

Adult Health and Social Care Policy Committee

**Wednesday 16 November 2022 at 10.00
am**

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

The Press and Public are Welcome to Attend

Membership

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

PUBLIC ACCESS TO THE MEETING

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

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

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

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

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
16 NOVEMBER 2022**

Order of Business

- 1. Welcome and Housekeeping**
The Chair to welcome attendees to the meeting and outline basic housekeeping and fire safety arrangements.
- 2. Apologies for Absence**
- 3. Exclusion of Press and Public**
To identify items where resolutions may be moved to exclude the press and public
- 4. Declarations of Interest** (Pages 7 - 10)
Members to declare any interests they have in the business to be considered at the meeting
- 5. Minutes of Previous Meeting** (Pages 11 - 22)
To approve the minutes of the last meeting of the Committee held on
- 6. Public Questions and Petitions**
To receive any questions or petitions from members of the public
- 7. Work Programme** (Pages 23 - 40)
Report of Director, Legal and Governance

Formal Decisions

- 8. Endorse Director of Adult Social Care (DASS) Report and Delivery Plan** (To Follow)
- 9. Endorse Adult Social Care, Care Governance Update and Quality Matters Framework** (Pages 41 - 74)
Report of Director, Adult Health and Social Care
- 10. Approve Adult Social Care and DASS Local Account 2020-22 and DASS PSW Assurance** (To Follow)
Report of Director, Adult Health and Social Care
- 11. Endorse Progress with Changing Futures Delivery Plan (Commitment 1, 6 ASC Strategy)** (To Follow)
Report of Director, Adult Health and Social Care
- 12. Approval of New Technology Enabled Care Contract Extension and Strategy** (Pages 75 - 122)

Report of Director, Adult Health and Social Care

13. **Endorse Adaptations, Housing and Health** (To Follow)
Report of Director, Adult Health and Social Care
14. **Approve Future Design of Adult Social Care** (To Follow)
15. **Endorse Better Care Fund (Adults) Update Report and Delivery Plan (Commitment 4, 6 ASC Strategy)** (To Follow)
16. **Endorse Adult Social Care Financial Update and Progress with Effective Use of resources delivery plan** (To Follow)
Report of Director, Adult Health and Social Care
17. **Budget Proposals 2023/24** (To Follow)
Report of Director, Finance and Commercial Services and Director, Adult Health and Social Care

Items For Noting

NOTE: The next meeting of Adult Health and Social Care Policy Committee will be held on Monday 19 December 2022 at 2.00 pm

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ADVICE TO MEMBERS ON DECLARING INTERESTS AT MEETINGS

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

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

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

You **must**:

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

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

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

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

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

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

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

You have a personal interest where –

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

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

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

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

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

Further advice can be obtained from David Hollis, Interim Director of Legal and Governance by emailing david.hollis@sheffield.gov.uk.

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Adult Health and Social Care Policy Committee

Meeting held 21 September 2022

PRESENT: Councillors Angela Argenzio (Co-Chair), George Lindars-Hammond (Co-Chair), Steve Ayris (Deputy Chair), Abtisam Mohamed, Ruth Milsom, Kevin Oxley, Martin Phipps, Safiya Saeed and Vic Bowden (Substitute Member)

1. APOLOGIES FOR ABSENCE

1.1 An apology for absence was received from Councillor Ann Woolhouse, with Councillor Vic Bowden attending the meeting as her substitute.

2. EXCLUSION OF PRESS AND PUBLIC

2.1 The Chair (Councillor George Lindars-Hammond) reported that (a) appendix 3 to the report under item 9 on the agenda (item ? of these minutes) relating to Mental Health Market Shaping Statement and Recommissioning of Services and (b) part B to the report under item 14 on the agenda (item ? of these minutes) relating to Adult Social Care Budget Programme 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 There were no declarations of interest made at the meeting by members of the Committee.

4. MINUTES OF PREVIOUS MEETING

4.1 The minutes of the meeting of the Committee held on 15th June 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.
- 6.3 The Chair (Councillor George Lindars-Hammond) reported that, further to discussions recently held between the Co-Chairs and Deputy Chair, arrangements were to be made for Members of the Committee to meet informally, in the near future, to receive a briefing on the Adult Social Care budget.
- 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. 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.

The report also provided an update as regards Adult Health and Social Care progress in relation to the Council's Delivery Plan and key strategic events and issues on the horizon.

- 7.2 **RESOLVED UNANIMOUSLY:** That the Adult Health and Social Care Policy Committee notes the Director's report.

8. SUPPORTED LIVING, RESPITE AND DAY SERVICES PROVISION FOR WORKING AGE ADULTS

- 8.1 The Committee considered a report of the Director of Adult Health and Social Care seeking approval to commission the delivery of care and support services for adults who have a disability. It is proposed to commission a Working Age Framework to include Supported Living, Activities Outside the Home (day services) and Short Breaks/Respite services.

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

new Working Age Framework.

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

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

(a) approves the commissioning of the Supported Living Service (which includes Supported Living, Short Breaks/Respite and Day Services provision for Working Age Adults) by way of a Framework/Dynamic Purchasing System with a term of 10 years and an estimated value of £500m, as set out in the report; and

(b) notes and endorses the South Yorkshire Market Position Statement – Housing with Support for People with a Learning Disability and/or Autism (at Appendix 1 of the report).

8.3 **Reasons for Decision**

The recommended option will deliver the following outcomes:-

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

8.4 **Alternatives Considered and Rejected**

8.4.1 **Option One: ‘Do Nothing’**

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

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

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

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

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

8.4.3 **Option 3: Recommission a Working Age Framework (recommended)**

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

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

9. OLDER PERSONS PREVENTION SERVICE

9.1 The Committee considered a report of the Director of Adult Health and Social Care seeking approval for the commission of an extension to the existing arrangements for prevention services for people who are aged 55 plus, for up to 12 months to allow for a review of early intervention and our model of operating to take place. This will then inform a recommissioning exercise.

9.2 **RESOLVED UNANIMOUSLY:** That the Adult Health and Social Care Policy Committee approves the commission of an extension to the existing arrangements for prevention services for people who are aged 55 plus, by 12 months, in line with the report, whilst a review of early intervention and the operating model is taking place.

9.3 **Reasons for Decision**

Extending the existing contract for up to 12 months will allow for a review of early intervention and our model of operating to take place. This will then inform a recommissioning exercise in line with strategic priorities.

9.4 **Alternatives Considered and Rejected**

9.4.1 **End the service** – This would have an adverse impact on older people with health conditions. It would weaken the Council's ability to fulfil statutory wellbeing and prevention duties under the Care Act 2014. It would result in immediate savings, but could increase costs elsewhere in the Council budget, by making it more likely for more people to need more expensive services.

9.4.2 **Reduce the service** – Reducing the service would have less of an adverse impact on people than ending it, but it would still leave future beneficiaries without a service, and this would have a harmful impact. The high demand for the service raises the question whether it should be expanded.

9.4.3 Decisions about pursuing either of these options are best made once the strategic reviews are complete. This will enable any new investment to be part of system-wide improvements and for mitigations to be put in place to deal with decisions to stop or reduce any areas of provision.

9.4.4 **Provide the service in house** – This would bring TUPE implications for staff transferring to the Council. The current provider brings links with a range of partnerships that have charitable benefits, such as delivery of meals on Christmas day to people who are isolated. They also have expertise in working with experts by experience and co-production that adds value and expertise to the way we work in Sheffield.

10. SAFEGUARDING AND ENSURING SAFETY DELIVERY PLAN AND NEW SAFEGUARDING AND ENSURING SAFETY MODEL

10.1 The Adult Health and Social Care Strategy “Living the Life You Want to Live” and subsequent Delivery Plan agreed at the meeting of the Committee on 15th June 2022, made a commitment towards improving outcomes for adults from abuse and neglect and enabling a shift towards prevention of harm.

The report of the Director of Adult Health and Social Care submitted to this meeting, set out a Delivery Plan and key milestones to deliver upon that Commitment. The report explained how new ways of working, specifically Making Safeguarding Personal (MSP) and strengths-based approaches to social care, are impacting positively to change practices, referral rates and numbers of safeguarding referral and notes new models under development.

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

(a) approves the Adult Health & Social Care Safeguarding Delivery Plan;

(b) requests that the Director of Adult Health and Social Care provides the Committee with updates on progress against the Delivery Plan on a six-monthly basis;

(c) requests that the Director of Adult Health and Social Care reviews and refreshes the plan on a biannual basis for subsequent consideration by the Committee; and

(d) endorses the Safeguarding Adults Strategic Partnership Board Annual Report for 2021/ 2022.

10.3 **Reasons for Decision**

10.3.1 An approved delivery plan for the strategy gives a structured approach to delivery of the prevention of abuse and neglect and the protection of people’s rights. It will also provide greater accountability and transparency of how we will do this.

- 10.3.2 Asking for regular updates and refreshes of the plan will keep the Committee updated and give 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.

10.4 **Alternatives Considered and Rejected**

The alternative option considered was – do not complete a Delivery Plan for Safeguarding Adults. This would not provide the assurances required to the Committee, Safeguarding Partnership Board and Council to ensure that our safeguarding duties are met.

11. **ADULT SOCIAL CARE MARKET SHAPING STATEMENT, MARKET SUSTAINABILITY AND OVERSIGHT PLAN AND FAIR COST OF CARE EXERCISE**

- 11.1 The Committee considered a report of the Director of Adult Health and Social Care seeking approval for Sheffield’s Market Shaping Statement, noting the proposal to develop further, more detailed, ‘Market Positions Statements’ through 2022 and 2023.

The report also updated the Committee on progress made towards meeting the Government’s requirement to conduct and report on a ‘Fair Cost of Care Exercise’ and ‘Market Sustainability Report’, which are due for submission on 14 October 2022. It also contained (at Appendix 2) the Market Sustainability Development plan, which sets out how we will ensure that we fulfil our statutory duties as set out in the Care Act 2014, and how we will develop our October and February 2023 Fair Cost of Care submissions to the Department of Health and Social Care (DHSC).

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

(a) approves Sheffield’s Market Shaping Statement, at Appendix 1 of the report;

(b) approves proposals to develop a range of Market Position Statements over the next 12 months;

(c) notes the progress being made towards making the required returns to Government to access its Market Sustainability and Fair Cost of Care Fund (2022-23); and

(d) requests a further update in December 2022.

11.3 **Reasons for Decision**

The recommendations arise from the Council’s market shaping responsibilities

and from the need to fulfil the conditions for receiving the DHSC's Market Sustainability and Fair Cost of Care Fund (2022-23).

11.4 **Alternatives Considered and Rejected**

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

11.4.2 The completion of the Fair Cost of Care Exercise is a mandatory requirement of the Department of Health and Social Care as a condition of accessing the funding described in the report.

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

12. **ADULT SOCIAL CARE CHARGING DELIVERY PLAN**

12.1 The Health and Care Act 2022 introduced a range of adjustments to the rules around the funding regime in Social Care. The changes are to be implemented in October 2023 with assessments of individuals to commence in April 2023 in preparation.

The report of the Director of Adult Health and Social Care submitted to this meeting, set out the Delivery Plan to implement the Social Care Charging Reforms in the City and sought approval to recruit the additional staff and upgrade IT software required to enable an effective response to increased demand.

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

(a) notes the impact of the Social Care Charging Reforms on individuals and the City;

(b) approves the Social Care Charging Reforms Delivery Plan;

(c) approves the recruitment of staff to complete the additional assessment activity required as a result of the increased demand predicated through the Social Care Charging Reforms; and

(d) requests that the Director of Adult Health and Social Care provides the Committee with updates on progress against the Social Care Charging Delivery Plan on a six-monthly basis.

12.3 **Reasons for Decision**

- 12.3.1 The proposed actions will allow for an effective implementation of the new statutory guidance in a customer focused manner.
- 12.3.2 Sufficient resources to provide timely decisions on eligibility, supported by provider and self-assessment, will help to maintain high standards of customer service and support vulnerable adults at a challenging time.
- 12.3.3 Clear communication will support vulnerable adults and their carers to make better decisions about their options and also to receive the benefits of the new financial rules.
- 12.3.4 Improved structures around the treatment of choice and more expensive placements will enhance consistency of outcome and support fair decision making.
- 12.4 **Alternatives Considered and Rejected**
- 12.4.1 Continuing the standard approach to assessment was considered. This was rejected due to the combined concerns around cost of additional staffing and the risk of being unable to recruit sufficient additional staff.

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

- 13.1 At the meeting of the Committee held on 15th June 2022 an analysis of the Adult Health and Social Care budget, spend and funding was provided to enhance understanding, improve transparency and to ensure that ongoing financial risks and issues remain visible. At the same meeting, a Care Governance Strategy and Framework was approved setting out a robust approach to governance across Adult Health and Social Care, including effective use of our resources.

It was agreed that future reports would be brought to the Committee which set out more detail on funding streams, spends and on forecasting, including long term assumptions, as part of our approach to transparent reporting on the Adult Social Care Budget spend and progress in relation to the financial recovery plan.

The report of the Director of Adult Health and Social Care submitted to this meeting, provided information about use of our resources, an update on progress with our financial recovery, an update on improvements made in relation to our financial governance and sought endorsement for Adult Social Care Effective Use of Resources Delivery Plan.

- 13.2 **RESOLVED UNANIMOUSLY:** That the Adult Health and Social Care Policy Committee:-
 - (a) notes the information about the funding used to support early achievement of the National Minimum Wage and comparison of Sheffield with other authorities;

(b) notes progress towards the delivery of the 2022/23 pressure mitigations and the actions being taken to achieve delivery;

(c) notes the update on progress with the actions set out at the meeting of this Committee on 15th June 2022;

(d) agrees the transparency reporting milestones to the Committee, noted at section 2.8 of the report; and

(e) agrees the Financial and Resource Management Delivery Plan and requests updates on progress with implementation through the Budget Delivery Reports at each meeting of the Committee.

13.3 **Reasons for Decision**

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

13.4 **Alternatives Considered and Rejected**

Not applicable – no decision or change is being proposed.

14. **BUDGET MONITORING REPORT - MONTH 4**

14.1 The Committee considered a report of the Director of Finance and Commercial Services bringing the Committee up to date with the Council's financial position as at Month 4 in the 2022/23 financial year.

The report indicated that the Council was forecasting a £21.7m overspend against the 2022/23 budget as at month 4, of which £12.4m related to services within the remit of the Adult Health and Social Care Committee, and further detail on the breakdown of that overspend was set out in the report. Executive Directors and Directors would be required to develop plans to mitigate the in-year forecast overspends.

14.2 **RESOLVED UNANIMOUSLY:** That the Adult Health and Social Care Policy Committee notes the Council's challenging financial position as at the end of July 2022 (month 4), as outlined in the Director's report.

15. **MENTAL HEALTH MARKET SHAPING STATEMENT AND RECOMMISSIONING OF SERVICES**

15.1 The Committee considered a report of the Director of Adult Health and Social Care setting out a proposed Market Position Statement to set out our commissioning intentions regarding support to people experiencing mental ill health in the city; proposals regarding re-commissioning of prevention contracts;

and a Mental Health Social Care Delivery Plan to ensure that we have robust response towards supporting people experiencing mental ill health in the City with partners.

During consideration of this item of business, and in order for Members of the Committee to ask questions on Appendix 3 of the report, it was RESOLVED: That the public and press be excluded from the meeting and the webcast be paused before further discussion takes place on the grounds that, in view of the nature of the business to be transacted, if those persons were present, there would be a disclosure to them of exempt information as described in paragraph 3 of Schedule 12A to the Local Government Act 1972, as amended.

The meeting was re-opened to the public and press, and the webcast was recommenced, prior to the decision being taken by the Committee.

