

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

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**Wednesday 14 June 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**

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Councillor Angela Argenzio  
Councillor Sophie Thornton  
Councillor Steve Ayris  
Councillor Laura McClean  
Councillor Ruth Milsom  
Councillor Martin Phipps  
Councillor Mick Rooney  
Councillor Gail Smith  
Councillor Abtisam Mohamed

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## PUBLIC ACCESS TO THE MEETING

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

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

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

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

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

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

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

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

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

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

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## FACILITIES

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

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**ADULT HEALTH AND SOCIAL CARE POLICY COMMITTEE AGENDA  
14 JUNE 2023**

**Order of Business**

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**Welcome and Housekeeping**

The Chair to welcome attendees to the meeting and outline basic housekeeping and fire safety arrangements.

**1. Apologies for Absence**

**2. Exclusion of Press and Public**

To identify items where resolutions may be moved to exclude the press and public

**3. Declarations of Interest**

Members to declare any interests they have in the business to be considered at the meeting

(Pages 7 - 10)

**4. Minutes of Previous Meeting**

To approve the minutes of the last meeting of the Committee held on 17<sup>th</sup> May 2023.

(Pages 11 - 12)

**5. Appointment to Urgency Sub-Committees**

(Pages 13 - 14)

**6. Public Questions and Petitions**

To receive any questions or petitions from members of the public.

(NOTE: There is a time limit of up to 30 minutes for the above item of business. In accordance with the arrangements published on the Council's website, questions/petitions at the meeting are required to be submitted in writing, to [committee@sheffield.gov.uk](mailto:committee@sheffield.gov.uk), by 9.00 a.m. on Monday 12<sup>th</sup> June 2023).

**7. Work Programme**

Report of the Director of Legal and Governance

(Pages 15 - 38)

**Formal Decisions**

**8. Recommissioning of Community Based Domestic Abuse Support Contract**

(Pages 39 - 56)

**9. Hospital Discharge Model and Improvement Plan**

(Pages 57 - 74)

**10. Adult Care and Wellbeing Governance, Assurance, and Performance Framework**

(Pages 75 - 122)

11. **Adult Care Providing Support and Market Sustainability Commissioning Plan 2023 - 2025** (Pages 123 - 166)

**Items to Endorse**

12. **Adult Care and Wellbeing Directorate Plan** (Pages 167 - 176)

**Items For Noting**

13. **Adult Health and Social Care: Financial Update and Progress with Financial Recovery Plan** (Pages 177 - 194)

14. **2022/23 Final Outturn** (Pages 195 - 204)  
Report of Executive Director, Resources

15. **DASS Highlight Report** (Pages 205 - 222)

**NOTE: The next meeting of Adult Health and Social Care Policy Committee will be held on Wednesday 20<sup>th</sup> September 2023 at 10.00 am**

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## ADVICE TO MEMBERS ON DECLARING INTERESTS AT MEETINGS

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If you are present at a meeting of the Council, of its 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](mailto:david.hollis@sheffield.gov.uk).

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## Adult Health and Social Care Policy Committee

### Meeting held 17 May 2023

**PRESENT:** Councillors Angela Argenzio (Chair), Sophie Thornton (Deputy Chair), Laura McClean, Abtisam Mohammed, Ruth Milson (Group Spokesperson), Mick Rooney, Steve Ayris, Gail Smith, and Martin Smith

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#### **1. APOLOGIES FOR ABSENCE**

1.1 No apologies were received.

#### **2. ESTABLISHMENT OF THE URGENCY SUB-COMMITTEE**

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

(a) agrees to establish an Urgency Sub-Committee to meet as and when required, in accordance with the details approved at the annual meeting of the Council; and

(b) agrees to appoint Members to serve on the Sub-Committee (in addition to the Chair and Deputy Chair of the Strategy and Resources Policy Committee, and to be drawn from the membership of that Committee), as follows:

Councillor Ruth Milson  
Councillor Mick Rooney  
Councillor Steve Ayris  
Councillor Sophie Thornton  
Councillor Angela Argenzio

#### **3. ESTABLISHMENT OF THE HEALTH SCRUTINY SUB-COMMITTEE**

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

(a) agree to establish a standing Health Scrutiny Sub-Committee in accordance with the details approved at the annual meeting of the Council; and

(b) agrees to appoint Members to serve on the Sub-Committee (membership is not limited to members of the Adult Health and Social Care Policy Committee) as follows:

Councillor Talib Hussain  
Councillor Laura McClean  
Councillor Steve Ayris  
Councillor Sophie Thornton  
Councillor Ann Whitaker  
Councillor Martin Phipps  
Councillor Angela Argenzio (Substitute Member)

(2 vacancies)  
(5 Substitute vacancies);

(c) agrees to appoint Cllr Ruth Milson as the Chair of the Committee, and Cllr Martin Phipps as Group Spokesperson;

(d) notes the vacancy of Deputy Chair.

Signed by the Chair: .....

## **SHEFFIELD CITY COUNCIL**

### **Adult Health and Social Care 14<sup>th</sup> June 2023 – Item 5**

#### **1. APPOINTMENTS TO THE URGENCY SUB-COMMITTEE**

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

(a) agrees to appoint Members to serve on the Adult Health and Social Care Urgency Sub Committee as follows:

Cllr Ruth Milson

Cllr Mick Rooney

(b) as respects the appointment of Members to serve on the Urgency Sub-Committee or other Sub-Committees of the Adult Health and Social Care Policy Committee, where vacancies exist or in cases of urgency to ensure quoracy or representation, the Monitoring Officer, in consultation with the relevant political group whip, be authorised to appoint Members to serve on such Sub-Committees, as necessary, on the understanding that details of such appointments will be reported to the next or subsequent meetings of the Policy Committee.

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

**14<sup>th</sup> June 2023**

**Report of:** Director of Legal and Governance

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**Subject:** Committee Work Programme

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**Author of Report:** Fiona Martinez, Principal Democratic Services Officer

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### **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.

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## 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

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## COMMITTEE WORK PROGRAMME

### 1.0 Prioritisation

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

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

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

### 2.0 References from Council or other Committees

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

Issue	None reported
Referred from	
<i>Details</i>	
<i>Commentary/ Action Proposed</i>	

### 3.0 Member engagement, learning and policy development outside of Committee



3.1 Subject to the capacity and availability of councillors and officers, there are a range of ways in which Members can explore subjects, monitor information and develop their ideas about forthcoming decisions outside of formal meetings. Appendix 2 is an example 'menu' of some of the ways this could be done. It is entirely appropriate that member development, exploration and policy development should in many cases take place in a private setting, to allow members to learn and formulate a position in a neutral space before bringing the issue into the public domain at a formal meeting.

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

Title	Description & Format	Date
	None	

**Appendix 1 – Work Programme**

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

<b>New Items</b>	<b>Proposed Date</b>	<b>Note</b>	<b>Lead</b>
<b>Rescheduled Items</b>	<b>Proposed Date</b>	<b>Note</b>	

**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.

<b>Topic</b>	
<b>Description</b>	

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

**Part 3: Agenda Items for Forthcoming Meetings**

Meeting 1	June 14 <sup>th</sup> , 2023	10am				
Topic	Description	Lead Officer/s	Type of item <i>Decision/Referral to decision-maker/Pre-decision (policy development)/Post-decision (service performance/ monitoring)</i>	Prior member engagement/ development required <i>(with reference to options in Appendix 1)</i>	Public Participation/ Engagement approach <i>(with reference to toolkit in Appendix 2)</i>	Final decision-maker (& date) <i>This Cttee/Another Cttee (eg S&amp;R)/Full Council/Officer</i>
Adult Care and Wellbeing Directorate Plan	Approval of Strategic and Operational Priorities and Standards for 23 - 25 for approval aligned to local, national, and regulatory assurance requirements.	Jon Brenner	Decision Approval of plan	Member Briefing/full committee engagement	The plan is informed by wide ranging involvement and co-production across our services.	Adult Health and Social Care
Adult Care and Wellbeing Governance, Assurance, and Performance Framework	The Adult Social Care Strategy and Sheffield City Council Delivery Plan makes commitments to build the foundations of a good council, deliver on our plans and embed open and transparent decision making alongside our plans and priorities for adult social care, created with the people of Sheffield.	Liam Duggan	Decision	The framework documents for approval have already been approved by Committee in their original form. These are updates for 2023 following review and changes to the operating environment.	In 2023 the Adult Care and Wellbeing Citizen’s Involvement Project is exploring ways to involve people in shaping and improving adult social care in Sheffield. It is delivering a Festival of Involvement during June and July which will explore what involvement looks like including	Adult Health and Social Care

				<p>Preparation for CQC has been the subject of dedicated committee briefings and workshops.</p>	<p>themed events and activities. The thematic sessions are Safeguarding; Care homes; Local Account; Adult Future Options framework; Technology enabled care (TEC); Adult Future Options accommodation plan; Neighbourhood support for older people in need of social care; and Community Performance Clinic Pilots.</p> <p>Following the festival a co-production working group will meet fortnightly during September and October to develop an involvement model for Adult Social Care in Sheffield. It will identify opportunities to inform, influence, work together and</p>	
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					hold the Adult Care and Wellbeing directorate to account. It will increase the range and diversity of participants and it will undertake some practical tasks such as refreshing our co-production charter, creating a toolkit for staff and identifying Key Performance Indicators for the Performance Management Framework.	
Hospital Discharge Model and Improvement Plan	Approval of hospital discharge model	Ian Atkinson Stjohn Livesey Alexis Chappell	Decision Approval of Model	Member Briefing	N/A	Adult Health and Social Care
Adult Health and Social Care: Financial Update and Progress with Financial Recovery Plan	This is an update to the committee for transparency on budget position	Liam Duggan and Jonathon McKenna Moore	Performance/ Monitoring	Member Briefing	N/A	Adult Health and Social Care
Adult Care Providing Support and Market	SCC responsibilities to deliver a sustainable	Catherine Bunten	Decision	Market Sustainability approach	The plan is informed by wide ranging involvement and co-	Adult Health and Social Care

Sustainability Commissioning Plan 2023 - 2025	market under Section 5 of Care Act 2014			presented to Committee in February 2023	production across our services.	
DASS Highlight Report	National and local policy update and Service Highlights. Progress against Adult Care Policy Committee decisions made in 22/23 (Direct Payments, Unpaid Carers, Social Care Co-Production)	Jon Brenner	Strategy/Policy Development	Regular briefings with both the group leads, and on occasions whole committee, will keep Members informed of progress.	Much of the content of the updates will be informed by wide ranging involvement and co-production across our services.	Adult Health and Social Care
Recommissioning of Community Based Domestic Abuse Support Contract	The Domestic Abuse Community Based Support Contract is currently delivered by IDAS. The contract started in April 2019 and is due to end in March 2024. Recommissioning therefore needs to start in 2023.	Sam Martin	Decision	Member Briefing	A comprehensive consultation exercise with stakeholders is planned to take place this spring including a public survey	Adult Health and Social Care
2022/23 Final Outturn	Awaiting Form 1	Jane Wilby	Monitoring			Adult Health and Social Care
Standing items	<ul style="list-style-type: none"> <li>Public Questions/ Petitions</li> <li>Work Programme</li> </ul>					

Meeting 2	<b>September 20<sup>th</sup>, 2023</b>	10am				
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<b>Topic</b>	<b>Description</b>	<b>Lead Officer/s</b>	<b>Type of item</b> <i>Decision/Referral to decision-maker/Pre-decision (policy development)/Post-decision (service performance/ monitoring)</i>	<b>Prior member engagement/ development required</b> <i>(with reference to options in Appendix 1)</i>	<b>Public Participation/ Engagement approach</b> <i>(with reference to toolkit in Appendix 2)</i>	<b>Final decision-maker (&amp; date)</b> This Cttee/Another Cttee (eg S&R)/Full Council/Officer
Recommissioning of Advocacy Services	Proposal for retender of Advocacy Services following the report presented in March 23	Avi Derei	Decision	Member Briefing and Engagement	Included in proposal	Adult Health and Social Care
Adults with a Learning Disability Strategy and Delivery Plan and Adults future options (Inc Day service and Respite/ Short Breaks)	Approval of Adults with a Learning Disability Strategic Plan, Adult Future Options Recommissioning Update including Day Activities and Respite and Short Breaks	Andrew Wheawall/ Christine Anderson	Decision	Member Briefing	Included in report and development of strategy	Adult Health and Social Care
Adult Care Strategy Delivery and Service Performance Update	Quarterly update on Adult Care Strategy Delivery and Service Performance Update including update against Council Delivery Plan.	Jon Brenner	Post Decision – Assurance and Scrutiny	Member Briefing	N/A	Adult Health and Social Care
Adult Working with People Delivery Plan	Approval of Working with People Delivery Plan	Janet Kerr	Decision	Member Briefing	Included in Report	Adult Health and Social Care



Transitions of young people to Adult Services	Endorsement of model and programme to ensuring effective transition of young people to adult services	Joe Horobin Janet Kerr	Decision	Member Briefing	Included in Report	Adult Health and Social Care
Adult Safeguarding and Ensuring Safety Delivery Plan Update and Safeguarding Board Annual Report	Endorsement of Safeguarding Board Annual Report and six-monthly update on Adult Safeguarding and Ensuring Safety Delivery Plan	Chief Social Work Officer	Post Decision – Assurance and Scrutiny	Member Briefing	Included in report	Adult Health and Social Care
DASS Local Account and Annual Performance report	Approval of Local Account and annual performance report	Liam Duggan Jon Brenner	Decision	Member Briefing	As part of development of the account	Adult Health and Social Care
Adult Care Budget Programme 2024/ 2025	Endorsement of budget proposals 2024/ 2025	Liam Duggan Liz Gough	Decision	Member Briefing	N/A	Adult Health and Social Care
Adult Care and Wellbeing Budget, Risk and	Adult Care Budget, Financial Governance and Risk Register Update.	Liam Duggan/ Jonathan	Post Decision – Assurance and Scrutiny	Member Briefing	N/A	Adult Health and Social Care

Financial Governance	Financial Thematic Update on Purchasing, Reviews and Contract Register	McKenna-Moore				
DASS highlight report	<p>This paper provides the Strategic Director's update regards the performance and governance of Adult Health and Social Care services, including progress in meeting DASS (Director of Adult Social Services) accountabilities and delivering on our statutory requirements.</p> <p>It also provides an update regards Adult Care &amp; Wellbeing progress in relation to the Council's Delivery Plan, key strategic events and issues on the horizon.</p>	Jon Brenner	Strategy/Policy Development	Regular briefings with both the group leads, and on occasions whole committee, will keep Members informed of progress.	Much of the content of the updates will be informed by wide ranging involvement and co-production across our services.	Adult Health and Social Care
Recommissioning Lincoln Court (Homeless Woman)	Proposal to recommission Services	Sam Martin	Decision	Member Briefing	Included in proposal	Adult Health and Social Care
White Ribbon Accreditation Action Plan	An action plan needs to be agreed in order to maintain our status as a	Tom Smith	Decision	Political group briefings required but this has been being discussed with	There is a regular Violence Against Women and Girls Forum that meets	Adult Health and Social Care

	White Ribbon accredited council			key members for a while now and been heard at CLT in May	bimonthly that will be consulted on key aspects of the plan. The action plan itself will include actions on community engagement.	
2023/24 Q1 Budget Monitoring	Awaiting Form 1	Jane Wilby	Monitoring			Adult Health and Social Care
Standing items	<ul style="list-style-type: none"> <li>Public Questions/ Petitions</li> <li>Work Programme</li> </ul>					

Meeting 3	November 8 <sup>th</sup> , 2023	10am				
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
Adult Early Intervention Strategy and improving Wellbeing outcome and tackling inequalities.	Approval of Adult Early Intervention Strategy and progress made in improving wellbeing outcomes following decisions at Committee in 22/23.	Sandie Buchan Jon Brenner Tim Gollins	Decision	Member Briefing	Included in report and development of strategy	Adult Health and Social Care

Recommissioning of Early Intervention Services	Proposal for retender of Live Well at Home Services following the report presented in September 22 and Early Intervention Strategy	Sam Martin Tim Gollins	Decision	Member Briefing	Included in Proposal	Adult Health and Social Care
Adult Care Mental Health and AMHP Service Annual Report	Adult Care Mental Health Service update and approval of AMHP Annual Report.	Tim Gollins Sid Fletcher	Decision	Member Briefing	N/A	Adult Health and Social Care
Changing Futures Delivery Plan update and Annual Report	Annual Report on Changing Futures Programme for approval and update regards programme future.	Michael Corbishley Sam Martin	Decision	Member Briefing	Included as part of development	Adult Health and Social Care
Approval of Care Fees 24/25	Approval of Care Fees for 24/25	Catherine Buntun	Decision	Member Briefing	N/A	Adult Health and Social Care
Residential Commissioning Strategy and Delivery Plan	Approval of recommissioning plans to ensure a stable residential market following agreement to review model in February 23.	Catherine Buntun	Decision	Member Briefing	As part of development of the plan	Adult Health and Social Care

All Age Mental Health and Emotional wellbeing Strategy	Update on strategy and delivery plan following approval at S & R Committee in March 23.	Steve Thomas Tim Gollins	Post Decision	Member Briefing	As part of development of the plan	Adult Health and Social Care
Technology and Digital Commissioning Strategy and Delivery Model	Technology and Digital Commissioning Strategy, update on progress since approval of Strategies and update regards information and advice offer	Paul Higginbottom Catherine Buntun	Decision	Member Briefing	As Part of development of the plan	Adult Health and Social Care
Standing items	<ul style="list-style-type: none"> <li>• <i>Public Questions/ Petitions</i></li> <li>• <i>Work Programme</i></li> </ul>					

Meeting 4	December 13 <sup>th</sup> , 2023	10am				
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
Providing Support, Market Sustainability Commissioning Plan 2023 - 2025	Quarterly update on progress with commissioning plan 2023 – 2025. Thematic Review (Outcomes of homecare and working age adults	Catherine Buntun	Post Decision – Assurance to Committee	Member Briefing	N/A	Adult Health and Social Care

	recommissioning exercises.)					
Adult Care Strategy Delivery and Service Performance Update.	Quarterly update on Adult Care Strategy Delivery and Service Performance Update including update against Council Delivery Plan.	Jon Brenner	Post Decision – Assurance to Committee	Member Briefing	N/A	Adult Health and Social Care
Autism Partnership Strategy Delivery Update	Six Monthly update on delivery of the Autism Strategy.	Andrew Wheawall and Christine Anderson	Post Decision	Member Briefing	As part of development of the plan	Adult Health and Social Care
Adult Care and Wellbeing Budget, and Financial Governance	Adult Care Budget, Financial Governance and Risk Register Update. Financial Thematic Update (BCF Plan, Joint Efficiencies with Health including s75, Establishment, Discharge, and use of DFG)	Liam Duggan/Jonathan McKenna-Moore	Post Decision	Member Briefing	N/A	Adult Health and Social Care
Adults Equalities, Diversity and Social Justice Delivery Plan	Approval of a delivery plan to promote equality and social justice for Adults in Sheffield	Jon Brenner	Decision	Member Briefing	Included in Proposal	Adult Health and Social Care

DASS Highlight report	<p>This paper provides the Strategic Director's update regards the performance and governance of Adult Health and Social Care services, including progress in meeting DASS (Director of Adult Social Services) accountabilities and delivering on our statutory requirements.</p> <p>It also provides an update regards Adult Care &amp; Wellbeing progress in relation to the Council's Delivery Plan, key strategic events and issues on the horizon.</p>	Jon Brenner	Strategic/Policy Development	Regular briefings with both the group leads, and on occasions whole committee, will keep Members informed of progress.	Much of the content of the updates will be informed by wide ranging involvement and co-production across our services.	Adult Health and Social Care
2023/24 Q2 Budget Monitoring	Awaiting Form 1	Jane Wilby	Monitoring			Adult Health and Social Care
Standing items	<ul style="list-style-type: none"> <li>• <i>Public Questions/ Petitions</i></li> <li>• <i>Work Programme</i></li> </ul>					

Meeting 5	<b>January 31<sup>st</sup> 2024</b>	10am				
<b>Topic</b>	<b>Description</b>	<b>Lead Officer/s</b>	<b>Type of item</b> <i>Decision/Referral to decision-maker/Pre-</i>	<b>Prior member engagement/</b>	<b>Public Participation/</b>	<b>Final decision-maker (&amp; date)</b>

			<i>decision (policy development)/Post-decision (service performance/ monitoring)</i>	<b>development required</b> <i>(with reference to options in Appendix 1)</i>	<b>Engagement approach</b> <i>(with reference to toolkit in Appendix 2)</i>	<i>This Cttee/Another Cttee (eg S&amp;R)/Full Council/Officer</i>
Hospital Discharge Model and Improvement Plan Update	Hospital discharge model and performance update	Jo Pass Nicola Afzal	Post Decision – Assurance to Committee	Member Briefing	N/A	Adult Health and Social Care
Adult Care workforce Strategy Update	Workforce Strategy Delivery update regarding implementation following decisions at Committee during 22/23.	Jon Brenner	Post Decision	Member Briefing	N/A	Adult Health and Social Care
Recommissioning of Framework for Rough Sleeper	Proposal for retender of support for Rough Sleepers	Sam Martin	Decision	Member Briefing	Included in report	Adult Health and Social Care
Recommissioning - Alcohol Recovery Hostel	Proposal for retender of Alcohol Recovery Hostel	Sam Martin	Decision	Member Briefing	Included in report	Adult Health and Social Care
Recommissioning of Drug and Alcohol floating support	Proposal for retender of drug and alcohol floating support	Sam Martin	Decision	Member Briefing	Included in report	Adult Health and Social Care
Primary and Social Care	Proposals for joint working between health and social care	Alexis Chappell Andy Hilton	Decision	Member Briefing	Included in report	Adult Health and Social Care



Neighbourhood Model						
Standing items	<ul style="list-style-type: none"> <li>Public Questions/ Petitions</li> <li>Work Programme</li> </ul>					

Meeting 6	March 20 <sup>th</sup> , 2024	10am				
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
Adult Care Strategy Delivery and Service Performance Update	Quarterly update on Adult Care Strategy Delivery and Service Performance Update including update against Council Delivery Plan.	Jon Brenner	Post Decision – Assurance and Scrutiny	Member Briefing	N/A	Adult Health and Social Care
Adult Care and Wellbeing Budget, Risk Management and Financial Governance	Update on Adult Care Budget, Financial Governance and Risk Register. Thematic Overview (Timeline for 25/26 of business planning, financial risks and challenges)	Liam Duggan and Jonathon McKenna Moore	Post Decision	Member Briefing	N/A	Adult Health and Social Care
Providing Support, Market Sustainability	Quarterly update on progress with	Catherine Buntin	Post Decision	Member Briefing	N/A	Adult Health and Social Care

Commissioning Plan 2023 - 2025	commissioning plan 2023 – 2025.					
DASS Highlight report	<p>This paper provides the Strategic Director’s update regards the performance and governance of Adult Health and Social Care services, including progress in meeting DASS (Director of Adult Social Services) accountabilities and delivering on our statutory requirements.</p> <p>It also provides an update regards Adult Care &amp; Wellbeing progress in relation to the Council’s Delivery Plan, key strategic events and issues on the horizon.</p>	Jon Brenner	Strategic/Policy Development	Regular briefings with both the group leads, and on occasions whole committee, will keep Members informed of progress.	Much of the content of the updates will be informed by wide ranging involvement and co-production across our services.	Adult Health and Social Care
Adult Safeguarding and Ensuring Safety Delivery Plan Update and Safeguarding Board Annual Report	Six-monthly update on Adult Safeguarding and Ensuring Safety Delivery Plan	Chief Social Work Officer	Post Decision – Assurance and Scrutiny	Member Briefing	Included in report	Adult Health and Social Care

Adult Care Working with People Delivery Plan	Six Monthly update of Adult Care Working with People Delivery Plan	Janet Kerr	Post Decision – Assurance to Committee	Member Briefing	Included in report	Adult Health and Social Care
Carers Strategy Annual Report	Carers Strategy Annual Report and update on delivery against strategy	Mary Gardner Janet Kerr	Post Decision	Member Briefing	Undertaken as part of development of report	Adult Health and Social Care
Direct Payments and Personalisation Annual Report	Direct Payments and Personalisation Annual Report and delivery against strategy	Mary Gardner Catherine Bunten	Post Decision	Member Briefing	Undertaken as part of development of report	Adult Health and Social Care
2023/24 Q3 Budget Monitoring	Awaiting Form 1	Jane Wilby	Monitoring			Adult Health and Social Care
Standing items	<ul style="list-style-type: none"> <li>• <i>Public Questions/ Petitions</i></li> <li>• <i>Work Programme</i></li> </ul>					



## **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: Alison Higgins

Tel: 0114 2053671

**Report of:** *Strategic Director Adult Care and Wellbeing*

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

**Date of Decision:** *14<sup>th</sup> June 2023*

**Subject:** *Recommissioning of Domestic Abuse Community Based Support Contract*

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? 2092				
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"/>

### Purpose of Report:

To seek agreement to recommission the Domestic Abuse Community Based Support Contract.

Using data from the Crime Survey of England and Wales it is likely that around 23,860 adult victims in Sheffield have experienced Domestic Abuse in the last year. It is widely recognised that Domestic Abuse has long term harmful impacts.

The Domestic Abuse Community Based Support Contract offering one to one, helpline and group support is currently delivered by IDAS. The contract started in April 2019 and is due to end in March 2024. Due to this, recommissioning therefore needs to start in 2023 to enable a service to continue to be delivered.

**Recommendations:**

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

1. Approve the recommission, via a contract with an external provider, of domestic abuse community-based support as outlined in this report.
2. Request that a report on outcomes and impact of the recommissioning exercise is brought to Committee.

**Background Papers:**

**Needs assessment [Sheffield-Safe-Accommodation-Needs-Assessment-2021-FINAL.pdf \(sheffielddact.org.uk\)](https://sheffielddact.org.uk)**

Lead Officer to complete:-	
1	<p>I have consulted the relevant departments in respect of any relevant implications indicated on the Statutory and Council Policy Checklist, and comments have been incorporated / additional forms completed / EIA completed, where required.</p> <p>Finance: Adam Elwis (Commercial Services), Anna Beeby (Finance Business Partner)            Legal: Patrick Chisholm            Equalities &amp; Consultation: Ed Sexton            Climate: Jessica Rick</p>
	<p><i>Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.</i></p>
2	<p><b>SLB member who approved submission:</b> Alexis Chappell</p>
3	<p><b>Committee Chair consulted:</b> Councillor Angela Argenzio</p>
4	<p>I confirm that all necessary approval has been obtained in respect of the implications indicated on the Statutory and Council Policy Checklist and that the report has been approved for submission to the Committee by the SLB member indicated at 2. In addition, any additional forms have been completed and signed off as required at 1.</p>
	<p><b>Lead Officer Name: Alison Higgins</b>      <b>Job Title:</b>  <i>Strategic Commissioning Manager Domestic and Sexual Abuse</i></p>
	<p><b>Date: 01.06.2023</b></p>



## 1. PROPOSAL

- 1.1 The proposal is to recommission the Domestic Abuse Community Based Support Contract currently held by IDAS (Independent Domestic Abuse Service) during 2023 to have a new contract in place by 1<sup>st</sup> April 2024.
- 1.2 The contract will include: a domestic abuse helpline, one to one support, structured group recovery programmes, a Sanctuary Scheme (target hardening to support people remaining in their own homes), administration of the Multi Agency Risk Assessment Conference process, informal support options (coffee mornings etc.), buddying scheme, guided self help resources and training for the Sheffield workforce.
- 1.3 The support offered will complement other services commissioned with regard to domestic abuse e.g., the Domestic Abuse Safe Accommodation Contract (providing refuges and safe dispersed accommodation), the Support for Children Affected by Domestic Abuse Contract, the Support for Perpetrators of Domestic Abuse to Change Their Behaviour Contract alongside smaller contracts regarding counselling and financial and debt support etc.
- 1.4 The contract amount will not exceed £1,468,608 per annum however if further central government funds are not secured after March 2025 then contract amount will revert to the core amount funded by the Council, the Office of the Police and Crime Commissioner, the Integrated Care Board and a grant from the Department of Levelling Up Housing and Communities of £1,118,608. The contract will be awarded for 7 years with a break clause after years 3 and 5.
- 1.5 The successful provider will also compliment and be expected to work in partnership with Childrens and Adults Social Work Teams, Neighbourhood Services Teams in particular Safeguarding Teams to reduce risk of harm to children and adults and contribute to the [Adult Safeguarding Delivery Plan](#), approved by the Adult Health and Social Care Policy Committee on September 2022. The aim is that supports an ongoing collaborative approach across Sheffield to prevent abuse and ensure citizen's safety.

## 2. HOW DOES THIS DECISION CONTRIBUTE?

- 2.1 Using data from the Crime Survey of England and Wales it is estimated that **86,670** adults in Sheffield have experienced Domestic Abuse at some point in their lives since the age of 16 with around **15%** experiencing both partner and family abuse.
- 2.2 **23,860** adult victims are estimated to have experienced Domestic Abuse in the last year with around **8%** of those experiencing both partner and family abuse.
- 2.3 It is estimated that there were **13,334 children living in a household with partner abuse** in the past year with up to 28,334 children affected by

domestic abuse in Sheffield in total in the last year.

2.4 Responding effectively and compassionately to the problem of domestic abuse in our communities contributes to 5 out of 6 of the corporate goals:

- Fair, inclusive, and empowered communities
- Strong and connected neighbourhoods which people are happy to call home.
- Tackling inequalities and supporting people through the cost-of-living crisis
- Healthy lives and wellbeing for all
- Happy young people who have the start they need for the future they want.

2.5 The Council is accredited as a White Ribbon organisation which means it has pledged to work towards ending violence against women and girls. The accreditation process requires the council to have adequate services to respond to all types of violence against women and girls including domestic abuse.

2.6 The economic impact of domestic abuse was estimated by the government in 2017 to be at a unit cost of £34,015 per victim<sup>1</sup>. Without inflation this means that the cost in terms of lost economic output and costs to services in Sheffield and the wider economy of over 23,000 victims in the city a year is staggering.

2.7 In 2022/23, the current provider IDAS has:

- Received 5021 helpline calls (against a target of 3000) with 2698 of callers receiving 'short term' support and advice. 62% of helpline calls were from members of the public, the remainder from professionals.
- Provided sanctuary scheme measures to 501 victims / survivors to enable them to stay safe in their own homes.
- Provided structured one to one support to 1261 victims /survivors.
- Provided structured group work programmes for 97 victims/survivors, 78 of whom completed the programmes.
- Provided informal groups and coffee mornings for 22 victims / survivors.
- Supported 31 victims/ survivors at the domestic abuse first hearing court.
- Supported 69% of victims / survivors to exit the service in a planned way (target 60%)
- Supported 85% of victims / survivors to have their risk level reduced or maintained at exit (if assessed as standard risk at entry the risk cannot reduce further)
- 1314 individuals from the Sheffield workforce received training on responding to domestic abuse (target 1200)

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<sup>1</sup> [The economic and social costs of domestic abuse \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

- 98% of attendees rated the training as 'good' or higher.

2.8 These numbers are concerning however many adults and children affected by domestic abuse do not come to the attention of agencies. They may be able to take steps to improve their safety and that of their children themselves. They may get support from friends and family to do so. All children identified as experiencing domestic abuse by the Police are considered by the Safeguarding Hub and this service will be a key part of the multi agency response to ensure that children are supported and kept safe but and that the right agencies are working with the children at the right level.

2.9 The current contract forms a significant part of the city's response to domestic abuse. A Public Health Systems Review of responses to domestic abuse in Sheffield by specialist charity SafeLives in 2022 (funded by the Home Office) found that:

- **Sheffield has some real strengths in the area.** The culture within services is positive, multi-agency working is effective. The service offer and a forward-thinking training and strategic response, coupled with a strong survivor network and evidence of experts by experience being consulted throughout work, gives victims in Sheffield a real opportunity to be safe and move on from Domestic Abuse.
- **Overall Sheffield should be proud of how it responds to Domestic Abuse.** The strategic leaders give great insight and work with operational leads, and this filters into a culture of support and challenge within local services.

2.10 Recommissioning the domestic abuse service will help the city achieve its strategic goals, primarily Healthy Lives and Wellbeing for all, and a key outcome in Living the Life You Want to Live, the Adult Social Care Strategy 2020-2030: Everyone has the right to feel safe in a place they can call home (at home or in a homely setting) and protected from harm.

2.11 The Domestic abuse service will also contribute to delivery upon the Safeguarding Delivery Plan, approved at Committee in September 2023 and CQC Theme: Ensuring Safety.

### 3. HAS THERE BEEN ANY CONSULTATION?

3.1 Consultation started at the Domestic and Sexual Abuse Provider Consultation Group in March 2023. A survey for the public and stakeholders was circulated using the Have Your Say platform in May.

3.2 A co-production model has then been used to design and conduct in person and online consultations in partnership with the Changing Futures co-production associates (the participants are all women who are

survivors of domestic abuse). In April sessions were held with Sheffield Women's Aid refuges residents, SCC Equality network chairs, and with staff at the current provider. In May sessions were held with users of the Young Women's Housing Project, males being supported by IDAS, women being supported by IDAS, users of Ashiana, voluntary sector providers, supported housing providers, women attending the You and Me Mum programme (SCC delivered) women attending the Power of Change programme (IDAS delivered), women attending IDAS coffee mornings.

### 3.3 Findings are that:

- Partners value the existing service, think it is generally responsive and of good quality however there have been issues around staff retention (related to cost-of-living crisis and expansion of funding across sector in relation to safe accommodation primarily)
- There are issues around digital inclusion for some users.
- A face-to-face offer is important, including at safe community venues. More drop in opportunities are needed
- More joint working would be beneficial e.g., co-location where possible (request from health: ED)
- A tenacious support offer is important, that is trauma informed and person centred. Engagement can take a long time to achieve.
- Demand exceeds capacity and this situation is likely to get worse, one solution would be to develop more guided self-help options
- Stakeholders think the helpline should be open longer (currently minimum of 68 hours a week)
- There is a need to ensure that non-English speakers are able to access service (interpreting service in place but is it easy to use?)
- Some potential users don't understand the helpline offer and need more information about services available in communities.
- Survivors want to build trust with a support worker who understands their situation, understands the dynamics of domestic abuse, and who believes and respects them.
- Survivors want support workers who can speak their own language and who understand the culture of the person they are supporting.

3.4 All of these issues will be addressed in the service specification. Consultation will also be undertaken with commercial services to ensure that the views of survivors also inform the recommissioning process.

## 4. RISK ANALYSIS AND IMPLICATIONS OF THE DECISION

### 4.1 Equality Implications

4.1.1 Domestic Abuse is a gendered issue, affecting more women than men however the recommissioned service will be promoted to and accessible to male and non-binary victims. It is also a health issue - in some cases resulting in long term impact on mental and physical health. The recommissioned service will be expected to work closely with health agencies to ensure early identification of victims / survivors particularly

those who are pregnant or who have pre-school children.

- 4.1.2 The recommissioned service will be expected to work as part of a coordinated community response with other public sector partners such as the Police, Probation, Housing, Children and Adults Social Care and Education providers as well as voluntary, community and faith sector organisations in the city.
- 4.1.3 Domestic abuse victims / survivors may also be disabled, LGB+, transgender, black or from a minoritised ethnicity, they may act as a carer to their abuser and they may have a religious faith or they may not. They may be of any age from 16 years up. They may therefore experience racism, sexism, homophobia, ableism, ageism or transphobia. Discrimination, unconscious bias or a lack of awareness and understanding may result in victims / survivors feeling unable to seek support or finding that services are inaccessible to them. The commissioned service will be required to ensure staff are appropriately trained and supported and have the knowledge and skills to work in an anti-discriminatory and culturally competent way, with support offered that is person centred and tailored to the needs of the individual. The service will also be commissioned to provide training to the Sheffield workforce to enable improved understanding of the risks faced by victims / survivors with protected characteristics and more effective and sensitive support to be offered in a multi-agency way.
- 4.1.4 Economic abuse is a factor in a high proportion of domestic abuse cases and covers financial abuse plus abuse that restricts access to resources, or access to employment or training. This means that victims / survivors are more likely to experience poverty. Recommissioning a community-based support service will mitigate against this risk.

## 4.2 Financial and Commercial Implications

- 4.2.1 Opportunities have been explored for delivering efficiencies through this commissioning exercise including through potential economies of scale in providing a county wide domestic abuse helpline. Unfortunately, there was little appetite for such a development from commissioners in South Yorkshire due to commissioning timescales not being aligned and a desire for a more localised response.
- 4.2.2 Funding for the contract will be made up from Sheffield City Council funds plus contributions from partners – the Office of the Police and Crime Commissioner and the Integrated Care Board. The contract will also include funding from central government which is time limited.
- 4.2.3 An element of the grant the city receives from the Department for Levelling Up Housing and Communities to enable the support of victims of domestic abuse in safe accommodation (this service will support victims living in their own homes with Sanctuary Scheme measures - target hardening,

and in dispersed temporary accommodation provided through the Council's homelessness duties.)

