

Adult Health and Social Care Policy Committee

**Wednesday 8 November 2023 at 10.00
am**

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

The Press and Public are Welcome to Attend

Membership

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

PUBLIC ACCESS TO THE MEETING

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

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

Meetings are chaired by the Committee Chair, Councillor Argenzio.

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

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

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

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

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

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

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

FACILITIES

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

**ADULT HEALTH AND SOCIAL CARE POLICY COMMITTEE AGENDA
8 NOVEMBER 2023**

Order of Business

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

(Pages 11 - 20)

5. 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, by 9.00 a.m. on 6th November 2023).

6. Appointments to Sub-Committees

To note that, in accordance with the authority given by the Committee at its meeting held on 14th June 2023, the Monitoring Officer, in consultation with the relevant political group whip, had authorised the appointment of Councillor Mary Lea to replace Councillor Nighat Basharat as a substitute member of the Health Scrutiny Sub-Committee, with effect from 30th June 2023.

7. Members' Questions

To receive any questions from Members of the committee on issues which are not already the subject of an item of business on the Committee agenda – Council Procedure Rule 16.8.

(NOTE: a period of up to 10 minutes shall be allocated for Members' supplementary questions).

8. **Work Programme** (Pages 21 - 40)

Formal Decisions

9. **Adults Early Intervention Delivery Plan Strategy and Delivery Plan Update** (Pages 41 - 68)
10. **Adult Care Mental Health and AMHP Service Annual Report** (Pages 69 - 92)
11. **Changing Futures Delivery Plan update and Annual Report** (Pages 93 - 106)
12. **Adults with a Learning Disability Strategy and Adult Future Options Transformation Plan** (Pages 107 - 174)
13. **Adult Care Budget Programme 2024/ 2025** (Pages 175 - 190)
14. **Adult Health and Social Care: Financial Recovery Plan Update** (Pages 191 - 206)

Items For Noting

15. **Safeguarding Annual Report** (Pages 207 - 256)
16. **Occupational Therapy and Adapted Housing Delivery Plan and Update** (Pages 257 - 286)

NOTE: The next meeting of Adult Health and Social Care Policy Committee will be held on Wednesday 13th December 2023 at 10.00 am

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ADVICE TO MEMBERS ON DECLARING INTERESTS AT MEETINGS

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

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

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

You **must**:

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

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

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

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

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

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

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

You have a personal interest where –

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

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

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

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

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

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

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Adult Health and Social Care Policy Committee

Meeting held 20 September 2023

PRESENT: Councillors Angela Argenzio (Chair) Sophie Thornton (Deputy Chair), Ruth Milsom (Group Spokesperson), Steve Ayriss, Gail Smith, Ruth Milsom, Abtissam Mohammed, Laura McClean, Martin Phipps and Mick Rooney

1. APOLOGIES FOR ABSENCE

1.1 No apologies for absence were received.

2. EXCLUSION OF PRESS AND PUBLIC

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

3. DECLARATIONS OF INTEREST

3.1 There were no declarations of interest made.

4. MINUTES OF PREVIOUS MEETING

4.1 The minutes of the meeting of the Committee held on the 14th of June were approved as a correct record.

5. PUBLIC QUESTIONS AND PETITIONS

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

6. APPOINTMENTS TO SUB-COMMITTEES

6.1 The Committee noted that, on 1st September 2023, the Monitoring Officer, in consultation with the relevant political group whip, had authorised the appointment of Councillor Maleiki Haybe as substitute Member of the Health Scrutiny Sub-Committee.

7. MEMBERS' QUESTIONS

7.1 There were no Members' questions.

8. WORK PROGRAMME

8.1 The Committee received a report containing the Committee's Work Programme for consideration and discussion, presented by the Principal Democratic Services Officer. The aim of the Work Programme was to show all known, substantive agenda items for forthcoming meetings of the Committee, to enable this Committee, other committees, officers, partners and the public to plan their work with and for the Committee.

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

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	<p>SCC would not meet statutory responsibilities</p> <p>SCC would not have an overview on quality</p> <p>SCC would have reduced influence in the hourly rate / cost of provision and value for money</p> <p>SCC would not have an overview of referral rates</p> <p>SCC would not have an overview of spend</p> <p>SCC would not have an overview on throughput</p> <p>SCC would not have an overview on waiting lists</p>	SCC could spot purchase advocacy services
Option 2 - Offer a 12 further extension at current hourly rate	<p>The Council would be at risk of a breach of procurement regulations</p> <p>The provider may not accept this proposal.</p>	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.

15. 2022/23 Q1 BUDGET MONITORING

15.1 The committee considered a report of the Director of Financial and Commercial Services which brought the Committee up to date with the Council's outturn position for Q1 2023/24 General Fund revenue position.

15.2 The report was noted by the Adult Health and Social Care Committee.

16. HOMECARE: CARE AND WELLBEING SERVICE CONTRACT & DISCHARGE PROVISION

16.1 The Committee considered a report of the Assistant Director, Commissioning and Partnerships. The report provided an update to the Committee on the award of a contract for the delivery of Care and Wellbeing Services. It also asked the Committee to note the intention to extend the short-term contracts for Homecare provision. Additionally, the report provided an update on the provision of homecare hours to support the Hospital Discharge and Urgent Care Delivery Plan, and the delivery plan to ensure sufficient homecare hours over the winter.

16.2 The report was noted by the Adult Health and Social Care Committee.

17. TRANSITIONS OF YOUNG PEOPLE TO ADULT SERVICES

17.1 The Committee considered a report of the Service Manager, Adults Future Options. The report provided an update regarding progress in implementing a new transitions model in line with ambitions to improve the lives and outcomes for young people in need of longer-term support from Adult Care. It was recommended that the Strategic Director of Adult Care and Wellbeing provide an update to Committee every 6 months. Members requested that this be added to the Work Programme.

17.2 The report was noted by the Adult Health and Social Care Committee.

18. ADULT SAFEGUARDING DELIVERY PLAN UPDATE

18.1 The Committee considered a report of the Chief Social Work Officer. The report provided an update on progress made with the Adult Safeguarding Delivery Plan, endorsed by Committee in September 2022. It was stated that the aim of the

Delivery Plan was to ensure that there was a robust response towards safeguarding Adults from abuse and neglect.

18.2 The report was noted by the Adult Health and Social Care Committee.

19. ADULT CARE STRATEGY DELIVERY AND SERVICE PERFORMANCE UPDATE

19.1 The Committee considered a report of the Strategic Director of Adult Care and Wellbeing. The report provided a scheduled update, aligned to the cycle of assurance, setting out the delivery process and what had been achieved. The paper also sought to demonstrate how impact was being measured in order to demonstrate the progress in enable citizens of Sheffield to live the life they want to live.

19.2 The report was noted by the Adult Health and Social Care Committee.

20. ADULT HEALTH AND SOCIAL CARE STRATEGY REFRESH AND DIRECTORATE PLAN

20.1 The Committee considered a report of the Strategic Director of Adult Care and Wellbeing. The report provided an update on developing a refreshed Strategy Delivery and Directorate Plan and set out a draft Directorate plan and proposals for engagement on the draft plan.

20.2 The report was noted by the Adult Health and Social Care Committee.



Report to Adult Health and Social Care Policy Committee

8th November 2023

Report of: Director of Policy and Democratic Engagement

Subject: Committee Work Programme

Author of Report: Fiona Martinez, Principal Democratic Services Officer

Summary:

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

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

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

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

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

Recommendations:

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

Background Papers: None

Category of Report: Open

COMMITTEE WORK PROGRAMME

1.0 Prioritisation

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

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

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

2.0 References from Council or other Committees

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

2.2 None received

3.0 Member engagement, learning and policy development outside of Committee

3.1 Subject to the capacity and availability of councillors and officers, there are a range of ways in which Members can explore subjects, monitor information and develop their ideas about forthcoming decisions outside of formal meetings. Appendix

2 is an example 'menu' of some of the ways this could be done. It is entirely appropriate that member development, exploration and policy development should in many cases take place in a private setting, to allow members to learn and formulate a position in a neutral space before bringing the issue into the public domain at a formal meeting.

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

Title	Description & Format	Date
	None	

Appendix 1 – Work Programme

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

New Items	Proposed Date	Note	Lead
NEW: Adult Care and Wellbeing Budget, Risk and Financial Governance	November 23	Adult Care and Wellbeing Budget, Risk and Financial Governance	Liam Duggan/Jonathan McKenna-Moore
NEW: Adult Safeguarding Delivery Plan Update	February 24	Awaiting Form 1	Jenna Tait/Janet Kerr
NEW: Adult Health and Social Care Directorate Plan	December 23	Summary plan for the Adult Care & Wellbeing Directorate setting out priorities, objectives and measures across the service for 2023/24	Alexis Chappell
NEW: Safeguarding Annual Report	November 23	Awaiting Form 1	Alexis Chappell/Dawn Bassinder
NEW: Occupational Therapy and Adapted Housing Delivery Plan and Update	November 23	To provide an update to Committee on the Occupational and Adapted Housing area of work and delivery plan.	Nicola Afzal/Ian Menzies
NEW: Briefing Paper on Emergency Overnight Short Breaks (EONSB) for people with a Learning Disability and/or Autism	December 23	To develop and appraise several short/medium/long term options that would allow SCC to meet the needs of those requiring EONSBs in a timely and cost-effective manner.	Richard Johnson
NEW: Healthwatch Commissioning Strategy	December 23	Commissioning Strategy	
Rescheduled Items	Proposed Date	Note	
MOVED: Technology and Digital Commissioning Strategy and Delivery Model	March 23	Item moved from November's Committee meeting to March's Committee meeting.	Paul Higginbottom/Catherine Bunten

MOVED: DASS Local Account and Annual Performance report	December 23	Item moved from November's Committee meeting to December's Committee meeting.	Liam Duggan/ Jonathan McKenna-Moore
MOVED: Overnight Short Breaks	December 23	Item moved from November's Committee meeting to December's Committee meeting.	Rachel Baig
MOVED: Residential Commissioning Strategy and Delivery Plan	December 23	Item moved from November's Committee meeting to December's Committee meeting.	Catherine Bunten

Part 2: List of other potential items not yet included in the work programme

Issues that have recently been identified by the Committee, its Chair or officers as potential items but have not yet been added to the proposed work programme. If a Councillor raises an idea in a meeting and the committee agrees under recommendation 3 that this should be explored, it will appear either in the work programme or in this section of the report at the committee's next meeting, at the discretion of the Chair.

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

Part 3: Agenda Items for Forthcoming Meetings

Meeting 3	November 8 th , 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&R)/Full Council/Officer</i>
Adults Early Intervention Delivery Plan Strategy and Delivery Plan Update	Approval of Adult Early Intervention Strategy and progress made in improving wellbeing outcomes following decisions at Committee in 22/23.	Sandie Buchan Lorraine Wood Tim Gollins	Decision	Member Briefing	Included in report and development of strategy	Adult Health and Social Care and Communities, Parks and Leisure Member Briefing
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

Adult Care Budget Programme 2024/ 2025	Endorsement of budget proposals 2024/ 2025, including Care Fees	Liam Duggan/ Liz Gough	Decision	Member Briefing	N/A	Adult Health and Social Care
2024 to 2027 Revenue and Capital Budget	Awaiting Form 1	Philip Gregory	Decision	TBC	TBC	Adult Health and Social Care
Adults with a Learning Disability Strategy and Adult Future Options Transformation Plan	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 NOTE: Cross Cutting issue requiring briefings for ECF

<p>NEW: Safeguarding Annual Report</p>	<p>Awaiting Form 1</p>	<p>Dawn Bassinder and Alexis Chappell</p>	<p>To note</p>	<p>-</p>	<p>-</p>	<p>Adult Health and Social Care and Strategy and Resources</p>
<p>NEW: Occupational Therapy and Adapted Housing Delivery Plan and Update</p>	<p>To provide an update to Committee on the Occupational and Adapted Housing area of work and delivery plan.</p>	<p>Nicola Afzal/Ian Menzies</p>	<p>Performance/Monit oring</p>	<p>Member briefing</p>	<p>N/A</p>	<p>Adult Health and Social Care</p>
<p>Standing items</p>	<ul style="list-style-type: none"> • <i>Public Questions/ Petitions</i> • <i>Work Programme</i> 					

Meeting 4	December 13 th , 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 recommissioning exercises.)	Catherine Buntun	Post Decision – Assurance to Committee	Member Briefing	N/A	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.	Alexis Chappell and Hannah Matheau	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 and briefing for Education, Children and Families

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	Dawn Bassinder and Alexis Chappell	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 & Wellbeing progress in relation to the Council's</p>	Alexis Chappell	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

	Delivery Plan, key strategic events and issues on the horizon.					
2023/24 Q2 Budget Monitoring	Budget monitoring	Jane Wilby	Monitoring			Adult Health and Social Care
MOVED: DASS Local Account and Annual Performance report	Approval of Local Account and annual performance report	Liam Duggan/ Jonathan McKenna-Moore	Decision	Member Briefing	As part of development of the account	Adult Health and Social Care
MOVED: Overnight Short Breaks	Awaiting Form 1	Rachel Baig	TBC	TBC	TBC	Adult Health and Social Care
NEW: Adult Health and Social Care Directorate Plan	Plan for the Adult Care & Wellbeing Directorate setting out priorities, objectives and measures across the service for 2023/24	Alexis Chappell	Decision	Member Briefing	The plan for the Adult Care & Wellbeing Directorate setting out priorities, objectives and measures across the service for 2023/24	Adult Health and Social Care
MOVED: 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 with briefing for Education, Children and Families

MOVED: 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 Bunten	Decision	Member Briefing	As part of development of the plan	Adult Health and Social Care
NEW: Briefing Paper on Emergency Overnight Short Breaks (EONSB) for people with a Learning Disability and/or Autism	To develop and appraise several short/medium/long term options that would allow SCC to meet the needs of those requiring EONSBs in a timely and cost-effective manner.	Richard Johnson	Performance/ Monitoring	None	Significant engagement has taken place with service users/carers/families as part of the Chance to Choose Engagement project and as part of the development of the Learning Disabilities Strategy and Autism Strategy which has identified the need to further develop the overnight short breaks offer.	Adult Health and Social Care
NEW: Healthwatch Commissioning Strategy	Awaiting Form 1	Catherine Bunten	TBC	TBC	TBC	Adult Health and Social Care
Standing items	<ul style="list-style-type: none"> • <i>Public Questions/ Petitions</i> • <i>Work Programme</i> 					

Meeting 5	January 31 st , 2024	10am				
Topic	Description	Lead Officer/s	Type of item Decision/Referral to decision-maker/Pre-decision (policy development)/Post-decision (service performance/ monitoring)	Prior member engagement/ development required (with reference to options in Appendix 1)	Public Participation/ Engagement approach (with reference to toolkit in Appendix 2)	Final decision-maker (& date) This Cttee/Another Cttee (eg S&R)/Full Council/Officer
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

Primary and Social Care Neighbourhood Model	Proposals for joint working between health and social care	Alexis Chappell Andy Hilton	Decision	Member Briefing	Included in report	Adult Health and Social Care
NEW: Adult Safeguarding Delivery Plan Update	Awaiting Form 1	Jenna Tait/Janet Kerr	Decision	-	-	Adult Health and Social Care
<i>Standing items</i>	<ul style="list-style-type: none"> • <i>Public Questions/ Petitions</i> • <i>Work Programme</i> 					

Meeting 6	March 20 th , 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	Update on Adult Care Budget, Financial Governance and Risk Register. Thematic	Liam Duggan and Jonathon McKenna Moore	Post Decision	Member Briefing	N/A	Adult Health and Social Care

and Financial Governance	Overview (Timeline for 25/26 of business planning, financial risks and challenges)					
Providing Support, Market Sustainability Commissioning Plan 2023 - 2025	Quarterly update on progress with commissioning plan 2023 – 2025.	Catherine Buntun	Post Decision	Member Briefing	N/A	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 & Wellbeing progress in relation to the Council’s Delivery Plan, key strategic events and issues on the horizon.</p>	Alexis Chappell	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	Budget monitoring report	Jane Wilby	Monitoring			Adult Health and Social Care
NEW: New Violence against Women and Girls, Domestic	Our strategy covering this area was agreed in 2018 and was due to expire in 2022. In the meantime a statutory duty under the	Alison Higgins	Strategy/Policy Development	Political group briefings and committee briefings – in writing then in person if needed.	There will be consultation with stakeholders and the public building on consultation	Adult Health and Social Care and Education, Children and Families

and Sexual Abuse Strategy	Domestic Abuse Act 2021 required us to produce a Safe Accommodation and Domestic Abuse Strategy which runs until 2024.				already undertaken this year specifically in relation to domestic abuse.	
MOVED: 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 Buntin	Decision	Member Briefing	As Part of development of the plan	Adult Health and Social Care
Standing items	<ul style="list-style-type: none"> • <i>Public Questions/ Petitions</i> • <i>Work Programme</i> 					

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

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

All agenda items will anyway be supported by the following:

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

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

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

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

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

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

Appendix 3 – Public engagement and participation toolkit

Public Engagement Toolkit

On 23 March 2022 Full Council agreed the following:

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

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

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

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

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

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

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



Report to Policy Committee

Author/Lead Officer of Report: Tim Gollins,
Assistant Director Access, Mental Health and Wellbeing.

Report of: Strategic Director of Adult Care & Wellbeing

Report to: Adult Health and Social Care Policy Committee

Date of Decision: 8th November 2023

Subject: Information and Advice, Early Intervention and Prevention Update

Has an Equality Impact Assessment (EIA) been undertaken?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
If YES, what EIA reference number has it been given? 2404				
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 provide an update on early intervention and prevention activities, in line with priority 6 of our Strategy Delivery Plan.

Recommendations:

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

- Agrees to the co-design and co-production of a broad partnership-based Adult's Prevention and Early Intervention Strategy that will detail how the Care Act 2014 duties to 'prevent', 'reduce' and 'delay' the onset of social care needs is achieved across the Local Authority and its partners.
- Note the success of Sheffield Directory and the increased accessibility elements of the site and endorse the development of self-assessment.
- Agree to the development of the early help 'Bridging Service' linking First Contact's 'Make A Call - Take A Call' (MACTAC) service to Communities' 'Team Around the Person' (TAP) service, detailed in Appendix 2.
- Note the ongoing development and implementation of Technology Enabled Care (TEC) as a key enabler of our approach.
- Requests that the Strategic Director of Adult Care and Wellbeing provides the Committee with updates on progress against the Delivery Plan on a 6 monthly basis.

Background Papers:

Appendix 1 – Early Intervention and Prevention Delivery Plan

Appendix 2 – Early Help Model

Lead Officer to complete: -		
1	I have consulted the relevant departments in respect of any relevant implications indicated on the Statutory and Council Policy Checklist, and comments have been incorporated / additional forms completed / EIA completed, where required.	Finance: Laura Foster
		Legal: Patrick Chisholm
		Equalities & Consultation: Ed Sexton
		Climate: Tim Gollins
	<i>Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.</i>	
2	SLB member who approved submission:	<i>Alexis Chappell</i>
3	Committee Chair consulted:	<i>Councillors Angela Argenzio</i>
4	I confirm that all necessary approval has been obtained in respect of the implications indicated on the Statutory and Council Policy Checklist and that the report has been approved for submission to the Committee by the SLB member indicated at 2. In addition, any additional forms have been completed and signed off as required at 1.	
	Lead Officer Name: Tim Gollins	Job Title: Assistant Director Access, Mental Health, and wellbeing.
	Date: 20 th October 2023	

1. PROPOSAL

1.1 Committee on 19th December 2022, endorsed the Adults Early Intervention Delivery Plan. In March 2023 further commitments were made to committee on prevention and early intervention. This report updates Committee on progress in relation to these commitments.

1.2 The [Adult Health and Social Care Strategy](#) and accompanying refreshed [Strategy Delivery Plan \(Sept 23\)](#) and [performance framework](#) set out the vision and deliverables for 2022 to 2030 for adult social care. The strategy is called 'Living the life you want to live', and it's about how we work together to help the people of Sheffield to live long, healthy and fulfilled lives.

1.3 Delivery upon the strategy is underpinned by a new operating model – [our future design](#) approved by Committee in November 2022. This operating model set out a shift towards embedding earlier intervention, prevention, and wellbeing across all activities and closer working with our communities across Sheffield. A specific priority (Priority 6) in our Strategic Delivery Plan is focused on early intervention, technology and community resilience.



1.4 This shift towards early intervention and prevention supports delivery of Care Act 2014 duties namely to [promote wellbeing](#), [integrated working](#), [prevent the need for care and support](#) and [provide information and advice](#). Specifically, under the Care Act 2014, Sheffield City Council responsibilities for prevention apply to all adults, including:

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

1.5 [The Care and Support Statutory Guidance](#) provides information on how to approach adult prevention and early intervention along with good practice guidance from the [Social Care Institute of Excellence](#) and [ADASS Getting Ready for Assurance](#). The SCIE factsheet is available at Appendix 1 and highlights in particular that “*prevention isn’t a standalone principle, but one which links closely with wellbeing, empowerment, and partnership. It should be an ongoing consideration, rather than something that happens only once before people develop more significant needs. The duty to prevent needs from developing or increasing is distinct from the duty to meet eligible needs*”.

1.6 The good practice guidance from SCIE identifies that local authorities should have prevention arrangements in place, encapsulated in the diagram below.

Figure 1: Prevention in a joined-up local system



1.7 This good practice guidance underpins the adult care operating model implementation and our Adults Early Intervention and Prevention Delivery Plan. The Delivery Plan references the activities underway identified in September 2023 Committee in the Strategy update and in particular focus on our approach to building and working with communities, voluntary sector, leisure, and technology enabled care.

1.8 The performance framework discussed at September 2023 Committee sets out the key measures which will evidence the impact of our strategic, operating model and strategic shifts. This provides a foundation our continuing improvements and developments.

1.9 As highlighted, there is good progress being made in relation to our strategic shift towards early intervention and prevention including delivery of our operating model, which includes:

- Occupational Therapy: Our improvement activity in relation to Equipment and Adaptations set out at Committee today through the Equipment and Adaptations Update Report, including an update to our Criteria so that there is fairness and equity in approach.

- Social Care: Strategic development of enablement focus support to people with a learning disability and older adults through investment in dedicated enablement teams and embedding of strength-based practice, noted in the Recovery Plan and through the Learning Disability Strategy at Committee today.
- Voluntary Sector: Strategic development of Mental Health Prevention Services, noted through the Mental Health update at Committee today.
- Providers: Shift towards an outcome focused and strength-based care and wellbeing service which will be mobilised over next 9 months following agreement at Committee in September 2023.
- Unpaid Carers: Development of support to unpaid carers, evidenced by our delivery plan and increased referrals to the Carers Centre as well as local events such as the Carers Roadshow at Winter Gardens in October 2023.

1.10 Following the update to Committee in March 2023, the focus of this report is on

- Information & Advice and our Self Help Offer - linked to Sheffield Directory, which was launched in January 2023.
- The adult Early Help Offer to support and enable individuals to receive the right intervention at the right time.
- Our Technology Enabled Care (TEC) and Digital Working offer.
- Our enablement offer - High-quality, responsive intermediate care and reablement services to enable people to return to their optimal independence.
- Strategic collaboration through co-producing an adult's early intervention and prevention strategy focused particularly on prevent and delay aspects of the Care Act guidance.

1.11 **Adults Early Intervention and Prevention Strategy and Future Governance.**

1.11.1 The [Adult Care Strategy Living the Life You Want to Live](#) and the new operating model is rooted in developing city-wide partnerships that can tackle inequalities, promote equity, and intervene earlier to promote wellbeing and prevent harm.

1.11.2 The [South Yorkshire Integrated Care Partnership Strategy](#) incorporates a bold ambition to move the health and social care sector more towards prevention and early intervention. This has led to the DASS Sheffield becoming a potential system wide prevention lead along with a Public Health and VCSE Leader.

1.11.3 In Sheffield several strategic developments have led to a collective and collaborative ambition for earlier intervention, prevention and engaging communities through a range of initiatives: City Goals, Council Plan, a refresh of the Sheffield Health and Wellbeing Board Strategy 2019 – 2024,

continued development of the Childrens Early Help Partnership, and a focus on Neighbourhoods through [Sheffield Health and Care Partnership Board Place Plan](#).

1.11.4 At the same time, over the last 6 months the new adult care operating model has been become embedded and with that, the successful recruitment of a Commissioning Manager for Mental Health and Early Intervention has been completed. A post that builds capacity to develop and implement an Adults Prevention Strategy.

1.11.5 To deliver a connected approach across the City towards early intervention and prevention aligned to the local and regional developments and build upon our local partnerships, its planned to:

- Co-design and produce an adult's prevention and early intervention strategy during 2024 as a partnership with colleagues across the City.
- This work will be led by an Adults Early Help Delivery Group chaired by Assistant Director, Access, Mental Health & Wellbeing and Director of Communities.

1.12 Early Intervention and Prevention Delivery Priorities Update – Information and Advice Offer

1.12.1 The information, advice and guidance web site, [Sheffield Directory](#), is proving very successful, key performance data shows 50,000+ website hits every month, a huge growth from just 2000 for the previous site.

1.12.2 The national *Supporting Families Programme* (SFP) has identified Sheffield Directory as an exemplar of good practice, demonstrating the quality of the combined Childrens' and Adults' Information, Advice, and Guidance available to the population.

1.12.3 Specifically, SFP acknowledged the quality of the partnership with the voluntary and community sector in the production and maintenance of the information, advice, and guidance. This is testament to the coproduction work that is associated with the directory, which is systematic and resourced, providing a critical end user perspective on how information is presented.

1.12.4 Sheffield Directory meets [Reach Standards](#)¹. The Reach Standards were developed based on the simple but powerful idea that people with a learning disability and/or autism should be able to live the lives they choose – with the same range of choices, rights and responsibilities as other citizens. Based on these standards the Reach Deck has been applied to the directory which makes sure content meets a standard that is digitally inclusive, so that assurance can be provide that Sheffield Directory is accessible and usable to everyone.

¹ [A-Practical-Guide-to-The-Reach-Standards-2019-compressed-1.pdf \(paradigm-uk.org\)](#)

1.12.5 Sheffield Directory has developed a self-assessment process which can be deployed to enable people making enquiries on the web site to assess themselves in terms of both financial and needs-based eligibility for funded care.

1.12.6 The self-assessment process provides an idea of what charging arrangements and services may be available. The next development is to link this self-assessment to the Liquid Logic portal a 'Autonomy', which will enable people to see a summary of their own care records and submit their self-assessment in preparation for the full-statutory assessment.

1.12.7 The Council's website is being updated, with a dedicated Adult Care and a dedicated Children's Social Care sections under development, expected to go live in December 2023. In the meantime, the Sheffield Directory has been linked to the Housing, Public Health, Social Care sections.

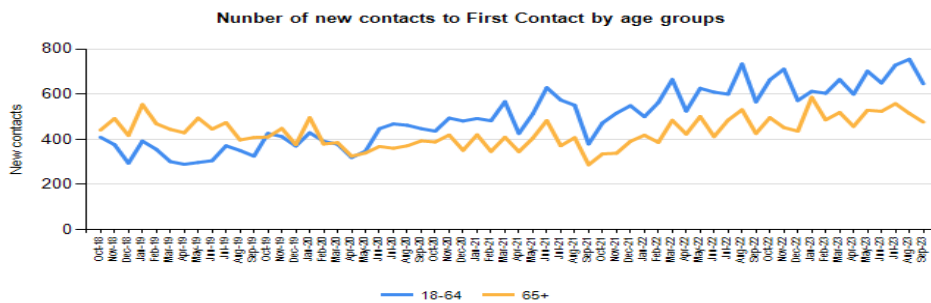
1.13 Early Intervention and Prevention Delivery Priorities Update – Early Help Model.

1.13.1 First Contact acts as the first access point for people wanting to know about adult social care. People who are already known to Adult Care are linked directly to long-term social care teams. The Multi-agency Safeguarding Hub (MASH) was a new development in 2023 which operates as part of the wider First Contact service addressing Safeguarding concerns across the City.

1.13.2 First Contact responds to about 1800 referrals a month and the MASH receives 200 safeguarding enquiries.

1.13.3 In First Contact there are, on average, 250 statutory needs assessments completed a month and of these 80 people (32%) go on to receive long-term care, which means that the team support around 68% people to have the support they need to live independently. In the MASH, there are 40 safeguarding episodes begun a month (a safeguarding episode is where a concern has been received and investigated and there is need for safeguarding actions), which is about 20% of referrals to the MASH.

1.13.4 Over the past five years there has been a circa 46% increase in referrals to first contact.



1.13.5

The review of demand data along with population data in the Joint Strategic Needs Assessment indicates that the contacts to Adult Care will likely continue to increase over the next five years and this demand will continue to increase without new models of early intervention and prevention activity and partnership working.

1.13.6

The development of the MASH and consultation in relation to partner safeguarding responsibilities set out in the Safeguarding update to Committee in September 2023, provides a foundation for a more general multi-agency approach to managing demand for adult social care services. The proposals in Appendix 2 present details of a 'Community Connecting Project' that connects the First Contact service with the Communities Team, and specifically the Team Around the Person (TAP) process.

1.13.7

The purpose of the proposed 'Community Connecting Service' is to enable collaboration between Communities and Adult Social Care to connect and support people in communities across Sheffield. It specifically, targets a group of people who need an ongoing multi-agency response to prevent a crisis and promote the individual's wellbeing, but where there are no social care needs present, and no Safeguarding concerns.

1.13.8

Delivering the proposed multi-agency bridging service enables benefits to be realised, which include:

- Personalised approaches - The right support is matched at the right time to the person. The person can tell their 'story' once rather than reliving trauma over and over as they get passed between organisations.
- Responsivity – The individual experiences a timely response as enquiries and referrals are triaged quicker.
- Collaboration– Integrated and more collaborative approaches are adopted with all involved operating from one system, rather than different systems, to promote and enable information sharing, reduced duplication and collaborative problem solving.
- Shared Accountability - Better communications enables shared accountability with risk understood in a similar way by all agencies. In turn this enables an effective and multi-agency response to, understanding of and prioritisation according to risk.
- Efficiency - Earlier intervention and assessment of unmet needs, with appropriate involvement of all relevant agencies leading to better use of resources. There is significant cost avoidance as multi-disciplinary work will be better coordinated across Communities and their partners.

1.13.9

It is expected that adult care will see a reduction in waiting times for assessments, quicker provision of care and support where it is needed, and a greater focus on active prevention, enablement, and subsequently, a delay in the onset of social care needs.

1.13.10

The Communities Connecting service also provides a platform for developing a broader multi-agency operational model for early help and prevention with colleagues across housing, VCSE, children's services and with our communities.

1.14 Early Intervention and Prevention Delivery Priorities Update – Sheffield's Technology Enabled Care (TEC).

1.14.1 Sheffield hosted a national Technology Enabled Conference and Test of Change Event on Thursday 14th September 2023. The event was attended by over 200 people from across North of England and supported conversations about how Technology can transform our approach to early intervention, wellbeing and promote independence. More information about the outcomes of the event can be found at: - [Sheffield TEC Event \(tunstall.co.uk\)](https://tunstall.co.uk)

1.14.2 The learning from the event and partnership conversations, has informed a transformation programme, which will see the development of a new co-produced TEC Service Delivery Model across health, housing, and social care, that will enable the combination of proactive care, reactive care and in-person care, enabling people to fulfil their potential for independent living. The new service will be available from Winter 2024.

1.14.3 The deployment of smarter digital TEC solutions will support the delivery of proactive and preventative care services, with data captured through passive sensors in people's homes, which monitor both activities of daily living and the environment, such as temperatures, enabling actionable insights to be delivered to frontline health, housing, and social care practitioners. These new connected care solutions support the integration of care services, placing the person at the centre of their care, safeguarding, and enabling early intervention and helping to prevent crisis.

1.14.4 [DORIS care® - Assisted Living \(iotsg.co.uk\)](https://iotsg.co.uk) will be deployed in general needs housing as part of our Early Intervention and Prevention Delivery Plan, aimed at tackling health inequalities, and preventing or delaying the need for more intrusive and costly adult social care services.

1.14.5 The TEC discreetly monitors activity patterns and changes in daily routines that could indicate falls or illness. Simply placed on a kitchen shelf, the DORIS care sensor automatically relays insights and triggers alerts, without any user interaction, delivering peace of mind to vulnerable people living independently, their families, and carers.

2. HOW DOES THIS DECISION CONTRIBUTE

2.1 Early Intervention and prevention, including the proposals and details in this report are core elements of achieving the ambitions outlined in the Adult Social Strategy and future design.

2.2 Proposals support the future design of Adult Social Care (operating model) and, as such, enables removal of avoidable demand and help to ensure an

efficient, effective whole system approach. The design of the new system is rooted in improving the experience of people through the care system and maximising their independence wherever possible.

2.3 These proposals also support a broad range of strategic objectives for the Council and city, and is aligned with existing policies and commitments, including:

- **Safe and well:**

‘I only tell my story once unless there are changes to ‘what matters to me’

- **Aspire and Achieve and Connected and Engaged:**

‘When I need support, it looks at my whole situation, not just the one that might be an issue at the time’.

‘We start with a positive conversation, whatever my age’.

‘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 am listened to and heard and treated as an individual’.

‘I know that I have control over my life, which includes planning ahead’.

‘I know that I have some control over my life and that I will be treated with respect’.

‘I know what services are available and can make informed decisions’.

‘I know where to go and get help’.

‘I know what services and opportunities are available in my area’.

‘I can have fun, be active, and be healthy’.

‘I am confident to engage with friends/support services’.

2.4 The information, advice and guidance web site, Sheffield Directory, continues to expand its influence, and meet the standards of digital inclusion, a key corporate and departmental priority.

2.5 The Early Help arrangements will enable a focus in adult social care on enabling people to delay and reduce their social care needs and thereby manage demand, and it will also support a more streamlined partnership approach to meeting non-social care needs via appropriate partners, working together to support individuals in often complex situations. It will enable interventions to be more timely and more impactful.

2.6 The TEC transformation will help to strengthen the Information and Advice offer linked to the Sheffield Directory, through the effective communication of the new TEC services, supporting targeted help and self-assessment, further improving the accessibility and promotion of independence and wellbeing.

3 HAS THERE BEEN ANY CONSULTATION?

3.1 The purpose of this report is to provide an update in relation to early intervention and prevention. Consultation is undertaken during the development of direct activity relating to each project noted in the report.

3.2 An overall approach to coproduction and involvement is also a key element, ensuring that the voice of citizens is integrated into all major developments ahead following on from the Coproduction strategy approved at Committee on 19th December 2022.

4. RISK ANALYSIS AND IMPLICATIONS OF THE DECISION

4.1 Equality Implications

4.1.1 The Council's legal duties under the Equality Act 2010 include having due regard to the need to eliminate discrimination, advance equality of opportunity and foster good relations in respect of people's age, disability status, race or other characteristic protected by the Act.

4.1.2 We use Equality Impact Assessments (EIAs) to assess how our functions as a public authority are contributing towards these duties. The Council also requires that we consider additional characteristics and measures, including people who have unpaid caring responsibilities, poverty & financial inclusion, or geographical impact.

4.1.3 Individual EIA's are being carried out for each Early Intervention project. These will be reflected in reports to the policy committee as required.

4.2 Financial and Commercial Implications

4.2.1 The new operating model and shift towards early help and prevention is an important building block of a financially sustainable social care system.

4.2.2 All individual projects will be assessed for their affordability and viability, and any future financial and commercial implications will be reported and recorded as part of the approval process.

4.3 Legal Implications

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

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

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

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

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

4.4 Climate Implications

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

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

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

4.5 Other Implications

4.5.1 There are no other implications.

5. **ALTERNATIVE OPTIONS CONSIDERED**

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

6. **REASONS FOR RECOMMENDATIONS**

6.1 The proposals represent the best way forward to develop partnerships, deliver effective information, advice, and guidance, and support early intervention and prevention across the city, whilst also enabling delivery of social care resources to the priority areas, and supporting people in the local community.

Adult Health and Social Care

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Adult Prevention and Early
Intervention Delivery Plan 2023/25

Adult Health and Social Care: Preventing, Reducing and Delaying the onset of social care needs 2023 - 2025

Our Vision and Ambitions for people of Sheffield

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

The vision is centred around delivery of five outcomes. These outcomes are about making the vision real so that we 'get safeguarding right' for the people of Sheffield. The outcomes are:

- Safe and Well
- Active and Independent
- Connected and Engaged
- Aspire and Achieve
- Efficient and Effective

The development of this plan follows six guiding principles. They show how we will achieve our outcomes and highlight what we want to improve. 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 lives 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 advice and easier to understand guidance.
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 quality improvement.

Delivering Our Commitment to Prevent, Reduce and Delay the onset of social care needs.

The strategic vision and principles form a platform on which to build a comprehensive prevention and early intervention strategy.

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

This delivery plan builds on that strategic approach as set out in the committee report provided in March 2023. Prevention and early intervention work is already being done in the city. The challenge now is for partners and partnerships to build on existing efforts and to use this strategy to inform additional prevention and early intervention actions across the whole spectrum of public service activity, with a key focus on supporting and developing the voluntary and community sectors.

What does prevention and early intervention involve?

The strategic approach discussed at Committee in March 2023 established a broad understanding of the relationship between adult social care, prevention and early intervention, and the wider local authority and its partners. Key definitions used in that approach are maintained in this delivery plan.

Definition of terms

Prevention

Prevention is a term frequently used across health and social care, but with no clear-cut definition and no consensus as to what constitutes 'prevention'. This lack of clarity is compounded by 'haziness' around the boundary between health and social care and such things as housing and transport. In this plan the 2006 Kings Fund approach is adopted, 'Prevention' is:

- Page 55
- To delay or prevent ill health or disability consequent upon ageing by the promotion of wellbeing
 - To promote/improve wellbeing of people and their inclusion in social and community life
 - To create healthy and supportive environments that develop wellbeing'

Wellbeing

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

- physical and mental health, emotional wellbeing, and personal dignity
- protection from abuse and neglect
- control by the individual over day-to-day life (including over care and support provided to them and the way in which they are provided)
- participation in work, education, training or recreation
- social and economic wellbeing

- domestic, family and personal relationships
- suitability of living accommodation
- the individual's contribution to society

Early Intervention

The Care Act 2014 requires local authorities to prevent, delay or reduce people's need for care and support. The focus is on being proactive and deploying early interventions to reduce dependency, rather than just providing intensive services at the point of crisis. 'Early intervention' is about acting as soon as possible to tackle problems e.g., delivering occupational therapy or social work as way of tackling a problem, or set of presenting issues, in a way that helps people to 'get back on their feet'. In this strategy, therefore, we use 'early intervention' to mean specific goal-based activities the council and its partner's deliver, that support independence.

Independence

Independence is, at first glance, a simple concept. At its most basic level, it means having full autonomy over one's own life. However, the challenges posed by lifestyle choices, the ageing process and disability, can challenge this definition, especially when assistance is needed to perform daily tasks.

Adults strive to determine their own actions and decisions, but at the same time, no one is totally independent from other people or things. Often people are inter-dependent, sometimes dependent on objects (mobile phones for example) and sometimes, hopefully, in rewarding reciprocal relationships. But these are entered into through choice as capacitated and autonomous individuals. Then, as people reach older years, or live with disability, the scope of our independence can diminish, or be impacted on by changing mobility, mental and physical health, which leads to the need for greater help and assistance.

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

Prevention and early intervention services

There is no consensus around what 'preventative services' or 'early intervention services' are. Such that even when the notions of prevention and early intervention are defined, the services that meet these needs often do both interchangeably. Some services do both prevention and early intervention, some do more of one thing than another. The practical reality is that it's very difficult to separate out services that just deliver

on 'prevention' without also 'intervening early', and services that intervene early are often preventative in nature. In this strategy preventative services are:

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

And early intervention services are:

- Services targeted at specific groups of people intending to prevent, reduce or delay the need for social care provision.

1 Leadership and Governance					
Council Priority – A Good Council					
ASC Strategic Outcome: Efficient and Effective					
Issue summary: There is need for stronger governance and partnership with regular performance reporting on prevention and early intervention against an agreed plan					
Accountable Officer: Director Adult Health and Social Care and the Direct or communities			Accountable Committee/ Board: Adult Health and Social Care Committee		
Performance picture	Baseline	Current	Target	Direction of travel	RAG
Creation and development of a City-wide Prevention and Early Intervention Partnership Board	No such board exists to discuss and develop prevention and early intervention initiatives	The Director of Adult Social care and communities have agreed to establish a city-wide board, which includes the voluntary and community sector, to develop and take forward this delivery plan	Establishment of a well-attended and effective city-wide partnership to address prevention and early intervention. November 2023	Permissions stage	Green

Coproduction and engagement embedded within the City-Wide Prevention and Early Intervention Partnership Board	Coproduction and engagement arrangements are set up within different departments, but they need to extend to the new Board.	Terms of reference need to be drafted and agreed, the Board is not yet meeting on a regular basis	January 2023	Permissions stage	Green
The Board reviews the delivery plan, develops clear priorities and agrees detailed action plans.	A broad delivery plan is in place	More specific and measurable actions are needed.	The Board meets and develops a set of priorities and action plans that are monitored. February 2024	Permissions stage	Green

What are the issues underlying current performance (summary)?

Departments are working together to achieve common goals, sharing resources to gain collective outcomes. This collaboration needs to develop and increase.

What does success look like in 2024/25?

An established board, with people who use services and carers embedded into its operations, with clear priorities and a set of agreed action plans that are monitored

Key milestones	Milestone/action	By when	RAG
1	Creation of a City-wide Prevention and Early Intervention Partnership Board	November 30 th , 2023.	green
2	Coproduction and engagement embedded within the City-Wide Prevention and Early Intervention Partnership Board	January 31 st , 2024.	green
3	Priorities and action plans that can be monitored are in place	February 28 th , 2024.	green

Risks	Other issues
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Engagement from different departments in the Local Authority, engagement from partners, engagement of the voluntary and community sector.	Agreeing approaches to coproduction, agreeing priorities and agreeing action plans.
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2 Collaboration and partnerships

Issue summary: Different organisations and services do not always collaborate on shared priorities, therefore wasting effort and resources, and being less effective

Accountable Officer: Director Adult Health and Social Care and the Direct or communities
Accountable Committee: Adult Health and Social Care Committee

Performance picture	Baseline	Current	Target	Direction of travel	RAG
Adult Health and social care and Communities directorates need to collaborate to support shared objectives	Departments operate in cooperation with each other, but not always with as much collaboration as there could be.	A 'Bridging' Project is proposed to link communities' Team Around the Person (TAP) arrangements more closely with First Contact's Make a Call Take a Call (MCTC) team.	Bridging service is established, monitored and developed. Decision November 2023 Recruitment 3 months Delivery starts April 2024	Permissions stage	Green
Arrangements between Primary Care Sheffield (PCS) and TAPs and MCTC and Long-term Social Care services are clarified and shared.	PCS is being set up agreeing processes and systems to enable efficient and effective joint working arrangements are needed	A review of operational practice arrangement is needed	Review of interfaces is begun and completed	January – March 2024	Green

Insufficient early intervention & appropriate support/services available to meet people's needs.	Contract scoping work reviewed	Work has been completed to map prevention contracts across the city. This work needs reviewing for themes and issues.	Summary of completed work and information shared Conclusions drawn Commissioning plans developed	December 2023 March 2024 April 2024	Green
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What are the issues underlying current performance (summary)?

Pressures on resources and increasing demand mean different organisations focus on core functions and statutory duties. Gaps between services open up.

What does success look like in 2024/5?

Finding was of linking organisations via shared endeavours has the potential to improve efficiency and gain better outcomes for people.

Key milestones	Milestone/action	By when	RAG
1	Delivery of the Bridging Project between Communities and Adult Social Care (ASC)	Start operationally April 2024	Green
2	Described and agreed interfaces between ASC and Communities, and between both and Primary Care Services	February 2024	Green
3	Contract scoping work presented, and conclusions drawn	March 2024	Green

Risks Invest to save resources for the Bridging project are not agreed Recruitment of necessary staff not completed on schedule Conclusions cannot be drawn from previous scoping work	Other issues • none
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3 Identifying and developing early interventions

Issue summary: The Local Authority and its Partners need to identify practical, affordable and deliverable interventions that will support prevention across the city. Setting up as of monitoring impact and benefits.

Accountable Officer: Director Adult Health and Social Care and the Direct or communities	Accountable Committee: Adult Health and Social Care Committee
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Performance picture	Baseline	Current	Target	Direction of travel	RAG
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The Adult Social Care department is developing enablement pathways across its services. Success needs to be monitored and developed	Enablement is a way forward in various areas of the department already, but the work to develop and embed this needs to be shared.	Embedding new principles and practices is key to success.	April 2024 – 25	Developing	Green
Communities TAP process is evolving and developing practices. Success needs to be monitored and developed	Communities are constantly reviewing impact and effectiveness of the TAP process,	Creating new ways of working and focussing resources is key to making progress and coordinating with other bodies.	April 2024	Developing	Green
Primary Care Networks are developing and there are interfaces with various departments and organisations. Success needs to be monitored and developed	The Integrated Care Board (ICB) and Primary care Services are leading PCNs through already established work streams.	How PCS link to this early help and prevention Board will need to be carefully worked out to avoid duplication and confusion.	February 2024	Not started	Green
Contracts and relationships with the Voluntary and Community Sector (VCS) need to be reviewed, developed and communicated	Previous work has been done to look at all the prevention work across the city	Conclusions from the earlier work need to be drawn and a commissioning approach needs to be devised	April 2024-25	Review of previous review – February 2024 Commissioning approach agreed April 2024	Green

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What are the issues underlying current performance (summary)?

