

Adult Health and Social Care Policy Committee

Wednesday 13 December 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 Martin Phipps
Councillor Mick Rooney
Councillor Gail Smith
Councillor Julie Grocutt

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
13 DECEMBER 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 the 8th November 2023

(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 11th December 2023).

6. 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).

7. Work Programme

(Pages 21 - 34)

Formal Decisions

8. **Adults Care and Wellbeing Equality, Diversity and Social Justice Delivery Plan** (Pages 35 - 62)
9. **DASS Local Account and Annual Performance Report** (Pages 63 - 92)
10. **Healthwatch Commissioning Strategy** (Pages 93 - 144)
11. **Adult Care & Wellbeing: Market Sustainability & Commissioning Update and Approval of the 24/25 Care Fees** (Pages 145 - 200)

Items For Noting

12. **Adult Care Strategy Delivery and Service Performance Update** (Pages 201 - 216)
13. **Emergency Overnight Short Breaks (EONSB) for people with a Learning Disability and/or Autism** (Pages 217 - 240)
14. **Adult Health and Social Care: Financial Recovery Plan Update** (Pages 241 - 252)
15. **2023/24 Q2 Budget Monitoring** (Pages 253 - 266)

NOTE: The next meeting of Adult Health and Social Care Policy Committee will be held on Wednesday 31 January 2024 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 8 November 2023

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

1. APOLOGIES FOR ABSENCE

1.1 No apologies for absence were received.

2. EXCLUSION OF PRESS AND PUBLIC

2.1 There was one appendix to item 6 which it was resolved may involve the exclusion of the press and public, should Members wish to discuss the content of the appendix it was agreed that the public would be asked to leave and the webcast would be halted.

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 20th of September 2023 were approved as a correct record.

5. PUBLIC QUESTIONS AND PETITIONS

5.1 One public question had been received; however, as the questioner was unable to attend the meeting a written answer was to be provided.

6. APPOINTMENTS TO SUB-COMMITTEES

6.1 The Committee noted that, in accordance with the authority given by the Committee at its meeting held on the 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.

6.2 The Committee agreed, following the review of the allocation of seats at the meeting of the Council on the 1st of November 2023, the following composition of the Health Scrutiny Sub-Committee:

Title/Post	Labour	Liberal Democrat	Green	Sheffield Community Councillors	Other
Health Scrutiny Sub-Committee 9 seats Split 4 : 3 : 1 : 1 : 0 (membership to comprise councillors from the parent Committee and the Education, Children & Families Policy Committee)	Cllr Nighat Basharat	Cllr Steve Ayris (Deputy Chair)	Cllr Martin Phipps (Spokesperson)	Cllr Dianne Hurst	
	Cllr Laura McClean	Cllr Sophie Thornton			
	Cllr Ruth Milsom (Chair)	Cllr Ann Whitaker			
	Cllr Mick Rooney				
Named Substitutes	Cllr Dawn Dale	Vacancy	Cllr Angela Argenzio	Cllr Julie Grocutt	
	Cllr Jayne Dunn	Vacancy	Cllr Maleiki Haybe	Vacancy	
	Cllr Mary Lea	Vacancy	Vacancy	Vacancy	

7. MEMBERS' QUESTIONS

7.1 There were no Members' questions on this occasion.

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. ADULTS EARLY INTERVENTION DELIVERY PLAN STRATEGY AND DELIVERY PLAN UPDATE

9.1 The Committee considered a report of the Strategic Director for Adult Care and Wellbeing which provided an update on early intervention and prevention activities, in line with priority 6 of the Strategy Delivery Plan.

9.2 **RESOLVED UNANIMOUSLY:** 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

9.3 **Reasons for Decision**

- 9.3.1 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.

9.4 **Alternatives Considered and Rejected**

- 9.4.1 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.

10. **ADULT CARE MENTAL HEALTH AND AMHP SERVICE ANNUAL REPORT**

- 10.1 The Committee considered a report of the Assistant Director, Access Mental Health and Wellbeing which updated Committee Members on the delivery of adult mental health social services and their partnerships which enable a shift towards prevention and early intervention in order to improve the wellbeing and outcomes for individuals.

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

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

10.4 **Reasons for Decision**

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

10.5 **Alternatives Considered and Rejected**

10.5.1 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.

11. **CHANGING FUTURES DELIVERY PLAN UPDATE AND ANNUAL REPORT**

11.1 The Committee considered a report of the Strategic Director for Adult Care and Wellbeing which provided an update on the progress of Sheffield's Changing Futures Programme.

11.2 **RESOLVED UNANIMOUSLY:** 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 2022 on how co-production will be

resourced.

11.3 Reasons for Decision

11.3.1 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.

11.3.2 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, Page 105 Page 14 of 14 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”.

11.4 Alternatives Considered and Rejected

11.4.1 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.

11.4.2 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.

- 11.4.3 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.

12. ADULTS WITH A LEARNING DISABILITY STRATEGY AND ADULT FUTURE OPTIONS TRANSFORMATION PLAN

- 12.1 The Committee considered a report of the Strategic Director for Adult Care and Wellbeing which set out Sheffield's Learning Disability Strategy - 'Our Big Plan'. This strategy set the scene for improving the lives of people with a learning disability in the City. It had been developed in partnership with the learning disability community and carers and reflected their priorities for the next 3 years.

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

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

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

12.3 Reasons for Decision

- 12.3.1 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.

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

12.4 Alternatives Considered and Rejected

- 12.4.1 No alternative options have been considered.

13. ADULT CARE BUDGET PROGRAMME 2024/25

- 13.1 The Committee considered a report of the Strategic Director for Adult Care and Wellbeing which 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 might be addressed.

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

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

13.3 **Reasons for Decision**

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

13.4 **Alternatives Considered and Rejected**

13.4.1 There are no alternative options for consideration at this stage

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

14.1 The Committee considered a report of the Strategic Director of Adult Care and Wellbeing which sought to deliver on a commitment to transparent and accountable financial reporting. The update provided:

- 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.

14.2 **RESOLVED UNANIMOUSLY:** 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.

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

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.

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.

15. SAFEGUARDING ANNUAL REPORT

15.1 The committee considered a report of the Strategic Director of Adult Care and Wellbeing which provided the Sheffield Safeguarding Partnership Annual Report for endorsement by Committee.

15.2 It was stated that the Sheffield Adult Safeguarding Partnership (SASP) was a strategic, multi-agency partnership that brought together statutory and non-statutory organisations to actively promote effective working relationships between different agencies and professionals to address the issues of abuse and harm. The Safeguarding Adults Executive led and held individual agencies to account, to ensure adults in Sheffield were supported and protected from abuse and neglect.

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

16. OCCUPATIONAL THERAPY AND ADAPTED HOUSING DELIVERY PLAN AND UPDATE

- 16.1 The Committee considered a report of the Strategic Director of Adult Care and Wellbeing which provided an update regarding Occupational Therapy and Adapted Housing and City-Wide Care Alarm services and the impact that had been made through the Delivery Plan agreed in November 2022.
- 16.2 The report detailed the activity underway to achieve an accessible, responsive and outcome focused equipment, adaptations service. The report also approved the updated Equipment and Adaptations Criteria.
- 16.3 The report was noted by the Adult Health and Social Care Committee.

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Report to Adult Health and Social Care Policy Committee

13th December 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
Rescheduled Items	Proposed Date	Note	
MOVED: All Age Mental Health and Emotional wellbeing Strategy	March 2024	Item moved from December’s Committee meeting to March’s Committee meeting	Steve Thomas Tim Gollins
MOVED: Adult Safeguarding Delivery Plan Update	March 2024	Item moved from January’s Committee meeting to March’s Committee meeting	Dawn Bassinder

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 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	Catherine Buntun	Post Decision – Assurance to Committee	Member Briefing	N/A	Adult Health and Social Care

	recommissioning exercises.)					
Adult Care Strategy Delivery and Service Performance Update	Quarterly update on Adult Care Strategy Delivery and Service Performance Update including update against Council Delivery Plan.	Alexis Chappell and Hannah Matheau	Post Decision – Assurance to Committee	Member Briefing	N/A	Adult Health and Social Care
Adult Care and Wellbeing Budget, and Financial Governance	Adult Care Budget, Financial Governance and Risk Register Update. Financial Thematic Update (BCF Plan, Joint Efficiencies with Health including s75, Establishment, Discharge, and use of DFG)	Liam Duggan/Jonathan McKenna-Moore	Post Decision	Member Briefing	N/A	Adult Health and Social Care
Adults Care and Wellbeing Equality, Diversity and Social Justice Delivery Plan	As a Local Authority we have various duties in relation to Equality Diversity, Inclusion and Social Justice (EDI). These include, but are not limited to: <ul style="list-style-type: none"> • Public Sector Equalities Duty • Equalities Act 2010 • Care Act 2014 	Dawn Bassinder/John Chamberlin	Decision	Political group briefings and knowledge briefings for committee.	Multiple approaches have been used to inform the Adults EDI Action Plan. This includes use of online channels, engagement with staff at various workforce events, engagement with	Adult Health and Social Care

	<p>The Council publishes an equalities plan which shows what activity we are carrying out to support us to meet our duties in relation to EDI.</p> <p>Adults Care and Wellbeing Service needs to develop an Equality, Diversity and Social Justice Delivery Plan for our portfolio. This will give us a clear understanding of how we are supporting EDI within our portfolio and any actions required to take this forward.</p>				cross sector groups with issue specific task and finish group.	
2023/24 Q2 Budget Monitoring	Budget monitoring	Jane Wilby	Monitoring			Adult Health and Social Care
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
Briefing Paper on Emergency Overnight Short Breaks (EONSB)	To develop and appraise several short/medium/long term options that would allow SCC to meet the	Richard Johnson	Performance/ Monitoring	None	Significant engagement has taken place with service	Adult Health and Social Care

for people with a Learning Disability and/or Autism	needs of those requiring EONSBs in a timely and cost-effective manner.				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.	
Healthwatch Update	Awaiting Form 1	Catherine Buntin	TBC	TBC	TBC	Adult Health and Social Care
Standing items	<ul style="list-style-type: none"> Public Questions/ Petitions Work Programme 					

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	Hospital discharge model and performance update	Jo Pass Nicola Afzal	Post Decision – Assurance to Committee	Member Briefing	N/A	Adult Health and Social Care

and Improvement Plan Update						
Adult Care workforce Strategy Update	Workforce Strategy Delivery update regarding implementation following decisions at Committee during 22/23.	Dawn Bassinder/John Chamberlin	Post Decision	Member Briefing	N/A	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
<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) <i>This Cttee/Another Cttee (eg S&R)/Full Council/Officer</i>
Adult Care Strategy Delivery and Service Performance Update	Quarterly update on Adult Care Strategy Delivery and Service Performance Update including update against Council Delivery Plan.	Jon Brenner	Post Decision – Assurance and Scrutiny	Member Briefing	N/A	Adult Health and Social Care

Adult Care and Wellbeing Budget, Risk Management and Financial Governance	Update on Adult Care Budget, Financial Governance and Risk Register. Thematic Overview (Timeline for 25/26 of business planning, financial risks and challenges)	Liam Duggan and Jonathon McKenna Moore	Post Decision	Member Briefing	N/A	Adult Health and Social Care
Providing Support, Market Sustainability Commissioning Plan 2023 - 2025	Quarterly update on progress with commissioning plan 2023 – 2025.	Catherine Bunten	Post Decision	Member Briefing	N/A	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 and Safeguarding Responsibilities Consultation	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 Buntun	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 Violence against Women and Girls, Domestic and Sexual Abuse Strategy	Our strategy covering this area was agreed in 2018 and was due to expire in 2022. In the meantime a statutory duty under the Domestic Abuse Act 2021 required us to produce a Safe Accommodation and Domestic Abuse Strategy which runs until 2024.	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 already undertaken this year specifically in relation to domestic abuse.	Adult Health and Social Care and Education, Children and Families
Technology and Digital Commissioning Strategy and Delivery Model	Technology and Digital Commissioning Strategy, update on progress since approval of Strategies and update regards information and advice offer	Paul Higginbottom/ Catherine Buntun	Decision	Member Briefing	As Part of development of the plan	Adult Health and Social Care

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: Adult Safeguarding Delivery Plan Update	Awaiting Form 1	Dawn Bassinder	Decision	-	-	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: John Chamberlain/Dawn Bassinder

Report of: Strategic Director Adult Care and Wellbeing

Report to: Adults Health and Social Care Policy Committee

Date of Decision: 13th December 2023

Subject: Adults Care and Wellbeing Equality, Diversity, Inclusion and Social Justice Delivery Plan

Has an Equality Impact Assessment (EIA) been undertaken?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
If YES, what EIA reference number has it been given? (2434 – Appendix 3)				
Has appropriate consultation taken place?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Has a Climate Impact Assessment (CIA) been undertaken?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Does the report contain confidential or exempt information?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
If YES, give details as to whether the exemption applies to the full report / part of the report and/or appendices and complete below:-				
<i>“The (report/appendix) is not for publication because it contains exempt information under Paragraph (insert relevant paragraph number) of Schedule 12A of the Local Government Act 1972 (as amended).”</i>				

Purpose of Report:

The purpose of this report is to seek endorsement from the Adults Health and Social Care Policy Committee on our Adults Care and Wellbeing Equality, Diversity, Inclusion and Social Justice Delivery Plan 2023/24.

This report and the Delivery Plan will show how as a portfolio we are committed to improving Equality, Diversity, Inclusion (EDI) and Social Justice and delivering upon our statutory duties. The Delivery Plan will clearly show our proposed steps and show how we are meeting our Public Sector Equalities Duty (PSED).

Recommendations:

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

- Endorse the Adult Care and Wellbeing Equality, Diversity, Inclusion and Social Justice Delivery Plan 2023/24.
- Requests that the Strategic Director of Adult Care and Wellbeing continues to provide the Committee with updates on progress against the Delivery Plan on a six-monthly basis, including updates made based on ongoing learning.

Background Papers:

Appendix 1- Adult Care and Wellbeing Equality, Diversity, Inclusion and Social Justice Delivery Plan 2023/24.

Appendix 2 – Care Workforce Equality Data

Appendix 3 - EIA

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: Richard Bartlett
	<i>Climate: John Chamberlain</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: 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: Dawn Bassinder
	Job Title: Chief Social Work Officer
Date: 27th November 2023	

1. PROPOSAL

- 1.1 Equality and diversity are essential components of social care. Good equality and diversity practices make sure that the services provided to people are fair and accessible to everyone. They ensure that people are treated as equals, that people get the dignity and respect they deserve and that their differences are celebrated.
- 1.2 The strength of social care is in celebrating, valuing, and recognising what makes people unique. It is vital that the adult social care workforce reflects population of Sheffield in, and that our workforce have the support and conditions to deliver practice which can deliver on our ambitions.
- 1.3 Sheffield's Adult Health & Social Care Strategy was approved by the Cooperative Executive on 16th March 2022. Our Workforce Strategy was subsequently approved on 16th March 2023 and established a clear focus on valuing our workforce with a clear focus on equity and inclusion. In addition, our Market Sustainability Plan was approved at Committee in February 2023, setting also a focus on embedding equity.
- 1.4 To do this, a Care Sector Equality, Diversity, Inclusion and Social Justice (EDISJ) plan was established to ensure that everyone is treated equally, with dignity and respect and have fair access to resources and opportunities.

Adult Social Care Statutory Duties

- 1.5 Anti-discriminatory practice is fundamental to the ethical basis of care provision and critical to the protection of people's dignity. There are four main acts relating to equality and diversity, which Adult Social Care have a legal responsibility to ensure is embedded in our practice and commissioning of care: -
 - **The Equality Act 2010** – this legislation provides protection against discrimination for people who possess one or more of the nine specific protected characteristics.
 - **The Human Rights Act 1998** – this legislation outlines the basic human rights and principles of equality. The 'FREDA' acronym helps you to remember what is covered by the Act: Fairness, Respect, Equality, Dignity and Autonomy.
 - **The Mental Capacity Act 2005** – the Deprivation of Liberty Safeguards (DoLS) aim to help people who lack the capacity to maintain their independence, dignity, and the right to freedom. The DoLS aid vulnerable individuals to maintain their right to dignity and equality.
 - **The Care Act 2014** – this legislation provides six key principles which should underpin all work with vulnerable adults. This includes ensuring that adults receive support that's personal to them, chosen by them and has their consent.

1.6 The Care Quality Commission, Assurance on Adult Social Care will specifically look at equity of experience and outcomes through the following themes: -

- **Theme 1 Working with People: Equity in Experience and Outcomes¹.** We actively seek out and listen to information about people who are most likely to experience inequality in experience or outcomes. We tailor the care, support, and treatment in response to this.
- **Theme 2 Providing Support: Care Provision, Integration and Continuity².** We understand the diverse health and care needs of people and our local communities, so care is joined-up, flexible and supports choice and continuity.
- **Theme 4: Leadership: Governance, including workforce equality³.** We have clear responsibilities, roles, systems of accountability and good governance. We use these to manage and deliver good quality, sustainable care, treatment, and support. We act on the best information about risk, performance, and outcomes, and we share this securely with others when appropriate.
- **Theme 4: Leadership: Governance: Learning from workforce; consultation and engagement**⁴. We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome and quality of life for people. We actively contribute to safe, effective practice and research.

Sheffield City Council Equalities Priorities

1.7 As a Council, we are committed to working as a One Council approach to meet the Equality Objectives, set out through the Public Sector Equality Duty.

1.8 Sheffield City Council has a duty to provide information annually as to how we are meeting our Public Sector Equality Duty (PSED) related to Section 149 of the Equality Act 2010). It also applies to organisations we contract with who are carrying functions on our behalf. The General Duty has 3 aims and it requires public bodies to have due regard to the need to:

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

¹ [Equity in experiences and outcomes - Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk)

² [Care provision, integration and continuity - Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk)

³ [Governance, management and sustainability - Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk)

⁴ [Learning, improvement and innovation - Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk)

- 1.9 Earlier this year the Council released its Annual Equality Report⁵ and Annual Workforce Data Report⁶ which give an overview of how we are meeting our duty for 2022/23. Alongside the Annual Report, the Council's Equalities priorities were also presented.
- 1.10 A 5th Objective Becoming an Anti-Racist Organisation and City was added last year in response to the Sheffield Race Equality Commission (REC). This was to reflect the importance of cultural competency and literacy in helping us to meet our ambition to become an inclusive, anti-racist city and organisation.
- 1.11 The updated Sheffield City Council Equality Objectives are due to be presented to Strategy and Resources Committee in December 2023. The Care Sector Equality, Diversity, Inclusion and Social Justice (EDISJ) plan is reflective of the objectives and will be updated annually to ensure that it continually reflects the Council's Equality Objectives and our contribution.

Adults Care and Wellbeing Equality, Diversity, Inclusion and Social Justice Delivery Plan

- 1.12 To ensure that Adult Care and Wellbeing are contributing to the Council, Equality Objectives, Race Equality Commission and delivering on our statutory and regulatory requirements, the Equality, Diversity, Inclusion and Social Justice (EDISJ) plan has been developed. The plan is at Appendix 1 for reference.
- 1.13 The plan enables a clear delivery and engagement focus, with objectives for promoting equality, diversity, fairness, and social justice for our care sector workforce (Council and Sector Wide) and the people that we support.
- 1.14 The plan has been developed through learning from:
- Engagement with our workforce (see section 3.2 below for more information),
 - Care sector equalities care sector data, noted at Appendix 2.
 - ADASS 15 key principles of Diverse by Design⁷ which is advocated by ADASS and learning from ADASS benchmarking reports.
 - SACMHA Speak Up Report
 - Our Festival of Involvement, Complaints and Compliments.
 - Race Equality Commission
 - Council's Equality Plan

⁵ [8 - Equality Report 2021-22_24-3.pdf \(sheffield.gov.uk\)](#)

⁷ [Diverse by design: 15 key elements | Local Government Association](#)

1.15 The plan is designed around 5 Commitments as follows: -

<p>Priority 1 - Knowing our workforce and communities.</p> <ul style="list-style-type: none"> • Improve our Understanding of our Communities. • Improve our understanding of the Care Sector Workforce. • We have good engagement with our care sector workforce and our communities. • Embed a Performance Dashboard • Embed Equality Impact Assessments 	<p>Priority 2 – Partnership and Accountability.</p> <ul style="list-style-type: none"> • Appoint champions to take a lead role in championing EDISJ. • Promote positive stories relating to EDISJ in the care sector. • We foster inclusive leadership and managers feel confident with EDISJ. • Our policies are free from stereotypes and are inclusive.
<p>Priority 4 – Active and Independent Living</p> <ul style="list-style-type: none"> • Embed EDISJ as part of our approach to Safeguarding, Advocacy, Direct Payments, Care Provision. • Embed quality assurance and monitoring to ensure a clear focus EDISJ 	<p>Priority 3 - Practice, Learning and Development</p> <ul style="list-style-type: none"> • Support our workforce to understand and be able to talk about EDISJ. • We have good quality EDISJ training for the care sector. • We support and encourage staff networks in the care sector:
<p>Priority 5 - Creating a Safe, Inclusive Work Environment</p> <ul style="list-style-type: none"> • Support equality and fairness in the Care Sector: • Implement fair and unbiased recruitment practices for the care sector. • We have fair staff recognition schemes for the care sector: • We encourage flexible working within the care sector to attract a wide variety of people and support our goals to have a representative workforce. 	

Governance

1.16 The Strategic Equality and Inclusion Board (SEIB) which has recently been refreshed has oversight of Equality and Inclusion in Sheffield City Council. It is chaired by the Chief Executive, with the Executive Director of Operational Services being the Deputy Chair. It also has Director, trade union and staff representatives and the three Members from the largest political parties also sit on the board. They are collectively responsible for holding the organisation to account as required.

1.17 The Care Sector Equality, Diversity, Inclusion and Social Justice (EDISJ) Plan will be Coordinated through the Chief Social Work Officer with updates provided on a six-monthly basis to Committee, Directorate Leadership Team, and the Strategic Equality and Inclusion Board as part of the Cycle of Assurance agreed in June 2023.

- 1.18 Delivery on the plan relating to the care sector will be governed by our Sheffield Workforce Engagement Board. This board is chaired by the workforce lead from South Yorkshire ICB and regional lead from Skills for Care. The board has cross-sector membership with representatives from our internal and external care sector workforce.

2. HOW DOES THIS DECISION CONTRIBUTE?

- 2.1 The City of Sheffield is home to approximately 565,000 people, comprising of many diverse communities. Sheffield City Council (SCC) serves all our communities which can differ in terms of background, ethnicity, age, spoken languages, household income, employability, disabilities and health conditions, sexual orientation, gender identity, religion and belief and family makeups etc.
- 2.2 The Care Sector employs over 17, 500 workforce who deliver care to some of the most vulnerable residents of Sheffield. To deliver culturally appropriate and personalised care, it is imperative our workforce both reflects the population of Sheffield and are equipped to deliver equitable and caring support.
- 2.3 Under the Equality Act 2010, Sheffield City Council is subject to the Public Sector Equality Duty (PSED) general duty in relation to the 9 protected characteristics* to: Eliminate discrimination, harassment, victimisation. Advance equality of opportunity. Foster good relations between groups of people.
- 2.4 Having due regard to the need to advance equality of opportunity involves: Removing or minimising disadvantages suffered by persons, taking steps to meet the needs of persons that are different and encouraging people to participate in public life or other activity when participation is disproportionately low.
- 2.5 Having due regard to the need to foster good relations involve the need to tackle prejudice and promote understanding. This delivery plan will support the Council with its overall aims to reduce inequality and supports the Adults Care and Wellbeing Directorate strategic priority to deliver a care sector workforce which is representative of our diverse communities in Sheffield.

