open and transparent decision-making alongside our plans and priorities for adult social care, created with the people of Sheffield.**
- 1.5 It is also a key enabler and underpins our future design of adult social care within our [Adult Social Care Target Operating Model](#) which was approved at Committee on 16th November 2022. The future design sets out that we will involve people:
- In creating and reviewing their individual care plans
 - In shaping and improving services
 - By supporting our providers to offer participation opportunities to individuals they support.
 - Expecting our providers to listen to the feedback of those they support
 - Through working with other local bodies, both in our formal partnerships and through advocacy and support networks.
- 1.6 In addition, it is at the foundation of our new approach to Care Governance and Practice Development endorsed by Committee in June and November 2022. We focused on how experts by experience are enabled and empowered to hold Adult Social Care to account and individual's views and experiences informing our ongoing continuous improvement.

1.7 What Do We Currently Do

1.7.1 Adult Social Care currently have a range of involvement mechanisms which includes:

- Three service user forums:
 - o Safeguarding Adults Customer Forum
 - o Carers Voice Group
 - o Service Improvement Forum
- Five boards/delivery groups with community representatives:
 - o Autism Partnership Board
 - o Learning Disabilities Partnership Board
 - o Direct Payments Improvement Programme
 - o Carers Strategy Implementation Group
 - o Changing Futures Board
- Project-based involvement offers from services or teams for example: the statutory ASCOF survey, development of our new homecare model, changing future programme, and carer strategies, input on the development of the home care pilot and the projects featured in the strategy commitments above.

1.7.2 Through our discussions with individuals and partners we made a commitment to looking at how we better coordinate and further develop our approach to involvement using best practice and starting from the perspective of individuals and carers.

1.7.3 By involvement, we mean opportunities to help shape and improve our services, open to:

- People who use or have recently used an adult social care service
- People who may need support either now or in the near future
- Unpaid carers and family members of people who use services.

1.7.4 These opportunities span a spectrum of participation levels (also known as the ladder of participation/involvement) with different degrees of involvement, ranging from consultation to collaboration (also known as coproduction) and user-led initiatives. There are various interpretations of the participation model, such as the [Think Local Act Personal Ladder of Coproduction](#).

1.8 Embedding Involvement

1.8.1 To establish sustainability towards embedding involvement across social care, investment has been made in an involvement lead and providing funding towards developing a citizens involvement project to coproduce our new ways of working with individuals.

1.8.2 A delivery plan has been produced as attached at Appendix 1 to enable focus and prioritisation of our activities to embed involvement across Adult Social Care. The plan is dynamic, and it's anticipated that as we launch the citizen's involvement project in 2023 that the plan will be further updated based on feedback and views gained.

1.8.3 To embed a culture of involvement, it's planned to implement a 'citizens involvement project' to co-produce a new model and way of working with local people, voluntary sector, communities, and colleagues across Adult Social Care, supported by expert external facilitation in the first half of 2023. Its ultimate name, function and approach will be decided by the co-production project participants.

1.8.4 The project aims to provide a platform for reaching the remainder of the milestones set out below:

Launch Engagement HQ Adult Health and Social Care Hub	Jan 2023
Deliver citizens involvement project to identify and design new involvement mechanisms for people with lived experience of support (or need for it)	June 2023
Complete Making It Real Sign Up	June 2023
Identify and set up performance metrics for involvement activities	Sept 2023
Implement/embed new involvement roles, structures and support mechanisms	Dec 2023
Review forums and boards and implement any new ways of working	Dec 2023
Internal communications campaign to support new culture of involvement	Dec 2023
Carry out outreach/engagement activities through VCOs and partner agencies	ongoing
Review new involvement mechanisms at performance clinic	June 2024
Develop involvement toolbox for AHSC teams	Dec 2024
Participation audit	Mar 2025

1.8.5 It's intended that the new approaches developed will enhance Adult Health and Social Care's existing special interest boards and forums by coordinating intelligence from this network and other sources of lived experience and providing a link to the Adult Health and Social Care Policy Committee.

1.8.6 In addition, its aimed that the new model will deliver:

- An invaluable platform for listening to the people of Sheffield, drawing from real-time evidence, and enjoying increased confidence in its decision-making.
- Lived experience into the heart of Adult Social Care Governance structure, enabling local people to scrutinise service provision, challenge poor performance and support staff to make improvements.
- Opportunities for local people to be involved in service design, quality assurance/evaluation and improvement drives. Opportunities will span the participation spectrum, but we will aspire to co-production whenever appropriate.
- Training, support, and access mechanisms for members will be designed into the new structure and a reward and recognition scheme will also be considered.
- A mechanism to prioritise which subjects need deeper involvement so that people's valuable time has maximum impact.

- An opportunity to review the AHSC Coproduction Charter originally developed with the Service Improvement Forum and to refresh it to better reflect the full spectrum of involvement offers.
- A set of standards will be developed from the charter to monitor, quality assure and assess progress in this area.

1.8.7 A programme of engagement activities will run in tandem with the project, with members of the community Adult Social Care has had little or no contact with to date, for example the Yemeni community, the Deaf community, and older people such as those living with dementia or in extra care housing.

1.8.8 These outreach activities will develop mutual understanding, interest, and trust, to build confidence in the involvement opportunities emerging from the design project.

1.8.9 A review of existing AHSC involvement forums and boards will also be completed over the next 12 months, and improved community representation and communication lines developed with other local groups. Exploratory work is already underway with individuals and partners based on what people have told us.

1.9 Making It Real Sign Up

1.9.1 At Committee today is our approach to involvement and engagement, a strategy for personalisation and direct payments, an unpaid carers delivery plan and improving our information and advice offer. We have also set out an approach towards using I statements as a way of describing how we have achieved what matters to people as part of strategic approach across social care and in partnership with health.

1.9.2 All underpin and provide an evidence base for our commitment towards how we approach and enable personalisation and involvement in action.

1.9.3 [Making it Real](#) is a framework for how to do personalised care and support. It's for people working in health, adult social care, housing, and for people who access services. Councils around the country have committed to it, including many of our neighbouring authorities.

1.9.4 The Association of Directors Adult Social Services actively supports the framework. Making it Real is a framework for how to do personalised care and support. It's for people working in health, adult social care, housing, and for people who access services.

1.9.5 It is an easy to use, jargon-free set of personalised principles that focus on what matters to people. [Making it Real is built around six themes](#) to reflect the most important elements of personalised care and support These describe what good looks like from an individual's perspective and what organisations should be doing to live up to those expectations.

1.9.6 Each theme has a number of I statements that describe what good looks like from an individual perspective. These are followed by We statements that

express what organisations should be doing to make sure people's actual experience of care and support lives up to the / statements.

- 1.9.7 Any work in support of Making it Real is expected to be co-produced by people with lived experience.
- 1.9.8 As part of developing and furthering our approach to personalisation and involvement across Adult Social Care it is proposed that the Adult Social Care Policy Committee endorse that the service and council signs up to Making it Real.
- 1.9.9 If this is endorsed, the application and sign up will be completed through January to April 2023 by our Adult Commissioning and Partnerships Team with a view that sign up is completed by June 2023.

2. HOW DOES THIS DECISION CONTRIBUTE?

- 2.1 This proposal also supports a broad range of strategic objectives for the Council and City, and is aligned with existing policies and commitments, including:
- Adult Social Care Strategy – Delivery upon vision, outcomes, and all commitments.
 - Councils Delivery Plan – Under the Strategic Goal Health and Wellbeing for all.
 - Our Sheffield: One Year Plan – under the priority for Education Health and Care, enabling adults to live the life that they want to live
 - Our new ASC Operating Model - this aligns to that new arrangement by establishing greater focus on outcomes and community connection.
- 2.2 The governance arrangements proposed will support a culture of accountability, learning and continuous improvement which will enable the Council to deliver upon its vision and strategy for Adult Social Care, deliver better outcomes and an improved experience for people and a more sustainable adults social care service for the future.
- 2.3 One of the commitments under the strategy is to “Make sure support is led by ‘what matters to you’, with helpful information and easier to understand steps.” The improved governance arrangements aim to promote and ensure quality of support and practice which matters to individuals.

3. HAS THERE BEEN ANY CONSULTATION?

- 3.1 The ‘citizens involvement project’ will co-produce a new model and way of working with local people, voluntary sector, communities, and colleagues across Adult Social Care, supported by expert external facilitation. Taking this approach will ensure that the development is led by local people and based on what matters to you.

4. RISK ANALYSIS AND IMPLICATIONS OF THE DECISION

4.1 Equality Implications

4.1.1 The Equality Act 2010 gives legal status to various protected characteristics which people have – these include Age and Disability, characteristics which are central to the core activity of Adult Health and Social Care. As a Public Authority, the Council has legal requirements under the Equality Act. These are specified in the Public Sector Equality Duty, which includes a requirement to consider if and how we can advance equality of opportunity between people who share a protected characteristic and those who do not.

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

4.2 Financial and Commercial Implications

4.2.1 There are no short term financial and commercial implications relating to the proposal. Full consideration will be given to the affordability and viability of any proposal and recommendations which result as the project embeds throughout 2023 and will include financial modelling. Any commercial implications including the procurement of the services will be fully considered as part of the exercise.

4.3 Legal Implications

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

This legislation directs Adult Health and Social Care to:

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

4.3.2 The project will provide the foundations to enable each of these duties to be delivered in partnership with people.

4.4 Climate Implications

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

4.4.2 Through implementation of the involvement framework, officers will work with individuals to consider climate implications and opportunities for new ways of working.

4.5 Other Implications

4.5.1 There are no other implications.

5. ALTERNATIVE OPTIONS CONSIDERED

Alternative options have been considered and the options are:

5.1 Option 1 - Option 'to do nothing' and have no involvement framework. However, this would not enable citizens to be involved in shaping and continuous improvement of adult health and social care activity in an open and transparent way.

5.2 Option 2 – Delay request for approval and implementation of the framework to enable further learning, benchmarking, and engagement. It is planned that benchmarking, learning and engagement will take place on an ongoing and dynamic basis to ensure it delivers what matters to people of Sheffield and is responsive to changing circumstances.

6. REASONS FOR RECOMMENDATIONS

6.1 The report asks for an endorsement of our ambition to further develop our involvement offer for local people. We propose to create new ways to empower citizens to inform, have influence, and to hold Adult Social Care to account across its services; and to lead our approach to co-production and other forms of involvement.

6.2 It's aimed that this approach will promote continuous improvement, which can then provide assurance to Committee regards our impact on people in partnership with people.

Adult Health and Social Care Involvement Delivery Plan

Living the life you want to live: Sheffield's ASC Strategy 2022- 2030

Adult Health and Social Care: Involvement Delivery Plan 2023 - 2025

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'll 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 Involvement

Our commitment to involving people is featured in several places throughout the strategy:

Commitment 1 - What we will do:

- We will provide a partnership of care and support, **designed and delivered with communities**

Commitment 4 - What we will do:

- We will make sure **everyone can be involved as an equal partner in designing the support and services they receive** across the whole system.

Commitment 6 - What we will do:

- We will embed **open and transparent decision-making alongside our plans and priorities for adult social care, created with the people of Sheffield.**

How we will do this

We want to involve people:

- In creating their individual support plans
- In shaping and improving services
- By supporting our providers to offer participation opportunities to the people they support
- Through working with other local groups, both in our formal partnerships and through advocacy and support networks.

The Adult Social Care Strategy Delivery Plan includes a range of key activities across these areas:

Commitment 1 and 4:

- Co-design and build the new information, advice and guidance offer year 1

Commitment 3:

- Co-produce specialist support to 150 people facing multiple disadvantages years 1 and 2 (Changing Futures)

- Co-produce Adults with disabilities framework year 1

Commitment 4:

- Learning Disabilities and Autism strategies for Sheffield year 1

- Develop provider standards

Commitment 6:

- Embed a coproduction approach and standards year 1-3
- Expand ongoing engagement and coproduction mechanisms with existing and new structures, including involvement in governance structures year 1-2
- Jointly identify and resolve gaps in citizen and partner voice year 1-10

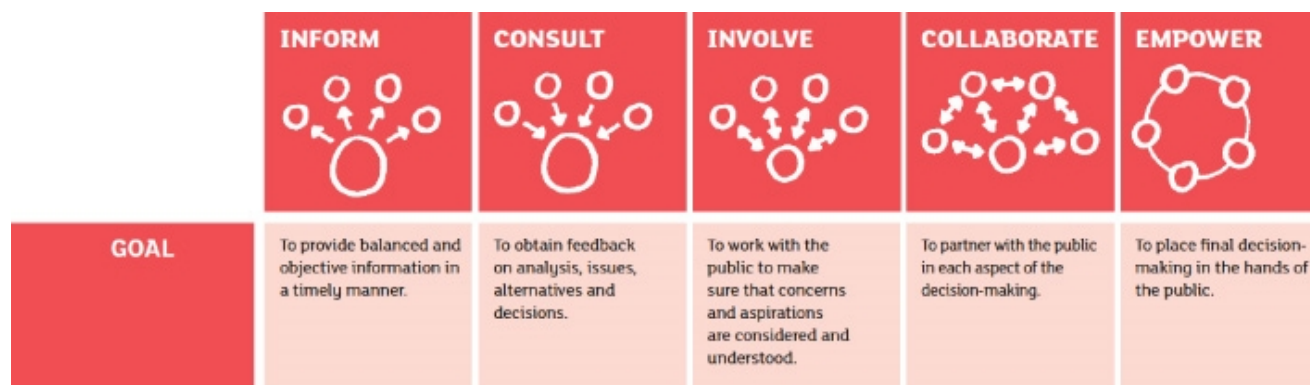
Page 10

This Delivery Plan has a **particular focus on the commitment 6 activities** (which will also support progress on the other commitments) and sets out how these actions are being progressed.

- People who may need support either now or in the near future
- Unpaid carers and family members of people who use services

These opportunities span a spectrum of participation levels (also known as the ladder of participation/involvement) with different degrees of involvement, as shown in this diagram. Collaborative ways of working are also known as coproduction¹.

Image: International Association of Public Participation spectrum of participation <https://www.iap2.org/>



What do we mean by involvement?

In the context of this delivery plan, we mean involvement opportunities to help shape and improve our services, open to:

- People who use or have recently used an adult social care service

¹ There are various interpretations of the participation model such as TLAP's ladder of coproduction: <https://www.thinklocalactpersonal.org.uk/Latest/Co-production-The-ladder-of-co-production/>

Our current involvement mechanisms include:

- Three forums for people with lived experience:
 - o Safeguarding Adults Customer Forum
 - o Carers Voice Group
 - o Service Improvement Forum
- Five boards/delivery groups with community representatives:
 - o Autism Partnership Board
 - o Learning Disabilities Partnership Board
 - o Direct Payments Improvement Programme
 - o Carers Strategy Implementation Group
 - o Changing Futures Board
- Project-based involvement offers from AHSC services or teams for example: the statutory ASCOF survey, engagement on the autism and carer strategies, input on the development of the home care pilot and the projects featured in the strategy commitments above.

Page 110

Developing a culture of involvement

AHSC has ambitions to develop its involvement offer for local people. We

propose to create new ways to empower citizens to inform, have influence, and to hold AHSC to account across its services; and to lead AHSC's approach to co-production and other forms of involvement.

We aim to increase and broaden the range of people we reach, to better reflect the diversity of the city and tackle inequalities in social care provision.

The goal is to create a sustainable model that embeds community involvement throughout adult social care.

Designing a new approach:

In the first half of 2023, we will run a 'citizens involvement project' to co-produce this new model with local people, Voluntary and Community Organisations and Adult Health and Social Care, supported by expert external facilitation.

The new mechanism will enhance AHSC's existing special interest boards and forums by coordinating intelligence from this network and other sources of lived experience and providing a link to the AHSC Policy Committee.

The new model will offer an invaluable platform for AHSC to listen to the people of Sheffield, draw from real-time evidence and enjoy increased confidence in its decision-making. It will bring lived experience into

the heart of AHSC's governance structure, enabling local people to scrutinise service provision, challenge poor performance and crucially, support staff to make improvements.

To do this, the new body will also champion and facilitate opportunities for local people to be involved in service design, quality assurance/evaluation and improvement drives. Opportunities will span the participation spectrum (as illustrated in the diagram above) but we will aspire to co-production whenever appropriate. The new mechanism will create a space for supporting participation elements across all areas of AHSC's work.

Its ultimate name, function and approach will be decided by the co-production project participants.

The body will be designed to offer local people a range of opportunities to participate in its activities, supporting people to contribute on their own terms, according to their interests and lived experience. It could take the structure of a forum, network or other mechanism/method, encompassing a range of roles such as community researchers, consultees, design teams, secret shoppers, and advisory presenters at committee.

Training, support and access mechanisms for members will be designed into the new

structure and a reward and recognition scheme will also be consolidated.

Shared principles and standards

The initiative will also provide an opportunity to review the AHSC Coproduction Charter originally developed with the Service Improvement Forum and to refresh it to better reflect the full spectrum of involvement offers. A set of standards will be developed from the charter to monitor, quality assure and assess AHSC progress in this area.

As part of our commitment to involving people, we will also sign up to the Think Local Act Personal 'Making It Real' framework² for personalised care and support. As part of our reporting activities, we will share progress with Making It Real network members on our co-production activities linked to the framework's principles.

Resolving gaps in citizen and partner voices

A programme of engagement activities will run in tandem with the project, with members of the community AHSC has had little or no contact with to date, for example the Yemeni community, the Deaf community, and older people such as those living with dementia or in extra care housing. These outreach activities will

develop mutual understanding, interest and trust, to build confidence in the involvement opportunities emerging from the design project.

A review of existing AHSC involvement forums and boards will also be completed over the next 12 months, and improved community representation and communication lines developed with other local groups. Exploratory work is already underway. For example, a proposal to establish an election process for Learning Disability Partnership Board community representatives will be considered by attendees of the new monthly We Speak You Listen forums run by Sheffield Voices at Disability Sheffield in January.

Communications

The newly launched AHSC community involvement newsletter³ will provide a key vehicle to promote the new offers and a dedicated AHSC Hub (section) on the new Engagement HQ platform 'Have Your Say Sheffield', launching January 2023 will provide a range of online survey and participation tools and spaces (in place of Citizen Space) to complement and support activities.