4.2.4 Further grant funding (confirmed only for 2024/25 at present) is from the Ministry of Justice, currently held by the Office of the Police and Crime Commissioner. It will pay for specific posts in the new service to work in family courts, with male victims, with disabled victims, gypsy, Roma or traveller victims, older victims, and victims with complex needs.

4.2.5 The contract amount will not exceed £1,468,608 per annum. The available funds are as follows:

Sheffield City Council cash limit	£677,557
Dept for Levelling Up Housing and Communities	£220,320
Office of the Police and Crime Commissioner	171,937
Integrated Commissioning Board	48,794
Ministry of Justice (confirmed for 2024/25 only)	£279,864
Other External Grants (This covers any grants we may get after 2024/25)	£70,136
	£1,468,608

4.2.6 If further central government funding is not secured (e.g. from the Ministry of Justice or the Home Office) then the contract amount will revert to the core funding elements from the Council, the Integrated Commissioning Board, the grant funding via the Dept for Levelling Up Housing and Communities and the contribution from the Office of the Police and Crime Commissioner e.g. £1,118,608

### 4.3 Legal Implications

4.3.1 There is a statutory duty on local authorities to ensure the needs of victims of domestic abuse in safe accommodation are met in a consistent way. A local authority 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 includes properties with Sanctuary Scheme adaptations and dispersed safe accommodation with specialist support. This contract will therefore contribute to meeting the statutory duty under Part 4 of the Domestic Abuse Act 2021. There is a requirement to report back to the government on the use of this funding on an annual basis. Any underspend cannot be part of the core contract and carried forward.

4.3.2 There is a requirement to report back to the Ministry of Justice on a quarterly basis with performance data and spending information and any underspend on these funds must be to be declared and any re-profile will need to be submitted by the OPCC to the MoJ. The underspend cannot be part of the core contract and carried forward. This funding is only for the first year of the contract. It is not known whether the MoJ or another government department will make further funding opportunities available for domestic abuse support services at present.

#### 4.4 Climate Implications

- 4.4.1 The service is currently based in existing buildings and there are limited office-based impacts in the provision of the service. A full CIA will be completed to support the procurement and contract management process.

Providers will be encouraged to consider how they can support Climate Action targets, including:

- How staff travel around the city.
- How they can be as energy efficient as possible.
- How the use of products can be minimised, and lowest impacts products used where possible.
- How waste can be minimised.
- How awareness of climate impacts and what they can do to help can be raised amongst staff.

#### 4.5 Other Implications

- 4.5.1 Domestic abuse is considered one of the wider determinants of health. This proposal is to ensure appropriate support for the recovery from the impacts of domestic abuse (including in relation to mental and physical health) for both victims and their children.

### 5. **ALTERNATIVE OPTIONS CONSIDERED**

The Council could decide to not recommission the service however this would mean that support available for those affected by domestic abuse would be very limited and may not meet the standard required by the Domestic Abuse Act 2021. There is also a statutory duty on the Safer Sheffield Partnership to conduct Domestic Homicide Reviews and report these to the Home Office. If there were no commissioned community-based services, the number of domestic homicides would be likely to rise over time.

- 5.1 Reducing the funds available for recommissioning would also be inadvisable as demand exceeds the needs in the city already. The capacity of the existing service has also reduced due to cost-of-living issues affecting all employers.
- 5.2 The current contract is working well: promoting safety, addressing trauma and enabling recovery. Partners value the service and feedback is generally good.

### 6. **REASONS FOR RECOMMENDATIONS**

- 6.1 Domestic Abuse affects thousands of people in Sheffield each year. It is a cause of physical and emotional harm, and trauma that is long lasting both to adults and their children. It is also a huge cost to services in the city. Providing support at an early stage will contribute to the overall goal of prevention of harm and promotion of wellbeing in the city.
- 6.2 Sheffield's response to domestic abuse has been recognised as something to be proud of. Recommissioning the community-based support contract, through a process of co-production will enable the offer to improve and ensure tailored support for victims / survivors and their families that enable them to be safer, recover and move on with their lives and contribute fully to their communities and the city.
- 6.3 It is intended that the outcomes will be:
- Easily accessible support that enables engagement at an earlier stage for victims/survivors
  - Online resources for those that can access them promoting guided self-help.
  - Tailored support that reduces risk and increases the safety of victims and their children.
  - Support for victims to stay safe in their homes and prevent them from moving due to the abuse or becoming homeless.
  - Effective support groups that enable recovery from the impact of domestic abuse
  - A wider workforce that are trained to enable them to respond to disclosures of domestic abuse in a safe and trauma informed way.
  - Higher levels of awareness, and empathy for victims / survivors, and lack of tolerance for abusive behaviour supported by community champions e.g., in services that go into people's homes



## PART A - Initial Impact Assessment

**Proposal Name:** Recommissioning of domestic abuse community based support service (EIA ID: #2092)

**EIA Author:** Alison Higgins (Communities)

**Proposal Outline:** Approval to recommission the Domestic Abuse community based support contract by 1st April 2024

**Proposal Type:** Budget

**Entered on QTier:** Yes

**QTier Ref:** # 0014032000000

**Year Of Proposal:** 23/24

**Lead Director for proposal:** Greg Fell

**Service Area:** Integrated Commissioning

**EIA Start Date:** 26/04/2023

**Lead Equality Objective:** Break the cycle and improve life chances

**Equality Lead Officer:** Ed Sexton

### Decision Type

**Committees:** Policy Committees

## Portfolio

**Primary Portfolio:** People

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**EIA is cross portfolio:** No

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**EIA is joint with another organisation:** No

## Overview of Impact

**Overview Summary:** The overall impact will be positive, particularly to women victims / survivors of domestic abuse who are anticipated to make up 85% plus of the beneficiaries.

---

**Impacted characteristics:**

- Age
- Carers
- Disability
- Gender Reassignment
- Health
- Partners
- Poverty & Financial Inclusion
- Pregnancy/Maternity
- Race
- Religion/Belief
- Sex
- Sexual Orientation
- Voluntary/Community & Faith Sectors

## Consultation and other engagement

## Cumulative Impact

**Does the proposal have a cumulative impact:**

No  
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**Impact areas:**

## Initial Sign-Off

**Full impact assessment required:** Yes

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**Review Date:** 28/07/2023

## PART B - Full Impact Assessment

### Health

**Staff Impacted:** Yes

**Customers Impacted:** Yes

**Description of Impact:** Domestic Abuse has a long lasting impact on the survivor's mental and often physical health. For example, recent studies have found that women who are victims of partner abuse are three times more likely than other women to take their own lives. There is also increasing evidence of the impact of brain injury due to domestic abuse including non fatal strangulation. Recommissioning this support service will enable victims/ survivors to get help to reduce risk to themselves and their children.

**Name of Lead Health Officer:**

**Comprehensive Assessment Being Completed:** No

**Public Health Lead signed off health impact(s):**

## Age

**Staff Impacted:** Yes

**Customers Impacted:** Yes

**Description of Impact:** Domestic Abuse affects people of all age groups including children as the Domestic Abuse Act 2021 recognises that a child, (under 18 years old), who sees, hears, or experiences the effects of DA and is related to the victim or the suspect is also to be regarded as a victim of DA. Teenage victims (from age 16) and older victims (over 65) are underrepresented in the current service. The specification will require the new service to make efforts to promote the service to these groups and support partners to identify older and younger victims in order that they can access support.

## Carers

**Staff Impacted:** Yes

**Customers Impacted:** Yes

**Description of Impact:** Domestic Homicide Reviews locally and nationally have found that the risk of serious harm or homicide to carers as a result of domestic abuse can be underestimated or unacknowledged. The new provider will be required to ensure carers experiencing domestic abuse are identified, Carers Assessments are promoted and to work with partners to raise awareness of specific risk to carers in order that support is offered in a tailored way.

## Disability

**Staff Impacted:** Yes

**Customers Impacted:** Yes

**Description of Impact:** Disabled people experience disproportionately higher rates of domestic abuse. They also experience domestic

abuse for longer periods of time, and more severe and frequent abuse than non-disabled people. Risks can be specific to the victim being disabled. The service specification will require the new provider to ensure staff are skilled in recognising the risks and issues faced by victims/ survivors who are disabled and tailor support so that the service is accessible to them.

## Gender Reassignment

**Staff Impacted:**

Yes

**Customers Impacted:**

Yes

**Description of Impact:**

People whose gender identity is not the same as they were assigned at birth experience a disproportionately higher rate of domestic abuse. Victims survivors face lack of awareness and understanding as well as transphobia and are therefore less likely to access support. The service will be required to promote itself as providing support that is inclusive, and ensure that staff are appropriately trained and sensitive to the needs of transgender people.

## Partners

**Staff Impacted:**

Yes

**Customers Impacted:**

Yes

**Description of Impact:**

Responding to domestic abuse requires the coordinated input of a range of agencies both internal to SCC and external e.g. adults and children's social care, housing, police, health, probation, education etc. Domestic Abuse also costs around £35,000 per victim in terms of lost output, physical and emotional harm and cost to services therefore there is both a moral and economic case for investing in support and prevention. The new provider will become a member of the Domestic and Sexual Abuse Strategic Board which implements local strategies and holds partners to account.

**Staff Impacted:** Yes

**Customers Impacted:** Yes

**Description of Impact:** The new statutory definition of domestic abuse refers to economic abuse rather than simply financial abuse in recognition of the impact domestic abuse has on a victim /survivors whole life - perpetrators may not only control their money, and finances but also things that money can buy, such as clothing, transport, food and a place to live. Economic abuse can also restrict access to education and employment, causing a victim to drop out of college or lose a job. Victims / survivors may lose their home and possessions in order to escape abuse thus increasing the chance of living in poverty. The new provider will be required to ensure staff are able to offer support to mitigate the impact of economic abuse.

## Pregnancy / Maternity

**Staff Impacted:** Yes

**Customers Impacted:** Yes

**Description of Impact:** Around 30% of domestic abuse begins during pregnancy, while 40–60% of women experiencing domestic abuse are abused during pregnancy. The new service will be required to maintain strong links with safeguarding and vulnerabilities teams at the Jessop Wing and with the 0-19s service at the Children's Trust to enable support to be offered to pregnant women and new mothers at an early stage.

## Race

**Staff Impacted:** Yes

**Customers Impacted:** Yes

**Description of Impact:** Black and minoritised victims / survivors face a range of barriers in accessing support as a result of unconscious bias and sometimes because of racist

attitudes and assumptions. The service specification will require the new service to demonstrate how it will work towards becoming or maintaining its status as an anti-racist organisation or partnership, and how it will work with partners to advocate for anti-racist practice to enable effective and accessible support for victims/survivors.

## Religion / Belief

**Staff Impacted:** Yes

**Customers Impacted:** Yes

**Description of Impact:** Domestic Homicide Reviews locally and nationally have found that the risk of serious harm or homicide to carers as a result of domestic abuse can be underestimated or unacknowledged. The new provider will be required to ensure carers experiencing domestic abuse are identified, Carers Assessments are promoted and to work with partners to raise awareness of specific risk to carers in order that support is offered in a tailored way.

## Sexual Orientation

**Staff Impacted:** Yes

**Customers Impacted:** Yes

**Description of Impact:** LGB+ people experiencing domestic abuse can experience barriers to accessing support due to lack of awareness (e.g. of abuse from family members to young adults) and because of homophobia. The new service will be required to promote the service to LGB+ people, use specialist risk assessments to ensure safe and tailored support and to work with partners to improve understanding and awareness.

## Voluntary / Community & Faith Sectors

**Staff Impacted:**

Yes  
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**Customers Impacted:** Yes

**Description of Impact:** The new service will be commissioned to provide training and advice to VCF services and organisations who identify victims / survivors. It will also be commissioned to work in partnership with specialist providers in the VCF sector and work with these providers to ensure smooth pathways to support and that emerging best practice is shared.

## Action Plan & Supporting Evidence

**Outline of action plan:** The actions identified above will inform the development of

**Action plan evidence:** Evidence used is as follows: <https://sheffielddact.org.uk/dor-Assessment-2021-FINAL.pdf> <https://assets.publishing.service.gov.uk/government/uploads> [https://galop.org.uk/wp-content/uploads/2021/05/Galop\\_d](https://galop.org.uk/wp-content/uploads/2021/05/Galop_d) <https://static1.squarespace.com/static/5ee0be2588f1e3494> <https://safelives.org.uk/sites/default/files/resources/SAFJ49>

**Changes made as a result of action plan:**

## Mitigation

**Significant risk after mitigation measures:** Yes

**Outline of impact and risks:** The level of domestic abuse in the city exceeds the amount of support that can be offered with existing resources. This means that the service may find it difficult to engage with some victims / survivors due to the barriers they are facing and the capacity of the service to meet their needs due to restrictions in terms of staff time.

## Review Date

**Review Date:** 28/07/2023





## Report to Policy Committee

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

**Report of:** Alexis Chappell, Strategic Director Adult Care and Wellbeing

Ian Atkinson, Deputy Place Director Sheffield Place - Integrated Care Board.

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

**Date of Decision:** 14th June 2023

**Subject:** Hospital Discharge and Urgent Care Delivery Plan Update and Approval of New Model and Winter Plan

Has an Equality Impact Assessment (EIA) been undertaken?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
If YES, what EIA reference number has it been given? 2135				
Has appropriate consultation taken place?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Has a Climate Impact Assessment (CIA) been undertaken?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Does the report contain confidential or exempt information?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
If YES, give details as to whether the exemption applies to the full report / part of the report and/or appendices and complete below:-				
<p><i>“The (report/appendix) is not for publication because it contains exempt information under Paragraph (insert relevant paragraph number) of Schedule 12A of the Local Government Act 1972 (as amended).”</i></p>				

### Purpose of Report:

The 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 a new model in relation to hospital discharge and avoidable admission as well as a delivery plan so that individuals can return home from hospital when well.

**Recommendations:**

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

- Approves the Sheffield Place Hospital Discharge Model and Delivery Plan described at Appendix 1.
- Notes current performance in relation to discharge and progress in delivery Making Discharge Personal at Appendix 2.
- Requests that the Strategic Director of Adult Care and Wellbeing provides the Committee with update on progress against the Delivery Plan in March 2024 and to review outcome of learning from phase 1 of implementation on future homecare provision needed to sustain the new model.

**Background Papers:**

Appendix 1 – Sheffield Hospital Discharge Model

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: Alexis Chappell
	<i>Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.</i>	
2	<b>SLB member who approved submission:</b>	<i>Alexis Chappell</i>
3	<b>Committee Chair consulted:</b>	<i>Councillors Angela Argenzio</i>
4	I confirm that all necessary approval has been obtained in respect of the implications indicated on the Statutory and Council Policy Checklist and that the report has been approved for submission to the Committee by the SLB member indicated at 2. In addition, any additional forms have been completed and signed off as required at 1.	
	<b>Lead Officer Name:</b> <i>Nicola Afzal</i> <i>Alexis Chappell</i>	<b>Job Title:</b> <b>Assistant Director Living and Ageing Well</b> <b>Strategic Director Adult Care and Wellbeing</b>
	<b>Date: 15<sup>th</sup> May 2023</b>	

## 1. PROPOSAL

- 1.1 Our collective ambition across health and care services in Sheffield is to prevent admission and readmission to hospital where possible so that individuals can live independently and well at home. Prevention is our preferred and local approach in Sheffield.
- 1.2 Where individuals do require a period in hospital our collective ambition in line with the introduction of the Health and Care Act 2022 is that we **make discharge personal** where individuals and their families have good experiences during their stay in hospital, experience a positive, safe, and timely discharge and feel involved in planning for discharge.
- 1.3 Partners across the city agree on and are committed to the principle of [‘home first’](#) and optimising on-going care and support through timely out of hospital assessment.

### 1.4 Our Sheffield Discharge Model – A New Systems Approach

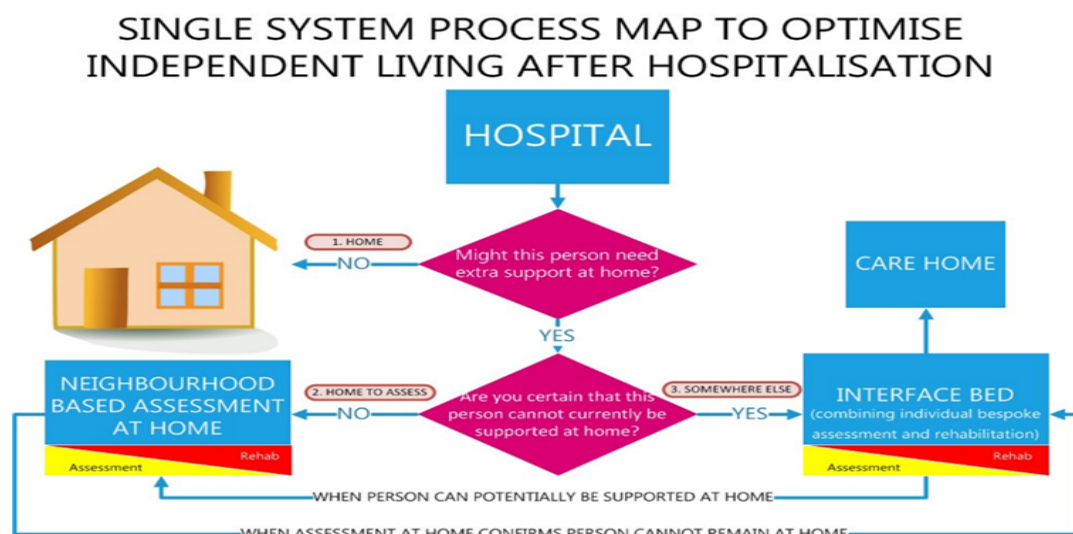
- 1.4.1 Following on from the Sheffield Hospital Discharge Improvement Plan approved at Committee in February 2023, significant work has been undertaken as a partnership across Adult Care, Sheffield Teaching Hospitals, Sheffield Health and Care Trust and Sheffield Place Integrated Care Board to understand our performance, demand pressures and agree a model which will enable people to return home from hospital when they are well.
- 1.4.2 Across Sheffield, we are currently faced with several challenges when trying to discharge people who require additional support. This includes capacity of community services, proactive planning for discharge and process inefficiencies in the system which means that individuals referred to community services are not ready for discharge. These delays and inefficiencies mean people do not have positive experiences of discharge and do not return home from hospital when well.
- 1.4.3 For most people who have additional support needs following the completion of their acute hospital stay the best place for them to continue receiving the care and support needed is their own home with visits from health and care staff, from family or other community partners or a combination of several elements to meet their needs whilst they recuperate.
- 1.4.4 Due to this we are committed to implementing the Discharge to Assess model. Discharge To Assess means that people discharged from an acute hospital bed are assessed at home or in another appropriate community setting where assessments about what care they need can take place.
- 1.4.5 This approach is critical if we are to improve individuals and families experience of discharge, optimise individuals’ wellbeing outcomes, maximise our workforce capacity and effectiveness and reduce avoidable demand.

1.4.6 Under the model a minimum of 95% of people over the age of 65 who are admitted to hospital would be able to go home with:

- Pathway 0 – a minimum of 50% able to go home with minimal or no support, led by Sheffield Teaching Hospital,
- Pathway 1 - 45% can go home with support from community service (social care/health), led by Adult Care,
- Pathway 2 – around 4% will need short term rehabilitation in a bedded setting (step down) led as a partnership between Sheffield Teaching Hospital, ICB and Sheffield City Council.
- Pathway 3 - only 1% should require long term residential or nursing care home.

1.4.7 Similar work has been done before within frailty within the Right First Time Programme and demonstrated that it can be done with impressive results and as then, this will require system wide support; recognising that the benefits if we get it right are many and widespread. Previous learning has demonstrated that the importance of eliminating the “queue” cannot be overestimated if we are to realise all the benefits associated with the D2A model.

1.4.8 The model is depicted below and further information including the practical steps, governance, and resourcing to implement the model are described in Appendix 1.



1.4.9 A key element of the new model is about increasing social care community capacity to enable pathway 1 to be realised effectively. To this end, NHS England Capacity Modelling Guidance was used as a reference to inform development of a sustainable position and a two phased approach towards increasing and right sizing community capacity to effectively enable timely discharge.

1.4.10 Phase 1 takes place between September 23 and March 24 and involves implementing:

- Streamlined Homecare and Somewhere to Assess Processes and Systems – Its aimed to move to a model which enables council & commissioned homecare to decide type of care a person needs when they are at home, resulting in care decisions being closer to the person's home.
- Streamlined Somewhere to Assess Ways of Working – Along with a review of residential provision agreed at Committee in February 2023 its planned to look at current S2A ways of working to refine and facilitate discharge. As part of this investment will be provided into additional three social workers funded via BCF to cost of £0.12m for one year to facilitate ongoing timely discharge from somewhere to assess beds.
- Clearing Waits - One off homecare provision to address outstanding waits and enable us to reach a zero-wait position by end October 2023. The cost of the one-off provision based on current waits noted at twice weekly calls (55 waits) and taking into account seasonal increases, would be a one-off cost of £0.08m, funded via BCF, to account for a three day approach to clearing waits.
- Additional Reviewers and Homecare - Additional homecare, review, and leadership provision to maintain a zero-wait position maintaining continuity of provision and make a decisive move towards moving assessment into the community for older adults and people experiencing mental ill health and a learning disability for October to March. The additional provision identified as required during this period is an additional a) 5 assessors and 8 reviewers to form an additional team, (on top of current 8 reviewers funded through 1600hrs project til the end of September), plus management costs at totalling £0.61m (£1.1m annually), b) additional 2,782 homecare hours per week for 9 months at a cost of £2.4m, (£3.1m annually) to account for referral from all Trusts (STH, SHSC, SCT) and modelling in the expected impact of the additional assessment and review capacity. This will be funded by the Joint SCC/ICS Discharge Support Grant via the BCF governance process.

1.4.11 Phase 2 is between April 24 and April 25 and involves:

- Undertaking an evaluation of the impact of the new systems, additional homecare, and key learning and from that determine longer-term homecare provision needed to maintain a Zero Wait position in Sheffield in April 2024.
- Using this learning to inform the funding levels required for home care and the most appropriate option for maintaining the level of homecare required in the long term.
- Seeking approval at Committee for the proposal and implementing

during 24/25 on a sustainable basis.

1.4.12 To enable effective governance arrangements, the following have been put in place as below:

- Joined Up Governance - Strategic governance and scrutiny will be undertaken through the Adult Health and Care Policy Committee and the Health and Care Partnership. Tactical and operational oversight arrangements are in place to enable local collaboration and delivery upon the model.
- Joint Action Plan – A joint action plan to enable implementation of the new model. It's aimed that this will also act as our winter plan to enable timely and effective preparation for winter 2023.
- Joint Monitoring and Management of Risk – our joint governance and oversight of the action plan will enable us to jointly manage the programme and financial risks, particularly if homecare hours required for discharge exceed the 34,000 hours funded by Sheffield City Council per week.
- Joint Up Leadership - A joint leadership post has been established between Sheffield City Council Adult Care & Sheffield Teaching Hospital to build capacity to implement our new model and establish a shared leadership approach to discharge across the City. This post is funded by Sheffield Teaching Hospital.
- Moving Assessment into Community – Redesign of pathways and service delivery in our Care & Wellbeing Services to enable assessment to take place in the Community, streamline pathways and ways of working and establish a homecare provider collaborative of commissioned and council run homecare to utilise our community-based support effectively and efficiently.

1.4.13 Underpinning delivery of the model is effective relationships across health, care, and VCS operationally and strategically which have been built up over time and strengthened in our joint response to COVID. In addition, the use of technology enabled care to maximise opportunities for people to live independently.

## **1.5 Resourcing Prevention of Admission and Discharge**

1.5.1 Following on from the non-recurrent national funding allocated last year, and as reported to February committee, a recurrent grant has been made available to be managed through the Better Care Fund in 2023/25. Again, the aim of the funding is to support the health and social care discharge pathways, with emphasis upon releasing blocked capacity within acute healthcare settings.

- 1.5.2 At this time there has not been any additional funding allocated by the national teams to support prevention, avoidance of deterioration in conditions and access to statutory services without prior hospitalisation.
- 1.5.3 The funding, £7.172m in 2023/24 and indicatively £11.787m in 2024/25, has been included in allocations at commissioning organisations to allow longer term planning, support recruitment which enhances capacity, and to add to overall stability while discharge pathways are reviewed, redesigned, and simplified to allow activity flow across the health and social care system.
- 1.5.4 The schemes implemented with non-recurrent funding during 2022/23 were wide ranging and used as a test of change for all areas where the population could experience a breakage in the discharge process resulting in a delay in returning to their usual place of residence.
- 1.5.5 The initial planning for 2023/25 builds upon the appraisal of these schemes but is more focused into areas which support the overall longer-term redesign of pathways. This includes identifying funding identified in 1.4.10 of £3.130m for homecare packages and support assessors and reviewers to provide additional capacity and stability to hospital discharges during the implementation of the new contract where existing clients will be transitioning between Providers.
- 1.5.6 Additional elements to support discharge have also been identified from the Joint SCC/ICS Discharge Support Grant. £0.35m of specialist staff to enable discharge planning, support people with an early diagnosis of dementia or those who require support with medication. £0.64m relating to technological and equipment innovations. In total the planned spend with SCC of the Joint SCC/ICS Discharge Support Grant is £4.1m.
- 1.5.7 As a partnership of health and care, we remain committed to focusing upon prevention and admissions avoidance within core better fund budgets, and have highlighted the need for investment and national support in this area during a meeting with representatives from the Better Care Fund Support Programme during a recent scoping meeting.

## **1.6 Making Discharge Personal – Adult Care Performance Update**

- 1.6.1 The Adult Care Policy Committee in February 2023 approved the direction of travel in relation to discharge from hospital. This included greater transparency and accountability in relating to performance reporting and included a move towards Making Discharge Personal.
- 1.6.2 Making Discharge Personal is an approach taken from Safeguarding where the focus is on individual outcomes and the impact of social care interventions on people. It a way of measuring individuals and their families experience of a positive, safe, and timely discharge and how individuals and families feel involved in planning for discharge.

- 1.6.3 To this end, Adult Care teams involved in discharge are currently implementing recording systems so that individual's outcomes can be measured from November in line with commitments made in February 2023. This will mean that performance reporting in relation to October will be reported to Committee from December 2023.
- 1.6.4 It is aimed that by moving towards a personalised approach our focus is on demonstrating our impact on individuals' wellbeing outcomes and independence and using learning from individuals' and family members experiences to continually improve our approach to prevention of admission and discharge from hospital.
- 1.6.5 In meantime, Adult Care performance in relation to discharge aligned to our Adult Care Strategy Outcomes is as noted below: -
- Hospital referrals remain a significant referrer to Adult Care, with an increase of 20% in last 5 years.
  - The proportion of older people who remain at home 91 days after discharge compares well to Yorkshire & Humber and England and it's our ambition by moving assessment into community and moving to a new operating model around primary care that we can prevent re-admission and with that increase % of people who remain at home after discharge.
  - The number of referrals to Carers Centre for Carers support have increased by 90% over last couple of years due to a drive to recognise and support unpaid carers upon discharge.
  - Homecare provider waits have reduced from 150 at this time last year to 18 in 2023, through a combination of changes to our operating model and a test of change with commissioned providers through the 1600hours project.
  - Short Term Enablement and Trusted Assessor waits have reduced, again through a range of changes to how the services operate, following on the report to Committee in February 2023. A focus is on ensuring that no individuals are waiting longer than 7 days to be discharged in preparation for implementation of our new model.
  - With the move towards implementing new pathways to support the new model and in particular move assessment to community its aimed that this will reduce impact of homecare hours lost currently.

## **2. HOW DOES THIS DECISION CONTRIBUTE**

- 2.1 The hospital discharge and urgent care delivery plan and proposed approach going forward, is a core element of achieving the ambitions outlined in the Adult Social Strategy and in particular Commitments.
- 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 hospital discharge. Consultation is undertaken during the development of direct activity relating to admission and discharge.

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 19<sup>th</sup> December 2022. It's planned that by embedding an outcome focused approach in relation to discharge and by engaging with our emerging citizens engagement activity, we will ensure voices of individuals are heard and acted upon.

### **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 The EIA covering this report is being reviewed and updated to ensure all available equality and demographic information can help to assess whether (or not) there are any additional inequalities.

#### **4.2 Financial and Commercial Implications**

4.2.1 The investment set out in 1.4.10 will be funded by the Joint SCC/ICS Discharge Support Grant (section 1.5.3) via the BCF governance process.

4.2.2 Adult Health and Social Care Policy Committee on 16<sup>th</sup> June 2022 approved recommissioning of homecare services to a value of 34,000 at 21per hour. The new model takes an enablement approach so it's aimed that the new providers will focus on enabling people to live more independently.

#### **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 Further, under the Health and Care Act 2022 and the associated guidance Local Authorities are required to work with local health systems to provide local discharge models that best meet the needs of the local population that are affordable within existing budgets available to NHS commissioners and local authorities.

#### 4.4 **Climate Implications**

4.4.1 There are no direct climate implications associated with approving this report. However, Sheffield City Council – and its [10 Point Plan for Climate Action](#) – is a partner in the Urgent and Emergency Care Board.

4.4.2 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 on the board 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 prevention of admission and making discharge personal.

#### 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 discharge – 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 admission avoidance and the development of a new operating model which focuses on building a partnership between primary and social care will aim in longer term to impact on admission avoidance.
- 6.2 The new discharge model aims to embed an approach where people discharged from an acute hospital bed are assessed at home or in another appropriate community setting where assessments about what care they need can take place. This approach is critical if we are to improve individuals and families experience of discharge, optimise individuals' wellbeing outcomes, maximise our workforce capacity and effectiveness and reduce avoidable demand.

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# **SHEFFIELD HEATH AND CARE PARTNERSHIP**

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## **OUR SHEFFIELD PARTNERSHIP APPROACH TO DISCHARGE PATHWAY RE-DESIGN**



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Sheffield currently a **national outlier** with regard to the number of patients within an acute setting defined as having 'no criteria to reside'.

---

On average **50%** with no criteria to reside require **no** support from community based or care services and can go home with no additional support, **50% require support**.

---

Due to inefficiency and complicated processes, we **miss opportunities** to get people home in the **optimum** period of being 'medically fit'

---

Our Health and Care Discharge to Assess services are still in a business continuity mode following a major incident since August 22.

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Lots of good work across partners to enable people to return home from hospital, however it only **exacerbates existing model based on assessing people in hospital**.

---

Some excellent evidence from new discharge schemes and tests for change over winter 23/24 that can support change, such as 1600 hours project.

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Financial resource is in the wrong place. 'we are spending money keeping people in the hospital' – **we need to shift resource to the Community so that people can be supported to return home or a homely setting when they are well.**

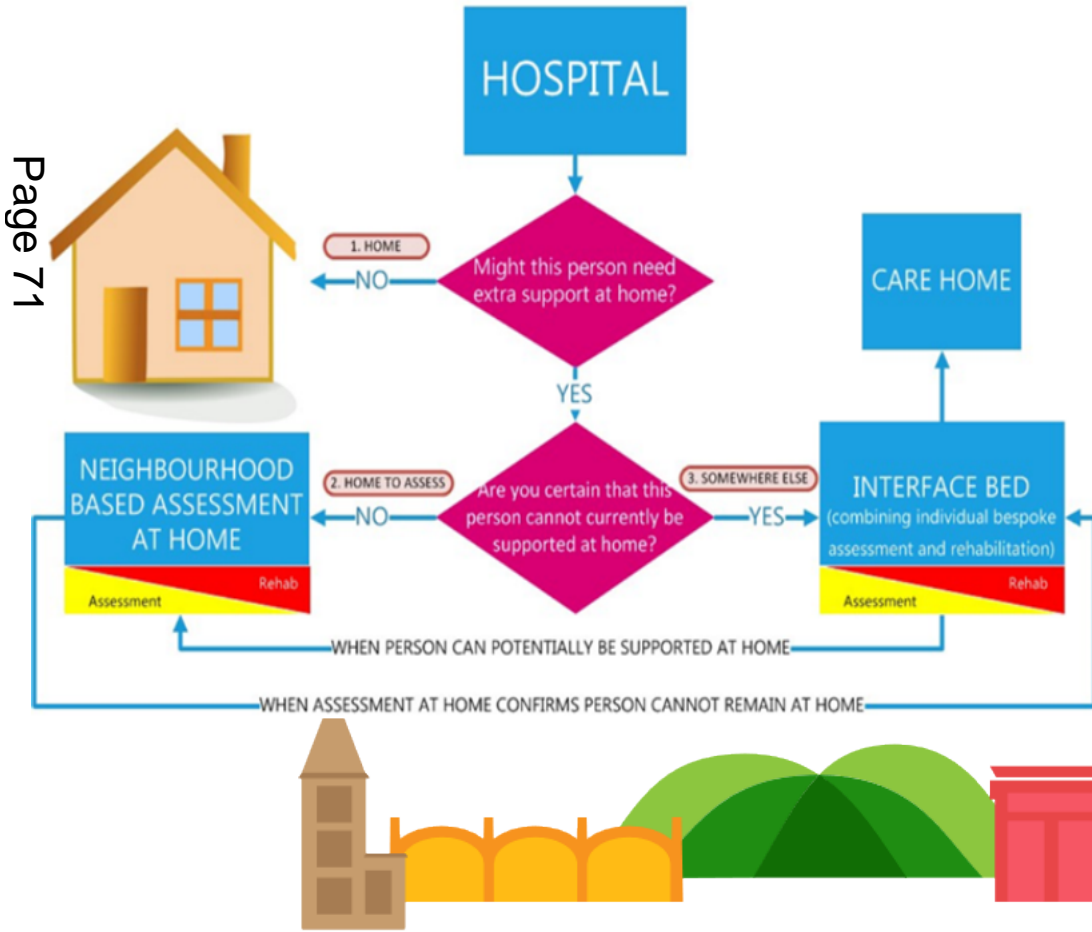


# The Sheffield Discharge Story

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# Our Model

## SINGLE SYSTEM PROCESS MAP TO OPTIMISE INDEPENDENT LIVING AFTER HOSPITALISATION



We will use the national pathway definitions to describe our work with 95% supported to return home upon discharge.

- Pathway 0 - Likely to be minimum of 50% of people discharged: simple discharge home
- Pathway 1 - Likely to be minimum of 45% of people discharged: able to return home with new, additional or a restarted package of support
- Pathway 2 - Likely to be maximum of 4% of people discharged: recovery, rehabilitation, assessment, care planning or short-term intensive support in a 24-hour bed-based setting, before returning home.
- Pathway 3 - For people who require bed-based 24-hour care: includes people discharged to a care home for the first time (likely to be a maximum of 1% of people discharged) plus existing care home residents returning to their care setting



# How the Model Will Be Supported

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## Home First

Implement 'Home first' – not a new concept in Sheffield, we have done it before.



## Simplify Processes

Improve hospital processes/flow to ensure effective timely discharge, including transport.



## Community Focused

Develop a **Community Reception service**, which will PULL patients and co-ordinate community provision to undertake high quality assessment in the most appropriate setting.



## Build Homecare Capacity

Establish over capacity in the 'home care sector' to ensure we have enough capacity to support discharge.



## Right Support Right Time

Review patients in a timely manner following an initial assessment to enable people to receive right support right time.



## Local Ownership

PLACE Partnership board – own the issue and support collective change





# How We Will Implement the New Model



Implement during **April to November** to enable preparation for Winter.



Establish **joined up health and care governance** to allow delivery and Operational Decision Making via the Sheffield Urgent and Emergency Care Group. Political scrutiny through Adult Policy Committee.