3. HAS THERE BEEN ANY CONSULTATION?

- 3.1 To support the development of this report and the Adults Care and Wellbeing Equality, Diversity, Inclusion and Social Justice Delivery Plan we have undertaken engagement activities with our workforce. A high-level summary of the engagement activity is given below.
- 3.2 In June 2022 Adults Care and Wellbeing ran an EDI Survey for Adults Health and Social Care employees. 394 people responded.

- 3.3 Of those who responded 73% of the responses were from females, with 8.5% of responses from LGBTQ+ employees. 31.7% of the responses were from people who declared as disabled and 32.8% of responses from unpaid carers.
- 3.4 The key messages from the survey have been analysed and used to inform this delivery plan. The key areas of focus are:
- Experience of discrimination
 - Being treated equally by colleagues, individuals, carers.
 - Confidence in reporting and respond to discrimination
 - Confidence in fair recruitment and career development
 - Regularity and content of Personal Development Reviews and Supervisions
- 3.5 Some of the actions highlighted within the survey have been raised as part of wider Equalities included within the SCC Equality Report for 22/23 with actions underway to resolve some of the issues raised across the organisation.
- 3.6 Sheffield Adult Care and Wellbeing held a series of 10 focus groups in August 2023 involving various staff populations represented in Adult Care and Wellbeing, including: social workers, social care practitioners, business support, commissioning staff, team managers, service managers, staff with disabilities, BAME staff, LGBTQIA+ staff. Through the focus groups, the service gathered information to help administration, management, and staff.
- 3.7 The intention of the focus groups was to give staff the opportunity to offer feedback and collaborate as an opportunity to identify areas for improvement in Adult Care and Wellbeing. We have used feedback gathered from the staff focus groups which has been used to inform the Delivery Plan.
- 3.8 A further engagement session was held during the recent Adults Care and Wellbeing Service Event on the 23/11/2023. Staff were asked to comment on drafts of the Delivery Plan. Comments and feedback have been used to further develop the Delivery Plan.

4. RISK ANALYSIS AND IMPLICATIONS OF THE DECISION

4.1 Equality Implications

- 4.1.1 As noted above the Council as a public sector organisation is subject to the Public Sector Equality Duty (Section 149 of the Equality Act 2010). It also applies to services and functions that we contract to who are carrying functions on our behalf. The Equality Act 2010 does not give any one protected characteristic a greater weighting over another.
- 4.1.2 The Equality Act 2010 identifies the following groups as protected characteristics: age; disability; gender reassignment; marriage and civil partnership (discrimination Page 66 Page 5 of 7 5.3 only); pregnancy and maternity (employment only); race; religion or belief; sex and sexual orientation.
- 4.1.3 There are also other equality implications outside of the Equality Act protected characteristics that the Council commits to responding within our Equality Impact Assessment (EIA) process such as socio-economic disadvantage, armed forces, and carers.

4.2 Financial and Commercial Implications

- 4.2.1 There are no short-term financial implications arising from this report. The delivery plan includes recommendations for priorities going forwards and, should these be agreed, any implementation costs will need to be met within available budgets.

4.3 Legal Implications

- 4.3.1 The Council's relevant powers and duties are as set out in the Report, in particular paragraph 1.5. There are no other legal implications arising directly from this Report. Implementation of the specific proposals outlined in the delivery plan 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.

4.4 Climate Implications

- 4.4.1 This paper outlines how we are meeting our Equality Duties and as such the report does not have any specific climate implications. However, it's important to acknowledge that some groups, especially the most vulnerable, are likely to be disproportionately affected by climate change impacts. There is a clear area of cross over between EIA's and Climate Impact Assessment's.
- 4.4.2 Some groups are more vulnerable to climate impacts such as extreme heat or other weather events, flooding etc, (e.g., by age, young children and older people, disabled people, and those with other health conditions and people who are socio-economically disadvantaged. Potentially in the longer term there could be economic impacts around changes to the jobs market etc which will impact some more than others. These will be reviewed as

part of the Councils review of its Equality Objectives in 2023.

4.5 Other Implications

No other implications have been outlined as this time.

5. ALTERNATIVE OPTIONS CONSIDERED

- 5.1 Do nothing: Adults Care Social Care has duties set out in the Care Act and Mental Health Acts which in particular require a focus on ensuring equity of experience and services. These forthcoming Care Quality Commission Assurance will specifically look at Adult Social Care approach to Equity of Experience and due to this a delivery plan is required to mitigate and proactively respond to known risks.
- 5.2 Consider alternative delivery plan – We could review different Delivery Plan options for EDISJ. The current Delivery Plan has been developed following staff engagement sessions and learning from SACMHA speak up reports.

6. REASONS FOR RECOMMENDATIONS

- 6.1 Equality, diversity, inclusion and social justice are essential components of social care. Good equality and diversity practices make sure that the services provided to people are fair and accessible to everyone. They ensure that people are treated as equals, that people get the dignity and respect they deserve and that their differences are celebrated.
- 6.2 Our commitment is towards delivering on this ambition. We therefore must continue to listen, learn, and embed equality into everything that we do for our residents, visitors, and workforce.
- 6.3 The Care Sector Equality, Diversity, Inclusion and Social Justice (EDISJ) plan was established to provide a framework for delivering on our ambitions and contributing to the Councils Strategic Plan.

Sheffield Adults Care and Wellbeing Equality, Diversity, Inclusion and Social Justice Delivery Plan

2024 to 25

Adults Care and Wellbeing Equality, Diversity, Inclusion and Social Justice Workforce Delivery Plan 2024 – 2024

Our Vision and Ambitions for people of Sheffield

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

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



Our Delivery Plan is structured around five priorities, which are: -

- Priority 1 - Knowing our workforce and communities.
 - Priority 2 – Partnership and Accountability.
 - Priority 3 - Practice, Learning and Development
 - Priority 4 – Active and Independent Living
- Priority 5 - Creating a Safe, Inclusive Work Environment

Our Commitment to Equality – Our Delivery Plan

Equality and diversity are essential components of social care. Good equality and diversity practices make sure that the services provided to people are fair and accessible to everyone. They ensure that people are treated as equals, that people get the dignity and respect they deserve and that their differences are celebrated.

The strength of social care is in celebrating, valuing, and recognising what makes people unique. It is vital that the adult social care workforce reflects population of Sheffield in, and that our workforce have the support and conditions to deliver practice which can deliver on our ambitions.

This Delivery Plan aims to support our ambitions by setting out:

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

Why Equality, Diversity, Inclusion and Social Justice is Important.

Equality and diversity are essential components of social care. Good equality and diversity practices make sure that the services provided to people are fair and accessible to everyone. They ensure that people are treated as equals, that people get the dignity and respect they deserve and that their differences are celebrated.

The strength of social care is in celebrating, valuing, and recognising what makes people unique. It is vital that the adult social care workforce reflects population of Sheffield in, and that our workforce have the support and conditions to deliver practice which can deliver on our ambitions. This is particularly important for adults in need who, because of a disability, illness or their age, are unable to take adequate care of themselves and keep themselves from harm.

Anti-discriminatory practice is fundamental to the ethical basis of care provision and critical to the protection of people's dignity. There are four main acts relating to equality and diversity, which Adult Social Care have a legal responsibility to ensure is embedded in our practice and commissioning of care: -

- **The Equality Act 2010** – this legislation provides protection against discrimination for people who possess one or more of the nine specific protected characteristics. The protected characteristics are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation. To discriminate against any of these characteristics is a breach of the law.
- **The Human Rights Act 1998** – this legislation outlines the basic human rights and principles of equality. The 'FREDA' acronym helps you to remember what is covered by the Act: Fairness, Respect, Equality, Dignity and Autonomy.
- **The Mental Capacity Act 2005** – the Deprivation of Liberty Safeguards (DoLS) aim to help people who lack the capacity to maintain their independence, dignity, and the right to freedom. The DoLS aid vulnerable individuals to maintain their right to dignity and equality.
- **The Care Act 2014** – this legislation provides six key principles which should underpin all work with vulnerable adults. This includes ensuring that adults receive support that's personal to them, chosen by them and has their consent.

The Equality Act 2010 also places an equality duty on public bodies; it came into force on 5 April 2011. The equality duty intends to ensure that public bodies are proactive in eliminating unlawful discrimination, advancing equality of opportunity and fostering good relations. They must consider equality issues in everything they do with regard to the protected characteristics.

This means the local authority has a duty to consider the diverse needs of the individuals they serve, minimising disadvantage and ensuring the inclusion of under-represented groups. It must ensure that those organisations carrying out duties on its behalf also comply with this duty. Service providers must comply with equalities law and the commissioning authority must ensure providers are able to meet the requirements of the law.

This delivery plan takes into consideration all of the above. More information can be found at SCIE: - The Care Act: [Key social care legislation | SCIE](#)

Adults Care and Wellbeing Equality, Diversity, Inclusion and Social Justice Delivery Plan 24 - 25

Ambition: Sheffield Adult Care workforce is representative of our diverse communities in Sheffield and feel engaged with the work they do.

Context: Equality and diversity are essential components of social care. Good equality and diversity practices make sure that the services provided to people are fair and accessible to everyone. They ensure that people are treated as equals, that people get the dignity and respect they deserve and that their differences are celebrated. The strength of social care is in celebrating, valuing, and recognising what makes people unique and supporting them to overcome challenges. To do this, it is vital that the adult social care workforce reflects the society we live in, and that people feel included and treated equally.

In our Care Sector Workforce Development Strategy, we made a commitment to develop a more representative adult social care workforce in Sheffield. This Delivery Plan outlines what actions we are taking to make this a reality. This Delivery Plan also shows how we are meeting our Public Sector Equality Duty. We have framed our Delivery Plan against the ADASS (Association of Directors of Adult Social Service) recognised best practice of 15 principles of Diverse by Design.

Accountable Officer: Strategic Director Adult Care and Wellbeing

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

Priority	Milestone/action	SCC (Sheffield City Council) Equalities Objective Alignment	By when	Lead	RAG
Page 48 Knowing Our People and Communities	Knowing our Communities - We will monitor Sheffield population data and the data of people in receipt of care. We will analyse this data for any trends relating to EDISR (Equality, Diversity, Inclusion and Social Justice) to inform Social Care projects, commissioning and decision making. We will use this intelligence to influence service deliver, commissioning intentions and future EDISJ interventions and an update to the plan.	Objective 1: Strengthen knowledge and understanding of our communities.	2024 - 26	Adults Care and Wellbeing Senior Diversity Champions	
	Engagement with our Communities – As a follow up from the Festival of Involvement, we will commission a dedicated engagement exercise with individuals and carers who access support and social care and in particular those who are most likely to experience inequality in experience or outcomes. This will then inform continuous improvement and engagement, commissioning and targeted interventions which promote fairness and equity of experience.	Objective 1: Strengthen knowledge and understanding of our communities.	2024 - 26	Assistant Director Commissioning and Partnerships	
	Knowing our Care Sector Workforce - Complete an analysis of our current social care workforce including benchmarking and completion rates of the Skills for Care Adult Social Care Workforce Data Set (ASCWDS) to target interventions which increase providers completion of workforce data set, inform Social Care projects, commissioning and decision making and inform further workforce development and planning activities.	Objective 1: Strengthen knowledge and understanding of our communities	2024 - 2026	Sheffield Workforce Engagement Board	
	Adult Care Workforce Performance Dashboard – As part of our cycle of assurance, we will implement an EDISJ dashboard and use this to both report on our performance in implementing this plan as well as target improvements using data relating to recruitment and selection, learning and development, new starter and leaver information and HR (Human Resources) casework etc.	Objective 1: Strengthen knowledge and understanding of our communities.	2024	SCC HR / Adults Care and Wellbeing Workforce Development Manager	
	Engaging with our Care Sector Workforce – We will develop a range of engagement activity, include survey's, to gain care sector workers in Sheffield across the sector (Council and Independent) feedback on their lived experiences. This will include EDISJ and wider workforce development and inform future developments of the EDISJ Plan.	Objective 1: Strengthen knowledge and understanding of our communities	2024 - 2026	Sheffield Workforce Engagement Board	
	Equality Impact Assessment - Carry out equality impact assessments, where relevant, to consider the effect of proposals, projects, and strategies on different groups.	Objective 1: Strengthen knowledge and understanding of our communities	2024 - 2025	Adult Care Leadership Team	
Partnership & Leadership	Our Partnerships – Develop and deliver joined up approaches with colleagues across the Council, Care Sector and City so that our approach to equality, diversity, inclusion, and social justice.	Objective 1: Strengthen knowledge and understanding of our communities.	2024	Adults Care and Wellbeing Senior Diversity Champions	
	Appointing Senior Diversity Champions - We will formally appoint Senior Diversity Champions for Adults Care and Wellbeing who will have responsibility for raising equality issues at leadership meetings, ensuring that EDISR is considered when making decisions within the directorate and sponsoring directorate EDISR delivery plan.	Objective 3: Lead the city in celebrating diversity and promoting inclusion.	2024	Director of Adults Health and Social Care	

	Appointing Sector Wide Diversity Champions - We will seek EDISR Champions from across the Sector from our providers to enable collaboration and sharing of best practice across the sector.		2024 - 2025	Sheffield Workforce Engagement Board
	Role Models and Positive Stories - We will promote positive stories from our sector wide workforce which promote equality, diversity, inclusion, and social justice in practice.	Objective 3: Lead the city in celebrating diversity and promoting inclusion.	2024	Adults Care and Wellbeing Senior Diversity Champions
	Inclusive Leadership - We will co-develop and implement a sector wide inclusive leadership charter and leadership development programmes which supports our current and future leaders to be inclusive leaders and enables sharing of best practice across the sector.	Objective 5: An Anti-Racist Organisation and City.	2024 - 2027	Sheffield Workforce Engagement Board
	Policies & Stereotypes (SCC) - We will review our policies and procedures in partnership with colleagues across the Council and wider partners to ensure that they are free from stereotype and promote equality, diversity and inclusion.	Objective 5: An Anti-Racist Organisation and City.	2024 – 2025	Chief Social Work Officer
	Polices & Stereotypes (Care Sector) – Through our recommissioning programmes and contract monitoring gain assurance that all commissioned organisations have policies and procedures in place that are free from stereotype and promote equality, diversity, and inclusion.	Objective 5: An Anti-Racist Organisation and City.	2024 – 2026	Assistant Director Adult Commissioning and Partnerships
Practice, Learning and Development	Rethink Equalities Training (SCC) - We will implement refreshed EDISJ training for Adult Care Workforce so that our workforce can lead and talk about EDISJ. This will include: <ul style="list-style-type: none">Updated Mandatory EDISJ TrainingRacial Literacy and Cultural Competency TrainingTargeted Anti-Racism TrainingSenior Leadership Training Holistic EDISJ Training that addresses all protected characteristics beyond race, such as gender, sexual orientation, disability, age, and more	Objective 5: An Anti-Racist Organisation and City.	2024 - 2026	Chief Social Work Officer Operations Director
	Quality EDISJ training across the Care Sector - Through our quality assurance and engagement with providers and our care sector workforce, we will work with providers to ensure all of our care workforce can access: - <ul style="list-style-type: none">Quality equality and diversity training.Holistic EDISR training including Racial Literacy Training and Cultural Competency TrainingFair, transparent, inclusive, and unbiased recruitment practice training.A minimum level of mandatory training for staff with a central focus on providing person-centred and culturally appropriate care.	Objective 5: An Anti-Racist Organisation and City.	2024 - 2026	Sheffield Workforce Engagement Board Assistant Director Adult Commissioning and Partnerships
	Talking about EDISJ - We will work with partners, council workforce and care providers to promote inclusivity events, forums, and workshops to share best practice and learning and having open forums to discuss EDISJ across the sector. This includes commissioning of a programme which promotes and enables discussions about EDISJ across the sector.	Objective 5: An Anti-Racist Organisation and City.	2024 - 2026	Sheffield Workforce Engagement Board
	Practice Based Scenarios – Develop practice-based scenarios, which promote and develop practice-based learning to enable implementation of practice standards and ongoing learning.	Objective 5: An Anti-Racist Organisation and City.	2024 - 2026	Chief Social Work Officer
	Safeguarding - Complete a review of rights and responsibilities of organisations in regard to safeguarding. This will then inform a gaps analysis and targeted interventions where inequality of access to safeguarding is identified.	Objective 3: Lead the city in celebrating diversity and promoting inclusion	2024	Chief Social Work Officer
Active and Independent Living	Advocacy - Complete a review and recommissioning exercise of Advocacy Services so that Advocacy is representative of our population and can support a discussion to ensure the needs of individuals are fully met – this aligns to recommission of Advocacy agreed on September 2023 and SACMHA Speak Up report.	Objective 3: Lead the city in celebrating diversity and promoting inclusion	2024	Assistant Director Adult Commissioning and Partnerships
	Direct Payments - Continue to implement and embed our Direct Payments and Personalisation Programme to ensure that our offer is representative of population of Sheffield and in particular culturally appropriate support is available for people in different aspects of managing a direct payment, provided by organisations rooted in different communities. This aligns to Direct Payments Strategy Agreed on December 2022 and the SACMHA Speak Up Report.	Objective 3: Lead the city in celebrating diversity and promoting inclusion	2024 - 2025	Assistant Director Adult Commissioning and Partnerships
	Complaints and Concerns – In partnership with providers and Healthwatch, commission a review of accessibility of complaints information so individuals and carers have easily accessible information on how to raise a concern or complaint about a service. This aligns to our Complaints improvement process, learning from festival of involvement and SACMHA Speak Up Report.	Objective 3: Lead the city in celebrating diversity and promoting inclusion	2024 – 2025	Assistant Director Adult Commissioning and Partnerships

	Unpaid Carers and Families – In line with our Carers Delivery Plan, SACMHA Speak Up Report and learning from festival of involvement to continue to build our practice and interventions to identify unpaid carers and include or consult carers about the person they care for, where consents has been provided,	Objective 3: Lead the city in celebrating diversity and promoting inclusion	2024 – 2025	Operations Director
	Homecare, Supported Living, Day Activities, Respite, Residential – Mobilise and implement our new long term provision which delivers continuity of provider and in particular focus on embedding person centred and culturally appropriate care as part of the new arrangements.	Objective 3: Lead the city in celebrating diversity and promoting inclusion	2024 - 2026	Assistant Director Adult Commissioning and Partnerships
	Quality Assurance and Market Sustainability – In line with our priority towards quality of care, our focus on market development, development of Quality Framework and our refreshed governance to invest in and review of our quality monitoring and improvement arrangements. As part of this, ensure transparency of learning and feedback so that learning informs continuous improvement.	Objective 3: Lead the city in celebrating diversity and promoting inclusion	2024 - 2025	Assistant Director Adult Commissioning and Partnerships
	Integrated Working - Continue to develop and promote integrated and joined up ways of working so that we are working in partnership with city wide colleagues to understand the diverse health and care needs of people and our local communities and care is joined-up, flexible and supports choice and continuity.	Objective 3: Lead the city in celebrating diversity and promoting inclusion	2024 - 2025	Assistant Director Adult Commissioning and Partnerships
	Race Equality - Coproduce an action plan with organisations across the sector to enable delivery of the Skills for Care Social Care Workforce Race Equality Standard in Sheffield	Objective 1: Strengthen knowledge and understanding of our communities.	2024 - 2026	Sheffield Workforce Engagement Board
	Our Standards - We will ensure that our staff are treated fairly and with respect across the Care Sector and work with both Council and Care Providers to enable enactment of acceptable behaviours policy and ensure that our staff have appropriate equipment and training for lone working.	Objective 5: An Anti-Racist Organisation and City	2024	Sheffield Workforce Engagement Board
	Disability Friendly Employer - We will contribute towards Sheffield City Council becoming a Disability Friendly employer and with that reach Disability Confidence Level 3. We will also undertake work to further understand and respond to views from for disabled staff to ensure that the feedback is used meaningfully to create an inclusive work environment as well as work with the care sector to determine opportunities for employers across the Care Sector to also become Disability Friendly Employers.	Objective 2: Ensure our workforce reflects the people that we serve.	2024 - 2026	Chief Social Work Officer
	Unpaid Carers - We will increase awareness about the support available to unpaid carers both across Sheffield City Council and across Care Sector to ensure unpaid carers who are also in employment in the sector are supported, aligned to the ambitions of the Carers Delivery Plan.	Objective 2: Ensure our workforce reflects the people that we serve.	2024 - 2026	Chief Social Work Officer Operations Director
	Engagement and Improvement - We will support implementation, advertise, and promote Equality Hubs as a way of promoting engagement and discussion regarding themes and issues arising relating to EDISJ. The feedback will inform ongoing improvement and development of actions to create an inclusive work environment.	Objective 5: An Anti-Racist Organisation and City	2024	Chief Social Work Officer
	Redefine equality and fairness - We will promote and implement career development pathways across the Care Sector and Council Workforce through: <ul style="list-style-type: none"> Promoting Skills for Care development programmes, such as Moving Up, Forefront Implement a joint health and social care learning and development and career pathway offer in Sheffield. Assuring that staff have annual PDRs (Personal Development Review) and regular supervisions. This will be monitored as part of our Workforce Performance Dashboard for Council staff. Review ways to remove barriers and increase the diversity of senior leaders across the Care Sector. 	Objective 2: Ensure our workforce reflects the people that we serve.	2024	Sheffield Workforce Engagement Board Chief Social Work Officer
	Raising Concerns - We will make sure that all staff across Care Sector have an appropriate and anonymous route to raise concerns relating to EDISR and discrimination. We will make sure that our staff have confidence in how we report and respond to discrimination	Objective 5: An Anti-Racist Organisation and City.	2024	Adults Care and Wellbeing Senior Diversity Champions
	We will engage with partners to support care sector staff networks in Sheffield.	Objective 5: An Anti-Racist Organisation and City	2024 - 2026	Sheffield Workforce Engagement Board
	Rethink Recruitment Practices - We will ensure that our recruitment practices are fair and unbiased. This will support our aim to have a workforce that is representative of our diverse population by removing bias from our recruitment processes and apply recruitment processes in a consistent way. This will include: <ul style="list-style-type: none"> embedding fair and unbiased recruitment processes, including recruitment and selection training developing evidence based positive action in recruitment further so working towards having a workforce reflective of our city and the customers we serve. 	Objective 2: Ensure our workforce reflects the people that we serve	2024	Adults Care and Wellbeing Senior Diversity Champions Chief Social Work Officer Assistant Director Commissioning and Partnerships

	<p>Rethink Job Descriptions and adverts - We will implement inclusive language in our job descriptions and adverts across the care sector, inclusive of both Council and Care Provision.</p>	Objective 2: Ensure our workforce reflects the people that we serve	2024 - 2025	Chief Social Work Officer Assistant Director Commissioning and Partnerships	
	<p>Flexible Working Culture - We will work with colleagues across the sector, including council provision, to consider and agree what good looks like in terms of a flexible working and agree a focus for implementation. This will also be an opportunity to share good practice and promote our goal to attract a wide variety of people and support our goals to have a representative workforce.</p>	Objective 3: Lead the city in celebrating diversity and promoting inclusion.	2024	Adults Care and Wellbeing Senior Diversity Champions Sheffield Workforce Engagement Board	
<p>Risks</p> <ul style="list-style-type: none"> Lack of stakeholder and partner engagement may prevent successful implementation of EDI initiatives. Lack of defined budget for EDISJ activity may delay or prevent implementation of EDI initiatives. Ongoing response to the Covid pandemic and winter pressures may reduce focus on implementation of EDI initiatives for care sector. Opposing organisational structures and governance arrangements may limit the impact of EDI initiatives. 		<p>Other issues</p> <ul style="list-style-type: none"> Lack of defined staffing resource to deliver activity may reduce impact and mobilisation of EDI activity. 			