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

(a) approves the Adult Health and Social Care Mental Health Delivery Plan detailed at Appendix 1 of the report;

(b) approves the Mental Health Market Position Statement detailed at Appendix 2;

(c) approves recommissioning of Mental Health Prevention Commissioning Plan detailed at Appendix 3; and

(d) requests that the Director of Adult Health and Social Care provides the Committee with updates on progress against the Delivery Plan on a six-monthly basis.

15.3 **Reasons for Decision**

The documents included in the report all seek to set out in greater detail how mental health social care will be commissioned in the future. The documents are strategic and will have a positive impact on the city and those who need support.

15.4 **Alternatives Considered and Rejected**

The following alternative options were considered:-

- Do nothing – leave current contracts to expire. This was not adopted because it does not enable us to meet our legal duties under the Care Act.
- Keep existing services. This was not chosen because it did not build on the current evidence base for the best way to begin to prevent mental ill health.

16. **ADULT SOCIAL CARE BUDGET PROGRAMME 2023/2024**

- 16.1 The Committee considered a report of the Director of Adult Health and Social Care setting out the financial pressures facing the Health and Social Care Policy Committee in 2023/24 and providing an update on progress to date in identifying mitigations for these pressures.

During consideration of this item of business, and in order for Members of the Committee to ask questions on Part B of the report, it was **RESOLVED**: That the public and press be excluded from the meeting and the webcast be paused before further discussion takes place on the grounds that, in view of the nature of the business to be transacted, if those persons were present, there would be a disclosure to them of exempt information as described in paragraph 3 of Schedule 12A to the Local Government Act 1972, as amended.

The meeting was re-opened to the public and press, and the webcast was recommenced, prior to the decision being taken by the Committee.

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

(a) acknowledges the recommendation approved at the meeting of the Strategy and Resources Policy Committee on 5 July 2022 that “Policy Committees will be asked to develop savings / additional income options that cover their own pressures – in effect cash standstill” and to “require Policy Committees to report at their meetings in September on how they can balance their budgets”;

(b) notes, as this Committee's initial response to the Strategy and Resources Policy Committee's request, the set of budget proposals set out in the report, including Part B;

(c) notes that Officers will now work with Members to consult with relevant stakeholders (including with partners, trades unions and in respect of equalities and climate change) on the proposals in the report so as to inform final budget proposals;

(d) note that Officers will work to develop any necessary detailed implementation plans for the proposals in the report so that the proposals, if ultimately approved, can be implemented as planned before or during the 2023/24 financial year; and

(e) requests a further report in November that will set out the final budget for this Committee following consultation and any adjustments requested by the Strategy and Resources Policy Committee.

- 16.3 **Reasons for Decision**

- 16.3.1 The proposals put forward in sections 2 to 8 of the report are recommended on the basis that they:-

- Are consistent with a person-centred approach and the provision of

support designed to meet the individual's needs;

- Are consistent with our vision / strategy to improve independence and support people to live the life they want to live;
- Support the ongoing improvement of adult social care services in Sheffield;
- Are guided by an evidence base, benchmarking and / or trend data which identifies areas of spend where disinvestment, subject to individual review, can most likely be made without detriment;
- Enable the Council to continue to meet its legal duties.

16.3.2 Proposals set out in section 9 of the report are required to reach a balanced financial position for 2023/24.

16.4 **Alternatives Considered and Rejected**

There are no alternative options for consideration at this stage.



Report to Adult Health and Social Care Policy Committee

16th November 2022

Report of: David Hollis, Interim 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:

Item	Proposed Date	Note
Approve City Wide Autism Strategic Delivery Plan (Commitments 1, 6 ASC Strategy)	February '23	Moved from December '22 to February '23
Endorse Hospital Discharge and Urgent Care Delivery Plan (Commitment 2, ASC Strategy)	December 2022	Removed from November 2022 meeting and added to December 2022 meeting.
Approval to Recommission Care at Night Services	December 2022	Removed from November 2022 meeting and added to December 2022 meeting.
CQC Inspection Readiness Report (quarterly updates to start from June 2023)	December 2022	To be added and approved at SLB
ASC Assurance Statements	June 2023	To be added and approved at SLB

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 3	16 th November 2022					
Topic	Description	Lead Officer/s	Type of item <i>Decision/Referral to decision-maker/Pre-decision (policy development)/Post-decision (service performance/ monitoring)</i>	Prior member engagement/ development required <i>(with reference to options in Appendix 1)</i>	Public Participation/ Engagement approach <i>(with reference to toolkit in Appendix 2)</i>	Final decision-maker (& date) This Cttee/Another Cttee (eg S&R)/Full Council/Officer
Item 1 - Endorse Director of Adult Social Care (DASS)		Alexis Chappell	Decision	Briefing with members on 17 th October	No	Adult Health and Social Care

Report and Delivery Plan						
Item 2 - Endorse Adult Social Care, Care Governance Update and Quality Matters Framework		Alexis Chappell	Decision	Briefing with members on 31 st October	No	Adult Health and Social Care
Item 3 - Approve Adult Social Care and DASS Local Account 2020-22 and DASS PSW Assurance		Jonathan McKenna Moore	Decision	Briefing with members on 31 st October	Yes	Adult Health and Social Care
Item 4 - Endorse Progress with Changing Futures Delivery Plan (Commitment 1, 6 ASC Strategy)	Commitment 1, 6 ASC Strategy	Michael Corbishley/Sam Martin	Post-Decision	Briefing with members on 17 th October	No	Adult Health and Social Care
Item 5 - Approval of New Technology Enabled Care Contract	Commitment 2 ASC Strategy	Paul Higginbottom/Catherine Bunten	Decision	Briefing with members on 17 th October	Yes	Adult Health and Social Care

Extension and Strategy						
Item 6 - Endorse Adaptations, Housing and Health	Commitment 2, ASC Strategy	Jo Pass/Die Green	Post Decision	Briefing with Members on 17 th October	No	Adult Health and Social Care
Item 7 - Approve Future Design of Adult Social Care	Commitment 1 ASC Strategy	Jon Brenner/Nicola Rust	Decision	Briefing with members on 17 th October	Yes	Adult Health and Social Care
Item 8 - Endorse Better Care Fund (Adults) Update Report and Delivery Plan (Commitment 4, 6 ASC Strategy)		Sandie Buchan/ Martin Smith	Decision	Briefing with members on 17 th October	Yes	Adult Health and Social Care
Item 9 - Endorse Adult Social Care Financial Update and Progress with Effective Use of resources delivery plan		Liam Duggan	Post-Decision	Briefing with members on 31 st October	No	Adult Health and Social Care
Item 10 - Budget Proposals 2023/24		Ryan Keyworth	Decision	Briefing with members on 31 st October	No	Adult Health and Social Care

Standing items	<ul style="list-style-type: none"> • <i>Public Questions/ Petitions</i> • <i>Work Programme</i> 					
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Meeting 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) <i>This Cttee/Another Cttee (eg S&R)/Full Council/Officer</i>
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		Tim Gollins				Adult Health and Social Care

Delivery Plan (Commitment 4 ASC Strategy)						
Approve Sheffield Health and Social Care Integrated Outcomes Framework (Commitment 6 ASC Strategy)		Sandie Buchan/Catherin e Bunten				Adult Health and Social Care
Approve City Wide unpaid carers Strategic Delivery Plan (commitment 5,6 ASC Strategic Plan)		Janet Kerr/Mary Gardner				Adult Health and Social Care
Approve Adult Social Care Co- Production and Engagement Strategic Delivery Plan (Commitment 4 ASC Strategy)		Catherine Bunten/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		Catherine Bunten/Mary Gardner			Consultation and coproduction through various means across	Adult Health and Social Care

(Commitment 5 ASC Strategy)					citizens and partners. There will be an update on the Improvement programme and the Direct Payment Strategy will be prepared for approval.	
Approval to recommission Residential care services for older adults (Commitment 3 ASC Strategy)		Andy Hare/Catherine Buntun/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 Adult Social Care Voids Policy		Andrew Wheawall/Catherine Buntun/Joe Horobin	Decision		Consultation, including through AH&SC Change Programme Board, providers and various existing groups.	Adult Health and Social Care

Fair Cost of Care Exercise		Catherine Buntun				
Endorse Hospital Discharge and Urgent Care Delivery Plan (Commitment 2, ASC Strategy)		Janet Kerr/ Jo Pass	Decision	Briefing with members on 31 st October	No	Adult Health and Social Care
Approval to Recommission Care at Night Services	Commitment 3 ASC Strategy	Dani Hyde/Catherine Buntun	Decision	Briefing with members on 31 st October	Yes	Adult Health and Social Care
Standing items	<ul style="list-style-type: none"> Public Questions/ Petitions Work Programme 					

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

and Progress with Financial Recovery Plan						
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 Mental Health Social Work Model and Delivery Plan		Louisa King/Tim Gollins				Adult Health and Social Care
Approve Adult Social Care Climate Response Delivery Plan (Commitment 1 ASC Strategy)		Catherine Buntin				Health Scrutiny
Endorse Adult Social Care Performance		Liam Duggan/Janet Kerr				Health Scrutiny

and Quality report and Progress update						
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 Complaints and Compliments report 2021 - 2022		Jennie Everill/Janet Kerr				Adult Health and Social Care
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		Alexis Chappell/Kate Damiral	Strategic Delivery			Adult Health and Social Care

Strategic Delivery Plan						
Standing items	<ul style="list-style-type: none"> • <i>Public Questions/ Petitions</i> • <i>Work Programme</i> 					

Meeting 6	16 th March 2023	Time				
Topic	Description	Lead Officer/s	Type of item <i>Decision/Referral to decision-maker/Pre-decision (policy development)/Post-decision (service performance/ monitoring)</i>	Prior member engagement/ development required <i>(with reference to options in Appendix 1)</i>	Public Participation/ Engagement approach <i>(with reference to toolkit in Appendix 2)</i>	Final decision-maker (& date) 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/	Decision			Adult Health and Social Care

		Catherine Buntin				
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
Standing items	<ul style="list-style-type: none"> Public Questions/ Petitions Work Programme 					

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: Janet Kerr, Chief Social Work Officer/ Liam Duggan, Assistant Director Governance and Inclusion

Tel: (0777 5520621)

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

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

Date of Decision: *16th November 2022*

Subject: Adult Health and Social Care, Care Governance Strategy and Quality Matters Framework

Has an Equality Impact Assessment (EIA) been undertaken?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
If YES, what EIA reference number has it been given?				
Has appropriate consultation taken place?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Has a Climate Impact Assessment (CIA) been undertaken?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Does the report contain confidential or exempt information?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
If YES, give details as to whether the exemption applies to the full report / part of the report and/or appendices and complete below: -				
<p><i>“The (report/appendix) is not for publication because it contains exempt information gunder 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 provide Committee with an update about progress made in implementing the Adult Health and Social Care Governance framework approved at Committee on 15th June 2022.

The Committee is also asked to endorse a Quality Matters Practice Framework which seeks to assure as to how quality and strength based practice is embedded across all of adult social care services. It is an enabler for our new Target Operating Model and for embedding a culture of continuous improvement and practice development across Adult Social Care.

Recommendations:

It is recommended 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.

Background Papers:

Appendix 1 – Annual Care Governance Assurance

Appendix 2 – Quality Matters Practice Framework

Appendix 3 – Practice Quality Standards

Lead Officer to complete: -		
1	I have consulted the relevant departments in respect of any relevant implications indicated on the Statutory and Council Policy Checklist, and comments have been incorporated / additional forms completed / EIA completed, where required.	Finance: Liz Gough
		Legal: Patrick Chisholm
		Equalities & Consultation: Ed Sexton
		Climate: Jessica Rick
	<i>Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.</i>	
2	SLB member who approved submission:	<i>Alexis Chappell</i>
3	Committee Chair consulted:	<i>George Lindars Hammond and Angela Argenzio</i>
4	I confirm that all necessary approval has been obtained in respect of the implications indicated on the Statutory and Council Policy Checklist and that the report has been approved for submission to the Committee by the SLB member indicated at 2. In addition, any additional forms have been completed and signed off as required at 1.	
	Lead Officer Name: Liam Duggan	Job Title: Assistant Director- Governance and Financial Inclusion
Date: 2/11/2022		

1.0 PROPOSAL

- 1.1 Our vision is that everyone in Sheffield lives in a place they can call home, in communities that care, doing things that matter to them, celebrated for who they are and when they need it, they receive care and support that prioritises independence, choice, and recovery.
- 1.2 A Care Governance Strategy was approved by the Adult Health and Social Care Policy Committee on 15th June 2022 to provide assurance and set a standard about the leadership, delivery, and quality of all adult social care services whether delivered by the Council or by independent providers whether commissioned or not across Sheffield so that we can deliver upon this vision.
- 1.3 The purpose of this report is to provide Committee with an update about progress made in implementing the Adult Health and Social Care Governance Strategy, to seek endorsement of an Annual Cycle of Assurance Reporting and to seek endorsement of a Quality Matters Practice Framework.

2.0 CARE GOVERNANCE STRATEGY IMPLEMENTATION UPDATE

- 2.1 A Care Governance Strategy was developed for Adult Social Care to provide an overarching framework for the governance of all aspects of Adult Health and Social Care and as an enabler for implementation of the Adult Social Care Strategy. This was approved at Committee on 15th June 2022.
- 2.2 The purpose of the Care Governance Strategy is to provide transparent assurance and accountability about the leadership, performance, and quality of adult social care and with that set a standard that:
 - People who use our services and family members and carers have a voice, are central to the planning and development of adult social care services.
 - Improving wellbeing and population outcomes, quality of life and experiences for individuals, their carers, and families remains central to our priorities and focus.
 - Our supports and services are high performing, compliant with legislation, of excellent quality and are positively received by individuals and families.
 - Our workforce are valued, engaged and feel empowered to continuously develop practice and delivery of social care services.
 - Our resources are used effectively and efficiently across Adult Social Care.
- 2.3 Our focus on Care Governance contributes to delivery upon Commitment 1 of the Adult Social Care Strategy and as an enabler for our Target Operating Model to be implemented successfully.

2.4 Since approval by Committee on 15th June 2022, good progress has been made in relation to implementing the five domains of the Strategy. It's aimed by implementing these domains, Adult Social Care will establish the foundations for developing a high performing service which delivers improved outcomes and experiences for individuals and ultimately puts people at the heart of what we do.

We will measure success of the Care Governance through the metrics and milestones agreed for Adult Social Care Directorate through the Council Delivery Plan endorsed at Strategy and Resources Committee on 30th August 2022 to ensure a single approach to reporting to Committee. An update against the Adult Social Care Directorate Plan is provided through the DASS report at Committee today.

2.5
2.6 To embed Care Governance as part of what we do and our approach to continuous improvement across both the Scrutiny function of Committee and within the service, an annual cycle of reporting and assurance is proposed to Committee today. The annual cycle of reporting and assurance is set out in Appendix 1 for approval by Committee.

2.7 It's aimed by implementing this annual cycle of assurance reporting to Committee, this will embed continuous and transparent annual cycle of improvement across all teams and services within Adult Social Care and embed scrutiny and oversight of the service on a consistent basis.

2.8 It's aimed that this process establishes the foundations for the delivery of high performing, excellent quality Adult Social Care in Sheffield and supports delivery upon the future design of Adult Social Care reported at Committee today.

3.0 QUALITY MATTERS FRAMEWORK

3.1 The Care Governance Strategy set out an ambition to improve quality and outcomes through assuring the quality of practice and care and improving population, and performance outcomes.

3.2 It also set out that we would create the conditions for ongoing and continuous improvement of adult social care services in the delivery of support to the people of Sheffield, which includes empowering experts by experience and our workforce.