**Communicate** - Regular programme and oversight arrangements (Weekly Discharge Programme Delivery Group, Weekly Executive Director Oversight Meeting, Twice Weekly Operational Meetings)



**Be compassionate as leaders** - staff need time and support to deliver change.

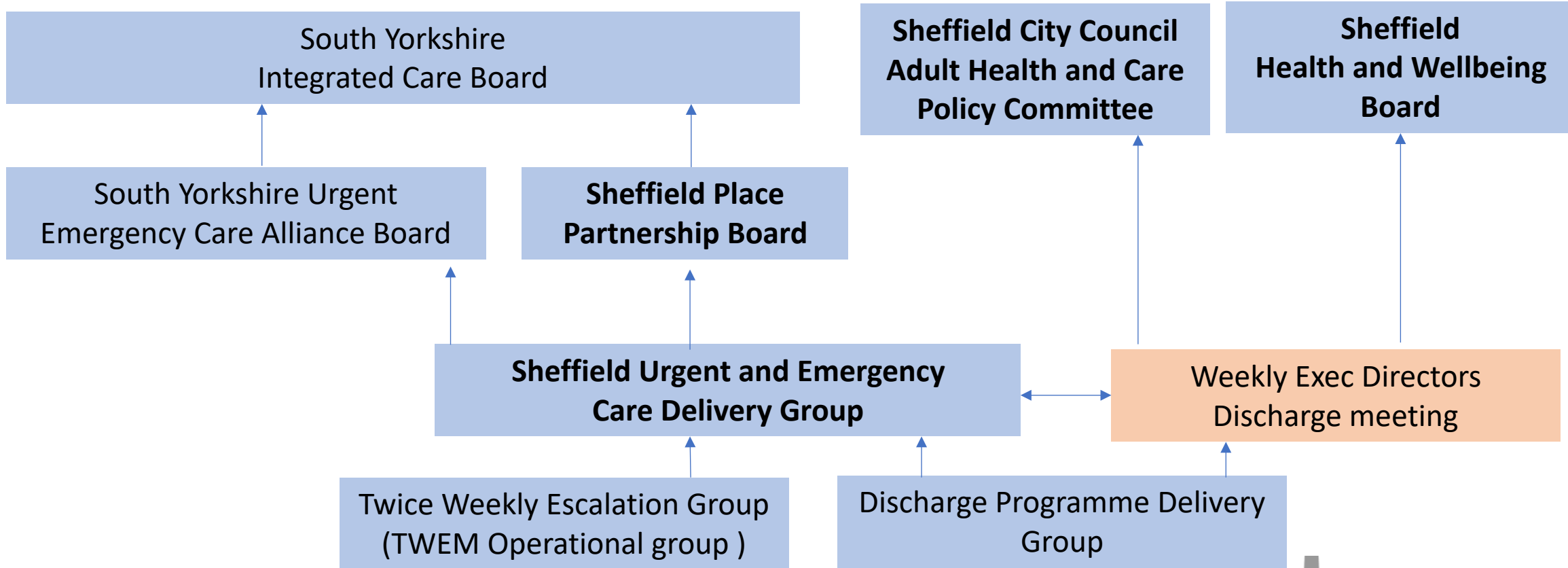


**Resource Allocation** – Use Better Care Fund discharge allocations in key specialities where we can have the quickest and biggest impact



# Governance for Enabling Discharge Improvement

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## Report to Policy Committee

**Author/ Lead Officer of Report:**  
Liam Duggan

**Tel:** 0114 293 0253

**Report of:** Strategic Director of Adult Care and Wellbeing

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

**Date of Decision:** 14<sup>th</sup> June 2023

**Subject:** Adult Care and Wellbeing Governance, Assurance, and Performance Framework

Has an Equality Impact Assessment (EIA) been undertaken?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
If YES, what EIA reference number has it been given? 1183				
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: -				

### Purpose of Report:

To provide an updated Care Governance Strategy, Performance Management Framework and Cycle of Assurance to Committee for approval.

To provide an update on the regulation of Local Authorities and Integrated Care Systems by the Care Quality Commission (CQC) and on the Council's preparations for this.

### Recommendations:

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

1. Approve the updated Care Governance Strategy 2023 - 2025
2. Approve the updated Performance Management Framework
3. Approve the updated Cycle of Assurance
4. Note the Council's preparations for CQC regulation and key risks.

## Background Papers:

[Interim Guidance on CQC Approach to Local Authority Assessments](#)

[Interim Guidance on CQC Approach to Integrated Care System Assessments](#)

## Appendices:

1. Care Governance Strategy
2. Performance Management Framework
3. Cycle of Assurance

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>Laura Foster</i>
		Legal: <i>Patrick Chisholm</i>
		Equalities & Consultation: <i>Ed Sexton</i>
		Climate: <i>N/A</i>
	<i>Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.</i>	
2	<b>SLB member who approved submission:</b>	<i>Alexis Chappell</i>
3	<b>Committee Chair consulted:</b>	<i>Cllr Angela Argenzio</i>
4	I confirm that all necessary approval has been obtained in respect of the implications indicated on the Statutory and Council Policy Checklist and that the report has been approved for submission to the Committee by the SLB member indicated at 2. In addition, any additional forms have been completed and signed off as required at 1.	
	<b>Lead Officer Name:</b> <i>Liam Duggan</i>	<b>Job Title:</b> <i>Assistant Director, Care Governance and Financial Inclusion</i>
	<b>Date:</b> 05/06/23	

## **1.0 PROPOSAL**

- 1.1 Our vision is that everyone in Sheffield lives in a place they can call home, in communities that care, doing things that matter to them, celebrated for who they are and when they need it, they receive care and support that prioritises independence, choice, and recovery.
- 1.2 The development of the Care Governance Strategy supports the delivery of our Adult Social Care Strategy and Sheffield City Council Delivery Plan commitments to build the foundations of a good council, deliver on our plans and embed open and transparent decision making alongside our plans and priorities for adult social care, created with the people of Sheffield. The function of the Performance Management Framework is to ensure delivery of our vision/ strategy outcomes.
- 1.3 The Care Governance Strategy has been updated for 2023 and, following review, further detail has been added to the Performance Management Framework and Cycle of Assurance to reflect recommendations from internal audit and the growing maturity of the frameworks following a year of delivery.
- 1.4 The Care Quality Commission (CQC) has begun to discharge its duty to provide assurance of care at local authority level. The Council's preparations for the new regulatory regime are closely aligned to the implementation of the updated Governance Strategy and Performance Management Framework.

## **1.5 CARE GOVERNANCE STRATEGY**

- 1.5.1 The original Adult Care 'Care Governance Strategy' was approved by Committee in June 2022 and provided an overarching framework for the governance of all aspects of Adult Care and Wellbeing Services and Support.
- 1.5.2 The purpose of the Care Governance Strategy is to provide transparent assurance and accountability about Adult Care and with that set a standard that:
- People who use our services and family members and carers have a voice, are central to the planning and development of adult social care services.
  - Improving wellbeing and population outcomes, quality of life and experiences for individuals, their carer's, and families remains central to our priorities and focus.
  - Our support and services are high performing, resilient, compliant with legislation, of excellent quality and are positively received by individuals and families.
  - Our workforces are valued, engaged, and feel empowered to continuously develop practice and delivery of social care services.
  - Our resources are used effectively and efficiently across Adult Care.
- 1.5.3 The function and purpose of the Governance strategy have been reviewed and updated to improve clarity. With that, the following changes to the governance framework have been made for 2023/24 to reflect the changing operating environment for Adult Care and Wellbeing:

- Rename of 'Ensuring Safety' domain to 'Safety and Resilience' to include not just those elements around safety and safeguarding but also service resilience frameworks including Business Continuity Planning, Health and Safety, Information Management and Risk Management.
- Replacing 'Managing Risk and Change' with 'Legal Compliance' to reflect a focus on embedding legal compliance across the service to ensure a clear focus on delivery of our Care Act duties and duties set out by Mental Capacity Act, Mental Health Acts. This domain will also allow a stronger focus on the decision making in Adult Care and Wellbeing, quality assurance and arrangements for internal and external escalation through the service to corporate and committee structures.
- Good Governance Practice - Embedding the principles set out in the Governance Risk and Resilience Framework and Good Governance Handbook set out by CQC under the theme Leadership and Governance as part of our Care Governance Strategy.
- Internal and External Assurance - Embedding a focus on internal and external assurance to enable ongoing approach to learning from audit and external scrutiny. It's aimed that this further supports our approach to continuous improvement, benchmarking, and external support.

1.5.4 The updated Care Governance Strategy is set out at Appendix 1. The framework is now structured as follows:



## 1.6 PERFORMANCE MANAGEMENT FRAMEWORK

1.6.1 The Performance Improvement Framework sits within the Quality and Outcomes Domain and is set out in Appendix 2.

1.6.2 The Framework aligns with the Adult Social Care Strategy and our local and national outcome measures to establish a system of continuous improvement and ensure progress towards our vision.

1.6.3 Since approval by Committee the new performance management framework has been subject to review by Internal Audit and the framework has now been updated to take account of the recommendations from that review. This includes the following key additions:

- Improvement Planning – A new section describing how the improvement cycle is being embedded at each level of the Adult Care so that we have collective ownership of performance and improvement planning from Team Manager to Director. Responsibilities and reporting flows are described as are reporting frequencies and a specific requirement to consider measures materially above or below target.
- CQC and Adult Care Strategy Relationship – An appendix has been added to show how the vision/ strategy outcomes map to the CQC themes and Quality Statements.
- Guidance on Performance Monitoring - The framework also now includes guidance on key data to be included in performance monitoring such as targets, trends, benchmarking, explanations, and actions etc. The principle of monitoring unit costs and average productivity is also included on Internal Audit advice.
- Outcome Indicators - The performance framework has been updated to ensure performance measures continue to be assigned to outcomes aligned to best practice recommendations from Internal Audit.

1.6.4 Whilst the Performance Management Framework is designed to ensure delivery of the Adult Care vision/ strategy outcomes, the Council's wider performance framework is based around the 2022/23 Delivery Plan and its Urgent Performance Challenges. These are designed to drive basic improvements to Adult Care services over a 12-month period appropriate for the '*stabilise*' phase of improvement.

1.6.5 When the Council's new Corporate Plan is developed in 2023/24 a closer alignment with the Adult Care vision/ strategy will support a more outcomes focused approach, consistent with the '*embed*' phase of improvement, and a more seamless integration of performance reporting between the service and the wider council.

1.6.6 The updated Performance Management Framework is set out at Appendix 2.

## **1.7 CYCLE OF ASSURANCE**

1.7.1 The Adult Care and Wellbeing Cycle of Assurance framework sets out how reports and updates are escalated through the service on a routine basis to give scrutiny to, and provide assurance about, the activity, risks, and compliance of the service.

1.7.2 The Cycle of Assurance was first approved by Committee in November 2022 and has since been developed to incorporate assurance reporting and updates across all domains of the Care Governance Strategy.

1.7.3 The Cycle of Assurance is now structured around the domains of the Governance Strategy and aligned to CQC Themes, it describes the frequency and flow of reporting for each of the different aspects of the framework and is regularly updated to reflect the reporting requirements of the service's strategies/ action plans following Committee approval.

1.7.4 The updated Cycle of Assurance framework is set out at Appendix 3.

## 2.0 CARE QUALITY COMMISSION (CQC) ASSESSMENT AND RISKS

### 2.1 Care Quality Commission (CQC) Guidance

2.1.1 The CQC issued interim guidance on its approach to assessing Local Authorities and Integrated Care Systems in February and March respectively. This guidance provides more detail on the frameworks, the timeline, and the approach the CQC will take to their assessments.

2.1.2 Local Authority CQC assessments will focus on how local authorities discharge their duties under Part 1 of The Care Act (2014). This will focus on 4 themes: Supporting People, Working with People, Ensuring safety and leadership. The Quality Statements in the CQC single assessment framework are based on people’s experiences and the standards of care they expect. The CQC will be using a subset of the quality statements in assessments of local authorities. These Quality Statements (QS) are set out in the table below.

CQC Assessment Framework for Local Authorities

<p style="text-align: center;"><b>THEME 1: SUPPORTING PEOPLE</b></p> <p style="text-align: center;"><i>Care Management: Assessing Need , Practice, Prevention &amp; Outcomes</i></p> <p><b>QS1: Assessing needs:</b> We maximise the effectiveness of people’s care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.</p> <p><b>QS2: Supporting people to lead healthier lives:</b> We support people to manage their health and wellbeing so they can maximise their independence, choice and control, live healthier lives and where possible, reduce future needs for care and support.</p> <p><b>QS3: Equity in experience and outcomes*:</b> We actively seek out and listen to information about people who are most likely to experience inequality in experience or outcomes. We tailor the care, support and treatment in response.</p>	<p style="text-align: center;"><b>THEME 2: WORKING WITH PEOPLE</b></p> <p style="text-align: center;"><i>Commissioning &amp; Partnership Working</i></p> <p><b>QS4: Care provision, integration and continuity:</b> We understand the diverse health and care needs of people and our local communities, so care is joined-up, flexible and supports choice and continuity.</p> <p><b>QS5: Partnerships and communities:</b> We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement.</p>
<p style="text-align: center;"><b>THEME 3: ENSURING SAFETY</b></p> <p style="text-align: center;"><i>Safeguarding &amp; Safe Systems of Working</i></p> <p><b>QS6: Safe systems, pathways and transitions:</b> We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored and assured. We ensure continuity of care, including when people move between different services.</p> <p><b>QS7: Safeguarding:</b> We work with people to understand what being safe means to them and work with our partners to develop the best way to achieve this. We concentrate on improving people’s lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect. We make sure we share concerns quickly and appropriately.</p>	<p style="text-align: center;"><b>THEME 4: LEADERSHIP</b></p> <p style="text-align: center;"><i>Workforce, Governance, Planning, Improvement &amp; Learning</i></p> <p><b>QS8: Governance, management and sustainability:</b> We have clear responsibilities, roles, systems of accountability and good governance to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate.</p> <p><b>QS9: Learning, improvement and innovation:</b> We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome and quality of life for people. We actively contribute to safe, effective practice and research.</p>

2.1.3 The assessment of Integrated Care Systems will focus on 3 themes and 17 quality statements from the Single Assessment Framework.

CQC Assessment Framework for Integrated care Systems

Theme 1: Quality and safety	Theme 2: Integration	Theme 3: Leadership
<p>Quality statements:</p> <ul style="list-style-type: none"> <li>Supporting people to live healthier lives,</li> <li>Learning culture,</li> <li>Safe and effective staffing,</li> <li>Equity in access,</li> <li>Equity in experience and outcomes,</li> <li>Safeguarding</li> </ul>	<p>Quality statements:</p> <ul style="list-style-type: none"> <li>Safe systems, pathways, and transitions.</li> <li>Care provision, integration and continuity.</li> <li>How staff, teams and services work together</li> </ul>	<p>Quality statements:</p> <ul style="list-style-type: none"> <li>Shared direction and culture.</li> <li>Capable, compassionate, and inclusive leaders.</li> <li>Freedom to speak up;</li> <li>Governance, management, and sustainability.</li> <li>Partnerships and communities.</li> <li>Learning, improvement, and innovation.</li> <li>Environmental sustainability – sustainable development.</li> <li>Workforce equality, diversity, and inclusion</li> </ul>



## **2.2 CQC Assessment Process**

- 2.2.1 Before the CQC moves to its new assessment model of ongoing assessment in September, it is first establishing a 'baseline' of completed initial assessments for all local authorities.
- 2.2.2 Formal assessments including the gathering of required evidence for each local authority, reporting on our findings and awarding ratings will begin from September 2023. 20 Local Authorities to be assessed by the end of the Calendar year. All Local Authorities and Integrated care Systems will be assessed within 2 years.
- 2.2.3 Assessments will build on what CQC already know from regulating health and care providers and other existing sources of evidence. CQC will use the information it receives from a range of sources to make assessments flexibly, without being tied to set dates. This is designed to provide an up-to-date view of quality.
- 2.2.4 Evidence to inform assessments will come from six categories- people's experience, feedback from staff and leaders, feedback from partners, observation, processes, and outcomes.
- 2.2.5 For each quality statement in the assessment framework, CQC will assess the 'required evidence' in the evidence categories and assign a score (1-4) to the quality statement. The scores for the individual quality statements aggregate to produce the LA rating (using the CQC four-point rating scale), and an overall score indicating whether the LA is in the upper or lower threshold of the rating category. All evidence categories and quality statements are weighted equally.
- 2.2.6 The CQC will start by assessing evidence that it has, followed by evidence it needs to request and finally evidence it needs to actively collect. It will only actively collect information it can't get through other means. It will use the best options to collect evidence, which may be either on site or off site. This will depend on the type of required evidence for a quality statement.

## **2.3 Risks and Risks Mitigations**

- 2.3.1 The main risks for Sheffield ahead of the new assessment regime are those relating to the Adult Care local offer which includes safety and compliance with our statutory duties and our historical performance against national outcomes set against our historical financial pressures.
- 2.3.2 Mitigations for these risks (target operating model, recommissioned services, practice quality framework, governance arrangements, workforce strategy, recovery reviews etc.) are in place and progressing well.
- 2.3.3 However, these risks are significant, and longstanding and the mitigations are medium to long term endeavours. It is therefore vital that whilst the CQC takes a snapshot of performance the Local Authority can demonstrate an improving trajectory and effective risk mitigation in the short term.

## 2.4 Preparing For CQC Regulation

2.4.1 The Adult Care and Wellbeing service has an action plan to ensure it is adequately prepared for assessment by September. Dedicated capacity is in place and is being reviewed to ensure long-term sufficiency given assurance will be an ongoing process. In addition, advice is being taken from colleagues with experience of OFSTED in developing plans for 'inspection' visits and independent support implemented. The key elements of the plan are as follows:

### 2.4.2 Self-assessment

The immediate challenge is in ensuring that the self-assessment report is **current** (at the time of assessment), relates to the **framework**, is **evidenced, accurate**, reflects the **feedback** of staff and people who access our services, and is **owned** by the service leads, the **Adult Health and Social Care Policy Committee** and **Health and Wellbeing Board**.

Initially this is being done using a series of CQC framework checklists and collaborative conversations which are being completed by key stakeholders. However, the task is to ensure that the monthly performance clinics and conversations are driving the self-assessment narrative as well as the improvement actions and metrics on an ongoing basis. An improvement board is being implemented to manage this process/relationship.

### 2.4.3 Embedding a Continuous Improvement and Learning Culture

Performance Clinics and conversations were introduced at Directorate and Service Level in 2022 as a way of introducing and embedding a performance and continuous improvement culture across the service.

The performance clinics and conversations are now being embedded across all Assistant Directors Services as the next stage with the implementation of the new Adult Care operating model in April 2023, which enabled a move towards Adult Future Options, Living & Ageing Well, Mental Health, Care Governance and Adult Commissioning Services.

It's planned that these will continue to drive and embed a continuous improvement and learning culture through:

- Performance conversations in their teams and with front line workers so they are well informed and connected to our front-line practitioners.
- Learning from outcomes of individuals, carers and workforce feedback, quality metrics, case file audits, visits to answer the 'so what' question.
- The Quality Matters Assurance program agreed at Committee in November 2022.
- Risk management and risk mitigation so that where risks are identified, risk mitigations are embedded to minimize any impact on people.

#### 2.4.4 Involvement of Individuals, Carers, Our Workforce and Stakeholders

The performance clinics and conversations are also being expanded to include people who experience our services, unpaid carers, front line workers, stakeholders, and Members to promote further collaboration in our approach to continuous improvement.

We will co-produce arrangements for individuals and carers long-term involvement in service wide performance improvement during this summer's 'involvement festival and through ongoing conversations to ensure individuals and carers feedback informs ongoing improvements and developments.

In addition, a listening and engagement exercise will be undertaken throughout June 2023 to work with front line workers, team managers and stakeholders to understand what's working well, what needs to improve and to agree arrangements which enable and support their ongoing engagement and involvement.

#### 2.4.5 Delivery Plans and Partnerships

Through the Cycle of Assurance and our focus on continuous improvement, delivery plans are in place for each CQC theme with a cycle of reporting and assurance to the Committee and Councils Performance and Delivery Boards.

The Delivery plans are: Working with People, Safeguarding and Ensuring Safety, Providing Support, Strategic Delivery and Financial Governance and focus on our performance improvement.

#### 2.4.6 Communications

Short regular communications (one-minute reads) are now in place via the staff bulletin. These are currently covering CQC regulation but will also include feedback from performance clinics and quality frameworks to help to build a single collective understanding of our performance and trajectory across the service. In addition, dedicated engagement sessions will take place throughout June and July with colleagues across the service and stakeholders to talk about assurance means in practice.

A dedicated workshop with the Policy Committee took place in February and it was agreed that a forward plan would be developed to highlight the opportunities for members to influence CQC readiness and provide Scrutiny as to progress being made.

#### 2.4.7 System wide readiness

A System Wide CQC Assurance Working Group has been leading the preparations of Sheffield Place system partners for assessment of the Integrated Care System. This will now be led by the Sheffield Joint Quality Assurance Committee to establish a joint health and care governance framework and approach to improvement planning.

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

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

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

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

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

4.1 The Listening and Engagement domain in the Care Governance strategy describes the Council's commitment for the voice of people and/ or their carers being at the heart of the governance of adult health and social care. The performance management framework includes a section (section 10) describing the importance of involvement and voice and the role that people will have specifically around driving the quality and performance of adult social care services.

4.2 In 2023 the Adult Care and Wellbeing *Citizen's Involvement Project* is exploring ways to involve people in shaping and improving adult social care in Sheffield. It is delivering a *Festival of Involvement* during June and July which will explore what involvement looks like including themed events and activities. The thematic sessions are Safeguarding; Care homes; Local Account; Adult Future Options framework; Technology enabled care (TEC); Adult Future Options accommodation plan; Neighbourhood support for older people in need of social care; and Community Performance Clinic Pilots.

4.3 Following the festival a co-production working group will meet fortnightly during September and October to develop an involvement model for Adult Social Care in Sheffield. It will identify opportunities to inform, influence, work together and hold the Adult Care and Wellbeing directorate to account. It will increase the range and diversity of participants and it will undertake some practical tasks such as refreshing our co-production charter, creating a toolkit for staff and identifying Key Performance Indicators for the Performance Management Framework.

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

### **5.1 Equality Implications**

- 5.1.1 A key function of the Care Governance Strategy is to ensure equality of opportunity for all because it is designed to give assurance about the delivery of the Council's statutory responsibilities for adult health and social care.
- 5.1.2 These duties include Care Act duties such as the duty to provide diversity and quality of services and to ensure that adults receive support that's personal to them, chosen by them and has their consent. It includes Mental Capacity Act duties to ensure that vulnerable individual retain their right to dignity and equality and Human Rights Act duties which compel public organisations to treat everyone equally, with fairness, dignity, and respect.
- 5.1.3 A key function of the Performance Management Framework is to ensure equality of opportunity for all because it is designed to ensure delivery of the Council's Vision and Strategy for Adult and Health and Social care. This vision includes the outcome Efficient and Effective which includes the provision of a good choice of services that meet individual needs irrespective of background, ethnicity, disability, sex, sexual orientation, religion, or belief. The performance management framework will therefore be tasked with measuring the achievement of the service in the delivery of this ambition and identifying actions as and when performance falls short.

### **5.2 Financial and Commercial Implications**

- 5.2.1 A key function of the Care Governance Strategy is to support the delivery of a financially sustainable Adult Health and Social Care Service. because it is designed to give assurance about the delivery of the Council's statutory responsibilities for adult health and social care.
- 5.2.2 These duties include ensuring a sustainable care market and the ability to meet eligible care needs. The ongoing resourcing of Adult Health and Social Care is a key challenge for Sheffield City Council and Local Authorities nationally.
- 5.2.3 The Care Governance Strategy supports the financial sustainability of Adult Health and Social Care including in the following ways:
- Quality, Performance and Outcomes – this domain focuses on quality of practice and of service and how we are delivering upon our vision and strategy. The vision includes the outcome Efficient and Effective which includes the provision of best value, and the performance management framework will therefore be tasked with measuring the achievement of best value.
  - Financial and Resource Management – this domain focuses on the use of public money in adult health and social care from operational processes such as support approvals, through to strategic processes such as business planning.
- 5.2.4 There are no direct financial implications arising from this report. Any future activity will be assessed for its financial implications and contribution to the finance strategy.

### 5.3 Legal Implications

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

5.3.2 This legislation directs Adult Health and Social Care to:

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

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

### 5.4 Climate Implications

5.4.1 The performance management framework will ensure that climate impacts are considered in decision making as this is a part of the Effective and Efficient Outcome in the Adult Health and Social care vision and strategy.

5.4.2 The performance management framework will therefore be tasked with measuring the achievement of the service in the delivery of this ambition and identifying actions as and when performance falls short.

## **6.0 ALTERNATIVE OPTIONS CONSIDERED**

6.1 Alternative options have been considered and the options are:

6.2 Option 1 - Option 'to do nothing' and not update the care governance or performance management framework. However, this would mean that the frameworks do not evolve to meet the changing needs of the service or the people who use it.

6.3 Option 2 – Delay approval to enable further learning, benchmarking, and engagement. Benchmarking, learning, engagement, and review will take place on an ongoing basis to ensure it delivers what matters to people of Sheffield and is responsive to changing circumstances. Further changes will be captured in the next iteration of these frameworks.

## **7.0 REASONS FOR RECOMMENDATIONS**

7.1 The updated Care Governance Strategy, Performance Management Framework and Cycle of Assurance, will ensure significant further improvements are made in the following areas:

- People who use our services and family members and carers have a voice, are central to the planning and development of adult social care services.

- Improving wellbeing and population outcomes, quality of life and experiences for individuals, their carers, and families remains central to our priorities and focus.
- Our supports and services are high performing, compliant with legislation, of excellent quality and are positively received by individuals and families.
- Our workforce is valued, engaged, and feels empowered to continuously develop practice and delivery of social care services.
- Our resources are used effectively and efficiently across Adult Social Care.
- We are prepared for pending CQC assessment which is being introduced in 2023

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# Adult Care and Wellbeing Care Governance Strategy



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## Why Governance Matters

Local Government is run for the benefit of the public, so it is important that we work to a culture of openness and ethical values in our leadership and personal behaviour. Strong governance will ensure these values are embedded and understood across adult health and social care.

This document is our commitment to maintaining an excellent standard of care governance for Adult Care in Sheffield and supports delivery of the Adult Social Care Strategy. This includes the full scope of services we provide and commission across Sheffield:

- from how we respond to serious incidents to how we determine our long-term strategy
- from how we set standards through our practice principles to how we recruit and retain a workforce dedicated to those principles
- from how we manage our resources responsibly to how we ensure fairness and inclusion
- from how we innovate and test new ideas to how we listen and respond to feedback.

Care Governance defines how we are accountable for our services and for providing the highest standard of social care *and* sets out our processes for continuously improving the quality of our services, so that individuals and their families have positive experiences of social care.

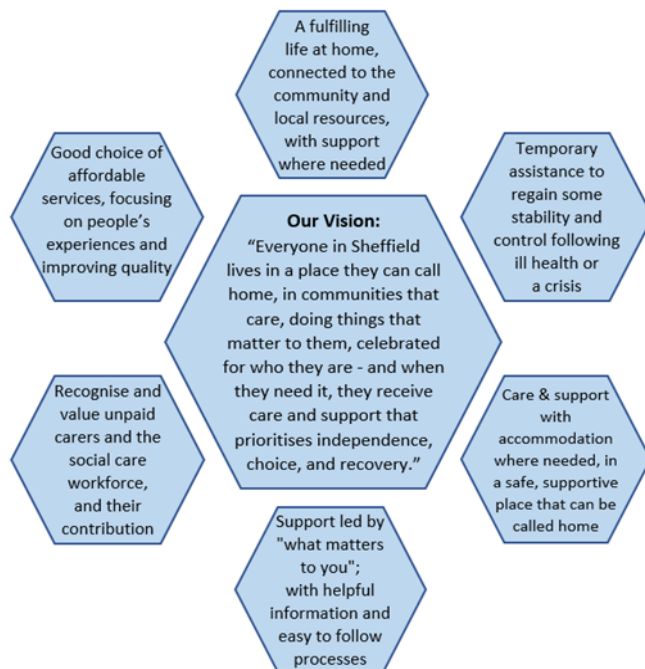
Our Vision for Adult Care, and our commitments to deliver that strategic vision, are set out in the diagram below.

Each commitment links to personal outcomes defined by “Think Local Act Personal”, embodied in the commitment to make sure support is led by “what matters to you.”

Care Governance enables us to test how well we are doing in delivering this vision and how well we are keeping to these commitments. It does this by establishing how we measure our performance on the things that matter to people, it will identify who is responsible for reporting on and improving our performance, and who we will work with to design and deliver those improvements.

In a vast and complex system, Care Governance keeps our focus on improving the quality of life and outcomes for the population of Sheffield and improving the performance of all of our adult social care services in the City.

This Strategy sets out how we will bring the service and our partners together in support of the agreed principles that underpin excellent quality adult social care. It builds on the commitments we have made to the people of Sheffield and sets out a clear structure and process to support the delivery of our priorities.



## The Care Governance Framework

Five Domains provide the building blocks to ensure openness, transparency and accountability for performance and people outcomes and the delivery of a high performing Adult Care and Wellbeing service.



For each of these domains there are specific duties, criteria, and ways of working that we hold under continual review. In a context of limited resources, it is vital that each domain communicates and collaborates with the wider system. For example, the lessons learnt through monitoring quality and risk management needs to inform our workforce strategy and business planning.

The Social Care Institute for Excellence (SCIE) identifies the key principles fundamental to good governance. These are:

- a clear focus on the organisation's purpose and outcomes for service users
- clarity about roles and functions
- managing risk and transparent decision making
- engaging with key stakeholders
- ensuring accountability.

This governance framework seeks to embed these principles across each of our domains.

## **Listening and Engaging**

Underpinning each domain are the ways we listen and engage with people who use our services, their families, and unpaid carers, our workforce, our partners, and the public. This is a critical part of commitment to delivering excellent quality and accessible support and our duty to advance equality and eliminate discrimination.

Our core principle is that we co-design our developments and delivery of supports with individuals and their families and unpaid carers and ensure we have robust ways of engaging with citizens of Sheffield, our partners, and our collective social care workforce across Council and Commissioned Services.

Encouraging feedback and open discussions is the most effective way of continuing improving adult social care services and designing changes for the better based on what matters to people. The Care Governance framework will build in the means of recording and reporting the opinions of people with first-hand experience and who are experts by experience.

## **Openness and Accountability**

Openness and honesty are important to us and are one of the Council's core values. The Adult Health and Social Care Policy Committee is where the key decisions are made. All decisions are made in public and published on-line.

Adult Care and Wellbeing is part of a wider system and in order to ensure the service is connected and accountable to its key stakeholders specific structures exist to formalise and strengthen the service's commitment to joined up working in the following areas:

1. Joint Quality Assurance Committee – joint work with Health and Social Care system partners to drive quality across the system
2. Joint Efficiencies Group – partnership between Adult Care and Wellbeing, the Integrated Commissioning Board (ICB), wider Health colleagues and the Finance and Commercial Services to improve the financial sustainability of Adult Care and Wellbeing and Health services in Sheffield
3. Strategy Board – to support the involvement of strategic partners in strategy development including integration and prevention
4. Sheffield Wellbeing Outcomes Steering Group - a multi-agency group established as a way of bringing partners together around a focus on outcomes for the citizens of Sheffield

## Improving Quality, Performance and Outcomes

This domain is designed to measure progress towards the delivery of our vision and strategy and specifically the 5 outcomes; *Active and independent*; *Safe and Well*; *Connected and engaged*; *Aspire and achieve*; and *Effective and Efficient*.

It incorporates the Performance Management Framework, the Care Quality Framework and the Practice Quality Framework. It is designed around the 4 parts of the improvement lifecycle:

1. Did we make a difference?
2. Why did we have the impact we did?
3. Action planning
4. Review

Key indicators will provide the measures for how well we are doing and where we can improve.

- Practice Principles and Standards for Quality Care will be co-developed for application across the sector so that people know the standard of the service which should be delivered no matter who the provider is.
- Co-developing standards which ensure equality of access to services and enable delivery of culturally appropriate care and support.
- Audits of practice will ensure our strengths-based approach is applied, people are enabled to live more independently, good work is recognised, and best practice shared.

- New ways of listening to people, including capturing regular feedback, and engagement with forums, which represent individuals and carers views will identify issues from a customer experience perspective supporting continuous improvement.
- Analysis of how we achieve population and performance outcomes will be focussed on:
  - ✓ Could something have been done earlier if the right information was available?
  - ✓ Was there an opportunity to enable individuals to achieve independent life?
  - ✓ How can we use learning to continuously improve services?

## **Safety and resilience**

The Risk and Resilience domain ensures the service retains a strong focus on the governance arrangements for keeping people safe.

This domain provides a framework to ensure that appropriate arrangements are in place regarding safety through all tiers of the service including

- Safe systems and practice
- Safeguarding governance
- Business Continuity Planning
- Health and Safety
- Information Management
- Risk management

As part of this we will embed learning from serious incidents, complaints, and audits to prevent recurring harm.

## **Valuing our Workforce and Our Leaders**

Our approach is to value our workforce and our leaders. We will develop a Framework with partners which sets out how we will enable an engaged, informed, confident and capable workforce and leaders who feel valued and empowered to make a difference in adult social care.

This includes a:

- Workforce Strategy and Development Plan, approved by Committee in March 2023, focused on an analysis of our workforce requirements, recruitment, retention, and training across Council and all commissioned providers.
- Focus on delivery of the Workforce Strategy including a robust approach to the recruitment and retention of a diverse care workforce so that individuals are supported by a workforce that reflects the population of Sheffield, reflects their cultural preferences, and delivers culturally appropriate care.
- Joint approach with health and wider partners to enable development of clear career pathways and opportunities across the City.
- Leadership framework which enables development of capable, inclusive, and compassionate leaders across Sheffield.
- Engagement statement which sets out our approach to engagement and involvement of our workforce in the design and development of social care.
- Wellbeing statement about how we promote wellbeing of our care workforce across Sheffield.

## **Legal compliance**

A key function of any governance framework is to provide assurance around legal compliance including adherence to statutory requirements as well as to the organisations own constitution and standing orders.

This domain describes the various legal duties of the service, how they are discharged and the accountability framework for each. This links to the Performance Quality and Outcomes domain and will provide assurance in relation to the forthcoming Care Quality Commission (CQC) regulatory assessments of Local Authorities.

This domain also sets out local decision making, escalation and de-escalation processes work within the service, how these connect to the Council's corporate structures and support the Council's constitution.

## **Effective Financial and Resource Management**

The priority for Adult Care and Wellbeing will always be about enabling individuals and their carers to achieve positive outcomes and promote wellbeing.

Alongside this its important that we manage the resources and funding we have as effectively and efficiently as possible so that we can demonstrate best value and use of



our resources to promote wellbeing and discharge our duties. Our Financial and Resource Management framework sets out what good financial and resource management looks like at a *strategic, tactical* and *operational* levels.

This includes:

- Monitoring our establishment across all social care to enable robust reporting.
- Monitoring spending as an integral part of our regular reports on Performance and Risk
- Controls and accountability for purchasing services, recruitment, and provider payments
- Value for Money reviews of commissioned and council run services
- Transparency on individual contributions to care as a vital part of sustainable services
- Financial oversight and budget setting for the future under the Business Planning Cycle.
- Quarterly reporting on financial recovery progress and development of sustainable services.

## Cycle of assurance

The Adult Care and Wellbeing Cycle of Assurance framework sets out how reports and updates are escalated through the service on a routine basis in order provide assurance about the activity and compliance of the service and to escalate risks and share updates.

The cycle of assurance is structured around the domains of the Governance Strategy, it describes the frequency and flow of reporting for each of the different aspects of the framework, and is updated continually to reflect the reporting requirements of the service strategies/ action plans of the time.

## The Role of the Adult Health & Social Care Strategic Partnership Board

Ownership of the Care Governance Strategy will sit with the Adult Social Care Strategic Board and the Adult Health and Social Care Committee.

The Adult Social Care Board is chaired by the Director of Adult Health & Social Care and an Executive Member and attended by the Chair of the Sheffield Safeguarding Board, the Directors for Commissioning, Finance, Housing, Communities, Children & Families, as well as representatives from the NHS, Voluntary Sector, and Independent Sector.

The Board also has prioritised implementation of a Citizens Board to ensure the voices of individuals and carers and the public are central to how we implement our Strategy and delivery of adult social care. Our priority is to ensure we embed co-production and co-design as core to how we develop and deliver social care.

As well as owning the delivery of the Adult Social Care Strategy for Sheffield and development of partnerships, the Board will provide oversight of our performance in delivering improved outcomes for the people of Sheffield.

The Adult Care and Wellbeing Strategic Partnership Board will sit within the wider governance structure in Sheffield and will connect with policy makers and strategic planners, as well as linking with partners and executive management.

The Board is accountable to democratically elected members of the Council and to Sheffield's Health and Wellbeing Board – a partnership between the Council and the NHS formed to deliver a joint approach to tackling health inequalities for people of all ages.

A review of the Strategic Partnership Board will be undertaken with the Committee during the 2023 to ensure it continues to provide the right foundations for future governance and partnership working.

## What We Will Do Next

Our Care Governance Framework will continue to be developed, improved, and embedded across our service.

In 2023/24 further work will be required to formalise the safety and resilience and legal compliance domains. In addition work will be undertaken to make use of external assurance by accredited organisations such as *ISO9001* and *Investor In People*.