Adult social care needs to continue embedding of new practices, partners understanding and contributions to prevention need to be better understood and conclusions on collective ways forward need to be agreed.

What does success look like in 2024/25?

A range of early intervention approaches are in place and understood across the partnership, gaps are identified, and commissioning plans are in place to address them.

Key milestones	Milestone/actions	By when	RAG
1	'Enablement' across adult social care is described and presented to the partnership	February 2024	Green

2	TAP purpose, focus, and 'direction of travel' is described and shared with the partnership	March 2024	Green
3	Interfaces with PCNs are describes and shared across the Partnership	April 2024	Green
4	VCS contracting arrangements are described and shared across the partnership	May 2024	Green
5	Action plans to address gas ad improve working arrangements across items 1-4 are developed	June – September 2024	Green

<p>Risks</p> <p>Complexity means descriptions are challenging and conclusions are difficult to draw. The scale of issues means finding cost effective ways of impacting on issues is challenging.</p>	<p>Other issues</p> <p>None</p>
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Addressing prevention

Issue summary: The Local Authority and its Partners need to support approaches to prevention across the city, reducing inequality and addressing wider determinants of health.

Accountable Officer: Director Adult Health and Social Care and the Direct or communities	Accountable Committee: Adult Health and Social Care Committee
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Performance picture	Baseline	Current	Target	Direction of travel	RAG
To delay or prevent ill health or disability consequent upon ageing by the promotion of wellbeing	Contracting arrangements are in place across the Adult Social Care Department that address prevention of social care needs	Described arrangements and a shared understanding of gaps in provision, developing commissioning plans.	June 2024	Market Position statements are already in place, but update / progress needed	Green

To promote/improve wellbeing of people and their inclusion in social and community life	Communities' strategies are in place	Agreed next steps with partners needed	September 2024	In progress	Green
To create healthy and supportive environments that develop wellbeing'	Public Health need to be key partners to the Board	Engagement of Public Health	November 2023	To begin	Green

What are the issues underlying current performance (summary)?
 Restricted resources for investment.
 Provider markets under financial pressure
 Recruitment and retention challenges across the health and wellbeing sector

What does success look like in 2024/25?
 A clear enablement approach across adult social care with good interfaces to primary care networks and community colleagues. clear commissioning priorities with the voluntary and community sector, with wider determinants of health being addressed across Sheffield.

Key Milestones	Milestone/actions	By when	RAG
1	Review of prevention aspect to all ASC contracts, and gap analysis on MPSs to establish a clear commissioning priorities statement for prevention.	September 2024	Green
2	Reviewed community development strategy completed and actions agreed on prevention priorities.	November 2024	Green
3	Engagement of Public Health in the establishment of the Prevention and early Intervention Board	November 2023	Green

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Appendix 2: Communities TAP Team and First Contact: **Adult Multi-Agency Early Help Model**

The Community Connected Service: A project to connect Adult Wellbeing and Care's First Contact Service to Communities across Sheffield through the Team Around the Person.

Introduction:

The [Adult Health and Social Care Strategy](#) and accompanying refreshed [Strategy Delivery Plan \(Sept 23\)](#) and [performance framework](#) set out the vision and deliverables for 2022 to 2030 for adult social care. The strategy is called 'Living the life you want to live', and it's about how we work together to help the people of Sheffield to live long, healthy and fulfilled lives.

Delivery upon the strategy is underpinned by a new operating model – [our future design](#) approved by Committee in November 2022. This operating model set out a shift towards embedding earlier intervention, prevention, and wellbeing across all activities and closer working with our communities across Sheffield.

First Contact is Sheffield Adult Care citizen facing first response service. It responds to contacts from individuals seeking support from adult social care. The Multi-agency Safeguarding Hub (MASH), located in First Contact, responds to safeguarding concerns that are raised.

There are on average 200 referrals to the MASH and 1800 referrals to First Contact per month. Adult Care has a legal duty to support the achievement of people's wellbeing outcomes, which is much broader than meeting adult social care eligible needs. **A key priority is to enable individuals to only tell their story once and experience joined up care and support.**

Individuals and families can experience making multiple referrals to a range of services prior to First Contact and this can then result in delays in accessing support or contacting First Contact at a point of crisis. This places the individual at risk of potential harm and poorer long-term health outcomes.

Originally this issue was attempted to be resolved through a No Wrong Door policy, where people could attend a variety of services e.g. housing support, psychologist, addiction specialist, and even if that service couldn't solve an additional problem the individual was facing, they would be responsible for referring on to an appropriate service i.e. every door gets you where you need to go in the end or No Wrong Door. However, even with the No Wrong Door policy the largest referral point continues to be First Contact as the contact number and support is very well known across Sheffield and all professionals tend to refer to First Contact for support in the first instance.

Due to this, partnerships have been developed that enable the first point of contact to expand to include a wider range of community-based early help interventions.

Appendix 2: Communities TAP Team and First Contact: **Adult Multi-Agency Early Help Model**

A key first step is drawing a link between Early Help Panels and First Contact. This is a 'bridging' service – 6 workers and a business support officer that link the two services. By developing this bridging service benefits should be accrued for adult care, people and their families, and for other partners as duplication is reduced, systems become more efficient, and expertise focused where it is most needed. The Bridging Project will test out this notion and assess the value of the initial investment, and in so doing, provide a potential platform for new systems and processes to be developed.

Aims of the Project

The project aims to look at a new way of working with a range of different agencies, focusing on people who do not have eligible social care needs but who do have need for support to improve their wellbeing.

These interventions will, in most cases, be needed by a wide array of partner organizations. Focusing on this group of people, the project will help obtain the right support for people at the right time and enable more positive outcomes to be achieved.

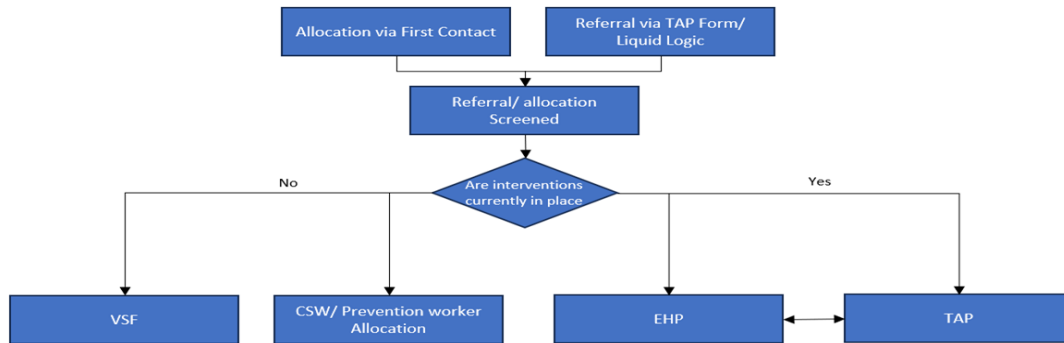
The project will:

1. Support people who have non-eligible social care needs will be supported by six new workers shared between First Contact and Communities. These new staff members will work across First Contact's 'Make a Call Take a Call' (MACTAC) team and the Communities 'Team around the Person' (TAP).
2. Specifically, where it is appears that there are no statutory duties that need to be addressed by agencies, but there are a variety of other issues that require multi-disciplinary working e.g., mental health, housing, substance misuse, domestic violence, debt, anti-social behavior, referrals will be made to an adult Early Help Panel.
3. Using Team Around the Person approach – the new Early Help Panels enable agencies to collaborate to manage risk and support the creation of individual and multi-disciplinary team action plans that will provide a support network for an individual. This will help the person to 'get back on their feet' maintain their independence, enable people to achieve their wellbeing outcomes, and delay the onset of social care needs, or indeed other needs that may have to be met by statutory bodies.

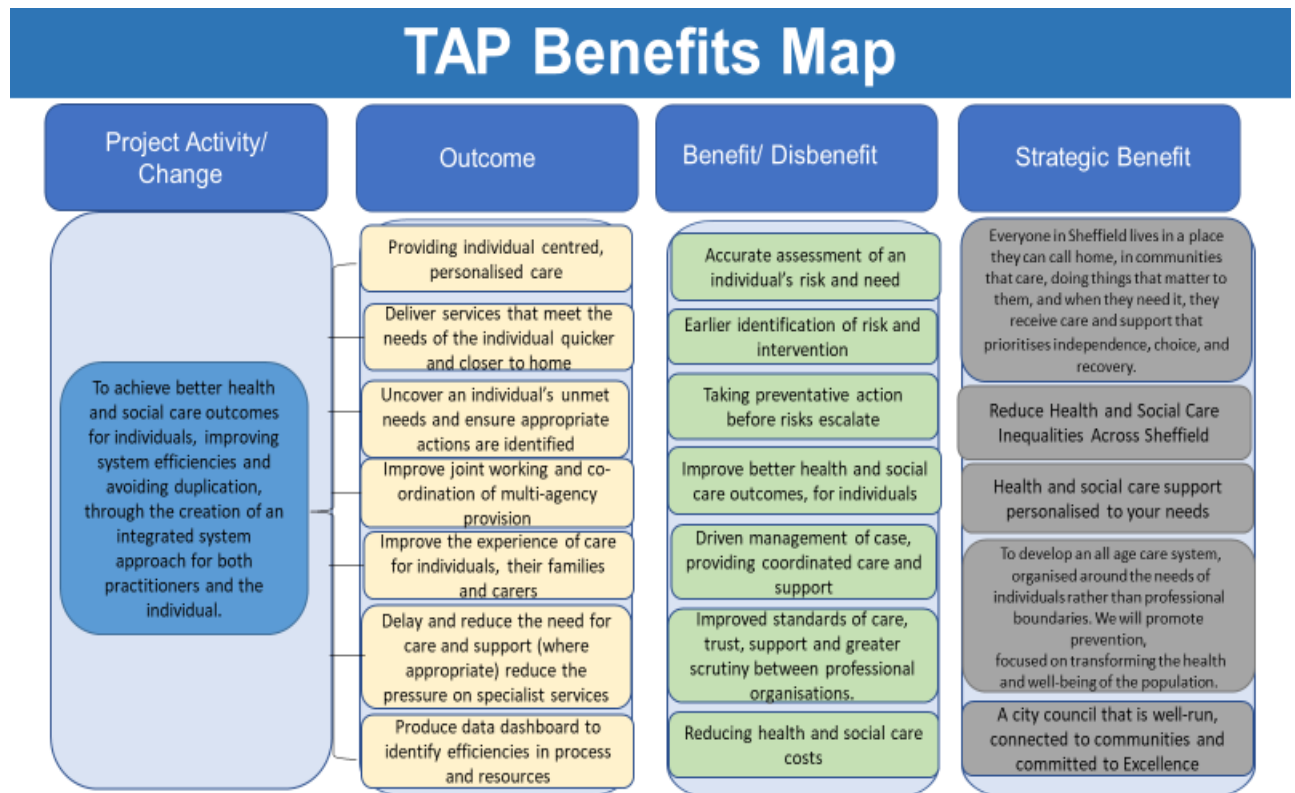
New way of working

It's planned to introduce a joined up early help service as demonstrated in the approach below.

Appendix 2: Communities TAP Team and First Contact: Adult Multi-Agency Early Help Model



TAP Benefits Map



Timelines

Appendix 2: Communities TAP Team and First Contact:
Adult Multi-Agency Early Help Model

Task	Action	Issues/ Risks	Timeframe
Recruitment of 6 x G6 workers	Either through First Contact recruitment or via CSW recruitment	Dependent on whether pre-existing CSW recruitment can be used. Or External recruitment.	1-3 Months November – December - January
Training	Training plans already in place within CSW and TAP Teams	N/A	February/ March 1 Month
Pilot	Start of the pilot project	Timeframes dependent on recruitment	March / April



Report to Policy Committee

Author/Lead Officer of Report: *Tim Gollins*
 Assistant Director, Access Mental Health, and Wellbeing

Report of: *Strategic Director Adult Care and Wellbeing*

Report to: *Adult Health and Care Policy Committee*

Date of Decision: *8th November 2023*

Subject: *Mental Health Update and Approved Mental Health Professionals Annual Report*

Has an Equality Impact Assessment (EIA) been undertaken?	Yes	x	No		
If YES, what EIA reference number has it been given? 2413					
Has appropriate consultation taken place?	Yes	x	No		
Has a Climate Impact Assessment (CIA) been undertaken?	Yes	x	No		
Does the report contain confidential or exempt information?	Yes		No	x	
<p>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> <p><i>“The (report/appendix) is not for publication because it contains exempt information under Paragraph (insert relevant paragraph number) of Schedule 12A of the Local Government Act 1972 (as amended).”</i></p>					

Purpose of Report:

The purpose of this report is to update Committee members on the delivery of adult mental health social services and our partnerships which enable a shift towards prevention and early intervention in order to improve the wellbeing and outcomes for individuals.

The update covers the Approved Mental Health Professional (AMHP) Annual Report as well as our system wide developments regards early intervention and prevention, and discharge.

Recommendations:

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

- Approves the Approved Mental Health Professionals (AHMP) Annual Report 2022 - 2023.
- Endorses the approach to prevention and early intervention noted at section 1.6 so that recovery can be promoted across communities in line with our Strategic vision.
- Notes implementation of a Discharge from Hospital Programme to enable people experiencing mental ill health to return home from hospital when well.
- Notes the work being undertaken jointly with the Integrated Care Board (ICB) and Sheffield Health and Social Care Trust (SHSC) to develop local services for people with multiple care needs.
- Notes progress with the return of mental health social work teams

Background Papers

Appendix 1 - Approved Mental Health Professionals (AMHP) Annual Report.

Appendix 2 – Details of the Synergy Commissioning Model

Appendix 3 – Equalities Impact Assessment

Appendix 4 – Climate Impact Assessment

Lead Officer to complete: -		
1	I have consulted the relevant departments in respect of any relevant implications indicated on the Statutory and Council Policy Checklist, and comments have been incorporated / additional forms completed / EIA completed, where required.	Finance: Laura Foster Legal: <i>Patrick Chisholm</i> Equalities & Consultation: <i>Ed Sexton</i>
	<i>Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.</i>	
2	SLB member who approved submission:	<i>Alexis Chappell</i>
3	Committee Chair consulted:	<i>Councillor Angela Argenzio</i>
4	I confirm that all necessary approval has been obtained in respect of the implications indicated on the Statutory and Council Policy Checklist and that the report has been approved for submission to the Committee by the SLB member indicated at 2. In addition, any additional forms have been completed and signed off as required at 1.	
	Lead Officer Name: <i>Tim Gollins</i>	Job Title: <i>Assistant Director Access, Mental Health and Wellbeing</i>
	Date: 2 nd October 2023	

1. PROPOSAL

- 1.1 Sheffield's [Adult Health & Social Care Strategy](#) was approved by the Cooperative Executive on 16th 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 as the guiding principles we will follow to deliver upon the wellbeing outcomes. Through our [strategy delivery plan \(sept 23\)](#), [Adult Care Performance Report](#) and working in partnership with colleagues across the City, we want to achieve positive experiences and outcomes in the city for citizens of Sheffield. In particular, our strategic and operational development of the Mental Health Services contributes to the Active and Independent and Safe and Well strategic outcomes.
- 1.3 The [All Age Emotional and Mental Health Strategy](#) (approved March 2023) and the [Sheffield Physical Health Strategy for People Living with Severe Mental Illness, People with Learning Disabilities, and Autistic People](#) (approved September 2023) sets out an ambitious vision for the city's emotional recovery and the wellbeing of Sheffield people. We need our services to be excellent, joined up, and to support people in the right way so that people can recover and live the life they want to live.
- 1.4 By working in partnership, we know we can begin to make the changes we need. To this end, the update at Committee focuses on key strategic developments which are all delivered as a partnership with health colleagues, VCSE, social care providers and partners across the city. These are: -
- Approved Mental Health Professionals (AHMP) Annual performance.
 - Mental Health Hospital Discharge and Crisis Intervention following approval of the [hospital discharge model in June 2023](#),
 - A New model of early Intervention and Prevention following establishment of an [early help delivery plan](#) in March 2023.
 - New Commissioning Model, Residential and Complex Needs Programme following approval [Mental Health Market Position Statement](#) in September 2022.
 - Progress in transferring Mental Health Social Workers to Sheffield City Council following decision made on 16th March 2022 to [Transfer Mental Health Social Care to the Council](#),
- 1.5 Approved Mental Health Professionals Annual Report**
- 1.5.1 Approved Mental Health Professionals (AMHPs) are highly skilled, experienced, specialist professionals, trained to undertake Mental Health Act (MHA) Assessments with Doctors. Since 2007, Mental Health Nurses, Occupational Therapists and Psychologists have joined Social Workers as being eligible to train as AMHPs. In practice, social workers make up most of the practicing AMHPs.

- 1.5.2 Local Authorities have a statutory obligation to provide enough AMHPs to deliver an accessible service 24hrs a day, 365 days per year. National Service Standards for AMHPS provide best practice for delivering AMHP Services and a guidance for ensuring statutory requirements can be met.
- 1.5.3 Our priority is to deliver upon our duties, the National Service Standards, and with that, provide an accessible, responsive, and excellent quality service support to people of Sheffield and our partners.
- 1.5.4 On 16th March 2022, Sheffield City Council approved the return of all Mental Health Social Work Provision to Sheffield City Council. Social Workers returned on 1st April 2023 with activity completed during 2022 to 2023 to support transfer and build AMHP capacity.
- 1.5.5 Appendix 1 provides the first annual AMHP report and within the report there are key priorities for 2022 – 2023. This is recommended for approval.

1.6 Early Intervention and Prevention – New Recovery Model

- 1.6.1 The Adult Care Strategy and Adult Care Operating Model approved at Committee in November 2023 sets a direction of travel towards earlier intervention and prevention.
- 1.6.2 As part of this, Adult Mental Health has set a strategic priority towards investment in the Voluntary Community Sector (VCS) to develop a concerted shift towards earlier intervention and prevention, and with that, enable people to recover and live independently across all communities in Sheffield.
- 1.6.3 A new model has been developed as a partnership between Adult Care, the Integrated Care Board (ICB) and their Primary Care Network (PCN), national government, Re-Think (a national voluntary sector mental health charity), and Synergy (a local Voluntary and community sector partnership), see appendix 2 for more detailed information on the new model.
- 1.6.4 The aim of this new collaborative model is to coordinate commissioning of preventative mental health services through closer working arrangements with the VCS itself. The model is exciting as it will increase the potential for more local voluntary sector mental health specialist providers operating across our communities.
- 1.6.5 Ringfenced national funding is allocated to Rethink as the Accountable Body for Synergy. Primary Care Services (PCS), part of the ICB, acts as the ‘banker’ underpinned by a Memorandum of Understanding (MOU) between all parties including the local authority. The MOU addresses delegations, accountabilities, and roles/responsibilities. It also provides a check point to ensure planned VCS investments remain in keeping with the purpose for which funding is granted to Synergy via PCS, see appendix 2 for more details.
- 1.6.6 Adult Care and Wellbeing input to the partnership includes the provision of commissioning expertise to support Synergy to review some current contracts

and make re-modelling / investment / disinvestment decisions, including activities currently undertaken within acute provision and the ICB. This work will create delivery opportunities for the VCS against local commissioning priorities.

- 1.6.7 To provide the resilience to undertake this activity and further develop our approach to recovery and earlier intervention, a dedicated Strategic Commissioning Manager with a specialist focus on Mental Health and Early Intervention has been recruited to lead and support Synergy in this commissioning role.

1.7 Discharge from Hospital – New Joint Model

- 1.7.1 At Committee in June 2023, a partnership approach to discharge and a new discharge model were agreed. This was supported through use of Better Care Fund (BCF).

- 1.7.2 A crucial part of the development of our arrangements for supporting timely discharge is a dedicated programme to enable people with mental health conditions, including where these conditions are made more complex through associated learning disability and or autism, to return home when well.

- 1.7.3 To this end, the Strategic Director Adult Care & Wellbeing and Executive Director Operations Sheffield Health and Social Care (SHSC) have become joint executive leads for a dedicated mental health discharge programme with operational leadership from the Adult Care and Wellbeing Operations Director and Assistant Director Access, Mental Health and Wellbeing and the Senior Head of Service SHSC. A programme manager and support have been implemented to provide capacity to deliver the programme.

- 1.7.4 As part of the programme, a review and business case has been taken forward to build capacity to respond to discharge in a timely way. This includes implementation of the following:

- A Social Care Mental Health Discharge Team – This is new team consisting of initially a joint Health and Care Team Manager and three social workers, funded between SCC, the Integrated Care Board (ICB) and the Better Care Fund (BCF). This small team will work with the SHSC discharge service to support early assessment, and support planning. The posts are in recruitment with interim support being put in place for winter.
- Interim Care Support – Commissioning of three ‘interim-beds’ which will act as a temporary placement if an individual awaiting a provider placement is better waiting for the placement in a bed outside the hospital ward. These beds are therefore aimed to enable a smooth and less restrictive option whilst a provider undertakes workforce recruitment to meet a particular placement need. The use and effectiveness of the interim beds will be monitored closely to learn lessons and iterate the scheme as we do so.

- Shared Operational Governance – A joint operational group to review mental health discharges is place and to be co-chaired by Operations Director, Adult Care and Wellbeing and Senior Head of Service SHSC to demonstrate joint leadership in relation to enabling people to return home when well.
- Shared Performance Framework and Pathways – Development of a shared performance framework and pathways which support and a joined-up approach to discharge, operational decision making and working and continuous improvement and learning. This includes looking at arrangements for pathway 0.

1.7.5 Developing the joint approach, will continue to build and strengthen relationships between organisations and through this improved relationship improve the lives and outcomes for people of the City. Updates in relation to progress will be provided through our discharge from hospital update.

1.8 Residential and Complex Needs Commissioning Programme

1.8.1 There are adults in Sheffield who receive support within residential and nursing care settings or a specialist setting due to their mental ill health. Individuals who have been placed in 24/7 residential/nursing care to meet their initial critical needs can often experience a lack of support to enable them to move on to independent living within the community, which results in individuals remaining in residential care on a long-term basis.

1.8.2 The Market Position Statement (MPS), which was produced last year, identified the need for specialist placements in Sheffield which can support autistic people and people with a personality disorder, learning disability and people experiencing mental ill health. Developing local services with the ICB and SHSC that can meet these needs is an important step forward.

1.8.3 There are two programmes underway in response to the above two issues: the Promoting Independence Project and the Complex Needs Commissioning Programme.

1.8.4 The Promoting Independence Project (PIP) is a partnership with South Yorkshire Housing Association (SYHA) that addresses the first of these priorities by:

- Achieving a shift in the way individuals with mental health conditions who require 24/7 residential/nursing care are supported in Sheffield.
- Achieving a culture change from a residential 'home for life' approach to one where there is a recovery focussed approach that supports individuals aged 18 -64 to move into their own tenancy arrangements within supported housing or independent living.
- Continuing to provide support to individuals up to 18 months after the move from residential care.
- Working with individuals using a strength-based approach to encourage them to take a more active role in their own support and access links to local community services.

- 1.8.5 A priority is to embed this good work and partnership arrangement as the transfer of mental health social work is completed during 2023 to 2024 to achieve a community-based model focused on strength-based practice, recovery, and early intervention.
- 1.8.6 Alongside this programme, is our multiple and complex needs commissioning programme. A recent provider event held in September 2023 enabled commissioners, social care practitioners and provider organisations to get together and talk about shared objectives and issues. An action plan emerged from that event which includes key elements:
- Creating a ‘navigational tool’ for service providers to help them understand the complex interfaces between organisations in Sheffield.
 - Enabling sight of risks evaluations as well as care and support plans
 - Contingency planning as part of creating the care and support plan.
 - Developing stronger links with Primary Care Networks led by the ICB.
 - Reviewing the brokerage processes
- 1.8.7 This event and the learning from it will inform commissioning priorities and intentions for 2024 – 2026, including a new commissioning strategy so that we can meet the needs of all individuals.
- 1.8.8 A Snr Commissioning Manager Mental Health and Early Intervention was recruited during summer 2023 and will provides a dedicated resource in relation to supporting delivery upon these programmes including development of the new commissioning strategy.

1.9 Mental Health Social Work Transfer and Priorities 2023 – 2024 update

- 1.9.1 Responsibilities for mental health social work changed in April 2023 when 54 social work staff previously seconded to Sheffield Health and Social Care Trust (SHSC) were returned to the management of Sheffield City Council’s (SCC) Health and Wellbeing Directorate. This followed a decision made by Co-Operative Executive on 16th March 2022 to return Mental Health Social Workers.
- 1.9.2 A partnership-based programme was implemented to support the transfer which included project management support and a programme board to manage the overall programme. Several feedback sessions were also provided to staff including Q & A responses to ensure feedback was provided. Throughout and after the transfer a key priority has been to maintain and build a strong working relationship with Sheffield Health and Social Care Trust.
- 1.9.3 Upon transfer of the Staff back to the Council, there are four priorities which are the focus for 2023 – 2024 with completion by April 2024. These priorities are:
- Priority 1 – Information Sharing and IT – This involves enabling mental health social workers access to a new SHSC IT System and building

the SCC electronic system to reflect needs of mental health services. It's aimed that this will support effective information sharing.

- Priority 2 - Outstanding Annual Reviews - Completing 700 annual reviews by 1st April 2024 that were transferred to SCC on 1st April 2023 through employment of an Agency Review Team to complete as a one-off piece of activity. Whilst undertaking the reviews the Team will also be transferring any remaining documents from SHSC to SCC IT Systems which will in turn support IT priorities.
- Priority 3 – Stabilising Staffing Levels – Recruiting to vacancies. Additionally, 8 posts have been recruited to meet demand in community mental health and first contact. This represents investment into the Mental Health Services to meet statutory duties for the AMHP rota and meet community demand in a timely and responsive manner, and to impact positively our delivery of care by enabling delivery of strength-based practice.
- Priority 4 – Practice Development - It's been recognised upon transfer, that the transition to the Council brings an expectation and focus that social work teams deliver strength based practice, compliant with social care legislation (the Care Act 2014, Mental Capacity Act 1998 and the Mental Health Act 1983). A learning programme has been developed to support the transition and will be implemented throughout November to March 2024 with both new and existing workforce.

1.9.4 An action plan is in place, and it's aimed to complete the first phase of the transfer using these priorities by April 2024. It's planned that future service priorities will be coproduced with individuals, carers, and our workforce to enable delivery of a strength based and outcome focused community-based provision which enables people to live the life they want to live.

2. HOW DOES THIS DECISION CONTRIBUTE?

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

2.2 This proposal is in alignment with this vision.

2.3 We have developed an [Adult Health and Social Care Strategy](#) and delivery plan to set out our vision for 2022 to 2030. Called 'Living the life you want to live', it's about how we work together to help the people of Sheffield to live long, healthy and fulfilled lives. This proposal meets several of the ASC outcomes that are set out in the ASC Strategy in several ways:

- **Safe and Well** - Quality and Sustainability of Care and Prevention of Admission and Discharge from Hospital

- **Active and Independent** - ASCOF 1H: The proportion of adults in contact with secondary mental health services living independently, with or without support. ASCOF 1F: The proportion of adults in contact with secondary mental health services in paid employment, 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. Overall figure of people receiving Community Support per 100,000 18 - 64 population, % people receiving long term support who had an annual review. (Care Act Duty), Number of Reviews Completed (rolling 12 months), Median no. of days to determine if support needed, Median no. of days to put support in place, Number of people awaiting an assessment for long term support (Based on average referral rate per month)

3. HAS THERE BEEN ANY CONSULTATION?

- 3.1 This report provides an update in relation to activity underway to deliver improved outcomes for people experiencing mental ill health. Engagement and co-production is undertaken as part of each development.

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 1.7.4 will be funded by the Discharge Support Grant via the BCF governance process.

- 4.2.2 Investment in staffing will be addressed as part of the 2024/25 Business Planning process and will be subject to approval.

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.

4.5 Other Implications

4.5.1 Proposals will support better partnership working and improve positive outcomes for people who use services

5. **ALTERNATIVE OPTIONS CONSIDERED**

5.1 The alternative to the proposals made are to maintain current delivery practices and not improve the social care offer to people with mental health problems

6. REASONS FOR RECOMMENDATIONS

6.1 The proposals support improves outcomes for people with mental health problems who need social care, and those people being discharged from acute settings

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Adult Care and Wellbeing

Approved Mental Health Professionals

Annual Report 2022 - 2023



Version
October 2023

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

Working with you to make Sheffield
HEALTHIER



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Introduction

Welcome to our Annual Approved Mental Health Professionals Annual Report covering the period 2022 to 2023.

The Annual report was implemented set out in our [Cycle of Assurance](#) and our focus on ensuring our statutory Approved Mental Health Professionals provision is delivering on the standards and outcomes we expect for citizens of Sheffield.

The Annual report also sets out priorities for the remainder of 2023 – 2024 which will enable us to continue to deliver on our statutory duties and deliver upon the Adult Care Strategy - [Living the life you want to live](#) and through this achieve our vision which is: -

“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.”

In this first Annual Report, we aim to increase understanding of the role by providing information about what Approved Mental Health Professionals are, what we do and our legal requirements.

We also provide information about our performance and our delivery against our National Service Standards. The aim of these Standards is to provide direction, standards, and to encourage the voice of those who meet AMHP services to aid service future development.



Our priority and approach is to build upon our partnerships and work with individuals, carers, communities and our partners to build networks and opportunities which promote recovery. Our delivery is guided through our Council Values which provide the guiding principles for all we do:



About Approved Mental Health Professionals (AMHPS)

Approved Mental Health Professionals (AMHPs) are highly skilled, experienced, specialist professionals, trained to undertake Mental Health Act (MHA) Assessments with Doctors. Since 2007, Mental Health Nurses, Occupational Therapists and Psychologists have joined Social Workers as being eligible to train as AMHPs. In practice, social workers make up most of the practicing AMHPs.

Local Authorities have a statutory obligation to provide enough AMHPs to deliver an accessible service 24hrs a day, 365 days per year.

An assessment by an AMHP under the MHA is undertaken when a person is deemed to be a risk to themselves or others due to the nature and degree of their mental disorder. It is only undertaken when it felt that all other ways of supporting the person have been exhausted and consideration of a hospital admission is being made. The individual remains central to the MHA assessment and all other considerations relating to the assessment must not detract from this principle.



The role of AMHPs is to provide an independent decision about whether there are alternatives to detention under the Act, bringing a social perspective to bear on their decision, and taking account of the least restrictive option and maximising independence guiding principle". The AMHP role also includes: -

- ✓ Arranging for the assessment of individuals with two Medical Practitioners who must be independent of each other and at least one of whom should be a specialist in mental health called being 'section 12 approved' under section 12 MHA.
- ✓ Ensuring equality in our approach by taking account of factors such as gender, culture, ethnicity, age, sexuality, disability in their assessments and overcoming any communication barriers.
- ✓ Promoting joint assessments (the AMHP plus the two doctors) as this ensures that the individual is not subject to repeated assessments and allows for a sharing of risk and professional judgement.

- ✓ Prioritising those most at risk, such as people living alone in the community who may because of their mental disorder be placing themselves at risk of significant, neglect, self-harm, or misadventure.

Central to the role of the AMHP is the ability to make sound legal decisions around the use of compulsory powers in a way that is both lawful and promotes the autonomy of the individual, while safeguarding the person, the family and the wider public.

How is the AMHP service provided in Sheffield?

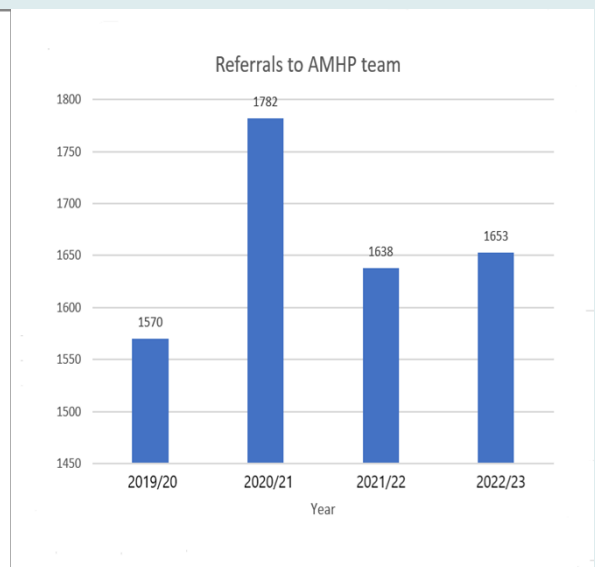
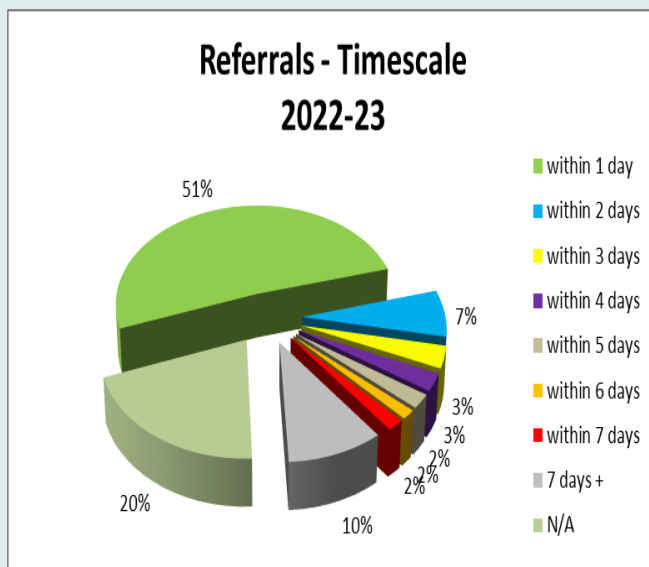
The AMHP Service is provided through a centralised AHMP Service which is delivered 24 hours a day, 7 days a week with AHMPS in community teams providing occasional support.

<p>Centralised AHMP Service</p> <ul style="list-style-type: none"> ✓ Deliver a service 24 hours a day, 7 days a week through a stratified shift-based approach. ✓ Composed of 18.5 whole time equivalent with 2 senior team managers. ✓ Provides a dedicated AHMP Service to respond to the legal obligations of the local authority ✓ Delivery of a dedicated duty contact line. 	<p>Community Based AHMP Services</p> <ul style="list-style-type: none"> ✓ Deliver AHMP role in addition to community social work roles. ✓ Contribution to specialist Mental Health Activity ✓ AMHP advice in community teams
<p style="text-align: center;">AHMP Duty</p> <p>AMHP duty in Sheffield is provided 24 hours round the clock, there are three distinct groups of AMHP staff within this team.</p> <ul style="list-style-type: none"> • Daytime -who primarily work in between the hours of 730 till 1930 Monday to Friday • Out of Hours -who primarily work from 16:00 through the night, weekends, and bank holidays. • Hybrid – who can be moved and directed to cover any shift across the 24-hour clock where the need arises. <i>All new vacancies for posts within the Central AMHP team are hybrid because of the flexibility it brings.</i> 	
<p>Over 2023/ 2024 We Will: -</p> <ul style="list-style-type: none"> ✓ Recruit to additional 2 AHMPS so that our compliment becomes 18.5 WTE. ✓ Undertake an AMHP workforce Development and delivery plan, so that our centralised service can meet statutory requirements on an ongoing basis. 	<p>Over 2023/ 2024 We Will: -</p> <ul style="list-style-type: none"> ✓ Implement a dedicated campaign to promote the AHMP role in all Community Teams. ✓ Recruit and train more AHMPS as part of community Teams to provide mental health expertise across Adult Care.

✓ Coordinate AHMPS, Social Work Out of Hours and Duty Management Cover so that there is a coordinated response and ongoing Management Cover for AHMPS as required.

Our Performance

AHMPs Performance is looked at in terms of information we monitor, our referrals, timeliness, and outcomes for individuals.



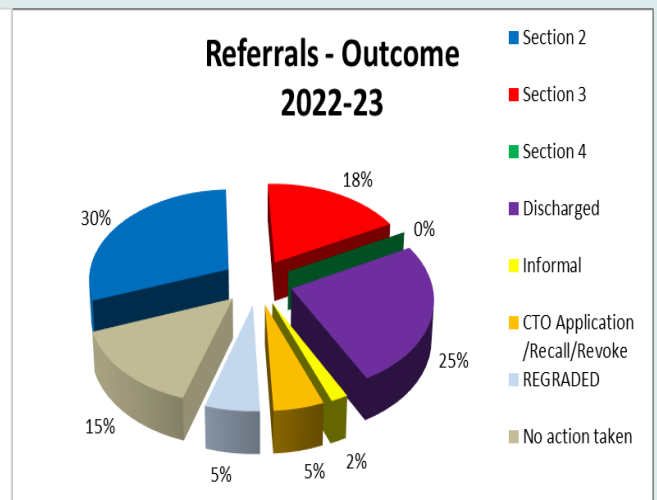
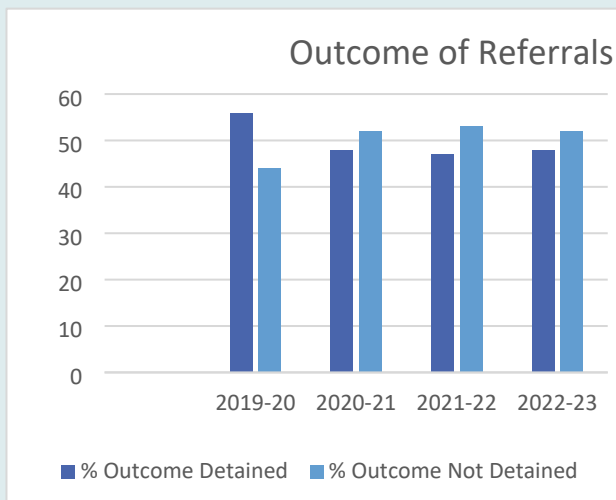
Over the past 4 years referrals to the AMHP team have been steadily increasing with a huge surge in the year of the Covid 19 lockdown. Indications already tell us that the AMHP team has received 807 referrals in the first 6 months of returning to SCC.

During the Period 2022 – 2023, 7% of all the referrals to the AMHP team (118 referrals) related to Young People under the age of 18.

- 58% of referrals (High Risk) were responded to within 48 hours.
- 12% of referrals were responded to within one week.
- 20% (334) of referrals resulted in no further action.

10% of referrals were responded to over 7 days. This is due to these referrals necessitating a complex and logistically challenging approach involving the cooperation and coordination of several other key agencies and stakeholders.

With the planned AMHP workforce development and delivery program to increase AHMPs in 2023 to 2024, its aimed to reach a position where the % of referrals responded to within 24 hours has increased to 70%. on a consistent basis.



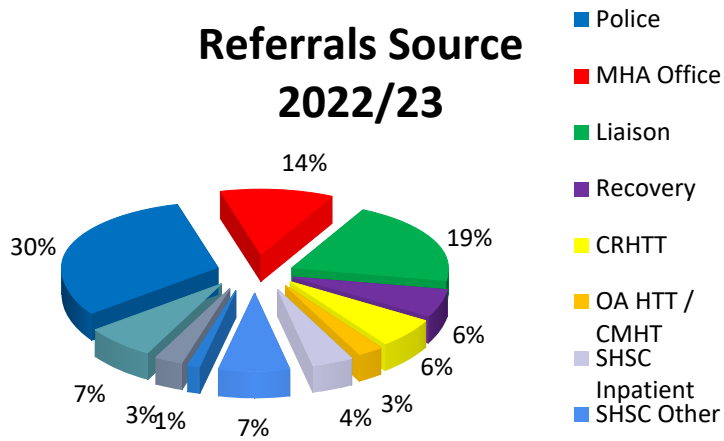
Evidence of least restrictive interventions:

40% of referrals had no action taken, or were informally supported, or not admitted in an emergency, whilst 18% of people were admitted to hospital for treatment for their health, safety or protection for up to 6 months. Over the past four years the service has increased the % of people where the outcome was not to admit to hospital, which indicates a continued trajectory towards using least restrictive options.

30% of people were kept in hospital for up to 28 days in 2022 - 2023 (Section 2 of the Mental Health Act (MHA) 1983) giving doctors time to assess what type of mental disorder a person has and then decide if they need any treatment.

For more information on the Sections of the 1983 Act, please see here: [About sectioning - Mind](#)

Referrals Source 2022/23



During 2022 – 2023, most of the referrals were from Police and Health Services.

Multi-disciplinary working is key to success of the AMHP service. This is an ongoing priority for 2023 – 2024.

Our Performance – National Standards

Our priority is to deliver upon the National Service Standards and with that an accessible, responsive, and excellent quality support to the people of Sheffield and our partners. On 16th March 2022, Sheffield City Council approved the return of all Mental Health Social Work Provision to Sheffield City Council. Social Workers returned on 1st April 2023 following this decision with activity completed during 2022 to 2023 to support transfer and build AMHP capacity.

A self-evaluation of our performance against the six National Service Standards and the DASS Assurances was undertaken to support and prioritise activities which will deliver the conditions to ensure AMHP Provision.

The six National Service Standards are: -

- ✓ Local Authority Governance and Connection to National and Regional AMHP Networks
- ✓ Governance within 24-hour AMHP services
- ✓ AMHP Service Scope
- ✓ AMHPs' personal, professional, physical and psychological safety
- ✓ Service and professional development
- ✓ Improving the experience of people who come into contact with AMHP service.

National Standards are being met. Key areas of to highlight are: -

- ✓ A Dedicated AMHP Service Manager has been appointed and there is a clear structure for management within the AMHP service which is a centralised model providing 24/7 AMHP duty.
- ✓ There is an Operation's Director dedicated Assistant Director, Chief Social Work Officer (Principal Social Worker and Caldicott Guardian) which were implemented in 2022 – 2023 with oversight and direct line of reporting to the DASS, including support out of hours.
- ✓ There is a centralised AMHP Team which can provide 24 hour 7 days a week service and with that the team and service are linked into regional forums which can disseminate good practice and learning.
- ✓ Upon return of AMHP to the Local Authority, this identified need to build AMHP capacity to meet demand and statutory requirements. Due to this recruitment planned throughout 2023 to reach required capacity.
- ✓ Data recording systems are in place to enable continuous improvement, including a cycle of assurance to embed annual reporting on AMHP Performance and a governance framework to support ongoing learning.
- ✓ There is a AMHP Learning and Development process in place which ensures that CPD is maintained, and a process is in place for renewals.

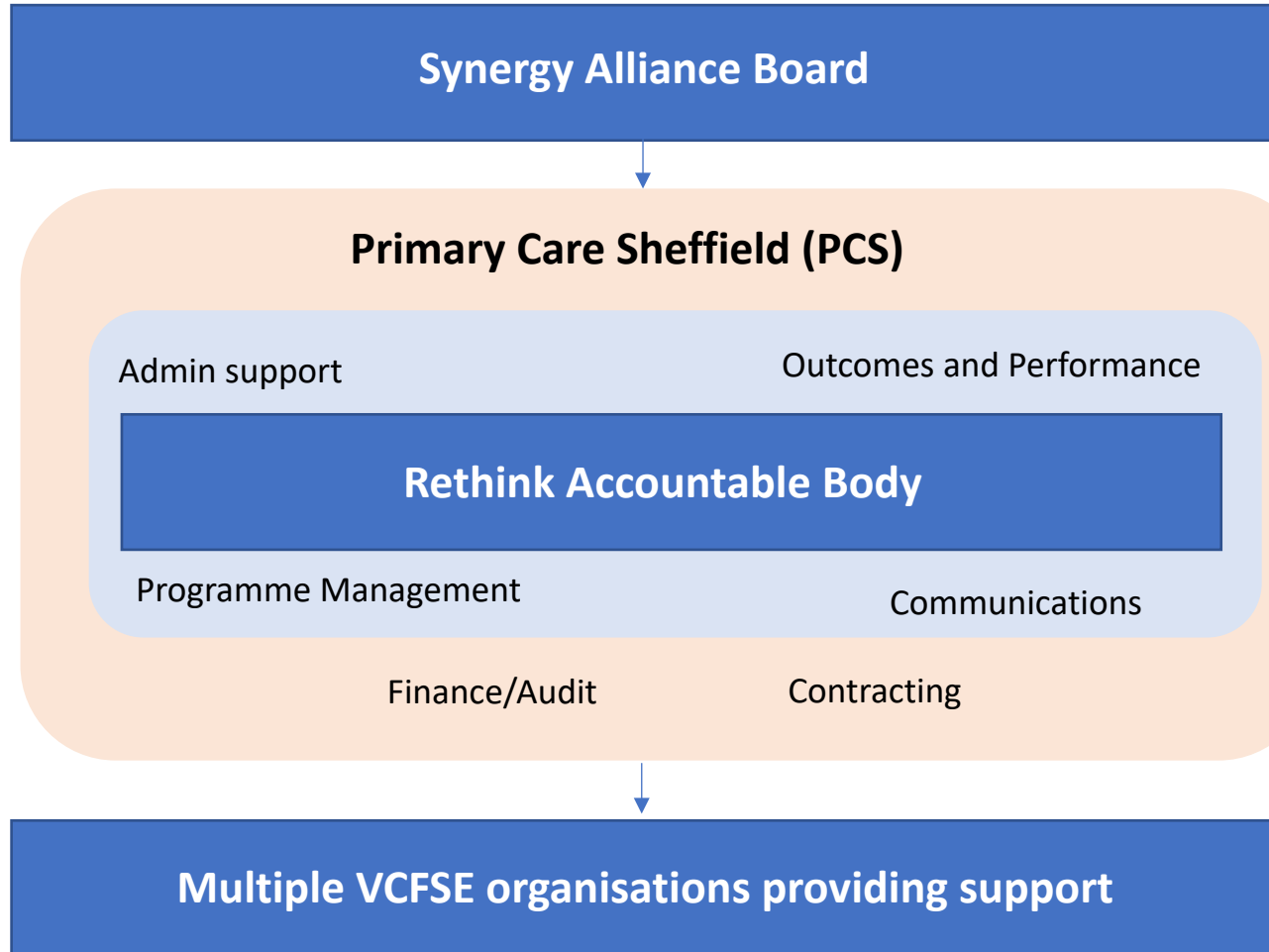
Our Priorities for 2023 – 2024

Based on our learning from National Standards, our performance and ambitions, our priorities for 2023 to 2024 are to implement: -

- ✓ Recruitment to additional 2 AMHPS to the Central AMHP team so that statutory requirements can be met.
- ✓ A campaign to identify and build community based AMHP so that this builds capacity of the workforce and embeds mental health expertise across all community teams.
- ✓ Align AMHP development into the refresh of the Strategy Delivery and Directorate Plan so that the role of AMHP are supported.
- ✓ Embed annual performance reporting to committee as part of cycle of assurance and governance in relation to AMHP provision.
- ✓ Promote referrals to the Carers Centre to support unpaid carers in their role.
- ✓ Embed co-production and involvement of individuals and carers in the development of the AMHP Service.
- ✓ Continue to maintain clear effective links and relations with our major stakeholders in the city and the wider region.