Follow-on activities will include:

- implementing and embedding the new approach
- an internal communications campaign
- establishment of ongoing support to the new mechanisms
- development of an involvement toolbox for use across the service.

² [Making it Real - Think Local Act Personal](#)

³ [NEW: Health & Social Care Community Involvement Newsletter #1 \(govdelivery.com\)](#)

Involvement Delivery Plan

Ambition: Devise new involvement opportunities in adult social care through the Citizens Involvement Project

Context: AHSC Strategy Delivery Plan – commitment 6

Accountable Officer: Director Adult Health and Social Care

Accountable Committee/ Board: ?

Milestone/action	By when	Lead	RAG
Recruit external facilitator	Dec 22	Involvement Coordinator	
Launch “Engagement HQ” Adult Health and Social Care Hub	Jan 2023	Involvement Coordinator	
Deliver citizens involvement project to identify and design new involvement mechanisms for people with lived experience of support (or need for it)	June 2023	Involvement Coordinator	
Complete sign up to Making It Real	June 2023	Involvement Coordinator	
Identify and set up standards and performance metrics for involvement activities, including the Making it Real commitments.	Sept 2023	Involvement Coordinator	
Contribute to a service wide statement of intent, setting out what involvement is about at all levels, from being involved in developing people's own support plans through to involvement in projects	Dec 2023	Involvement Coordinator	
Implement/embed new involvement roles, structures and support mechanisms, including reward and recognition scheme	Dec 2023	Involvement Coordinator	
Review forums and boards and implement any new ways of working	Dec 2023	Group Chairs with Involvement Coordinator	
Internal communications campaign to support new culture of involvement	Dec 2023	Practice Development Team	
Carry out outreach/engagement activities through Voluntary and Community Organisations and partner agencies	ongoing	Involvement Coordinator	
Review new involvement mechanisms at performance clinic	June 2024	Head of Business Planning, Strategy and Implementation	
Develop involvement toolbox for AHSC teams	Dec 2024	Involvement Coordinator	
Participation audit	Mar 2025	Involvement Coordinator	
Risks	Other issues		

- *Lack of internal and external stakeholder engagement prevents successful implementation of new involvement opportunities*
- *Proposed activities are not viable*
- *Activities are not co-produced and participants lose faith in the process.*

- *Capacity – solutions need to be proportionate*

Equality Impact Assessment

Introductory Information

Budget/Project name

AHSC Community Involvement Programme

Proposal type

- Budget
 Project

Reference number

1345

Decision Type

- Cooperative Executive
 Leader
 Adult Health and Social Care Policy Committee
 Executive Director/Director
 Officer Decision (Non-Key)
 Council (e.g. Budget and Housing Revenue Account)
 Regulatory Committee (e.g. Licensing Committee)
 Local Area Committee

Lead Cooperative Executive Member

George Lindars-Hammond

Entered on Q Tier

- Yes No

Year(s)

- 18/19 19/20 20/21 21/22 22/23 23/24 24/25 25/26

EIA date

06/12/2022

EIA Lead

- | | |
|--|--|
| <input type="radio"/> Adele Robinson | <input checked="" type="radio"/> Ed Sexton |
| <input type="radio"/> Annemarie Johnston | <input type="radio"/> Louise Nunn |
| <input type="radio"/> Bashir Khan | <input type="radio"/> Richard Bartlett |
| <input type="radio"/> Bev Law | <input type="radio"/> Rosie May |

Person filling in this EIA form

Catherine Bunten

Lead officer

Alexis Chappell

Lead Corporate Plan priority

- | | | | | |
|---|--------------------------------------|---|---|---|
| <input checked="" type="radio"/> An In-Touch Organisation | <input type="radio"/> Strong Economy | <input type="radio"/> Thriving Neighbourhoods and Communities | <input type="radio"/> Better Health and Wellbeing | <input type="radio"/> Tackling Inequalities |
|---|--------------------------------------|---|---|---|

Portfolio, Service and Team

Cross-Portfolio

Yes No

Portfolio

People

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

Yes No

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

This EIA covers the community involvement strand of the emerging AHSC involvement activities.

Adult Health and Social Care wishes to create a new way to empower citizens to have influence, to inform and to hold it to account across its services; and to lead our approach to co-production.

The proposal intends to develop the range of opportunities it currently offers for local people to help shape and improve social care support in the city.

It also aims to increase and broaden the range of people it reaches, to better reflect the diversity of the city and tackle inequalities in social care provision.

The goal is to create a sustainable model that embeds community involvement throughout adult social care, designed over a three-month coproduction 'citizens involvement' project starting early 2023.

A programme of engagement activities will run in tandem with the project, with members of the community AHSC has had little or no contact with to date, for example the Yemeni community, the Deaf community, and older people such as those living with dementia or in extra care housing. These outreach activities will develop mutual understanding, interest and trust, to build confidence in the involvement opportunities emerging from the design project.

We also intend to enhance AHSC's existing special interest groups and forums by coordinating intelligence from this network and other sources of lived experience and providing a link to the new AHSC Policy Committee.

The newly designed body will champion and facilitate opportunities for local people to be involved in service design, quality assurance/evaluation and improvement drives, aspiring to co-production whenever appropriate. It will create a space for supporting participation elements across all areas of AHSC's work.

Its ultimate name, function and approach will be decided by the co-production project participants.

Training, support and access mechanisms for members will be designed into the new structure, which could also include peer support models. A reward and recognition scheme will also be considered.

An independent facilitator will be recruited for this design project through a limited tender exercise. The selection criteria will be coproduced and experts by experience recruited to sit on the selection panel.

The new body and roles will be rolled out through a community involvement delivery plan over the next two years 2023-25.

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

More information is available on the [Council website](#) including the [Community Knowledge Profiles](#).

Note the EIA should describe impact before any action/mitigation. If there are both negatives and positives, please outline these – positives will be part of any mitigation. The action plan should detail any mitigation.

Overview

Briefly describe how the proposal helps to meet the Public Sector Duty outlined above

By developing many options for involvement, designed by people with lived experience and with a specific aim of improving representation from people who face disadvantages due to inequality, the proposal should both mitigate and address inequality and discrimination, and foster good relations

Impacts

Proposal has an impact on

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

Give details in sections below.

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

Impact

- Positive Neutral Negative

Level

- None Low Medium High

Details of impact

The proposal is likely to improve people's experience and satisfaction with care and support services, and to feel like they are able to influence decisions and service provision. As a result, it is also likely to provide social care staff and partners with more informed knowledge and confidence to support people.

Customers

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

The proposal will enable people to have a voice and choice about how to get involved in a way that works for them, this is likely to have a positive impact self-efficacy and on health and wellbeing.
It also, ultimately, will improve our services

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

Health Lead

Age

Staff

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

Customers

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

By the nature of AHSC, a very large majority of people accessing support are 'older people'. To that extent, any changes to support has an impact, though we anticipate that this will be positive and more flexible and person-led opportunities for involvement are developed and implemented.

<p>Staff</p> <p><input type="radio"/> Yes <input checked="" type="radio"/> No</p>		<p>Impact</p> <p><input checked="" type="radio"/> Positive <input type="radio"/> Neutral <input type="radio"/> Negative</p>		
		<p>Level</p> <p><input checked="" type="radio"/> None <input type="radio"/> Low <input type="radio"/> Medium <input type="radio"/> High</p>		
<p>Details of impact</p>				
<p>Customers</p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>		<p>Impact</p> <p><input checked="" type="radio"/> Positive <input type="radio"/> Neutral <input type="radio"/> Negative</p>		
		<p>Level</p> <p><input type="radio"/> None <input type="radio"/> Low <input checked="" type="radio"/> Medium <input type="radio"/> High</p>		
<p>Details of impact</p> <p>By the nature of AHSC, a very large majority of people accessing support have a condition or impairment that would be defined as a 'disability.' To that extent, any changes to support has a significant impact.</p> <p>Recognising the prevalence of people with learning disabilities, the proposal will include a focus on supporting people to be meaningfully involved.</p> <p>Developing new and other personalised approaches and ways of working in Sheffield will create more opportunities for people to meet their eligible needs and work towards and achieve their personal outcomes in the way that best suits them.</p>				

<p>Pregnancy/Maternity</p>				
<p>Staff</p> <p><input type="radio"/> Yes <input checked="" type="radio"/> No</p>		<p>Impact</p> <p><input checked="" type="radio"/> Positive <input type="radio"/> Neutral <input type="radio"/> Negative</p>		
		<p>Level</p> <p><input checked="" type="radio"/> None <input type="radio"/> Low <input type="radio"/> Medium <input type="radio"/> High</p>		
<p>Details of impact</p>				
<p>Customers</p> <p><input type="radio"/> Yes <input checked="" type="radio"/> No</p>		<p>Impact</p> <p><input type="radio"/> Positive <input type="radio"/> Neutral <input type="radio"/> Negative</p>		
		<p>Level</p> <p><input type="radio"/> None <input type="radio"/> Low <input type="radio"/> Medium <input type="radio"/> High</p>		
<p>Details of impact</p> <p>No direct or disproportionate impacts are identified. However, the strategy would be expected to enable people to identify options for support that is more personalised to individual lives, priorities, values, goals and support needs.</p>				

Race

Staff

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact**Customers**

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

The proposal aims to increase and broaden the range of people it reaches, to better reflect the diversity of the city and tackle inequalities in social care provision.

Religion/Belief

Staff

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact**Customers**

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

The proposal aims to increase and broaden the range of people it reaches, to better reflect the diversity of the city and tackle inequalities in social care provision.

Sex

Staff**Impact**

Yes No Positive Neutral Negative

Level
 None Low Medium High

Details of impact

Customers
 Yes No

Impact
 Positive Neutral Negative

Level
 None Low Medium High

Details of impact

No direct or disproportionate impacts are identified. However, the proposal would be expected to enable people to be involved and be part of developing options for support that is more personalised to individual lives, priorities, values, goals and support needs.

Sexual Orientation

Staff
 Yes No

Impact
 Positive Neutral Negative

Level
 None Low Medium High

Details of impact

Customers
 Yes No

Impact
 Positive Neutral Negative

Level
 None Low Medium High

Details of impact

No direct or disproportionate impacts are identified. However, the proposal would be expected to enable people to be involved and be part of developing options for support that is more personalised to individual lives, priorities, values, goals and support needs.

Transgender

Staff
 Yes No

Impact
 Positive Neutral Negative

Level
 None Low Medium High

Details of impact

Customers
 Yes No

Impact
 Positive Neutral Negative

Level
 None Low Medium High

Details of impact

No direct or disproportionate impacts are identified. However, the strategy would be expected to enable people to identify options for support that is more personalised to individual lives, priorities, values, goals and support needs.

Carers

Staff
 Yes No

Impact
 Positive Neutral Negative

Level
 None Low Medium High

Details of impact

Customers
 Yes No

Impact
 Positive Neutral Negative

Level
 None Low Medium High

Details of impact

Carers should benefit from this approach, either directly (by improvements to ways to be involved, and their experience and outcomes); or indirectly (in terms of improvements for people who are cared for).

Voluntary/Community & Faith Sectors

Staff
 Yes No

Impact
 Positive Neutral Negative

Level
 None Low Medium High

Details of impact

The programme will continue to seek to involve staff from different organisations (or self-employed) to offer insights, which will potentially have an indirect benefit to organisations and their employees.

Customers

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

Cohesion

Staff

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

the proposal would be expected to enable people to be involved and be part of developing options for support that is more personalised to individual lives, priorities, values, goals and support needs.

Customers

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

the proposal would be expected to enable people to be involved and be part of developing options for support that is more personalised to individual lives, priorities, values, goals and support needs.

Partners

Staff

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

Customers

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

Poverty & Financial Inclusion

Staff

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

Customers

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

Armed Forces

Staff

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

Customers
 Yes No

Impact
 Positive Neutral Negative

Level
 None Low Medium High

Details of impact
 the proposal would be expected to enable people to be involved and be part of developing options for support that is more personalised to individual lives, priorities, values, goals and support needs.

Other

Staff
 Yes No *Please specify*

Impact
 Positive Neutral Negative

Level
 None Low Medium High

Details of impact

Customers
 Yes No *Please specify*

Impact
 Positive Neutral Negative

Level
 None Low Medium High

Details of impact

Cumulative Impact

Proposal has a cumulative impact

Yes No

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

If yes, details of impact

Proposal has geographical impact across Sheffield

Yes No

If Yes, details of geographical impact across Sheffield

Local Partnership Area(s) impacted

All Specific

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

Action Plan and Supporting Evidence

Action Plan

- Equalities questions in the facilitator selection criteria
- Development of a participation support offer
- Outreach activities to seldom heard sections of the community to build understanding and trust and promote new and existing involvement opportunities
- Communications plan with provision for tailored resources
- Appropriate performance indicators to monitor and assess project and programme progress.

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

Consultation

Consultation required

Yes No

If consultation is not required please state why

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

Yes No

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

Yes No

If you have said no to either please say why

Summary of overall impact

Summary of overall impact

Summary of evidence

Changes made as a result of the EIA

Escalation plan

Is there a high impact in any area?

Yes No

Overall risk rating after any mitigations have been put in place

High Medium Low None

Sign Off

EIAs must be agreed and signed off by an Equality lead Officer. Has this been signed off?

Yes No

Date agreed

Name of EIA lead officer

Review Date	<input type="text"/>
--------------------	----------------------



Report to Policy Committee

Author/Lead Officer of Report:

Andy Buxton, Commissioning Officer

Mary Gardner, Strategic Commissioning Manager

Tel: 0114 205 2714 / 0114 474 3439

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

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

Date of Decision: *19th December 2022*

Subject: *Personalisation and Direct Payments Strategy*

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? 1130				
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 seek approval from Committee for Sheffield's Personalisation and Direct Payment Strategy and Delivery Plan and to provide and update on progress made to date to improve the Direct Payments offer in Sheffield.

Recommendations:

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

1. Approve Sheffield's Personalisation and Direct Payments Strategy and associated Delivery Plan.
2. Note the progress made to date to improve the Direct Payments offer in Sheffield.
3. Requests the Director of Adult Health and Social Care to bring back an update in relation to progress in delivering the strategy within six months.

Background Papers:

None

Appendices:**Appendix 1 - Personalisation and Direct Payments Strategy, including appendices contained within:**

Appendix A1 - Personalisation and Direct Payments Delivery Plan

Appendix A2 - Our journey so far

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

Appendix A4 - Financial Statement

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

Appendix A6 - Context for the Strategy

Appendix A7 - Market Shaping Statement

Appendix 2 – EIA 1130 – Personalisation & Direct Payments Strategy

Lead Officer to complete:-		
1	I have consulted the relevant departments in respect of any relevant implications indicated on the Statutory and Council Policy Checklist, and comments have been incorporated / additional forms completed / EIA completed, where required.	Finance: <i>Liz Gough</i>
		Legal: <i>Patrick Chisholm</i>
		Equalities & Consultation: <i>Ed Sexton</i>
		Climate: <i>Jessica Rick</i>
	<i>Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.</i>	
2	SLB member who approved submission:	<i>Alexis Chappell</i>
3	Committee Chair consulted:	<i>Cllrs Angela Argenzio and George Lindars-Hammond</i>
4	I confirm that all necessary approval has been obtained in respect of the implications indicated on the Statutory and Council Policy Checklist and that the report has been approved for submission to the Committee by the SLB member indicated at 2. In addition, any additional forms have been completed and signed off as required at 1.	
	Lead Officer Name: Mary Gardner	Job Title: Strategic Commissioning Manager
	Date: 21 November 2022	

1. PROPOSAL

- 1.1 The purpose of this report is to seek approval from the Adult Health and Social Care Policy Committee for the Personalisation and Direct Payments Strategy, attached at *Appendix 1*.
- 1.2 The report updates Committee on progress made to date to improve the Direct Payments offer in Sheffield and describes where there are further opportunities and the need to develop new personalised approaches which will offer greater choice and control for local people with social care needs.
- 1.3 The report also seeks approval of the delivery plan in *Appendix 2*, noting the proposed programme of work to develop and improve personalised approaches in Sheffield
- 1.4 The Personalisation and Direct Payments Strategy and Delivery Plan summarises the responsibilities of the Council as set out in the Care Act (2014) and the activities the Council plans to carry out to ensure these responsibilities are met.

2. BACKGROUND

- 2.1 The Social Care Institute for Excellence (SCIE) describes personalisation as, “recognising people as individuals who have strengths and preferences and putting them at the centre of their own care and support.” This definition was adapted by people with lived experience in Sheffield.
- 2.2 ADASS advises that effective approaches for personalisation involve finding out what is important to people with social care needs (involving their families and friends) and helping them to plan how to use the available money in the best way(s) to achieve these aims. There should be a focus on agreeing and working towards outcomes and ensuring that people have choice and control over their support arrangements.
- 2.3 This guidance reflects the requirements set out in the Care Act (2014) legislation and statutory guidance. The Care Act (2014) aims to improve the outcomes and experience of care and secure a more effective use of public and community resources by improving the personalisation of services and giving people more choice and control over how their desired outcomes are achieved.
- 2.4 The accompanying Statutory Guidance advises that, “*Local authorities should facilitate the personalisation of care and support services, encouraging services (including small, local, specialised and personal assistant services that are highly tailored), to enable people to make meaningful choices and to take control of their support arrangements, regardless of service setting or how their personal budget is managed.*” (4.46)

- 2.5 The Adult Social Care Strategy (2021-2030), '*Living the life you want to live*', aims to embed personalisation by making a commitment towards increasing the choice and control that people have about the support they receive and focussing on delivering more personalised care and support which builds on capacity in the community.
- 2.6 The Sheffield Personalisation and Direct Payment Strategy was developed to provide a foundation for establishing personalisation as an enabler for ensuring that we put people first, so that citizens are empowered to self-direct their care and support; as a result, citizens will achieve the outcomes that they want and live the life they want to live.
- 2.7 This Strategy guides, co-ordinates and aligns the development and growth of personalised approaches for people who use social care in moving forward, which includes our direct payments offer. It aims to establish best practice and a focus on ensuring people are supported in the best way and reach their health and wellness potential.