3.3 As part of this approach to embedding Quality Improvement and implementing the Care Governance Strategy, a Quality Matters Practice Framework has been developed so that:

- **The people who use services, their families and carers** know what high-quality care looks like and what they have the right to expect.
- **Staff working within the adult social care services** understand what high-quality care looks like and how they can contribute to delivering it.

3.4 Quality improvement is way in which we engage and gain ongoing feedback from individuals, carers, our workforce, our communities, and our partners about 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.

3.5 It's also about embedding a positive learning culture so that we learn from and act on the feedback, continually using this to improve how we work and what we do. To that end, focusing on the delivery of excellent quality support is the responsibility of all who work in social care and underpins the Target Operating Model proposed for Adult Social Care.

3.6 The framework sets out:

- Principles for embedding Quality Improvement across Adult Social Care
- Standards which enable a benchmark for quality improvement and development.
- An annual plan for gaining feedback from citizens, carers, our workforce, and our partners
- An annual cycle of business improvement planning aligned to the standards and requirements with a golden thread from Council Delivery Plan to our Strategy and to delivery at team managers and service managers.
- A consistent approach towards learning, practice development, feedback, engagement from practitioner to Members.

3.7 The Quality Matters Framework is attached at Appendix 2 for approval and is underpinned by Practice Quality Standards which have been developed and co-produced with experts by experience and our strategic partner agencies, as well as practitioners and team managers.

3.8 The Practice Quality Standards set the benchmark for what we consider to be good practice in the delivery of Adult Social Care. The Practice Quality Standards are aligned with the Outcomes set out in the Adult Social Care Vision and Strategy and will provide practitioners across all portfolios with a tangible way of achieving those outcomes. The Practice Quality Standards are also attached at Appendix 3 for Committee information and are supported by a practitioner led introductory video <https://youtu.be/oyt9gogIHvA>

3.9 A programme of disseminating and embedding the Quality Matters Practice Framework and Practice Quality Standards and associated Practice Guidance will be undertaken from December 2022 to April 2023, subject to approval of the Framework by Committee today.

3.10 This timescale is planned to align with the introduction of the new Target Operating Model noted at Committee today, so that from April 23 Adult Social Care design, way of working and practice are all focused and centred around placing people at the heart of all we do.

4.0 HOW DOES THIS DECISION CONTRIBUTE?

4.1 Good governance, the Care Governance Strategy, and the Quality Improvement Framework are key to the delivery of the Council's statutory responsibilities for Adult Social Care including the following outcomes for the people of Sheffield:

- promotion of wellbeing
- protection of (safeguarding) adults at risk of abuse or neglect
- preventing the need for care and support
- promoting integration of care and support with health services
- providing information and advice
- promoting diversity and quality in providing services

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

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

5.0. HAS THERE BEEN ANY CONSULTATION?

5.1 The Care Governance Strategy and Quality Matters Framework describes a foundation for the governance of Adult Health and Social Care and aligns with the feedback received during our development of the Adult Social Care Strategy Commitment 4 that we will invest in a system-wide approach that means everyone receives the same standard and continuity of preventative person-centred care. Due to this the Strategy update has not been formally consulted on.

5.2 One of the domains in the Care Governance strategy update is Listening and Engagement. This describes the Council's commitment for the voice of people and/ or their carers to be at the heart of the governance of adult health and social care.

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

5.4 The quality matters framework includes citizen engagement. This section describes the role that people will have specifically around driving the quality and performance of adult social care services.

6.0. RISK ANALYSIS AND IMPLICATIONS OF THE DECISION

6.1 Equality of Opportunity Implications

6.1.1 A key function of the Care Governance Strategy is to ensure equality of opportunity for all because it is designed to give assurance about the delivery of the Council's statutory responsibilities for adult health and social care.

6.1.2 These duties include Care Act duties such as the duty to provide diversity and quality of services and to ensure that adults receive support that's personal to them, chosen by them and has their consent. It includes Mental Capacity Act duties to ensure that vulnerable individual retain their right to dignity and equality and Human Rights Act duties which compel public organisations to treat everyone equally, with fairness, dignity, and respect.

6.2 Financial and Commercial Implications

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

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

6.3 Legal Implications

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

This legislation directs Adult Health and Social Care to:

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

6.3.2 As previously described the key function of the Governance strategy and supporting framework are to set out how the Council will ensure that Adult Social Care is statutorily compliant.

6.4 Climate implications

- 6.4.1 The framework will ensure that climate impacts are considered in decision making as this is a part of the Effective and Efficient Outcome in the Adult Health and Social care vision and strategy.
- 6.4.2 The framework will therefore be tasked with measuring the achievement of the service in the delivery of this ambition and identifying actions as and when performance falls short.

7.0 ALTERNATIVE OPTIONS CONSIDERED

Alternative options have been considered and the options are:

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

8.0 REASONS FOR RECOMMENDATIONS

- 8.1 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.
- 8.2 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.

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APPENDIX 1 – CYCLE OF ASSURANCE REPORTING

Assurance Reporting	Quarter 1 (April - June)	Quarter 2 (July – Sept)	Quarter 3 (Oct – Dec)	Quarter 4 (Jan – March)
Adult Social Care Policy Committee	Budget and Use of Resources Delivery Plan Update	DASS Annual Local Account Annual Director, CSWO and Assistant Director Assurance Statements. Annual CQC Assurance Statement Directorate Delivery Plan and Performance 6 Monthly Update	Safeguarding Delivery Plan 6 Monthly Update Equipment and Adaptations Delivery Plan 6 Monthly Update Hospital Discharge Delivery Plan 6 Monthly Update Budget and Use of Resources Delivery Plan Update	Directorate Delivery Plan and Performance 6 Monthly Update
Council Leadership Boards	DASS Annual Local Account Annual Director, CSWO and Assistant Director Assurance Statements	Safeguarding Delivery Plan 6 Monthly Update Equipment and Adaptations Delivery Plan 6 Monthly Update		
Adult Social Care Directorate Wide	Annual CQC Assurance Statement Directorate Delivery Plan and Performance 6 Monthly Update	Hospital Discharge Delivery Plan 6 Monthly Update Budget and Use of Resources Delivery Plan Update		
Adult Social Care Portfolios	Assistant Director Portfolio Delivery Plan and Performance Quarterly Update	Assistant Director Portfolio Delivery Plan and Performance Quarterly Update	Assistant Director Portfolio Delivery Plan and Performance Quarterly Update	Assistant Director Portfolio Delivery Plan and Performance Quarterly Update

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Adult Health & Social Care

Care Governance Quality Matters Practice Framework

NOVEMBER 2022

Sheffield City Council

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

CONTENTS

Introduction and Purpose	3
What does Good Quality look like in Adult Social Care	6
Practice Quality Framework - What are our Quality Principles and Standards	7
How we embed Quality in Sheffield	11
Appendices	15

1 – Introduction and Purpose of the Quality Matters Practice Framework

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 for Adult Health and Social Care set out in our Strategy “Living the life you want to live”, was approved by the Co-operative Executive on 16th March 2022.

It sets out the objectives for Adult Health and Social Care for the next ten years including the outcomes we want to achieve for people (set out below), several commitments setting out how these outcomes will be delivered and a series of I statements to help us understand what progress we are making.

The Practice Quality Standards at Appendix 2 sets out how our practice directly relates to the outcomes in our vision/ strategy.



The Strategy also sets out six commitment and three main values for how we will support people. These Commitments and Values, set out in our one page summary and delivery plan, are at the heart of our practice standards and the vision outcomes and associated I statements are critical to us understanding our quality of practice.

The Practice Quality Framework has been developed to support delivery on our strategy so that:

- **The people who use services, their families and carers** know what high-quality care looks like and what they have the right to expect.
- **Staff working within the adult social care services** understand what high-quality care looks like and how they can contribute to delivering it.

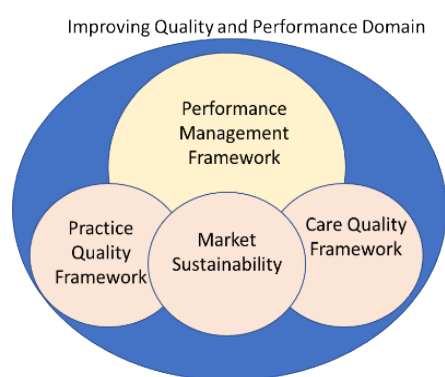
It is about how we are delivering people-focused, personalised care and support which feels right and good from the point of view of people themselves and our communities.

Adult Health and Social Care Governance Framework

Care Governance Framework: Quality Matters

To enable delivery on our Adult Social Care Strategy, a priority was also made on confirming our Governance arrangements, so that we set the right culture and tone for embedding a focus on embedding discussions about our performance throughout all teams across Adult Social Care. This is set out in our [Adult Health and Social Care Governance Strategy](#) and [Adult Health and Social Care Performance Framework](#).

The Performance and Outcomes Framework part of the Strategy sets out the arrangements for ensuring the delivery of the Adult Health and Social Care vision and Strategy.



The Performance and Outcomes Framework sets out the relationship and connections between performance management (which measures the progress of the service in achieving the vision/strategy) and the quality frameworks (which measure the progress of the service in delivering positive outcomes for people in line with our vision/strategy) and ensures that everyone in the service from the front line to the leadership has a clear understanding of our performance and our improvement journey.

At the heart of the Performance and Outcomes Framework is the improvement lifecycle based on the following questions

- a. Did we make a difference? - what was the outcome?
- b. Why did we have the impact we did? – understanding what impact we had and how our actions led to the outcome we observe
- c. Action planning – designed to deliver improvements which improve the delivery of future outcomes
- d. Review – did the changes we made improve outcomes in the expected way, what other factors were at play?

This process is central to our both the Performance Management Framework and the Quality Frameworks. They are closely linked and dependent on each other to drive improvement across the service.

The key relationship between the Performance Management Framework and the Quality Frameworks is dependency of the performance clinics on the Quality Frameworks to generate quality metrics which can then be used to understand how quality is driving the delivery of outcomes and progress towards our vision.

There are three parts to the Quality Matters Framework – Practice Quality, Market Sustainability and Care Quality. This Framework focuses specifically on practice quality.

2 - Practice Quality Framework - What Does Good Quality Practice Look Like?

Focusing on the delivery of excellent quality practice is the responsibility of all who work in social care and quality should be reflected in the outcomes, experiences and records of people who use our services and their families and carers.

People who access support, their families and carers perception of quality is critical to our future and whilst compliance and governance arrangements are important elements of social work and social care, it is essential that our starting place is that individuals' views and experiences are what drives quality.

Our priority due to this is to embed feedback and learning from customer satisfaction surveys, consultations, discussion groups, complaints and compliments and our existing involvement and engagement forums in everything we do.

This is so that people who access supports, their families, and carers are involved and engaged in telling us what is going well and working with us to shape supports and practice which looks good to them.

It is about embedding a positive learning culture and working environment so that we learn from and act on the feedback, continually using this to improve how we work and what we do.

We are starting from a good place in that we know we have good strengths, and we know what we want to develop. We have substantial strengths to build on:

- Our corporate values
- Voice, choice, and control for people who use services are firmly at the centre of what we do.
- The emphasis on rights in the Care Act 2014
- Our vision for adult social care - Living the life you want to live
- The good progress in developing different models of care which enable people to live as independently as possible.
- Citizen engagement and co-production as a priority across Adult Social Care.

Care Governance Framework: Quality Matters

What are Our Quality Principles?

We will use the adult social care vision, strategy, and quality practice standards as pillars to support the provision of high-quality care and support.

We have five Practice Quality Principles which frames our thinking and approach to good quality practice in Sheffield.

Principle 1 - Equity and Equality

Our single shared view of quality expects services to be equitable to all and focus on improving quality.

It will make sure that the quality of care does not vary because of the characteristics of people using services, their families, and carers, such as gender, race, disability, age, sexual orientation, religion, belief, gender reassignment, or marital or civil partnership status.

Wherever people use care, it will be high quality.

Principle 2 - Person-Centred Care

Our approach is that the person using care and support is at the centre of the way their care is planned and delivered.

It is based around their individual needs, preferences, and priorities. It's about people being regarded as an equal partner and puts into practice the principle of 'nothing about me without me'.

We recognise that people are the experts in their own lives, and that they know best about what matters to them and the kind of life they want to lead.

Principle 3 – Positive Experiences

To be person-centred, care must focus on what matters most to people, their families and carers considering those who may not have families to support them.

We will ensure positives experiences for all who access supports by:

- **Caring:** We treat people with compassion, dignity, and respect.
- **Responsive:** We respond to people's diverse needs, meeting the needs and outcomes that people themselves have identified, in ways they have chosen, with support from professionals.
- **Safety:** We protect people from avoidable harm, neglect, and abuse. When mistakes happen, we learn lessons and embed the learning into practice.
- **Effectiveness:** People's care promotes a good quality of life and is based on best practice.

Principle 4 – Promotion of Quality

Care Governance Framework: Quality Matters

Our fourth principle is to promote a person-centred approach, which includes treating all people with respect, compassion, and dignity in a caring environment. We will promote people's human rights and their rights to equality with others.

We will promote quality through everything we do by:

- Championing quality as a central principle, demonstrating that it should, and can be maintained and improved alongside financial sustainability.
- Promoting and encouraging seamless, integrated care for those using services, their families, and carers.
- Providing clarity and consistency by promoting a shared view of quality.
- Listening to, involve, co-produce and act on the views of people who use services, their families, and carers. We will understand and measure their views of the quality of services, being transparent about how these have shaped services.
- Promoting a person-centred approach, which includes treating all people with respect, compassion, and dignity in a caring environment. We will promote people's human rights and their rights to equality with others.

Principle 5 - Support and Encourage

We will:

- Listen to the views of our workforce to understand how we can better support them, individually and collectively.
- Use our combined intelligence to highlight and act on emerging problems and to guide and share best practice.
- Recognise the role of the voluntary sector in building community capacity, resilience, and capability.

Principle 6 – Openness and Honesty

Care Governance Framework: Quality Matters

We will be open and honest and ensure that feedback is obtained, analysed, and used to inform standards and improve quality. To do this we will:

- Ensuring that people who use services, their families and carers receive information that is clear and standardised, and that complaints are handled quickly and effectively.
- Ensuring that there is a strong approach to the duty of candour so there is a culture of being open and honest when something goes wrong.
- Identifying existing sources of available feedback from people who use services, their families, and carers on the quality of care and support practice and services.
- Utilising feedback to check the extent to which we are working with customers to identify and meet outcomes.

Care Governance Framework: Quality Matters

What are Our Practice Quality Standards?

The Adult Social Strategy set out a marker to endorse activities within the Council considered to improve the experiences of individuals and carers.

To support this and to frame good quality in a set of standards that we can work to and measure ourselves against, we are using four main sets standards which provide a combination of a focus on individuals outcomes, practitioner standards, workforce standards and regulatory standards.

Standard 1 - Individuals Statements of Quality

We have developed I statements to support each Commitment and Outcome in the Adult Social Care Strategy. The I statements are based on TLAP I/ We statements but amended to reflect feedback from individuals, carers as part of the development of the Strategy.

These locally agreed I statements keep the focus of adult social care on the experience for the individual and Carers and are central to our practice.

These I statements are set out in our [Adult Social Care Delivery Plan](#).

Standard 2 – Practice Quality Standards

We have developed Practice Quality Standards set around the outcomes in our Strategy and based on I statements that practitioner considered reflected best standards for practice.

The Practice Quality Standards set the benchmark for what we consider to be good practice in the delivery of Adult Social Care and were co-designed with practitioners across the service. The Standards are appended at Appendix 1.

Standard 3 – Workforce Standards

To ensure good social care practice and a focus on outcomes, this requires responsibility on employers to provide a safe and effective working environment for staff.