VCSE Mental Health Alliance Model

ALLIANCE



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Sheffield is leading an innovative model and partnership between VCSE, Sheffield City Council, Sheffield Health & Care Trust, South Yorkshire Integrated Care Board, Primary Care Sheffield.

The model enables ringfenced funding to be allocated to Rethink Accountable Body (Called Synergy), who then in turn allocates to VCSE organisations to deliver mental health prevention activities across Sheffield.

PCS acts as the banker of the funding and offers its specialist resources, underpinned by a joint Memorandum of Understanding over funding delegation, roles/responsibilities and enabling investments to support the reason for which funding is granted.

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Report to Policy Committee

Author/Lead Officer of Report: Justine Adams,
Commissioning Officer, Changing Futures

Tel: 0114 474 3396

Report of: *Strategic Director Adult Wellbeing and Care*

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

Date of Decision: *8th November 2023*

Subject: *The Sheffield Changing Futures Programme Update*

Has an Equality Impact Assessment (EIA) been undertaken?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
If YES, what EIA reference number has it been given? 2087				
Has appropriate consultation taken place?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Has a Climate Impact Assessment (CIA) been undertaken?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Does the report contain confidential or exempt information?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
If YES, give details as to whether the exemption applies to the full report / part of the report and/or appendices and complete below:-				
<p><i>“The (report/appendix) is not for publication because it contains exempt information under Paragraph (insert relevant paragraph number) of Schedule 12A of the Local Government Act 1972 (as amended).”</i></p>				

Purpose of Report:

To update members on the progress of Sheffield’s Changing Futures programme.

The programme is working to transform the support we give to people affected by multiple disadvantages, including being affected by substance misuse, homelessness, domestic abuse, crime, and mental illness.

The programme contributes to the Safe and Well and Active and Independent Outcomes of the Adult Social Care Strategy, to the development of a new operating model for social care focused around early intervention and prevention and to our new approach to safeguarding.

Recommendations:

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

- Agrees the need to incorporate the Changing Futures delivery approach and tackling multiple disadvantages into future policy development.
- Requests that the Strategic Director of Adult Wellbeing and Care provides the Committee with updates on progress against the Delivery Plan in March 2024
- Approves the development of a city-wide strategy for Adults experiencing Multiple Disadvantage led by the Changing Futures Team.
- Endorses the need to sustain specialist resource for those experiencing Multiple Disadvantage in the city.
- Requests that the Strategic Director Adult Care and Wellbeing brings proposals to a future Committee, aligned to the Co-Production Strategy agreed at Committee on 19th December 2023 on how co-production will be resourced.

Background Papers:

Lead Officer to complete:-		
1	I have consulted the relevant departments in respect of any relevant implications indicated on the Statutory and Council Policy Checklist, and comments have been incorporated / additional forms completed / EIA completed, where required.	Finance: <i>Duncan Cruickshank</i> Legal: <i>Patrick Chisholm</i> Equalities & Consultation: <i>Ed Sexton</i> Climate: <i>Justine Adams</i>
	<i>Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.</i>	
2	SLB member who approved submission:	<i>Alexis Chappell</i>
3	Committee Chair consulted:	<i>Councillor Angela Argenzio</i>
4	I confirm that all necessary approval has been obtained in respect of the implications indicated on the Statutory and Council Policy Checklist and that the report has been approved for submission to the Committee by the SLB member indicated at 2. In addition, any additional forms have been completed and signed off as required at 1.	
	Lead Officer Name: <i>Justine Adams</i>	Job Title: <i>Commissioning Officer</i>
	Date: <i>26/09/2023</i>	

1. PROPOSAL

Background

- 1.1** In December 2020 the Ministry for Housing, Communities and Local Government (MHCLG) announced a new national fund, Changing Futures, aimed at improving the lives of adults facing multiple disadvantages and the systems and services that support them.
- 1.2** Following a successful Expression of Interest in January 2021, Sheffield worked with key stakeholders across the statutory and voluntary sectors to develop a Changing Futures bid. On 16th July 2021 MHCLG confirmed our bid had been successful and offered a funding award of £3.267m across three years.
- 1.3** An overview of the Changing Futures Programme was provided to Committee in November 2022¹ and March 2023². In May 2023³ the Urgent Finance Sub Committee gave approval for the council to act as the accountable body for a further funding award of £1.206m to deliver the programme until March 2025. A further update was agreed for November 2023.
- 1.4** In Sheffield, there are estimated to be around 3000 people who fit the description of vulnerable adults facing multiple disadvantages (needing support in three or more of the following areas: Substance use, Mental Health, Housing, Criminal Justice, Domestic Abuse).
- 1.5** Whilst there is provision for people in these circumstances (through independent living schemes for complex needs, Housing First and the Home at Last Team (HALT)) there is not enough capacity to provide everyone with the intensive, ongoing and specialist support they require. People are often in touch with lots of different services, as they have many different needs. The current system is often unable to address the needs of an individual person in a holistic, consistent, and collaborative way.
- 1.6** Changing Futures acts as a change fund for the City, particularly in relation to how we can deliver improved people outcomes for people experiencing multiple disadvantages and enable a greater shift towards prevention of abuse and neglect.
- 1.7** It establishes an opportunity to accelerate and add capacity to existing work, develop new, long term sustainable resources and evidence effective practice. Collectively this will enhance and improve our system wide approach to supporting this group of people, and ensure the positive impact is felt beyond the four-year funded programme.

¹ [Programme Update - November 2022](#)

² [Programme Update - March 2023](#)

³ [Programme Funding Extension - May 2023](#)

- 1.8 The programme establishes a practical and significant step forward in addressing and tackling inequalities across the City and promoting social justice. A stakeholder event was held on 30th October 2023 to discuss the programme and in summary there was support from key stakeholders towards a focus on a city-wide strategic approach towards supporting people experiencing multiple disadvantage and coordination of our approach to co-production.

Progress to Date

- 1.9 Since the update report to the Adult Health and Social Care Committee on the 16th of March 2023, the team has continued to work on delivery closely with people with lived experience and partners across health, social work, housing, VCSE, Probation, Police, and non-statutory services across Sheffield.

- 1.10 Over the past 8 months the Changing Futures Programme has:

- Secured an additional £1.206m grant funding from DLUHC and The National Lottery Community Fund to extend delivery until March 2025
- Achieved significant positive outcomes for our initial cohort allowing us to transition these individuals onto lower-intensity support services in the city. The programme is now moving into the next phase of delivery, embedding workers into key partner agencies, and expanding the number of individuals supported.
- Completed the majority of the objectives across our eight system change workstreams which has resulted in new service provision, processes, training, and resource citywide to support adults experiencing multiple disadvantages.
- Held our October special session Governance board with citywide stakeholders and adults with lived experience endorsing the recommendations outlined in this report.

Area of Impact: Outcomes and Impact on People

- 1.11 A priority was to demonstrate impact of the programme in improving lives and outcomes of people experiencing multiple disadvantages. The programme directly supports a cohort of 80 vulnerable adults in the City and to date has delivered:

- Sustained high engagement rates (88%) with a historically hard to engage individuals.
- Significant improvements in individual's basic needs being met,

with 58% of individuals with healthcare needs accessing treatment.

- Reduced rough sleeping by 88% and Sofa Surfing by 53% in the cohort of individuals supported.
- Increased engagement with Mental Health support by 36%
- Increased engagement in substance misuse support by 43%
- Reduced referrals to safeguarding for individuals in the cohort by 95% compared to the 12 months prior to Changing Futures support commencing.
- Decreased referrals into the Multi Agency Risk Assessment Conference process, regarding Domestic Abuse.
- Increased multi agency working to develop collaborative solutions to complex problems.

Area of Impact: Coproduction

- 1.12 Coproduction is a priority for the programme, connecting workstreams across the city with people with lived experience, referred to as coproduction associates within the programme.
- 1.13 Our coproduction work has and will continue to help shape how services and support are delivered in Sheffield putting people at the heart of what we do.
- 1.14 It's aligned with and supported the coproduction activity endorsed by Committee on 19th December 2022.
- 1.15 Our coproduction associates are recognised as equal partners in developing the:
- Women's only temporary accommodation site, including the building design and support offer to tenants.
 - Community Domestic Abuse Service specification which is currently out to tender
 - Scope, plan, and service specification for the Positive Activities fund. The associates constitute 50% of the awarding panel and evaluate activity providers.
 - Changing Futures Governance Board in June 2023
 - New Peer Audit model as a new way of evaluating service delivery, which has completed its first phase with 4 organisations.
 - National Expert Citizens Group in Sheffield, which means that the City is now part of a national coproduction network informing work in central government.
- 1.16 Our equal partners are also involved in CFE Research Partners systems mapping work and several coproduction associates are now trained as peer researchers which brings a range of expertise in how services and supports should be developed across the City. Co-production associates have been involved in events with a range of partners including ReThink,

Health Watch, other SYHA departments, Recovery Forum, and South Yorkshire Police.

- 1.17 Across the next 6 months, it's also planned to commence work on the following projects:
- Marking the bid submissions for the Community Domestic Abuse Service tender
 - Reviewing health inequalities for Black and Minoritised communities with a focus on access to primary care
 - Continuing work with colleagues in Sheffield City Council Housing on the design of new support provision for women in temporary accommodation
 - Launching a citywide community of practice for coproduction
 - Embedding coproduction associates and lived experience onto strategic boards in the city starting with the Drug and Alcohol Strategic Board and the Safeguarding Strategic Partnership
 - Delivery of coproduction training for senior leaders in the city alongside coproduction associates
 - Working Win event focused on increasing people with lived experience into the workforce.

Area of Impact: Tackling Inequality through System Change

- 1.18 The programmes fundamental aim is to identify areas for improvement within the wider Sheffield support system and to enable collective system change. Across 2022 the programme coproduced a series of fact-finding projects to map out and better understand how support services operate in the city.
- 1.19 Following this work, the programme coproduced eight system change workstreams which were presented back to partners from across Sheffield.
- 1.20 These workstreams launched in January 2023 and are made up of those using services and partners from statutory and non-statutory agencies from Sheffield, South Yorkshire and Nationally. The eight workstreams are:
- **Risk Management Approaches:** improving multi agency approaches to manage and mitigate risks in the community, reducing service exclusions and the need for crisis intervention.
 - **Improving Support for Women:** national and local evidence tells us we need to make our services more gender informed to meet women's needs.
 - **Cuckooing:** Is on the increase in Sheffield but there is a lack of awareness or formalised processes for tackling the issue
 - **Positive Activities:** Developing more opportunities for vulnerable

adults in recovery to take part in pro social, meaningful, and fulfilling activities that reduce their reliance on support.

- **Improving the System for Multiple Disadvantage:** reducing the barriers this group face when trying to access support.
- **Increasing the Voice of Lived Experience in the Workforce:** Improving the way services operate by embedding coproduction into service delivery.
- **Access to Physical Health Services:** reducing health inequalities for a cohort with the lowest life expectancy in the UK
- **Improving Mental Health Support:** aiming to improve access and assessment for adults experiencing multiple disadvantage.

1.2.1 The majority of system change objectives have been completed and agreed activities underway. As such the workstreams are on schedule to be completed by March 2024.

1.2.2 Work which will continue beyond March 2024 on developing a city-wide Cuckooing protocol, delivery of the Positive Activities fund which awards grants to organisations who support individuals in recovery and our work around the prevalence and needs of those living with Acquired Brain Injury.

Next Steps

1.23 As a learning programme, Changing Futures has and is developing learning and best practice and it's aimed to use this work to inform how services operate across Sheffield as well as strengthen our approach to tackling inequalities and social injustice.

1.24 To that end, the key priorities next steps are:

- Secure further funding to sustain the programme and co-production activity beyond March 2025
- Lead the development of a city-wide strategy for adults experiencing Multiple Disadvantage
- Publish an evaluation in Spring 2024 to demonstrate whole impact of the programme.
- Host a conference in Spring 2024 to celebrate our learning with stakeholders and partners citywide and involve partners in developing a city wide strategy.

1.25 Embedding coproduction in Sheffield is a critical aim of the programme. As a system change and social justice approach, our coproduction work

has demonstrated and will enable the city to deliver a system wide approach to tackling inequalities.

1.26 It is proposed to bring back a further update in March 2024 on our progress with Changing Futures to the Committee.

2. HOW DOES THIS DECISION CONTRIBUTE?

Impact on Citizens of Sheffield

2.1 The Changing Futures programme will deliver a range of positive outcomes at a system, service, and individual level. These outcomes were developed in partnership with key stakeholders and whilst they are primarily focused on improving the lives of adults facing multiple disadvantages, improvements in practice and provision are expected to benefit other cohorts as well.

2.2 These outcomes are summarised below:

Area	Outcome Summary
Strategic and System	Improving our understanding of adults facing multiple disadvantages, identifying system barriers, and collaboratively developing solutions
Workforce and Development	Trialling new ways of working, testing efficacy, and sharing best practice. Improving workforce knowledge, skills and confidence when supporting adults facing multiple disadvantage
Coproduction and Peer Support	Increasing the capacity and resources so that people with lived experience can help design, deliver, and evaluate at a strategic and operational level
Data Systems	Improving data recording and information sharing whilst providing greater direct access to those receiving support
Improving operational delivery	Improving the delivery of operational services by collaboratively addressing key fault points (e.g., transitions)
Improving individuals' lives	Ensuring that people's needs are met, that their trust in services increases, their wellbeing and efficacy improves and that they have increased opportunities that reduce their need for formal support services

2.3 The full set of intended outcomes are captured within our theories of change and split at a system, service, and individual level.

2.4 Across all three levels there are some common thematic benefits:

- Improving access by increasing capacity and navigation, enabling

more people to get the help they need when they need it.

- A strategic approach to a person-centred, collaborative, joined-up way of working.
- Increasing coproduction at all levels
- Improving information sharing
- Workforce development around trauma-informed approaches and knowledge of multiple disadvantage.

2.5 The programme itself offers new employment opportunities in the city, both internally within the council and via the services we have and will commission out to providers.

Adult Social Care Strategy

2.6 This proposal supports and links to the commitments stated in the Adult Social Care Strategy, “Living the Life you Want to Live” 2021 in particular

- Commitment 2 - Provide temporary assistance to help people regain some stability and control in their life following ill health or crisis by ensuring that when individuals are assessed they are given an opportunity to maximise their potential before doing so.
- Commitment 3 - Provide care and support with accommodation where this is needed in a safe and supportive environment that can be called home by offering# a safe and enabling environment which supports their recovery.

2.7 The programme also contributes to our ambition towards reducing inequalities across Sheffield.

3. HAS THERE BEEN ANY CONSULTATION?

3.1 We already had an evidence base about what people experiencing multiple disadvantages wanted and what barriers they faced, which had formed the basis of our EOI. However, we were also able to test out some of our ideas and theory of change with a series of consultation sessions in April 2021, through Zoom meetings and at Cathedral Archer project with people directly experiencing multiple disadvantages.

3.4 We have maintained our commitment to involving those who use or have recently used services in the city, with lived experience present on our governance board, on our recruitment panels, on our evaluation panels for commercial processes and in the ongoing mobilisation of the wider programme through consultation with lived experience groups in the city.

4. RISK ANALYSIS AND IMPLICATIONS OF THE DECISION

4.1 Equality Implications

4.1.1 The proposal is fully consistent with the Council’s obligations under the Equality Act (2010). This includes, as set out in the Public Sector Equality

Duty, the requirement for the Council, in the exercise of its functions, to pay due regard to the need to:

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

4.1.2 The Changing Futures programme made concerted effort via its cohort identification process to identify, engage and support individuals from normally underrepresented groups.

4.1.3 As a result, the cohort of people being supported is 50% female, versus similar programmes caseloads typically being 10-15% female. 21% of the cohort are from ethnic minorities. 58% are white British versus a city average of 81%. 5% of the cohort are Muslim versus a city average of 6%. 3% of the cohort are LGBTQ versus an estimated city average of 4%. 45% of the cohort have some form of disability versus an estimated city average of around 10%.

4.2 Financial and Commercial Implications

4.2.1 Financial Implications

Changing Futures Programme Grants totalling £4.473m

4.2.2

The project is a jointly funded initiative between MHCLG (subsequently renamed the Department for Levelling Up, Housing and Communities (DLUHC)), and The National Lottery Community Fund (TNLCF) and the annual funding allocations and sources are summarised below:

Year	Financial Year	DLUHC	TNLCF	Total
1	2021/22	£ 955,643	£ -	£ 955,643
2	2022/23	£ 1,243,659	£ -	£ 1,243,659
3	2023/24		£ 1,067,698	£ 1,067,698
4	2024/25	£ 756,000	£ 450,000	£ 1,206,000
	Total	£ 2,955,302	£ 1,517,698	£ 4,473,000

4.2.3 Grant funding letters were received from both DLUHC and TNLCF dated 29th June 2023 awarding an extension of £1,206,000 grant funding to the end of 2024/25. The funding is subject to conditions of both DLUHC and TNLCF.

4.2.4 Memorandum of Understanding (MHCLG>DLUHC/SCC) Additional Funding Offer.

- Purpose: to help extend local delivery up until end March 2025 and further support sustainability and mainstreaming.
- Grant offer for 2024/25 is £1,206,000 [NOTE: only £1.1m previously approved] to be paid from:
 - DLUHC (April 2024) – £756,000

- TNLCF (Exact date TBC) – £450,000
- Jointly funded initiative between Government and The National Lottery Community Fund (TNLCF) and SCC need to comply with both grant agreements that have different terms and conditions attached.
- DLUHC refer back to the original agreed Memorandum of Understanding (2021) which will continue for an additional 12-months for 2024/25. No alteration to/additional financial and commercial implications need to be referred to other than these notes.

The National Lottery Community Fund (TNLCF) Grant Funding Offer Letter Dated 29th June 2023.

- Project extended from 31 March 2024 to 31 March 2025
- Additional funding to help extend local delivery and further support sustainability and mainstreaming.
- Grant increase by £450,000 totalling £1,517,698.
- Amendments to terms of the original grant offer letter dated 3 August 2021 vary the terms and conditions which were issued as part of Changing Futures grant.

4.2.5 Key features (not exclusive) of the MoU are summarised as follows.

- Additional funds to build on sustainability plans.
- (MoU) provides a framework for local delivery partnerships and DLUHC to collaborate on the Changing Futures Programme.
- The MoU is non-legally binding.
- SCC to sign up to the MoU on behalf of the local partnerships that submitted Changing Futures applications.
- MOU will cover the period up to the end of March 2025.
- DLUHC to work with TNLCF/SCC to manage funding transition.
- Programme is to improve local systems /services for adults with multiple disadvantages and to influence future government policy.
- Programme partners to develop local delivery models, deliver system change and test new approaches.
- Programme is underpinned by the principles set out in the prospectus.
- Work in partnership across local services /voluntary/community sector.
- Coordinate support/integrate local services for service users.
- Commitment to sustain programme benefits beyond the funding lifetime.
- Maintain strong partnership working structures at strategic/operational level.
- Funding for 23/24 is paid by The National Lottery Community Fund under their terms and conditions.
- SCC to achieve key deliverables as per local partnership delivery plan.
- Inform DLUHC of progress against delivery plans and ensure

major changes to the project are agreed with DLUHC before implementation.

- Prepare a sustainability plan by the end of June 2022
- SCC to comply with MHCLG data collection, monitoring, reporting requirements.
- DLUHC to review the costs and benefits of the Programme.
- MOU arrangements to be kept under review and can be amended if agreed by both parties.

4.3 Commercial Implications

4.3.1 All public sector procurement is governed by and must be compliant with both UK National Law and the grant terms and conditions. In addition, all procurement in SCC must comply with its own Procurement Policy, and internal regulations known as 'Contracts Standing Orders' (CSOs).

4.3.2 Contracts Standing Orders requirements will apply in full to the procurement of services, goods or works utilising grants. All grant monies must be treated in the same way as any other Council monies and any requirement to purchase/acquire services, goods or works must go via a competitive process. The Portfolio / Service Grant Manager will need to contact the Commercial Services Team for detailed guidance on adherence to these rules when spending grant monies.

4.4 Legal Implications

4.4.1 Under section 2B of the National Health Service Act 2006, the Council must take such steps as it considers appropriate for improving the health of the people in its area.

4.4.2 The Care Act 2014 sets out more specific obligations on Local Authorities in relation to the provision of care and support. Changing Futures enables the Council to deliver upon those specific legal obligations in the following areas:

4.4.3 **The Care Act 2014 Section 2(1) - Preventing needs for care and support.**

- a) contribute towards preventing or delaying the development by adults in its area of needs for care and support.
- b) contribute towards preventing or delaying the development by carers in its area of needs for support.
- c) reduce the needs for care and support of adults in its area.
- d) reduce the needs for support of carers in its area.

4.4.4 **The Care Act 2014 Section 5 (1) - Promoting diversity and quality in provision of services**

- a) has a variety of providers to choose from who (taken together) provide a variety of services.
- b) has a variety of high-quality services to choose from

4.4.5 **The Care Act 2014 Section 6(1) - Co-operating generally**

- a) their respective functions relating to adults with needs for care and support,
- b) their respective functions relating to carers, and
- c) functions of theirs the exercise of which is relevant to functions referred to in paragraph (a) or (b).

4.4.6 DLUHC are exercising the power to pay the grant funding under s31 Local Government Act 2003 and the Council shall become accountable body of the funding accordingly.

4.4.7 The Council must ensure that it acts in accordance with the MOU with DLUHC.

4.5 Climate Implications

4.5.1 The Sustainability and Climate Change team have advised that a full CIA is not required. As this decision relates to an extension of an existing programme there is a neutral climate impact.

5. ALTERNATIVE OPTIONS CONSIDERED

5.1 Partnership work to improve outcomes for adults experiencing multiple disadvantages has been ongoing for several years. Previous business cases have been developed for a seconded multi-agency team; and commissioning a service through a Social Impact Bond. These projects encountered complications and did not enter delivery.

5.2 As grant funding, the Changing Futures programme is considered to be a more flexible and therefore more appropriate approach for this complex cohort. Its system-wide focus is also more likely to lead to a sustainable change in support offered to vulnerable adults in Sheffield.

5.3 Sustainability planning is ongoing which includes identifying opportunities to embed learning from the programme and source funding to continue operational delivery. However, to date no continuation funding has been secured.

6. REASONS FOR RECOMMENDATIONS

6.1 The reason for the recommendations is to enable the Committee to be sighted on Changing Futures progress and use of funding provided. In addition to set out plans and an opportunity for Committee to provide advice on the ongoing use of the programme to tackle multiple disadvantages in the City.

6.2 The Changing Futures programme will help to deliver a number of strategic objectives that are shared between key partners, such as:

- Sheffield City Councils Corporate Delivery Plan: Fair, inclusive,

and empowered communities and Healthy lives and wellbeing for all

- Adult Health and Social Care Strategy 2022-2030: all is relevant. Priorities include Safe and Well, Active and Independent, Connected and Engaged and Aspire and Achieve.
- Homelessness Prevention Strategy 2017-22: strengthen partnerships to support adults with complex and multiple needs.
- Community Safety Partnership Plan: Cuckooing, domestic abuse and hate crime.
- South Yorkshire Integrated Care Boards Five Year Plan: Developing a Population Health System and Broadening and Strengthening our Partnerships to increase our opportunity.
- Joint Health and Wellbeing Strategy 2019-24: all is relevant. Ambitions include “Everyone has access to a home that supports their health” and “Everyone has equitable access to care and support shaped around them”.
- Sheffield Safeguarding Adult Board Strategic Plan 2020-23: all is relevant. Priorities include “working in partnership” and “engage and empower”.
- South Yorkshire Police and Crime Plan 2022-25. Current plan priorities are all relevant, including “protecting vulnerable people” and “treating people fairly”.
- South Yorkshire Violence Reduction Strategy: most are relevant. Priorities include “Encourage all professionals and organisations to continue to work toward becoming trauma-informed” and “Work in partnership to improve the mental health of the population, and advocate for those who need support to receive it in a timely manner”.



Report to Policy Committee

Author/Lead Officer of Report: Christine Anderson, Strategic Commissioning Manager

Tel: 0114 2057135

Report of: Strategic Director of Adult Care and Wellbeing

Report to: Adult Health and Care Policy Committee

Date of Decision: 8th November 2023

Subject: Approval of Sheffield Learning Disability Strategy

Has an Equality Impact Assessment (EIA) been undertaken?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
If YES, what EIA reference number has it been given? 2365				
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:

Sheffield's Learning Disability Strategy – ***Our Big Plan*** - sets the scene for improving the lives of people with a learning disability in the City. It has been developed in partnership with the learning disability community and carers and reflects their priorities for the next 3 years.

The Strategy will be underpinned by an annually updated delivery plan which will have clear objectives and outcomes, agreed by the Learning Disability Partnership Board. It will also be complemented by an Adult Future Options Transformation Programme. This will be a partnership document, and a range of organisations will continue together to deliver the Strategy's objectives.

Recommendations:

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

1. Approves the Learning Disability Strategy called the Big Plan.
2. Request that an update is brought to Committee in twelve months' time, along with an update of progress made on delivery actions.

Background Papers:

Appendix 1 – Learning Disability Strategy – the Big Plan

Appendix 2 – How the Strategy Was Developed

Appendix 3 – What Do We Know About Learning Disability in Sheffield

Appendix 4 – Hear Our Voice

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: Kerry Darlow & Laura Foster</p> <p>Legal: Patrick Chisholm</p> <p>Equalities & Consultation: Ed Sexton</p> <p>Climate: Christine Anderson</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>SLB member who approved submission:</p> <p>Alexis Chappell</p>
3	<p>Committee Chair consulted:</p> <p>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>Lead Officer Name: Christine Anderson</p> <p>Job Title: Strategic Commissioning Manager</p> <p>Date: 30th October 2023</p>

1. **PROPOSAL**

- 1.1 The purpose of this report is to seek approval of the Sheffield Learning Disability Strategy, attached at Appendix 1.
- 1.2 The Strategy sets the scene for improving the lives of people with a learning disability in the City through:
- Ensuring the views of people with a learning disability and their families and carers drive change and contribute directly to planning.
 - Raising awareness of learning disabilities in health care settings and other public places
 - Improving the experience and life chances of people with a learning disability
- 1.3 It promotes and enables partnership working to create the foundations and conditions for delivering upon our vision.
- 1.4 The Strategy describes how we will focus on a set of priorities, agreed in collaboration with the learning disability community, to deliver better outcomes for people in Sheffield.
- 1.5 The delivery priorities align with the 5 themes in Sheffield's Adult Social Care vision 'Living the Life You want to Live' and are as follows:
- Safe and well
 - Active and independent
 - Connected and engaged.
 - Aspire and achieve.
 - Efficient and effective
- 1.6 The strategy outlines Sheffield's pledge to strengthen individuals voice in the City, including family member and carers voices, and continued commitment to reach out to the seldom heard. It also describes our approach to work in partnership with individuals, carers, and other stakeholders in co-design and co-production.
- 1.7 The Strategy has been particularly based on feedback from people with a learning disability who took part in the Chance to Choose Project in 2022 and from We Speak You Listen workshops in 2023. The feedback and outcome of workshops which informed the Strategy is summarised at Appendix 2 and underpins both the strategic priorities in the strategy and the governance of the Learning Disability Partnership Board, so that people are at the heart of what we do.
- 1.8 The Strategy will also assist delivery upon and provide the foundations for the Adult Future Options Recovery Plan noted at Committee in November 2023 through the budget update and Adult Wellbeing and care recovery plan.

1.9 Delivery on the Vision and Strategy

1.9.1 It is recognised that our vision will take time to achieve.

1.9.2 To that end arrangements have been implemented as follows to enable a continued focus on delivery of the Strategy:

- **Delivery** – An annual report setting out progress against commitments, impact on people and achievements. This will be co-produced with the Learning Disability Partnership Board
- **Priorities** - An annual review by the Partnership Board of the Strategy priorities for the next year. As part of this annual review, we will set key priorities in relation to each theme for the upcoming year, in consultation with local people.
- **Support** - Dedicated support to the Learning Disability Partnership Board to deliver on the strategy through support from the Strategy & Involvement team in Adult Social Care Commissioning, in collaboration with the Integrated Care Board.
- **Governance** - A review of the Board governance has taken place and the Board is now co-chaired by the Assistant Director and a person with a learning disability. In addition, dedicated delivery groups around each of the themes in the Strategy will be in place and co-chaired by people from the community. The delivery group leads will report back to the full Board.

1.9.3 Delivery of the strategy and the arrangements noted above are supported by the implementation of the following over the past couple of years:

- Adult Wellbeing and Care [operating model](#) approved at Committee in November 2022 and in particular implementation of dedicated social work services (Adult Future Options) for people with a learning disabilities, sensory impairments, and physical disabilities and a strategic shift towards earlier intervention and prevention.
- Dedicated enablement intervention teams within Adult Future Options following an invest to save approach agreed in 2023 to promote adults' independence and wellbeing.
- Dedicated transitions teams and in particular a model where Adult Services reaches into children's services to supports young people as reported to September 2023 Committee in our [transitions update](#).
- Recommissioning programmes agreed at Committee which include [advocacy, supported living, day activities and respite services](#) and [care and wellbeing \(homecare\) services](#).
- A [South Yorkshire Market Position Statement \(MPS\)](#) and collaboration programme to develop specialist accommodation for people with a learning disability and/ autistic people.

2. HOW DOES THIS DECISION CONTRIBUTE?

2.1 The strategy aligns with several other strategies, including:

- Sheffield's Joint Health and Wellbeing Strategy
- Sheffield's Joint Strategic Needs Assessment
- Sheffield's Adult Health and Social Care Strategy, Future Design and Market Position Statement
- Sheffield's Race Equality Commission
- All-Age Mental and Emotional Health and Wellbeing Strategy
- Learning Disability Strategy
- Improving Physical Health for People with Learning Disabilities, Autistic People, and People with Severe Mental Illness Strategy
- All Age Sheffield Unpaid Carers Strategy
- All Age Sheffield Direct Payments and Personalisation Strategy

All the above commitments are featured in the proposed Learning Disability Strategy with the overarching aim of improving the quality of life and health outcomes for people with a learning disability in Sheffield.

3. HAS THERE BEEN ANY CONSULTATION?

3.1 The Learning Disability Strategy has been developed by engaging with the Partnership Board, Sheffield Voices, and family carers over the past 12 - 18 months.

3.2 It has been developed through engaging with a range of people with lived experience and those working with people across day services & supported living, the voluntary sector, health, employment and housing to identify the key issues and concerns.

3.3 The key events have been:

- We Speak, You Listen
- Festival of Involvement
- Chance to Choose
- Provider Marketplace
- Big Voice Conference

3.4 The local priorities and our actions for the next 3 years have been included in the proposed strategy and endorsed by the Learning Disability Partnership Board. The intention is that we will continue to engage with the Board and delivery sub-groups, measuring progress against the 5 themes and agreed priorities.

4. RISK ANALYSIS AND IMPLICATIONS OF THE DECISION

4.1 Equality Implications

4.1.1 The proposal is fully consistent with the Council's obligations under the Equality Act 2010 and the Public Sector Equality Duty.

- 4.1.2 In Equality Act terms, the proposal will have a significant direct, positive impact for people with the protected characteristic of disability – i.e. most beneficiaries. The proposal outlines strategic priorities that will continue to make universal services more accessible to people with a learning disability, aiming to improve health & well-being and redress the current imbalance in health inequalities. Good quality health and social care services with appropriately trained staff and with the correct reasonable adjustments will lead to positive outcomes.
- 4.1.3 The strategy also focuses on the wider social determinants of health and well-being to improve accessibility in different aspects of people's lives e.g. supported living, social activities and employment. It is also acknowledged that there needs to be a continued focus on considering the additional needs of people who have older family carers.
- 4.1.4 The strategy aims to involve and listen to people from the seldom heard communities to better reflect the diversity of the city and tackle inequalities in social care provision. This will include people from ethnic minority groups and the LGBTQ community, and people who communicate differently.

4.2 Financial and Commercial Implications

- 4.2.1 The Learning Disability Strategy is aiming for individuals' needs to be met by improving efficiency, joint working arrangements, and creative thinking with a focus on prevention and connecting people with their community.

- 4.2.2 There are no short term financial and commercial implications associated with approving this strategy. All individual projects will be assessed for their affordability and viability, and any future financial and commercial implications will be reported and recorded as part of the approval process.

4.3 Legal Implications

- 4.3.1 Although there has been no specific statutory guidance in relation to the learning disability community since Valuing People Now (2010), the Care Act 2014 strengthens the rights of people with learning disabilities and their family carers. It promotes fairer, more personalised care – and shifts the focus of local authorities from providing services for specific groups, to supporting individuals to achieve the outcomes that matter to them.
- 4.3.2 The current government also published a National Disability Strategy in 2021, which recognises and builds on the progress that has been made since the Disability Discrimination Act 1995.
- 4.3.3 The Equality Act 2010 brought previous anti-discrimination laws into one law. It provides a legal framework to protect the rights of individuals and promote equal opportunities for everyone. It clarifies what private, public and voluntary sectors must legally do to ensure that people with protected characteristics (such as a learning disability) are not disadvantaged.

4.3.4 Sheffield's learning disability strategy reflects these statutory requirements, with a commitment to reduce societal barriers that prevent people with a learning disability to live an ordinary life within the community.

4.4 Climate Implications

4.4.1 There are no direct climate implications associated with approving the strategy as set out in this report and there is no requirement to complete a full climate impact assessment. However, Sheffield City Council and its 10 Point Plan for Climate Action is a partner on the LD Partnership Board which oversees this Strategy.

4.4.2 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. Climate change impacts will have a significant impact on individuals health and wellbeing and any services provided under this strategy will need to ensure they are future proofed to provide any additional support that may be required to help people deal with these impacts.

4.4.3 Where specific commissions are made as a result of this strategy, climate impacts of delivery will be assessed using the CIA tool and this will be able to inform any tender process. Partners delivering services as part of this strategy will create impacts in terms of building use, transport, energy use, water and resource use, production of waste and so on and we will look to work with partners whose climate ambitions are aligned with our own, as set out in the 10 point plan for Climate Action.

4.5 Other Implications

4.5.1 There are no other implications.

5. **ALTERNATIVE OPTIONS CONSIDERED**

5.1 **Do Nothing:** No alternative options have been considered.

6. **REASONS FOR RECOMMENDATIONS**

6.1 The strategy is a positive development for the city and will enable partner organisations to work together to improve the quality of life for people with a learning disability in Sheffield.

6.2 Approving the strategy demonstrates the Committee's commitment to partnership working across the City to improve citizens' outcomes and experiences.

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Part A

Initial Impact Assessment

Proposal name

Sheffield Learning Disability Strategy

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

This strategy has been developed through the Learning Disability Partnership Board and is based on feedback received from young people, adults and family carers on what our priorities need to be in our 'Big Plan'.

It describes how we will work collaboratively with people with lived experience, their families and carers, our partners and stakeholders to address the inequalities faced by people with a learning disability, their families and carers.

This strategy sets out our ambition for a cultural shift so that community and service settings are understanding and welcoming for young people and adults with a learning disability.

It focuses on 5 key themes, which match the Adult Social Care vision 'Living the Life you want to Live':

Theme 1 - Safe and Well. We want people to be safe and well.

Theme 2 - Active and Independent. We want people to have choices about their support and how they live.

Theme 3 - Connected and Engaged. We want people to be a part of their community.

Theme 4 - Aspire and Achieve. We want everyone to have a good life doing what they want to do, with the support they need to make their choices.

Theme 5 - Efficient and Effective. Our workers and the people we support can be creative, choosing the best way to arrange support.

This EIA will be developed, reviewed and updated to inform the ongoing development of the strategy itself.

Proposal type

Budget non-Budget

If Budget, is it Entered on Q Tier?

Yes No

If yes what is the Q Tier reference

Year of proposal (s)

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

Decision Type

- Coop Exec
 Committee (e.g. Health Committee)
 Leader
 Individual Coop Exec Member

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

Lead Committee Member

Angela Argenzio

Lead Director for Proposal

Alexis Chappell

Person filling in this EIA form

Christine Anderson

EIA start date

Equality Lead Officer

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

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

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

Is this Cross-Portfolio

- Yes No

Portfolio

People

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

- Yes No Please specify

Consultation

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

- Yes No

If consultation is not required please state why

Extensive consultation to complete the Learning Disability Strategy has considered equality of opportunity and acknowledged the needs of learning disability people from seldom heard communities. This also included learning from previous local consultation and engagement from the past 5 years; and identifying gaps in order to focus on groups that were less represented in previous work such as Black, Asian and minoritised Ethnic (B.A.M.E.), LGBT+ and older people, parents, those with other long-term conditions and people who communicate differently.

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

- Yes No

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

- Yes No

If you have said no to either please say why

Initial Impact

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

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

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

Identify Impacts

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

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

Cumulative Impact

Does the Proposal have a cumulative impact

Yes No

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

If yes, details of impact

The outcomes of the Learning disability Strategy will be evaluated year on year and refreshed in 2026. Delivery of the Strategic Plan will have a cumulative impact across the learning disability community.

Proposal has geographical impact across Sheffield

Yes No

If Yes, details of geographical impact across Sheffield

Local Area Committee Area(s) impacted

All Specific

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

Initial Impact Overview

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

The strategy is expected to have a positive impact but will be monitored and measured against its themes. It aims to bring together partners across Sheffield in a more coordinated approach and to work with people with lived experience, their families and carers to help reduce significant inequalities relating to:

- life expectancy
- access to employment
- appropriate housing, and other areas

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

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

Initial Impact Sign Off

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

Yes No

Date agreed

Name of EIA lead officer

Ed Sexton

Part B

Full Impact Assessment

Health

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

Yes No *if Yes, complete section below*

Staff

Yes No

Customers

Yes No

Details of impact

The proposal outlines strategic priorities that will continue to make universal services more accessible to people with a learning disability, aiming to improve health & well-being & redress the current imbalance in health inequalities. Good quality health and social care services with staff trained in learning disabilities and with the correct reasonable adjustments will have a positive outcome for both people with a learning disability and staff.

Comprehensive Health Impact Assessment being completed

Yes No

Please attach health impact assessment as a supporting document below.

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

Yes No

**Name of Health
Lead Officer**

Age

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

The strategy is for young people in transition as well as adults. The proposal outlines strategic priorities that will continue to make universal services more accessible to people with a learning disability, aiming to improve health & well-being & redress the current imbalance in health inequalities leading to reduced life expectancy.

Data tells us that:

- There are 4,000 people aged 18+ with a Learning Disability diagnosis recorded on Sheffield GP registers, and about 720 children or young people recorded. However the actual number will be significantly higher as it is estimated that approx. 2.16% of adults, and 2.5% of children, have a learning disability.
- Whilst 5% of the general population die under the age of 50, this is 30% for the learning disability population (of mostly preventable causes).
- The average life expectancy of women with a learning disability is 18 years younger than for women in the general population (men with a learning disability have a life expectancy 14 years shorter than men in the general population).
- Depending on their individual disability, people may be affected by ageing in different ways. People with Down's syndrome, for example, tend to age at a faster rate than the general population, often showing signs of ageing in their 30s. They may also be affected by dementia from a much earlier age, and at a faster rate.
- As a by-product of the fact that many people with learning disabilities are living longer, it is a relatively new but steadily increasing phenomenon for people with learning disabilities to outlive their parents. This has the additional impact that many people thus lose their parents and their primary caregivers at once; this is a situation which must be planned for.

Good quality health and social care services with staff trained in learning disability and with the correct reasonable adjustments will have a positive outcome for learning disability people of all ages.

Disability

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

There are well-documented co-morbidities that can further disable an individual with a learning disability in society. The proposal outlines strategic priorities that will continue to make universal services more accessible to people with a learning disability, aiming to improve health & well-being & redress the current imbalance in health inequalities. Good quality health and social care services with staff trained in learning disability and with the correct reasonable adjustments will have a positive outcome for people with a learning disability of all ages. The strategy also focuses on the wider social determinants of health and well-being to improve accessibility in different aspects of people's lives e.g. housing, transport, employment.

Pregnancy/Maternity

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

No direct or disproportionate impacts are identified. However, the strategy would be expected to benefit people with a learning disability whatever their individual circumstances.

Race

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

The strategy aims to involve and listen to people with a learning disability from the seldom heard communities to better reflect the diversity of the city and tackle inequalities in social care provision.

Sheffield Race Equality Commission (2020) highlighted specific concerns e.g:

- The need to ensure allocation to GP services reflects health inequalities within communities;
- cultural competence and Eurocentric Diagnoses;
- culturally appropriate health care and availability of interpreters/translation;
- health environment factors such as availability of halal food in hospitals;
- disproportionate impact of poverty on non White British communities;
- experience of racism.

Religion/Belief

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

The strategy aims to involve and listen to people with learning disability from the seldom heard communities to better reflect the diversity of the city and tackle inequalities in social care provision.

In general, there is a need to "get the basics right" in terms of culturally competent services, interpretation/translation, inclusive engagement and working with community organisations that support and advocate for diverse groups.

Sex

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

No direct or disproportionate impacts are identified. However, the strategy would be expected to benefit people with a learning disability whatever their individual circumstances, values, beliefs and life choices.

Sexual Orientation

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

No direct or disproportionate impacts are identified. However, the strategy would be expected to benefit people with a learning disability whatever their individual circumstances, values, beliefs and life choices. The strategy aims to involve and listen to people with learning disabilities from seldom heard communities, including the LGBT+ community, to better reflect the diversity of the city and tackle inequalities in social care provision.

Gender Reassignment (Transgender)

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

No direct or disproportionate impacts are identified. However, the strategy would be expected to benefit people with a learning disability whatever their individual circumstances, values, beliefs and life choices. The strategy aims to involve and listen to people with a learning disability from the seldom heard communities, including the LGBT+ community, to better reflect the diversity of the city and tackle inequalities in social care provision.

Carers

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

Carers will benefit directly from the improvement to support on offer and the increased learning disability awareness universally. They will also benefit indirectly in the knowledge that their relative's life chances have improved as a result of the strategic priorities. Improvements to short breaks will also improve family resilience.

Voluntary, Community & Faith sectors

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

No direct or disproportionate impacts are identified. However, the strategy would be expected to benefit people with a learning disability whatever their individual circumstances, values, beliefs and life choices. The strategy aims to involve and listen to people with a learning disability from the seldom heard communities, and will continue to engage with the VCF sector, to better reflect the diversity of the city and tackle inequalities in social care provision.

Partners

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

The strategy will affect partner organisations connected to the Learning Disability Board (e.g. NHS) and others who may be more involved in the availability support or universal services (e.g. employment). Impacts and opportunities will be identified as the strategy develops.

Cohesion

Staff

Yes No

Customers

Yes No

Details of impact

If successful, it is hoped the strategy may contribute to improved community understanding and awareness of learning disability.

Poverty & Financial Inclusion

Impact on Staff

Yes No

Impact on Customers

Yes No

Please explain the impact

The strategy aims to have a positive impact on financial wellbeing, in the aspiration towards more employment opportunities and, more generally, in any measures that promote social inclusion and access to sources of support and advice.

Armed Forces

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

No direct or disproportionate impacts have been identified.

Other

Please specify

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

Action Plan and Supporting Evidence

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

- Learning Disability Partnership Board and sub groups to reflect sections of learning disability community who are under represented e.g. young people, members of the B.A.M.E. community
- Outreach activities to seldom heard sections of the community to build understanding and trust
- Promotion of new and existing opportunities to all the community
- Measurement of outcomes against EIA

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

[Ageing | Foundation for People with Learning Disabilities](#)

Detail any changes made as a result of the EIA

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

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

Sign Off

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

Yes No

Date agreed

Name of EIA lead officer

Ed Sexton

Review Date

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HEAR OUR VOICE

Sheffield's Learning Disabilities Strategy 2023-2030

All Come Together – Our 2023 Plan

Introduction



This document is an add on to Hear Our Voice, Sheffield's Learning Disabilities Strategy 2023-2030.



