

SHEFFIELD CITY COUNCIL

POLICY COMMITTEE DECISION RECORD

The following decisions were taken on Wednesday 20th September 2023 by the Adult Health and Social Care Policy Committee.

Item No

9. ADULT WORKING WITH PEOPLE DELIVERY PLAN

9.1 The Committee considered a report of the Operations Director which provided the approach to the CQC Assurance Theme 1, Working with People.

The aim of the Delivery Plan was to ensure that there was a robust approach towards the three quality statements included in the theme which were, Assessing Needs, Supporting People to live Healthier Lives and Providing Equity in Experiences and Outcomes.

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

- Endorses the Working with People Delivery Plan.
- Requests that the Strategic Director of Adult Care and Wellbeing provides the Committee with updates on progress against the Delivery Plan on a six-monthly basis, including updates made based on ongoing learning.

9.3 Reasons for Decision

9.3.1 An approved delivery plan gives a structured approach to delivery of the vision, outcomes and commitments set out in the overall strategy. It will also provide greater accountability and transparency of how we will do this.

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

9.4 Alternatives Considered and Rejected

9.4.1 This is an update on previously endorsed delivery plan in line with recommendations approved at Committee. No alternatives options are available due to this.

10. RECOMMISSIONING OF A NUMBER OF SERVICES PROVIDING SHORT TERM HOUSING RELATED SUPPORT TO VULNERABLE ADULTS

10.1 The Committee considered a report of the Head of Commissioning – Vulnerable People.

This report sought approval to re-commission a number of services that provide

accommodation and support to vulnerable people who were at risk of homelessness and other poor health and wellbeing outcomes.

10.2 Following discussion with the Chair, the presenting Officer asked that Members consider the recommendations on the basis that the word 'total' was inserted between estimated and value in each of the recommendations.

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

- 1) the re-commissioning of a street outreach service from an external provider for a period of five years and an estimated total value of £1,100,015, as set out in this report.
- 2) the re-commissioning of an accommodation and support service for people with a history of offending from an external provider for a period of five years and an estimated total value of £2,008,220, as set out in this report.
- 3) the commissioning of an abstinence-based accommodation and support service from an external provider for a period of five years and an estimated total value of £915,000, as set out in this report.
- 4) the re-commissioning of a drug and alcohol prevention and recovery support service for people living in the community from an external provider for a period of five years and an estimated total value of £1,729,065, as set out in this report.
- 5) the re-commissioning of 18 units of the Thrive complex needs accommodation and support service from an external provider for a period of 26 months and an estimated total value of £418,412, as set out in this report. 6) the commissioning of a service that helps older people (55 plus) who have deteriorating health and to access relevant support so they can continue to live independently for a period of 12 months and an estimated value of £794,233, as set out in this report.

10.4 **Reasons for Decision**

10.4.1 The proposals are aligned to a range of strategic objectives and help the council meet statutory duties in relation to social care and homelessness. The proposals mean that services will be in place that meet the needs of some of the most vulnerable adults in the city in a cost-effective way. This will be achieved by:

- Helping people stay in their own home for longer;
- Engaging rough sleepers into services and support;
- Providing a range of specialist supported accommodation types
- Helping people who are ready to out of supported accommodation to sustain independent living.

10.4.2 The services meet the needs of people who have multiple needs. Some of these people do not meet social care thresholds, but without a service their needs would deteriorate. Other people with a higher level of need would meet social care thresholds and meeting these needs would be more costly than the current arrangements.

10.4.3 As well as providing important elements of support to individuals the services have a wider impact, such as improving joint work across different agencies and bringing a return on investment, such as additional funding and increasing the income of people supported.

10.5 **Alternatives Considered and Rejected**

10.5.1 Bring the services in house – this would be a lengthy process and could not be achieved in a way that would avoid loss of provision. It would be likely to be less cost effective than the current arrangements because income streams that are available to the commissioned services are not available to Sheffield City Council. The providers have access to accommodation which is not available to the Council so the services provider an increase in capacity available to our overall homelessness and housing support system in Sheffield. Accommodation based providers often own or lease their buildings so the Council would need to find ways to buy, build, or take on new leases for suitable properties which would create delay and additional cost.

10.5.2 End the contracts – This would leave 529 vulnerable people without a service. In view of the range of services and the level of needs of the people it would put pressures on housing and social care budgets. Many of the people using the services would, if not supported, be subject to our duties to rehome under the Homeless Act. It is likely that fewer people overall would get an alternative service and the overall cost would be greater. It is likely:

- Some people would be placed in residential care at a much greater cost than their current provision. Some people in the complex needs service were formally in residential care.
- Some people would be placed in bed and breakfast or costly provision that is not regulated, their needs would not be met as well as they are being under current arrangements.
- Some people would be likely to be left without a service given that 529 people would be negatively impacted.

11. **COMMUNITY INFECTION AND PREVENTION CONTROL SERVICE**

11.1 The Committee considered a report of the Director of Public Health which outlined why a Community Infection Prevention and Control Service was needed, the proposed model, costs and funding source for this service with an aim to put it in place in the 23/24 financial year.

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

- Approve the allocation of £250,000 (maximum) per year for three years with an overall allocation of £750,000 from the Public Health Grant reserve for the purpose of increasing capacity for Infection Prevention and Control and agree to commission a Community Infection Prevention and Control Service, as set out in this report.