The LGA Standards for Employers of Social Workers in England ([LGA Standards](#)) provides a benchmark against which to measure this through an annual Health Check.

Whilst recognising that our staff group includes other professionals as well as non-registered practitioners, we aim to use these standards across all Adult Social Care as a way of measuring that we have a positive working environment in which best practice and quality can flourish.

The Standards for Employers are:

Care Governance Framework: Quality Matters

- ✓ Clear Accountability Framework
- ✓ Effective Workforce Planning
- ✓ Safe Workloads and Case Allocation
- ✓ Effective and Appropriate Supervision
- ✓ Opportunities for Continuing Professional Development
- ✓ Professional Registration
- ✓ Effective Partnerships

Standard 4 – Regulatory Standards and Statutory Requirements

There are regulatory requirements that all providers of services require to meet in line with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although the requirements relate to regulated providers, Standards 8 to 20A provide a framework which all regulated and non-regulated provision and case management should adhere to as ultimately, they enable an assurance about the safety and wellness of individuals we support.

Due to this, our intention is to quality assurance all adult social care provision using these standards set out in the Health and Care Act 2008 so that we have a consistent approach to what good looks like across all settings. The Standards are linked here and provided in more detail at Appendix 2.

These standards will be used alongside a review of compliance in relation to the Care Act 2014.

Standard 5 – Performance Standards

We will work to performance standards that enable us to demonstrate delivery of good quality services. As part of this we will set an annual performance objective for each portfolio which is then embedded into PDR's.

The standards we will work to will be those set locally, nationally and by regulatory agencies such as Care Quality Commission.

3 How We Embed Quality Across Sheffield?

We want to embed and develop a learning culture based around an ongoing cycle of feedback from individuals, carers, stakeholders, workforce, and audits and scrutiny from Members, Peer reviewers and Experts by Experience.

We recognise that this helps establish a culture of quality improvement, helps identify what good looks like and helps identify priorities for action. It places individuals as the driver to improve practice and quality of service provision.

Everyone who uses, provides, commissions, or leads care and support services must play their part in improving quality. It will take time to make a difference, and we may need to shift our focus as new priorities emerge.

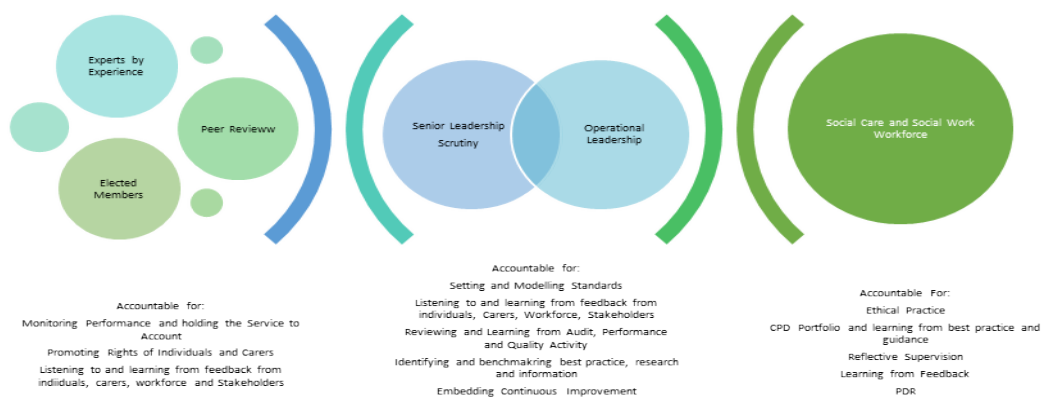
Part of this is also about defining accountabilities, working to our standards and defining the process by which we will reach our standards as a continual improvement cycle.

Our Accountabilities

The accountability for quality is based on a phased approach recognising the different roles which our social care and social work workforce, senior and operational leadership, Members, Experts by Experience have.

It aims to enable and achieving excellent quality supports and services which feels right and good from the point of view of people themselves and our communities.

We will embed an approach to accountability for quality based on phased approach below.



Our Assurance Activities

Care Governance Framework: Quality Matters

The following steps set out what all of us need to do together to maintain and improve the quality of care that people experience.

- **Setting clear direction and priorities** based on evidence including the views of people using services, families, carers, and staff.
- **Bringing clarity to quality**, setting standards for what high-quality care looks like across all health and social care settings.
- **Measuring quality**, harnessing information to improve the quality of care through performance and quality reporting systems.
- **Recognising and rewarding quality** by celebrating and sharing good and outstanding care.
- **Maintaining and safeguarding quality** by working together to sustain good quality care, reduce risk and protect people from harm.
- **Building capability** by supporting the ongoing professional development of our workforce, to assure quality and sustain improvement.

We will embed these steps and a consistent and cultural focus on quality through an annual cycle of assurance as set out below:

Assurance Activity 1 – Directorate Wide Assurance

The Assistant Director Governance and Inclusion on behalf of the Director Adult Social Care is responsible for organising an annual:

- Self-Evaluation and Business Planning - An ongoing cycle of self-evaluation and service planning at all levels across Adult Social Care. Each Portfolio in Adult Social Care will have a Business Management Improvement Plan aligned to a Directorate Plan setting out the performance standards required from Assistant Director to individual teams.
- Setting Standards and Direction – Setting standards and performance objectives for inclusion into the Council Delivery Plan, the Adult Social Care Directorate Delivery Plan and PDR's and reporting on these to Committee.
- Assurance Reporting - An annual cycle of assurance to Committee and Council's Leadership Boards and an annual cycle of performance clinics across each of the outcomes within the Adult Social Care Strategy.

Assurance Activity 2 – Directorate Wide Practice Assurance

Care Governance Framework: Quality Matters

The Chief Social Work Officer on behalf of the Director Adult Social Care is responsible for organising an annual:

- Casefile Audit and Observations Programme – this involves Team Managers, Service Managers, Assistant Directors, and Directors in auditing the quality of case files and quality of practice across the service and agreeing thematic learning for embedding across their teams.
- Citizen, Carer and Stakeholder Engagement Programme – this involves an annual cycle of regular engagement, including with Members and Director, which gains and provides feedback about quality of practice in adult social care and an assessment by experts by experience of how we are delivering on our outcome statements, principles, and standards.
- Workforce Engagement Programme – this involves an annual cycle of regular engagement with our practitioners, including with Members and Director, to hear their views and feedback about what's going well and what will help further develop good quality practice in Sheffield.
- Customer satisfaction, Complaints, Compliments and Internal Audit Learning Program - this involves sharing the thematic learning arising for embedding across teams and practice.
- Learning Forums and Masterclasses – this involves establishing an annual programme of practice-based learning forums, collaborations and masterclasses which enables practitioners, managers to achieve their CPD requirements and learn about new research, best practice.
- Benchmarking – this involves benchmarking and learning from other areas, best practice and keeping up to date with new and emerging statutory guidance.
- Practice Development Plan – this brings together the learning from case file audits, observations, feedback from individuals, carers, workforce, and stakeholders and through improvement activities into one annual plan for endorsement by Committee.

Assurance Activity 3 – Portfolio Wide Assurance

All Assistant Directors are responsible for implementing annual:

Care Governance Framework: Quality Matters

- Visits and feedback programme – this involves an annual programme of visits to teams, services, and commissioned providers as appropriate, including Members and Director, which enable to hear their views and feedback about what's going well and areas for further development.
- Performance Monitoring and Review Programme – this involves embedding performance monitoring using quantitative and qualitative and review across teams, services, and portfolio to enable all teams to deliver and be high performing good quality practice and services.
- Safeguarding, Wellbeing and Statutory Annual Assurance – this involves an annual programme of embedding quality reviews and assurance to ensure that our statutory and regulatory requirements across each portfolio are met.
- Continual Professional Development and Learning – Setting out an annual programme for how a ½ day learning per team per month will be used to support CPD, learning from individuals and case file and observation thematic feedback, research, guidance, benchmarking, and best practice. This will be supported by an annual cycle of Professional Development and Review for each practitioner and staff member.
- Self-evaluation and Business Management Improvement Planning – this involves undertaking annual self-evaluations per portfolio and developing annual team, service and portfolio improvement plans which set out how all teams and services in the portfolio will achieve standards and performance objectives and priorities based on outcome of self-evaluations.

Assurance Activity 4 – External Assurance

The Chief Social Work Officer and Assistant Director Governance and Inclusion will be responsible for implementing external assurance by organising annual:

- Peer challenge which enables constructive challenge and feedback to support ongoing improvement
- Experts by experience challenge which enables experts by experience to undertake an assurance review about how adult services are improving and delivering quality, outcome focused services
- External Assurance of case files, observations and compliance with regulatory and statutory duties. A key focus will be on how its evidenced that individuals outcomes are met.
- External audit of our delivery against our strategy, vision and outcomes.

Assurance Activity 5 - Assurance to Members and Committee

The Chief Social Work Officer and Assistant Director Governance and Inclusion will be responsible for bringing an annual assurance statement and report to Committee setting out an assurance about:

Care Governance Framework: Quality Matters

- Delivery upon our standards and performance objectives of the service and how this has informed learning and priorities for the forthcoming year.
- Feedback from individuals, carers, workforce, and stakeholders and how this has informed practice improvements and priorities
- Feedback from casefile audits and observations and how this has informed practice improvements and priorities.
- Feedback from benchmarking and external assurance and how this has informed learning and practice improvements.
- Feedback from performance clinics and joint health and care quality committee and how this has informed practice and service improvements.
- Adult Social Care compliance with legal duties, including complaints.

Practice quality standards

Sheffield City Council
Adult Social Care



Living the life you want to live — improving outcomes for the people we support.

Safe & Well

I support people to develop good relationships and networks of support, staying safe and maintaining a healthy, inclusive lifestyle.
I take a connected, whole family approach, that identifies mental health issues or any Safeguarding concerns.
I recognise my responsibility to identify children who may be at risk of harm.
I can identify people who need early intervention, and those who need support now or in the future to help them plan ahead.
I can identify young carers, understanding their role and supporting them to manage this appropriately.
I work actively with the person to set goals together, and work to remove any barriers to make sure their goals are achievable.
I link with partner organisations who may be better placed to support people.
I understand the range of procedures available that help to safeguard people.
I challenge all forms of racism and discrimination.

Active & Independent

I support people so they can do what matters to them, including working, volunteering, education and training.
I work closely with the person when necessary, and step back when they're able to live the life they choose.
I have honest, timely and open financial conversations with people.
I help people to understand their finances and explore the range of options for paying for support, including direct payments and grant funding, to give people control over their lives.
I identify and support people to take risks and promote ways of managing these positively.
I take into account people's communication needs, so conversations can explore fully their wishes and feelings, and what matters to them.
I support the person's decision-making, recognising when they are not able to make a decision.

Connected & Engaged

People are at the centre of my practice.
I have an active role in the neighbourhoods and communities of Sheffield.
I encourage open and honest conversations.
I consider how informal Carers voices can be recognised.
I listen to the person, and anyone they ask me to include to help them.
I check with the person how they want us to communicate with them.
I use communication aids, allowing time, and going at the person's pace.
I recognise the person as the expert in their life.
I get help from independent and informal advocates, interpreters and culturally sensitive support when required.
I use plain language to communicate, and record information accurately and succinctly.
I do not pre-judge or make assumptions based on diagnosis, heritage, age, or any other factors.

Aspire & Achieve

I use a strengths-based approach and see what's strong (not what's wrong).
I aim to support people to improve their wellbeing.
I show my commitment to developing myself and others, sharing knowledge and expertise with my colleagues.
I critically reflect on my practice with peers, managers, and partners.
I make good and emotionally intelligent use of supervision and support.
I acknowledge the person's hopes, aspirations, and outcomes.
I listen to and learn from feedback.
I challenge poor practices and processes and try to improve them in constructive ways.
I make evidence informed interventions with people and their carers to improve lives.
I develop and innovate to promote people's independence.
I learn from my experiences to improve how I practice.
I make sure I complete all mandatory training required.
I take responsibility to meet the required professional standards.

Efficient & Effective

I build constructive and influential working relationships with people, professionals and partner organisations.
I co-produce intervention and support with the person.
I provide the person with a copy of their assessment.
All my practice is consistent with the principles of dignity, fairness, equality and respect.
I can assess and balance risk, providing clear rationale for decisions.
I record the work I do factually, proportionately, sensitively and in a timely manner, using our IT systems.
I act responsibly when using public funds.
I protect people's information and share only on a need-to-know basis.
I work with partners to make sure there are options for high quality support.
I am honest about what we can and cannot do to support people, promoting their right to complain and provide feedback.
I am helpful and responsive, reducing handoffs and work together in the background to provide timely support.
I know my legal responsibilities.

Feedback & Suggestions

We welcome your feedback and suggestions. Please email: adultspractice@sheffield.gov.uk.

Appendix 2 – Regulated Standards

Standard	Information About the Standard	Link to Regulation
General	A registered person must comply with regulations 9 to 20A in carrying on a regulated activity.	Regulation 8: General - Care Quality Commission (cqc.org.uk)
Person Centred Care	The intention of this regulation is to make sure that people using a service have care that is personalised specifically for them.	Regulation 9: Person-centred care - Care Quality Commission (cqc.org.uk)
Dignity and Respect	The intention of this regulation is to make sure that people using the service are treated with respect and dignity at all times while they are receiving care.	Regulation 10: Dignity and respect - Care Quality Commission (cqc.org.uk)
Need for Consent	The intention of this regulation is to make sure that all people using the service, and those lawfully acting on their behalf, have given consent before any care is provided.	Regulation 11: Need for consent - Care Quality Commission (cqc.org.uk)
Safe, Care and Treatment	The intention of this regulation is to prevent people from receiving unsafe care and treatment and prevent avoidable harm or risk of harm. Providers must assess the risks to people's health and safety during any care or treatment and make sure that staff have the qualifications, competence, skills and experience to keep people safe.	Regulation 12: Safe care and treatment - Care Quality Commission (cqc.org.uk)
Safeguarding	The intention of this regulation is to safeguard people who use services from suffering any form of abuse or improper treatment while receiving care and treatment. Improper treatment includes discrimination or unlawful restraint, which includes inappropriate deprivation of liberty under the terms of the Mental Capacity Act 2005.	Regulation 13: Safeguarding service users from abuse and improper treatment - Care Quality Commission (cqc.org.uk)

Care Governance Framework: Quality Matters

Meeting Nutritional and Hydration Needs	The intention of this regulation is to make sure that people who use services have adequate nutrition and hydration to sustain life and good health and reduce the risks of malnutrition and dehydration while they receive care and treatment.	Regulation 14: Meeting nutritional and hydration needs - Care Quality Commission (cqc.org.uk)
Premises and Equipment	The intention of this regulation is to make sure that the premises where care and treatment are delivered are clean, suitable for the intended purpose, maintained and where required, appropriately located, and that the equipment that is used to deliver care and treatment is clean, suitable for the intended purpose, maintained, stored securely and used properly.	Regulation 15: Premises and equipment - Care Quality Commission (cqc.org.uk)
Receiving and Acting on Complaints	The intention of this regulation is to make sure that people can make a complaint about their care and treatment. To meet this regulation providers must have an effective and accessible system for identifying, receiving, handling and responding to complaints from people using the service, people acting on their behalf or other stakeholders. All complaints must be investigated thoroughly and any necessary action taken where failures have been identified.	Regulation 16: Receiving and acting on complaints - Care Quality Commission (cqc.org.uk)
Good Governance	The intention of this regulation is to make sure that providers have systems and processes that ensure that they are able to meet other requirements in this part of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Regulations 4 to 20A). To meet this regulation; providers must have effective governance, including assurance and auditing systems or processes.	Regulation 17: Good governance - Care Quality Commission (cqc.org.uk)

Care Governance Framework: Quality Matters

Staffing	The intention of this regulation is to make sure that providers deploy enough suitably qualified, competent and experienced staff to enable them to meet all other regulatory requirements described in this part of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.	Regulation 18: Staffing - Care Quality Commission (cqc.org.uk)
Fit and Proper Persons	The intention of this regulation is to make sure that providers only employ 'fit and proper' staff who are able to provide care and treatment appropriate to their role and to enable them to provide the regulated activity.	Regulation 19: Fit and proper persons employed - Care Quality Commission (cqc.org.uk)
Duty of Candour	The duty of candour requires registered providers and registered managers (known as 'registered persons') to act in an open and transparent way with people receiving care or treatment from them. The regulation also defines ' notifiable safety incidents ' and specifies how registered persons must apply the duty of candour if these incidents occur.	Regulation 20: Duty of candour - Care Quality Commission (cqc.org.uk)
Requirement to display performance assessments	This regulation will apply to all providers when they have received a CQC performance assessment for their regulated activities. Providers must ensure that their rating(s) are displayed conspicuously and legibly at each location delivering a regulated service and on their website (if they have one).	Regulation 20A: Requirement as to display of performance assessments - Care Quality Commission (cqc.org.uk)

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Practice quality standards

Sheffield City Council
Adult Social Care



Living the life you want to live – improving outcomes for the people we support.