Significant progress will also be made to the development of the Listening and Engagement domain through a process of co-designed with individuals, families, carers, and our workforce.

We will continue to work with the people we support, our partners and our workforce to produce and maintain the framework in a way that is meaningful and practical, and which can provide assurances about adult social care.

Prior to the next review of the Strategy the maturity of the governance arrangements in Adult Care and Wellbeing will be evaluated against the Healthcare Quality Improvement Partnership's Ten Key Elements of Good Governance (Maturity Matrix). [FINAL-Good-Governance-Handbook-Jan-21-V9.pdf \(hqip.org.uk\)](#)

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Adult Care and Wellbeing

# Performance Management Framework



Phase 1: Version 4  
May 2023

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

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### Care Governance

Care Governance is important because it enables us to test how well we are doing in delivering our vision for Adult Care and how well we are keeping to the principles/ commitments it describes.

Our Care Governance strategy defines how we are accountable for performance and providing the highest standard of social care *and* sets out our process for continuously improving the quality of our services.

Improving Quality and Performance is one of the five domains within the Care Governance Strategy, and it defines the standards we measure quality by and the performance levels we want to achieve.

What we choose to measure our performance against will demonstrate the delivery of our long-term strategy for Adult Care, making sure we measure things that matter to people. It is important to note that the focus of the performance management framework is on the quality and performance of all Adult Care Services.

### Improving Performance, Quality and Outcomes

Three separate frameworks under the *Improving Quality, Performance and Outcomes* domain have the common goal of improving population and individual outcomes by considering three core questions:

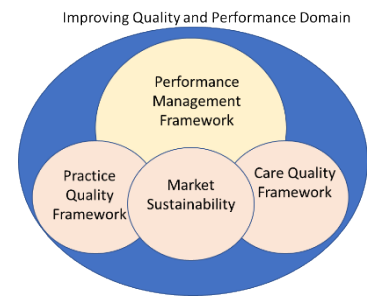
- Could something have been done earlier with the right information?
- Was there an opportunity for a more independent life?
- Has the best decision been made?

To deliver meaningful improvements, we need to go beyond measuring performance as an end in itself – we need to get behind data trends to fully understand the lived experience and feedback from individuals.

- *The Practice Framework* defines the standards we work to when assessing the care and support needs of an individual. Service improvement will be delivered by the Practice Framework at an officer level through the development of a Learning Culture.



- *The Quality Framework* defines the standards we expect from the delivery of care by all adult social care services - both our council run services and all commissioned care services. It will also define the governance arrangements for Market Management.
- *The Performance Management Framework* defines reporting responsibilities at each level of the organisation and maps the flow of reporting to drive strategic decision making. Each service area will design, and own specific and relevant key performance indicators based on activity, quality, and outcomes.



### Performance Management Framework

This document sets out the performance management framework for Adult Care in Sheffield and its close relationships with the adult social care practice quality framework, the care quality framework, and the market sustainability plan.

It describes how these elements work together to establish a system of continuous improvement and ensure continued progress towards our vision.

The Performance Management Framework does not itself prescribe the performance measures that services have to use, rather it provides a framework for Social Care Services to look at measures of success and what good looks like, aligned to our strategic, local, and national requirements, by asking:

1. What are our goals and are we meeting them?
2. Why did we have the impact we did?
3. What actions do we need to improve delivery of our goals?
4. How will we measure whether those actions were successful?

By discussing, identifying and the subsequent testing of the right measures to focus on, efforts will be driven towards the delivery of the strategy.

Through an ongoing process of challenge and review, through discussion of what the strategy means to us and the specific actions we can take to make a difference, we will develop a culture of continuous improvement for both

Performance (the effectiveness of our actions) and Quality (the experience of our customers – the people of Sheffield).

The Performance Management Framework also defines reporting responsibilities at each level of the service and establish a flow of reporting so that the information we capture is used to identify better ways of working. Service defined key indicators will provide the measures for how well we are doing and where we can improve.

### Adult Social Care Vision

The vision for Adult Health and Social Care, ***Living the life you want to live***, was approved by the Co-operative Executive on 16<sup>th</sup> March 2022. The vision sets out the **outcomes** we aim to deliver as follows.

Strategic Outcomes	What Does this Include
<b>Safe and well</b>	<ul style="list-style-type: none"> <li>- Feel safe in a place called home and protected from harm.</li> <li>- Physically and mentally well for as long as possible</li> <li>- Able to manage conditions and return to normal life as much as possible.</li> </ul>
<b>Active and independent</b>	<ul style="list-style-type: none"> <li>- Live independently and focus on increasing everyone’s independence.</li> <li>- Have control and choice over decisions that affect their care and support.</li> <li>- Simple adult social care system including advocacy for people who need help expressing their needs and wishes</li> </ul>
<b>Connected and engaged</b>	<ul style="list-style-type: none"> <li>- Connections with communities that care and support people.</li> <li>- People engaged in their community and contribute to it.</li> <li>- Unpaid carers connected to a support network</li> </ul>
<b>Aspire and achieve</b>	<ul style="list-style-type: none"> <li>- People have purpose and meaning in their lives</li> <li>- People have personal ambition, aspirations and outcomes including hobbies, interests, helping others, employment, education, or learning</li> </ul>

<b>Efficient and effective</b>	<ul style="list-style-type: none"><li>- A system that works smartly together delivering effective and quality outcome-focused services</li><li>- Good choice of services that meet individual needs irrespective of background, ethnicity, disability, sex, sexual orientation, religion or belief.</li><li>- Engaged, supported and well-trained workforce which is innovative and creative and trusted to make the right decisions</li><li>- Transparent decision-making which delivers best value and considers climate impacts</li></ul>
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The vision also sets out six **commitments** which are the guiding principles we will follow and how we will deliver our 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.
- 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.

Each commitment is backed by a series of ‘I’ statements which provide a more detailed understanding of what good will look like for each of these commitments.

Because the commitments set out how the vision's outcomes will be delivered it is important that the commitments also steer the identification of metrics employed within the performance management framework.

### CQC Single Assessment Framework

The CQC Single Assessment framework is how the Government will baseline the quality and performance of Adult Social Care Provision in the City.

It is made up of four themes (below) and nine quality statements. A mapping of the CQC framework to Living the life you Want to Live is set out at Appendix 1.

- Theme 1: Working with People - Includes assessing needs (including unpaid carers), supporting people to live healthier lives and equity of access and experience.
- Theme 2: Providing Support - Includes market shaping, commissioning, workforce equality, integration & partnership working.
- Theme 3: Ensuring Safety - Includes safeguarding, safe systems & continuity of care.
- Theme 4: Leadership Capability - Includes governance, management and sustainability; learning, improvement and innovation.

### Outcome indicators

The Adult Social Care vision sets the outcomes for social care in the City. These are our goals. The measures which will demonstrate whether these outcomes have been achieved are set out below:

Outcomes	Potential outcome measures
Safe and well	<ul style="list-style-type: none"><li>• ASCOF 4A: The proportion of people who use services who feel safe'.</li><li>• ASCOF 4B: The proportion of people who use services who say that those services have made them feel safe and secure.</li><li>• I Statement: I am resilient and have good mental health and wellbeing.</li></ul>

<p>Active and independent</p>	<ul style="list-style-type: none"> <li>• ASCOF 1B: The proportion of people who use services who have control over their daily life.</li> <li>• ASCOF 2A (1): Long-term support needs of younger adults (aged 18-64) met by admission to residential and nursing care homes, per 100,000 population.</li> <li>• ASCOF 2A (2): Long-term support needs of older adults (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population.</li> <li>• ASCOF 1G: The proportion of adults with a learning disability who live in their own home or with their family.</li> <li>• ASCOF 1H: The proportion of adults in contact with secondary mental health services living independently, with or without support.</li> <li>• ASCOF 3D (1): The proportion of people who use services who find it easy to find information about support.</li> <li>• I Statements:             <ul style="list-style-type: none"> <li>○ I know what services are available and can make informed decisions.</li> <li>○ I know where to go and get help.</li> <li>○ I know that I have control over my life, which includes planning ahead.</li> <li>○ I know that I have some control over my life and that I will be treated with respect.</li> <li>○ I can make a choice on whether I move into a care home, and where and with whom I live.</li> <li>○ I can manage money easily and use it flexibly.</li> <li>○ I can have fun, be active, and be healthy.</li> <li>○ When I need support, it looks at my whole situation, not just the one that might be an issue at the time.</li> <li>○ We start with a positive conversation, whatever my age.</li> <li>○ I have a conversation with someone who understands me.</li> </ul> </li> </ul>
<p>Connected and engaged</p>	<ul style="list-style-type: none"> <li>• ASCOF 1I(2): Proportion of carers who reported that they had as much social contact as they would like</li> </ul>

	<ul style="list-style-type: none"> <li>• ASCOF 3B: Overall satisfaction of carers with social services</li> <li>• ASCOF 1D: Carer-reported quality of life</li> <li>• ASCOF 3C: Proportion of carers who report that they have been included or consulted in discussion about the person they care for</li> <li>• ASCOF 3D (2): The proportion of carers who find it easy to find information about services.</li> <li>• I Statements:             <ul style="list-style-type: none"> <li>○ I know what services and opportunities are available in my area.</li> <li>○ I am confident to engage with friends/support services.</li> <li>○ I am listened to and heard and treated as an individual.</li> </ul> </li> </ul>
Aspire and achieve.	<ul style="list-style-type: none"> <li>• I Statements:             <ul style="list-style-type: none"> <li>○ I feel that I have a purpose.</li> <li>○ I can have fun, be active, and be healthy.</li> <li>○ I am seen as someone who has something to give, with abilities, not disabilities. I get support to help myself.</li> <li>○ I have balance in my life, between being a parent, friend, partner, carer, employee.</li> </ul> </li> </ul>
Efficient and effective	<ul style="list-style-type: none"> <li>• ASCOF 3A: Overall satisfaction of people who use services with their care and support.</li> <li>• I Statements:             <ul style="list-style-type: none"> <li>○ I deal with people I know and trust that are well-trained and love their job, respect my expertise, and can make decisions with me.</li> <li>○ The system is easy to navigate.</li> <li>○ I only tell my story once unless there are changes to 'what matters to me'.</li> </ul> </li> </ul>

Some of the key data to be included in performance monitoring such as targets, trends, benchmarking, and explanations is set out in Appendix 1

### Performance Metrics

To understand performance requires the use of three simple interrelated questions (from the first two parts of the improvement cycle):

Improvement cycle	Performance questions
1. What are our goals and are we meeting them?	<ul style="list-style-type: none"><li>• Did we make a difference (outcomes)?</li></ul>
2. Why did we have the impact we did?	<ul style="list-style-type: none"><li>• Was this because of how much we did (service activity),</li><li>• Was this because of how well did we do it (quality)</li></ul>

The Vision has set the outcomes for Adult Health and Social Care and the outcome indicators are set out in section 6.

Performance conversations will provide the hypothesis for why delivery of each outcome is as it is. The metrics we choose to measure our progress in improving that outcome (quality, or 'how much') will depend on the hypothesis and so may change over time, as our understanding of the factors influencing the outcomes changes over time.

For this reason the activity and quality metrics by which we measure progress towards delivery of these outcomes will not be defined by this framework document. They will be the temporary products of an ongoing improvement process undertaken through ongoing performance conversations.

Discussing the three performance questions, reviewing the data, putting forward a hypothetic narrative to answer the questions based on the data, identifying appropriate indicators based on the working hypothesis, action planning for improvement, and then reviewing metrics and outcomes to test whether our hypothesis was correct. This is the process through which we develop our understanding of how our performance moves us towards our vision.



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## Quality Metrics

The outcome indicators which tell us whether we are delivering on our strategy are set out in this document. As set out in the previous section the performance metrics will be identified through the process of performance conversations or clinics. These metrics may be volume or quality metrics.

Whilst volume metrics are readily available from the case management system, quality metrics are more subjective and will be generated at least in part through the Practice Quality and Care Quality Frameworks.

Both quality frameworks have three common elements:

1. What good looks like – expected standards and behaviours
2. How we measure quality – persons voice, standards met and individual outcomes (captured from case file audits, observation, complaints etc)
3. How we use that information to drive improvement – 1-1, peer review, CPD etc

There is a close relationship/ overlap between the performance management framework and the quality frameworks for two key reasons:

- The Performance Management Framework is dependent on the function of the Quality Frameworks to generate quality metrics which can then be used to understand how quality is driving the delivery of outcomes and progress towards our vision.
- The Quality Framework adopts the same improvement cycle as the performance management framework and can therefore be seen as an



equivalent continuous improvement process, taking place at a different tier of the organisation, closer to the front line.

### Performance Improvement at each tier of the service

Performance improvement, based on the improvement cycle in section 7 is only effective if it is undertaken at each tier of the organisation and if the cycles taking place at each tier are joined up with each other.

Only front lines teams have first-hand experience of the interactions that take place with the person and can make a difference directly to those interactions. Only senior teams can look across the service and affect how resources can be used differently to improve outcomes for more people. The connectedness of these conversations and the flow of information up and down the service is therefore vital for effective and coordinated improvement across the service.

Whilst all four parts of the improvement cycle must take place at each tier of the service, they may take place in different ways at different tiers. Each service will operate in a slightly different way depending on the work context. The table below describes the structures and mechanisms for undertaking the performance cycle at each tier of the directorate.

Component parts of the performance management framework

	Individual workers	Operational Teams	Service Areas	Directorate/ Committee
<i>Lead officer:/ reporting flow:</i>	<i>Team Manager</i>	<i>Service Manager</i>	<i>Assistant Director</i>	<i>Director / AD Care Governance</i>
<b>Did we make a difference?</b> (outcomes)	Person – level outcomes from individual case review	Quality data- case file review data, care quality data etc.	ASCOF outcomes, statements, Provision mix	ASCOF outcomes, statements, Provision mix
<b>Why did we have the impact we did?</b> (metrics)	Case file review discussions, Peer review etc.	Team meetings/ performance discussions	Service level performance clinics	Directorate performance clinics
<b>Action planning</b>	PDR, 1-1	Improvement plans, action plans	Business Management Improvement plans (BMIP)	Business Management Improvement plans (BMIP), Service Plans
<b>How do we measure/ review</b>	PDR review, 1-1, contract review	Locally held performance data	Service dashboard	Assurance dashboard

It is the responsibility of the lead officer to ensure that performance conversations are taking place at their tier of the service on a monthly basis. It is also the responsibility of the lead officer to:

1. Identify and collate the performance information which will form the basis of the performance conversation (supported by the BI Team)
2. Agree and set targets for the team/ service.
3. Ensure the resulting actions are documented appropriately and monitored.
4. Provide the escalation of learning (reporting flow) into the next tier by participating in the conversation at the next tier.
5. Provide communication of key themes and actions from conversations to their team through standard communication routes e.g., the staff bulletin.
6. To undertake routine monthly monitoring of a dashboard of indicators for the service to provide assurance of key indicators on a frequent basis and an opportunity for rapid escalation should performance be materially above or below target.

The Care and Wellbeing Service Cycle of Assurance describes how data flows through the service in accordance with routine reporting cycles. Performance data is a part of this.

The Adult Care and Wellbeing Care Governance Board is responsible for the proper functioning of the performance and outcomes domain and for ensuring that the improvement cycle is taking place at each tier of the service. It is also responsible for:

1. Agreeing the actions arising for the directorate Business Management Improvement Plan
2. Agreeing ongoing narrative updates for the directorate self- assessment report
3. Agreeing updates to the metrics used in in the performance dashboard and setting targets.

### **Involvement and Voice**

The role of experts by experience and the feedback from individuals, families, carers, our partners, and our workforce are critical to the Performance Management framework as it is the experience and outcomes of the person which determine success.

Every opportunity will be used to ensure the voice and opinion of people are heard and acted up operationally, across services and strategically so that feedback informs the ongoing improvement of adult social care services.

To this an involvement framework will be co-designed to ensure feedback is meaningful and embedded within this framework.

## Performance Management Framework

### APPENDIX 1: Mapping of Vision/ strategy outcomes to the CQC themes and quality statements

Clinic	Strategy outcome	Scope	CQC Quality Statement	Key metrics
1	<p>Safe and well</p> <ul style="list-style-type: none"> <li>• Feel safe in a place called home and protected from harm.</li> <li>• Physically and mentally well for as long as possible</li> <li>• Able to manage conditions and return to normal life as much as possible</li> </ul>	<ul style="list-style-type: none"> <li>• Safe systems</li> <li>• Safeguarding</li> <li>• Staying well</li> </ul>	<p>Theme 3: Ensuring safety.</p> <ul style="list-style-type: none"> <li>• Safe systems pathways and transitions</li> <li>• Safeguarding</li> </ul>	<ul style="list-style-type: none"> <li>• Case file audit data on safe practice</li> <li>• Waiting lists and timescales</li> <li>• Hospital discharge and transitions performance</li> <li>• Safeguarding performance</li> <li>• Staffing ratios</li> </ul>
2	<p>Active and Independent</p> <ul style="list-style-type: none"> <li>• Live independently and focus on increasing everyone's independence.</li> <li>• Have control and choice over decisions that affect their care and support.</li> <li>• Simple adult social care system including advocacy for people who need help expressing their needs and wishes</li> </ul>	<ul style="list-style-type: none"> <li>• Practice- Assessment and review (inc FA)</li> <li>• Wellbeing independence and (targeted) prevention</li> <li>• Choice and Control</li> </ul>	<p>Theme 1: Working with people.</p> <ul style="list-style-type: none"> <li>• QS: Assessing needs</li> <li>• QS: Supporting people to live healthier lives</li> </ul>	<ul style="list-style-type: none"> <li>• Case file audit data on practice</li> <li>• Assessment timescales and review throughput</li> <li>• Timeliness and accuracy of recording</li> <li>• Care home admissions and provision mix/ benchmarking</li> <li>• Average weekly costs</li> </ul>
3	<p>Connected and Engaged</p> <ul style="list-style-type: none"> <li>• Connections with communities that care and support people.</li> <li>• People engaged in their community and make a contribution to it.</li> <li>• Unpaid carers connected to a network which supports them with their needs</li> </ul>	<ul style="list-style-type: none"> <li>• Universal community infrastructure / wellbeing services</li> <li>• Valuing and supporting carers.</li> <li>• Engagement, involvement, and co-production</li> </ul>	<p>Theme1: Working with people (part)</p> <ul style="list-style-type: none"> <li>• QS: Assessing needs (carers part)</li> <li>• QS: Supporting people to live healthier lives (wellbeing part)</li> </ul> <p>Theme 4: Leadership</p> <ul style="list-style-type: none"> <li>• QS: Learning improvement and innovation (co-production bit)</li> </ul>	<ul style="list-style-type: none"> <li>• Case file audits – carers assessments</li> <li>• Referrals to carers centre</li> </ul>

## Performance Management Framework

	<p>Aspire and Achieve</p> <ul style="list-style-type: none"> <li>• People have purpose and meaning in their lives.</li> <li>• People have personal ambition, aspirations and outcomes including hobbies, interests, helping others, employment, education, or learning</li> </ul>	<ul style="list-style-type: none"> <li>• Employment and Education (LLLS)</li> <li>• Changing Futures</li> <li>• Adults with dementia</li> </ul>		
4	<p>Effective and Efficient pt1</p> <ul style="list-style-type: none"> <li>• A system that works smartly together delivering effective and quality outcome-focused services</li> <li>• Good choice of services that meet individual needs irrespective of background, ethnicity, disability, gender, sexual orientation, religion, or belief.</li> <li>• Engaged, supported and well-trained workforce which is innovative and creative and trusted to make the right decisions</li> </ul>	<ul style="list-style-type: none"> <li>• System (health and VCS) effectiveness</li> <li>• Market Management/ care quality</li> <li>• Workforce strategy, HWB, development (care provision quality statement requires us to know our workforce)</li> </ul>	<p>Theme 2: Providing Support</p> <ul style="list-style-type: none"> <li>• QS: Care provision integration and continuity</li> <li>• QS: Partnerships and communities</li> </ul>	<ul style="list-style-type: none"> <li>• Care quality data</li> <li>• Discharge data and waiting lists/ times.</li> <li>• Waiting times/ pick up/ vacancies.</li> <li>• Retention, turnover and sickness</li> <li>• Unit costs and average productivity</li> </ul>
Page 1175	<p>Effective and Efficient pt2</p> <ul style="list-style-type: none"> <li>• Transparent decision-making which delivers best value and considers climate impacts</li> </ul>	<ul style="list-style-type: none"> <li>• Governance and VfM</li> <li>• Workforce development (learning)</li> <li>• Equality diversity and inclusion</li> </ul>	<p>Theme 4: Leadership</p> <ul style="list-style-type: none"> <li>• QS: Governance management and sustainability</li> <li>• QS: Learning improvement and innovation</li> </ul> <p>Theme 1: Working with people.</p> <ul style="list-style-type: none"> <li>• QS: Equity of access and outcome</li> </ul>	<ul style="list-style-type: none"> <li>• Cost benchmarking</li> <li>• Provision mix benchmarking</li> <li>• Access, experience, and outcomes by protected characteristic</li> </ul>

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## Adult Care and Wellbeing Cycle of Assurance Framework

### 1. Introduction

The Adult Care and Wellbeing Cycle of Assurance framework sets out how reports and updates are escalated through the service on a routine basis to give scrutiny to, and provide assurance about, the activity, risks, and compliance of the service.

The Cycle of Assurance is now structured around the domains of the Governance Strategy, it describes the frequency and flow of reporting for each of the different aspects of the framework and is regularly updated to reflect the reporting requirements of the service’s strategies/ action plans following Committee approval.

### 2. The Cycle of Assurance

Listening and Engaging
<p>To be compliant with our statutory responsibilities and make improvements the items within the cycle of assurance have identified as items of reporting to the Adult Health and Social Care Policy Committee. All items report into our Directorate, Council Leadership and stakeholder boards for challenge and scrutiny prior to reporting and are inclusive of Adult Care and Integrated Commissioning.</p>

Reporting frequency	Quality and Outcomes	Risk and Resilience	Valuing our Workforce	Legal Compliance	Finance and Resource Management
<b>Monthly</b>	CQC Readiness				Financial update and progress with financial Recovery Plan

<p><b>Quarterly</b></p>	<p>Care Quality and Practice Quality Performance</p>	<p>Risk and Resilience Performance which includes:</p> <ul style="list-style-type: none"> <li>• Risk register</li> <li>• Business Continuity/ Emergency planning</li> <li>• Health and Safety</li> <li>• Internal Audit</li> <li>• Information Governance</li> </ul>	<p>Workforce Wellbeing Performance</p>	<p>Statutory Duties Performance</p>	<p>Financial and Resource Management Framework</p>
<p><b>Biannually</b></p>	<p>Strategic Delivery Plan and Service Plans Update which includes an update on:</p> <ul style="list-style-type: none"> <li>• Equipment and Adaptations</li> <li>• Direct Payments</li> <li>• Transitions</li> <li>• Hospital Discharge</li> <li>• Adult Future Options</li> <li>• Living and Ageing Well</li> <li>• Mental Health and Wellbeing</li> <li>• Income Management and Financial Inclusion</li> <li>• Information and advice</li> </ul>	<p>Safeguarding and Ensuring Safety Delivery Plan which includes:</p> <ul style="list-style-type: none"> <li>• Making Safeguarding Personal</li> <li>• Safeguarding Adults</li> <li>• Domestic Abuse/ Violence</li> <li>• Deprivation of Liberty</li> </ul>	<p>Workforce Strategy and Practice Development Delivery Plan</p> <p>Equality and Diversity Delivery Plan</p> <p>Unpaid Carers Delivery Plan</p>	<p>Working with People Delivery Plan including an update on Early Intervention and Prevention.</p> <p>Providing Support and Commissioning Delivery Plan which includes an update on Homecare, Adult Future Options and Residential commissioned provision.</p>	<p>Better Care Fund / Joint Efficiencies with Health</p>



<b>Annually</b>	DASS Local Account including quality of care experience.	Risk and Resilience Annual Report	Carers Partnership Annual Report	Directors Assurance	Contracts and Commissioning Annual Report
	Co-production and engagement Annual Report	Safeguarding Partnership Annual Report	Direct Payments and Personalisation Partnership Annual Report	Annual Risk Register Review	
	Complaints and Compliments Annual Report	Adult Care Safeguarding Annual s11 Audit and Delivery Plan Report	Coproduction Annual Report  Workforce Annual Report		

**Openness and Accountability**

The Cycle of Assurance adheres to the Council’s openness and transparency commitment by presenting items within the Cycle of Assurance at Council Leaderships board commencing at service level with a clear flow through the Meeting governance with actions recorded and monitored escalating to the AHSC Policy Committee. Members of the public are invited to attend and contribute to the scrutiny of reports. Items within the Cycle of Assurance are returning items that have previously being presented at Committee fulfilling actions to return with updates evidenced on the Committee work programme within the public domain.

Items will typically escalate through service governance structures to corporate governance structures and ultimately to committee. The format of these updates, and whether they are pre-decision, decision, or post-decision items, will vary depending on the nature of the item.

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## Report to Policy Committee

**Author/Lead Officer of Report:**  
**Catherine Bunten – Assistant Director Adult Commissioning and Partnerships**

<b>Report of:</b>	Strategic Director Adult Care and Wellbeing
<b>Report to:</b>	Adult Health and Social Care Committee
<b>Date of Decision:</b>	14 <sup>th</sup> June 2023
<b>Subject:</b>	Adult Care Providing Support, Market Sustainability Commissioning Plan 2023 - 2025

Has an Equality Impact Assessment (EIA) been undertaken?      Yes  No

If YES, what EIA reference number has it been given? **1256**

Has appropriate consultation taken place?      Yes  No

Has a Climate Impact Assessment (CIA) been undertaken?      Yes  No

Does the report contain confidential or exempt information?      Yes  No

If YES, give details as to whether the exemption applies to the full report / part of the report and/or appendices and complete below:-

*“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).”*

### Purpose of Report:

The purpose of this report is to seek approval from Committee for the Adult Commissioning Plan 2023 – 2025. Specifically, this plan intends to ensure we meet our market sufficiency responsibilities as set out in the Care Act 2014 and provide assurance against the CQC Single Assessment Framework for local authorities and integrated care systems.

Approval for the Care Fees consultation process is also sought in line with agreement made at Committee in March 2023 to bring the consultation and planning for Care Fees in line with Adult Care business planning timescales.

The report also provides an update in relation to Adult Commissioning which includes noting an extension to care at night contract to enable an options appraisal to be completed.

### **Recommendations:**

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

1. Note progress made in relation to providing support in the City and delivering a stable care market.
2. Approve Adult Commissioning Plan for 2023 – 2025 attached at Appendix 1.
3. Approve process for Care Fees business planning and process for consultation on care fees for residential services for financial year 2024/2025.
4. Note the extension of current care at night service until March 2024.

### **Background Papers:**

- [AHSC Policy Committee Report: Commissioning of Citywide Care at Night Services, 19th December 2022](#)
- [AHSC Policy Committee Report: Market Sustainability: Adult Social Care Fee Rates 2023/24, 16th March 2023](#)
- [AHSC Policy Committee Report: Market Oversight and Sustainability - Adult Social Care, 8th February 2023](#)
- [AHSC Policy Committee Report: Recommissioning Homecare Services, 15th June 2022](#)
- [ASHC Policy Committee Report: Transforming Care Homes for Citizens of Sheffield, 8th February 2023](#)
- [AHSC Policy Committee Report: Approval to recommission Supported Living, Respite and Day Services provision for Working Age Adults, 21st September 2022](#)
- [AHSC Policy Committee Report: Sheffield All-Age Mental and Emotional Health and Wellbeing Strategy, 8th February 2023](#)
- [AHSC Policy Committee Report: Personalisation and Direct Payments Strategy, 19th December 2022](#)
- [AHSC Policy Committee Report: Unpaid Carers Delivery Plan, 19th December 2022](#)
- [AHSC Policy Committee Report: Development of a new Information, Advice and Guidance Platform, 19th December 2022](#)
- [AHSC Policy Committee Report: Sheffield Care Sector Workforce Development Strategy 2023 - 2026, 16th March 2023](#)

- [AHSC Policy Committee Report: Coproduction and Involvement Update, 19th December 2022](#)

**Appendices:**

- Appendix 1: Market Oversight and Sustainability Plan
- Appendix 2: EIA

<b>Lead Officer to complete: -</b>	
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>Laura Foster</i>
	Legal: <i>Patrick Chisholm</i>
	Equalities & Consultation: <i>Ed Sexton</i>
	Climate: <i>Catherine Buntun</i>
<i>Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.</i>	
2	<b>SLB member who approved submission:</b> <i>Alexis Chappell</i>
3	<b>Committee Chair consulted:</b> <i>Councillor Angela Argenzio</i>
4	I confirm that all necessary approval has been obtained in respect of the implications indicated on the Statutory and Council Policy Checklist and that the report has been approved for submission to the Committee by the SLB member indicated at 2. In addition, any additional forms have been completed and signed off as required at 1.
	<b>Lead Officer Name:</b> <i>Catherine Buntun</i> <b>Job Title:</b> <i>Assistant Director Commissioning and Partnerships</i>
	<b>Date:</b> <i>05/06/23</i>

## 1. PROPOSAL

- 1.1 Our [Adult Health and Social Care Strategy](#) and accompanying Delivery Plan were approved in 2022 to set out our vision for 2022 to 2030. Called 'Living the life you want to live', it is about how we work together to help the people of Sheffield to live long, healthy and fulfilled lives.
- 1.2 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.
- 1.3 In delivering upon this vision and our strategic outcomes, a priority is securing sufficient care and support provision that meets the needs of our population is a statutory requirement for all Local Authorities. This duty, as set out in Section 5 of the Care Act 2014, recognises that “high quality, personalised care and support can only be achieved where there is a vibrant, responsive market of services available”.
- 1.4 The Care Act places duties on local authorities to promote the efficient and effective operation of the market for adult care and support in the local area. In fulfilling this duty, local authorities must therefore ensure good oversight and understanding of the local care market. This covers both commissioned and non-commissioned services – including those used by self-funders.
- 1.5 Local authorities should shape the market to provide an offer of high-quality provision from lower level and preventative services within communities, through to 24-hour care and support in a care home setting.
- 1.6 In doing this, the local authority should ensure that the market is stable, and diverse; enabling choice for people who might need services. This should also include contingency planning and providing a robust response in the event of provider failure and thereby minimising any impact on people using the service.
- 1.7 In addition, the [Health and Care Act 2022](#) gave the Care Quality Commission (CQC) new powers to allow an assessment of care at local authority and integrated care system level. The CQC will use a [new single assessment framework](#) to assess how well local authorities meet their duties under the Care Act 2014 and will in particular consider the themes of: Access, Commissioning, Market Shaping, Workforce, Personalisation which are all relevant to Adult Commissioning.
- 1.8 The relevant CQC Theme which relates to Commissioning activity : [Providing Support - Care provision, integration and continuity](#). This sets out achievement of a Quality Statement - *We understand the diverse health and care needs of people and our local communities, so care is joined-up, flexible and supports choice and continuity*.
- 1.9 The Adult Commissioning and Partnerships service is responsible for Market Oversight and Providing Support in Sheffield, and our commissioning plan seeks to ensure that we have a:

- Good variety of care providers, resilient provision and there is sufficient capacity to meet demand now and in future.
- Sufficient supply of services that are sustainable, affordable and provide continuity for people with minimal disruption in the event of providers exiting from the market.
- A range of safe, effective, high-quality services and service types for people to choose from. This includes unpaid carers and those who fund or arrange their own care.
- Sufficient investment in our workforce to enable the attraction and retention of high-quality care staff.
- Evidence of innovation and service diversity to evolve and meet changing needs of individual's and carers.
- A city and system that is attractive to new market entrants and able to manage and offset the impact of future market changes.

1.10 Over the past year, we have made considerable strides in improving our local offer and delivering upon these ambitions. Adults Social Care, together with our partners, has supported and delivered several key activities in 22/23 to continue to secure and improve the provision of care and support.

1.11 Achievements in relation to delivering a range of high-quality services include setting out a [Care Quality Framework](#) and:

- [Recommissioning of homecare services](#), which has led to a stabilisation of the Market and with implementation this year all commissioned homecare services will be rated as Good or above by CQC by October 23.
- [Recommissioning of day activities, respite, supported living and enhanced supported living](#) for working age adults which has led to stabilisation of the Market and with implementation all providers rated as Good by October 23.
- [Recommissioning Somewhere to Assess Beds](#) as part of a planned improvement programme to support hospital discharge.
- Minimal exits from the Market over last 6 months, leading to minimum disruption for individuals.
- Minimal number of residential providers rated as at risk, leading to minimal disruption for individuals.

1.12 Achievements in relation to leading and planning strategically to deliver improved outcomes for people include:

- [Market Shaping Statements – Short Term Care \(Jun 22\), Adult Care \(Sept 22\), Housing with Support for Adults with a Learning Disability \(Sept 22\), Mental Health \(Sept 22\), Technology Enabled Care \(Nov 22\), Living and Ageing Well \(Mar 23\)](#)
- [Residential Transformation Programmes](#) – Establishing a framework for transforming our residential provision across Sheffield in partnership with individuals, carers, health and providers.

- [Developing the Market](#) - Development of supported living and overnight short breaks accommodation for young people in transition; pilots and tests of change to develop innovation through technology enabled care and new ways of working with health to reduce need for out of area placements.
- [Strategic Developments](#) – [All Age Autism Strategy \(May 23\)](#), [All Age Emotional and Mental Health Strategy \(Feb 23\)](#), [All Age Carers Strategy Delivery Plan \(Dec 22\)](#), [Direct Payments and Personalisation Strategy \(Dec 22\)](#), [Co-Production Strategy \(Dec 22\)](#), [Digital Strategy \(Feb 23\)](#), [Workforce Strategy and Delivery Plan \(Mar 23\)](#), Learning Disability Strategy (Planned Sept 23).

### 1.13 Adult Commissioning Priorities 2023 - 2025

1.13.1 The Adult Commissioning Plan to meet and provide assurance on our responsibilities under Section 5 of the Care Act 2014 are set out in the Market Oversight and Sustainability Delivery Plan (Appendix 1)

1.13.2 The key milestones across the whole market over the next year, aligned to the [Adult Social Care Strategy](#), [Future Design](#) and [Market Oversight Plan](#) are as follows:

Equalities and Climate Review	Review of the joint strategic needs assessment, equalities data and equalities and climate impact assessments to ensure that all projects delivered contribute to tackling inequalities and mitigating impact of climate change.
Community Connected Residential Provision	Delivery of the Strategic Review of Residential Care approved at Committee in February 23 – outcome-based community connected residential and nursing homes, including the development of a co-produced support programme for the sector, supporting commissioning strategies and procurement plans and cost of care exercise for non-standard residential provision.
Community Connected Community Provision	Implementation of new homecare, day activities, supported living and respite services contracts and as part of this development of collaborative ways of working, innovation in enabling achievement of wellbeing and joined up working with council, health, and voluntary sector,
Quality Standards and Assurance	Implementation of Adult Social Care Quality Standards, with improved reporting and governance and of new Quality Assurance tools and processes for Residential, Supported Living, Day Activities, Respite and Homecare. This also includes an early indicator of concern and escalation framework to reduce risk of provider failure and risk to individuals.
Brokerage and Recognised Providers list.	Implement new brokerage model and recognised providers list to ensure timely access to safe, high-quality care.
Technology Enabled Care (TEC)	Implementation of TEC Transformation project including the co-design of a new TEC Services Delivery Model, development of a Joint TEC Commissioning Strategy for Health, Housing, and Social Care and a test of change with Sheffield University of Care to look at proactive and preventative connected care platforms.



1.13.3 The key milestones in relation to services and functions over the next years are:

Living and Ageing Well	Development of an Independent Living Strategy and a Dementia Strategy. Partnership with health partners to undertake a review of Care at Night, Discharge and Somewhere to Assess Services to inform long term plans.
Adult Future Options	Delivery on the Autism Strategy and Learning Disability Strategy and Delivery plans including Annual Reporting. Development of an Accommodation Plan, Sensory Impairment Strategic Plan and in-house respite and short break offer for bespoke packages, development of transitions support services.
Mental Health	Delivery upon Emotional and Mental Health Strategy, Mental Health, and Wellbeing Needs Assessment. Delivery on the Promoting Independence Project and review of community-based support.
Direct Payments and Personalisation	Delivery upon Direct Payments and Personalisation Strategy including Annual Reporting and Improvement Plan. Delivery on the Direct Payment Audit process, Commissioning strategy for Appointeeships, PA Workforce project.
Advocacy	Recommissioning and delivery upon a new advocacy contract.
Unpaid Carers	Delivery upon Unpaid Carers Strategy including Annual Reporting. Development of longer-term planning for families with aging carers, working with Mencap and Gateway to review current arrangements. Joint work across the ICB on carers resource packs being available across Primary Care and wider health partners. Delivery of awareness and training on identifying and supporting carers.

