

Adult Health and Social Care Policy Committee

Thursday 16 March 2023 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 Ayriss
Councillor Abtisam Mohamed
Councillor Ruth Milsom
Councillor Kevin Oxley
Councillor Martin Phipps
Councillor Safiya Saeed
Councillor Ann Woolhouse

PUBLIC ACCESS TO THE MEETING

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

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

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

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 MARCH 2023**

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 - 18)
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 19 - 30)
Report of the Director

Formal Decisions

- 8. Approve Adult Social Care Prevention, Independent Living and Wellbeing Strategic Delivery Plan (Commitment 2 ASC Strategy)** (Pages 31 - 48)
- 9. Approve Adult Social Care Workforce Strategic and Delivery Plan (Commitment 5 ASC Strategy)** (Pages 49 - 134)
- 10. Approve Advocacy Services Plan** (Pages 135 - 158)
- 11. Approve Care Fees 23/24** (To Follow)
- 12. Approve City wide Older Adults / Ageing Well Strategic Delivery Plan (Commitment 1,6 ASC Strategy)** (Pages 159 - 206)

Items For Noting

13. **Endorse Director of Adult Social Care (DASS) Report and Delivery Plan** (To Follow)
14. **Endorse Adult Social Care Financial Update and Progress with Financial Recovery Plan** (To Follow)
15. **Endorse Adult Social Care Strategy and Quality Improvement Delivery Plan Progress Update** (To Follow)
16. **Endorse Progress with Changing Futures Delivery Plan** (Pages 207 - 216)
17. **Endorse Progress with Safeguarding Improvement Delivery Plan** (Pages 217 - 268)
18. **Endorse Adults with a Learning Disability Strategic Plan and Service Delivery Plan Update** (To Follow)

This page is intentionally left blank

ADVICE TO MEMBERS ON DECLARING INTERESTS AT MEETINGS

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

This page is intentionally left blank

Adult Health and Social Care Policy Committee

Meeting held 8 February 2023

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 Ann Woolhouse

1. APOLOGIES FOR ABSENCE

1.1 There were no apologies for absence.

2. EXCLUSION OF PRESS AND PUBLIC

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

3. DECLARATIONS OF INTEREST

3.1 There were no declarations of interest made.

4. MINUTES OF PREVIOUS MEETING

4.1 The minutes of the meeting of the Committee held on the 19th of December 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 was 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.

6.2 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 would remain a live document and would be brought to each meeting of the Committee.

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

7. HOSPITAL DISCHARGE AND URGENT CARE DELIVERY PLAN

- 7.1 The Committee considered a report of the Director of Adult Health and Social Care and the Deputy Place Director Sheffield Place - Integrated Care Board.

The overarching Adult Health and Social Care vision was for every adult in Sheffield to be able to age well and live the life they want to live, with choice and control over the decisions that affect them.

The purpose of the report was to articulate the ambition in relation to hospital discharge, urgent care, and avoidable admission as well as a delivery plan so that individuals can return home from hospital when well.

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

1. Agrees the direction of travel and planned improvement activity; and
2. Requests that the Director of Adult Health & Social Care provides the Committee with updates on progress against the Delivery Plan on a 6 monthly basis.

7.3 Reasons for Decision

- 7.3.1 As a partnership between agencies in Sheffield, we have made a commitment to admission avoidance.

7.4 Alternatives Considered and Rejected

- 7.4.1 Do nothing: It would be possible not to produce a plan in relation to discharge – but it would mean any activity would lack focus, coherence, and public accountability.

8. ADULT HEALTH & SOCIAL CARE DIGITAL STRATEGY

- 8.1 The Committee considered a report of the Director of Adult Health and Social Care.

The report detailed how a digital strategy for adult health & social care, to inform and contribute to the whole organisation's digital strategy, was necessary.

It would provide a framework for decisions on use of digital technology in adult health and social care going forward, and a plan to best optimise it as part of the

Council's new operating model.

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

1. Approve the digital strategy for adult health & social care, and confirm it aligns with the Committee's strategic direction; and
2. Request that the Director of Adult Health and Social Care bring a six-monthly report noting update and progress made with implementation of the strategy to Committee.

8.3 **Reasons for Decision**

8.3.1 An approved Adult Health & Social Care Digital Strategy will enable us to articulate a vision and direction of travel in terms of our use of digital technology to support the new operating model. In turn, this will help us to:

- Provide greater accountability and transparency about how we intend to use digital technology.
- Align with partners to deliver a system wide approach.
- Maximise opportunities to develop further activity to improve the use of digital technology in alignment with our aspirations and goals.
- Ensure the needs and requirements of Adult Social Care (clients, carers, partners and staff) are reflected in any future corporate Digital Strategy.

8.3.2 An approved Adult Health & Social Care Digital Strategy Delivery plan will allow us to track progress towards delivering the strategy – even when the delivery of specific elements may be part of other projects or carried out as “business as usual”.

8.4 **Alternatives Considered and Rejected**

8.4.1 **No Adult Health & Social Care Digital Strategy** – we could choose not to have a digital strategy for Adult Health & Social Care. However this would result in a less coherent approach to our use of digital technology, particularly in the absence of a corporate Digital Strategy.

8.4.2 **A different delivery plan** – the attached delivery plan is intended as an “umbrella” for the individual elements which contribute to it. The constituent pieces of work will be progressed in different ways, with some of them resulting in their own future reports to the Committee. Some of these will also appear as constituents of the operating model delivery plan. However, it was felt that there is value in providing a specific digital technology focussed view of delivery.

9. **TRANSFORMING CARE HOMES FOR CITIZENS OF SHEFFIELD**

9.1 The Committee considered a report of the Director of Adult Health and Social Care which provided an update on the proposals to develop/transform the care home

market in Sheffield.

It included a commissioning plan which set the strategic direction and an associated four stage delivery plan. The plan included a re-procurement exercise and a market sustainability exercise.

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

1. Approve the care homes commissioning plan which sets out the strategic direction for the development of care homes in Sheffield (in line with the Care Act 2014);
2. Approves the associated high-level delivery plan for the next 2 years (22-24) including the intention to re-procure, support, and sustain the market; and
3. Agrees that an update on progress is provided to the Adult Health and Social Care Policy Committee on a six-monthly basis.

9.3 **Reasons for Decision**

9.3.1 Do nothing - Continue with the existing services as is. This alternative was rejected because:

- It does not respond to feedback gathered
- It does not allow us to update the current service agreements
- It does not allow us to develop an improved relationship with providers • It would not necessarily provide a well sustained market
- The provision would not be fit for the future.

9.4 **Alternatives Considered and Rejected**

9.4.1 This commissioning plan is recommended because it:

- Starts a journey of transformation so care homes are a positive choice as a place to live and work
- Builds in time for there to be some stabilisation of the market and development of relationships and partnerships all of which should benefit the individuals living there
- Builds trust with partners and providers leading to better outcomes for people
- Delivers the outcomes that people said were most important to them and has quality assurance systems which test this
- Ensures care homes are part of a wider community and accepted as an invaluable resource in that community.

10. **MARKET OVERSIGHT AND SUSTAINABILITY - ADULT SOCIAL CARE**

- 10.1 The Committee considered a report of the Director of Adult Health and Social Care which sought approval from Committee for Sheffield's Market Oversight and Sustainability Plan 2023/24 (Appendix 1 of the report), which set out how the Council will ensure that it fulfils its statutory duties as set out in the Care Act 2014.

The report also asked Committee to endorse a Care Quality Framework (Appendix 2 of the report) which sought to define the standards the Council expects from the delivery of care by all adult social care services: both our Council run service and all commissioned care services.

These two documents form part of the Council's Care Governance Strategy, contributing to improving our performance, quality and outcomes

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

1. Approves Sheffield's Market Oversight and Sustainability Plan 2023/24;
2. Approves the Care Quality Framework; and
3. Requests that the Director of Adult Health and Social Care review and refreshes the Market Oversight and Sustainability Plan and the Care Quality Framework annually for subsequent consideration by the Committee

10.3 **Reasons for Decision**

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

10.4 **Alternatives Considered and Rejected**

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

11. REVENUE BUDGET MONITORING REPORT - MONTH 8

- 11.1 The Committee considered a report of the Interim Director of Finance and Commercial Services which brought the Committee up to date with the Council's financial position as at Month 8, 2022/23 General Fund revenue position

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

Notes the Council's financial position as at the end of November 2022 (month 8).

11.3 **Reasons for Decision**

11.3.1 This report is to bring the Committee up to date with the Council's current financial position as at Month 8 2022/23.

11.4 Alternatives Considered and Rejected

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

12. APPROVE CITY WIDE AUTISM STRATEGIC DELIVERY PLAN

11.1 This item was withdrawn as the strategy was for all ages, as well as city wide and would therefore be a decision for Strategy and Resources Policy Committee. Briefings would be arranged for both Adult Health and Social Care Policy Committee and Education, Children and Families Policy Committee.

13. APPROVE ALL AGE MENTAL HEALTH AND EMOTIONAL WELLBEING STRATEGY (COMMITMENTS 1,6 ASC STRATEGY)

13.1 The Committee considered a report of the Director of Adult Health and Social Care.

The Sheffield All-Age Mental and Emotional Health and Wellbeing Strategy set the scene for supporting Sheffield people – from young to old – with their emotional health and mental wellbeing.

It is positive, ambitious, and focussed on delivering change in partnership and collaboration across Sheffield. The strategy would be underpinned by an annually updated delivery plan which would have clear objectives and outcomes anticipated. This would be a partnership document, and a range of organisations will continue together to the delivery of the strategy's objectives.

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

1. Endorse the All-Age Mental and Emotional Health and Wellbeing Strategy and note that approval will be sought through the Strategy and Resources Committee; and
2. Request that an accompanying delivery plan is brought to the committee in six months' time, along with an update of progress made.

13.3 Reasons for Decision

13.3.1 The strategy is a positive development for the city and will enable partner organisations to work together to improve mental and emotional health and wellbeing of individuals and carers across the City.

13.3.2 Approving the strategy demonstrates the Committee's commitment to partnership working for the benefit of citizens of Sheffield.

13.4 **Alternatives Considered and Rejected**

13.4.1 **Do nothing:** It would be possible not to produce a strategy for this area – but it would mean any plans would lack focus, coherence, and public accountability.

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

14.1 The Committee considered a report of the Director of Adult Health and Social Care.

This report provided a Director's update regards the performance and governance of Adult Health and Social Care Services, including progress in meeting DASS accountabilities and delivering on our statutory requirements.

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

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

1. Notes the Director of Adult Health and Social Care report;
2. Notes the attached What Good Looks Like Assurance; and
3. Notes the work underway to prepare for CQC Assurance including review and practice and learning development plan

14.3 **Reasons for Decision**

14.3.1 The report provided an update regarding Adult Social Care activities for Members

14.4 **Alternatives Considered and Rejected**

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

15. ENDORSE ADULT SOCIAL CARE FINANCIAL UPDATE AND PROGRESS WITH FINANCIAL RECOVERY PLAN

15.1 The Committee considered a report of the Director of Adult Health and Social Care.

The report delivered on the Council's commitment to transparent and accountable

financial reporting. This update provided assurance regards delivery upon the Council's financial recovery plan, spend forecast and outlook for 2023/2024 including an update on the Autumn Statement, financial risks, and challenges.

It also provided an overview of steps taken to prepare for implementation of new care and wellbeing tender, and an update on recovery mitigations including an update on automation in Adult Social Care, external challenge to improve use of resources and a review of the Integrated Commissioning budget.

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

1. Note the update to the financial forecast for the delivery of savings in 2022/23;
2. Note actions taken to achieve savings or mitigation of pressures;
3. Note the update provided on the Autumn statement and work being undertaken to prepare for the 2023/24 financial year;
4. Note the actions being taken and the progress made to date to prepare for the introduction of the new care and wellbeing service;
5. Note the opportunities for further efficiencies being explored in Adult Health and Social care to improve the use of automation and digital technology; and
6. Request updates on progress with implementation through our Budget Delivery Reports to future Committee

15.3 Reasons for Decision

15.3.1 The recommendations were 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.

15.4 Alternatives Considered and Rejected

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



Report to Adult Health and Social Care Policy Committee

16th March 2023

Report of: Director of Legal and Governance

Subject: Committee Work Programme

Author of Report: Fiona Martinez, Principal Democratic Services Officer

Summary:

The Committee's Work Programme is attached at Appendix 1 for the Committee's consideration and discussion. This aims to show all known, substantive agenda items for forthcoming meetings of the Committee, to enable this committee, other committees, officers, partners and the public to plan their work with and for the Committee.

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

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

- Questions and petitions from the public, including those referred from Council
- References from Council or other committees (statements formally sent for this committee's attention)
- A list of issues, each with a short summary, which have been identified by the Committee or officers as potential items but which have not yet been scheduled (See Appendix 1)

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

Recommendations:

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

Background Papers: None

Category of Report: Open

COMMITTEE WORK PROGRAMME

1.0 Prioritisation

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

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

- In the draft work programme in Appendix 1 due to the discretion of the chair; or
- within the body of this report accompanied by a suitable amount of information.

2.0 References from Council or other Committees

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

2.2 None received

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
None received		

Appendix 1 – Work Programme

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

New Items	Proposed Date	Note
NEW: Advocacy Services – Current and Future	March 23	The proposal is for a further 12 month extension and a retender of the current advocacy services.
NEW: Market Sustainability: Adult Social Care Fee Rates 2023/24	March 23	The report additionally requests approval to undertake a cost of care exercise for non-standard accommodation with care provision in 23/24 to inform future commissioning and strategy.
Rescheduled Items	Proposed Date	Note
REMOVED: Approve Adult Social Care Annual Domestic Abuse Report 2021 - 2022	N/A	Item will now be incorporated into the Endorse Progress with Safeguarding Improvement Delivery Plan
REMOVED: Endorse Progress with Transitions Improvement Plan	N/A	Item now going to Strategy and Resources Policy Committee
REMOVED: Approve Adult Social Care Voids Policy	N/A	Item will now be incorporated into the Endorse Adult Social Care Financial Update and Progress with Financial Recovery Plan
REMOVED: Endorse Progress with Transitions Improvement Plan	N/A	Item now going to Strategy and Resources Policy Committee

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	Approve Adult Social Care Climate Response Delivery Plan (Commitment 1 ASC Strategy)
Description	
Lead Officer/s	Catherine Bunten
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 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

Endorse Director of Adult Social Care (DASS) Report and Delivery Plan		Alexis Chappell	Post-Decision	Yes, 21.02.23	No	
Endorse Adult Social Care Financial Update and Progress with Financial Recovery Plan		Liam Duggan/Liz Gough	Post-Decision	Yes, 21.02.23	No	Adult Health and Social Care
Approve Better Care Fund update and S75 Update		Joe Horobin/ Sandie Buchan/ Catherine Bunten		Yes, 21.02.23		Adult Health and Social Care
Approve Better Care Fund Annual Report		Joe Horobin/ Sandie Buchan/ Catherine Bunten	Decision	Yes, 21.02.23		Adult Health and Social Care
Approve Adult Social Care Strategy and Quality Improvement Delivery Plan Progress Update		Jon Brenner/Catherine Bunten	Post-decision	Decision at June Committee, following Cabinet decision on Strategy in March 2022. 21.02.23	Consultation through various existing groups	N/A
Endorse Progress with Changing Futures Delivery Plan		Michael Corbishley/Sam Martin	Post-Decision	Yes, 21.02.23	Yes	Health Scrutiny
Endorse Progress with Safeguarding Improvement Delivery Plan		Janet Kerr/Tim Gollins		13.02.23		Adult Health and Social Care
Approve City wide Older Adults / Ageing Well Strategic Delivery Plan		Jo Pass		21.02.23		Adult Health and Social Care

(Commitment 3 1,6 ASC Strategy)						
Approve Adult Social Care Prevention, Independent Living and Wellbeing Strategic Delivery Plan (Commitment 2 ASC Strategy)		AD Enablement/ Catherine Bunten/ Joe Horobin	Decision	21.02.23	Consultation through various existing groups	Adult Health and Social Care
Adults with a Learning Disability Strategic Plan and Service Delivery Plan Update		Andrew Wheawall/Christine Anderson	Post-decision	13.02.23		Adult Health and Social Care
Approve Adult Social Care Workforce Strategic and Delivery Plan (Commitment 5 ASC Strategy)		John Chamberlain/Janet Kerr	Decision	Yes, 13.02.23	Yes	Adult Health and Social Care
NEW: Advocacy Services – Current and Future		Avi Derei/Catherine Bunten	Decision	21.02.23	This is an extension of an existing arrangement and a request to go to tender for a future advocacy contract. We are not proposing reducing funding or changing scope of any existing services. As part of the re-tender process, we	Adult Health and Social Care

					<p>are planning on carrying out consultation rather than co-production. This is due to an imminent change to legislation that will fundamentally change the advocacy offer in Sheffield.</p> <p>The consultation will take place with existing staff, a sample of referrers to the service and a sample of customers using the services.</p> <p>Once Liberty Protection Safeguards is embedded further and the impact of this legislation is understood fully, the intention is for co-production leading to co-design for a future service.</p>	
NEW: Market Sustainability: Adult	The purpose of this report is to seek	Catherine Bunten	Decision	21.02.23		Adult Health and Social Care

<p>Social Care Fee Rates 2023/24</p>	<p>approval to proposed fee rates for Council contracted providers in the financial year 2023-24. It is proposed that these rates take effect from 10th April 2023.</p> <p>The report additionally requests approval to undertake a cost of care exercise for non-standard accommodation with care provision in 23/24 to inform future commissioning and strategy.</p>					
<p>Standing items</p>	<ul style="list-style-type: none"> • <i>Public Questions/ Petitions</i> • <i>Work Programme</i> 					

Meeting 1	2023-4	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
CQC assurance readiness and framework (June '23, September '23 and December '23)	Provide a report to committee setting out ASC readiness for CQC assurance from 2023	Janet Kerr and Liam Duggan	Decision	Member briefings	N/A	Adult Health and Social Care
Standing items	<ul style="list-style-type: none"> • <i>Public Questions/ Petitions</i> • <i>Budget Monitoring</i> • <i>Work Programme</i> 					

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

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

All agenda items will anyway be supported by the following:

- Discussion well in advance as part of the work programme item at Pre-agenda meetings. These take place in advance of each formal meeting, before the agenda is published and they consider the full work programme, not just the immediate forthcoming meeting. They include the Chair, Vice Chair and all Group Spokespersons from the committee, with officers
- Discussion and, where required, briefing by officers at pre-committee meetings in advance of each formal meeting, after the agenda is published. These include the Chair, Vice Chair and all Group Spokespersons from the committee, with officers.
- Work Programming items on each formal agenda, as part of an annual and ongoing work programming exercise
- Full officer report on a public agenda, with time for a public discussion in committee
- Officer meetings with Chair & VC as representatives of the committee, to consider addition to the draft work programme, and later to inform the overall development of the issue and report, for the committee's consideration.

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

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

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

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

Furthermore, a range of public participation and engagement options are available to inform Councillors, see appendix 3.

Appendix 3 – Public engagement and participation toolkit

Public Engagement Toolkit

On 23 March 2022 Full Council agreed the following:

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

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

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

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

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

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

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



Report to Policy Committee

Author/Lead Officer of Report: Alexis Chappell.
Strategic Director of Adult Care and Wellbeing

Report of: Strategic Director of Adult Care & Wellbeing
Report to: Adult Health and Social Care Policy Committee
Date of Decision: 16th March 2023
Subject: Early Intervention and Prevention Update

Has an Equality Impact Assessment (EIA) been undertaken?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
If YES, what EIA reference number has it been given? <i>(Insert reference number)</i>				
Has appropriate consultation taken place?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Has a Climate Impact Assessment (CIA) been undertaken?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Does the report contain confidential or exempt information?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
If YES, give details as to whether the exemption applies to the full report / part of the report and/or appendices and complete below:-				
<p><i>“The (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 overarching Adult Health and Social Care vision is for every adult in Sheffield to be able to age well and live the life they want to live, with choice and control over the decisions that affect them.

The purpose of this report is to articulate the ambition in relation to early intervention and prevention.

Recommendations:

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

- Agrees the direction of travel and planned activity in 2023 to 2024 to embed and implement early intervention and prevention across Adult Care.
- Notes the early intervention and prevention overview and factsheet at Appendix 1.
- Endorses the need to incorporate the Adults Early Intervention and Prevention into future policy development.
- Requests that the Director of Adult Health & Social Care provides the Committee with updates on progress against the Delivery Plan on a 6 monthly basis.

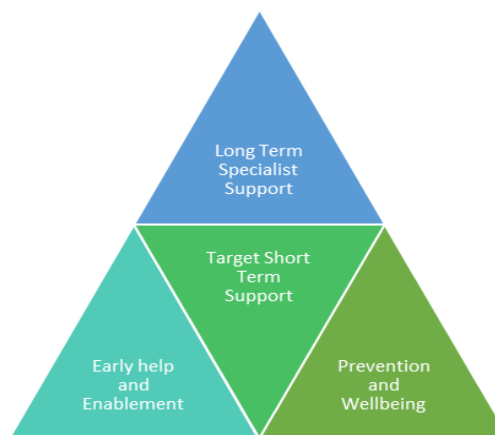
Background Papers:

Appendix 1 – Early Intervention and Prevention Strategic Overview

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>Councillors George Lindars Hammond and Angela Argenzio</i>
4	I confirm that all necessary approval has been obtained in respect of the implications indicated on the Statutory and Council Policy Checklist and that the report has been approved for submission to the Committee by the SLB member indicated at 2. In addition, any additional forms have been completed and signed off as required at 1.	
	Lead Officer Name: Alexis Chappell Tim Gollins	Job Title: Director Adult Health and Social Care Assistant Director Access, Mental Health, and wellbeing.
	Date: 24th February 2023	

1. PROPOSAL

- 1.1 The [Adult Health and Social Care Strategy](#) and accompanying [Delivery Plan](#) set out our vision for 2022 to 2030 - . Called 'Living the life you want to live', it's about how we work together to help the people of Sheffield to live long, healthy and fulfilled lives.
- 1.2 Delivery upon the strategy is underpinned by a new operating model – [our future design](#) approved by Committee in November 2022 - which focuses on a shift towards earlier intervention and prevention in our communities across Sheffield during the period of the Strategy.



- 1.3 In particular, the Council has made a clear commitment to *Improving Wellbeing Outcomes and Tackling Inequalities Through Early Intervention, Integration and Partnership Working* by way of thematic delivery actions under the Strategic Goal of Healthy Lives and Wellbeing for All set out in the [Council's Delivery Plan](#) approved at Strategy and Resources Committee on 30th August 2022.
- 1.4 Committee on 19th December 2022 subsequently endorsed [Adult Care Early Intervention, Integration update, the delivery plan update](#) and joint outcomes framework. Alongside, the Council Delivery Plan the Council has introduced through the Future Sheffield programme a corporate programme of early intervention and prevention. This supports a council wide approach to early intervention and prevention.
- 1.5 Through the update, it was highlighted that a briefing would take place with Members and proposals would be brought forward for March 2023. The report today provides an update, following on from Committee Members briefing and workshop on 11th January 2023, and proposes a direction of travel in relation to Adult's early intervention and prevention.

1.6 Background to Early Intervention and Prevention.

1.6.1 The Council must set out how it will promote wellbeing, integrated working and prevent needs for care and support in accordance with the Care Act 2014 general responsibilities in relation to [1.Promoting individual well-being, Preventing needs for care and support, Promoting integration of care and support with health services etc.](#).

1.6.2 Specifically, under the Care Act 2014, Sheffield City Council responsibilities for prevention apply to all adults, including:

- people who do not have any current needs for care and support.
- adults with needs for care and support, whether their needs are eligible and/or met by the local authority or not.
- carers, including those who may be about to take on a caring role or who do not currently have any needs for support, and those with needs for support which may not be being met by the local authority or other organisation.

1.6.3 [The Care and Support Statutory Guidance](#) provides guidance as to how to approach prevention and early intervention for Adult's and this is set alongside a range of conversations locally and nationally about early intervention and prevention.

1.6.4 Good practice, set out by ADASS Getting Ready for Assurance, identifies that local authorities should have several arrangements in place regards early intervention and prevention, which include working with people, partners, and the local community to:

- Make available a range of services, facilities, and other measures to promote independence, and to support people to prevent, delay or reduce their needs for care and support.
- Have a clear, co-produced strategy to prevent, delay or reduce care and support needs and a coherent and adequately resourced delivery plan. The plan is informed by data about the local population, including the Joint Strategic Needs Assessment and it seeks to address local priorities and inequalities. Specific consideration is given to support the wellbeing of unpaid carers and the needs of people who fund their own care and support.
- Monitor and evaluate the impact of its prevention strategy and the outcomes for individuals and the community.
- Enable equal access to preventative measures that are not subject to eligibility criteria, for example, equipment, adaptations, reablement.
- Deliver high-quality, responsive intermediate care and reablement services to enable people to return to their optimal independence.
- Ensure people most at risk of a decline in their independence and wellbeing are identified and prioritised for care and support.
- Promote innovative approaches to prevention activity, for example technology and digital innovation.

1.6.5 Appendix 1 provides a high-level strategic overview of early intervention and prevention, including definition and key activities to embed early intervention.

1.7 Early Intervention and Prevention Delivery Planning and Priorities for 2023 to 2024

1.7.1 To continually improve our delivery of services, a partnership approach has been adopted across Sheffield, reflected through our approach to [Adult Health and Social Care Strategy](#), [Delivery Plan Better Care Fund](#), [Tackling Inequalities and Improving Outcomes](#), the [Future Design of Adult Social Care](#), [Supports to Unpaid Carers](#), Hospital Discharge discussed at Committees in November and December 2022.

1.7.2 Over the past couple of years, our city-wide partnerships have been further developed and each take an all-age preventative approach specific to communities and communities of interest. An overview of the projects are at Appendix 2.

1.7.3 As a next step, during 23/24 its intended to undertake five projects focused on early intervention and prevention, as part of our overall delivery upon our Strategy and Future Design to continue to build a sustainable Adult Care system focused around improving the lives and outcomes for the citizens of Sheffield. These projects are:

- [An Adult Early Intervention and Prevention Strategy](#) – this will be taken forward as a partnership with health, VCF and city partner colleagues in 2023 – 2024 through the newly formed Community Development working group of the Health and Care Partnership, led by the Director of Strategy (ICB). It will provide the foundations for developing an integrated approach to prevention, tackling inequalities, resilient communities across Sheffield including integrated approaches to commissioning. This will lead our approach to primary interventions and the prevention part of our future design.
- [Information & Advice Self Help Offer](#) – The Sheffield Directory was launched in January 2023 and provides the foundations for our next priority to further develop the site to enable use of self-help and self-assessments to improve accessibility and promote independent living and wellbeing. This is being led by our Assistant Director, Access, Mental Health, and Wellbeing.
- [Early Help Support](#) – Access points will be designed, to ensure individuals receive the right intervention at the right time promoting health and independence and building a range of community-based supports focused on wellbeing outcomes. The design work is being led by Assistant Directors from Adult Social Care and Communities with project support from Council Change Teams. It will lead our approach to secondary interventions and the early help part of our future design and link to the Council programme.

- Independent Living – Through our newly formed Living and Ageing Well, Adult Future Options and Mental Health Services and recommissioning of our community-based provision, our priority is to build upon our enablement and strength-based models and work with communities and our partners to build networks and opportunities for greater independent living and wellbeing across the city. This is being led by our Living and Ageing Well and Adult Future Options Assistant Directors. It will lead our approach to tertiary interventions and the short-term part of our future design. A report setting out Living and Ageing Well and Adult Future Options ambitions and direction is at Committee today for endorsement.
- Technology Enabled Care and Digital Working – Building upon the digital and technology enabled care strategies approved by Committee in November 22 and February 23 to promote independence and early help. This is being led by our Assistant Director Commissioning and Partnerships and a dedicated technology and digital lead. It will lead our approach to innovation through technology as a key enabler of our future design.

1.7.4 A key enabler will be work on how data can be brought together to identify where people are in contact with more than one of our services and support multi-disciplinary working around the person. On a larger scale, bringing data sets together will also allow us to identify patterns, trends, and causality, allowing us to target and improve how we work in all parts of early help and prevention. It's aimed to partner with city partners and digital organisations to do this.

1.7.5 Partnership approaches with children's, housing and communities is particularly important, as is with colleagues across the Council. It's aimed that through the Future Sheffield Transformation programme underway there will be effective coordination and governance to support joined up approaches.

1.7.6 Oversight and governance of this plan will be undertaken through updates provided to Committee every six months as to progress made and operationally through our strategic change board.

1.8 Resourcing Early Intervention and Prevention

1.8.1 To meet the resourcing requirements of this proposal the following is in place:

- Early Intervention Strategy – This will be supported and resourced by the Joint Health and Care Commissioning Office, which is jointly funded by Adult Care.
- Adults Access Points – This will be supported and resourced to be delivered and designed by the Councils Change Team and Officer support under Assistant Directors in Adult Social Care and Head of Communities' leadership.

- Living and Ageing Well – This will be supported and resourced by the Council's Change Team under Assistant Directors for Living and Ageing Well's leadership.

2. HOW DOES THIS DECISION CONTRIBUTE

- 2.1 Early Intervention and prevention and proposed approach going forward, is a core element of achieving the ambitions outlined in the Adult Social Strategy and future design.
- 2.2 This proposal directly supports the future design of Adult Social Care (operating model) and, as such, enables removal of avoidable demand and helps to ensure an efficient, effective system. The design of the new system is rooted in improving the experience of people through the care system and maximising their independence wherever possible.

3 HAS THERE BEEN ANY CONSULTATION?

- 3.1 The purpose of this report is to provide an update in relation to early intervention and prevention. Consultation is undertaken during the development of direct activity relating to each project noted in the report.
- 3.2 An overall approach to coproduction and involvement is also a key element, ensuring that the voice of citizens is integrated into all major developments ahead following on from the Coproduction strategy approved at Committee on 19th December 2022.

4. RISK ANALYSIS AND IMPLICATIONS OF THE DECISION

4.1 Equality Implications

- 4.1.1 The Council's legal duties under the Equality Act 2010 include having due regard to the need to eliminate discrimination, advance equality of opportunity and foster good relations in respect of people's age, disability status, race or other characteristic protected by the Act.
- 4.1.2 We use Equality Impact Assessments (EIAs) to assess how our functions as a public authority are contributing towards these duties. The Council also requires that we consider additional characteristics and measures, including people who have unpaid caring responsibilities, poverty & financial inclusion, or geographical impact.
- 4.1.3 Individual EIA's are being carried out for each Early Intervention project. These will be reflected in reports to the policy committee as required.

4.2 Financial and Commercial Implications

- 4.2.1 The new operating model and shift towards early help and prevention is an important building block of a financially sustainable social care system. Specific financial implications are covered as part of the Committees budget setting process and individual financial assessments are carried out for each

early Intervention project. These will be reflected in reports to the policy committee as required.

4.3 Legal Implications

4.3.1 The core purpose of adult health and social care support is to help people to achieve the outcomes that matter to them in their life. The Care Act 2014 sets the Council's statutory power to direct the provision that:

- promotes wellbeing
- prevents the need for care and support
- protects adults from abuse and neglect (safeguarding)
- promotes health and care integration
- provides information and advice
- promotes diversity and quality.

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

4.3.3 The Care Act Statutory Guidance at paragraph 4.52 requires Local Authorities to:

"... have in place published strategies that include plans that show how their legislative duties, corporate plans, analysis of local needs and requirements (integrated with the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy), thorough engagement with people, carers and families, market and supply analysis, market structuring and interventions, resource allocations and procurement and contract management activities translate (now and in future) into appropriate high quality services that deliver identified outcomes for the people in their area and address any identified gaps".

4.4 Climate Implications

4.4.1 In general, early intervention and prevention is well aligned with minimising carbon footprint - as when done well it reduces or delays long term care, which is far more carbon intensive. This will be better quantified as the more specific design develops.

4.4.2 Sheffield City Council – and its [10 Point Plan for Climate Action](#) – is a partner in the Urgent and Emergency Care Board. We are committed to working with partners aligned with our Net Zero 2030 ambition and where specific procurement/commissioning exercises take place related to care provision we will aim to consider providers approach and performance in terms of managing the climate impacts of the services they provide. This would be done via more detailed CIA's for specific procurements.

4.4.3 Many other partner organisations will also have their own climate strategies. The role of large organisations – who form a big plank of the delivery of this strategy – is important in Sheffield tackling the effects of climate change. The commitments of the 10 Point Plan are also relevant to early intervention and prevention.

4.5 Other Implications

4.5.1 There are no other implications.

5. ALTERNATIVE OPTIONS CONSIDERED

5.1 **Do nothing:** It would be possible not to produce a plan in relation to early intervention and prevention – but it would mean any activity would lack focus, coherence, and public accountability.

6. REASONS FOR RECOMMENDATIONS

6.1 As a partnership between agencies in Sheffield, we have made a commitment to early intervention and prevention to enable individuals to live the life they want to live. Endorsement of the approach will enable the next steps in delivery of the strategy.

This page is intentionally left blank

Background

This overview seeks to describe the prevention and early intervention priorities and the outcomes that should be achieved. It then sets out a delivery plan to move this forward.

However, because ‘prevention’ is defined very broadly, it covers more than adult social care, it places the work adult social care is doing in a wider context of the council as a whole and its partners.

Prevention and early intervention are about doing things earlier and differently to improve outcomes for people and make better use of resources, and a process of targeting resources at the places and people where they can have the most effect.

This factsheet explores work carried out over the last year or so to develop a joined-up approach across the Integrated Care Board (ICB), Public Health, the Early Help, Local Area Committees and Adult Care.

The ambition is that as a City, we work in partnership to build on existing efforts and inform additional prevention and early intervention actions across the whole spectrum of public service activity, with a key focus on supporting and developing the voluntary and community sectors, to enable individuals to live well, independently at home.

Definition of Terms

There are many definitions of prevention and early intervention in public services. A common way of dealing with these terms is to see them as interchangeable when it comes to describing services, but conceptually separate them.

For example, ‘prevention’ is often categorised into three elements:

- *‘primary’ or ‘upstream’ prevention* (including whole population approaches and/or services and interventions for people with lower-level needs)
- *‘secondary’ prevention* – typically activities directed at people with emerging needs, to stop these getting worse; and
- *‘tertiary’ or ‘downstream’ prevention* – usually targeted at people with a range of complex needs and/or more pronounced ill-health, focused on maintaining stability and preventing deterioration for as long as possible.

We also define several other important terms:

- ‘Wellbeing’
- ‘Independence’
- ‘Preventative Services’
- ‘Early intervention Services’

Prevention

Prevention is a term frequently used across health and social care, but with no clear-cut definition and no consensus as to what constitutes 'prevention'.

This lack of clarity is compounded by 'haziness' around the boundary between health and social care and such things as housing and transport¹.

In Adult Care, we follow the 2006 Kings Fund approach and define 'Prevention' as:

- *To delay or prevent ill health or disability consequent upon ageing by the promotion of wellbeing.*
- *To promote/improve wellbeing of people and their inclusion in social and community life.*
- *To create healthy and supportive environments that develop wellbeing'.*

Wellbeing

The definition of prevention above relies heavily on the concept of 'wellbeing', particularly since, in the definition above, prevention is all about the 'promotion of wellbeing' or the 'improvement of wellbeing' or the development of wellbeing'. Fortunately, the Care Act 2014 includes a statutory principle to promote individual wellbeing as the driving force underpinning the provision of care and support. In this strategy 'wellbeing' is defined as per the Care Act 2014:

- physical and mental health, emotional wellbeing, and personal dignity
- protection from abuse and neglect
- control by the individual over day-to-day life (including over care and support provided to them and the way in which they are provided)
- participation in work, education, training, or recreation
- social and economic wellbeing
- domestic, family, and personal relationships
- suitability of living accommodation
- the individual's contribution to society

Early Intervention

The Care Act 2014 requires local authorities to prevent, delay or reduce people's need for care and support. The focus is on being proactive and deploying early interventions to reduce dependency, rather than just providing intensive services at the point of crisis.

'Early intervention' is about acting as soon as possible to tackle problems e.g., delivering occupational therapy or social work as way of tackling a problem, or set of presenting issues, in a way that helps people to 'get back on their feet'. It's goal-based activities the council and its partner's deliver, that support independence.

¹ See The Kings Fund 2006 report: Preventive Social Care. Is It Cost effective? By Natasha Curry

Independence

Independence is, at first glance, a simple concept.

It means having full autonomy over one's own life. However, the challenges posed by lifestyle choices, the ageing process and disability, can challenge this definition, especially when assistance is needed to perform daily tasks.

Throughout our adult lives, we strive to determine our own actions and decisions, but at the same time, non-of us are totally independent from other people or things. Often people are inter-dependent, sometimes dependent on objects (mobile phones for example) and sometimes, hopefully, in rewarding reciprocal relationships.

But these are entered into of our own choice as capacitated and autonomous individuals. Then, as we reach our older years, or live with disability, the scope of our independence can diminish, or be impacted on by changing mobility, mental and physical health, which leads to the need for greater help and assistance.

Lessening independence, in large part, is a natural element of ageing, - but the challenge arrives when this help is not available or is insufficient to meet developing needs such that state intervention becomes necessary. However, with the right early interventions that make changes to the environment, technology, support, the person's choice, and control can be maximised, and independence from further state intervention can be enhanced or maintained.

Prevention and early intervention services:

There is no consensus around what 'preventative services' or 'early intervention services' are. Such that even when the notion of prevention and early intervention are definable, the services that meet these needs often do both interchangeably.

Some services do both prevention and early intervention, some do more of one thing than another. The practical reality is that it's very difficult to separate out services that just deliver on a 'prevention' without also 'intervening early', and services that intervene early are often preventative in nature. In Adult Care, therefore we take a pragmatic view.

We consider preventative services to be:

- Services that promote wellbeing
- Services that promote peoples' independence
- Services that promote people's engagement with the community

And we consider early intervention services to be:

- Services targeted at specific groups of people intending to prevent or delay the need for more costly service provision.

The Context of Prevention

Wider determinants of health, also known as social determinants, are a diverse range of social, economic, and environmental factors which impact on people's health. Such factors are influenced by the local, national, and international distribution of power and resources which shape the conditions of daily life.

They determine the extent to which different individuals have the physical, social, and personal resources to identify and achieve goals, meet their needs and deal with changes to their circumstances.

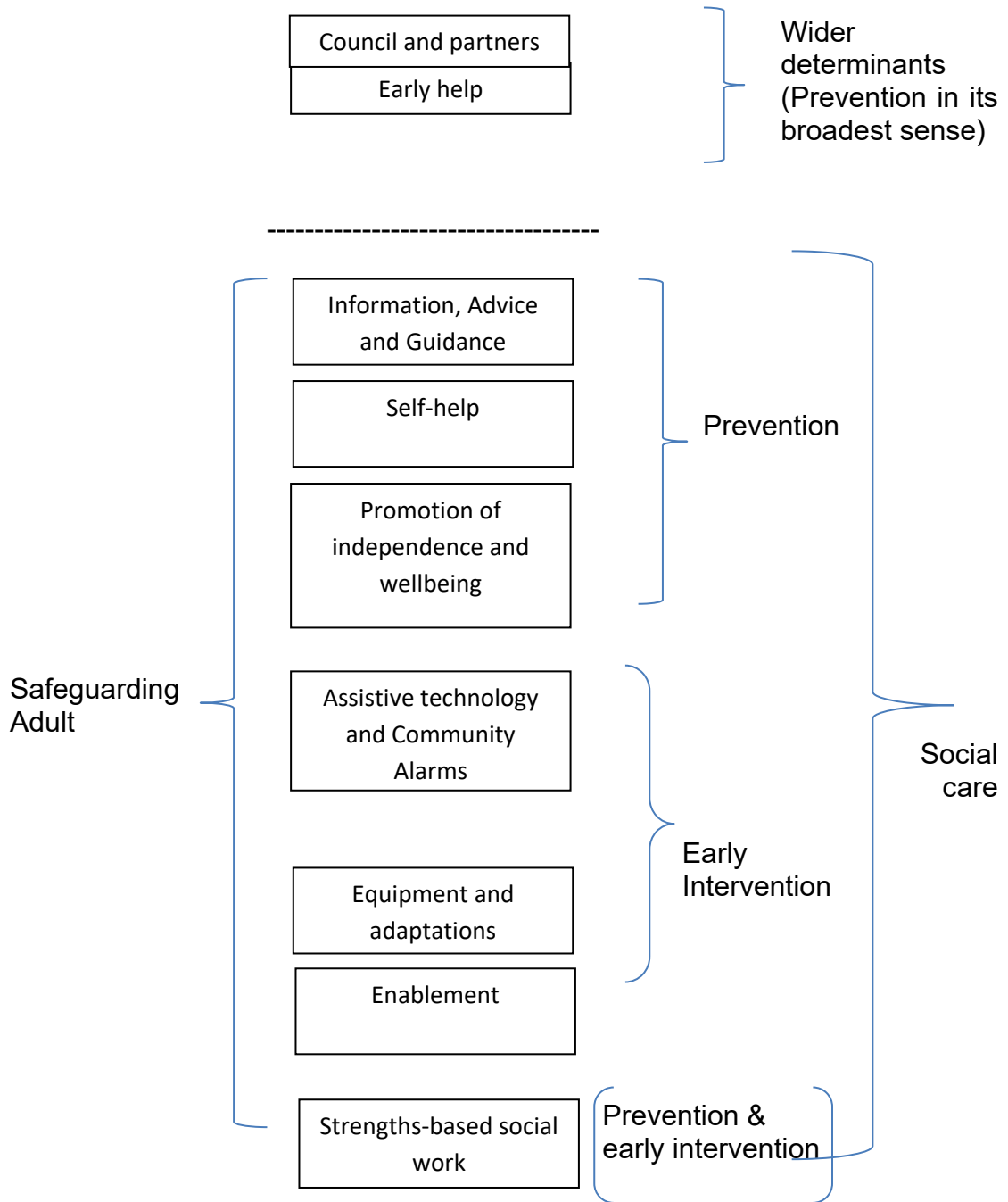
The Marmot review, published in 2010, raised the profile of wider determinants of health by emphasising the strong and persistent link between social inequalities and disparities in health outcomes. Variation in the experience of wider determinants (i.e., social inequalities) is considered the fundamental cause (the 'causes of the causes') of health outcomes, and as such health inequalities are likely to persist through changes in disease patterns and behavioural risks so long as social inequalities persist²

Public health, therefore, has a very important role to play in delivering on the wider determinants of health alongside the Integrated Care Board (ICB) and local and national health partners, and the wider council (beyond adult social care). This wider context to prevention is overseen by the Health and Wellbeing Board (HWB). This strategy does not aim to address the work of the Health and Wellbeing board or the wider council. Instead, it focuses on a much more specific area of work: Prevention and early Intervention in adult social care.