Safe & Well

I support people to develop good relationships and networks of support, staying safe and maintaining a healthy, inclusive lifestyle.
I take a connected, whole family approach, that identifies mental health issues or any Safeguarding concerns.
I recognise my responsibility to identify children who may be at risk of harm.
I can identify people who need early intervention, and those who need support now or in the future to help them plan ahead.
I can identify young carers, understanding their role and supporting them to manage this appropriately.
I work actively with the person to set goals together, and work to remove any barriers to make sure their goals are achievable.
I work with partner organisations who may be better placed to support people.
I understand the range of procedures available that help to safeguard people.
I challenge all forms of racism and discrimination.

Active & Independent

I support people so they can do what matters to them, including working, volunteering, education and training.
I work closely with the person when necessary, and step back when they're able to live the life they choose.
I have honest, timely and open financial conversations with people.
I help people to understand their finances and explore the range of options for paying for support, including direct payments and grant funding, to give people control over their lives.
I identify and support people to take risks and promote ways of managing these positively.
I take into account people's communication needs, so conversations can explore fully their wishes and feelings, and what matters to them.
I support the person's decision-making, recognising when they are not able to make a decision.

Connected & Engaged

People are at the centre of my practice.
I have an active role in the neighbourhoods and communities of Sheffield.
I encourage open and honest conversations.
I consider how informal Carers voices can be recognised.
I listen to the person, and anyone they ask me to include to help them.
I check with the person how they want us to communicate with them.
I use communication aids, allowing time, and going at the person's pace.
I recognise the person as the expert in their life.
I get help from independent and informal advocates, interpreters and culturally sensitive support when required.
I use plain language to communicate, and record information accurately and succinctly.
I do not pre-judge or make assumptions based on diagnosis, heritage, age, or any other factors.

Aspire & Achieve

I use a strengths-based approach and see what's strong (not what's wrong).
I aim to support people to improve their wellbeing.
I show my commitment to developing myself and others, sharing knowledge and expertise with my colleagues.
I critically reflect on my practice with peers, managers, and partners.
I make good and emotionally intelligent use of supervision and support.
I acknowledge the person's hopes, aspirations, and outcomes.
I listen to and learn from feedback.
I challenge poor practices and processes and try to improve them in constructive ways.
I make evidence informed interventions with people and their carers to improve lives.
I develop and innovate to promote people's independence.
I learn from my experiences to improve how I practice.
I make sure I complete all mandatory training required.
I take responsibility to meet the required professional standards.

Efficient & Effective

I build constructive and influential working relationships with people, professionals and partner organisations.
I co-produce intervention and support with the person.
I provide the person with a copy of their assessment.
All my practice is consistent with the principles of dignity, fairness, equality and respect.
I can assess and balance risk, providing clear rationale for decisions.
I record the work I do factually, proportionately, sensitively and in a timely manner, using our IT systems.
I act responsibly when using public funds.
I protect people's information and share only on a need-to-know basis.
I work with partners to make sure there are options for high quality support.
I am honest about what we can and cannot do to support people, promoting their right to complain and provide feedback.
I am helpful and responsive, reducing handoffs and work together in the background to provide timely support.
I know my legal responsibilities.

Feedback & Suggestions

We welcome your feedback and suggestions. Please email: adultspractice@sheffield.gov.uk.

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Report to Policy Committee

Author/Lead Officer of Report:

Paul Higginbottom – Strategic Commissioning Manager

Tel: 07450 523633

Report of: Director Adult Health and Social Care

Report to: Adult Health and Social Care Policy Committee

Date of Decision: 16th November 2022

Subject: Technology Enabled Care Monitoring Service
Contract Extension and Market Shaping 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? EIA 1267				
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 approval of a technology enabled care market shaping statement and highlights 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. This allows time to develop our new TEC service offer, which will form part of our new Digital Care Strategy across health and social care.

The report will detail our most recent developments in TEC, outline the proposed new developments, the role they will play in the wider service provision, and how they will contribute to enhancing the quality of life for the citizens of Sheffield.

Recommendations:

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

1. Note the 12-month extension to the current Technology Enabled Care Monitoring Service contract as outlined in this report which is authorised by the Director of Adult Health and Social Care.
2. Approve the Technology Enabled Care Market Position Statement as a key indicator to the market of our intentions

Background Papers:

Appendix 1 – Technology Enabled Care Market Position Statement

Appendix 2 – Happiness Programme Review

Appendix 3 – 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: <i>Haroon Iqbal</i>
	Equalities & Consultation: <i>Ed Sexton</i>
	Climate: <i>Jessica Rick</i>
	<i>Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.</i>
2	SLB member who approved submission: <i>Alexis Chappell</i>
3	Committee Chair consulted: <i>Cllr Angela Argenzio and Cllr George Lindars-Hammond (Co-Chairs)</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: Paul Higginbottom
	Job Title: Strategic Commissioning Manager
	Date: <i>07/10/2022</i>

1. PROPOSAL

1.1 Background

1.1.1 Our Adult Social Care Vision is that Everyone in Sheffield lives in a place they can call home, in communities that care, doing things that matter to them, celebrated for who they are - and when they need it, they receive care and support that prioritises independence, choice, and recovery.

This proposal is in alignment with this vision.

1.1.2 We have developed an Adult Health and Social Care Strategy and delivery plan to set out our vision for 2022 to 2030. Called 'Living the life you want to live', it's about how we work together to help the people of Sheffield to live long, healthy and fulfilled lives. The Adult Social Care Strategy has 6 commitments, and this report primarily aligns to commitment 2.

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

1.1.3 As part of Commitment 2 in the Adult Social Care Strategy Delivery Plan its set out that Technology Enabled Care will support and enable Adult Social Care to establish and implement:

- ✓ An integrated model of working which prevents admission to hospital and enables people to return home from hospital when they are well – by March 2024
- ✓ A locally based preventative community model, helping people to avoid crisis and remain in control of their own live – by March 2024
- ✓ A Council delivered short term enablement and wellbeing offer to help people gain some stability in their lives more quickly following a crisis and be better connected with community-based services – by March 2025.

1.1.4 To support these services to be delivered in partnership with providers, it has also been important to be clear about our ambitions and expectations on providers, particularly given our approvals to recommission care and wellbeing, supported living, extra care, day care services and mental health recovery services in June and September 2022.

1.1.5 Technology and digital care is a significant enabler and supporter of these changes we want to make. It's a way of promoting individuals and unpaid carers to live independently, safely, and well at home for longer.

1.2 Technology Enabled and Digital Care Market Shaping Strategy

- 1.2.1 The TEC Market is evolving at a rapid pace as evidenced from the soft market testing completed in 2021. A key Strategic shift in 2025 will see analogue replaced with new digital infrastructure across the UK, which is very much part of the Councils City Wide Community Alarms (CWCA) service developments.
- 1.2.2 Sheffield City Council are a strategic member of the Telecare Services Association benefitting from market intelligence in the form of shared learning from other Local Authorities across England.
- 1.2.3 There are significant opportunities to build on our solid operational infrastructure for TEC currently in the City, provided by both Tunstall Healthcare (Monitoring Services), Citywide Care Alarms (Installation and Response Services) and our Equipment and Adaptations Services.
- 1.2.4 The development of TEC has been a significant part of Sheffield's Home Care Transformation, given the positive contribution it makes to enabling people to live independently, safe, and well at home. TEC complements home care supports, helping to ensure that services are optimised, consistent with our new strength-based approach to care.
- 1.2.5 The transformation of TEC, the new digital technologies which can predict and prevent incidents such as Falls, will be developed collaboratively across health and social care, introducing new integrated service models, aimed at embedding TEC to deliver the best possible outcomes and quality of life for the citizens of Sheffield.
- 1.2.6 TEC can also help underpin the long-term financial sustainability and quality of care services; and maximise people's independence to reduce need for care and support in line with our Statutory Duty under the Care Act 2014.
- 1.2.7 The last 12 months has seen some early key developments which will very much support our future ambitions for TEC across Sheffield, they include:
- Soft Market Testing which involved frontline health and social care professional and managers, with technology product demonstrations from leading TEC suppliers aimed at understanding the art of the possible and promoting use of technology in day-to-day practice.
 - Citywide Care Alarms have collaborated with Yorkshire Ambulance Service (YAS) to provide non urgent responses to people who have fallen who do not currently have TEC equipment. This service helps build much needed capacity for YAS as well as providing an opportunity to increase the take up of TEC services for those people at risk of falls. We are keen to expand these types of collaborations across health and social care going forwards.

- Development of a TEC electronic referral form to make referrals for TEC easier and develop additional business intelligence to help inform future service developments.
- Establishment of a TEC ID which now provides staff with a chronology detailing the persons history in relation to usage of TEC including the equipment they currently have. This then enables gaps in service provision to be identified as part of the review process.
- TEC Learning Webinars have been delivered to over 100 frontline health and social care professionals, to improve the knowledge and confidence of workers, again targeted at overcoming the barriers to referrals. Dedicated sessions have also been delivered to Councillors to improve the overall awareness of TEC and the benefits realised.
- The Happiness Programme supports people with Dementia and Learning Disabilities, providing meaningful, engaging, and person-centred activities. Deployed in Day Care, Extra Care, and Dementia Cafes the programme increases social interaction between people in receipt of care and care staff and reduces social isolation. Please see Appendix 2 Happiness Programme Review for further information.
- A Test of Change to introduce KOMP a virtual home care solution targeting least intrusive care, which promotes independence. Virtual home care very much complements physical home care visits associated with personal care and is estimated to cover 20% of all visits. KOMP could play an important role in building much needed capacity in home care. For further information please click on the link. <https://heyzine.com/flip-book/FosseVirtualHomecare>.
- Tests of change within Council Adult Social Care Services to introduce increased automation across Adult Social Care and in doing increase efficiency of operations and release time to care.

1.2.8 It's recognised the importance of collaborating with care providers who are very much our eyes and ears on the ground and as well as colleagues across health, housing and voluntary sectors and our workforce so that we can enhance and promote the use of technology enabled care to promote independent living across Sheffield.

1.2.9 To that end, key developments are underway which includes:

- Building in the requirement to support TEC through our Service Specifications initially as part of our new Care and Wellbeing Service, Supported Living, and Day Services, within their day-to-day service operations.

- Developing partnerships with care providers, health, housing, and voluntary sector through establishing TEC collaboration forums to share ideas and good practice for implementation in 23/24.
- Workforce training for care workers to be able to identify opportunities to introduce TEC as the needs of the people they care for changes, with simple processes for them to make referrals.

1.2.10 To set out our strategic intentions and build a foundation for enabling TEC to be an enabler of Adult Social Care Strategy and Strategic Change, a TEC Market Position Statement has been developed which sets out an ambition and key aims through using Technology.

1.2.11 It lays the foundation for an Adult Social Care Digital Strategy and our Information and Advice Offer. The proposed TEC Market Position Statement can be found at Appendix 1.

1.3 Technology Enabled Care Contract

1.3.1 Technology Enabled Care (TEC) refers to the use of community alarms, telecare, telehealth, and telemedicine in providing care for people that is convenient, accessible, and cost-effective. These services use technology to support people to live independently and safely in their own homes and can be helpful for example, to people at risk of falls and house fires, as well as enabling people to live well with Dementia. They provide families and carers with a sense of security and peace of mind that their loved ones are safeguarded.

1.3.2 The TEC Monitoring Services operate in partnership with other health and social care organisations and emergency services, such as Sheffield Council's Citywide Care Alarms (CWCA), Yorkshire Ambulance Service, and South Yorkshire Fire and Rescue Service, delivering a 24/7 emergency response to people's homes.

1.3.3 The current TEC 24/7 service offer which includes an emergency response is managed in partnership with other health, social care, and voluntary care organisations. Approximately 8,200 people benefit from the services, predominantly through Community Alarms and Telecare, with a range of equipment in people's homes, some of which is worn such as Falls Detectors. The TEC Monitoring Service receives on average 20,000 alerts each month from the equipment.

1.3.4 TEC Monitoring Services delivered collaboratively with the CWCAs response service, are important in that they support individuals to remain independent safe and well, remaining in their own home for as long as possible. TEC also helps to manage the challenges in relation to workforce capacity in care, optimising care packages and delivering whole system efficiencies particularly in the prevention of avoidable hospital admissions and supporting early discharges.

1.3.5 A decision was made by the Director of Adult Health and Social Care in accordance with her delegations, to exercise the option to extend in the existing contract. The 1-year contract extension will commence 5 September 2023.

1.3.6 Taking the option to extend for the additional year will allow the necessary time to develop our new TEC service offer, embed the TEC Market Shaping Statement and build on the most recent developments and maintain stability whilst new care and wellbeing services are being embedded.

2. HOW DOES THIS DECISION CONTRIBUTE?

2.1 This proposal meets the Commitment 2, ASC outcome/s that are set out in the ASC Care Governance Strategy¹ in several ways.

2.2 TEC 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. Community alarms, telecare, and a range of equipment such as falls detectors; plus more innovative TEC which can monitor vital health signs and predict issues such as falls, work in conjunction with the TEC Monitoring Services and the CWCAs to provide the appropriate response to a person's needs.

2.3 The proposed developments outlined in the report contribute to the below principle taken from the Market Shaping: Sheffield's Market Position Statement and Market Sustainability & Oversight Plan.

2.4 Principle 9: We will deliver efficiency and value for money, including through Social Value:

- We will ensure that Sheffield people are able to benefit from technology and digital developments in care and support

2.5 The TEC Market Position Statement Appendix 1 outlines our Commissioning Intentions for the development of services over the coming years.

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

- *Our Sheffield: [One Year Plan](#)* – under the priority for Education Health and Care, Enabling adults to live the life that they want to live
- *Conversations Count*¹⁰: our approach to adult social care, which focuses on listening to people, their strengths, and

¹ Link to the ASC Care Governance Strategy [Our adult social care vision and strategy | Sheffield City Council](#)

independence.

- *Our new ASC Operating Model* - a good TEC offer is integral to supporting the effective and efficient delivery of the services which form part of our new operating model. The introduction of specialist teams, with strong relationships with partners and the people they support at a neighbourhood level, will support the embedding of TEC, with ongoing learning enabling teams to be better able to identify the right technology to meet people's individual needs.
- *Team around the Person*¹¹: where professionals work together to find the best solutions when someone's needs have changed, or a situation escalated.
- *ACP Workforce Development Strategy*¹²: a vision of 'developing our people in a joined-up way to deliver holistic, person-centred and integrated care'.
- *Unison Ethical Care Charter*¹³: signed up to by SCC in 2017¹⁴, the Charter 'establishes a minimum baseline for the safety, quality and dignity of care'
- *Ethical Procurement Policy*¹⁶: driving ethical standards and increasing social value for the city through procurement.