This document will tell you more about the things we will do to help make the lives of people with a learning disability better. This will be updated every year.



Everything in our strategy came from people with learning disabilities, their families, and carers. You can find more information about this in another document - 'How our strategy was developed'.



The [Sheffield Learning Disabilities Partnership Board](#) will check the strategy every year to make sure we are doing what we said we would do. We'll work with our communities to figure out how we can share our progress in the best way. You can find out more about this in another document - 'How we'll check our plan's progress'.

Theme 1 – Safe and Well. We want everyone to be safe and well.				
A. Good quality overnight short breaks (respite care) that keeps people safe.				
What we heard	What we've done so far	What we've started doing	What we'll do	What we could work on next
<p>“Being able to have Respite in somewhere I feel safe is important, or it's not respite for me.”</p> <p>“Respite should be fun and feel like a holiday. It shouldn't be boring or make people feel trapped.”</p> <p>“Respite is impossible to get funding for.”</p>	<p>Started looking at other types of overnight short breaks (for example, Supported Holidays).</p> <p>Started working with providers to find out where we can have more overnight short breaks spaces.</p> <p>Created a <u>framework</u> for overnight short breaks providers to sign up to, which explains what is expected of them and encourages <u>innovation</u>.</p> <p>Created a single occupancy overnight short break option for individuals who experience behaviours of distress.</p>	<ul style="list-style-type: none"> • Work with providers to make sure there are lots of options in overnight short breaks for diverse needs. • Explore the need for an emergency medium-term stay approach to overnight short breaks. 	<ul style="list-style-type: none"> • Look at the information available on overnight short breaks and make it more useful. This should include what funding is available. • Work on plans to increase staff training for people with behaviours of distress and high needs in overnight short breaks. 	<ul style="list-style-type: none"> • Review care plan handover process for overnight short breaks and make recommendations for improvement.
B. Disability awareness in public and when using services.				
What we heard	What we've done so far	What we've started doing	What we'll do	What we could work on next
<p>People feel there is a lack of disability awareness in the public and spaces they visit while using services. They don't always feel safe because of this.</p> <p>“We want better trained staff who have tried to live the same life and understand disability and sensory challenges. Training through experience.”</p>	<p>The Safe Places scheme includes 53 key community venues across the city.</p> <p>The Adult with Disabilities framework says that providers should aim ‘to maintain a diverse workforce, which reflects the communities they operate within, and the individuals they support.’</p>		<ul style="list-style-type: none"> • Support the promotion and development of Safe Places, helping everyone feel able to access them. 	<ul style="list-style-type: none"> • Explore ways to provide learning disabilities awareness training to organisations and businesses through the Partnership Board. • Partner with Sheffield businesses to connect the community with businesses who meet learning disability support ‘quality marks’.

C. Understanding across healthcare – including with continuity in clinicians at doctor’s surgeries and in hospital.				
D. Support to prevent people needing to stay in hospital when they don’t feel mentally well.				
What we heard	What we’ve done so far	What we’ve started doing	What we’ll do	What we could work on next
<p>Most people said that their GP knew they had a learning disability but not that many workers in hospitals had taken time to find out.</p> <p>People said there are a lack of reasonable adjustments in hospitals and doctor’s surgeries such as easy read, extra time for appointments, quiet spaces, for example. They worry that people won’t understand them and think badly of them because of their learning disability or other disabilities. They don’t want to be made worse by inappropriate care.</p> <p>“Not having to tell the receptionist what the problem is, more privacy in doctor’s surgery.”</p> <p>People agreed there needs to be more work done to prevent people from reaching a point where they need to go to hospital. People said that there needs to be a single point of access when they feel unwell.</p> <p>People want immediate support in a hospital setting to be in Sheffield, not anywhere else. They said that sending people away is not right, and denies them access</p>	<p>Specialist learning disability nurse leadership is now in place in Sheffield Teaching Hospital, and the organisation is an active member of the Physical Health Implementation Group.</p> <p>The Oliver McGowan Mandatory Training on Learning Disability and Autism has started.</p> <p>100s of health and care staff have had training to help them understand the needs of people with learning disabilities (including spotting health problems more quickly, national screening, and reasonable adjustments).</p> <p>Improved access for people with a learning disability to annual health checks, vaccinations, and national screening programmes.</p> <p>The Integrated Care Board have worked with people with lived experience to make web pages and videos to help people understand more about their own health, as well as help staff be more aware of how they can best help</p>	<ul style="list-style-type: none"> • Check advocacy training to professionals as part of the new advocacy contract starting April 2024. • Continue to support GP surgeries to deliver Annual Health Checks, vaccinations, and national screening. • Close working with the LEDER programme, including to support STOMP (stopping over medication of people with a learning disability, autism, or both, with psychotropic medicines). • Looking at new ways of running the Sheffield Health and Social Care Trust’s Learning Disability Service <ul style="list-style-type: none"> • preventing people from needing to stay in hospital when they don’t feel mentally well. • helping people to live in their community with the right support and close to home. 	<ul style="list-style-type: none"> • Support training for health workers in learning disability awareness and communication skills including: <ul style="list-style-type: none"> • using the accessible information standard • how to improve referrals for people with a learning disability • promoting the Oliver McGowan training. • Promote the use of Health Passports and the Red Bag scheme. • Explore how we could make sure that everyone with a learning disability have better continuity in clinicians at doctor’s surgeries. 	<ul style="list-style-type: none"> • Check on how lessons learned from LEDER reviews are put into practice. • Continue to improve the accuracy of GP surgery learning disability registers including making sure that people who are ‘missing’ from registers are included.

to their friends, families, and support networks.				
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Theme 2 – Active and Independent. We want people to have choices about their support and how they live.

A. Skills to support people to be active and independent, including phones, technology, and social media

What we heard	What we've done so far	What we've started doing	What we'll do	What we could work on next
<p>People report frustration when staff don't listen or take the time to find out what they want to do.</p> <p>People want access to technology/phones so they can be more independent and contact people when needed. They want staff to be trained on how to support them to use tech in their care plans and the job specifications.</p>	<p>The new Adult Future Options framework says that providers should make sure that the staff members they employ have <u>person-centred</u> values.</p> <p>It also says that providers should make the 'best use' of Assistive Technology so that people can be as independent as possible.</p>		<ul style="list-style-type: none"> Increase staff awareness of what's available in the community, where to look and who to ask. 	<ul style="list-style-type: none"> Develop technology training for staff, carers, and family support. Develop social media and keeping safe on Social Media tools. Develop ways to share good practice where staff have been flexible and creative – helping staff to do this more. Support people to develop the skills and tools to manage their own health conditions, such as health coaching.

B. Good quality supported living

What we heard	What we've done so far	What we've started doing	What we'll do	What we could work on next
<p>"Not sufficient support with self-care and keeping a stable house tidy."</p> <p>People want to have a say in how staff who support them are recruited, because it's their home.</p> <p>When it doesn't work, they feel unsupported, unsafe, and unable to talk to staff and change things. Lots of people want to be able to do things spontaneously. They</p>	<p>Outlined in the <u>specification</u> that we expect providers to involve the people they support in their recruitment practices.</p> <p>Explained that we expect providers to be as flexible and responsive as they can be to requests for support.</p> <p>Started a project testing out Individual Service Funds (ISFs)</p>	<ul style="list-style-type: none"> Support the Individual Service Funds pilot and expand opportunities for co-production wherever possible. 	<ul style="list-style-type: none"> Check if individuals can join in recruiting their staff team. 	<ul style="list-style-type: none"> Promote Skills for Care's guidance on managing risk and work with quality checking teams to support providers to see how this is done in practice. Review communication about supported living processes, how to visit, and apply for places. Work with providers to provide them support with

report feeling very downhearted that they need a risk assessment to see family or friends when other people don't have to.	with the Adult Future Options Framework.			recruitment and develop their practices.
C. A variety of exciting day opportunities				
What we heard	What we've done so far	What we've started doing	What we'll do	What we could work on next
<p>"Day opportunities can feel like being stuck doing the same thing day in/day out."</p> <p>People who cannot always speak for themselves feel overlooked in their choices.</p> <p>More activities and support at weekends are wanted. A lot of people report feeling lonely and bored on weekends.</p>	<p>Created a framework for the first time, which will include quality checking of day services.</p> <p>Told providers that we will expect them to work with the Council to develop later evening and weekend activities.</p> <p>Encouraged different providers to join the framework to make sure there's more variety in services (such as other than traditional building-based services).</p>	<ul style="list-style-type: none"> Use checking tools to make sure that Day Services are doing what they have agreed to do. Make sure that activities are meaningful, and as part of individuals' support plans. Encouraging different providers to join the framework and understanding barriers to joining. 	<ul style="list-style-type: none"> People with lived experience working together with services as quality checkers. 	<ul style="list-style-type: none"> Supporting social workers to understand and grow their understanding of the framework to use the variety of services available.
D. Choice, especially when people have higher needs				
What we heard	What we've done so far	What we've started doing	What we'll do	What we could work on next
<p>Family and carers say that people with higher needs do not have enough support, and don't get the same choices. If they communicate differently this is heightened even further.</p> <p>"We want choice. We don't want to live in care homes or hospitals."</p>	<p>Created a separate framework for 'Enhanced' supported living, where staff are expected to have specialist training.</p> <p>Started a separate piece of work to look at how we can increase the number of supported living placements.</p>	<ul style="list-style-type: none"> Continue to work on the Learning Disabilities Accommodation strategy, working with people with a learning disability to create a plan. Review of separate framework for 'Enhanced' supported living & checking of outcomes, involving people in this. 		
E. Being able to travel around the city				
What we heard	What we've done so far	What we've started doing	What we'll do	What we could work on next
<p>Many people and staff find it difficult to go out in the community due to a lack of</p>	<p>Shared information about accessible facilities and 'mapping'</p>		<ul style="list-style-type: none"> Support providers to share their facilities and remove 	<ul style="list-style-type: none"> Continue to promote use of 'toilet finder' apps/websites, including

accessible toilets and changing rooms, as well as not knowing where they are. “Changing places toilets to make sure accessibility to all.”	tools with day opportunity and supported living providers.		barriers to this where possible.	encouraging providers to register their own facilities. <ul style="list-style-type: none"> • Check where there are accessible facilities gaps across the city and plan to reduce these. • Work with organisations that may be able to fund improvements.
F. Accessible spaces in the community				
What we heard	What we’ve done so far	What we’ve started doing	What we’ll do	What we could work on next
Some people stop going to services altogether when their buses are removed or the times are changed, and they don’t have money for a taxi, or their service doesn’t have a minibus. A carer told us her son has a +1- bus pass to access trams and buses which he loves. However, staff choose to book taxis out of his own son’s money. They do it for ease or don't have the time to travel with him.			<ul style="list-style-type: none"> • Help to get disability bus passes. 	<ul style="list-style-type: none"> • Better support around travel training.

Theme 3- Connected and Engaged. We want people to be a part of their community.				
A. Opportunities to socialise.				
What we heard	What we've done so far	What we've started doing	What we'll do	What we could work on next
<p>A lot of people report feeling lonely and bored on weekends, especially if they only have provision for day opportunities and not one to one support.</p> <p>People want more opportunities to socialise with people and have opportunities to meet and date people.</p>	<p>Explained in the specification that we expect providers to offer or find opportunities and activities on weekends and evenings.</p>		<ul style="list-style-type: none"> • Explore opportunities for funding and working with partners to set up more socialising activities (just) for adults with learning disabilities adults such as in spaces like nightclubs or bars. • Explore how groups of providers could join to deliver weekend or evening activities. 	<ul style="list-style-type: none"> • Find external grants and explore what support is available on bid writing.
B. Better transition to adults' services				
What we heard	What we've done so far	What we've started doing	What we'll do	What we could work on next
<p>Having more group activities and clubs for young, disabled people. They think this would help them have fun and meet other people like them.</p>	<p>Encouraged providers to apply to framework offering transition support for young people. Worked together with Children's Service to develop plans to improve transitions.</p> <p>Joint befriending tender launched, and plan to jointly produce the club and befriending specification in the future.</p> <p>Specific group funded activities targeted at the transition cohort.</p>	<ul style="list-style-type: none"> • Adults' and Childrens' teams joint commissioning services for younger people. • Continue to develop good transitions arrangements between Child and Adolescent Mental Health Services (CAMHS) and the Community Learning Disability Team (CLDT). 	<ul style="list-style-type: none"> • Explore ways to support people and unpaid carers when they move between children's and adults' services, for example a young people peer buddy - they could support them in work, groups and with going to places. • Explore a community volunteers plan to introduce 'what's on' in people's areas. 	<ul style="list-style-type: none"> • Work with social workers to understand the offer on the framework and what's out there in the community. • Work with Children's Services to develop an all-age approach.
C. More support and opportunity for <u>peer advocacy</u> and <u>self-advocacy</u> and Support to tackle issues that were important to them				
What we heard	What we've done so far	What we've started doing	What we'll do	What we could work on next

<p>“We should be giving people lots of opportunities to tell the centres what they want.”</p> <p>“People are proud of the services they use, the friends they make, and the communities they build. Having opportunities for people to become involved in decision making, presentations and taking on responsibilities is beneficial for members and staff.”</p> <p>Some people want to work in hospital and healthcare, or to help run day opportunities for their peers. People are interested in roles talking to their peers and advocating for them.</p>	<p>Sheffield Voices young people self-advocacy group is being set up.</p> <p>New advocacy contract says that providers should set up groups and link in with existing groups.</p>	<ul style="list-style-type: none"> • Review scope of 1:1 advocacy service and make any changes from April 2024. 	<ul style="list-style-type: none"> • Develop a peer advocacy and support network for people with a learning disability. Make sure there are the right networks that support all aspects of identity. 	<ul style="list-style-type: none"> • Share best practice on power sharing and <u>co-production</u>. • Work with Councillors to find ways they can better hear the voice of people with learning disabilities. • Find training and development opportunities that line up with helping the community support the community, including ethnically minoritized communities..
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Theme 4 – Aspire and Achieve. We want everyone to have a good life doing what they want to do, with the support they need to make their choices.

A. Meaningful work, including the right kinds of volunteering opportunities

What we heard	What we've done so far	What we've started doing	What we'll do	What we could work on next
<p>People want to do jobs that aren't just retail, charity shops, for example.</p> <p>"I want to be paid or compensated for my work and contributions."</p> <p>Greater variety of volunteering opportunities needed. Businesses need to be supported to make the opportunities accessible.</p>	<p>Introduced payments for individuals who are involved in consultation work for the council, and for Partnership Board members.</p> <p>The day services specification focuses more on support to help individuals to gain paid meaningful employment, <u>apprenticeships</u>, and real volunteering opportunities.</p> <p>Part of the Local Supported Employment programme to support people with a learning disability and/or autism into employment.</p>	<ul style="list-style-type: none"> • Encourage the provider to incorporate volunteers in the future advocacy contract that is starting in April 2024. • Explore apprenticeship scheme in Adults Future Options. 	<ul style="list-style-type: none"> • Engage with and support a wider variety of businesses to provide volunteering opportunities, ensuring they provide the right accessibility support. • Check how well organisations that support people with a learning disability have staff that represents the community they support. 	<ul style="list-style-type: none"> • Work with colleges and employers to create work experience opportunities for people with a learning disability, so that they can try different types of jobs to see what they would like to do. • Work with employers to promote the benefits of employing staff members with a learning disability. • Develop a register of supported employment services available to individuals.

B. Support to job search and apply

What we heard	What we've done so far	What we've started doing	What we'll do	What we could work on next
<p>"No disability support worker at the job centre"</p> <p>"People shouldn't just assume you can't do a job. Support and guidance and think outside the box to provide opportunities."</p>	<p>New volunteer and community opportunities and employer encounters created for learners.</p> <p>New Supported Internship programme at Sheaf Training in 22/23 and in development at The Sheffield College for 23/24. This will increase the total number of places to 36.</p> <p>Young people with SEND have undertaken traineeships and apprenticeships at the Council,</p>	<ul style="list-style-type: none"> • Work with planning for the pre-apprenticeship programme for young people with SEND within the Council's SEND Department, launching in September 2024. • Work with the Supported Employment Forum in developing the 3-year action plan to increase supported internship places 	<ul style="list-style-type: none"> • Work with job centre to identify and promote job centre support. 	<ul style="list-style-type: none"> • Improve what we're doing locally and learn from best practice.

	<p>with positive routes of progression.</p> <p>More employers are engaged in supported employment for young people with SEND, including through a new Supported Employment forum.</p> <p>Increased community opportunities through a new SEND young people's advisory group and increased attendance at youth clubs by young people with SEND.</p>	<p>and supported employment opportunities.</p>		
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Theme 5 – Efficient and Effective. Our workers and the people we support can be creative, choosing the best way to arrange support.				
A. Getting the right staff with the right skills and the right number of staff				
What we heard	What we've done so far	What we've started doing	What we'll do	What we could work on next
<p>People report being left out of decisions around staff. They want to know when and why their regular staff is changed, not just have to deal with it without being told in advance.</p> <p>People want a named social worker who has been trained in learning disabilities and Autism. Lots of people say that even if they have a social worker, they've not actually spoken to them, or they ring up and speak to someone new every time.</p>	<p>Reorganised the social work teams in Adult Social Care. Adult Future Options supports people with a learning disability. The team have experience and a special interest in working with people with a learning disability.</p>	<ul style="list-style-type: none"> Review how well the new Adult Future Options team works and the impact of this change on people with a learning disability. 	<ul style="list-style-type: none"> Explore ways people with a learning disability work with organisations to write job specifications or sit on interview panels. 	<ul style="list-style-type: none"> Discuss and develop plans to reduce staff shortages that stop people from coming to events and community hubs, including developing staffing contingency plans. <p>Explore developing a citywide training standard for working with people with a learning disability.</p>
B. Being involved in developing policy and processes				
What we heard	What we've done so far	What we've started doing	What we'll do	What we could work on next
<p>People want to be able to change things in supported living in a timely manner, not having to jump through hoops and never hearing back.</p> <p>'There needs to be clearer communication needed around staff and company policies. For example, many people don't understand why they can't talk to their carers in public when they're with someone else. It is very distressing, and people say if they knew why, and had it explained to</p>	<p>Providers should make all policies and procedures available to the people they support, and that there must be a clear complaints and suggestions policy.</p>	<ul style="list-style-type: none"> Develop the role of link reps from the Sheffield Learning Disabilities Partnership Board to gather feedback from the community and share progress on this plan. Develop accessible ways of sharing the progress of this plan with our community. 	<ul style="list-style-type: none"> Explore ways people with a learning disability can work with organisations to write processes/policies in supported living and day opportunities. Review how accessible complaints processes are for residents, their families, and staff. 	<ul style="list-style-type: none"> Encourage services and providers to work together to support individuals to achieve their outcomes as one joined-up team – in things like assessments, reviews, using skills.

them politely if they forgot, they would not find it so confusing.’				
C. Flexibility and doing things in new and better ways.				
What we heard	What we’ve done so far	What we’ve started doing	What we’ll do	What we could work on next
<p>People want more flexible support packages - they want to increase or decrease their hours as needed.</p> <p>“Support should work around the person and not the other way round.”</p> <p>A good experience of a day opportunity offered a mix of one-to-one time with staff, small groups, and larger groups. This approach and how they rotated staff to be able to work with someone one to one and in a larger group helped connections to form.</p>	<p>Introduced a pilot project to trial Individual Service Funds, so that providers have people’s budgets. This means more flexibility on how the budget can be used and remove the need to check all changes with the social work team.</p> <p>Introduced a ‘flex’ policy so that Supported Living providers can increase or decrease hours for a short period of time – without need for Social Work involvement.</p>	<ul style="list-style-type: none"> • Launch the Learning Disabilities Transformation programme. 		<ul style="list-style-type: none"> • Explore how the Council can support families and groups of people to set up cooperatives to assist people to manage their own care, to live together with friends and to run businesses under this model.
D. Hearing more from people who communicate differently				
What we heard	What we’ve done so far	What we’ve started doing	What we’ll do	What we could work on next
<p>People in supported living accommodation want access to technology and phones so they can be more independent and contact people when needed.</p> <p>“Support staff need more training to help them understand how to communicate with non-verbal people. This could include training on using body language, sign language and communication boards.”</p>	<p>With help from Sheffield Voices, offered diverse ways to share feedback, using drama and music as a way to start the conversation.</p> <p>Redesigned and relaunched the Sheffield Learning Disabilities Partnership Board with equal community representation.</p> <p>Continuing to develop ways to make sure all community reps are supported to attend and engage,</p>	<ul style="list-style-type: none"> • Develop a toolkit for professionals to better gather feedback from people who communicate differently. • Support the ‘We Speak, You Listen’ programme, making sure everyone in the community can be informed about the strategy, our plans, and can share their views. 	<ul style="list-style-type: none"> • Work with Social Workers, the Technology Enabled Care (TEC) programme, providers, and people with lived experience to understand barriers to using technology in plans and support. • Continue to ensure that we engage better with the seldom heard ethnically minoritized communities. 	<ul style="list-style-type: none"> • Explore options about available technology that helps people know what to ask for and how they or their support can use it. • Develop plans and implement technology to help people, like apps that people type and talk through. • Explore ways to make sure more professionals have the skills to develop accessible information.

“Some people get overwhelmed by big groups and noisy meetings.”	including working with Disability Sheffield.			
E. Easy to access information, and in person				
What we heard	What we’ve done so far	What we’ve started doing	What we’ll do	What we could work on next
<p>“Information should be accessible and there should be lots of options like easy read and newsletters.”</p> <p>“Information should be in print too, like letters, leaflets and posters.”</p> <p>“The council should host events for people to get information. This could be a day service library and a social event.”</p>	Started to build an online platform to engage with younger people with a learning disability.	Review and improve how organisations that pay for services communicate with providers.	<ul style="list-style-type: none"> • Develop a Communications Plan that could include things like: <ul style="list-style-type: none"> • Making sure things like the directory are correct and up to date. • Include individuals’ and residents’ reviews in marketplace type events for day services and supported living. 	<ul style="list-style-type: none"> • Further develop our Communications Plan that could include things like <ul style="list-style-type: none"> • Explore local ‘hub’ model - hubs in the city where people can go to get information and ask questions. The information that is on websites should also be on printed leaflets. • Explore a ‘mystery shopper’ plan to check how accessible information is. • Develop tools and plans so people can go to day services for a week, like a mystery shopper, and they could write a review for other people to see.



HEAR OUR VOICE

Sheffield's Learning Disabilities Strategy 2023-2030

Appendix 2 - How this strategy was developed

Introduction



This document is an add on to Hear Our Voice, Sheffield's Learning Disabilities Strategy 2023-2030.



Everything in our strategy came from people with learning disabilities, their families, and carers. This document explains how we did this.



You can find out more about the things we will do to help make the lives of people with a learning disability better in another document - 'All Come Together: Our 2023 Plan'. This will be updated every year.



The [Sheffield Learning Disabilities Partnership Board](#) will check the strategy every year to make sure we are doing what we said we would do. We'll work with our communities to figure out how we can share our progress in the best way. You can find out more about this in another document - 'How we'll check our plan's progress'.

How this strategy was developed



We spoke with around 500 people with learning disabilities, as well as their families and support staff and organisations that deliver or pay for services for people with a learning disability in Sheffield.

There were some key events.

- We Speak, You Listen
- Festival of Involvement
- Chance to Choose
- Provider Marketplace
- Big Voice Conference
- Learning Disability Service review.



We wanted as many people as possible to be able to share their views. People told us that formal meetings can be hard to take part in. We held informal discussions, surveys, and one-to-one conversations.



We also went to sessions that were already taking place, such as farming and outdoor sessions, coffee and chat groups, and gardening sessions. We visited 35 different day services, supported living, and respite services in and around Sheffield.



Chance to Choose was a creative project where we spoke to around 400 people in Sheffield.



Disability Sheffield
Centre for Independent Living

healthwatch
Sheffield

Disability Sheffield and Healthwatch Sheffield used their existing networks and connections to work with people in their communities, as well as developing new ones.

SHEFFIELD VOICES

We worked with Sheffield Voices to use more creative ways of hearing from our communities. We involved 8 different local creative organisations including, drama facilitators, artists, musicians, writers, puppeteers, a magician, and a vegetable art performer.



About 60 people came to 'We Speak, You Listen' at Hillsborough and Norfolk Park. These groups are now taking place in local areas, to make sure services keep listening.



We asked people about the services they use, such as supported living and respite care. We asked questions about what good services look like and what would make the lives of people with learning disabilities in Sheffield better.



Writing the strategy is the start of how we want to work better with our communities in Sheffield. We know we need to do more to listen to people who communicate differently and who come from different ethnic backgrounds.

Where to find support



To find out what support is currently available for people with a learning disability and their carers and families in Sheffield please visit

<https://www.sheffielddirectory.org.uk/adults/>

Or call Sheffield City Council First Contact Team on **0114 273 4908**

About this document

Hear Our Voice – Appendix 2 How this strategy was developed
Sheffield’s Learning Disabilities Strategy, 2023-2030.

This version was produced in October 2023.

Available in different formats and languages. Contact us about this.
Sheffield City Council Strategy and Commissioning Service.

Telephone (0114) 273 4119. Email information@sheffield.gov.uk.

For more information about Adult Social Care, visit our website
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HEAR OUR VOICE

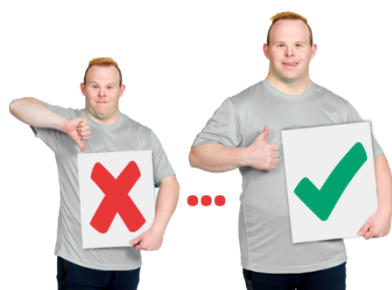
Sheffield's Learning Disabilities Strategy 2023-2030

Appendix 3 – What we know about learning disabilities in Sheffield

Introduction



This document is an add on to Hear Our Voice, Sheffield's Learning Disabilities Strategy 2023-2030.



This document explains some of the important things we know affect the lives of people with a learning disability. Sometimes the experiences of people with a learning disability are not good. This document helps explain why we need to have a strategy and why we need to work hard to make people's lives better.



Everything in our strategy came from people with learning disabilities, their families, and carers. You can find more information about this in another document - 'How our strategy was developed'.



You can find out more about the things we will do to help make the lives of people with a learning disability better in another document - 'All Come Together: Our 2023 Plan'. This will be updated every year.



The [Sheffield Learning Disabilities Partnership Board](#) will check the strategy every year to make sure we are doing what we said we would do. We'll work with our communities to figure out how we can share our progress in the best way. You can find out more about this in another document - 'How we'll check our plan's progress'.



Some of what is in this document might make you upset. Please talk to someone you trust about it if you need some help. There are contact details at the end of this document if you want to speak to someone.

What we know about learning disabilities in Sheffield



The total number of people with learning difficulties in the population is not known with certainty.

There are about 1.5 million people with a learning disability in the UK. This could mean about 12000 people with a learning disability live in Sheffield.



People with a learning disability have worse physical and mental health than people without a learning disability. They face lots of barriers to accessing quality healthcare.



People with learning disabilities do not live as long as people who don't have a learning disability. Many of these early deaths could be prevented.



1 in 20 people with a learning disability is in paid employment compared to 15 in 20 adults who do not have a learning disability.



3 in 4 people living with autism and learning disabilities have experienced hate crime. 1 in 4 of those people were more likely to say they felt suicidal because of what happened. We don't know how much this affects people with a learning disability in Sheffield. We're confident that it is underreported.

Where to find support



To find out what support is currently available for people with a learning disability and their carers and families in Sheffield please visit <https://www.sheffielddirectory.org.uk/adults/>

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HEAR OUR VOICE

Sheffield's Learning Disabilities Strategy 2023-2030

Introduction

A strategy is a plan for a long period of time. It will help us make the lives of people with a learning disability better.

This strategy is about what we think are the most important things to do, who will do them, and when.

The [Sheffield Learning Disabilities Partnership Board](#) will check the strategy every year to make sure we are doing what we said we would do. We'll work with our communities to figure out how we can share what we've done in the best way.

Everything in this strategy is from people with learning disabilities, their families, and unpaid carers.

The most difficult words in the strategy have a line under them. There's a section below that explains what they mean. There is some text in blue, if you click on this it will take you to more information on a website.

This strategy is for everyone with a learning disability aged over 16. It includes transition to adult services.

Unpaid carers play a vital role in supporting people with a learning disability. For more information about how we support unpaid carers, please have a look at the [Carer's Delivery Plan](#).

Some people with learning disabilities also have extra health and support needs, such as

- People who have severe or multiple disabilities.
- People who communicate differently or show behaviours of distress.

- People who need extra support with other things, such as autism or mental health issues.

We also understand that people have different experiences because of their identity.

This strategy includes everyone and makes sure no one is left out.

To write this strategy, we spoke with about 500 people with learning disabilities, as well as their families and support staff and organisations that pay for services for people with a learning disability in Sheffield.

There were some key events.

- We Speak, You Listen
- Festival of Involvement
- Chance to Choose
- Provider Marketplace
- Big Voice Conference
- Learning Disability Service review

You can find more information about this strategy in some other documents. Appendix 1 – Our Plan, Appendix 2 - How our strategy was developed, Appendix 3 - What we know about learning disabilities in Sheffield, and Appendix 4 – How we'll check our plan is working.

What the most difficult words in this strategy mean

Advocacy

Help to get the care and support you need that is independent of services. Advocacy can help you tell others about your needs and wishes and weigh up and take decisions about the options you have. Self-advocacy is about helping you to be able to do this for yourself. Peer advocacy is how you can help other people in similar situations to you.

Apprenticeship

Where someone (an apprentice) is learning a trade from a skilled employer. They are still paid, but usually at a lower rate while they are learning.

Co-production

A way of working that involves people who use health and care services, unpaid carers, and communities in equal partnership.

Framework

A tool used by the organisations that pay for services to describe the set of rules and good practice for how the service should work.

Identity

The qualities, beliefs, feelings, and personality traits that make someone different to other people. People are sometimes treated unfairly because of parts of their identity, such as their age, disability, gender identity, sex, race, religion or belief, sexual orientation.

Innovation

Doing things in a new and different way, aiming to make things better.

LeDeR programme

The Learning Disabilities Mortality Review (LeDeR) programme was set up in May 2015 to support local areas across England. It reviews the deaths of people with a learning disability to make sure we learn from those deaths and to put that learning into practice.

Person-centred

Many health and social care services want everything they do to make things better for the person they are helping. We want to put the person at the centre of all we do making sure all our work is to help them.

Provider

An organisation that provides services, such as care and support services.

Psychotropic medicines and STOMP

Psychotropic medicines work in the brain. They affect behaviour, mood, consciousness, thoughts, or perception. They are used to treat mental illness. Sometimes they are given to people to restrain or to control behaviour seen as challenging by others.

STOMP stands for stopping overmedication of people with a learning disability and autistic people. STOMP is a national project to reduce the use of these medicines. It is about helping people to stay well and have a good quality of life.

Specification

A tool used by the organisations that pay for services to describe how the service should work.

Strategy

A plan to achieve a long-term aim.

Transition

The way young people with health or social care needs move from children's services to adult services.

Our Goal

Our Goal is what we all want to achieve together through this strategy. This is the same goal as the Adult Social Care Strategy, [Living the life you want to live](#).

‘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’ve grouped our plan into five themes. These are the things people told us needed to get better for people with learning disabilities in Sheffield.

It will take time to achieve our goal. That is why the Sheffield Learning Disabilities Partnership Board will check our progress towards our goal every year. We’ll work together with organisations in health and care to do this.

When we check the plan, we will make sure it is updated with what we want to focus on for the coming year. We’ll work with our communities to share what we’ve done and agree what we should work on next.

We’ll also tell the Adult Health and Social Care Policy Committee at the Council and the Integrated Care Board’s Mental Health, Learning Disability, Dementia and Autism Delivery Group what we’ve done and what we plan to do for the next year.

Theme 1 – Safe and Well

We want everyone to be safe and well.

People told us what ‘Safe and Well’ meant for them.

- A. Disability awareness in public and when using services.
- B. Good quality overnight short breaks (respite care) that keeps people safe.
- C. Understanding across healthcare, such as when visiting the GP and in hospital.
- D. Support to prevent people needing to stay in hospital when they don’t feel mentally well.

We’ve already started working on some actions.

- Work with providers to make sure there are lots of options in overnight short breaks for diverse needs.
- Explore the need for an emergency medium-term stay approach to overnight short breaks.
- Check advocacy training to professionals as part of the new advocacy contract starting April 2024.
- Continue to support GP surgeries to deliver Annual Health Checks, vaccinations, and national screening.
- Close working with the LeDeR programme, including to support STOMP (stopping over medication of people with a learning disability, autism, or both, with psychotropic medicines).
- Looking at new ways of running the Sheffield Health and Social Care Trust’s Learning Disability Service
 - preventing people from needing to stay in hospital when they don’t feel mentally well.
 - helping people to live in their community with the right support and close to home.

We agreed our priority actions through our Learning Disabilities Partnership Board.

- Look at the information available on overnight short breaks and make it more useful. This should include what funding is available.
- Work on plans to increase staff training for people with behaviours of distress and high needs in overnight short breaks.
- Support the promotion and development of Safe Places, helping everyone feel able to access them.
- Support training for health workers in learning disability awareness and communication skills including:
 - using the accessible information standard.
 - how to improve referrals for people with a learning disability.
 - promoting the Oliver McGowan training.
- Promote the use of Health Passports and the Red Bag scheme.
- Explore how we could make sure that everyone with a learning disability has better continuity in clinicians at doctor's surgeries.

Story of difference - Learning Disability health checks

More people with learning disabilities have accessed annual health checks. Annual health checks mean life-threatening illness and other health problems can be found earlier.

Health agencies, Social Care providers and Sheffield Mencap and Gateway, have worked together to support people to access their annual health check.

Between March 2022 to Apr 2023, 3,382 people with a learning disability had their annual health check.

Only 1,440 people had their health check in 2018/19. This is an increase of 1,978 people.

Theme 2 – Active and Independent

We want people to have choices about their support and how they live.

People told us what ‘Active and Independent’ meant for them.

- A. Skills to support people to be active and independent, including phones, technology, and social media.
- B. Good quality supported living.
- C. A variety of exciting day opportunities.
- D. Choice, especially when people have higher needs.
- E. Being able to travel around the city.
- F. Accessible spaces in the community.

We’ve already started working on some actions.

- Support the Individual Service Funds pilot and have more opportunities for co-production wherever possible.
- Use checking tools to make sure that Day Services are doing what they have agreed to do.
- Make sure that activities are meaningful, and as part of individuals’ support plans.
- Encouraging different providers to join the framework and understanding barriers to joining.
- Continue to work on the Learning Disabilities Accommodation strategy, working with people with a learning disability to create a plan.
- Review of separate framework for ‘Enhanced’ supported living and checking outcomes, involving people in this.

We agreed our priority actions through our Learning Disabilities Partnership Board.

- Increase staff awareness of what's available in the community, where to look and who to ask.
- Check if individuals can join in recruiting their staff team.
- People with lived experience working together with services as quality checkers.
- Support providers to share their facilities and remove barriers to this where possible.
- Help to get disability bus passes.

Story of difference – Stothard Court

Stothard Court is a supported living setting where people live in individual flats. There's also some shared space. Everyone who lives there wrote their creative support plans with a dedicated social worker, based on their strengths and interests.

Everyone at Stothard Court has individual Direct Payments packages of support. Now they pool some of their personal budgets to use for extra activities such as film nights in the community room, growing flowers and vegetables in accessible planters, game evenings, crafts and sewing sessions, drumming sessions, chair aerobics, going swimming.

They can spend more time together and are doing things that keep them active and healthy. Each person decides which activity they are interested in. If anyone does not want a group activity, they can still use their budget to do what they want to do instead.

The people who live at Stothard Court and their supported living provider know that their Direct Payments give them more choice and control over how they want to be supported. They can choose and try out different support and activities that meet their needs.

Theme 3 – Connected and Engaged

We want people to be a part of their community.

People told us what ‘Connected and Engaged’ meant for them.

- A. Opportunities to socialise.
- B. Better transition to adults’ services.
- C. More support and opportunity for peer advocacy and self-advocacy and support to tackle issues that were important to them.

We’ve already started working on some actions.

- Adults’ and Childrens’ teams joint commissioning services for younger people.
- Continue to develop good transitions arrangements between Child and Adolescent Mental Health Services (CAMHS) and the Community Learning Disability Team (CLDT).
- Review scope of 1:1 advocacy service and make any changes from April 2024.

We agreed our priority actions through our Learning Disabilities Partnership Board.

- Explore opportunities for funding and working with partners to set up more socialising activities (just) for adults with learning disabilities adults such as in spaces like nightclubs or bars.
- Explore how groups of providers could join to deliver weekend or evening activities.
- Explore ways to support people and unpaid carers when they move between children’s and adults’ services, for example a young people

peer buddy - they could support them in work, groups and with going to places.

- Explore a community volunteers plan to introduce 'what's on' in people's areas.
- Develop a peer advocacy and support network for people with a learning disability. Make sure there are the right networks that support all aspects of identity.

Story of difference - Sheffield Voices

Sheffield Voices is a self-advocacy group made up of adults with learning disabilities and Autistic adults in Sheffield.

The group regularly host large community engagement events on different topics, as well as visiting different day opportunities in Sheffield to run outreach sessions with community members.

The group has done work over recent years to improve the lives of people with a learning disability in Sheffield. Some examples are below.

- Used a SPEAK UP grant to talk about people's experiences of the Coronavirus pandemic.
- Worked on the 'Prioritise Me' campaign to help people with a learning disability and carers understand more about how to save money on household bills.
- Made their hate crime training accessible online and have delivered it to different groups and organizations.
- Worked with the Council and Healthwatch on the Chance to Choose project, delivering art and drama workshops to find out how people want to live their lives.
- Set up community sharing hubs called 'We speak, you listen' to bring people and services together each month to talk about issues affecting the learning disability community.

Theme 4 – Aspire and Achieve

We want everyone to have a good life doing what they want to do, with the support they need to make their choices.

People told us what ‘Aspire and Achieve’ meant for them.

- A. Meaningful work, including the right kinds of volunteering opportunities.
- B. Support to job search and apply.

We’ve already started working on some actions.

- Encourage the provider to incorporate volunteers in the future advocacy contract that is starting in April 2024.
- Explore apprenticeship scheme in Adults Future Options.
- Work with planning for the pre-apprenticeship programme for young people with SEND within the Council’s SEND Department, launching in September 2024.
- Work with the Supported Employment Forum in developing the 3-year action plan to increase supported internship places and supported employment opportunities.

We agreed our priority actions through our Learning Disabilities Partnership Board.

- Engage with and support a wider variety of businesses to provide volunteering opportunities, ensuring they provide the right accessibility support.
- Check how well organisations that support people with a learning disability have staff that represents the community they support.
- Work with job centre to identify and promote job centre support.

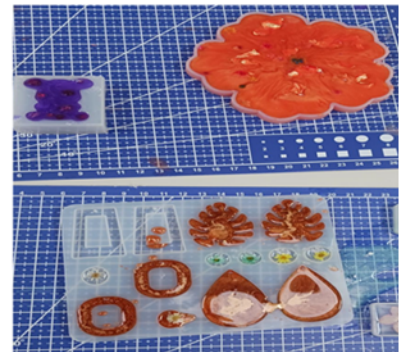
Story of difference – Real Life Options

Real Life Options is a Day Activities service at the Old Library in Attercliffe. Real Life Options support people to build on their own strengths and abilities and become active members of their community.

Walking groups collected nature items to share with others and create products that were sold at the fundraising day.

Individuals and their support team made everything on sale. The handmade items included bookmarks, Christmas decorations, keyrings, Halloween decorations, jewellery, and coasters.

The funds raised will go towards further development of the sensory room, trips & outings, and into the development and activities based at the centre.



Theme 5 – Efficient and Effective

Our workers and the people we support can be creative, choosing the best way to arrange support.

People told us what 'Efficient and Effective' meant for them.

- A. Getting the right staff with the right skills and the right number of staff.
- B. Being involved in developing policy and processes.
- C. Flexibility and doing things in new and better ways.
- D. Hearing more from people who communicate differently.
- E. Easy to access information, including accessing it in person.

We've already started working on some actions.

- Review how well the new Adult Future Options team works and the impact of this change on people with a learning disability.
- Develop the role of link reps from the Sheffield Learning Disabilities Partnership Board to gather feedback from the community and share progress on this plan.
- Develop accessible ways of sharing the progress of this plan with our community.
- Launch the Learning Disabilities Services Transformation programme.
- Develop a toolkit for professionals to better gather feedback from people who communicate differently.
- Support the 'We Speak, You Listen' programme, making sure everyone in the community knows about the strategy, our plans, and can share their views.
- Review and improve how organisations that pay for services communicate with providers.

We agreed our priority actions through our Learning Disabilities Partnership Board.

- Explore ways people with a learning disability to work with organisations to write job specifications or sit on interview panels.
- Explore ways people with a learning disability can work with organisations to write processes/policies in supported living and day opportunities.
- Review how accessible complaints processes are for residents, their families, and staff.
- Work with Social Workers, the Technology Enabled Care (TEC) programme, providers, and people with lived experience to understand barriers to using technology in plans and support.
- Develop a Communications Plan that could include things like:
 - Making sure things like the directory are correct and up to date.
 - Include individuals' and residents' reviews in marketplace type events for day services and supported living.
 - Make sure that people who communicate differently are supported to have a voice
 - Make sure that information is produced in community languages

Story of difference – AutonoMe

AutonoMe uses mobile technology to support neurodiverse people and people with learning disabilities to develop skills for independent living and employment.

The AutonoMe app has videos that help people learn how to do certain tasks that are important to them. A Development Coordinator, who has experience supporting neurodiverse people and people with learning disabilities, supports the learner to progress. They personalise their support to exactly what's right for the learner.

Development Coordinators also provide training to support staff and employers to make sure everyone involved is working together to support the learner.

Sheffield's project supporting young people started in July 2023. 4 out of 5 learners are practising skills and individuals are already progressing, meaning that they can complete a certain task well and independently. For example, one young person is now able to make their own sandwich and lunch without any assistance when they couldn't before.

Where to find support

To find out what support is currently available for people with a learning disability and unpaid carers and families in Sheffield please visit

<https://www.sheffielddirectory.org.uk/adults/>

Or call Sheffield City Council First Contact Team on **0114 273 4908**

About this document

Hear Our Voice - Sheffield's Learning Disabilities Strategy, 2023-2030.

This version was produced in October 2023.

Available in different formats and languages. Contact us about this.

Sheffield City Council Strategy and Commissioning Service.

Telephone (0114) 273 4119. Email information@sheffield.gov.uk.

For more information about Adult Social Care, visit our website

www.sheffield.gov.uk.

Thank you to Disability Sheffield, Sheffield Voices, and everyone in the learning disability community in writing this strategy.



Report to Policy Committee

Author/Lead Officer of Report:
Liam Duggan

Report of: Strategic Director of Adult Care and Wellbeing
Report to: Adult Health and Social Care Policy Committee
Date of Decision: 08 November 2023
Subject: Adult Social Care Budget Programme 2024/2025

Has an Equality Impact Assessment (EIA) been undertaken?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
If YES, what EIA reference number has it been given? EIA 2376				
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 checked="" type="checkbox"/>	No	<input type="checkbox"/>

Purpose of Report:

The purpose of this report is to set out new financial pressures facing the Adult Health and Social Care Policy Committee in 2024/25, grant and other income available to the council to offset these pressures and proposals for how pressures may be addressed.

Recommendations:

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

1. Notes the new financial pressures facing Adults, Care and Wellbeing and Integrated Commissioning for 24/25 and the new income available to mitigate them.
2. Notes the measures proposed in the report to mitigate these pressures and recommends these to the Strategy and Resources Policy Committee

Background Papers: None

Lead Officer to complete: -		
1	I have consulted the relevant departments in respect of any relevant implications indicated on the Statutory and Council Policy Checklist, and comments have been incorporated / additional forms completed / EIA completed, where required.	Finance: Kerry Darlow
		Legal: Patrick Chisholm
		Equalities & Consultation: Ed Sexton
		Climate: Liam Duggan
<i>Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.</i>		
2	SLB member who approved submission:	<i>Alexis Chappell</i>
3	Committee Chair consulted:	<i>Councillor Angela Argenzio</i>
4	I confirm that all necessary approval has been obtained in respect of the implications indicated on the Statutory and Council Policy Checklist and that the report has been approved for submission to the Committee by the SLB member indicated at 2. In addition, any additional forms have been completed and signed off as required at 1.	
	Lead Officer Name: Liam Duggan	Job Title: Assistant Director Care Governance and Financial Inclusion
	Date: 30 October 2023	

1.0 PROPOSAL

- 1.1** This report describes the new financial pressures facing the Adult Health and Social Care Policy Committee in 2024/25, the new income available to offset these pressures and the savings being proposed to bridge the gap between the cost of service delivery and available resources to deliver a balanced budget.
- 1.2** It should be noted that this paper is concerned solely with the mitigation of new financial pressures arising from 2024/25. Additional work will be required in 2024/25 to mitigate any underlying pressure in 2023/24 which will carry forward into 2024/25. This financial recovery activity including the delivery of existing savings and the mitigation of in year pressures will continue to be reported separately through the regular and ongoing, 'Financial Recovery Plan Update' report to Committee.
- 1.3** This report covers all budgets within the remit of the Adult Health and Social Care Policy Committee including the Adult Care and Wellbeing budgets and those parts of the Integrated Commissioning budget within the remit of this committee.