A diagrammatic summary of this approach to prevention and early intervention from an adult social care perspective is as follows:

² Office for Health Improvement and Disparities (OHID) 12-1-23 [Wider Determinants of Health - OHID \(phe.org.uk\)](https://www.phe.org.uk)

Appendix 1 – Adult Early Intervention and Prevention Strategic Overview



The next section of this overview describes the diagram above and ‘pulls out’ the areas for improvement and development that are needed. These will subsequently be developed in the delivery plan.

This page is intentionally left blank

CITY WIDE PARTNERSHIPS SUPPORTING EARLY INTERVENTION AND PREVENTION

Theme	Activity	What Are We Doing?	Lead
Unpaid Carers (All Age)	Sheffield is a 'City where Carers are valued and have the right support to continue to care for as long as they want to.	Implementation of All Age Carers, Carer's Delivery Plan. Appendix 1 - Carers Delivery Plan.pdf (sheffield.gov.uk)	City Wide All Age Carers Partnership (Chief Social Work Officer)
Information and Advice (All Age)	Citizens of Sheffield can easily access information and advice about social care.	Launch of Sheffield Directory and further development of the Directory to enable self help and self-assessment.	Information and advice Hub AD Access, Mental Health
Improving Outcomes & Tackling Inequalities	Promoting independence, outcomes and tackling inequalities through partnership working.	Further developing integrated working and relationships with health to improve wellbeing outcomes. Implementation of a joint Outcomes framework. Appendix 1 - Integrated Working Delivery Plan Update.pdf (sheffield.gov.uk)	Director of Strategy ICB and Assistant Director Commissioning and Partnerships.
Mental Health Strategy (All Age)	Citizens of Sheffield experience "Good emotional and mental health and wellbeing, for all, at every stage of life."	Implement the Sheffield All-Age Emotional Health and Mental Wellbeing Strategy	Mental Health Partnership – AD Access, Mental Health - ASC; Head of Mental Health, ICB
Mental Health Transformation (Adults)	Primary Mental Health Care Transformation Project	Implement learning from primary and secondary care transformation programme.	Mental Health Partnership – AD Access, Mental Health - ASC; Head of Mental Health, ICB; Primary Care Sheffield
Autism (All Age)	To make Sheffield an Autism friendly city.	All age Autism Inclusive Strategy planned for approval at S & R Committee in April 2023.	Autism Partnership – Strategic Director Adult Care and Assistant Director Adult Future Options.
Transitions	Young people have best start in life and in Adulthood.	Implement transitions project to improve transition experience for young people.	Transitions Programme – Director Integrated Commissioning.
Vulnerable Adults	Supporting vulnerable adults facing multiple disadvantages (needing support in three or	Implement Changing Futures and review Housing Support Redesign	Changing Future Partnership

CITY WIDE PARTNERSHIPS SUPPORTING EARLY INTERVENTION AND PREVENTION

more of the following areas: Substance use, Mental Health, Housing, Criminal Justice, Domestic Abuse).



Committee Report

**Author/Lead Officer of Report: Janet Kerr
(Assistant Director - Chief Social Work Officer)**

Report of: Strategic Director Adult Care and Wellbeing
Report to: Adult Health and Social Care Policy Committee
Date of Decision: 16th March 2023
Subject: Sheffield Care Sector Workforce Development Strategy 2023 – 2026 and Workforce Update

Has an Equality Impact Assessment (EIA) been undertaken?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
If YES, what EIA reference number has it been given? 1482				
Has appropriate consultation taken place?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Has a Climate Impact Assessment (CIA) been undertaken?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Does the report contain confidential or exempt information?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
If YES, give details as to whether the exemption applies to the full report / part of the report and/or appendices and complete below:-				
<i>“The (report/appendix) is not for publication because it contains exempt information under Paragraph (insert relevant paragraph number) of Schedule 12A of the Local Government Act 1972 (as amended).”</i>				

Purpose of Report:

Adult Social Care is made up of a complex system of organisations that provide care and support to a significant proportion of Sheffield’s population. Adult social care across the city faces substantial workforce challenges, including the ongoing effects of the coronavirus pandemic, pay and conditions, an aging workforce and recruitment and retention concerns.

We must develop a long term and ambitious response that commits to improving the lives and conditions of the people who work in Adult Social Care.

It has been developed with providers, and partners. Our new Workforce Development Plan sets out our ambitious vision for the future of Adult social care and explains how we will work towards addressing some of the systemic issues affecting Adult Social Care workforce.

Recommendations:

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

1. Approves the Adult Social Care Workforce Development Strategy and Plan 2023 – 2026.
2. Notes progress in relation to implementation of the Council Delivery Plan – Valuing Social Care Workforce, Local Government Association Workforce Standards and Practice Quality Standards.
3. Requests that the Director of Adult Health and Social Care refreshes the Workforce Strategy on a bi-annual basis and brings an update to Committee on progress with delivery on a six-monthly basis.

Background Papers:

- Sheffield City Council, Adult Social Care Strategy: Living the life you want to live 2022 – 2030.
- Department for Health and Social Care, Integrating care: Next steps to building strong and effective integrated care systems across England
- Department for Health and Social Care, People at the Heart of Care
- Social Care Leaders, Vision for a future workforce strategy
- NHS Long Term People Plan
- Adult Health and Social Care, Care Governance Strategy and Quality Improvement Framework
- Sheffield Market Shaping – Adult Social Care
- Sheffield Market Sustainability Plan – Adult Social Care
- Care Home recommissioning report
- Home Care transformation – Sheffield Report
- LGA workforce Standards
- Sheffield City Council Delivery Plan

Appendixes

Appendix 1 – Sheffield Care Sector Workforce Development Strategy 2023 – 2026.

Appendix 2 – Sheffield Care Sector Workforce Development Strategy Delivery Plan 2022/23

Appendix 3 – Engagement and Consultation Approach

Appendix 4 – Equalities Impact Assessment

Appendix 5 – Climate Impact Principles

Appendix 6 – Sheffield ASC Marketing Update ‘Be the missing piece’

Lead Officer to complete:-		
1	I have consulted the relevant departments in respect of any relevant implications indicated on the Statutory and Council Policy Checklist, and comments have been incorporated / additional forms completed / EIA completed, where required.	Finance: Laura Foster
		Legal: Patrick Chisholm
		Equalities & Consultation: Ed Sexton
		Climate: Jessica Rick
<i>Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.</i>		
2	SLB member who approved submission:	Alexis Chappell
3	Relevant Policy Committee	Councillors George Lindars-Hammond and Angela Argenzio
4	I confirm that all necessary approval has been obtained in respect of the implications indicated on the Statutory and Council Policy Checklist and that the report has been approved for submission to the Decision Maker by the SLB member indicated at 2. In addition, any additional forms have been completed and signed off as required at 1.	
	Lead Officer Name: <i>Janet Kerr</i> <i>John Chamberlain</i>	Job Title: <i>Chief Social Work Officer</i> <i>Business Change Manager</i>
Date: 21st February 2023		

1. PROPOSAL

- 1.1 The [Adult Health and Social Care Strategy](#) and accompanying [Delivery Plan](#) set out our vision for 2022 to 2030 - . Called 'Living the life you want to live', it's about how we work together so that the people of Sheffield to live long, healthy and fulfilled lives.
- 1.2 Delivery upon the strategy is underpinned by a new operating model – [our future design](#) approved by Committee in November 2022. An enabler for the Strategy and the future design is that we have a valued, engaged, healthy, and sustainable workforce.
- 1.3 In support of this, the Council Delivery Plan and One Year Plan made a commitment to valuing the social care workforce, recognising that we need parity of esteem and that this is a key aspect of addressing workforce sustainability.
- 1.4 Our priority was to take forward actions that deliver on that promise for our entire care sector workforce in Sheffield. At Committee today is a Care Sector Workforce Strategy, an update against the actions in the Council Delivery Plan, a practice and learning development plan and trajectory to reaching the foundation living age for the care sector.

1.5 Adult Care Workforce Development Strategy

- 1.5.1 The health and social care system in Sheffield is facing urgent and long-term pressures. We know that there is a shortage in carers and support workers and that the COVID Pandemic and Brexit have impacted the labour market significantly with skills shortages.
- 1.5.2 To achieve this, we need to have a sustainable and valued social care workforce for the future, given the increasing demand for support as the population grows and ages, and as care moves closer to home, become more integrated, and new models emerge. This will require a coordinated commitment to the workforce, delivered through a workforce strategy.
- 1.5.3 Data from Skills for Care demonstrated that in Sheffield there is 9.2% vacancy rate, this has increased from 7.4% in 2020/21¹. Nationally, Skills for Care are reporting that 2021/22 will be the first year where there will be less people working in Adult Social Care across England than the previous year, with vacant posts up by 52%².
- 1.5.4 At the same time as the higher level of vacancies, Sheffield has also seen an increase in acuity and complexity of need since the pandemic. With an aging population, there are expected to be more than 13,000 people over 65 by 2030³. Locally, we need to anticipate and respond effectively to the changing health and care needs of the population over time.

¹ [My local area \(skillsforcare.org.uk\)](https://www.skillsforcare.org.uk)

² [The state of the adult social care sector and workforce in England \(skillsforcare.org.uk\)](https://www.skillsforcare.org.uk)

³ <https://www.poppi.org.uk/index.php?pageNo=314&areaID=8384&loc=8384>

- 1.5.5 We need a skilled, valued and engaged workforce to be able to support individuals to achieve their wellbeing outcomes and live the life they want to live.
- 1.5.6 Locally and nationally, the aim is to attract more people to the social care sector and to promote social care as a long-term career choice which will also improve retention. Core priorities for the development of the adult social care workforce includes:
- A well-trained and developed workforce.
 - A healthy and supported workforce.
 - A sustainable and recognised workforce
- 1.5.7 We have taken care to ensure that our Care Sector Workforce Development Strategy aligns well with local and national priorities. We have also used the Local Government Associations 'Vision for a future workforce strategy' to help us to develop our plan. The priorities are:
- Staff are recognised, valued, and rewarded.
 - Invest in training, qualification, and support.
 - Clear career pathways and development opportunities
 - Building and enhancing social justice, equality, diversity, and inclusion in the workforce 2
 - Effective workforce planning
 - Expansion of the workforce in roles which enable prevention and support the growth of innovative models of support.
- 1.5.8 The Care Sector Workforce Development Strategy 2023 – 2026 is a recognition of the significant challenges facing the system and the opportunity for a long term, system wide vision to make the changes necessary to value the Adult Social Care workforce in Sheffield.
- 1.5.9 As an enabler for the Strategy to be implemented, the following arrangements are and will be in place so that there is capacity to fully implement and embed the aims and objectives of the Strategy.
- A workforce board, comprising of representatives from Care Sector, Skills for Care, Health, unions to enable a collaborative approach across the sector.
 - Dedicated service manager with a focus on workforce development, planning and wellbeing. In addition, a dedicated practice development lead with a focus specifically on practice quality and standards. Each will work across both Council and Commissioned Services.
 - A Principal Occupational Therapist to provide professional leadership and support to our occupational therapy, allied health professionals and enablement workforce across both Council and commissioned services.

1.6 Progress in Delivering Upon Council Delivery Plan

1.6.1 At Strategy and Resources Committee on 30th August 2022, the Council Delivery Plan was approved. Contained within the plan was a dedicated focus on Valuing our Social Care Workforce. Good progress has been made which includes a dedicated Adult Care:

- Marketing Campaign for Sheffield – ‘Be the missing Piece’. More details on the development of and progress within the campaign can be found in *Appendix 6 – Sheffield ASC Marketing Update ‘Be the missing piece’*.
- Social Care Recruitment Fair – this took place on 21st February 2023, with around 316 people attending to secure roles in the care sector.
- Social Workers and Occupational Therapists Recruitment Campaign – this will be launched in April to recruit to remaining vacancies following on from the recruitment fair.
- Workforce Wellbeing - both across council and care sector in partnership with trade unions, with a dedicated focus on wellbeing taking place at our forthcoming first ever Social Work conference organised for 21st March 2023.
- Workforce Development Strategy – *Appendix 1 – Sheffield Care Sector Workforce Development Strategy 2023 - 2026*
- Cross Sector Workforce Board - to assure plans relating to the Care Sector Workforce Development Strategy are in place and being delivered collaboratively.
- LGA Workforce Standards – using the standards as a basis for establishing a positive working environment for our workforce across both Council and care sector.

1.6.2 The actions identified in the Council Delivery Plan - Valuing Our Social Care Workforce part, are incorporated into the Adult Care Workforce Strategy Delivery Plan, at Appendix 2 of this report, to enable a coordinated approach to delivery upon our workforce ambitions.

1.7 LGA Social Work Workforce Standards and Practice Standards and Model Implementation

1.7.1 At Committee in November 2022, a practice development assurance framework was approved, which included an ambition to achieve LGA Social work workforce standards and implement a practice and learning development plan and practice model across Adult Care.

1.7.2 This is important towards ensuring individuals and carers experience positive outcomes and can expect a high standard quality of practice from our Social Workers, Occupational Therapists and Social Care Practitioners.

1.7.3 As a first step towards implementation, the initial focus has been on Social Workers, Occupational Therapists and Social Care Practitioners employed by the Council during 2022 – 2024 and this is noted in the update below.

1.7.4 The [LGA workforce standards](#) are focused on seven standards and a high level progress around each standard is as follows:

- Standard 1: Strong and Clear Social Work Framework - Practice Standards and a practice model have been developed. Next step is to establish a pack of development and promotional materials to enable implementation throughout Adult Care during 2023, led by the Practice Development Service Manager.
- Standard 2: Effective Workforce Planning – Recruitment and retention is our priority to ensure a consistent and stable social work workforce. Progression routes for Social Work, Occupational Therapy and non-Social Work or Occupational Therapy qualified staff are now in place because of recent organisational change to make us an attractive employer and retain staff in the organisation.
- Standard 3: Safe Workloads and Case Allocation – As part of a recent Organisational Change, standard Workloads and Case Allocation have been developed and will be implemented as part of the new operating model agreed today. This and the new operating model put us in an improved position to fully meet the standard. This will be kept under constant review.
- Standard 4: Wellbeing - Workforce wellbeing is a priority for Adult Care. We implemented the 'Being Healthy at Work Plan 2022 – 2024' to support the health and wellbeing of our ASC workforce and a survey is underway to inform further activities which can promote workforce wellbeing during 2023 - 2024.
- Standard 5: Effective and Appropriate Supervision – A new model for reflective supervision is now in place. In addition, we are currently working with the University of Sheffield on a Critically Reflective Supervision model to ensure that we focus on continuous improvement and reflective practice across the service.
- Standard 5: Opportunities for Continuing Professional Development – Apprenticeships at all levels have been introduced, from entry to graduate schemes. In addition, we support staff with training both internally and externally and a standard progression route is now in place for social workers, occupational therapists, and social care practitioners.
- Standard 6: Professional Registration – Staff are supported to register with the appropriate bodies. We have assisted staff whose registration has lapsed to ensure they can operate to the level they are qualified.

- Standard 7: Effective Partnerships – A Workforce Board with membership from across the sector has been established. To demonstrate our commitment to partnership working this is jointly chaired by representatives from Skills for Care and the ICB.
- 1.7.5 Our commitment is delivering fully upon the LGA Workforce Standards by 1st April 2024 for our Social Workers, Occupational Therapists and Social Care Practitioners employed by the Council and to do this, the next steps are:
- Embedding of practice leads in each Care Management Service across Adult Future Options, Living and Ageing Well and Mental Health by September 2023, as part of our new operating model implementation, who will lead on implementing the workforce standards, quality assurance, practice development and learning plans in each portfolio.
 - Launching our Social Work Practice Quality Standards, Model of Practice, and a practice learning workbook by June 2023 to enable effective implementation across Adult Care.
 - Launching our Adult Care Practice Learning and Development Plan by June 2023.
 - Launching an Adult Care Workforce Guide which sets out the offer to our council workforce, how to engage and be involved, how the standards are met and how wellbeing is supported.
 - Through the workforce board and recommissioning of services underway, setting out standards that the care sector workforce can expect.
- 1.7.6 During the period 2022 – 2023, Committee endorsed recommissioning of our community-based supports which included homecare, supported living, day activities. In addition, as part of the future design our governance, commissioning and business supports have also developed as they have returned to Adult Care.
- 1.7.7 To this end, the next phase is to focus on implementation across the commissioned sector and our governance, commissioned and business supports using and adapting the principles identified in the standard. It's aimed that this will enable a consistent and coordinated approach and language usage across the sector – all with a focus on improving outcomes and experiences of individuals and carers.
- 1.7.8 The actions and milestones are incorporated into the Adult Care Workforce Strategy Delivery Plan, at Appendix 2 of this report, to enable a coordinated approach to delivery upon our workforce ambitions.

1.8 Care Sector Pay Rates and Trajectory Towards Foundation Living Wage

- 1.8.1 A [Market Shaping Statement](#) and a [Market Sustainability Delivery Plan](#) was approved by the Adult Health and Social Care Policy Committee on 21st September 2022 setting out the actions we intend to take to continue to secure a sustainable market in Sheffield, including work related to the Market Sustainability and Fair Cost of Care Grant in 2022/23. An update was also provided on this date in relation to the [Fair Cost of Care Exercise](#).
- 1.8.2 An update to our [Market Sustainability Plan](#) was reported to Committee in February 2023 alongside proposals, with health colleagues, for market oversight, quality standards and delivery upon our Care Act duties.
- 1.8.3 Additional activity will commence to undertake a programme of engagement to cover Social Care Reform and Market Sustainability to ensure the market is prepared and enabled through the change and is able to inform Sheffield's commissioning strategies to meet the needs of adults needing care and support in the City. This includes working with the sector work towards the foundation living wage.
- 1.8.4 Throughout 2023 we will develop further Market Position Statements for Adult Future Options and Mental Health to improve information and planning with providers. These are due for development through Spring and Summer 2023 to enable approval by September 2023. The Living and Ageing Well is presented at Committee today.
- 1.8.5 Securing sufficient care and support provision that meets the needs of our population is a statutory requirement for all Local Authorities. The activity listed above will support our duties as set out in the Care Act 2014, recognising that "high quality, personalised care and support can only be achieved where there is a vibrant, responsive market of services available".
- 1.8.6 We will prioritise our support and development offer to the care sector workforce in Sheffield. We will work with provider markets to explore mechanisms by which they can improve the terms and conditions for staff.

2. HOW DOES THIS DECISION CONTRIBUTE?

- 2.1 In 2022, Sheffield City Council launched our Adult Social Care Strategy, 'Living the life you want to live' 2022 – 2030. Within the strategy one of the key commitments was to 'Recognise and value the adult social care workforce'.
- 2.2 As part of this we made a commitment in the strategy delivery plan to deliver a long-term workforce plan which empowers and values the **Adult Social Care (ASC)** workforce, is representative of our diverse communities and sets out how we will improve recruitment, retention and improve conditions for all social care workers in Sheffield.

- 2.3 This Care Sector Workforce Development Strategy sets out the current workforce challenges, the impact on the system and the actions required to overcome such challenges in Adult Social Care in Sheffield.
- 2.4 The workforce development strategy also meets the obligation in **Our Sheffield One Year Plan 2021/22** to 'Update our Workforce Development Plan'.
- 2.5 The strategy supports key outcomes from the Adult Health and Social Care, Care Governance Strategy and Quality Improvement Framework. The Care Governance Strategy sets out how it aims to make sure that our workforce is valued, engaged, and feel empowered to continuously develop practice and delivery of social care services.
- 2.6 Valuing our Workforce and our Leadership – describes how we will develop a social care workforce development strategy and plan that sets out how our workforce and leaders who are inclusive and values led, engaged, and feel empowered to continuously develop and improve the experience and quality of social care across the city.



- 2.7 The implementation of this workforce development strategy and workforce standards will help to ensure that we have a skilled, confident workforce which can meet the demands of the population in Sheffield.
- 2.8 The workforce development strategy has been supported by the Sheffield Workforce Engagement Board.

3. HAS THERE BEEN ANY CONSULTATION?

- 3.1 The workforce development strategy has been in development since July 2022 through consultation and engagement with a significant number of interested stakeholders across adult social care. Care has been taken to develop the strategy based on the experiences and issues of the workforce directly impacted by the plan. A summary of engagement and consultation activity is contained within *Appendix 3 – Engagement and Consultation Approach*

- 3.2 The Workforce Engagement Board, reporting to the Strategic Board, will:
1. Provide assurance that plans are complete and sufficient to achieve the aims of the Workforce Development Strategy
 2. Provide assurance that the outcomes of the Workforce Development Plan are being delivered.
- 3.3 This will help ensure we are accountable for the impact on citizens and progress against our delivery plans and achievement of outcomes. The Care Sector Workforce Development Strategy sets out actions that shape our intentions over the years: how will we know we've made a difference is a key question that sits alongside them. This ensures there is a focus on experience and outcomes over output-based metrics.

4. RISK ANALYSIS AND IMPLICATIONS OF THE DECISION

4.1 Equality Implications

- 4.1.1 There are no adverse equality implications because of this strategy. The aim is to improve conditions for all adult social care workers in Sheffield. The proposal aims to value and empower the workforce and make the adult social care workforce more representative of our communities.
- 4.1.2 The high-level plan that accompanies the strategy commits to an action to 'embed open and transparent decision making alongside plans and priorities for adult social care, designed and developed with the people of Sheffield.' This is likely to take the form of annually co-designed and published delivery plans. We will review our Equality Impact Assessment annually in line with this delivery plan.
- 4.1.3 Implementation of the strategy may result in specific projects which would be accompanied by appropriate equality impact assessments and considerations and will be subject to the usual processes and are therefore not considered in this report.
- 4.1.4 Additional actions arising from the Equality Impact Assessment:
- Improve system understanding of cultural factors that affect uptake of social care by ethnic minority groups.
 - Improve the identification of carers.
 - Gain a better understanding of the whole of the social care workforce in Sheffield, for example those with a disability or who are informal carers.
 - Utilise updated Census data to explore previously limited demographic data, such as sexual orientation, in our social care cohort.

4.2 Financial and Commercial Implications

- 4.2.1 Better trained, consistent workforce – may result in less turnover and spend on training and recruitment. Potential efficiencies across the system

may result in reductions in spend towards recruitment, marketing, and training costs.

4.2.2 The plan is aligned with the Adults Social Care Strategy and is closely linked with the budget strategy. All individual proposals will be assessed for their financial implications.

4.2.3 There are no commercial implications for this report. Implementation of the plan may result in specific commissioning projects: all commercial considerations for the commissioning plans will be subject to the required processes and are therefore not considered in this report.

4.3 Legal Implications

4.3.1 The core purpose of adult health and social care support is to help people to achieve the outcomes that matter to them in their life. The Care Act 2014 sets the Council's statutory power to direct the provision that:

- promotes wellbeing
- prevents the need for care and support
- protects adults from abuse and neglect (safeguarding)
- promotes health and care integration
- provides information and advice
- promotes diversity and quality

4.3.2 The Care Act Statutory Guidance requires at para 4.52 that:
“... Local authorities should have in place published strategies that include plans that show how their legislative duties, corporate plans, analysis of local needs and requirements... thorough engagement with people, carers and families, market and supply analysis, market structuring and interventions, resource allocations and procurement and contract management activities translate (now and in future) into appropriate high quality services that deliver identified outcomes for the people in their area and address any identified gaps”.

4.3.3 The Living the life you want to live – Adult Social Care Strategy which was approved in March 2022 set out the high-level strategy to ensure these obligations are met, including the aim of strengthening the workforce as a skilled and resilient workforce is recognised as a key component in delivering appropriate provision. This report builds upon that by setting out more detail in how Sheffield City Council intends to develop the Adult Social Care workforce to help meet the Care Act duties.

4.4 Climate Implications

4.4.1 Climate implications relating to this proposal has been considered within the Climate Impact Assessment which has been undertaken within Appendix 5 – Climate Impact Principles.

4.4 Other Implications

4.4.1 There are no specific other implications for this report. Any recommendations or activity from the plan will consider potential implications as part of the usual organisational processes as required.

5. **ALTERNATIVE OPTIONS CONSIDERED**

5.1 There is no clear alternative to an adult social care strategy. The strategy is needed – we have an obligation to deliver one under the Care Act.

5.2 The strategy could have been a shorter-term vision. This was rejected because:

- there are significant challenges facing the social care system that are more long term in nature (such as training and recruitment of a quality workforce) so require longer term thinking.
- a shorter-term strategy would likely only be able to focus on the current challenges.
- market shaping needs a longer-term vision to allow local providers to develop the mix of services we're looking to deliver whilst remaining stable national drivers, such as new legislation, are in development but we cannot continue to wait for them to be finalised – we have a clear enough picture to be able to drive local transformation.

5.3 The strategy could have been smaller in scale, looking only to affect internal council services. This was rejected because:

- The scale of the challenges faced by adult social care need a system wide approach to be tackled effectively.
- Section 6 of the Care Act sets out the Council's duty to make arrangements for ensuring co-operation on the functions of relevant bodies in the local authority area relating to adults with needs for care and support and their carers. This includes those we have defined in the strategy as the adult social care system: the people and organisations that are involved in providing adult social care. Our strategy should reflect this approach.

6. **REASONS FOR RECOMMENDATIONS**

6.1 Through significant local consultation and engagement, the Care Sector Workforce Development Strategy 2023 – 2026 sets out a vision and ambition for Sheffield's care sector workforce that will meet the needs of our citizens.

This page is intentionally left blank

Sheffield's Care Sector

Workforce Development Strategy

**2023
to 2026**



Working with you to make Sheffield

HEALTHIER



Contents

Introduction	2
Our Workforce in Context	3
Care Sector Workforce Overview	5
Workforce Demographics	7
Our Population in Sheffield	8
The Workforce and Development Strategy	11
Value & empower the Adult Social Care Workforce	11
Recognising the value of the Adult Social Care workforce	12
Consultation, Involvement and Co-production, our Aspiration	13
Remuneration and Benefits	14
More Representative ASC Workforce (Equality, Diversity and Inclusion)	16
Better Understanding Our Workforce. A Census	16
Supporting Diversity, Inclusion and Equality	17
Increase Recruitment in the Adult Health and Social Care system	18
Graduates and Apprentices	19
Develop External Recruitment Methods	20
Improve Retention in Adult Social Care	21
Learning and Development and Career Pathways	22
Improve Conditions for Adult Social Care Workforce	24
Supporting the Health and Wellbeing of our Workforce	26

Introduction

We are proud of our Adult Care workforce, and it is our collective ambition to create the conditions by which our workforce grow and flourish, so that in turn they feel able to deliver excellent quality of care to all citizens of Sheffield.

A thriving and skilled social care workforce means a better quality of life for the residents and economy of Sheffield. We want to embed a culture of compassion, learning and values-based leadership across Adult Care so that our workforce feels engaged, empowered and confident to continuously develop, improve and collaborate for the benefit of citizens of Sheffield.

With the increasing demand for services set against a changing landscape and challenging financial context, it is our ambition to ensure that the social care workforce has the knowledge, skills and resources needed to be able to respond to these changes and demands.

This Strategy sets out how we will work in partnership with care providers, health colleagues and partners to achieve a workforce who can be the vital source of care and support in the years ahead. It is another crucial step in a journey, following on from our strategy, future design, and market position statements launched over the last year.

Over the next five years, we aim to become a leader in valuing our social care workforce, measured through the feedback from our workforce, citizens of Sheffield and our partners and the quality of care across the city.



**Councillor
George Lindars-
Hammond
Co-Chair
Adult Social Care
Policy Committee**



**Councillor
Angela Argenzio
Co-Chair
Adult Social Care
Policy Committee**



**Councillor
Steve Ayriss
Adult Social Care
Policy Committee**

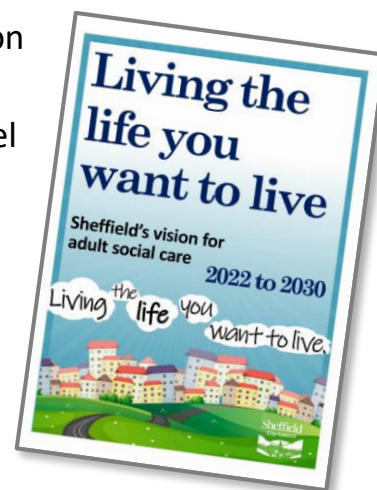


**Alexis Chappell
Director of
Adult Health and
Social Care**

Vision Statement

We recognise and value social care workforce and the contribution they make to our city. Our ambition is Sheffield Adult Care workforce is representative of our diverse communities and feel engaged with the work they do and are supported to continuously improve the information, support, care they provide. We want to have the conditions and arrangements in place that we retain, grow, and recruit our workforce.

You can read more about our vision by downloading our [Strategy for 2022 to 2030](#).



Our Workforce in Context

In 2022, Sheffield City Council launched our [Adult Health and Social Care Strategy](#) and accompanying [Delivery Plan](#) which sets out our vision for 2022 to 2030. This is called 'Living the life you want to live', it is about how we work together to help the people of Sheffield to live long, healthy and fulfilled lives.

In support of this, the Sheffield City Council Delivery Plan and One Year Plan made a commitment to valuing the social care workforce, recognising that we need parity of esteem and that this is a key aspect of addressing workforce sustainability.

This **Workforce Development Strategy (WDS)** considers all of those who work in the Adult Care sector and as part of a wider health and social care system. It provides a foundation to transformation the way we support and value the social care workforce.

This will enable us to improve knowledge, skills, health and wellbeing and recruitment policies across the system. The aim being to better support our existing workforce, attract more people into the social care sector and to promote social care as a long-term career choice and improve workforce retention.

Health and social care partners have come together to create the [South Yorkshire Health and Care Partnership Workforce Strategy](#), that is considering how best a future integrated system can support our population. Sheffield City Council is an integral part of the Integrated Care System (ICS) and has been part of the production of the [ICS '5-Year Plan'](#).

The WDS compliments existing workforce plans and strategies across Adult Care, including but not limited to [Department of Health and Social Care People at the Heart of Care](#), [NHS People Plan](#), [ASDASS Workforce Strategy](#), and [LGA Workforce Principles](#).

The **WDS** will focus on improving integration across health and care and commit to developing a 'one workforce' approach in Sheffield.

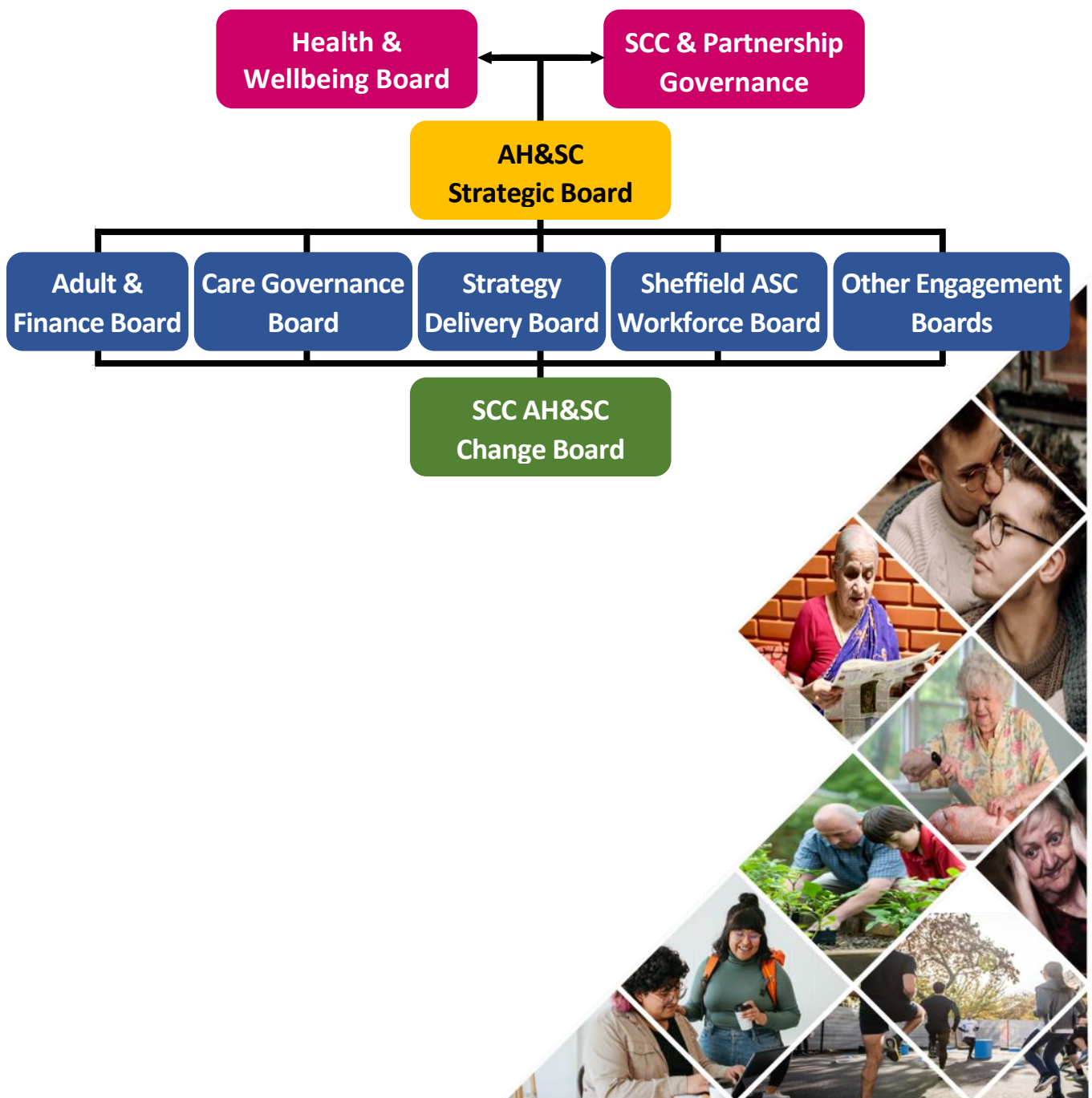
Sheffield Workforce Board

The Sheffield Workforce Board will monitor the progress of the Adult Care workforce in Sheffield, in meeting the range of objective that will be described in this strategy. It proposes actions to be taken forward and forums for those actions to be monitored.

This Board will be led at Director level, reinforcing the nature of the priority that this work will take in the coming weeks, months, and years.

The Sheffield Workforce Board will identify the means to measure successful outcomes and ensure the required departmental and individual accountability of meeting those outcomes.

Figure 1 Governance Arrangements



The Care Sector Workforce Overview

The Independent Sector Workforce

Based on data from Skills for Care 2021/22, the Sheffield workforce consists of 15,000 jobs across a range of provider services. There are 226 regulated provider services in Sheffield that provide a range of services including residential care homes, supported living, domiciliary care agencies and day services.

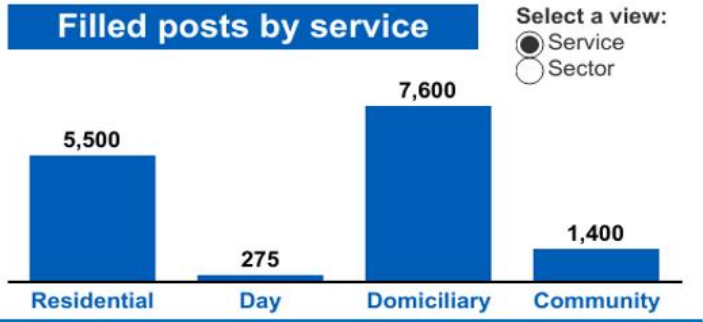
There were **16,000** filled posts in **Sheffield.**



13,000 filled posts were in the **local authority** and **independent sectors.**



CQC regulated establishments in **Sheffield**



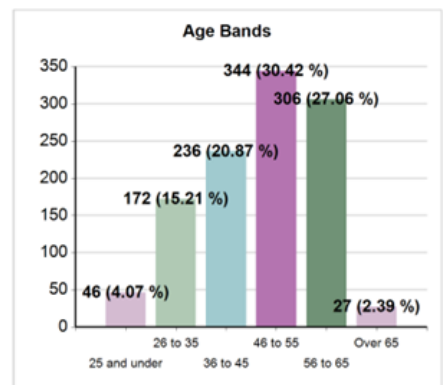
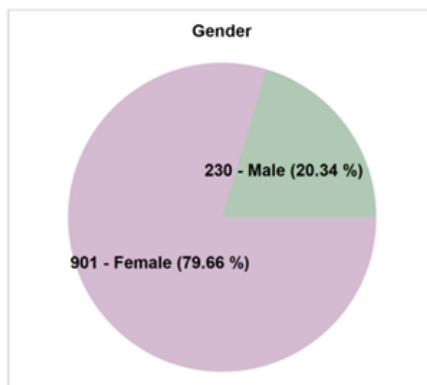
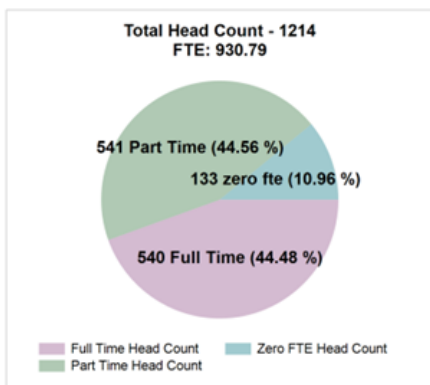
In **Sheffield** there were the following number of filled posts...



There were also... **1,700** working for direct payment recipients

The Local Authority Adult Care Workforce

The Sheffield City Council Adult Social Care workforce constitutes a significant proportion of overall staff in the Council and is responsible for delivering key statutory duties for the local authority. Most of our workforce are females aged between 45 to 65.