Overview of the Strategy

- 2.8 The Personalisation and Direct Payment Strategy describes how we will work collaboratively with people with lived experience, their families and carers, our partners and stakeholders to shape, design and produce new and improved ways of working.
- 2.9 It outlines Sheffield's commitments to increase and further develop approaches and practice around personalisation over the next 5 years (2023-2028) in partnership with individuals, our workforce, our communities, and our partners. It's our ambition that in doing so we see an increase in use of Direct Payments and see personalisation across all aspects of Adult Social Care.
- 2.10 We believe that by fostering innovation, creativity, and strength-based approaches we will deliver improved outcomes for individuals, establish better experiences of care, and achieve better value for public monies.

Improvement Activity

- 2.11 During the pandemic the average costs of Direct Payments increased. This can be particularly attributed to the impact of covid in having to provide additional funding to ensure people could meet their needs.
- 2.12 In addition, reviews are highlighting that people now accessing social care have more complex needs or multiple areas of need, for example often people's mental health has deteriorated, or carer, and family relationships have broken down in addition to primary needs.
- 2.13 Focussed review work is now underway to look at alternative more flexible and creative solutions towards supporting individuals in receipt of direct payments to live independent lives. The outcomes and subsequent actions

arising will be added to the service practice development plan, noted in the DASS report today.

3. HOW DOES THIS DECISION CONTRIBUTE?

- 3.1 The Personalisation & Direct Payments Strategy will ensure people are able to direct their own support, which is led by what is important and matters to them. People will play an active role in designing support and services and will have the right information available to them at the right time.
- 3.2 The Strategy will also ensure that a diverse, creative and responsive marketplace is shaped and developed to offer real choice and control for people. Personalised approaches offering more creative and innovative solutions and options will enable people to meet their needs and achieve their outcomes more effectively.
- 3.3 The proposed strategy and delivery plan will directly impact and contribute towards Commitments 4 & 6 of the *Living the life you want to live, Sheffield's Adult Health and Social Care Strategy 2022-2030*, which are:
- *Commitment 4 - Make sure support is led by 'what matters to you', with helpful information and easier to understand steps.*
 - *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.*
- 3.4 The Personalisation and Direct Payments Strategy 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.
- 3.5 The strategy also aligns with the Council's Delivery Plan approved at Strategy and Resources Committee on 30th August 2022 in relation to Key Milestone 8 under Goal 4 of the Delivery Plan is, '*Deliver a Direct Payments and Personalisation Strategy and Strategic Delivery Plan setting out how we will improve choice and control for people with a disability across Sheffield.*'
- 3.6 In October 2021, SACHMA with grant funding from Healthwatch Sheffield produced a report entitled, 'A Review of Home Care – The African Caribbean Perspective'. The report makes several recommendations to the Council based on the findings in the report and participant suggestions of what good care looks like.
- 3.7 Recommendation 14 in the report is specifically about the development of Individual Service Funds (ISFs):

Recommendation 14 – Choice and Control – Direct Payments offer a good route to get care that is right for an individual, but it is not appropriate for everyone. SCC to develop use of other mechanisms offering choice such as

Individual Service Funds, which place less responsibility on the individual accessing them.

- 3.8 The Council has produced an action plan in response to the recommendations from the report which confirms that the development of ISFs is now being taken forward following the recent appointment of a new Commissioning Officer for Direct Payments.
- 3.9 The Personalisation and Direct Payments Strategy makes the commitment to develop Individual Service Funds in Sheffield as a personalised offer for people who want flexible support without taking on the responsibilities that come with managing a direct payment.

4. HAS THERE BEEN ANY CONSULTATION?

- 4.1 The development of the Personalisation and Direct Payments Strategy has been fully co-produced. The commitment to coproduction started from the initial development of the Direct Payment Improvement Programme.
- 4.2 People who use Direct Payments and their families have been actively involved in all aspects of design and decision-making including representation on the Direct Payments Steering group and project groups.
- 4.3 In August 2021, Sheffield's Direct Payments Vision was co-produced between people who access Direct Payments, staff and partners. The Vision describes the values in which we shall work together and sets out the expectations of both people who have Direct Payments and the Council.
- 4.4 Also in 2021, the Council engaged with a range of people to identify the key issues and concerns they had around Direct Payments and what changes they would like to see made in the future. A survey was also carried out with Social Care staff to gather feedback about their experience of Direct Payments and ideas for change.
- 4.5 The key issues and ideas for change discussed and jointly agreed during this engagement directly informed the aim, objectives and workstreams of the Direct Payment Improvement Programme.
- 4.6 Further engagement with Direct Payment recipients, families, carers and staff took place in July 2022, where it was agreed that the key issues and ideas for change were much wider than just Direct Payments and apply to how people currently experience and feel about personalisation in Sheffield.
- 4.7 The Council has considered this feedback and has worked with people to agree the 5 priorities outlined in the Strategy which will address the key issues, respond to the ideas for change and enable the growth and development of approaches and practices around personalisation.
- 4.8 People with lived experience of Direct Payments and the workforce have contributed 'Postcards from the Future' in which they imagine what things will be like in the future (after the strategy has been delivered). These insights

help bring the strategy to life and describe how things will be better because of the strategy.

- 4.9 During the development of the Personalisation and Direct Payments Strategy, 861 people with lived experience and 91 staff have had the opportunity to shape its content and to comment on its development. People have been able to contribute through face-to-face workshops, email, telephone call and one-to-one sessions.
- 4.10 Following the approval of the strategy, the Council will continue to work collaboratively with people with lived experience, their families and carers, partners and stakeholders to deliver the strategy.
- 4.11 Further information around how we have involved people can be found in the strategy.

5. RISK ANALYSIS AND IMPLICATIONS OF THE DECISION

5.1 Equality Implications

- 5.1.1 The proposal is fully consistent with the Council's obligations under the Equality Act 2010 and the Public Sector Equality Duty. It is considered that measures to improve and develop personalised approaches in Sheffield will better support people with social care needs to exercise choice and control, and the quality and range of services available.
- 5.1.2 In Equality Act terms, the proposal will have a significant direct, positive impact for people with the protected characteristic of disability – i.e. most beneficiaries. Indirectly, there is also likely to be positive impacts in terms of race, (a higher proportion of adult social care customers from BAME communities choose a Direct Payment); and sex (there is a higher prevalence of women within the PA workforce).
- 5.1.3 It is also recognised that often Direct Payments were the only option for some people where our council-arranged Frameworks were not always able to offer culturally appropriate support.

5.2 Financial and Commercial Implications

- 5.2.1 The current available budget in 2023/24 for Direct Payments is c.£50m, with the service expecting to deliver within budget. This is based on 2,016 individuals receiving a Direct Payment, with an average weekly cost per client of £472.
- 5.2.2 The Personalisation and Direct Payments Strategy aims to deliver support options that meets individuals' needs by improving efficiency, joint working arrangements, and creative thinking. Work is underway to look at how this might be achieved, and to develop proposals that are in line with the wider Adult Social Care Strategy.

5.2.3 Given the current financial challenges that the Council faces, a standstill budget approach has been adopted, with each committee being asked to work within their budget envelope. As such, any additional costs of Direct Payments associated with growth in numbers of people choosing Direct Payments or in their personal budgets will need to be mitigated by savings within Social Care.

5.3 Legal Implications

5.3.1 Under the Care Act 2014, the Local Authority has a duty to promote the wellbeing of individuals when undertaking its care and support functions. If the person has eligible support needs then S18 looks to meet those needs including a discretion under S8 to meet needs by making Direct Payments to ensure its legal obligations are met.

5.3.2 Care Act Statutory Guidance states 4.8 - Since 2007 when personalisation became a mainstream policy, commissioning has also covered activity to ensure that sufficient and appropriate services are available to meet the needs of growing numbers of people with personal budgets and direct payments. The Strategy is in line with that Guidance.

5.4 Climate Implications

5.4.1 The Personalisation and Direct Payments Strategy contributes towards the Adult Social Care Strategy and Delivery Plan which makes specific reference to ensuring a focus on Climate Change – both in terms of an ambition to contribute to net zero as well as adapt to climate change.

5.4.2 Although the Personalisation and Direct Payments Strategy will not have direct climate implications, we have used the Climate Impact Assessment Team's guidance to ensure we consider relevant climate factors and how the strategy and delivery plan may indirectly contribute towards reducing our climate impact.

5.4.3 Priority 3 within the Strategy is to *develop a vibrant and diverse community of providers and support options which offer personalised and responsive solutions for the people of Sheffield*. By creating a vibrant marketplace which reflects local need and demand and provides real options for people to be supported in the way they choose, there is potential to encourage and shape the development of service provision which is conscious of and aiming to reduce its climate impact. There are also opportunities within Priority 4 of the strategy to consider climate impacts when developing new quality assurance systems when building a directory of the local market offers for people to choose and direct their own support.

5.4.4 *Buildings and Infrastructure* - the flexibility and high level of choice and control that is intrinsic to direct payments and personalised approaches means that people can be supported/receive care and support how and where they choose e.g. in their home, close to home and/or in existing community buildings and facilities which helps to reduce the likelihood of

additional climate impact. By giving people the choice to be supported at home or supporting them to access existing community provision reduces the need to build and develop new provision.

- 5.4.5 *Transport* – personalised approaches can support people to access public transport and increase use of active forms of travel in line with their personal outcomes and how they wish to be supported.
- 5.4.6 *Energy* – improving awareness and understanding around the use and access of assistive technologies and tech-enabled care can help to improve energy efficiency and decrease energy demand as additional benefits to improving or maintaining independence.
- 5.4.7 *Economy* – market shaping for a creative, diverse and responsive marketplace for people who use Direct Payments, Individual Service Funds and other personalised approaches encourages the development of small, highly specialised, local services and businesses which may reduce climate impact including reduced travel, smaller infrastructures, efficient operations.
- 5.4.8 *Resource use* – people directing their own support are able to choose and purchase local services and businesses and can be supported to access existing community provision and facilities which is likely to reduce climate impact.
- 5.4.9 *Influence* – there is opportunity when developing the information, advice and guidance offer to people using Direct Payments and other personalised approaches to support understanding and raise awareness of the climate impact of provision and resources they purchase and/or access which may help inform their choice and decision making.
- 5.4.10 *Adaptation* – people who have Direct Payments are encouraged to consider their personal contingency plans in order to respond and adapt effectively in the event of extreme weather.

5.5 Other Implications

- 5.5.1 There are no other implications.

6. ALTERNATIVE OPTIONS CONSIDERED

6.1 Do nothing

- 6.1.1 If the Council leaves Direct Payments and personalised approaches as they are this would result in the Council not being fully compliant with duties and responsibilities outlined in the Care Act (2014).
- 6.1.2 This option would mean the Council is unable to achieve the outcome in the Council's delivery plan to deliver a Direct Payments and Personalisation Strategy and Strategic Delivery Plan.

6.2 Proceed with Direct Payment Improvement Programme only

6.2.1 This option would result in a programme of improvement focussing on improving Direct Payments operating in isolation and without a clear strategy to co-ordinate and connect to other and alternative opportunities to improve personalisation in Sheffield.

6.2.2 Although this option would ensure the Council is compliant with some aspects of the Care Act (2014) around Direct Payments, there would still need to be further commitments made to be fully compliant with responsibilities around personalisation of care and support services.

6.2.3 This option would mean the Council is unable to achieve the outcome in the Council's delivery plan to deliver a Direct Payments and Personalisation Strategy and Strategic Delivery Plan.

7. REASONS FOR RECOMMENDATIONS

7.1 To ensure the Council is fully compliant in its duties and responsibilities around Direct Payments and personalisation.

7.2 To ensure the achievement of the outcome in the Council's delivery plan to deliver a Direct Payments and Personalisation Strategy and Strategic Delivery Plan.

7.3 To make a commitment to the fulfil the priorities co-produced with local people to develop, improve, and grow personalised approaches in Sheffield for people who use social care.

Equality Impact Assessment

Introductory Information

Budget/Project name

Personalisation and Direct Payments Strategy

Proposal type

- Budget
- Project

Reference number

1130

Decision Type

- Cooperative Executive
- Leader
- Adult Health and Social Care Policy Committee
- Executive Director/Director
- Officer Decision (Non-Key)
- Council (e.g. Budget and Housing Revenue Account)
- Regulatory Committee (e.g. Licensing Committee)
- Local Area Committee

Lead Cooperative Executive Member

George Lindars-Hammond

Entered on Q Tier

- Yes
- No

Year(s)

- | | | | | | | | |
|-----------------------------|-----------------------------|-----------------------------|-----------------------------|--|-----------------------------|-----------------------------|-----------------------------|
| <input type="radio"/> 18/19 | <input type="radio"/> 19/20 | <input type="radio"/> 20/21 | <input type="radio"/> 21/22 | <input checked="" type="radio"/> 22/23 | <input type="radio"/> 23/24 | <input type="radio"/> 24/25 | <input type="radio"/> 25/26 |
|-----------------------------|-----------------------------|-----------------------------|-----------------------------|--|-----------------------------|-----------------------------|-----------------------------|

EIA date

06/01/2022

EIA Lead

- | | |
|--|--|
| <input type="radio"/> Adele Robinson | <input checked="" type="radio"/> Ed Sexton |
| <input type="radio"/> Annemarie Johnston | <input type="radio"/> Louise Nunn |
| <input type="radio"/> Bashir Khan | <input type="radio"/> Richard Bartlett |
| <input type="radio"/> Bev Law | <input type="radio"/> Rosie May |

Person filling in this EIA form

Mary Gardner/Andy Buxton

Lead officer

Alexis Chappell

Lead Corporate Plan priority

- | | | | | |
|--|--------------------------------------|---|--|---|
| <input type="radio"/> An In-Touch Organisation | <input type="radio"/> Strong Economy | <input type="radio"/> Thriving Neighbourhoods and Communities | <input checked="" type="radio"/> Better Health and Wellbeing | <input type="radio"/> Tackling Inequalities |
|--|--------------------------------------|---|--|---|

Portfolio, Service and Team

Cross-Portfolio

Yes No

Portfolio

People

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

Yes No

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

This Equality Impact Assessment was originally completed in 2020 for the Direct Payments Improvement Programme. It was updated December 2021 in consideration of the decision to commission an external Direct Payment Support Service. This latest version of the EIA has now been reviewed and updated to reflect the development of the Personalisation and Direct Payments Strategy, taking account of these additional elements as well as continuing to reflect the impact of the improvement programme and the delivery and review of the support service.

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

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

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

We have worked with people to agree 5 priorities for the strategy that will address the key issues and ideas for change identified by local people that will enable us to grow and develop approaches and practices around personalisation:

1. Improve how personalisation is approached, and delivered, in Sheffield for people who use social care, and for the social care staff and workforce that supports them.
2. Work collaboratively with people who access social care, their representatives, staff, and partners to deliver our strategy for personalisation together.
3. Develop vibrant and diverse support options including a community of providers and a Personal Assistants workforce which offers personalised and responsive solutions for the people of Sheffield.
4. Build a strong, sustainable infrastructure for people to access or buy the right support for them and develop other approaches that offer people the level of choice and control that suits them.
5. Develop practice that promotes personalisation, which underpins the values and duties within the Care Act (2014) and provide ongoing support, advice and learning to champion and deliver personalisation.

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

More information is available on the [Council website](#) including the [Community Knowledge Profiles](#).

Note the EIA should describe impact before any action/mitigation. If there are both negatives and positives, please outline these – positives will be part of any mitigation. The action plan should detail any mitigation.

Overview

Briefly describe how the proposal helps to meet the Public Sector Duty outlined above

Direct Payments, Individual Service Funds (ISFs) and personalised approaches are intended to help people to exercise choice and control in the way Adult Health & Social Care provides support, and they therefore support the aim of advancing equality of opportunity and the other elements of the Duty. However, the proposal covered by this EIA recognises that the principle of Direct Payments is not always achieved in full and aims to enhance the experience and use of Direct Payments. The proposal also seeks to develop ISFs as a new approach of deploying personal budgets in Sheffield and to develop new personalised approaches and practice.

Impacts

Proposal has an impact on

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

Give details in sections below.

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

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

The proposal is likely to reduce pressure on social care staff to support customers with employer-related enquiries/problems. This is currently a cause of stress. It will enable staff to focus on supporting people / casework. The proposal will also help provide social care staff with the Page 141, knowledge and confidence to

support people to access personalised approaches including Direct Payments and ISFs.

Customers

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

The proposal for improving personalised approaches in Sheffield will enable people to have choice and control about the care and support they receive and the way they receive this in order to meet their eligible needs and personal outcomes, which will mostly likely have a positive impact on their health and wellbeing.

The proposal also aims to offer support to people to help alleviate any anxiety or pressure that may be associated with managing Direct Payments, including employer responsibilities.

It also potentially better enables people to use Direct Payments in creative and innovative ways that more directly contribute to health and wellbeing.

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

Health Lead

Age

Staff

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

Customers

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

Direct Payments are currently under-used by older people and the proposal will aim to address this. Currently (January 2022), people aged 65 and over make up around 58% of all AHSC customers but only 23% of Direct Payment recipients.

In very general terms, AHSC support for older people (in contrast to working age and younger adults) can often focus on health and care needs, with less focus on community activities, reasonable preferences or wellbeing outcomes. This unintended disparity may also show itself financially in the top-up payments that may need to be paid.

The proposal includes the development of guidance for reasonable preferences with the aim to ensure that older people also benefit from this wider consideration and take-up of 'support.'

Disability

Staff

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

As reflected below under 'Partners', this EIA considers the impact on workers not only within the Council but also external/independent - primarily Personal Assistants (PAs). The proposal will include specialist employer advice to enable Direct Payment recipients who employ PAs to understand their responsibilities as employers and to ensure employment rights are adhered to.

Customers

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

By the nature of AHSC, a very large majority of people accessing support have a condition or impairment that would be defined as a 'disability.' To that extent, any changes to Direct Payment support has a significant impact. As an illustration of current use of Direct Payments amongst people with different disabilities, data shows that:

- 44% of Direct Payment recipients have a primary support need of learning disability support
- 34% of Direct Payment recipients have a primary support need of physical support
- 14% of Direct Payment recipients have a primary support need of mental health support

Recognising the higher prevalence of people with learning disabilities using Direct Payments, the proposal will include a focus on supporting people with who may

lack intellectual capacity to understand and make full use of Direct Payments.