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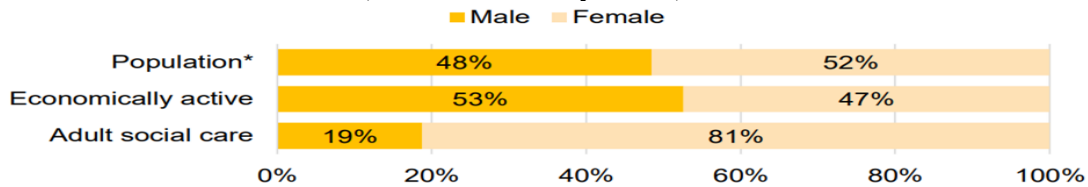
Appendix 1 - EDISJ Data Pertaining to Care Sector

The following gives an overview of EDISJ data from across the care sector. We have highlighted national, regional, or local data to show insights in EDISJ.

Gender

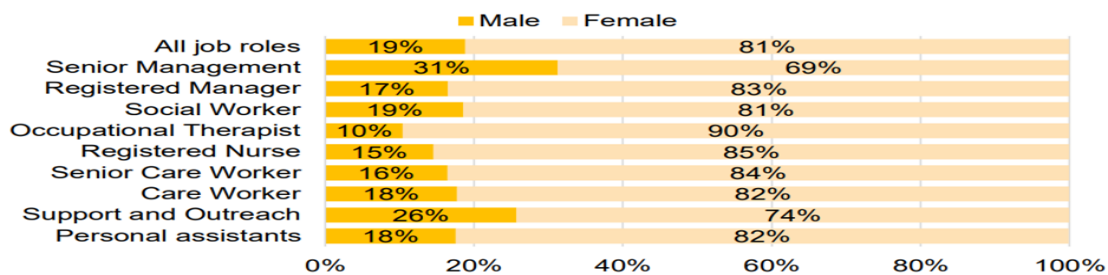
The care sector workforce is made up of around 81% female workers. Male workers remained in the minority at 19%.

Chart 1. Estimated gender of the adult social care workforce, the population, and the economically active population Source: Skills for Care estimates 2022/23, Labour Force Survey 2022/23, Census 2021¹



In Sheffield the gender of the care sector workforce is largely in line with national statistics. The workforce is predominantly female.² In SCC Adults Care and Wellbeing Directorate the workforce follows similar trends in terms of gender. **79.7%** of the workforce is female, this accounts for most of our workforce whilst **20.3%** of the workforce is male.

Chart 2. Estimated proportional gender split in the adult social care workforce by selected job roles Source: Skills for Care estimates, 2022/23



Data from across the care sector shows a majority of the workforce is predominantly female and this translates across most job roles.

Gender Identity

In Sheffield 0.81% of people responded that they had a gender which was different to their birth³. Data gathered from Skills for Care suggest that only 0.02% of the care sector workforce⁴ selected 'other' implying a gender different to their birth. It's worth noting that data collected by Skills for Care is imputed by employers rather than workers. This may have an impact on the accuracy of reporting.

Age

In Sheffield the age profile of the care sector workforce largely follows national trends⁵. In Sheffield City Council our Median Age for our workforce is 49 as of 2023⁶.

Chart 4. Estimated age bands and mean ages of the adult social care workforce by selected job roles Source: Skills for Care estimates 2022/23⁷

¹ [The State of the Adult Social Care Sector and Workforce 2023 \(skillsforcare.org.uk\)](https://skillsforcare.org.uk)

² [Sheffield Summary \(skillsforcare.org.uk\)](https://skillsforcare.org.uk)

³ [8 - Workforce Data Report.pdf \(sheffield.gov.uk\)](https://sheffield.gov.uk)

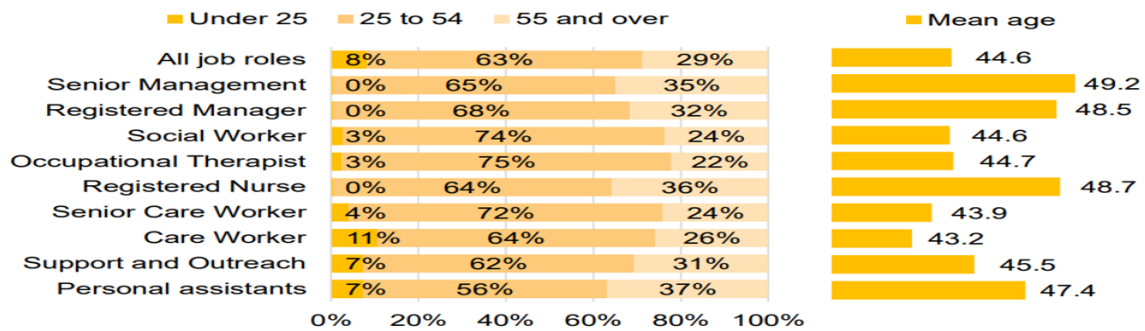
⁴ [The State of the Adult Social Care Sector and Workforce 2023 \(skillsforcare.org.uk\)](https://skillsforcare.org.uk)

⁵ [Sheffield Summary \(skillsforcare.org.uk\)](https://skillsforcare.org.uk)

⁶ [8 - Workforce Data Report.pdf \(sheffield.gov.uk\)](https://sheffield.gov.uk)

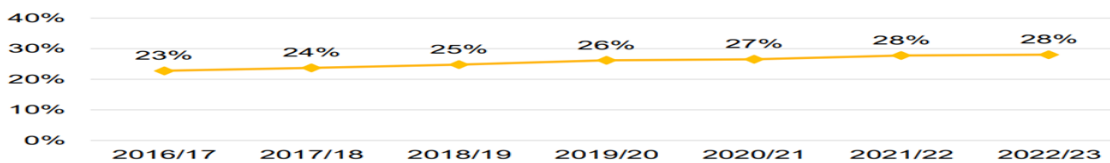
⁷ [The State of the Adult Social Care Sector and Workforce 2023 \(skillsforcare.org.uk\)](https://skillsforcare.org.uk)

Appendix 1 - EDISJ Data Pertaining to Care Sector



The chart below shows the proportion of adult social care staff (in the local authority and independent sector) that were aged 55 and over, and how that group has changed since 2016/17⁸.

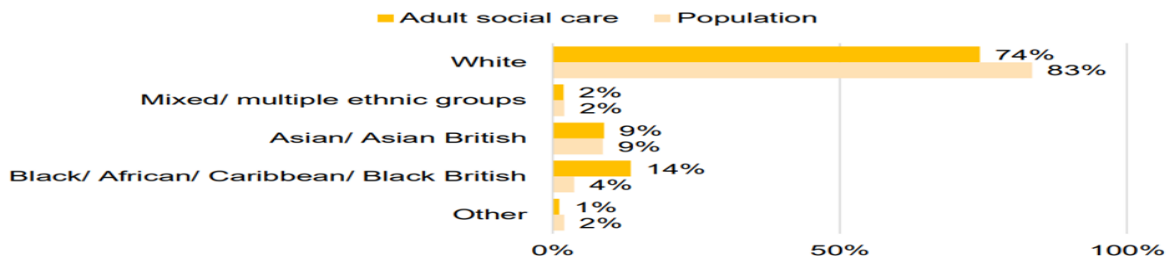
Chart 5. Proportion of the social care workforce who are aged 55 and over (independent and local authority sectors only), 2016/17 to 2022/23 Source: Skills for Care estimates.



Ethnicity

Chart 6 shows that the ethnic profile of the care sector workforce was more diverse than the population of England. There was a notably higher proportion of people with a Black/ African/ Caribbean/ Black British ethnicity within adult social care (14% of the total workforce) compared to the population (4% of the population).

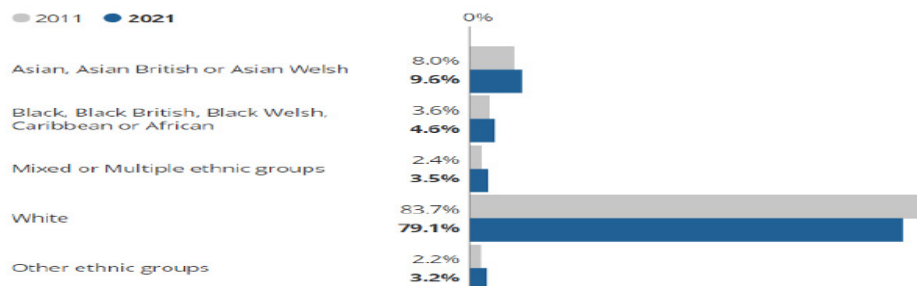
Chart 6. Estimated proportion of the adult social care workforce and the population of England by ethnicity Source: Skills for Care workforce estimates 2022/23, Census 2021



Ethnicity figures in Sheffield largely follow national trends in ethnicity across the care sector⁹. Chart 8 shows wider Sheffield ethnicity data from the wider population. There is a slight under-representation in Asian/Asian British data for Sheffield (6% of the workforce is Asian/Asian British vs 9.6% of the population).

Chart 8. Ethnicity census data for Sheffield from 2021.¹⁰

Percentage of usual residents by ethnic group



⁹ [Sheffield Summary \(skillsforcare.org.uk\)](https://www.skillsforcare.org.uk/Sheffield-Summary)

¹⁰ [8 - Workforce Data Report.pdf \(sheffield.gov.uk\)](https://www.sheffield.gov.uk/8-Workforce-Data-Report.pdf)

Appendix 1 - EDISJ Data Pertaining to Care Sector

In Sheffield City Council Adults Care and Wellbeing Directorate our workforce ethnicity breakdown is as follows:

- 80.7% of workforce identified as 'white British'
- 17.7% of workforce identified as 'BAME'

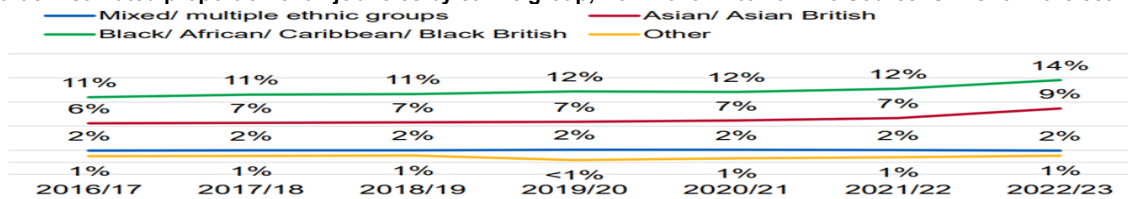
Ethnicity breakdown by job role

Table 2. Estimated proportion of the adult social care workforce by ethnic group for selected job roles Source: Skills for Care estimates, 2022/23

	White	Mixed/ multiple ethnic groups	Asian/ Asian British	Black/ African/ Caribbean/ Black British	Other
All job roles	73%	2%	9%	14%	1%
Senior Management	83%	2%	7%	8%	<1%
Registered Manager	81%	1%	7%	11%	1%
Social Worker	72%	3%	6%	18%	1%
Occupational Therapist	83%	1%	4%	11%	1%
Registered Nurse	56%	3%	21%	18%	2%
Senior Care Worker	75%	2%	12%	11%	1%
Care Worker	70%	2%	10%	17%	1%
Support and Outreach	75%	2%	5%	18%	1%
Personal assistants	84%	1%	7%	5%	2%

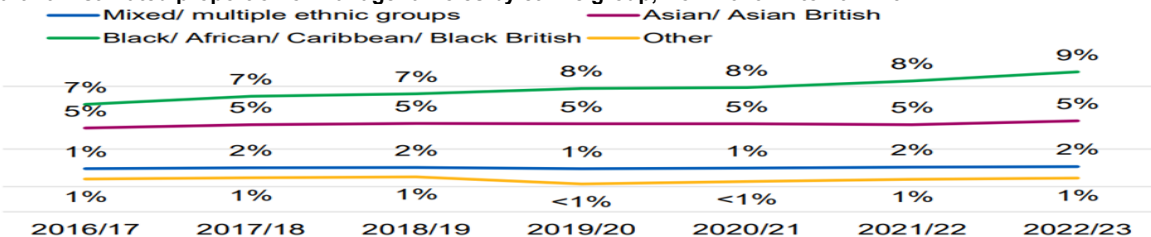
Nationally the proportion of workers with a Black/ African/ Caribbean/ Black British ethnicity background has slowly increased from 11% in 2016/17 to 14% in 2022/23. The number of people with an Asian/ Asian British ethnicity background has also slowly increased from 6% in 2016/17 to 9% in 2022/23¹¹.

Chart 9. Estimated proportion of all job roles by ethnic group, from 2016/17 to 2022/23 Source: Skills for Care estimate



Managerial roles have seen a slight increase in the number of people with a Black/ African/ Caribbean/ Black British ethnicity background, rising from 7% in 2016/17 to 9% in 2022/23. The chart below shows the proportion of people with other ethnicities has remained consistent.

Chart 10. Estimated proportion of managerial roles by ethnic group, from 2016/17 to 2022/23



Sheffield City Council workforce data suggests a similar trend. There has been a small increase in the representation of BAME workforce at senior management level. Relatively speaking the data suggests an under representation for BAME employees at manager level¹².

Table 3. Shows the % of Sheffield City Council BAME Employees for 20/21

SCC Grade	% of Workforce
1 – 5	18
6 – 9	16.1
10 – 11	14.5

¹⁰ - [The State of the Adult Social Care Sector and Workforce 2023 \(skillsforcare.org.uk\)](https://www.skillsforcare.org.uk)
¹² - [Workforce Data Report.pdf \(sheffield.gov.uk\)](https://www.sheffield.gov.uk)

Appendix 1 - EDISJ Data Pertaining to Care Sector

Chief Officer Grades	10.5
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Disability

The 2021 UK census reported that in 2021 in England, 17.7% of people were disabled. Within social care occupations, the LFS identified 24% of workers as disabled according to the Disability Discrimination Act 1995 (DDA) definition. The ASC-WDS estimate showed a lower prevalence of disability among workers, at 2%. The ASC-WDS disability records are likely to be under-reported because the information was provided by the employer, rather than the individuals themselves¹³.

In Sheffield, population data suggest for working adults 19% of people are declared as having a disability. Within Adults Care and Wellbeing Directorate there is 16.3% workforce with a disability declared.

Key Actions

- Review ways in which we can encourage more men to join the care sector.
- Encourage more younger workers to begin careers within the care sector.
- Review discrepancy levels between Asian/Asian British care sector workforce and general population.
- Improve data for our Adults Care and Wellbeing staff to allow further analysis into ethnicity for future reports.
- Encourage more diversity in our top earners and in senior management roles.
- Review data from the care sector in relation to disabilities
- Encourage more people who have disabilities to work within the care sector.
- Encourage flexible ways of working for care sector staff.
- Encourage Disability Confidence throughout the care sector.

¹³ [The State of the Adult Social Care Sector and Workforce 2023 \(skillsforcare.org.uk\)](https://skillsforcare.org.uk)

PART A - Initial Impact Assessment

Proposal Name:	ACW Equality, Diversity and Social Justice Workforce Delivery Plan
EIA ID:	2434
EIA Author:	Robert Niblock

Proposal Outline:	<p>Our Adult Social Care Vision and Strategy ' Living the Life You Want to Live' made a commitment towards sustaining an engaged, supported and well trained adult care workforce; meeting the needs of those with protected characteristics and engaging with diverse communities. The Care Quality Commission's assessment framework for local authorities outlines their expectations that 'we actively seek out and listen to information about people who are most likely to experience inequality in experience or outcomes.' Similarly, the CQC expects good workforce governance, providing an effective, stable workforce which can support the needs of our diverse communities. The strength of social care is in celebrating, valuing, and recognising what makes people unique and supporting them to overcome challenges. To do this, it is vital that the adult social care workforce reflects the society we live in, and that people feel included and treated equally. In order to deliver against our strategy outcomes, as well as align with corporate EDI priorities in light of the Race Equality Commission report, we have drafted a Equality, Diversity and Social Justice Workforce Delivery Plan, outlining planned interventions, leads and timescales. These actions will be built into our Business Management Improvement Plans and progress tracked through our cycle of assurance.</p>
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Proposal Type:	Budget
Entered on QTier:	No
QTier Ref:	#

Year Of Proposal:

Lead Director for proposal: Dawn Bassinder

Service Area: Chief Social Work Officer, Adult Care & Wellbeing

EIA Start Date: 11/1/2023

Lead Equality Objective: Workforce Diversity

Equality Lead Officer: Richard Bartlett

Decision Type

Committees: Policy Committees

- Adult Health & Social Care

Portfolio

Primary Portfolio: Adult Care & Wellbeing

EIA is cross portfolio: No

EIA is joint with another organisation: No

Overview of Impact

Overview Summery: The proposal is designed to have a beneficial impact on all those with protected characteristics across the Adult Care & Wellbeing directorate workforce. Actions noted within the plan seek to increase knowledge & awareness, improve training and development opportunities and make sure our workforce reflects the

diverse demographics of the population we serve. This is all likely to have a beneficial impact on communication with and outcomes for customers with protected characteristics. The undertaking of the Skills for Care Workforce Race Equality Standard (WRES) will be a positive step to enable the directorate to have a greater understanding of the experiences of BAME staff. Although the directorate does have better representation for BAME staff than most of the other directorates it still lags behind the community in some areas, especially in higher grades and Asian/Asian British representation. It would be useful then to look at the promotion and progression areas of the WRES and monitor this closely to see if we can make improvements in these areas and what Positive Action (Sections 158 & 159 Equality Act 2010) work we can look to undertake as an interventions. Given that there has been significant analysis and an action plan already created to support this work it is not recommended at this stage to undertake a full EIA due to the risk of duplicating the work that has already taken place. The key areas for development and improving EDI practice have already been identified in the action planning work and will be part of the ongoing monitoring outlined in the delivery plan. At this stage the creation of an additional action plan from this equality analysis is unnecessary.

Impacted characteristics:

- Age
- Disability
- Carers
- Gender Reassignment
- Pregnancy/Maternity
- Race
- Religion/Belief
- Sex
- Sexual Orientation

Consultation and other engagement

Cumulative Impact

Does the proposal have a cumulative impact:

The Action plan is itself based on themes drawn from existing staff consultation exercises, including EDI survey and focus groups held in summer 2023. Once initiated, the plan itself will be supported and updated by means ongoing consultation and feedback. See: People Portfolio EDI Survey, May 2022

Impact areas:

Year on Year

Initial Sign-Off

Full impact assessment required:

No

Review Date:

11/1/2024

Action Plan & Supporting Evidence

Outline of action plan:

Implementation of delivery plan once ratified Data analysis to monitor impact Feedback from workforce on improvement activity to ensure actions are beneficial Review and update reports on delivery plan

Action plan evidence:

May 2022 People Portfolio EDI Survey ACW directorate staff focus groups (Summer 2023) Skills for care workforce report 22/23:
<https://www.skillsforcare.org.uk/Adult-Social-Care-Workforce-Data/Workforce-intelligence/documents/Local-authority-area-summary-reports/Yorkshire-and-Humber/2023/Sheffield-Summary.pdf> Labour force Survey 22/23 ONS Census data 2021
<https://www.ons.gov.uk/visualisations/areas/E08000019>

Changes made as a result of action plan:

Mitigation

Significant risk after mitigation measures:

Page 60
No

Outline of impact and risks:

Review Date

Review Date:

11/1/2024

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Report to Policy Committee

Author/Lead Officer of Report:

David Stevenson,
Care Governance Officer

Report of: Strategic Director of Adult Care and Wellbeing

Report to: Adult Health and Social Care Policy Committee

Date of Decision: 13th December 2023

Subject: DASS Local Account and Annual Performance 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? 2397				
Has appropriate consultation taken place?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Has a Climate Impact Assessment (CIA) been undertaken?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Does the report contain confidential or exempt information?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>

Purpose of Report:

The purpose of this report is to approve the publication of Sheffield's Local Account for Adult Social Care for 2022/23.

A Local Account is a public document reporting on the performance of Adult Social Care for the Local Authority area.

Recommendations:

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

- 1) Approve the Local Account 2022-23 for publication
- 2) Thank members of the Local Account co-production group for their time and contributions in creating the Local Account

Background Papers: None

Appendices

- 1) Appendix 1 – Sheffield Adult Social Care Local Account 2022-23
- 2) Appendix 2 – Equalities Impact Assessment

Lead Officer to complete:-		
1	I have consulted the relevant departments in respect of any relevant implications indicated on the Statutory and Council Policy Checklist, and comments have been incorporated / additional forms completed / EIA completed, where required.	Finance: Kerry Darlow
		Legal: Patrick Chisholm
		Equalities: Ed Sexton
		Climate: Impact assessment has been carried out by report author
<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:	Cllr Angela Argenzio
4	I confirm that all necessary approval has been obtained in respect of the implications indicated on the Statutory and Council Policy Checklist and that the report has been approved for submission to the Decision Maker by the EMT member indicated at 2. In addition, any additional forms have been completed and signed off as required at 1.	
	Lead Officer Name: David Stevenson,	Job Title: Care Governance Officer
Date: 21st November 2023		

1 PROPOSAL

- 1.1 This proposal is for the publication of the Sheffield Local Account for Adult Social Care for 22/23.
- 1.2 Our vision is that everyone in Sheffield lives in a place they can call home, in communities that care, doing things that matter to them, celebrated for who they are and, when they need it, they receive care and support that prioritises independence, choice, and recovery.
- 1.3 This proposal is in line with this vision. The Local Account shows publicly how we are progressing against our strategy and how adult social care is performing in Sheffield generally.

2.0 BACKGROUND AND CONTEXT TO THE LOCAL ACCOUNT

- 2.1 The Local Account is intended to be an annual report to the public undertaken by each Local Authority to update local citizens on adult social care performance and strategic aims for the year ahead.
- 2.2 The most recent published Local Account for Sheffield is from 2022, reporting on performance in 2021/22. This new Local Account covers 2022/23.
- 2.3 The Local Account highlights our strengths and areas of challenge. It is structured around our strategy Living the life you want to live vision for Adult Social Care 2022 to 2030.
- 2.4 The Local Account for 22/23 is included at Appendix 1 for approval by the Committee.
- 2.5 To make the Local Account accessible to members of the public the Local Account, if approved, will be published online.
- 2.6 We will also undertake further work with the co-production group to understand how we can best disseminate the Local Account so it can be widely accessed such as printed copies.

3.0 HOW DOES THIS DECISION CONTRIBUTE?

- 3.1 Our long term strategy for [Adult Health and Social Care](#), sets out the outcomes we are driving for as a service, and the commitments we will follow to deliver those outcomes.
- 3.2 One of the commitments under the strategy is to “Make sure support is led by ‘what matters to you’, with helpful information and easier to understand steps.”