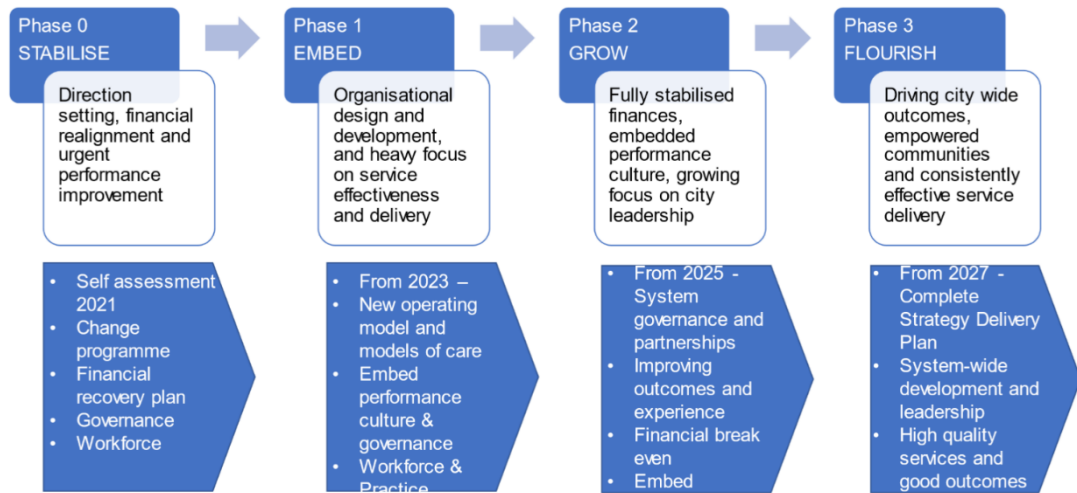
2.0 BUDGET PRESSURES 2024/25

- 2.1** Adult Health and Social Care is facing new financial pressure of £32.5 million in the financial year 2024/25. This is detailed as follows, and in more detail in the Closed Part B of the Report (Appendix 1):

Pressure	Description	Value £'000
1. Fee rate	Annual uplifts to rates linked to inflation and pay	£17.0m
2. Demand/ growth	Forecast growth in demand for care and support services	£7.2m
3. Staffing growth	Investment in the workforce	£4.7m
4. Pay award	Annual cost of living increases to pay	£2.2m
5. Other/ income loss	Other costs including ending of temporary income	£1.4m
TOTAL		£32.5m

- 2.2** Over the course of the last twelve months much has been done to improve the financial sustainability of adult social care including the commissioning of new models of care, the implementation of a new target operating model (TOM) and the implementation of new and updated governance frameworks.
- 2.3** The Adult Care and Wellbeing Service has now transitioned from the 'stabilise' phase of our improvement journey to 'embed'. This next step includes the development of our enablement approaches, the embedding of new models which incentivise providers to promote independence, a focus on workforce,

the evolution of our quality frameworks, and the further maturation of our improvement culture.



2.4 A key aspect of this phase of development is a focus on the Adult Care and Wellbeing workforce. A valued, resourced and high performing workforce delivering a quality service and good outcomes is key to the financial sustainability of social care. In 2024/25 financial investment of £4.7m is being made in our workforce for three reasons:

1. In order to directly deliver new and recovery savings of a higher value (invest to save) which will make Adult Care and Wellbeing more financially sustainable in the short and medium term
2. In order to ensure full compliance in the delivery of our statutory duties in anticipation of CQC regulation, deliver better outcomes to people and make Adult Care and Wellbeing more financially sustainable over the longer term
3. For other reasons including £0.7m to reverse agreed staff savings from 2022/23 which are not achievable and where it is proposed to deliver the savings in a different way

2.5 Fee rate increases for 2024/25 will be proposed at December Committee following the expected announcement by Government of the National Living Wage rates for 2024/25 which are expected on 22 November 2023. This budget makes provision for fee rate uplifts based on a series of assumptions which will need to be reviewed following the Government announcement.

3.0 NET SAVINGS TARGETS 2024/25

3.1 There are a number of income opportunities arising in 2024/25 which significantly offset the new pressures set out above. These are described in the table below.

Income	Description	Amount (£m)
Social Care Grant	69% Sheffield allocation for adults	£10.9m
Market Sustainability and Improvement Fund	Expected increase in grant allocation	£3.2m
Market Sustainability and Improvement Fund – workforce fund	Use of grant to offset cost of additional activity funded through pressures	£0.8m
Social Care Precept	2% increase subject to separate decision-making process	£5.4m
Cash Limit	Council funding allocation including funding for pay award	£3.0m
Total income opportunity to offset pressures:		£23.2m
Discharge funding	Estimated increase – to fund new activity – no impact on existing costs	£2.7m
Market Sustainability and Improvement Fund – workforce fund	To fund additional activity not described in pressures	£1.6m

3.2 This funding has been allocated across each service in the directorate based on strategic decisions intended to maximise the impact of funding available to Adults Health and Social Care alongside the technical limitations of funding:

- The grant conditions for the Fair Cost of Care (Market Sustainability and Improvement Fund) provided a focus on older people’s support and has been allocated to this area.
- The increase in cash limit has been applied firstly to the cost of annual pay awards across the directorate (£2.1 million). The remaining (£0.9 million) is allocated across services in line with total pressures.
- Adult Social Care precept has been allocated based on the ability of services to generate deliverable savings, with more precept going to services less able to deliver savings.
- Adult Social Care Grant, £6.2 million of funding has been applied to Learning Disabilities to reflect the funding applied in 23/24, the remaining amount has been allocated across services in line with net pressures.

3.3 The £23.2 million income offsets forecast pressures to leave a budget gap and savings target in 2024/25 for the Committee of £9.3 million.

3.4 The Council’s Medium-Term Financial Strategy (MTFS) was updated and published in September, reported to this committee, and described a savings target for adult social care of £7.8m. The difference between this target and the £9.3m target described above is because of:

- A revised assumption for inflation from 5.4% to 6.5%
- Growth assumption reduced down in line with progress made tackling demand backlogs

- Additional staffing growth including investment in staffing to deliver proposed savings. This also increases the impact of any pay award to staff in 24/25
- Proposals to increase rates paid to providers of care to move towards the Fair Cost of Care
- Corporate funding available to Adults, Care and Wellbeing in line with MTFS
- Assumption of additional income, a 5.4% increase on all fees and charges
- Impact of savings carried forward from 23/24 (2nd year delivery of certain Business Improvement Plans)

3.5 The breakdown of pressures and savings by service area is described in the table below along with the resulting savings target for each service:

Service Area	Pressure (£m)	Income Opportunities to Mitigate Pressures (£m)					Total Income (£m)	Net Savings Target (£m)
		MSIF	MSIF Workforce	Cash Limit	ASC Grant	Precept		
Living & Ageing Well, Long term services	9.8	-3.2	-0.8	-0.6		-0.2	-4.6	5.2
Living & Ageing Well, Short term services	1.4			-0.6			-0.6	0.7
Adult Future Options - PD	2.7			-0.1	-0.7	-1.9	-2.7	0.0
Adult Future Options - LD	12.2			-0.7	-9.2	-1.8	-11.7	0.5
Access, MH & Wellbeing	3.8			-0.4	-0.9	-1.2	-2.5	1.3
Commissioning & Partnerships	0.5			-0.2	-0.1	-0.2	-0.5	-0.0
Governance & Fin Inclusion	2.1			-0.4	-0.0	-0.2	-0.5	1.6
Chief Social Worker Service	0.0			-0.0	-0.0		-0.0	-0.0
Integrated Commissioning	0.0			0.0			0.0	0.0
TOTAL	32.5	-3.2	-0.8	-3.0	-10.9	-5.4	-23.2	9.3

4.0 SAVINGS PROPOSALS

4.1 The savings set out in the table below are proposals that have been developed in line with our vision and strategy, our existing change programme and following benchmarking with other local authorities and external review.

4.2

	Net savings target	Savings proposal	Value (£m)
Living and ageing well long term		Annual uplift to contributions	4.0
		Promoting independence post discharge	1.6
		Making best use of commissioned services	0.9
Total	5.2		6.4
Living and ageing well short term		-	-
Total	0.7		0.0
Adult Future Options		Budget adjustments	0.9
Total	0.5		0.9
Access MH and Wellbeing		Promoting Independence	0.9
Total	1.3		0.9
Governance and Financial Inclusion		Additional income	1.0
Total	1.6		1.0
Grand total	9.3		9.3

4.3 A full analysis of how Sheffield's activity and costs benchmark with other Local Authorities was reported to the September 2023 committee and can be found here: [Appendix 2 - benchmarking summary.pdf \(sheffield.gov.uk\)](#). A breakdown on the Committee Income and Expenditure was reported to the June 2023 Committee and can be found here: - [Adult Health and Social Care Financial Update.](#), including breakdown on our [Use of Resources](#) over last five years noted in September 2022.

4.4 Living and Ageing Well

4.4.1 Standard annual reviews of financial assessments following national benefit uplifts deliver an annual increase to contribution income each year in line with the Council's Fairer Contributions Policy. This year the figure also includes a rebasing of the budget to reflect actual income.

4.4.2 A new systems approach to hospital discharge was approved by Committee in June. A key element of the new model is to increase and make a shift towards community-based enablement interventions to effectively support timely discharge through pathway 1 (people returning directly home). The Hospital Discharge Grant is funding new teams to support people and ensure they are supported to independence in the weeks immediately following discharge. Occupational Therapy Practitioners and Moving and Handling specialists will support these teams by ensuring best use of equipment, embedding of enablement and strength-based approaches and single-handed care.

4.4.3 This new approach to discharge also includes arrangements to streamline Somewhere Else to Assess (S2A) processes and achieve timely discharge from S2A beds. This will ensure consistent charging of contributions for people in care by ensuring all people are reviewed within 28 days and that best use is made of the existing block-funded contract.

4.4.4 In line with our new care home specification, we will continue to review non-standard rates to ensure they are appropriate to the level of need and that charges to people are consistent and fair.

4.4.5 An adjustment will be made to the Extra Care budget to reflect the actual costs being incurred.

4.5 Adult Future Options

4.5.1 The income budget will be adjusted to reflect the charge now made to the Health Service for ongoing chargeable Transforming Care programme costs.

4.5.2 A short-term recovery budget in Adult Future Options will effectively be repurposed to invest in a permanent team to support the reablement of young adults (see pressures). This is a key part of the Adult Future Options strategy to support the sustainability of adult social care into the long term. This investment will be offset by the removal of the temporary budget that has been funding fixed term agency staff delivering short term review savings.

4.6 Access Mental Health and Wellbeing

4.6.1 The Promoting Independence Project is a fixed term project which has been supporting people in residential care to achieve greater independence and maintain a life in the community. It has been funded through a social investment mechanism including access to funding from the Government's Life Chances Fund and it is ending as planned in 2023/24. The project leaves a legacy of sustainable savings from reduced placement costs and, from 2024/25, the budget for contractual outcome payments will no longer be required.

4.6.2 In 2023/24 all Mental Health Social Work provision returned to Sheffield City Council. An update is provided to Committee today on progress regards the return. In 2024/25 the Council is making an investment in the mental health workforce to increase capacity to undertake statutory duties and with that complete strength based annual reviews. This will ensure everyone with a Mental Health need is regularly reviewed in accordance with our duties, a strength-based approach is applied, and that support is appropriate to enable and promote recovery and independence.

4.7 Care Governance and Financial Inclusion

4.7.1 Improvements to the services provided by the Income Management and Financial Inclusion Team will continue to have a financial impact in 2024/25. A major programme of financial reassessments is supporting more people to access the benefits to which they are entitled and more support to help people understand their invoices and to pay any money they might owe the Council will continue into 2024/25. A small investment will be made to the team in 2024/25 so that this work can extend to City Wide Care Alarm invoices and debt too.

4.7.2 Continued growth in demand for Deputyships (a service to people who lack the capacity to manage their own financial affairs) will see increases to income.

5.0 HOW DOES THIS DECISION CONTRIBUTE?

5.1 The purpose of this report is to set out proposals that will allow the Council to deliver its Health and Social Care statutory duties within available resources in 2024/25 whilst making improvements to the quality of experience and outcomes of people its supports in line with its vision/ strategy for Adult Health and Social Care and Sheffield's Joint Strategic Needs Assessment (JSNA)

5.2 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:

- 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.

5.3 The development of the proposals in this paper are consistent with the three key elements of our financial strategy; 1. Supporting people to be independent 2. Secure income and funding streams and 3. Good governance.

6.0 HAS THERE BEEN ANY CONSULTATION?

6.1 Many of the savings proposals in this report relate to the standard annual review of support being offered to people to ensure that it continues to be fit for purpose. Changes in support following review may increase or reduce costs but will always result from an individual assessment of need.

6.2 Some of the savings proposals relate to savings which are achieved through improved efficiency or effectiveness of existing services, individual negotiation or which are the result of a standard annual uplift in line with policy.

6.3 Some of the savings proposals are simply budget adjustments which are required to reflect current spend or income.

7.0 RISK ANALYSIS AND IMPLICATIONS OF THE DECISION

7.1 Equality Implications

7.1.1 Equality Impact Assessments (EIA) are underway for all the proposals within this report.

7.1.2 A number of proposals are designed to improve the outcomes of older people or carers and so will have a positive impact on people with protected characteristics. Other proposals will have a mixed, limited, or neutral impact on people with these protected characteristics.

7.1.3 None of the proposals in this report are expected to have adverse impacts on any group of people with protected characteristics. No proposals in these sections have yet been identified which have a primary impact on grounds of race, sex, sexual orientation, transgender, or cohesion.

7.1.5 EIAs (Equality Impact Assessment) are live documents and will be kept up to date as proposals are further developed and, as appropriate, consulted upon. Further proposals will be required to balance the budget gap and EIAs will be undertaken for those as they are identified and brought forward.

7.2 Financial and Commercial Implications

7.2.1 There are no financial implications arising other than those set out in the main body of this report

7.3 Legal Implications

7.3.1 By law, SCC (Sheffield City Council) must set and deliver a balanced budget, which is a financial plan based on sound assumptions. This can consider cost savings and/or local income growth strategies, as well as use of reserves. However, a budget will not be balanced where it reduces reserves to unacceptably low levels under section 25 of the Local Government Act 2003, which sets obligations of adequacy on controlled reserves.

7.3.2 The recommendations in this report contribute to the process of setting a budget but do not otherwise have any immediate legal implications.

7.3.3 Implementation of the specific proposals outlined in this report may require further decisions in due course, which will need to be made in accordance with the council Constitution. It is important to note that in making these decisions, full consideration of the Council's legal duties and contractual obligations will be needed.

7.3.4 The Council needs to be satisfied that it can continue to meet its statutory duties and meet the needs of vulnerable young people and adults. The proposals in this report have been drawn up on the basis that they will enable the Council to continue to meet its statutory duties and the needs of the most vulnerable

people. Where the proposals involve changes in legal relationships such as new contracts, it will be necessary to ensure that the necessary processes are followed.

7.4 Climate Implications

7.4.1 No climate implications arise from the committee decisions arising from this report

7.4.2 Most of the proposals in this report relate to the provision of individual support provided to people in receipt of care and support and as such have no climate implications.

8.0 ALTERNATIVE OPTIONS CONSIDERED

8.1 There are no alternative options for consideration at this stage.

9.0 REASONS FOR RECOMMENDATIONS

9.1 The proposals put forward in this paper are recommended on the basis that they

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

Part B Appendix (Closed)

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By virtue of paragraph(s) 3 of Part 1 of Schedule 12A
of the Local Government Act 1972.

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Report to Policy Committee

Author/Lead Officer of Report:
Jonathan McKenna-Moore

Report of: Strategic Director of Adult Care and Wellbeing
Report to: Adult Health and Social Care Policy Committee
Date of Decision: 8 November 2023
Subject: Adult Health and Social Care: Financial Recovery Plan Update

Has an Equality Impact Assessment (EIA) been undertaken?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
If YES, what EIA reference number has it been given? EIA 2377				
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:

The report delivers on our commitment to transparent and accountable financial reporting.

This update provides:

- An analysis of the underlying financial pressure to be carried forward into 2024/25 financial year.
- An outline of our financial recovery plan for 2024/25, including the Adult Future Options Transformation Programme.
- Context of the impact of the financial position on 2024/25 business planning.

Recommendations:

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

1. Note the ongoing activity to implement savings as agreed under the 2023/24 budget and existing recovery plan.
2. Note the impact of funding changes on the financial position and recovery plan for 2024/25.
3. Note the recovery plan at Appendix 2 to mitigate underlying demand and cost pressures in 2024/ 2025.
4. Note as part of the CQC Assurance, the local authority must have effective budget oversight, accountability, and governance. It assesses the impact of any budget reductions and whether the level of savings required will affect its ability to meet statutory duties, including comparison with regional and national benchmarking groups. Note that a report will be provided to December 2023 Committee setting out an update and next steps required.

Background Papers:

Appendix 1: 2023/24 Recovery Plan

Appendix 2: 2024/ 25 Recovery Plan

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: Kerry Darlow
	Legal: Patrick Chisholm
	Equalities & Consultation: Ed Sexton
	Climate: Jonathan McKenna-Moore
	<i>Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.</i>
2	SLB member who approved submission: Alexis Chappell
3	Committee Chair consulted: Councillor Angela Argenzio
4	I confirm that all necessary approval has been obtained in respect of the implications indicated on the Statutory and Council Policy Checklist and that the report has been approved for submission to the Committee by the SLB member indicated at 2. In addition, any additional forms have been completed and signed off as required at 1.
	Lead Officer Name: Jonathan McKenna-Moore
	Job Title: Service Manager for Business Planning and Care Governance
	Date: 30/10/2023

1.1 Proposal

- 1.1.1 As reported in September 2023, Adult Care has delivered £21m savings in total since April 2021 and is anticipated to deliver £40m in total by April 2024. This is against a net budget of £134.8m and a gross budget of £293.4m.
- 1.1.2 The September report and forecast reported delivery of £19.1m of savings in 2023/24 against a target of £24.4m. It's noted that £4.3m of the savings not delivered are forecast to be recoverable in 2024/25.
- 1.1.3 As at Month 5, Adult Care & Wellbeing is forecasting a £3.5m overspend for the end of the 2023/24 financial year. Of this amount, £1m will be mitigated within this financial year, £1.5m is assumed in 2024/25 business planning pressures, and £1m will carry over into 2024/25 to be addressed as part of this recovery plan.
- 1.1.4 The financial forecast for 2023/24 is aided by £15.2m of new grant funding and other income as described in Table 1 below. Changes in funding at the end of the financial year will create an underlying pressure of £15.2m that will also carry over into 2024/25 as part of the recovery plan.
- 1.1.5 This report sets out a programme of recovery actions to mitigate the total of £16.2m demand pressures that will carry over into the 2024/25 financial year.

1.2 Income Update

- 1.2.1 Table 1 sets out the new income and funding received in 2023/24. Permanent budget adjustments will be made as part of the 2024/25 Business Planning process and will offset new cost pressures. Temporary adjustments refer to one-off amounts that will not be available in 2024/25.

1.2.2

Table 1: Income Source	Amount	Permanent or Temporary
Client Contributions The amount of money paid towards the cost of support has increased more than assumed – this mainly relates to services for people aged 65+. The 2024/25 permanent budget for income will be updated to reflect this.	£2m	Permanent
Continuing Healthcare The amount of money paid by the NHS towards the cost of jointly funded care has been higher than expected following the resolution of a number of one-off backdated payments.	£1.7m	Temporary
Social Care Grant. This is funding in excess of our Business Planning assumptions that was held in reserves. It has now been allocated to the Learning Disabilities purchasing budget and will become part of the permanent budget in 2024/25.	£6.2m	Permanent
Discharge Grant. The total allocation for 2023/24 is £4.1m, of which £3m is included in the forecast to match activity to date. The funding available is due to increase in 2024/25, however there are no confirmed allocations past this point. In 2023/24, the Grant is mainly allocated against homecare costs above the Adult Care and Wellbeing budgeted hours in order to ensure capacity in the market.	£3m	Temporary

Market Sustainability and Improvement Fund – Workforce Fund. This is new funding announced in summer 2023. This portion of the £4.1m total grant is funding STIT and Enablement services, which have expedited hospital discharge and provided additional hours of homecare support over the last year where the market was unable to provide. This proportion of the grant will reduce to £1.1m in 2024/25 and then end in 2025/26.	£1.5m	Temporary
One Off Council Funding £0.5m of one-off funding to support savings activity has reduced the overspend position on Adults Care and Wellbeing as a whole.	£0.5m	Temporary
Capacity and Productivity Grant. This is one-off funding to help the implementation of new ways of working in order to support more streamlined assessments.	£0.3m	Temporary
Total	£15.2m	

- 1.2.3 £7m of this funding is temporary and cannot be included in our permanent budget. Of this £3.5m relates to one-off funding received in 23/24 which will be unavailable in 24/25. The remaining £3.5m relates to funding through the discharge fund and capacity grant that is subject to approval for use.
- 1.2.4 New permanent income will be included in our permanent budget from 2024/25 (this is described in the Adult Social Care Budget Programme 2024/2025 report). The £8.2m total will offset new financial pressures in 2024/25 requiring the underlying pressure to be addressed through this recovery plan.
- 1.2.5 While the £15.2m funding will continue to mitigate costs in-year, the permanent funding streams must be applied to budgets for next year through the business planning process. This approach will reduce the impact of inflation and increased demand in 2024/25 and allow for a rebalance of purchasing budgets to reflect demand.

1.3 2024/25 Recovery Plan

- 1.3.1 Growth in demand has been mitigated in 2023/24 by an enablement and strength-based practice, our focus on early intervention and prevention and successful programme of strength-based reviews. This has resulted in gross spend increasing by less than 5% over first six months of the financial year.
- 1.3.2 Despite the growth mitigation, there is an underlying cost pressure currently forecast at £16.2m for 2024/25. This will be subject to change and will depend on activity already underway during 2023/24 including the impact of new support arrangements and the operating model. The pressures are detailed in Table 2 below.
- 1.3.3 The most significant pressure relates to the delivery of support and care to people with learning disabilities. A long-term transformation of Adult Future Options is underway which is underpinned by the co-produced Learning Disability Strategy at Committee for approval today and the adult care and wellbeing new operating model. The recovery programme for 2024/25 builds upon the introduction of an enablement team, annual reviews and contract costs initiated in 2023/24. Due to this no further approvals are required.

1.3.4 New activity in Adult Future Options will be focused on service development and recommissioning programmes related to overnight short breaks, accommodation with care and direct payments and it's planned to bring approval for these areas of activity to Committee later in 2023/24.

1.3.5 Other major pressures relate to Living and Ageing Well. These are due to savings or spend that have been mitigated by short-term funding. The recovery plan for 2024/25 builds upon the introduction of an enablement team, annual reviews, financial inclusion, and service developments initiated in 2023. In addition, assumptions related to use of one-off grants are built into the recovery plan. No further approvals are needed for these. New opportunities to reduce lost income or recover costs will be brought to committee for approval separately.

1.3.6 A number of service wide developments underway will also enable recovery actions and help us to address the current financial pressures. These are:

- Educating and embedding technology enabled care in the workforce will improve access to innovations such as virtual homecare to inform early-help. In addition, developing multi-agency approaches to community based informal networks to reduce need for social care support. An update regards both is provided as part of the Early Intervention Update at Committee today.
- Greater involvement in support planning from both our Brokerage and Occupational Therapy teams will ensure the best enablement and early help options for the individual have been identified.
- Reviewing our processes and ways of working to release time and capacity in our social care teams.
- Reviewing opportunities for income generation and longer-term sustainability of services.

1.3.7

Service Area / Budget	Carried Forward Overspend (£)	Demand Pressures (£)	Total Pressure (£)	Deliverable Slipped Savings (£)	Extended Savings Activity (£)	New Income (£)	New Activity (£)	Recovery Plan Total (£)
Adult Future Options: Learning Disability and Physical Disability	2.3m	8.7m	11.0m	-3.0m	-0.7m	-1.0m	-4.3m	-9.0m
Living & Ageing Well, long term: Older Adults Services	-2.2m	5.0m	2.9m	-1.1m	-0.5m	-2.8m		-4.4m
Access & Mental Health Services	-0.1m		-0.1m	-0.2m			-0.2m	-0.4m
Living & Ageing Well, short term: staffing budget	1.0m	1.5m	2.4m			-2.4m		-2.4m
TOTALS	1.0m	15.2m	16.2m	-4.3m	-1.2m	-6.2m	-4.5m	-16.2m

1.3.8

The 2024/25 Recovery Plan noted at Appendix 2 provides a framework and action plan to mitigate ongoing cost pressures. As noted, the majority of savings detailed in this Recovery Plan are existing initiatives either agreed in 2023/24 Budget Improvement Plans or in subsequent reports to committee. As such, no further approval is required of Committee for this ongoing work. Where recommissioning or other decisions are required by Committee, these will be brought for approval in 2023/24.

1.3.9 Governance and assurance against delivery of this Recovery Plan will be managed through the Health and Care Joint Efficiency Group. Quarterly reports will be provided to the Adult Social Care Policy Committee in parallel with quarterly reporting on budget implementation and financial forecast.

1.4 Combined Recovery Plan and 2024/25 Business Planning

1.4.1 The actions described in this Recovery Plan to address our underlying pressure will be delivered in parallel with the new savings set out in the *Adult Health & Social Care Budget Programme 2024/25*. The *Budget Programme 2024/25* addresses new cost pressures and will be presented to Committee as a separate report.

1.4.2 Table 3 shows the combined targets required for both the *Budget Programme 2024/25* and this Recovery Plan. This is presented in order to provide a full picture of the financial pressure and mitigation required.

1.4.3 **Table 3: Combined pressures and savings for 2024/25**

	New Pressure for 24/25 (£)	New Funding for 24/25 (£)	Net 24/25 Pressure (£)	24/25 BIP Savings (£)	Carry Forward Pressure (£)	Recovery Plan Savings (£)	Net Position (£)
Future Options, non-purchasing budget	1.4m	- 1m	0.4m	-0.4m			
Future Options purchasing budget	13.4m	- 13.3m	0.1m	-0.5m	10.7m	- 8.7m	1.6m
Living & Ageing Well - Long Term, non-purchasing	1.4m	- 1.4m					
Living & Ageing Well-Long Term, purchasing budget	8.5m	- 3.3m	5.2m	- 6.4m	2.9m	- 4.3m	- 2.8m
Living & Ageing Well-Short Term, non-purchasing	1.4m	- 0.6m	0.7m		2.4m	- 2.4m	0.7m
Access & Mental Health non-purchasing budget	1.9m	- 1.9m					
Access & Mental Health purchasing budget	1.9m	- 0.6m	1.3m	- 0.9m	- 0.1m	- 0.5m	- 0.1m
Commissioning Service non-purchasing budget	0.5m	- 0.5m			0.3m	- 0.3m	
Governance & Financial Incl. non-purchasing budget	2.1m	- 0.5m	1.6m	- 1m			0.6m
Chief Social Work Officer non-purchasing budget	0.04m	- 0.04m					
TOTALS	32.5m	- 23.2m	9.3m	- 9.3m	16.2m	- 16.2m	0

Note, due to the effect of rounding thousands of pounds into million-pound totals, the individual amounts shown may not match the exact total for that column. The

1.4.4 amounts shown in the Totals row are correctly rounded for the exact amounts underpinning this table.

1.4.5 Table 4 demonstrates that there are no areas of duplication between the two plans. Activity has been split across the two plans in order to avoid the possibility of double counting new savings and recovery actions.

1.4.6 **Table 4: Division of savings activity for 2024/25**

Service Area	24/25 BIP Savings	Recovery Plan Savings
Future Options	<ul style="list-style-type: none"> Budget adjustments 	<ul style="list-style-type: none"> Enablement Planned reviews. Health income Transformation Programme Payment controls Contract costs
Living & Ageing Well - Long Term	<ul style="list-style-type: none"> Annual uplift contributions Promoting independence post discharge Making best use of commissioned services 	<ul style="list-style-type: none"> Discharge funding Enablement/ annual reviews Maximising income <ul style="list-style-type: none"> Financial reassessments (delivery of existing slipped saving) Reduce lost income/ cost recovery
Living & Ageing Well – Sort Term	n/a	<ul style="list-style-type: none"> Grant funding Income generation/ service development
Access & Mental Health	<ul style="list-style-type: none"> Promoting independence 	<ul style="list-style-type: none"> Health income Early Help
Governance & Financial Inclusion	<ul style="list-style-type: none"> Additional income 	n/a

1.5 CQC Assurance

1.5.1 As reported to Committee previously, the Care Quality Commission introduced an assurance in relation to Adult Social Care.

1.5.2 As part of the Assurance guidelines, the Care Quality Commission has set out that the local authority must have effective budget oversight, accountability, and governance. It will assess the impact of any budget reductions and whether the level of savings required will affect its ability to meet statutory duties, including comparison with regional and national benchmarking groups.

1.5.3 Briefings will be provided to Members in November and December setting out comparisons with regional and national benchmarking groups using ADASS information, an analysis using benchmarking data provided to Committee in September 2023 and impact on statutory duties.

1.5.4 The Adult Care and Wellbeing Budget Update in December 2023 will subsequently provide Committee with an update regards impact of budget

reductions and a best value assurance regards Adult Care ability to deliver statutory duties, including trajectory towards Market Sustainability and Fair Cost of Care.

2.0 HOW DOES THIS DECISION CONTRIBUTE?

2.1 The purpose of this report is to set out proposals that will allow the Council to deliver its Health and Social Care statutory duties within available resources in 2024/25 whilst making improvements to the quality of experience and outcomes of people its supports in line with its vision/ strategy for Adult Health and Social Care and Sheffield's Joint Strategic Needs Assessment (JSNA)

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:

- 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.

2.3 The development of the proposals in this paper are consistent with the three key elements of our financial strategy: 1. Supporting people to be independent; 2. Secure income and funding streams and 3. Good governance in relation to resource management and financial decision making.

3.0 HAS THERE BEEN ANY CONSULTATION?

3.1 No consultation has been undertaken for activity outlined in this recovery plan.

3.2 Delivery of the recovery plan is dependent upon the following:

- Activity already agreed under the 2023/24 Revenue Budget, Business Improvement Plans and Change Programmes
- Use of agreed grant funding
- Contribution income through the Fairer Charging Policy
- Internal budget management

3.3 Consultation and engagement will be undertaken in relation to any recommissioning programmes proposed as part of the Adult Future Options consultation and service developments. The outcomes will be reported as part of the individual programme report to Committee.

3.4 Consultation will be undertaken as appropriate for any other proposals brought separately to committee for approval as part of this recovery plan.

4.0 RISK ANALYSIS AND IMPLICATIONS OF THE DECISION

4.1 Equality Implications

4.1.1 None of the proposals described in section 6 of this report are expected to have adverse impacts on any group of people with protected characteristics. No proposals have yet been identified which have a primary impact on grounds of race, sex, sexual orientation, transgender, or cohesion.

4.1.2 A number of proposals are designed to improve the health outcomes or the personal outcomes of disabled people, older people or carers and so will have a positive impact on people with protected characteristics. Other proposals will have a mixed, limited, or neutral impact on people with these protected characteristics.

4.1.3 Activity that has already been agreed under the 2023/24 Business Improvement Plan will be assessed under the overarching Equality Impact Assessment (ref: 1444), as well as individual Equality Impact Assessments (EIAs) for proposals that are monitored and maintained as an ongoing process.

4.1.4 A separate EIA is provided as part of the Learning Disability Strategy.

4.1.5 EIAs are live documents and will be kept up to date as proposals are further developed and, as appropriate, consulted upon. Further proposals will be required to balance the budget gap and EIAs will be undertaken for those as they are identified and brought forward.

4.2 Financial and Commercial Implications

4.2.1 There are no financial implications arising other than those set out in the main body of this report.

4.2.2 Our long-term financial strategy to support the implementation of the adult health and social care strategy consists of three elements:

- Supporting people to be independent
- Secure income and funding streams
- Good governance

4.2.3 Given the overall financial position of the Council there is a requirement on the committee to understand the financial position in 2023/24 in the context of 2024/25 budget planning.

4.2.4 The Recovery Plan provides a transparent overview of underlying financial pressures and the actions required to mitigate this in parallel with 2024/25 Business Improvement Plans.

4.3 Legal Implications

- 4.3.1 By law, SCC (Sheffield City Council) must set and deliver a balanced budget, which is a financial plan based on sound assumptions. This can consider cost savings and/or local income growth strategies, as well as use of reserves. However, a budget will not be balanced where it reduces reserves to unacceptably low levels under section 25 of the Local Government Act 2003, which sets obligations of adequacy on controlled reserves.
- 4.3.2 The recommendations in this Report contribute to the process of setting a budget but do not otherwise have any immediate legal implications.
- 4.3.3 Implementation of the specific proposals outlined in this report may require further decisions in due course, which will need to be made in accordance with the council Constitution. It is important to note that in making these decisions, full consideration of the Council's legal duties and contractual obligations will be needed.
- 4.3.4 The Council needs to be satisfied that it can continue to meet its statutory duties and meet the needs of vulnerable young people and adults. The proposals in this report have been drawn up on the basis that they will enable the Council to continue to meet its statutory duties and the needs of the most vulnerable. Where the proposals involve changes in legal relationships such as new contracts, it will be necessary to ensure that the necessary processes are followed.

4.4 Climate Implications

- 4.4.1 There are no climate impacts to consider arising directly from this recovery plan. No additional use of resources is anticipated in the implementation of the recovery plan in comparison to current activity.

4.5 Other Implications

- 4.5.1 There are no further implications to consider at this time

5.0 ALTERNATIVE OPTIONS CONSIDERED

- 5.1 Reductions to or restrictions on access to services have not been considered at this stage. Our strategy for Adult Social Care is to take a strengths-based approach, working with people to reduce their need for formal support. The proposals in this Recovery Plan are consistent with that approach.
- 5.2 Reductions to staffing have previously been agreed as part of the budget setting process and use of temporary budgets. Where alternative funding is available it will be the preferred policy of the Adults Care and Wellbeing directorate to retain workforce capacity.

6.0 REASONS FOR RECOMMENDATIONS

6.1 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.

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Appendix 1: 2023/24 savings delivery

Project Title	Target by 31/03/2024 (£000s)	Forecast by 31/03/2024 (£000s)	% By 31/03/24	% By 31/03/25	Action Required to Deliver Savings
Living and Aging Well					
Recovery Reviews (Living and Ageing Well)	-4283	-3069	72%	100%	Invest to save on agency review teams until March 2024
STIT and Enablement Staffing	-2419	-1693	70%	100%	Additional grant funding allocated until March 2024
Contract Costs - cross cutting	-1459	-1086	74%	90%	Residential offer - December report
Adults Future Options					
Recovery Reviews (Future Options)	-2894	-1813	63%	100%	Invest to save on agency review teams until March 2024
Enablement	-1264	-46	4%	75%	Enablement Approach to be recruited to by early 2024.
Health Income	-1985	-1735	87%	100%	Review of CHC arrangements; Recharges under review
Care Governance & Financial Inclusion					
Income: recovery and reassessments	-1640	-2080	127%	149%	Recruitment to reassessment posts completed
Contract Costs - BCF	-500	-250	50%	50%	Joint commissioning benefits plan in progress
Staffing: cross cutting	-603	-92	15%	50%	Recruitment to permanent posts will reduce agency costs
Closed Items	-7312	-7225	99%	99%	All activity against closed savings is either complete or on schedule.

Total Target	Total Forecast	23/24 %
-24,359	-19,089	78%

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2024/25 RECOVERY PLAN

Service Area	Recovery Programme Theme	Activity	Amount
Adult Future Options	Enablement Interventions (Deliverable Slipped Savings plus Extended Activity)	A new enablement team is being recruited to in 2023/24 and will be operational in the new year and has been built into staffing pressures for 2024/25 business planning. The team will provide short term strength and enablement interventions. People will be supported to be more independent in their day-to-day life, including routes to employment. This delivers £1.6m from slipped saving and £0.5m extended activity into 2024/25.	£2.1m
	Annual Reviews and Audit of Short-Term Interventions (Deliverable Slipped Savings)	Strength based reviews completed in 2023/24 will continue to reduce costs in 2024/25. In addition to this, Supported Living, 1-2-1 care and other services will continue to be reviewed. This will ensure that the new models of strength-based support are optimised. As with all our reviews, we will continue to apply a strengths-based approach and work with people to reduce their need for formal services and increase their independence. This delivers £1.1m of slipped savings and £0.2m through extended activity into 2024/25.	£1.3m
	Improved access to Continuing Health Care (CHC) - (New Income)	Delivering representation for people with primary healthcare needs to enable access to Continuing Health Care. This will be achieved through implementation of a specialist team, a learning programme and building integrated approaches with health colleagues.	£1m
	Adult Future Options Development Programmes (New Activity)	Commissioning activity and service development to deliver better quality services and outcomes will be based upon our co-produced Learning Disability Strategy. The priorities are: <ul style="list-style-type: none"> • <i>Overnight Short Breaks</i> - Developing capacity for overnight short breaks, including improving the quality and variety of provision in the market. • <i>Specialist accommodation with care</i>. Developing an accommodation growth plan to promote independent living, reduce dependence on out-of-area placements and specialist residential accommodation and to review specialist care commissioning. • <i>Direct Payments</i> – Developing the Personal Assistant workforce in conjunction with our wider care workforce strategy and more flexible use of Direct Payments / Individual Service Funds. 	£3.8m
	Payment Controls (New Activity)	Tracking of contract changes and funding agreements, with improved links between social work teams, payments officers and contract management will make best use of contract payments and reduce error.	£0.5m
	Contract Costs (Deliverable Slipped Saving)	An ongoing phased reduction in contract payments for some supported living schemes previously employing council staff. This will be the penultimate year of a total saving of £1m identified in 2022/23. Renegotiated fee rates under the commissioning framework will also reduce costs.	£0.3m
		Total	£9m
Living and Ageing Well Long-Term Support	One-off Discharge Grant funding (New Income)	There will be a second year of discharge grant to increase capacity in the market and subject to grant conditions this will be used to mitigate support and assessment costs associated with discharge.	£2.2m
	Enablement Interventions and Reviews (Deliverable Slipped Savings)	A new enablement team is being recruited to in 2023/24 and will be operational in the new year and has been built into staffing pressures for 2024/25 business planning. This will replace agency teams and enable the service to complete additional reviews per year, working with people pro-actively with a focus on strength-based interventions and enablement. This delivers £1m from slipped savings and £0.6m from extended activity in 2024/25.	£1.6m
	Maximising Income (New Income)	In accordance with our Fairer Charging Policy and assessment of the individual's ability to pay, there are ongoing financial reassessments to update contributions following access to state benefits. We will also bring forward new proposals to committee to reduce lost income and consider recovery of costs for some services including storage and property searches.	£0.6m
		Total	£4.4m
Living and Ageing Well Short-Term Support	Market Sustainability and Improvement Fund (New Income)	Temporary funding available in 2023/24 will reduce to £1.1m in 2024/25 and end in 2025/26. This will continue to mitigate staffing pressures in STIT and Enablement services following decision at September 2023 Committee.	£1.1m
	One-off Discharge Grant funding (New Income)	There will be a second year of discharge grant to increase capacity in the market and subject to grant conditions this will be used to mitigate support costs associated with discharge.	£1.1m
	Income Generation and Service Development (New Income)	Efficiencies in how the service operates will be implemented in order to reduce cost pressures on the purchasing budget for long term services. This includes, but will not be restricted to income generation activities, promotion of technology, equipment and adaptations.	£0.2m
		Total	£2.4m
Access & Mental Health	Additional Income (Deliverable Slipped Savings)	A review of funding arrangements to ensure agreed funding splits are being applied correctly.	£0.2m
	Early Help First Contact Services (New Activity)	Increased involvement from Occupational Therapy at the point of initial assessment and Community Support Workers managing substance misuse issues will ensure new starters get appropriate support rather than services that may not address their needs.	£0.2m
		Total	£0.4m
GRAND TOTAL			£16.2m

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Report to Policy Committee

Author/Lead Officer of Report:

Dawn Bassinder, Chief Social Work Officer

Report of: Strategic Director Adult Care and Wellbeing

Report to: Adult Health & Social Care Policy Committee

Date of Decision: 8th November 2023

Subject: Adult Safeguarding Partnership Annual Report

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? 2313				
Has appropriate consultation taken place?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Has a Climate Impact Assessment (CIA) been undertaken?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Does the report contain confidential or exempt information?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
If YES, give details as to whether the exemption applies to the full report / part of the report and/or appendices and complete below:-				
<p><i>“The (report/appendix) is not for publication because it contains exempt information under Paragraph (insert relevant paragraph number) of Schedule 12A of the Local Government Act 1972 (as amended).”</i></p>				

Purpose of Report:

This report provides the Sheffield Safeguarding Partnership Annual Report for endorsement by Committee.

The Sheffield Adult Safeguarding Partnership (SASP) is a strategic, multi-agency partnership that brings together statutory and non-statutory organisations to actively promote effective working relationships between different agencies and professionals to address the issue of abuse and harm. The Safeguarding Adults Executive leads and holds individual agencies to account, to ensure adults in Sheffield are supported and protected from abuse and neglect.

Recommendations:

It is recommended that Adult Health and Social Care Policy Committee endorses the Sheffield Safeguarding Partnership Annual Report.

Background Papers:

- Appendix 1 – Sheffield Safeguarding Partnership Annual Report

Lead Officer to complete: -		
1	I have consulted the relevant departments in respect of any relevant implications indicated on the Statutory and Council Policy Checklist, and comments have been incorporated / additional forms completed / EIA completed, where required.	Finance: Laura Foster
		Legal: Patrick Chisholm
		Equalities & Consultation: Ed Sexton
		Climate: Dawn Bassinder
	<i>Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.</i>	
2	SLB member who approved submission:	<i>Alexis Chappell</i>
3	Committee Chair consulted:	<i>Councillor Angela Argenzio</i>
4	I confirm that all necessary approval has been obtained in respect of the implications indicated on the Statutory and Council Policy Checklist and that the report has been approved for submission to the Committee by the SLB member indicated at 2. In addition, any additional forms have been completed and signed off as required at 1.	
	Lead Officer Name: Dawn Bassinder	Job Title: Chief Social Work Officer
	Date: 12th October 2023	

1. PROPOSAL

- 1.1 Safeguarding is everyone's responsibility.
- 1.2 Safeguarding means protecting people's right to live in safety, free from abuse and neglect. Statutory safeguarding applies to adults with care and support needs who may not be able to protect themselves. It can also include neglect, domestic violence, modern slavery, organisational or discriminatory abuse.
- 1.3 The Sheffield Adult Safeguarding Partnership (SASP) is a strategic, multi-agency partnership that brings together statutory and non-statutory organisations to actively promote effective working relationships between different agencies and professionals to address the issue of abuse and harm. The Safeguarding Adults Executive leads and holds individual agencies to account, to ensure adults in Sheffield are supported and protected from abuse and neglect.
- 1.4 The SASP's overall purpose is to make sure that people in Sheffield, particularly those with care and support needs are protected from harm, abuse, and neglect. This is a challenging task, but we are clear that by working in partnership with the community, carers, and those who receive services, we can make a difference to the well-being and safety of people across Sheffield.
- 1.5 SASP is required under the Care Act 2014 to produce a Safeguarding Adults Annual Report each year. The report should say what we have done during the last year to protect adults at risk of abuse and neglect in Sheffield and how the year's objectives have been achieved.
- 1.6 The report includes an overview of the structure and membership of the partnership, data relating to safeguarding over the last financial year and examples of how partners have worked to achieve the partnerships 5 strategic priorities.
- 1.7 This annual report covers the 12 months from April 2022 to March 2023 and provides an update and information on significant activity and developments for Adult Safeguarding in Sheffield.
- 1.8 The annual report demonstrates that partners have faced significant challenges during the year and there is still much to address. However, there has also been significant innovation, and safeguarding has been maintained as a priority.
- 1.9 Notwithstanding all the current challenges, the Independent Scrutineer notes that they have seen a real commitment to partners working together, and the willingness to address the need for change. They have seen some great examples of innovation, with Sheffield at the leading edge locally and contributing nationally to emerging policy on interventions that support vulnerable adults and families.

- 1.10 The independent Scrutineer noted their appreciation to all for the work and persistence in sustaining effective safeguarding in Sheffield.

2. HOW DOES THIS DECISION CONTRIBUTE?

- 2.1 The Safeguarding Annual Report contributes to delivery upon the Safe and Well and Effective and Efficient Adult Social Care outcomes as set out in the Adult Social Care Strategy Living the Life You Want to Live.

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

- *The Council Delivery Plan and Our Sheffield: [One Year Plan](#).*
- ADASS [Making Safeguarding Personal](#) and using Strengths-based approaches to social care.
- Adult Care and Wellbeing – Delivery Plan and Strategic Direction
- Safeguarding means protecting people’s right to live in safety, free from abuse and neglect. This is everyone’s responsibility.
- *Unison Ethical Care Charter*¹³: signed up to by SCC in 2017¹⁴, the Charter ‘establishes a minimum baseline for the safety, quality and dignity of care’.