The development of ISFs in Sheffield will enable people who are unable to (or do not want) the responsibility that comes with managing a Direct Payment to still have a high level of choice and control over their care/support by working closely with their chosen ISF holding provider.

Developing new and other personalised approaches and ways of working in Sheffield will create more opportunities for people to meet their eligible needs and work towards and achieve their personal outcomes in the way that best suits them.

Pregnancy/Maternity

Staff

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

As reflected below under 'Partners', this EIA considers the impact on workers not only within the Council but also external/independent - primarily Personal Assistants (PAs). The proposal will include specialist employer advice to enable Direct Payment recipients who employ PAs to understand their responsibilities as employers and to ensure employment rights are adhered to.

Customers

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

No direct or disproportionate impacts are identified. However, the strategy would be expected to enable people to identify options for support that is more personalised to individual lives, priorities, values, goals and support needs.

Race

Staff

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

As reflected below under 'Partners', this EIA considers the impact on workers not only within the Council but also external/independent - primarily Personal Assistants (PAs). The proposal will include specialist employer advice to enable Direct Payment recipients who employ PAs to understand their responsibilities as employers and to ensure employment rights are adhered to.

Customers

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

27% of Direct Payment recipients are from BAME communities (where ethnicity is known and recorded). This compares with a rate of 13% of all AHSC customers. This higher percentage may be based on positive choices to choose direct payments but it also may illustrate wide issues about the suitability of Council-arranged support for all customer groups.

The proposal aims to provide culturally appropriate support (e.g. that listens to the preferences of BAME customers). Through its market shaping remit, the programme aims to explore and encourage new and innovative types of support within communities; and to promote PA careers, diversity accessibility. Direct Payment recipients from BAME communities may benefit particularly from these initiatives.

In October 2021, SACHMA produced a report entitled, 'A Review of Home Care – The African Caribbean Perspective'. The report made a number of recommendations to the Council based on the findings in the report and participant suggestions of what good care looks like.

Recommendation 14 – Choice and Control – Direct Payments offer a good route to get care that is right for an individual, but it is not appropriate for everyone. SCC to develop use of other mechanisms offering choice such as Individual Service Funds, which place less responsibility on the individual accessing them.

The Council has produced an action plan in response to the recommendations from the report which confirms that the development of ISFs is now being taken forward as part of this strategy.

Religion/Belief

Staff

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

As reflected below under 'Partners', this EIA considers the impact on workers not only within the Council but also external/independent - primarily Personal Assistants (PAs). The proposal will include specialist employer advice to enable Direct Payment recipients who employ PAs to understand their responsibilities as employers and to ensure employment rights are adhered to.

Customers

Yes No

Impact

Positive Neutral Negative

Level
 None Low Medium High

Details of impact

No direct or disproportionate impacts are identified. However, the strategy would be expected to enable people to identify options for support that is more personalised to individual lives, priorities, values, goals and support needs.

Sex

Staff
 Yes No

Impact
 Positive Neutral Negative

Level
 None Low Medium High

Details of impact

Women make up the large majority of the PA workforce and, therefore, indirectly will be more affected. The proposal will consider ways to encourage more male PAs, in-line with the higher percentage of males compared to females who choose to receive a Direct Payment (see below).

Through its market shaping priorities, the strategy aims to explore ways to target and encourage more male workers.

Customers
 Yes No

Impact
 Positive Neutral Negative

Level
 None Low Medium High

Details of impact

A small majority (53%) of Direct Payment recipients are male. This is not a very significant difference, however the trend reverses overall prevalence of males accessing AHSC (44%).

Sexual Orientation

Staff
 Yes No

Impact
 Positive Neutral Negative

Level
 None Low Medium High

Details of impact

As reflected below under 'Partners', this EIA considers the impact on workers not only within the Council but also external/independent - primarily Personal Assistants (PAs). The proposal will include specialist employer advice to enable Direct Payment recipients who employ PAs to understand their responsibilities as employers and to ensure employment rights are adhered to.

Customers
 Yes No

Impact
 Positive Neutral Negative

Level
 None Low Medium High

Details of impact

No direct or disproportionate impacts are identified. However, the strategy would be expected to enable people to identify options for support that is more personalised to individual lives, priorities, values, goals and support needs.

Transgender

Staff
 Yes No

Impact
 Positive Neutral Negative

Level
 None Low Medium High

Details of impact

As reflected below under 'Partners', this EIA considers the impact on workers not only within the Council but also external/independent - primarily Personal Assistants (PAs). The proposal will include specialist employer advice to enable Direct Payment recipients who employ PAs to understand their responsibilities as employers and to ensure employment rights are adhered to.

Customers
 Yes No

Impact
 Positive Neutral Negative

Level
 None Low Medium High

Details of impact

No direct or disproportionate impacts are identified. However, the strategy would be expected to enable people to identify options for support that is more personalised to individual lives, priorities, values, goals and support needs.

Carers

Staff
 Yes No

Impact
 Positive Neutral Negative

Level
 None Low Medium High

Details of impact

Customers
 Yes No

Impact
 Positive Neutral Negative

Level
 None Low Medium High

Details of impact

The strategy would be expected to enable people to identify options for support that is more personalised to individual lives, priorities, values, goals and support needs.

Carers should benefit from this approach, either indirectly (by improvements to the experience and outcomes of cared-for people); or directly (in terms of alleviating burdens carers may feel in providing support with Direct Payments use and administration).

The proposal will also include plans to consider how more carers might be able to access Direct Payments or personalised approaches in their own right; numbers are currently low and carers may be choosing alternative options for support instead, (e.g. Sheffield Carer Centre grants).

Voluntary/Community & Faith Sectors

Staff
 Yes No

Impact
 Positive Neutral Negative

Level
 None Low Medium High

Details of impact

The programme will continue to seek to involve staff from different organisations (or self-employed) to offer insights into the market shaping work, which will potentially have an indirect benefit to organisations and their employees.

Customers
 Yes No

Impact
 Positive Neutral Negative

Level
 None Low Medium High

Details of impact

The COVID-19 pandemic helped to illustrate the potential and benefits for new types of community-based support and initiatives. The strategy will look to encourage this through its market shaping focus.

The strategy is likely to affect take-up of voluntary sector support by Direct Payment and ISF recipients – however overall impacts are as yet unknown.

Cohesion

Staff
 Yes No

Impact
 Positive Neutral Negative

Level
 None Low Medium High

Details of impact

Customers

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

Partners

Staff

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

Customers

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

The proposal is likely to affect take-up of social care and other support by Direct Payment and ISF recipients – however overall impacts at as yet unknown.

Through the strategy’s All Age approach, there is close/ongoing work that affects key partners in the realms of:

- Children’s services
- Housing
- Health – including mental health provision through NHS Sheffield Health & Social Care Trust
- Private providers – including money management companies

A fundamental partner is the PA workforce, an often overlooked element of the AHSC workforce, and something which the strategy is looking directly to address; (e.g. the programme helped to ensure parity of supply of COVID-19 vaccinations and PPE to PAs during earlier stages of the pandemic).

Poverty & Financial Inclusion

Staff

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

Customers

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

The support offered through the strategy is intended to provide greater financial inclusion, for example in its aims to:

- Give individuals choice and control to use their budgets flexibly,
- Help to set up budgets, to purchase care in the right way and to respond to issues early,
- Increase the availability of creative low-cost care,
- Offer specialist employer advice to support Direct Payment recipients to understand employment responsibilities (and costs).

Armed Forces

Staff

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

No direct or disproportionate impacts are identified. However, the strategy would be expected to enable people to identify options for support that is more personalised to individual lives, priorities, values, goals and support needs.

Customers

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

No direct or disproportionate impacts are identified. However, the strategy would be expected to enable people to identify options for support that is more personalised to individual lives, priorities, values, goals and support needs.

Other

Staff

- Yes
- No

Please specify

Regional and national partnerships

Impact

- Positive
- Neutral
- Negative

Level

- None
- Low
- Medium
- High

Details of impact

Indirectly, there are reciprocal benefits to work continuing regionally through the improvement programme (e.g. in relation to PA rates, ISF Development Forums) and on the national Government DHSC workforce advisory group.

Customers

- Yes
- No

Please specify

Impact

- Positive
- Neutral
- Negative

Level

- None
- Low
- Medium
- High

Details of impact

Cumulative Impact

Proposal has a cumulative impact

- Yes No

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

If yes, details of impact

The strategy follows years of sustained pressure on personal budgets and overall AHSC budgets. Many people have experienced significant financial hardship, exacerbated by the experience of the COVID-19 pandemic.

In this context, the Personalisation and Direct Payments Strategy needs to ensure service offers and approaches operate sensitively, supporting and enabling people to take up new support options if they choose to do so.

Proposal has geographical impact across Sheffield

- Yes No

If Yes, details of geographical impact across Sheffield

Local Partnership Area(s) impacted

- All Specific

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

Action Plan and Supporting Evidence

Action Plan

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

Consultation

Consultation required

- Yes No

If consultation is not required please state why

The Strategy has been developed in collaboration with people with lived experience, staff, families/carers and key stakeholders which included gathering feedback, opinions and views about the existing picture and their wishes for the future.

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

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

Communication will also continue to take place with customers and staff as and when required. There are also regular staff updates and ongoing links to communication with Disability Sheffield (e.g. website information).

Summary of overall impact

Summary of overall impact

Summary of evidence

Changes made as a result of the EIA

Escalation plan

Is there a high impact in any area?

- Yes No

Overall risk rating after any mitigations have been put in place

- High Medium Low None

EIAs must be agreed and signed off by an Equality lead Officer. Has this been signed off?

Yes No

Date agreed Name of EIA lead officer

Review Date



Report to Policy Committee

Author/Lead Officer of Report:
Catherine Bunten

Report of: Director of Adult Health and Social Care

Report to: Adult Health and Social Care Committee

Date of Decision: 19th December 2022

Subject: Fair Cost of Care and Fee Rates – 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? (<i>1256 reviewed and updated 7th December 2022</i>)		
Has appropriate consultation taken place?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has a Climate Impact Assessment (CIA) been undertaken?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the report contain confidential or exempt information?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If YES, give details as to whether the exemption applies to the full report / part of the report and/or appendices and complete below:-		
<i>“The (report/appendix) is not for publication because it contains exempt information under Paragraph (insert relevant paragraph number) of Schedule 12A of the Local Government Act 1972 (as amended).”</i>		

Purpose of Report:

The purpose of this report is to provide Adult Health and Social Care Policy Committee with an update on the position from the Government as it relates to Social Care Reform and the Fair Cost of Care exercise, including implications of this on the Grant and future reporting.

The report also seeks approval for the use of the Market Sustainability and Fair Cost of Care Fund in 2022/23.

Finally, the report seeks approval for the proposed process on fee setting in 2023/24, including proposals for consultation with providers.

Recommendations:

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

1. Note the latest position from UK Government.
2. Approve the proposals for use of the 2022/23 Market Sustainability and Fair Cost of Care Fund.
3. Approve that contributions for backdated fee increases are waived, with people being informed about the fee rate increase and impact on contributions on 10th January 2023, and the increase in contributions taking effect from 23rd January 2023
4. Approve the proposed process for fee setting in 2023/24

Background Papers:

None

Appendices:

None

Lead Officer to complete:-		
1	I have consulted the relevant departments in respect of any relevant implications indicated on the Statutory and Council Policy Checklist, and comments have been incorporated / additional forms completed / EIA completed, where required.	Finance: <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 Argenzio and Phipps</i>
4	I confirm that all necessary approval has been obtained in respect of the implications indicated on the Statutory and Council Policy Checklist and that the report has been approved for submission to the Committee by the SLB member indicated at 2. In addition, any additional forms have been completed and signed off as required at 1.	
	Lead Officer Name: <i>Catherine Bunten</i>	Job Title: <i>Interim Head of ASC Commissioning</i>
	Date: <i>05/12/22</i>	

1. PROPOSAL

1.1 The [Adult Health and Social Care Strategy](#) and [delivery plan](#) sets 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.

1.2 A sustainable market, with a strong partnership approach and joint working with providers is critical to achieving this vision, and as set out in section 5 of the Care Act 2014, local authorities have a duty to promote the efficient and effective operation of a market in services for meeting care and support needs, with a view to ensuring services are diverse, sustainable and high quality for the local population, including those who pay for their own care.

1.3 A [Market Shaping Statement](#) and a [Market Sustainability Delivery Plan](#) was approved by the Adult Health and Social Care Policy Committee on 21st September 2022 setting out the actions we intend to take to continue to secure a sustainable market in Sheffield, including work related to the Market Sustainability and Fair Cost of Care Grant in 2022/23. An update was also provided on this date in relation to the [Fair Cost of Care Exercise](#).

1.4 An update in relation to our Market Sustainability Plan is due to be reported to Committee in February 2023 alongside proposals, with health colleagues, for market oversight, quality standards and delivery upon our Care Act duties.

1.5 The Council is required to set a balanced budget and to that end a cash standstill was implemented by Strategy and Resources Committee 5th July 2022 for the period 2023/2024 following the [Medium Term Financial Analysis](#). This means that each Policy Committee has been required during the period 2022/ 2023 to develop proposals to achieve a balanced budget.

1.6 Proposals have been provided to Adult Social Care Policy Committee along with an update regards the Committee budget position to do this. Due to this the Committee is required to make decisions regards Market Shaping within the financial envelope available to the Committee and within the requirements set out by UK Government for any national funding to social care.

1.7 National Context

1.7.1 The Autumn Statement 2022 was announced on the 17th November 2022. Announcements in this statement change the context for Social Care Reform and the Market Sustainability and Fair Cost of Care Fund significantly.

1.7.2 All aspects of the governments announced reforms to social care charging have been postponed until October 2025. It is unclear if there will be changes to the current proposals during this time and as such preparation work has slowed. Monitoring is being undertaken with trailblazers' sites as a key indicator of the future of the reforms and the service continues to engage with Department of Health and Social Care.

- 1.7.3 Whilst funding for implementation (£1.3bn) will be maintained, this is now for local authorities to address current pressures across both adult **and children's** social care and has been rolled into the Social Care Grant alongside an additional £1 billion of central government funding in England in 2023/24 with an expectation that this additional funding will be used to support hospital discharge.
- 1.7.4 This funding will be allocated at the Local Government Finance Settlement through the Social Care Grant. It is anticipated that a letter will be provided to local authorities on 21st December 2022 detailing how the funding should be used, including the future of the Market Sustainability and Fair Cost of Care Fund. An update will be provided to February 2023 Committee setting out the implications of the Autumn Statement and what the funding can be used for.
- 1.7.5 Though the position of national government has changed, the learning from the exercise continues to have value, and it is of note that providers in Sheffield have positively approached the Fair Cost of Care Exercise, working with Laing Buisson, and Council officers to complete the exercise and continue to inform our developing Market Sustainability Plan. Officers would like to thank providers for their engagement.
- 1.7.6 Part of the preparations work undertaken by the Council for implementation of the social care charging reforms included developing systems for self-assessment processes, particularly for people funding their own care. This work will continue and allow for more developed systems to be in place in time for future changes. We also intend to develop our understanding of the private market to support ongoing market shaping and preparedness for any potential future changes.

1.8 Allocation Of the Fair Cost of Care Fund 2022/23

- 1.8.1 The Government announced the Market Sustainability and Fair Cost of Care Fund on 16th December 2021 with the primary to support local authorities to prepare their markets for reform and to support local authorities to move towards paying providers a fair cost of care.
- 1.8.2 Given the Autumn Statement, it's unclear at this time the implication until guidance is given on 21st December 2022. Due to this, and without the detailed funding letter noted above, the Fund for 2022/ 2023 must now be considered as a one-off fund at this stage.
- 1.8.3 In 2022/23, Sheffield City Council received £1.826m from the Fair Cost of Care Fund and this funding requires allocation.
- 1.8.4 The purpose of the Market Sustainability and Fair Cost of Care Fund in 2022/23 is to support local authorities to prepare their markets for reform of the adult social care system and to support local authorities to move towards paying providers a fair cost of care (in respect of residential and nursing care of those aged 65 and over, and domiciliary care for those aged 18 and over, including those who operate in extra care settings). Funding must be spent within the designated financial year.

- 1.8.5 Where average fee rates are below the fair cost of care, local authorities should use this additional funding to increase fee rates paid to providers beyond the level required to cover increases in core costs such as inflation, workforce pressures, National Living Wage, and National Insurance.
- 1.8.6 Up to 25% of the funding in 2022/23 may be spent on implementation activities associated with preparing markets for reform. This could include activities such as:
- strengthening internal commissioning and contract management capacity
 - procuring external resource to undertake the work associated with these grant conditions
 - conducting cost of care exercises for residential and nursing care for those aged 65 and over, and domiciliary care for those aged 18 and over.
 - engaging with providers
 - developing and executing a Market Sustainability Plan.
- 1.8.7 Local authorities are expected to use at least 75% of allocated funding in 2022/23 to increase fee rates paid to providers in scope, if its rates are below the fair cost of care, and beyond pressures funded by the Local Government Finance Settlement 2022/23.
- 1.8.8 In line with the criteria noted at 1.8.6 for accessing the fund, it is proposed that approximately £425,000 (23%) is used as follows:
- Supporting engagement with providers for the purpose of the cost of care exercise and potential impact of social care reform
 - Funding posts to strengthen internal commissioning and contract management capacity
 - Covering the cost of the contract with Laing Buisson, who completed the fieldwork and report writing requirements of the Fund. The cost of the contract with Laing Buisson was £45,000
 - Funding towards meeting costs in developing a Market Sustainability Plan
- 1.8.9 It is proposed that the remainder of the available fund (c£1.4m, 77%) be apportioned between contracted 65+ Care Homes at the SCC standard rate and Framework 18+ Home Care providers as a fee rate increase backdated to April 11th, 2022.
- 1.8.10 Final values will depend on the number of people and hours of care they receive but it is expected that:
- contracted 65+ Care Homes on SCC's standard rate will receive approximately £1m through an increase of £18 per placement, per week
 - Framework 18+ Home Care providers will receive approximately £400k through an increase of 20p per hour

- 1.8.11 The increase in fees to care homes will not generally affect the contributions that people make to the cost of their care because they are already paying the maximum they can afford to pay. There are around 5 exceptional cases where the uplift will affect contributions and these will be dealt with on a case-by-case basis.
- 1.8.12 The increase in fees to 18+ homecare providers will result in a small increase in contributions for some people, in line with charging policy and based on their ability to pay as set out in their individual financial assessment. We estimate that this will affect around 650 people, with an increase of £1.50 per week on average, with approximately 12 people seeing an impact of over £4 per week.
- 1.8.13 It is recommended that contributions for backdated fee increases are waived, with people being informed about the fee rate increase and impact on contributions on 10th January 2023, and the increase in contributions taking effect from 23rd January 2023.