- 2.7 *The contribution made to Sheffield's Climate Emergency can be found in the Climate Impact Assessment, detailed in the report. A full CAI assessment is not required at this stage due to the short term nature of the extension.*
- 2.8 The planned transformational developments to this model of TEC are expected to reduce health inequalities, with the new services subject to a stringent Equality Impact Assessment.
- 2.9 Provision of effective, efficient alert management and responses and investment in new technology will contribute to achieving these aims by supporting all adults, younger people and families with a range of health and social care needs, to live more independently in their own home. The services will maintain people's independence and wellbeing leading to improved outcomes.
- 2.10 The TEC Monitoring Service model being introduced supports with a range of equipment, increasingly across health, social care and housing, operating in close collaboration with other health and care organisations and the emergency services, to deliver a 24/7 emergency response to prevent unnecessary hospital admission and readmission.
- 2.11 This proposal also assists the council to meet its statutory duties under the Care Act 2014.

3. HAS THERE BEEN ANY CONSULTATION?

- 3.1 The commissioner has been working closely with Commercial Services and colleagues from CWCAs in the project planning process, including soft

market testing that has been undertaken with the support of providers, to help inform and shape thinking as to the best service re-design, which has also helped to define the indicative procurement timetable. This included a number of front line Health and Social Care professionals and other colleagues across the system.

4. RISK ANALYSIS AND IMPLICATIONS OF THE DECISION

4.1 Equality Implications

4.1.1 The ongoing Equality Impact Assessment (EIA 1267) for current Assistive Technology Call Handling Contract has been reviewed and updated to take into account the extension to the TEC Monitoring Services Contract.

4.1.2 TEC primarily supports elderly and/or vulnerable, adults living on their own. Presently the majority of customers are female, 75 and over, with some form of long-term health condition or disability. Conversely all customers (8,190 across the city) will be affected by any changes to the services.

4.1.3 The extension will allow time and flexibility to develop the future service model of Technology Based Care and its Monitoring Services. Therefore, it does not require any changes to the present provider Tunstall Healthcare or changes to the 24hr Call handling and monitoring services. Having already gone through a recent procurement of a new provider, this will offer stability for the customer and in turn result in no adverse effects or negative impacts to them.

4.1.4 Since the current provider Tunstall started delivering the contract there has been a positive impact on the service delivery. Call handling times have improved and responses have increased, plus connections have been reduced to a single connection per household. Ensuring the services will continue to support them to remain independent in their own home.

4.1.5 With no proposed change to the provider there will be no adverse effect to monitoring call handling service employees there will be no requirements for redundancies or staff loses, staff will continue to deliver the service.

4.1.6 Services will continue to be promoted to improve accessibility to wider demographic groups by assisting all adults, younger people and families with a range of health and social care needs and ensure as many people as possible are aware how the service can support individuals. The first phase of TEC Webinars have been delivered to SCC colleagues; these were to increase knowledge of the service. Phase 2 Webinars are planned for the new year.

4.2 Financial and Commercial Implications

4.2.1 The current contract has a 1 year option to extend clause with the incumbent provider. It should be noted that we will activate the extension

clause with Tunstall Healthcare meaning the current contract will expire on the 4th September 2024 costing a further £250,000.

4.2.2 There is £327,000 permanent budget allocated to contract spend within the business unit to pay for this contract. The Council's financial position requires all budgets to be tightly monitored. Any spend over and above the existing budget will need a clear measure as to how the Service will remain in budget.

4.3 Legal Implications

4.3.1 The Care Act 2014 requires council to promote the individual wellbeing of adults with care and support needs and carers in the local area.

4.3.2 The council entered into a contract with Tunstall Healthcare for the provision of Technology Enabled Care (TEC) to discharge its duty under the Care Act.

4.3.3 The current contract expires on 4th of September 2023, with the option to extend the contract for further twelve (12) months. The decision to exercise the option has been made and will be exercised by giving no less than three (3) months written notice prior to the last day of the term which is 4th of September 2023.

4.3.4 Clause 3.3 of the contract envisages, that if the Council gives such notice, then the term will be extended by twelve (12) months.

4.3.5 The extension may allow the Council time and flexibility to develop the future service model of Technology Based Care and its Monitoring Services.

4.3.6 Service to ensure that extension to the contract demonstrates Value for Money. As per the Council's Contracts Standing Orders (CSO) all extensions to agreements must demonstrate Value for Money and should not be instigated to avoid or delay the requirement to conduct a competitive procurement.

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 but will be looked at in more depth when developing the new service model, this will enable measures to reduce any potential impacts to be included in the tender process and future contract. However, the provider will be encouraged to address the following climate impacts as part of the extension of the existing contract.

4.4.2 Buildings and infrastructure: The extension to the current contract and existing provider will not require any changes in the location or additional building use for the Monitoring Centre, eliminating any emissions impacts from moving and/or set up of alternative site. It will reduce the need for

any building modifications being undertaken.

4.4.3 Transport – the continuation of the service avoids transport related emissions that may result if the technology based services did not exist or need to be relocated. The provider could investigate options around estimating /measuring avoided mileage.

4.4.4 Energy – there may be opportunities for energy efficiency measures to be implemented at the Monitoring Centre, these could be explored by the provider.

4.4.5 Resources - There will continue to be impacts in terms of resources with the procurement of products and services for new service users, however there will be no or limited impacts with the potential delivery, installation or replacements of new products for existing customers.

4.4.6 Waste – processes for the disposal of waste products should go beyond legal compliance to explore options for reuse, refurbishment and recycling.

4.5 Other Implications

4.5.1 N/A

5. ALTERNATIVE OPTIONS CONSIDERED

5.1 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.

5.2 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.

5.3 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.

6. REASONS FOR RECOMMENDATIONS

6.1 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.

6.2 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.

Sheffield's Technology Enabled Care (TEC) Market Position Statement

November 2022

*Please read in conjunction with the Adult Health & Social Care Commissioning Framework
Market Shaping: Sheffield's Market Position Statement and Market Sustainability &
Oversight Plan September 2022*

[Sheffield City Council - Agenda for Adult Health and Social Care Policy Committee on Wednesday 21 September 2022, 10.00 am](#)

Our Vision:

That Technology Enabled Care enables people to use their strengths, assets, and networks to maximise their independence, staying safe and well in their own homes, as well as remaining connected and engaged within their communities



What is Technology enabled care?

TEC supports the individual, families, carers and health and care professional to assist in monitoring health and wellbeing, promoting self-care and independence and can be grouped into 5 services:

Technology is the enabler and connector, the object is the quality of life of the person and carer, and the optimum possible use of resources

Page 88

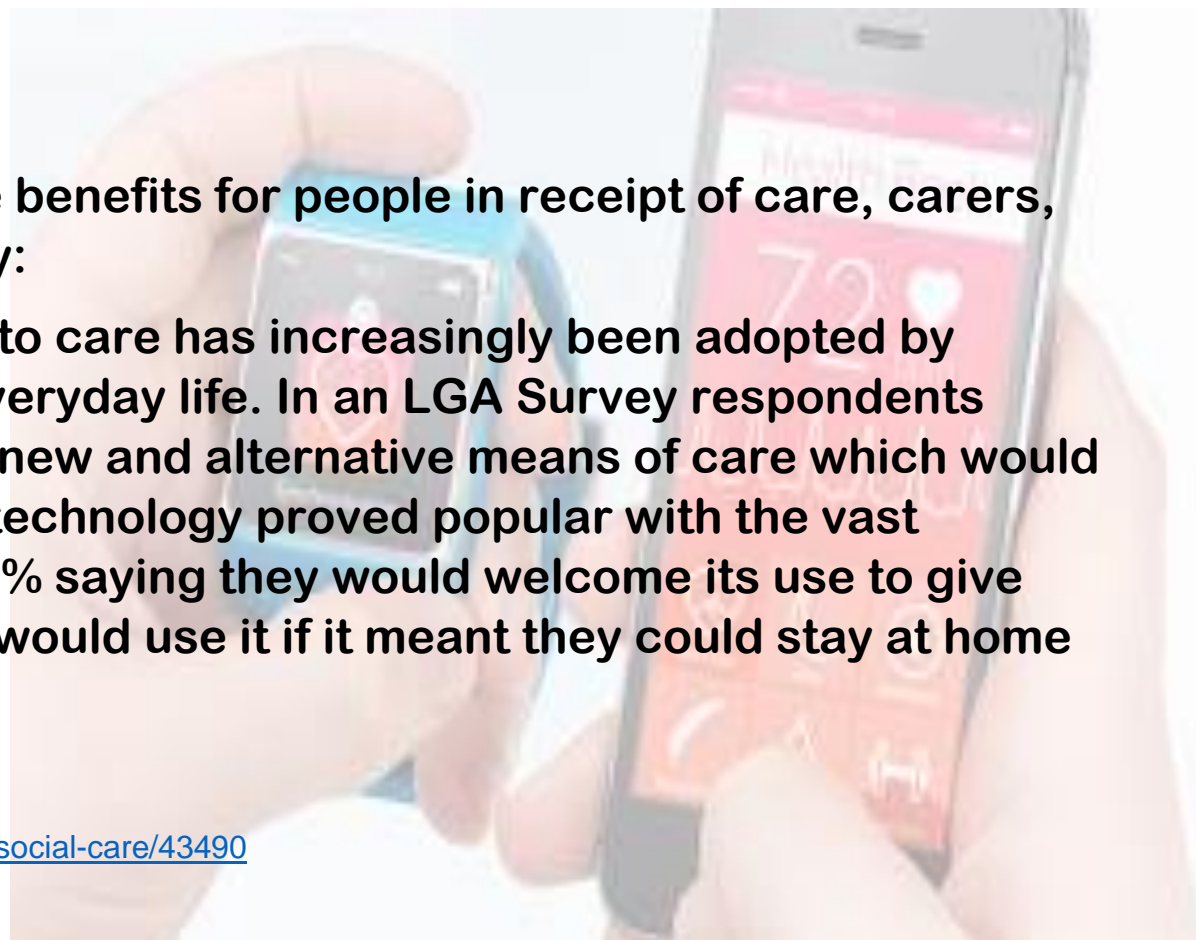
Telehealth	Enables individuals to monitor their health and well-being in their own homes to anticipate any problems early and build self-care competencies; for example, measuring and reporting on your blood pressure and blood sugar levels. Devices can be connected to healthcare systems supported by clinicians.
Telecare	Are technologies/equipment in people's homes and communities that support safeguarding, transmitting urgent notifications of events such as falls or the presence of smoke to the Emergency services, who are alerted and respond appropriately including Telecare response services typically operated by the local authority.
Telemedicine/telecommunications	Enables remote per to peer support between professionals and consultants between individuals and professionals reducing the need for people to travel to appointments or receive therapy remotely. E.g. remote video consultations.
Telecoaching	Are technologies which enable advice from a coach to support people by building knowledge and skills and confidence to change or manage behaviours for example supporting a new mother with breast feeding or coaching on a social situation for someone with autism.
Self-care apps	Are applications that raise awareness and help individuals self-manage for example by giving prompts of appointments or instructions of using everyday equipment. For example Alexa

Why use Technology enabled care?

TEC has the potential to achieve benefits for people in receipt of care, carers, providers and commissioners by:

The use of technology as an aid to care has increasingly been adopted by individuals to support them in everyday life. In an LGA Survey respondents showed a real willingness to try new and alternative means of care which would offer more freedom. The use of technology proved popular with the vast majority of respondents, with 88% saying they would welcome its use to give more independence; while 82% would use it if it meant they could stay at home for longer.

<https://www.localgov.co.uk/Critical-insights-on-adult-social-care/43490>



The Current TEC Market

The Telecare Service Association (TSA) is the industry and advisory body for TEC. Working with and lobbying the DHSC for the increased uptake of TEC

There are Approx. 180 TEC Monitoring Centres across the UK

The Monitoring Centres support approximately 1.8 million connections

A quarter of all people benefitting from TEC receive private services

There is an increasing shift to digitally enabled proactive services such as:

- Outbound wellbeing calls and video medication checks
- Proactive outreach calls ahead of crisis – such as Falls/UTIs

More focus on support outside of the home.

Taking advantage of products already available such as Alexa

Our current position in relation to TEC services

TEC 24/7 services are managed in collaboration across health and social care. Tunstall are contracted to operate the TEC Monitoring Services, with emergency responses delivered by Yorkshire Ambulance Service, SY Fire and Rescue Service, SY Police, and City Wide Care Alarms

Approximately 8,200 people benefit from the service predominantly through Community Alarms and Telecare, with a range of equipment in people’s homes such as falls detectors.

The TEC Monitoring Service receives on average 20,000 alerts each month from the equipment in people’s homes.

City Wide Care Alarms receive on average 200 referrals per month from: Hospital, Intermediate Care, Adult Health and Social Care Teams, Occupational Therapists, Self Refers

Citywide Care Alarms complete an average of 160 installations per month

1,582 of the 2,677 people (59%) in receipt of Home Care Services currently benefit from at least a Community Alarm as part of our TEC services

Smoke detectors are offered free of charge as part of our commitment to Home Fire Safety

Fall Detectors are the most popular TEC equipment

What we want TEC to achieve

- Support the delivery of our Adult Social Care Strategy, enabling people to live the life they want to live
- Improve people's ability to self-care, support behavioural changes and reduce anxiety
- To support early intervention, maximising independence to delay or preventing more costly and intrusive care
- To support the delivery of more person-centred outcomes that draw on individual's strengths and assets, promoting self-care and support the STP and Digital Road Map priorities of:
 - Prevention
 - Early intervention
 - Self-care

- **To deliver more effective and efficient Medication Management within people's homes**
- **To improve our business intelligence to help predict and prevent incidents such as Falls and enable pro-active reviews of care packages that prevent crisis.**
- **Gain greater intelligence to inform care planning and future commissioning**
- **Safeguard people within their homes providing alerts to reduce risks**
- **Support a strength-based approach which optimises packages of care**
- **To support early discharge and reduce hospital admissions**
- **Build capacity in care**
- **Prevent and support carer breakdown**

How will we achieve this?

- Through jointly commissioned TEC services across health and social care, supported by the development of TEC Strategy focusing on the equipment in people's homes, linked to a wider Digital Care Strategy which focuses on day-to-day operational delivery
- By effectively managing and investing in the strategic shift from analogue to digital care services which is targeted to be completed across the UK by the end of 2025, allowing us to harness the improved capabilities of digital [Digital Telecare | Transition from Analogue to Digital - FarrPoint](#)
- Continued strategic partnership with the Telecare Services Association to support shared learning across the UK and identify funding opportunities.
- Embed TEC within our new Information and Advice offer, as part of the wider developments to improve the awareness of the benefits of TEC for the citizens of Sheffield, targeting both early intervention and people already in receipt of pre-assessed services.
- Through the development of strategic partnerships which focus on range management in co-production, specialist assessments, TEC First Programmes

supported by cultural change, integration within care pathways and care packages and benefits realisation

- **By embedding the use and development of TEC within our commissioned Service Specifications, requiring providers to collaborate in the development of services, with their workforce trained to identify opportunities for deployment for the benefit of people in their care**
- **Continue to work towards overcoming barriers to referrals, working collaboratively with busy frontline health and social care professionals to improve knowledge, understanding, and build confidence and make TEC as accessible as possible**
- **Work towards embedding TEC within LiquidLogic to make TEC more accessible to frontline health and social care professionals and develop business intelligence through a TEC Performance Dashboard to help inform ongoing service developments.**
- **Continuing to work with Fosse Healthcare as part of our care partnership supporting our 'Care and Wellbeing Model - Test of Change' to develop Virtual Home Care services which are strength based, supporting people to fulfil their potential for independent living, and benefit from least intrusive care, with the additional benefit of helping to build capacity in home care.**

National Context:

In England, overall the NHS policy is led by the NHS Mandate. For digital technology NHS England has published a Plan for Digital Health and Social Care and a Strategic Planning Resources for Commissioners. There is an NHS England website for Digital Technology.