3. HAS THERE BEEN ANY CONSULTATION?

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

- 3.2 To deliver upon that ambition, there is a dedicated customer forum through the Safeguarding Board in place and a focus on Making Safeguarding Personal throughout the Annual Report.

4. RISK ANALYSIS AND IMPLICATIONS OF THE DECISION

4.1 Equality Implications

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

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

3. foster good relations between those who share a relevant protected characteristic and those who do not.

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

4.1.3 The nature and purpose of Adult Care means that people sharing the protected characteristics of Age and/or Disability will be directly impacted by the proposals. However, the safeguarding remit means that people sharing certain other protected characteristics (e.g., Sex, Race, Sexual Orientation) may also be particularly affected.

4.1.4 The updated Equalities Impact Assessment is at Appendix 2.

4.2 Financial and Commercial Implications

4.2.1 The Annual Report sets out the budget available to the Sheffield Adults Safeguarding Partnership. There are no financial implications.

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 The Annual report support the Authority will meet its statutory obligations in relation to Safeguarding.

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 Safeguarding 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 safeguarding 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 CIAs for specific procurements.

4.4.3 To support a multi-agency approach to Climate Action in relation to Safeguarding, the Safeguarding Partnership Board has been asked to consider a collective response and in particular role of the Board and partner organisations in delivering upon the 10 Point Plan.

4.5 Other Implications

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

5. **ALTERNATIVE OPTIONS CONSIDERED**

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

6. **REASONS FOR RECOMMENDATIONS**

6.1 An endorsed Annual Report gives the public assurance that the Partnership is delivering upon its commitment to protect people from abuse and harm. It will also provide greater accountability and transparency of how will do this.



Safe in Sheffield

Annual Report 2022/23

Document Information

**Sheffield Adult Safeguarding Partnership
(SASP) Annual Report 2022/23**

Date of Publication: October 2023

**Approval Process: SASP Executive
Partnership Board September 2023**



**Sheffield
Adult
Safeguarding
Partnership**



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How to Report a Safeguarding Concern

If you have any concerns that an adult is being abused or neglected, then you can share those concerns with the Local Authority. Your actions could save their lives and potentially the lives of others.

For members of the public, concerns can be raised by contacting the First Contact Team on 01142734908.

Professionals are encouraged to use the referral form which can be found on our website, [here](#).



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1. Message from the Independent Chair

Welcome to the annual report of the Sheffield Adult Safeguarding Partnership. I am pleased that you are taking the time to read this report, which outlines continuing progress in the multi-agency work to protect and safeguard adults at risk in Sheffield. The report covers the period from April 2022 through to March 2023, a period that continued to present unprecedented challenges for partners.

I joined the partnership in April 2022 as Independent Chair and Scrutineer, a role intended to support partners by providing an independent perspective on their work to safeguard adults and to highlight challenges where appropriate. One of my duties is to be satisfied that the agencies who make up the safeguarding partnership are working effectively together to ensure that they are doing what they can to keep adults at risk in Sheffield safe, with the resources that they have available. **You will find my scrutineer's overview at the end of this report.**

Safeguarding is very much everyone's business, and I would offer my thanks to you all for your work and persistence in sustaining effective safeguarding in Sheffield. There are many examples of practitioners going above and beyond expectations to protect some of our most vulnerable adults and families and to them I send my thanks.



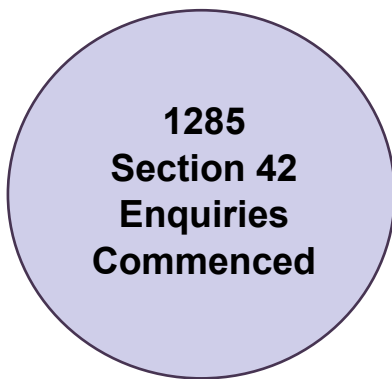
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Lesley Smith

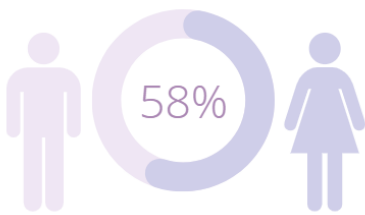
Independent Chair and Scrutineer

Sheffield Adult Safeguarding Partnership

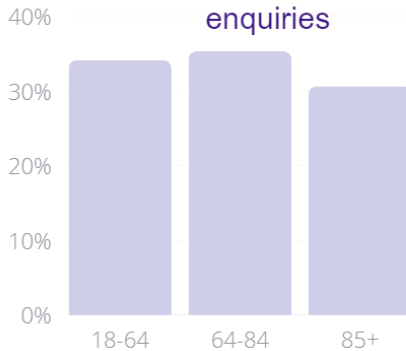
2. Key Safeguarding Facts



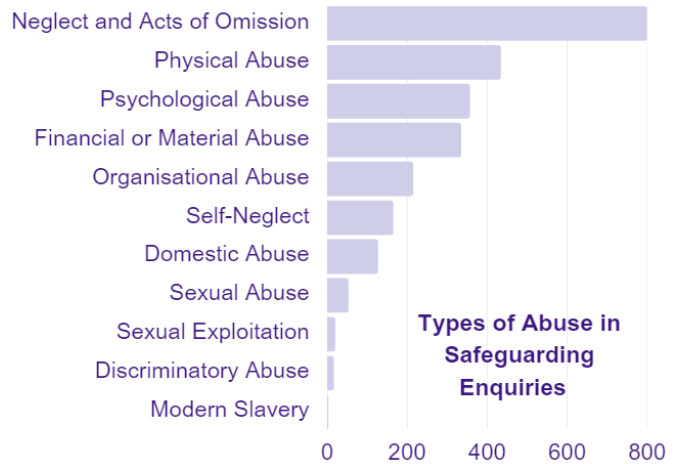
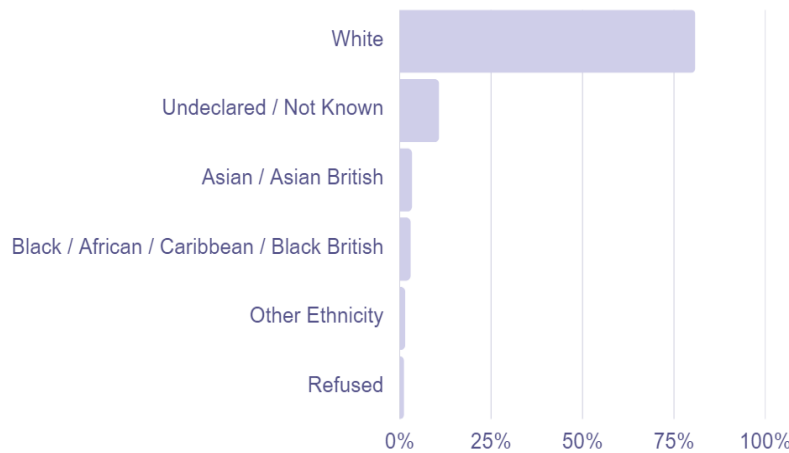
More women than men were involved in safeguarding enquiries



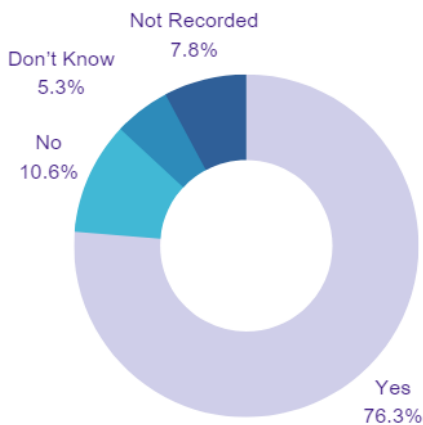
The age range of people who had safeguarding enquiries



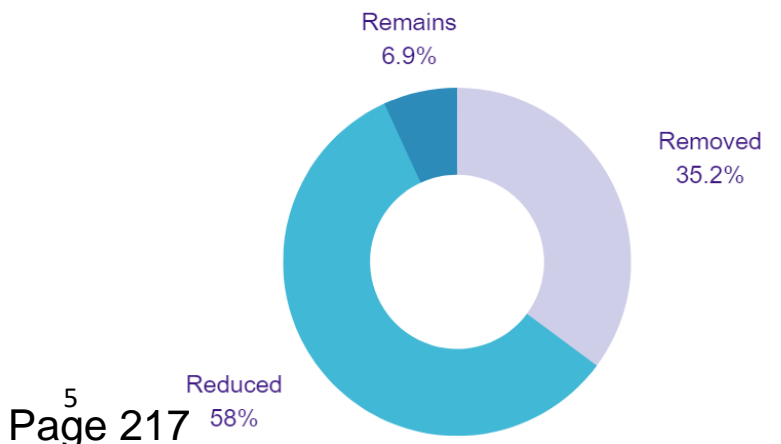
Ethnicity of Individuals Involved in Safeguarding Enquiries



Was the Person Asked their Desired Outcomes in the Safeguarding Enquiry?



In Safeguarding Enquiries Was the Risk Removed or Reduced?



3. About Sheffield Adult Safeguarding Partnership



Safeguarding aims to protect and prevent, the physical, emotional, sexual, psychological, and financial abuse of adults who have care and support needs and acts quickly when abuse is suspected. It can also include neglect, domestic violence, modern slavery, organisational or discriminatory abuse.

The Sheffield Adult Safeguarding Partnership (SASP) is a strategic, multi-agency partnership that brings together statutory and non-statutory organisations to actively promote effective working relationships between different agencies and professionals to address the issue of abuse and harm. The Safeguarding Adults Executive leads and holds individual agencies to account, to ensure adults in Sheffield are supported and protected from abuse and neglect.

The SASP’s overall purpose is to make sure that people in Sheffield, particularly those with care and support needs are protected from harm, abuse, and neglect. This is a challenging task, but we are clear that by working in partnership with the community, carers, and those who receive services, we can make a difference to the well-being and safety of people across Sheffield.

SASP is required under the Care Act 2014 to produce a Safeguarding Adults Annual Report each year. The report should say what we have done during the last year to protect adults at risk of abuse and neglect in Sheffield and how the year’s objectives have been achieved. The report includes an overview of the structure and membership of the partnership, data relating to safeguarding over the last financial year and examples of how partners have worked to achieve the partnerships 5 strategic priorities.

This annual report covers the 12 months from April 2022 to March 2023 and provides an update and information on significant activity and developments for Adult Safeguarding in Sheffield.

For more information about SASP please look at our [website](#), where you can find information for professionals including Learning Briefs from [Safeguarding Adult Reviews](#), [how to report a Safeguarding Concern](#), policies and procedures including the newly published [Multi-Agency Self Neglect Policy and Practice Guidance \(Including VARM and CCM\)](#) and how to book onto [multi-agency training and the courses available](#). The website also has information for the public, carers, and families including information on [types of abuse](#) and an [Easy Read](#) on “What is abuse and how do I tell someone?”.

Throughout this report, the following acronyms may be used when referring to partners:

SYP	South Yorkshire Police
STHFT	Sheffield Teaching Hospitals NHS Foundation Trust
SHSC	Sheffield Health and Social Care NHS Foundation Trust
NHS SY ICB (Sheffield)	NHS South Yorkshire Integrated Care Board
SYFR	South Yorkshire Fire and Rescue
AC&W	Adult Care and Wellbeing
SCC	Sheffield City Council

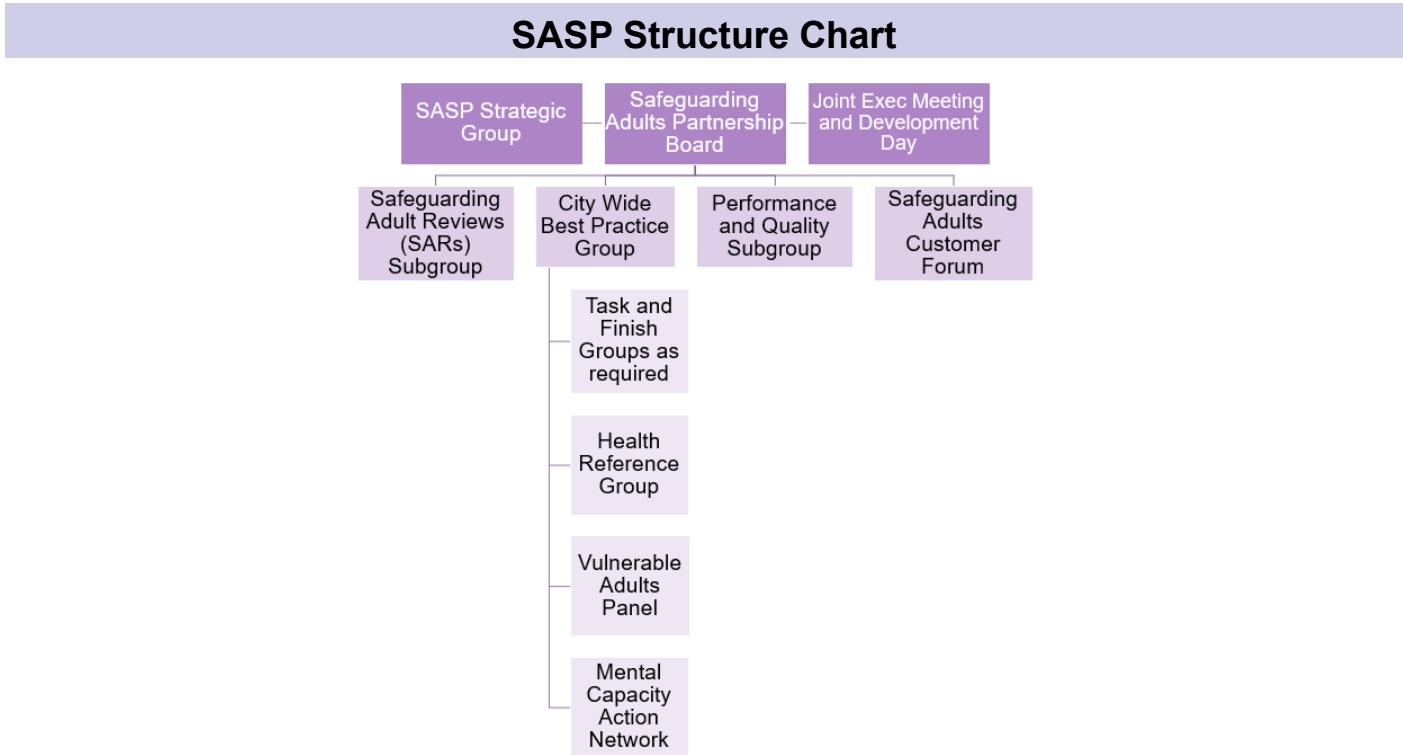


3.1 SASP Membership List

Executive Board Membership List

Member	Agency
Independent Chair	SASP
Safeguarding Board Manager	SASP
Chair of the Customer Forum	SASP
Chief Nurse	Sheffield Teaching Hospitals Foundation Trust
Exec Director of Nursing Quality and Professions	Sheffield Health and Social Care
Chief Nurse	NHS SY Integrated Care Board, Sheffield
Head of Service	Probation Service
Chief Superintendent	South Yorkshire Police
Area Manager for Prevention and Service Improvement	South Yorkshire Fire and Rescue
Head of Neighbourhood Intervention and Tenant Support – Housing Service	Sheffield City Council
Strategic Director of Adult Care and Wellbeing	Sheffield City Council
Deputy DASS (Director of Adult Social Services)	Sheffield City Council
Councillor Lead	Sheffield City Council
Chief Executive Officer	Sheffield Carers Centre (Voluntary Services Representative)

3.2 SASP Structure Chart



Safeguarding Adults Partnership Board: The Board works to achieve the shared aims and objectives of the partners to develop a vision of safeguarding for Sheffield which includes a strong commitment to safeguard adults at risk, including carers, and engages the active support of the public. The board ensure that as far as practicable within the resources available, each agency provides services to the interagency system which are effective in safeguarding, promote the dignity and respect of Sheffield’s adults at risk, and that the Board works to maximum efficiency to achieve its purposes.

Strategic Group: Three safeguarding partners (SYP, SCC and NHS SY ICB) form the Strategic Group and set the strategic priorities, agree funding and resources, and drive forward the work of the Partnership, whilst ensuring that the vision and values are upheld. They advise and support the Executive Partnership Group to develop, implement and monitor an annual plan based on the priority actions agreed against the core business.

City Wide Best Practice Group (CWBPG): This subgroup provides a forum where improvements can be discussed, agreed and disseminated into partner organisations to staff who work with safeguarding procedures, national and local legislation, and policies/procedures.

Performance and Quality Subgroup: The SASP Performance and Quality function monitor and evaluate the effectiveness of safeguarding adults’ practice across the city, using qualitative and quantitative data intelligence to identify areas of best practice and themes, trends and areas requiring action or improvement.

Safeguarding Adult Review Subgroup: The SAR subgroup of the Sheffield Adult Safeguarding Partnership is responsible for recommending the commissioning of SARs, managing the process, and assuring that all the associated recommendations and actions have been implemented by the relevant partners.

Safeguarding Adults Customer Forum: Members of the Forum share an interest in Safeguarding Adults and they can ask questions and bring information to share. The Customer Forum ensures that people have a voice and that their and opinions on safeguarding are fed back to the board and partners in order to improve services. Read more about the Forum on page 30.

3.3 Funding and Spend for 2022/23

Balance (underspend) from 2022-23
Adj to Reserve

(177,410)

Income	Budget	Outturn
Sheffield City Council	(327,176)	(327,176)
SY Police and Crime Commissioner	(12,000)	(17,913)
SY ICB (Sheffield) (prev. CCG)	(92,700)	(92,700)

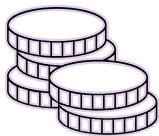
Expenditure		
Employers - Salaries	364,276	221,727
Transport - Employees Expenses	1,300	90
Supplies & Services	66,300	81,181

Net in year underspend

(134,784)

Balance to be carried forwards to 23-24

(312,193)



4. Relevant Safeguarding Issues for Care Homes

Nice Guidelines include a requirement for Safeguarding Adults Boards to include information on issues relevant to safeguarding in care homes within their Annual Report.

The following information provided by the Performance and Quality Team in Sheffield City Council, summarises some of the relevant issues and how they are monitored.

- The Quality and Performance Team for Adult Care and Wellbeing has continued to follow up on safeguarding concerns reported in relation to residents of care homes, looking at wider quality and safety implications. This is completed in partnership with the South Yorkshire ICB Care Homes Quality Team who explore clinical issues. Both teams jointly promote best practice within care homes.
- Both teams have supported care homes to ensure that appropriate reporting is occurring from care homes to the local authority and have promoted the training programme that is offered by Sheffield City Council.
- The Quality and Performance Team for Adult Care and Wellbeing has linked in with the Practice Development Team at the Council on specific cases relating to action that needs to be taken for People in Positions of Trust (PiPoT) and DBS referrals.
- Spoken with residents as part of quality monitoring visits to explore their wellbeing, looking at the opportunities they are offered to have a good quality of life, that they are asked for feedback in a variety of ways, that they know how to complain, and that their feedback is acted upon.
- Spot-checked how care homes manage residents' finances and how people are supported to retain access and control over their own money.
- Spoken to staff in care homes about their understanding of safeguarding, dignity and respect and how this works in day-to-day practice. Asked if staff members have attended safeguarding training and whether they are confident to raise risks with management and know about whistleblowing procedures.
- Checked that information-sharing and risk management systems in use at care homes and business continuity plans are robust.
- Discussed with care home managers their responsibilities regarding the procedures laid out in the Duty of Candour Regulation.
- Looked at recruitment practice and supervision of staff to ensure safe practice.



5. Safeguarding Adult Reviews

A Safeguarding Adult Review is a multi-agency process that considers whether or not serious harm experienced by an adult or group of adults at risk of abuse or neglect, could have been predicted or prevented and uses that consideration to develop learning that enables the partnership to improve services and prevent abuse and neglect in the future.

Section 44 of the Care Act states that we must carry out a Safeguarding Adult Review (SAR) if certain criteria are met. This is so that we can learn lessons where an adult, with care and support needs, has died or been seriously injured, and abuse or neglect is suspected and where there are issues with how agencies worked together. The purpose is not to apportion blame to any individual or organisation.

The SAR Sub-Group of the Sheffield Adult Safeguarding Partnership is responsible for recommending the commissioning of Safeguarding Adult Reviews (SARs) in line with the Care Act 2014 Guidance (Chapter 14), managing the process, and assuring SASP that recommendations and actions arising from reviews have been addressed by the partnership and individual agencies.

REPORTS AND LEARNING BRIEFS

Links to all Safeguarding Adult Review Learning Briefs and Overview Reports can be found here on our website [Sheffield Adult Safeguarding Partnership - About the Board \(sheffieldasp.org.uk\)](https://www.sheffieldasp.org.uk)

SAR DHR NEWSLETTER

Quarterly, SASP and [DACT \(Domestic Abuse Coordination Team\)](#) produce a SAR-DHR Newsletter, looking at themes and learning coming from reviews in the city, such a Safeguarding Adult Reviews and Domestic Homicide Reviews. We often see cross-cutting themes across these reviews. Newsletters so far have looked at:

- Carers
- Adult Family Violence
- Non-Engagement and Was Not Bought
- Trauma Informed Practice

Past editions of these newsletters are available to read on our website.

Find them here [Sheffield Adult Safeguarding Partnership - \(sheffieldasp.org.uk\)](https://www.sheffieldasp.org.uk) (below the learning briefs).

5.1 Safeguarding Adult Reviews 2022/23

Number of Referrals Received

From April 1st 2022 to March 31st 2023, SASP received 8 SAR referrals.

Characteristics

Of the 8 SAR referrals, 4 were male and 4 were female. 2 were aged 40-50, 3 aged 51-60, 1 aged 61-70, 2 aged 71-80.

SARs Commissioned

1 out of the 8 referrals has met the SAR criteria. 4 are still under consideration.

SARs Ongoing

3 SARs are ongoing as of March 31st 2023, 1 of which the referral was received in 22/23, and 2 of which the referral was received prior to this financial year.

SARs Completed

There were no SARs completed in this financial year.

Of the eight SAR referrals received in 2022/23:

- One met the SAR criteria.
- Three did not meet the criteria. One did not meet the criteria as the person was not known to any agencies. Two did not meet the criteria as there were no concerns that agencies did not work together to safeguard the person.
- Four are still under consideration as more information is being gathered prior to making a decision e.g., awaiting toxicology results.

A decision was also made on two additional referrals received in the previous financial year (2021/22). One of these met the SAR criteria the other did not as there were no concerns over multi-agency failings, and instead a single agency report was presented to the SAR subgroup by Adult Care and Wellbeing.

Two SARs were therefore commissioned this year and are ongoing. Themes arising from these 2 reviews include:

1. Cuckooing, substance misuse, trauma informed practice, mental health.
2. Cross boundary working, information sharing, learning disabilities, mental health.

There is one additional SAR still ongoing that was commissioned in 21/22. Themes arising from this review includes cross boundary working, transitions, learning disability, mental health.

3 SARs are ongoing in total as of March 31st, 2023.

There were no SARs completed in 2022/23. Learning Briefs for all of our reviews can be found [here](#).

5.2 Safeguarding Adult Reviews – Recommendations and Actions

In 2022 – 2023 SASP and partner agencies continued to implement learning and actions from Safeguarding Adults Reviews completed in Sheffield. Examples of actions completed can be found in editions of the SAR-DHR Newsletters. Actions have included:

Following learning from SAR Person E, SAR Person F and SAR Harris



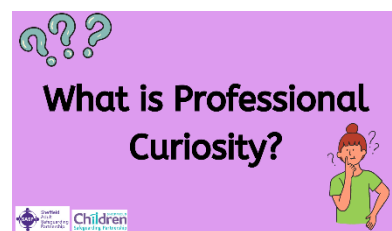
In July 2022, SASP published **The Multi-Agency Self Neglect Policy and Practice Guidance (including VARM and CCM)**. The purpose of this policy is to outline a multi-agency approach to support those across SASP when responding to concerns relating to adults who self-neglect. It aims to ensure that those professionals involved in working with adults who may exhibit self-neglect or hoarding behaviours, have a consistent approach to responding to concerns that are up to date, easily accessible and which promote positive outcomes for those of concern.

The practice guidance that goes alongside this policy can be used to support decision making for cases involving self-neglect, and those cases of self-neglect where there are other substantial risks, such as hoarding, drug and alcohol dependency, homelessness, and sexual exploitation and will support professionals with a framework for identifying and managing those collective risks.

Following learning from SAR Person D and SAR Person Harris



A video on professional curiosity was developed by the SASP Development and Training Manager and the Sheffield Childrens Safeguarding Partnership Workforce Development Manager. **It takes you through what professional curiosity is, what skills it involves and why it's really important that we are all professionally curious.** The video has been published on the SASP website, has been shared on social media channels, shared in the e-bulletin and shared around the City-Wide Best Practice Group. The video has been really well received on social media and by partner agencies. You can watch the video here **Professional Curiosity Video - YouTube**.



Following learning from SAR Person I



Sheffield Teaching Hospitals Foundation Trust (STHFT) Continence Service updated their operational guidance to provide any young person who is transitioning to STHFT with a face-to-face appointment. The continence service is continually offering several options for clinical assessment to patients and carers including face to face. This is clearly documented throughout the Learning Disability template which is completed by all clinical staff. The Did not Attend/Was Not Bought Policy was updated and ratified.

The supply chain sends quarterly reports to the Continence Service on non-activated deliveries for patients with a learning disability. This data is monitored by the Continence Service.

Following learning from SAR Person I



The Preparation for Adult Team can now access Widgit Online (Inclusive Communication programme) to help aid communication with people who are nonverbal / prefer pictures to help communicate. The team have Makaton and BSL training arranged to help communicate and engage with the people we work with, to ensure their voice is heard.

The following recommendation was identified in [SAR Harris](#):

“SASP should expedite continuation and finalisation of the consideration of a business model to enhance and improve interagency working and information sharing (that may or may not result in a Multi-Agency Safeguarding Hub). This work must include all relevant partners and consider how the resulting system will link in with the Children’s MASH.”

Over the year 2022/23 partners worked together to develop an adult multi-agency safeguarding hub (MASH) which launched in April 2023. This is a key example of partners working effectively together to ensure that they are doing what they can to keep adults at risk in Sheffield safe and fulfilling the duties and commitments made in the South Yorkshire Safeguarding Procedures. Daily huddles allow professionals to respond swiftly and effectively to safeguarding concerns, using the collective knowledge of partners and negating the risk of duplication or agencies undertaking safeguarding in isolation. Partner agencies can access their data prior or during the meeting and share relevant information, such as involvement with the individual(s). This can aid making safeguarding personal by agreeing who is best placed to take forward actions to support said individual.

For example, Adult Care and Wellbeing were contacted by the Children’s Service about a group of young women who it was feared were the victims of sexual exploitation. The ages of these young women straddled the age range between adult and children, and it was clear that a joint approach was required. The MASH being in place meant that all interested parties were brought together quickly to share information.

Although still in the early stages of its launch, key to the development of the multi-agency safeguarding hub has been partnership working. Partners have welcomed the introduction of the MASH to Sheffield which continues to develop and evolve at pace as it is embedded.



6. SASP Multi-Agency Training

Over the past twelve months SASP have continued to offer training courses and workshops, virtually using Zoom and Microsoft Teams. This was to create opportunities for people to access safeguarding adults training in a safe environment and due to the flexibility that online training can offer.



Over the past 12 months 859 people have attended the courses, workshops and conferences we have offered. They have been from a wide variety of agencies across the city, and this embraces the ethos of safeguarding being everyone's business and that safeguarding is a multi-agency process.

2022/23 saw the launch of our new self-neglect training course. This course is for anyone who works with adults (at risk) due to self-neglect, hoarding or where there are concerns around multiple risks and contextual safeguarding. It may be that they are not engaging with services or that services are not working together in a coordinated way to identify the risks, support the adult and share relevant information to promote the persons safety and wellbeing or the safety and wellbeing of others.

We have also continued to work closely with Children's Safeguarding, to deliver courses and workshops which look holistically at families and family dynamics. In 2022/23 we offered five courses, which 236 people attended in total. These courses are now firmly embedded in our core programme and will continue to be offered.

Children SHEFFIELD
Safeguarding Partnership



The beginning of 2023 saw the introduction of a new training platform for SASP. This system provides information regarding our training prospectus, and it has helped to streamline the booking system, with automated provision not just for booking onto a course, but also capturing pre-evaluation, post evaluation and issuing attendance certificates. This will enable us to provide more detailed information regarding the courses and workshops which will help us review, evaluate and make the necessary changes and developments to course content.

[Click here to view and book SASP multi-agency training courses](#)

[Click here to view and book SCSP multi-agency training courses](#)



7. Strategic Priorities 2020-23

The SASP three-year strategic plan 2020-2023 was developed in consultation with partners but more importantly with people directly at risk of harm. The plan is a map of what the partnership will do to make changes happen and achieve the agreed objectives. The Executive Board is responsible for overseeing the achievements of the Strategic Plan. Setting the right priorities and being clear on what outcomes we want to achieve and have achieved is essential.

The 5 key priorities in the SASP three-year strategic plan for 2020-23 are:



STRATEGIC PRIORITY 1
Making Safeguarding Personal
Embed and assess the effectiveness of Making Safeguarding Personal (MSP)



STRATEGIC PRIORITY 2
Working in Partnership
Ensure our structures work to enable effective collaboration and trust



STRATEGIC PRIORITY 3
Prevention and Early Intervention
Partners will work together to develop strategies, procedures and services



STRATEGIC PRIORITY 4
Engage and Empower
The views and experiences of those who use services, to inform how services are developed



STRATEGIC PRIORITY 5
Quality Assurance
Assure the quality and impact of safeguarding arrangements within Sheffield

The following pages demonstrate examples of work ongoing by partners to achieve the priorities in the strategic plan.

7.1 Making Safeguarding Personal (MSP)

SOUTH YORKSHIRE FIRE AND RESCUE (SYFR)

SYFR continue to embed MSP into practice. The internal safeguarding concern form includes a section on MSP ensuring that safeguarding is person led and outcome focused with the aim to make people feel safer but also empowered and in control. Safeguarding concern forms are triaged by the Safeguarding Officers who regularly audit and identify learning and development opportunities within the workforce to improve practices and learning.

Safeguarding training covers MSP including case studies and learning from National and Regional Case Reviews.

IMPACT

Ensures that the adult concerned is at the centre of adult safeguarding, working with adults in order for them to identify strength-based and outcome focus solutions.

Working to empower adults by working with them in a way that enhances individual involvement, choice and control as part of improving a quality of life, wellbeing and safety.

SHEFFIELD TEACHING HOSPITALS FOUNDATION TRUST

A 7 Minute Briefing on MSP has been made available to staff via the Safeguarding Quarterly Newsletter and is accessible via the Safeguarding Patients intranet site.

MSP is promoted within the safeguarding adults mandatory training which includes discussion about person centred practice and creating opportunities to see the person on their own to obtain their wishes and feelings and to identify outcomes without the influence of family or carers.

The Safeguarding Team include MSP in discussion with staff members who contact the team for advice about an adult at risk and discuss MSP during safeguarding case supervision.

IMPACT

Staff are supported and encouraged to be more aware of the need to identify outcomes with the adult at risk when raising a safeguarding concern.

SOUTH YORKSHIRE POLICE (SYP)

SYP have continued to effectively embed training in relation to vulnerability. Domestic Abuse Matters and Child Matters training has continued throughout the year. This has been supported by continued professional development for supervisors and line managers around specific areas of identified learning.

IMPACT

One key area has been Domestic Abuse from a survivor's perspective, sudden unexpected death in infancy from the perspective of a mother and stalking and harassment training. This has ensured Sheffield district continues to embed a vulnerability focussed response across a wide and diverse workforce, to ensure that outcomes have a personal focus and that the voice of the victim is heard.

7.1 Making Safeguarding Personal (MSP)



ADULT CARE AND WELLBEING

In the last year AC&W have continued to develop a safeguarding culture. Support for staff to make a difference in their practice is offered by the Practice Development Team and the new Multi-Agency Safeguarding Hub (MASH).

AC&W continue to ensure safeguarding responses support people to improve their wellbeing and resolve circumstances that may be difficult using the principles of Making Safeguarding Personal.

IMPACT

Accountability requires collaboration and transparency between the local authority and all partner agencies. The introduction of MASH supports safeguarding responsibility for all in identifying areas of concern and improves safety measures and outcomes for the adults concerned.

Practice has focused on achieving meaningful improvement to people's circumstances rather than just on 'investigation' and 'conclusion'. The cultural change; staff support and development; engaging with people and across partnerships; has promoted the values and principles that are set out in Human Rights Act (1998), Care Act (2014), Mental Capacity Act (2005).

SHEFFIELD HEALTH AND SOCIAL CARE

Reviewed and adapted the MSP toolkit to make it workable for SHSC staff and service users. SHSC put together a training package based on the toolkit and delivered this to a Community Mental Health Team. In the future this potentially will be rolled out to other SHSC teams, incorporated into the Level 3 training package, and/or used within Bitesize training sessions.

IMPACT

The aim of the training is to improve current knowledge and practice around MSP, in order to improve the quality of safeguarding concerns raised, and to ultimately ensure that service users are placed at the centre of their safeguarding. Next steps will be to complete a baseline audit of the team's safeguarding concerns against the toolkit, alongside a post-training audit to measure the impact the training has had.

CARERS CENTRE

The Carers Centre continue to provide an ongoing Carer Assessment and Advice Service. All Carer Advisors inform carers where there is a potential safeguarding concern that the safeguarding process is intended to be supportive and personalised, which follows agreed training.

IMPACT

Carers have reported being reassured by this advice.

On average one safeguarding concern per month is raised with Adult Care and Wellbeing. All safeguarding referrals or concerns are recorded on a safeguarding concern log, which is monitored by management at each monthly meeting.

HOUSING AND NEIGHBOURHOOD SERVICE

Housing has a strength-based approach that ensures parents and children are involved in case decisions and the Signs of Safety approach is used to ensure tenants are fully involved in plans.

Feedback from tenants via questionnaires/meetings is used to improve provision of services.

The annual visit form contains prompts which ensures their views are taken into account when discussing need for possible support/intervention.

IMPACT

This ensures that the right support/intervention is provided to meet individual's needs.

PROBATION SERVICE

People on Probation are fully involved with their probation practitioner, to develop their sentence plan and related support and actions.

Probation Service contribute to Adult MASH meaning that individual cases are managed more effectively and personally.

IMPACT

Improved engagement and compliance with Community Orders.

Stronger multi-agency working, and better actions taken from MASH meetings.

7.2 Working in Partnership

SOUTH YORKSHIRE FIRE AND RESCUE

The Safe and Well Referral Partnership Scheme aims to improve how the fire service and local organisations work together to effectively identify and reduce hazards for people more at risk. SASP members continue to sign up to and make referrals to SYFR using the Safer South Yorkshire Referral Scheme. Data on referrals from partners is included in the SASP quarterly performance report.

SYFR are represented on both Safeguarding Adult and Children Partnerships and attend Sub-Group meetings. SYFR were involved in the recent task and finish group to develop a new Self-Neglect and Hoarding Policy and continue to be involved in Team Around the Person (TAP) meetings.

IMPACT

SYFR became involved with a male who lived alone with no support and was a careless smoker. He lived in the kitchen/front open plan room. He was self-neglecting and heavily hoarding but refusing any help. He had initially declined visits but on one occasion when the SYFR High Risk Coordinator visited he let her in to the kitchen with the SCC Prevention Worker.

Multi-Agency meetings were held over the concerns. First Prevention Team, Adult Care and Wellbeing, Cleaning company, GP practice and SYFR all discussed their concerns during the meeting.

A short while after he had a fall and was taken into hospital. It was at this point he recognised he did need help. The property was cleaned and cleared. A Care Act Assessment was completed, and carers were put in place. He agreed to Citywide alarms and a pendant and stopped using emollient products.

SOUTH YORKSHIRE POLICE

Op Forge Kilo is a multi-agency response to identified Domestic Abuse perpetrators and their victims. An algorithm is used to identify the perpetrators and a problem-solving methodology is applied to reduce offending, reduce vulnerabilities and reduce demand, resulting in the prevention of further offences and protection of vulnerable adults.

IMPACT

One example of the impact of Op Forge Kilo is a perpetrator is being supported from an engagement perspective with a particular focus around mental health and substance misuse support. He has just been released from hospital with support.

Victims are receiving technology to enhance their safety (Ring Doorbell with cloud storage – Supplied by IDAS) and IDAS continue to support victims even where the perpetrator is remanded in custody; thus, continuing to build trust and confidence.

NHS SY ICB – SHEFFIELD

Whilst working across the SASP and Community Safety Partnership the Designated Professional noted that on occasion there were cases referred for either a SAR or DHR that could potentially be one or the other. However, the information gathering tools being used in both cases didn't go into enough detail to gather information to make robust decision. This resulted in partner agencies being asked twice to provide information. The Designated Professional worked with the Domestic Abuse Commissioning Manager to update both the DHR and SAR information gathering templates.

IMPACT

Information is provided that can lead to better decision making and establish more accurately which review process is required, hence speeding up the process, improving accuracy in decision making and resulting in learning being identified more quickly.

SHEFFIELD TEACHING HOSPITALS FOUNDATION TRUST

The STHFT Safeguarding Team participate in all SASP meetings and sub-groups including the multi-agency Vulnerable Adults Panel and the Safeguarding Adults Review Panel, undertaking Individual Management Reviews as required.

Members of the STHFT Safeguarding Team contribute to the SASP Multi-agency Training Pool, delivering safeguarding training to staff from different agencies across Sheffield.

IMPACT

This has led to a better understanding of other agencies and how collaborative working can benefit adults at risk, achieve better outcomes, and there is shared learning from working collaboratively with other agencies.

7.2 Working in Partnership

ADULT CARE AND WELLBEING

Developed with partners an Adults Multi-Agency Safeguarding Hub (MASH) which is now in operation (As of April 2023). The MASH is a local arrangement to fulfil the duties and commitments made in the South Yorkshire Safeguarding Procedures. The MASH is a hybrid team and the majority of the function sits within the First Contact Team in AC&W, however all of the Adult Social Care Teams have access to the MASH. This ensures that safeguarding activity is highly visible and well-integrated across teams.

Adult Care and Wellbeing, housing and the Police are core members of the MASH, health colleagues are exploring resourcing their contribution, and currently attend as and when requested.

IMPACT

Huddles, set daily allow professionals to respond with greater effectiveness and efficiency to safeguarding concerns using the collective knowledge of partners. For example, partner agencies can access their data prior or during the meeting and share relevant information, such as involvements. This can aid making safeguarding personal by agreeing who is best placed to take forward actions to support said individual.

As all partners have the huddle in the diary and this can be called at short notice for better multi-agency response times.

SHEFFIED HEALTH AND SOCIAL CARE

SHSC has been involved in the development and implementation of the Adult MASH. SHSC has responded to requests for information from the Sheffield Adult MASH to support joint working and timely information sharing.

Continued to attend and share information at multi-agency meetings such as MARAC, MATAAC and VAP.

IMPACT

The Adult MASH assists partner agencies to identify risks and make timely decisions by enabling a multi-agency view of the adult with care and support needs to be gained. SHSC's responses to requests for information contributes to reducing the risks identified within safeguarding concerns, responses being timely, and outcomes being improved for the adult at risk.

Attendance at multi-agency meetings increases partnership engagement, assists in improving victim safety and allows a multi-agency response to identified risks to be compiled, negating the risk of agencies undertaking safeguarding in isolation.

HOUSING AND NEIGHBOURHOOD SERVICE

The city's Community Safety Plan (CSP) has specific objectives to reduce criminal exploitation and safeguard vulnerable individuals.

The CSP has established 6 theme groups to address key crime concerns under specific themes, such as reducing hate crime, reducing violence against women and girls, and protecting vulnerable people. These theme groups are populated by safeguarding professionals and agencies likely to encounter vulnerable people.

IMPACT

This allows for a more joined up approach to safeguarding issues from a strategic and practice perspective and provides a multi-agency approach to issues across of number of crime types.

CARERS CENTRE

Sheffield Carers Centre is a member of the Sheffield Adult Safeguarding Partnership.

Sources of referrals to the Sheffield Carers Centre continue to be shared with the Sheffield Adult Safeguarding Partnership each quarter to ensure that carers are identified and supported.

IMPACT

Being a member of SASP allows the Carers Centre to receive up to date guidance, information and knowledge which can be shared with Carers Centre staff.

Sharing source of referral data quarterly allows the Safeguarding Partnership to identify where promotion of the carers centre could be improved to increase referrals.

PROBATION

There is now a Partnership Development Manager in place to embed the Probation Service Stakeholder Engagement Policy.

The Probation Service linked Manager contributes to Adult MASH.

IMPACT

The appointment of the Partnership Development Manager will allow for Improved partnership working across the city.

The contribution to Adult MASH leads to improved MASH meetings and actions on individual cases.

7.3 Prevention and Early Intervention

SOUTH YORKSHIRE FIRE AND RESCUE

The SYFR Safer South Yorkshire Referral Partnership Scheme aims to improve how the fire service and local organisations work together to effectively identify and reduce hazards for people most at risk. SYFR regularly train partners and their teams on fire safety awareness and secure referral pathways for partners working with people at risk. Work has been undertaken in Sheffield that has resulted in a number of referrals through the portal. The training also enhances fire and risk awareness in practice. Agencies once registered can make direct referrals to SYFR and work in partnership to either reduce or eliminate the risks.

SYFR provide quarterly reports to the Fire Authority and continue to see an increase in the number of cases relating to concerns about adult abuse and neglect.

IMPACT

SYFR are active members and contributors to the annual Safeguarding Awareness Week. During 2022-2023, SYFR delivered 9 virtual training sessions covering SYFR Safer South Yorkshire Partnership scheme and Hoarding, Emollient & Airflow Products. In total, out of 167 people booked onto one of the sessions delivered that week, 110 were in attendance.

This increase in the number of cases relating to concerns about adult abuse and neglect can be attributed to the targeted interventions by SYFR for the most vulnerable coupled with increased awareness due to learning and development training sessions.

SYFR also receive referrals from Independent Domestic Violence Advocacy Service (IDVAS) and SYP for Home Safety Checks where there is a threat of arson and relating to a history of Domestic Abuse (DA) within the household.

SOUTH YORKSHIRE POLICE

A GPS project, Dementia Missing People Trial was set up county wide with funding from the SYP innovation fund. This provided 50 devices for use across South Yorkshire, and these were predominantly given to dementia sufferers who are at risk of going missing.

A further example of early intervention is the use of, Domestic Violence Protection Orders (DVPO's). A civil order that provides protective measures in the immediate aftermath of a domestic incident. They are used for example where there is insufficient evidence to charge the perpetrator or provide protection via bail conditions. Prior to the application for a DVPO, a Domestic Violence Protection Notice (DVPN) is served on the perpetrator. These orders include a number of conditions, for example they can prevent the perpetrator from returning to the residence and/or from having contact from the victim for up to 28 days.

IMPACT

One successful example of the Dementia Missing People Project relates to a marathon runner who has dementia. Their illness meant they couldn't always remember how to find their way home. This has previously resulted in a missing episode where they were missing for three days before being found sleeping in someone's back garden. SYP worked with the family to devise a solution. This person now goes running with a GPS tracker, which allows the family to locate them if they are unable to find their own way home.

SHEFFIELD TEACHING HOSPITALS FOUNDATION TRUST

The STHFT Safeguarding Team has established a network of Safeguarding Champions to support ward staff to identify safeguarding concerns and take appropriate early action to safeguard vulnerable individuals.

A 7 Minute Briefing on Professional Curiosity has been developed and circulated to staff across the organisation and is available via the Trust Safeguarding Patients Intranet site. Professional Curiosity is promoted during mandatory safeguarding training to encourage staff to make further enquiries into a person's circumstances where there may be a safeguarding concern in order to identify risks and provide early intervention.

IMPACT

Safeguarding Champions receive additional training from the Safeguarding Team and are able to provide first line advice to ward staff. This is particularly helpful during shifts outside of core hours and at weekends when the Safeguarding Team is not available.

Professional Curiosity is encouraged in all interactions with staff when seeking advice about a safeguarding concern and during safeguarding supervision.

NHS SY ICB - SHEFFIELD

The Designated Professional for Safeguarding Adults and Mental Capacity Act (MCA) Lead has introduced a series of safeguarding adults and MCA key performance indicators (KPIs) for health provider organisations which will be monitored on a quarterly basis.

IMPACT

Whilst these have previously been provided, they were lacking in detail. These new KPI's have been included within provider contracts and will allow for more effective monitoring of safeguarding performances. These KPIs will provide details and early indication of good working practices or emerging concerns. This will allow for early intervention and support if required, or the suggestion of sharing good practice with other providers.

7.3 Prevention and Early Intervention

ADULT CARE AND WELLBEING

Due to pressures surrounding hospital discharge, carers are sometimes making the difficult decision to “bridge the gap” by allowing the customer to be discharged into their care while awaiting support from STIT. Where the customer is on our waiting list, we aim to offer as much support and communication as possible to them and their carers in advance of their start date with STIT.

In February 2023, following a month of high referrals to the carers’ centre, a project was initiated within STIT to offer targeted support to unpaid carers. A Provider Support Assessor was tasked with undertaking the role of Carer Support Officer. As a service STIT have always coordinated effectively with unpaid carers and wanted however to trial how effectively a designated role could benefit unpaid carers, the customers they care for and the wider service.