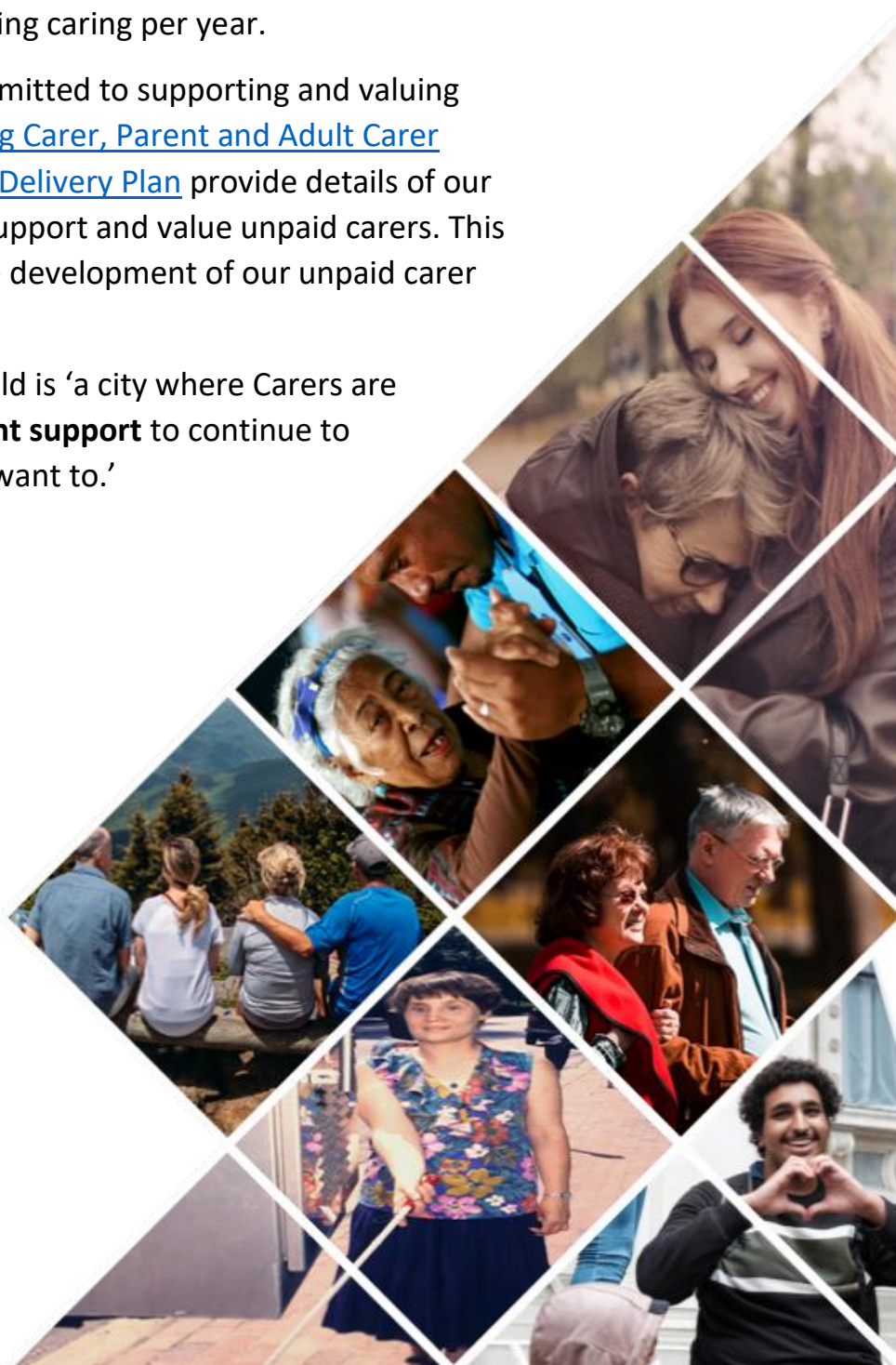
Unpaid Carers

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

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

In Sheffield, we are committed to supporting and valuing unpaid carers. Our [Young Carer, Parent and Adult Carer Strategy](#) and our [Carers Delivery Plan](#) provide details of our aims and ambitions to support and value unpaid carers. This strategy will support the development of our unpaid carer workforce in Sheffield.

Our vision is that Sheffield is 'a city where Carers are **valued** and have the **right support** to continue to care for as long as they want to.'



Personalisation and Direct Payments

In Sheffield we recently launched [The Personalisation and Direct Payments Strategy](#) which focuses on improving outcomes for people in receipt of direct payments.

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

It describes how we will work collaboratively with people with lived experience, their families and carers, our partners, and stakeholders to shape, design and produce new and improved ways of working. Our Social Care Workforce Development Strategy is committed to supporting our personal assistant workforce.

Workforce Demographics

This data is based on Skills for Care demographic data from 2021/22.

Gender

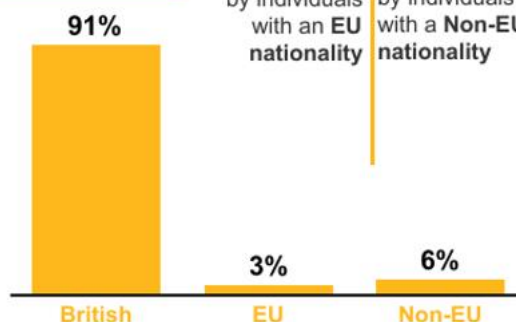


83%
of the workforce
were **female**.

17%
of the workforce
were **male**.



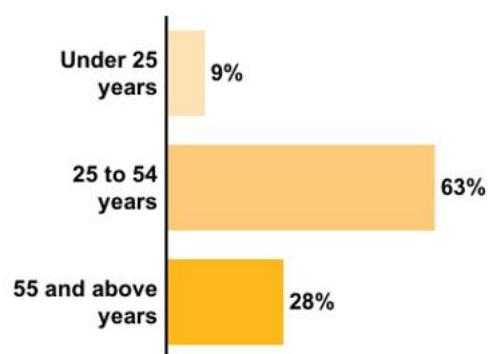
Nationality



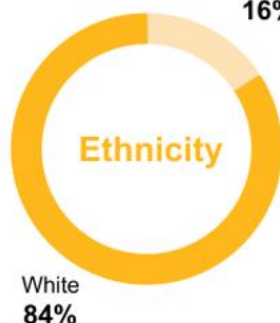
Age



44 years
average age of a worker



Black, Asian and Minority Ethnic
16%



White
84%

Our Population in Sheffield

In 2022, the Office for National Statistics (ONS) estimates indicated that Sheffield is home to 589,207 residents, of whom 16.5% are aged over 65. 19% of people in Sheffield have a life limiting illness or disability in Sheffield, as compared with the national rate of 18%.

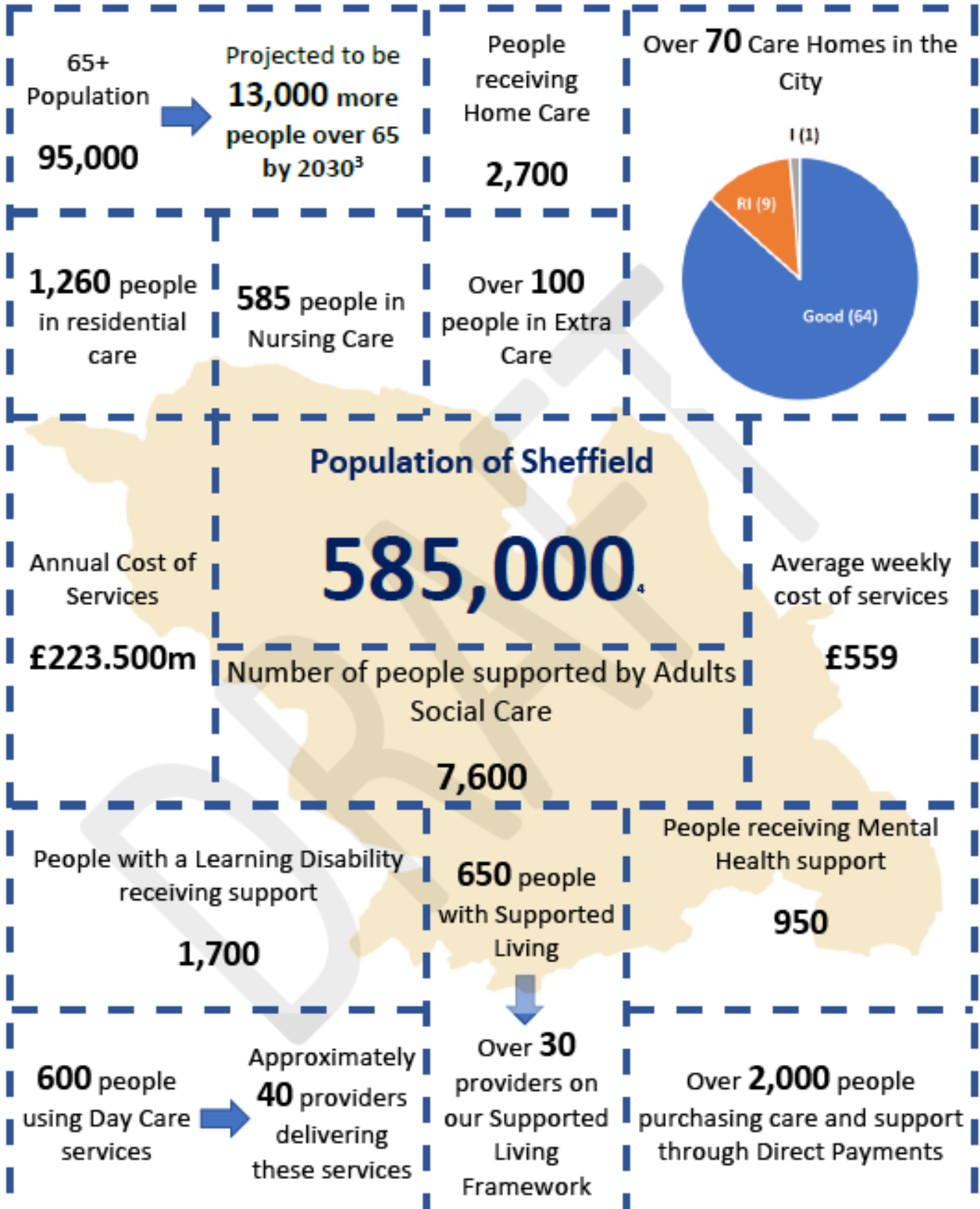
Life expectancy (2017-19) in Sheffield is approximately the same as the national average in England at 79 years for men and 83 for women. However, healthy life expectancy is slightly lower than the national average at 61 years for men and 62 years for women.

In common with other urban areas in England, Sheffield has areas of deprivation and a median income lower than the national average. Sheffield has 19% of households living in fuel poverty as compared to a national average in England of 13%.

The [Sheffield Joint Health and Wellbeing Strategy](#) outlines the current and future health and wellbeing needs of Sheffield people. It provides a Joint Strategic Needs Assessment (JSNA) and our approach for promoting health and wellbeing and how we will tackle and eliminate health inequalities.

ASC Demand in Sheffield

These factors contribute towards demand on Adult Care that is broadly in line with national trends. There are approximately 7,600 people in Sheffield in receipt of social care services.

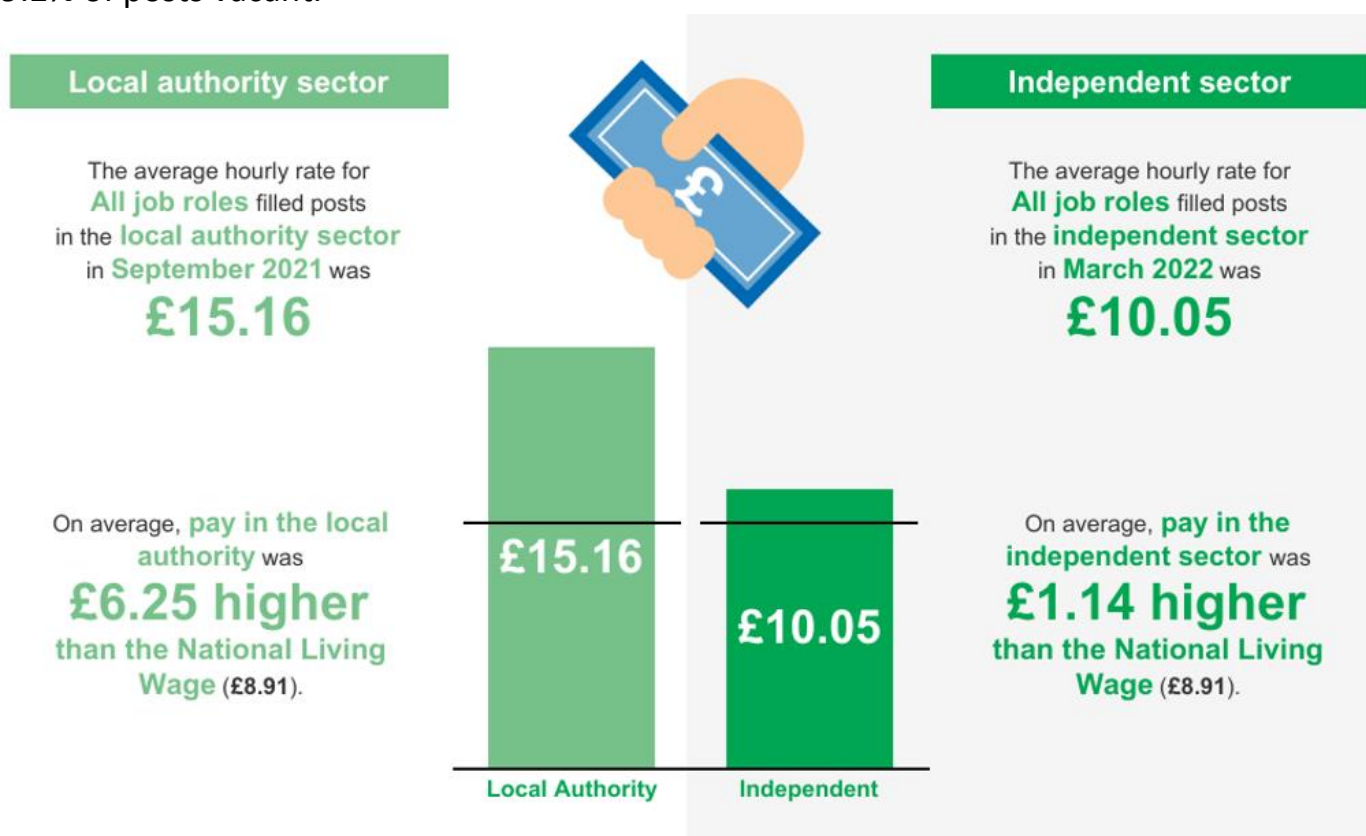


Figures may not sum due to rounding. Additionally, figures are based on primary support reason; many individuals have additional health & support needs and have more than one service.⁵

Retention Rates of Staff and Staff Pay

Nationally Adult Care is experiencing challenges regards recruitment and retention. There is a high rate of staff turnover as people enter and leave the sector. Rates of pay are viewed as relatively low, and a high level of vacancies have created a system under significant pressure.

Based on data from Skills for Care 2021/22, in Sheffield, the turnover rate for staff, that is the proportion of staff entering and leaving the profession annually, is 32%. There are 9.2% of posts vacant.



Independent care providers have told us that they often find recruitment challenging. The process is constant for them and takes a toll on their time and resources. Attracting jobseekers is challenging as they show reluctance to take on care roles due to the nature of the work and relative low pay.

To tackle these challenges now, and in the future, we will address five key areas where we believe we can support the wider Adult Care system to create a more representative and supportive working environment.

According to the Local Government Association, based on current trends, workforce projections indicate a 32 per cent (520,000 nationally) increase in social care jobs will be required by 2035. Taking the number employed nationally in the sector to 2.17 million. We will create a dialogue within the sector and produce a strategic framework for positively growing our AHSC workforce over the next 5 years.

The Workforce and Development Strategy

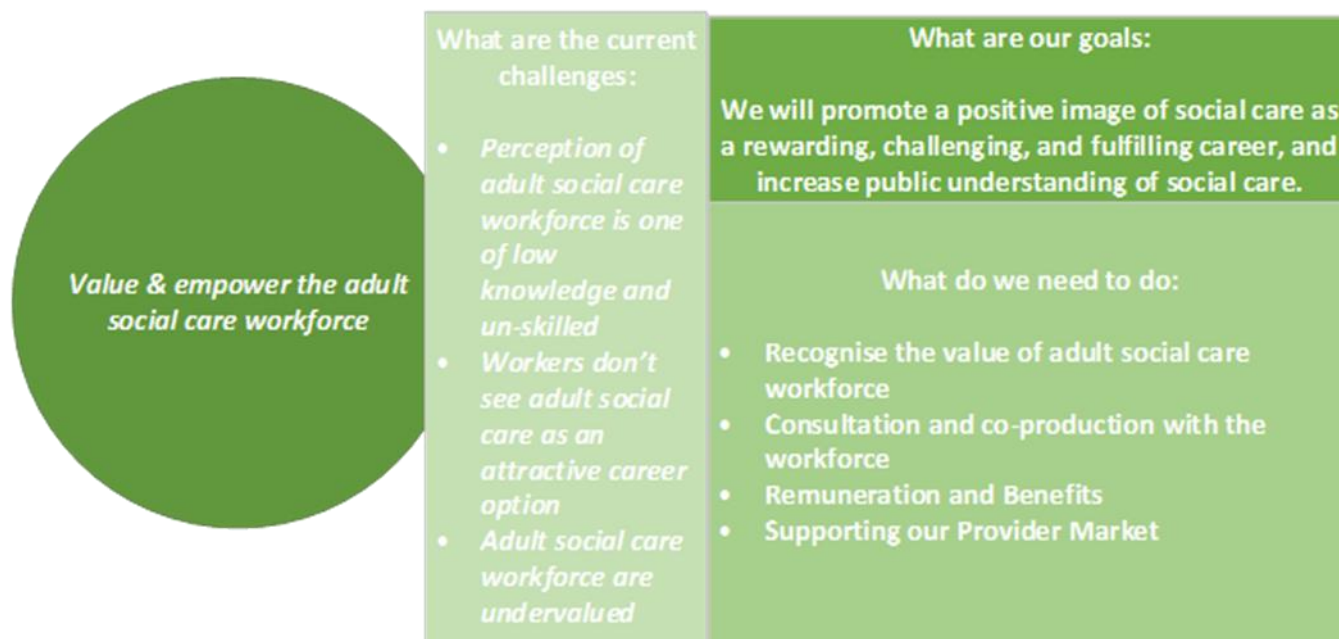


We have developed a high-level delivery plan describing what we will do to enable us to address our strategy priorities and make the changes that people want to see.

Value & empower the Adult Social Care Workforce

Social care staff have been unwavering in their dedication for those they support, which is a truly incredible achievement, both before and throughout the pandemic.

Looking ahead, we want all those working in adult social care to feel valued for their dedication and their vital role in enabling the dignity and independence of the people they support and their families. Our vision is for an adult social care workforce where people can experience a rewarding career with opportunities to develop and progress now and in the future. We want staff to be empowered to deliver the highest quality of care.



Recognising the value of the Adult Social Care workforce

We will promote a positive image of social care as a rewarding, challenging, and fulfilling career, and increase public understanding of social care.

The public perception of the social care worker profession is often one of minimal pay and low skill levels with irregular, unsocial hours, and limited career progression. Media stories of exploitation and bullying add to the shadow.

The recent COVID-19 pandemic has gone some way to improve the image of the care worker and the value of social care. We will build on this momentum, reframing the social care narrative to one of empowerment that is person-centred, and solution focussed.

Part of recognising how to support our workforce to remain AHSC involves understanding some of the factors that influence the likelihood of a worker leaving their role (Skills for Care 2020).

- Turnover increased for workers who travelled further.
- Turnover increased amongst those under 25, and over 60 years old.
- Turnover decreased with higher levels of experience working in the sector.
- Likelihood of leaving decreased as pay levels increased.
- Likelihood of leaving decreased with higher levels of experience in role.
- Likelihood of leaving decreased if workers had more training.
- Turnover decreased if workers had a higher number of contracted hours.
- Likelihood of leaving decreased if workers had fewer sickness days.
- Workers on zero-hours contracts were more likely to leave their posts.
- Likelihood of high turnover rates increased if the establishment had high turnover historically.

To address these challenges, we will:

- Work closely with partners to implement activity to improve staff recognition, value, and reward of the social care workforce.
- Agree an approach with unions and workforce that promotes attendance and wellbeing and enables our social care staff to feel valued.
- Launch an Adult Care marketing campaign to promote health and social care as a career choice and improve recruitment and retention with social care.
- Develop the Sheffield city council target operating model, which provides clearer entry routes and arrangements.
- Complete an organisational review which ensures clear progression routes, learning and development and career pathways for social workers, occupational therapists, and social care professionals within Sheffield City Council.

Consultation, Involvement and Co-production, our Aspiration

In preparation for producing the WDS, we engaged and consulted with our staff body across health and care to understand their priorities, concerns, and aspirations.

The Local Authority engaged with staff, internal and external partners, and unions to ensure a proper degree of engagement with staff in the creation of the WDS through arrange of forums, including independently facilitated focus groups, online consultations and questionnaires, and other staff engagement groups.

While not part of the paid workforce, we also recognise the invaluable role that informal and unpaid carers and volunteers play in supporting people to live the lives that they want to live in their own homes and any future Involvement and Co-production should include this group of people.

Ensuring that those impacted by this plan are consulted, and their ideas heard, as part of its creation is an essential first step in producing strategic plans that are co-produced with the wider health and social care workforce.

The WDS will recognise the value of staff Involvement and Co-production in the design and commissioning of services. Staff Involvement and Co-production will be valued as vital in the creation of policy, guidance, and processes.

This focus on Involvement and Co-production is not only a response the Care Quality Commission guidance preparing Local Authorities for Adult Assurance processes due to commence in 2023 but signifies the recognition that staff must be integral and supportive of workforce strategic planning now and in the future.

To unlock resources, we need to collaborate: This means supporting individuals and organisations who are part of the social care sector to come together to share ideas, facilities, and good practice.

It also means working with colleagues from health, housing, education, community, and other services. One size does not fit all and often, bespoke place-based initiatives are the answer to local problems.

Whilst acknowledging the potential tension between collaboration and business intelligence, finding ways to bring people together to develop local solutions, share good practice and bring in additional workforce investment will be key to effecting change.

To address these challenges, we will:

- Establish and implement a Sheffield Workforce Board in partnership with AHSC to drive collaboration, challenge, and implementation of workforce initiatives.
- Establish and implement a Sheffield Workforce Forum in partnership with AHSC to support engagement with the workforce.
- Develop a Citizen, Carer and Stakeholder Engagement Programme. This is 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.
- Develop an Involvement and Co-production and engagement approach and strategy for adult social care.
- Establish cross-sector task and finish groups to look at key challenges facing the AHSC sector and recommend solutions.
- Develop a Workforce Engagement Programme. This will involve an annual cycle of regular engagement with our practitioners, including with Members and Directors, to hear their views and feedback about what is going well and what will help further develop good quality practice in Sheffield.

Remuneration and Benefits

We will seek to provide detail of how a remuneration and benefits scheme can be more equitable across the AHSC system with reference to The Fair Cost of Care exercise when assessing appropriate levels of remuneration. The aspiration is to prevent staff movement to different AHSC provider services for financial reasons, stabilising the workforce and allowing more consistent approaches to staff development.

To address these challenges, we will:

- Deliver a [Market Shaping Plan](#) and [Market Sustainability Plan](#).
- Work with provider markets to develop mechanisms by which they can improve the terms and conditions for staff.
- Develop a joint plan to move to Foundation Living Wage for care staff quicker.
- Support the care sector to mitigate high agency workforce costs.
- Work closely with partners to co-design activity to value and support the ASC workforce in Sheffield.
- Work with partners to look at and resolve infrastructure issues such as affordable housing and public transport routes where these are identified as major blocks to recruitment and retention of care workers or delivery of care services.

Supporting Our Provider Market

'High-quality, personalised care and support can only be achieved where there is a vibrant, responsive market of service providers. It is the responsibility of local authorities to ensure their local care market is healthy and diverse.'

People at the Heart of Care, Executive Summary 2021

We will recognise that as the principal purchaser in the provider market, the local authority will seek to support market resilience. There are areas where we would aspire to aid the continued improvement of the quality-of-service delivery through investment in practitioner learning. We will aspire to provide a structure of management peer support, pooled training resources and a collaborative approach to support recruitment.

We recognise that there is a need to further integrate Sheffield City Council, the largest commissioner of services in Sheffield, with the provider market that serves that demand. The Sheffield Health and Care Partnership, the ICS 5 Year Plan, as well as the South Yorkshire Mayoral Combined Authority (SYMCA) Employment and Skills Strategy will shape the future integration of the provider market into the wider health and care system.

The 2021 Government White Paper, People at the Heart of Care, provides the guidance for local authorities to plan for the imminent implementation of a cost of care cap and the effects this will have on the provider market. Local authorities are required to complete in depth analysis of their local markets.

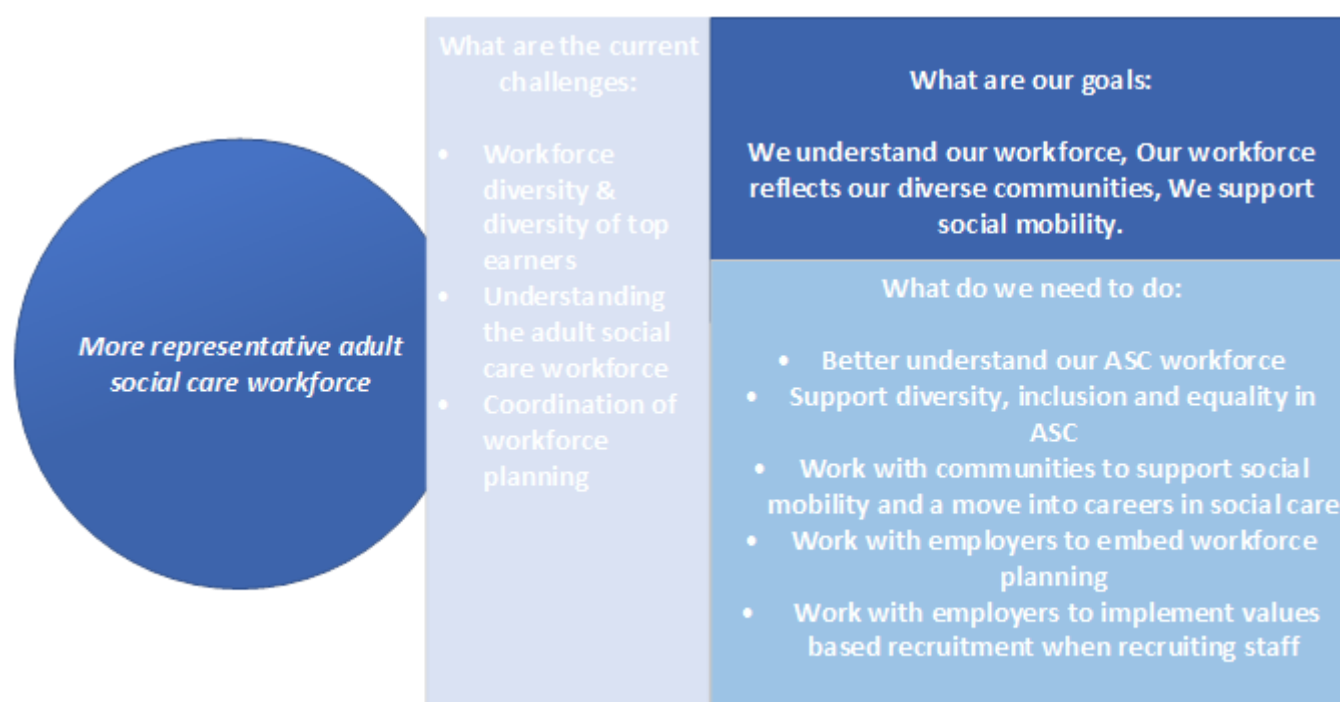
Sheffield City Council's comprehensive assessment of the provider market completed as part of its [Market Shaping Statement](#) informs us of the opportunities and challenges of supporting the provider market, as well as areas that require investment.

This support is a crucial pillar in the structure set out in this WDS to not just support the market, but to ensure that the market is better able to plan financially for the future. Better informed financial planning will offer a greater degree of certainty for colleagues working in this area.

More Representative Adult Social Care Workforce (Equality, Diversity and Inclusion)

People are at the heart of our vision for adult social care. No matter where they live, their age, race, culture, religious beliefs, sex, sexual orientation, gender identity, disability, housing status or their personal circumstances.

People at the Heart of Care, White Paper Executive Summary 2021



Better Understanding Our Workforce. A Census

In collaboration with the ongoing work across the Integrated Care System, we aspire to promote our understanding of those who comprise our workforce. Socio-economic and demographic data in this area will be used to feed into recruitment and retention work. Understanding the differing pressures and reasons for people leaving the AHSC system, should underpin the range of actions we can take to reduce the loss of staff by introducing a range of methods of attracting and retaining new and existing people.

To address these challenges, we will:

- Work with partners across health and care to improve the understanding of the Adult Care workforce. This includes system pressures, benchmarking, workforce demographics, and the rationale for people exiting social care.
- Maintain and increase completion rate of the Skills for Care Adult Social Care Workforce Data Set.
- Work with partners to agree a shared approach to workforce planning.
- Work with social care providers to develop an action plan to identify and address future social care workforce skills gaps.
- Support work to quantify and map unpaid carers and personal assistants across Sheffield.

Supporting Diversity, Inclusion and Equality

Staff experiences in AHSC show us that the interactions between large organisations, their staff, and the diversity of the people they serve are complex. This presents a challenge in how to harness organisational cultures, team skill sets and individuals into an effective unified operating system with shared approaches and outcomes.

We will seek to support Involvement and Co-production with all staff networks in this area with the aim of leading us to form responsive and adaptable approaches to communicating and engaging with staff.

We will aim to increase the diversity and inclusiveness of the social care workforce in Sheffield, creating career opportunities that appeal to all parts of the community.

Unpaid Carers are an essential part of the AHSC system and play a key role in our communities by providing care and support to some of the most vulnerable in our society. In Sheffield over 50,000 carers provide vital support to people receiving care. Our volunteer workforce is vital in supporting the health and care system. We will seek to create links with ongoing activity relating to the support of unpaid carers in Sheffield and develop better opportunities for the unpaid workforce.

To address these challenges, we will:

- Address concerns raised relating to workforce equality and diversity as raised in the [SACHMA](#) and [Race Equality Commission](#) report.
- Remove barriers that people may face in equality and diversity, and we will make sure that our workforce reflects the diversity of our population in Sheffield. We will structure a regular workforce census to monitor progress.

- Adapt recruitment processes to focus on previously neglected parts of the community and attract them to Adult Social Care. We will work with our communities to ensure that our interventions are reaching the people of Sheffield.
- Work with partners and community organisations to co-design activity to improve equality and representation of our workforce in social care including the implementation of values-based recruitment.
- Review the education and training offer for our workforce and increase awareness of diversity and inclusion through conversations on topics such as discrimination and anti-racism.
- Develop an enhanced co-produced recruitment strategy.
- Promote social mobility, review ways to remove barriers and increase the diversity of top earners from BAME (Black, Asian, and Minority Ethnic), Women, Disabled People and LGB groups within ASC.
- Support with the core activity and delivery of the [Sheffield City Council Unpaid Carers Delivery Plan 2022 – 2025](#) throughout the ASC workforce.

Increase Recruitment in the Adult Health and Social Care System

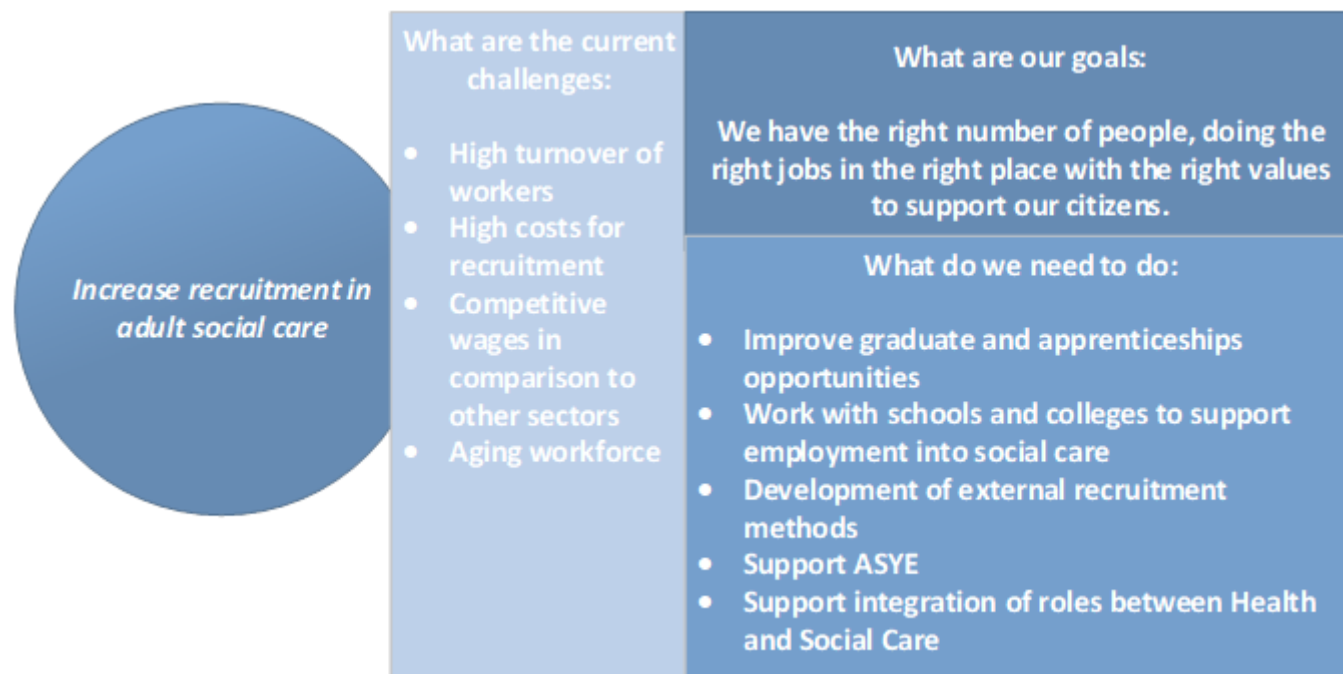
Recognising the diversity of the social care system, with its wide range of organisations, settings, and people, we will seek opportunities to work alongside the sector in local and national partnership to ensure it can continue to empower people to live as independently as they choose.

People at the Heart of Care, White Paper Executive Summary 2021

We need to make sure that we have the right people with the right skills and values in the right places at the right time and that there is a good and steady flow of new entrants to our sector. This is about attracting people into the AHSC sector and developing and retaining those already working here. It also means being clear what is expected from a future adult social care workforce. For registered managers and owners, it means having the business skills and processes in place to expand and develop their services and to invest in their workforce.

Again, the WDS should be viewed in the context of the local integration agenda for health and social care that has been set out in the ASC Reform White Paper. In South Yorkshire Council, and other health and social care partners have come together to produce a **South Yorkshire CMA Employment and Skills Strategy** to support recruitment across the health and care system.

Attraction, recruitment, retention (including professional development opportunities and succession planning initiatives and campaigns targeted, where appropriate, on specific roles and places. These will be undertaken in collaboration with partners wherever possible.



Graduates and Apprentices

We will continue to recognise that the Adult Care Apprenticeships scheme forms an integral part of a wider corporate approach to recruitment of people from the wider health and care system and beyond. The **WDS** will include previously agreed standards for the recruitment of ASC practitioners. We should aspire to support the expansion of the Adult Care Apprenticeships scheme across the health and care system.

We will recognise that attracting external candidates should be a priority, moving away from the current tendency to recruit from the existing system. The WDS will consider the funding implications of expanding the capacity of the apprenticeship scheme.

To address these challenges, we will:

- Work with partners to review the offer of apprenticeships across AHSC and identify gaps in delivery.
- Work closely with partners across AHSC to promote apprenticeships as a viable career option and make effective use of the apprenticeship levy.
- Strengthen links with further education and partners across AHSC.
- Work with partners to improve access to and reduce underspend in the AHSC apprenticeship levy.

- Link to regional employment and skills strategies to make sure that AHSC is well represented and is considered as part of the development of future strategies and plans.
- Work with partners to increase the proportion of graduates coming from outside of the AHSC. We will attract new talent from other professions and sectors into AHSC.
- Work with partners to increase the number of placements across AHSC.
- Work with partners to improve recruitment of social workers within ASC.

Assessed and Supported Year in Employment for newly qualified Social Workers

We will ensure that the Assessed and Supported Year in Employment (**ASYE**) is embedded within the workforce strategy and forms part of clearly defined career and Continuing Professional Development pathways for qualified social workers.

The ASYE offer should focus firmly on supervision, coaching, mentoring, and professional development, and governance systems that enables people to develop specialities and support others new into the sector. It is widely recognised that the quality of career development, further training and learning support is a crucial element in terms of informing decision on where newly qualified social workers choose to work.

To address these challenges, we will:

- Improve recruitment of social workers and quality of ASYE placements.

Develop External Recruitment Methods

We aspire to support a wider international and systems approach to recruitment across H&SC and will use joined up approaches to tackle some of the long-standing issues surrounding recruitment.

We will work across the AHSC system to develop a 'one workforce' model that focuses on strengths-based approaches, better conversations, and recovery for the citizens of Sheffield.

To address these challenges, we will:

- Work closely with partners across AHSC to co-design our approach and initiatives to improve recruitment in Sheffield. We will work together to reduce some of the costs associated with recruitment. This may include the development of a single point of access for recruitment and improving access to other recruitment sites for all social care providers.

- Consider best ways to develop cross organisational recruitment methods and reduce barriers to recruitment in AHSC including support and re-direction of unsuccessful but suitable candidates to other jobs across AHSC.
- Support the volunteer workforce to move more easily into paid employment.
- Launch an ASC Marketing Campaign to drive social care as a career choice and improve recruitment and retention.
- Work closely with partners in AHSC to support effective International Recruitment.
- Work closely with partners in AHSC to reduce spend on agency workforce costs. Investigate ways of sharing staff across organisations - banks, secondments, temporary staff loans.
- Support our personalisation and direct payments colleagues to improve recruitment of personal assistants including advertisement and recruitment to ensure a steady supply of Personal Assistants in Sheffield.

Improve Retention in Adult Social Care

In view of the challenging national recruitment picture across health and social care, Sheffield City Council, supported by partner organisations, will ensure that the sector manages to continue to deliver high quality services for the people of Sheffield.

Ensuring Business Continuity is a strategic focus for all in the sector. Making sure we understand the number of people we need to meet demand, understanding the possible risks related to not meeting this demand, and creating robust mitigation management plans, underpins the WDS retention planning.



Learning and Development and Career Pathways

We understand that the current training offers may be inconsistent across the differing roles in AHSC and providing quality training is acknowledged in the WDS to be vital in supporting good staff retention levels.

Supported by the People at the Heart of Care and ICS 5-year plan, the development of initiatives to improve collaboration and integration across AHSC is a key priority in this strategy. We need to take a systems approach to improve the quality of care; and deliver strengths-based services fit for the future.

We will support the creation of a role specific training structure to aid career progression across the AHSC system. This will include updated mandatory training considering legislative changes, as well as optional training to support staff to move into more senior positions.

Using this area of the WDS we should positively highlight the value placed on the development and progression of staff, as well as the investment the council and partners want to make in their careers.

The development of leaders and management across AHSC is key in the delivery of the WDS. We need to support our workforce and create a system which is led by people who can deliver quality, person centred outcomes for the citizens of Sheffield.

To address these challenges, we will:

- Review the existing career pathways and learning and development offer across health and care alongside partner organisations.
- Work with partners to co-design a Health and Social Care Academy for Sheffield.
- Work closely with partners to agree and implement a joint health and social care learning and development and career pathway offer in Sheffield.
- Co-produce, with staff across the AHSC system, an aspirational, role specific training offer that supports people to progress and develop in their career in social care.
- Work with partners to develop approach to cross system career opportunities and organisational structures to support career pathways. Including development of system-wide approach to volunteer recruitment and the exploration of work experience portal to encourage secondments and exchanges between health and social care organisations.
- Work closely with partners to develop specific roles to promote integration between and across health and care.
- Align between organisations and promote integration at system level.

- Work closely with partners to increase access to learning and development funding for the workforce.
- Work with partners to further develop systems leadership. We will support talent management and succession planning for staff including transitional development and support for registered managers. We will review access to pooled management and learning and development resources. We will develop and target support for Individual Employers as managers of staff.
- Work closely with partners and agree an approach and the implementation of portable care certificates and qualifications across the health and social care system. We will improve the ability of staff to develop skills to equip them to work in different parts of health and care. We will promote training exchanges whereby smaller organisations can access individual places on training and development programmes for all groups of staff.
- Launch a Sheffield city council practice development and learning and development plan for our internal Adult Care workforce. We will improve our workforce offer for our social care practitioners and social workers including the development of effective career progression routes.
- Upskill care workers to support people living with multiple conditions and sensory deprivation to live as independently as possible.
- Develop our collective understanding of the potential of assistive technology and equipment available for the benefit of people who receive services, particularly those wishing to remain in the home.
- Maintain/Enhance the support offered to the Personal Assistant workforce through Skills for Care with a bespoke and targeted learning offer that begins from induction.
- Develop and champion best practice.

Improve Conditions for Adult Social Care Workforce



Supporting Our Workforce to Meet Future Challenges

We will consider how to remove barriers that inhibit further integration with the wider health and care system. The WDS will reference the work in supporting external partners and the provider system to be able to adapt to the changing demand that the sector will experience in the coming years.

In collaboration with Commissioners, we will consider changes in service delivery resulting from changing legislation over the short to medium term and recognise the resources we will need to deliver those services, in addition to supporting staff to adapt effectively.

This WDS is not just about actions and activity, recruitment campaigns and funding new projects. It is also about finding ways to bring providers and workers together to share good practice and generate ideas. It is about communicating opportunities and facilitating contacts. And it is about understanding the nuances of each workforce challenge, not assuming one size fits all.

At the heart of our ambitions, we want to deliver care which will be person-centred, and providers will be able to adapt to meet individuals' needs as they change over time and from day to day and reflecting the diverse range of people needing care and their personal needs and wishes.