Linked Strategies:

[NHS Long Term Plan](#)

[NHS mandate 2022 to 2023 - GOV.UK \(www.gov.uk\)](#)

[A plan for digital health and social care - GOV.UK \(www.gov.uk\)](#)

[NHS England » Technology Enabled Care Services \(TECS\)](#)

[NHS England » Strategic planning resources for commissioners](#)

[NHS England » Improvement resources](#)

[NHS England » TECS Case study database](#)



The Happiness Programme business case

Sheffield
City Council



Confidential subject to contract / Indicative pricing
October 2021

The Happiness Programme business case

Introducing Social-Ability and the Happiness Programme

At Social-Ability we're on a mission to make society happier and we're doing that by sparking laughter and happiness for everyone living with cognitive challenges. We're driven by personal experience, with our founders and many in our team having family who've lived with dementia and other cognitive challenges.

It's why we set up the Happiness Programme.

We're focused on delivering better care outcomes

1. People living with care needs, through improved well-being
2. Care venues and those working in care, through happier staff and cost savings
3. Friends and family, through more meaningful moments spent together

A structured programme empowering the UK's care staff

We help achieve these outcomes through a structured and guided programme of interactive tech-based activities, providing a best-in-class, documented and whole home approach to activity provision.

Supporting a broad range of care venues

With an established and proven track record, the Happiness Programme is supporting care homes, local authorities, the NHS as well as community and day centre services across the country. Some of our clients include: Barchester Healthcare, HC-One, Care UK, North Bristol NHS, New Care, St. George's Hospital, Edinburgh City Council and Westminster Council.

Marketing impact

As well as positive feedback on the care and health benefits of the programme, many of these organisations have commented on the beneficial impact on marketing, highlighting the offering of modern, person-centred activities and helping to improve care inspectorate ratings.

The Happiness Programme business case

What is the Happiness Programme?

The Happiness Programme is a first-of-its-kind activities service that blends interactive, sensory light technology with a structured and guided programme of training and support.

The aim is twofold. For those living with cognitive and physical care needs, it's transformative, offering safe, meaningful and engaging activity. For staff, we equip them with a powerful tool to deliver personalised care, free up time and reduce job-related stress and anxiety.

The activities are based around a growing collection of interactive light games, proven effective for people with cognitive challenges, from painting pictures and brushing leaves to popping bubbles and playing tennis.

As part of the programme we work closely with our subscribers to maximise the reach and benefits - our own mission is to transform the lives of as many people living in care as possible.

As example of this is how we've taken feedback on the games from venues who were part of the Sheffield City Council pilot and, within the duration of the 3 month pilot, have made changes to the speed and complexity of a number of the games.

Watch this 2 minute video to get a sense of the magic



The Happiness Programme business case

Key benefits of the Happiness Programme

Better care outcomes



- Provides a meaningful, engaging and person-centred activity
- Aims to reduce falls, anti-psychotic drug use and aid weight gain
- Develops social interaction

- Increases interaction between care staff and those they care for
- Helps infection control and bringing activities to those in isolation
- Can help to reduce behaviour that challenges staff

Happier staff



Friends & family



- Increased happy moments spent together with loved ones
- Offers opportunities for intergenerational play

- Savings costs associated with our care outcomes (see pages 5-7 for details)
- Cost efficient compared to external activities / entertainment

Cost savings



Improve care ratings



- Applicable for CQC, CIS, CIW, RQIA
- Detailed usage reports and analysis provides evidence for KLOEs: C1.2/1.4/1.6, E1.3/5.1/6.4, R1.2/1.3, W1.6/4.3

- Shows investment in modern, person-centred care technology
- 'Happy Memories' feature allows remote connection between residents and friends/family members
- 'Wow!' factor and exclusivity

Marketing



The Happiness Programme business case

How we differ

Put simply, we take a different approach to other tech-based activity provision. We listen carefully to the care venues and care staff we work with, constantly evolving and improving the Happiness Programme with new features and regular new game updates.

We are clear in our approach; we do not sell a piece of technology.

Instead we sell a service that provides a piece of technology alongside a programme of training and support to help you maximise the improved care outcomes and investment.

Here are a few of the reasons we're different:

Accessibility	<ul style="list-style-type: none"> • The only interactive light projector that can be fully rotated 360 degrees, allowing projection onto virtually any surface • The lightest projector available, allowing easy transportation between rooms or between homes and enabling the technology to be used as a means to improve people's engagement and connection • Fixed ceiling option available
Support	<ul style="list-style-type: none"> • The most comprehensive support system available within the market • The only company that offers unlimited training and service/maintenance along with volunteer and inter-generational programmes.
Additional content	<ul style="list-style-type: none"> • We are the only company that offers a large range of future content released throughout the year at no additional cost
Flexibility	<ul style="list-style-type: none"> • The only company in the market that offers flexible monthly subscription with no minimum contract terms (other payment terms available)
Transparency	<ul style="list-style-type: none"> • The only company who includes everything required within one transparent charge with no hidden extras

The Happiness Programme business case

The Happiness Programme value and cost savings

In some instances, we believe it's possible to directly link the use of the Happiness Programme with cost savings.

Incredible value - benchmarked comparable costs of activities

For a number of our care home subscribers, they're running magic table 360 sessions daily, resulting in a £4 or £5 per hour running cost. In all instances where we've gathered this data, the Happiness Programme has proven to be one of the lowest cost activities and up to 20 x more cost effective than outside activities / entertainers.

Cost savings - from reduced anti-psychotic drug use

According to [a white paper by National Dementia Action](#), the use of anti-psychotic drugs costs an additional estimated £500 per year, per person.

The same study found there was an increased risk of falls and strokes when an individual was using anti-psychotic drugs.

In a separate study, [The King's Fund](#) found each additional fall had an estimated cost of almost £1,000 to the social care sector.

Feedback from the Sheffield City Council pilot itself has shown that one of the homes, Longley Park View, has shown reductions of PRN use with its residents as a result of using the Happiness Programme.

Based on the evidence presented here, if your adoption of the Happiness Programme can demonstrate a modest reduced fall rate or a reduced reliance on PRN, this alone will provide a positive return on the investment.

The Happiness Programme business case

The Happiness Programme value and cost savings

In some instances, we believe it's possible to directly link the use of the Happiness Programme with cost savings. Here's how leading care venues in the UK are realising these cost savings.

Incredible value - comparable costs of activities

Activity provision / entertainment	Cost per year (based on 4 sessions / week)	Happiness Programme cost saving per year
Outside entertainment	£15,600 - £31,200 (at a standard £75-£150 per hour rate)	
The Happiness Programme	£3,000 (standard annual pricing applied)	£12,600 - £28,200

Cost savings - reduced PRNs and falls

PRNs and falls	Cost per year (based on 4 sessions / week)	Happiness Programme cost saving per year
Est. annual cost (based on a home with 50 residents)	£75,000 (based on 1 fall per resident)	
The Happiness Programme	£3,000 (standard annual pricing applied)	<p>£53,250 - from a 75% reduction in resident PRNs and falls</p> <p>£34,500 - from a 50% reduction in resident PRNs and falls</p> <p>£15,750 - from a 25% reduction in resident PRNs and falls</p>

The Happiness Programme business case

The Happiness Programme value and cost savings

Costs savings - reduced levels of malnutrition

Malnutrition	Cost per year (based on 4 sessions / week)	Happiness Programme cost saving per year
Est. annual cost* (based on a home with 50 residents)	£37,040 (based on 5 resident's living with malnutrition)	
The Happiness Programme	£3,000 (standard annual pricing applied)	<p>£24,780 - from a 75% reduction in residents living with malnutrition</p> <p>£15,520 - from a 50% reduction in residents living with malnutrition</p> <p>£6,260 - from a 25% reduction in residents living with malnutrition</p>

Care venues we're proud to be working with



"We are delighted by the response of the residents when using the Magic Table 360. Designed to create moments of happiness for the residents, it is heart-warming to provide positive and invaluable experiences, with residents more motivated to interact with staff, family and carers alike."

Dr Pete Calveley, CEO of Barchester Healthcare

The Happiness Programme business case

Local authorities we're working with



"it's been fantastic. For instance, we have a service user who is non-verbal and never interacts with people. He engaged so much with the magic table 360. It was lovely to watch.

It truly warrants all the hard work we did trying to get it."

Jo Ludlow - Manager at Buckinghamshire County Council



The picture so far at Sheffield City Council

Executive summary of the 3 month pilot

From July to September 2021, Sheffield City Council, in collaboration with service provider, Social-Ability, have provided a pilot of the Happiness Programme for 8 care services in the Sheffield area.

Below is a snapshot of performance and outcomes over that 3 month period, with data collected from the 8 care venues as part of an independent feedback process, which included two survey forms, as well as monthly check-in calls.



100% of services observed improvements in social wellbeing

100% of services observed improvements in cognitive wellbeing



83% of services observed improvements in physical wellbeing

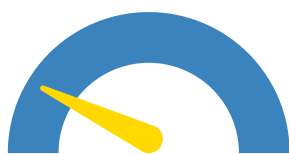
"The stories of difference from our frontline workers delivering the sessions has reduced the group to tears, with the Happiness Programme giving us the capability to connect and engage with people who were previously out of reach. It's had a real impact on us."

Paul Higginbottom
Strategic Commissioning Manager, Sheffield City Council

The picture so far at Sheffield City Council

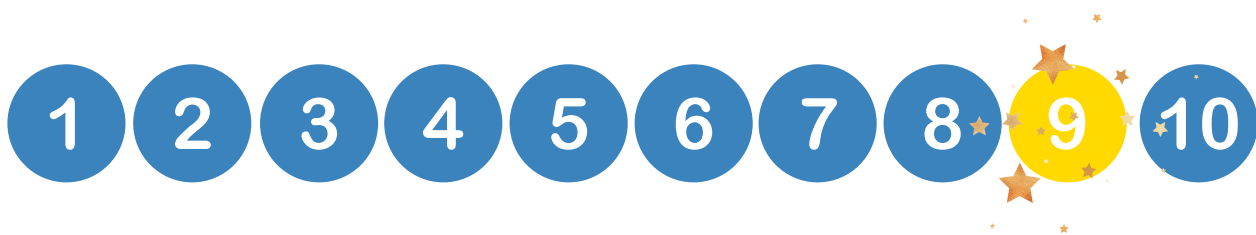
Executive summary of the 3 month pilot continued

83% of services observed improvements in levels of anxiety, aggression or agitation



17% of services observed a reduction in the use of anti-psychotic medication

Executive Summary by rating



When we asked the 8 care venues involved with the pilot whether they would recommend us, the average score was 8.7/10.

An extension of this pilot has now been agreed to run until January 2022, with this document forming the business case towards a longer term agreement.

Strategic recommendations

Beyond the investment opportunities outlined, there are four further strategic recommendations open to Sheffield City Council to drive greater return on investment:

- To collaboratively explore how best to develop a Pool of products with a Booking System, supported through a grant to the voluntary sector, whereby we could deliver entertainment events across the City.
- Building on the successful use of the Happiness Programme to facilitate 1-1 sessions, utilising the service and technology to support with short breaks, respite care and for those people living with dementia in receipt of home care services. The service could also extend to dementia cafes..
- Promotion of the Business Case results to care providers such as Day Care Centres, Extra Care and Residential Care encouraging them to invest in the Happiness Programme as part of their core service offers given the positive impact to people in their care and the positive contribution made to their CQC compliance.
- Assigning a Happiness Programme champion in every care venue - see critical success factors for more.

Critical success factors

Working together in partnership to create ongoing value

The structure and flexibility of the Happiness Programme has been vital to the success of the pilot. Key elements of the service to note that have made a tangible difference to the experience of the services include:

- Initial training & on-boarding

These sessions are provided by the Social-Ability team to support services from the get-go. To ensure the maximum impact for residents and / or service-users, the training structure focuses on the range of ways that the technology can be used to achieve better care outcomes, including:

- Reduction in falls
- Reduction in the use of PRNs / anti-psychotic medication
- Reduction in levels of anxiety, agitation and / or aggression
- Improvement in nutrition and / or hydration
- Improvement in physical wellbeing
- Improvement in cognitive wellbeing
- Improvement in social wellbeing

The Happiness Programme business case

- Ongoing new games, collaborative software developments and updates

An important feature that is included as part of the Happiness Programme is ongoing new games and software updates – these are provided to help continually engage staff, as well as residents.

During the course of the pilot, the following games were released by Social-Ability, which services had access to:

- Tennis
- Spot The Ball
- Sunrise
- Sunset
- Seas Shells
- 90-degree orientation game versions for enhanced wall & ceiling play:
 - Ripples
 - Balloon Pop
 - Noughts and Crosses
 - Snakes and Ladders
 - Piggy Bank
 - Radios
 - Deep Breaths
 - Hot Air Balloons

As well as these new games, Social-Ability also worked collaboratively with the services, listening to specific game feedback to help improve the experience for residents.

This feedback was then translated into software improvements, including:

- Applying faster speeds to ball games
- Increasing the frequency of balloons for the Balloon Pop game
- Adding sounds to the Happy Memories feature, which enables services to upload their own photo content to the technology

The Happiness Programme business case

- Personnel is vital to successful adoption

Using the key attributes below, it's recommended that each care venue receiving the Happiness Programme find a volunteer to champion the programme, both with staff and residents, as well as being the main contact with the service provider, Social-Ability, with new games, updates and training.

Key staff attributes have been identified as:

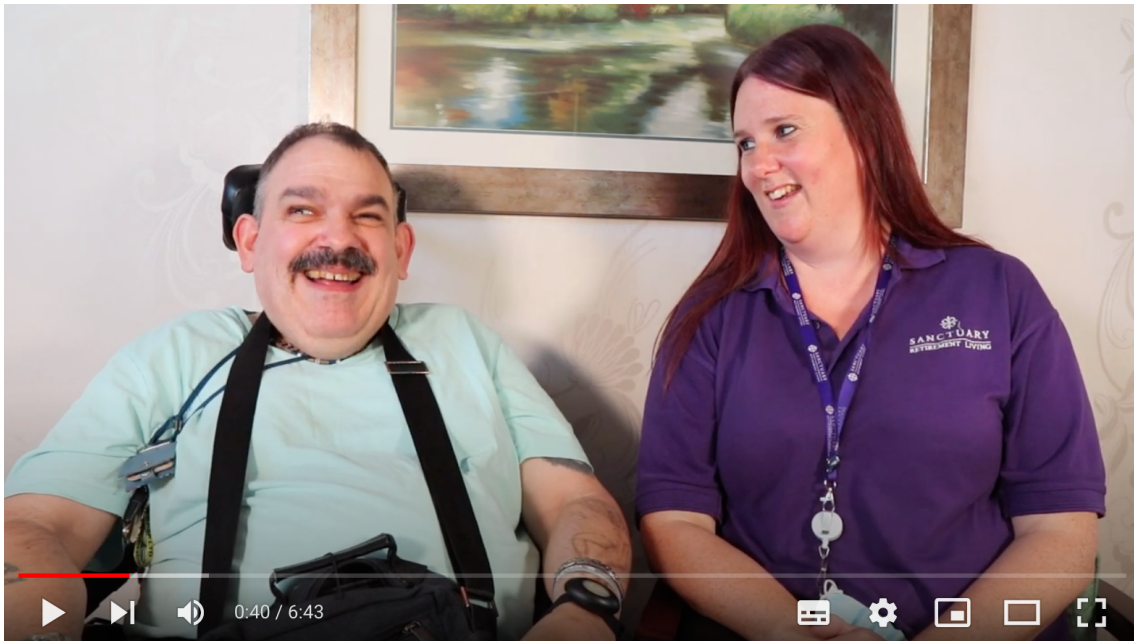
- Enthusiasm to use technology to help improve care outcomes for residents and / or service-users
- Proactive in facilitating activities in different contexts, including one-to-ones and group scenarios
- Motivation to attend training sessions to improve skills and knowledge, including being aware of updates and new releases
- Ability to encourage a group to join in and engage with activities

The onsite staff at Longley Park and Roman Ridge (Dawn Hubbard and Helen Flower deserve particular mention) were fantastic examples of the types of colleagues who will do fantastically with the Happiness Programme.