## 2.0 Care Fees Process for Financial Year 2024/2025

2.1 Through [the Financial Recovery and Budget update](#) in March 2023, it was approved by Adult Health and Social Care Policy Committee to align setting of Care Fees to Business Planning timescales to enable the Adult Care Budget to be approved and achieve a sustainable Market. The Care Fees process for each type of Care delivered is set out below.

### 2.2 Homecare

2.2.1 Fee rates in 24/25 for the Care and Wellbeing Contract (Homecare provision) have been set through procurement exercises 2022/23 and anticipated contract award in 2023/24. Therefore, consultation is not proposed for the provision of these services.

2.2.2 The following formula will be used to determine annual fee uplifts applied from the second year (April 2024) of the contract and thereafter:

- 85% of the Fee Rate will increase in line with percentage increase in the national living wage as taking effect on the first Monday of the next financial year.
- The remaining 15% will be uplifted based on the CPI rate for the September prior to the increase being calculated.

- Any increase in the Fee Rate will take effect on the first Monday of the next financial year and apply for the following 12 months of the Term.
- The Authority may, at its absolute discretion, provide for an increase in the Fee Rate other than set out in the Terms and Conditions (an Exceptional Fee Rate Increase). Should the Authority decide to provide an Exceptional Fee Rate Increase, it will take effect from the next Payment Period after notification has been given to the Provider that all approvals and other necessary conditions of the Authority's internal and external governance approval's process have been received.
- Should an Exceptional Fee Rate Increase take place during a Contract Year, the Council is not obliged to undertake another increase in the Fee Rate for the following financial year as set out in paragraphs 4 and 5 of this Schedule 5.

## 2.3 Supported Living, Activities Outside The Home (Day Activities), Respite & Short Breaks

2.3.1 Fee rates in 24/25 for the Working Age Adults Framework (Supported living, activities outside the home (day activities), and respite / short breaks) have been set through procurement exercises and contract awards in 2022/23. Therefore, consultation is not proposed for the provision of these services.

2.3.2 For these services, the following formula will be used to determine annual fee uplifts applied from the second year (April 2024) of the contract and thereafter:

- 85% of the payment rate will increase in line with any increase to the National Living Wage, aligned with the industry standard proportion attributed to staff wages.
- The remaining 15% of the payment rate will be uplifted based on the CPI rate for the preceding September.
- Uplifts will be applied on the **first Monday of the new tax year**- not on the anniversary of the contract.
- If the living wage were to be frozen and/or the CPI rate were to decrease this would also be mirrored in the payment rate.
- The Council reserves the right to take an alternative course of action, for example in the event of changing circumstances, and/or as per any political decision by elected members. The Council will advise of this position as soon as it is able.

## 2.4 Care Homes

2.4.1 In 2022/23, Sheffield City Council undertook a fair cost of care exercise for 65+ residential and nursing Care Homes.

2.4.2 Following this, in 2022/23, the Council awarded an in-year uplift of £18 per week to all 65+ residential placements. This increase was maintained in 23/24, and following consultation on a proposed rate of £620 per week for 23/24 (an inflationary based uplift to the increased 22/23 rate) the Council further increased the 65+ residential rate to £630 per week.

- 2.4.3 Aligning with proposed procurement plans for Residential Care in the City, set out in the [ASHC Policy Committee Report: Transforming Care Homes for Citizens of Sheffield, 8th February 2023](#), the Council will undertake a cost of Care exercise for non-standard provision through the Summer of 2023 and will write to Care Home providers, including non-standard rate residential homes, in September 2023 with initial proposed rates for 24/25 for consideration and to provide the opportunity to feedback.
- 2.4.4 Providers will be able to provide feedback by return email or letter, via an online survey or via online consultation sessions held in September 2023.
- 2.4.5 Learning from the Fair Cost of Care exercise as well as the consultation will inform our final fee rate proposals, which will come to Committee by November 2023.

### **3.0 Commissioning Intentions Update**

- 3.1 The Council must provide care services that provide support with 'activities of daily living' for adults living in their own homes, this includes delivery of support and care to individuals during the night where this is needed.
- 3.2 Following the decision made at Cooperative Executive on 17th October 2018 to approve the joint management and commissioning of a Care at Night Service, the service was subsequently procured jointly by Sheffield City Council and formerly NHS Sheffield CCG (now South Yorkshire Integrated Care Board (SY ICB), Sheffield place), with the ICB leading the procurement exercise.
- 3.3 The successful Provider via contract award was Green Square Accord (formerly Direct Health), until the contract was novated over to Bluebird in December 2021 in response to Green Square Accord giving notice to terminate and ending the contract. Since this time Bluebird have continued to be the sole provider of the service.
- 3.4 On 19<sup>th</sup> December 2022, the Adult Health and Care Policy Committee noted the extension of the existing contract for the provision of Care at Night service to 30<sup>th</sup> September 2023. This extension, permitted within the existing commissioning strategy, was awarded to support a review of Care at Night activity and demand.
- 3.5 The Council and SYICB, Sheffield Place are working collaboratively to develop an options appraisal for the future provision of Care at Night services based on the foundations of outcome-focused and strength-based practice, and where individuals and families have positive experiences of care.
- 3.6 Whilst the options appraisal is being completed, an extension, within the existing commissioning strategy, has been provided for the current contract for a period of 6 months to March 2024 to maintain service stability over winter.

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

- 4.1 This proposal supports a broad range of strategic objectives for the Council and city and is aligned with "[Our Sheffield: One Year Plan](#)" – under the priority for Education Health and Care; Enabling adults to live the life that they want to live and the Councils Delivery Plan approved at Strategy and Resources Committee on 30<sup>th</sup> August 2022 and the Strategic Framework approved on 31<sup>st</sup> May 2023 relating to preparation for CQC.
- 4.2 Market sustainability, alongside the Care Governance Strategy, and the Care Quality Framework are key to the delivery of the Council's statutory responsibilities for Adult Social Care including the following outcomes for the people of Sheffield:
- promotion of wellbeing
  - protection of (safeguarding) adults at risk of abuse or neglect
  - preventing the need for care and support
  - promoting integration of care and support with health services
  - providing information and advice
  - promoting diversity and quality in providing services
- 4.3 This proposal also meets the 'Efficient and effective' outcome set out in the Adult Social Care Strategy. Effective Market Shaping should ensure that people have a choice of good services that meet their needs and give them a positive experience regardless of their background, ethnicity, disability, sex, sexual orientation, religion, or belief.

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

- 5.1 The Adult Social Care Strategy, which has informed our commissioning intentions, was developed through significant consultation over an 18-month period. This involved people receiving services, carers, providers, partners, and workforce across the sector.
- 5.2 In 2023 the Adult Care and Wellbeing *Citizen's Involvement Project* is exploring ways to involve people in shaping and improving adult social care in Sheffield. It is delivering a *Festival of Involvement* during June and July which will explore what involvement looks like including themed events and activities. The thematic sessions are Safeguarding; Care homes; Local Account; Adult Future Options framework; Technology enabled care (TEC); Adult Future Options accommodation plan; Neighbourhood support for older people in need of social care; and Community Performance Clinic Pilots.
- 5.3 Commissioning milestones and priorities will be further updated on the outcome from the learning and feedback from the Festival of Involvement and Directorate plan.

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

### **6.1 Equality Implications**

6.1.1 As a Public Authority, we have legal requirements under the Equality Act 2010. This includes the Public Sector Equality Duty, under which public authorities must, in the exercise of their functions, have due regard to the need to:

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

6.1.2 The broad ambitions set out above are consistent with The Duty. These include promoting independence and wellbeing and for people to be actively involved in the design of their own support; envisaging a range of different types of provision envisaged (supported living, extra care, residential care, etc), including support for people with complex needs; aiming for preventative and community-based support, including for people with mental ill health.”

6.1.3 The Equality Impact Assessment can be found at Appendix 2.

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

6.2.1 The Council has a statutory duty to set a balanced budget. Full consideration will be given to the affordability and viability of all proposals and will include financial modelling, demand, and growth implications.

### **6.3 Legal Implications**

6.3.1 The Care Act 2014 sets out the law around market development in adult social care. It enshrines in legislation duties and responsibilities for market-related issues for various bodies, including local authorities.

6.3.2 Section 5 of the Care Act sets out duties on local authorities to facilitate a diverse, sustainable high-quality market for their whole local population, including those who pay for their own care and to promote efficient and effective operation of the adult care and support market as a whole.

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

## 6.4 Climate Implications

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

6.4.2 For example:

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

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

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

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

## 7 **ALTERNATIVE OPTIONS CONSIDERED**

7.1 Option 1 - Option 'to do nothing' and not update the Market Oversight and Commissioning Plan and to not set out the process for Care Fees in 24/25. However, this would mean that commissioning does not evolve to meet the changing needs of the service or the people who use it and is outwith business planning timescales for budget setting.

## 8 **REASONS FOR RECOMMENDATIONS**

8.1 The recommendation to approve the Market Oversight and Sustainability Update Plan arise from the Council's market shaping responsibilities and from the need to fulfil the conditions for receiving the DHSC's Market Sustainability Improvement Fund (2023-24).

8.2 The recommendation to approve the Care Fees setting process arise from the move towards aligning Care Fees setting with business planning timescales and delivery of a balanced budget for 2024/ 2025.

# **Adult Health and Social Care**

**Market Oversight & Sustainability  
Delivery Plan 2023/4**

# Adult Health and Social Care: Market Sustainability Delivery Plan 2023/4

## Our Vision and Ambitions for people of Sheffield

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

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

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

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

## Our Commitment to Market Sustainability

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

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

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

An assessment of Market Sustainability considers:

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

In 2022/23, Sheffield Council undertook a Fair Cost of Care exercise in line with the Government's Market Sustainability and Fair Cost of Care Fund conditions.



# What is Market Sustainability?

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

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

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

Market Sustainability is therefore indicated by:

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

## Provider entry and exit

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

# Statutory Duties and Regulatory Framework

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

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

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

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

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

## The CQC, in its Single Assessment Framework, will also consider the sustainability of the market through key themes:

- **Working with People** - Includes assessing needs (including unpaid carers), supporting people to live healthier lives, prevention, well-being, information & advice
- **Providing Support** - Includes market shaping, commissioning, workforce equality, integration & partnership working
- **Ensuring Safety** - Includes safeguarding, safe systems & continuity of care
- **Leadership Capability** - Includes capable & compassionate leaders, learning, improvement, innovation

# What Does Good Look Like?

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

## Leadership & Governance

- ✓ Strategic leaders, commissioners and providers work together, and evidence joined up visible and effective leadership around a shared vision and plan
- ✓ Staff, Adults, Carer and Partners feel confident about the support, leadership, and plans in place.
- ✓ Information to support people in receipt of, or purchasing care to make informed decisions and information to support providers to respond to changing needs is accessible, current, consistent, and clear
- ✓ Oversight of the market is comprehensive and identifies risks early. SCC and partners work collectively to deliver the improvements and mitigations to stabilise care

## Sufficiency & Stability

- ✓ There is sufficiency of services to ensure timely provision and continuity of care
- ✓ There is diverse range of good quality provision in the City, offering a choice in the type of support provided, and choice of who provides that care and support
- ✓ Staff retention is high, with a low vacancy and turnover rate
- ✓ The workforce is supported by fair rates of pay and high-quality training and development
- ✓ Rates cover the costs of care and reasonable profit/surplus
- ✓ Oversight of the market picks up risks, and proactive support and activity ensures continuity of care

## Quality & Outcomes

- ✓ All care provision is rated as 'Good' or better (by people with lived experience, their families and carers, by the CQC and by SCC)
- ✓ Care provision reflects the needs and preferences of people in Sheffield, and reflects the cultural diversity in the City
- ✓ Providers of care prioritise independence, using a strength based and personalised approach to maintain connections to communities and networks
- ✓ Disproportionality in access, experience and outcomes is understood and actions to address are collectively owned and monitored
- ✓ Adults and their unpaid carers are integral to service planning and their views inform continued improvements.

## Providing Support

- ✓ We will have the right balance in cost and impact of service delivery, managing our resources effectively to respond to changing demands
- ✓ Rates are 'fair', covering costs, aligning with quality, delivery best value for public money and support investment, innovation, and quality.

# Market Oversight

In addition to the CQC Market oversight scheme<sup>1</sup>, Sheffield ASC Commissioning and Partnerships lead on the quality assurance of the market working together with internal and external partners to ensure effective oversight of care provision in the City.

The contracts managed by the team include:

- Care Homes (nursing and residential) with a joint monitoring framework with SYICB (Sheffield).
- Short Term Bed arrangements (S2A, respite)
- Home Care & Extra Care schemes
- Care at Night
- Supported Living
- Day Activities
- Mental Health Providers, including Recovery Framework and Promoting Independence
- Healthwatch
- Medequip
- Sheffield Advocacy
- Trusted Assessor
- Direct Payments Support Service
- Unpaid Carers Assessment and Support Services

The Team manages the Recognised Provider List (RPL), a list of quality checked and monitored providers, including money management companies, intended to give people using their own budget assurance of the providers listed.

The Team act on intelligence received regarding non contracted providers. This includes providers who are delivering a service via a direct payment, self-funded arrangements, or through spot purchase or direct awards.

Regular reporting provides assurance on the sustainability of the market and includes monthly meetings with SYICB (Sheffield) and the Care Quality Commission Inspection Manager for the area.

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<sup>1</sup> The CQC assesses the financial sustainability of adult social care providers that could be difficult to replace if they were to fail and one or more care services stopped and gives advance notice to local authorities so they can put plans in place to ensure that people who are affected continue to receive care. This is a statutory scheme with the CQC duty to perform this role set out in the Care Act 2014.

## Care Homes and Supported Living

Care Homes and Supporting Living Providers have visits at least once in a 12-month period. Should a provider be escalated into our joint SCC/SYICB risk management process, we visit the provider and meet every 4-6 weeks to monitor against an improvement plan. We work collaboratively with the provider to ensure that changes are made to sustain positive practice going forward.

On the visits, we undertake observations of practice and delivery of support and care, as well as checking documentation such as training for staff, accidents and incidents, care & support plans. We speak to residents and individuals using the service to gain their views and input. We give feedback on the day of the visit and we send a written report with an action plan for follow up where appropriate. We build positive relationships with providers and staff to effectively support good practice and challenge poor practice to drive improvements. We undertake risk assessments following our visits and have a monitoring plan for incidents and safeguarding concerns ensuring we are able to identify problems early, preventing escalation and identify organisational abuse.

## Home Care and Extra Care

We carry out a quality visit to home care and extra care providers at least quarterly. Where there is an identified quality issue the provider may be visited more often alongside an action plan developed to improve quality.

We collate monthly key performance information from our contracted providers which is analysed and relevant performance action is taken.

Should a provider be escalated into our risk management process, we meet at least every 4-6 weeks to monitor against an improvement plan.

Progress is regularly monitored and shared with CQC .

Each week there is a Market Management discussion to review all people assessed and awaiting a package of homecare. This meeting identifies areas of the city who may have people waiting longer than the contracted timescales. Discussions are held with contracted providers with the aim to ensure timely provision of care is provided.

A monthly performance report is produced and shared with stakeholders on the above areas of work.

## Other Care and Support Provision

A new quality and budget monitoring framework has been developed for Medequip to include contract key performance indicators and quality outcomes. We hold monthly contract meetings with the provider and Sheffield SYICB (Sheffield) as a joint contract.

Quality and budget monitoring for Advocacy, Dementia Day Opportunities and Mental Health services against contract KPIs on a quarterly basis and undertaking on-site visits to view how services are delivered to meet individual needs. We also check that case management, support plans and other documentation is person-centred and focused on enabling a good quality of life and promoting independence.

## Market Sustainability Delivery Plan

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

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

**Accountable Officer:** Director Adult Health and Social Care

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

**Lead:** AD Commissioning and Partnerships

Theme / Indicator	Milestone/action	By when	RAG
A sufficient supply of services to ensure continuity of care with minimal disruption in the event of providers exiting from the market 2023/24 142	A provisional market sustainability plan to be submitted to Department of Health and Social Care outlining assessment of the sustainability of Sheffield's local care market in relation to 65+ care home services and for 18+ domiciliary care services. The provisional market sustainability plan will: <ul style="list-style-type: none"> <li>consider the results from the cost of care exercises</li> <li>consider the impact of future market changes over the next three years, particularly in the context of adult social care reform</li> <li>set out an outline action plan to address the issues identified and the priorities for market sustainability investment</li> </ul>	14 October 2022	COMPLETE
	A final market sustainability plan to be submitted to DHSC in February 2023, once budgets are agreed following the publication of the Local Government Finance Settlement 2023 to 2024. This plan to include how the Sheffield will improve fee rates.	February 2023	COMPLETE
	Undertake a full assessment of Market Sustainability including adult social care statutory duties, CQC information and returns; local data and intelligence; sufficiency and diversity in the market for different types of care, and different geographical areas; occupancy levels; equalities data and information; the financial context – including current rates of care; and workforce stability and development.	1 <sup>st</sup> March 2023	Working draft approved March 2023 document, with quarterly updates.
	Undertake a programme of engagement to cover Social Care Reform and Market Sustainability to ensure the market is prepared and enabled through the change and is able to inform Sheffield's commissioning strategies to meet the needs of adults needing care and support in the City.	February 2023	Engagement with providers through regular forums. Reforms postponed
	Development of Market Position Statements for Ageing and Living Well, Working Age Adults, and Mental Health to improve information and planning with providers	Spring 2023	GREEN
	We will be undertaking a "cost of care" exercise to include residential services for Working Age Adults and Mental Health to support a transparent and clear model for costs and standards of provision	Summer 2023	GREEN

	Work collaboratively at a regional level to develop outcome-based care standards, providing greater consistency for care providers and launching Sheffield's Care Quality Standards to support effective and 'whole market' contract management and quality assurance	Summer 2023	GREEN
	Ensure sustainable unpaid carers' support by working collaboratively with partners across health and third sector so that carers remain supported to continue in their caring role. The Carers Strategy Delivery Plan sets out a 5-year activity programme	January 2022 – December 2028	GREEN
A range of high-quality services for people to choose from	Commissioning a new Mental Health Independence and Support Framework to strengthen provision for people needing care and support in their own tenancies or accommodation through three levels of support: <ul style="list-style-type: none"> <li>Helping people to help themselves - Universal Services and Resilient Communities.</li> <li>Help when needed - Targeted Help (including crisis and reablement).</li> <li>Helping people to live their lives - Ongoing Care</li> </ul>	Autumn 2022	COMPLETE
	Commissioning a new Working Age Framework that covers Supported Living, Enhanced Supported Living and Activities outside the home. The framework will build in supports to the workforce, provide longer contract terms to promote market stability and sustainability, increase choice and diversity in the activities outside the home market and strengthen our contract management and quality oversight mechanisms	Summer 2023	COMPLETE
	Development of overseas recruitment programme in partnership with providers	Spring 2023	GREEN
	Development of new quality assurance standards and refreshed Recognised Provider List for Money Management Companies	2022	COMPLETE
	Development of new quality assurance standards and refreshed Recognised Provider List for ASC	Autumn 2023	AMBER
	Growing bespoke support arrangements, through partnership with a mixed provider market, for people arranging and managing their own care and support using Direct Payments, self-funding or joint social care and health funding	On-going	GREEN
	Sufficient investment for development of the workforce and to support retention and recruitment of high-quality care staff	Working at a system level to develop a Workforce Strategy and delivery plan to support Sheffield Care Sector	Ongoing
Transformation of Home Care in the procurement of a Care and Wellbeing Service, outcome focused care and support that supports workforce stability and moves towards improved terms and conditions for staff and Ethical Care Charter standards. Area based providers will strengthen community networks and partnership working to the benefit of people in receipt of the service. Development of 'Trusted Reviewer' model		Winter 22 – Summer 23	AMBER
Promotion and development of a Personal Assistant workforce to support people who want to recruit and manage their own support staff. This includes promoting the role, ensuring fair pay, developing rewards, incentives, and training opportunities, and creating a platform for role and job advertising through a PA register		January 2022 – March 2024	GREEN

Evidence of innovation and service diversity to meet changing user needs	Inclusion of “Innovation” lot in Working Age Adults Framework to support creativity and flexibly in the development of services, led by people in Sheffield and the sector.	Spring 2023 onwards	GREEN
	Agree Digital Strategy, including programme for TEC	Jan 2023 – April 2023	GREEN
	Development of an Individual Service Fund model to support people that require responsive, personalised, and innovative support arrangements, where Direct Payments are not an option	September 2022 – March 2024	GREEN
	As we procure, new contracts set out clear processes and approaches to fee increases to support providers in their financial planning	Ongoing	GREEN
	Review appointeeship requirements across the city and ensure our legal obligations are met	Autumn 2023	NOT STARTED
Being attractive to new market entrants and able to manage and offset the impact of future market changes	Commissioning strategies that promote longer term contracts where appropriate to encourage investment in Sheffield, develop longer term partnerships with providers, provide more stability and ability to plan: <ul style="list-style-type: none"> <li>Care and Wellbeing Service (home care)</li> <li>Working Age Adults Framework</li> <li>Accommodation with Care (residential care homes)</li> </ul>	Summer 2023	GREEN
	<ul style="list-style-type: none"> <li>Improving charging models to allow providers to plan care and provision, and use their expertise to invest in and develop best practice</li> </ul>	Summer 2023	GREEN
	Improving charging models to allow providers to plan care and provision, and use their expertise to invest in and develop best practice	Summer 2023	GREEN



# Market Oversight & Sustainability 2023/4

## Sufficiency & Stability

- We will ensure that we have a diverse range of good quality provision in the City, connected to support networks and communities, promoting choice and able to deliver personalised care and meet the needs of Sheffield's changing population profile

## Quality

- Services will provide care and support that meets the standards we would expect: effective, safe, well led and sustainable, where people have a positive experience and say that their personal outcomes are met

## Value for money

- We will have the right balance in cost and impact of service delivery, managing our resources to support investment in preventative services and to respond to changing demands.

# Direct Payments

SUFFICIENCY	
WHERE ARE WE NOW	COMMISSIONING PLAN
<ul style="list-style-type: none"> <li>• There are currently 2342 adults and children in receipt of Direct Payments.</li> <li>• 375 children receive Direct Payments.</li> <li>• Individual Service Funds (ISFs) are being developed and modelled during a 1-year pilot.</li> <li>• 21% of adults on Direct Payments use them to employ Personal Assistants.(PAs), however people report difficulty in recruitment.</li> </ul>	<ul style="list-style-type: none"> <li>• Increase the number of people using Direct Payments by 10%</li> <li>• Focus flexible support through Direct Payment options towards children and young people coming through transitions to enable them to take these forward through to adulthood, reducing the impact of support changes from Children’s to adult services.</li> <li>• Increase numbers of children receiving Direct Payments using them a range of support options.</li> <li>• Have a Framework model for ISFs with 6 different providers.</li> <li>• An agreed platform for the payment system in place.</li> <li>• Build on the ASC Workforce Strategy to enhance the PA offer.</li> <li>• Promote the role of PAs across the City.</li> <li>• Create a City-wide PA Register.</li> </ul>

QUALITY	
WHERE ARE WE NOW	COMMISSIONING PLAN
<ul style="list-style-type: none"> <li>• 25% of people who use Adult Social Care choose a Direct Payment</li> <li>• 30% Direct Payments being used to buy provider support for homecare and activities.</li> <li>• PAs are the most popular way of using Direct Payments.</li> <li>• Planning support often falls back to a time and task activity meaning that support is put in place using traditional resources.</li> </ul>	<ul style="list-style-type: none"> <li>• Create flexible everyday support options.</li> <li>• Work in partnership with the 38 providers that have expressed interest to create high quality support options.</li> <li>• Develop a quality assurance model for providers not contracted by the Council.</li> <li>• Develop support options that meet the needs of the culturally diverse communities in Sheffield.</li> <li>• Design learning and training opportunities for PAs. These will be co-produced with Individual Employers and PAs.</li> <li>• Invest in support planning development so that planning options think differently creating more innovative support options.</li> </ul>

VALUE FOR MONEY	
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## WHERE ARE WE NOW

- Circa £2m of Direct Payment money goes towards funding money management.
- Personal Budgets are calculated on actual service costs which does not promote creative solutions.
- Sleep-in rates are currently costed at an hourly rate.

## COMMISSIONING PLAN

- Deliver a range of options and support for people to build confidence in managing their own personal budgets.
- Create options for people to be able to manage their own money, including utilise the Direct Payment Support Service to support people to learn and develop the Credit Union service.
- Explore methodologies for calculating indicative Personal Budgets based on needs and outcomes.
- Produce new policy and guidance on sleep-in rates moving to fixed block rates following a change in case law.

# Living and Ageing Well: Care Homes

SUFFICIENCY	
WHERE ARE WE NOW	COMMISSIONING PLAN
<ul style="list-style-type: none"> <li>• 105 care homes. Range from small, single homes to large national organisations. A high number of care homes and providers places a significant capacity demand on quality assurance monitoring and improvement</li> <li>• Lower occupancy in recent years with oversupply of residential beds (73.55% - 89.38% occupancy). Low occupancy levels increase the risk of poorer quality provision and unsafe practices as the financial impact affects staffing, morale, and the risk of accepting residents whose needs cannot be met to increase income.</li> <li>• Growing and aging population, Sheffield will need to plan for an increase in the number of older adults being assessed for and receiving long term packages of support. By moving provision from residential settings to community packages, the complexity of needs for residents in our care homes is likely to increase – currently the market is not well placed to support higher needs residents.</li> <li>• We know we need to do more to support consistent care for people who have more complex needs – including those linked to dementia and who require 1:1 support. Providers come back to the Council where they can't meet residents' needs and support is needed so that Care Homes are able to plan and meet needs effectively.</li> <li>• 2021 financial assessment had 21% of homes in moderate – high risk of business failure</li> <li>• Since 2015, 5 homes closed related to practice, and 12 for financial reasons. There are two new homes in the City awaiting CQC registration.</li> <li>• Providers raising concerns due to fee rates, provider feedback that financial viability is worsening</li> <li>• Poor staff retention and recruitment</li> <li>• The ongoing pressures of recruitment, costs and the legacy of Covid for Older People's Care Homes has knock on impact on capacity to engage in improvement work.</li> </ul>	<ul style="list-style-type: none"> <li>• Increase occupancy rates overall, with a focus on delivering a shift from general residential beds to increasing the number of providers that can support residents with more complex needs – specifically nursing and those with dementia</li> <li>• Work to ensure sufficiency will also consider the needs and provision of short term and respite care as part of the wider health and care system and supporting people and families to keep well and be able to access the right support at the right time.</li> <li>• Invest time and support in quality improvement – focusing on achieving a stable and skilled workforce, drive up quality in the market overall through an integrated approach with quality assurance to support and hold homes to account for the care provided</li> <li>• Renew our fee rates model to support projected needs in the City and ensure choice across a sustainable and innovative market</li> <li>• Develop new contract models to innovate and develop with Care Homes that want to work with us and share the council's vision. We will investigate the costs and benefits of different contract options for care homes (e.g. block contracts, longer term contracts, framework lots)</li> <li>• As well as working with existing providers to increase capacity and quality of Care Homes in the borough, we will undertake an options appraisal for wider delivery models, including in-house management and delivery of care.</li> <li>• The care home workforce is our workforce and we will work together to deliver joint training and development opportunities</li> <li>• In partnership with the sector we will co-design a Quality and Support programme</li> <li>• Increase understanding of equalities in our OP Care Homes – with improved data collection and analysis, and mapping of provision against an EAA</li> </ul>

<h1>QUALITY</h1>	
<h2>WHERE ARE WE NOW</h2>	<h2>COMMISSIONING PLAN</h2>
<ul style="list-style-type: none"> <li>• CQC rating of good or outstanding: 93% residential and 75% nursing, better than NA</li> <li>• SCC Contract and Quality team monitoring has 1 home risk rated as 'Amber'</li> <li>• Providers report challenges with recruitment and retention of staff in all roles - as the pressures of the Covid pandemic, together with competitive pay rates in other organisations and careers impacts on workforce stability and wellbeing in the sector. High agency use.</li> <li>• The importance of digital infrastructure and capabilities in care homes has been made evident in the Covid 19 pandemic. Whilst Care Homes have responded well to this challenge, digital infrastructure across the sector could be improved:             <ul style="list-style-type: none"> <li>- <b>IT infrastructure</b> –equipment and Wi-Fi access</li> <li>- <b>Systems and Applications</b> - enabling more effective ways of working for staff, for example through risk identification and prevention tools</li> <li>- <b>Workforce Digital Capability</b> – current ICT training is basic and focussed on individual homes' systems.</li> </ul> </li> <li>• The Autumn Statement continues to promote plans to accelerate the adoption of technology.</li> </ul>	<ul style="list-style-type: none"> <li>• As part of the Residential and Nursing Care Home Strategic Review, co-produced standards for quality &amp; improvement will be implemented – with clearer expectations around data and reporting from Care Homes.</li> <li>• We will continue our multi-disciplinary approach to quality improvement and support, maximising the benefits of a cross service team with the ICB, so that when Care Homes identify, or are identified as requiring support to meet the standards we expect, the best support is available to them to deliver this.</li> <li>• A clear provider list and supporting information will enable those people who fund their own care or use a direct payment to manage their care arrangements to select providers who have been given the quality mark from the local authority.</li> <li>• We will improve our understanding of health inequalities within care homes and prioritise work to reduce and address these.</li> <li>• We will review arrangements for how placements are arranged, purchased and monitored – considering the contribution that Brokerage can make to personalised care and support.</li> <li>• There are already programmes of work related to the ASC sector workforce – and partnership working with Skills for Care, and we will feed into and support these existing programmes</li> <li>• In line with ASC Digital Strategy and Discharge funding proposals, we will map the target population(s) needs – including care home residents; families; staff; managers; commissioners; ASC and health partners to ensure that any potential resource is directed to where it is most needed, and/or where it can have most impact.</li> <li>• We will work with Care Homes to map digital infrastructure and capabilities and develop of partnership and collaborative plans to improve and maximise digital impact.</li> </ul>

# VALUE FOR MONEY

## WHERE ARE WE NOW

- The Council currently commissions in the region of 1,900 residential and nursing beds across the city, including short-term beds, at any one time. This includes all beds for older people and younger adults. The budget for this is circa £84m for 23/24.
- SCC rates are lower than regional averages, and the FCOC exercise has highlighted a significant gap between current rates and the median FCOC output
- Sheffield has a range of providers and business models – with some homes able to manage fluctuations and debt more than others.
- Several homes use top ups and higher rates for self-funders to 'balance the books'
- Local Authorities need to work with providers to ensure a 'Fair Cost of Care' model that supports a sustainable care market and protects people from unpredictable costs; offers more choice and control over care received, offers quality provision; and is accessible to those who need it.
- Care homes tend to have significantly high energy bills - primarily caused by high energy consumption, which also has a damaging effect of the environment. Helping residential care homes to identify appropriate energy efficiency options will help to reduce energy bills and improve the comfort of their residents.
- By taking steps to improve energy efficiency, care homes and nursing homes could reduce their overheads and have more money to invest into their services. They could also reduce their carbon footprint and help with environmental sustainability.

## COMMISSIONING PLAN

- We will work collaboratively with providers to set transparent and fair fees and rates, using our leverage to drive improvement in terms and conditions for the care sector workforce, and supported by a fair cost of care model.
- Engage with local Care Provider Association and others to agree process and partnership approach
- Complete analysis of the current and projected demand, against market and workforce pressures (inc self-funders and ICB funded information)
- Feed into this EAA analysis
- Review commissioning capacity and opportunities to support the system more effectively and efficiently
- Review SCC model with regional colleagues
- Review existing fee setting models and current contracts – exploring the benefits of an enhanced rate and standard rates for specialist provision
- Climate impact and energy efficiency will be taken forward using assessment tools and ensuring that Care homes are well placed to apply for any financial or other support from national or local initiatives.

# Living and Ageing Well: Homecare

SUFFICIENCY	
WHERE ARE WE NOW	COMMISSIONING PLAN
<ul style="list-style-type: none"> <li>• 85+ providers, 34 of which are contracted under framework and others through Direct Awards</li> <li>• 2,500 people in receipt of care, c39,000 care hours delivered each week</li> <li>• Approximately 1,800 care workers employed by providers.</li> <li>• The number of packages waiting at 25<sup>th</sup> May 2023 was 18, with 5 waiting over 5 days. Reasons for the low number waiting is that providers have picked up new work both in existing and new contract areas in preparation for the new Care and Wellbeing contract, and due to pilots, such as the 1600 hours winter pressures pathway.</li> </ul>	<ul style="list-style-type: none"> <li>• Procurement is live for new Care and Wellbeing model. New Homecare delivery model sees a further move towards personalised and outcome-led care, fewer providers with improved payment terms – including payment on planned hours to support provider financial planning and longer contracts to support partnership and collaborative development work.</li> <li>• Geographical alignment of support with 2-3 providers in each geographical area, operating as equal partners within multi-disciplinary and collaborative working arrangements across health and social care. It is anticipated that this will strengthen partnership working, improving monitoring arrangements, supporting provider efficiencies and sustainability, and reduce travel for care staff - and in doing so reduce our carbon footprint.</li> <li>• Transition and mobilisation planning underway to ensure continuity of care.</li> </ul>

QUALITY	
WHERE ARE WE NOW	COMMISSIONING PLAN
<ul style="list-style-type: none"> <li>• 67% of providers rated Good or Outstanding</li> <li>• Effective contract monitoring and market oversight – one provider in escalation</li> <li>• Reflecting challenges across the health and social care sector, local home care providers have been unable to recruit enough new staff, whilst also losing existing workers to other sectors, often with better pay, conditions, career pathways and/or less responsibility and day-to-day challenges - it is estimated that up to 32% of the sector do not see care as long-term career.</li> <li>• Retention is further impacted by staff leaving the workforce due to retirement or ill health: 26% of care workers in Sheffield are aged over 55.</li> <li>• The most recently available data from Skills for Care confirms annual staff turnover of 50% in the Sheffield independent sector, compared to 35% across Yorkshire &amp; Humber and 2.7% for home care workers employed by the Council. High staff turnover and workforce instability impacts negatively on the experiences of people receiving home care; increases changes in support provision; causes delay in support pick up; reduces the quality of care; and increases provider's costs.</li> </ul>	<ul style="list-style-type: none"> <li>• The new Care and Wellbeing (Homecare) Contract will embed Collective Practice Standards across Adult Social Care and Commissioned services, and will seek to drive practice that is outcome focused, strength-based, community connected and person led so that <i>all</i> social care support is focused on enabling people to live independently, live the life they want to live and have positive experiences of care</li> <li>• Within the test of Change, Managers and Care Workers have been trained on The Care Act, Outcomes Focused and Strength Based Delivery of Care. Strength Based Community engagement began in 2022 and in February 2023 we will be testing and evaluating 'outcomes focused delivery of support' and 'enablement' and introducing the 'Trusted Reviewer Model' later in the year.</li> </ul>



## VALUE FOR MONEY

### WHERE ARE WE NOW

- The budget for homecare in 23/24 is circa £41m.
- A rate of £21 per hour for a total 34,000 contracted hours per week would be a significant step for Sheffield. We anticipate that this rate – together with the move to planned care over a 7 years + 2 +1 contract and consolidation of the market will support our commissioning objectives and better outcomes for Sheffield people. We also anticipate that staff will see the benefit of an increased fee rate in their terms and conditions.
- SCC rates are comparable with regional averages. The FCOC exercise highlighted a gap between current rates and the median FCOC output, though the move to £21ph in the new contract closes this gap, with further efficiencies – especially around travel anticipated in the new contract

### COMMISSIONING PLAN

- Fee increases have been set out in the new contract.
- Delivery of the “Homecare Test of Change”, including the “Trusted Reviewer” model
- Changes to the payment and charging model. Switching from payment based on minutes of care delivered to payment based on planned care will shift the emphasis away from time and task; it will give providers more certainty and people more timely and more reliable invoices; and it will reduce complexity and improve efficiency.