To address these challenges, we will:

- Support and implement a [practice development assurance framework](#). This sets out our ambition to achieve [LGA workforce standards](#) for social work and implement a practice development focus across adult care.
- Embed LGA workforce standards, investors in people.
- Develop a practice model and Care Workforce Standards for use across the care sector.
- Work with partners to remove barriers to integration. We will work with system partners to adapt to changing demands.
- Use our current market position statement, skills for care data, and national social care demand forecasts, to plan and predict the changing nature of the health and social care workforce. This will allow us to adjust our recruitment focus and allow us to respond to changing demand in an agile way.
- Implement Sheffield city council practice development & learning & development plan for our internal ASC workforce. The plans will form a key part of the upcoming Adults Assurance inspection process led by the Care Quality Commission.

An Operational Model

The WDS will reflect the need for staff to be supported by clear and structured processes and their, and their teams', roles, and responsibilities. The WDS recognises that the implementation of the Adult Care Future Design and Strategy supports staff to deliver high quality services in a supportive and positive working environment.

Quality Assurance

The WDS will reference the significant work already occurring related to the creation of a robust [Quality Assurance Framework](#) that aspires to support practitioners to deliver high quality services for residents.

We aspire to create a working environment with supportive and reflective supervision that builds a staff group who are confident, feel supported and safe in their practice, while not afraid to think creatively about how to support people to meet their goals.

The [Quality Assurance Framework](#) will seek to encourage and support those who use, provide, commission, and oversee adult social care services to maintain high-quality care, and to improve care and support where it does not yet meet the standard of quality that people should expect to experience.

Supporting the Health and Wellbeing of our Workforce

The Sheffield Health and Care Partnership are working with Sheffield City Council to ensure that the appropriate strategies are in place to support the health, safety, and wellbeing of workforce across the health and care system.

The WDS aspires to support staff experiencing ill health to return to work where possible, or to make reasonable adjustments to allow them to access an adaptive work environment if required. The WDS will consider best approaches to support staff wellbeing across H&SC but will be guided by policy work that is ongoing in this area related to Wellbeing, Dignity and Respect at Work, and Health and Safety at Work.

To address these challenges, we will:

- Implement the workforce part of the [Sheffield Joint Health and Social Care Wellbeing Outcomes Framework](#). We will improve access to [ICS wellbeing support](#) throughout the social care workforce in Sheffield.
 - Work closely with partners from across H&SC to improve access to wellbeing support for ASC workforce. We will implement benchmarking and measures to review workforce morale and wellbeing.
 - Implement the 'Sheffield City Council AHSC Being Healthy at Work Plan 2022 – 2024'.



This page is intentionally left blank

Sheffield Care Sector Workforce Development Strategy

Delivery Plan 2023 to 24

Theme	Milestone/action	By when	Lead	RAG
-------	------------------	---------	------	-----

Adult Health and Social Care: Care Sector Workforce Development Strategy Delivery Plan 2023 – 2024

Our Vision and Ambitions for people of Sheffield

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

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

Our Commitment to Valuing our Adult Social Care Workforce

Adult social care is made up of a complex system of organisations that provide care and support to a significant proportion of Sheffield’s population. Adult social care across the city faces substantial workforce challenges, including the ongoing effects of the coronavirus pandemic, pay and conditions, an aging workforce and recruitment and retention concerns.

The Delivery Plan is structured to deliver on the outcomes needed to develop a long term and ambitious response that commits to improving the lives and conditions of people who work in Adult Social Care.

This Delivery Plan aims to support the ambitions and governance roles of the Committee by setting out clear: -

- ✓ Performance and governance milestones so people and Carers experience timely and effective support which achieves their outcomes.
- ✓ Involvement milestones so that people feel involved in planning and development of services aimed to value the care sector workforce.
- ✓ Delivery milestones which promote multi-agency approaches towards workforce development.

Theme	Milestone/action	By when	Lead	RAG
-------	------------------	---------	------	-----

What is the Sheffield Care Sector Workforce Development Strategy 2023 – 2026?

The health and social care system in Sheffield is facing urgent and long-term pressures. We know that there is a shortage in carers and support workers and that the COVID Pandemic and Brexit have impacted the labour market significantly with skills shortages.

To achieve this, we need to have a sustainable and valued social care workforce for the future, given the increasing demand for support as the population grows and ages, and as care moves closer to home, become more integrated, and new models emerge. This will require a coordinated commitment to the workforce, delivered through a workforce strategy.

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

The strategy will be accompanied by an annual delivery plan that set out the detail we'll need. The strategy is a long-term vision, and we know how quickly situations change and priorities shift.

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

Theme	Milestone/action	By when	Lead	RAG
-------	------------------	---------	------	-----

What Does Good Look Like?

We have started this delivery plan by setting out some initial indicators of what we think good looks like and to improve care sector workforce outcomes and experiences of workforce and development.

- ✓ Work with employers to embed workforce planning.
- ✓ Work with employers to implement values-based recruitment when recruiting staff.

Increasing Recruitment in Adult Social Care

- ✓ Improve graduate and apprenticeships opportunities.
- ✓ Work with schools and colleges to support employment into social care.
- ✓ Development of external recruitment methods
- ✓ Support ASYE
- ✓ Support integration of roles between Health and Social Care

Increasing Retention in Adult Social Care

- ✓ Improve learning and development offer.
- ✓ Support health and social care learning and development and career development pathways
- ✓ Work closely with partners to co-design Health and Social Care Academy
- ✓ Support talent management, leadership and management training and systems leadership across health and social care
- ✓ Work closely with partners to develop portable certificates.

Improving Conditions for Adult Social Care Workforce

- ✓ Support our workforce to meet future challenges.
- ✓ Support operational model.
- ✓ Support quality assurance
- ✓ Work closely with partners to deliver person centred approach to social care.
- ✓ Support the health and wellbeing of our workforce.

More Representative Adult Social Care Workforce

- ✓ Better understand our ASC workforce
- ✓ Support diversity, inclusion, and equality in ASC
- ✓ Work with communities to support social mobility and a move into careers in social care

The plan is to continue to develop these indicators in partnership with the people we support, carers and partners as we develop and embed our approach to Workforce Development in the city.

Value and Empower the Workforce

- ✓ Recognise the value of adult social care workforce.
- ✓ Consultation and co-production with the workforce
- ✓ Remuneration and Benefits
- ✓ Supporting our Provider Market

Theme	Milestone/action	By when	Lead	RAG
-------	------------------	---------	------	-----

Page 95 Value and empower the Adult Care Workforce	Undertake marketing campaigns to promote social care as a career choice and improve recruitment and retention	April 2024	Chief Social Work Officer	
	Monitor perception of social care in Sheffield and develop interventions to address themes arising.	April 2024	Sheffield Workforce Board	
	Co-design interventions which improve staff recognition, value, and reward of the workforce.	April 2024	Sheffield Workforce Board	
	Co-Design an approach promotes attendance, wellbeing, and value.	September 2023	Chief Social Work Officer	
	Establish and implement a Sheffield Adult Care Workforce Forum and Engagement Programme to support ongoing engagement and involvement of our workforce in the development and planning of services.	September 2023	Chief Social Work Officer	
	Implement recommissioning activities to improve the terms and conditions and the Foundation Living Wage for commissioned sector care staff.	September 2023	Assistant Director Commissioning and Partnerships	
	Implement action plan to mitigate high agency workforce costs of commissioned provider services.	September 2023	Assistant Director Commissioning Adults Services Sheffield Workforce Board	
	Work with partners to look at and resolve infrastructure issues such as affordable housing and public transport routes where these are identified as major blocks to	September 2023	Assistant Director Commissioning Adults Services Sheffield Workforce Board	

Theme	Milestone/action	By when	Lead	RAG
-------	------------------	---------	------	-----

	recruitment and retention of care workers or delivery of care services.			
Page 96 More Representative Adult Care Workforce	Commission research to improve the understanding of the Adult Care workforce including system pressures, benchmarking, workforce demographics, the rationale for people exiting health and care and workforce skills gaps	July 2023	Sheffield Workforce Board	
	Develop a shared approach to workforce planning with partners, including actions to respond to learning from workforce research.	2023/24	Sheffield Workforce Board	
	Co-Design and agree a plan to improve workforce equality and diversity, taking learning from SACHMA and Race Equality Commission reports, benchmarking and research to: - <ul style="list-style-type: none"> • remove barriers that people may face in equality and diversity in Adult Care and we will make sure that our workforce reflects the diversity of our population in Sheffield. • improve equality and representation of our workforce in social care including the implementation of values-based recruitment in ASC. • Promote social mobility, review ways to remove barriers and increase the diversity of top earners from BAME, Women, Disabled People and LGB groups within ASC. • Review the education and training offer for our workforce and increase awareness of diversity and inclusion through 	April 2024	Sheffield Workforce Board Chief Social Work Officer	

Theme	Milestone/action	By when	Lead	RAG
-------	------------------	---------	------	-----

	conversations on topics such as discrimination and anti-racism			
	Implement an annual Adult Care workforce census to inform annual workforce plan.	December 2023	Sheffield Workforce Board	
	Support core activity and delivery of the Sheffield City Council Unpaid Carers Delivery Plan 2022 – 2025 throughout the ASC workforce.	April 2024	Chief Social Work Officer	
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 97</p> <p>Increasing Recruitment</p>	<p>Co-design a SMART plan to improve recruitment in Sheffield to include:</p> <ul style="list-style-type: none"> • Reducing costs associated with recruitment. This may include the development of a single point of access for recruitment in AHSC. • An enhanced recruitment strategy, including review of barriers to recruitment. • Targeted marketing campaign for social workers, occupational therapists, and social care professionals. • Effective Overseas Recruitment • Cross organisational recruitment methods and reduce barriers to recruitment in AHSC. 	September 2023	Sheffield Workforce Board	
	<p>Review the apprenticeships offer, identify gaps in delivery and work with partners to agree actions to:</p> <ul style="list-style-type: none"> • expand the apprenticeship offer. 	April 2024	Sheffield Workforce Board	

Theme	Milestone/action	By when	Lead	RAG
-------	------------------	---------	------	-----

Page 98	<ul style="list-style-type: none"> • promote apprenticeships as a viable career option • Improve access to, reduce underspend and make effective use of the apprenticeship levy 			
	Strengthen links with further education and partners across Adult Care.	April 2024	Sheffield Workforce Board	
	Strengthen partnerships with regional employment and skills strategies to make sure that adult care is well represented and is considered as part of the development of future strategies and plans.	April 2024	Sheffield Workforce Board	
	Increase the proportion of graduates coming from outside of the Adult Care. We will attract new talent from other professions and sectors.	April 2024	Sheffield Workforce Board	
	Agree a SMART plan, evidenced by metrics, to increase the number of placements opportunities across Adult Care and improve quality of ASYE placements.	2023/24	Sheffield Workforce Board	
	Support the volunteer workforce to move more easily into paid employment.	April 2024	Sheffield Workforce Board	
	We will support our personalisation and direct payments colleagues to improve recruitment of personal assistants.	2023 - 26	Strategic Commissioner Direct Payments	

Theme	Milestone/action	By when	Lead	RAG
-------	------------------	---------	------	-----

<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 99</p> <p>Improving Retention</p>	<p>Complete a collaborative review of health and social care learning and development opportunities alongside partner organisations.</p>	<p>2023/24</p>	<p>Sheffield Workforce Board</p>	
	<p>Co-design a Health and Social Care Academy for Sheffield.</p>	<p>2023 - 26</p>	<p>Chief Social Work Officer & Sheffield Workforce Board</p>	
	<p>Agree and implement a joint health and social care learning and development and career pathway offer in Sheffield which includes:</p> <ul style="list-style-type: none"> • cross system career opportunities and organisational structures to support career pathways. • development of specific roles to promote integration. • the implementation of portable care certificates and qualifications across the health and social care system. • upskill care workers to support people with multiple conditions and sensory deprivation to live as independently as possible. • develop our collective understanding of the potential of assistive technology and equipment available for the benefit of people who receive services, particularly those wishing to remain in the home 	<p>2023 - 26</p>	<p>Sheffield Workforce Board</p>	

Theme	Milestone/action	By when	Lead	RAG
-------	------------------	---------	------	-----

Page 100	<ul style="list-style-type: none"> • Maintain and promote training exchanges whereby smaller organisations can access individual places on training and development programmes for all groups of staff • Maintain/Enhance the support offered to the Personal Assistant workforce through Skills for Care with a bespoke and targeted learning offer that begins from induction • Agree system-wide approach to volunteer recruitment and initiatives to allow easier movement between roles and organisations 			
	Increase access to learning and development funding for the workforce.	2023/24	Sheffield Workforce Board	
	Further develop systems leadership across AHSC, including talent management and succession planning for staff including transitional development and support for registered managers.	2023 - 26	Sheffield Workforce Board	
	Launch a Sheffield City Council Practice Development and Learning and Development Plan for SCC workforce.	March 2023 with activity throughout 2023/24	Chief Social Work Officer	
Improving Conditions for	Fully implement a practice development assurance framework . This sets out our ambition to achieve LGA	December 2023	Chief Social Work Officer	

Theme	Milestone/action	By when	Lead	RAG
-------	------------------	---------	------	-----

the Adult Social Care Workforce	workforce standards for Social Work and implement a practice development focus across Adult Care.			
	Commission research to improve the understanding of the practical activities which will improve the working conditions and environment for staff across the sector and use recommendations to inform a SMART action plan.	July 2023	Sheffield Workforce Board	
	Embed LGA workforce standards and investors in people across the care sector.	April 2024	Chief Social Work Officer and Sheffield Workforce Board	
	Work with partners to remove barriers to integration and work with system partners to adapt to changing demands.	2023 - 26	Sheffield Workforce Board	
	Use our Market Position Statement, Skills for Care data, and national social care demand forecasts, to plan and predict the changing nature of the health and social care workforce.	2023 - 26	Sheffield Workforce Board	
	Implement the workforce element of the Sheffield Joint Health and Social Care Wellbeing Outcomes Framework	2023 - 26	Sheffield Workforce Board	
	We will improve access to ICS wellbeing support throughout the social care workforce in Sheffield.	2023 - 26	Sheffield Workforce Board	

Theme	Milestone/action	By when	Lead	RAG
-------	------------------	---------	------	-----

	We will work closely with partners from across H&SC to improve access to wellbeing support for ASC workforce.	2023 - 26	Sheffield Workforce Board	
	Implement benchmarking and measures to review workforce morale and wellbeing across the sector.	To launch 2023/24	Sheffield Workforce Board	
	We will implement the 'Sheffield City Council AHSC Being Healthy at Work Plan 2022 – 2024'	September 2023	Chief Social Work Officer	

Risks Page 102				
	Lack of stakeholder and partner engagement may prevent successful implementation of workforce initiatives.			
	Lack of defined budget for workforce activity may delay or prevent implementation of workforce initiatives.			
	Ongoing response to the Covid pandemic and winter pressures may reduce focus on implementation of workforce initiatives.			
Opposing organisational structures and governance arrangements may limit the impact of workforce initiatives.				

Appendix 3 - Consultation and Co-design Approach

The following report details the process of developing the Sheffield City Council Adult Social Care (ASC) Workforce and Development Strategy (WDS) 2023 – 2026. This report is split into key phases of activity:

1. **Pre-strategy engagement – September 2020 – February 2022**
2. **Engagement and focus groups – February 2022 – November 2022**
3. **Consultation – October 2022 – January 2023**

Pre-strategy engagement phase

The Adult Health and Social Care (**AHSC**) Strategy and delivery plan sets out our vision for 2022 to 2030. Called 'Living the life you want to live', it is about how we work together to help the people of Sheffield to live long, healthy and fulfilled lives.

Within the AHSC strategy there is a strong focus on workforce activity. Commitment 5 in the strategy seeks to ***'Recognise and value the unpaid carers and the social care workforce and the contributions that they make to our city'***.

The AHSC strategic delivery plan outlines our aim ***to 'deliver a long-term workforce plan which empowers and values the Adult Social Care (ASC) workforce, is representative of our diverse communities and sets out how we will improve recruitment, retention and improve conditions for all social care workers in Sheffield'***.

We have used the above as the vision for the **ASC WDS 2023 – 2026**. The vision is a core element of the ASC WDS. We used the vision along with feedback and evidence gathered as part of the engagement and consultation phase outlined in this document to steer and direct the priorities for the **ASC WDS 2023 - 2026**.

The **AHSC Strategy** was launched in March 2022 at the AHSC Committee. In the development of this strategy extensive consultation and engagement activity took place ([See Strategy Consultation and Codesign Report March 2022](#))

We have used this evidence gained as part of the AHSC Strategy to support the development of the **ASC WDS 2023 – 2026**. The key priorities and areas for development identified relating to workforce and development were:

- **We need to listen to social care users and workers**
- **Carers need support and to be listened to**
- **Integration between health and social care needs to improve**
- **Workers need to be supported and well trained**
- **More money is needed in the system**

Feedback gathered as part of the development of the **AHSC Strategy** has been used to support with the development of the **ASC WDS 2023 - 2026**.

We took feedback gathered above along with evidence gathered from other change activity listed below to support the generation of key themes and interventions which formed the initial draft **ASC WDS 2023 -2026**.

Below is a summary of further pre-engagement work undertaken as part of change activity taking place across the ASC Change Programme within SCC.

Engagement activity as part of recommissioning of services:

Engagement activity from across commissioning activity has been linked into this work including homecare, care homes and individual payments. Engagement activity took place across 2021 and 2022.

Sheffield City Council Marketing Shaping Statement and Delivery Plan

Key actions relating to workforce raised as part of the Sheffield City Council Marketing Shaping Statement and Delivery Plan have been taken into consideration and supported the development of the **ASC WDS 2023 – 2026**.

Supported Living – Workforce Workshop – 16/6/22

Attendance from 14 care providers to discuss issues and priorities relating to workforce.

Key areas were raised relating to recruitment & retention. Common themes from the workshop have been summarised and listed below:

- More equality in pay and conditions across AHSC
- Learning and development – providers said they would like to see shared learning and development between providers and Sheffield City Council (SCC).
- More training aligned to wider AHSC.
- Placements - increased uptake with social workers & medical students in social care
- Shared competency and qualification standards – more professionalised workforce with reduced duplication
- Shared advertisement of vacancies
- Centralised bank of care staff – reducing using agencies
- ASC marketing campaign
- Increasing uptake of apprenticeships and internships

Care Homes Commissioning and Delivery Plan 2022 – 2024

Work was undertaken to develop and launch a Care Homes Commissioning and Delivery Plan. The **ASC WDS 2023 – 2026** has considered points raised relating to workforce in development of the strategy.

These include:

- Well paid and skilled workforce
 - People value carers /staff who are highly skilled and good at their job

- People recognised the issues with recruitment and retention of care workers
- There was a recognition about the low fees and rates of pay offered to care workers

Homecare Transformation Programme

Large scale recommissioning activity for new Care and Wellbeing Service within SCC which was approved through **AHSC Committee** in June 2022.

There has been an innovative approach taken to workforce as part of the recommissioning activity. Some of the proposals include changes to commissioning specification relating to learning and development pathways & standards, international recruitment, and management standards.

Learning from this programme has been included in the development of the **ASC WDS 2023 – 2026**.

Individual Payments

In Sheffield we recently launched [The Personalisation and Direct Payments Strategy](#) which focuses on improving outcomes for people in receipt of direct payments.

This strategy has been considered as part of the development of the **ASC WDS 2023 – 2026**.

Internal Sheffield City Council Engagement

There has been engagement activity undertaken as part of improvement planning exercise to support care governance in SCC.

Activity was undertaken throughout 2021/22 with SCC ASC internal workforce. Activity took place via team meetings with services in People Portfolio Adults Services.

Below are the key themes and priorities raised as part of activity specifically relating to workforce:

- Learning and Development offer for SCC workforce
- Personal Development Reviews (PDRs) - identification of learning and development requirements as part of PDR process
- Induction for new workers should improve with a consistent approach which captures best practice
- Pay and Benefits for workers
- Clear progression routes supported by development offer
- Review use of Practice Educators and Assessed and Supported Year in Employment (ASYE)
- Learning and development plans co-produced with SCC teams and services
- Make better use of E-Learning
- Team learning sessions should be available across all teams

- Review ELMA content
- Better recruitment of students
- Promoting positive culture within SCC
- Update supervision policy and service design

Additional engagement and focus group phase

Activity listed under pre-engagement formed the background and initial key themes of our first draft of the **ASC WDS 2023 - 2026**. A SCC operation group was formed from key partners within the Council to support with the development of the strategy. The operational group approved the key themes of the **ASC WDS 2023 – 2026** for the draft strategy and the communication and engagement approach.

Once key themes were agreed for the **ASC WDS 2023 - 2026** we carried out further engagement activity including focus groups with targetted staff cohorts from across ASC. Focus groups supported the refinement of intervention and themes which formed the basis of the **ASC WDS 2023 – 2026**.

ASC Summit 2022

A workforce workshop was held at the SCC ASC Summit event held on 8th November 2022. The ASC Summit brought together partners from across health and social care with approximately 80 attendees in attendance.

The workforce workshop focused on how we can work together to develop interventions to value and recognise the workforce.

Attendees said that we should focus on:

- Improving pay and conditions including parking, with a more equitable pay offer across sector and regionally
- Recognise the value of care workers
- Work with providers to see what they do on a day to day basis
- Develop a more systematic and joined up approach to change things in ASC
- More joined up learning and development offer across ASC
- Quality assurance in training offer across ASC
- Improved communication & codesign approach with more involvement of commissioned sector in design of services
- More manageable workloads across ASC
- Clear career progression routes including for placements and apprenticeships
- Exploration of marketing the benefits of ASC
- Review HR processes across ASC
- Implement exit interviews and analyse trends for people leaving ASC
- Shared induction offer with chance to learn from other areas across AHSC
- Placement opportunities across H&SC

Focus Groups:

During November and December 2022, a number of focus groups were convened, specific to staff groups within the health and social care system.

Focus group attendees were provided, prior to the meeting, with a draft copy of the WDS and invited to give their views on the document, ask questions, and give suggestions. Attendees were asked to give their workforce priorities.

In total, there were 4 sessions, each tailored towards a particular staff group. Internal SCC workforce, residential care home staff, non-residential care staff and independent sector care workers employed via Direct Payment. In total there were 3 number of attendees for the SCC workforce, and 5 for the non SCC workforce. While these numbers where less than could have been wished, the feedback and questions arising were valuable. The lack of attendance reflects a similar recent exercise that was well attended.

The focus groups represent part of the process of staff co-production of the WDS.

Strategic Review Consultation phase

Consultation took place in two phases; the initial consultation took place from 31st October 2022 to 12th December 2022. The aims of the consultation were to seek views on vision for the WDS which was taken from the ASC Strategy commitment 6. We also sought views on the key elements of the draft strategy and how to measure its success, and to invite involvement in coproduction to turn the strategy into actions and outcomes. We received 10 responses to this initial consultation.

Breakdown of engagement by role:

Option	Total	Percent
Someone supported by adult social care	1	10.00%
Unpaid carer	1	10.00%
Social care worker	6	60.00%
Health care worker	0	0.00%
Voluntary sector worker	0	0.00%
Councillor or other council worker	1	10.00%
Member of the public with an interest	0	0.00%
Other	1	10.00%
Not Answered	0	0.00%

90% of respondents thought that the vision of the WDS was the right focus for the strategy.

Respondents overwhelmingly told us that there was no single issue which should be the focus for the strategy. Instead, they suggested that we need to focus on

recruitment, retention, equalities, learning and development and valuing the workforce.

Key feedback from the consultation focused on:

- Addressing equality in ASC
- Better publicity for ASC roles in national press coverage
- Addressing pay and conditions
- Better learning and development offer
- Easier role progression

The feedback was considered and included within our WDS.

[Consultation phase draft strategy](#)

The second phase of consultation sought views on the WDS. This consultation ran from 14th December 2022 – 15th January 2023. Unfortunately, we received no responses from this consultation so could not include any responses within this document.

To ensure that the draft WDS was given scrutiny prior to publication we have carried out a series of engagement activities with key strategic partners to seek views on the strategy. This included attendance at the Sheffield ASC Workforce Board.

Feedback and comments were very positive, with changes to the WDS reflective of any points raised.

Part A

Initial Impact Assessment

Proposal name Adult Social Care Workforce Development Strategy

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

This EIA is to support the development of Sheffield City Councils Adult Social Care Workforce Development Strategy (ASC WDS) 2023 – 2026. In 2022, Sheffield City Council launched our Adult Social Care Strategy, ‘Living the life you want to live’ 2022 – 2030. Within the Adult Social Care Strategy, one of our key commitments was to ‘Recognise and value the adult social care workforce’.

As part of this we made a commitment in the strategy delivery plan to deliver a long-term workforce strategy which empowers and values the **Adult Social Care (ASC)** workforce, is representative of our diverse communities and sets out how we will improve recruitment, retention and improve conditions for all social care workers in Sheffield.

This ASC WDS sets out the current workforce challenges, the impact on the system and the actions required to overcome such challenges in ASC in Sheffield.

The ASC WDS also meets the obligation in **Our Sheffield One Year Plan 2021/22** to ‘Update our Workforce Development Plan’.

The ASC WDS centres around 5 key areas to support the Adult Social Care Workforce in Sheffield. These are to: Value and empower the ASC workforce, more representative workforce, improve recruitment in ASC, improve retention of workers in ASC and improving conditions for the ASC workforce.

We expect that this strategy will have positive impacts for the ASC workforce in Sheffield relating to a number of areas including equalities. There are specific interventions within the strategy which are focused upon improving equality, diversity and positive outcomes for the workforce.

These include, but are not limited to:

- Recognising the value of the ASC workforce - setting out how we will promote a positive image of social care as a rewarding, challenging, and fulfilling career, and increasing public understanding of social care.
- Better understanding our workforce – improving the information that we hold on the ASC workforce including understanding the reasons why people are leaving roles, how their development needs are being met and how we will meet future workforce needs.
- Supporting Equality, Diversity and Inclusion – aiming to increase the diversity and inclusiveness of the social care workforce in Sheffield, creating career opportunities that appeal to all parts of the community.
- Developing recruitment methods including supporting graduate and apprenticeship opportunities, working with partners to support recruitment into ASC.

- Improving the learning and development offer in ASC and supporting development of career pathways across health & social care.
- Supporting the Health and Wellbeing of the ASC Workforce – supporting best practice and approaches to wellbeing for ASC workforce in Sheffield.

Proposal type

- Budget non-Budget

If Budget, is it Entered on Q Tier?

- Yes No

If yes what is the Q Tier reference

Year of proposal (s)

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

Decision Type

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

Lead Committee Member

Angela Argenzio and George Lindars-Hammond

Lead Director for Proposal

Alexis Chappell

Person filling in this EIA form

John Chamberlain

EIA start date 16/03/2023

Equality Lead Officer

- Adele Robinson
- Bashir Khan
- Beverley Law
- Ed Sexton
- Louise Nunn
- Richard Bartlett

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

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

Portfolio, Service and Team

Is this Cross-Portfolio

- Yes No

Portfolio

People

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

- Yes No Please specify

Consultation

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

- Yes No

If consultation is not required please state why

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

- Yes No

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

- Yes No

If you have said no to either please say why

This proposal shouldn't directly affect customers.

Initial Impact

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

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

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

Identify Impacts

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

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

Cumulative Impact

Does the Proposal have a cumulative impact

- Yes No

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

If yes, details of impact

This is a 3-year ASC WDS which should have a positive impact on the ASC workforce across Sheffield.

Proposal has geographical impact across Sheffield

- Yes No

If Yes, details of geographical impact across Sheffield

City wide proposal for ASC workforce.

Local Area Committee Area(s) impacted

- All Specific

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

Initial Impact Overview

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

The aim is to improve equality implications and conditions for all adult social care workers in Sheffield. The proposal aims to value and empower the workforce and make the adult social care workforce more representative of our communities.

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

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

Initial Impact Sign Off

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

Yes No

Date agreed

Name of EIA lead officer

Part B

Full Impact Assessment

Health

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

Yes No *if Yes, complete section below*

Staff

Yes No

Customers

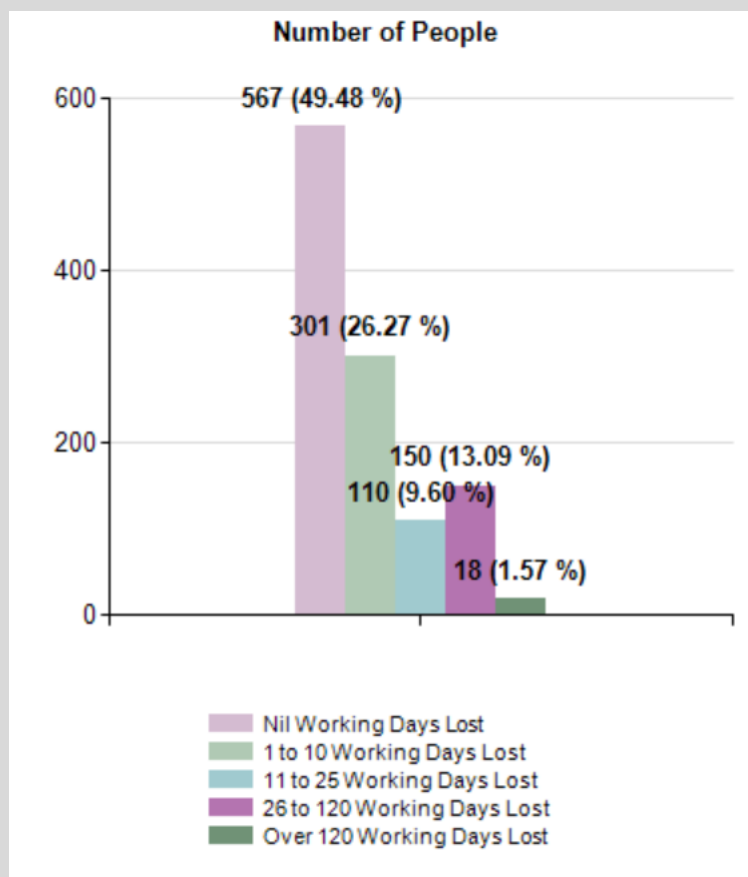
Yes No

Details of impact

This proposal should have a positive impact on staff health. There are specific plans to improve the health and wellbeing of the adult social care workforce in Sheffield.

Currently in ASC in SCC there is approximately 14.5% of the workforce who have had between 26 – 120 or more days lost through absence. This strategy will aim to support workers to return to work where possible.

The strategy will also set out how it will aim to improve some of the underlying areas of sickness and absence. It will support initiatives to improve health and wellbeing and aim to measure and improve staff morale across ASC.



We have limited data on sickness and absence from non-Sheffield City Council (SCC) ASC workforce. The strategy will aim to work with partners to understand the impact of health and wellbeing on the ASC workforce in

Sheffield. We will work with partners to co-design initiatives to improve conditions across ASC.

The ASC WDS will aim to influence areas relating to workforce which will have a positive impact on customers. This includes, but is not limited to:

- Trying to improve equality and diversity amongst ASC workforce and creating a more representative workforce who understand the needs and experiences of the people that they work with.
- Improving the learning and development offer for ASC. This will improve the quality of care available for customers in Sheffield.
- Improving retention of the ASC workforce – this means that we will have a more stable workforce with customers working with people that they know and trust.
- Improving recruitment in ASC – this means that we will have sufficient staff to meet the demands of an aging and the increasingly acute needs of our customers.

Comprehensive Health Impact Assessment being completed

Yes No

Please attach health impact assessment as a supporting document below.

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

Yes No

**Name of Health
Lead Officer**

Age

Impact on Staff

Yes No

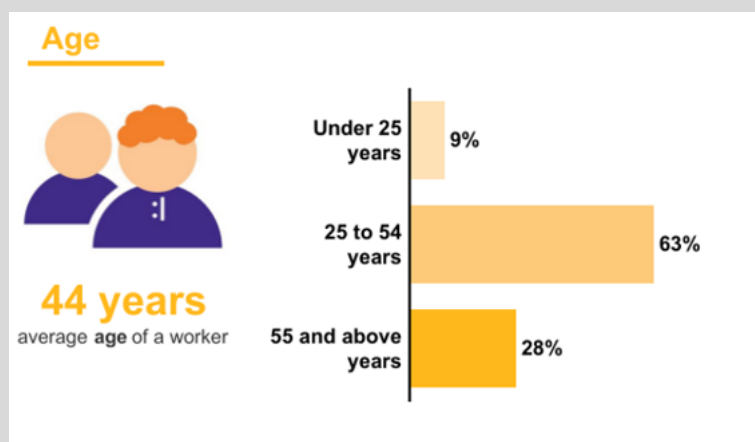
Impact on Customers

Yes No

Details of impact

This proposal aims to make the adult social care workforce more representative of our diverse communities in Sheffield. Skills for care data currently suggests that the average age of the ASC worker in Sheffield is 44 years old. In SCC the median age of our workforce is 49. Across ASC only 9% of the workforce is age 25 years or younger.

We know that our future workforce is going to require more people working in ASC. Therefore, we need to attract more younger people from a diverse range backgrounds to work and develop in ASC.



In Sheffield there are approximately 7,600 people in receipt of care. A large proportion of people in care are over 65. In Sheffield 95,000 people are over 65 and this figure is projected to increase by 13,000 by 2030. Therefore, the interventions outlined in this proposal should have a positive impact on the elderly population of Sheffield.

The ASC WDS aims to improve recruitment into ASC. We will look at ways to attract a diverse range of people into starting careers in ASC from a range of backgrounds. This will include looking at ways to improve the volume of young people joining and staying in careers within ASC.

We will also look at interventions to improve retention in ASC and look at ways which people can stay in Health and Social Care with rewarding career progression pathways.

The interventions relating to learning and development will also improve the quality of service offered to customers.

Disability

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

In 2021, **9.1% of Sheffield residents were identified as being disabled and limited a lot, a decreased from 10.6% in 2011.**

In 2021, just over one in nine people (**11.6%**) **were identified as being disabled and limited a little, compared with 11.0% in 2011.** The proportion of Sheffield residents who were not disabled increased from 78.3% to 79.4%.

In SCC in 2020-21 15% of the ASC workforce indicated that they had a disability. We do not currently hold data on how many of the wider ASC workforce have disabilities.

We expect that this proposal will have a positive impact on both staff and customers with a disability. This proposal aims to make the adult social care workforce more representative of our diverse communities in Sheffield include those with a disability. We will work with partners in H&SC to improve our understanding of the ASC workforce and look into ways that we can improve health and wellbeing offer for all workers.

SCC recently introduced its Workplace Adjustment Passport which records employee's reasonable adjustments and flexible working arrangements and it had a positive impact on staff with disabilities. Person centred processes such as these are likely to have long term benefits on the accessibility of employment for disabled staff and their ability to develop within the organisation.

This proposal will also improve the learning and development offer for ASC workforce in Sheffield. We expect that this will have a positive impact on the people that they support as we will have a better trained, more stable and supported workforce.

Pregnancy/Maternity

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

The ASC workforce is significantly more female than male, with approximately 83% of the ASC workforce are female. Therefore, pregnancy and maternity issues are likely to have an overwhelming effect on this cohort of workers.

Currently there are no targeted interventions aimed at staff/customers who are pregnant or on a period of maternity leave within this strategy. However, there may be interventions identified later as part of co-design work when we explore health and wellbeing for the ASC workforce. This may raise specific areas and interventions relating to pregnancy/maternity leave which we may need to develop as part of future work.

Where there are interventions and opportunities then we will need to ensure that these continue to be accessible to staff who are pregnant or on maternity leave and ensure that communication is consistent throughout.

Race

Impact on Staff

Yes No

Impact on Customers

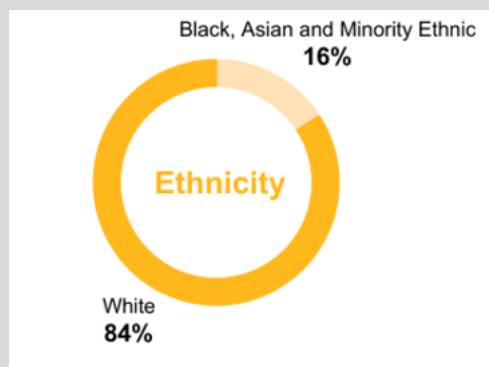
Yes No

Details of impact

- In 2021, around **465,400 Sheffield residents said they were born in England** or 83.6% of the local population, a **decrease from around 479,400 in 2011**, (86.7%) of Sheffield's population.
- **Pakistan was the next most represented**, with just under 9,900 Sheffield residents reporting this country of birth (1.8%).
- The number of **Sheffield residents born in countries that joined the EU between April 2001 and March 2011** (other than Poland, Croatia, Lithuania and Romania) **rose from around 3,200 in 2011 to around 6,900 in 2021**

The ASC workforce in Sheffield is made up of around 16% of people who identify as Black, Asian and Minority Ethnic (BAME). This is reflected in SCC where approximately 16% of workers identify as BAME.

In SCC there is a particularly under-representation for British Asian employees. With only 4.5% of workers from this background.



We expect that this proposal will have a positive impact on race for staff and customers in ASC in Sheffield. This proposal aims to make the adult social care workforce more representative of our diverse communities in Sheffield.

There are specific interventions contained within this proposal which will aim to support equality, diversity and inclusion throughout the ASC workforce. These include addressing some of the issues raised as part of the race equality commission & SACHMA reports, working with partners to co-design interventions relating to equality, diversity and inclusion and looking at ways to address and improve diversity in top-earners in ASC.

Religion/Belief

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

The current profiles for religion and belief for Sheffield and SCC employees in shown below:

Sheffield Profile - Religion and Belief Percentages		Sheffield City Council employees - Religion and Belief		
Christian	52.5%	Christian	43.7%	3090 Employees
No Religion	37.7%	No Religion	47.1%	3324 Employees
Muslim	7.5%	Muslim	5.6%	395 Employees
Other	0.5%	Other	2.6%	186 Employees
Buddhist	0.6%	Buddhist	0.3%	19 Employees
Hindu	0.9%	Hindu	0.2%	14 Employees
Sikh	0.2%	Sikh	0.2%	15 Employees
Jewish	0.1%	Jewish	0.1%	<10 Employees

The workforce data for the wider ASC workforce doesn't contain accurate information for the workforce on religion or belief.

From the data from our internal workforce, we can see that there is an underrepresentation for our workforce from Muslim and Hindu backgrounds. As part of this proposal, we aim to improve the equality and diversity of the ASC workforce. We will also aim to improve the data we hold on the wider ASC workforce to support our monitoring of the workforce.

This proposal should have a positive impact on customers of ASC services. With more representative workforce our customers will be supported by more people who understand their backgrounds, cultural and religious practices and beliefs.

Sex

Impact on Staff

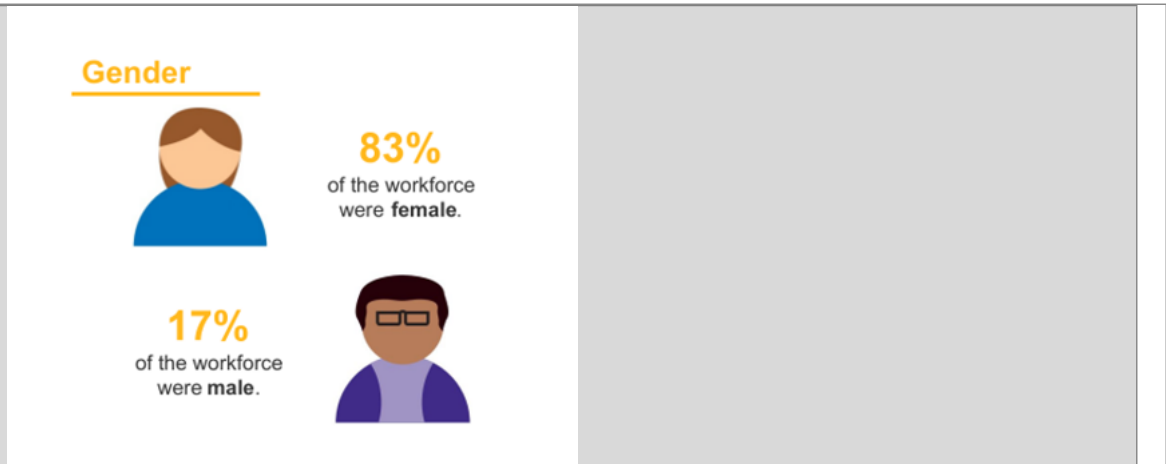
Yes No

Impact on Customers

Yes No

Details of impact

In ASC we know that the workforce is significantly more female than male, with approximately 83% of the ASC workforce are female.



This proposal aims to make the adult social care workforce more representative of our diverse communities in Sheffield. This proposal is like to have a positive impact on sex and will try to improve gender equality in the ASC workforce.

There may be specific interventions which are picked up as part of this proposal which will specifically support the health and wellbeing of the female workforce. This includes menopause support schemes which have already been trialled within ASC workforce in Sheffield.

Sexual Orientation

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

In SCC 4.7% of the staff identify as LGB+. Data for the representation of the wider workforce for sexual orientation is unclear. This is slightly under-representative of the wider population in Sheffield.