2.0 CARE FEE SETTING IN 2023/24

- 2.1 Fee rates in 23/24 for homecare, supported living, activities outside the home (day activities), respite and short breaks have been set through current procurement exercises. Therefore, consultation is not proposed for these providers.
- 2.2 Engagement with 65+ residential and nursing Care Homes has been ongoing through the Fair Cost of Care Exercise, including several sessions delivered in October and November 2022 to discuss Social Care Reform, the Fair Cost of Care Outcomes, and to inform Sheffield Market Sustainability Plan (as it relates to 18+ domiciliary care and 65+ Care Homes). This engagement will be used in the development of proposed fee rates for 23/24.
- 2.3 In addition to this consultation, the Council will write to Care Home providers, including non-standard rate residential homes, with initial proposed rates for 22/23 for consideration and to provide the opportunity to feedback on.
- 2.4 Providers will be able to provide feedback by return email or letter, via an online survey or via online consultation sessions held in January 2023.
- 2.5 A full briefing will take place with Members as part of this exercise, including Finance Sub Committee.
- 2.6 Learning from the Fair Cost of Care exercise as well as the consultation will inform our final fee rate proposals, which will come to Committee by March 2023.

3.0 HOW DOES THIS DECISION CONTRIBUTE?

- 3.1 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.

3.2 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 Council's Delivery Plan.

4.0 HAS THERE BEEN ANY CONSULTATION?

4.1 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.

5.0 RISK ANALYSIS AND IMPLICATIONS OF THE DECISION

5.1 Equality Implications

5.1.1 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

5.1.2 An Equality Impact Assessment has been completed. There is expected to be an overall positive impact through strengthening market sustainability and developing the provider market to meet a wider range of needs.

5.1.3 The primary impact is assessed as covering most protected characteristics, and it is essential that further Equality Impact Assessments are completed for all individual Market Position Statements, and Sheffield Market Sustainability Plan.

5.1.4 The Equality Impact Assessment can be found at Appendix 1

5.2 Financial and Commercial Implications

5.2.1 The grant allocation from Central Government for 2022/23 was £1.8m which will not be breached during the 2022/23 financial year. The expenditure is clearly stated above although is based on estimates depending on actual activity to the end of March 2023.

5.2.2 The amount of grant received was inadequate to move immediately to the median cost of care based on our market testing. It is therefore assumed that this is the fairest way to distribute the funding to the providers and cover the costs that SCC incurred in conducting the exercise.

5.2.3 The grant allocations for 2023/24 are not known until the final settlement arrives December 21st but it is widely anticipated that the money will still be inadequate to move immediately to the fair cost of care from the exercise already conducted.

5.3 Legal Implications

5.3.1 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.

5.3.2 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.

5.4 Climate Implications

5.4.1 There are no climate implications

5.5 Other Implications

5.5.1 There are no other implications

6.0 ALTERNATIVE OPTIONS CONSIDERED

6.1 The conditions of the Market Sustainability and Fair Cost of Care Fund dictate local authorities should use this additional funding to increase fee rates paid to providers beyond the level required to cover increases in core costs such as inflation, workforce pressures, National Living Wage, and National Insurance.

6.2 Funding must be spent within the designated financial year.

6.3 Therefore, the only other option would be to not allocate the Fund to providers. Given the risks and issues faced by providers, including those relating to financial stability, this is not recommended.

7.0 REASONS FOR RECOMMENDATIONS

7.1 The recommendations for the use of the Fair Cost of Care Grant are made to ensure compliance with the Grant conditions.

7.2 The Council will continue to monitor the costs and pressures facing each type of care provision to support a stable, quality and diverse market during a very challenging time for providers, for people who use services and for the Council and wider health and social care system.

This page is intentionally left blank

Part A

Initial Impact Assessment

Proposal name

AHSC Market Shaping
and Fair Cost of Care

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

Update, Dec 2022

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.

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 was produced in September 2022.

Recommendations for the use of the Market Sustainability and Fair Cost of Care Grant are now made to support the delivery of this plan.

A final Market Sustainability Plan will be submitted to DHSC which will set out how Sheffield council will use its funding 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
--------------------------------	--------------------------------	---	--------------------------------	--------------------------------

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

Councillor Angela Argenzio,
Councillor George Lindars-

Lead Director for Proposal

Alexis Chappell

Person filling in this EIA form

Catherine Buntten

EIA start date 08/09/2022

Equality Lead Officer

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

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

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

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 and fee rates for 23/24, where appropriate.

This proposal is 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

Engagement sessions with 18+ homecare and 65+ care homes have been delivered through October and November 2022 to share the Fair Cost of Care exercise outcomes, and to inform our market sustainability plans and proposals.

The increase in fees to care homes will not generally affect the contributions that people make to the cost of their care because they are already paying the maximum they can afford to pay. There are around 5 exceptional cases where the uplift will affect contributions and these will be dealt with on a case-by-case basis.

The in-year 22/23 increase in fees to 18+ homecare providers will result in a small increase in contributions for some people, in line with charging policy and based on their ability to pay as set out in their individual financial assessment. We estimate that this will be 650 people, with an increase of £1.50 per week on average, with approximately 12 people seeing an impact of over £4 per week.

A letter will be sent to people who are affected in early January 2023 to explain the changes, and that the increase will only be invoiced from 23/01/23.

(contributions for backdated fee increases are waived, with people being informed about the fee rate increase and impact on contributions on 10th January 2023, and the increase in contributions taking effect from 23rd January 2023).

Initial Impact

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

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

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

Identify Impacts

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

<input checked="" type="checkbox"/> Health	<input type="checkbox"/> Transgender
<input checked="" type="checkbox"/> Age	<input checked="" type="checkbox"/> Carers
<input checked="" type="checkbox"/> Disability	<input type="checkbox"/> Voluntary/Community & Faith Sectors
<input type="checkbox"/> Pregnancy/Maternity	<input checked="" type="checkbox"/> Partners
<input checked="" type="checkbox"/> Race	<input type="checkbox"/> Cohesion
<input checked="" type="checkbox"/> Religion/Belief	<input checked="" type="checkbox"/> Poverty & Financial Inclusion
<input type="checkbox"/> Sex	<input type="checkbox"/> Armed Forces
<input checked="" 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, the Social Care Reform proposals should have a positive impact – with thresholds meaning people will pay less overall for their personal care. It should be noted that the Government has delayed the implementation of Social Care Reforms for two years.

Our ambition to improve the quality of provision, continuing to move towards person-centred, outcomes-based service delivery should also have a positive impact.

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. The proposal to allocate at least 75% of the 22/23 Market Sustainability and Fair Cost of Care Fund to providers improves the sustainability of the market, and therefore reduces the potential for negative impacts

Changes to fee rates will impact on contributions for some people, in line with charging policy and based on their ability to pay as set out in their individual financial assessment.

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

Name of EIA lead officer

Update reviewed and agreed

Part B

Full Impact Assessment

Health

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

Yes No *if Yes, complete section below*

Staff

Yes **No**

Customers

Yes No

Details of impact

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

Changes to fee rates will impact on contributions for some people, in line with charging policy and based on their ability to pay as set out in their individual financial assessment.

The increases that people will see will be in line with charging policy and limited by their individual financial assessment and the ability of people to pay their charge.

The increases in year represent an increase of around 1% of the typical charge and so are relatively small.

Whilst these increases are relatively small, in the context of the wider cost of living crisis may still be significant to some households.

An information fact sheet setting out the provision of budgeting and debt management support and options for further support will be routinely shared with people impacted.

People impacted by these charges will also be encouraged to make contact with the council if they are concerned about financial hardship.

The Council will undertake new financial assessments for anyone concerned about these changes to ensure that it holds the latest information and all updated household costs are taken into account in the assessment.

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.

Engagement with providers to develop market sustainability plans and quality and support offer.

Clear communications to all people with homecare packages relating to any impact from changes in fee increases.

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

This page is intentionally left blank



Report to Policy Committee

Author/Lead Officer of Report:

Jo Pass Assistant Director Ageing Well,
Die Green Service Manager Adaptations Housing
and Health

Report of: Director of Adult Health and Social Care

Report to: Adult Health and Social Care Policy Committee

Date of Decision: 19th December 2022

Subject: Equipment and Adaptations Eligibility Criteria Update

Has an Equality Impact Assessment (EIA) been undertaken?	Yes	X	No		
If YES, what EIA reference number has it been given? (1070)					
Has appropriate consultation taken place?	Yes	X	No		
Has a Climate Impact Assessment (CIA) been undertaken?	Yes		No	X	
Does the report contain confidential or exempt information?	Yes		No	X	
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:

Under the Care Act 2014, the Council has a duty to meet the eligible needs of those in its area. As part of this duty, a requirement is to set out and provide information about eligibility so that individuals and carers know what supports are available to them.

This paper notes the national eligibility criteria and seeks approval for the refreshed eligibility criteria for access to equipment and adaptations. It also sets out refreshed guidance on access to the Disabilities Facilities Grant.

Recommendations:

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

- Approve the Adult Health & Social Care Equipment and Adaptations Criteria at Appendix 1 and approve publication on the Sheffield Directory – our information and advice hub.
- Agree that updates in relation to expenditure on the Disability Facilities Grant will be provided through the budget update reports to Committee on a six monthly basis.
- Requests that the Director of Adult Health and Social Care brings an update in relation to implementation of the Criteria in one year.

Background Papers**Appendices**

Appendix 1 – Equipment and Adaptations Criteria

Appendix 2 – Equalities 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 – Revenue Damian Watkinson – Capital (DFG)
		Legal: Patrick Chisholm <i>Service Manager</i>
		Equalities & Consultation: Ed Sexton – Equalities Lead
		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 – Director Adult Health and Social Care.
3	Committee Chair consulted:	Councillor George Lindars-Hammond, Councillor Angela Argenzio
4	I confirm that all necessary approval has been obtained in respect of the implications indicated on the Statutory and Council Policy Checklist and that the report has been approved for submission to the Committee by the SLB member indicated at 2. In addition, any additional forms have been completed and signed off as required at 1.	
	Lead Officer Name: Jo Pass Die Green	Job Title: Interim Assistant Director Living and Aging Well Service (North) Service Manager - Adaptations, Housing and Health services.
	Date: 5th December 2022	

1 PROPOSAL

1.1 The Adult Social Care Strategy made a commitment towards enabling individuals to live independently safe and well at home. As part of this Commitment, Adult Social Care made a priority this year towards reducing our waiting times and focusing on practice development so that we can deliver upon this commitment and deliver excellent quality, accessible supports in Sheffield.

1.2 Under the Care Act 2014, the Council has a duty to meet the eligible needs of those in its area. As part of this duty, a requirement is to set out and provide information about eligibility so that individuals and carers know what support is available to them.

1.3 Adult Health and Social Care Eligibility Criteria is set out in the Care and Support (Eligibility Criteria) Regulations 2015 (the 'Eligibility Regulations'). To be eligible to receive social care support, individuals need will be assessed against [National Eligibility Criteria For Adult Social Care](#).

1.4 These national criteria are standard across the country, making the system fairer and equitable if an individual must move between local authority areas. The eligibility criteria will be available on our new information and advice hub noted today.

1.5 Equipment and Adaptations Criteria

1.5.1 A report on [Equipment and Adaptations](#) was approved at Committee on 16th November 2022 and set out our performance and delivery plan so that we can enable people to live the life they want to live.

1.5.2 Approval was subsequently provided to bring a refreshed Equipment and Adaptations Criteria to Committee. This was since the existing Equipment and Adaptations Criteria was last reviewed in 2008.

1.5.3 The Criteria has subsequently been refreshed to reflect changes to guidance from RCOT (Royal College of Occupational Therapists) and from the Department for Levelling Up, Housing and Communities.

1.5.4 The Criteria provides a framework for making equitable, transparent, and fair decisions about the provision of equipment and adaptations and provides information to individuals and family members about funding available for equipment and adaptations. It supports our ambition to reduce inequalities by delivering a tenure neutral delivery of equipment and adaptations for the citizens of Sheffield. The revised Criteria is attached at Appendix 1.

1.5.5 The Criteria will be implemented through a holistic assessment of the person with a disability and through strength and enablement-based approaches. If approved, the Criteria will be published on our new information and advice hub also noted at Committee today.

- 1.5.6 If individuals don't meet the Criteria, Adult Social Care will give advice, information, and support connections with partner agencies to enable individuals to keep as independent, active, and well as possible. The way in which we provide information, advice and guidance is improving so that we can provide maximum support to individuals, and this is set out in the report to Committee today regards the Information and Advice Hub development.
- 1.5.7 Our aim is to enable people to live independently, and adaptations are a support in achieving this aim. In conjunction with the refreshment of the Criteria, social care is also working in partnership with housing colleagues to develop an independent living delivery plan in line with an action approved through the Council Delivery Plan under the theme of Improving Outcomes and Tackling Inequalities Through Partnership Working. It's aimed that this will support a joined up approach to developing options for individuals with a disability and in particular those who need wheelchair accessible properties.

1.6 Access to Disabilities Facilities Grant

- 1.6.1 The Disabled Facilities Grant (DFG) is provided from Central Government and is ringfenced to fund equipment and adaptations identified by occupational therapists for people and children living in their own occupied, private rented or registered provider homes.
- 1.6.2 As described in the report to November 2022 Committee, financial recovery actions were approved to maximise the availability of the Grant to promote individuals' independence and reduce the risk of predicted overspend in relation to the Grant as backlogs are cleared.
- 1.6.3 In particular, the Committee approval for consideration at December 2022 Committee, that proposals would be brought forward for a:
- Means test for major adaptations for consideration by Committee in December 2022 to offset costs associated with rising demand.
 - Scrutiny function in relation to use of the mandatory DFG grant for major adaptations and approval of any high value decisions over £50k.
- 1.6.4 The [Private Sector Housing Assistance Policy](#) approved by Cooperative Executive on 17th November 2021 sets out the framework for realising these proposals. Its proposed due to this that officers work to this Policy and provide updates through the budget report to each Committee on our use of the Grant as an assurance process.

1.6.5 In practice this means that:

- All major adaptations will be means tested for adults and delivered as a mandatory Grant up to the value of £30K with a discretion by the Director of Adult Health and Social Care to increase the Grant from £30K to £50K in individual circumstances.
- People who are assessed under the means test will have a contribution to pay. People on passported benefits will not have a contribution to pay.
- Children's adaptations cannot legally be means tested and due to this, this policy decision does not affect children.
- Scrutiny of the budget usage would be provided to each Committee so that an assurance is provide regards application of the policy.

2. HOW DOES THIS DECISION CONTRIBUTE?

2.1 This proposal meets the Commitments 1 and 2, ASC outcome/s that are set out in the ASC Care Governance Strategy in several ways.

- Equipment and Adaptations delivers increased quality of life by enabling people to remain or increase independence, live safely and well in their own homes for as long as possible, plus helping to prevent hospital admissions and long-term care.
- Thriving neighbourhoods and communities as more disabled people will be able to maintain living in their own home and participate more fully in their communities.
- Better health and wellbeing as more disabled people will have the Adaptations equipment and/or assistive technology to maintain their independence and prevent ill health
- Tackling inequalities as more disabled people can utilise Adaptations equipment and/or assistive technology to overcome obstacles and achieve their potential.

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

- *Councils Delivery Plan* – Under the Strategic Goal Health and Wellbeing for All.
- *Our Sheffield: [One Year Plan](#)* – under the priority for Education Health and Care, Enabling adults to live the life that they want to live
- *Our new ASC Operating Model* - this aligns to that new arrangement by reimaging a living and ageing well service.

3. HAS THERE BEEN ANY CONSULTATION?

3.1 A crucial element in the successful promotion of independent living and reablement is the increased involvement in people receiving, and staff directly delivering care, in the development of all key parts of the plan.

3.2 To enable this, the governance structures will include the voices of those receiving care, carers, partners, and care providers so that we ensure we deliver what matters to people of Sheffield. This includes co-developing new community involvement mechanisms that include people with lived experience as equal partners.

3.3 An overall approach to coproduction and involvement is also a key element of the delivery plan, ensuring that the voice of citizens is integrated into all major developments ahead. A dedicated item on this is proposed as part of the Committee's forward plan

4. RISK ANALYSIS AND IMPLICATIONS OF THE DECISION

4.1 Equality Implications

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

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

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

4.2 Financial and Commercial Implications

4.2.1 High value individual pieces of equipment over £500 are capitalised to the Disabled Facilities Grant and that cost this year is currently forecast to be circa £1m. In addition, up to £400k of costs relating to Citywide Telecare Alarm installations and equipment are also capitalised.

4.2.2 The DFG funding available for 2022/23 is £8.7m which is made up of £5.1m allocation for this financial year and a reserve unspent from prior years of £3.6m.

- 4.2.3 The current forecast commitments against this capital funding will expend the whole grant within 2022/23. Therefore, in future years there will only be the allocation received available to spend as all reserves will have been exhausted. The allocation is expected to remain at the level of 2022/23 £5.1m.
- 4.2.4 To stabilise the backlog of Accelerated Adaptations Grants, the current forecast expenditure for 2023/24 would be overcommitted by £2m (estimate). To reduce the backlog of all smaller adaptations the budget would be overcommitted by £4m (estimate) based on current operating model and criteria.
- 4.2.5 The above information only reflects the activity required on Accelerated Adaptations Grants capital works. There are approx. 50 people waiting for high value extensions to be assessed for DFG funding. The value of these works is unknown and still requires scoping but clearly would put further pressure on the DFG, estimated maximum costs at £2.5m.