# Adult Future Options

SUFFICIENCY	
WHERE ARE WE NOW	COMMISSIONING PLAN
<p><b>ACTIVITIES INSIDE THE HOME</b></p> <ul style="list-style-type: none"> <li>• 32 Supported Living providers contracted under current framework, 16 providers are contracted through Direct Awards</li> <li>• Some supported living framework providers work with a landlord (Registered Provider) to provide accommodation in a 'scheme' setting</li> <li>• There is a diverse range of small local to larger national providers</li> <li>• Framework providers currently deliver around 21,024 hours of 1:1 support to 590 people per week; and around 7,707 hours of 'shared' support to 302 people per week.</li> <li>• c1295 support workers employed by supported living providers</li> </ul> <p><b>ACTIVITIES OUTSIDE THE HOME</b></p> <ul style="list-style-type: none"> <li>• 40+ 'day service' providers. 17 are contracted through a historic partnership arrangement, the rest are via Direct Awards</li> <li>• Diverse range of providers from large building based to smaller community settings/outreach</li> <li>• 850+ adults with a disability receive 'day service' support, most have a learning disability and/or autism</li> <li>• c600 support workers are employed by day service providers</li> </ul> <p><b>OVERNIGHT SHORT BREAKS (Respite)</b></p> <ul style="list-style-type: none"> <li>• 6 providers contracted via Direct Payments/Council Arranged</li> <li>• A range of models of support from smaller 'supported living' settings to larger residential style.</li> <li>• 168+ adults with a disability receive an overnight short break, most have a learning disability and/or autism. Many have a physical disability.</li> </ul> <p><b>ENHANCED SUPPORTED LIVING FRAMEWORK</b></p> <ul style="list-style-type: none"> <li>• Contract start date January 2023</li> <li>• 13 providers on the Framework – supporting people with complex support needs in the community instead of a more restrictive setting.</li> </ul>	<ul style="list-style-type: none"> <li>• Procurement is live for a new Adults with Disabilities Framework – this is a recommission for supported living but 'day services' and short breaks will be part of the Framework for the first time.</li> <li>• A further move towards personalised and outcome-based support</li> <li>• Longer contracts to provide stability support innovation and co-production</li> <li>• Revised payment system for supported living, with a shift from geographical hourly rates now rationalised into community or discounted rates</li> <li>• Hourly rate for sleep in support has been replaced by a single payment per night</li> <li>• The new Adults with Disabilities Framework will be in place from March 2023</li> <li>• Enhanced Supported Living providers will be invited to apply for mini competitions to deliver support to individuals, and at an accommodation scheme where the contract is ending this year.</li> </ul>

# QUALITY

## WHERE ARE WE NOW

- All Supported Living providers currently rated Good
- Effective contract monitoring and market oversight – all providers rated 'green'
- Quality and Performance team conduct quality visits to supported living providers throughout the year, with at least 1 visit in a 12-month period. The areas explored during quality visits include:
  - Person centred approach: support plans and observations and conversations with individuals where possible to ensure people are supported with "What matters to them", they are supported with dignity and respect; that there are opportunities for daily enjoyment and a good quality of life.
  - Staffing: deployment, recruitment, retention and training
  - Quality assurance: incident and accidents; safeguarding alerts and complaints; managing client finances, client and family satisfaction / feedback, audits with clear action plans / follow up to make improvement.
- Similar recruitment and retention challenges to the rest of the health and social care sector. Career progression is an issue due to lack of opportunities and the poor pay differential between support workers and managers.

## COMMISSIONING PLAN

- Outcomes focussed approach for all new monitoring arrangements
- We Speak You Listen experts by experience will be involved in quality checking
- 'Day service' and short breaks providers who join the Framework will be quality monitored for the first time
- Enhanced Supported Living providers have been invited to work in partnership to co-design a self-assessment tool
- Measuring outcomes for individuals supported by Enhanced Supported Living providers will be individualised and measure against I statements

<b>VALUE FOR MONEY</b>	
<b>WHERE ARE WE NOW</b>	<b>COMMISSIONING PLAN</b>
<ul style="list-style-type: none"> <li>• For 23/24, the budget for Supported Living is c.£40million</li> <li>• For 23/24, the budget for day services is c. £5.5 million.</li> <li>• The expenditure for short breaks was c£1.8m for 22/23.</li> <li>• SCC rates are comparable with regional averages.</li> </ul>	<ul style="list-style-type: none"> <li>• Fee increases have been set out in the new contract.</li> <li>• Invoice verification process in place, to verify commissioned hours against 'actuals' in supported living. <ul style="list-style-type: none"> <li>- Ensure accurate and timely payments are made to Framework providers of; Home Care, Supported Living and Extra Care</li> <li>- Verifying, and where necessary challenge providers on support hours submitted</li> <li>- Resolve complex payment queries and historical reconciliations</li> <li>- Escalate concerns or queries regarding care hours delivered.</li> <li>- Build/Maintain positive working relationships with providers and new social work team</li> <li>- Track TUPE premium payments.</li> </ul> </li> <li>• Brokerage of supported living packages ensures that vacancy and void costs are minimised</li> <li>• Revised payment system for supported living, with a shift from geographical hourly rates now rationalised into community or discounted rates</li> <li>• Hourly rate for sleep in support has been replaced by a single payment per night</li> <li>• Work with providers to review support packages to ensure that individual outcomes are being met appropriately, identifying where there could be a reduced dependence on paid services.</li> <li>• Consider whether other providers could meet some of the needs of the individuals, for example, shopping and cleaning services.</li> </ul>

## Part A

### Initial Impact Assessment

**Proposal name**

Market Oversight and Sustainability

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

Under the Care Act 2014, Councils have a duty to ensure that there is a sustainable and affordable social care market locally. The SCC market oversight and sustainability plan sets out current arrangements, an assessment of the current sustainability of the market and our actions to continue to ensure we have a sustainable market.

Sheffield's [Market Shaping Statement](#) sets out the strategic context and key messages for the market in Sheffield to support this – setting out our vision for a sustainable market providing a diverse, high quality choice of providers to meet the needs and outcomes of adults in need of care and support in the City.

A specific Market Sustainability Plan related to the Fair Cost of Care exercise in 2022/23 was submitted to DHSC in March 2023.

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

This EIA is part of the budget planning process for 2023/24 financial year. Proposal 118 relates to external funding to meet cost pressures resulting from the fair cost of care exercise.

**Proposal type**

Budget

**If Budget, is it Entered on Q Tier?**

Yes

Q Tier reference

118

**Year of proposal (s)**

23/24

**Decision Type**

Committee (AHSC Policy Committee)

**Lead Committee Member**

Councillor Angela Argenzio

**Lead Director for Proposal**

Alexis Chappell

**Person filling in this EIA form**

Catherine Buntten

**Equality Lead Officer**

Ed Sexton

**EIA start date**

08/09/2022

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

<input type="checkbox"/> Understanding Communities	<input type="checkbox"/> Workforce Diversity	<input type="checkbox"/> Leading the city in celebrating & promoting inclusion	<input type="checkbox"/> <b>Break the cycle and improve life chances</b>
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## Portfolio, Service and Team

### Is this Cross-Portfolio

No

### Portfolio

Adult Care and Wellbeing

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

No Please specify

## Consultation

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

Yes

### If consultation is not required, please state why

Consultation will be required as specific commissioning strategies and Market Position Statements are developed, and an EIA will be completed for each of these. There will continue to be consultation with people purchasing care and support services, either independently, through the local authority, or for whom the local authority purchases and provides services.

Engagement with providers has also been completed relating to the Fair Cost of Care exercise. There will continue to be consultation with providers on Social Care Reform and Sheffield's Market Sustainability Plan, as well as in the development of our Market Position Statements and Fee rates, where appropriate and in the development of service specifications and improvements.

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

Yes

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

Yes

### If you have said no to either please say why

Throughout the Market Shaping process, staff and customers will be engaged and informed as required/relevant. Engagement sessions with 18+ homecare and 65+ care homes have been delivered through October and November 2022 to share the Fair Cost of Care exercise outcomes, and to inform our market sustainability plans and proposals.

Fee rates are linked to market sustainability, and for some people, increases to rates will impact on the contributions they make. The increase to the care home rate generally won't affect the contributions people make because placements funded at the Council's standard rate are at least part funded by the Council and so the person is already paying the maximum they can afford to pay.

There are however some exceptional edge cases, where people have sufficient funding to be self-funders and so would ordinarily contract with the care home directly at the standard market rate (which is more than the Council's standard rate). However, in these exceptional cases the Council would be contracting with the care home, funding the placement, and re-charging the person for reasons of safety / to maintain continuity of care. Therefore, for these people the increase to the Council's rate will impact on their contribution. This is fair and right - they have the means to pay - but these people will need to be notified, which will be done on a case-by-case basis because of the complexity of these exceptional cases.

With regards to homecare, we have some people whose financial contribution is not limited by their ability to pay but by the relatively low cost of their support (smaller packages). The increase to the homecare fee rates will therefore result in an increase in charges for some people. These people will be notified in of any increase in advance. We will provide an information fact sheet (budgeting, debt managing, signposting) to everyone affected and will be ready to review the financial assessment of anyone who approaches us with concerns so we can ensure that their very latest costs and assumptions are being taken into account in the financial assessment calculation.

## Initial Impact

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

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

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

## Identify Impacts

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

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

## Cumulative Impact

**Does the Proposal have a cumulative impact**

- Yes  
 Year on Year

*If yes, details of impact*

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

**Proposal has geographical impact across Sheffield**

- No

*If Yes, details of geographical impact across Sheffield*

**Local Area Committee Area(s) impacted**

- All       Specific

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

## Initial Impact Overview

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

Broadly, the proposals should have a positive impact – securing a sustainable market offering a choice of high-quality provision should have a positive impact on people's access and experience of care across protected characteristics. However, approaching market oversight and sustainability at a population level will not address any current disproportionality in access or experience.



Good engagement and taking a collaborative approach to commissioning strategies and market oversight will help to address this.

Our ambition to improve the sustainability and quality of provision, continuing to move towards person-centred, outcomes-based service delivery should have a positive impact and equalities objectives should also be achieved. Maintaining a choice of type of provision and a choice of provider for the individual and strengthening personalised care and support should ensure that people receive the best care for them – being culturally and religiously appropriate and meeting any other needs related to the protected characteristics

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

Where Fee Rates increase, this will have an impact on people who pay contributions, and whilst it is fair and right that those who can afford to pay do, and this will be applied in line with Sheffield's [Fairer Contributions Policy](#), we recognise that in the current financial context, people are facing significant cost of living pressures, and this often impacts disproportionately across the protected characteristics. **Further data and evidence are needed to understand this impact fully**

**Is a Full impact Assessment required at this stage?**

Yes

**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

Date agreed 04/01/2023

Name of EIA lead officer Ed Sexton

Update reviewed and agreed 24/01/2023

Update reviewed and agreed 01/06/2023

## 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 *if Yes, complete section below*

**Staff**

No

**Customers**

Yes

**Details of impact**

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

**Comprehensive Health Impact Assessment being completed**

No

*Please attach health impact assessment as a supporting document below.*

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

No

#### Age

**Impact on Staff**

No

**Impact on Customers**

Yes

**Details of impact**

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

Implications for the provider workforce, which includes a proportion of older workers, will be kept under review and reflected in further EIA work as appropriate. It is anticipated that moving towards a Fair Cost of Care, together with the transformative new Care and Wellbeing contract for domiciliary care and support and development work with Care Homes will support improved terms and conditions for the workforce as a whole.

#### Disability

**Impact on Staff**

No

**Impact on Customers**

Yes

**Details of impact**

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

## Pregnancy/Maternity

### Impact on Staff

Yes

### Impact on Customers

No

### Details of impact

The significant majority of care staff are female. It is anticipated that moving towards a Fair Cost of Care, together with the transformative new Care and Wellbeing contract for domiciliary care and support and development work with Care Homes will support improved terms and conditions for the workforce as a whole.

## Race

### Impact on Staff

Yes

### Impact on Customers

Yes

### Details of impact

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

## Religion/Belief

### Impact on Staff

No

### Impact on Customers

Yes

### Details of impact

Market shaping and development – with improved focus on outcomes and personalisation - should create a better range and quality of serviced for people to draw on. There may therefore be a positive impact people as their religious beliefs are promoted in the care that they received.

## Sex

### Impact on Staff

Yes

### Impact on Customers

Yes

### Details of impact

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

## Sexual Orientation

### Impact on Staff

No

### Impact on Customers

No

### Details of impact

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

## Gender Reassignment (Transgender)

### Impact on Staff

No

### Impact on Customers

No

### Details of impact

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

## Carers

### Impact on Staff

Yes

### Impact on Customers

Yes

### Details of impact

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

Market shaping must consider the importance of enabling unpaid carers who wish to do so, to participate in work, education or training. The overall process should allow us to better understand demographics, drivers and trends, the aspirations, priorities, and preferences of unpaid carers.

## Voluntary, Community & Faith sectors

### Impact on Staff

Yes

### Impact on Customers

Yes

### Details of impact

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

## Partners

### Impact on Staff

Yes

### Impact on Customers

Yes

### Details of impact

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

## Poverty & Financial Inclusion

### Impact on Staff

No

### Impact on Customers

Yes

### Please explain the impact

Those who make contributions to their care will see an increase with Council fee rate increases. This will be applied in line with Sheffield's Fairer Contributions Policy, however, it takes place in a context where many people are impacted by the cost of living crisis, and the impact of this falls disproportionately across protected characteristics. Further data and evidence is needed to understand this impact fully.

## Action Plan and Supporting Evidence

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

Improve equalities data within Market oversight and sustainability planning

Monitor the impact of market shaping and fee setting processes on the diversity of the workforce and those who draw on services.

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

### Detail any changes made as a result of the EIA

### Following mitigation is there still significant risk of impact on a protected characteristic.

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

04/01/2023

Name of EIA lead officer

Ed Sexton

## Review Date

24/01/2023

Update reviewed and agreed

24/01/2023

Name of EIA lead officer

Ed Sexton



## Report to Policy Committee

**Author/Lead Officer of Report:** Jon Brenner;  
Alexis Chappell

**Tel:** 0114 474 1700

**Report of:** Strategic Director Adult Care & Wellbeing

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

**Date of Decision:** 14<sup>th</sup> June 2023

**Subject:** Adult Care & Wellbeing Directorate Plan

Has an Equality Impact Assessment (EIA) been undertaken?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
If YES, what EIA reference number has it been given? <b>1148</b>				
Has appropriate consultation taken place?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Has a Climate Impact Assessment (CIA) been undertaken?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Does the report contain confidential or exempt information?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
If YES, give details as to whether the exemption applies to the full report / part of the report and/or appendices and complete below: -				

### Purpose of Report:

This paper sets out progress in delivering upon the directorate priorities for 2022 – 2023 and Adult Care Strategy and proposes an approach for developing an updated Adult Care Strategy Delivery Plan and accompanying Directorate priorities for 2023 to 2025.

The paper also proposes that the refreshed plans are informed by a review of Equalities data, Joint Strategic Needs Assessment, Workforce Planning, Equalities Impact Assessment and Climate Impact Assessment.

**Recommendations:**

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

1. Endorse the proposal and approach to developing a refreshed Strategy Delivery Plan and accompanying Adult Care Directorate Plan for 2023 - 2025 for approval at September 2023 Committee.
2. Endorse that a review of the Joint Strategic Needs Assessment, Workforce Planning, Performance Data, Equalities Impact Assessment and Climate Impact Assessment are undertaken through the summer period and inform a refresh of the Plans.

**Background Papers:**

[Adult Social Care Strategy, 'Living the life you want to live' ,Sheffield City Council](#)

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 Chisolm
		Equalities & Consultation: Ed Sexton
		Climate: Jon Brenner
	<i>Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.</i>	
2	<b>SLB member who approved submission:</b>	Alexis Chappell, Strategic Director – Adult Care & Wellbeing
3	<b>Committee Chair consulted:</b>	Cllr Angela Argenzio
4	I confirm that all necessary approval has been obtained in respect of the implications indicated on the Statutory and Council Policy Checklist and that the report has been approved for submission to the Committee by the SLB member indicated at 2. In addition, any additional forms have been completed and signed off as required at 1.	
	<b>Lead Officer Name:</b> Jon Brenner	<b>Job Title:</b> <i>Principal Programme Manager</i>
	<b>Date:</b> 25 <sup>th</sup> May 2023	



## 1. PROPOSAL

1.1 Sheffield's [Adult Health & Social Care Strategy](#) was approved by the Cooperative Executive on 16<sup>th</sup> March 2022. The Strategy was developed through significant co-production and formal consultation, involving people receiving services, carers, providers, partners, and workforce across the sector and sets our vision and approach to enable people of Sheffield to live the life they want to live.

1.2 The strategy focuses on five outcomes and makes six commitments as the guiding principles we will follow to deliver upon the outcomes. By focusing on delivery of outcomes and working in this way, our ambition 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.”*

### 1.4 Adult Care Delivery Upon Our Strategic Outcomes

1.4.1 Our [Adult Health and Social Care Strategy Delivery Plan](#) approved by Committee on 15<sup>th</sup> June 2022 set out how the Strategy will be delivered and the impact of people, measured by I statements. This was supported through one year strategic and operational priorities to provide foundations for long term change set out the [Council Delivery Plan](#) approved in August 2022.

1.4.2 Over the past year considerable progress has been made in delivering upon the actions in the delivery plan, improving our performance position and working towards achieving a sustainable financial position as was highlighted to Committee in March 2023 through the [Strategy Delivery Plan Update](#) and accompanying [Strategy Delivery Plan \(March 23\)](#) and [Council Delivery Plan \(Adult Care Update\)](#).

1.4.3 The DASS Highlight report at Committee today, provides a further update in relation to our performance and delivery upon our strategic intentions as part of our approach to regularly and transparently reporting on our performance and delivery against decisions made at Committee.

1.4.4 Alongside this a new operating model was implemented in April 2022, following on from approval of our future design of social care in November 2022 and [Future Design Update](#) to Committee in March 2023. This has led to a new model which brings together adult care services centred in a collaborative model across council, commissioned services and partners around people of Sheffield and our communities.

1.4.5 The Adult Care Strategy and new operating model provided the foundations and conditions to deliver upon our partnership strategic ambitions, which includes implementation of the following strategies through our wider city wide and South Yorkshire wide partnership arrangements:

- [Changing Futures Programme](#) through our partnership with Changing Futures programme and Partnership Board.
- [Housing with Care Market Shaping Delivery Programme](#) for people with learning disabilities, who are autistic and people experiencing mental ill health through a South Yorkshire Programme Board.
- [Safeguarding Delivery Plan](#) and Multi-Agency Programme through our Chief Social Work Officer in partnership with the Adult Safeguarding Board.
- [All Age Unpaid Carers Strategy](#) through our partnership with the Carers Partnership Board.
- [All Age Direct Payments and Personalisation Strategy](#) through our partnership with the Direct Payments and Personalisation Board.
- [Co-Production Delivery Plan](#) through our coproduction board and partnerships.
- Information and Advice, [Technology Enabled Care](#) and [Digital Strategies for Adult Care](#) through our technology collaboratives.
- [Adults Early Intervention Delivery Plan](#) through our Adults Early Intervention Board and partnership arrangements.
- [Adults Workforce Strategy and Delivery Plan](#) through our workforce board and partnership arrangements.
- [All Age Emotional and Mental Health Strategy](#) through our Mental Health, Learning Disability and Dementia Board and partnership arrangements.
- [All Age Autism Strategy](#) through the Autism Partnership Board.

1.4.6 Adult Care have also sought to improve our governance through developing a care governance framework and regular review of our performance at Committee, set out in our Cycle of Assurance. It's aimed that these enable clear flow of information, escalation of risks and a consistent focus on driving excellent standards across Adult Care. The refreshed strategy, performance framework and assurance cycle are at Committee today for approval.

1.4.7 As a key next step, it's our intention to communicate the range of developments across Adult Care, including our services and an overview of what they aim to achieve through a dedicated communications strategy over the next year.

1.4.8 It's aimed that this approach further strengthens and embeds our approach to involvement, engagement and widening understanding about Adult Care, including how to access support, and our role in enabling citizens of Sheffield to live the life they want to live.

## **1.5 Adult Care Strategy Delivery Plan and Directorate Plan Refresh**

- 1.5.1 A Commitment made in March 23 was to bring a Strategy Delivery Plan refresh and an accompanying Directorate Plan for approval to inform focus and priorities over next 2 years.
- 1.5.2 To develop the refresh, it's been important to retain our focus on listening, involvement, and engagement so that the refresh is reflective of what individuals, carers, our workforce, Members, Unions, and our partners consider is important, will enable delivery upon our strategic outcomes and should inform our priorities for action over the next two years.
- 1.5.3 Several activities are planned for the summer period to do this which includes a:
- Festival of Involvement and listening exercise which aims to involve citizens of Sheffield in engaging and shaping adult care.
  - Listening and engagement exercise with our frontline practitioners, team managers, service managers, unions, and partners.
  - Engagement sessions with Safeguarding Board and our partnership boards noted above.
  - Dedicated workshops on priorities and opportunities for development with our services, commissioned providers, and key partners, particularly focused on collaborative developments across the sector building upon our strategic developments over last year.
  - Dedicated workshop with Members so that Members policy priorities for Adult Care inform the refresh.
- 1.5.4 Along with this, a further review of the Joint Strategic Needs Assessment, Workforce Planning Data, Equalities Data and Impact Assessment and Climate Impact Assessments will be undertaken so that our refreshed plan is very much informed by equalities and impact that Adult Care can have on tackling inequalities and reducing impact of climate change.
- 1.5.5 A review of our performance information, risk register, budget position and feedback on our I statement will also be undertaken to inform the refresh, particularly in relation where we need to prioritise our resources and undertake targeted improvement activity so that we can deliver excellent Adult Care Services which improve outcomes for people.
- 1.5.6 It's proposed that dedicated session with Members is undertaken to review learning from the feedback, review of workforce, equalities, climate, performance data and risks and use this to agree key priorities for refreshed Strategy Delivery Plan and accompanying Directorate Plan, along with resources to ensure effective delivery of the plan.

1.5.7 It's proposed that the outcome of the activity informs a refreshed Delivery Plan and accompanying Directorate priorities for submission to Committee for approval in September 2023.

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

2.1 Living the life, you want to live – the Adult Social Care Strategy 2022-2030 drives the implementation of our ambitious plans for social care in Sheffield over the next decade.

2.2 The strategy met the obligation in Our Sheffield One Year Plan 2021/22 to 'Produce a long-term strategic direction and plan for Adult Social Care which sets out how we will improve lives, outcomes and experiences and adults in Sheffield'. The Delivery Plan will support this with further detail to provide detail on how these outcomes will be achieved over the next 2 years.

2.3 The Strategy and Delivery Plans also contribute to and support delivery of the delivery upon the Council Delivery Plan, the Strategic Framework for Council, Health and Wellbeing Strategy, our partnership arrangements with Health, Housing and Voluntary and Faith Sectors.

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

3.1 An overall approach to coproduction and involvement was agreed by the committee in December 2022, and is a key element in the delivery of our directorate plan, ensuring that the voice of citizens is integrated into all major developments ahead. This included signing up to Think Local Act Personal's 'Making It Real' commitments agreed at the same meeting of the Committee.

3.2 In 2023 the Adult Care and Wellbeing Citizen's Involvement Project is exploring ways to involve people in shaping and improving adult social care in Sheffield. It is delivering a Festival of Involvement during June and July which will explore what involvement looks like including themed events and activities.

3.3 The thematic sessions are Safeguarding; Care homes; Local Account; Adult Future Options framework; Technology enabled care (TEC); Adult Future Options accommodation plan; Neighbourhood support for older people in need of social care; and Community Performance Clinic Pilots.

3.4 Following the festival, a co-production working group will meet fortnightly during September and October to develop an involvement model for Adult Social Care in Sheffield. It will identify opportunities to inform, influence, work together and hold the Adult Care and Wellbeing directorate to account. It will increase the range and diversity of participants and it will undertake some practical tasks such as refreshing our co-production charter and creating a toolkit for staff.

3.5 The feedback from the festival of involvement and our wider engagement activities with individuals, carers, our stakeholders, workforce, members, and partners will inform priorities for the refresh of the strategy delivery plan and accompanying directorate plan.

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

### **4.1 Equality Implications**

4.1.1 The planned update is based on a strategic approach, which was supported by a comprehensive equality impact assessment, which can be found on the [Council website](#).

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

4.1.3 Equalities data will inform the refresh of the plan and in particular where we need to dedicate resources to tackle inequalities and ensure that the data informs our decisions and priorities.

4.1.4 An Equalities Impact Assessment will be undertaken through the summer period to inform the Strategy Delivery Plan refresh and accompanying Directorate Plan priorities.

### **4.2 Financial and Commercial Implications**

4.2.1 The strategy was supported by a financial strategy, which can be found on the Council website Our adult social care vision and strategy ([sheffield.gov.uk](http://sheffield.gov.uk)) and is closely aligned with the budget strategy and specific budget plans for 2023/24 agreed by Strategy & Resources Committee.

4.2.2 The proposed refresh does not alter this strategy or budget, although does add a layer of detail.

4.2.3 All individual components of Adult Social Care activity will be assessed for their financial contribution to this finance strategy and the Council's budget. This will be used to inform both plans and decision making.

### **4.3 Legal Implications**

4.3.1 The core purpose of adult 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 (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.

4.3.3 The [Living the life you want to live – Adult Social Care Strategy](#) set out the high-level strategy to ensure these obligations are met. The refresh aims to set out our next phase of priorities based on feedback so that Adult Care continue to achieve our legal obligations.

#### 4.4 Climate Implications

4.4.1 The Adult Social Care Strategy 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 Any individual parts of our change and activity will require their own detailed climate impact assessment, which will be completed to inform plans and decision making.

4.4.3 A full Climate impact assessment will be undertaken through the summer period to inform the Strategy Delivery Plan refresh and accompanying Directorate Plan priorities.

#### 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 **No published refreshed strategy delivery plan and accompanying directorate plan** - There is an alternative available to not specifically refresh and then publish a refreshed plan for the delivery on the overall strategy. However, this would result in less accountability and

transparency and reflection of the views and wishes of individuals, carers, stakeholders, and our workforce which is not appropriate.

## **6. REASONS FOR RECOMMENDATIONS**

- 6.1 The proposal enables involvement and engagement to inform our refreshed priorities and allows transparency and scrutiny of plans, and public commitment to the intended work.

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## Report to Policy Committee

### Author/Lead Officer of Report:

Jonathan McKenna-Moore, Service Manager

Tel: 0114 2734914

**Report of:** Alexis Chappell, Strategic Director of Adult Care and Wellbeing

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

**Date of Decision:** 14 June 2023

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

Has an Equality Impact Assessment (EIA) been undertaken?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
If YES, what EIA reference number has it been given?	EIA 1444			
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:				

### Purpose of Report:

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

As part of our improved financial governance, a full budget analysis has taken place for greater transparency and to ensure that ongoing financial risks and issues remain visible. This report looks at the whole rather than the change, highlighting relative growth in spend by service type and the links between funding streams and specific activity.

This is a key report in our financial governance as it enhances our understanding of the full budget position and the relative value of pressures, savings and ongoing commitments when making spending decisions. It also supports our priority to deliver a framework for measuring our performance and quality so that people can hold us to account for the care services we provide.

**Recommendations:**

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

- 1) Note and consider the Adult Care budget in totality, pressures, and current progress with the recovery plan alongside the legal requirements which the Local Authority is required to meet in relation to Adult Care and evidence for forthcoming CQC Assurance.
- 2) Note that ongoing annual pressures exceed the Council's ability to increase funding for Adult Care.
- 3) Note that workshops will be held with Committee Members on business planning for the 2024/25 budget (to be held 23/07/23) and a detailed review of the Adult Health and Social Care budget's income, spend and pressures (to be held 12/09/23).
- 4) Note that an independent look at Adult Care Services will be undertaken to address budget pressures and propose mitigating actions.

**Background Papers:**

*Appendix One: Recovery Plan update*

*Appendix Two: Equality Impact Assessment review schedule*

Lead Officer to complete:									
1	<table border="1"> <tr> <td>I have consulted the relevant departments in respect of any relevant implications indicated on the Statutory and Council Policy Checklist, and comments have been incorporated / additional forms completed / EIA completed, where required.</td> <td>Finance: <i>Liz Gough</i></td> </tr> <tr> <td></td> <td>Legal: <i>Patrick Chisolm</i></td> </tr> <tr> <td></td> <td>Equalities &amp; Consultation: <i>Ed Sexton</i></td> </tr> <tr> <td></td> <td>Climate: <i>Jessica Rick</i></td> </tr> </table>	I have consulted the relevant departments in respect of any relevant implications indicated on the Statutory and Council Policy Checklist, and comments have been incorporated / additional forms completed / EIA completed, where required.	Finance: <i>Liz Gough</i>		Legal: <i>Patrick Chisolm</i>		Equalities & Consultation: <i>Ed Sexton</i>		Climate: <i>Jessica Rick</i>
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	Legal: <i>Patrick Chisolm</i>								
	Equalities & Consultation: <i>Ed Sexton</i>								
	Climate: <i>Jessica Rick</i>								
	<i>Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.</i>								
2	<table border="1"> <tr> <td><b>SLB member who approved submission:</b></td> <td><i>Alexis Chappell</i></td> </tr> </table>	<b>SLB member who approved submission:</b>	<i>Alexis Chappell</i>						
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3	<table border="1"> <tr> <td><b>Committee Chair consulted:</b></td> <td><i>Councillor Angela Argenzio</i></td> </tr> </table>	<b>Committee Chair consulted:</b>	<i>Councillor Angela Argenzio</i>						
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4	<table border="1"> <tr> <td colspan="2">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.</td> </tr> <tr> <td><b>Lead Officer Name:</b> Jonathan McKenna-Moore</td> <td><b>Job Title:</b> Service Manager, Business Planning and Governance</td> </tr> <tr> <td colspan="2"><b>Date:</b> 5 June 2023</td> </tr> </table>	I confirm that all necessary approval has been obtained in respect of the implications indicated on the Statutory and Council Policy Checklist and that the report has been approved for submission to the Committee by the SLB member indicated at 2. In addition, any additional forms have been completed and signed off as required at 1.		<b>Lead Officer Name:</b> Jonathan McKenna-Moore	<b>Job Title:</b> Service Manager, Business Planning and Governance	<b>Date:</b> 5 June 2023			
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<b>Lead Officer Name:</b> Jonathan McKenna-Moore	<b>Job Title:</b> Service Manager, Business Planning and Governance								
<b>Date:</b> 5 June 2023									

## 1.0 OVERVIEW OF ADULT SOCIAL CARE BUDGET

### 1.1 Overview of Adult Social Care Income

#### 1.1.1

Table 1: Adult Health and Social Care Income Sources	2022/2023		2023/ 2024		% Change
	(£000s)	Proportion of Budget %	(£000s)	Proportion of Budget %	
Sheffield City Council (Cash Limit)	132,723	48%	134,063	46%	+1%
Fees and Charges for cost of care	51,452	19%	55,981	19%	+9%
Better Care Fund	29,288	11%	29,288	10%	-1%
S75 Agreement with NHS ICB	26,276	10%	26,782	9%	+2%
Grants & Other Income	32,814	12%	45,690	16%	+39%
Recharges to Other Services	1,943	1%	1,642	1%	-15%
<b>TOTAL</b>	<b>274,496</b>		<b>293,445</b>		<b>+7%</b>

1.1.2 Overall, the gross budget has increased by £18.95m, with 94.5% of this increase relating to increased grant and income. As detailed in section 1.4, this is in the context of £31m additional cost pressures due to the pandemic accompanied by a historic overspend pre pandemic, which has been required to meet Care Act 2014 duties.

1.1.3 The total budget of £293m includes £134m from the Council's corporate budget, built up of Council Tax revenue, the Revenue Support Grant from central government and Business Rates (which are paid into and then reallocated by central government).

1.1.4 This part of the budget is also referred to as the **Cash Limit**. Any changes in spend will impact the Cash Limit unless matched by changes in other income. Where external funding is directly linked to specific activity (for example a S75 agreement for Mental Health support) reduced spend will have less or no impact on the cash limit but will enable better use of funding to meet individual and carer wellbeing outcomes.

1.1.5 While the Cash Limit element still represents the largest proportion of the Adult Social Care budget, as set out in the [Use of Resources](#) report to Committee dated 16<sup>th</sup> September 2022 this has reduced from 62% of the total budget in 2017/18 to 46% today.

1.1.6 This is not a reduction in support to Adult Social Care from the City Council but is a result of a change in accounting treatment of Government grants, where grant funding from Central Government was previously included in the Cash Limit total and is now allocated to Adult Social Care grant income. This means the total identified as cash limit reduced while total funding increased.

1.1.7 The amount of money available through Council Tax revenue has been increased through use of the social care precept. For 2023/24 a 2% adult social care precept was applied as part of the overall 4.99% council tax increase. This equates to an increase of £5.551m. The 2022/23 budget

required the use of £6.2m of council reserves. The Adult Social Care precept therefore replaces that one-off funding, which means that one off funding is not then carried forward as a pressure to 2023/2024.

- 1.1.8 Further increases through the Adult Social Care precept would each require Full Council approval and can therefore not be assumed each year.
- 1.1.9 People in receipt of formal care are assessed to see if they can pay some or all their support costs. Individuals are invoiced monthly, and recovery of invoices averages 90% subject to follow up from a debt recovery team. The £56m Fees and Charges income relates to these charges paid by citizens of Sheffield and contributions to direct care costs paid by the NHS.
- 1.1.10 The £29.3m Better Care Fund (BCF) element of the budget is BCF funding for social care to be spent on integrated activity, mostly through purchasing.
- 1.1.11 £26.8m is passported to the Council from the NHS Integrated Care Board (ICB) under the Section 75 (S75) Agreement. Much of this is Better Care Fund Grant that the ICB is required to passport to the Local Authority. The remainder is for integrated or jointly commissioned services including part funding of the Council's Short-Term Intervention Team, the Equipment Service and other Social Care Teams including Safeguarding.
- 1.1.12 The most significant increase in budget is in the Adult Social Care grant. This follows the national Fair Cost of Care exercise and a significant increase in the rates paid to third party providers. To support these increases, there has been an increase of £12.6m grant funding in 2023/24. Other, smaller grants are also included here, such as the Independent Living Fund.
- 1.1.13 Not included in Table 1, is the element of the Adult Health and Social Care Policy Committee budget delivered by the Integrated Commissioning service, managed through Public Health. Table 2 provides this detail.

1.1.14

<b>Income Source</b>	<b>22/23</b>	<b>23/24</b>	<b>% Change</b>
Sheffield City Council (Cash Limit)	7,604	7,913	+4%
Fees and Charges for cost of care	18	18	-
S75 Agreement with NHS Sheffield CCG	249	249	-
Grants	9,307	9,507	+2%
Other Income	803	485	-40%
Recharges to Other Services	30	30	-
<b>TOTAL</b>	<b>18,011</b>	<b>18,202</b>	<b>+1%</b>

- 1.1.15 The total budget described above also does not include a further £8.9m for Service Level Agreements and Corporate Overheads. This is because these are temporary funding arrangements matched corporately to internal spend on premises and service support. These are not formally part of the permanent budget for the Adult Health and Care Policy Committee.

1.1.16 A breakdown of Sheffield’s Adult Social Care budget since 2017/18 was presented in the report to committee in November 2022: [Appendix 2 - Use of Resources Report 16-11-22.pdf \(sheffield.gov.uk\)](#).

1.1.17 In December 2022, it was highlighted to Committee through our [Financial Report to Committee](#) that the budget pressures were understood in terms of an increase in demand from 2019 of 13.3% increase for Community Support Referrals, 68.7% increase for Safeguarding and 20% increase from hospital services. Monitoring of these pressures are underway and inform business planning for 2023/ 2024 and 2024/2025 as well as new models of working.

## 1.2 Overview of Current Resource Use

1.2.1

Allocation of Spend	2022/23	2023/24	% change
3rd party spend (Delivery of Care)	£217,440	£232,617	+7%
Employees	£44,136	£46,776	+6%
Premises	£578	£578	0%
Supplies & Services	£11,388	£12,528	+10%
Transport	£954	£946	-1%
<b>TOTAL</b>	<b>£274,496</b>	<b>£293,445</b>	<b>+7%</b>

1.2.2 The vast majority of the budget is spent on commissioned, and council - delivered regulated care services to deliver care to people across the City. Due to this, it is important that the models of care that we deliver are effective, person and outcomes led and best value. The change in spend reflects the additional increases gained through the Adult Social Care Grant.

1.2.3 The spend on commissioned services is allocated through Purchasing Budgets and can be broken down as follows:

Service Type	OP	LD	PD	MH	Total
Home Support	35,067	1,347	6,408	127	42,949
Direct Payments	8,349	23,732	13,374	5,386	50,841
Residential & Nursing	48,443	18,444	4,254	9,722	80,863
Short Term Care	1,987	665	713	80	3,445
Supported Living	7,534	27,987	3,892	406	39,819
Day Care	233	4,692	523	89	5,537
Other	3,487	1,943	131	198	5,760
<b>Total Gross Expenditure</b>	<b>105,100</b>	<b>78,810</b>	<b>29,295</b>	<b>16,008</b>	<b>229,214</b>

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

Note – rounding of totals creates slight variation to calculating the shown summary.