- 3.3 The Local Account provides one of the cornerstones of our engagement with the citizens of Sheffield, including the people who use our services but also the wider population who are interested in adult social care.
- 3.4 Engagement and accountability on performance will inform our service priorities and direct the format and content of future iterations of the Local Account in order to ensure that it is relevant to its intended audience.
- 3.5 This proposal meets our strategy outcome “Connected and Engaged” which states “Everyone can connect with communities that care and support them. We listen to their voices and take feedback on board”
- 3.6 The Local Account also contributes to our preparation for assessment by the Care Quality Commission by publicly evidencing how we are performing across the CQC core themes, these link across to our strategy outcomes.
- 3.7 People’s Experience is a key evidence category for the CQC. The Local Account publicises survey results from customers from the national Adult Social Care Outcomes Framework (ASCOF) and our local I Statements Survey.

4.0 HAS THERE BEEN ANY CONSULTATION?

- 4.1 The Local Account has been co-produced by a small group of citizens who receive care, carers and officers of the council.
- 4.2 By co-produced we mean that all parties involved in the creation of the Local Account have had an equal say.
- 4.3 Local citizens were invited to join our co-production group via the Care and Wellbeing Community Involvement Newsletter in August 2023. We wanted to create a dedicated group to co-produce the Local Account because we wanted participants who were able to commit to joining regular workshops through September 2023.
- 4.4 Attendees at the Local Account co-production group were remunerated for their time at a rate of £10 per hour plus expenses. This was important in recognising and valuing the time and contributions of members of the co-production group.
- 4.5 We aimed for a maximum group size of 10 people as we wanted a smaller group which could discuss details and elements of the Local Account thoroughly. Our group consisted of citizens who receive care and carers.
- 4.6 Co-production represents a different approach to how the Local Account has been previously created. As the document has been co-produced it contains what members of the group have said matters and

is of interest to them.

- 4.7 Over three workshops in September the co-production group discussed:
- What we should call the report so everyone knows what it is
 - What new content should go in and what should come out
 - How the information should be presented
- 4.8 In future years we would like to see greater participation in our engagement work, we will continue to develop our engagement offer to ensure it meets the needs of citizens who receive or provide care.
- 4.9 Linked into this we are running a 'citizens involvement' project to create a new model for working with local people to help shape and improve adult social care services in Sheffield.
- 4.10 We want to build on the insights and ideas from our Festival of Involvement held over the Summer of 2023 as well as the work of our existing groups to design the model. It will guide the way we work with community members to plan and evaluate services, including ways to hold us to account in areas that need to improve.
- 4.11 The project will bring together citizens, social care staff and other local organisations representing or providing services for the community.
- 4.12 We want to co-produce the new approach with local people, which means deciding together what it will look like.
- 4.13 The Local Account 22-23 includes an invitation to the public to get involved with our future engagement work.

5.0 RISK ANALYSIS AND IMPLICATIONS OF THE DECISION

5.1 Equality of Opportunity Implications

- 5.1.1 The Local Account is intended to:
- i. Inform people about what Adults Care and Wellbeing (ACW) does
 - ii. Establish areas of focus for improvement
 - iii. Invite feedback/challenge
 - iv. Let people know how they can contribute to a healthier city
- 5.1.2 From an equality perspective (including our general duties under the Equality Act 2010), we have aimed to ensure the 2022-23 Local Account is:
- Accessible

- This principally means its accessibility to people using ACW, carers and other stakeholders. In Equality Act terms, this includes people sharing protected characteristics of Age (e.g. older people), Disability and Race (e.g. people who experience language or cultural barriers).
- It includes the Local Account's language and format, which we have strived to keep as accessible as possible without affecting necessary detail.
- We can provide the Local Account in alternative formats.

5.1.3 Relevant and responsive

- This refers to the information being useful, proportionate and informed by people using ACW, carers and other stakeholders.
- The 2022-23 Local Account content is based on the co-production group's work
 - i. What services are available
 - ii. Our strategy for Adult Social Care
 - iii. People's experiences of the services they use
 - iv. How people access services
 - v. The changes and improvements we plan to make in the year ahead
- It includes an invitation for further/ongoing feedback on the content of future Local Accounts.
- The Local Account includes elements on the Council's response to the Race Equality Commission and data on the ethnic demographics of people who receive care.

5.1.4 Whilst the Local Account does not have any direct or indirect impacts on protected characteristics it provides an opportunity to consider the protected characteristics of people with care needs and carers. Some protected characteristics such as ethnicity and age are well recorded in our system (LAS). This data is reflected in the Local Account and provides useful information in understanding the demographics of people who we provide services to. Going forward we will look at how data on other protected characteristics is recorded in LAS to enhance future Local Accounts and other work.

5.1.5 It is important to note that people who receive care and carers are not obliged to provide information on all protected characteristics and may not wish to share this information with the council.

5.2 **Financial and Commercial Implications**

5.2.1 The budget information included in the Local Account has been corroborated and provided by Finance and is a true reflection of permanent budgets and expenditure in 22/23.

5.3 Legal Implications

- 5.3.1 Local Accounts are not a mandatory requirement and are not explicitly part of the statutory duties of the Director of Adult Social Services.
- 5.3.2 However, the Director does have a statutory duty of accountability and Local Accounts are used by the majority of Local Authorities to help fulfil this duty.
- 5.3.3 Such reports should provide details of numbers of service users, changes from year to year, areas of concerns and anticipated pressures. This report appears to address those matters.

5.4 Climate Implications

- 5.4.1 There are no significant climate impacts to consider as a result of this report.

5.5 Other Implications

- 5.5.1 There are no further implications to consider at this time.

6.0 ALTERNATIVE OPTIONS CONSIDERED

- 6.1 Sheffield City Council could opt to not publish a Local Account for 22/23
- 6.2 However, the council would then need to find a different way to demonstrate the statutory duty of accountability for the Director of Adult Social Services.
- 6.3 We believe the Local Account is the best way to demonstrate the statutory duty of accountability.

7.0 REASONS FOR RECOMMENDATIONS

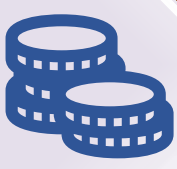
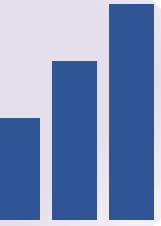
- 7.1 The Local Account highlights our strengths and areas of challenge for 2022 to 2023 and sets out priorities for the future. It emphasises our journey towards enabling people to live the life they want to live and in particular enabling people to live independently at home.
- 7.2 Having a Local Account builds in transparency and accountability in relation to reporting on adult social care performance.

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Your Care and Support

Sheffield's Adult Social Care

Local Account



2022
to 2023

Sheffield
City Council



1. Introduction

This is our Local Account; it sets out how adult social care performed in Sheffield across 2022 to 2023. It's for everyone who has an interest in adult social care, we hope you find it useful and informative.

Our last Local Account for 2021/22 covered the period of the COVID-19 pandemic. This was a hugely challenging time for all citizens who receive care and carers. We recognise that for many people who receive or provide care COVID-19 continues to affect how people live their lives.

We want to ensure that our Local Account is relevant to the citizens of Sheffield, so this year it has been co-produced by a group of citizens who receive social care, carers, and officers from the Council. By co-produced we mean that this document has been created in partnership with everyone involved in the process having an equal say.

Our vision in the Adult Social Care Strategy 2022-2030 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.

We have structured our Local Account around the outcomes of this strategy:



Under each outcome we've provided data on how we're performing and what our future priorities are. If you have any questions you can contact us via involvement@sheffield.gov.uk

Further Reading:

[Living the life you want to live Sheffield's adult social care vision 2022 to 2030](#)

[Cycle of Assurance](#)

[Adults Strategy Delivery Plan Update \(September 2023\)](#)

About Adult Social Care

Adult social care helps adults with care needs to live as independently as possible and to stay safe and well. Services include:

- **Information, advice and guidance**
- **Safeguarding adults**
- **Providing equipment and adaptations so someone can live more independently**
- **Care at home or in a homely setting**
- **Helping someone to stay active in their community**
- **Support to unpaid carers**
- **Supporting people to become more independent**
- **Direct payments to enable citizens to arrange their own care**

Someone may receive care in their own home or in another homely setting, such as a care home. Someone may have care needs on an ongoing basis or for a short period for example after a stay in hospital. There are many reasons why someone might need care from mental health conditions, old age, physical disabilities, learning disabilities or a combination of these. Care needs are unique to the individual so it's important that care is personalised. Care needs can also change, someone's care needs may increase or decrease over time.

Whilst this is a Sheffield City Council document we recognise that adult social care is delivered by a wide range of individuals and organisations across the public, private and voluntary sectors all working together. The work of all of these partners is essential for delivering social care in Sheffield.



How to Access us?

If you think you or someone you know has care needs you can contact our First Contact service to arrange a care and support assessment. If you are concerned that an adult is being abused, neglected or is at risk of this you should report this to First Contact.

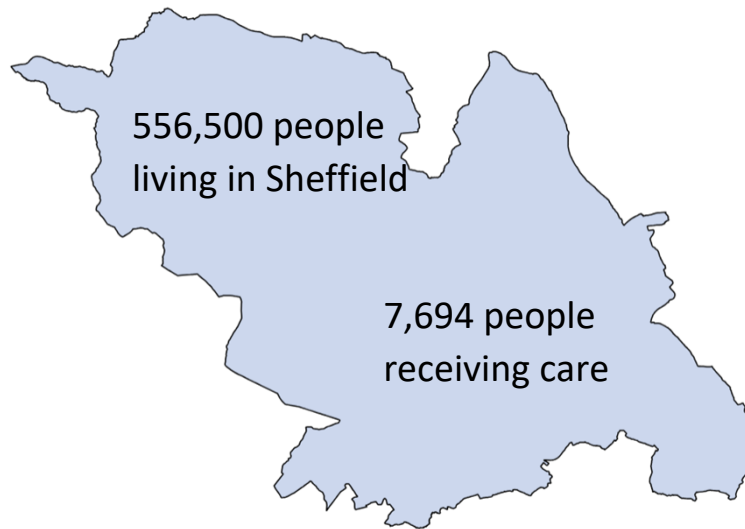
0114 273 4908

adultaccess@sheffield.gov.uk

If you care for somebody Sheffield Carer's Centre, a local independent charity offer a range of services to support carers' health and wellbeing.

0114 272 8362

2. About Sheffield¹²



Of this there are:

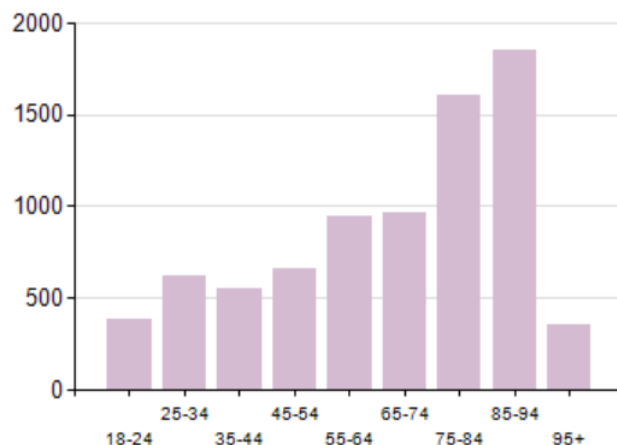
4,189 citizens with care needs linked to old age

1,286 citizens with learning disabilities

1,061 citizens with physical disabilities

718 citizens with mental health conditions

The total number of citizens with care needs is likely higher than this because people who arrange their own care are not recorded in our data. Older people make up the majority of citizens receiving funded adult social care. 60% of the people we supported in 22/23 were over the age of 65^{Error! Bookmark not defined.}. The below graph shows the breakdown of people receiving funded adult social care by age



¹ ONS, [How Life Has Cha](#)

² Sheffield City Council, |

group.

The majority of people receiving funded adult social care are white (80%) whilst 4% of people who receive care are Asian and 5% black^{Error! Bookmark not defined.}, this broadly mirrors Sheffield's population as reported in the 2021 Census with the exception of Asian people. 9.6% of people in Sheffield reported that they were of Asian ethnicity in the 2021 Census^{Error! Bookmark not defined.}, this may suggest that there is an underrepresentation of Asian citizens in our services. It's important that we understand the ethnic diversity of people who have care needs so we can design and provide services appropriately.

In 22/23 56% of people who received care were female and 43% were male.

Unpaid carers undertake essential work providing care for someone else. Research by Carers UK found that the economic value of the contributions made by unpaid carers in England and Wales is roughly equivalent to the entire budget for NHS health service spending³.

It is difficult to exactly know how many unpaid carers are in Sheffield. Not everyone who provides unpaid care may consider themselves a carer. As of March 2023, 2,594 citizens with care needs recorded on our system had an unpaid carer supporting them^{Error! Bookmark not defined.}.

Further Reading

[Sheffield Joint Health & Wellbeing Strategy](#)

[Carers Delivery Plan](#)

3. Safe and Well

Keeping people safe and well is the most important element of adult social care. This includes safeguarding, protecting a person's right to live in safety, free from abuse and neglect.

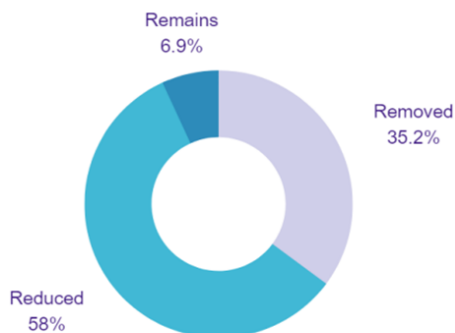
³ Carers UK, Valuing Carers, May 2023 <https://www.carersuk.org/media/2d51e03c/valuing-carers-report.pdf>

In 22/23 5,660 safeguarding concerns were raised in Sheffield. Of these 1,285 (23%) progressed to formal enquiries⁴.

In the majority of cases safeguarding risks were reduced or removed. In 6.9% of enquiries the risk remained, this is an improvement from 21/22 where risk remained in 19.5% of all safeguarding enquiries⁴. Risks may remain because this is the person's preferred outcome.

We all have a role to play in safeguarding. The Sheffield Safeguarding Adults Partnership (SASP) ensures we all work together on safeguarding. Abuse and neglect of adults can take many forms. SASP provides training on safeguarding to anyone who works with adults.

In Safeguarding Enquiries Was the Risk Removed or Reduced?



In 22/23 859 people attended safeguarding training⁴.

Quality of care is also key. The Care Quality Commission (CQC) regulates care providers. Across the 238 CQC regulated providers in Sheffield, 85% are rated as good or outstanding (Sep 23)⁵. In 22/23 86% of people surveyed who use our services said that those services have made them feel safe and secure. This is an improvement from 79% in 21/22⁶.

Partners across the health and social care sector work together to prevent people from needing to go into hospital and making sure that people ready to leave hospital can be discharged quickly. The Sheffield Health and Care Partnership (HCP), a partnership of NHS organisations, Voluntary Action Sheffield and the Council has identified a "home first" approach to hospital discharge as a priority for 2023-2025. This means that, where possible, people should be supported to return home for care assessments. By assessing a citizen's care needs at home instead of in hospital we can ensure that the right care for long term needs is provided.

Short term services, such as from the Council's Short term Intervention Team, can help people to return home from hospital. Just over half of all people in Sheffield who receive short term services do not go on to receive long term support⁷. This allows citizens to remain independent in their own homes and prevents readmissions into hospital. 85% of people aged 65+ who were referred to reablement/rehabilitation services were still at home 3 months after their hospital discharge⁸.

Some specific services help particularly vulnerable groups of people in Sheffield. The Changing Futures programme, for example, supports a small number of people who face severe and multiple disadvantages including homelessness, mental illness, drug or alcohol addiction and exploitation. Many of these people do not yet receive formal care but their health and quality of life is severely impaired, and the service has helped people start to regain control and live more independently.

⁴ Sheffield Adult Safeguarding Partnership, Annual Report, 2022/23

https://www.sheffieldasp.org.uk/assets/1/final_annual_report_22-23_.pdf

⁵ % of Regulated Care – Care Homes & Community based services – rated good or outstanding, Care Quality Commission [20.3 Appendix 2 - Adult Performance Sept 23.pdf](#)

⁶ People who use services who say that those services have made them feel safe and secure. (ASCOF 4B) [20.3 Appendix 2 - Adult Performance Sept 23.pdf](#)

⁷ ASCOF 2D: The outcome of short-term services: % not resulting in long term support

⁸ ASCOF 2B(1): The proportion of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services [Appendix 2 - Adult Performance Sept 23.pdf](#)

In the next two years we will:

- Set up a new model for hospital discharge to help more citizens with care needs to get support in place quickly.
- Establish a new framework for sourcing care homes for citizens.
- Continue to develop a new front door with partners for all adult safeguarding enquiries

Further Reading

[Sheffield Adult Safeguarding Partnership Annual Report 22/23](#)

[Sheffield HCP Place Plan 2023-2025](#)

4. Active and Independent

Social care should seek to maximise the independence of citizens with care needs ensuring that they are able to make decisions or are involved in decisions about the care they receive. Direct Payments allow citizens to have more control over their care. Money is paid directly to a person or someone on their behalf for them to arrange and pay for the care that they need. This means that they can arrange their care in the way that best suits them. Direct Payments are not right for everyone as they require administrative work by the person receiving care or someone on their behalf.

In 22/23...

- **31.9% of citizens with care needs in Sheffield received a Direct Payment, higher than the regional average of 26.7%**⁹
- **950 people employed personal assistants via their direct payment**¹⁰

A high proportion of Direct Payments may reflect that the services we commission as a Council do not always meet the diverse needs of citizens with care needs.

Technology enabled care (TEC) provides opportunities to help citizens live more independently. For example, a pendant alarm can help someone at risk of falls to continue to live at home. We are

⁹ ASCOF 1C(2A): The proportion of people who use services who receive direct Payments [Appendix 2 - Adult Performance Sept 23.pdf](#)

¹⁰ Skills for Care, Adult Social Care Workforce Data, 22/23 [My local area \(skillsforcare.org.uk\)](#)

currently working on a new TEC offer to build upon our successful Citywide Care Alarms offer which supports over 8,000 people.

In our 22/23 I Statements survey we asked citizens who receive care if they agreed with the following statements¹¹:

- I know that I have control over my life, which includes planning ahead. 61% of respondents agreed.
- I am seen as someone who has something to give, with abilities, not disabilities. I get support to help myself. 58% of respondents agreed

In the next two years we will:

- Enhance our direct payments offer by enhancing staff training on direct payments and involve citizens with care needs in co-producing our direct payment offer.
- Implement a new Technology Enabled Care model to enable citizens with care needs in Sheffield to benefit from the latest technology.
- Continue to embed our transitions team helping children with care needs move into adult social care services on reaching 18 years old.

5. Connected and Engaged/ Aspire and Achieve

It's important that everyone knows how adult social care works, what their legal rights are, what services are available and how they can be accessed. The Sheffield Directory website provides this service. Anyone can request to add items or services to the directory which meet the directory criteria.

Our I Statement survey to citizens who receive care in 22/23 asked several questions on access to information.¹¹.

- I know what services and opportunities are available in my area. 43.4% agreed
- I know where to go and get help. 51.1% agreed
- I know what services are available and can make informed decisions. 36.4% agreed
- The system is easy to navigate. 26.3% agreed

Adult social care is a highly complex system and there is further for us to go in helping people navigate this. We continually look to improve our offer on communications and information.

¹¹ Sheffield City Council, I Statement Survey Analysis 22/23

It's also important that we get our offer right for carers. A carers survey is undertaken by all Local Authorities nationally, this was last undertaken in 21/22.

- 34.7% of carers surveyed were overall satisfied with adult social care in Sheffield.¹²
- 53.3% of carers surveyed told us they find it easy to find information about services.¹³
- 62.4% of carers surveyed reported that they felt included in discussion about the person they cared for.¹⁴

Going forward we will engage with carers better to understand their needs and how we can best support them in line with our Carers Delivery Plan.

We don't always get things right and it's important we learn from complaints.

In 22/23...

- **Adults, Care and Wellbeing received 226 complaints**
- **The highest proportion of complaints related to quality of care and after this staff**
- **For corporate complaints in 11% of cases a service failure was identified and resolved, for statutory complaints this was 18%**
- **12 referrals were made to the Local Government and Social Care Ombudsman of which two were upheld, both related to charging**

We are continuing to embed a learning process from complaints where the investigating manager captures points of learning to improve our services going forward. In 23/24 we are embedding a new learning dashboard for complaints across the Council. This will align to the new proposed joint code from the Ombudsman.

¹² ASCOF 3B: Overall satisfaction of carers with social services

¹³ ASCOF 3D (2): The proportion of carers who find it easy to find information about services.

¹⁴ ASCOF 3C: Proportion of carers who report that they have been included or consulted in discussion about the person they care for

In the next two years we will:

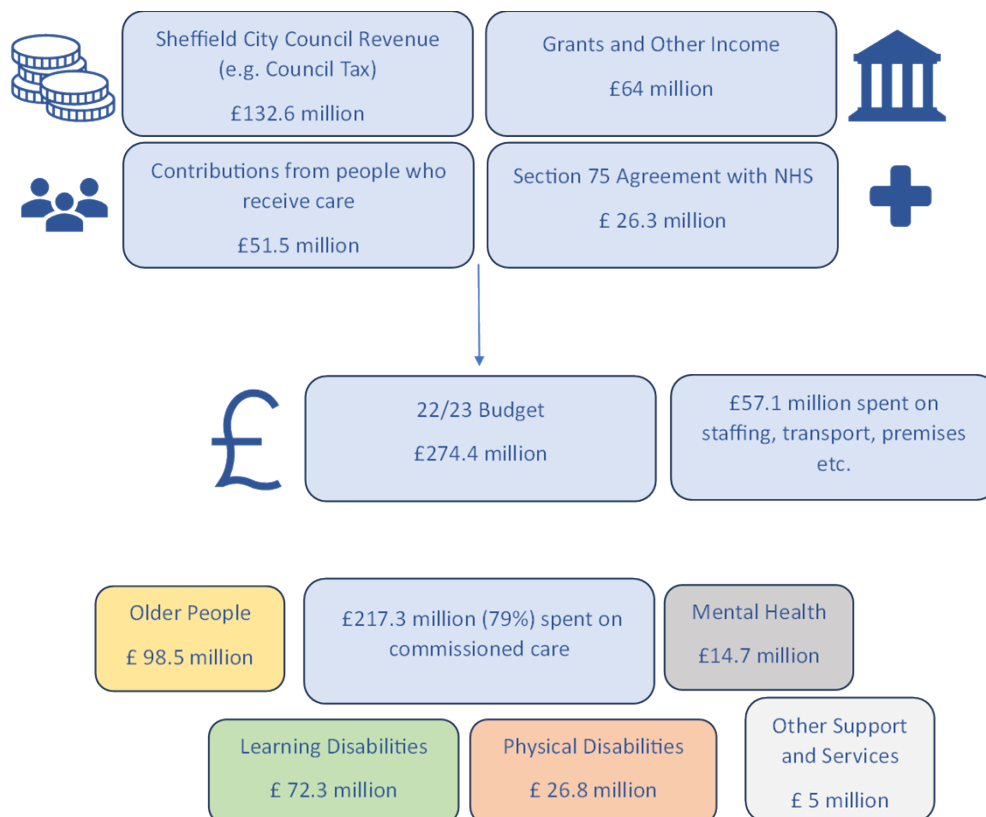
- Expand and build upon our co-production work across all of Adult Social Care in developing services, policies and strategies
- Publish a Carers Report annually setting out how we are performing on our duties to carers and what we are doing to improve

Further Reading

[Sheffield Directory](#)

6. Effective and Efficient

In 2022/23 Sheffield City Council had a budget of £274.4 million to pay for adult social care¹⁵. Almost half of all of the Council's spend on adult social care came from council tax paid by citizens, business rates from commercial properties and revenue support grant from government.