4.3 Legal Implications

- 4.3.1 The core purpose of adult health and social care support is to help people to achieve the outcomes that matter to them in their life. The Care Act 2014 sets the Council's statutory power to direct the provision that:
- promotes wellbeing
 - prevents the need for care and support
 - protects adults from abuse and neglect (safeguarding)
 - promotes health and care integration
 - provides information and advice
 - promotes diversity and quality.
- 4.3.2 Beyond the Act itself the obligations on Local Authorities are further set out in the Care Act statutory guidance issued by the government. By virtue of section 78 of the Act, Local Authorities must act within that guidance.
- 4.3.3 The Care Act Statutory Guidance requires at para 4.52 that "... Local authorities should have in place published strategies that include plans that show how their legislative duties, corporate plans, analysis of local needs and requirements (integrated with the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy), thorough engagement with people, carers and families, market and supply analysis, market structuring and interventions, resource allocations and procurement and contract management activities translate (now and in future) into appropriate high quality services that deliver identified outcomes for the people in their area and address any identified gaps". This report evidences the continuing strategy to ensure these obligations are met within the Adaptations, Health and Housing services.

- 4.3.4 The proposals set out in this report will also assist the Council in meeting its statutory duty under the Housing Grants, Construction and Regeneration Act 1996. As set out in the main body of the report the Council, where the DFG statutory eligibility criteria and conditions are met, is required to pay a DFG. The applicant or homeowner may be subject to a means test, but not in the case of adaptations that are for the benefit of a child. The guidance to local authorities also advises that 'Authorities should decide the most appropriate forms of assistance to best address the policy priorities they have identified.'

4.4 Climate Implications

- 4.4.1 The review of DFG spend will include a review of how we increase recycling of equipment and adaptations which will in turn reduce landfill and waste. No significant climate impact to consider.

4.5 Other Implications

- 4.5.1 From 2008-09 the scope for use of DFG funding was widened to support any Council expenditure incurred under the Regulatory Reform (Housing Assistance) (England and Wales) Order 2002 (RRO). Article 3 of the RRO enables housing authorities to give discretionary assistance, in any form, (e.g. grant, loan or equity release) for the purpose of improving living conditions, allowing the Council to use DFG funding for wider purposes which may be more appropriate for individuals than mandatory DFG allows.
- 4.5.2 This provides an opportunity for a more flexible use of the DFG fund to address issues on a wider preventative basis which cannot be covered using the mandatory scheme. However, under the RRO, any new forms of assistance must be set out in an approved policy. The Council Assistance Policy sets out all the forms of assistance it provides under the RRO. Therefore, any assistance using DFG funding will need to be set out in the Assistance Policy.

5. ALTERNATIVE OPTIONS CONSIDERED

- 5.1 Not reviewing the Equipment and Adaptations Criteria and not reviewing the Disabilities Facilities Grant were considered. However, this would not provide the assurances required to ensure that we are striving towards a high performing and financially sustainable service.

6. REASONS FOR RECOMMENDATIONS

- 6.1 Reviewing and relaunching the Equipment and Adaptations Criteria gives a structured approach to the promotion of independent living through equipment and adaptations as well as how people can access the funding for their prescribed equipment and adaptations. It will also provide greater accountability and transparency of how will do this.

- 6.2 Asking for regular updates and refreshes of the Equipment and Adaptations delivery plan will keep the Committee, wider stakeholders, and the public the ability to hold the Council to account for progress and provide an additional mechanism to input to future development.



**Sheffield Equipment and
Adaptations Service**

Major Adaptations Eligibility Criteria and Processes

INDEX

SECTION 1		Page No
General Criteria for the Provision of Adaptations		
1.1	Approving and Reviewing the Criteria	4
1.2	Main aims and Objectives	4
1.3	General criteria	5
1.4	Inappropriate referrals	6
1.5	Re-housing	6
1.6	Consideration of Terminal Diagnosis	7
SECTION 2		
Assessment Criteria – Major Adaptations		
2.1	Access to Property - Ramp	7
2.2	Widen/Alter Doors	7
2.3	Stairlift	7
2.4	Through Floor Lift	8
2.5	Ground Floor Facilities	8
2.6	Ground Floor Bathroom	8
2.7	Access to Ground Floor W.C	8
2.8	Access to Bathing/Washing Facilities – Level Access	9
2.9	Access to Shower over Bath	9
2.10	Bathroom Modifications	9
2.11	Access to First Floor W.C	9
2.12	Wash/Dry WC	10
2.13	Kitchen Adaptations	10
2.14	Heating	10
2.15	Crossover and/or Hard Standing	11
2.16	Ceiling Track Hoist	12
2.17	Safe Environment	12
2.18	Integrated Community Equipment Loans Service Sheffield (ICELSS)	13
Appendix	Cost of Adaptations and Equipment	14

1 INTRODUCTION TO THE CRITERIA

The criteria for access to major adaptations provides information to you, family members, referrers, and partners about the how to access major adaptations. They provide a fair, equitable and transparent way of enabling decisions to be made about what adaptations are provided across all tenures in Sheffield and how adaptations can be improve you or your carers and family members outcomes.

2 AIMS AND OBJECTIVES OF THE CRITERIA

In line with our Adult Social Care Strategy and Delivery Plan, our aim and priority is to enable you to live well, safely and independently in your own home as far as possible through:

- ✓ Moving into and out of their homes to enable access
- ✓ Utilising living and sleeping areas within the home
- ✓ Accessing cooking, bathing, and toilet facilities
- ✓ A safer environment

The purpose of an adaptation is to modify disabling environments to restore or enable independent living, privacy, confidence and dignity for you and your families.

In implementing the Criteria, the service works to the following principles:

- ✓ We will be accessible, reliable, relevant, and as flexible as possible, acknowledging that services will be provided based on assessed need.
- ✓ Assessment of need will also involve the family, carer, representative and other agencies where appropriate
- ✓ All information will be presented in an accessible form, which takes account of your communication needs.

3 GENERAL CRITERIA

3.1 General Criteria

A request for assessment can be by self-referral or through another agency and there are no age restrictions to the Criteria.

To be eligible for major adaptations you must be a permanent resident of Sheffield, and;

- ✓ Have a disability that has lasted or is likely to last for at least 12 months and there is no prospect of significant improvement.
- ✓ Have a disability that significantly affects your ability to carry out normal activities of daily living in the home.
- ✓ Be requesting that the adaptations will be made to your permanent residence only.
- ✓ Not be undertaking surgery in the short/medium term future which would have a significant impact on your functional ability.
- ✓ Be requesting adaptations which will make a significant improvement in your and / or your carer's circumstances within the home.

Where you reside in supported living accommodation, only the area within the scheme designated for your sole use will be considered for adaptations in line with Disabled Facilities Grant legislation.

3.2 Requests for Equipment and Adaptations

The eligibility criteria set out the normal rules for eligibility however we recognise that to enable you to live as independently as possible assessors will consider your views and outcomes. This means there may be exceptions considered which are outside these criteria.

If a request is received that is out with the criteria and there is no scope for exceptions, you and the person making the referral will be informed of the reasons behind the decision so that we can support you to look at alternatives or another agency which can help promote your independence.

3.3 Re-housing

Sheffield City Council will work in partnership with housing providers to make the most effective use of properties within the City. Re-housing could be considered more appropriate than to carry out major adaptations your current property in—certain circumstances, for example:

- ✓ Current home requires extensive adaptations
- ✓ Current home has design features that do not make adaptation a feasible option and it is therefore considered not 'reasonable and practicable'.
- ✓ Appropriate accommodation can be provided locally that would remove the need for extensive adaptations.
- ✓ Major adaptations would not meet you or your family long-term assessed needs.

This is not an exhaustive list. People will be consulted, and consideration will be given to the you and your carer's views and local support network.

3.4 Consideration of prognosis

Consideration will be taken by the Council of your prognosis in partnership with you. The feedback from you, a consultant or other significant medical professional will inform what supports can be offered.

It may be upon advice received that the adaptation may be unable to be recommended and installed in time you to get a significant benefit and this will then inform what options and supports can be provided.

4 ASSESSMENT CRITERIA – MAJOR ADAPTATIONS

In line with Sheffield City Council's commitment to the environment, recycled equipment will be the first option considered.

4.1 Access to Property – Ramp

A ramp will be provided where you:

- ✓ Are permanently wheelchair dependant and is eligible for provision of a wheelchair by the NHS.
- ✓ Can walk short distances and unable to safely negotiate steps.

Ramps would not usually be considered for children in buggies supplied privately or by Wheelchair Services. In addition, ramps would not usually be considered for scooters where you can safely negotiate steps up their access.

NOTE

Usually only one entrance of the property will be ramped. The ramps will usually be of a semi-permanent construction. Portable ramps may be appropriate to be used in several individual circumstances, such as when your mobility could significantly change i.e., prosthesis or when you are unlikely to need a ramp for a substantial length of time.

All ramps will adhere to building regulations and planning permission.

4.2 Widen / Alter Doors / Provide Additional Doorway

Widening/ Altering Doors and providing an additional doorway will be provided when you:

- ✓ Are a permanent wheelchair user and the doorways need to be widened to allow wheelchair access to essential rooms.
- ✓ have severely restricted mobility and alteration will provide better access and safety.
- ✓ Are assessed as needing an additional doorway as the only feasible option to create level access to the property.

NOTE

Kick plates will not be provided to protect décor. Additional doorways for fire escapes are landlord or owner occupier's responsibility

4.3 Stairlift

A stairlift will be provided when you're:

- ✓ Mobility is so severely restricted that it is virtually impossible for you to negotiate stairs in safety and without undue distress or risk to yourself or a carer or a family or household member.
- ✓ Using stairs would cause detriment to your health and a professional medically indicates it, as necessary.
- ✓ Medical condition and functional ability have been assessed as suitable to use a stairlift and all other permanent members of the household can manoeuvre around the lift safely.

4.4 Through Floor Lift

A through floor lift will be provided when you meet the criteria for a stairlift but a stairlift is not an option because of one of the following:

- ✓ You are unable to transfer safely to and from a stairlift and/or the risk is too great to you and/or carers.
- ✓ The structure of the staircase is not appropriate for the safe installation of a stairlift.
- ✓ Where there is another person permanently living at the property that needs to use the stairs and a fitted stair lift would make it unsafe for them to continue using the stairs.

NOTE

Essential access to first floor facilities is necessary i.e., dormer bungalows

4.5 Ground Floor Facilities

Ground floor facilities will be provided when:

- ✓ You have unable to use a lift (stairlift or through floor lift) safely or it is not structurally feasible to provide a lift.
- ✓ Existing facilities which cannot be reasonably adapted to make them suitable for you.
- ✓ Rehousing has been considered but rejected as inappropriate.
- ✓ It is technically feasible, reasonable, and practical to provide ground floor facilities in your property.
- ✓ Your long-term condition and impact on your abilities will mean making ground floor facilities the most appropriate long-term option.

4.6 Ground Floor Bathroom

A ground floor bathroom will be provided when:

- ✓ You are unable to use a lift (stairlift or through floor lift) or it is not feasible to provide a lift therefore unable to access the first floor of the property.
- ✓ Commode and other means of wash facilities have been considered and are inappropriate.
- ✓ There is a room downstairs available as a bathroom and bedroom area.
- ✓ It is technically feasible to provide a ground floor bathroom and there are additional rooms that can be used as a bedroom area.
- ✓ It is reasonable and practical to consider a ground floor bathroom in your property

4.7 Access to Ground Floor W.C

A ground floor W.C will be provided when:

- ✓ You are unable to safely use a lift (stairlift or through floor lift) or it is not feasible to provide a lift.
- ✓ A commode has been considered but is inappropriate.
- ✓ There is a room downstairs available as a WC.
- ✓ It is technically feasible to provide a ground floor WC in your home.
- ✓ A consultant supports essential provision.

NOTE

Ground floor WCs are not provided to assist with toilet training regimes.

4.8 Access to Bathing / Washing Facilities – Level Access Shower

Access to bathing/ washing facilities will be provided when you:

- ✓ Can no longer access your bath even with and having tried bathing equipment and enablement.

- ✓ Are likely to become a permanent wheelchair user.
- ✓ Do not have access to communal facilities, or they are not medically appropriate.
- ✓ Have a medical condition which puts you and/ or your carers, family, or household members at significant risk with your existing facilities, such as uncontrolled epilepsy, and this is the only safe method of maintaining hygiene for you and/or carers.

4.9 Access to Shower over Bath

As point 8 above but you can transfer safely into a bath and your condition is unlikely to deteriorate further significantly. It is necessary for you to shower rather than bathe due to management practicalities or your condition is unpredictable e.g., double incontinence.

4.10 Bathroom Modifications

Access to bathroom modifications will be provided when you:

- ✓ Are likely to become or already is a permanent wheelchair user and your medical condition contraindicates use of a shower or there is inadequate space for transfer or wheelchair access.
- ✓ Need a ceiling track hoist to give access to the bath and changing table over the bath.
- ✓ Are unable to manage his/her personal toilet hygiene independently.

An adjustable height or specialist bath will only be provided when you have a specific medical condition and the request is supported by consultant information as an essential provision and not for the ease of carers.

4.11 Access to First Floor W.C

Access to first floor WC will be provided when:

- ✓ A commode has been considered and is inappropriate
- ✓ The 'urgency and/or frequency of need' necessitates night-time access to first floor W.C with confirmation from relevant medical professional.

- ✓ The behaviour of the individual puts them at significant risk by using the stairs during the night.

NOTE

This facility will only be provided in exceptional circumstances i.e. where there is a risk of major injury.

4.12 Wash and Dry WC

Specialist WC which offers wash/dry facilities is considered if you have:

- ✓ Very impaired or no hand function and you:
- ✓ Are unable or virtually unable to manage your own toilet hygiene and the provision would significantly increase your independence.
- ✓ Tried and used the facilities and are able to tolerate the functions of the WC to manage your hygiene successfully.

NOTE

The WC provided may be a recycled piece of equipment

4.13 Kitchen Adaptations

Access to kitchen adaptations will be provided when:

- ✓ You are a wheelchair user and have a primary responsibility for the preparation of food for self/others in the household and / or would be required to prepare light meals or drinks during the day.
- ✓ The kitchen is inaccessible and is structurally feasible to adapt enabling you to manage safely in the kitchen.

NOTE

Household appliances will not be provided. Kitchen adaptations to facilitate partial use of a kitchen to fulfil the need will be prescribed

4.14 Heating

Access to heating will be provided when you have:

- ✓ Severely limited indoor mobility and needs to maintain reasonable body temperature.
- ✓ A specific medical condition that severely affects your body temperature or a condition that would be exacerbated by uneven room temperatures.
- ✓ Severe loss of sensation because of your medical condition.
- ✓ A condition causing you to be a danger to yourself or others when using the existing heating system.
- ✓ Need to use a ground floor room as a bedroom and the gas appliance contradicts gas regulations.
- ✓ A need for zoned/thermostatically controlled heating for your condition.

NOTE

The Housing Grants, Construction and Regeneration Act 1996 talks in terms of improving any heating system in the home to meet your needs or if there is no existing heating system or any such system is unsuitable for use by you, providing a heating system suitable to meet need.

Government guidance talks about providing better heating: 'Where there is no heating system or where the existing heating arrangements are unsuitable to meet the needs of the individual, a heating system may be provided. However, DFG should not be given to adapt or install heating in rooms which are not normally used by you. The installation of central heating to the home should only be considered where your wellbeing and mobility would otherwise be adversely affected'

4.15 Hard Standing

We would not normally provide dropped kerb or hard standing but will assess in very limited circumstances.

Access to hard standing will be provided when:

- The transferring from car to wheelchair or walking equipment has been assessed as extremely hazardous because of traffic volume for prolonged periods of the day.

- You will be at significant risk due to lacking insight into your personal safety and is at risk to injury while being transferred from car to own home. All forms of safety equipment have been unsuccessful, and the risk is significant.

4.16 Ceiling Track Hoist

Access to a ceiling track hoist will be provided when:

- Hoisting is needed and the use of a mobile/or “gantry” hoist is not feasible due to limited space or carer’s needs.

4.17 Safe Environment (internal)

Internal

A safe environment is a safe protective area, custom made to fit within your bedroom or other room to prevent or reduce the risk of injury to you.

5.0 ASSESSMENT PROCESS

Our assessment will focus on establishing your abilities and strengths based on a functional assessment of what you can do and through conversations with you and your carers (if appropriate).

We will also look at supporting evidence from health colleagues or other professionals as required to your circumstances. Following this assessment recommendations are made for:

- Doing things differently, advice and signposting.
- Equipment and minor adaptations
- Moving house

6.0 INTEGRATED COMMUNITY EQUIPMENT LOANS SERVICE SHEFFIELD (ICELSS)

Sheffield City Council make requests to ICELSS for temporary standard and specialist equipment (ie not fixed) and minor adaptations (grab and stair rails) following a functional assessment of needs.

If a request is received for specific equipment and does not meet the criteria for a functional assessment, the advice would be for the person to contact their GP who is able to refer to a community nurse, occupational therapist, or physiotherapist for advice.

ICELSS current provider is Medequip who deliver, fit, collect, and refurbish standard and special equipment.

Standard Stock Catalogue Equipment Categories

Bedroom	Pressure Care	Mobility	Manual Handling	Respiratory
Paediatric	Toileting	Bathing	Minor Adaptations	Living Aids

Refurbished special equipment is also listed on TCES Community and new special equipment requests are subject to commissioner approval.

APPENDIX 1 – COSTS OF ADAPTATIONS AND EQUIPMENT

Based on recommendation from SCC Equipment and Adaptations Occupational Therapist using the Criteria

Adaptation	Costs of Adaptations by Home Ownership			
	Council Tenant	Owner Occupier	Housing Association	Private Rent
Level Showers Access	<i>No Cost to you.</i> Funded by Sheffield City Council Housing Department based on recommendation	Mandatory DFG Grant Means tested You would need to commit to residency for 5 years	Mandatory DFG Grant Means tested Your landlord would be required to give written permission. You would both need to commit to residency for 5 years.	Mandatory DFG Grant means tested Your landlord would be required to give written permission. You would both need to commit to residency for 5 years
Downstairs Toilets	<i>No Cost to you.</i> Funded by Sheffield City Council Housing Department	Mandatory DFG means tested You would need to commit to residency for 5 years	Mandatory DFG Grant means tested Your landlord would be required to give written permission. You would both need to commit to residency for 5 years	Mandatory DFG Grant means tested Your landlord would be required to give written permission. You would both need to commit to residency for 5 years
Ceiling Hoists Track	<i>No Cost to you.</i> Funded by Sheffield City Council Housing Department ongoing maintenance is carried out by SCC Lift Services	Accelerated Adaptation Grant DFG No cost to you	Accelerated Adaptation Grant DFG No cost to you	Accelerated Adaptation Grant DFG No cost to you Your landlord would be required to give written permission.