11.3 Reasons for Decision

- 11.3.1 To put in place a Community Infection Prevention and Control service to support providers and ensure that the city has adequate measures in place to support infection prevention and control across key service areas.
- 11.3.2 To improve the levels of good practice in Infection Prevention and Control by providers of services commissioned by Sheffield City Council and the Integrated Care Board
- 11.3.3 To fund this service using the Public Health Grant which is provided to Local Authorities to ensure that the objectives of the Health and Wellbeing Strategy are met and the Public Health Outcomes Framework measures are improved.

11.4 Alternatives Considered and Rejected

- 11.4.1 Alternative options have been considered and the options are:

	Description	Financial implications	Recommendation
1	Maintain current service level only	0	It is not recommended to follow this option as the LA and ICB will not be able to be assured of meeting statutory responsibilities
2	Increase by two members of staff	£121,000-138,000	It is not recommended to follow this option as the LA and ICB will not be able to be assured of meeting statutory responsibilities to the range of services detailed in this paper
3	Increase by four members of staff and integrate with existing team in ICB.	£210-250	Recommended option to enable support to range of providers detailed in this paper and integration with existing commissioners in SCC and the ICM.

12. SHEFFIELD PHYSICAL HEALTH STRATEGY FOR PEOPLE LIVING WITH

SEVERE MENTAL ILLNESS, PEOPLE WITH LEARNING DISABILITIES AND AUTISTIC PEOPLE (2023-2028)

- 12.1 The Committee considered a report of the Head of Commissioning (MHLDA) which sought approval of the Sheffield All Age Physical Health Strategy for People Living with Severe Mental Illness, People with Learning Disabilities, and Autistic People.
- 12.2 **RESOLVED UNANIMOUSLY:** That the Adult Health and Social Care Policy Committee:-
- Approves and adopts the jointly developed and refreshed Sheffield Physical Health Strategy for People Living with Severe Mental Illness, People with Learning Disabilities, and Autistic People.
 - Requests that the Strategic Director Adult Care and Wellbeing provide annual updates as to implementation of the Strategy to Committee.

12.3 Reasons for Decision

- 12.3.1 People living with severe mental illness, people with learning disabilities and autistic people face inequities in terms of physical health and disparity in health outcomes. For too many people this means living for many years with a long term physical health condition and with reduced quality of life, as well as on average a dramatically reduced life expectancy.
- 12.3.2 Our shared vision for Sheffield is people of all ages with severe mental illness, people with a learning disability and people who are autistic will live longer and healthier lives because of improvements in their physical health and reduction (or early identification) of avoidable physical illness.
- 12.3.3 Endorsement of the strategy will help NHS organisations, Sheffield City Council, and community and voluntary sector partners to work together to achieve this vision.

12.4 Alternatives Considered and Rejected

- 12.4.1 Do nothing: It would be possible not to update the strategy for this area – but it would mean any plans would lack focus, coherence, and public accountability.

13. ADVOCACY SERVICES – CURRENT AND FUTURE

- 13.1 The Committee considered a report of the Commissioning Officer which requested agreement to the commissioning strategy for the provision of advocacy services.

This report summarised the Council's statutory duties to provide advocacy and set out the Council's recommendations for the development and delivery of advocacy services through a new contract to be delivered by an external provider.

It also noted the importance of ensuring continuity of advocacy services, and the proposals to deliver these in a way that met the needs of the people of Sheffield.

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

- Approves the commission of advocacy services from an independent external provider, for a period of 7 years and for an estimated annual value of £1.23m as set out in this report.
- Notes that the Strategic Director for Adult Care and Wellbeing Services provide an annual update on impact of advocacy services to the Committee.

13.3 Reasons for Decision

Should service provision cease, the Council will be unable to apply in an equitable manner our Statutory duty under the Care Act 2014, the Mental Capacity Act 2005, the Health and Social Care Act 2012 and the Mental Health Act 2007 to maintain a stable and sustainable care market. We would also be unable to meet the needs vulnerable adults identified as benefiting from non-statutory advocacy.

13.4 Alternatives Considered and Rejected

Options	Risks	Mitigation
Option 1 - Allow service to lapse	SCC would not meet statutory responsibilities SCC would not have an overview on quality SCC would have reduced influence in the hourly rate / cost of provision and value for money SCC would not have an overview of referral rates SCC would not have an overview of spend SCC would not have an overview on throughput SCC would not have an overview on waiting lists	SCC could spot purchase advocacy services
Option 2 - Offer a 12 further extension at current hourly rate	The Council would be at risk of a breach of procurement regulations The provider may not accept this proposal.	SCC could spot purchase advocacy services
Option 3 – deliver service in-house	The Council would be at risk of a breach of Care Act 2014 guidance. The Council would not adhere to best practice approach in commissioning advocacy services	No mitigation

14. ADULT HEALTH AND SOCIAL CARE: FINANCIAL RECOVERY PLAN UPDATE

14.1 The Committee considered a report of the Strategy and Planning Officer which provided an update on the financial recovery plan for 2023/24, an update regarding in-year changes to grant funding, an analysis of changes in demand over the previous 4 years, proposals for use of the Market Sustainability and Improvement Funding, and update on delivery against the care governance strategy and use of the resources delivery plan and a recap on budget planning for 2024/25.

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

1. Note the update to the financial forecast for the delivery of savings in 2023/24
2. Note ongoing actions to mitigate pressures, with specific regard to reviews and enablement.
3. Approve use of Market Improvement and Sustainability Funding (MSIF) Grant
4. Request updates on progress with implementation through our Budget Delivery Reports to future Committee.

14.3 Reasons for Decision

These recommendations are made to support strategic planning and operational decisions that are necessary for the long-term sustainability of Adult Social Care and the long-term benefit of people in Sheffield.

14.4 Alternatives Considered and Rejected

Not applicable – no decision or change is being proposed.