¹⁵ Adult Social Care Financial Update and Progress with Financial Recovery Plan, June 2022

Spend on Commissioned Services 2022/23 (£000s)

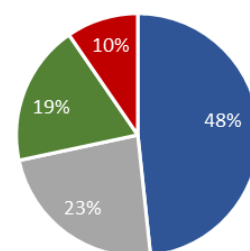
	Older People	Learning Disabilities	Physical Disabilities	Mental Health	Total
Home Support	30,217	1,268	5,467	110	37,062
Direct Payments	9,726	23,081	12,724	5,619	51,150
Residential & Nursing Care	48,149	16,352	3,825	8,174	76,500
Short Term Care	1,788	665	713	80	3,246
Supported Living	7,167	24,243	3,570	332	35,312
Day Services	367	4,088	410	20	4,885
Other	1,049	2,592	131	386	4,158
Total	98,463	72,289	26,840	14,721	212,313

Every year the cost of providing adult social care increases because of inflation, increased demand on services and other factors. Adult social care faces significant funding challenges because the amount of funding has not increased at the same rate as costs. To manage the difference between new income and new costs, the Council has to propose savings each year to set a balanced budget.

79% of the adult social care budget is spent directly on delivering care through services the Council commission. The above table shows a breakdown of our spend on commissioned services in 2022/23.

A financial assessment is done for each person to determine whether they need to contribute towards the cost of social care. Generally older people are more likely to have built up capital and be required to contribute to the cost of their social care.

In June 2022 the Sheffield Race Equality Commission (REC) published its report into racism and racial disparities in Sheffield¹⁶. In the Council's response in December 2022 commitments were made to make continuous improvements, develop racial literacy and eradicate racial inequalities which exist within the Council and the services it delivers. In Adults, Care and Wellbeing we are integrating lessons learned from the report into how we provision and commission services.



- Sheffield City Council Revenue
- Grants and Other Income
- Contributions from people who receive care
- Section 75 agreement with NHS

Sources of adult social care funding 22/23 (% total)

In Sheffield ...

- **17,500 posts in the care sector**
- **1,600 posts were vacant in 22/23**
- **25% of posts were zero hours**
- **Average pay was £10.50 per hour**

¹⁶ Sheffield Race Equality Commission, An Independent Commission into racism and racial disparities in Sheffield https://www.sheffield.gov.uk/sites/default/files/2022-07/rec-final-report_1.pdf

Further work is needed to improve pay and conditions to encourage people to work and stay in the sector.

The annual Dignity Awards celebrate outstanding examples of best practice in adult care and wellbeing in Sheffield. The awards are open to everyone working in adult care and wellbeing. The awards are judged by local people with current experience of adult social care.

Nicola Sterling Dementia Services Coordinator at Age UK won the Active and Independent category:

"Nicola listens with empathy and understanding and respects that each person is an individual"

In the next two years we will:

- Deliver a new Workforce Strategy across the care sector in Sheffield to help retain staff and increase recruitment
- Deliver a Joint Funding Plan with the NHS to set out how we are effectively using our joint funding effectively
- We are bringing forward a further report to Strategy and Resources Committee in December 23 which will set a new equalities framework and statutory equality objectives

Further Reading

[Sheffield Care Sector Workforce Development Strategy](#)

7. How to get involved

If you would like to get involved with future engagement please contact Kate Damiral, Involvement Coordinator 0114 273 4442 or 07733 308335 kate.damiral@sheffield.gov.uk We also run a Care and Wellbeing Involvement newsletter, you can subscribe to this via the link below:

<https://haveyoursay.sheffield.gov.uk/hub-page/adult-health-and-social-care>

Sheffield Safeguarding Adults Partnership also run a forum for anyone interested in keeping adults safe.

<https://www.sheffieldasp.org.uk/sasp/sasp/our-customer-forum/have-your-say-get-involved>

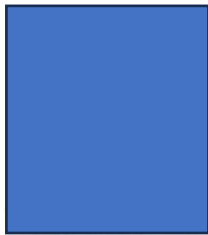
8. Closing Statement

Thank you for reading Sheffield's 2022/23 Local Account for adult social care, we hope you've enjoyed reading it and found it informative and interesting.

The Local Account is an important way for us to be clear about how adult social care is performing in Sheffield, where we are doing well and where we need to improve. Currently work is underway to deliver improvements in the areas identified in the Local Account.

We would like to thank all the members of the co-production group for their time and contributions in developing the Local Account. Going forward we want to expand opportunities for co-production. It's really important we listen and understand the experience of people who receive care and unpaid carers.

As noted in the Local Account there are a huge number of partners all working together to deliver vital services. We would also like to thank all the individuals and organisations who are working daily to deliver adult social care in Sheffield.



Cllr. Angela
Argenzio

Chair Adult Health
and Social Care
Policy Committee



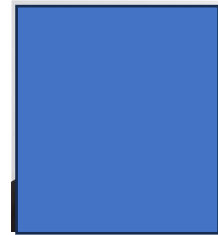
Cllr. Sophie
Thornton

Deputy Chair Adult
Health and Social
Care Policy
Committee



Cllr. Ruth Milsom

Group
Spokesperson
Adult Health and
Social Care Policy
Committee



Cllr. Julie Grocutt

Committee Member
Adult Health and
Social Care Policy
Committee

Images on front cover: [File:Sheffield Town Hall 04-10-04.jpg - Wikimedia Commons](https://commons.wikimedia.org/wiki/File:Sheffield_Town_Hall_04-10-04.jpg)
https://commons.wikimedia.org/wiki/File:Sheffield_City_Centre.jpg

PART A - Initial Impact Assessment

Proposal Name: Local Account 22/23

EIA ID: 2397

EIA Author: David Stevenson

Proposal Outline: Our Local Account for 22/23 is to be brought to Adult Health and Social Care Policy Committee in December 2023. The Local Account provides a report on our performance in adult social care in a public document for anyone who is interested in adult social care in Sheffield. This year we have co-produced our Local Account with a small group of citizens who receive care and carers.

Proposal Type: Non-Budget

Year Of Proposal: 23/24

Lead Director for proposal: Liam Duggan

Service Area: Care Governance and Financial Inclusion

EIA Start Date: 17/10/2023

Lead Equality Objective: Understanding Communities

Equality Lead Officer: Ed Sexton

Decision Type

Committees:

Policy Committees

- Adult Health & Social Care

Portfolio

Primary Portfolio:

Adults, Care and Wellbeing

EIA is cross portfolio:

No

EIA is joint with another organisation:

No

Overview of Impact

Overview Summary:

The proposal has no direct impact on any protected characteristics, it is a public report and doesn't directly change how we provide services. However, the Local Account will be of interest to people who receive care, or provide care (paid or unpaid) in Sheffield and the family/friends of people who receive care.

Impacted characteristics:

- Age
- Disability
- Carers
- Voluntary/Community & Faith Sectors
- Race
- Sex
- Sexual Orientation
- Religion/Belief
- Gender Reassignment

Consultation and other engagement

Cumulative Impact

Does the proposal have a cumulative impact: No

Impact areas:

Initial Sign-Off

Full impact assessment required: Yes

Review Date: 17/04/2024

PART B - Full Impact Assessment

Age

Staff Impacted: No

Customers Impacted: No

Description of Impact: The Local Account includes data on the age of our customers. Data on age is well recorded in LAS which helps us to understand the people who we provide services to. The majority of people who receive care from Adults, Care and Wellbeing are over 65. Whilst the Local Account reports performance across the five outcomes of the Adult Care and Wellbeing Strategy it is not possible to understand if there are different outcomes across different age groups of people who receive care. This is because generally the care needs of our customers varies across age groups. For example adults who are between ages 18 and 65 are more likely to have care needs because of physical disabilities, learning disabilities or mental health conditions. Customers over the age of 65 are more likely to have care needs arising from old age, frailty and conditions more commonly seen in older people such as dementia. It would therefore be difficult to make comparisons in outcomes between age groups.

Carers

Staff Impacted: No

Customers Impacted: No

Description of Impact: The Local Account holds data on carers in Sheffield. It is difficult to exactly know how many unpaid carers are in Sheffield. Not everyone who provides unpaid care may consider themselves a carer. In the Council's care system as of March 2023 33% or 2594 citizens with care needs had an unpaid carer recorded on our system. A carers survey is undertaken by all Local Authorities nationally, this was last undertaken in 21/22. 34.7% of carers surveyed were overall satisfied with adult social care in Sheffield. 53.3% of carers surveyed told us they find it easy to find information about services. 62.4% of carers surveyed reported that they felt included in discussion about the person they cared for. Going forward we will better engage carers to understand their needs and how we can best support them in line with our Carers Delivery Plan.

Disability

Staff Impacted: No

Customers Impacted: No

Description of Impact: The Local Account includes data on care needs arising from different types of disability. However as for age, because care needs are likely to be different for different disabilities it is difficult to make meaningful assessments of differences in outcomes between customers with and without disabilities and between different types of disability.

Gender Reassignment

Staff Impacted: No

Customers Impacted: No

Description of Impact:

Data on gender reassignment is not recorded in LAS so it is not possible to understand if there are any differences in outcomes for people who receive care who identify to a gender different to that assigned at birth.

Race

Staff Impacted:

No

Customers Impacted:

No

Description of Impact:

Data on ethnicity is well recorded for people who receive care in LAS. Only 7.5% of people receiving care do not have ethnicity recorded in LAS. As noted in the Local Account the majority of people receiving funded adult social care are White (80%) whilst 4% of people who receive care from us are Asian and 5% Black this broadly mirrors Sheffield's population as reported in the 2021 Census with the exception of Asian people. 9.6% of people in Sheffield reported that they were of Asian ethnicity in the 2021 Census, this may suggest that there is an underrepresentation of Asian citizens in our customer cohort. It's important that we understand the ethnic diversity of our customers so we can design and provide services which meet customer needs. Building our understanding of this into the future will help us to become an anti-racist organisation.

Religion / Belief

Staff Impacted:

No

Customers Impacted:

No

Description of Impact:

Whilst the Local Account reports performance across the five outcomes of the Adult Care and Wellbeing Strategy it is not possible to understand if there are different outcomes across different groups of religious belief or lack of belief. This is because insufficient data is recorded in LAS to understand religion/belief. In 41.6% of customer records on LAS in March 23 there was no value recorded. In a further 14.4% of cases no response was stated by the person receiving care.

Sexual Orientation

Staff Impacted:	No
Customers Impacted:	No
Description of Impact:	In over 79% of customer records on LAS sexual orientation was not provided. This means that we cannot assess whether there are differences in outcome between different groups of sexual orientation.

Voluntary / Community & Faith Sectors

Staff Impacted:	No
Customers Impacted:	No
Description of Impact:	The Local Account recognises that adult social care is delivered by a wide range of organisations all working together across the system, this includes groups from the voluntary, community and faith sector.

Action Plan & Supporting Evidence

Outline of action plan:	Following the EIA we will discuss recording of protected characteristics within LAS with our systems and application team to understand what improvements could be made to recording this data into the future.
Action plan evidence:	Local Account 22/23 Sheffield City Council LAS System
Changes made as a result of action plan:	

Mitigation

Significant risk after mitigation measures: **Page 90**
No

Outline of impact and risks:

Review Date

Review Date:

17/04/2024

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Report to Policy Committee

Author/Lead Officer of Report: Alexis Chappell

Report of: Strategic Director Adult Care and Wellbeing
Report to: Adult Health and Social Care Policy Committee
Date of Decision: 13th December 2023
Subject: Commission of Healthwatch Contract

Has an Equality Impact Assessment (EIA) been undertaken?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
If YES, what EIA reference number has it been given? 2481				
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 purpose of this report is to seek approval for a Healthwatch commissioning strategy.

It also provides an update regarding Healthwatch statutory duties and our local offer, including the outcomes of Stakeholder Engagement and the Healthwatch Annual Report 2022 – 2023.

Recommendations:

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

1. Approves the Council commissioning a new Healthwatch contract for Sheffield with a contract period of 10 years, with an estimated value of up to £2.4m over the 10 years.
2. Notes the decision by the Strategic Director Adult Care and Wellbeing to provide a 6-month extension to the current contractual arrangements to ensure continuity of service delivery whilst the commissioning strategy is being implemented.
3. Endorses the Healthwatch Annual Report 2022 – 2023.

Background Papers:

Appendix 1 – Stakeholder Feedback

Appendix 2 – Healthwatch Annual Report 2022 - 2023

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: Gemma Beecroft/Richard Marik
		Equalities & Consultation: Ed Sexton
		Climate: Alexis Chappell
<i>Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.</i>		
2	SLB member who approved submission:	Alexis Chappell
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: Alexis Chappell	Job Title: Strategic Director Adult Care and Wellbeing
	Date: 30th November 2023	

1.0 PROPOSAL

- 1.1 Healthwatch services are currently being provided in Sheffield by Voluntary Action Sheffield. This arrangement will end on 31 March 2024 when the current contract expires unless an alternative arrangement is put in place.
- 1.2 To ensure continuity of service provision, the Strategic Director Adult Care and Wellbeing has decided, in line with constitutional delegations, to extend the contract for a period of 6 months to enable the commissioning strategy proposed in this report to be implemented.
- 1.3 The failure to provide Healthwatch services after expiration of the current contract without another arrangement in place to deliver the services would therefore mean that the Council would fail to meet its statutory duty.
- 1.4 It is proposed that this commissioning strategy will cover a period of up to 10 years of service delivery, with option of extension to ensure continuity of service delivery.

Background

Statutory Duties

- 1.5 Healthwatch England is established nationally under the Health and Social Care Act 2012 in order to understand the needs, experience and concerns of people who use both health and social care services. Healthwatch can be seen as an Independent Regulator and its statutory functions include:
 - providing leadership, guidance, and support.
 - escalating concerns about health and social care services to the CQC; and,
 - providing advice to the Secretary of State.
- 1.6 On a local level, Local Healthwatch Bodies (“Local Healthwatch’s”) are funded by and accountable to Local Authorities. They have detailed statutory functions which include:
 - Obtaining the views of local people about their needs and experiences.
 - Making reports and recommendations about how services should be improved, promoting, and supporting the involvement of people in the monitoring and commissioning of health and social care services.
 - Providing information and advice to the public for accessing social care services.
 - Sharing reviews and experiences with Healthwatch England; and
 - Making recommendations to Healthwatch England to advise the CQC.
- 1.7 Provisions relating to Healthwatch are contained within Sections 181 – 189 of the 2012 Act, which require Local Authorities to enter into “arrangements” with Local Healthwatch Organisations.
- 1.8 The arrangements must be made with a body corporate which is both a Social Enterprise and satisfies criteria as being prescribed by Regulations made by the Secretary of State and “*is to be known as the Local Healthwatch Organisation for [Sheffield] area*”.

- 1.9 To ensure continuity and stability of provision so that the statutory duties can be delivered, the proposal is to seek a 10-year contract term.

Contractual Requirements

- 1.10 Advice from an independent legal consultant on Healthwatch has confirmed that it is statutorily required that the arrangement with regard to supporting a Local Healthwatch Organisation must be contractual in nature.
- 1.11 The legal advice provided noted that the contract should contain detailed provisions in order to secure the performance and accountability of the Local Healthwatch Organisations. These are derived from the useful guidance provided within the “*Local Authority Commissioner’s Resource Pack*” created by National Healthwatch that we have been provided with which recommends that a Contract Specification is created which includes such things as:
- Details of the statutory activities being provided.
 - How information is shared with Healthwatch England.
 - What reports are required to be provided.
 - When sub-contracting is appropriate.
 - What governance standards should be put in place such as monitoring arrangements, quality assurance, policies, and access to information; and
 - How conflicts of interest are dealt with.
 - How our wider Equalities duties are met.
 - Corporate status of local Healthwatch’s (e.g., as a form of not-for-profit body)
 - Key performance indicators and performance defaults.
 - Variations and termination.
- 1.12 It is noted that the Local Authority Commissioner’s Resource Pack states that what should not be in a contract is anything which might compromise the independence of Healthwatch operations, or how complaints are advocated, although the contract could be capable of renewal.
- 1.13 The **NHS Bodies and Local Authorities (Partnership Arrangements, Care Trusts, Public Health, and Local Health Watch) Regulations 2012** require under **Regulation 35** that the organisation involved must have provisions within its Constitution stating that:
- not less than 50% of its distributable profits will be used for the purpose of the Healthwatch activities of that body.
 - that the Constitution must contain a statement that the body is carrying on its activities for the benefit of the community in England; and
 - there are provisions related to distribution of assets towards a like organisation when the body is dissolved or wound-up.
- 1.14 This means, in effect, that an organisation should not receive any profit and another Social Enterprise should have the ability to receive remaining residual assets. The advice provided notes that the Regulations seek that it must be a Social Enterprise.

Quality Requirements

- 1.15 As with the commissioning report at Committee today, our ambition in Sheffield that all services whether contracted or internally provided deliver excellent quality services and where possible can demonstrate achievement of quality kitemarks as an indicator of the quality.
- 1.16 Due to this, it is also our intention that the Local Healthwatch provider should also be able to meet the standards set out by [Healthwatch England Quality Framework](#) as an indicator of quality provision, and this will provide the quality assurance framework for monitoring of the contract. The key aspects of the Quality Framework are: -
- Leadership
 - People
 - Sustainability
 - Collaboration
 - Engagement
 - Influence
- 1.17 Key to being able to quality services, is also the ability to have a clear understanding of services available in Sheffield including the health and care infrastructure, positive relationships with organisations across Sheffield so that Healthwatch can influence positive change and have the ability to undertake a scrutiny and safeguarding function.
- 1.18 Due to this, it is intended that Healthwatch must be a sole provider of Healthwatch and have the dedicated leadership infrastructure and capacity within Sheffield that enables the Quality Framework to be implemented and a clear focus on citizens of Sheffield.

Safeguarding Adults

- 1.19 In the Safeguarding Delivery Plan update to Committee in September 2023, it was also noted the learning from the festival of involvement and in particular how to enable individuals to raise concerns about care services, in particular where individuals do not wish to raise these to the Local Authority.
- 1.20 As noted above, Healthwatch has a statutory function towards promoting and supporting the involvement of people in the monitoring and commissioning of health and social care services.
- 1.21 It is planned as part of meeting this obligation, that the Healthwatch contract will include a requirement as part of the monitoring function to both promote and support involvement of people in raising safeguarding concerns as well as recommendations on how health and care organisations can ensure the accessibility to individuals about raising concerns.

Commissioning Requirements

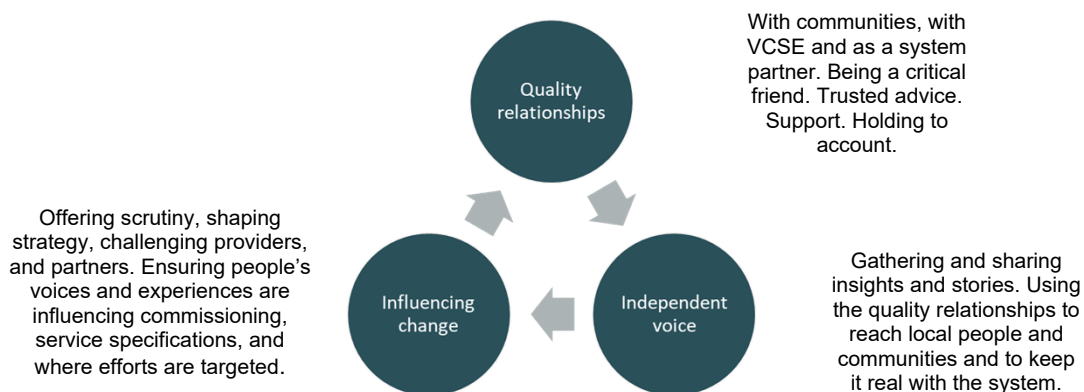
- 1.22 To inform the correct procurement route, whether direct award or a full competitive tender process, noting the restrictions applied as to who can provide Healthwatch, the focus on quality of delivery and the Sheffield place focus, the following actions have been/will be undertaken:

- A Stakeholder Session was held on 15th November 2023 to gain feedback about provision of Healthwatch by Voluntary Action Sheffield.
- Soft market test to determine if any other providers are interested in provision of Healthwatch services. This will be completed by mid-January 2023.
- Risk based analysis of options available from the independent legal consultant.

1.23 The feedback from the stakeholder session on 15th November 2023 was extremely positive, highlighting the value of Sheffield Healthwatch and crucially how Sheffield Healthwatch are meeting the Quality Standards as well as collaborating to influence change for individuals.

1.24 A summary of the feedback is noted below and at Appendix 1. The feedback highlights the value of Healthwatch Sheffield and in particular the quality of local relationships which enable the role of Healthwatch to be undertaken.

1.25 There were 3 main themes emerging from people’s current perceptions of Healthwatch Sheffield. They are all interlinked around the role of critical friend.



1.26 Our focus must be on meeting the legal duties as set out above and ensuring the quality and continuity of provision to deliver these. In addition, utilising public funding wisely, particularly at a time of significant pressures in Adult Care.

1.27 It is therefore proposed that Adult Health and Social Care Committee approves the Council commissioning a new Healthwatch contract for Sheffield for a period of 10 years. This will enable the Council to continue to provide Healthwatch Services and meet its statutory duties and in addition ensure stability of provision. This will also support the Council in meeting the needs of vulnerable parts of the population of Sheffield.

Healthwatch Sheffield Annual Report

1.28 The Healthwatch Sheffield Annual Report is attached at Appendix 2 and highlights the role that Healthwatch has undertaken over the last year. The report noted that Sheffield Healthwatch heard from 2,736 people about their experiences of care, provided information and advice about health and care services to 9,161 people and worked in partnership with community organisations on a huge range of topics that matter to local people.

1.29 The report highlights in particular Sheffield Healthwatch:

- Worked with Disability Sheffield to run creative listening sessions, helping adults with listening disabilities have their say on services being commissioned.
- Set up a steering group to drive our Long Covid project – these included representatives from voluntary organisations and people living with Long Covid
- Looked at Older People’s care homes helped shape the plans for care home provision in Sheffield.
- #SpeakUp report with Sheffield ME and Fibromyalgia Group brought clinicians and social care staff together to look at how improvements for patients could be made.
- Highlighted how the cost of living was stopping some people from accessing healthcare; NHS South Yorkshire produced resources to help people know what support was available.
- Audited GP websites showed inequitable access to digital services across the city. NHS South Yorkshire has now committed to providing support for GP surgeries to improve their sites.