Adaptation	Costs of Adaptations by Home Ownership
------------	--

	Council Tenant	Owner Occupier	Housing Association	Private Rent
Internal Stairlifts	<i>No Cost to you.</i> Funded by Sheffield City Council Housing Department ongoing maintenance is carried out by SCC Lift Services	Accelerated Adaptation Grant DFG No cost to you	Accelerated Adaptation Grant DFG No cost to you Your landlord would be required to give written permission.	100% Accelerated Adaptation Grant DFG No cost to you Your landlord would be required to give written permission.
Ramps Access	<i>No Cost to you.</i> Funded by Sheffield City Council Housing Department	Accelerated Adaptation Grant DFG No cost to you	Accelerated Adaptation Grant DFG No cost to you Your landlord would be required to give written permission.	100% Accelerated Adaptation Grant DFG No cost to you Your landlord would be required to give written permission.
Handrails	<i>No Cost to you.</i> Funded by Sheffield City Council Housing Department	No cost to you – provided through the Medequip contract administrated by the Integrated Community Equipment Loans Service in SCC, (ICELSS) or the E&A service.	No cost to you – provided through the Medequip contract administrated by the Integrated Community Equipment Loans service in SCC, or the E&A service. Your landlord would be required to give written permission.	No cost to you – provided through the Medequip contract administrated by the Integrated Community Equipment Loans service in SCC, or the E&A service. Your landlord would be required to give written permission.
Steps Access	<i>No Cost to you.</i> Funded by Sheffield City Council Housing Department	100% Accelerated Adaptation Grant DFG No cost to you	Accelerated Adaptation Grant DFG No cost to you Your landlord would be required to give written permission	Accelerated Adaptation Grant DFG No cost to you Your landlord would be required to give written permission

Adaptation	Costs of Adaptations by Home Ownership			
	Council Tenant	Owner Occupier	Housing Association	Private Rent
Paths Access	<i>No Cost to you.</i> Funded by Sheffield City	Mandatory DFG Grant means tested	Mandatory DFG Grant means tested	Mandatory DFG Grant means tested

	Council Housing Department			
Hard Standings/ Dropped Kerbs	Apply through SCC Highways dept not normally funded through DFG	Apply through SCC Highways dept not normally funded through DFG	Apply through SCC Highways dept not normally funded through DFG. Applicant pays Your Landlord would need to give permission	Apply through SCC Highways dept not normally funded through DFG Your Landlord would need to give permission

Adaptation	Costs of Adaptations by Home Ownership			
	Council Tenant	Owner Occupier	Housing Association	Private Rent
Door Entry Systems	<i>No Cost to you.</i> Funded by Sheffield City Council Housing Department	Accelerated Adaptation Grant No cost to you	Accelerated Adaptation Grant No cost to you. Your Landlord would need to give permission	Accelerated Adaptation Grant No cost to you Your Landlord would need to give permission
Automatic Door Openers	<i>No Cost to you.</i> Funded by Sheffield City Council Housing Department	Accelerated Adaptation Grant DFG No cost to you	Accelerated Adaptation Grant No cost to you. Your Landlord would need to give permission	Accelerated Adaptation Grant No cost to you. Your Landlord would need to give permission
Keysafes	Funded by occupant.	Funded by occupant	Funded by occupant	Funded by occupant

Adaptation	Costs of Adaptations by Home Ownership			
	Council Tenant	Owner Occupier	Housing Association	Private Rent
Specialist Toilet (wash dry toilet)	<i>No Cost to you.</i> Funded by Sheffield City Council Housing Department	Mandatory DFG Grant means tested	Mandatory DFG grant means tested if other works are being completed your house Your Landlord would need to give permission	Mandatory DFG grant means tested if other works are being completed your house Your Landlord would need to give permission

<p>Major extension (for additional accessible bedroom and level access shower)</p>	<p><i>No Cost to you. Funded by Sheffield City Council Housing Department based on recommendation from SCC E&A occupational therapist using these criteria to determine need and if reasonable and practicable</i></p>	<p>Mandatory DFG Grant limited of £30K and discretionary DFG grant to max of £20K Means Tested</p>	<p>Mandatory DFG Grant limited of £30K and discretionary DFG grant to max of £20K where no alternative funding available eg personal resources/ability to loan/charitable funding.</p> <p>Means tested</p> <p>Your landlord would be required to give written permission. You would both need to commit to residency for 5 years</p>	<p>Mandatory DFG Grant limited of £30K and discretionary DFG grant to max of £20K where no alternative funding available eg personal resources/ability to loan/charitable funding.</p> <p>Means tested</p> <p>Your landlord would be required to give written permission. You would both need to commit to residency for 5 years</p>
<p>Over Bath Showers</p>	<p><i>No Cost to you. Funded by Sheffield City Council Housing Department</i></p>	<p>Mandatory DFG Grant means tested</p>	<p>Mandatory DFG Grant means tested Your landlord would be required to give written permission. You would both need to commit to residency for 5 years</p>	<p>Mandatory DFG Grant means tested Your landlord would be required to give written permission. You would both need to commit to residency for 5 years</p>

This page is intentionally left blank

Equality Impact Assessment

Introductory Information

Budget/Project name

Equipment and Adaptations

Proposal type

- Budget
 Project

Reference number

1070

Decision Type

- Cooperative Executive
 Leader
 Individual Cooperative Committee Member
 Executive Director/Director
 Officer Decision (Non-Key)
 Council (e.g. Budget and Housing Revenue Account)
 Regulatory Committee (e.g. Licensing Committee)
 Local Area Committee

Lead Cooperative Executive Member

George Lindars-Hammond,
Angela Argenzio, Steve Ayris

Entered on Q Tier

- Yes No

Year(s)

18/19 19/20 20/21 21/22 22/23 23/24 24/25 25/26

EIA date 28 November 2022

EIA Lead

- Ed Sexton

Person filling in this EIA form

Die Green

Lead officer

Alexis Chappell

Lead Corporate Plan priority

- | | | | | |
|---|---|--|--|--|
| <input type="checkbox"/> An In-Touch Organisation | <input type="checkbox"/> Strong Economy | <input type="checkbox"/> Thriving Neighbourhoods and Communities | <input type="checkbox"/> Better Health and Wellbeing | <input type="checkbox"/> Tackling Inequalities |
|---|---|--|--|--|

Portfolio, Service and Team

Cross-Portfolio

Yes No

Portfolio

People

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

Yes No

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

EIA updated 28 November 2022

This proposal is included in Business Planning 2022-23.

Through the investment in a team of temporary additional staff, a backlog of people waiting for an assessment by the Equipment & Adaptations service will be addressed and cleared during 2022-23 and normal Pre-Covid levels referral demand will then be managed within expected timescales.

As a result of these assessments, as well as providing timely assistance to support people's continued independence at home, savings are expected to be achieved. This will potentially be possible by reductions in the cost of some care packages, either through avoiding the need for new packages or reducing the cost of existing ones where people are waiting for an assessment.

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

More information is available on the [Council website](#) including the [Community Knowledge Profiles](#).

Note the EIA should describe impact before any action/mitigation. If there are both negatives and positives, please outline these – positives will be part of any mitigation. The action plan should detail any mitigation.

Overview

Briefly describe how the proposal helps to meet the Public Sector Duty outlined above

The proposal supports the Duty, specifically advancing equality of opportunity of older people and disabled people to continue to live independently at home. This has associated benefits, including around health and wellbeing, mental health and social and financial inclusion.

Impacts

Proposal has an impact on

<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"/> Cohesion
<input type="checkbox"/> Race	<input type="checkbox"/> Partners
<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

Give details in sections below.

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

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

Customers

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

The proposal is expected to benefit around 2000 customers in the E&A backlog and the monthly throughput of 500+ people being assessed, (which, in context, compares to around 7,500 total AHSC customers as of January 2022). It therefore represents a significant proportion of all AHSC clients. There are clear health benefits to people being able to maintain independence at home in comparison to hospital or other care/health settings, which may include:

- self-esteem and personal decision-making;
- mental health;
- physical health and activity;
- healthy lifestyle and diet;
- physical space and outdoor space;
- enhanced social interaction and community access;
- increased contact with, and care from, family.

Living at home reduces risks of infections and other poor health outcomes associated with communal environments shared with unwell people.

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

Health Lead

Age

Staff

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

Customers

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

The proposal will potentially benefit a significant number of older people. As a proxy, in Oct 2022, 59% of all AHSC clients were aged 65 and above and 47% were aged 75 and above.

Benefits may include health, wellbeing, lifestyle, environment and inclusion.

Disability

Staff

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

Customers		Impact			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Positive	<input type="checkbox"/> Neutral	<input type="checkbox"/> Negative	
		Level			
		<input type="checkbox"/> None	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High
Details of impact					
<p>The proposal will potentially benefit a significant number of disabled people. By nature of the fact that everyone who will benefit has health and social care support needs, the vast majority of people would be classed as sharing the protected characteristic of disability. This applies to beneficiaries of all ages. However, disabled people of working age (under 65) represented 41% of all AHSC clients in Oct 2022.</p> <p>It is proposed to revert to means testing of Disabled Facilities Grant provision due to pressure on the Mandatory Disabled Facilities Grants budget: this may lead to some recipients having to contribute towards their adaptations if they are assessed as having the means to contribute, this is a government means test which is already in statute and legislation.</p> <p>Benefits may include health, wellbeing, lifestyle, environment and inclusion.</p>					

Pregnancy/Maternity					
Staff		Impact			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Positive	<input type="checkbox"/> Neutral	<input type="checkbox"/> Negative	
		Level			
		<input type="checkbox"/> None	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High
Details of impact					
Customers		Impact			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Positive	<input type="checkbox"/> Neutral	<input type="checkbox"/> Negative	
		Level			
		<input type="checkbox"/> None	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High
Details of impact					

Race				
Staff		Impact		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Positive	<input type="checkbox"/> Neutral	<input type="checkbox"/> Negative

Level
 None Low Medium High

Details of impact

Customers
 Yes No

Impact
 Positive Neutral Negative

Level
 None Low Medium High

Details of impact

White British people are likely to be significantly overrepresented in the beneficiaries of the proposal, making up 81% of all AHSC clients where ethnicity is known in Oct 2022

Religion/Belief

Staff
 Yes No

Impact
 Positive Neutral Negative

Level
 None Low Medium High

Details of impact

Customers
 Yes No

Impact
 Positive Neutral Negative

Level
 None Low Medium High

Details of impact

Sex

Staff
 Yes No

Impact
 Positive Neutral Negative

Level
 None Low Medium High

Details of impact

Customers

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

Sexual Orientation

Staff

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

Customers

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

There is no evidence of any disproportionate impact.

Transgender

Staff

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact**Customers**

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

There is no evidence of any disproportionate impact.

Carers**Staff**

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact**Customers**

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

Unpaid carers will derive some health and wellbeing benefit from family members / cared-for people receiving equipment and/or adaptations to help them maintain or increase independence at home. It is likely to reduce aspects of the caring role no longer required, as well as reducing anxiety.

Voluntary/Community & Faith Sectors**Staff**

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

Customers

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

Cohesion

Staff

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

Customers

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

Partners

Staff

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact**Customers**

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

The proposal will help people to live independently at home, reducing the risk of / need for hospital admissions, and potentially supporting hospital discharge. Potential for actual NHS patients will therefore benefit, with consequential positive impacts on other patients/people/services/capacity. There may be other direct or indirect benefits for housing tenants or people accessing other services/provision.

Poverty & Financial Inclusion**Staff**

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact**Customers**

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

The proposal will potentially financially benefit people who may otherwise have needed to spend their own resources to purchase equipment or adaptations themselves, if they were able to. It may also save household expenditure in other ways – e.g. adaptations may reduce energy bills. There are no financial implications for critical provision – hoists, stairlifts, ramps. Means-testing for non-critical provision (extension and level access showers) will continue as now. It is proposed to revert to means testing of Disabled Facilities Grant provision due to pressure on the Mandatory Disabled Facilities Grants budget: this may lead to some recipients having to contribute towards their adaptations if they are assessed as having the means to contribute, this is a government means test which is already in statute and legislation.

Staff
 Yes No
Impact
 Positive Neutral Negative
Level
 None Low Medium High
Details of impact**Customers**
 Yes No
Impact
 Positive Neutral Negative
Level
 None Low Medium High
Details of impact

There is no evidence of any disproportionate impact.

Other**Staff**
 Yes No

Please specify

Impact
 Positive Neutral Negative
Level
 None Low Medium High
Details of impact

The recovery plan increases capacity, helping to relieve pressure on staff, through:

- new officer roles in Disabled Facilities Grant and Asset Management teams
- increased technical support with adaptations (quantity surveyor, architect) and new contracts 20 or so adaptations

Customers
 Yes No

Please specify

Impact
 Positive Neutral Negative
Level
 None Low Medium High
Details of impact

Cumulative Impact

Proposal has 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

Proposal has geographical impact across Sheffield

Yes No

If Yes, details of geographical impact across Sheffield

Local Partnership Area(s) impacted

All Specific

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

Action Plan and Supporting Evidence

Action Plan

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

Consultation

Consultation required

Yes No

If consultation is not required please state why

The proposal is invest-to-save, providing support for people in need to maintain independence.

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

Summary of overall impact

Summary of overall impact

Summary of evidence

Changes made as a result of the EIA

Escalation plan

Is there a high impact in any area?

- Yes No

Overall risk rating after any mitigations have been put in place

- High Medium Low None

Sign Off

EIAs must be agreed and signed off by an Equality lead Officer. Has this been signed off?

- Yes No

Date agreed

Name of EIA lead officer

Review Date

This page is intentionally left blank



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 Social Care Committee*
Date of Decision: *19th December 2022*
Subject: *Month 7 Monitoring*

Has an Equality Impact Assessment (EIA) been undertaken?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
If YES, what EIA reference number has it been given? (<i>Insert reference number</i>)				
Has appropriate consultation taken place?	Yes	<input type="checkbox"/>	No	<input checked="" 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:

This report brings the Committee up to date with the Council's financial position as at Month 7 2022/23

Recommendations:

The Committee is recommended to:

- Note the Council's financial position as at the end of October 2022 (month 7).

Background Papers:

[2022/23 Revenue Budget](#)

Lead Officer to complete: -			
1	<p>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.</p> <p>Finance: <i>Ryan Keyworth, Director of Finance and Commercial Services</i></p> <p>Legal: <i>Sarah Bennett, Assistant Director, Legal and Governance</i></p> <p>Equalities & Consultation: <i>James Henderson, Director of Policy, Performance and Communications</i></p> <p>Climate: n/a</p>		
<p><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></p>			
2	<p>EMT member who approved submission: <i>Eugene Walker</i></p>		
3	<p>Committee Chair consulted: <i>Cllr Bryan Lodge</i></p>		
4	<p>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 EMT member indicated at 2. In addition, any additional forms have been completed and signed off as required at 1.</p>		
	<table border="0"> <tr> <td> <p>Lead Officer Name: <i>Ryan Keyworth</i> <i>Jane Wilby</i></p> </td> <td> <p>Job Title: <i>Director of Finance and Commercial Services</i> <i>Head of Accounting</i></p> </td> </tr> </table>	<p>Lead Officer Name: <i>Ryan Keyworth</i> <i>Jane Wilby</i></p>	<p>Job Title: <i>Director of Finance and Commercial Services</i> <i>Head of Accounting</i></p>
<p>Lead Officer Name: <i>Ryan Keyworth</i> <i>Jane Wilby</i></p>	<p>Job Title: <i>Director of Finance and Commercial Services</i> <i>Head of Accounting</i></p>		
	<p>Date: 23rd November 2022</p>		

1. PROPOSAL

1.1 This report sets out the 2022/23 Month 7 financial monitoring position for the Council and the Adult Social Care Policy Committee. The last time the Committee received a budget monitoring update was in September 22 with the Month 4 (July 22) figures.

1.2 Council Portfolio Month 7 2022/23

1.2.1 The Council is forecasting a £18.7m overspend against the 2022/23 budget as at month 7.

Full Year £m	Outturn	Budget	Variance
Corporate	(465.3)	(463.9)	(1.5)
City Futures	47.1	46.9	0.2
Operational Services	113.2	113.4	(0.2)
People	313.6	296.2	17.4
Policy, Performance Comms	3.3	2.9	0.5
Resources	6.8	4.5	2.3
Total	18.7	0.0	18.7

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 Variance £m	One-off	BIPs	Trend	Total Variance
Corporate	0.0	0.0	(1.5)	(1.5)
City Futures	(0.1)	0.0	0.3	0.2
Operational Services	(5.9)	3.1	2.7	(0.1)
People	(0.4)	15.4	2.4	17.4
Policy, Performance Comms	(0.1)	0.3	0.2	0.4
Resources	(0.7)	1.7	1.3	2.3
Total	(7.2)	20.5	5.4	18.7

1.2.3 In 2021/22, the Council set aside £70m of reserves to manage the financial risks associated with delivering a balanced budget position. In 21/22, the council overspent by £19.8m which was drawn from this pool, a further £15m was used to balance the 22/23 budget and current forecast overspend at M7 is set to be £18.7m leaving a remaining risk allocation of £16.5m

M7	£m
Allocated reserves	70.0
21/22 Budget overspend	19.8
22/23 Base budget committed	15.0
22/23 BIP shortfall	20.6
22/23 pressures	5.3
22/23 in year mitigations	(7.2)
Reserves used @ M7	53.5
Remaining reserves	16.5

} (£18.7m overspend @ M7)

1.3 Committee Financial Position

1.3.1 Overall Position - £18.7m overspend at Month 7

There is a £11.6m overspend in the Adult Health and Social Care Committee and a £6.4m overspend in the Education, Children and Families Committee	Full Year Forecast £m @ Month 7			
	Outturn	Budget	Variance	
	Adult Health & Social Care	164.2	152.5	11.6
	Education, Children & Families	135.4	129.0	6.4
	Housing	8.4	8.8	(0.4)
	Transport, Regeneration & Climate	41.5	41.9	(0.3)
	Economic Development & Skills	11.2	11.1	0.0
	Waste & Street Scene	54.4	54.7	(0.3)
	Communities Parks and Leisure	45.1	45.4	(0.3)
	Strategy & Resources	(441.5)	(443.4)	2.0
	Total	18.7	0.0	18.7

Most of the full year forecast overspend is attributable to shortfalls in Budget Implementation Plans (BIPs) delivery	Variance Analysis £m @ Month 7			Trend	Total Variance
	One-off	BIPs			
	Adult Health & Social Care	(0.4)	9.3	2.7	11.6
	Education, Children & Families	0.6	6.0	(0.2)	6.4
	Housing	0.0	0.0	(0.4)	(0.4)
	Transport, Regen & Climate	(2.1)	2.1	(0.3)	(0.3)
	Economic Dev't & Skills	(0.1)	0.0	0.1	0.0
	Waste & Street Scene	(3.3)	0.5	2.5	(0.3)
	Communities Parks & Leisure	(1.0)	0.4	0.3	(0.3)
	Strategy & Resources	(0.9)	2.3	0.6	2.0
	Total	(7.2)	20.6	5.3	18.7

£7.2m of one-off savings are mitigating part of the ongoing overspend

Contributions from provisions for energy and waste inflation mitigate the in-year impact of rising baseline costs. These are one-off contributions that will not help our position in 23/24 as the trend continues.