SCC currently has dignity and respect policies in place for the wider workforce and is a proud Stonewall employer.

Whilst there are no targetted interventions aimed at staff/customers sexual orientation within the ASC WDS. There may be interventions identified later as part of co-design work when we explore health and wellbeing and representation of the ASC workforce. This may raise specific areas relating to sexual orientation.

Gender Reassignment (Transgender)

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

Data on Gender Reassignment of the ASC workforce in Sheffield is fairly limited and due to such small numbers cannot be analysed without risking identifying individuals. SCC already has policy and guidance in place to

support trans people in workplace and to enable their managers and colleagues to support them.

The ASC WDS will look to improve data on the ASC workforce and improve equality and diversity across the ASC workforce.

SCC currently has dignity and respect policies in place for the wider workforce and is a proud Stonewall employer.

Whilst there are currently no targeted interventions aimed at this cohort of workers or customers we will review this element as part of the ongoing EIA review for the proposal.

There may be interventions identified as part of co-design work when we explore health and wellbeing for the workforce. This may raise specific areas relating to gender reassignment.

Carers

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

In 2021, **4.7% of Sheffield residents (aged five years and over) reported providing up to 19 hours of unpaid care each week**, a decrease from 7.4% in 2011.

In 2020 – 21 in the SCC ASC workforce 18.5% of staff identified as being an unpaid carer. As SCC has a high numbers of carers within its workforce and the age and sex profile (high numbers of females, median age 49) in comparison to the local community and the nature of the roles within ASC means that there is likelihood of having a high number of carers in this sector.

SCC has already introduced the Workplace Adjustment Passport to support and record flexible working arrangements. There has also been an increase in the amount of discretionary leave and unpaid leave staff can request to help with caring arrangements.

This proposal will seek to support activity to increase awareness of the support available to carers via a co-produced carers strategy.

We expect that this proposal will have positive outcomes for carers in ASC in Sheffield.

Voluntary, Community & Faith sectors

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

The aim is to improve equality implications and conditions for all adult social care workers in Sheffield. The proposal aims to value and empower the workforce and make the adult social care workforce more representative of our communities.

We will include VCFS organisations in future work to co-design interventions relating to the ASC workforce. VCFS organisations are represented on the Sheffield ASC Workforce Board which oversees much of the work referenced in this proposal. This proposal aims to improve cohesion across ASC providers and wider partners.

Partners

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

The proposal will seek to work with partners across AHSC to improve conditions for workforce. The implementation of this proposal should see a positive effect upon partners across the ASC system. There is specific action suggested within the proposal which aim to improve cohesion between H&SC.

Cohesion

Staff

Yes No

Customers

Yes No

Details of impact

This plan should have a positive impact on cohesion across H&SC. The plan will propose cohesive working and integration to address long standing issues surrounding workforce in ASC. There is specific action suggested within the proposal which aim to improve cohesion between H&SC.

Poverty & Financial Inclusion

Impact on Staff

Yes No

Impact on Customers

Yes No

Please explain the impact

This proposal should have a positive impact on poverty and financial inclusion for the ASC workforce in Sheffield. There are specific actions which will aim to improve the learning and development offer for the ASC workforce. We will aim to create specific career development pathways which should make it easier for the ASC workforce to develop and progress across H&SC. This proposal aims to make pay and benefits more equitable across the ASC system. The proposal will also aim to look at ways to recognise and reward the ASC workforce.

Armed Forces

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

Currently there are no targetted interventions aimed at staff/customers from Armed Forces. There may be interventions identified at a later time as part of co-design work when we explore health and wellbeing for the workforce. This may raise specific areas relating to Armed Forces.

Other

Please specify

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

Action Plan and Supporting Evidence

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

There is an action plan included as part of the Workforce Development Strategy. This details the actions and timescales for activity mentioned within the EIA.

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

Evidence mentioned above is taken from SCC equalities data and Skills for Care Workforce Data Set.

Detail any changes made as a result of the EIA

No specific changes made as a result of the EIA. We will regularly monitor and update the EIA to reflect work undertaken as part of the strategy.

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

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

Sign Off

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

Yes No

Date agreed

Name of EIA lead officer

Review Date

This page is intentionally left blank

Climate Impact Principles

Sheffield City Council is committed to acting on climate change and our ambition is to be a Net Zero city by 2030. The Council's One Year Plan 2021-2022 sets priorities around climate change, economy, and development. The draft 10 Point Plan for climate action sets the 10 key commitments for action for the short term, outlining the context for our climate action over the next few years.

Sheffield Adult Social Care Workforce Development Plan runs parallel to the Council's climate commitments and provides a clear opportunity to influence our climate ambitions on a broader scale. The plan is a system wide vision for workforce in adult social care, thus providing a chance to influence the city beyond the Council through partnerships and commissioning, alongside direct guidance with people who use social care services.

The Social Care Institute of Excellence highlights that 'the health implications of climate change are already in evidence and impact more greatly on vulnerable groups.' As highlighted in our strategy:

- Sheffield can expect to see an increase in the population aged over 65
- We expect more people will be living with disabilities in the working age population
- Health inequalities are significant and have been exacerbated by the coronavirus pandemic
- There are approximately 15000 adult social care roles in Sheffield – a significant proportion of the working population
- Approximately 10% of our population are carers, many of whom have been caring more due to the coronavirus pandemic.

Climate change threatens the health and wellbeing of people in our city and particularly people who use adult social care services. The Social Care Institute of Excellence outlines a series of negative impacts of climate change:

- 'an increase in heat-related deaths – predicted to reach 20,000 a year in the UK by 2050 due to more frequent and severe heat waves
- increased cases of skin cancer and cataracts
- injuries and infectious diseases as a result of increased flooding – a Foresight report predicted that by 2080 over three million people in the UK could be at risk from flooding
- anxiety and depression linked to physical and economic insecurity – flooding increases the risk of depression fourfold
- respiratory disease, insect-borne disease, and food poisoning are also expected to increase.'

Climate action in adult social care

In line with the plans commitments to reduce inequality and improve outcomes for the adult social care workforce in Sheffield, we must recognise and act on the impact our adult social care system has on our climate. We aim to do more to identify these impacts, measure, monitor and reduce where possible, incorporating the use of tools such as the Climate Impact Assessment tool in future decision making on projects that will flow from the strategy.

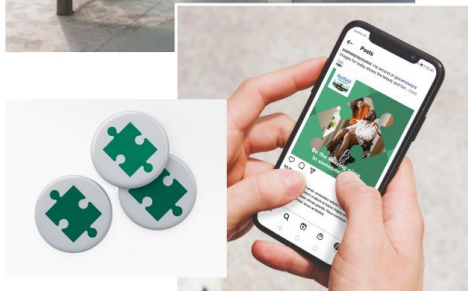
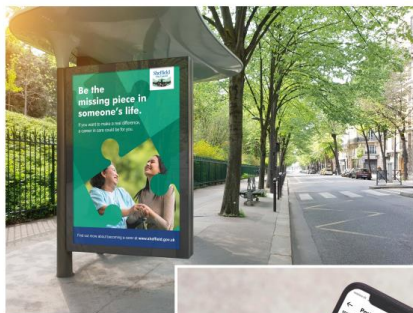
Actions that we take to tackle climate change in adult social care ultimately will work alongside our aims outlined in the plan focused on improving outcomes for our workforce. We have outlined several areas below that indicate what we intend to explore in tackling the adult social care impact on Sheffield's climate ambitions:

- The workforce development plan requires partnership with organisations across the city in order to be successful – we'll build on this to work with partners on projects to tackle our net zero ambitions
- Where building, refurbishment or infrastructure projects are needed, we will follow principles of sustainable design and construction aiming to minimise environmental impacts and maximise the future sustainable use of any building
- We will think creatively about how we can incorporate demand reduction, decarbonisation of vehicles and active travel into the provision of services
- We will encourage access to green spaces for our workforce, including more active travel, improving health benefits, such as reduced cardiovascular disease, depression, diabetes and dementia
- We will influence the conversation on climate change action, thinking about how our daily interactions can increase positive climate action in the city, for example through supporting people to think about household energy efficiency, which could also improve health, through improved indoor temperatures and air quality, alongside addressing fuel poverty
- Wherever possible, we will aim to minimise our use of materials and resources and the production of waste, searching for new technologies and products that may assist with this
- Ensure that those most at risk from the impacts of climate change are supported to increase their resilience.

Variation 1



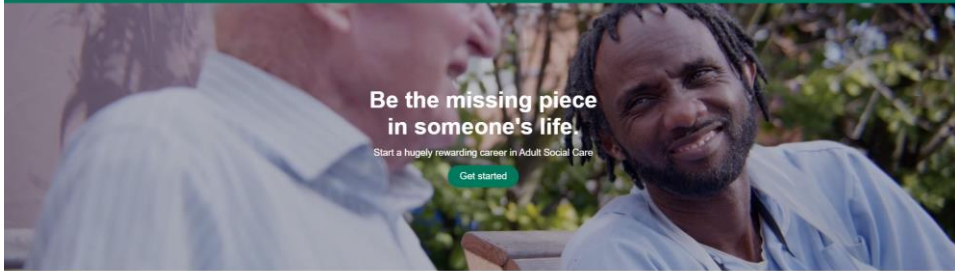
Page 129



SHEFFIELD CITY COUNCIL:

Adult Social Care Recruitment Campaign

'Be the missing piece in someone's life'



Why start a career in Adult Social Care?



Make a difference everyday

Make a difference, one person at a time. Improve their quality of life by giving them the support and independence they need.



Flexible hours to suit you

Have flexibility with part-time and full-time roles available, as well as more choices around working hours, not just your typical 9 – 5.



Career progression

There are plenty of opportunities for career progression with many career paths, meaning ample prospects for career progression from managerial to senior roles.



Training and qualifications

There are comprehensive training programmes available to develop the skills and knowledge of health and social workers. No previous qualifications are necessary.

Get started

What types of roles are available?



Activities Worker



Care Worker



Personal Assistant



Shared Lives Carer



Advocacy Worker

Campaign delivery - Website & Videos

Yellow designed and produced a mobile responsive website (sheffieldcares.co.uk) with lots of information and stories to help people learn about a career in adult social care, along with a section with the latest jobs to apply for.

The centre pieces of the campaign were 'day in the life videos' of different carers that work in Sheffield - which were filmed and edited by Yellow's video crew. **Click the images below to watch a video!**



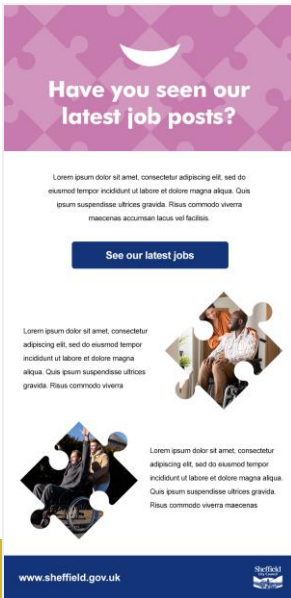
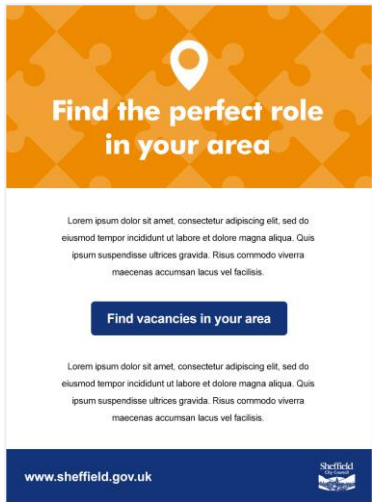
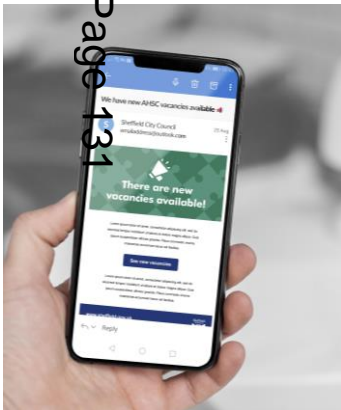


Campaign delivery - Digital Marketing

Yellow have produced templates for a variety of digital marketing for the campaign that can be used on a on-going basis, as well as being able to edit them easily for other campaigns.

We produced social media posts, Facebook advertising, LinkedIn adverts, Email marketing, banner advertising and more.

Examples below.



Roller banners



Page 1/22

Posters



Event Planning / Design

For the recruitment event itself, we produced a variety of marketing materials to be printed for the day.

We designed a variety of roller banners, posters, leaflets, info packs, tote bags etc and more.

Examples below.

Brochure / info pack



Trifold leaflet



Branding / logo design for the event

Logo 3



Horizontal



Portrait



Colour variations on white backgrounds



Logo on coloured backgrounds





Images of the very successful event – over 300 people attended!

Sheffield City Council
20 February at 08:40

Do you want to make a difference in people's lives and work flexible hours? Don't miss our adult health and social care job fair tomorrow 11am-2pm at Sheffield Town Hall.

Our friendly team will be there to debunk all the myths, show you how incredible working in adult social care can be, answer any questions you have, and also fill in a quick questionnaire to find out what role would suit you best.

For more details and to register, see sheffieldcares.co.uk... See more

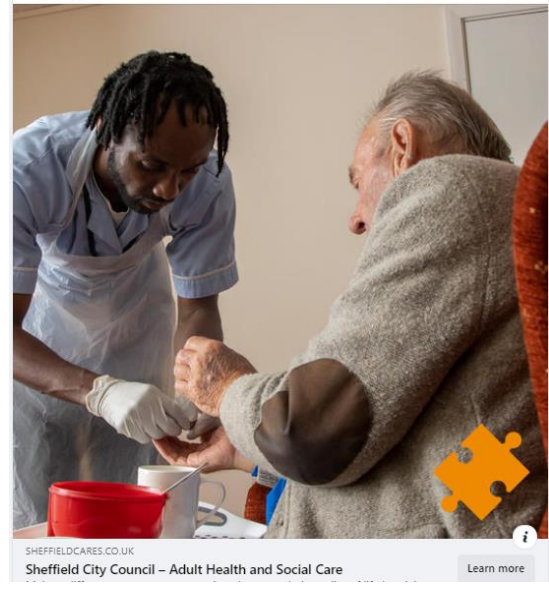


Sheffield City Council
13 February at 10:00

Do you enjoy making a difference in people's lives? A role in adult health and social care could be the perfect job for you!

Come along to our job fair on Tuesday 21 February 11am-2pm at Sheffield Town Hall to find out more about the many different roles available.

Unlike set shift jobs, it can offer you flexibility across many different days and shifts. You don't need any previous qualifications to apply and there is a wide range of opportunities for you to help change and... See more



Content – Social media, photography and content marketing

Yellow produced a variety of content to spread the word of the campaign over social media, local websites and press..

Multiple social posts were designed and written, press releases were written to be sent to local journalists and our photographers took a variety of images to be used in the future.

Sheffield Council PR – Recruitment Day – BENEFITS OF AHSC

HEADLINE: Discover the benefits of a career in Adult Health and Social Care at Sheffield City Council's Recruitment Day

DATE OF PUBLICATION: TBC

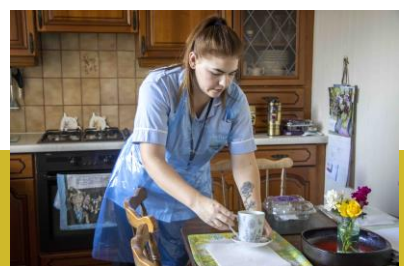
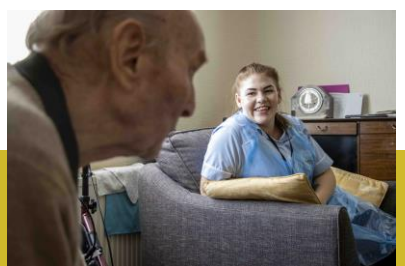
SUMMARY & BODY PARAGRAPH:

Sheffield City Council is one of the largest employers in Sheffield, with over 7,000 employees providing a huge range of services to over 574,000 residents, as well as visitors to the city. There are over 14,000 social care roles in the city, allowing for plenty of employment opportunities.

On Tuesday 21st February 2023 Sheffield City Council will be hosting a **FREE** drop-in event, aimed at those who are looking for work and are wanting to go into the Adult Health & Social Care Industry, or for those looking to advance their career in Adult Health & Social Care. There will be providers from across health and social care attending the event.

It will be taking place in Sheffield Town Hall, between 11 am – 2 pm.

We will be recruiting for Adult Health & Social Care roles in the following areas:



Page 1 of 4



Report to Policy Committee

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

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

Has an Equality Impact Assessment (EIA) been undertaken?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
If YES, what EIA reference number has it been given? 1146				
Has appropriate consultation taken place? See notes below	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Has a Climate Impact Assessment (CIA) been undertaken?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Does the report contain confidential or exempt information?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
If YES, give details as to whether the exemption applies to the full report / part of the report and/or appendices and complete below: -				
<i>Appendix 2 is not for publication because it contains exempt information under Paragraphs 3 and 5 of Schedule 12A of the Local Government Act 1972 (as amended).</i>				

Purpose of Report:

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

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

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

Recommendations:

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

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

Background Papers:

Appendix 1 – Equality Impact Assessment

Appendix 2 – Legal Implications

Lead Officer to complete: -		
1	I have consulted the relevant departments in respect of any relevant implications indicated on the Statutory and Council Policy Checklist, and comments have been incorporated / additional forms completed / EIA completed, where required.	Finance: Laura Foster
		Legal: Richard Marik
		Equalities & Consultation: Ed Sexton
		Climate: Jessica Rick
	<i>Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.</i>	
2	SLB member who approved submission:	Alexis Chappell
3	Committee Chair consulted:	<i>Cllrs Angela Argenzio and George Lindars-Hammond</i>
4	I confirm that all necessary approval has been obtained in respect of the implications indicated on the Statutory and Council Policy Checklist and that the report has been approved for submission to the Committee by the SLB member indicated at 2. In addition, any additional forms have been completed and signed off as required at 1.	
	Lead Officer Name: Avi Derei	Job Title: Commissioning Officer
	Date: 27/02/2023	

1. PROPOSAL

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

Background

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

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

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

Rationale for extension

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

18-year-olds.

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

Going forward

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

2. HOW DOES THIS DECISION CONTRIBUTE?

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

proposal to extend the current contract contributes most significantly to:

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

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

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

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

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

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

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

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

3. HAS THERE BEEN ANY CONSULTATION?

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

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

4. RISK ANALYSIS AND IMPLICATIONS OF THE DECISION

4.1 Equality Implications

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

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

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

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

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

4.2 Financial and Commercial Implications

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

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

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

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

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

4.3 Legal Implications

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

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

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

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

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

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

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

4.3.6 Further Legal Implications are set out in Appendix 2.

4.4 Climate Implications

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

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

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

5. ALTERNATIVE OPTIONS CONSIDERED

5.1

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

6. REASONS FOR RECOMMENDATIONS

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

Part A

Initial Impact Assessment

Proposal name

Advocacy Framework Extension & Retender

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

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

Proposal type

Budget Non Budget

If Budget, is it Entered on Q Tier?

Yes No

If yes what is the Q Tier reference

Year of proposal (s)

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

Decision Type

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

Lead Committee Member

Lead Director for Proposal

Alexis Chappell

Person filling in this EIA form

Avi Derei

EIA start date

01/04/2023

Equality Lead Officer

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

Lead Equality Objective

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

Portfolio, Service and Team

Is this Cross-Portfolio

- Yes No

Portfolio

People

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

- Yes No Please specify

Consultation

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

- Yes No

If consultation is not required please state why

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

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

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

- Yes No

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

- Yes No

If you have said no to either please say why

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

Initial Impact

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

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

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

Identify Impacts

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

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

Cumulative Impact

Does the Proposal have a cumulative impact

- Yes No

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

If yes, details of impact

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

Proposal has geographical impact across Sheffield

- Yes No

If Yes, details of geographical impact across Sheffield

Local Area Committee Area(s) impacted

- All Specific

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

Initial Impact Overview

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

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

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

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

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

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

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

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

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

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

Initial Impact Sign Off

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

Yes

No

Date agreed

24/01/2023

Name of EIA lead officer

Ed Sexton

Part B

Full Impact Assessment

Health

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

Yes No *if Yes, complete section below*

Staff

Yes No

Customers

Yes No

Details of impact

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

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

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

Comprehensive Health Impact Assessment being completed

Yes No

Please attach health impact assessment as a supporting document below.

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

Yes No

Name of Health Lead Officer

Age

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

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

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

Disability

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

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

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

Pregnancy/Maternity

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

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

Race

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

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

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

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

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

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

Religion/Belief

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

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

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

Sex

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

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

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

Sexual Orientation

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

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

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

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

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

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

Gender Reassignment (Transgender)

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

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

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

Carers

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

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

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

Customers –

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

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

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

future.

Poverty & Financial Inclusion

Impact on Staff

Yes No

Impact on Customers

Yes No

Please explain the impact

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

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

Cohesion

Staff

Yes No

Customers

Yes No

Details of impact

Partners

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

Armed Forces

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

Other

Please specify

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

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

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

Detail any changes made as a result of the EIA

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

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

Sign Off

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

Yes No

Date agreed Name of EIA lead officer

Review Date

This page is intentionally left blank



Report to Policy Committee

Author/Lead Officer of Report: Jo Pass – Assistant Director – Living and Ageing Well.
Nicola Afzal – Interim Assistant Director Living and Ageing Well

Report of: Strategic Director of Adult Care and Wellbeing.

Report to: Adult Health and Social Care Policy Committee

Date of Decision: 16th March 2023

Subject: Living and Ageing Well Strategic Delivery Plan and Market Position Statement

Has an Equality Impact Assessment (EIA) been undertaken?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
If YES, what EIA reference number has it been given? 1477				
Has appropriate consultation taken place?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Has a Climate Impact Assessment (CIA) been undertaken?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Does the report contain confidential or exempt information?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If YES, give details as to whether the exemption applies to the full report / part of the report and/or appendices and complete below:-				
<i>"The (report/appendix) is not for publication because it contains exempt information under Paragraph (insert relevant paragraph number) of Schedule 12A of the Local Government Act 1972 (as amended)."</i>				

Purpose of Report:

This report outlines the City wide Older Adults / Ageing Well Strategic Delivery Priorities. It describes the vision for older adults and adults living with dementia, the steps that we have already been taken to implement our city-wide older adults / ageing well service and the measures proposed to continue to embed and deliver our strategic vision for older adults and adults living with dementia in our city.

It also sets out a Market Position Statement which sets out our intentions for the way we intend to support people to 'Live and Age Well' in Sheffield. This will include what we intend to commission, how we would like this support to be delivered and the relationships that we would like to establish to make this a reality.

Recommendations:

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

1. Endorses the direction of travel, including the priorities and closer joint working with primary care, voluntary sector, and communities.
2. Approves the Living and Ageing Well Market Shaping Statement.
3. Requests that the Director of Adult Health and Social Care provides the Committee with updates on the progress and outcomes of this delivery strategy on a 6 monthly basis.

Background Papers:

Appendix 1: Living and Ageing well Market Shaping Statement

Appendix 2: Equalities Impact Assessment.

Lead Officer to complete:-		
1	I have consulted the relevant departments in respect of any relevant implications indicated on the Statutory and Council Policy Checklist, and comments have been incorporated / additional forms completed / EIA completed, where required.	Finance: Liz Gough
		Legal: Patrick Chisholm
		Equalities & Consultation: Ed Sexton
		Climate: Jessica Rick
	<i>Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.</i>	
2	SLB member who approved submission:	Alexis Chappell
3	Committee Chair consulted:	<i>Councillor George Lindars-Hammond. Councillor Angela Argenzio, Councillor Steve Ayers.</i>
4	I confirm that all necessary approval has been obtained in respect of the implications indicated on the Statutory and Council Policy Checklist and that the report has been approved for submission to the Committee by the SLB member indicated at 2. In addition, any additional forms have been completed and signed off as required at 1.	
	Lead Officer Name: Jo Pass Nicola Afzal	Job Title: Assistant Director Living and Ageing Well Interim Assistant Director Living and Ageing Well.
	Date: 16 th February 2023	

1. PROPOSAL

1.1 Our vision is that ‘everyone in Sheffield lives in a place they can call home, in communities that care, doing things that matter to them, celebrated for who they are - and when they need it, they receive care and support that prioritises independence, choice, and recovery.

1.2 Through the future design of Adult Care, a Living and Ageing well service was established to provide a dedicated focus on enabling older Adults and people living with dementia to live the life they want to live. After a restructure of Adult Care, the Service went live on 27th February 2023.

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

1.4 An Overview of Living and Ageing Well

1.4.1 The Living and Ageing Well portfolio have an overall budget of £140.7m and a staff group of 433. It receives 50,000 contacts per year, supports 7,600 people on a long-term basis and has oversight of:

- Social work assessment and care management functions across community, residential care, and hospital settings.
- Commissioned and Council provision of homecare, enablement older adults residential care and day activities, including strategic leadership of all commissioning activity relating to older Adults and people living with dementia.
- Occupational Therapy, Housing, Health and Adaptations, City Community Alarms, and provision of Equipment.
- National and Strategic Agendas relating to Living and Ageing well, Integrating with Health, Urgent Care and Hospital Discharge.

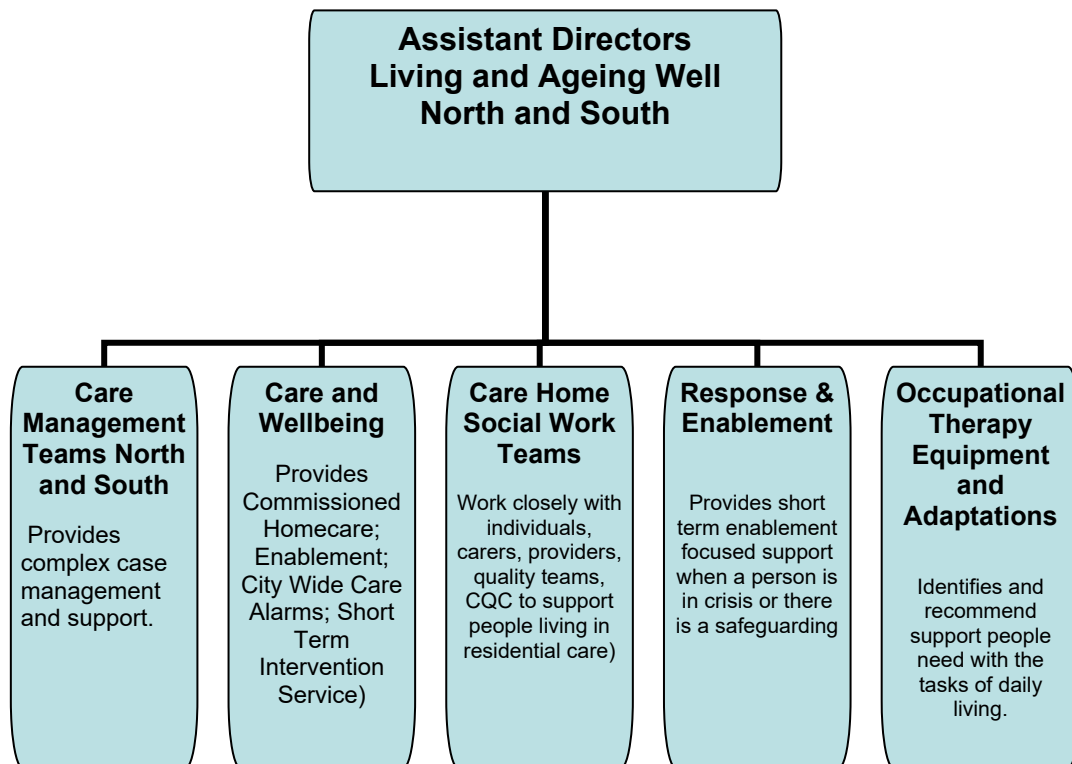
1.4.2 The commitments and outcomes outlined in the [Adult Care Strategy](#) have been used as the guiding principles, for developing the Living and Ageing well service and design. They show how we'll achieve individual's outcomes and highlight what we want to do better for citizens of Sheffield. Our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

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

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

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

1.4.4 To support this, as part of implementation of the future design, living and ageing well portfolio is now structured in the following service areas:



1.4.5 The teams are aligned to primary care networks and to trusts enabling Adult Care to develop our close working relationships with our health colleagues. In addition, the service will aim to connect with communities and work with voluntary sector, faith groups and providers to support Adults living in our communities to feel connected and able to live the life they want to live.

1.4.6 The teams will support, and lead delivery of the homecare transformation and residential care plans approved at Committee and our approach to admission avoidance and our home first model to enable people to be discharged when well. They service will also work with colleagues to look at housing with support as part of transformation of our residential offer.

- 1.4.7 Safeguarding is everyone’s responsibility, and all our teams will fulfil our duties under the 2014 Care Act. Aligned to the safeguarding delivery plan this new structure brings greater alignment and coordination between Council and Commissioned provision and with that greater oversight and ability to consider earlier indicators of concern.
- 1.4.8 In addition, all parts of the service will build upon our early intervention and prevention offer, described in the early intervention and prevention report to Committee today as well as enable individuals to prevent admission to hospital and return home from hospital when well.
- 1.4.9 The next phase of Living and Ageing Well is to embed these new ways of working and to take a learning approach working in partnership with individuals, carers, our workforce, and partners so that we continue to develop the service. We will, in particular, focus on how we are delivering improved outcomes and experiences for older Adults and people living dementia and building a culture of continuous improvement and learning to do that.
- 1.4.10 As the service continues to grow and flourish, it’s our aim that we become seen a model of best practice and innovation across England so that we can be confident that we are delivering very best outcomes.

1.5 Delivery on Outcomes

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

I Statements
Adult social care services and activities in your area
I know what services and opportunities are available in my area.
I know where to go and get help.
I know what services are available and can make informed decisions.
I am confident to engage with friends/support services.
The system is easy to navigate
The contact you have with adult social care workers and services
I have a conversation with someone who understands me.
When I need support, it looks at my whole situation, not just the one that might be an issue at the time.
I deal with people I know and trust that are well-trained and love their job, respect my expertise, and can make decisions with me.
I know that I have some control over my life and that I will be treated with respect
I am seen as someone who has something to give, with abilities, not disabilities. I get support to help myself.
I can make a choice on whether I move into a care home, and where

and with whom I live.
I know that I have control over my life, which includes planning ahead
We start with a positive conversation, whatever my age
I only tell my story once unless there are changes to 'what matters to me'.
I am listened to and heard and treated as an individual.
All about you
I am resilient and have good mental health and wellbeing.
I have balance in my life, between being a parent, friend, partner, carer, employee.
I feel that I have a purpose.
I can manage money easily and use it flexibly.
I can have fun, be active, and be healthy.

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

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

1.6 Living and Ageing Well Market Position Statement

1.6.1 A Market Position Statement (MPS) is written by local authorities to advise providers about how what we commission could change and what the local authority's commissioning intentions are. It is a key element of the analyse and plan stages of the commissioning cycle as it will inform the subsequent planning and delivery of services for the next few years. It will be updated as required.

1.6.2 In line with commitments set out in the Adult Social Care Strategy, Future Design, and the accompanying Delivery Plan, in this MPS we are setting out our intentions for the way we intend to support people to 'Live and Age Well' in Sheffield. This will include what we intend to commission, how we would like this support to be delivered and the relationships that we would like to establish to make this a reality.

1.6.3 In doing so, we aim to effectively contribute to the wider partnership in place in Sheffield to improve the lives and outcomes of individuals and Carers' who are ageing and to our communities across Sheffield. Our commitment is to involvement and co-design with individuals, Experts by Experience, and their families and carers, so that what we commission

reflects individuals' views and wishes, and the outcomes and intentions set out in our Adult Social Care Strategy.

1.6.4 The Market Position Statement is attached at Appendix 1 and submitted to Committee today for approval.

1.7 Delivery Planning and Priorities for 2023 to 2025

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

1.7.2 The Milestones are:

Milestone Date	Actions
By June 2023	Establish a working group to implement joint working with health colleagues, local area committees, housing, providers and voluntary sector to achieve integrated and community connected model of working which delivers joined up local services for individuals, carers, and communities which promotes and enables individuals to live independent, healthy lives in their own home or a homely setting.
By June 2023	Launch and implement the Living and Ageing Well Market Position Statement
By June 2023	Feedback, surveys, quality assurance, and business improvement plans embedded in service so that this informs continued improvement.
By December 2023	Establish service wide practice model, practice standards, practice development plan and quality assurance, LGA Workforce standards, consistently across the service. Assessments and reviews are completed using a strength-based, outcomes led, and enablement approach and we are embedding a named worker approach.
By December 2023	Establish new homecare 'care and wellbeing service' and completion of phase 2 of the care home residential plan, including closer working relationships and a one team approach between care management, internal provision, and commissioned providers.

By April 2024	Establish and embed the living and ageing well model following on from launch of the Adult Care future design on 27 th February 2023.
By April 2024	Leaders, Staff and Stakeholders are and feel confident about the support, leadership and plans in place.
By April 2024	Continuous improvement, quality assurance, policies and audit processes are embedded and evidenced throughout all levels of the service and publicly available.
By June 2024	Co-design a new Sheffield Dementia Strategy to provide strategic direction.

2. HOW DOES THIS DECISION CONTRIBUTE?

- 2.1 This proposal supports the delivery of the Councils 6 commitments. Of note it meets the Commitments 1,3 and 6 ASC outcome/s that are set out in the ASC Care Governance Strategy in several ways.
- 2.2 Our Living and Ageing Well strategy support people to live a fulfilling life at home, connected to the community and resources around them, and provide care and support where needed. Keeping the person at the heart of what we do, this strategy ensures that our adult social care services are structured in a way that supports working in partnership with older adults and those living with dementia and places our resources in the communities where they live. It facilitates closer working partnerships between the agencies and resources that support older adults and those living with dementia.
- 2.3 Provide care and support with accommodation where this is needed in a safe and supportive environment that can be called home. Our strategy is committed to promoting and enabling people to live as independently as possible in a place that they can call home. Once again partnership working is key to delivering on this commitment as we work with a range of colleagues including our housing services to support our work. The Adaptations, Health and Housing service are part of the the living and ageing well service. Our Care home transformation plan ensures that we develop a residential and nursing care offer that enables people to remain connected to their communities and the things that create well-being for that person.
- 2.4 Make sure there is a good choice of affordable care and support available, with a focus on people’s experiences and improving quality. In support planning with people, we first and foremost consider their strengths and resources, we look at resources within their communities, assistive technology or will equipment and or adaptations meet their eligible need and promote their independence. If we need to explore formal support alongside the care and well-being transformational contract which moves

us from a home care provision centred around time and task to outcomes focused support. We continue to develop our offer in relation to the person accessing a direct payment giving the person choice and control as to how they purchase the support they need to meet their eligible support needs. This approach supports creating a choice of affordable care and support options.

3. HAS THERE BEEN ANY CONSULTATION?

3.1 A crucial element in the successful promotion of independent living and reablement is the increased involvement in people receiving, and staff directly delivering care, in the development of all key parts of the plan. Throughout the sector, we know that involving and coproducing these makes them more likely to be successful.

3.2 To enable this, the governance structures will include the voices of those receiving care, carers, partners, and care providers so that we ensure we deliver what matters to people of Sheffield. This includes co-developing a mechanism (e.g., Citizens Board) so that people with lived experience are equal partners. An overall approach to coproduction and involvement is also a key element of the delivery plan, ensuring that the voice of citizens is integrated into all major developments ahead.

4. RISK ANALYSIS AND IMPLICATIONS OF THE DECISION

4.1 Equality Implications

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

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

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

4.2 Financial and Commercial Implications

4.2.1 There are no direct financial implications of this report.

4.3 Legal Implications

4.3.1 The core purpose of adult health and social care support is to help people to achieve the outcomes that matter to them in their life. The Care Act 2014 sets the Council's statutory power to direct the provision that:

- promotes wellbeing
- prevents the need for care and support
- protects adults from abuse and neglect (safeguarding)
- promotes health and care integration
- provides information and advice
- promotes diversity and quality.

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

4.3.3 The Care Act Statutory Guidance requires at para 4.52 that "... Local authorities should have in place published strategies that include plans that show how their legislative duties, corporate plans, analysis of local needs and requirements (integrated with the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy), thorough engagement with people, carers and families, market and supply analysis, market structuring and interventions, resource allocations and procurement and contract management activities translate (now and in future) into appropriate high quality services that deliver identified outcomes for the people in their area and address any identified gaps".

4.3.4 This report evidences the continuing strategy to ensure these obligations are met within the Living and Ageing Well Service.

4.4 Climate Implications

4.4.1 The Adult Social Care Strategy and Delivery Plan makes specific reference to ensuring a focus on Climate Change – both in terms of an ambition to contribute to net zero as well as adapt to climate change.

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

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

- The Climate Impact Assessment for Recommissioning Homecare Services

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

4.5 Other Implications

4.5.1 No other implications identified.

5. ALTERNATIVE OPTIONS CONSIDERED

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

6. REASONS FOR RECOMMENDATIONS

6.1 An approved delivery plan and market position statement gives a structured approach to the promotion of delivering on our commitments to older adults and adults living with dementia through the development of the Living and Ageing Well Service. It will also provide greater accountability and transparency of how will do this.

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

This page is intentionally left blank



Adult Social Care Living and Ageing Well Market Position Statement

2023 – 2030

Contents

1. Introduction.....	3
1.1 Our vision and long-term strategy for adult social care in Sheffield.....	3
1.2 The purpose and scope of this Market Position Statement.....	3
2. Headline messages.....	6
3. Our social care vision for Living and Ageing Well	10
4. Population Estimates	12
5. Demand for Services	14
6. Expenditure	17
7. Overview of the older people’s market and messages for providers.....	20
7.1 Preventative, Enabling and Community Based Support.....	20
7.1.1 Overview	20
7.1.2 Messages for the market.....	23
7.2 Ongoing Care and Support at Home	23
7.2.1 Overview	23
7.2.2 Messages for the market.....	24
7.3 Ongoing Care with Accommodation	25
7.3.1 Overview	25
7.3.2 Messages for the market.....	26
7.4 Direct Payments and Individual Service Funds (ISFs)	26
7.4.1 Overview.....	26
7.4.2 Direct Payments	27
7.4.3 Individual Service Funds (ISFs)	27
7.4.4 Messages for the market.....	28
7.5 Other Messages for the market.....	28
7.5.1 Messages for the market.....	29
8 Working with partners	30

1. Introduction

1.1 Our vision and long-term strategy for adult social care in Sheffield

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

The Adult Social Care Strategy for Sheffield was approved at Sheffield City Council's Co-Operative Executive on 16th March 2022 and covers the period of 2022- 2030. A Delivery Plan was subsequently agreed on 15th June 2022. The document, and background information, can be found on the [Council's website](#).

The vision and strategy set out the approach to make sure that everyone can live and age well in Sheffield. It was developed through significant co-production principles and formal consultation over an 18-month period. This involved people receiving services, carers, providers, partners, and workforce across the sector. The strategy makes 6 commitments as the guiding principles we will follow and how we deliver this strategy. They show how we will achieve our outcomes and highlight what we want to do better. By working in this way, we want to achieve fundamental changes to the experience of and quality of social care in the city. These commitments are:

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

1.2 The purpose and scope of this Market Position Statement

In Sheffield we follow a commissioning cycle consisting of:

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

A **Market Position Statement** (MPS) is written by local authorities to advise providers about how what we commission could change and what the local authority's commissioning intentions are. It is a key element of the analyse and plan stages of the commissioning cycle

as it will inform the subsequent planning and delivery of services for the next few years. It will be updated as required and will underpin more detailed commissioning plans.

In line with commitments set out in the Adult Social Care Strategy and the accompanying Delivery Plan, in this MPS we are setting out our intentions for the way we intend to **support people to 'Live and Age Well' in Sheffield**. This will include what we intend to commission, how we would like this support to be delivered and the relationships that we would like to establish to make this a reality. In doing so, we aim to effectively contribute to the wider partnership in place in Sheffield to improve the lives and outcomes of individuals and Carers' who are ageing . Although the intentions are those of the local authority, the work will be done in partnership with others, and section 8 of this report lists some further areas of joint working.

The target audience for this document is broad. Its audience is of course providers of living and ageing well services who are currently, or who wish to be, delivering such provision in Sheffield. By 'providers' we mean private sector, community, voluntary and faith sectors, statutory bodies and our own 'in-house' providers.

But our commitment to involvement and co-design with individuals, Experts by Experience, and their families and carers, means that the audience also includes people who use services and their carers', advocacy organisations, health and social care professionals, and of course, our partners internally to the council and within the health sector. It is important that what we commission reflects individuals' views and wishes, and the outcomes and intentions set out in our Adult Social Care Strategy.

We acknowledge that the Council has a perspective on 'the market'; however, we appreciate that it is both experienced and understood from different perspectives, and by groups and individuals with different priorities. In early 2023 we will invite comments from people and groups on this document and will take those comments into account in the final version. We will also include people and partners every time we commission a new service.