IMPACT

Whilst the primary aim of the project was to directly benefit and support carers (offering carers centre and other referrals, practical support and a listening ear), indirect benefits to the customer and wider service have also been identified including supporting people to sustain their support and feel like they could ‘cope’ and preventing carer breakdown and stress.

This role involved contact with carers via telephone, prioritising carers of customers waiting at home to commence STIT service, and in-person visits were arranged where possible. Home visits proved effective and gave an opportunity for further observation and insight into needs of customer and carer.

Further contact with customers waiting at home has supported transition onto service in the following ways: identifying and chasing up equipment, medication etc. in advance of initial assessment, offering carers “bridging the gap” support and information, and identifying where STIT service is no longer required before the initial assessment.

SHEFFIELD HEALTH AND SOCIAL CARE

Safeguarding Adult Level 3 training and Bitesize Training has been implemented.

In addition to mandatory training, SHSC deliver a session once a month, on a variety of topics. The topics are usually identified through themes in advice calls or following investigations. SHSC have delivered sessions in house on MARAC, Prevent, Sexual Safety and have had external speakers from IDAS, Magpies (Hoarding Support), Citizens Advice and SYFR.

IMPACT

Safeguarding Adult Level 3 Training ensures staff have the necessary skills and knowledge to recognise and respond to abuse and neglect and domestic abuse. Training includes section on domestic abuse, coercive control and economic abuse and when and how to complete a DASH-RIC. It aims to increase staff confidence when responding to all forms of abuse and know where to access necessary assessments and how to complete. The additional bitesize training on local processes or services increases staff awareness of support services for their service users and increases staff confidence to respond earlier and signpost or refer to specialist agencies.

HOUSING AND NEIGHBOURHOOD SERVICE

Community Safety has introduced 10 Crime and Vulnerability Meetings to key neighbourhoods and is providing training on spotting the signs of criminal exploitation to safeguarding professionals and staff who may encounter these issues.

The Team Around the Person (TAP) service take referrals based on risk to the individual and hold regular multi agency meetings across services to help prevent escalation of risks. They also complete referrals to relevant services/agencies.

IMPACT

This work provides opportunity to prevent the exploitation of vulnerable adults by criminal gangs and provide support for those who are at risk of becoming involved. Staff will have a better understanding of the impact of organised crime and know what to do earlier to safeguard vulnerable individuals.

TAP provides support to individuals at an early stage and ensures the right support is in place to prevent escalation of risk.

CARERS CENTRE

The work of the Carers Centre allows for early identification of risk and referrals to adult care and wellbeing or other prevention services.

IMPACT

This allows risks to be addressed and mitigates escalation. Carers feel supported and are able to engage with relevant services.

PROBATION

Probation Service now have improved access to Police information on domestic abuse to inform our pre-sentence reports at Court, and in ongoing management of community sentences.

IMPACT

This has led to better risk assessments and improved advice to sentencers.

7.4 Engage and Empower

SOUTH YORKSHIRE FIRE AND RESCUE

Through our work with referral partners SYFR can offer support to those who are at risk of becoming homeless by providing Home Safety Checks in order to help keep them safe and independent. SYFR would make relevant referrals for those in need if it was found that they were struggling to maintain their tenancy. We can also provide similar interventions to recently rehoused homeless through housing associations.

While homelessness is not a protected characteristic SYFR do encourage consideration of non-legislative factors when completing Equality Impact Assessments.

IMPACT

Information has been circulated to front line staff and Fire Control Room staff in relation to referring those who are homeless when we may interact with them during incidents or while in the community. Information is also shared for the cold weather protocols for the areas SYFR cover. Previous work has been carried out with the British Red Cross to utilise fire station spaces to support the cold weather periods.

SOUTH YORKSHIRE POLICE

SYP uses a Repeat Victim Index that helps officers and staff identify victims and locations of multiple incidents.

It includes an assessment of the number of incidents, how recent the incidents are, the harm caused, the severity of incidents and the risk that is present.

IMPACT

This helps to identify any cumulative risk to victims. A weighting of the specific criteria provides a score, which is used to prioritise the response for both people and locations.

The index helps with understanding whether different teams are safeguarding or investigating the same person to focus resource and effort. It is used to inform meetings where individuals are discussed and a decision is made on which people need a plan to support them. Examples can be provided of where action has been taken that has reduced the risk to individuals and prevented more repeat incidents or reduced the seriousness of incidents occurring.

SHEFFIELD TEACHING HOSPITALS FOUNDATION TRUST

STHFT has published an Inclusion Calendar on the staff intranet site. Staff are given the opportunity to promote awareness within their own departments as appropriate. The Trust will disseminate information to promote these events via the weekly staff communication bulletin.

The Trust has developed a number of staff network groups to raise awareness of and encourage equality and diversity, respect for others. The networks promote ownership and accountability by encouraging staff to challenging racism and discrimination, negative attitudes and behaviours. Staff are encouraged to 'Speak Up' to raise concerns about patient or staff safety, professional misconduct or financial malpractice.

IMPACT

This highlights and promotes celebration of national and world awareness events including events to recognise people with diversity and protected characteristics and those that may be discriminated against or subject to abuse and hate crimes e.g., LGBTQ+, transgender, suicide awareness, mental health awareness, carers week, world day against trafficking in persons, plus many others.

The Trust has also published a Freedom to Speak Up Charter.

NHS SY ICB – SHEFFIELD

Sheffield ICB Safeguarding and Looked After Children Team, held a Protected Learning Initiative (PLI) event for Primary Care in October 2022. This was attended by several hundred Primary Care colleagues and focused on safeguarding adults, children and looked after and care experiences children and young people.

IMPACT

The content and guest speakers were chosen based on the current themes and issues arising within Sheffield. On the whole the feedback was positive and was a welcomed opportunity for professionals to have some time out from their day-to-day role to focus on safeguarding and looked after children.

7.4 Engage and Empower

SHEFFIELD HEALTH AND SOCIAL CARE

The safeguarding team had identified a service user who wanted to support in policy development and attend the Safeguarding Assurance Committee.

Additionally, SHSC are working on service user engagement to support service users after an allegation against staff or serious incident.

IMPACT

SHSC recognise that service user engagement is important to ensure policies and processes are person centred and have a true MSP approach. However, SHSC also recognise that safeguarding is a sensitive and complex area and the person identified was not able to progress. SHSC are now working with colleagues in our Engagement and Experience Team to identify a volunteer.

Learning from an incident following a staff allegation SHSC are working with a service user to review processes, share learning and service user experience and improve our allegations against staff policy and support that will be offered to service users.

ADULT CARE AND WELLBEING

Adult Care and Wellbeing were contacted by the Children's Service about a group of young women who it was feared were the victims of sexual exploitation. The ages of these young women straddled the age range between Adults and Childrens and it was clear that a joint approach was needed. The MASH being in place meant that we could quickly bring all interested parties together to share information.

IMPACT

A number of these young women were accommodated by a local supported housing provider who were looking to statutory services to support. We are working with the young women to help them understand their situation better, including making taxis available to take them back to their accommodation if they find themselves in a risky situation. We have also covered rent for young women at risk of eviction to keep them housed in order for us to work with them to help secure legitimate income.

PROBATION

The Annual People on Probation Survey helps the Probation Service to make improvements in services and improve service performance.

IMPACT

Some of the actions that will be taken forward following this survey include:

- Improving employment opportunities for people with lived experience of the Criminal Justice System.
- Introduce local 'you said, we did' in each office to give feedback to people on probation on the issues they have raised with us.
- Improve the involvement of people on probation in the development of their sentence plan.
- Improve links between prison releases and transfer to probation in the community through introducing Community Integration Teams (already achieved).
- Improved access to substance misuse services for people on probation.

HOUSING AND NEIGHBOURHOOD SERVICE

The Neighbourhood Services directorate safeguarding group quarterly meetings identify safeguarding practice improvements e.g., addressing safeguarding concerns with private B&Bs for temporary accommodation.

IMPACT

This has led to improved identification of safeguarding issues and support for individuals involved.

CARERS CENTRE

Carers are supported to maintain appropriate boundaries with people they support and to flag any concerns re. potentially abusive or neglectful behaviour with relevant services / practitioners.

IMPACT

Carers are supported to understand services should support them and the people they care for in a safe and respectful way (and to raise any concerns as soon as possible).

7.5 Quality Assurance

SOUTH YORKSHIRE FIRE AND RESCUE

SYFR Safeguarding Officers continue to be actively involved in the processes associated to reporting on and making referrals in relation to SARs. The impact of the reviews can be seen as influential across the organisation and all staff.

SYFR also contribute to the National Fire Chief Council (NFCC) Safeguarding work stream and Section 11 Safeguarding Audit and Assurance Meeting.

IMPACT

Lessons Learnt are embedded to improve policy, practices and processes. A number of seven-minute briefings have been created as a result of learning and communicated to staff in the internal weekly bulletin and via email to all staff.

A new Safeguarding page has been created on our internal intranet page for all staff to access. This includes policies, 7-minute briefings, safeguarding training, safeguarding flow chart and internal safeguarding form. We have also included website direct links to all South Yorkshire children and adult partnerships across South Yorkshire.

The Safeguarding Officers for SYFR attend the National Fire Chiefs Council (NFCC) and ensure that information and strategic messages from these meetings are reflected and embedded in the relevant policies and procedures and that these are cascaded down to relevant roles and responsibilities within the service.

Safeguarding Fire Standard completion of self-assessment, gap analysis and implementation toolkit has provided SYFR with an up-to-date position statement and actions required for the organisation to implement and focus on learning and improvements required.

SOUTH YORKSHIRE POLICE

SYP continue to be actively involved in the processes associated to reporting on and making referrals in relation to SARs. The impact of such reviews can be seen as influential across the organisation and all staff. The SYP Force Intranet provides a forum to publish developments in areas such as lessons learned, self-assessment and accountability. These are monitored centrally within force by the Protecting Vulnerable People (PVP) Governance Unit, and this is cascaded to each local district for reference/action/implementation.

IMPACT

Following Sheffield SAR Person E, the forces crime recording system has now been updated so that incidents whereby self-neglect and or hoarding is a factor/concern can be recorded more effectively. The system enables the addition of 'keywords' to investigations. The system has now been updated so the keywords of 'self-neglect' and 'hoarding' can be added to any appropriate investigations. This allows for more effective reporting, allows for more effective management and investigation and these keywords will also appear on partner referrals that are automatically transferred through the system.

NHS SY ICB – SHEFFIELD

As part of the ICB commissioning functions, SY ICB Sheffield attend NHS providers Safeguarding Assurance Committees. The providers safeguarding data and performance are presented for internal understanding and scrutiny.

IMPACT

The Designated Professional attends these meeting to gain assurance that systems and process are working effectively. There is also an opportunity for the Designated Professional to make suggestions to the trusts about their performance data or to offer constructive challenge. By being involved in these meetings the ICB can work with trusts where issues may arise or take conversations to other people or teams to ensure all contractual and statutory obligations are being met to safeguard adults at risk.

SHEFFIELD TEACHING HOSPITALS FOUNDATION TRUST

Safeguarding adults mandatory training compliance at levels 1 and 2 has been maintained at above 90% which is the Trust target for mandatory training.

A Safeguarding adults level 3 training programme which reflects the requirement of the Intercollegiate Training and Competence Framework has been implemented. A Training Needs Outline has been agreed which identifies those staff members who require level 3 training.

IMPACT

There has been an 18% increase in the number of safeguarding referrals raised by STHFT staff compared to 2021-22.

Level 3 training has commenced, and compliance will be monitored via the Trust Safeguarding Assurance Group.

7.5 Quality Assurance

ADULT CARE AND WELLBEING

Until this year there was a long-standing issue with regard to care managers non-social work qualified Sheffield City Council staff, undertaking Safeguarding activity. This was due to a persistent cultural understanding dating back to pre-care Act 2014 timers, which perceived safeguarding as accusatory investigatory role performed by social work qualified social workers. This was changed over the last year by the introduction of new job descriptions for social workers and care managers making them social care professionals with Making Safeguarding Personal (MSP) as a core element of their work.

IMPACT

The impact of this has been improved throughput on safeguarding case work and an upskilled workforce.

SHEFFIELD HEALTH AND SOCIAL CARE

A member of the Safeguarding Team will attend the Daily Incident Safety Huddle where all incidents across the trust that occurred in the preceding 24hrs are reviewed.

IMPACT

The Safeguarding Team can identify incidents where safeguarding concerns have not been identified, review incidents where there may be a safeguarding issue and request further detail. This provides a safety net if a safeguarding concern is required but has not been completed and, in these huddles, the Safeguarding Team have identified incidents where an allegation has been made against a staff member but policy has not been followed. The Safeguarding Team are also able to provide a safeguarding perspective on incidents such as pressure care or use of restraint.

HOUSING AND NEIGHBOURHOOD SERVICE

Housing contributes to multi-agency audits and reviews (e.g., Safeguarding Adult Reviews and Domestic Homicide Reviews). Any learning or actions for Housing from these reviews form part of the overall review action plan.

IMPACT

Examples of recent actions that have been completed are:

- Updating the ASB policy to recognise that noise nuisance could be in relation to Domestic Abuse.
- Ensuring staff in Housing attend Trauma Informed Practice training, to help staff recognise trauma and improve responses to vulnerable tenants. The training pathway for Neighbourhood Officers was updated to make this mandatory.

PROBATION

R-Cat & C-Cat rolled out and will be embedded in Sheffield during next 12 months. (These are quality assurance processes for sentence management and Court reports).

EQuaL rolled out and will be embedded in Sheffield during the next 12 months. This is the process for ensuring quality of casework is maintained and improved.

IMPACT

Improved management of individual cases, improving safeguarding processes.

CARERS CENTRE

All safeguarding referrals or concerns are recorded on a safeguarding concern log, which is monitored by management at each monthly meeting.

IMPACT

This allows concerns to be reviewed and ability to give feedback to Carer Advisors re. individual practice and provides continual oversight and review of internal safeguarding procedures to ensure these remain fit for purpose.

8. SASP Initiatives Sheffield Safe Places and Not Born Yesterday

SASP support and fund two initiatives within Sheffield to keep people safe, raise awareness and work in partnership to address safeguarding concerns. These are Trading Standards – Not Born Yesterday and Sheffield Safe Places.



Run by Heeley City Farm, the aim of Safe Place's is to support people to feel safe when they are out and about in Sheffield. For example, if someone needs help, if they are lost, ill or frightened, Safe Places can provide a temporary refuge until a friend or carer comes, or the person feels able to leave again on their own. They are a network of organisations across the city that are committed to ensuring the safety and dignity of people who join the scheme.

NOT BORN YESTERDAY
...take control
guard against scams

SASP funds a position in Sheffield City Council Trading Standards to support tackling financial abuse from doorstep crime, rogue traders, and scams in the city. The Not Born Yesterday (NBY) campaign, helps protect vulnerable people from scams and rogue traders.

8.1 Safe Places – Heeley City Farm



HIGHLIGHTS AND ACHIEVEMENTS 2022/23

THE IMPACT

- 4 new safe places joined the scheme and trained up.
- 40 safe places packs handed out.
- 42 community meeting / conferences attended.
- 12 community workshops / presentations.
- 17 co-produced advocacy meetings ran with member volunteers and over 5 organisations across the city.
- 10 known people recorded using a Safe Place when in need.
- Helping the development and launch of 'Synergy' Sheffield mental health alliance.
- 1 Exposed magazine award won.
- 7 Hate Crime awareness events ran / attended. One being a flash mob on The Moor handing out over 75 leaflets and working with Sheffield Voices and SY Police.
- New safeguarding and disability training developed, designed, and coproduced with our volunteers and over 50 people's experiences, with an adjoining animation made by our volunteers and FlyCheese Animation studio, concentrating on raising awareness of the equality act and social isolation.

As part of feedback from the Autism partnership board, Safe Places have been focusing on marketing and community engagement, to ensure more people know about the scheme. Engaging more with communities that are under the radar this year has brought a lot of inspiration and momentum for the upcoming year. Especially with transition ages (young people), refugees and asylum seekers, Hate Crime / Mate Crime and developing stronger more cohesive disability awareness across the city.

All of this hard work reaching out to new grass route organisations will hopefully help Safe Places to support new people and signpost them to other amazing support groups, advice centres, charities, and events across the city. Working more with new people and organisations has given Safe Places a lot of feedback and things to improve for the upcoming year.



Read more about Safe Places on their website www.sheffieldsafepaces.co.uk



8.2 Trading Standards - Not Born Yesterday

HIGHLIGHTS AND ACHIEVEMENTS 2022/23

Crime in The Home (doorstep crime and rogue trading)

- The team has responded to **52** reports of Crime in the Home.
- The victims have paid the criminals a total of **£183,000.00**. Through interventions, Trading Standards have stopped the victims from paying a further **£53,000.00**. All interventions have resulted in either further investigation or intelligence gathering. In all cases, measures were put in place to protect these victims from further financial abuse.

Awareness Raising

- Delivered awareness raising sessions to members of the public and organisations including Age UK, SASP, National Power Grid Care Team, South Yorkshire Fire and South Yorkshire Police.
- Distributed NBY material including no cold calling door stickers to housing officers, PCSO's and Neighbourhood Watch.
- Established contacts within the voluntary sector including Lunch Clubs, Dementia Cafes and Carers Cafes and have provided NBY material for distribution.
- Worked with Neighbourhood Watch schemes to distribute NBY material to libraries, doctors' surgeries, post offices and various community events.

Events

- Participated in Safeguarding Awareness week to deliver NBY bitesize training sessions and participated in Regional Crime in The Home week including hosting a NBY event in Morrisons supermarket.

Scams

- Carried out home visits to 11 victims of postal scams.
- 3 Trucall Call Blocker units have been installed to help protect victims of telephone scams.

Prosecutions

- 1 successful prosecution resulting in an immediate custodial sentence and 5 cases proceeding through the court process.

THE IMPACT

- In recognition of the success of the Not Born Yesterday (NBY) campaign, it was used by the Yorkshire and The Humber Region during Crime in the Home week in January 2023.
- Further recognition has come from Rotherham Trading Standards who have adopted the NBY campaign to raise awareness in their area.

THE NUMBERS*



- ❖ Local Authority Trading Standards Interventions:
 - Total Financial Savings = £484,724.
- ❖ Through home visits to suspected scam victims, local trading standards officials realise:
 - Estimated future financial savings = £10,010.
 - Estimated healthcare savings and health related quality of life saving = £5,405.
- ❖ Through doorstep crime education to suspected scam victims, Local Trading Standards officials realise:
 - Estimated future financial savings = £254,600.
 - Estimated healthcare savings and health related quality of life saving = £137,484.
- ❖ Call Blockers administered; local Trading Standards Officials realised:
 - Financial savings from Call Blockers Programme = £49,622.
 - Estimated healthcare savings and health related quality of life saving = £26,796.

* Calculated using The National Trading Standards Scams Team calculator and is based on 'average' savings data collated by the Sheffield Team.

9. Sheffield Adults Safeguarding Customer Forum

The Customer Forum is a group of individuals who have lived experiences of adult social care and health and in some cases, safeguarding. They bring their knowledge and experience to the group meetings and combined with their passion to promote adult safeguarding, they work in partnership with other agencies and organisations.



In 2022/23

This year the group have been brought back together for face-to-face meetings. In 2022, the group were approached by Hallam University and asked if they would be involved in the co-production of a research funding bid and potential research project in relation to Loneliness, Isolation and Wellbeing. The research funding bid has now been submitted and this is a perfect example of co production. The Customer Forum have been involved from the initial idea and have played an active part in consultation sessions and the drafting of the bid application. If the bid is successful, then the co-production will continue as part of the research plan.

The Chair and Vice Chair of the Customer Forum have been involved in the Mental Capacity Act Action Network (MCAAN) working with colleagues to ensure the Mental Capacity Act (MCA) is understood and applied by all staff and how it will reflect potential amendments and changes.

The MCAAN was formed due to the probable introduction of Liberty Protection Safeguards (LPS) in place of Deprivation of Liberty Safeguards (DoLS) and now LPS has been indefinitely delayed the group agreed to continue to ensure there is a better understanding of MCA, that it is consistent in its use throughout all involved areas and to improve all aspects relating to MCA.

The Customer Forum also continue to be active members of the City-Wide Best Practice Group, contributing to ensuring best practice in relation to adult safeguarding in Sheffield.

To learn more about the forum, the work they do, how to get involved, and future meeting dates, take a look at our website [Sheffield Adult Safeguarding Partnership - \(sheffieldasp.org.uk\)](https://sheffieldasp.org.uk)

10. Case Study 1 - Housing and Neighbourhood Service

BACKGROUND

Following reports of Cuckooing, the Housing and Neighbourhood Service became aware of a tenant, Jack*. Upon engagement, officers established that not only was Jack the victim of Cuckooing, but the overall condition of his property was hoarded and unsanitary. This was further coupled with the fact that since signing for the property, a flat located on the third floor, Jack's health had deteriorated to a point where he was unable to safely self-evacuate (in the event of an emergency) from the property.

Cuckooing is a practice where people take over a person's home and use the property for some form of exploitation. They may use the property for drug-dealing and other criminal activities.

Due to the Cuckooing and other practices within the property (smoking / alcohol use), the flat was deemed a fire risk to both Jack and other residents within the block of flats.

ACTIONS TAKEN AND SUPPORT PROVIDED

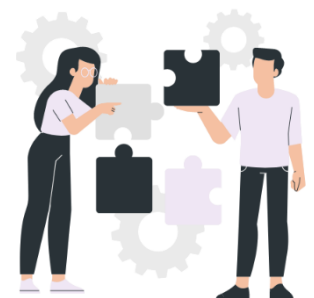
Officers took immediate action and raised an adult safeguarding concern, with Jack being placed into temporary accommodation to remove them from harm. A Vulnerable Adults Risk Management (VARM) was arranged with representatives from South Yorkshire Police, South Yorkshire Fire and Rescue, Adult Care and Wellbeing and the Housing Service.

South Yorkshire Police oversaw any criminal related matters in relation to the cuckooing. South Yorkshire Fire and Rescue conducted fire risk assessments of the property, along with providing fire safety advice / guidance to neighbouring properties. Adult Care and Wellbeing explored care packages to support Jack being independent and Housing looked for more suitable accommodation.

IMPACT

A ground floor property was sourced which had a built in 'misting system' (this would activate upon detection of fire reducing risk for the tenant and neighbouring properties). This property considered any mobility issues Jack had, accounted for any fire risk posed and removed the risk of cuckooing as it was based in a new geographical area.

Adult Care and Wellbeing also implemented a care package to allow Jack to maintain a high level of independence upon moving to the new property. This allowed for future safeguarding moving forward.



*For all case studies included in this report, a pseudonym has been used.

10.1 Case Study 2 – Hospital First Contact Team

BACKGROUND

Luke is a 65-year-old gentleman with a history of self-neglect and alcohol dependency. He previously had care packages to support with meals, medication and personal care but cancelled them and deteriorated in physical and mental health over a period of time. He was admitted to hospital following a fall in his property resulting in a fractured leg requiring surgery. This injury resulted in a significant reduction in his mobility and significant increase in his care and support needs. His housing was now unsuitable as he lived in a 2nd floor flat and could no longer manage stairs. He was at increased risk of harm in case of a housefire as he was not able to safely self-evacuate. He was also at increased risk of social isolation being housebound, along with continued risk of self-neglect and poor home environment as he found this difficult to manage on his own. Luke now had an increased risk of falls along with other health needs that needed meeting.

ACTIONS TAKEN AND SUPPORT PROVIDED

Hospital and community-based professionals including nursing staff, physiotherapists and occupational therapists worked to assess Luke's needs to ensure he could return home to his flat with the necessary level of care and reassessed his needs for his new level access accommodation. He was registered with Sheffield City Council Property Shop and provided with relevant information about different accommodation options e.g., extra care housing so that he could make an informed choice about what type of accommodation he wanted to live in the future. The Hospital First Contact team worked collaboratively with other colleagues in Adult Care and Wellbeing such as the Home First Team to ensure Luke was suitably rehoused and supported with all aspects of this including organising removal service, sourcing extra furniture and furnishings, support with setting up bills, registering with new GP practice and ensuring medications were delivered.

IMPACT

Luke was supported to temporarily return home safely to his 2nd floor flat with all necessary equipment and care provider in place to meet his needs whilst waiting to be rehoused. He was supported to bid on suitable properties and was suitably rehoused in a 1 bed council bungalow with ramp access and wet room. Luke is extremely happy with the accommodation and feels it has improved his quality of life and feels hopeful in the future about accessing the community as he continues to improve with his mobility.

Luke engaged well with the care provider and therapy staff and is improving his confidence, strength and mobility. He is at significantly lower risk of self-neglect as his home environment is now well maintained and his personal hygiene and mental wellbeing is improved, and he is starting to do more for himself as he settles into the property. He has been visited by South Yorkshire Fire Service who installed the assistive technology required to ensure that in the case of a fire, the fire service is alerted and can support Luke in a timely manner. Luke has City Wide Care Alarm and key safe in place to ensure he can access help and assistance in an emergency.



Central to the positive impact of this case was effective relationship-based and person-centred practice. Luke's case was reallocated to the same social worker on each hospital admission over a period of 2.5 years. Over this time the social worker built a good rapport and trust with Luke and his brother, and this helped with supporting Luke to accept care and support and have informed choice about his future accommodation options.

BACKGROUND

Margaret is 75 years old. She was referred to IDAS following a disclosure of harm towards her by her husband, Alfred. He was unpredictable, and the physical harm towards Margaret was increasing in severity, including non-fatal strangulation. The couple had little support in the family home and Margaret was worried for her safety. A high-risk DASH was completed, and Margaret was referred to MARAC.

Margaret and Alfred have been married for over 50 years and she describes him as a loving, caring and supportive husband. There is no history of abuse in their relationship. Alfred has dementia and was becoming increasingly confused as his condition deteriorated. His harmful behaviour towards Margaret during the previous few months was entirely due to his condition.

ACTIONS TAKEN AND SUPPORT PROVIDED

IDAS spoke to Margaret about whether she would like any support, which she declined. She was shocked to learn that she had been referred to a domestic abuse service as she did not consider her situation in those terms. She spoke about how devastated she was about what had happened to Alfred and how cruel dementia is. She did not want Alfred referred to as a perpetrator of domestic abuse as their situation was entirely due to the effects of dementia.

IDAS advocated for Margaret at MARAC and requested that Alfred be referred to by his name or as PATCH (Person Alleged To have Caused Harm). We included details of the couple's history to help understanding that although harm had been caused, Margaret and Alfred were both suffering the effects of dementia, and not domestic abuse.

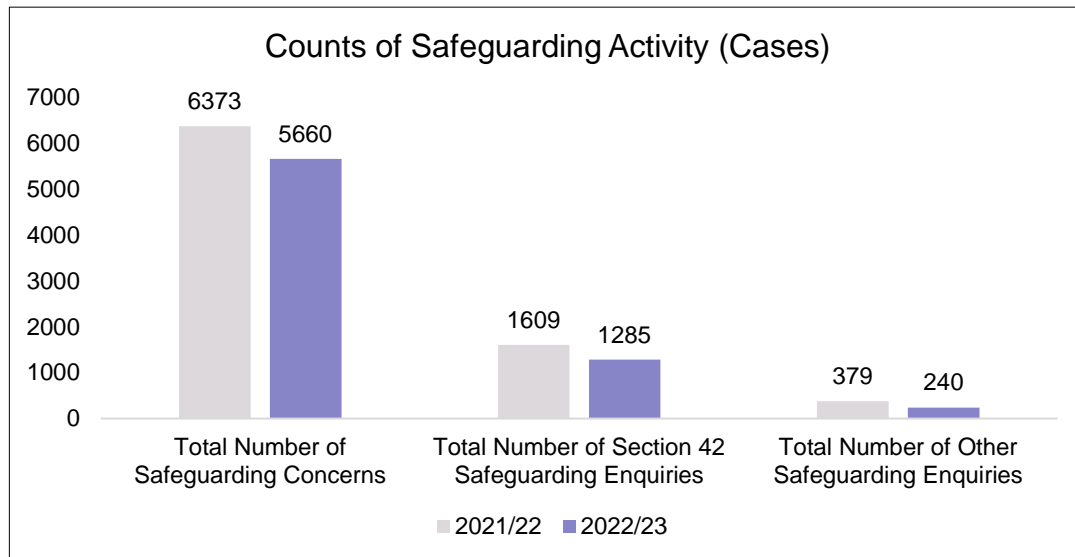
IMPACT

Alfred's condition is now too severe for him to remain at home with Margaret and he now lives in a care home. While this means that Margaret is safe from further harm, she is now living apart from her husband and she finds this difficult. She was grateful that IDAS had advocated for her and Alfred. After Margaret's case was shared at MARAC, IDAS received positive feedback relating to the advocacy and about the language used to describe people causing harm in situations like Margaret and Alfred's.

11. What Do the Numbers Tell Us?

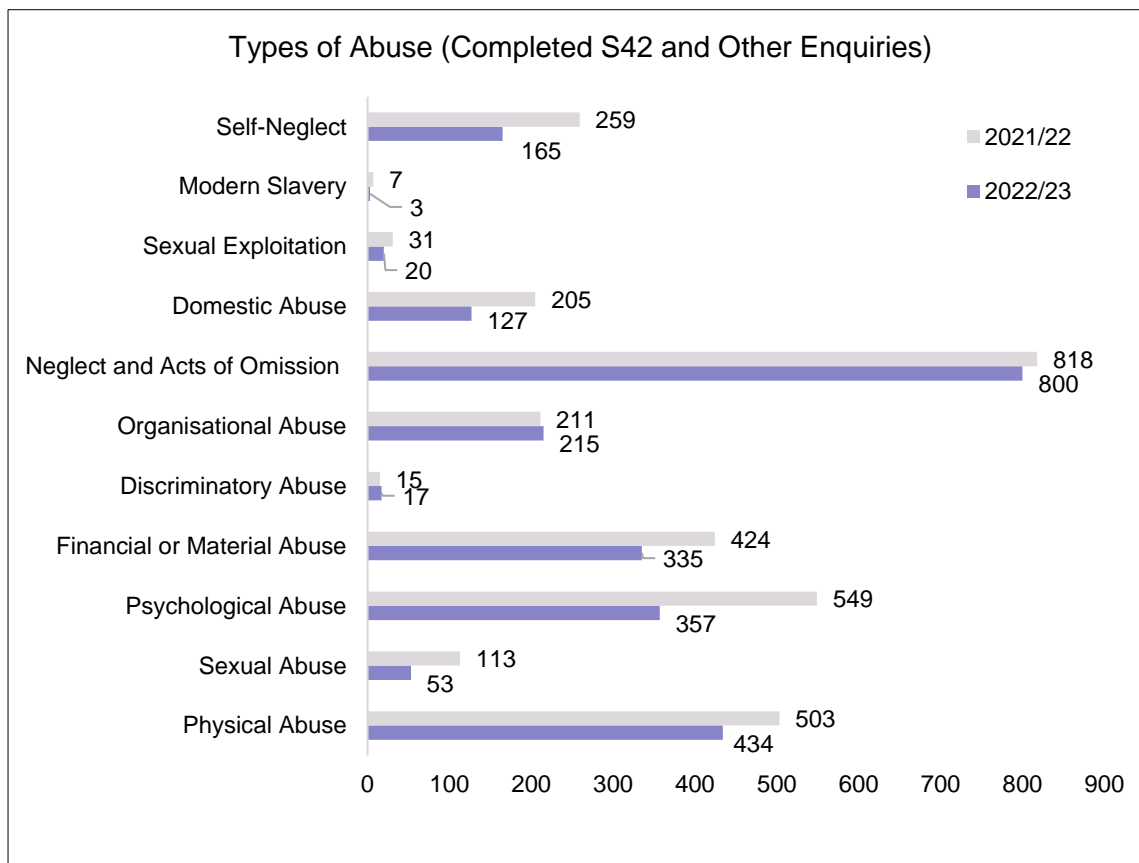
Safeguarding Concerns and Section 42 and Other Enquiries

The total number of safeguarding concerns in 2022/23 was 5660, this is a decrease on the previous year. Safeguarding Concerns make up the biggest proportion of safeguarding activity. There were 1285 Section 42 Safeguarding Enquiries (324 less than last year) and 240 “Other” enquiries. This data relates to Safeguarding Activity that commenced in the year 2022/23.



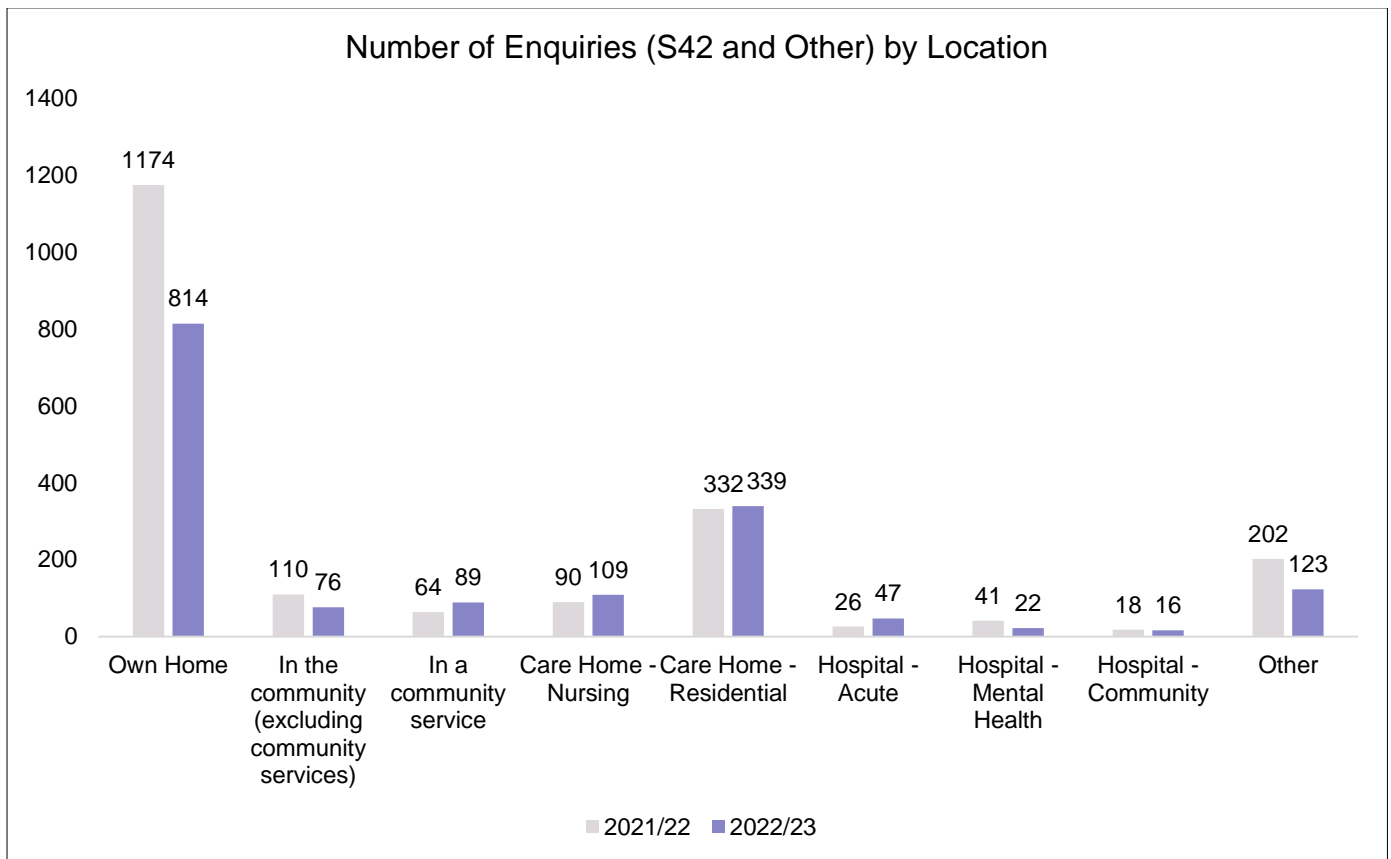
Type of Abuse Experienced

Of the enquiries completed in the year 2022/23, the types of abuse that were most prominent were Neglect and Acts of Omission, Psychological Abuse and Physical Abuse.



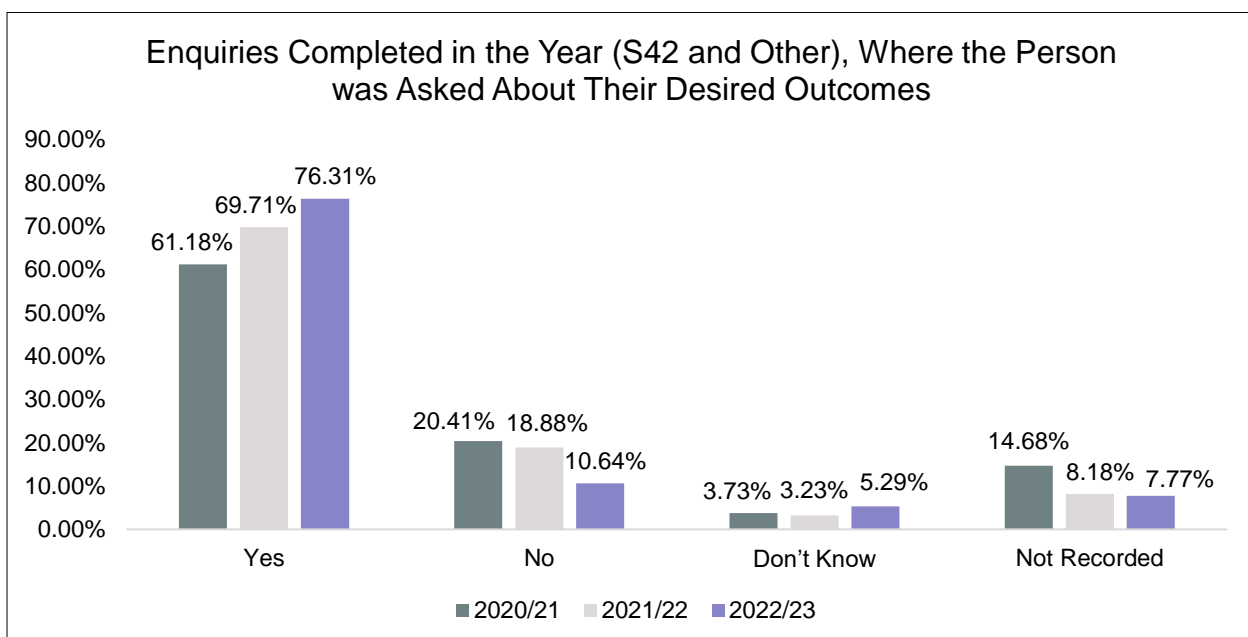
Location of Abuse

Own home continued to be the most prominent location of abuse in enquiries completed, this was followed by residential care homes.



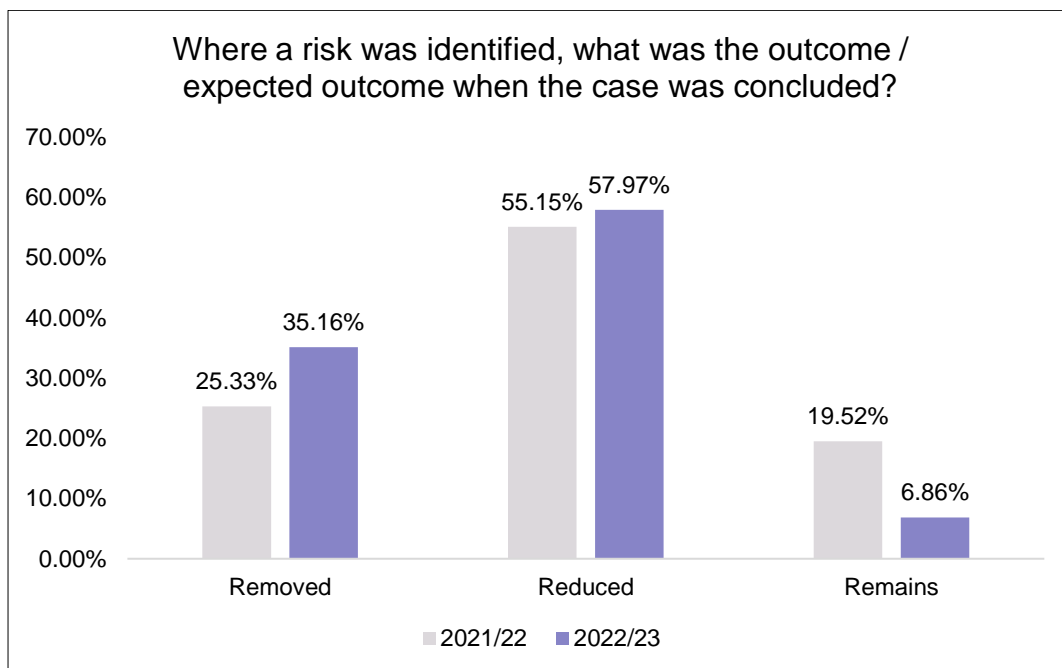
Making Safeguarding Personal (AC&W Data Only)

The number of individuals who were asked their desired outcomes in safeguarding enquiries concluded, increased in the year 2022/23 compared with the previous year. In 2021/22 the proportion of people asked was 69.71% and in 2022/23 this figure was 76.31%. Both years were an increase on 2020/21 where in 61.18% of enquiries completed in the year people were asked about their desired outcomes.



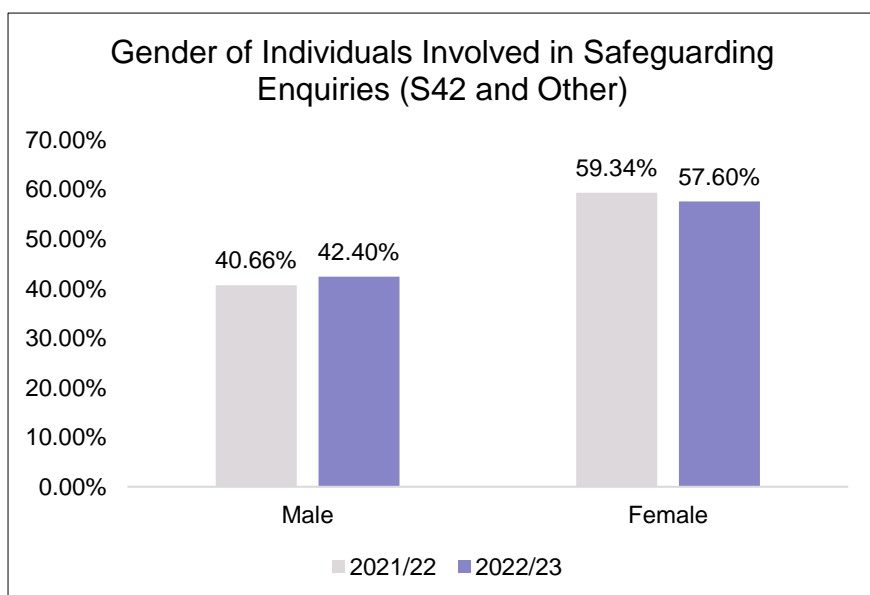
Impact on Risk (AC&W Data Only)

Where risk was identified, the risk remained in 6.86% of enquiries completed (S42 and Other) this is an improvement on last year, where risk remained in 19.52% of enquires completed in the year. Risk was reduced in 57.97% of enquiries completed this year, compared with 55.15% the year before, and the proportion of enquiries where risk removed increased by around 10%.



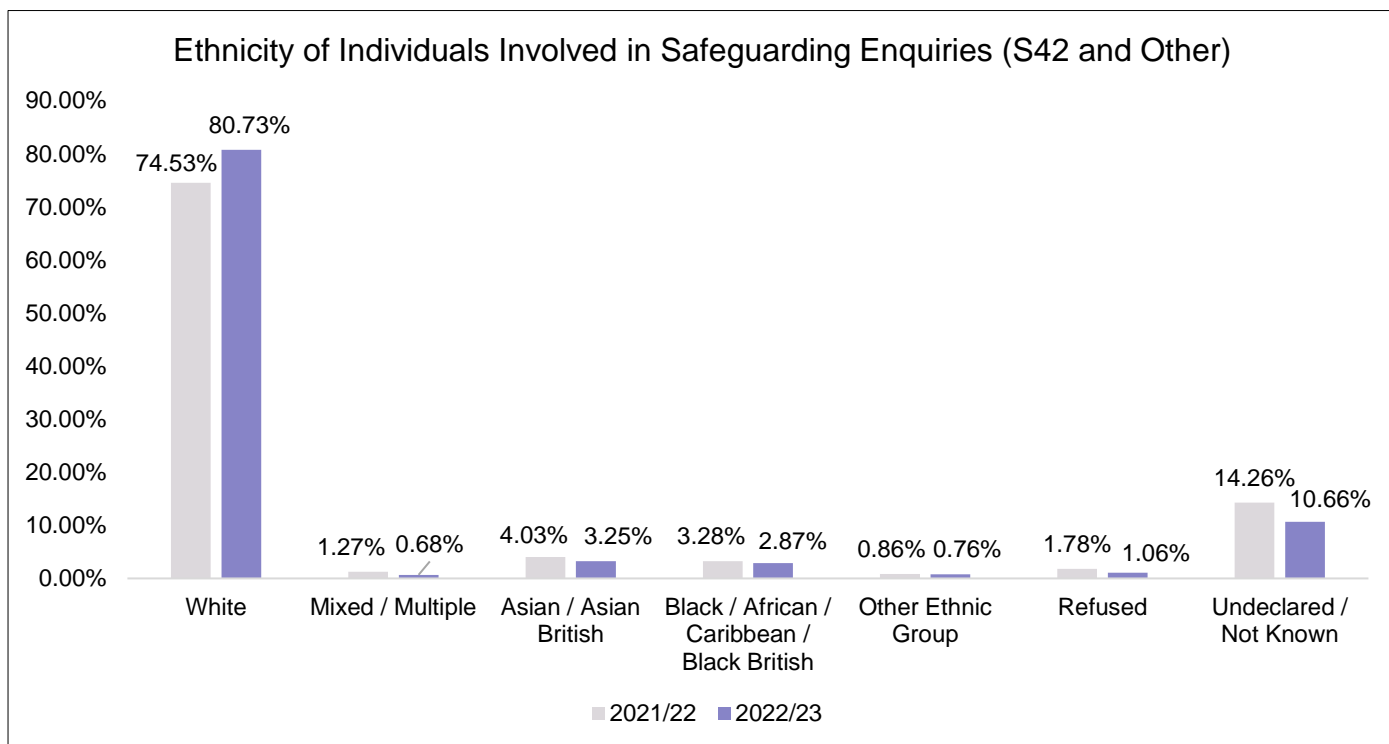
Demographics of Individuals Safeguarded (Safeguarding Enquiries)

More women than men were involved in a safeguarding enquiry that commenced in the year (57.60% vs 42.40%) a slightly higher % of men and slightly lower % of women were involved in safeguarding enquiries compared with last year.