The government's Autumn Statement only gives us protection on the energy price cap on current rates until the end of the financial year. Currently, the best open market prices we are able to achieve for 1 April 2023 onwards results in a doubling in the unit price of energy that we will face.

Balancing the 22/23 budget was only possible with £53m of BIPs, £32m are reported as deliverable in year	Budget Savings Delivery Forecast @M7 £m	Total Savings 22/23	Deliverable in year	FY Variance
	Portfolio			
	People	37.7	22.3	15.4
	Operational Services	7.1	4.0	3.1
	PPC	1.2	0.9	0.3
	Resources	6.7	4.9	1.8
	Total	52.7	32.1	20.6

Focus must be on delivering BIPs in 22/23 and preventing the

Of the £32m BIPs forecast as being deliverable, £10m are rated red, which indicates considerable risk that these will not be

budget gap from widening	delivered in full which would increase the existing forecast overspend.
	Of the £20.6m savings that are forecast to be undelivered this year, some can be delivered next financial year. It is estimated that £12m of this year's undelivered savings will still be unachievable in 23/24.
Adult Health and Social Care are forecast to overspend by £11.6m	The high cost of packages of care put in place during covid has increased our baseline costs into 22/23. Work is underway as part of an investment plan with additional resource to tackle the underlying issues although recruitment issues are impacting our ability to deliver.
	The committee position improved in M7 by £200k; purchasing budgets in Older People's and Physical Disabilities improved by a combined £0.5m. This was offset by a continued increase in cost against the Learning Disabilities budget.
Education, Children and Families are forecast to overspend by £6.4m	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 committee position improved in M7 by £0.1m due to reductions to staffing forecasts in the Children's Disability Team. The forecast now assumes current levels of staffing for the rest of the year.

1.4 Adult Health & Social Care- £11.6m overspend at Month 7

The revenue outturn position for the AHS&C Committee is to overspend by £11.6m

Full Year Forecast £m @ Month 7	Outturn	Budget	Variance
Adult Health & Social Care Integrated Commissioning (Early Help and Prevention - Partnership Funding; Supporting Vulnerable People - Housing Related Support/Drugs and Alcohol Services)	155.4	143.8	(11.6)
Total	164.2	152.6	(11.6)

The committee position improved by £0.2m from M6 to M7

The majority of the committee overspend relates to undelivered savings (BIPs)

Variance Analysis £m @ Month 7	One-off	BIPs	Trend
Adult Health & Social Care Integrated Commissioning	(0.4)	9.4	2.6
Total	(0.4)	9.4	2.6

£9.4m of the overspend relates to BIP shortfalls. Staffing is £2m overspent.

Purchasing activities are overspent by £8.7m

PURCHASING POSITION @M7	OUTTURN	BUDGET	VARIANCE	M6 VARIANCE	MOVEMENT
OLDER PEOPLE LEARNING DISABILITIES	34.1	31.2	2.9	3.1	-0.1
PHYSICAL DISABILITIES	34.6	28.0	6.6	6.4	0.2
MENTAL HEALTH	15.7	16.6	-1.0	-0.6	-0.4
	9.2	9.0	0.2	0.1	0.1
Total	93.6	84.8	8.7	8.9	-0.2

Purchasing activity overall improved this month; Older People by £0.1m and Physical Disabilities by £0.4m. This was offset with a continued adverse movement in Learning Disability costs which is overspent by £6.6m; £4.4m of the overspend relating to undelivered BIPs. The trend is continuing to worsen in this area.

The impact of the proposed pay offer creates an estimated additional £0.7m pressure to the committee

The now agreed pay award of £1,925 flat rate per employee was factored into forecasts in M4. The proposal leaves an expected 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 pay award has now been agreed with Unions and will be processed through payroll in November so will flush through actuals in M8.

<p>BIP delivery for 22/23 is looking challenging, focus needs to be on reviewing high-cost packages put in place during covid</p>	<p>Over £11m of the BIP savings required for 22/23 relate to reviewing high-cost packages of care put in place during the pandemic.</p> <p>Work is underway as part of an investment plan with additional resource to tackle the underlying issue although recruitment issues is impacting on deliverability.</p> <p>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.</p>
<p>Recruitment and retention difficulties continue to impact savings delivery in 22/23, but with the potential to increase staffing pressure in future years</p>	<p>Vacancies which are part of the investment plan are not fully recruited to.</p> <p>If posts are filled, the £1.8m current employee overspend would increase but an improvement in BIP delivery would be expected.</p> <p>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.</p> <p>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.</p>
<p>Home care continues to be a huge challenge</p>	<p>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. Pre-covid pandemic, there were 10 clients on average with packages costing over £1,000/week. Numbers are still staying at around 70 clients. This shows that whilst reviews are reducing the original cohort of high-cost home care put in place during the pandemic, these are being replaced by a similar number of equally expensive packages.</p>
<p>Fair Cost of Care Exercise and Social Care Reform will increase Adult Social Care responsibilities and costs</p>	<p>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.</p> <p>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.</p>

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 climate 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.

6. REASONS FOR RECOMMENDATIONS

- 6.1 This paper is to bring the committee up to date with the Council's current financial position as at Month 7 2022/23.

This page is intentionally left blank



Report to Policy Committee

Author/Lead Officer of Report: Dani Hydes, Deputy Director of Quality, Sheffield Integrated Care Board; Michelle Glossop, Service Manager, Adult Health and Social Care

Tel: 0114 305 1418

Report of: Director Adult Health and Social Care

Report to: Adult Health and Social Care Policy Committee

Date of Decision: 19th December 2022

Subject: Commissioning of Citywide Care at Night Services

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? 346				
Has appropriate consultation taken place?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Has a Climate Impact Assessment (CIA) been undertaken?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Does the report contain confidential or exempt information?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
If YES, give details as to whether the exemption applies to the full report / part of the report and/or appendices and complete below:-				
<i>"The (report/appendix) is not for publication because it contains exempt information under Paragraph (insert relevant paragraph number) of Schedule 12A of the Local Government Act 1972 (as amended)."</i>				

Purpose of Report:

To note the extension for a further six-month (31st March 2023 to 30th September 2023), of the jointly commissioned Sheffield City Council and the South Yorkshire Integrated Care Board, Sheffield Place arrangements for provision of the Night Care Visiting Service.

The extension of the contract will also enable organisations to undertake activities and actions and full consideration through an options appraisal to determine the best, viable commissioning, and procurement model approach and, ensure minimal disruption to individuals and whilst other key commissioning activity of the new Care and Wellbeing service takes place.

Recommendations:

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

1. Note the extension of the current Care at Night Service until the 30th of September 2023.
2. Endorse the proposal for an options appraisal and agree that the outcomes of the options appraisal and proposals for recommissioning of Care at Night Services are progressed.

Background Papers:

The details of the background relating to the joint commissioning and procurement of the of the Night Care Service was set out in the report approved by Cabinet on the 18th of October 2018 [Approved Decision October 2018](#).

Appendixes

Appendix 1 – Care at Night Eligibility Criteria

Appendix 2 – Equalities 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>Judith Town SY ICB</i>
		Legal: Patrick Chisholm, Service Manager
		Equalities & Consultation: <i>Ed Sexton</i>
		Climate:
	<i>Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.</i>	
2	SLB member who approved submission:	<i>Alexis Chappell, Director of Adult Social Care</i>
3	Committee Chair consulted:	<i>Councillors George Lindars-Hammond and Angela Argenzio</i>
4	I confirm that all necessary approval has been obtained in respect of the implications indicated on the Statutory and Council Policy Checklist and that the report has been approved for submission to the Committee by the SLB member indicated at 2. In addition, any additional forms have been completed and signed off as required at 1.	
	Lead Officer Name: <i>Dani Hydes</i> <i>Michelle Glossop</i>	Job Title: <i>Deputy Director of Quality, SY Sheffield Place ICB</i> <i>Service Manager, Adult Health and Social Care</i>
	Date: 23 rd November 2022	

1. PROPOSAL

- 1.1 The [Adult Health and Social Care Strategy](#) and accompanying [Delivery Plan](#) set out our vision for 2022 to 2030. Called 'Living the life you want to live', it's about how we work together to help the people of Sheffield to live long, healthy and fulfilled lives.
- 1.2 The development of care at night services aligns to delivery upon 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*. It is also a key part of our long term support within our [Adult Social Care Target Operating Model](#) which was approved at Committee on 16th November 2022.
- 1.3 The Council must provide care services, which provide support with 'activities of daily living' for adults living in their own homes. This includes delivery of support and care to individuals during the night who need this support. The existing Care at Night Contract is due to expire in March 2023.
- 1.4 A decision was made at the Cooperative Executive on 17th October 2018 to approve the joint management and commissioning of a [Care at Night Service](#). The service was subsequently procured jointly by Sheffield City Council and formerly NHS Sheffield CCG (now SY ICB, Sheffield place, with the NHS taking lead in the procurement exercise.
- 1.5 The successful Provider via contract award was Green Square Accord (formerly Direct Health), until the contract was temporarily novated over the Bluebird in December 2021 in response to Green Squares Accord giving notice to terminate and ending the contract due to capacity and ongoing delivery concerns. Since this time Bluebird have continued to be the sole provider of the service.
- 1.6 During the provision of the service, there has been significant learning in relation to support needs of individuals, the offer in relation to night care and referrals from agencies. It's been recognised that there are different support needs of those who require nursing and those who require social care and the need for clear criteria in relation to use of care at night services to maximise and best use the resource.
- 1.7 Significant learning has also been adopted from the [recommissioning of care and wellbeing services](#), which was approved at Committee on 15th June 2022, specifically relating to the need for support which is culturally appropriate and based on the foundations of outcomes, strength, and enablement-based practice so that individuals and families can have positive experiences of care.

1.8 In addition to the learning, there has also been considerable improvement activity undertaken as a partnership across the Council, NHS Integrated Care Board and Sheffield Teaching Hospitals. This has led to key improvements as follows:

- Reducing waiting list for access to Care at Night support – the number of people waiting is 0 at December 2022 compared with 23 people 12 months ago.
- Providers empowered to work with people receiving support to review and amend care to reflect the changes in their health and wellbeing.
- Dedicated Care Manager to support timely reviews of those people receiving a service, where their needs or circumstances may have additional complexities.
- Collaborative working across Health and social care practitioners with better outcomes for people using the service.
- Development of eligibility criteria for access to the social care aspect of Care at Night aligned with the [National Eligibility Criteria for Social Care](#). This is noted at Committee today.

1.9 The pandemic impacted significantly on usage of care at night services as demonstrated below and with that expenditure on the service. As social care moves towards recovery and implementing the improvement actions, the need for care at night support is reducing as demonstrated below and this subsequently impacts on what consideration of future need is.



1.10 The learning and improvement activity has built a solid foundation of integrated operational and strategic partnership working across health and care and this provides a positive foundation for looking at a future model.

1.11 To determine a future model of Care at Night Services which delivers improved outcomes for people, an options appraisal is proposed aligned to the development and implementation of the new Care and Wellbeing Service, [Adult Social Care Target Operating Model](#) approved at Committee on 16th November 2022 and joint health and care delivery.

- 1.12 Consideration will be given to the extensive work undertaken to establish the joint service and the challenges and learning outcomes since the current contract has been in situ. It will also review the previous due diligence work undertaken, and whether this is still appropriate to inform the future commissioning model and procurement of services for people requiring a Care at Night Service.
- 1.13 In summary, the options appraisal will look at:
- What is the current impact on individuals and family members and what is the learning for the future?
 - How would a future model deliver joined up seamless care aligned to recommissioning of care and wellbeing, supported living and day services underway?
 - Is the current specification fit for purpose?
 - What is the current demand? Should growth be considered i.e., consideration of seasonal increases and demand?
 - How will the service be delivered within financial envelope available?
 - Are the current contractual arrangements and delegated authorities still fit for purpose i.e., current governance arrangements.
 - Procurement strategy, timeframes inclusive of mobilisation
- 1.14 Whilst the options appraisal is completed, an extension, within the existing commissioning strategy, has been provided for the current contract for a period of 6 months from March 2023 to October 2023 to maintain service stability over winter.
- 1.15 The extension will enable a programme of activities and actions to be completed, inclusive of an options appraisal to propose a future model for Care at Night Services. It's proposed to bring the outcomes of the options appraisal and proposals for recommissioning of Care at Night Services to March 2023 Committee for approval.

2. HOW DOES THIS DECISION CONTRIBUTE?

- 2.1 Future proposals will be aligned to the city's shared principles, strategies, and priorities to ensure delivery of services through commissioning arrangements that reduce inequalities in our communities. A key priority is to ensure that there is capacity in high quality services to support safe and timely discharges from an acute hospital setting as well as support independence and avoid an unnecessary early admission to a 24-hour care setting or hospital setting and to reduce the burden on family carers.
- 2.2 Review and learning has resulted in improvements in the contract management processes and arrangement including ensuring Provider regular reviews of need from both a health and social care perspective and regular reporting of activity and demand from the Provider to meet service and contractual requirements will also help inform the revised commissioning approach to ensure the service can continue to meet the

challenges and changing patterns in demand, particularly to meet surge and future growth requirements.

- 2.3 Consideration will also be given to the level of investment required from both organisations to deliver fair and equitable outcomes relating current provider market costs and so that the impact of funding restrictions do not impact on the end user.

3. HAS THERE BEEN ANY CONSULTATION?

- 3.1 Extensive consultation was undertaken to inform the joint commissioning proposals and the outcomes captured as part of the city-wide consultation around the new Care and Wellbeing Service, which was approved at Committee on 15th June 2022. This will help inform service design for the recommissioning of the Care at Night Visiting Service.
- 3.2 Information captured through the ongoing contract and quality monitoring process along with feedback from individuals and providers captured will inform future proposals and service design. Therefore, it is not intended to undertake another city-wide consultation exercise as part of the recommissioning of the service.

4. RISK ANALYSIS AND IMPLICATIONS OF THE DECISION

4.1 Equality Implications

- 4.1.1 The Equality Impact Assessment developed for the original commissioning proposals will continue to be reviewed to ensure it takes account of subsequent changes such as the novating of the contract to a single provider and this contract extension. As the proposal is to continue current arrangements for a further six months, no new impact is expected for people.
- 4.1.2 The extension of the contract has no overall negative impact on individuals who receive support. The contract continues to be closely monitored to ensure that the quality and capacity is adequate and meets current demand levels.

4.2 Financial and Commercial Implications

- 4.2.1 The gross budget for this contract is £642k with £263k coming from the ICB. At present the contract is operating within that budget and there is no reason to believe that position will change.
- 4.2.2 There are no short term financial and commercial implications relating to the extension of the contract. Full consideration will be given to the affordability and viability of any proposal and recommendation and will include financially modelling, demand and growth implications.

4.2.3 Any commercial implications including in the procurement of the services will be fully considered as part of the exercise.

4.3 Legal Implications

4.3.1 The extension of the contract for a further 6 months does not have any legal implications as there is no change to the current contractual requirements during this time and an extension is within the current permissible contractual arrangements. The extension will allow the Council to continue to provide support with activities of daily living in compliance with our statutory duties.

4.3.2 There are no immediate legal implications arising from the proposal for a options appraisal. Any implications arising from the recommended approach following the options appraisal will be set out at that time.

4.4 Climate Implications

4.4.1 A full CIA assessment is not required at this stage due to the short-term nature of the extension and there is no change in the delivery of the service.

4.4.2 A CIA will be considered as part of any new commissioning proposals and recommendations which will help identify any potential impact and any mitigating actions or measures to reduce impact. Any considerations will also be set in the contractual requirements for future providers.

4.5 Other Implications

4.5.1 The extension of the contract does not bring about any other implications. Full consideration of any other implications will be set out in the future commissioning proposals and recommendations.

5. ALTERNATIVE OPTIONS CONSIDERED

5.1 The option of “do nothing” was considered. However, given that the current contract will end in March 2023 and a recommissioning of care and wellbeing services is underway there is no longer an option to do nothing.

5.2 The extension of the contract will provide the opportunity to review the current delivery model and build upon the learning and partnerships built over this last 5 years. It provides an opportunity to take account of the joint ambitions and priorities of the Council and ICB Sheffield as well as learning from the new city-wide Care and Well Being Service which will be implemented in summer of 2023.

6. REASONS FOR RECOMMENDATIONS

6.1 The extension of the contract will enable organisations to undertake activities and actions and give full consideration through an options appraisal to determine the best, viable commissioning, and procurement

model approach and, ensure minimal disruption to individuals and whilst other key commissioning activity of the new Care and Wellbeing service takes place.