This document concerns itself solely with provision of ageing and living well social care support as a practical step in ensuring people of Sheffield have the right social care support at the right time. It has a focus on the factors which affect living and ageing well and how social care support can respond to mitigate these factors and their impact.

Other areas of adult social care commissioning will, over time, be producing their own specific market position statements, and an overarching statement on the adult social care market has also been produced.¹ Further work will have a more general perspective around subjects like the adult social care workforce and training opportunities for providers, which are not addressed specifically in this document.

¹ See [12. Appendix 1 Market Shaping Statement COM22-23-STR-002.pdf \(sheffield.gov.uk\)](#) and [12. Appendix 2 Market Sustainability Delivery Plan COMM22-23-STR-002.pdf \(sheffield.gov.uk\)](#).

2. **Headline messages**

There are **fourteen key messages** that this document aims to get across to its readers:

1. Partnerships with providers

We want to improve our relationships with providers and will be looking for ways to do this more effectively

We will also work with providers to develop our commissioning plans and set up “calls for evidence” and collaborative forums to help develop the marketplace and enhance our commissioning plans.

2. Exploring preventative approaches that help delay the need for more formal care and support

Our prevention approach is aimed at developing self-help principles and enhancing peoples own skills, abilities, and knowledge.

We will work on our strategy to understand those interventions that have the most impact and where these can be sourced. We expect the voluntary sector will have a role to play in this.

3. Enhancing the reablement and independence offer

We will review the reablement offer that is currently provided however we don't expect this will be provided by the external market.

But we want all our commissioned providers to understand and replicate an enablement approach encouraging people to continue where possible to maintain the skills they have by working with them to achieve this.

4. Flexible and creative daytime opportunities

Building based day services are likely to remain popular with some people but providers who can help people connect with their local community away from such centres will also be encouraged. We will be exploring options in the future which enhance the daytime opportunities offer and extend this to more flexible hours including evenings and weekends.

5. More creative and flexible short term care options

We have started to implement the recommendations from our short-term care strategy; however, we want to look for more flexible and creative short-term care in the community. We are particularly interested in providers who can offer short term nursing care.

6. Rapid solutions to avoid unnecessary admissions and more responsive care out of Hospital

We have recently re procured (with health colleagues) some of our hospital discharge support services (S2A beds in care homes). However, we want to explore other options with the market that can respond quickly to crisis and prevent unnecessary hospital or care home admissions. We aim to do this with our partners in the NHS.

7. Technology/Equipment

We believe there is merit in developing the use of technology to support people's lifestyle choices and help people continue to be independent, we are interested to learn from providers who have experience of positive outcomes with the use of digital and technological approaches in social care. We will be developing our strategy relating to tech enabled care and encourage providers to be part of the developments.

8. Care at Home – Care and Wellbeing in the Community

We are in the process of transforming our current framework for home care into a new Care and Wellbeing service. We want to work with the market to develop this over the coming years and ensure it can adapt to changing needs and aspirations.

We are likely to recommission our care at night service in the near future and we will also be exploring the benefits of supported living for older people.

9. Care and support with accommodation and new accommodation solutions

We expect the future demand for care homes in their current form to decline. However, in the short term we intend to strengthen our agreements with the market by developing a framework of providers who can meet the requirements of a new specification. We want to work with these providers to develop care homes which are sustainable enough to enhance personalised care and community connectedness. We expect there to be a greater role for care homes in the future in providing more specialised support for people who are very frail or who have multiple and complex physical and cognitive needs, we anticipate the need for nursing placements to be in demand in the short term.

It is likely that as long-term placements into care homes continue to decrease, we will want more and improved housing with care options such as extra care and supported living arrangements and we are interested in working with providers who have other ideas or plans for care with accommodation, this includes social landlords. We will work in partnership with Housing and Health to develop a delivery plan which sets out the type of accommodation with care we will develop over next 10 years to promote and enable independent living

10. Fair Cost of Care

Over the coming years, we intend to address some of the discrepancies inherent in current fee arrangement to achieve transparency in costs and provision wherever possible, to generate best value for the Council and the best service possible for people who use services. The 'cost of care exercise' with care homes and home care agencies is the start of this work.

11. Improving the support to people living with Dementia

We have an active commissioning plan for community dementia support including young onset dementia. This will be reviewed regularly but the contracts in place last for a further 5 years.

We want to ensure however people living with dementia who have care and support needs have the same opportunities as others and therefore will be asking all providers to ensure wherever possible they are able to and can accommodate the needs of people living with dementia in the services they provide.

12. Care and support for older and frailer people with multiple and more complex needs

When we have a fully embedded prevention approach, we anticipate those who need longer term social care to be older and frailer and with more enhanced needs which maybe multiple and complex.

Wherever possible we want people to be able to remain being supported by those they know so will need providers to be able to adapt to changing needs.

In the short term we want to explore suitable provision for those individuals who currently have more enhanced needs and ensure we have robust contracting and pricing agreements in place for these placements

13. Quality of care and support

Our priority is that individuals receive excellent quality support based on “what matters to you”.

We expect providers to hear the voice of people they are working with and use this to make changes or improvements and people to really see the impact of their voice and opinion. We also intend to ensure that voice is more central to our monitoring processes so what matters to the person really counts.

Quality services keep the individual’s aim for independence central to its delivery and ensure that individuals and their families members views are central to design and ongoing improvement. Providers must evidence that they are independence, enabling and outcome focused, through their approach and business model. We are also looking for Providers who can evidence how they will value their workforce to support consistency and continuity of support to individuals and develop a workforce which reflects the diversity of our communities across Sheffield.

14. Meeting Council objectives

In order to meet our Council objectives, we need to work with providers who share the same values and can contribute to meeting our targets over the next few years. These include

- Becoming net zero city by 2030
- Commitment to the Introduction of the Real living wage for all care and support workers.
- Meeting social value principles
- Valuing diversity – understanding and meeting different cultural needs and inclusivity of approach for people who identify as LGBT

Our procurement processes will be used to test these principles and providers who can demonstrate their commitment to these objectives as well as meeting cost and quality benchmarks are more likely to become a provider of choice

3. Our social care vision for Living and Ageing Well

Ageing affects everyone. **But ‘age’ itself is not necessarily the issue:** in a diverse city, people’s life experiences vary significantly and the impact of some of the city’s major challenges, such as poverty, can mean that some communities in Sheffield feel ‘older’ at very different ages. ²

However, the World Health Organisation (WHO)³ in 2022, note the gradual physical and mental deterioration that naturally comes with living longer but also suggest ageing is often associated with other life transitions such as retirement, relocation to more appropriate housing and the death of friends and partners.

Being reliant on social care is not an inevitable part of ageing but where people do need this our vision for living and ageing well is a mirror image of the vision for social care: [Adult Social Care Strategy: Living the life you want to live](#) :

- To have a place to call home
- To be part of a supportive community
- To be able to do things that matter
- To be recognised as an individual person who has something to give
- To be able, where possible, to learn and develop skills that maintain independence
- To have life choices and choices about the future
- To live well and to die well

We know that there are many social, economic and environmental factors that have changed the course of the social care world and ageing.

The most notable was the impact of COVID 19 pandemic which has hit the ageing population particularly hard especially those who receive care and support. The [State of Sheffield 2020 report](#) identified the largest disparity in communities as a result of COVID was age. Twice as many people over 80 with COVID were likely to die than someone under 40 and the majority of deaths in the city in the community were in care homes. All this had a significant impact on both the ageing population and their families, their fears, anxieties, and confidence but also on the market on providers and on staff teams who witnessed the loss of people they care for. The recovery from this will take time and may have either impacted on or suppressed demand which will become more apparent over the next few years. However, it has also offered an opportunity to work differently and to embrace some of the new and creative ways people found to both live and work within care and support services.

² Sheffield A City for all Ages 2016

³ World Health Organisation Ageing and Health October 2022

4. Population Estimates

World Estimates

In October 2022 the World Health Organisation (WHO) noted the pace of the ageing population. In 2020 more people in the world were over the age of 60 than those under the age of 5 and projections indicate, worldwide 1 in 6 people will be over the age of 60 by 2030.

UK Estimates

In the UK, in 1999, around one in six people were 65 years and over (15.8%), this increased to one in every five people in 2019 (18.5%) and is projected to reach around one in every four people (23.9%) by 2039. This is thought to be because of fewer births and later deaths with the baby boomers of the 60's reaching their 70's and 80's by 2039.⁴

Sheffield Estimates

The [Projecting Older People Population Information System \(poppi.org.uk\)](http://poppi.org.uk) website provides a useful set of figures for Sheffield that can help us consider future demand for services:⁵ This seems to be following the same pattern as predicted in the WHO and ONS reports.

Sheffield Population aged 65 and over, projected to 2040⁶

	2020	2025	2030	2035	2040
People aged 65-69	24,400	27,000	30,300	32,000	28,700
People aged 70-74	24,600	22,400	24,800	28,100	29,700
People aged 75-79	18,700	21,600	19,900	22,100	25,200
People aged 80-84	14,100	14,900	17,400	16,200	18,300
People aged 85-89	8,500	9,300	10,100	11,900	11,300
People aged 90 and over	4,800	5,100	5,700	6,500	7,800
Total population 65 and over	95,100	100,300	108,200	116,800	121,000

Sheffield Population aged 65 and over, projected to 2040 - % change⁷

	2020	2025	2030	2035	2040
People aged 65-69	0%	11%	24%	31%	18%
People aged 70-74	0%	-9%	1%	14%	21%

⁴ Office for National Statistics (ONS) predictions 2022

⁵ These figures can also be provided with a male/female split.

⁶ POPPI as of Oct 2022, Figures may not sum due to rounding

Crown copyright 2020

⁷ As above

People aged 75-79	0%	16%	6%	18%	35%
People aged 80-84	0%	6%	23%	15%	30%
People aged 85-89	0%	9%	19%	40%	33%
People aged 90 and over	0%	6%	19%	35%	63%
Total population 65 and over	0%	5%	14%	23%	27%

People aged 65 and over predicted to have dementia, by age and gender, projected to 2040⁸

	2020	2025	2030	2035	2040
Total population aged 65 and over predicted to have dementia	6,879	7,333	7,940	8,597	9,298

While these figures do not specify the impact on adult social care services, they can help us and providers to plan future service needs.

Some of the main and notable figures for Sheffield suggest:-

- A 27% increase in the older population by 2040
- A significant increase in the numbers of people over the age of 75 in the next 18 years to 2040
- A significant and ongoing increase in numbers of very older people aged 90 and above between now and 2040.
- A 16% increase in the number of people living with dementia by 2040
- A reduced number of people of retirement age (65 - 69) by 2040

Increasing age brings with it the likelihood of increasing frailty and ill health, therefore our planning needs to consider this ongoing increase in numbers of very older people.

5. Demand for Services

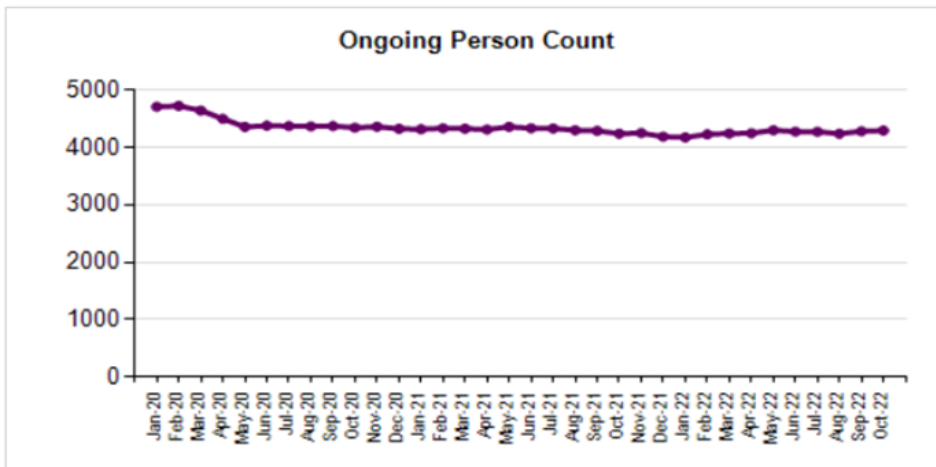
The forecast increase in numbers of older people does not necessarily correlate with a similar increase in demand particularly where there are good early help, enablement and preventative support services in place. We also know that more people than ever before are working after the age of 65 and into their 70's and therefore unlikely to need the traditional social care support. We anticipate our future offer therefore is more likely to be supporting the very older and frailer population over 80 years old.

As of November 2022, there were 95,000 people over the age of 65 living in Sheffield. Approximately 5% (4,438) of these people were receiving some form of Sheffield City Council funded social care.⁹

⁸ POPPI as of Oct 2022, Figures may not sum due to rounding
Crown copyright 2020

⁹ Sheffield City Council – Person Dashboard November 2022

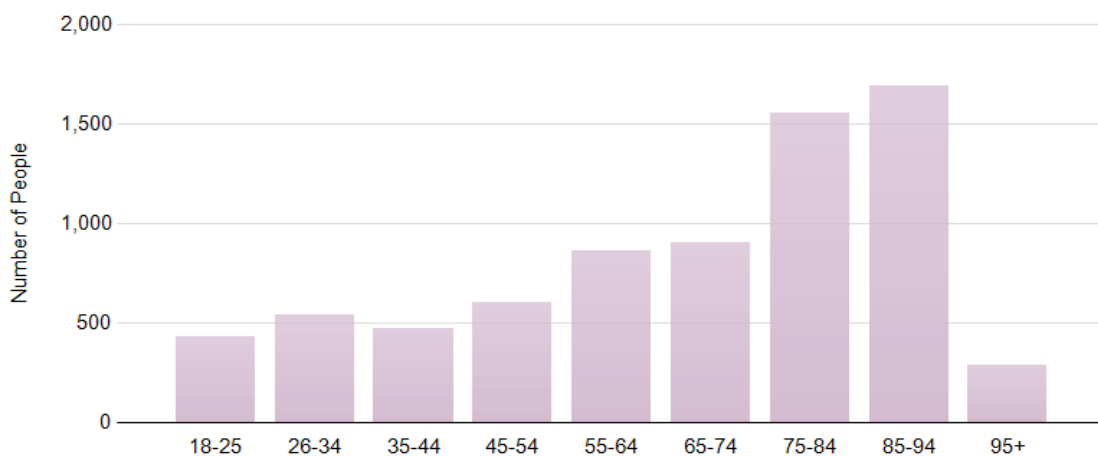
The number of older people the council has supported over the last few years has remained fairly stable.¹⁰



From a gender perspective, figures from November 2022 indicate that there were a higher proportion of females utilising services, however this would be expected from a population perspective.



Looking at the number of supported people in different age groups, older people are by far the largest group of people receiving adult social care¹¹.



¹⁰ Purchasing budget report Nov 2022

¹¹ Sheffield City Council – Person Dashboard November 2022

If the current numbers are projected forward, we can expect to see approximately **1600 additional older people requiring social care by 2040.**

Factors Affecting Demand

We also know there are some additional factors which affect demand, in Sheffield the biggest single demand driver in adult social care is dementia. There is a range in severity from mild cognitive impairment up to formally diagnosed dementia, and specific causes including Alzheimer's and Lewy body dementia, this analysis groups these under the broad umbrella term *dementia*.¹²

The number of people with **dementia** is projected to increase rapidly over the next several decades, largely due to increases in life expectancy and population demographics.

In the UK, the number of people with dementia is predicted to rise to:

1.2m by 2030

1.4m by 2040

1.6m by 2050

This will potentially have a significant impact on hospital services unless preventative action is taken.

Currently:

- 25% of hospital beds are occupied by people aged 65 and over living with dementia.
- 42% of unplanned admissions are for people over 70 living with dementia.
- The readmission rate for people living with dementia is significantly higher than the general population.

However, 20% of hospital admissions for people living with dementia are preventable.

Stroke was something found in 11% of all initial social care conversation forms, and 13% of reviews. This figure appears to be increasing year on year, though this may reflect changes in recording practice rather than true prevalence. The age profile of people follows that of the older people in the population without stroke, but with the older people's peak slightly younger - presumably a stroke can mean that an older person enters the adult social care system at a younger age than they otherwise would. The *stroke* flag is slightly more prevalent in males than females. People with the *stroke* keyword are more likely to require nursing care than those without.¹³

¹² Adult Social Care Needs Assessment 2021

¹³ Adult Social Care Needs Assessment 2021

We found the **isolation** mentioned in 10% of people with an initial social care conversation form. We also saw a year-on-year increase: from 6% in 2019, rising to 13% in 2021. For reviews of those already in the system the rise is more dramatic, from 6% to 31% in three years.¹⁴

Usage in provision

In 2022 there were mixed demand pictures in different service types with demand for home care increasing, demand for hospital discharge increasing and demand for long term care home placements reducing. It is difficult to know if this is likely to be typical going forward given, we are still recovering from the impact of the COVID pandemic and measuring how that has affected the population demand figures

In order to meet any longer-term increase in demand, however, it is critical that our plan for prevention, enablement and self-help is in place to enable people who are beginning to age to plan for their future and maintain their independence for as long as possible, and when they do need support, this responds to the needs they have which are likely to be multi-faceted, enhanced and complex.

6. Expenditure

Third Party Spend, i.e., the budget for purchasing of care and support services to deliver care to people across the city, is allocated approximately 78% of the total ASC budget: £215m 2022/23. This is allocated as follows:¹⁵

¹⁴ Adult Social care needs Assessment 2021

¹⁵ Sheffield City Council Finance Information Nov 2022

Sheffield Population 2022
585,000

65+ Population 2022
95,000

65+ population forecast 2030
108,000

Homecare

Number of people: **2,700**
Cost per year: **£42.7m**
Approx cost per person per year: **£16k**

Residential care

Number of people: **873**
Cost per year: **£27.6m**
Approx cost per person per year: **£31k**

Approx cost per person per week: **£598**

Nursing care

Number of people: **477**
Cost per year: **£18.2m**
Approx cost per person per year: **£37.2k**

Approx cost per person per week: **£715**

Short term care beds
Cost per year: **£4m**

Extra care

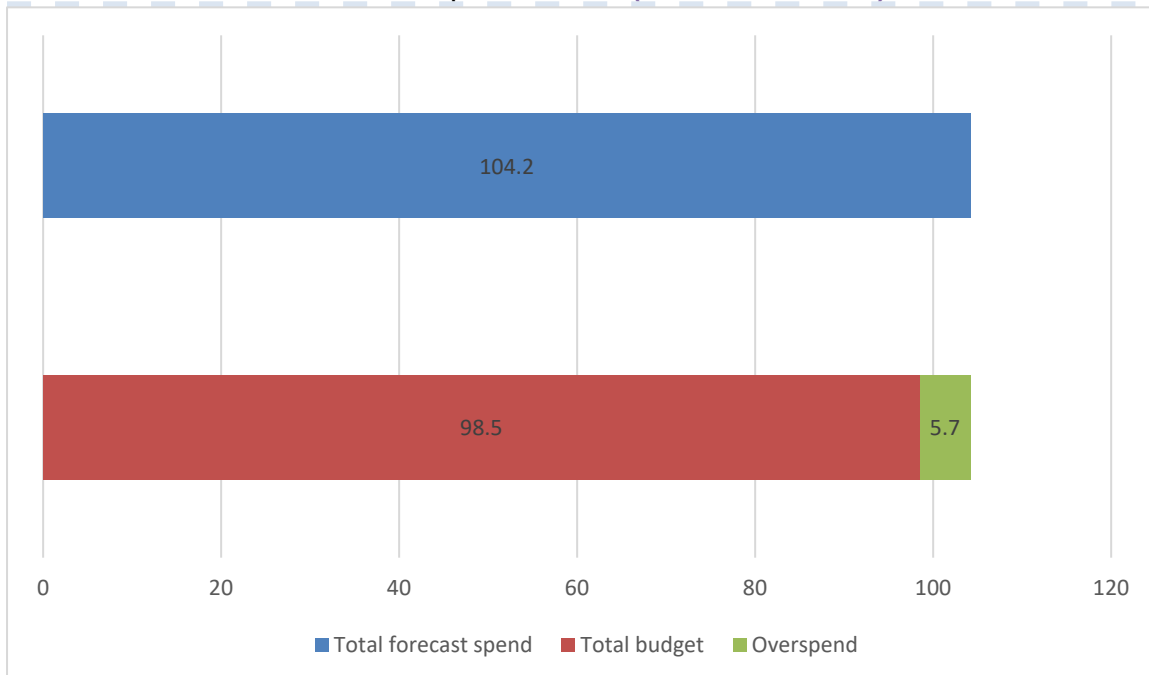
Number of people: **100**
Cost per year: **£1m**
Approx cost per person per year: **£10k**

Supported Living

Number of people: **130**
Cost per year: **£7m**
Approx cost per person per year: **£10.7k**

Day care
Number of people: **30**
Cost per annum: **£324k**
Approx cost per person year: **£540**

Other costs (inc debt provision): **£3.2m approx.**
Total forecast spend **£104.2m**
Total budget **£98.5m**
Overspend **£5.7m (see table below)**

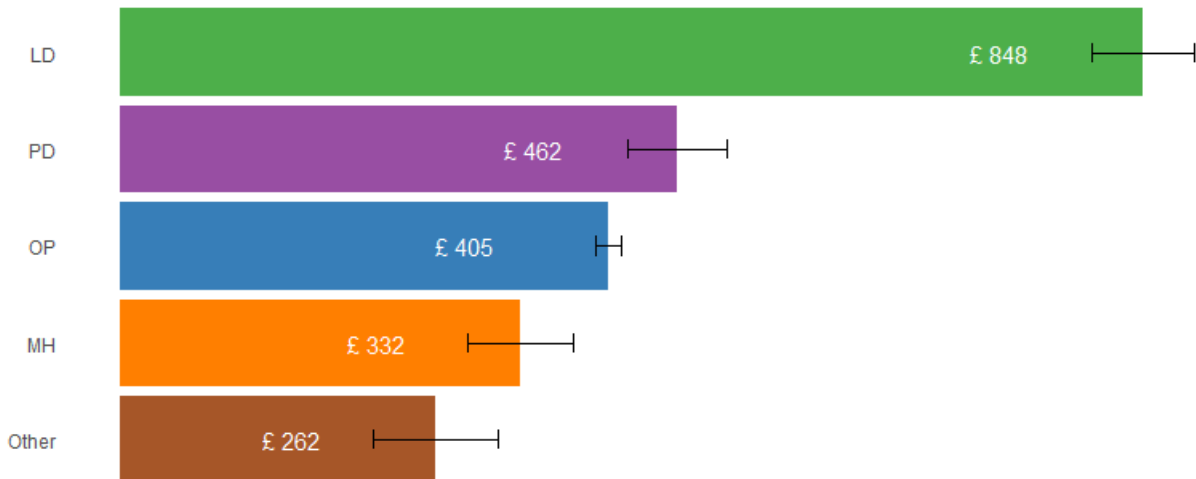


Total budget and forecast overspend

However, there is inequity in the amount of funding that is allocated to different groups of individuals receiving social care¹⁶

¹⁶ Adult Social Care Needs Assessment 2021

Costs of people receiving adult social care
average gross weekly costs 30/9/21, error bars show 95% CI



7. Overview of the older people’s market and messages for providers

For those who require social care support the provision is broadly split into 3 categories:

- Those who provide **Preventative, Enabling and Community Based Support** – This includes resources that help avoid the need for ongoing care and support developing. It could include information and advice, provision of technology/equipment, day care, short-term support to assist unpaid carers’, reablement and short-term care for respite and other reasons
- Those who provide **Ongoing Care and Support at Home** – This is support provided on an ongoing basis in the persons own home which includes home care and supported living.
- Those who provide **Ongoing Care and Support with Accommodation** – This includes any care and support provided with accommodation, including care homes, extra care and shared lives.

7.1 Preventative, Enabling and Community Based Support

7.1.1 Overview

We invest a small amount of money (comparably) in very early low-level support that targets those most likely to need social care in the future. An element of this is provided by navigator roles (rather than independent services) which help people on an episodic basis when a crisis or incident occurs and signposts them to the most relevant support. This includes roles such as community support workers and prevention workers based in our first contact service. We are working on our prevention strategy across the people services portfolio to identify those interventions which have the most impact this includes

reviewing our information and advice offer across social care. We expect the voluntary and community sector to play a part in this development.

We do have slightly more invested into early support services for those living with dementia as part of our community dementia commissioning plan [4 Commissioning Plan - Community Dementia Support 2021-2027 FINAL v08.07.2021.pdf \(sheffield.gov.uk\)](#) which includes information and advice, community-based activities, support for unpaid carers and advice and training for anyone working with people living with dementia. As this has only recently been commissioned it is unlikely to change in the next 5 years.

Support for people living with dementia is also provided by a number of daytime opportunities centres, there are places for people without care needs to self-refer and places for people with care needs who can be referred following a needs assessment. These have only recently been recommissioned and the contracts are in place for 4 years, however they will be the subject of review during the course of the 4 years to ensure they are meeting demand and the needs of the people who require them. We may as a result of the review consider alternative options for daytime activities away from a building base. There are other day care purchases for older people which are accessed on a spot purchase basis, amounting to approximately 300k per annum.¹⁷

Support to unpaid carers continues with access to a carers' assessment from the Carers' Centre, and providers can support carers with their caring responsibilities as part of their day-to-day business. Further developments on direct support to carers will be discussed in The Council's Adult Social Care Committee in December 2022 where a delivery plan will be presented aimed at achieving the vision for carers and demonstrating our commitment to this.

We have started to implement our Short Term Care Strategy for Older People [Short term care strategy for older people | Sheffield City Council](#) with a number of respite and emergency beds commissioned in care homes in the city. These are services which provide overnight stays to support an unpaid carer or because the individual can no longer stay in their home. Although the care home contracts are in place for 4 years, in the short term we are likely to need more nursing respite and overnight short stays for people with more enhanced needs. We expect to move to the next stage of implementation and investigate opportunities for more creative and differing types of short-term care and pre bookable respite for carers. These need to be flexible and responsive and include shorter stays including evening and weekend support.

We know however, that despite planning for urgent and crisis situations these can still occur so in addition to planned care we will be exploring the need for some rapid short-term support that prevents an unnecessary hospital or care home admission and is available 7 days a week.

Reablement is a term widely used for services which are temporary in nature, not means tested and specifically geared towards working with an individual to maintain, gain or

¹⁷ Purchasing budget information Sep 2022 - SCC

regain skills lost as a result of ill health or crisis. They often provide support in the persons own home following a hospital stay and involve some form of person-centred goal or outcome setting approach. The Council currently provides two services that work within these criteria, the Enablement Service and the Short-Term Intervention Service. Evidence suggests¹⁸ that reablement is one of the most effective ways of moving towards independence and empowering people using a strengths-based approach. Therefore, we will review these services to ensure they continue to offer the correct support to encourage independence both physically and cognitively. At present there is no intention to ask the market to provide this type of reablement.

However, we know an enabling approach works and in times where the adult social care budget is not increasing, we need to manage demand effectively. Therefore, we will need all providers to demonstrate they are able to work in an enabling way and that their ethos and approach encourages people to continue where possible to maintain the skills they have by working with them not for them. We will use our procurement and monitoring processes to test this out with providers and providers of choice will need to demonstrate they are able to deliver this way of working.

We do have a number of services which are jointly commissioned with the Integrated Care Board (ICB, formally CCG), this includes the Somewhere Else to Assess beds (S2A) which are used on a temporary basis to accommodate an individual who needs more time in a safe and secure environment out of hospital. The aim is to support the person to recover before their long-term needs are assessed and an offer of care is made. Unlike Intermediate Care beds (which are solely NHS funded) the S2A beds are not therapy led even though therapy maybe provided as part of the person needs, just as any other community therapy would be. We have recently re tendered these and have 40 S2A beds which will be in place for the next 4 years. The demand and capacity will be reviewed every year to ensure they continue to be fit for purpose, and whilst there may be a need in the short term for more beds these are likely to be in nursing with dementia or for enhanced nursing with dementia needs. Any longer-term commissioning plans will form part of the integrated plan for Intermediate Care and potentially include discharge to assess at home.

Technology is an area that we would like to explore further, the Councils City Wide Care Alarms service provide some items of technology to support independent living however we are interested in how technology can support people or systems in a person's home or in care homes/extra care to deliver better outcomes, more independent living opportunities or efficiencies. We will be looking at this further over the coming months and will be interested in providers who have experience of improved outcomes with the use of technological and digital approaches.

7.1.2 Messages for the market

These are the areas we expect to explore with the market:-

¹⁸ SCIE – Roles and Principles of Re-ablement Feb 2020

- a) **Involvement in developing our prevention approach.**
- b) **Variety and flexibility in daytime opportunities away from a building base**
- c) **Options for nursing respite**
- d) **Alternative options outside care homes for respite and short-term care**
- e) **Rapid access to care and support to prevent an unnecessary hospital or care home admission.**
- f) **An Enablement approach in all provision**
- g) **Short term out of hospital arrangements to support people with enhanced needs.**
- h) **Technology to meet lifestyles.**

7.2 Ongoing Care and Support at Home

7.2.1 Overview

For some, low-level or temporary support is insufficient for their needs, and following a Care Act assessment they may be supported in the community, either living in their own homes or with additional support alongside accommodation offered. Support is currently provided either via a framework or by Direct Payment. This kind of support is often referred to as 'home support'. Home support has been growing in numbers over the last few years and assists significant numbers of older people to remain in their own home and continue to live a life in the community they know. The Council is currently recommissioning the 'home support' provision into a new Care and Wellbeing service with a focus on the achievement of outcomes alongside delivering value. We know the provision of home support is a critical element of social care and the new Care and Wellbeing service will assist people to continue living well in their community and focus on all aspects of wellness not just care elements. Although this service will provide support to all age it predominantly supports the needs of older people. We anticipate as the population ages this will mean people receiving this support will be older and frailer and have multiple physical and cognitive needs in particular dementia but still able to remain at home. The procurement for the wellbeing service commenced in October 2022 and it is anticipated that it will be operational by July 2023. As the contracts for this will be up to 10 years, it is unlikely that there will be many more opportunities for providers outside this procurement. Once the providers are established there will be a period of development over the next few years to ensure the Wellbeing Service is fully operational and achieving the required outcomes.

Although night care at home is not included in the recent care and wellbeing tender, we know people may still have a care and support need at night, but they may not require the same level of support. We do have a care at night contract which we jointly commission with the ICB. Although the demand for care at night has grown recently, it is not at the same level of demand as the home support framework and is much smaller. The ICB are currently reviewing the contract and there is likely to be an opportunity for providers to bid for the care at night support in the next few months.

Supported living is traditionally associated with provision for younger adults where even though the care and support is in a person's own home, it tends to be shared accommodation where the individual has a tenancy. This has not been extensively used for older people unless they have lived in supported living as a younger person and continue to do so after they reach older age. There may be a similar model which would be beneficial to different cohorts of older people with less complex needs and we would like to explore the possibility of this and determine whether it would meet the right outcomes and be affordable as an option.

7.2.2 Messages for the market

These are the areas we expect to explore with the market:-

- a) Transitioning from home support to a Care and Wellbeing service able to meet changing needs and wellness goals**
- b) Care and Wellbeing service able to respond to rapid discharges from hospital as well as continuing to enable people supported through the reablement service.**
- c) Support at home adapting to offer respite/short breaks**
- d) The development of the care at night service**
- e) Exploration of the benefits of supported living for Older People**

7.3 Ongoing Care with Accommodation

7.3.1 Overview

As of October 2022, there were over 70 care homes in the city used by the local authority to purchase care supporting approximately 24% of the social care population.

The demand for long term placements into care homes has continued to decline and we anticipate this trend will continue in the future. People's aspirations are changing and whilst there will remain a need for accommodation with care that can be provided in a care home this will need to deliver more choice, personalised care and be well connected to the communities' people are familiar with.

Communities are not always geographical and there will be an urgent need for all care with accommodation to demonstrate they are able to diversify both by understanding and meeting the needs of different cultures and demonstrating inclusivity for people who identify as being LGBT.

The care home market has previously operated on an individual placement arrangement, it is proposed that the agreements between the commissioner and provider should be strengthened by procuring all care home places through a new specification. This would mean providers who are successful form part of a preferred list of care homes who the commissioners will purchase from. There will be additional support to these providers to support sustainability and potential opportunities to work with the commissioners to develop both standard and specialised provision.

In 2008, Sheffield led an extra care housing strategy that saw the development of a number of housing with care schemes and one village. In 2022 the supply was increased by the development of a new independent living scheme at Buchanan Green in Sheffield 5. Whilst there are plans to continue the development of the older peoples independent living schemes (OPIL) we will review the care element of the support to ensure it continues to meet the needs of those people who require it. This will include social landlords as potential providers of support and explore support to those with enhanced needs and those living with dementia.

Shared lives is an area of support which works on fostering principles. Carers' support people in the carers' own home either on a long- or short-term basis. It has traditionally supported more younger adults than older people but there will be further exploration to test whether this could be supporting more older people particularly on a short-term basis. It is unlikely that we will be looking for this to be provided by the market although this will also be a consideration.

7.3.2 Messages for the market

These are the areas we expect to explore with the market:-

- a) **More diversity and inclusivity in approach**
- b) **Less residential care homes beds particularly in their current form**

- c) Different purchasing models for care homes using a standard specification not an individual placement agreement. This may include purchasing on a framework with potential guaranteed payment arrangements
- d) Development of sustainable care homes which are community connected
- e) More support to care homes which may not have a monetary value but supports sustainability
- f) More enhanced and complex care needs supported by care homes with agreed costs
- g) Review extra care outcomes, expanding the offer towards those living with dementia and people with more care needs
- h) Development with housing colleagues and social landlords on supported housing and independent living strategy which supports the older population
- i) Exploring the use of village life/ international good practice (Netherlands)
- j) Exploration of shared lives for ongoing care for older people

7.4 Direct Payments and Individual Service Funds (ISFs)

7.4.1 Overview

[Sheffield's Personalisation and Direct Payment Strategy](#) was published in December 2022 and describes how we will work collaboratively with people with lived experience, their families and carers, our partners and stakeholders to shape, design and produce new and improved ways of working.

It outlines Sheffield's commitments to increase and further develop approaches and practice around personalisation over the next 5 years (2023-2028). It's our ambition that in doing so we see an increase in use of Direct Payments and see personalisation across all aspects of Adult Social Care.

We believe that by fostering innovation, creativity, and strength-based approaches we will deliver improved outcomes for individuals, establish better experiences of care, and achieve better value for public monies.

7.4.2 Direct Payments

Some people choose to take a Direct Payment, which is where a person's assessed personal budget is paid directly to them from their local authority so they can arrange and purchase their own support individually to meet their eligible needs.

Direct Payments enable people to have more choice, control and autonomy over how they arrange, manage and organise their own care.

In a Direct Payment arrangement, people are responsible for arranging and organising their own support. If people choose to purchase support from a provider/agency, they will agree and enter into individual agreements/contracts between them and their provider(s).

Some people choose to employ one or more Personal Assistants (PAs), which can offer people greater flexibility and puts them in control of deciding who supports them and when. When people recruit PAs, they also take on responsibilities of being an individual employer.

Where a person does not have capacity under the Mental Capacity Act, through a Best Interests Decision, a suitable person can be identified who can request a Direct Payment on the person's behalf. A suitable person is usually a family member or friend, and they agree to take on the responsibility of making decisions about the Direct Payment.

7.4.3 Individual Service Funds (ISFs)

The Council is currently developing ISFs in Sheffield as an alternative, middle option between Council arranged services and Direct Payments.

In an ISF arrangement, a person's personal budget is administered by an 'ISF holding provider' on their behalf. The ISF holding provider uses the ISF, as requested and directed by the person, to arrange the care and support they require to help them meet their assessed eligible needs and achieve their desired outcomes.

The ISF holding provider is likely to provide a level of a person's care and/or support, but will also work with other, often smaller local providers/services and opportunities to find creative and innovative ways to meet an individual's assessed needs and outcomes.

A pilot project will start with providers of supported living and day activities, before broadening out into wider home and community support models.

7.4.4 Messages for the market

These are the areas we expect to explore with the market:-

- a) **We aim to shape and develop a creative, diverse and responsive marketplace to support people to be more creative with their Personal Budgets.**
- b) **People have told us they want flexible and personalised care and support, being able to direct how, when and where their care/support is delivered.**
- c) **A Direct Payment Provider Forum will enable people to engage with providers they may wish to purchase their support from. Providers can also hear first-hand from people who use Direct Payments about their needs and expectations from the market.**
- d) **Exploring options and approaches which give people greater assurance of the quality of providers operating in the market will be a priority.**
- e) **ISFs to be developed and offered as an alternative option for people to deploy their Personal Budget.**

7.5 Other Messages for the market

Our commissioning will seek to mitigate climate change, for example through enabling and promoting energy efficiency; considering transport; and reducing waste and consumption.

We will seek to understand and mitigate the impact of climate change on our communities, including where this impact falls disproportionately.

We will use the most appropriate as well as commercial and legal way to work with the market. Grant making may in some circumstances be considered an appropriate way to source services and meet peoples' needs. Our commissioning processes and approach will seek to maximise the opportunities for investment and income generation in the delivery of services

We will facilitate markets that offer a diverse range of high-quality services and prioritise the continual improvement of services as a partnership endeavour; providing support and challenge to drive up the quality of all services in the city. Our Care Quality Standards will set out expectations about what is important and clear criteria to measure to ensure that they are met. We will measure outcomes wherever possible and aim to ensure there is less duplication in our monitoring approach.

Critical to quality provision is a sufficient, stable, skilled, and valued workforce, and to that end, commissioning activity will support competitive terms and conditions, alongside a comprehensive training and qualifications offer. When commissioning services, we will ensure that contract terms and conditions and fee levels for care and support promote Health and Social Care careers in Sheffield, including through fair rates of pay for staff

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

7.5.1 Messages for the market

- 1. We aim to mitigate our social care impact on climate change**
- 2. The most appropriate contracting models will be utilised**
- 3. Diversity and inclusivity will be high on the agenda for service provision**
- 4. Quality and continuous improvement will be a key focus including measuring outcomes**
- 5. Hearing the voice of individuals and what matters to them is very important but we also want to see the impact/changes this makes to how the service provided.**
- 6. Supporting the social care workforce will be a priority**

8 Working with partners

Partnerships develop over time; they require transparency and openness along with a mutual purpose. We see providers as partners in delivering the best outcomes for people and will begin the development of relationships by re-establishing communication and development forums. We are looking for providers who will work in partnership, and in a collaborative way and we are committed to a focus on building trusting relationships, improvement, and innovation to better meet the needs of people in the area.

Improved outcomes for Sheffield people can only be achieved through effective partnership working: our commissioning will deliver an integrated system of support, based on the effective use of our resources, where all partners will work together to ensure clarity of roles and seamless service provision where people receive a 'total service' to meet their needs.

We work with partners across the city and region to improve outcomes for people in Sheffield and work in collaboration with health partners, specifically NHS South Yorkshire Integrated Care Board, and Sheffield Place, commissioning jointly and/or regionally where this is in the best interests of people in Sheffield. Commissioning for Adults Social Care outcomes involves several other services, including Housing, Public Health, Leisure, and Transport.

We will share data and information appropriately with partners and providers to maximise outcomes and promote integration and person-centred care.

This page is intentionally left blank

PART A Introductory Information

Proposal name

Living and Ageing Well Delivery Plan

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

This proposal supports the steps taken and the proposed actions being presented to the Adult health and social care committee on the 16/3/23. The creation of the Living and Ageing Well Service is the outcome of the Achieving Change 555A and 555b of which the first operational phase went live on 27/2/23, which is being considered in a separate EIA.

Proposal type

Budget Non Budget

If Budget, is it Entered on Q Tier?

Yes No

If yes what is the Q Tier reference

Year of proposal (s)

<input type="radio"/> 21/22	<input type="radio"/> 22/23	<input checked="" type="radio"/> 23/24	<input type="radio"/> 24/25	<input type="radio"/> other
-----------------------------	-----------------------------	--	-----------------------------	-----------------------------

Decision Type

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

Lead Committee Member

George Lindars-Hammond

Lead Director for Proposal

Alexis Chappell

Person filling in this EIA form

Jo Pass

EIA start date

27/2/2023

Equality Lead Officer

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

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

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

Portfolio, Service and Team

Is this Cross-Portfolio

- Yes No

Portfolio/s

People

Is the EIA joint with another organisation (e.g. NHS)?

- Yes No Please specify

Consultation

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

- Yes No

If consultation is not required, please state why

There has been widespread consultation with all key stakeholders – which has strongly advocated the creation of a social care assessment and care management service that has a specialist focus. We also consulted on the proposal to structure the Living and Ageing Well service around primary care networks.

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

- Yes No

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

- Yes No

If you have said no to either please say why

Individual customers are being informed by social workers / social care practitioners if their social worker is changing. Wider consultation has taken place through partnership boards.

Initial Impact

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

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

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

Identify Impacts

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

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

Cumulative Impact

Does the Proposal have a cumulative impact?