The Happiness Programme business case

Hear the feedback

Hear Ian and Helen talk about the impact its had
(plays in YouTube)



Hear Dawn's experiences of using it at Longley Park
(plays in YouTube)



The Happiness Programme business case

Pricing

Starting out with goals based on accessibility and social impact allows us to provide a range of options to best suit the approach that a local authority or care service chooses to take.

Below is an example of some of the flexibility and discounts available through our indicative pricing structure.

For all instances below the term 'subscription' includes everything listed in Appendix 1. To note, our standard market pricing for the Happiness Programme starts from £300 per month.

All prices listed exclude VAT and delivery costs (£45 per unit).

Subscription pricing only					
Quantity	Current market pricing	Discounted pricing for longer terms			
		2 year Happiness Programme		3 year Happiness Programme (incl ownership of hardware)	
	2 year	2 year	Discount	3 year	Discount
1	£7,200	£5,750	£1,450	£7,800	£3,000
10	£72,000	£54,000	£18,000	£72,000	£36,000
20	£144,000	£105,600	£38,400	£142,800	£73,200
30	£216,000	£156,600	£59,400	£212,400	£111,600

The Happiness Programme business case

Appendix 1

The following is included as part of the Happiness Programme subscription:

- 1 projector (fixed ceiling unit or fully portable with stand) with remote control
- Wi-Fi connectivity
- All initial games with new and seasonal games included on rotation throughout the year at no extra cost
- Unlimited staff training (also available to friends & family) via video or telephone conference
- Lifetime service guarantee, including free delivery and collection of any faulty or replacement units
- Functionalities, evidence and usage reporting
- Ongoing software upgrades
- Launch party support to introduce the technology to your communities (restrictions permitting)
- Intergenerational programme where we work with you to engage local school groups/nurseries (restrictions permitting)
- Volunteer programme - we help find, train and support volunteers to facilitate sessions with the MT360 to alleviate pressure on care staff
- Superhero support - free technical support online and through our telephone help-desk

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EIA 1267 (Plus Update to EIA225) Updated September 2022: Re: Procurement of Technology Enabled Care (TEC) Monitoring Service

Type of Decision: Adult Health and Social Care Policy Committee

Lead Cabinet Member: George Lindars-Hammond

Lead Officer: Paul Higginbottom / Sarah Swinburn

Brief Aim:

Update Oct 2021: The approval for procurement for a 2 year contract is being requested, for a provider to deliver the 24hr Call handling /monitoring service for new and existing community telecare alarm equipment in Sheffield, there will be no significant changes to the present Service Specifications.

Update Sept 2022: Following the procurement 1 year TEC contract, approval for a 12 month contract extension is being requested. The present provider Tunstall Healthcare will continue to deliver the 24hr Call handling and monitoring service for telecare alarm equipment in Sheffield, with no changes to the present Service model.

Overview:

Oct 2021: Currently assistive care technology supports 9,015 connections for elderly and/or vulnerable adults living on their own people living in Sheffield with an average of 19,000 calls a month. Presently the majority of customers are female, white-British, 75 and over, with some form of long term health condition or disability. Further detailed demographic information cannot be provided, this information is no longer being collected.

The transformational project wants to reduce health inequalities and support wider demographic groups by assisting all adults, younger people and families with a range of health and social care needs, through the provision of effective alert management and responses and investment in new technology.

Services will be more widely promoted and improve accessibility to all age groups, ensuring that as many people as possible (including supporting family/friends) are aware how the service can increase the number of vulnerable people it supports

Where the proposed procurement for the new contract will not result in any significant adverse effects to the customers or staff, but a change in provider could result in some low impacts to all customers (9,015 across the city).

A change in provider could result in all customers being very anxious and worried about the quality of the service. And the effect to individuals' ability to remain independent safe and well in their own home. To mitigate this impact SCC will need to provide focused engagement with tenants, their family and friends to relay their fears and provide some reassurance the new contractor will continue to deliver a quality service. The new contractor will be expected to provide a seamless service and reassure customers and their representatives of how the service will meet their needs.

The change in provider of the monitoring call handling service will have no direct effect to staff, there will be no requirements for redundancies or tupe procedures. Staff are not required to make any geographical or organisational movement; it will only involve the call monitoring function being redirected to the successful contractor. Staff will continue to work for the current provider.

Update Sept 2022: Assistive care technology presently supports 8,191 connections which are accessed by both elderly and/or vulnerable adults living on their own in Sheffield, with an average of 20,000 calls a month. The demographic of the majority of customers have not changed, they are female, aged 75 years and over, with some form of long term health condition or disability.

A proposed 1 year extension will allow time and flexibility to develop the future service model of Technology Based Care and its Monitoring Services. Therefore, does not require any changes to the current provider or service specification/delivery, in-turn resulting no changes to the services the customer is currently receiving. Having already gone through a change in provider recently, this will offer consistency for the customer and in turn resulting in no adverse effects or negative impacts to them.

Since the current provider Tunstall started delivering the contract there has been a positive impact on the service delivery. Call handling times have improved and responses have increased, plus connections have been reduced to a single connection per household. Ensuring the services continue to support them to remain independent in their own home.

With no proposed change to the provider there will be no adverse effect to monitoring call handling service or CWCA employees, there will be no requirements for redundancies or staff loses, knowledgeable staff will continue to deliver the services.

Services will continue to be promoted to improve accessibility to wider demographic groups by assisting all adults, younger people and families with a range of health and social care needs and ensuring as many people as possible are aware how the service can support individuals. The first phase of TEC Webinars have been delivered to SCC colleagues; these were to increase knowledge of the service. Phase 2 Webinars are planned for the new year.

Should the extension not be approved, resulting in the expiry of the current contract there would be no supportive prevention service offering alert handling to the people of Sheffield, this would result in a significant negative impact to a significant number of people living in Sheffield and their ability to remain independent in their own home.

Health

Customer, Positive – Low.

The majority of customers have some form of long term health condition or disability and are reliant on the service to ensure they can remain independent in their own home and reduce hospital admissions. By introducing a new service, customers may be concerned with the change in provider and having their health needs met via the new service.

This will be offset with the procurement of the continued provision of a robust call monitoring service in conjunction with the unaffected emergency response from City Wide Care Alarms.

Service Users of all ages are likely to be anxious with any changes to the call monitoring provider. We will undertake focused communication and engagement with all customers and their families to provide reassurance the new service will meet their needs and continue to offer a quality service.

The service is seen as the fourth emergency service by some customers so the prerequisite for the successful contractor will be to meet or exceed the current high service standards, which will be key in the re-procurement and tendering process. Following the selection process the successful

provider will be promoted to all customers and they will ensure they provide adequate support to help customers seamlessly settle into the new services.

Sept 22: The majority of customers continue to have some form of long term health condition or disability and are reliant on the service to ensure they can remain independent in their own home and reduce hospital admissions. The proposed 1 year extension will continue to deliver positive outcomes for customers with no changes to the current provider or service model. The continuation of services will deliver improved responses from staff who have a knowledge and understanding of Sheffield services. No additional work will be required to embed a new service and/or service provider. The changes should therefore have no discernible impact on the current tenants.

Age

Customer: Positive – Low

The services are mainly accessed by people of 75 and over. subsequently this proposal will impact mainly older people, however, this is not exclusive and will affect people of different ages. No detail of ages ranges is available as this is no longer collected.

Refer to Health for further information

Services will be more widely promoted and improve accessibility to all age groups, ensuring that as many people as possible (including supporting family/friends) are aware how the service can increase the number of vulnerable people it supports. This might also include more younger people than the current average customer, who might not currently be aware of the potential benefits the service could offer them. This includes using modern media e.g. social media, improving webpages, working with SCC colleagues (e.g. CSA's, social workers, Housing Neighbourhood Officers) and working with community and voluntary organisations.

Sept 22: The majority of customers continue to be aged 75 years and older but is also accessed by a number of young who are reliant on the service to ensure they can remain independent in their own home. The proposed 1 year extension will result in no adverse effects but will continue the positive outcomes for customers with no changes to the current provider or service model. The continuation of services will deliver improved responses from staff who have knowledge and understanding of Sheffield services. No additional work will be required to embed a new service and/or service provider.

Services are being promoted to SCC Colleagues via Webinars Phase 1 has been completed to increase knowledge of the service, phase 2 is planned for the new year.

Disability

Customer: Positive - Low

Refer to Health for further information.

Sept 2022 Sept 22: The changes should have no discernible impact on the current customers.

Race

Customer – Positive - Low

The ethnicity customers are predominantly White-British, this in-balance will be addressed through services being more widely promoted. Improving accessibility to BAME communities, ensuring that as many people as possible (including supporting family/friends) are aware the potential benefits the service could offer them. This includes working with community and voluntary organisations, using social media, improving webpages, working with SCC colleagues (e.g. CSA's, social workers, Housing Neighbourhood Officers) and working with community and voluntary organisations.

The procurement process and specification will ensure race equality related issues are specifically addressed with a requirement that providers ensure that services are suitable for customers of all racial backgrounds.

Any communication with staff, stakeholders or customers will be made accessible for people from all communities (e.g. consideration to be given for those with English as a second language

Sept 2022: The proposed 1 year extension will continue the positive outcomes for customers with no changes to the current provider. The continuation of services will deliver improved responses from staff who have knowledge and understanding of Sheffield services. No additional work will be required to embed a new service and/or service provider.

Services will continue to be promoted to improve accessibility to wider demographic groups by ensure as many people as possible are aware how the service can support individuals. The first phase of TEC Webinars have been delivered to SCC colleagues; these were to increase knowledge of the service. Phase 2 Webinars are planned for the new year.

The changes should have no discernible impact on the current customers.

Religion / Belief

Customer: Positive - Low

The is no specific information on religion/beliefs of customers this is no longer being completed.

But to create a balance of faiths representative of the city, services will be more widely promoted. Improving accessibility to all religious communities, ensuring that as many people as possible (including supporting family/friends) are aware the potential benefits the service could offer them. This includes working with community and voluntary organisations, using social media, improving webpages, working with SCC colleagues (e.g. CSA's, social workers, Housing Neighbourhood Officers) and working with community and voluntary organisations.

The procurement process and specification will ensure religion/belief related issues are specifically addressed with a requirement that providers ensure that services embrace all religions and faiths.

Sept 2022: The proposed 1 year extension will continue the positive outcomes for customers with no changes to the current provider. The continuation of services will deliver improved responses from staff who have knowledge and understanding of Sheffield services. No additional work will be required to embed a new service and/or service provider.

Services will continue to be promoted to improve accessibility to wider demographic groups by ensure as many people as possible are aware how the service can support individuals. The first phase of TEC Webinars have been delivered to SCC colleagues; these were to increase knowledge of the service. Phase 2 Webinars are planned for the new year.

The changes should have no discernible impact on the current customers.

Sex

Customer: Positive - Low

A higher proportion of customers are female

To create a more even balance between male and female's services will be more widely promoted. Improving accessibility to individuals, ensuring that as many people as possible (including supporting family/friends) are aware the potential benefits the service could offer them. This includes working with community and voluntary organisations, using social media, improving webpages, working with SCC colleagues (e.g. CSA's, social workers, Housing Neighbourhood Officers) and working with community and voluntary organisations.

The procurement process and specification will require that providers ensure that services will be sensitively and professionally delivered to clearly meet the different individual outcomes of both male and female customers.

Sept 2022: The proposed 1 year extension will continue the positive outcomes for customers with no changes to the current provider. The continuation of services will deliver improved responses from staff who have knowledge and understanding of Sheffield services. No additional work will be required to embed a new service and/or service provider.

Services will continue to be promoted to improve accessibility to wider demographic groups by ensure as many people as possible are aware how the service can support individuals. The first phase of TEC Webinars have been delivered to SCC colleagues; these were to increase knowledge of the service. Phase 2 Webinars are planned for the new year.

The changes should have no discernible impact on the current customers.

Sexual Orientation

Customer: Positive - Low

No demographic information for tenant's sexual orientation is available this is not collected or recorded.

The tender process and new specification will ensure that the provider offers services that are sensitively and professionally delivered and will encapsulate how customers want or choose to live their lives and will address them appropriately.

Sept 2022: The changes should have no discernible impact on the current customers.

Carers

Customers: Positive - Low

Technology Assisted Care is a valuable support to families and carers which enables individuals to remain living in their own home. They are liable to be anxious about how changes to the providers of the service and its impact. This will require a focused communication with carers and families to provide reassurance of how the new service will continue to meet their needs.

The service is seen as the fourth emergency service by some customers so the prerequisite for the successful contractor will be to meet or exceed the current high service standards, which will be key in the re-procurement and tendering process. Following the selection process the successful provider will be promoted to all customers and they will ensure they provide adequate support to help customers seamlessly settle into the new services.

Sept 2022: The proposed 1 year extension will continue the positive outcomes for customers with no changes to the current provider. The continuation of services will deliver improved responses from staff who have knowledge and understanding of Sheffield services. No additional work will be required to embed a new service and/or service provider.

The changes should have no discernible impact on the current customers.

Voluntary/Community & Faith Sector

Staff: Positive - Low

It is important that the procurement and tender processes are open and accessible to all, which will enable any appropriate Voluntary / Community and Faith organisations an equal opportunity to contracts. Part of the process will ensure the upcoming opportunity is promoted to potential contractors in advance of and during the tender process.

Update Sept 2022: While the proposal to extend of the current contract will allow service stability for the customer it does not offer an opportunities for other organisations or groups to tender for the contract. However, this is only a short term contract and when the new service model is ready for procurement this will be promoted and easily accessible through the chosen tender portal.

Partners

Staff: Positive - Low

The introduction of a new provider supplying the call monitoring and handling service, is likely to impact on the staff from City Wide Care Alarms delivering the emergency response. They will probably be anxious with any changes to systems and/or working relationships. Focused communication and engagement by the successful contractor with all staff to provide reassurance in the new service to ensure a seamless change between organisations.

Update Sept 2022: The extension does not require any changes to the current provider or service specification/delivery. The continuation of these services will deliver improved responses from staff who have knowledge and understanding of Sheffield services. Having already gone through a change in provider recently, this will offer consistency and in turn resulting in no adverse effects or negative impacts to City Wide Care Alarms service employees.

The changes should have no discernible impact on the current staff.

Poverty & Financial Inclusion

Customer: Neutral - Low

The result of contracting a new provider may cause customers to become anxious about possible increased fees for the service. Any increase in costs will be absorbed by SCC, this will not be passed

onto the customer. Communication with all customers and their families will be required to reassure the continued benefits of the new service will not incur any further costs to the customer.

Update Sept 2022: The changes should have no discernible impact on the current tenants.

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