2. HOW DOES THIS DECISION CONTRIBUTE?

2.1 Sheffield City Council Corporate Delivery Plan outlines six strategic goals for the city. The current arrangements for the delivery of Healthwatch services and the proposal to extend the current contract contributes most significantly to:

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

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

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

2.3 The proposals in the report contribute to Adult Social Care performance against the CQC Assessment Framework for Local Authorities, specifically:

- Theme 1: Working with people.
- Theme 2: Providing support.
- Theme 3: Ensuring Safety

- 2.4 The proposals in the report will support the delivery of Council actions and priorities as they relate to the Race Equality Commission, Climate Action Plan and the development of City Goals as well as learning from our Festival of Involvement which took place during Summer 2023.
- 2.5 The proposals in the report contribute to wider activity and delivery within Adults Care and Wellbeing, including our Safeguarding Delivery Plan, our Carers Strategy and Delivery plan, our Transitions model, and our partnership work with Health.
- 2.6 A risk has been identified that the expiration of the current arrangement without a new commission in place to start may impact upon the accessibility of statutory services.

3. HAS THERE BEEN ANY CONSULTATION?

- 3.1 Consultation has been completed using a stakeholder session held on 15th November 2023
- 3.2 Detailed information regarding the approach taken and draft findings from the consultation can be found in appendix 1. The outcomes of the consultation has informed the commissioning strategy and will inform the service specification and contractual arrangements.

4. RISK ANALYSIS AND IMPLICATIONS OF THE DECISION

4.1 Equality Implications

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

4.1.4 The proposals will support to ensure that Healthwatch support remains stable and will continue to ensure the availability and quality of Healthwatch delivered to vulnerable adults in Sheffield.

4.2 Financial and Commercial Implications

4.2.1 For 23/24, the gross budget available for the Healthwatch contract is £240,000. The current contract payment in 23/24 is c. £210,000.

4.2.2 As part of the new contract, it is planned that inflationary uplifts will be built in. Any increase in contract value above the available budget will need mitigating or addressing through Business Planning.

Legal Implications

4.3 In accordance with Section 181 of the Health and Social Care Act 2012 the Council is required to enter into arrangements with local Healthwatch organisations. Section 221 of the Local Government and Public Involvement in Health Act 2007 (as amended) confirm that this should be a contractual arrangement.

4.3.1 Further detailed within these acts are the statutory functions and requirements of both the local Healthwatch organisation and the Council, including what should be included within the arrangements between the Council and the local Healthwatch organisation.

4.3.2 If approval is given to commission a new Healthwatch contract, this will allow the Council to comply with their statutory duties as outlined in this report.

4.3.3 The Council must ensure compliance with the Public Contracts Regulation 2015.

4.4 Climate Implications

4.4.1 We expect all commissioned providers to appoint Climate Impact Champions and complete an annual self-assessment to evidence how they are working towards the reduction of carbon emissions.

5. ALTERNATIVE OPTIONS CONSIDERED

5.1 Do nothing - This is not an option because the Council have a statutory duty to enter into arrangements with a local Healthwatch organisation to meet statutory duties.

5.2 Provide a Grant – Provide a Grant to deliver Healthwatch Services. Independent Legal Advice confirmed that a contract is required regards the provision of Healthwatch Services.

6. REASONS FOR RECOMMENDATIONS

6.1 The failure to provide Healthwatch services after expiration of the current service without another arrangement in place to deliver the services would therefore mean that the Council would fail to meet its statutory duty.

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Part A

Initial Impact Assessment

Proposal name

Healthwatch Commissioning Strategy

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

The provision of local Healthwatch services is a statutory obligation under the Health and Social Care Act 2012. Local Authorities fund local Healthwatch services, delivering statutory functions:

- obtaining the views of local people about their needs and experiences.
- making reports and recommendations about how services should be improved.
- promoting and supporting the involvement of people in the monitoring and commissioning of health and social care services.
- providing information and advice to the public for accessing social care services.
- sharing reviews and experiences with Healthwatch England; and
- making recommendations to Healthwatch England to advise the Care Quality Commission (CQC).

Local Healthwatch provision is integral to the delivery of our Living the Life you want to live 2022-2030 strategy, in particular:

1. Safe and Well – Healthwatch services share reviews and recommendations on improvements and people’s needs and experiences.
2. Active and Independent – the role of Healthwatch Sheffield as an advocate for people’s voices within the adult health and social care system as an independent voice.
3. Connected and Engaged – Healthwatch Sheffield promotes the voices of people, reaching seldom-heard communities.
4. Efficient and Effective – Healthwatch services provide critical challenge and advice, holding services and systems to account.

The outcome of this Healthwatch Commissioning Strategy is to secure Healthwatch provision in Sheffield following the expected contract end date of March 2024. This is in two strands:

1. extend the current contracting arrangements with Healthwatch Sheffield by 6 months to September 2024 to ensure continuity of this statutory provision.
2. Use the contract extension period to review Healthwatch Sheffield and implement a longer-term commissioning approach.

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)

<input type="radio"/> 21/22	<input type="radio"/> 23/23	<input checked="" type="radio"/> 23/24	<input checked="" type="radio"/> 24/25	<input checked="" type="radio"/> other
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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

Cllr Angela Argenzio

Lead Director for Proposal

Alexis Chappell

Person filling in this EIA form

Charlotte Murrie

EIA start date

30/11/2023

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

Portfolio, Service and Team

Is this Cross-Portfolio

- Yes
- No

Portfolio

Adult Care and Wellbeing

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

Consultation with stakeholders has taken place on 13 November 2023 to gain feedback about provision of Healthwatch by Voluntary Action Sheffield. We also know from the various reports produced by Healthwatch Sheffield and the way in which individuals and services have been supported through Healthwatch to shape provision that the role the service provides is needed and respected.

We expect to further consult with stakeholders as the Healthwatch Commissioning Strategy progresses. This will include market testing in January 2024 to understand whether there are other viable options to the current delivery arrangements within the market and where improvements could be made to current provision.

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

Healthwatch Sheffield will give notice to staff in the new year if the proposal to extend the contract by 6 months is not agreed – we would work with Healthwatch Sheffield at this time if this were the case. Adult Care would work with Healthwatch Sheffield to support staff through this transition as needed.

We will consult and support customers through a transition to a new provider as appropriate following any tender as part of transition planning with the new provider. We would work to minimise the impact on customers once the proposal progresses.

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 checked="" type="radio"/> Partners
<input checked="" type="radio"/> Race	<input type="radio"/> Cohesion
<input checked="" type="radio"/> Religion/Belief	<input checked="" type="radio"/> Poverty & Financial Inclusion
<input checked="" type="radio"/> Sex	<input type="radio"/> Armed Forces
<input checked="" type="radio"/> Sexual Orientation	<input type="radio"/> Other

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

Healthwatch Sheffield's insight and constructive advice to health and care services is cumulative, working year on year to affect change and improve services for individuals and communities. These communities often include those who are seldom-heard, individuals who are disabled, elderly, pregnant, and people in need of health and care services. Maintaining Healthwatch Sheffield provision will support the continuing engagement and involvement of people in Sheffield in the improvement of health and care services in the city in line with the Living the life you want to live strategy.

Proposal has geographical impact across Sheffield

Yes No

If Yes, details of geographical impact across Sheffield

The provision of support through Healthwatch has whole city impact. Healthwatch Sheffield also contribute to ICP/ICB level work.

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 outcome of this Healthwatch Commissioning Strategy is to secure Healthwatch provision in Sheffield following the expected contract end date of March 2024. This is in two strands:

1. extend the current contracting arrangements with Healthwatch Sheffield by 6 months to September 2024 to ensure continuity of this statutory provision.
2. Use the contract extension period to review Healthwatch Sheffield and implement a longer-term commissioning approach.

Maintaining the provision of Healthwatch Sheffield services is integral to supporting the Council's equality duties. It supports the inclusion of people's voices in the development of health and care services and policies. People who use Healthwatch Sheffield services share many protected characteristics.

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.

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

Continued commissioning of local Healthwatch services is a statutory requirement. Healthwatch Sheffield is the local health and social care champion of people in the city. They ensure leaders and decision makers hear the voice of people in the city and improve health and care services accordingly. They provide reliable and trustworthy information and advice about health and care services. The involvement of the service as a customer representative is heard at Sheffield health & wellbeing Board, Sheffield Health and Care Partnership, Health Scrutiny sub-committee, South Yorkshire Integrated Care Board and South Yorkshire Integrated Care Partnership (through Healthwatch Doncaster). The service is integral to the continued critical insight and development of health and care services in the city, ensuring they are fit for purpose.

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

According to POPPI data, in 2020, there are approximately 95,000 people aged over 65 in Sheffield. The 2030 estimate indicates a rise to 108,200. This increase in the number of older adults in the city could mean an increase in the need for services or support. An ageing population means more people with long term health conditions, and a higher risk of having 2 or more at the same time. This makes care and support more challenging in old age.

Older people are significantly the highest proportion of users of adult health and social care services. Much of the initial engagement and strategy development work focused on understanding people's experiences of ageing and how the strategy can suitably change the system to ensure this is a more positive experience in Sheffield.

Local Healthwatch services have supported working age adults, such as people with Long Covid, people with Learning Disabilities, carers, and people who need advice about health and care services.

The National Institute for Health and Care research states that 'two-thirds of adults aged over 65 are expected to be living with multiple health conditions (multi-morbidity) by 2035. Seventeen percent would be living with four or more diseases, double the number in 2015. One-third of these people would have a mental illness like dementia or depression.' This makes care and support more challenging in old age. The paper also highlights that 'the growing number of younger people with multi-morbidity, particularly obesity-related diseases, will contribute to the health and social care burden as they age.' As this data is based on predictions, it's likely that some of these health conditions are developing in the working age population – a preventative approach would benefit the longer-term provision of care.

Continuing to deliver Healthwatch Sheffield services will support people across the age spectrum in Sheffield to improve health and care services in Sheffield.

Disability

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

Census 2021 data indicates 9.1% of Sheffield residents identified as being disabled, a decrease from 10.6% in 2011 (age-standardised proportions). This equates to approximately 33000 people. For those of State Pension age, the percentage reporting a disability has been between 42% and 46% in every year of the past decade, which could mean approximately 43500 people with a disability 65 and over (there will be some discrepancies in these figures due to matching across state pension age, which has been increasing gradually, with population figures that are set at 65 and over).

Healthwatch Sheffield supports people with a disability to feedback on health and care services and see improvements that matter to them.

Pregnancy/Maternity

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

Healthwatch Sheffield ran a project in 2022/23 to explore experiences of people in maternity care. Healthwatch advice and information services also support people to access health and care services while pregnant. Pregnancy and maternity are an opportunity for the adult social care system to advocate for people, where required, ensuring they receive the same quality of service and access to pregnancy and maternity services and support. The continued provision of Healthwatch services local to Sheffield will help improve pregnancy and maternity services.

Race

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

Sheffield is an ethnically diverse city, with around 19% of its population from black or minority ethnic groups. The largest of those groups is the Pakistani community, but Sheffield also has large Caribbean, Indian, Bangladeshi, Somali, Yemeni and Chinese communities.

We know that the coronavirus pandemic has made inequalities worse. National research (CQC State of Care Report 2020) found that there were higher rates of death from coronavirus in Black and Asian ethnic groups.

Detailed in their 2022/23 report, Healthwatch Sheffield worked with Age UK to speak to older people in communities marginalised by race about their experiences. This also included work on Long Covid in the city. They continue to focus on increasing their engagement with communities across Sheffield, ensuring

their voices contribute to the ongoing improvements in health and care services in the city.

Religion/Belief

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

Provision of local Healthwatch services will ensure that people's experiences of health and care in Sheffield are focussed on what matters to them. Where people experience poor services and/or discrimination by the health and care system due to their religion/belief, Healthwatch Sheffield would support them through information and advice, and through their role as a critical friend to the system. Where relevant and appropriate, this would include sharing concerns with regulatory and government bodies (including the national Healthwatch organisation) to ensure appropriate concerns and improvements were raised.

Sex

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

Provision of local Healthwatch services will ensure that people's experiences of health and care in Sheffield are focussed on what matters to them. Where people experience poor services and/or discrimination by the health and care system due to their sex, Healthwatch Sheffield would support them through information and advice, and through their role as a critical friend to the system. Where relevant and appropriate, this would include sharing concerns with regulatory and government bodies (including the national Healthwatch organisation) to ensure appropriate concerns and improvements were raised.

Sexual Orientation

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

Managing disability and ageing is challenging for everyone, however being LGBTQ+ alongside this can present extra difficulties. The LGBTQ+ community is more likely to have experienced prejudice, discrimination, or harassment. People should feel safe to share and explore their sexual orientation.

Provision of local Healthwatch services will ensure that people's experiences of health and care in Sheffield are focussed on what matters to them. Where people experience poor services and/or discrimination by the health and care system due to their sexual orientation, Healthwatch Sheffield would support them through information and advice, and through their role as a critical friend to the system. Where relevant and appropriate, this would include sharing concerns with regulatory and government bodies (including the national Healthwatch organisation) to ensure appropriate concerns and improvements were raised.

Gender Reassignment (Transgender)

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

Provision of local Healthwatch services will ensure that people's experiences of health and care in Sheffield are focussed on what matters to them. Where people experience poor services and/or discrimination by the health and care system due to their gender reassignment or identity, Healthwatch Sheffield would support them through information and advice, and through their role as a critical friend to the system. Where relevant and appropriate, this would include sharing concerns with regulatory and government bodies (including the national Healthwatch organisation) to ensure appropriate concerns and improvements were raised.

Carers

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

In Sheffield, 1 in 10 people are carers (2011 Census) and 12% of carers are estimated to be of working age. Healthwatch Sheffield work with carers in many ways (for example, in 2022/23 through the Chance to Choose project to support the improvement of learning disability services in Sheffield). The services provide advice and guidance to carers and ensure their voices are heard in the development and design of health and care services and policy in Sheffield.

Voluntary, Community & Faith sectors

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

The adult social care strategy is a whole system approach to providing care and support in Sheffield. This includes the voluntary, community and faith sectors which should be seen as a vital part of that system, supporting many people in their communities often preventing need arising in the first place or de-escalating crises. Sheffield has a well-established, vibrant voluntary, community and faith sector. It is these often-smaller organisations, rooted in the community, that keep people well, understand their needs more intrinsically and advocate for their communities.

Healthwatch Sheffield is a leading voice in the city. Through contractual and legislative arrangements, the service must be provided by a social enterprise provider. In Sheffield currently this is through Voluntary Action Sheffield. The service effectively and regularly works in partnership with the VCF sector in the city to amplify the voices of people who use their services and their organisations through their partnership working approach.

Partners

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

Healthwatch Sheffield is a leading voice in the city. They support the facilitation of excellent dialogues across partner organisations through their focus on individual voice in service and policy design and their impartiality. Their impartiality supports effective joint working across health and care.

Cohesion

Staff

Yes No

Customers

Yes No

Details of impact

Poverty & Financial Inclusion

Impact on Staff

Yes No

Impact on Customers

Yes No

Please explain the impact

Adult social care is responsible for making sure services are coordinated, effective, and suitable to meet the needs of individuals. It includes making sure people can choose how their support is provided and making sure the support available can meet the needs of the local population. Healthwatch Sheffield help ensure this to happen by highlighting where gaps or issues are arising in the health and care system in Sheffield.

Healthwatch's remit recognises the impact of socio-economic factors in people's experience of and access to health and care. Healthwatch Sheffield supports people with health and care information and advice, and through their role as a critical friend to the system. Where relevant and appropriate, this would include sharing concerns with regulatory and government bodies (including the national Healthwatch organisation) to ensure appropriate concerns and improvements were raised.

Armed Forces

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

Other

Please specify

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

Action Plan and Supporting Evidence

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

On agreement to the proposal and the continued working relationship with Healthwatch Sheffield, we will work to identify key areas of activity over the coming years that the service can support, linked to ongoing efforts to reduce inequality, and improve quality systems and services in Sheffield. Healthwatch Sheffield, while primarily funded through the Local Authority, should not be in a contract in a way that might compromise the independence of Healthwatch operations, or how complaints are advocated, although the contract could be capable of renewal. This means that while we will work in partnership with Healthwatch Sheffield to identify clear areas of concern or projects that require support, Healthwatch Sheffield must remain free to set their own agenda of activity based on the experiences of citizens to investigate and recommend improvements to the health and care system.

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

[Our annual report 2022-23: Together we're making health and social care better |](#)

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

Healthwatch Sheffield stakeholder event

Wednesday 15th November 2023

What?

The purpose of the stakeholder event

In order to inform the consolidation of the contractual arrangements for Healthwatch Sheffield, a stakeholder session took place in November 2023 to:

- Learn about the **impact** Healthwatch makes in Sheffield
- Learn what **further aspects** stakeholders would like to see as part of the future contractual arrangement
- Understand what **outcomes** they would like to see

The session took place online via Microsoft Teams, and was hosted by Alexis Chappell (Strategic Director Adult Wellbeing and Care) and Lucy Davies (Chief Officer Healthwatch Sheffield). Holly Dannhauser provided independent facilitation support for the exercises and discussion.

Who?

Around **40 people** joined the event, with a wide range of stakeholders represented. This included:

- People from the voluntary and community sector
- Commissioners from Sheffield City Council
- Representatives from Sheffield Teaching Hospital and Sheffield Children's Hospital
- Representatives from Sheffield Health and Care Partnership
- A representative from South Yorkshire Integrated Care Board Communications and Engagement Team
- Representation on behalf of directors working across a range of areas in the Integrated Care Board
- Representatives from a care home provider

The Power of Healthwatch

At the start of the event people were invited to introduce themselves, and say what they think the **power** of Healthwatch Sheffield is. Their answers fell into the following groups:

- **Connecting** people with each other and with decision makers
- **Oversight and scrutiny of services** – somewhere that people could go to with their concerns
- **Information and advice** – including outreach for people that might not access mainstream services
- **Enabling and involving local people** – to influence and improve services
- **Independent** – able to give a non-biased view of services and specific issues
- **Critical friend** – their role in challenging, and holding services to account
- **Anchor organisation** – co-ordinating feedback, supporting other organisations to involve people

“Working with Healthwatch Sheffield on our SpeakUp Grant project was a game changer for us ... it helped us link in with decision makers in a way that we hadn't been able to before.”

“The combination of getting regular insights about our Trust, together with the deep dives such as the recent work on Palliative and End of Life Care is really really valuable”

“We have developed a positive working relationship – we can collaborate but Healthwatch is not afraid to bring challenge as a critical friend”

Healthwatch work – examples and outcomes

The group heard three short presentations about recent Healthwatch work:

1. *Experiences of older people in care homes – Catherine Bunten (Sheffield City Council) and Kathryn Rawling (Sheffcare)*

In 2022-23 it was a Healthwatch Sheffield priority to hear the experiences of older people living in care homes; this was a group of people that had been particularly impacted by Covid and it had been difficult to hear their views.

Kathryn Rawling described how the [Sheffcare SpeakUp Grant](#) project enabled their residents and families to share their views about their experiences during Covid. Having the chance to have their say, and seeing this captured in a report which was shared locally and nationally, was valuable for the families that had been through this experience.

Catherine Bunten described how Sheffield City Council had used this work, alongside another Healthwatch Sheffield report – [What Matters to Us](#) - to help their quality monitoring of care homes, as well as in their Care Home transformation work. Catherine shared the slide below to help illustrate how the reports were connected to the work in Adult Social Care.



2. *New GP Hubs in the North of Sheffield – Richard Kennedy (Head of Involvement South Yorkshire Integrated Care Board)*

In 2022 Healthwatch Sheffield played an important role in the public involvement for the proposed new GP Hubs in Sheffield. Richard described how Healthwatch were able to effectively play 3 roles in this work;

- Involvement in the design of the engagement – **critical friend role**
- Going out and speaking to people to hear their views directly – **engagement role**
- Challenge and scrutiny through the governance routes at the CCG / ICB – **scrutiny role**

3. **Long Covid Project** – Fran Arnold (Darnall Health and Wellbeing) and Lucy Davies (Healthwatch Sheffield)

This is a joint project between VAS and Healthwatch Sheffield. Its purpose is to **Involve people and communities in developing support for Long Covid in Sheffield, and improve outcomes for people living with the condition.** There is an underrepresentation of people from lower socio-economic and Black, Asian and minoritized ethnic groups currently accessing support for this condition; the project is focused on these groups.

The project has taken a collaborative approach – led by a steering group which includes people living with Long Covid, community organisations, NHS and public health staff. Paying community groups and individuals for their involvement in this group has been an important enabler for people to participate.

Through working with and funding grassroots organisations, the project has heard the experiences of 440 people. The learning from this has helped identify what is needed to improve access to services, and better outcomes for people. The next phase of the project will develop information, tools and resources that will help achieve this.

Reflections

People reflected that these projects demonstrated:

- The scale and reach of Healthwatch work
- Quality of the insights
- Importance of good relationships – with individuals, communities, organisations and services
- The influence of Healthwatch
- The role of Healthwatch in supporting other organisations and building their capacity to do voice and involvement work

Wishes for the future of Healthwatch

The participants worked on a Jamboard to record their wishes for the future of Healthwatch Sheffield.

What are the important elements of a good Healthwatch?

- **Partnership working** was mentioned by many people. This was with statutory services, but also community organisations and service providers. People described the need for sustainable/ long term relationships to enable trust to be built, and the ability to work together on medium and long term plans
- **Reliable long term funding** to enable Healthwatch to build, expand and develop
- **Setting priorities** – understanding system priorities is important to help develop the Healthwatch work plan, but it is also important that Healthwatch are finding out *what is important to people*, in order to guide system work
- **Supporting organisations** to do involvement well (in the voluntary sector and within statutory services)
- **Continued focus on equity** - focus on communities who currently experience the worse health outcomes in the city

- **Training for community groups and the public** - for example, in relation to health topics and also how to advocate for themselves and other in health settings
- **Impact** – develop formal routes for report to be heard within governance structures, to enable more accountability / follow up on the recommendations
- **Develop paid employment** for involvement opportunities
- **Maintain independence and continue to challenge** - *'be visible, tenacious critical friends'*
- **Community research** on health and wellbeing

“Healthwatch have been able to bring organisations and groups together to support the people of Sheffield with health issues”

“One of the few orgs that proactively work to engage with very hard to reach groups and do this in an equitable and purposeful way - not just tick boxing”

What helps us move forward?

The group were asked to consider what specific things Healthwatch Sheffield should **continue** to do in order to help them move forward:

- **Reports** – continue to provide high quality reports / insights
- Identify clear **governance** routes for these reports to be seen and used across the system in a consistent way
- Continue to represent the views of people at a senior level – at **boards** and in **one to one relationships with senior leaders** *'informal and formal conversations are part of the work'*
- Developing **trust**
- Creating **opportunities and space** to talk about lived experience
- **Visibility** in communities and in system conversations
- **Funding** – long term stability, with buy in and contribution from partners across the system
- The need for **stability** but also **flexibility** to enable responsiveness was highlighted.
- Healthwatch **micro-grant processes** (eg SpeakUp) are these **equitable** in terms of distribution and easily accessible for all?

What holds us back?

Attendees were asked to consider what the **challenges and barriers** are that hold Healthwatch Sheffield back. The following is a summary of the responses:

- **Funding** – lack of stability of funding, and amount of funding
- **Continuity of staffing** – recognising that losing staff can impact on continuity of approach and delivery, and also relationships

- **Reach and capacity** – Healthwatch are not able to do work in all areas of health and social care
- **Power imbalance**– Healthwatch aren't always seen as 'partners' in the system
- **Impact** – ability to follow through to see whether recommendations and plans are implemented is limited
- **Reach** – into different communities. Not enough visibility in some places / areas
- **Lack of representation** – of diversity within the Healthwatch team

How could we do things differently?