- Yes No

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

If yes, details of impact

We will continue to develop and embed our Living and Ageing Well Service. Our next focus of development is our hospital discharge and enablement services. Simultaneously we will continue to embed our new community, response and enablement and care homes teams. These teams will build their relationships with key partners and the communities they serve.

Local Area Committee Area(s) impacted

- All Specific

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

Initial Impact Overview

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

We believe that the creation of the Living and Ageing Well Service will positively impact on the social care experiences of older adults and adults living with dementia in Sheffield.

For the Living and Ageing Well Service, aligning community teams and homecare contracts with PCN areas provides the opportunity for closer alignment to health care providers and other partners. The intended outcome of this is to develop closer, collaborative working relationships with partners and so provide a higher quality of service to customers.

Moving from generalised teams to specialisms will allow staff to develop a stronger skill base – rather than being ‘jack of all trades.’ This should result in a higher level of care being provided. However, this will only be achieved if adequate training and support is provided to staff. An improved workforce development offering is being planned, but further work is required to ensure support is in place as the programme moves into transition. This will be captured as part of the implementation planning and developed in collaboration with staff.

This EIA is subject to further development.

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

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

Initial Impact Sign Off (EIA Lead to complete)

EIAs must be agreed and signed off by the Equality lead Officer in your Portfolio or corporately. EIA signed off:

Yes No

Date agreed

EIA Lead

Part B

Full Impact Assessment

Health

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

Yes No *if Yes, complete section below*

Staff

Yes No

Customers

Yes No

Details of impact

Comprehensive Health Impact Assessment being completed

Yes No

Please attach health impact assessment as a supporting document below.

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

Yes No

Name of Health Lead Officer

Age

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

Disability

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

Pregnancy/Maternity

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

Race

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

Religion/Belief

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

Sexual Orientation

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

Gender Reassignment (Transgender)

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

Carers

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

Poverty & Financial Inclusion

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

Cohesion

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

Partners

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

Other

Please specify

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

Action Plan and Supporting Evidence

What actions will you take to mitigate any equality impacts identified? Please include an Action Plan including timescales

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

Detail any changes made as a result of the EIA

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

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

Sign Off – Part B (EIA Lead to complete)

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

Yes No

Date agreed

Name of EIA lead officer

Review Date

This page is intentionally left blank



Author/Lead Officer of Report: Michael Corbishley, Changing Futures Programme Manager

Report of: *Strategic Director Adult Care and Wellbeing*

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

Date of Decision: *16th March 2023*

Subject: *The Sheffield Changing Futures Programme Update*

Has an Equality Impact Assessment (EIA) been undertaken?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
If YES, what EIA reference number has it been given?				
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:

To update members on the progress of Sheffield’s Changing Futures programme.

The programme is working to transform the support we give to people affected by multiple disadvantages, including being affected by substance misuse, homelessness, domestic violence, crime, and mental illness.

The programme contributes to Commitment 2 and 3 of the Adult Social Care Strategy, to the development of a new operating model for social care and to our new approach to safeguarding.

Recommendations:

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

- Notes progress made with delivery of the Changing Futures Programme.
- Endorses the Changing Futures Delivery Plan.
- Endorses the need to incorporate the Changing Futures delivery approach into future policy development
- Requests that the Director of Adult Health & Social Care provides the Committee with updates on progress against the Delivery Plan in September 2023

Background Papers

Lead Officer to complete:-		
1	I have consulted the relevant departments in respect of any relevant implications indicated on the Statutory and Council Policy Checklist, and comments have been incorporated / additional forms completed / EIA completed, where required.	Finance: <i>Mark Wassell</i>
		Legal: <i>Patrick Chisholm</i>
		Equalities: <i>Ed Sexton</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>Councillor Angela Argenzio and Councillor George Lindars Hammond</i>
4	I confirm that all necessary approval has been obtained in respect of the implications indicated on the Statutory and Council Policy Checklist and that the report has been approved for submission to the Committee by the SLB member indicated at 2. In addition, any additional forms have been completed and signed off as required at 1.	
	Lead Officer Name: <i>Michael Corbishley</i>	Job Title: <i>Changing Futures Programme Manager</i>
	Date: 08/03/2023	

1. BACKGROUND

- 1.1 In December 2020 the Ministry for Housing, Communities and Local Government (MHCLG) announced a new national fund, Changing Futures, aimed at improving the lives of adults facing multiple disadvantages and the systems and services that support them.
- 1.2 Following a successful Expression of Interest in January 2021, Sheffield worked with key stakeholders across the statutory and voluntary sectors to develop a Changing Futures bid. On 16th July 2021 MHCLG confirmed our bid had been successful and offered a funding award of £3.267m across three years.
- 1.3 An overview of the [Changing Futures programme](#) was provided to Committee on 16th November 2022 and a further update was agreed for March 2023.
- 1.4 In Sheffield, there are estimated to be around 200 people who fit the description of vulnerable adults facing multiple disadvantages (needing support in three or more of the following areas: Substance use, Mental Health, Housing, Criminal Justice, Domestic Abuse).
- 1.5 Whilst there is provision for people in these circumstances in (through independent living schemes for Complex needs, Housing First and the new Home at Last Team (HALT)) there is not enough capacity to provide everyone with the intensive, ongoing and specialist support they require. People are often in touch with lots of different services, as they have many different needs. The current system is often unable to address the needs of an individual person in a holistic, consistent, and collaborative way.
- 1.6 Changing Futures acts as a change fund for the City, particularly in relation to how we can deliver improved people outcomes for people experiencing multiple disadvantages and enable a greater shift towards prevention of abuse and neglect.
- 1.7 It establishes an opportunity to accelerate and adding capacity to existing work, developing new long term sustainable resources and evidencing effective practice. Collectively this will enhance and improve our system wide approach to supporting this group of people, and ensure the positive impact is felt beyond the three-year funded programme.
- 1.8 The programme establishes a practical and significant step forward in addressing and tackling inequalities across the City and promoting social justice.

2. PROGRESS TO DATE

- 2.1 Since the update [report](#) to the Adult Health and Social Care Committee on the 16th November 2022, the team has continued to work on delivery closely with people with lived experience and partners across health, social work, housing, VCSE, Probation, Police, and non-statutory services across Sheffield.
- 2.2 Over the past 6 months the Changing Futures Programme has:

- Delivered a coproduced system change event in November finalising the programmes system change priorities for the remaining 15 months and looking at how we can make the programmes work sustainable.
- Worked in partnership with health colleagues on a range of projects which includes a test for change during the winter months for the wider homeless population.
- Launched a learning and development service in February 2023 with David Blunkett as our keynote speaker.
- Completed procurement of our Positive Activities Fund, jointly commissioned with the Drug and Alcohol Commissioning Team. This contract has been awarded and launched in early January 2023.
- Completed the data analysis to better understand the scale of Cuckooing in Sheffield and have developed a victim profile using this data set. There is good partnership working with Shelter, Project 6, colleagues in Community Safety and South Yorkshire Police to develop new training and resources on cuckooing.

2.3 Area of Impact: Outcomes and Impact on People

2.3.1 A priority was to demonstrate impact of the programme in improving lives and outcomes of people experiencing multiple disadvantages. The programme directly supports a cohort of 81 vulnerable adults in the City and to date has delivered:

- Sustained high engagement rates (88%) with a historically hard to engage individuals.
- Significant improvements in individual's basic needs being met, with 58% of individuals with healthcare needs accessing treatment
- Reduced rough sleeping by 88% and Sofa Surfing by 53% in the cohort of individuals supported.
- Increased engagement with Mental Health support by 36%
- Increased engagement in substance misuse support by 43%
- Reduced referrals to safeguarding for individuals in the cohort by 95% compared to the 12 months prior to Changing Futures support commencing
- Decreased referrals into the Multi Agency Risk Assessment Conference process, regarding Domestic Abuse.
- Increased multi agency working to develop collaborative solutions to complex problems

2.4 Area of Impact: Coproduction

2.4.1 Coproduction is a priority for the programme, connecting workstreams across the city with people with lived experience, referred to as coproduction associates within the programme.

2.4.2 Our coproduction work has and will continue to help shape how services and support are delivered in Sheffield putting people at the heart of what we do.

It's aligned with and supported the coproduction activity endorsed by Committee on 19th December 2022.

2.4.3 Our coproduction associates are recognised as equal partners in developing the:

- Homeless Prevention Strategy Review in summer 2022
- Women's only temporary accommodation site
- Tender questions for the recently launched Drug and Alcohol Service tender
- Scope, plan, and service specification for the Positive Activities fund and will be involved in the services delivery
- Changing Futures System Change event in November with representatives from 60 organisations across the city present
- New Peer Audit model as a new way of evaluating service delivery
- National Expert Citizens Group in Sheffield, which means that the City is now part of a national coproduction network informing work in central government.

2.4.4 Our equal partners are also involved in CFE Research Partners systems mapping work and several coproduction associates are now trained as peer researchers which brings a range of expertise in how services and supports should be developed across the City. Co-production associates have been involved in events with a range of partners including ReThink, Health Watch, other SYHA departments, Recovery Forum, and South Yorkshire Police.

2.4.5 Across 2023, it's also planned to commence work on the following projects:

- Co-design of the adult's early help and intervention model
- Co-design of the community Domestic Abuse pathway due for tender in late 2023
- Supporting the bid submissions for the Drug and Alcohol Service pathway tender
- Continuing work with colleagues in SCC housing on the design of new support provision for women in temporary accommodation
- Launching a citywide community of practice for coproduction
- Embedding coproduction associates and lived experience onto strategic boards in the city starting with the Drug and Alcohol Strategic Board and the Safeguarding Strategic Partnership
- Delivery of coproduction training for senior leaders in the city alongside coproduction associates

2.5 Area of Impact: Tackling Inequality through System Change

2.5.1 The programmes fundamental aim is to identify areas for improvement within the wider Sheffield support system and to enable collective system change. Across 2022 the programme coproduced a series of fact-finding projects to map out and better understand how support services operate in the city.

2.5.2

2.5.3 Following this work, the programme coproduced eight system change workstreams which were presented back to partners from across Sheffield.

These workstreams launched in January 2023 and are made up of those using services and partners from statutory and non-statutory agencies from Sheffield, South Yorkshire and Nationally. The eight workstreams are:

- **Risk Management Approaches:** improving multi agency approaches to manage and mitigate risks in the community, reducing service exclusions and the need for crisis intervention
- **Improving Support for Women:** national and local evidence tells us we need to make our services more gender informed to meet womens needs
- **Cuckooing:** Is on the increase in Sheffield but there is a lack of awareness or formalised processes for tackling the issue
- **Positive Activities:** Developing more opportunities for vulnerable adults in recovery to take part in pro social, meaningful and fulfilling activities that reduce their reliance on support
- **Improving the System for Multiple Disadvantage:** reducing the barriers this group face when trying to access support
- **Increasing the Voice of Lived Experience in the Workforce:** Improving the way services operate by embedding coproduction into service delivery
- **Access to Physical Health Services:** reducing health inequalities for a cohort with the lowest life expectancy in the UK
- **Improving Mental Health Support:** aiming to improve access and assessment for adults experiencing multiple disadvantage

2.6 Next Steps

2.6.1 As a learning programme, Changing Futures has and is developing learning and best practice and it's aimed to use this work to inform how services operate across Sheffield as well as strengthen our approach to tackling inequalities and social injustice.

2.6.2 To that end, the key priorities next steps are:

- Publishing an annual report in September 2023 to demonstrate impact of the programme.
- Hosting a conference in the autumn to celebrate our learning with stakeholders and partners citywide.

- Securing further funding to sustain the programme and in particular co-production activity.
- Embedding learning into the Adults early intervention and prevention model for the city.

2.6.3 Embedding coproduction in Sheffield is a critical aim of the programme. As a system change and social justice approach, our coproduction work has demonstrated and will enable the city to deliver a system wide approach to tackling inequalities.

2.6.4 It's proposed to bring back a further update in September 2023 on our progress with Changing Futures to the Committee.

3. HOW DOES THIS DECISION CONTRIBUTE?

3.1 Impact on Citizens of Sheffield

The Changing Futures programme will deliver a range of positive outcomes at a system, service and individual level. These outcomes were developed in partnership with key stakeholders and whilst they are primarily focused on improving the lives of adults facing multiple disadvantage, improvements in practice and provision are expected to benefit other cohorts as well.

3.1.2 These outcomes are summarised below:

Area	Outcome Summary
Strategic and System	Improving our understanding of adults facing multiple disadvantage, identifying system barriers and collaboratively developing solutions
Workforce and Development	Trialling new ways of working, testing efficacy and sharing best practice. Improving workforce knowledge, skills and confidence when supporting adults facing multiple disadvantage
Coproduction and Peer Support	Increasing the capacity and resources so that people with lived experience can help design, deliver and evaluate at a strategic and operational level
Data Systems	Improving data recording and information sharing whilst providing greater direct access to those receiving support
Improving operational delivery	Improving the delivery of operational services by collaboratively addressing key fault points (e.g. transitions)
Improving individuals lives	Ensuring that peoples needs are met, that their trust in services increases, their wellbeing and efficacy improves and that they have increased opportunities that reduce their need for formal support services

3.1.3 The full set of intended outcomes are captured within our theories of change and split at a system, service and individual level.

3.1.4 Across all three levels there are some common thematic benefits:

- Improving access by increasing capacity and navigation, enabling more people to get the help they need when they need it
- A strategic approach to a person-centred, collaborative, joined-up way of working
- Increasing coproduction at all levels
- Improving information sharing
- Workforce development around trauma-informed approaches and knowledge of multiple disadvantage.

3.1.5 The programme itself offers new employment opportunities in the city, both internally within the council and via the services we have and will commission out to providers.

3.2 Adult Social Care Strategy

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

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

3.2.2 The programme also contributes to our ambition towards reducing inequalities across Sheffield.

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

4.1 During the development of our bid we sought input from a wider range of stakeholders through two online workshops and a number of other conversations. more than 30 partner organisations from statutory, voluntary, community, provider and business sectors provided valuable insights and feedback and helped us build a really strong proposal which helped secure the funding for the City.

4.2 We already had an evidence base about what people experiencing multiple disadvantage wanted and what barriers they faced, which had formed the basis of our EOI. However, we were also able to test out some of our ideas and theory of change with a series of consultation sessions in April 2021, through Zoom meetings and at Cathedral Archer project with people directly experiencing multiple disadvantages.

- 4.3 As the programme mobilises we have maintained the approach outlined used during bid development. A multi-agency governance board has been established and a number of multi-agency working groups have been used to progress different elements of the programme. These groups have been operating in an open access and agile manner to facilitate agencies involvement.
- 4.4 We have maintained our commitment to involving those who use or have recently used services in the city, with lived experience present on our governance board, on our recruitment panels, on our evaluation panels for commercial processes and in the ongoing mobilisation of the wider programme through consultation with lived experience groups in the city.

5. RISK ANALYSIS AND IMPLICATIONS OF THE DECISION

5.1 Equality of Opportunity Implications

5.1.1 The proposal is fully consistent with the Council’s obligations under the Equality Act (2010). This includes, as set out in the Public Sector Equality Duty, the requirement for the Council, in the exercise of its functions, to pay due regard to the need to:

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

5.1.2 The Changing Futures programme made concerted effort via its cohort identification process to identify, engage and support individuals from normally underrepresented groups.

5.1.3 As a result, the cohort of people being supported is 50% female, versus similar programmes caseloads typically being 10-15% female. 21% of the cohort are from ethnic minorities. 58% are white British versus a city average of 81%. 5% of the cohort are Muslim versus a city average of 6%. 3% of the cohort are LGBTQ versus an estimated city average of 4%. 45% of the cohort have some form of disability versus an estimated city average of around 10%.

5.2 Financial and Commercial Implications

5.2.1 Changing Futures Programme Grant (£3.267m) Funding Analysis.

- The project is a jointly funded initiative between MHCLG (subsequently renamed the Department for Levelling Up, Housing and Communities (DLUHC)), and The National Lottery Community Fund (TNLCF) and the annual funding allocations and sources are summarised below:

Year 1 (2021/22)– £955,643	DLUHC (S31 Grant /MoU)
Year 2 (2022/23)– £1,243,659	DLUHC (S31 Grant/MoU)
Year 3 (2023/24)– £1,067,698	TNLCF Grant

- The DLUHC Memorandum of Understanding (MoU) is for 2 years and then TNLCF Terms and Conditions will follow at a later date (tbd).

5.3 Legal Implications

- 5.3.1 Changing Futures enables the Council to deliver upon its legal obligations as follows: -

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

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

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

- (a) has a variety of providers to choose from who (taken together) provide a variety of services.
- (b) has a variety of high-quality services to choose from

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

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

6. **ALTERNATIVE OPTIONS CONSIDERED**

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

7. **REASONS FOR RECOMMENDATIONS**

- 7.1 The reason for the recommendations is to enable the Committee to be sighted on Changing Futures progress and use of funding provided. In addition to set out plans and an opportunity for Committee to provide advice on the Project.



Report to Policy Committee

Author/Lead Officer of Report:
Janet Kerr, Chief Social Work Officer

Report of: Strategic Director Adult Care and Wellbeing
Report to: Adult Health & Social Care Policy Committee
Date of Decision: 16th March 2023
Subject: Adult Safeguarding Delivery Plan Update

Has an Equality Impact Assessment (EIA) been undertaken?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
If YES, what EIA reference number has it been given? 1243				
Has appropriate consultation taken place?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Has a Climate Impact Assessment (CIA) been undertaken?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Does the report contain confidential or exempt information?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
If YES, give details as to whether the exemption applies to the full report / part of the report and/or appendices and complete below:-				
<p><i>“The (report/appendix) is not for publication because it contains exempt information under Paragraph (insert relevant paragraph number) of Schedule 12A of the Local Government Act 1972 (as amended).”</i></p>				

Purpose of Report:

This report provides the first update on progress made with the Adult Safeguarding Delivery Plan which was endorsed by Committee in September 2022.

The aim of the Delivery Plan is to ensure that we have robust response towards safeguarding Adults from abuse and neglect.

Recommendations:

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

- Endorse progress with the Adult Health & Social Care Safeguarding Delivery Plan.
- Requests that the Director of Adult Health & Social Care continues to provide the Committee with updates on progress against the Delivery Plan on a six-monthly basis, including updates made based on ongoing learning.

Background Papers:

- Appendix 1 – Adults Health and Social Care Safeguarding Adults Delivery Plan
- Appendix 2 – Domestic Abuse and Safe Accommodation update
- Appendix 3 – Domestic Abuse and Coercive Control Policy
- Appendix 4 – 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: Laura Foster
		Legal: Patrick Chisholm
		Equalities & Consultation: Ed Sexton
		Climate: Jessica Rick
	<i>Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.</i>	
2	SLB member who approved submission:	<i>Alexis Chappell</i>
3	Committee Chair consulted:	<i>Councillors George Lindars Hammond and Angela Argenzio</i>
4	I confirm that all necessary approval has been obtained in respect of the implications indicated on the Statutory and Council Policy Checklist and that the report has been approved for submission to the Committee by the SLB member indicated at 2. In addition, any additional forms have been completed and signed off as required at 1.	
	Lead Officer Name: Janet Kerr	Job Title: Chief Social Work Officer
	Date: 24th February 2023	

1. PROPOSAL

- 1.1 Safeguarding is everyone's responsibility.
- 1.2 Safeguarding means protecting people's right to live in safety, free from abuse and neglect. Statutory safeguarding applies to adults with care and support needs who may not be able to protect themselves. It can also include neglect, domestic violence, modern slavery, organisational or discriminatory abuse.
- 1.3 This paper provides the first update on progress made since the [Adult Safeguarding Delivery Plan](#) was approved by Committee in September 2022. The Safeguarding Delivery Plan update can be found at *Appendix 1*.
- 1.4 The aim of the Delivery Plan is to ensure that Sheffield has robust response towards safeguarding Adults from abuse and neglect. The plan was developed to coordinate our activities as a Council to ensure safety and preventing harm of people in need of care and support across Sheffield. It was developed in partnership with colleagues and partners to support a partnership approach to implementation.
- 1.5 The structure and content of the delivery plan has been updated following learning and review over the past six months, particularly in relation to preparation for the introduction of CQC Assurance and during implementation of the future design of adult care.
- 1.6 Over the past six months good progress has been made in implementing the delivery plan and in particular, increasing the resourcing available to enable implementation has been further progressed through introduction of the following dedicated posts from April 2023:
- Adult Safeguarding Board Manager – previously the role was shared with children services and following review a dedicated adult's role and a dedicated children's role have been established to build capacity to safeguard adults.
 - Safeguarding Coordinator and business support – this is a role which, will support delivery upon the MASH, coordinate delivery upon the safeguarding plan and coordination of safeguarding arrangements across the Council.
- 1.7 A 'Safe and Well' performance clinic has been established to provide assurance of safe systems of working, governance policies and procedures. As the clinic progresses, any actions identified as a result of the learning will be reflected in the safeguarding delivery plan to ensure that all improvements related to safeguarding are coordinated within the same plan.

- 1.8 There has also been good progress made around domestic abuse and support in safe accommodation over the past six months, in particular developments have included new contracts in place for women's refuges and dispersed safe accommodation and for counselling support to aid recovery from the impact of domestic abuse. See appendix 2 and 3 for a more detailed progress update on the Domestic Abuse Safe Accommodation Strategy and spending.

Performance Update

- 1.9 Our ambition is to respond on a timely basis, reduce risk and improve outcomes in line with Making Safeguarding Personal. The Delivery Plan in Appendix 1 details our performance position and trajectory towards meeting our targets.

- 1.9.1 In particular, it highlights that:

- Accessibility of services is significantly improving due to reduced waiting lists for safeguarding and DoLs renewals. The safeguarding waiting list has more than halved in the past six months.
- An improved impact on risk, with an increase in cases where the risk is removed or reduced.
- A reduction in cases where outcomes were fully met, indicating further work required to improve performance in this area.
- Satisfaction with the safeguarding process remains consistently high, and above target.

- 1.9.2 This is a journey of continuous improvement, and it is positive to see performance is improving in most areas. A more detailed examination of each performance measure is outlined below.

- 1.9.3 • Performance measure 1: Initial triage / risk assessment completed within 24 hours of receipt of referral.

The performance measures in the safeguarding delivery plan have been reviewed alongside development of a set of metrics to measure the success of the MASH implementation. The previous measure 'Percentage of contacts statutory criteria determined within 3 Working Days' has been replaced with 'Initial triage / risk assessment completed within 24 hours of receipt of referral'. The updated measure is focused on ensuring that any urgent safety concerns are addressed as quickly as possible.

The current performance across all social care teams currently completing triage of safeguarding referrals is 69%. One of the aims of introducing a MASH is to improve this performance so that the vast majority, and at least 90% receive initial triage within the first 24 hours.

1.9.4 • Performance measure 2: Satisfaction with Safeguarding Process

This measure indicates if the person being safeguarded is satisfied with how the safeguarding episode went. Performance against this measure has increased slightly from 97% to 98%, consistently exceeding the 95% target.

1.9.5 • Performance measure 3: Safeguarding Adults Outcomes Met

This measure indicates where a person was able to express their desired outcomes, how well they were met. The three response options are not met, partially met, and fully met. Performance against this measure has decreased from 64% fully met to 55% fully met, and below the 80% target. Over the next 6 months targeted activity will be undertaken to improve this performance, including considering what resourcing is required.

1.9.6 • Performance measure 4: Safeguarding Adults Impact on Risk

This measure is specifically for referrals that have progressed to a safeguarding enquiry, to indicate whether the risk remains or has been reduced or removed. Performance against this measure has improved from 78% removed or reduced to 83%. This is a positive direction of travel towards the target of 95%.

1.9.7 • Performance measure 5: Accessibility of Services: DoLs waiting lists

The last quarter has seen an improvement in performance. The waiting list at the end of December was 505 for new referrals compared with 529 at the end of July 22. The biggest improvement was the waiting list for renewals, which has reduced from 855 to 407, getting much closer to the target of 334 by June 2023. Over the next 6 months, its aimed to embed new ways of working to continue to decrease backlogs. A risk has been added to the risk register regards the availability of social workers to meet DoL's demand in Sheffield, with a risk mitigation of review of resource required alongside dedicated recruitment campaign.

1.9.8 • Performance measure 6: Accessibility of Services: Safeguarding waiting lists

The last quarter has seen a significant improvement in performance. The waiting list at the end of December was 200 compared with 453 at the end of July 2022. This is a reduction of more than half and great progress in the right direction towards the target of 75 by June 2023.

1.10 Implementation of the Safeguarding Delivery Plan Progress Update

1.10.1 Good progress has been made in relation to delivery upon the safeguarding plan. Key areas of progress in each area of work are outlined below.

1.10.2 Thematic Review

The independent review of the Safeguarding Partnership Board is well underway. The review is progressing well and on track for recommendations and learning points to be provided by the end of March. The response to the recommendations will be led by the Safeguarding Partnership Board.

Upon completion of the Safeguarding Partnership Board review, the same independent reviewer will subsequently lead a Council wide safeguarding review between May and October 2023. This review will inform learning and provide recommendations which will lead to further updates to the safeguarding delivery plan.

1.10.3 Deprivation of Liberty (DOL) / Liberty Protection Safeguards (LPS)

Recruitment of a Coordinator dedicated to this area of work has been completed. The coordinator has been in post for three months and is leading cross-departmental and cross city multi-agency work as part of preparations for the introduction of LPS.

The preparations are progressing well however there are currently no clear timescales from government for LPS implementation. Despite this the groundwork will continue to increase preparedness for when revised timescales are issued. The target timescales in the delivery plan are no longer appropriate given the national delays and will require review and updating when guidance and new timescales are issued.

Work is progressing well to reduce waiting lists, with reductions made in the last quarter (see performance section 1.13 of this report).

1.10.4 Practice Principles, Learning and Development

A dedicated safeguarding learning session has recently been delivered for committee by the Chief Social Work Officer and First Contact Service Manager. The session covered an overview of safeguarding, our statutory responsibilities, case examples and progress with development of a multi-agency safeguarding hub for adults in Sheffield.

Building on the learning session and to improve understanding further, a work shadowing session has been arranged for Cllr George Lindars-Hammond and Cllr Steve Ayris, to spend time at First Contact office with staff who triage and respond to safeguarding referrals.

Adult Social Care safeguarding training applies the principles of Making Safeguarding Personal and strength-based practice. Service launch events are taking place as part of implementation of the new operating model, which include a presentation and consistent message from the Chief Social Work Officer.

Establishing an improved framework for recording and monitoring safeguarding learning and development will be progressed following implementation of the new Adult Social Care Operating Model in March 2023.

A statement on conversion practice has been produced and has been submitted to Strategy and Resources Committee on 15th March for approval to sign up.

1.10.5 Operational Safeguarding

Work is progressing well to implement robust arrangements for identifying early indicators of concern, preventing abuse and neglect, preventing poor outcomes through lack of care continuity, and responding to safeguarding in regulated care environments.

- A market position statement and sustainability plan were approved by committee in February 2023.
- Over the next 6 months, further improvements will be undertaken in terms of system recording and through implementation of the multi-agency safeguarding hub and new care homes team within the new adult social care operating model.

Work has been carried out to map current processes, pathways, models of working, panels and contractual arrangements relating to protecting adults. The next step is to identify themes and from those proposals for improvements.

1.10.6 Multi Agency Safeguarding Hub (MASH)

There have been huge steps forwards with developing a MASH for adults in Sheffield over the past six months. A modelling group was established and tasked with developing a model for the MASH which achieves collective outcomes and considers design, pathways required, learning and which is within current resources.

The modelling group reviewed the current high-level processes and performance data, explored existing adult MASH models, outlined principles, and intended outcomes for a model, and developed high level options for how a MASH could work in Sheffield.

The group evaluated the options and collectively agreed a preferred model, which has been agreed by the Steering Group, along with a preferred method for information sharing.

An Operational Group has been established with partners to develop and co-design the required detail for implementation, for example, detailed processes, information sharing agreement, standard operating procedures.

The operational group includes reps from a wide range of adult social care partners including South Yorkshire Police, Probation Service, Council Housing, South Yorkshire Fire and Rescue, Domestic Abuse Coordination Team, Team Around the Person, Sheffield Teaching Hospitals, Sheffield Health and Social Care Trust, Children's social care, NHS South Yorkshire ICB

Tests of change are underway in the form of a daily 'huddle' Teams call, chaired by Adult First Contact colleagues with regular attendees from partner agencies including South Yorkshire Police, Council Housing, Health and Social Care Trust and Probation. Representatives from other agencies have also shadowed huddle discussions and positive feedback has been received from all representatives who have been involved with the test. The tests are already demonstrating the value of multi-agency working for helping to keep adults in Sheffield safe from abuse and neglect, and the formal introduction of a MASH will build on this further. Metrics have been agreed to measure the impact of the introduction of the MASH. The current estimated launch date for MASH is 1st April 2023.

1.10.7 Performance and Reporting

A set of measures has been established to be used consistently across all forums, with reporting to the Board, Committee and Council now implemented to enable scrutiny and assurance.

Approval has been completed to recruit to the role of a dedicated Safeguarding Adults Board Manager, rather than the previous arrangement where one Board Manager was responsible for both Children's and Adults safeguarding. Recruitment to the role is in progress and it's aimed that this will bring additional capacity to the Adult Safeguarding Board

1.10.8 Communication and engagement

There is a lot of good work happening, for example, a weekly e-bulletin is circulated to all AHSC employees. It is acknowledged that there is still room for improvement in this area, which will be progressed further upon successful recruitment to the role of a dedicated Safeguarding Adults Board Manager who would oversee this.

Work is required to identify the most appropriate opportunities for co-production in the safeguarding remit. Discussions have taken place with the Practice Coordinator leading on involvement to progress this and to develop a suitable approach.

2. HOW DOES THIS DECISION CONTRIBUTE?

- 2.1 The safeguarding delivery plan meets the Safe and Well and Effective and efficient Adult Social Care outcomes as set out in the Adult Social Care Strategy in several ways.
- 2.2 The plan 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 and the Councils new delivery plan.
 - SCIE [Making Safeguarding Personal \(MSP\)](#) using Strengths-based approaches to social care
 - Safeguarding means protecting people’s right to live in safety, free from abuse and neglect. This is everyone’s responsibility.
 - *Conversations Count*¹⁰: our approach to adult social care, which focuses on listening to people, their strengths, and independence.
 - *Our new ASC Operating Model* - this aligns to that new arrangement by ensuring a dedicated focus on safeguarding adults
 - *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’.

3. HAS THERE BEEN ANY CONSULTATION?

- 3.1 A crucial element in the successful prevention of abuse is the increased involvement in people receiving, and staff directly delivering care, in the development of all key parts of the plan. Throughout the sector, we know that involving and coproducing these makes them more likely to be successful.
- 3.2 To enable this, the governance structures will include the voices of those receiving care, carers, partners, and care providers so that we ensure we deliver what matters to people of Sheffield. This includes co-developing a mechanism (e.g., Citizens Board) so that people with lived experience are equal partners.
- 3.3 An overall approach to coproduction and involvement is also a key element of the delivery plan, ensuring that the voice of citizens is integrated into all major developments ahead. This includes signing up to Think Local Act Personal Making It Real. A dedicated item on this is proposed as part of the Committee’s forward plan.

3.4 The design and build of the multi-agency safeguarding hub is being led by a multi-agency group who will be part of the hub delivery going forward. Our review of governance, contracts and safeguarding pathways is based upon feedback from practitioners who deliver these services. The proposals will mean that people who are at risk will receive a quicker response which will not only improve safety but will reduce the need for repeat chaser calls.

4. RISK ANALYSIS AND IMPLICATIONS OF THE DECISION

4.1 Equality Implications

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

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

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

4.1.3 The nature and purpose of Adult Health & Social Care means that people sharing the protected characteristics of Age and/or Disability will be directly impacted by the proposals. However, the safeguarding remit means that people sharing certain other protected characteristics (e.g. Sex, Race, Sexual Orientation) may also be particularly affected.

4.2 Financial and Commercial Implications

4.2.1 The Council has a statutory duty to set a balanced budget. For 23/24, a standstill budget approach has been adopted because of the Council's financial position, with each committee asked to work within their budget envelope.

4.2.2 Full consideration will be given to the affordability and viability of any proposals arising from this plan.

4.3 Legal Implications

4.3.1 The core purpose of adult health and social care support is to help people to achieve the outcomes that matter to them in their life. The Care Act 2014 sets the Council's statutory power to direct the provision that:

- promotes wellbeing
- prevents the need for care and support
- protects adults from abuse and neglect (safeguarding)
- promotes health and care integration
- provides information and advice
- promotes diversity and quality.

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

4.3.3 The Care Act Statutory Guidance at paragraph 4.52 requires Local Authorities to:

"... have in place published strategies that include plans that show how their legislative duties, corporate plans, analysis of local needs and requirements (integrated with the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy), thorough engagement with people, carers and families, market and supply analysis, market structuring and interventions, resource allocations and procurement and contract management activities translate (now and in future) into appropriate high quality services that deliver identified outcomes for the people in their area and address any identified gaps".

4.3.4 This report therefore sets out how the Authority will meet its statutory obligations and it is itself a requirement of the wider Care Act framework.

4.3.5 The Living The Life You Want to Live – Adult Social Care Strategy which was approved in March 2022 set out the high-level strategy to ensure these obligations are met. This report builds upon that by setting out how the aims of the strategy will be delivered and provides for the monitoring and review encouraged by the statutory guidance.

4.4 Climate Implications

4.4.1 There are no climate implications of this report.

4.5 Other Implications

4.5.1 There are no specific other implications for this report. Any recommendations or activity from the detailed workplans of the strategy will consider potential implications as part of the usual organisational processes as required.

5. ALTERNATIVE OPTIONS CONSIDERED

- 5.1 This is an update on previously endorsed delivery plan in line with recommendations approved at Committee. No alternatives options are available due to this.

6. REASONS FOR RECOMMENDATIONS

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

Adult Health and Social Care

Page 229

Safeguarding Adults Delivery Plan 2022 to 2024

Adult Health and Social Care: Adult Safeguarding Delivery Plan 2022 - 2024

Our Vision and Ambitions for people of Sheffield

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

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

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

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

Our Commitment to Safeguarding

Safeguarding Adults is everybody responsibility. It's our collective responsibility to prevent abuse and neglect and improve outcomes of Adults and Carers across Sheffield.

To that end it's our ambition that Adults in need of Care and Support can live safely and well, free from abuse and neglect.

The Sheffield Adult Safeguarding Board leads the partnership planning and oversight of Safeguarding across Sheffield. It aims to ensure that Adults in need of care and support are safe and well.

The Adult Social Care Policy Committee also has a strategic and scrutiny role regards the delivery of Adult Health and Social Care Services across Sheffield.

The strategic vision and principles form a platform on which to build a comprehensive self-assessment.

A self-assessment considers adult social care from different perspectives:

- adult social care statutory duties
- an analysis using the 'Towards Excellence' toolkit from the Association of Directors of Adult Social Care (ADASS)
- an Internal Audit of Safeguarding, and
- in-service practice-based learning.

These different perspectives enable conclusions to be drawn in relation to improvement themes for the Delivery Plan.

The Delivery Plan is structured on these themes, with associated development areas, and opportunities for improvement aligned to them.

This Delivery Plan aims to support the ambitions and governance roles of the Board and Committee by setting out clear: -

- ✓ Performance and governance milestones so that Adults and Carers experience timely and effective support which achieves their outcomes.
- ✓ Involvement milestones so that Adults and Carers feel involved in

- planning and development of services aimed to prevent abuse and harm
- ✓ Delivery milestones which promote multi-agency approaches towards prevention of abuse and achievement of personalised outcomes.

What is Adult Safeguarding?

The Care Act statutory guidance defines adult safeguarding as:

'Protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.'

Within this broad understanding of safeguarding, the adult social care duty is to act when it has 'reasonable cause to suspect that an adult in its area (whether or not ordinarily resident there):

- has needs for care and support (whether or not the authority is meeting any of those needs),
- is experiencing, or is at risk of, abuse or neglect, and
- as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.' (Care Act 2014, section 42)

Therefore, safeguarding in the context of adult social care is for people who, because of issues such as frailty in older age, dementia, learning disability, mental ill-health, or substance misuse, have care and support needs that may make them more vulnerable to abuse or neglect.

Whilst the social care safeguarding duty on local authorities is defined in the Care Act 2014 and its guidance documents, there is a wide range of legislation that is relevant to safeguarding: the Mental Health Act 1983, Mental Capacity Act 2005, The Crime and Victims Act 2004 and subsequent legislation relating to Domestic Violence, Protection Notices and Orders, also relevant is legislation on the criminal offence of Coercive and Controlling Behaviour, and Modern Slavery and Forced Marriages. Safeguarding is also relevant when:

- Doctors are considering compulsory treatment or admission to psychiatric hospital
- When people lack capacity to decide and may be restricted of their liberty
- Delivering timely access to assessment and support and ensuring effective arrangements are in place where there are any moves.
- Ensuring the quality, safety and experience of support provided, which includes making sure effective business continuity and health & safety arrangements are in place.

This delivery plan takes into consideration all of the above, but it has a primary focus on the prevention of abuse and neglect of vulnerable people, and a second emphasis on making safeguarding personal for the vulnerable adults across Sheffield. More information can be found at the Sheffield Adult Safeguarding Board Partnership Website and SCIE: - [The Care Act: Safeguarding adults \(scie.org.uk\)](https://www.scie.org.uk).

What Does Good Look Like?

We have started this delivery plan by setting out some initial indicators of what we think good looks to prevent abuse and neglect and improve individuals and carers outcomes and experiences. The plan is to continue to develop these indicators in partnership with the people we support, carers and partners as we learn and embed our approach to safeguarding in the City.

Leadership & Governance

- ✓ Strategic leaders work together, and evidence joined up visible and effective leadership around a shared vision and plan
- ✓ Staff, Adults, Carer and Partners are and feel confident about the support, leadership and plans in place.
- ✓ Continuous improvement, quality assurance, policies and audit processes and delivery on improvements identified are embedded and evidenced throughout all levels of the service and publicly available.
- ✓ There are periodical self-evaluations of safeguarding, effective multi-agency audits and thematic reviews to determine areas for improvement and then delivery of the improvements identified.

Confident Practice

- ✓ All staff are appropriately trained and supported in safeguarding and making safeguarding personal. They know what to do if they suspect an adult is at risk of harm and are focused on prevention of abuse and neglect.
- ✓ Our approach to the management of risk is commensurate with the principle of risk empowerment and a personalised safeguarding approach, whereby practitioners successfully balance supporting individuals to take appropriate risks, with their professional duty of care to keep people safe.
- ✓ Our response to safeguarding is clearly evidenced and recorded; we prepare detailed risk assessments and risk management plans - including chronologies – where required.

Quality & Outcomes

- ✓ Adults are supported and encouraged to make their own decisions and use informed consent
- ✓ Adults and their unpaid carers are integral to safeguarding formulation and planning and their views inform continued improvements.
- ✓ Independent advocacy is offered to adults at risk of harm and is available if they want it. Staff are fully aware of the role of independent advocacy.
- ✓ Making Safeguarding Personal is embedded across services

Providing Support

- ✓ We have a valid system for prompt, accurate screening of all safeguarding concerns. The three-point test is correctly and consistently applied.
- ✓ We have robust, competent, effective, and integrated safeguarding and practices, pathways, and models of working in place.
- ✓ We share information (electronic and non-electronic) about adults effectively and timeously. Robust protocols are in place.
- ✓ Regulated Care services have clear arrangements which ensure effective prevention and response to safeguarding, continuity of provision and monitoring of wellbeing outcomes achieved.

What are the Key Principles and Outcomes of Safeguarding Adults?

First introduced by the Department of Health in 2011, but now embedded in the Care Act, these six principles apply to all health and care settings.

1. Empowerment

People being supported and encouraged to make their own decisions and informed consent

2. Prevention

It is better to take action before harm occurs.

3. Proportionality

The least intrusive response appropriate to the risk presented.

4. Protection

Support and representation for those in greatest need.

5. Partnership

Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.

6. Accountability

Accountability and transparency in safeguarding practice.

Safeguarding Adults Delivery Plan

Safeguarding Adults from Abuse and Neglect

Ambition: Adults in Need of Care and Support live safely and well free from abuse and neglect

Context: Effective safeguarding is a critical part of delivering excellent social care services. It is our collective responsibility to prevent abuse and neglect and improve outcomes for Adults and Carers across Sheffield, and it is our ambition that Adults in need of Care and Support can live safely and well, free from abuse and neglect. The Sheffield Adult Safeguarding Board leads the partnership planning and oversight of Safeguarding across Sheffield, aiming to ensure that Adults in need of care and support are safe and well, while the Adult Social Care Policy Committee also has a strategic and scrutiny role.