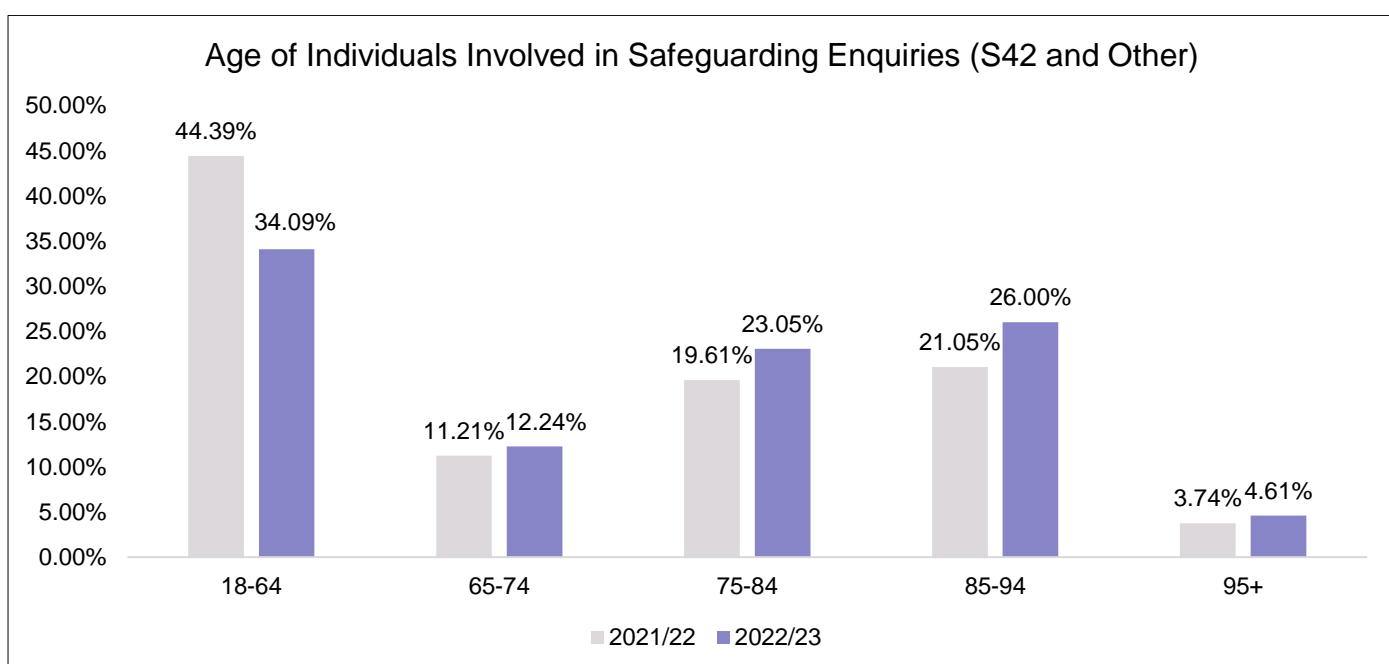


Adults who identified as White continue to be the highest represented group in safeguarding enquiries that commenced in the year, and this figure increased on last year (74.53% vs 80.73%).

Except for instances where ethnicity was not known or undeclared, Asian/Asian British were the second highest represented at 3.25%. There was a decrease in the % where ethnicity was not declared or not known.



34.09% of enquiries commenced in the year involved individuals in the 18-64 category, 65.91% of individuals involved in enquiries were 65+. A higher proportion of individuals who were 64+ were involved in safeguarding enquiries in 2022/23 (an increase of around 10%) and the proportion of those aged 18-64 decreased by around 10%.



12. Overview from the Independent Scrutineer

Thank you for taking the time to read this report, which outlines continuing progress in the multi-agency work to protect and safeguard adults at risk in Sheffield.

The report covers the period from April 2022 through to March 2023, a period during which the partnership has continued to be tested in the aftermath of the Covid 19 pandemic. We have continued to see increasing referrals to services in both volume and complexity, workforce shortages, ever increasing pressures on public sector funding and a worsening economic and cost of living crisis, which is impacting differentially on the most vulnerable in our society.

I joined the partnership in April 2022 as Independent Chair and Scrutineer, a role intended to support partners by providing an independent perspective on their work to safeguard adults and to highlight challenges where appropriate. One of my duties is to be satisfied that the agencies who make up the safeguarding partnership are working effectively together to ensure that they are doing what they can to keep adults at risk in Sheffield safe, with the resources that they have available.

Developing Our Approach to Assurance

In December 2022 I introduced a quarterly scrutineer's report to SASP which takes account of the findings from all local and national reviews and considers how identified improvements should be implemented locally. To do this I draw upon the ongoing work of regulators such as the Care Quality Commission (CQC), His Majesty's Inspectorate of Constabulary and Fire & Rescue Services, as well as reports from the National Network of Chairs of Safeguarding Adult Boards and reviews undertaken by NHS England and Improvement.

Assurance is also informed by partners responses to the annual Section 11 Safeguarding Audit and Assurance Meetings which are held in May each year, by the quarterly performance report and the Performance and Quality Subgroup, which monitors and evaluates the effectiveness of safeguarding adults' practice across the city, using qualitative and quantitative data and intelligence.

In addition, SASP partners commissioned an independent review to test our approach to compliance with legislation, quality assurance and continuous improvement, as well as our process for and evidence of system wide learning, with a particular focus on our governance and decision making around Safeguarding Adult Reviews (SARs).

Importantly the review found:

- Overwhelming willingness and desire of all staff to support and ensure that safeguarding practice is continuously improving and enhancing the quality of life of adults in Sheffield.
- A progressive and developmental approach to safeguarding across Sheffield.
- Outward facing partners, looking for and sharing new opportunities for partnership working.
- Making safeguarding personal embedded in practice.

Recommendations from the review covered; safeguarding referrals and feedback, partnerships and working relationships and embedding learning and governance. Recommendations are relevant both to individual partners and to the partnership, as a whole. SASP officers have developed an action plan in response to the recommendations in the review and assurance will be provided to SASP on an ongoing basis.

Safeguarding Adult Reviews

This annual report details SAR activity in the year, together with an overview of the dissemination of learning briefs, capturing of key themes and the updating of policies, procedures and training offers as a result. My reflection would be that some themes such as information sharing, and professional curiosity continue to be repeated in new SARs. Partners feared that harm and neglect with their roots in the pandemic would emerge. Sadly, we have seen some examples where this is the case and Section 5 of this report outlines how the partnership has responded and tried to learn from these situations. A programme of joint SAR/DHR workshops has been arranged for this autumn. It is clear that there is an overlap between the two and both have similar emerging themes that we need to explore in relation to the best way to learn from these reviews and embed changes in our practice.



Over 70% of cases in the National Analysis of SARs – involved mental health, highlighting the importance of safeguarding in mental health. Safeguarding and mental health will form a key area in the work plan of the National Network of SAB (Safeguarding Adult Board) Chairs for 2023-24.

The Sheffield City Council Delivery Plan recognises that Adult Care and Wellbeing Services are under a significant amount of pressure across key areas of business with rising demands, costs and lack of capacity in the system. To establish the foundations for a sustainable Adult Care and Wellbeing system which improves the outcomes and wellbeing of adults and carers across Sheffield, a new long-term Strategy for Adult Care and Wellbeing, underpinned by a Delivery Plan, and an Adult Safeguarding Delivery Plan have been approved by the Council's Adult Health and Social Care Policy Committee. The Committee monitors the implementation of the plans which in turn provides an important source of public accountability and assurance.

A key example of partners working effectively together to keep adults at risk in Sheffield safe, was the development of an adult multi-agency safeguarding hub (MASH) which launched in April 2023, more information about the MASH can be found on page 14.

Sources of External Assurance Inspection

During the year SASP received assurance from several external sources.

The Care Quality Commission

The Care Quality Commission (CQC) is the independent regulator of health and social care in England, ensuring health and social care services provide people with safe, effective, compassionate, high-quality care and encouraging care services to improve. They monitor, inspect and regulate services. CQC reports are an important source of assurance to SASP.



The CQC's 'State of Care' report for 2021-2022 was published on 21 October 2022. The report says that the health and care system is in a gridlocked situation and unable to operate effectively. It is particularly concerning that capacity in adult social care has reduced and that unmet need has increased. We need to be cognisant in Sheffield about how this situation affects people, their carers and families. SASP has recently received a presentation on the Hospital Discharge Programme and investment in home care support in Sheffield. Sheffield has established new integrated partnerships arrangements across health and social care for transformation and oversight. These will provide an important source of assurance for the partnership that Sheffield is able to harness and scale up the potential for innovation to improve outcomes for our most vulnerable populations.

The CQC has also published its Monitoring the Mental Health Act (MHA) report 2021/22. The review found that mental health services and staff are at breaking point, with staffing shortages affecting people's care and putting safety at risk. In some cases, the lack of staff to deliver therapeutic interventions is increasing the risk of violence and aggression on inpatient wards, threatening the safety of patients and staff. While providers are attempting to put in place measures to mitigate staffing issues, the shortage of qualified mental health nurses is a systemic issue which requires longer-term national workforce planning.

CQC also highlighted inequalities in the care people receive, with people from Black and some ethnic minority groups subject to disproportionate use of sectioning and restrictive community treatment orders and suggest providers should be asking themselves what they are doing to actively challenge this. Sheffield Health and Care NHS FT provided assurance that there are robust arrangements in place around the use of restrictive practices and work is being carried out on inequalities and improving access to services.

CQC inspectors have found improvements at Sheffield Teaching Hospitals NHS Foundation Trust following an inspection in September 2022. CQC reported that when they returned to Sheffield; "it was promising to see that several improvements had been made and we hope the trust continues to make progress across services to ensure people receive safe and appropriate care." Following the inspection, the trust's overall rating remains as requires improvement. However, SASP can take assurance in relation to safeguarding, as the inspectors reported that in the areas they visited staff understood how to protect patients from abuse. Staff had training on how to recognise and report abuse and they knew how to apply it. Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff could describe how to complete a safeguarding referral and could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.

The service has a team of midwifery staff specialised in managing vulnerabilities. The team are responsible for overseeing women who are identified as having a safeguarding concern and ensuring that the appropriate support and authorities are involved in women's care. The service followed the Family Common Assessment Framework (FCAF) (incorporating threshold of need guidance) and referral to the local safeguarding hub. Safeguarding adult and children's policies were in place, in date and in line with intercollegiate guidance.

CQC did have concerns re understanding of, training and application of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguarding (DoLS) and I am pleased to report that SASP has since received assurance in the form of a report on the Trust's Mental Health Improvement Programme together with a report on how Sheffield City Council is investing in the DoLS service.

Adult Health and Social Care is also CQC-regulated, and inspection is possible at some point over the course of 2023/24. Plans are in place and being implemented to ensure that they are well-prepared for this.

NHS England: Review of Safeguarding in NHS Mental Health Trusts

On Wednesday 28 September Panorama aired an undercover documentary into Edenfield, a secure unit run by Greater Manchester Mental Health Trust. Monday 10th October Channel Four aired "Hospital Undercover: Are our Mental Health wards safe".



The programmes highlighted a culture that had grown and pervaded across teams and wards. The behaviours of staff towards some of the most vulnerable people in society, admitted for care and treatment was unacceptable.

The NHS National Director of Mental Health, Clare Murdoch ordered a national review of safety across all the NHS. She also wrote to all NHS Mental Health Trusts urging them to urgently review safeguarding of care in their organisations and identify any immediate issues requiring action.

An interim report was brought to the joint SASP/SCSP Executive on 21 October, focussed on the response in Sheffield from SHSC and partners were asked to consider how we will bring assurance to SASP going forward.

His Majesty's Inspectorate of Constabulary and Fire & Rescue Services

His Majesty's Inspectorate of Constabulary and Fire & Rescue Services, conduct police effectiveness, efficiency, and legitimacy (PEEL) inspections, which assess the performance of all police forces in England and Wales. HM Inspectorate's inspection of South Yorkshire Police found the force's focus on vulnerable people to be strong in every area inspected. During 2022/23 SYP launched the Right Care, Right Person approach, with Phase 1 focused on Concern for Welfare. A multi-agency strategic and tactical governance structure has been established which enables partners to raise any safeguarding concerns. South Yorkshire Police has also been selected by the National Police Chief's Council to be the national case study demonstrating the effective use of Right Care, Right Person for our partnership working and focus on ensuring that vulnerable people are protected.

HM Inspectorate of Probation

HM Inspectorate of Probation is the independent inspector of youth offending and probation services in England and Wales and reports on the effectiveness of probation and youth offending service work with adults and children. The inspectorate reported on their inspection of Sheffield Probation Delivery Unit (PDU) in April 2023. The inspectors noted that Sheffield had high vacancy rates across probation practitioner and administrative grades. The impact of that was being shouldered by frontline staff, almost all of whom were dealing with unmanageable caseloads. Sickness levels were well above the Civil Service average and there had been a steady flow of staff leaving the PDU for careers elsewhere. Those problems underpinned its findings in relation to casework. Work to keep the public safe was the weakest area of practice across all standards. There were a worrying number of cases where essential information had not been gathered from the police or social services, which weakened attempts to keep people (women and children in particular) safe from abusive behaviour. In response, the PDU now has a quality improvement plan in place and there is on-going recruitment of staff at all grades.

Regulatory inspection remains a key source of assurance to the SASP and over 2022/23 review systems have continued to develop. The national network of SAB chairs has recognised the need for discussions with the Home Office, Department for Education and NHS England to explore how the requirements of different review systems might be more closely aligned to ensure that the potential for learning is maximised. Discussions have taken place with the Home Office and with NHS England to ensure that nationally, the interface between SARs, DHRs and patient safety incident reporting is acknowledged. Contact will be made with the Department for Education to open discussion regarding the links between SARs and Safeguarding Child Practice Reviews. This work continues in 2023/24.

In Conclusion

The annual report demonstrates that partners have faced significant challenges during the year and there is still much to address. However, there has also been significant innovation, and safeguarding has been maintained as a priority. Notwithstanding all the current challenges, what I

have seen since my arrival is real commitment to working together, and the willingness to address the need for change. I have seen some great examples of innovation, with Sheffield at the leading edge locally and contributing nationally to emerging policy on interventions that support vulnerable adults and families. Many examples are set out in detail in this report together with the impact they have made.

Safeguarding is very much everyone's business, and I would extend my appreciation to you all for your work and persistence in sustaining effective safeguarding in Sheffield. Thank you to everyone who supports the work of Sheffield Safeguarding Adults Partnership as a member, an adviser, or in running our business day-to-day. There are many examples of practitioners going above and beyond expectations to protect some of our most vulnerable adults and families and to them I send my thanks.

Lesley Smith

Independent Chair and Scrutineer

Sheffield Adult Safeguarding Partnership

13. Acronyms

Acronym	Full Name
AC&W	Adult Care and Wellbeing
BSL	British Sign Language
C Cat	Court Case Assessment Tool (Used by Managers and Quality Development Officers to assess the reports and work done by probation court staff).
CCG	Clinical Commissioning Group
CCM	Complex Care Management
CWBPG	City Wide Best Practice Group
DACT	Domestic Abuse Co-ordination Team
DASH	Domestic Abuse, Stalking and 'Honour'-based violence.
DBS	Disclosure and Barring Service
DHR	Domestic Homicide Review
DVPN	Domestic Violence Protection Notice
DVPO	Domestic Violence Protection Orders
EQual	Embedding Quality and Learning (Probation)
IDAS	Independent Domestic Abuse Services
IDVAS	Independent Domestic Violence Adviser
MARAC	Multi-Agency Risk Assessment Conference
MATAC	Multi-Agency Tasking and Coordination
MASH	Multi-Agency Safeguarding Hub
MCA	Mental Capacity Act
MSP	Making Safeguarding Personal
PiPoT	Person in Position of Trust
R Cat	Regional Case Audit Tool (Probation)
SAR	Safeguarding Adult Review
SASP	Sheffield Adult Safeguarding Partnership
SCC	Sheffield City Council
SHSC	Sheffield Health and Social Care
STHFT	Sheffield Teaching Hospital Foundation Trust
STIT	Short Term Intervention Team
SYFR	South Yorkshire Fire and Rescue
SY ICB	South Yorkshire Integrated Care Board
SYP	South Yorkshire Police
TAP	Team Around the Person
VAP	Vulnerable Adult Panel
VARM	Vulnerable Adult Risk Management

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Report to Policy Committee

Author/Lead Officer of Report:

Nicola Afzal, Interim Assistant Director Ageing Well,
 Ian Menzies, Assistant Service Manager Occupational
 Therapy and Adapted Housing
 Michelle Glossop, Service Manager City Wide Care Alarms

Tel: 0114 2053722

Report of: Strategic Director Adult Care and Wellbeing

Report to: Adult Health and Social Care Committee

Date of Decision: 8th November 2023

Subject: Occupational Therapy, Adapted Housing and City-Wide Care Alarms Update

Has an Equality Impact Assessment (EIA) been undertaken?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
If YES, what EIA reference number has it been given? (1070)				
Has appropriate consultation taken place?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Has a Climate Impact Assessment (CIA) been undertaken?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Does the report contain confidential or exempt information?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
If YES, give details as to whether the exemption applies to the full report / part of the report and/or appendices and complete below:-				
<p><i>“The (report/appendix) is not for publication because it contains exempt information under Paragraph (insert relevant paragraph number) of Schedule 12A of the Local Government Act 1972 (as amended).”</i></p>				

Purpose of Report:

This report provides an update regards Occupational Therapy and Adapted Housing and City-Wide Care Alarm services and the impact that has been made through the Delivery Plan agreed in November 2022.

This report details the activity underway to achieve an accessible, responsive and outcome focused equipment, adaptations service.

Recommendations:

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

- Note the Adult Health & Social Care Equipment and Adaptations and City-Wide Care Alarms performance update and progress made and notes that an Annual Report will be brought to a future Committee.
- Endorse the financial recovery actions underway including a dedicated programme between November 2023 and February 2024
- Approves the updated Equipment and Adaptations Criteria.
- Requests that the Strategic Director Adult Care and Wellbeing provides the Committee with updates on progress and outcomes in relation to the performance and financial spend on a six-monthly basis.

Appendices:

Appendix 1 - Updated Eligibility Criteria

Lead Officer to complete: -													
1	<table border="1"> <tr> <td rowspan="3">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: Kerry Darlow – Finance Business Partner Capital</td> </tr> <tr> <td>Legal: Patrick Chisholm - <i>Service Manager</i></td> </tr> <tr> <td>Equalities & Consultation: Ed Sexton – Equalities Lead</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: Kerry Darlow – Finance Business Partner Capital	Legal: Patrick Chisholm - <i>Service Manager</i>	Equalities & Consultation: Ed Sexton – Equalities Lead								
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	Equalities & Consultation: Ed Sexton – Equalities Lead												
	<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>SLB member who approved submission:</td> <td>Alexis Chappell – Strategic Director Adult Care.</td> </tr> </table>	SLB member who approved submission:	Alexis Chappell – Strategic Director Adult Care.										
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1 PROPOSAL

1.1 Promoting and enabling individuals to live independently, safely and well at home is described in our [Adult Health & Social Care Strategy](#) which was approved by the Cooperative Executive on 16th March 2022.

1.2 As part of this Commitment, a priority is towards developing an accessible, responsive, and excellent quality Occupational Therapy and Adapted Housing Service. To deliver on the priority an improvement programme was implemented in 2022 to reduce waits whilst responding to increased demand, embed enablement, and ensuring effective pathways so that people can receive timely adaptations.

1.3 The Adaptations, Housing and Health Delivery Plan was reported to Committee in November 2022 with a further update in December 2022. Good progress has been made over the last year as highlighted in this report and this provides a foundation for further developing our Occupational Therapy and Adapted Housing Services.

1.4 Equipment and Adaptations Service Overview

1.4.1 The Equipment and Adaptations Team consists of Occupational Therapists (OT) and Occupational Therapy Assistants who visit people and complete a functional Occupational Therapy assessment to identify and recommend support people need with the tasks of daily living. The Team is all age and supports children, young adults and older adults and supports people in all types of accommodation and tenures.

1.4.2 Equipment like grab and stair rails, bath boards, stairlifts, hoists or ramps enable people to remain independent safe and well in their own homes. OT's also recommend more major adaptations such as level access showers or changing the layout of someone's home to make it easier to maintain independence for as long as possible and reduce the need for more formal care, or carer support.

1.4.3 The Royal College Occupational Therapists state that Occupational Therapy outcomes for people are maximised by early intervention within 6 weeks of people identifying an issue. Due to this, our ambition is to create a service for the people of Sheffield which works to this timescale. We believe that achieving this target will not only delivery better outcomes for people, but we will see a reduction in more expensive interventions.

1.4.3 We are ambitious in the development of the Occupational Therapy and Adapted Housing Service moving forward, recognising the enormous contribution it can make to supporting people to live as independently as possible for longer. Below are our key performance indicators in relation to Occupational Therapy assessment and the provision of equipment.

1.5 Our Performance Update

Number of people referred for equipment and adaptations (Occupational Therapy). Rolling 12 months

1.5.1 Pre pandemic the team received on average 4100 applications per year (342 per month). In 2023 we have been averaging 619 referrals per month or approx. 7,430 per annum. This presents an 81% increase in demand. The reasons for the increased demand are: -

- 21% increase from health services for occupational therapy assessments.
- 177% increase in referrals from individuals.

1.5.2 In response to the increased demand, inflationary costs, and cost of living costs set against ongoing financial pressures it has meant a focus on developing new models and ways of working to meet our ambitions of being a response and enablement focus service.

1.5.3 A programme is underway, supported by change resource and recruitment to a Principal Occupational Therapist with ambitions to complete the following over the next year:

- Building collaborative models of working and reviewing pathways with partners as a means of reducing areas of duplication.
- Implementing use of digital self-assessment tools and video calls to enable lower risk equipment and adaptations to be assessed quickly.
- Developing more information and advice about equipment and adaptations via the Sheffield Directory.

% Equipment provided within timescale once assessment completed (Emergency = same day, Urgent = next day, standard = 5 day)

1.5.4 At August 2023, 99.7% people receive equipment within timescales. This is an increase from 98% people in 2021.

1.5.5 Equipment is provided through a provider which is jointly contracted through the Council and South Yorkshire Integrated Care Board. The Equipment Criteria was approved at Committee in December 2022 to ensure fairness and equity of approach regards provision of Equipment.

Number of people awaiting an Occupational Therapy Assessment (Based on average referral rate per month and aim that assessment completed within 28 days)

1.5.6 At the end of the lockdown in July 2021 there were over 2900 people waiting for an occupational therapist assessment some of which had been waiting for over 18 months from our Equipment and Adaptations team.

- 1.5.7 As of Oct 2023, there are 1300 adults on our waiting list with the majority waiting for 4 months or less. This is set against the 81% increase in demand noted above, which demonstrates the improvement activity is taking effect as our responsiveness to referrals is increasing not decreasing despite increase in demand.
- 1.5.8 To continue to reduce waiting list so that people can be assessed within 28 days, the service has implemented: -
- Use of temporary agency support and limited overtime to escalate pace of reducing backlogs, with a target set that the waiting list will be down to 500 by April 2024. This then provides a foundation for our priority throughout 2024 to 2025 to reach a position of no waiting list.
 - A new duty system where an Occupational Therapist triages each application to enable a risk-based approach to assessment and provision of equipment and to enable the high volumes of requests for smaller pieces of equipment to be responded to quickly. The duty triage system started in November 2022 has been further enhanced since August 2023 using ideas from a benchmarking exercise with other areas to inform ways this could be more effective.
 - 5 additional staff have been given a development opportunity to work within the Equipment and Adaptations service using proportionate assessments to further reduce the waiting list. These staff started in Oct 2023.
- 1.5.9 Benchmarking other Local Authorities has evidenced that while Sheffield has a waiting list, the number of people waiting over 6 months is very low in comparison with others.
- % People Referred Who Need Equipment and Adaptations (Our Early Help & Enablement Offer)*
- 1.5.10 The focus of Occupational Therapy is on early help and enablement which means in practice that only 17% of people referred need adaptations or equipment and with that 83% need no further support after referral. Before the pandemic this was 11% but our assessment is that the effects of the pandemic have increased individuals need.
- 1.5.11 The early help offer includes the team providing a range of information and advice and early enablement interventions and practical solutions to support independence.
- 1.5.12 It's planned that our responsiveness increases, waits continue to reduce our focus from April 2024 is further leading and implementing our approach to enablement and independent living to support the continued shift towards earlier intervention and prevention and building a collaborative first contact model in line with our operating model agreed at Committee in November.

- 1.5.13 In addition, its planned to continue to implement and develop specialist Occupational Therapists working with people with dementia and people with a learning disability building on our work in delivering support to young people in transition.
- 1.5.14 The knowledge of these specialist workers supports better outcomes for people and a tailored response to requests from individuals and carers and builds the approach to early intervention and enablement being embedded across all of Adult Care activity.
- 1.5.15 The developments described within this paper support a positive staff culture – to quote staff from the Occupational Therapy and Adapted Housing service enablement and reablement work with people – is what we do. We are all committed to clearing our back logs so that we can move to an enablement way of working which enables people to achieve the outcomes and lives that’s important to them.

1.6 Use of the Disabled Facilities Grant

- 1.6.1 Adult Care administers and delivers the Disabled Facilities Grant (DFG). The Grant is provided from Central Government and is ringfenced to fund equipment and adaptations identified by Occupational Therapists for people and children living in their own occupied, private rented or registered provider homes.
- 1.6.2 The Service works closely with the Council’s Housing Asset Management Service. The Housing Asset Management Service that delivers adaptations to Council Tenants is not in scope of this paper or discussed.
- 1.6.3 Delivery and use of the DFG is governed by legislation in the Private Sector Housing Policy, the Housing Grants, Construction and Regeneration Act 1996, the Disabled Facilities Grants Delivery: Guidance for local authorities in England (2022) and the Private Sector Housing Policy. The [Private Sector Housing Assistance Policy](#), agreed in January 2020 and reported to November 2022 Committee provides guidance on use of the Grant.
- 1.6.4 Number and amount of Grants Provided
In 21/22 the DFG spend on Critical need Accelerated Adaptations Grants (AAG) was £400k, but this spend has now grown to £1.2 million.

Year	Number of grants awarded
2018/19	594
2019/20	578
2020/21	380 due to covid
2022/23	551
2023/24 to Oct 23	219

1.6.5 Number of discretionary payments provided by Strategic Director

Year	Number of grants awarded	Number exceeding £10,000 discretion
2019/20	43	2
2020/21	280	45
2021/22	533	119
2022/23	592	81
2023/24	219	130

In addition, there have been 12 DFG grants awarded with an additional discretionary top of £20,000 to date in 2023/24 to meet needs.

1.6.6 The process for accessing an adaptation is as follows:

- An Occupational Therapist identifies the need and makes a recommendation to the DFG team for allocation.
- A visit will be made, and a means test of finances is carried out unless the applicant is a child.
- A decision about the approval of the grant and agreed work is communicated.
- Contractors are procured using the framework and a date is agreed.
- Completed work is signed off by an Officer prior to the contractor being paid.

Disabled Facilities Grant Budget Position

1.6.7 The total amount of Disabled Facilities Grant available is £6.2m this is made up of £0.65m b/f from 22/23, the 23/24 annual allocation from central government of £5.1m plus an additional £0.5m announced this summer. Spend to the end of September 2023 is £3.1m with a forecast outturn of £7.1m.

1.6.8 As reported to Committee in November 2022, the DFG team were only able to deliver critical need adaptations to children and adults during the pandemic. This subsequently resulted in both a waiting list, which is being addressed as noted above and a DFG underspend.

1.6.9 As the waiting list reduces, the demand continues to increase and building and construction costs continue to increase due to cost of living and inflationary costs, this has caused a pressure on the budget and due to this it's been important to therefore to maximise funding available through the Grant to maximise availability.

1.6.10 The DFG underspend was historically used to support the Integrated Community Equipment Loans Medequip contract to support hospital discharge, and to City Wide Care alarms to support digital transfer of alarm systems. The use of the underspend discontinued in 2022, as reported to Committee to ensure maximum funding is available.

1.6.11 Due to the budget pressure the following mitigations will be fully implemented by way of a dedicated programme between October 2023 and February 2024:

- All requests for use of the mandatory DFG grant for major adaptations which will be over £50k are subject to scrutiny by Strategic Director and Operations Director.
- The use of AAG prioritised to where the costs of providing the adaptation is less than the ongoing care costs would be.
- A review of the discretionary payments, systems, and processes to maximise use of grant and efficiency of delivery.
- A review of the joint equipment provision, systems and prescribing arrangements as a partnership with health and providers.

1.6.12 The Eligibility Criteria for Equipment and Adaptations is used to ensure equitability and transparency in provision of adaptations. The Criteria has been updated to provide clarity over funding routes and this is provided at appendix 1 for approval today.

1.7 City Wide Care Alarms Service

1.7.1 Our Emergency Care Alarm Service allows people to get help when they are in difficulty. It helps people to remain safe, secure, and independent in and around their homes. Our service provides individuals, family, and carers reassurance that if there is a problem, help is available 24 hours a day, every day. The service supports 8,107 people annually.

1.7.2 Anyone aged 18 or over who lives in Sheffield can use the service. This includes:

- older people
- people who live alone
- people who have recently left hospital
- people with a disability
- people with medical conditions

1.7.3 The service is inspected by the Care Quality Commission (CQC) and has been rated as Good. We also have accreditation through the Technology Services Association (TSA) Technology Safe Provider Accreditation and are working to become Outstanding.

1.7.4 The service retrieves and recycles equipment wherever possible and has no current waiting list of people waiting for a unit to be installed.

1.7.5 The service has developed an innovative project with Yorkshire Ambulance Service focused on emergency response and falls prevention and currently receives funding from Yorkshire Ambulance Service and ICB to deliver the programme. It's aimed to complete a self-evaluation to provide the foundations to further build upon this programme in 2024.

- 1.7.6 People pay a monthly charge of £21.42. Additional sensors charged extra. There is a current customer debt of just over £250,000 which is due to rise.
- 1.7.7 As noted above the City-Wide Care Alarms have a £0.1million pressure as the DFG underspend is no longer used to fund the service. The service is moving from analogue to digital early 2024 which has an increased cost.
- 1.7.8 To mitigate this pressure, a review programme is underway to consider options to reduce this pressure which includes income generation, building on the Yorkshire Ambulance Service project which has attracted funding into the service and a dedicated debt recovery project. It's planned to bring proposals to a future committee for decision.

2 HOW IS THIS WORK CONTRIBUTING?

2.1 This work the Safe and Well and Active and Independent Outcomes that are set out in the Adult Care Strategy in several ways.

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

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

- *Councils Delivery Plan* – Under the priority Adult Social Care.
- *Our new ASC Operating Model* - this aligns to that new arrangement by reimagining a living and ageing well service. .
- *Adult Care Workforce Development Strategy*¹²: a vision of ‘developing our people in a joined-up way to deliver holistic, person-centred and integrated care’.
- *Ethical Procurement Policy*¹⁶: driving ethical standards and increasing social value for the city through procurement.

3. HAS THERE BEEN ANY CONSULTATION?

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

Throughout the sector, we know that involving and coproducing these makes them more likely to be successful.

- 3.2 An overall approach to coproduction and involvement is also a key element of the ongoing delivery plan, ensuring that the voice of citizens is integrated into all major developments ahead.

4. RISK ANALYSIS AND IMPLICATIONS OF THE DECISION

4.1 Equality Implications

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

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

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

4.2 Financial and Commercial Implications

- 4.2.1 The budget for the Equipment Contract with Medequip is made up of £2.5m NHS SY ICB funding, £1.22m SCC funding and up to £2.04m of refund income for items of equipment which have been returned.

- 4.2.2 The budget is a risk share budget with the NHS SY ICB picking up 67% of costs and SCC picking up the remaining 33% net of any recharge to the DFG.

- 4.2.3 The current outturn position is that SCC is forecast to be £507k overspent at Month 6 which means the SY ICB contribution is forecast to be £1,012k overspent bringing the total overspend to in the region of £1,519k against the budget of £3.72m.

- 4.2.4 As mentioned, the total amount of Disabled Facilities Grant available is £6.2m this is made up of £0.65m b/f from 22/23, the 23/24 annual allocation from central government of £5.1m plus an additional £0.5m announced this summer.

4.2.5 The current forecast commitments against this capital funding is £7.1m. There is an allocation of a historic one-off Social Care Capital Grant that will mitigate this overspend. However, in future years there will only be the allocation received from government in year available to deliver against DFG works as all reserves will have been exhausted. The allocation is expected to remain at the level of 2023/24 £5.1m p.a.

4.2.6 There is already £1.7m of work identified to be funded by DFG in 2024/25. The current trend is for new requests for work to be received at a rate of £400k per month. If this level of demand continues then total costs to DFG (including staffing recharges) will be £5.5m creating a £0.4m pressure. Any increase to numbers of assessments has the potential to worsen this position.

4.3 Legal Implications

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

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

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

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

4.3.4 The proposals set out in this report will also assist the Council in meeting its statutory duty under the Housing Grants, Construction and Regeneration Act 1996. As set out in the main body of the report the Council, where the DFG statutory eligibility criteria and conditions are met, is required to pay a DFG. The guidance to local authorities also advises

that 'Authorities should decide the most appropriate forms of assistance to best address the policy priorities they have identified.'

4.4 Climate Implications

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

4.5 Other Implications

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

5. ALTERNATIVE OPTIONS CONSIDERED

- 5.1 The alternative options considered were:
- 5.2 Don't complete a delivery plan for equipment and adaptations performance and financial recovery. This would not provide the assurances required to ensure that we are striving towards a high performing and financially sustainable service.

6. REASONS FOR RECOMMENDATIONS and ONGOING APPROACH

- 6.1 The performance updates and focused delivery plan gives a structured approach to the promotion of independent living as well as how the service is addressing waiting lists and impact of the pandemic. It will also provide greater accountability and transparency of how we will do this.
- 6.2 Asking for regular updates and refreshes of the plan will keep the Committee, wider stakeholders, and the public the ability to hold the Council to account for progress and provide an additional mechanism to input to future development.



Sheffield Equipment and Adaptations Service

Major Adaptations Eligibility Criteria and Processes

November 2023

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1 INTRODUCTION TO THE CRITERIA

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

2 AIMS AND OBJECTIVES OF THE CRITERIA

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

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

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

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

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

3 GENERAL CRITERIA

3.1 General Criteria

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

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

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

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

3.2 Requests for Equipment and Adaptations

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

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

3.3 Re-housing

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

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

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

3.4 Consideration of prognosis

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

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

4 ASSESSMENT CRITERIA – MAJOR ADAPTATIONS

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

4.1 Access to Property – Ramp

A ramp will be provided where you:

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

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

NOTE

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

All ramps will adhere to building regulations and planning permission.

4.2 Widen / Alter Doors / Provide Additional Doorway

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

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

NOTE

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

4.3 Stairlift

A stairlift will be provided when you're:

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

4.4 Through Floor Lift

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

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

NOTE

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

4.5 Ground Floor Facilities

Ground floor facilities will be provided when:

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

4.6 Ground Floor Bathroom

A ground floor bathroom will be provided when:

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

4.7 Access to Ground Floor W.C

A ground floor W.C will be provided when:

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

NOTE

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

4.8 Access to Bathing / Washing Facilities – Level Access Shower

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

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

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

4.9 Access to Shower over Bath

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

4.10 Bathroom Modifications

Access to bathroom modifications will be provided when you:

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

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

4.11 Access to First Floor W.C

Access to first floor WC will be provided when:

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

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

NOTE

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

4.12 Wash and Dry WC

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

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

NOTE

The WC provided may be a recycled piece of equipment

4.13 Kitchen Adaptations

Access to kitchen adaptations will be provided when:

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

NOTE

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

4.14 Heating

Access to heating will be provided when you have:

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

NOTE

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

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

4.15 Hard Standing

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

Access to hard standing will be provided when:

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

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

4.16 Ceiling Track Hoist

Access to a ceiling track hoist will be provided when:

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

4.17 Safe Environment (internal)

Internal

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

5.0 ASSESSMENT PROCESS

Our assessment will focus on establishing your abilities and strengths based on a functional assessment of what you can do and through conversations with you and your family and carers (if appropriate). We will also look at supporting evidence from health colleagues or other professionals as required to your circumstances. Following this assessment recommendations are made for:

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

6.0 INTEGRATED COMMUNITY EQUIPMENT LOANS SERVICE SHEFFIELD (ICELSS)

Equipment in people's homes is assessed for and ordered by health and social care professionals. They make requests to ICELSS for temporary standard and specialist equipment (ie not fixed) and minor adaptations (grab and stair rails) following a functional assessment of needs.

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

There are 4 delivery timescales:

- Emergency (same day) limited catalogue to support hospital discharges and admission avoidance
- Urgent (next day) limited catalogue to support hospital discharges and admission avoidance
- Standard (up to 5 days) all equipment on the standard stock catalogue and refurbished specials
- New Specials (subject to supplier lead times)

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

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

APPENDIX 1 – COSTS OF ADAPTATIONS AND EQUIPMENT

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

Adaptation	Costs of Adaptations by Home Ownership			
	Council Tenant	Owner Occupier	Housing Association	Private Rent
Level Showers Access	No Cost to you. Funded by Sheffield City Council Housing Department based on recommendation	Mandatory DFG Grant means tested except children. Recommendation from SCC E&A occupational therapist using these criteria. You would both need to commit to residency for 5 years	Mandatory DFG Grant means tested except for children. Your landlord would be required to give written permission. You would both need to commit to residency for 5 years	Mandatory DFG Grant means tested except for children. Your landlord would be required to give written permission. You would both need to commit to residency for 5 years
Downstairs Toilets	No Cost to you. Funded by Sheffield City Council Housing Department	Mandatory DFG Grant means tested except for children. Based on recommendation from SCC E&A occupational therapist using these criteria You would both need to commit to residency for 5 years	Mandatory DFG Grant means tested except for children. Your landlord would be required to give written permission. You would both need to commit to residency for 5 years	Mandatory DFG Grant means tested except for children. Your landlord would be required to give written permission. You would both need to commit to residency for 5 years
Ceiling Hoists Track	No Cost to you. Funded by Sheffield City Council Housing Department	Accelerated Adaptation Grant or DFG means test applies. Based on recommendation from SCC E&A occupational therapist using this criterion	Accelerated Adaptation Grant or DFG means test applies. Your landlord would be required to give written permission. You would both need to commit to residency for 5 years	Accelerated Adaptation Grant or DFG means test applies. Your landlord would be required to give written permission. You would both need to commit to residency for 5 years

Adaptation	Costs of Adaptations by Home Ownership			
	Council Tenant	Owner Occupier	Housing Association	Private Rent
Internal Stairlifts	No Cost to you. Funded by Sheffield City Council Housing Department	Mandatory DFG Grant means tested except for children. Based on recommendation from SCC E&A occupational therapist using this criterion	Mandatory DFG Grant means tested except for children. Your landlord would be required to give written permission. You would both need to commit to residency for 5 years	Mandatory DFG Grant means tested except for children. Your landlord would be required to give written permission. You would both need to commit to residency for 5 years
Ramps Access	No Cost to you. Funded by Sheffield City Council Housing Department	Mandatory DFG Grant means tested except for children.	Mandatory DFG Grant means tested except for children. Your landlord would be required to give written permission. You would both need to commit to residency for 5 years	Mandatory DFG Grant means tested except for children. Your landlord would be required to give written permission. You would both need to commit to residency for 5 years
Handrails	No Cost to you. Funded by Sheffield City Council Housing Department	No cost to you provided through the Medequip contract administrated by the Integrated Community Equipment Loans service in SCC, or the E&A service.	No cost to you Provided through the Medequip contract administrated by the Integrated Community Equipment Loans service in SCC, or the E&A service. Your landlord would be required to give written permission.	No cost to you Pprovided through the Medequip contract administrated by the Integrated Community Equipment Loans service in SCC, or the E&A service. Your landlord would be required to give written permission.
Steps Access	No Cost to you. Funded by Sheffield City Council Housing Department	Mandatory DFG Grant means tested except for children.	Mandatory DFG Grant means tested except for children. Your landlord would be required to give written permission	Mandatory DFG Grant means tested except for children. Your landlord would be required to give written permission

Adaptation	Costs of Adaptations by Home Ownership			
	Council Tenant	Owner Occupier	Housing Association	Private Rent

Paths Access	<i>No Cost to you.</i> Funded by Sheffield City Council Housing Department	Mandatory DFG Grant means tested except for children.	Mandatory DFG Grant means tested except for children.	Mandatory DFG Grant means tested except for children.
Hard Standings/ Dropped Kerbs	<i>No Cost to you.</i> Funded by Sheffield City Council Housing Department, through Highways department	This is an application through SCC Highways and not funded through DFG. You may have to pay	This is an application through SCC Highways and not funded through DFG. You may have to pay	This can be funded by your landlord or private purchase Where required. Your landlord would be required to give written permission

Adaptation	Costs of Adaptations by Home Ownership			
	Council Tenant	Owner Occupier	Housing Association	Private Rent
Door Systems Entry	<i>No Cost to you.</i> Funded by Sheffield City Council Housing Department	Mandatory DFG Grant means tested except for children.	<i>No Cost to you.</i> Funding through Housing Association Agreement and based on recommendation from SCC E&A occupational therapist using these criteria	This can be funded by your landlord or private purchase Where required, Occupational Therapists will support private tenants to source but not fund this adaptation. Your landlord would be required to give written permission
Automatic Door Openers	<i>No Cost to you.</i> Funded by Sheffield City Council Housing Department	Mandatory DFG Grant means tested except for children.	<i>No Cost to you.</i> Funding through Housing Association Agreement and based on recommendation from SCC E&A occupational therapist using these criteria	This can be funded by your landlord or private purchase Where required, Occupational Therapists will support private tenants to access funding for this adaptation Your landlord would be required to give written permission.
Keysafes	Funded by occupant Check with Council if this can be funded and how.	Funded by occupant	Funded by occupant	Funded by occupant

Adaptation	Costs of Adaptations by Home Ownership			
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	Council Tenant	Owner Occupier	Housing Association	Private Rent
Specialist Toilet (wash dry toilet)	<i>No Cost to you.</i> Funded by Sheffield City Council Housing Department	Mandatory DFG Grant means tested except for children.	Mandatory DFG Grant means tested except for children.	Mandatory DFG Grant means tested except for children.
Major extension (for additional accessible bedroom and level access shower)	<i>No Cost to you.</i> <i>Funded by Sheffield City Council Housing Department based on recommendation from</i> SCC E&A occupational therapist using these criteria to determine need and if reasonable and practicable	Mandatory means tested DFG Grant limit of £30K and discretionary DFG grant to max of £20K if funds allow. Based on recommendation from SCC E&A occupational therapist using these criteria to determine need and if reasonable and practicable	Mandatory means tested DFG Grant limit of £30K and discretionary DFG grant to max of £20K 'where no alternative funding available' e.g., personal resources/ability to loan/charitable funding. Based on recommendation from SCC E&A occupational therapist using this criterion Your landlord would be required to give written permission. You would both need to commit to residency for 5 years	Mandatory means tested DFG Grant limit of £30K and discretionary DFG grant to max of £20K Based on recommendation from SCC E&A occupational therapist using these criteria Your landlord would be required to give written permission. You would both need to commit to residency for 5 years
Over Bath Showers	<i>No Cost to you.</i> Funded by Sheffield City Council Housing Department based on recommendation from SCC E&A occupational therapist using these criteria	Mandatory DFG Grant means tested except for children. Recommendation from SCC E&A occupational therapist using this criterion	Mandatory DFG Grant means tested except for children. Recommendation from SCC E&A occupational therapist using this criterion. Your landlord would be required to give written permission.	Mandatory DFG Grant means tested except for children. Recommendation from SCC E&A occupational therapist using these criteria. Your landlord would be required to give written permission.

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