Attendees were asked to think inventively about ways that Healthwatch Sheffield could **grow and develop**. The following is a summary of the responses:

- **Grow business model** – develop other income through sales of services, facilitation
- **Feedback** – ensure that people know how their feedback has been used and what difference it has made
- **Incentives** – vouchers/payments for participation
- **Build allies** – development relationships with senior leaders who are natural allies in order to maximise impact
- **Be more challenging** – call us out, including publicly
- **Focus on growing awareness** – through social media, through connectivity with roles such as link workers
- **Ensure accessibility to what they've heard** – eg through sharing insights on the South Yorkshire insights bank
- Develop **collective working with other Healthwatch in South Yorkshire**, including a '*one route in*' for commissioners looking to engage South Yorkshire Healthwatch in work
- **Mentoring and shadowing opportunities** – between NHS staff and the Healthwatch team
- Develop work around facilitating and supporting **co-production**

There was a recognition that some of these aspirations could only be achieved with additional funding and resource.

“Very useful resource which supports and shares responsibility for outcomes i.e. report writing and spreading the word, coordinating work which enables us to concentrate on activities such as gathering client stories and data – they form a vital link between voluntary organisations and statutory organisations / NHS Trusts”

“I have received a professional service” [re a commissioned project]

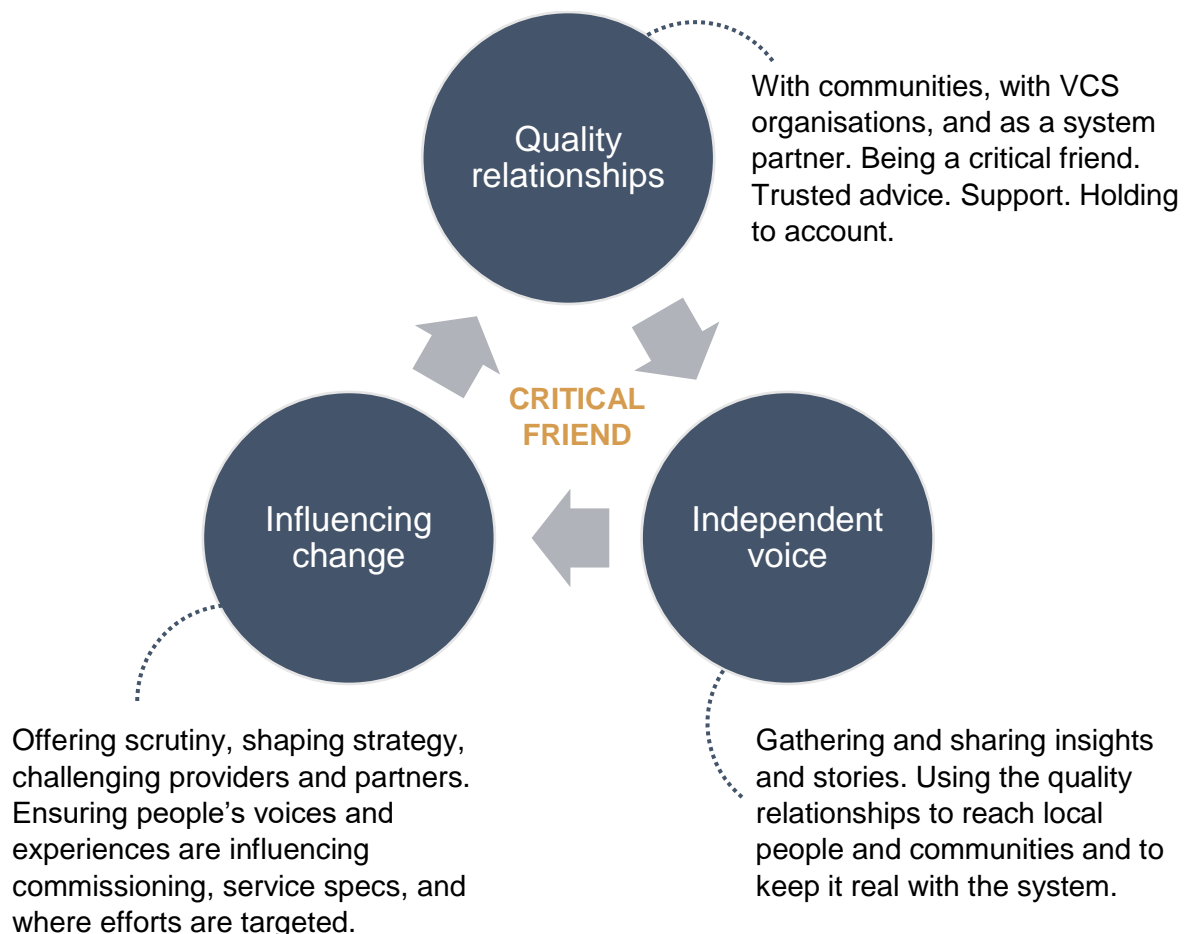
What should we do next?


Finally, attendees were asked to identify actions for next steps. They were asked to make these as specific as possible.

- **Celebrate Success**
- Use **feedback** gathered in this workshop to **inform and plan next steps**
- **Re-visit past reports** – what has changed as a result? Showcase this, and let people know where their feedback has had **impact**
- **Consider system priorities** – how can Healthwatch contribute in these areas? Work with senior leaders to develop proposals in relation to this
- **Identify gaps and develop proposals** for commissioned work to fill these
- Link in with **Delivery Groups** effectively
- **Stay connected** - maintain relationships with people and communities who have already taken part in Healthwatch work
- **Look at the experiences of diverse communities** – in context of Race Equality Commission report

The value of Healthwatch work

Following the event a visual summary of the value of Healthwatch work was put together based on the feedback given.





Greater appreciation
of many things we had
taken for granted

Together

we're making health and social care better

Annual report 2022–23

healthwatch
Sheffield

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"In the last ten years, the health and social care landscape has changed dramatically, but the dedication of local Healthwatch hasn't. Your local Healthwatch has worked tirelessly to make sure the views of local people are heard, and NHS and social care leaders use your feedback to make care better."

Louise Ansari, Healthwatch National Director

Message from our Chair

Healthwatch is often described as a “watchdog”, keeping a watchful eye on health and social care services. We certainly had to be terrier-like about **dentistry** as people told us how difficult it was to find an NHS dentist and the impact of delayed treatment. Getting health systems to recognise this problem and that dental health affects *all* health required persistence and determination. It’s a good example of Healthwatch listening to people’s experiences and making sure that health decision makers hear it too.

Indeed, this report underlines the Healthwatch approach of listening to different people and communities – over a long time – and developing trusted relationships so that services can understand what is happening and be willing to work together to make improvements.

In the **Chance to Choose** project we supported adults with learning disabilities to have a say in a new Council service. In work with older people in **care homes**, we ensured the voices of residents were included in the way services were set up and monitored. Healthwatch always want to ensure people who are sometimes overlooked are listened to and their experiences brought into the picture.

Hearing from *all* communities in Sheffield and linking to people we hear from less frequently, for example those who are marginalised by race, is a continuing priority. This year it led to projects exploring experiences of **Long Covid** and **maternity care**, and is part of the continuing effort to ensure all people in Sheffield have an equal chance of a healthy life.

Of course no amount of listening will make much difference if health systems don’t engage with what people are saying. So this year, with the start of a new health structure in South Yorkshire (the Integrated Care System), we’ve been working with Healthwatch colleagues across the region to ensure that engagement and people’s needs are at the heart of decision making. We want to see health systems engaging and involving people creatively, over time and with proper resources, leading to better outcomes for individuals and communities.

Healthwatch could not do its work without partnerships with voluntary organisations such as Disability Sheffield, the advice of our Strategic Advisory Group and the support of Voluntary Action Sheffield – our accountable body and active collaborator. We are grateful for our partnerships with Sheffield City Council and the NHS.

Lastly, I want to thank our energetic and creative Healthwatch staff led by Chief Officer Lucy Davies, and all our volunteers whose work has such a positive impact on the lives of people in Sheffield.



J. A. ROBINSON

Judy Robinson
Healthwatch Sheffield
Chair

About us

Your health and social care champion

Healthwatch Sheffield is your local health and social care champion. From Stocksbridge to Mosborough and everywhere in between, we make sure NHS leaders and other decision makers hear your voice and use your feedback to improve care. We can also help you to find reliable and trustworthy information and advice.



Our vision

A city where people have an equal chance of a healthy life



Our goals

- Find out what matters to local people; influence and improve health & care services
- Involve those who often aren't heard
- Help make Sheffield a healthy city to live in



Our year in review

Reaching out



2,736 people shared their experiences of health and social care services with us this year, helping to raise awareness of issues and improve care.

9,161 pieces of information & advice were shared with people who came to us for clear guidance about topics such as dental care and the cost of living crisis.

Making a difference to care



We published **4 topic based reports**

11 'What have we been hearing?' reports

These are our regular insight reports giving a snapshot of what we are hearing from the public – we share these with services each month so that they can learn what is and what isn't working for people.

Health and care that works for you



We're lucky to have **28 volunteers** who gave up **more than 100 days** to make care better for our community.

We're funded by our local authority. In 2022–23 we received **£209,952** which is the same as last year.

We currently employ **7 staff** who help us carry out our work.

How we've made a difference this year

Spring



Paul Blomfield MP quoted our work when he raised important questions in parliament about the ongoing crisis in NHS dentistry



With new primary care hubs being proposed in the North East of Sheffield, we helped set up public meetings so that people could get information and have their say

Summer



Set up a steering group to drive our Long Covid project – this included representatives from voluntary organisations and people living with Long Covid



We worked with Disability Sheffield to run creative listening sessions, helping adults with listening disabilities have their say on services being commissioned

Autumn



Our #SpeakUp report with Sheffield ME and Fibromyalgia Group brought clinicians and social care staff together to look at how improvements for patients could be made



Our report on Older People's care homes helped shape the plans for care home provision in Sheffield

Winter



We highlighted how the cost of living was stopping some people from accessing healthcare; NHS South Yorkshire produced resources to help people know what support was available



Our audit of GP websites showed inequitable access to digital services across the city. NHS South Yorkshire has now committed to providing support for GP surgeries to improve their sites



Listening to your experiences

Services can't make improvements without hearing your views. That's why over the last year we have made listening to feedback from all areas of the community a priority. This allows us to understand the full picture, and feed this back to services and help them improve.

Chance to Choose

Shaping services for adults with learning disabilities

Sheffield Council were working on a new plan for learning disability services. They wanted to take a fresh look at how services like supported living, day opportunities and respite care are set up – and they wanted to involve people in the process.

We worked in partnership with Disability Sheffield to hear from people about what they wanted to see in our city.

The Chance to Choose Project heard from people in lots of ways:

- Through creative activities (drama, art, creative writing, puppet making, vegetable carving) – these sessions were run in a variety of settings, with a range of groups
- In bigger events focussed on a particular theme; council staff come together with people with learning disabilities to talk about how services are now, and how they could be in the future
- Through an accessible survey
- In events focussed on involving and hearing from carers



- People would like more choice for day opportunities – including access to employment and training
- There is a lack of appropriate services for 14-25 year olds
- Supported Living can feel restrictive – people would like more control over the choices they can make in their own home
- Some people had a negative view of respite care following poor experiences – they felt that there was not enough variety in what was offered, and the quality wasn't always good

What difference has this made?

“Through the Chance to Choose project, the voices of service users within the Learning Disability community have found a fun and interactive way to be heard.

These valuable insights have been used to create the ‘Golden Threads’ document, which served as the solid foundation for our new Adults with a disability framework, and is one step closer to our final goal of ‘absolute’ co-production.

It has also been an absolutely wonderful opportunity for us as professionals to sit down and talk to individuals and remind ourselves exactly why we do what we do.”

Lilly Hoyland, Commissioning Officer



What matters to us

Older people's experiences of living in a care home

During the Covid-19 pandemic, we had very few opportunities to hear from older people in care homes. It felt important that we focussed on them this year to find out about their experiences of the care and support.

We visited care homes across Sheffield, speaking with residents about what was important to them. We also heard from some of their families.

Our recommendations for improvement included:

1. Improve information given to families and residents before moving into a home
2. The council should check with homes to see how they are hearing the views of residents and relatives and acting on them
3. Share ideas and resources to help homes offer a range of activities, connect residents with communities, and support social interaction and friendships within the home
4. Care plans need to be clear about how residents will be supported to do things that matter to them



"I don't know what would have made the process of getting dad into a care home easier or less stressful, but it would have been good to have been able to talk through different approaches with someone, even if just on the phone. We had so many fears and questions."

Family member of care home resident

What difference will this make?

The information in the report was used to shape both the commissioning of care homes, and the quality monitoring toolkit which the council will be using in 2023-24. This means that what people shared is having a direct impact on how council staff are checking quality in care homes in the city.



"The work undertaken by Healthwatch by hearing the voices of residents and families has been so beneficial to the commissioning of a new care homes contract, the report they produced has provided valuable insights into what people see as important when living in care homes and has been used to develop the 8 principles of a good care home."

Three ways we have made a difference for the community

Throughout our work we gather information about health inequalities by speaking to people whose experiences aren't often heard.

Creating empathy by bringing experiences to life



It's important for services to see the bigger picture. Hearing personal experiences and the impact on people's lives provides them with a better understanding of the problems.

Our #SpeakUp Grants help community organisations shine a light on the issues that are important to them and the people they support. This year we worked with Sheffield ME and Fibromyalgia group to find out whether the new NICE guidelines for ME treatment were being followed; as part of this work members of the group came together with health and care professionals, to reflect on the report findings, listen to people's experiences, and identify actions that could be taken.

Supporting services to involve the public



We support services to think about how they involve local people to help improve care for everyone.

This year the health service shared plans to build up to 5 Primary Care Hubs in the North East of Sheffield, potentially replacing a number older GP buildings. We worked closely with the NHS to act as a 'critical friend' on their plans for involvement and consultation, challenging them to go further on the work they were doing to share information about the project, answer people's questions, and get people's views. As a result of the consultation, the NHS heard people's concerns and plans for one of the hubs did not move forward..

Improving care over time



Change takes time. We often work behind the scenes with services to consistently raise issues and bring about change.

In 2018 our report 'Not Equal' described the experiences of deaf people when accessing health and social care services, and the barriers they faced. Despite continuing to raise these issues over the last five years, we continue to hear about poor experiences that people are having.

We are pleased that this year, after consulting with us, Sheffield Teaching Hospitals have chosen Accessible Information as one of their 'quality objectives'; we hope that focussed effort over the next year will lead to improvements for deaf people in Sheffield as well as others who face barriers to accessing information and services..



Hearing from all communities

Over the past year we have worked hard to make sure we hear from everyone within our local area. We consider it important to reach out to the communities we hear from less frequently, to gather their feedback and make sure their voice is heard and services meet their needs.

This year we have reached different communities by:

- Doing projects such as our work on Long Covid, and our maternity project – both of these projects focussed on hearing from people in communities marginalised by race
- Talking to individuals across the city in places like foodbanks and social cafes to get their views on health and care services
- Connecting with community groups working across Sheffield to hear from the people they support, through our Speakup grants and our partnership work

Long Covid

This year we started work on our Long Covid project in partnership with Voluntary Action Sheffield.

An estimated 3.1% of the UK population are thought to be experiencing long COVID symptoms* – this translates to around 23,000 people in Sheffield. We know that some communities are underrepresented when it comes to accessing services for Long Covid in the city; our project aims to find out more about the experiences of these groups, and what support they might need.

To do this we are partnering with voluntary sector organisations that work with people in communities marginalised by race, and those from low income areas of the city. We have been interviewing individuals, and running information sessions for groups – this project will continue throughout 2023.

*ONS figures February 23



“I had all these question marks around what was going on with me.....the information session was a light bulb moment .. everything fit into place.”

Staff member from a voluntary sector organisation



“I don’t get much pension – if you’re not fit and well, how do you fight to get the money you’re entitled to?”

Local resident

What matters to you about your health and wellbeing?

Following recent re-organisation in the NHS, South Yorkshire leaders have been working on their plan for health services in our area, over the next 5 years.

We were asked to help them connect with people who they don’t normally hear from, to make sure that their views were included in the work. We went out across the city to talk to people about what was important to them about their health and wellbeing, what was good about services, and what could be improved..

From community groups, to individuals in foodbanks or social cafes we went to 34 locations across the city people so that more people could have their say.



Advice and information

If you feel lost and don't know where to turn, Healthwatch is here for you. In times of worry or stress, we can provide confidential support and free information to help you understand your options and get the help you need. Whether it's getting the dental treatment you need, finding out how to make a complaint or knowing where to go for urgent care – we're here to help.

This year we've helped people by:

- Providing up to date information people can trust
- Helping people access the services they need
- Helping people access NHS dentistry
- Producing tailor made information resources on different topics, in response to requests from community groups

Help to find dental care in Sheffield

102 people contacted us this year for advice and information about dental services. People told us that most practices are not taking on new NHS patients, and that others have waiting lists of up to three years.

The impact of delayed treatment has resulted in people living with considerable pain and dental conditions worsening. We also heard from people who felt they'd tried everything, but still couldn't access care.



“I’m pregnant and suffering from bad sensitive teeth and gums, and it is hurting my teeth to drink or eat”

Rose, Sheffield resident

“I have rung over 30 dental practices in Sheffield. Everyone had at least a two year waiting list. I can't afford to pay for private treatment!”

Daniel, Sheffield resident



A large proportion of people told us they or their families had not seen a dentist since before the Covid-19 pandemic or even longer.

Our advice line has meant people who need urgent or routine treatment know their options and have clear information.

We are making sure the concerns of people in Sheffield are heard by decision makers. We have regularly shared information with the Yorkshire and Humber NHS England dental commissioning team and the South Yorkshire Local Dental Network. We also presented findings to the Sheffield Health Scrutiny Committee, and to the national inquiry into dentistry in January 2023.

Information about pharmacy services for the local Somali community

ISRAAC, a local Somali community centre, told us that people they work with needed better information about where they could access different pharmacy services.

With the help of a volunteer from the New Beginnings project, we worked to understand what support people needed, gathered the right information, and produced a pharmacy information leaflet tailored to the needs of ISRAAC's service users.

The leaflet was targeted to central Sheffield, and included NHS and Non-NHS services with a particular focus on blood pressure and diabetes testing services. The leaflet was well received by a staff member at ISRAAC, who was then able to distribute the information to those who would find it most beneficial.

We work closely with different organisations throughout the year to produce accurate and accessible information resources for the people they support.





Volunteering

We're supported by a team of amazing volunteers who are at the heart of what we do. Thanks to their efforts in the community, we're able to understand what is working and what needs improving.

This year our volunteers:

- Collected experiences and supported their communities to share their views
- Reviewed GP websites to look at accessibility
- Helped us design information resources
- Took part in regular forums to help bring the public and patient perspective to people designing and leading services
- Helped steer and guide our work through our Strategic Advisory Group (SAG) and our Long Covid Steering Group

Ayah – Information and advice volunteer



"I spent a wonderful time volunteering at Healthwatch.

I've learned how to design a leaflet and how to choose the right font sizes and shapes. Also how to organise the layout of the leaflet and to pay attention to the small details that can make a big difference. Also I really enjoyed our go away days and visits to different locations.

Apart from that my typing skills improved significantly because I used to search a lot about different places and collect information from different websites.

Another thing is my English language became much better now than before volunteering and a lot of friends commented on that.

I really enjoyed small talks with other staff members, they were very supportive and friendly. Never forget the tasty snacks and hot coffees.

At the time I've started volunteering I was newly arriving at the UK and I was suffering from social isolation and stress, the volunteering helped me along with my mental health and to overcome the stress.

I would like to thank everyone at the Healthwatch team especially Anna (*Information and Advice Officer*) for her support and encouragement."

See page 13 to read about the project Ayah worked on.



Do you feel inspired?

We are always on the lookout for new volunteers, so please get in touch today.



www.healthwatchsheffield.co.uk



0114 253 6688



info@healthwatchsheffield.co.uk



Statutory statements

Healthwatch Sheffield is hosted by Voluntary Action Sheffield.

Healthwatch Sheffield uses the Healthwatch Trademark when undertaking our statutory activities as covered by the licence agreement.

Finance

To help us carry out our work we receive funding from our local authority under the Health and Social Care Act 2012.

Our income and expenditure

Income		Expenditure	
Annual grant from Local Authority	£209,952	Expenditure on pay	£230,688
Additional income	£171,627	Non-pay expenditure	£51,171
		Office and management fee	£55,419
Total income	£381,579	Total expenditure	£337,278

Additional income is broken down by:

Sheffield Health and Care Partnership:	£27,900
Sheffield CCG / South Yorkshire ICB:	£15,000
Healthwatch England:	£49,950
Health Education England:	£2,548
Income from local charities for work done in partnership:	£7,250

Our expenditure is less than our income this year due to the receipt of funding for the Long Covid project, the bulk of which will be delivered in 2023/24.



The way we work

Involvement of volunteers and lay people in our governance and decision-making

Our Healthwatch Sheffield Strategic Advisory Group (SAG) has up to 9 members who work on a voluntary basis to provide direction, oversight and scrutiny to our activities. The Group ensures that decisions about priority areas of work reflect the concerns and interests of our diverse local community.

Throughout 2022/23 the Board met 10 times and made decisions on matters such as how we work with other Healthwatch in South Yorkshire, and our priorities for 2023-25.

To help set these priorities we spent time in January and February 2023 talking to people about what they think Healthwatch should be focussing on, and what is important to them. This included talking to members of the public in different parts of the city, as well as community groups.

How we hear from people

We use a wide range of approaches to ensure that as many people as possible have the opportunity to provide us with insight about their experience of using services. During 2022-23 we have been available by phone, email, provided a webform on our website and through social media, as well as attending the meetings of community groups, forums and having stalls in public spaces. We have visited care homes to talk with residents, and have held focus groups online and in person.

We ensure that this annual report is made available to as many members of the public and partner organisations as possible. We will publish it on our website and make printed copies available.



#SpeakUp Grants

Our micro-grants help more people to have their say across different communities in the city. This year we gave 5 grants – the groups received £2000 each as well as some of our staff time to support them with the project. We heard from homeless young people, African women, taxi drivers, older people in care homes and people living with ME and Fibromyalgia.

Taking people's experiences to decision makers



We attend decision making boards and committees to champion the voices of the people we hear from.

As well as sharing insights from our work, we promote the importance of listening to citizens, and involving them in the design and running of services. We also work to create opportunities for decision makers to speak directly to people who use their services, and act as a critical friend to support services in improving the way they involve patients and the public.

Sheffield Health and Wellbeing Board

Healthwatch Sheffield is represented here by Judy Robinson (our Chair). This statutory Council Board brings together decision makers and partners across the NHS, the City Council, the voluntary sector and independent players.

Healthwatch is involved in helping to set the Board's agenda ensuring issues about service changes and user voices are discussed and alerting the Board to our intelligence from the ground about trends and about emerging issues – such as the growth in complaints about accessing dental care. We give an annual update about our work to the Board.

Sheffield Health and Care Partnership

Healthwatch Sheffield is represented in this Partnership by Judy Robinson (our Chair). This is where the Health and Care providers in the city come together, and link with NHS South Yorkshire and the Local authority to make decisions relating to services in Sheffield.