Accountable Officer: Director Adult Health and Social Care

Accountable Committee/ Board: Safeguarding Adults Partnership Board and Adult Health and Social Care Policy Committee

Performance picture	Baseline	Current	Target	Direction of travel	RAG	
1 2 3 4 5 6 Page 235	Initial triage / risk assessment completed within 24 hours of receipt of referral	69% (Q3 22/23)	As baseline	90%		
	Satisfaction with Safeguarding Process (Excluding not knowns)	97% (Q1 22/23)	98% (Q3 22/23)	95%		
	3. % Safeguarding Adults Outcomes Met: % expressed outcomes fully met (S42 enquiries)	64% - (Y&H Q1 22/23 average)	55% (Q3 22/23) (64.6% Q1 22/23)	80%		
	4. Safeguarding Adults Impact on Risk: % risk removed or reduced (S42 enquiries)	93% (Y&H Q1 22/23 average)	83% & 8% unknown (Q3 22/23) (78% & 14% unknown Q1 22/23)	95%		
	5. Accessibility of Services: DoLs waiting lists	529 new 855 renewals (July 22)	505 new 407 renewals (Dec 22)	0 new 334 renewals (June 23)		
	6. Accessibility of Services: Safeguarding waiting lists	453 (July 22)	200 (Dec 22)	75 (June 23)		

Area	Milestone/action	By when	Lead	RAG, Progress & Comments	CQC Theme			
					Leadership & governance	Outcomes & experience	Providing Support	Confident practice
1. Thematic review	1a. Commission a thematic and benchmarking review of current Safeguarding Adults Referral, Inquiry and Investigation processes and practice standards to ensure in line with best practice and take learning and recommendations to the Safeguarding Board.	January 2023	AD Access, Mental Health, and Wellbeing Designate Professional NHS SY ICB Sheffield	Independent review ongoing (focused on the partnership not AHSC) Draft report by end of March Processes mapped and will be reviewed as part of MASH implementation, which also involves benchmarking. Case file audits will feed into practice standards.	X			
	1b. Support a review and refresh of the strategic safeguarding leadership priorities and workstreams set against learning from benchmarking, learning from reviews and performance and local assessment of need.	March 2023	Director of Adult and Health and Social Care Chief Nurse	Prioritisation of key actions following completion of independent review	X			
	1c. Establish a joint health and care enhanced assurance framework and infrastructure including a dedicated assurance post, with regular self-evaluation a core part of our safeguarding offer. <ul style="list-style-type: none"> Implement independent annual Safeguarding, DoLs, Mental Health, Domestic Abuse, Modern Slavery policy and procedures compliance audit and review Implement independent six-monthly cross service social care case file audits Implement Independent six-monthly multi-agency case file audits Implement a case file audit plan which reviews case file audits on a quarterly basis RAG rated compliance and audit feedback and use learning to inform ongoing continuous improvement of practice 	June 2023	Chief Social Work Officer Designate Professional NHS SY ICB Sheffield	An agreed product of the independent review will be an enhanced assurance framework	X			

	1d. Embed learning from thematic review into practice	October 2023	Chief Social Work Officer		X		
SD1 / Page 237	2a. Recruit to a DoLs Coordinator to build capacity to coordinate delivery on the Liberty Protection Safeguards, benchmark with other authorities and coordination of DoLs/ LPS performance and improvement activity across the service and with partners.	January 2023	AD Access, Mental Health, and Wellbeing	Coordinator in post since 31/10/22	X		
	2b. Gain cross-departmental and inter-agency agreement for introduction of Liberty Protection Safeguards <ul style="list-style-type: none"> Liberty Protection Safeguards impact analysis Report to Committee on progress with preparations for Liberty Protection Safeguard Liberty Protection Safeguards design and build processes. Liberty Protection Safeguards implement processes/training. Implement Liberty Protection Safeguards 	February 2023 March 2023 June 2023 October 2023 October 2023	AD Access, Mental Health, and Wellbeing Health Safeguarding SY ICB Sheffield Team	Co-ordinator is undertaking cross-departmental work on preparations for LPS. There are no clear timescales from government, but groundwork will continue.			X
	2c. Deprivation of Liberty Waiting Lists reduced to acceptable risk levels.	June 2023	AD Access, Mental Health, and Wellbeing	Operational plan and backlog management in place and additional management resource.		X	
	2d. Establish a Liberty Protection Safeguards learning and development framework and implementation plan with partners to enable implementation.	June 2023	AD Access, Mental Health, and Wellbeing Health Safeguarding SY ICB Sheffield Team	Co-ordinator is undertaking cross-departmental work on preparations for LPS. There are no clear timescales from government, but work continues.			X
	3a. Implement an Adult safeguarding and ensuring safety learning and development framework which sets out and assures how all Council staff have	October 2023	Chief Social Work Officer	Requires improved recording and monitoring systems and will progress once new AHSC			X

	completed relevant standards of safeguarding learning and development.		Business Change Lead	Operating Model is implemented in March 2023.				
3. Practice Principles, Learning and Development	3b. Deliver Statement and policy regarding Conversion Practice	January 2023	Chief Social Work Officer Health Safeguarding SY ICB Sheffield Team	Written and to committee in February 2023.			X	
	3c. Implement a practice and assurance framework which sets out how all commissioned and non-commissioned providers in the City have completed relevant standards of safeguarding learning and development and have appropriate support and practice standards in place.	March 2023	AD Adult Commissioning Health Safeguarding SY ICB Sheffield Team	CQC & SCC Commissioning have monitoring in place to ensure that safeguarding training has taken place as per Skills for Care guidance. The content / quality of the training is not specifically monitored. Once recommissioning activity completed, quality teams will review as part of core monitoring.				X
	3d. Implement learning and development for Strategic Leaders, Members and Senior Leaders to enable joined up and visible approaches to safeguarding adults across Sheffield.	June 2023	Chief Social Work Officer Designate Professional NHS SY ICB Sheffield	Learning session delivered for committee. Work shadowing session arranged. Independent review outputs will include a feedback session for Elected Council Members focused on findings of the review, the enhanced assurance framework, their leadership role in safeguarding on behalf of the population of Sheffield and partners	X			
	3e. Embed outcomes and strength-based practice and with that increase outcomes met and increase removal and reduction of risk to targets set.	October 2023	AD Access, Mental Health, and Wellbeing	AHSC training comprehensively addresses this.		X		

	<p>3f. Embed making safeguarding personal across adult health and social care.</p>	October 2023	AD Access, Mental Health, and Wellbeing	Safeguarding training includes principles of making safeguarding personal. Chief Social Work Officer attending all service events to deliver consistent message.		X		
	<p>3g. Embed learning from safeguarding adult reviews to identify failings and to learn lessons from cases where adults with care and support needs have experienced serious abuse or neglect, taking action to drive best practice.</p>	October 23	Chief Social Work Officer	Independent review will provide insight.		X		
	<p>4a. Recruit to a Safeguarding Coordinator to build dedicated capacity to coordinate delivery on the Adult Health and Social Care Safeguarding Delivery Plan, benchmarking with other authorities and coordination of operational safeguarding performance and improvement activity across the service.</p>	March 2023	AD Access, Mental Health, and Wellbeing	Preparation for recruitment to this post is underway.	X			
4. Operational safeguarding	<p>4b. Implement effective multi agency arrangements in place to effectively screen and respond to Safeguarding via Hub, with a focus on identifying risk early:</p> <ul style="list-style-type: none"> • High level design approval • Operational group established to oversee implementation • Test of change begin • Full implementation of Multi Agency Safeguarding Hub and safeguarding processes, including PiPoT (align with new Operating Model) 	<p>January 2023 January 2023 March 2023 June 2023</p>	<p>Chief Social Work Officer Health Safeguarding SY ICB Sheffield Team Business Change Lead</p>	High level model agreed, operational group established and tests of change 'huddle' discussions progressing well.			X	
	<p>4c. Implement robust, competent, effective, and integrated safeguarding and ensuring safety practices, pathways, and models of working in place.</p> <ul style="list-style-type: none"> • Map and benchmark current safeguarding processes, pathways, models of working, panels, contractual arrangements to confirm all safeguarding arrangements in place set against legal duties and safeguarding outcomes. 	January 2023	<p>AD Access, Mental Health, and Wellbeing Chief Social Work Officer Business Change Lead Health Safeguarding SY ICB Sheffield Team</p>	Mapping complete. Cohort comparison required before reporting findings and recommendations			X	

	<ul style="list-style-type: none"> High level design of adult safeguarding processes, pathways, practice, model of working aligned to ASC Target Operating Model approved. Operational group established to oversee implementation. Full implementation of new design (align with Target Operating Model) 	<p>March 2023 March 2023 June 2023</p>						
	<p>4d. Ensure there is clarity around what constitutes a safeguarding concern and that there is clear, good quality information available about types of abuse, processes, referral methods and thresholds. This includes clarity on what constitutes a safeguarding concern and concerns arising from the quality of services.</p>	<p>June 2023</p>	<p>AD Access, Mental Health, and Wellbeing Chief Social Work Officer Business Change Lead Health Safeguarding</p>	<p>SASP website contains a wealth of information and social care web offer currently under review. Implementation of a MASH will improve this.</p>			X	
	<p>4e. Implement robust arrangements for identifying early indicators of concern, preventing abuse and neglect, preventing poor outcomes through lack of care continuity, and responding to safeguarding in regulated care environments.</p> <ul style="list-style-type: none"> Market Position Statement Approved by Committee Market Sustainability Plan Approved by Committee Early Indicators of Concern and Safeguarding in Regulated Care Approved by Committee and Safeguarding Board 	<p>June 2023 June 2023 June 2023</p>	<p>AD Adult Commissioning and Partnerships AD's Ageing Well North and South AD Adults with a Disability Health Safeguarding SY ICB Sheffield Team</p>	<p>Position statement approved and sustainability plan to committee in February 23.</p> <p>Potential improvements to be explored in terms of system recording and through MASH implementation.</p>			X	
	<p>4f. Safeguarding Waiting list reduced to acceptable risk levels.</p>	<p>June 2023</p>	<p>AD Access, Mental Health, and Wellbeing</p>	<p>Operational plan and backlog management in place.</p>		X		
<p>5. Performance &</p>	<p>5a. Establish routine performance and risk reporting to Policy Committee, Safeguarding Board, Council Performance & Delivery Board, Adult Health and Social Care Performance Clinics including Benchmarking with other authorities and improvement</p>	<p>November 2022</p>	<p>AD Access, Mental Health, and Wellbeing</p>	<p>A focused set of measures has been established to be used across all forums. Work ongoing to ensure they are fully incorporated by all.</p>	X			

	activities and recommendations in response to learning.							
	5b. Support a review of the model of support to the Safeguarding Board to ensure appropriate and dedicated focus on Safeguarding Adults, in turn ensuring there is a clear, resourced strategic plan to address them, and that the Board holds local safeguarding partners to account.	March 2023	Director of Adult and Health and Social Care Chief Nurse SY ICB	Approval complete to recruit a dedicated Safeguarding Adults Board Manager.	X			
6. Communication & engagement	6a. Implement regular communications and updates about the safeguarding board activities, protecting people network and practice updates.	December 2022	Chief Social Work Officer AD Access, Mental Health, and Wellbeing Business Change Lead	AHSC ebulletin includes regular and relevant updates e.g., SAR review outcomes, and information is shared on the SASP website. Recruitment of a dedicated Partnership Board manager for adults would increase the capacity to improve further	X			
	6b. Further support Citizens Involvement to support and enable co-production and engagement with people who use our services and their families and carers.	March 2023	Chief Social Work Officer ASC Coproduction lead Safeguarding Board Manager	Work underway to identify most appropriate opportunities within remit of safeguarding. Discussions taking place with Practice Development Coordinator regarding approach.		X		

Risks <ul style="list-style-type: none"> Lack of stakeholder and partner engagement prevents successful implementation of a multi-agency safeguarding hub An increase in demand prevents waiting list being reduced 	Other issues <ul style="list-style-type: none"> Ongoing challenge in recruiting to social workers reduces impact on addressing waiting lists.
--	---

- *Ongoing response the pandemic and winter pressures reduces focus on safeguarding across social care.*

Domestic Abuse and Coercive control Policy

Introduction

Domestic abuse is defined by government in the Domestic Abuse Act 2021 [Domestic Abuse Act 2021 \(legislation.gov.uk\)](https://www.legislation.gov.uk) as ‘any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those **aged 16 or over and** who are **personally connected** to each other’.

This can encompass, but is not limited to, the following types of abuse:

- psychological
- physical
- sexual
- economic
- emotional

Two people are “**personally connected**” to each other if any of the following applies—

- they are, or have been, married to each other;
- they are, or have been, civil partners of each other;
- they have agreed to marry one another (whether or not the agreement has been terminated);
- they have entered into a civil partnership agreement (whether or not the agreement has been terminated);
- they are, or have been, in an intimate personal relationship with each other;
- they each have, or there has been a time when they each have had, a parental relationship in relation to the same child
- they are **relatives** (defined as are defined as mother, father, daughter, son, brother, sister, grandmother, grandfather, granddaughter, grandson, aunt, uncle, niece, nephew, or first cousin whether of the full blood or of the half blood, this includes in law or step family relationships)

The definition also includes **forced marriage, so called ‘honour based’ abuse and female genital mutilation.**

Coercive Control

Coercive control or controlling behaviour is a very common feature in abusive relationships. In most cases of domestic abuse, coercive control is present. It can include domination without acts of violence and usually involves a range of economic, emotional and other forms of pressure designed to dominate an intimate partner (or ex-partner). People who have experienced coercive control say it can be more damaging than physical abuse and can greatly undermine their confidence and self-esteem. It can sometimes be described as ‘walking on eggshells’

Coercive control is complex and although it is most often perpetrated by a male towards a female it can also be perpetrated by females and can happen in the context of **adult family violence** or in LGBTQ+ relationships. Coercive control is also often a feature of **post separation abuse.**

***Coercive** behaviour is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim*

Controlling behaviour is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour

Types of abusive behaviour

Coercive control in an intimate or family relationship can include a pattern of threats, humiliation and intimidation. For example:

- Stopping or changing the way someone socialises
- Controlling whether they go to work or not
- Controlling their finances and making them account for every penny they spend or preventing them from accessing their own money
- Repeatedly putting them down such as telling them they are worthless and humiliating and embarrassing them and undermining their ability to make their own choices and decisions
- Gaslighting them (manipulating them using psychological methods into questioning their own sanity)
- Controlling their social media accounts
- Isolating them from their family and friends or limiting and monitoring their contact with family and friends
- Controlling and limiting their access to support and preventing them from seeking help
- Controlling medication or denying care
- Dictating what they wear or how they look
- Monitoring them e.g. via tracking apps on mobile phones or tracking devices on cars
- Micromanaging all aspects of their lives so that victims are left isolated and with little to no 'space for action'.

The harm caused by coercive control can be serious and long lasting, it is an indicator for high-risk domestic abuse and is very often a feature in Domestic Homicide Reviews, more so than incidents of physical violence.

A recent Serious Incident Review in Sheffield also showed that there are 'hidden' victims of **modern slavery** and **forced marriage** who are also victims of **coercive control**. Where this is suspected, professional curiosity should be used and appropriate information sharing/safeguarding policies followed.

■ Coercive Control and the Law

Section 76 of the Serious Crime Act 2015, which came into force in December 2015, makes it an offence if controlling or coercive behaviour causes someone either:

- to fear that violence will be used against them on at least two occasions, or
- serious alarm or distress which has a substantial effect on their usual day-to-day activities.

The offence carries a maximum of 5 years' imprisonment, a fine or both.

The offence of **coercive control** enables the **pattern of behaviour** to be prosecuted. It takes the emphasis off 'the incident of physical violence' and puts it on living entrapped within an abusive relationship and the psychological damage, trauma and long-lasting harmful effects of being controlled by someone else.

■ The Care Act statutory guidance

The new offence relating to coercive control is reflected in the [Care Act statutory guidance](#). This means that a local authority's duty to make (or ask others to make) safeguarding enquires and determine what action is needed to protect an adult at risk is triggered by reasonable cause to suspect that an adult with health and social care needs is experiencing coercive control (where their needs prevent them from protecting themselves).

What to do if you have concerns

Domestic abuse is a pattern of behaviour, so it is very unlikely that an incident is a one off. And separation does not ensure safety and can often mean risk is increased.

Contact Sheffield's Domestic Abuse Services provided by IDAS:

- Freephone Domestic Abuse Helpline: 0808 808 2241 (Mon-Fri 8am – 8pm & Sat, Sun & Bank Hols 11am – 8pm)
- Email: info@idas.org.uk
- Website: www.idas.org.uk
- Webchat available 4-6pm every day at www.idas.org.uk and online referrals can also be made

More information about Sheffield's domestic and sexual abuse services can be found at www.sheffielddact.org.uk

■ Adult safeguarding and domestic abuse

We have a statutory duty under the Care Act to help safeguard adults with care and support needs from domestic abuse. Our statutory duty also applies to adults who do not meet the definition of an 'adult at risk' but may have adults at risk living with them, or who are impacted by domestic abuse.

If you work in Adult Social Care and have access to Liquid Logic please load your concern and discuss next steps with your line manager, following the new Safeguarding processes in the social care manual.

If you're a professional and you are worried that an adult is being abused or neglected, you can report it to the Council's First Contact Team:

- fill out the [Safeguarding adults concern form](#). Please provide as much detail as possible
- email it to asc.howdenhouse@sheffield.gov.uk

If you want to report a concern over the phone call 0114 273 4908. Please be aware that our phone lines are busy and you may have to wait some time before your call is answered.

Concerns are screened daily to assess initial risk. We may contact you and other people involved to ask for more information.

■ Implications for Practice

People experiencing domestic abuse and coercive control live in fear of the consequences of going against the rules that the person perpetrating the abuse has set up for them to follow. The question

is how to determine in the context of coercive control whether the decision is a capacitated one or not.

Use your professional skills to enable people to create the space to make their own decisions by:

- Asking questions sensitively about relationships, including rules that have to be followed, how decisions are made and norms and fears
- Building up a trusted relationship with the person, take a strength based, non-judgemental approach to this.
- Be very clear that you believe the person being abused and let them know you are worried about the harm the perpetrator is causing to them, rather than focusing on what might appear to be their 'unsafe' or 'poor' choices.
- Supporting them with safety planning
- Understanding legal tools (such as Domestic Violence Protection Orders)

■ Children's safeguarding

Adults at risk may also be parents or carers of children, or grandparents and relatives. Children who experience domestic abuse in their families are now recognised in the Domestic Abuse Act 2021 as victims of the abuse in their own right. This is in recognition that children experiencing domestic abuse and/or living with a parent/carer or relative who is being coercively controlled can cause significant and long-term harm. Children living in a home where domestic abuse is happening are more at risk of other types of abuse too. Children often feel angry, guilty, insecure, alone, frightened, powerless or confused and can go on to develop long term mental health difficulties, such as anxiety or developmental trauma.

Any professional who becomes aware of domestic abuse needs to ensure the safety of those involved, including any children or pregnant women. If children are in immediate danger contact the police. You MUST consider making a referral to [Sheffield Safeguarding Hub](#) in these circumstances.

■ Risk and sharing information

Domestic abuse in its extreme forms can lead to significant harm or death.

We use a locally agreed domestic abuse risk assessment tool which can be found here [DASH and MARAC Information and Forms | Sheffield Domestic Abuse \(sheffielddact.org.uk\)](#) to determine whether a person is at high risk of serious harm or homicide.

Information sharing is critical in high-risk domestic abuse cases. If you believe that a situation is high-risk, you must make a [Multi-Agency Risk Assessment Conference \(MARAC\)](#) referral. This is so agencies can share information and make a plan to help keep the person and any dependents safe.

■ Further information

- [Sheffield Drug and Alcohol/Domestic Abuse Coordination Team \(DACT\)](#)
- [Sheffield Domestic Abuse Pathway](#)
- [IDAS](#) (Sheffield's Domestic Abuse Services)
- Inspire to Change [Inspire to Change, South Yorkshire - Cranstoun](#) (Voluntary domestic abuse perpetrator programme)
- [SafeLives](#) (useful [Spotlights](#) series of briefings)

- There is a lot of useful information aimed at health and social care professionals on RiPFA's [Coercive Control](#) website.
-

Document information

- **Author:** Alison Higgins, Strategic Commissioning Manager for Domestic and Sexual Abuse
- **Published on:** January 2023
- **Next review due:** January 2024

This page is intentionally left blank

Domestic Abuse and Safe Accommodation

– progress report since March 2022

Background

Part 4 of the Domestic Abuse Act 2021 places a statutory duty on local authorities to provide specialist support to domestic abuse victims / survivors in safe accommodation. A government grant of £1,329,538 has been awarded to assist the Council meeting its new statutory duty.

This funding relates to the statutory duty which is included in the Domestic Abuse Act 2021 that had cross party support and received Royal Assent on the 29 April 2021. Part 4 of the Domestic Abuse Act 2021 introduced a statutory duty for Local Authorities to ensure all victims of domestic abuse have access to the right support within safe accommodation when they need it.

Tier one Local Authorities (such as Sheffield) have a duty to assess the need for support and prepare strategies to provide specialist support for victims who need to reside in the relevant safe accommodation.

The Council is required to meet the needs of all domestic abuse victims, including those who present from outside of the locality and to provide such support as therapy, advocacy, and counselling in safe accommodation, including refuges, to victims of domestic abuse and their children.

Safe accommodation is defined in the statutory guidance¹ as: refuges, specialist accommodation (e.g., our young women's provision), dispersed accommodation (with specialist support and safety elements), and homes with Sanctuary Scheme measures (target hardening due to domestic abuse).

In March 2022 a paper outlining spending plans for 2022/23 was approved by Cooperative Executive agreed the following recommendations:

1. Note the Council being awarded a grant of £1,329,538 for 2022/2023 from the Department for Levelling Up, Housing and Communities to meet its new statutory duties under Domestic Abuse Act 2021 as outlined in this report.
2. Approve such spending plans as outlined in this report, in respect of the grant funding being awarded to the Council. Variations to be entered into once the funding has been received.
3. To the extent not covered by existing delegations, delegates authority to the Director of Integrated Commissioning in consultation with the Director of Finance and Commercial Services, the Director of Health and Social Care and the Executive Member for Health and Social Care to carry out such procurements regarding any funds as yet unallocated and award such contracts following a successful procurement process in order to provide specialist support services to domestic abuse victims / survivors in safe accommodation, in line with this report.
4. Where no such authority exists under the Leaders Scheme of Delegation, delegates authority to the Director of Integrated Commissioning in consultation with the Director of Finance and Commercial Services, the Director of Health and Social Care and the Director of Legal and Governance to take such other steps as may be necessary to meet the outcomes and objectives of this report.

¹ [Delivery of support to victims of domestic abuse in domestic abuse safe accommodation services - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/103111/delivery_of_support_to_victims_of_domestic_abuse_in_domestic_abuse_safe_accommodation_services_-_gov.uk)

Domestic Abuse and Safe Accommodation

– progress report since March 2022

Update February 2023

1. Safe Accommodation Contract – refuges and dispersed.

This contract was recommissioned in 2022 with a new contract starting in October 2022.

Prior to this the two Sheffield Women's Aid refuges and the IDAS dispersed Safe Accommodation scheme Safe Zones were commissioned separately. The new contract provides both these service elements and IDAS were the successful bidder in partnership with Sheffield Women's Aid. Together these provide 62 units of safe accommodation (ranging from one bed flats to family units with four bedrooms) which will rise to 70 during the first year of the contract. In year two a supported lodgings scheme will also be launched. The accommodation had 100% occupancy in quarter 3 and 97% of needs logged in support plans were met.

2. Community based safe accommodation.

IDAS are commissioned to provide support to victims/survivors in SCC dispersed temporary accommodation – the initial estimate for this demand was 29 tenancies but this is currently at 49 tenancies. They are also commissioned to provide additional support to victims/survivors requiring Sanctuary Scheme (target hardening) interventions to prevent harassment and abuse from former partners or abusive family members. 330 individuals / families at the end of Q3. Planned exits from the service overall are at 69%. 85% of exits see their risk rating reduce or stay the same (NB if the risk is standard risk at service start then this will not reduce regardless of the intervention).

3. Safe accommodation for young women

The Young Women's Housing Project is funded to provide additional units of safe accommodation for victims / survivors aged 16-25 and their children if they have them. There are 20 units in total and all are occupied at present. Planned exits from the service are at 100%. Proportion of needs met are all above 70% for clients exiting the service.

4. Domestic Abuse Substance Misuse Link Worker:

The funding has enabled START (substance misuse service) to provide an outreach worker to work alongside IDAS (community based support) and Sheffield refuges to support staff and service users where there are issues with substance misuse and the victim / survivor is living in safe accommodation. The post provides a link between the services, ensuring effective communication and promoting collaborative working for the safety of the service user. They undertake assessments for vulnerable service users in their accommodation and link them into the mainstream START service. The postholder is also able to contribute to wider safety plans and support delivery of training.

This post is being mainstreamed into the new contract for Substance Misuse treatment and recovery support to be awarded early in 2023.

Domestic Abuse and Safe Accommodation

– progress report since March 2022

5. Survivor Liaison Worker

This post began at the end of March 2022 with South Yorkshire Housing Association as part of their co-production service. The postholder has focussed on maintaining the Domestic Abuse Service User Reference Group and conducted consultations with service users in safe accommodation resulting in useful learning on journey's into support and barriers to accessing support that has assisted with the action plan for the DA Safe Accommodation Strategy and will inform the new domestic and sexual abuse strategy to be developed next year.

It is aimed that external funding opportunities will fund this work next year (via national charity SafeLives) so the current contract will end at the end of March

6. Housing Advice

Shelter offer awareness raising sessions to domestic abuse support staff re. managing issues with housing, case consultations and direct case work. They are attending Case Management Meetings at each Refuge to discuss any housing related issues for each resident. Support has included housing advice re. complex cases (some of which have been passed to their legal team). Shelter attend at IDAS on a weekly basis including a remote option so that all staff at IDAS can seek housing support for clients on a weekly basis. This service

7. Therapeutic support for women

Paradigm offer therapeutic support (talking therapies) to women living in Sheffield Women's Aid refuges and Safe Zones including in community languages to enable them to recover from the impact of domestic abuse. 30 clients were supported up to the end of quarter 3. This service is proposed to continue via a contract variation in 23/24 and 24/25 but the amount will be reduced due to budget constraints.

8. Therapeutic support for all adult victims / survivors

Further therapeutic support for people in safe accommodation is commissioned from Mind. This service, Safe Space, was recommissioned in the autumn until end of March 2025, and provides art and drama therapy for victims/survivors aged 18 or over. 33 clients have been supported by the end of quarter 3. The service can be offered face to face or via zoom and client feedback and satisfaction is very good.

9. Therapeutic support for adults affected by sexual abuse / violence

Sheffield Rape And Sexual Abuse Centre were provided with a grant variation in order to provide therapeutic support to victims/ survivors who needed support with recovery due to having experienced sexual abuse or violence in a domestic abuse situation. 25 victims/ survivors had support during the year. 91% of clients in the service overall had a planned / positive exit from the service. 97% of those exiting said the service had helped them 'a lot' or 'in some ways'.

10. Therapeutic support for children and young people – all ages

Haven held the contract for one to one and group support to children and young people needing to recover from the impact of domestic abuse and were recommissioned during the year with a new contract starting in October. This includes funding to support children and young people living in safe accommodation. 69 children and young people in safe accommodation have been supported so far this this year. By the time of case

Domestic Abuse and Safe Accommodation

– progress report since March 2022

closure 100% report feeling safer, and 100% report improved relationship with their family. 64% report an improvement in school attendance in Q3.

11. Therapeutic support for children and young people 11-18s

Sheffield Future's Door 43 service is commissioned via a contract variation (with the Integrated Commissioning Board) to provide counselling to children and young people who need support to recover from domestic abuse and who live in safe accommodation. 29 young people have received counselling. Feedback after planned exits from counselling has been very good e.g. "there has been a lot of changes, good changes. I feel good" and "words cant describe how much you have helped me".

12. Financial and welfare advice

Citizen's Advice Bureau are commissioned via a grant to provide financial, debt and welfare benefits advice to victims / survivors in safe accommodation. This has proven invaluable as the cost of living crisis has intensified. 84 clients have been supported year to date with benefit maximisation, PIP claims, issues with utility and communications companies (phones) and other debt issues. Some debts have been written off for clients. Training on early intervention on benefits and debts has also been provided to the domestic abuse services.

13. Healthy relationships training

This has been commissioned for the second year from Awareness Matters and training on their group work programme Escape the Trap which supports young people in understanding what are healthy relationships and what the warning signs of abusive relationships are. The training is offered to SCC youth work staff, youth justice, social care and also voluntary sector providers and health.

These commissions are enabling us to meet our statutory duties and implement our [Safe Accommodation and Domestic Abuse Strategy](#).

Domestic Abuse and Safe Accommodation

– progress report since March 2022

Paper to Cooperative Exec. Spending plans at March 2022:

Service	Organisation	Proposed route/next steps	Dates	2022/2023 Amount
Contract Variations				
Support for victims / survivors with complex needs. Drug and alcohol worker	Start Service – Sheffield Health and Social Care Trust	Contract variation already in place	March 2022 – end March 2023	£33,000
Survivor liaison and engagement worker	South Yorkshire Housing Association	Contract for co-production with Changing Futures programme awarded February 2022. Variation to be put in place – agreed by Commercial Services in December. Less than 10% of contract value.	February 2022 – end March 2023	£22,000
Prevention, advice and casework - Housing advice and resettlement	Shelter	Contract variation needed	April 2022 – end March 2023	£64,000
Counselling for refuge clients	Paradigm	Contract variation needed	April 2022 – end March 2023	£12,500
Domestic Abuse community contract - support in dispersed temporary accommodation (Council properties) and for Sanctuary Scheme clients	Independent Domestic Abuse Service	Contract variation needed to in order to provide support to people in properties with Sanctuary Scheme measures	April 2022 – end March 2023	£215,498
Support for young women in safe accommodation -additional units	Young Women's Housing Project	Contract award includes additional units – funding to be reviewed annually	April 2022 – March 2027	£60,186

Domestic Abuse and Safe Accommodation

– progress report since March 2022

Contracts				
Adult counselling	Mind	Remaining 8 months of existing contract This was tendered via the sourcing desk in the autumn 2021	November 2021 – end October 2022	£35,000
Children and Young Person counselling in safe accommodation	Sheffield Futures	Remaining 8 months of existing contract variation – the main contract is the CCG's	November 2021 – end October 2022	£46,667
Grant Variations				
Counselling for sexual violence in Domestic Abuse context	Sheffield Rape and Sexual Abuse Centre	Grant variation needed		£15,000
			April 2022 – end March 2023	
Benefits and debt advice	Citizens Advice Bureau	Grant variation needed	April 2022 – end March 2023	£71,000

Part A

Initial Impact Assessment

Proposal name

Safeguarding Adults Update and Delivery Plan

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

The Adult Health and Social Care Strategy 'Living the Life You Want to Live' made a commitment towards improving outcomes for adults from abuse and neglect and enabling a shift towards prevention of harm. An adult safeguarding delivery plan has been developed including key milestones to outline how that commitment will be achieved.

The delivery plan outlines ways of working that incorporate the six principles of safeguarding as outlined in the Care Act, Making Safeguarding Personal and strengths-based approaches.

Care Act principles of safeguarding:

- Empowerment
 - People being supported and encouraged to make their own decisions and informed consent
- Prevention
 - It is better to take action before harm occurs.
- Proportionality
 - The least intrusive response appropriate to the risk presented.
- Protection
 - Support and representation for those in greatest need.
- Partnership
 - Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
- Accountability
 - Accountability and transparency in safeguarding practice

Making Safeguarding Personal involves respecting the views of vulnerable people. It means that when practitioners are working with a person where safeguarding processes are necessary, that we take the time to listen and understand and support their wishes and desired outcomes.

The delivery plan is organised into four themes as shown below, along with examples of some of the milestones under each theme.

- Leadership and governance
 - Commission a thematic and benchmarking review of Safeguarding Adult Referrals (SAR), Domestic Homicide Reviews (DHR), Deprivation of Liberty (DoLS), to establish areas for learning and improvement
 - Review current Safeguarding Adult Referral process to ensure in line with benchmark and best practice and take learning and recommendations to the Safeguarding Board.
- Outcomes and experiences
 - Safeguarding Waiting list reduced to acceptable risk levels
 - Embed learning from thematic review of SAR, DHR, DoLS into practice
- Providing support
 - robust arrangements for identifying early indicators of concern, preventing abuse and neglect, preventing poor outcomes through lack of care continuity, and responding to safeguarding in regulated care environments.

- effective multi agency arrangements in place to effectively screen and respond to Safeguarding via Hub
- Confident practice
 - Establish a safeguarding adult learning and development framework for safeguarding and implementation arrangements so that all staff have completed relevant minimum standards of safeguarding training.

The ambition is that adults in need of care and support live safely and well free from abuse and neglect

Proposal type

- Budget ○ Non Budget

If Budget, is it Entered on Q Tier?

- Yes ○ No

If yes what is the Q Tier reference

Year of proposal (s)

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

Decision Type

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

Lead Committee Member

Lead Director for Proposal

Person filling in this EIA form

EIA start date

Equality Lead Officer

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

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

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

Portfolio, Service and Team

Is this Cross-Portfolio

- Yes No

Portfolio

People

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

- Yes No Please specify

Consultation

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

- Yes No

If consultation is not required please state why

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

- Yes No

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

- Yes No

If you have said no to either please say why

Initial Impact

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

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

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

Identify Impacts

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

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

Cumulative Impact

Does the Proposal have a cumulative impact

- Yes No

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

If yes, details of impact

Proposal has geographical impact across Sheffield

- Yes No

If Yes, details of geographical impact across Sheffield

Local Area Committee Area(s) impacted

- All Specific

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

Initial Impact Overview

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

The proposal is consistent with the legal requirements placed on local authorities in section 149(1) of the Equality Act 2010, and the overall impact is expected to be positive. The delivery plan aims to develop a more efficient and person-centred approach and to ensure citizens' voices and experiences help to inform and develop the processes.

The nature and purpose of Adult Health & Social Care means that people sharing the protected characteristics of Age and/or Disability will be directly impacted by the proposals. However, the safeguarding remit means that people sharing certain other protected characteristics (e.g. Sex, Race) may also be particularly affected.

There is currently no indication of any disproportionate impact for staff at SCC and it's partner agencies.

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

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

Initial Impact Sign Off

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

Yes No

Date agreed

Name of EIA lead officer

Part B

Full Impact Assessment

Health

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

Yes No *if Yes, complete section below*

Staff

Yes No

Customers

Yes No

Details of impact

The aim of the safeguarding delivery plan is to improve outcomes for adults in Sheffield, to enable a shift towards prevention of harm and ultimately to ensure that adults in need of care and support live safely and well free from abuse and neglect. Delivery of the milestones outlined in the plan should achieve a positive impact on the health and wellbeing of adults at risk.

The delivery plan includes milestones that should have a positive impact on staff working in adult health and social care. Reducing waiting lists, making processes simpler, improving multi agency joint working and an improved learning and development framework are all expected to improve the experience of staff.

Comprehensive Health Impact Assessment being completed

Yes No

Please attach health impact assessment as a supporting document below.

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

Yes N

**Name of Health
Lead Officer**

Age

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

The aim of the safeguarding delivery plan is to improve outcomes for adults in Sheffield, to enable a shift towards prevention of harm and ultimately to ensure that adults in need of care and support live safely and well free from abuse and neglect. Delivery of the milestones outlined in the plan should achieve a positive impact on the health and wellbeing of adults at risk in Sheffield

Table 1 in the evidence section illustrates that the majority of safeguarding enquiries completed are for older adults i.e. those in age groups of 60 and older. As a result it is anticipated that the delivery plan will have a positive impact on older adults in Sheffield. However, safeguarding referrals are received in adult social care about adults of all ages.

Table 1 also highlights that safeguarding referrals received that relate to older adults are more likely to be progressed to a safeguarding enquiry than those for younger adults. However, a high number of safeguarding referrals are also received for younger age groups, which suggests that there are potentially adults whose circumstances do not meet the statutory criteria for a safeguarding enquiry but who are in need of some support. The improvement of the prevention model and multiagency working included in the delivery plan is expected to achieve a positive impact for these adults.

Disability

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

The aim of the safeguarding delivery plan is to improve outcomes for adults in Sheffield, to enable a shift towards prevention of harm and ultimately to ensure that adults in need of care and support live safely and well free from abuse and neglect. Delivery of the milestones outlined in the plan should achieve a positive impact on the health and wellbeing of adults at risk.

Impact on Staff Yes No**Impact on Customers** Yes No**Details of impact****Race****Impact on Staff** Yes No**Impact on Customers** Yes No**Details of impact**

The aim of the safeguarding delivery plan is to improve outcomes for adults in Sheffield, to enable a shift towards prevention of harm and ultimately to ensure that adults in need of care and support live safely and well free from abuse and neglect. Delivery of the milestones outlined in the plan should achieve a positive impact on adults of all races who may be at risk.

Table 2 in the evidence section illustrates the variation in numbers of safeguarding referrals received and safeguarding enquiries completed for people of different ethnicities. In 20% of cases there is no record of a person's ethnicity which impacts the usefulness of the data and highlights an improvement required in the information held.

Table 2 shows that there is large variation in the proportions of referrals that are progressed to a safeguarding enquiry depending upon ethnicity. For example, 25% of referrals related to people within the black or black British Caribbean ethnicity are progressed to enquiry compared with 7% of referrals related to people within the black or black British other black background ethnicity. More work will be required to understand the differences highlighted.

Religion/Belief**Impact on Staff** Yes No**Impact on Customers** Yes No**Details of impact**

Sex

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

SG is everyone's business - so all AHSC workforce expected to be aware of / involved.

Sexual Orientation

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

Conversion therapy statement

Gender Reassignment (Transgender)

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

Carers

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

The aim of the safeguarding delivery plan is to improve outcomes for adults in Sheffield, to enable a shift towards prevention of harm and ultimately to ensure that adults in need of care and support live safely and well free from abuse and neglect. Delivery of the milestones outlined in the plan should achieve a positive impact on the health and wellbeing of adults at risk, including their carers (formal and informal).

Poverty & Financial Inclusion

Impact on Staff

Yes No

Impact on Customers

Yes No

Please explain the impact

Cohesion

Staff

Yes No

Customers

Yes No

Details of impact

Partners

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

Armed Forces

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

Other

Please specify

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

Action Plan and Supporting Evidence

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

- April 23: Complete further analysis to explore the differences identified within ethnicities and understand these further with a view to developing a more detailed action plan if required.
- Revise this document at 6 month intervals in line with the proposed timescale for updates on the delivery plan to committee, or sooner where any significant changes are made to the delivery plan.

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

Table 1: Safeguarding contacts April 21 – March 22 by age group

Age range	Contacts		Episodes		Enquiries		
	No	% of all contacts	No	% of all episodes	No	% of all enquiries	% of age range contacts that become an enquiry
18-29	1398	16%	673	12%	158	9%	11%
30-39	1304	15%	602	11%	128	7%	10%
40-49	1182	14%	549	10%	109	6%	9%
50-59	1152	13%	644	12%	177	10%	15%
60-69	895	10%	650	12%	207	12%	23%
70-79	900	10%	780	14%	285	16%	32%
80-89	1183	14%	1047	19%	426	25%	36%
90-99	619	7%	565	10%	237	14%	38%
100+	59	1%	44	1%	11	1%	19%
Total	8692	100%	5554	100%	1738	100%	20%

Table 2: Safeguarding contacts April 21 – March 22 by sex

Sex	Contact		Episode		Enquiry		
	No	% of all contacts	No	% of all episodes	No	% of all enquiries	% of sex contacts that become an enquiry
Female	4954	57%	3339	60%	1036	60%	21%
Male	3738	43%	2215	40%	702	40%	19%
Total	8692	100%	5554	100%	1738	100%	20%

Table 3: Safeguarding contacts April 21 – March 22 by ethnicity

See table on last page of document

Detail any changes made as a result of the EIA

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

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

Sign Off

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

Yes No

Date agreed of EIA lead officer

Review Date

Ethnicity	Contact		Episode		Enquiry		
	No.	% of all contacts	No.	% of all episodes	No.	% of all enquiries	% of ethnicity contacts that become an enquiry
Asian or Asian British - Other	224	2.6%	124	2.2%	24	1.4%	10.7%
Asian or Asian British - Pakistani	190	2.2%	118	2.1%	36	2.1%	18.9%
Black or Black British - African	126	1.4%	65	1.2%	17	1.0%	13.5%
Black or Black British - Caribbean	99	1.1%	70	1.3%	25	1.4%	25.3%
Black or Black British - Other Black Background	104	1.2%	44	0.8%	8	0.5%	7.7%
Mixed/Multiple Heritage	91	1.0%	35	0.6%	14	0.8%	15.4%
Not known / undeclared / refused	1761	20.3%	1138	20.5%	280	16.1%	15.9%
Other Ethnic Group	79	0.9%	44	0.8%	15	0.9%	19.0%
White - English/Welsh/Scottish/British/Northern Irish	5793	66.6%	3794	68.3%	1290	74.2%	22.3%
White - Other White Background	225	2.6%	122	2.2%	29	1.7%	12.9%
Total	8692	100.0%	5554	100.0%	1738	100.0%	20.0%