1.2.4 Further third-party expenditure on contracts outside of purchasing budgets equals £3.4m, bringing the total back to £232.6m.

1.2.5 The income from contributions varies between working age people, whose main income tends to be state benefits, and older people who often have

capital and additional private income as well as their pension. This has an impact on the net cost of those services to the Council.

### 1.2.6

	<b>OP</b>	<b>LD</b>	<b>PD</b>	<b>MH</b>	<b>Total</b>
Gross Expenditure	105,100	78,810	29,295	16,008	229,214
Individual Contributions	-32,207	-4,737	-2,159	-931	-40,034
NHS Contributions	-12,842	-15,780	-700	-2,692	-32,014
Grant Income	-36,049	-26,391	-8,232	-3,298	-73,969
Total Income	-81,098	-46,908	-11,091	-6,921	-146,017
<b>Net Expenditure</b>	<b>24,002</b>	<b>31,903</b>	<b>18,204</b>	<b>9,088</b>	<b>83,197</b>
<b>% from Cash Limit</b>	<b>23%</b>	<b>40%</b>	<b>62%</b>	<b>57%</b>	<b>36%</b>

## 1.3 Care and Support Duties under the Care Act 2014 and alignment to CQC Themes

1.3.1 The Adult Health and Social Care budget can be further understood as delivery of our duties under the Care Act 2014, Mental Capacity Act 2005, Mental Health Act, changes to statutory duties including decision by UK Government to not amend the approach to Deprivation of Liberty Safeguards and the implementation of CQC Assurance on Adult Care, which will look at our compliance and impact on people. [Full detail of the Care Act are available on Legislation.gov.uk.](#)

1.3.2 In summary, the Care Act allocations set against CQC Theme are as follows:

<b>Care Act Duty</b>	<b>CQC Theme</b>	<b>£000's</b>
S1 – 7: General responsibilities of Local Authorities to promote wellbeing, prevent needs for care and support, provide information and advice and promote integration of care and support with health services.	All Themes	6,000
S9 - 41 Assessment of Adult and Carers Needs, including development of a support plan, continuity of care and ordinary residence, safeguarding.	Working with People. Ensuring Safety	22,300
S14 – 17, s34 – 36, s69 – 70: Charging and Assessing Financial Resources including deferred payment agreements	Working with People	2,600
S18 – 20: Duty and Power to meet needs of Adults and Carers	Working with People	183,200
S31 – 32 - Direct Payments	Providing Support	52,000
S42 – 47 Safeguarding Adults, including duties relation to Mental Health Act, Mental Capacity Act.	Ensuring Safety	1,500
S48: Provider Failure	Providing Support/ Ensuring Safety	13,500
S53 – 56 Market Oversight and Commissioning	Providing Support	3,000
S58 – 64 Transitions for children to adult care	Working with People.	8,400
S67 – s68 Independent Advocacy Support	Ensuring Safety	1,000

1.3.3 The allocation of funding highlights that the majority of our spend relates to the provision and purchasing of care to meet individuals needs. Note, these are indicative amounts of gross spend and not exact budgets.

1.3.4 Risks and mitigations relating to compliance to duties under the Care Act, specifically fulfilment of safeguarding duties and the duty to provide continuity of care, have been recorded through the corporate risk register as CR178, as reported to Audit and Standards Committee on 19/01/2023 (restricted item) and through Directors Assurances.

#### 1.4 Current Forecast for 2023/24 Financial Year

1.4.1

<b>Table 7: 2022/23 Outturn and 2023/24 Net Budget (£000s)</b>				
	<b>2022/23</b>			<b>2023/24</b>
	<b>Full Year Budget</b>	<b>Actual Outturn</b>	<b>Variance</b>	<b>Full Year Budget</b>
Staffing Costs	44,960	47,278	<b>2,318</b>	47,091
Operating Costs*	11,881	10,374	<b>-1,507</b>	12,989
<b>Non-purchasing Total</b>	<b>56,841</b>	<b>57,652</b>	<b>811</b>	<b>60,080</b>
Older People	33,323	33,025	<b>-298</b>	24,002
Physical Disabilities	16,646	14,262	<b>-2,384</b>	18,204
Learning Disabilities	29,132	36,856	<b>7,724</b>	31,903
Mental Health	9,163	9,331	<b>168</b>	9,088
<b>Purchasing Total</b>	<b>88,264</b>	<b>93,474</b>	<b>5,210</b>	<b>83,197</b>
<b>Grand Total</b>	<b>145,105</b>	<b>151,126</b>	<b>6,021</b>	<b>143,277</b>

\*Includes £8.9m of temporary budget for SLAs referred to 1.1.15.

1.4.2 The figures shown in Table 7 for 2022/23 include temporary net budgets and one-off funding that occurred during the year, so will not match exactly to the permanent net budget at the start of the year stated in Table 1.

1.4.3 For this reason, Table 1 noted a £1.4m increase to the Cash Limit for the permanent budget but Table 7 identifies a £1.8m reduction to the final net budget. Similar variations for 2023/24 will not be known at this point and therefore cannot be included.

1.4.4 The impact of additional one-off income on the out-turn for 2022/23 enabled a final outturn of £6m, which is a positive step forward for Adult Care given our starting position. This follows the delivery of £16m savings by Adult Social Care in 2022/23, with a further £5.5m savings from the 2022/23 budget to be delivered in 2023/24. This was reported to Committee in March 2023/24.

1.4.5 The final outturn for 2022/23 is a positive step forward. At the start of 2022/23 Adult Health and Social Care was carrying forward an overspend of £21.8m and faced increasing pressures in relation to Adult Care operating and running costs. The final outturn position indicates that Adult Social Care is beginning to stabilise.

- 1.4.6 As we go into 2023/24, the remaining pressures against staffing costs and purchasing budgets are carried forward into the new financial year and will be mitigated alongside the new savings that are planned to match new cost pressures (see table 8) and pressures identified in relation to Learning Disabilities Services.
- 1.4.7 The overspend on staffing now includes the loss of one-off funding in 2022/23, investment in agency teams to complete planned reviews, investment in staffing to meet Care Act and Mental Health Act Statutory Duties and maintain safe staffing levels in regulated services, which are also a legal requirement of this Committee. Further pressure on staff followed a cyber-attack in 2022 and the ongoing impact on planning and recording to meet regulatory requirements. Replacement funding and mitigations of the staffing position are in progress and will be included in further forecasts.
- 1.4.8 Most of the pressure on third party services is for care and support to people with a Learning Disability. This is due to:
- Historic allocation of budget which has not increased at the same rate as demand or complexity of need.
  - Non-delivery of savings over the last five years means that budget increases to match growth have not been allocated, but costs have continued to increase in relation to requirements for care delivery.
  - Costs have increased for Learning Disability services at a higher rate than other sectors, exacerbated by limited care and accommodation options for people with complex needs locally and nationally.
  - People with a Learning Disability are supported by Adult Care at a relatively young age and require lifetime support, often at high cost. Our duties under the Care Act require us to meet those care and support needs with the resources available in the current market.
  - The national funding has prioritised additional funding to discharge but not towards working age adults with a learning disability.
- 1.4.9 Actions to address the pressures are in progress, including:
- A new operating model from April 2023 which enabled a move towards a specialist care & assessment, council run provider services, and a commissioning service for people with a learning disability. This supports a clearer focus on enabling people with a learning disability to live independent lives and an understanding of risks and pressures.
  - A new homecare and adult future options commissioning framework following approval at Committee in September 2022, which broadens provision and creates new opportunities for collaboration across the sector.
  - Review of residential care and out of area placements following approval of the review at Committee in February 2023, which includes dedicated provision relating to safeguarding, care & assessment for people living in



residential care and co-developing a new model of support.

- Dedicated agency support to undertake reviews of adults over next six months whilst capacity is built in teams to maintain a sustainable, long-term approach to delivery of assessment, and care and support planning.
- Review of current delivery to understand cost drivers further, including value for money exercises. This includes looking of new models of support and ways of working.
- Partnership approaches with health, housing, and voluntary sector to deliver new models of working, particularly in relating to out of area placements and support to people with high level of needs as a partnership with colleagues across South Yorkshire.
- Market shaping exercise to increase options for day services, respite, and accommodation.

## 1.5 Business Planning and Recovery Plan Actions

1.5.1 Most new cost pressures for 2023/24 are being met by a combination £12.6m additional external funding and £18.9m planned savings (see table 9 for details).

1.5.2 As noted at 1.1.3, there has also been an increase of £1.34m to the cash limit. This incorporates the increase of council tax through the social care precept to replace one-off funding from reserves in 2022/23 with a permanent budget arrangement based on annual income.

1.5.3 New pressures for 2023/24 included the higher-than-normal fee increases under the national Fair Cost of Care exercise, off-set by increased grant.

1.5.4

<b>Table 8: Pressures and Offsets</b>		
	<b>22/23</b> (£000s)	<b>23/24</b> (£000s)
<b>Pressures</b>		
Forecasts overspend (costs rolled forward from previous year)	21,800	-
Growth in demand for services	6,900	6,400
Uplifts to provider fees	6000	21,100
Loss of income	2,200	700
Long-term investments to meet service demand	3,900	400
Short-term investments to mitigate 21/22 overspend	1,600	400
Staff pay award (2% in 22/23; 4% in 23/24)	800	2,700
Additional operating costs		900
Removal of 22/23 one-off funding from reserves		6,200
<b>Total Pressures</b>	<b>43,200</b>	<b>38,800</b>
<b>Off-set by</b>		
Increased cash limit (including social care precept)	-3,300	-7,250
Increased grant	-8,500	-12,646
Mitigations / Savings	-25,200	-18,904
One-off funding from Council Reserves	-6,200	-
<b>Total Off-set</b>	<b>-43,200</b>	<b>-38,800</b>

- 1.5.5 An overview of progress against the £18.9m planned savings for 2023/24 is provided in Appendix 1 and highlights that 92% are planned for delivery in 2023/24 with a further 8% forecast to be delivered in 2024/25.
- 1.5.6 The service is actively working on further mitigations and new ways of working to enable the final outturn at year end to again be a positive move towards the stabilisation of the Adult Care Budget.
- 1.5.7 To support this, as a key next step for the new Directorate, each Assistant Director will report on progress against the recovery actions identified to both Directorate Meetings and Member Briefings to enable support, challenge and scrutiny.

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

- 2.1 Good governance in relation to resource management and financial decision making supports the delivery of the adult social care vision and strategy.
- 2.2 Our long-term strategy for Adult Health and Social Care, sets out the outcomes we are driving for as a service, and the commitments we will follow to deliver those outcomes.

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

- 3.1 The purpose of this report is to provide a background to the fund of Adult Social Care, an update to the forecast spend position for 2023/24 and progress with the delivery of savings. No consultation has been undertaken on these aspects.
- 3.2 Consultation is undertaken during the development of proposals for the budget and implementation of proposals for the budget as appropriate.

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

### **4.1 Equality Implications**

- 4.1.1 As part of the annual budget setting process, an overarching EIA assesses the cumulative impact of budget proposals (EIA 1444), as well as individual EIAs for each proposal that are monitored and maintained as an ongoing process. The Savings Plan referred to in summary was agreed by the Council as part of the 2023/24 Budget and the EIAs for each element remain live.
- 4.1.2 Individual EIAs are currently with Assistant Directors to review and update if required. See Appendix 2.

### **4.2 Financial and Commercial Implications**

- 4.2.1 This report is part of an improved financial governance framework that aims to improve the fiscal understanding of our workforce and provide

transparency on the use of public money to the citizens of Sheffield.

4.2.2 This report is designed to provide detail on the financial position rather than set new proposals for the budget.

#### 4.3 Legal Implications

4.3.1 As this report is designed to provide information about background to and an update about the financial position rather than set out particular proposals for the budget and implications, there are no specific legal implications arising from the content.

#### 4.4 Climate Implications

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

#### 4.5 Other Implications

4.5.1 There are no other implications to consider at this time.

### **5. ALTERNATIVE OPTIONS CONSIDERED**

5.1 Not applicable – this is an update on actions already agreed.

### **6. REASONS FOR RECOMMENDATIONS**

6.1 The recommendations are provided to enable Members to gain an understanding of the Adult Social Care budget in totality, pressures and current progress with the recovery plan including the actions underway to mitigate pressures.

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Project Title	Target by 31/03/2024 (£000s)	Forecast by 31/03/2024 (£000s)	% By 31/03/24	% By 31/03/25	Risks and Actions to Deliver Required Savings	Current Position
<b>Living and Aging Well</b>						
Reviewing costs that increased during Covid : a. Ongoing/Full year effect on high-cost homecare reviews	-1000	-800	80%	100%	Dependent on ongoing agency team support. Based on 7% reduction of £13m net spend (450 people)	Agency team in place, currently working on slipped saving, need to move to a sustainable position once agency capacity finishes - date to be confirmed.
Reviewing costs that increased during Covid : b. Ongoing/Full year effect of high-cost Direct Payments	-315	-252	80%	100%	Dependent on ongoing agency team support. Based on 6.5% reduction of £5m net spend (150 people)	Agency team in place, currently working on slipped saving, need to move to a sustainable position once agency capacity finishes - date to be confirmed.
Reviewing costs that increased during Covid : c. Alternate provision to inappropriate Direct Awards	-1000	-800	80%	100%	Dependent on ongoing agency team support Based on 15% reduction of £6.8m net spend (320 people)	Passed to agency team to prioritise. Also relates to slipped saving.
Mitigating costs from new demand : a. Early Help	-210	-157.5	75%	75%	Based on succesful Early Help delaying/preventing new demand at front door. 6.4% reduction on £7m cost from 1,600 new starts per year.	Link to Early Help Front Door, review led by Assistant Directors in line with report agreed at Committee March 23.
Mitigating costs from new demand : b. Enablement offer	-212	-159	75%	75%	Same cohort as above. New enablement offer to start in September.	Currently in service redesign phase and test of change; link to new discharge model and ongoing funding. Cost of new starters has reduced.
Recommissioning Community Support : a. Home Care Transformation	-450	-225	50%	100%	Links to new homecare contracts starting September. Based on 4% reduction to £10.5m spend (1,800 people)	Wellbeing contracts will start in September for safety of mobilisation. Monitoring hours per week delivery. Trusted reviewer model built in to reviews plan.
Recommissioning Community Support : b. Supported Living reviews	-70	-56	80%	100%	Led by Future Options/Commissioning. Based on 1% reduction of £8m spend (170 people)	New supported living contracts live 22nd May. Day activities live in March. Monitoring underway.
Recommissioning Community Support : c. Other contract efficiencies £50k	-50	-50	100%	100%	Contractual review to be brought to September 2023 committee.	Under review through Commissioning Team.
Residential Care Offer : a. Consistent bands for non-standard bed prices	-55	-27.5	50%	100%	Based on 2% reduction of £2.5m net spend (40 people) October report on residential care market plan and recommissioning.	Non-standard care review by early autumn. Negotiating consistent rates linked to market shaping/new market development; Plan for sustainable self-delivery.
Residential Care Offer : b. Review of older people with a learning disability for appropriate care	-60	-30	50%	100%	New brokerage and commissioning governance from August. Based on 4% reduction of £1.5m spend (20 people)	Non-standard care review by early autumn. Negotiating consistent rates linked to market shaping/new market development.
Residential Care Offer : c. Appropriate use of residential care	-500	-250	50%	50%	Based on reducing the number of high cost homecare new starts and using resi care where it is more appropriate for the person's needs.	Residential care de-risked following covid. Ongoing practice improvement. Increases in high cost homecare reduced over 22/23. £1k pw packages reducing since Oct 21.
Review of enablement and hospital discharge model : end of temporary funding for a 'test of change'	-773	-773	100%	100%	Mitigated by temporary funding - permanent solution to be confirmed in September	Service review underway
Review of enablement and hospital discharge model : review and remodel of the Council's enablement and	-680	-680	100%	100%	Mitigated by temporary funding - permanent solution to be confirmed in September	Service review underway
Out of Hours Services : Efficiencies through Review of Out of Hours Provision across Adult Care	-154	-154	100%	100%	Mitigated by temporary funding - permanent solution to be confirmed in September	Service review underway
Review of new High-Cost Homecare arranged during Covid response: Slipped Saving from 22/23	-269	-215.2	80%	100%	Dependent on ongoing agency support Reviews of cohorts identified in 22/23	Priority for agency teams
Right-sizing Home-Care packages increased during Covid response & Review of Direct Awards: Slipped Saving from 22/23	-1179	-943.2	80%	100%	Dependent on ongoing agency support Reviews of cohorts identified in 22/23	Priority for agency teams
Reducing additional staff costs in provider services: Slipped Saving from 22/23	-812	-812	100%	100%	Mitigated by temporary funding - permanent solution to be confirmed in September	Service review underway
<b>Adults Future Options</b>						
Reviewing costs that increased during Covid : a. Ongoing/Full year effect of high-cost Direct Payments reviews, LD	-720	-612	85%	100%	Dependent on ongoing agency support. Based on 5% reduction of £14.5m net spend (360 people)	Agency team in place, currently working on slipped saving. Service future design underway to move to a sustainable position once agency capacity finishes.

Reviewing costs that increased during Covid : b. Ongoing/Full year effect of high-cost Direct Payments	-335	-284.75	85%	100%	Dependent on ongoing agency support. Based on 5% reduction of £6.5m net spend (110 people)	Agency team in place, currently working on slipped saving. Service future design underway to move to a sustainable
Reviewing costs that increased during Covid : c. Low-cost direct payment reviews, LD	-160	-136	85%	100%	Dependent on ongoing agency support. Based on 5% reduction of £3.5m net spend (300 people)	Agency team in place, currently working on slipped saving. Service future design underway to move to a sustainable
Reviewing costs that increased during Covid : d. Low-cost direct payment reviews, PD	-140	-119	85%	100%	Dependent on ongoing agency support. Based on 6% reduction of £2.4m net spend (220 people)	Agency team in place, currently working on slipped saving. Service future design underway to move to a sustainable
Reviewing costs that increased during Covid : e. Focussed Reablement (PD home care)	-112	-89.6	80%	100%	Funding for temp team requested. Based on 3% reduction of £4.3m net spend (300 people)	Invest to save planned for temporary project team.
Mitigating costs from new demand : Transitions/case management of all 18–24-year-olds	-365	-310.25	85%	100%	Transitions Team now case managing 18-24 year olds. Based on 2% reduction of £15m net spend (300 people)	New team planned to increase rate of reviews with cohort; benefits from linked commissioning officers. Moving to new model working with people aged 14+
Mitigating costs from new demand : Joint packages of care (JPOC) shared efficiencies	-800	-600	75%	75%	Dependent on review of CHC arrangements. 22/23 data showed £51m spend on JPOCs (75% SCC funded)	Data Quality work in progress. Work underway with ICB to develop shared efficiencies.
Mitigating costs from new demand : Improved uptake of CHC funding based on improved review rate and worker expertise	-500	-250	50%	50%	Dependent on review of CHC arrangements. 22/23 data showed £5.6m spend fully CHC funded (ICB)	Dedicated project in progress to review systems/ process and IT. Also delivered through ongoing practice development.
Mitigating costs from new demand : Improved Carer offer (LD)	-54	-40.5	75%	75%	Carer offer part of BCF and joint commissioning plan. Based on 6% reduction in net cost of new starts.	Improved in-house respite offer included in this work; one project complete; new offer from July onwards. Transitions Team also signposting to informal support and working with carers.
Mitigating cost increases to existing support : a. Strength Based Reviews/Social work Practice LD	-550	-412.5	75%	75%	Dependent on ongoing agency team support. Based on mitigating increases by 50%	Practice quality framework approved and plan in place; case file audits underway; review throughput increasing to highest level.
Mitigating cost increases to existing support : b. Strength Based Reviews / Social Work Practice, PD	-500	-375	75%	75%	Dependent on ongoing agency team support. Based on mitigating increases by 50%	Practice quality framework approved and plan in place; case file audits underway; review throughput increasing to highest level.
Recommissioning Community Based Support : a Supported Living reviews, LD	-440	-352	80%	100%	Dependent on ongoing agency team support. Based on 2% reduction of £24.7m net spend (400 people)	New supported living contracts live 22nd May. Monitoring underway.
Recommissioning Community Based Support : b. Supported Living reviews, PD	-47	-37.6	80%	100%	Dependent on ongoing agency team support. Based on 2% reduction of £2.2m net spend (70 people)	New supported living contracts live 22nd May. Monitoring underway.
Recommissioning Community Based Support : c. Review of Day Services offer (LD)	-92	-46	50%	100%	Dependent on ongoing agency team support. Based on 2% reduction of £4m net spend (300 people)	New supported living contracts live 22nd May. Day activities live in March. Escalation plan to committee in June.
Residential Care offer: a. New residential framework, LD	-330	-247.5	75%	100%	Coordination with Commissioning team. Based on 3% reduction of £13m net spend (140 people)	VFM exercise planned for high cost placements; market development work and new brokerage arrangements due to come in.
Residential Care offer : b. New residential framework, PD	-42	-31.5	75%	100%	Coordination with Commissioning team. Based on 2% reduction of £2m net spend (30 people)	Non-standard care review by early autumn. Negotiating consistent rates linked to market shaping/new market development.
Ongoing 2022 projects : Decommissioning	-500	-500	100%	100%	Work complete	
Direct Payment Reviews: Slipped Saving from 22/23	-940	-846	90%	100%	Dependent on ongoing agency team support. Reviews of cohort identified 22/23	Priority for agency teams
Improved Transitions Planning: Slipped Saving from 22/23	-122	-122	100%	100%	New Transitions Team now in second year of operation.	New team planning to increase rate of reviews with cohort; benefits from linked commissioning officers.
Reduced liability for contract void charges: Slipped Saving from 22/23	-278	-278	100%	100%	Contract change now made	Work complete
Supported Living TUPE contract ends: Slipped Saving from 22/23	-600	-198	33%	66%	Tapered reductions agreed with providers	Phased over three years. Request for a review undertaken.
Provider Services staffing budget adjustment : Slipped Saving from 22/23	-210	0	0%	0%	Reductions in staff hours will impact delivery and shift costs to more expensive external providers.	Savings on commissioned respite will off-set this cost.
<b>Access &amp; Mental Health</b>						
Residential Care Offer : Promoting Independence Project.	-1031	-515.5	50%	50%	Risk to project performance identified; social investment bond. Reviewed following transfer of SW staff to SCC	Contract varied since initial implementation. Confirmation of some high cost reductions due to SCC and review underway.

Mitigating cost increases to existing support : a. Strength based reviews / practice	-170	-127.5	75%	100%	Dependent on ongoing agency support. Based on reducing increases by 50%.	Practice quality framework approved and plan in place; case file audits underway; review throughput increasing to highest level.
Mitigating cost increases to existing support : b. High-Cost reviews	-108	-81	75%	100%	Dependent on ongoing agency support. Based on a 4% reduction of £2.8m net spend (65 people)	Reviews identified as priority for newly transferred staff. Capacity required to ensure S117/CHC payments correct.
Mitigating cost increases to existing support : c. Low-cost reviews	-165	-123.75	75%	100%	Dependent on ongoing agency support. Based on 9% reduction of £2m net spend (250 people).	Reviews identified as priority for newly transferred staff.
Income and Funding : a. Life Chances Fund	-253	-253	100%	100%	Confirmation of income required	
Income and Funding : b. Health Funding linked to S117 status or eligibility for CHC	-650	-650	100%	100%	Confirmation of income required	
Income and Funding : c. Ensuring financial assessments are in place	-185	-185	100%	100%	Only 31% of MH clients pay contributions compared to 65% in LD. Some exempt due to S117 rules but not all. Based on a 12% increase to £1.5m contributions.	Training for MH teams set up to ensure financial conversations take place and assessments are triggered.
Contract savings : efficiencies associated with the re-commissioning of mental Health Community Support.	-250	-62.5	25%	50%	Commissioning colleagues to report back on specific contracts and timescales for reduced spend.	Timescale set for end of summer to review contracts; contracts end in December. Further scope to be explored.
Care Trust – Remodelling of social work mental health provision. : Slipped Saving from 22/23	-240	0	0%	0%	No longer possible to pursue staff savings in this area due to safeguarding risks.	Mitigations from other areas, including joint commissioning with Health
Safeguarding, MH and Domestic Abuse delivery efficiencies and contractual review: Slipped Saving from 22/23	-200	0	0%	0%	No longer possible to pursue staff savings in this area due to organisational changes.	Mitigations from other areas, including joint commissioning with Health
<b>Commissioning &amp; Partnerships</b>						
Commissioning Disinvestment : a. Release commissioning staff	-196	-98	50%	100%	VER/VS completed in 22/23. Further reductions pend restructure.	Commissioning structure updated; 1 yr structure now in place with numerous vacancies and budget changes; overspend being actively managed down.
Commissioning Disinvestment : b. Disinvest in Homecare Transformation	-272	-272	100%	100%	Review of care and wellbeing service underway	review of care and wellbeing service underway.
Care Home Fee saving: £181k from housing related support (unused discretionary spot purchases and staff saving); £127k from wider re-commissioning, to be brought back to committee by July 2023; £300k from discharge funding.	-608	-608	100%	100%	Discharge funding element secured. HRS element to be reallocated to purchasing budget.	Commissioning element under development - paper due July.
<b>Care Governance &amp; Financial Inclusion</b>						
Care Governance Disinvestment : Planned release of temporary post linked to invest to save.	-15	-15	100%	100%	Relates to end of temp post part way through year	Delivered through budget management
Maximising Income (Living and Ageing Well): a. Annual Uplift to contributions based on standard assumptions	-1655	-1655	100%	100%	Potential over achievement on uplift - being verified	Potential over achievement on uplift - being verified
Maximising Income (Living and Ageing Well): b. Financial reassessments	-1240	-1240	100%	100%	Risk of lower rate of assessments linked to vacancies in 22/23 impacting on 23/24 income	Established workstream - over delivered in 22/23
Maximising Income (Living and Ageing Well): c. STIT charges for frequent service users	-50	-38	76%	100%	New policy under review.	Potential limitations due to IT supplier issue, which will be resolved in October.
Maximising Income (Living and Ageing Well): d. Additional income recovery from Customer Accounts invest-to-save	-400	-400	100%	100%	Established workstream; stretching target.	Resource in place
External Funding (Living and Ageing Well) : Fair Cost of Care funding	-12646	-12646	100%	100%	Confirmation required in order to report this as achieved	
Review of Better Care Fund - Cross Cutting: a. Living and Ageing Well	-200	-100	50%	50%	Joint commissioning benefits plan in progress	Joint commissioning benefits plan in progress
Review of Better Care Fund - Cross Cutting: b. Adults with a Disability	-300	-150	50%	50%	Joint commissioning benefits plan in progress	Joint commissioning benefits plan in progress

Ongoing benefits of 2022 projects (Adults with a Disability): Uplift of contributions to Provider Services	-50	-37.5	75%	100%	IMFI to lead uplift.	
Income and Funding : d. Recovery of FNC costs from Jointly Commissioned Nursing Care	-500	-250	50%	50%	IMFI to lead uplift.	In progress
Agency Costs: Slipped Saving from 22/23	-303	-151.5	50%	100%	Agency reduction aligned to implementation of new models of bank pool within short term support services	
Operating Model: Slipped Saving from 22/23	-300	-150	50%	100%		Mitigations from other areas, including joint commissioning with Health

	Total	Total	23/24
	Target	Forecast	%
-	<b>37,613</b>	- <b>32,082</b>	<b>85%</b>



## Appendix 2: Equality Impact Assessments for 2023/24 Budget Planning Proposals: Adult Health and Social Care

Ref.	Savings proposal	EIA	Last Reviewed	Next Review Due	Reviewer
108	Reviewing costs that increased during Covid (Living and Ageing Well)	1431	06/04/23	06/10/23	Jo Pass
116	Residential Care Offer (Living and Ageing Well)	1412	11/04/23	11/10/23	Jo Pass
307	Review of Living and Ageing Well	1437	06/04/23	6/07/23	Jo Pass
115b	Recommissioning Community Support (Living and Ageing Well): part B	1058	In progress	03/04/23	Catherine Bunten
118	External Funding (Living and Ageing Well)	1256	03/04/23	3/10/23	Catherine Bunten
308	Contract savings (Mental Health and safeguarding)	1438	In progress	10/04/23	Tim Gollins
305	Enablement test of change (Living and Ageing well)	1445	18/04/23	18/10/23	Jo Pass/Nicola Afzal
115a	Recommissioning Community Support (Living and Ageing Well): part A	1058		15/06/23	Paul Higginbottom
125	Residential Care Offer (Mental Health and Safeguarding)	835		15/06/23	Tim Gollins
120	Mitigating costs from new demand (Adults with a Disability)	1386		15/06/23	Andrew Wheawall
122	Recommissioning Community Based Support (Adults with a Disability)	1058		16/06/23	Andrew Wheawall
126	Mitigating cost increases to existing support (Mental Health and Safeguarding)	1433		22/06/23	Tim Gollins
130	Disinvestment - Care Governance	1414		12/06/23	Liam Duggan
129	Review of Better Care Fund - Cross Cutting	1413		10/07/23	Liam Duggan
123	Residential Care offer (Adults with a Disability)	1412		10/07/23	Andrew Wheawall
119	Reviewing costs that increased during Covid (Adults with a Disability)	1431		11/07/23	Andrew Wheawall
121	Mitigating cost increases to existing support (Adults with a Disability)	1433		11/07/23	Andrew Wheawall
128	Commissioning Disinvestment (Commissioning and Partnerships)	1411		12/07/23	Catherine Bunten
117	Maximising Income (Living and Ageing Well)	1432		12/07/23	Charles Crowe
114	Mitigating costs from new demand (Living and Ageing Well)	1386		16/07/23	Nicola Afzal
124	Ongoing 2022 projects (Adults with a Disability) Reduced liability for void charges	1435	06/02/23	06/08/23	Christine Anderson
127	Income and Funding (Mental Health and Safeguarding)	1432		12/07/23	Charles Crowe

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## Report to Policy Committee

**Author/Lead Officer of Report:** Tony Kirkham,  
Interim Director of Finance and Commercial  
Services

**Tel:** +44 114 474 1438

**Report of:** *Tony Kirkham*  
**Report to:** *Adult Social Care Committee*  
**Date of Decision:** *14<sup>th</sup> June 2023*  
**Subject:** *2022-23 Financial Outturn*

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

### Purpose of Report:

*This report brings the Committee up to date with the Council's final revenue outturn position for 2022/23.*

### Recommendations:

#### The Committee is recommended to:

- a) Note the updated information and management actions provided by this report on the 2022/23 Revenue Budget Outturn.

### Background Papers:

[2022/23 Revenue Budget](#)

<b>Lead Officer to complete: -</b>	
1	<p>I have consulted the relevant departments in respect of any relevant implications indicated on the Statutory and Council Policy Checklist, and comments have been incorporated / additional forms completed / EIA completed, where required.</p> <p>Finance: <i>Tony Kirkham, Interim Director of Finance and Commercial Services</i></p> <p>Legal: <i>David Hollis, Assistant Director, Legal and Governance</i></p> <p>Equalities &amp; Consultation: <i>James Henderson, Director of Policy, Performance and Communications</i></p> <p>Climate: n/a</p>
<i>Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.</i>	
2	<p><b>SLB member who approved submission:</b> <i>Tony Kirkham</i></p>
3	<p><b>Committee Chair consulted:</b> <i>Cllr Zahira Naz</i></p>
4	<p>I confirm that all necessary approval has been obtained in respect of the implications indicated on the Statutory and Council Policy Checklist and that the report has been approved for submission to the Committee by the EMT member indicated at 2. In addition, any additional forms have been completed and signed off as required at 1.</p>
	<p><b>Lead Officer Name:</b> <i>Tony Kirkham</i> <i>Jane Wilby</i></p> <p><b>Job Title:</b> <i>Interim Director of Finance and Commercial Services</i> <i>Head of Accounting</i></p>
<b>Date:</b> 31 <sup>st</sup> May 2023	

## 1. PROPOSAL

1.1 This report provides the final revenue outturn monitoring statement on Sheffield City Council's revenue and capital budget for 2022/23

### 1.2 Summary

1.2.1 The Council's revenue budget was overspent by £5m as of 31<sup>st</sup> March 2023.

<b>Full Year £m</b>	<b>Outturn</b>	<b>Budget</b>	<b>Variance</b>
Corporate	(456.6)	(450.5)	(6.1)
City Futures	34.1	34.9	(0.8)
Operational Services	111.4	111.6	(0.2)
People	304.4	294.2	10.2
Policy, Performance Comms	3.6	3.2	0.4
Resources	8.1	6.6	1.5
<b>Total</b>	<b>5.0</b>	<b>(0.0)</b>	<b>5.0</b>

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

<b>Full Year Variance £m</b>	<b>One-off</b>	<b>BIPs</b>	<b>Trend</b>	<b>Total Variance</b>
Corporate	0.0	0.0	(6.1)	(6.1)
City Futures	(0.1)	0.0	(0.7)	(0.8)
Operational Services	(4.8)	2.7	1.9	(0.2)
People	(0.5)	14.8	(4.1)	10.2
Policy, Performance Comms	(0.1)	0.4	0.1	0.4
Resources	(1.0)	1.6	0.9	1.5
<b>Total</b>	<b>(6.5)</b>	<b>19.5</b>	<b>(8.0)</b>	<b>5.0</b>

1.2.3 In 2021/22, the Council set aside £70m of reserves to manage the financial risks associated with delivering a balanced budget position. In 2021/22, the council overspent by £19.8m which was drawn from this pool, a further £15m was used to balance the 2022/23 budget, final 2022/23 outturn £5m leaving a remaining risk allocation of £30m as we move in to 2023/24

M12	£m
<b>Allocated reserves</b>	<b>70.0</b>
21/22 Budget overspend	19.8
22/23 Base budget committed	15.0
22/23 Budget overspend	5.0
Reserves used @ M12	<b>39.8</b>
<b>Remaining reserves</b>	<b>30.2</b>

## 1.3 Committee Financial Position

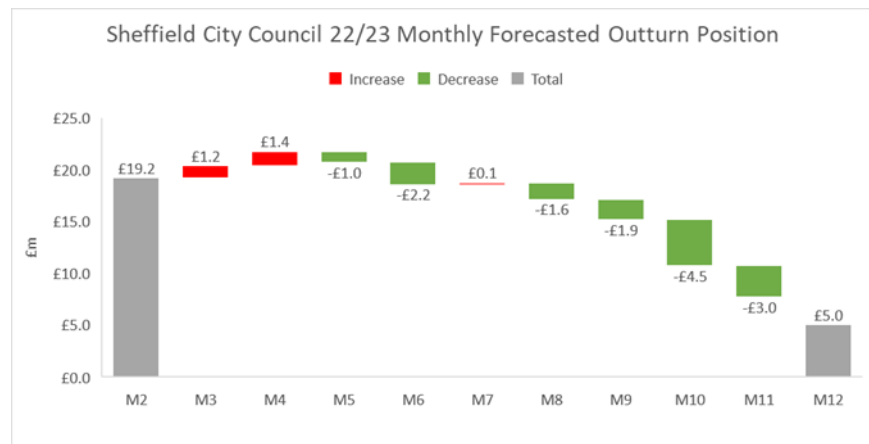
### 1.3.1 Overall Position - £5m Overspend

There is a £5.7m overspend in the Adult Health and Social Care Committee and a £5.8m overspend in the Education, Children and Families Committee

Full Year Forecast £m @ Month 12	Outturn	Budget	Variance	M11 Variance	Movement
Adult Health & Social Care	157.1	151.4	5.7	6.8	(1.2)
Education, Children & Families	134.2	128.4	5.8	7.1	(1.3)
Housing	6.2	6.0	0.2	(0.9)	1.1
Transport, Regeneration & Climate	28.4	29.7	(1.2)	(0.9)	(0.3)
Economic Development & Skills	10.7	11.1	(0.4)	(0.1)	(0.2)
Waste & Street Scene	54.7	55.0	(0.3)	(0.4)	0.1
Communities Parks and Leisure	44.2	45.9	(1.7)	(1.6)	(0.1)
Strategy & Resources	(430.5)	(427.5)	(3.0)	(2.1)	(0.9)
<b>Total</b>	<b>5.0</b>	<b>(0.0)</b>	<b>5.0</b>	<b>7.9</b>	<b>(2.9)</b>

The overall outturn position improved previous month's forecast overspend by £2.9m largely due to improvements in income in social care

The Council's forecast overspend has reduced by £14.2m from the M2 outturn position mainly due to unforeseen income



Substantial improvements have been made in the Council's financial position throughout 2022/23. The overspend in Adult Social Care was halved due to additional grant income, mainly from the Government's £500m discharge fund announced in November 2022.

	M2 Outturn	M12 Outturn	Movement
<b>Full Year Variance £m</b>			
Adult Health & Social Care	11.7	5.7	(6.0)
Education, Children & Families	5.6	5.8	0.1
Housing	0.0	0.2	0.2
Transport, Regeneration & Climate	1.2	(1.3)	(2.5)
Economic Development & Skills	(0.1)	(0.4)	(0.3)
Waste & Street Scene	(0.2)	(0.3)	(0.1)
Communities Parks and Leisure	(0.6)	(1.7)	(1.1)
Strategy & Resources	1.5	(3.0)	(4.5)

<b>Total</b>	<b>19.2</b>	<b>5.0</b>	<b>(14.2)</b>
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Transport, Regeneration and Climate Committee's improvement of £2.5m was mainly as a result of the mitigation of unachievable savings targets for 2022/23.

The Communities, Parks & Leisure Committee's overall improvement was due to the underspend in the Youth Service following a delay in the implementation of the new operating model and recruitment slippage.

Strategy & Resources saw a large recovery in income from interest on investments throughout the year. Cash balances remained strong and so did the bank rate. Careful management and investment of our funds resulted in a strong yield for the Authority.

**Most of the overspend is due to shortfalls in Budget Implementation Plans (BIPs) delivery**

Variance Analysis @ Month 12	One-off	BIPs	Trend	Total Variance
Adult Health & Social Care	(0.3)	8.7	(2.7)	5.7
Education, Children & Families	1.0	6.0	(1.2)	5.8
Housing	1.2	0.0	(1.0)	0.2
Transport, Regen & Climate	(2.1)	2.1	(1.2)	(1.2)
Economic Development & Skills	(0.1)	0.0	(0.3)	(0.4)
Waste & Street Scene	(3.5)	0.4	2.7	(0.3)
Communities Parks and Leisure	(1.5)	0.0	(0.2)	(1.7)
Strategy & Resources	(1.3)	2.2	(4.0)	(3.0)
<b>Total</b>	<b>(6.5)</b>	<b>19.5</b>	<b>(8.0)</b>	<b>5.0</b>

Whilst the overspend for the Council closed at £5m, we were reporting that £19.5m of savings targets were not achieved in year. This was mitigated through either income contributions from grants or reserves or other fees and charges.

**£6.5m of one-off savings mitigated the underlying overspend**

Contributions from provisions for energy and waste inflation mitigated the in-year impact of rising baseline costs. In 2022/23 we saw a more than 100% increase in energy costs taking general fund energy costs from £2.5m to an annual bill of over £5m.

<b>Year on Year</b>		
<b>Energy price increase</b>	<b>22/23</b>	<b>23/24</b>
Gas	107%	5%
Electricity	111%	30%

Wholesale energy prices have fallen over recent months and the Council has secured energy prices until March 2024. The impact of this has been built into the 2023/24 budgeted baseline position at a 30% increase on electricity and 5% on gas.

**Balancing the 2022/23 budget was only possible with £53m of BIPs, £33m were delivered this year**

Budget Savings Delivery £m	Total Savings 2022/23	Deliverable in year	FY Variance
<b>Portfolio</b>			
People	37.7	22.9	14.8
Operational Services	7.1	5.0	2.1
PPC	1.2	0.8	0.4

Resources	6.7	4.5	2.2
<b>Total</b>	<b>52.7</b>	<b>33.2</b>	<b>19.5</b>

### 1.3.2 Key Committee Overspends:

**Adult Health and Social Care overspent by £5.7m** The high cost of packages of care put in place during covid has increased our baseline costs into 2022/23. A huge amount of work has been done as part of an investment plan to tackle the underlying issues. Recruitment challenges reduced our ability to deliver targets in full in 2022/23. It is anticipated that 96% of savings will be delivered by 1st April 2024 within current plans, leaving £1.1m to be mitigated during 2023/24.

**Education, Children and Families overspent by £5.8m** Under-delivery of budget implementation plans in the service are the main cause of overspends; plans to reduce staffing and increase income from Health were not achieved.

Issues with staffing at Aldine House limited the capacity in the setting and affected the income for the service this year by £1.5m. Overspends in children’s residential services, placements, short breaks, and direct payments have also been issues for the service’s budgets.

**The Housing Revenue Account is overspent against budget by £12m** A significant issue in the HRA this year is the level of vacant properties within the Council’s housing stock. This has led to a reduction in income (£2.7m) in rent plus additional costs for council tax to the HRA (£1.1m) from the empty properties. A backlog of repair jobs has led to gas servicing compliance issues and disrepair claims (£2.4m) for the service.

The housing repairs service overspent against budget by £10m. There has been a significant investment in addressing the backlog of repairs (in particular gas servicing) which have led to costs in excess of budget due to a higher volume of jobs and a higher than anticipated cost of fulfilling the work due to market factors and inflationary uplifts in materials and subcontractor costs.



## 1.4 Adult Health & Social Care- £5.7m overspent

The revenue outturn position for the AHS&C Committee is overspent by £5.7m

Full Year Forecast £m @ Month 12	Outturn	Budget	Variance
<b>Adult Health &amp; Social Care Integrated Commissioning</b> (Early Help and Prevention - Partnership Funding; Supporting Vulnerable People - Housing Related Support/Drugs and Alcohol Services)	151.1	145.1	6.0
<b>Total</b>	<b>157.1</b>	<b>151.4</b>	<b>5.7</b>

The committee position improved by £6m throughout the year.

The majority of the committee overspend relates to undelivered savings (BIPs)

Variance Analysis £m @ Month 12	One-off	BIPs	Trend
Adult Health & Social Care Integrated Commissioning	0.1	8.7	(2.8)
<b>Total</b>	<b>(0.3)</b>	<b>8.7</b>	<b>(2.7)</b>

Of the £25.2m savings target, £16.5m was delivered in year. (96%) are anticipated to be delivered by 1<sup>st</sup> April 2024 within current plans, leaving £1m to be mitigated during 2023/24.

Purchasing activities are overspent by £5.2m

PURCHASING POSITION @M10	OUTTURN	BUDGET	VARIANCE	M11 VARIANCE	MOVEMENT
OLDER PEOPLE	31.4	31.2	0.2	1.8	(1.6)
LEARNING DISABILITIES	35.2	28.0	7.2	7.3	(0.1)
PHYSICAL DISABILITIES	14.3	16.6	(2.3)	(2.4)	0.1
MENTAL HEALTH	9.1	9.0	0.1	0.4	(0.3)
<b>Total</b>	<b>90.0</b>	<b>84.8</b>	<b>5.2</b>	<b>7.1</b>	<b>(1.9)</b>

There were continued improvements in the purchasing budgets towards the end of the year with additional income from clients alongside further discharge funding to offset costs incurred.

The pay award created a £0.7m pressure for the committee

The pay award of £1,925 flat rate per employee was paid to employees in M8. The award impacted the Committee spend by £0.7m.

The committee position improved by £6m throughout the course of the year

The final outturn position improved again in the last month following sustained improvements throughout the year. A big contributor to this position is due to the Winter Discharge Funding from the NHS announced in November 2022. The team in Finance and Adult Social Care have worked hard to scrutinise the expenditure incurred by the Authority and clarify the eligibility for the funding. Finance have worked closely with ICB partners to provide assurance of the final outturn position.

<b>A delay in housing related support provision has created a small underspend in 2022/23</b>	<p>A £0.2m underspend in Integrated Commissioning relates to Housing Related Support. Expenditure had been previously agreed for a new complex needs service for vulnerable adults who have accommodation needs. The service is unable to start until a suitable property is found and because it has not been possible to secure anywhere to date, the service will not start until later in the next financial year.</p>
<b>BIP delivery for 2022/23 remains challenging with continued focus on high-cost care package reviews put in place during covid</b>	<p>Over £11m of the BIP savings required for 2022/23 relate to reviewing high-cost packages of care put in place during the pandemic.</p> <p>Work is still underway as part of the investment plan with additional resource to tackle the underlying issue although recruitment issues is impacting on deliverability.</p> <p>Delivery of savings were delayed because of the inability of the service to undertake planned reviews of care at the scale required due in part to short term demand pressures including community support requests (up 13% since 19/20), safeguarding contacts (up 68% since 19/20) and hospital support requests (up 20% since 19/20) and in part to national challenges around recruitment and retention.</p>
<b>Learning Disabilities overspends are a major contributor to the overall overspend</b>	<p>The majority of the £11m overspend on 3<sup>rd</sup> party services is for Learning Disability care and support. Learning Disability clients come into the service at a relatively young age and require lifetime support, often in high-cost residential care or supported living facilities.</p> <p>The service intends to address this in 2023/24 by:</p> <ul style="list-style-type: none"> <li>• Reviewing high-cost increases to understand cost drivers;</li> <li>• Completing value for money exercise for services with above inflation increases; and</li> <li>• Market shaping to increase the options for day services, respite, and accommodation.</li> </ul>
<b>Recruitment and retention difficulties have impacted savings delivery in 2022/23</b>	<p>Vacancies which are part of the investment plan are still not fully recruited to. If posts are filled, the employee overspend would increase but an improvement in BIP delivery would be expected.</p> <p>However, some elements of the investment plan funding employees are time limited with c.£2m due to be removed from staffing budgets over the next 2 financial years.</p> <p>A Target Operating Model is being worked on and it is anticipated to arrive at an optimum staffing establishment level but will need to consider the level of permanent funding available.</p>

<b>Home care continues to be a huge challenge</b>	The increased cost and size of packages following the pandemic is an underlying issue. However, data shows the average cost of packages reduced in recent months to £307 per week, this includes an additional hourly uplift agreed as part of the Fair Cost of Care Grant. We also note a trend of reduced costs in new packages of people starting homecare of £227 per week which is the lowest it has been since January 2020, pre-pandemic. Sustained average cost reduction is a good indication for future financial sustainability of the service. However, with growing client numbers and the market suffering from staff recruitment and retention problems there is a resulting in a lack of capacity.
<b>The Fair Cost of Care Exercise and Social Care Reform will increase Adult Social Care responsibilities and costs</b>	<p>Fair Cost of Care is to determine an appropriate fee level on over-65 Care Homes and Homecare delivery. SCC are currently an average to low payer when benchmarked against other Local Authorities which indicates the potential to have to increase rates above current forecast levels. Any grant allocated is unlikely to fully cover the cost of those increases.</p> <p>Social Care Reform will levy significant new responsibilities on Local Authorities and introduces a cap on care costs. The grant allocated is unlikely to fully cover the costs of those increases or the required increase staffing base needed to deliver our new responsibilities.</p> <p>Following an announcement in the government's Autumn Statement 2022, the planned adult social care charging reforms are now delayed until October 2025. Market pressure may present a risk to Sheffield City Council's budgets, without clarity on support from Central Government.</p>
<b>Savings delivery remains the biggest challenge to the committee's financial position</b>	The key financial risk going into 2023/24 for the service is the pace of savings required and the impact of this year's savings carrying into 2023/24 when significant new additional savings are also required of the service.

**2. HOW DOES THIS DECISION CONTRIBUTE?**

2.1 T The recommendations in this report are that the Adult Social Care Policy Committee notes the Council's Revenue Outturn position and their 2022/23 outturn and takes action on overspends in budgets in preparation for the 2023/24.

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

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

**4. RISK ANALYSIS AND IMPLICATIONS OF THE DECISION**

#### 4.1 Equality Implications

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

#### 4.2 Financial and Commercial Implications

- 4.2.1 The primary purpose of this report is to provide Members with information on the City Council's revenue outturn position for 2022/23.

#### 4.3 Legal Implications

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

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

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

- 4.3.3 By the law, the Council must set and deliver a balanced budget, which is a financial plan based on sound assumptions which shows how income will equal spend over the short- and medium-term. This can take into account deliverable cost savings and/or local income growth strategies as well as useable reserves. However, a budget will not be balanced where it reduces reserves to unacceptably low levels and regard must be had to any report of the Chief Finance Officer on the required level of reserves under section 25 of the Local Government Act 2003, which sets obligations of adequacy on controlled reserves.

#### 4.4 Climate Implications

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

#### 4.4 Other Implications

- 4.4.1 No direct implication

### **5. ALTERNATIVE OPTIONS CONSIDERED**

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

### **6. REASONS FOR RECOMMENDATIONS**

- 6.1 To record formally changes to the Revenue Budget.



## Report to Policy Committee

**Author/Lead Officer of Report:** Jon Brenner

**Tel:** 0114 474 1700

**Report of:** Alexis Chappell, Strategic Director of Adult Care & Wellbeing

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

**Date of Decision:** 14<sup>th</sup> June 2023

**Subject:** Update report from the Strategic Director of Adult Care & Wellbeing

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? 1148				
Has appropriate consultation taken place?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Has a Climate Impact Assessment (CIA) been undertaken?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Does the report contain confidential or exempt information?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>

### Purpose of Report:

This paper provides a Strategic Director's update regards the performance and governance of Adult Health and Social Care services, including progress in meeting DASS (Director of Adult Social Services) accountabilities and delivering on our statutory requirements.

It also provides an update regards Adult Care and Wellbeing progress in relation to the Council's Delivery Plan, key strategic events and issues on the horizon.

**Recommendations:**

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

1. Notes the Strategic Director of Adult Care and Wellbeing report.

**Background Papers:**

[Our adult social care vision and strategy | Sheffield City Council](#)

[Time to Act – A Roadmap for Adult Social Care | ADASS](#)

[Corporate Delivery Plan | Sheffield City Council](#)

[Care workforce pathway for adult social care: call for evidence | Department of Health & Social Care](#)

[Direct Payment & Personalisation Strategy Sheffield City Council](#)

[Carers Delivery Plan | Sheffield City Council](#)

[Involvement Delivery Plan | Sheffield City Council](#)

[Adult Social Care Festival of Involvement | Sheffield City Council](#)

[Adult Care and Wellbeing Involvement Hub | Sheffield City Council](#)

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 Chisolm
		Equalities & Consultation: Ed Sexton
		Climate: Jon Brenner
	<i>Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.</i>	
2	<b>SLB member who approved submission:</b>	Alexis Chappell
3	<b>Committee Chair consulted:</b>	Cllr Angela Argenzio
4	I confirm that all necessary approval has been obtained in respect of the implications indicated on the Statutory and Council Policy Checklist and that the report has been approved for submission to the Committee by the SLB member indicated at 2. In addition, any additional forms have been completed and signed off as required at 1.	
	<b>Lead Officer Name:</b> Jon Brenner	<b>Job Title:</b> <i>Assistant Director Strategy and Workforce Delivery</i>
	<b>Date:</b> 1 <sup>st</sup> June 2023	

## 1. PROPOSAL

1.1.1 As always, this report starts with recognition and gratitude for all those working in the adult social care sector, who continue to work together to support people stay safe, well and independent.

1.1.2 This report reflects a refreshed approach to reporting to the Committee, taking on board feedback from Members from the last year and the start of a new cycle of assurance. Comments from the Committee would be very welcome on what will best support their role.

### 1.2 Cycle of Assurance

1.2.1 The Committee and officers supporting it spent last year putting in place the overall strategy for adult social care in the system, foundational infrastructure, and the relevant delivery plans. A cycle of assurance is now being developed to ensure we track and report in a systematic way.

1.2.2 As set out in the Governance Strategy, the DASS Update report will come to every Committee giving updates and assurance on those delivery plans already in place along with key updates on developments in the sector. These reports will also start to link the activity to the overall outcomes, i.e., the difference the decisions taken are making to people of Sheffield lives.

1.2.3 Performance and risk updates will be provided on a quarterly basis. This report includes those updates in Appendix 2 of this report. In summary the performance report sets out:

- Reviews: - Annual reviews are now at the highest level for the last 10 years and is forecast to further improve, achieving the 75% Delivery Plan target by June 2023.
- Providing Support: - The time taken to put support in place is performing well, sickness absence in the service is reducing and safeguarding risks reduced is sustaining good performance.
- Cost of Care: - The cost of care packages will see a cost pressure in 2023/24 due to fee rates, inflation and growth in demand, an increase in package costs will occur, most noticeably in April when the planned annual fee increase takes effect. The impact of this on the overall adult social care budget is to some extent offset by grants, income from contributions and staffing.
- Quality: - Quality of care performance is an area of ongoing focus. Quality assurance activity, introduction of the Care Quality Framework in 2023/24 and completion of recommissioning of all community provision should support all community commissioned providers to achieve and sustain a good rating. Our focus will be on achieving a good rating across all residential provision as part of residential review, agreed at Committee in February 23.

1.2.4 Good progress is being made around delivery upon Council Delivery

Plan milestones as also set out in appendix, with further updates on each milestone incorporated as part of the Cycle of Assurance presented today through the governance reports and the DASS highlight reports.

### **1.3 Update: Direct Payments & Personalisation:**

1.3.1 The Direct Payments Improvement Programme has been very busy over the past 6 months since the approval on 19<sup>th</sup> December 2022 of the [direct payment and personalisation strategy](#). The Direct payments strategy supports us to deliver the outcomes for our ten year strategy for adult social care, specifically the Active and Independent outcomes:

- People who use services who have control over their daily life (ASCOF measure 1B) (*I know that I have control over my life, including planning ahead; I can manage money easily and use it flexibly; I can have fun, be active, and be healthy*)
- The proportion of people who use services who find it easy to find information about support (ASCOF measure 3D) (*I know what services and opportunities are available in my area; I know where to go and get help*)

1.3.2 In summary, the programme has:

- Launched a new Direct Payments Personalisation Strategy at a successful event on 18<sup>th</sup> May.
- Introduced a Direct Payments training course and running it monthly for staff.
- Launched a suite of factsheets on Direct Payment related topics available in dedicated SCC Direct Payment web page.
- Reviewed how the direct payment process currently works as a partnership. The next step is to establish and implement a streamlined process based on the feedback and review.
- A Individual Service Funds pilot, which includes identifying options for a new payment solution to support the Individual Service Fund.
- Procured an interim Direct Payments support service with Penderels.
- A successful pilot with Company Shop in securing memberships for Personal Assistants.
- Initiatives to promote and encourage recruitment and retention to the role of Personal Assistants.
- An improvement plan to further strengthen our Direct Payment audit function.
- New policy on employing family members as Personal Assistants and determining individual's reasonable preferences and topping up Direct Payments.
- Quality assurance framework to ensure money management accounts effectiveness.
- Standardised the approach to Direct Payment reporting across Adults and Childrens.

1.3.3 Over the next 6 months, the project will be focussing on:



- Reviewing the audit processes to implement the requirements agreed.
- Approving the recommendation from the options appraisal and procuring a new payment solution for individual service funds (ISF).
- Implementing the ISF pilot. Agree as-is and to-be process flows. Producing a proposal on standardising sleep-in rates.
- Developing an annual report for consideration by March Committee setting out our progress made and priorities for 23/24.

## 1.4 Update: Unpaid Carers

1.4.1 Since the [Carers Delivery Plan](#) was agreed by Committee on 19<sup>th</sup> December 2022, there has concerted work to deliver it. The Unpaid Carers supports us to deliver the outcomes for our ten-year strategy for adult social care, specifically the Connected and Engaged outcomes:

- Overall satisfaction of carers with social services (ASCOF measure 3B) (*I am confident to engage with friends/support services*)
- Proportion of carers who report that they have been included or consulted in discussion about the person they care for (ASCOF measure 3C) (*I am listened to and heard and treated as an individual.*)
- The proportion of carers who find it easy to find information about services (ASCOF measure 3D) (*I know where to go and get help.*)

1.4.2 This work has included:

- Working with partners to put on a range of activities for Carers Week (5-11 June). This includes awareness raising, staff training, carers events etc. We are also launching a new multiagency Carer Voice group and Sheffield Carers Centre are launching their carer network.
- Launching a new multi-agency carer voice group meaning health and social care issues can be dealt with in one place.
- Work with Sheffield Young Carers to identify options to improve their experience of the process of carers assessment and support. Promoted identification of young carers on the school's census.
- Renewed the city's subscription to Employers for Carers- who work to support employment for those with caring responsibilities.

1.4.3 The next 6 months will focus upon:

- Widen the work on awareness of young carers, including eLearning for social care and health staff.
- Develop longer term planning for families with aging carers, working with Mencap and Gateway to review current arrangements.

- Joint work across the ICB on carers resource packs being available across Primary Care and wider health partners.
- Ensure all schools in the city has a named Young Carers Lead.
- Developing an annual report for consideration by March Committee setting out our progress made and priorities for 23/24.

## 1.5 Update: Involvement in Adult Social Care

1.5.1 The Committee approved [the involvement delivery plan](#) on 19<sup>th</sup> December 2022, setting out an review and significant expansion in the involvement, engagement and coproduction approach taken across Adult Care & Wellbeing. The involvement delivery plan supports us to deliver the outcomes for our ten-year strategy for adult social care, specifically the Aspire and Achieve outcomes:

- I feel that I have a purpose.
- I am seen as someone who has something to give, with abilities, not disabilities. I get support to help myself.
- I have balance in my life, between being a parent, friend, partner, carer, employee.

1.5.2 Since then, there has been investment and progress, including:

- South Yorkshire Housing Association were chosen as our external involvement partners by the service involvement forum, after a competitive process.
- That project is now expanded to a 2-phase project – a festival of involvement running June / July and a service wide co-production phase in the autumn
- The festival has 14 events across 7 themes mixing online and in person events. The themes chosen were: ‘What do we mean by involvement?’, safeguarding, designing an accommodation strategy, co-producing the local account, testing out community performance clinics, activities with care homes residents and their families, technology enabled care. Full details of the festival can be found on the [Festival web page](#)
- Working as part of council-wide “Have your say Sheffield” digital involvement platform, implementing a specific [adult social care hub](#) including interactive functionality and hub for how to get involved with adult social care engagement. Currently 11 live engagement offers including the festival programme.
- Now published 2 community involvement newsletters for anyone who wants to be involved in the adult social care engagement, including the VCF and providers to support them involve people directly and with us.
- In process of reviewing and refreshing the existing forums and boards. For example, launching an election process for representatives on the LD partnership board and refreshed membership for both that and Autism partnership board to increase citizen membership.

- Internal staff involvement event to explore internal support to start to embed a wider culture of listening and involvement.

### 1.5.3 Over the next 6 months we will:

- Hold the Festival of Involvement, then analysis and use all the things we've been told to inform our new Directorate Plan so that people can see the feedback they have given is informing our priorities and actions.
- Autumn 2<sup>nd</sup> phase to coproduce service wide mechanisms to embed involvement across the whole of adult social care.
- Look specifically at involvement of Black and Minority Ethnic groups and how we can build in partnership our engagement programme.
- Developing an annual report for consideration by March Committee setting out our progress made and priorities for 23/24.

## 1.6 National Social Care Developments

### 1.6.1 ADASS Roadmap – ‘A Time to Act’

Several members of the leadership team attended the launch of the Association of Directors of Adult Social Services (ADASS) Roadmap setting out a sector wide call for immediate action on adult social care.

### 1.6.2 The document recommends the sector adopt a collective vision and propose the one developed by the influential national body Social Care Futures. Their vision (below) closely matches that set out in the City's Adult Social Care Strategy.

*“We all want to live in the place we call home, with the people and things that we love, in communities where we look out for one another, doing that matter to us.”*

### 1.6.3 The report calls for a better system of care and support which is:

1. Focused on outcomes.
2. Personalised, co-created and flexible.
3. Proactive and preventative
4. Integrated and coordinated.
5. Local, community-based, and relational
6. Sustainable, efficient, and effective
7. Fair in what it asks of people.
8. Accessible and affordable.

A summary diagram is set out in Appendix A. The full roadmap can be found on the [ADASS website](#).

### 1.6.4 Care Workforce Pathway for Adult Social Care

The Department for Health and Social Care (DHSC) has been calling for evidence on the development a care workforce pathway for adult social care.

The consultation and response were due in while the Committee did not meet over the election period, however we have been steered by the feedback received on the Workforce Strategy agreed at the March 2023 committee.

1.6.5 The initially proposed pathway is below.

The full document is available on the [government website](#).

## **1.7 Preparation for CQC Inspection**

1.7.1 In March 2023 the Care Quality Commission (CQC) published more detailed guidance on the inspection framework for local authorities. This can be found on the [CQC website](#) and officers continue to collate the evidence and update our self-assessment in preparation.

1.7.2 The new inspections commenced in April 2023, and Sheffield is not in the initial 5 local authority areas being inspected as pilot sites between then and September 2023. We are in contact with some of those areas to hear their feedback and use their learning to inform our ongoing preparations.

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

### **2.1 Organisational Strategy**

2.1.1 Our long-term strategy for [Adult Health and Social Care](#), sets out the outcomes we are driving for as a service, and the commitments we will follow to deliver those outcomes:

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

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

- 3.1 The purpose of this report is to provide and update in relation to Adult Care Services.
- 3.2 Consultation is undertaken during the development of proposals for the budget and implementation of proposals for the budget as appropriate.
- 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 as agreed at Committee in December 2022.

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

#### **4.1 Equality Implications**

- 4.1.1 This update is based on a strategic approach, which was supported by a comprehensive equality impact assessment, which can be found on the Council website Our adult social care vision and strategy (sheffield.gov.uk).
- 4.1.2 Any individual parts of our change and activity will require their own detailed equality impact assessment, which will be completed to inform plans and decision making.

#### **4.2 Financial and Commercial Implications**

- 4.2.1 The strategy was supported by a financial strategy, which can be found on the Council website Our adult social care vision and strategy (sheffield.gov.uk), and is closely aligned with the budget strategy.
- 4.2.2 The additional update does not alter this strategy, although does add a layer of detail.
- 4.2.3 All individual components of Adult Social Care activity will be assessed for their financial contribution to this finance strategy and the Council's budget. This will be used to inform both plans and decision-making.

#### **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 (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.

4.3.3 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.

#### **4.4 Climate Implications**

4.4.1 The Adult Social Care Strategy 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 Any individual parts of our change and activity will require their own detailed climate impact assessment, which will be completed to inform plans and decision making.

#### **4.4 Other Implications**

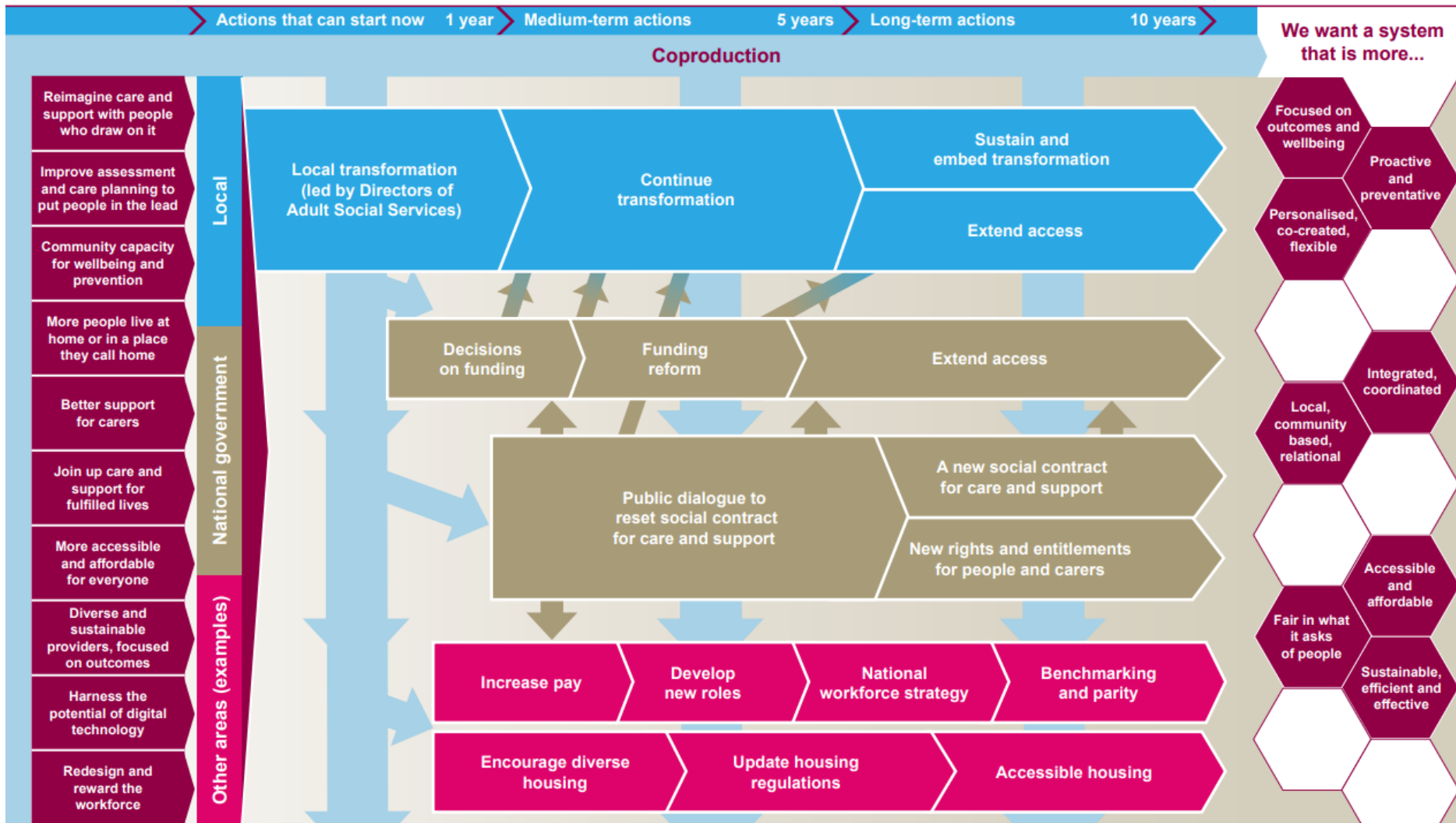
4.4.1 There are no specific other implications for this report. Any recommendations or activity from the detailed workplans of the strategy will consider potential implications as part of the usual organisational processes as required.

### **5. ALTERNATIVE OPTIONS CONSIDERED**

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

### **6. REASONS FOR RECOMMENDATIONS**

6.1 This report provides an update regards Adult Care activities for Members.



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## COUNCIL DELIVERY PLAN – ADULT SOCIAL CARE UPDATE

The Committee will be provided with performance information on a quarterly basis. This report represents the position in April 2023 and focuses on the key performance challenge identified the [Council's Delivery Plan](#).

The performance data itself, which could be summarised as:

- Adult Social Care user annual reviews is now at the highest level for the last 10 years (63%) and is forecast to further improve, achieving the 75% Delivery Plan target by end of June 2023.
- The time taken to put support in place is performing well, sickness absence in the service is reducing and safeguarding risks reduced is sustaining good performance.
- The cost of care packages will see a cost pressure in 2023/24 due to fee rates, inflation and growth in demand, an increase in package costs will occur, most noticeably in April when the planned annual fee increase takes effect.
- The impact of this on the overall adult social care budget is to some extent offset by grants, income from contributions and staffing. Home care provision performance appears to have plateaued below target, however, quality assurance activity and introduction of the Care Quality Framework in 2023/24 should support improvement, alongside the Care and Wellbeing Contract.
- It is anticipated ratings will show improvement in the next 6 months if the CQC are able to maintain their re-inspection rate of Requires Improvement providers.

### **What Are We Doing to Deliver Excellent Quality and Accessible Adult Social Care Services and Improve Our Performance.**

Our vision set out in our Adult Social Care Strategy 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”.

We have implemented a Delivery Plan to deliver upon this vision and our priority that people experience excellent quality, accessible and person led support from all adult social care whether from Sheffield City Council or through our funded provision. A Future Design of Adult Social Care was approved at Committee on 16th November 2022 provides the foundations to deliver on the vision and our ambitions.

From our review of performance, we know that we are progressing well in relation to quality-of-care homes, impact on risk, timescale to put

## COUNCIL DELIVERY PLAN – ADULT SOCIAL CARE UPDATE

support in place and gross expenditure. Our priority is to continue to improve our performance so that we are outstanding. However, we also know that we need to improve our review performance, satisfaction, wellbeing outcomes and quality of community provision. To that end improvement activity are underway, aligned to the milestones in the One Year Plan and Council Delivery Plan and the Adult Social Care Strategy Delivery Plan to improve our performance in relation to Quality, Accessibility and Satisfaction, which is reflected in our milestones.

No	Milestone/ Action	Lead	By when	Update	RAG
1	Deliver a new Target Operating Model for Adult Social Care which enables delivery on our strategy and vision and creates the foundations for long term sustainability of social care to improve outcomes and quality.	Principal Programme Manager Adult Health and Social Care	Completed and ongoing implementation	<a href="#">Future Design of Adult Social Care</a> approved at Committee on 16/11/2022 and went live on February 2023. Ongoing review every 3 months to continue to implement.	
2	Deliver a Market Position Statement and Market Sustainability and Oversight Plan.	Assistant Director Adult Commissioning Adult Health and Social Care	Completed and ongoing implementation	<a href="#">Market Position Statement</a> Approved at Committee on 21/09/22. <a href="#">Market Oversight &amp; Sustainability Plan</a> approved at Committee on February 2023. Ongoing review via committee.	
3.	Deliver a Joint Health and Wellbeing Outcomes Framework which sets out the impact health and care services are having in Sheffield.	Director Commissioning NHS SY ICB	Completed and ongoing implementation	<a href="#">The Outcomes Framework</a> has been developed and was approved at Committee on 19/12/2022. Ongoing work to embed as part of performance and outcomes framework as next steps for ongoing monitoring.	
4	Deliver a Sheffield Adult Social Care Workforce Strategy	Chief Social Work Officer	Completed and ongoing implementation	A workforce strategy was approved by Committee in March 2023 for approval. A workforce board is in place to enable implementation of	

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				the strategy and ongoing updates via Committee.	
5	Deliver a new model for residential care with implementation over the following year.	Assistant Directors Adult Commissioning and Ageing and Living Well	Dec 24	A plan to stabilise and <a href="#">develop residential care</a> was approved on 8 <sup>th</sup> February 2023. A new model for <a href="#">short term care</a> was approved by Committee on 15/06/22. Plan to bring updated model to Committee by December 23.	
6	Deliver an Unpaid Carers Strategic Delivery Plan with implementation over the following year which sets out how we will improve experiences and supports to unpaid carers in the City.	Chief Social Work Officer and Service Manager Commissioning	Completed and ongoing implementation.	The <a href="#">Delivery Plan</a> was approved at Committee on 19/12/2022. A Carers Partnership and series of events and partnership arrangements are in place to deliver upon the actions in the plan.	
7	Deliver a Direct Payments and Personalisation Strategy and Strategic Delivery Plan setting out how we will improve choice and control for people with a disability across Sheffield.	Assistant Director Adult Commissioning Service Manager Commissioning	Completed and ongoing implementation.	The <a href="#">Strategy and Delivery Plan</a> was approved at Committee on 19/12/2022. A series of events and partnership arrangements are in place to deliver upon the actions in the plan.	
8	Deliver a new model for safeguarding Adults in Sheffield supported by a new Safeguarding Delivery Plan.	Chief Social Work Officer; Assistant Director Access Mental Health and Wellbeing	April 23	<a href="#">The Safeguarding Update and Delivery Plan</a> was approved at Committee on 21/09/2022. New MASH model	
9	Deliver a new model for Mental Health Social Care Services in Sheffield with implementation in the following year to improve outcomes of people experiencing mental ill health in need of care and support.	Assistant Director Access, Mental Health, and Wellbeing	Completed	The return of <a href="#">mental health social workers</a> back to line management of adult social care following decision by Cooperative Executive on 16 <sup>th</sup> March 22 was completed on 1 <sup>st</sup> April 23 and ongoing implementation	

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				underway. The <a href="#">recommissioning of mental health services</a> is underway following decision at Committee on 21/09/22.	
10	Deliver a new transformational Homecare Contract which enables a more people to live independently for longer.	Assistant Directors Adult Commissioning and Ageing and Living Well	December 23	The approval to <a href="#">recommission homecare</a> was provided by Committee on 15/06/2022. The tender was subsequently issued. He programme is on track for delivery by December 23. Ongoing updates to Committee via Commissioning Updates.	
11	Deliver and implement the national government funding reforms	Assistant Director Governance and Inclusion	Completed	An update and plan to implement the <a href="#">Charging Cap</a> was provide to Committee on 21/09/22. Further guidance awaited from national government.	
12	Quality of Care	Assistant Director Commissioning and Partnerships	Ongoing	Our quality ambitions have been set out in our Market Position Statement approved at Committed on 21st September 2022. Through recommission exercises we will commission providers who are rated Good or Outstanding.  We have also strengthened our quality improvement support, so that current and successful providers are supported to maintain a rating of good or outstanding. We are establishing a joint arrangement with	

**COUNCIL DELIVERY PLAN – ADULT SOCIAL CARE UPDATE**

				health, so that have a joint governance arrangement to set standards and monitor quality across all provision in the City.	
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