Health Scrutiny sub-committee

There is a statutory relationship between Healthwatch and Health Scrutiny – Healthwatch may refer any matter relating to the planning, provision and operation of the health service in the Sheffield for review and scrutiny, and if they do the local authority must take account of any information provided by them.

Our representatives at Scrutiny this year have been Lucy Davies (our Chief Officer) and Patricia Edney (a Strategic Advisory Group Member). They have attended Scrutiny Committee meetings to share insight, views and experiences of local people as part of discussions.

South Yorkshire Integrated Care Board

Healthwatch in South Yorkshire have a non-voting place on the Integrated Care Board, Lucy Davies (our Chief Officer) has been the Healthwatch representative in 2022-23.

South Yorkshire Integrated Care Partnership

Healthwatch in South Yorkshire are represented by Fran Joel (the Chief Officer of Healthwatch Doncaster).

2022–2023 Activity

Additional work areas from this year
The impact of the cost of living crisis on people’s access to healthcare We spoke to people in different communities and produced a short briefing setting out the issues people were facing to help health services consider how to help.
Health and Care Public Forum (Sheffield) Involving patients and the public in the city’s efforts to increase partnership working across health and social care services
Experiences of older people in communities marginalised by race Working with Age UK we spoke to older people in 2 communities. We linked with Roshni to speak with older women from the South East Asian community, and visited SADACCA to speak people from the African Caribbean Community.
Speak Up Report – <u>Sheffield ME & Fibromyalgia Group</u>: Exploring the groups experiences of care related to ME/Fibromyalgia, including the barriers people face and how services can be improved.
Speak Up Report – <u>Sheffield Foyer</u>: Talking with the young residents of the Foyer project about sexual health – listening to their experiences of accessing services, as well as providing information and advice on the topic.
Speak Up Report – <u>United Women’s Affiliation</u>: Working with women who do not have English as a first language, this project looked at their experiences of accessing health services as well as providing information on health and wellbeing.
Speak Up Report – <u>Sheffcare</u>: A project focussing on talking to care home residents and their families about their experiences with COVID-19 lockdowns and visiting restrictions
Speak Up Report – <u>Champion in Achieving Better Health in Sheffield (CABS)</u> Speaking with South Asian taxi drivers to hear about their health needs and what the barriers are for them to access and achieve better health
GP Website Healthcheck We analysed 74 GP practice websites to see whether patients across Sheffield can access services online. We found a widely varying picture across the city, and NHS South Yorkshire has commissioned work to help address the concerns raised.

Next steps

Healthwatch is 10 years old in 2023

In the ten years since Healthwatch was launched, we've demonstrated the power of public feedback in helping the health and care system understand what is working, spot issues and think about how things can be better in the future.

Services are currently facing unprecedented challenges and tackling the backlog needs to be a key priority for the NHS to ensure everyone gets the care they need. Over the next year we will continue our role in collecting feedback from everyone in our local community and giving them a voice to help shape improvements to services.

We will also continue our work to tackling inequalities that exist and work to reduce the barriers you face when accessing care, regardless whether that is because of where you live, income or race.

Our priorities for 2023–25

1. End of Life and Palliative Care
2. Long Covid – understanding the needs of marginalised communities and improving support
3. Access to children's health services – a focus on equity
4. A neighbourhood perspective on health and care – understanding how services work together in an area of Sheffield



Together
we're making health
and social care better

10
years

Our team

Thank you to everyone who has been a part of our team this year, either as a staff member or as a volunteer.

Staff team

Nupur Chowdhury	Engagement and Involvement Officer
Mina Clarke	Project Support Assistant
Laura Cook	Policy and Evidence Co-Ordinator
Lucy Davies	Chief Officer
Sarah Fowler	Community Outreach Lead (on secondment with Healthwatch England)
Anna Harman	Information and Advice Officer
Katherine Knox	Community Outreach Lead (secondment cover)
Natasha Munoz	Engagement Officer - Long Covid Project
Holly Robson	Operational Support Officer
Katie Toman-Grief	Administrator



Voluntary Action Sheffield (VAS) Staff

For extra capacity on particular projects, we link with VAS staff to support our work. VAS staff who have worked with us this year are:

Winnie Lutakome	Maternity project
Olga Gontsova	NHS South Yorkshire Forward Plan engagement

Strategic Advisory Group (SAG) - volunteers


Judy Robinson (Chair)	Lucy Fox
Dr Patricia Edney	Asma Rabeha
Tim Furness	Beth Kyte
Mark Gamsu	Janet Harris
Verni Tannam	



healthwatch
Sheffield

Healthwatch Sheffield
The Circle, 33 Rockingham Lane
Sheffield
S1 4FW

 www.healthwatchsheffield.co.uk

 0114 253 6688

 info@healthwatchsheffield.co.uk

 @HWSheffield

 [Facebook.com/HealthwatchSheffield](https://www.facebook.com/HealthwatchSheffield)

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Report to Policy Committee

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

Report of:	Strategic Director Adult Care and Wellbeing
Report to:	Adult Health and Social Care Policy Committee
Date of Decision:	13 th December 2023
Subject:	Adult Care & Wellbeing: Market Sustainability & Commissioning Update and Approval of the 24/25 Care Fees

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

If YES, what EIA reference number has it been given? **2478**

Has appropriate consultation taken place? Yes No

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

Does the report contain confidential or exempt information? Yes No

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

“The (report/appendix) is not for publication because it contains exempt information under Paragraph (insert relevant paragraph number) of Schedule 12A of the Local Government Act 1972 (as amended).”

Purpose of Report:

The purpose of this report is to provide Committee with an update on Adult Care and Wellbeing Commissioning in 2023/24.

The report seeks to provide assurance on how we are delivering our market sufficiency responsibilities as set out in the Care Act 2014, covering achievements and planned activity to improve sufficiency, stability, and quality assurance.

This report seeks approval for proposed fee rates for Council contracted providers in the financial year 2024-25. It is proposed that these rates take effect from 8th April 2024.

Recommendations:

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

1. Note progress made in relation to providing support in the City and delivering a stable care market, including:
 - The outcome of the Care and Wellbeing tender
 - The tender for Care at Night services
 - The tender for Standard Residential provision
 - Our Technology Enabled Care offer and developments.
 - Our Direct Payment Support Service
2. Note progress made in implementing Quality Assurance oversight and governance arrangements.
3. Note the flowchart for provider escalations to the Council covering contractual, safeguarding and fee uplift requests set out at Appendix 3 and the intention that officers will work in partnership with providers to develop an escalation framework based on this model to be brought back to Committee in 2024.
4. Approves use of £840,000 in 2024/25 of the 'Market Sustainability and Improvement Fund: Workforce Fund' announced in August 2023 to further close the gap between the current weekly fee rate and the median Fair Cost of Care output for standard residential care.
5. Approve the Care Fees for the financial year 2024/2025 as set out in this Report.
6. Note that a report will be brought to March 2023 Committee with an update on the delivery of the Transforming Care Homes Commissioning and Delivery plan.
7. Approves that a report will be brought to March 2023 Committee setting out proposals for how Sheffield City Council can further move towards the Fair Cost of Care and Foundation Living Wage.
8. Delegates authority to the Strategic Director of Adult Care and Wellbeing in consultation with the Chair of the Adult Health and Social Care Policy Committee to agree any appropriate and proportionate fee increases requested by non-standard provision, and by providers outside Sheffield because cost pressures will vary from place to place.

Background Papers:

- [Adults with a Learning Disability Strategy and Adult Future Options Transformation Plan](#), 20th September 2023
- [AHSC Policy Committee Report: Market Sustainability: Adult Social Care Fee Rates 2023/24](#), 16th March 2023

- [Home Care: Care and Wellbeing Service Contract & Discharge Provision](#), 20th September 2023
- [Adult Care and Wellbeing Governance, Assurance, and Performance Framework](#), 14th June 2023
- [Adult Care Providing Support, Market Sustainability Commissioning Plan 2023-2025](#), 14th June 2023
- [ASHC Policy Committee Report: Transforming Care Homes for Citizens of Sheffield](#), 8th February 2023
- [Market Oversight and Sustainability: Adult Social Care](#), 8th February 2023

Appendices:

1. Technology Enabled Care programme update
2. Quality Assurance oversight and governance arrangements,
3. Escalation process for providers covering contractual issues, safeguarding and fee uplift requests

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: <i>Patrick Chisholm</i></p> <p>Equalities & Consultation: <i>Ed Sexton</i></p> <p>Climate: <i>Catherine Bunten</i></p>
	<p><i>Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.</i></p>
2	<p>SLB member who approved submission:</p> <p><i>Alexis Chappell</i></p>
3	<p>Committee Chair consulted:</p> <p><i>Councillor Angela Argenzio</i></p>
4	<p>I confirm that all necessary approval has been obtained in respect of the implications indicated on the Statutory and Council Policy Checklist and that the report has been approved for submission to the Committee by the 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: <i>Catherine Bunten</i></p> <p>Job Title: <i>Assistant Director Commissioning and Partnerships</i></p>
	<p>Date: 27/11/23</p>

1. PROPOSAL

- 1.1 Our Adult Health and Social Care vision, set out in Sheffield's [Adult Health and Social Care Strategy](#), is that everyone in Sheffield lives in a place they can call home, in communities that care, doing things that matter to them, celebrated for who they are - and when they need it, they receive care and support that prioritises independence, choice, and recovery.
- 1.2 The vision is centred around delivery of five outcomes and six commitments. Our outcomes help to make our vision real – they are about what we want to focus on getting right. Our commitments are guiding principles we will follow and describe how we will achieve our outcomes and highlight what we want to do better.
- 1.3 The proposals in this report align with our vision and primarily support the delivery of Commitment 6: 'We will make sure there is a good choice of affordable care and support available, with a focus on people's experiences and improving quality'.
- 1.4 Securing sufficient care and support provision that meets the needs of our population is a statutory requirement for all Local Authorities. This duty, as set out in Section 5 of the Care Act 2014, recognises that "high quality, personalised care and support can only be achieved where there is a vibrant, responsive market of services available".
- 1.5 The Care Act places duties on local authorities to promote the efficient and effective operation of the market for adult care and support in the local area. In fulfilling this duty, local authorities must therefore ensure good oversight and understanding of the local care market. This covers both commissioned and non-commissioned services – including those used by self-funders.
- 1.6 In addition, the [Health and Care Act 2022](#) gave the Care Quality Commission (CQC) new powers to allow an assessment of care at local authority and integrated care system level. The CQC will use a new [assessment framework](#) to assess how well local authorities meet their duties under the Care Act 2014. Theme 2: Providing Support, which covers market shaping, commissioning, workforce capacity and capability, integration and partnership working is particularly relevant for commissioning.
- 1.7 The [Market Sustainability Delivery Plan \(Jan23\)](#) presented to committee in February 2023 sets out Sheffield's approach to meeting its sufficiency duties. It describes our approach to commissioning and how Sheffield will fulfil its role to facilitate and shape a diverse, sustainable, and quality market, as well as identifying the key challenges and risks to achieving this and our approach to overcoming them to ensure that our local care market is sustainable.
- 1.8 This report provides Committee with assurances on our progress across three pillars of a sustainable and quality market:
 1. *Sufficiency and stability*: an update on Commissioning activity to secure sufficient, diverse and effective provision to meet the needs of people in Sheffield.

2. *Quality*: noting developments in our Quality Assurance approach, including strengthened Quality Assurance governance and oversight arrangements and clear escalation processes for providers.

3. *Value for Money*: seeking approval for fee rates for 2024/25 that balance the budget planning requirement for Adult Care and Wellbeing with significantly increasing costs for care providers over the last year, increasing demands on care services and within a context of increasing costs for the Council's other essential services and a budget balanced through use of reserves and ambitious savings in 2022/23, 2023/24 and into 2024/25.

2 Securing a sufficient and stable market:

- 2.1 Adult Care and Wellbeing Commissioning strategies seek to ensure that we have:
- A good variety of care providers, resilient provision and sufficient capacity to meet demand now and in future.
 - A range of safe, effective, high-quality services and service types for people to choose from. This includes unpaid carers and those who fund or arrange their own care.
 - Services that are sustainable, affordable and provide continuity for people with minimal disruption in the event of providers exiting from the market.
 - Sufficient investment in our workforce to enable the attraction and retention of high-quality care staff.
 - Evidence of innovation and service diversity to evolve and meet changing needs of individual's and carers.
 - A city and system that is attractive to new market entrants and able to manage and offset the impact of future market changes.
 - Equality, diversity, inclusion and social justice and anti-discriminatory practice embedded as core to all of our provision and workforce developments.
- 2.2 Our commissioning strategies for service provision across Adult Care and Wellbeing are agreed at Adult Health and Social Care Committee, they demonstrate how we will deliver on our vision as set out in "Living the Life you want to live, our Adult Care strategy 2022-2030. Linked to annual reviews of our Adult Care Strategy and delivery plans, these commissioning strategies are monitored through the cycle of assurance as reported to Committee in June 2023, including updates to Committee as appropriate.
- 2.3 In 2023/24, we continue to make considerable progress in improving our local offer and delivering upon these ambitions. Together with our partners, we have supported and delivered several key activities in 23/24 to continue to secure and improve the provision of care and support, and Committee are asked to note the following achievements:

Living and Ageing Well	<ul style="list-style-type: none"> • Contract award for Care and Wellbeing Service –a new model for the provision of Home Care in the City. The service will be in mobilisation through Spring 2024, going live in April 2024. • Partnership with health partners to review and procure the Care at Night service.
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	<ul style="list-style-type: none"> • Partnership working to deliver on the Urgent Care and Discharge Delivery Plan at system level. • Tender for Standard Residential provision on a new specification and framework contract.
Adult Future Options	<ul style="list-style-type: none"> • Implementation of the Autism Strategy and Delivery plan reporting to the Autism Partnership Board • Development of a Learning Disability Strategy and Delivery plan and reporting to the Learning Disability Partnership Board • Contract award for the Working Age Adults with Disability Framework (Dynamic Purchasing System, allowing new providers to enter the Market) • Contract award for the Enhanced Supported Living Framework • Development of Accommodation with Care Commissioning programme
Mental Health	<ul style="list-style-type: none"> • Development of new models for prevention and community provision, in partnership with Voluntary, Community and Faith partners. • Embedding and development of the Support and Independence Framework
Direct Payments and Personalisation	<ul style="list-style-type: none"> • Delivery upon Direct Payments and Personalisation Strategy including Annual Reporting and Improvement Plan. • Delivery of Individual Support Funds Pilot • Developing the future model of the Direct Payments Support Service
Technology Enabled Care	<ul style="list-style-type: none"> • Development of a Technology Enabled Care Commissioning programme (see Appendix 1)
Advocacy	<ul style="list-style-type: none"> • Approval for recommissioning and delivery upon a new advocacy contract.
Voice & Involvement	<ul style="list-style-type: none"> • Delivery of Citizens Involvement Festival through Summer 2023 • Established “We Speak, You Listen” groups for people with Learning Disability • Ongoing development of the Autism Partnership Board and Learning Disability Partnership Board, co-chaired by people with lived experience

2.4 *Commissioning milestones remaining in 23/24-24/25 are:*

Equalities and Climate Review	Review of the joint strategic needs assessment, equalities data and equalities and climate impact assessments to
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	ensure that all projects delivered contribute to tackling inequalities and mitigating impact of climate change.
Urgent Care and Discharge Delivery Plan	Development of Independent Sector provision to support a timely and safe discharge from hospital.
Community Connected Residential Provision	Delivery of phase 3 and 4 of the Strategic Review of Residential Care outcome-based community connected residential and nursing homes, including the development of a co-produced support programme for the sector, supporting commissioning strategies and procurement plans and our plans to work towards the fair cost of care for residential provision.
Community Connected Community Provision	Implementation and development of the new Care & Wellbeing service, day activities, supported living and respite services contracts and as part of this development foster collaborative ways of working, and innovation to improve outcomes for people.
Quality Standards and Assurance	Implementation of Adult Social Care Quality Standards, with improved reporting and governance as a whole market approach (independent sector and provider services), including SCC Monitoring Advisory Board and Joint Quality Assurance Committee (ICB). Development of new Quality Assurance tools and processes for Residential, Supported Living, Day Activities, Respite and Home Care.
Brokerage.	Implement new brokerage model to ensure timely access to safe, high-quality care.
Technology Enabled Care (TEC)	Implementation of TEC Transformation project including the co-design of a new TEC Services Delivery Model, development of a Joint TEC Commissioning Strategy for Health, Housing, and Social Care and a test of change with Sheffield University of Care to look at proactive and preventative connected care platforms.

2.5 Provider engagement is central to the development of our commissioning strategies and is undertaken through provider forums and events by commissioning teams, as well as market testing and contract meetings as appropriate. This has included consultation and engagement on the development of our specifications.

2.6 An update on the provider engagement mechanisms and impact in 2023/24 will come back to Committee in March 2024.

Commissioning Updates

2.7 On 19th December 2022, Committee approved the [Direct Payments and Personalisation Strategy](#). Since then, the programme has continued to implement the actions outlined in the Delivery Plan. A further update will be brought to

Committee in January 2024 outlining progress made with delivery upon the strategy including proposals in relation to the Direct Payment Support Service.

- 2.8 On 19th December 2022, Committee approved an options appraisal and commissioning strategy for the [Care at Night](#) Services, which provide support and care to individuals during the night who need this support. A recommissioning exercise was undertaken as a partnership with ICB colleagues and following that a competitive tender was undertaken and completed. Mobilisation will take place in 23/24 including delivering increase value for money as a result of the new provision.
- 2.9 On 16th November 2022, a [Technology Enabled Care Market Position Statement](#) and delivery plan was endorsed by Committee. Since then, a Market event has been held in May 2023 and a regional Technology Enabled Care Event in September 2023.
- 2.10 A number of tests of change and engagement with individuals, carers, providers, our workforce and partners have taken place since then to support and development a technology enabled care model and plan for the City. Key to this, has been our partnership with colleagues across the City so that an integrated approach is undertaken. An update is provided at Appendix 1 for consideration.

3 Excellent Quality Care Provision

- 3.1 A Care Governance Strategy was developed for Adult Social Care to provide an overarching framework for the governance of all aspects of Adult Health and Social Care and as an enabler for implementation of the Adult Social Care Strategy. This was approved at Committee on 15th June 2022.
- 3.2 The Care Governance Strategy set out an ambition to improve quality and outcomes through assuring the quality of practice and provision and improving population, and performance outcomes. It also set out that we would create the conditions for ongoing and continuous improvement of adult social care services in the delivery of support to the people of Sheffield, which includes empowering experts by experience and our workforce.
- 3.3 As part of this approach to embedding Quality Improvement and implementing the Care Governance Strategy, a Care Quality Framework was agreed at Adult Health and Social Care Committee in February 2023 so that:
- people know the standards of the service which should be delivered no matter who the provider is.
 - people experience equality of access high quality services that deliver culturally appropriate care and support.
 - the adult social care workforce, including commissioned providers, share a clear vision of what high-quality care looks like and how they can contribute to delivering it
 - the views and feedback from individual's and carers' views informs quality assurance activity and service development and improvement.
- 3.4 The framework sets out:
- our approach and standards for Care Quality
 - the quality assurance process and system support

- 3.5 It is intended that the Care Quality Framework is implemented through 2023/24 and 2024/25, as new models of care and support are mobilised in the City.
- 3.6 Since the February 2023 Committee report, the following improvements have been made to our Care Quality Framework:
- Investment in Adult Future Options Quality Assurance capacity to support the new Adults with a Disability Framework and Enhanced Supported Living Framework.
 - Investment in regulatory expertise to support Provider Services and Quality oversight of the independent sector.
 - Investment in a dedicated leadership relating to Care Quality and Improvement.
 - Reporting as part of DASS Assurance and Strategy Update report to Committee on our performance relating to Care Quality and Continuity of Care. The December update is at Committee today.
 - Strengthened governance arrangements, including the Joint Quality Assurance Committee (with the ICB), Provider Services Board and Monitoring Advisory Board. The governance arrangements are provided in Appendix 2.
 - Started to developed an accompanying escalation framework for providers to support communications and provide clear routes for providers to inform us of changes, including any fee rates requests (the initial flowchart is set out at Appendix 3).
- 3.7 The stronger governance arrangements ensure that the Council receives regular reporting and oversight of the quality and sustainability of provision, as a whole market approach (i.e. Sheffield City Council delivered services, and services procured from independent organisations).
- 3.8 Reporting will include analysis of sufficiency, quality, and value for money – and the actions we will take to improve, informed by our learning from the voice of people with lived experience, quality visits and audits, complaints and feedback, staff and partner information, changes in the market (including provider exits and embargoes), and data and key performance indicators.

4 Value for Money & Fair Cost of Care: Fee Rates in 2024/25

- 4.1 This report seeks approval for proposed fee rates for Council contracted providers in the financial year 2024-25. It is proposed that these rates take effect from 8th April 2024.
- 4.2 The proposed fee rates are considered to support a sustainable, quality and diverse social care market as set out in the [Market Oversight and Sustainability Report](#) and accompanying Market Oversight and Sustainability Plan presented to Committee on 8th February 2023, and are recommend with assurance that the Council continues to meet its legal responsibilities and Care Act duties in securing a sufficient and stable market, able to support assessed care needs of people in the City, and provide choice and continuity of care.
- 4.3 The proposals seek to balance the budget planning requirement for Adult Care and Wellbeing with significantly increasing costs for care providers over the last year, and within a context of increasing costs for the Council's other essential services and a

budget balanced through use of reserves and ambitious savings in 2022/23, 2023/24 and into 2024/25.

- 4.4 Proposed rates are informed by analysis of local and regional markets and are proposed following consultation with Care Home providers in October 2023, which builds on the consultation and engagement with local social care providers through the Fair Cost of Care exercise. For relevant services, where procurement has been undertaken in 2022 and 2023, rates are proposed as set out in contract documents.
- 4.5 In fulfilling our Care Act 2014 duties, local authorities must ensure good oversight and understanding of the local care market, including setting rates that we believe, based on the evidence, will support a quality, flexible and sustainable market, providing choice to those who purchase care.
- 4.6 In 2022 and 2023, the Council has delivered upon a number of strategic commissioning intentions, as set out in the Adult Social Care Strategy: -
- A new Support and Independence Framework to improve outcomes for people with mental health issues, including a reviewed and refreshed fee rate.
 - A Working Age Adults with Disabilities framework covering Supported Living, Activities outside the home, and Overnight Short Breaks. This procurement offered a long-term arrangement, above inflation increase to Supported Living and the provision for providers of activities outside the home to submit a pricing schedule.
 - An Enhanced Supported Living Framework.
 - The Care and Wellbeing Service contract, transforming home care in the City. This has delivered a long term (10 Years) arrangement to bring continuity of care provision, including reviewed and refreshed fee rates.
- 4.7 This tendering for these new, long-term contracts provides the foundations for organisations to invest in the City and incentivise improving conditions for the workforce as well as setting out contractual uplifts to support financial planning. Consultation is therefore not proposed for these contracted services; fee uplifts in 24/25 will follow the mechanisms set out in relevant contract documents.
- 4.8 Following the completion of the Fair Cost of Care exercise in Autumn 2022, and ongoing engagement with the residential sector it is proposed that the Council uses a proportion of the Market Sustainability and Improvement Fund: Workforce Fund announced in August 2023 to further close the gap between the current weekly fee rate and the median Fair Cost of Care output for standard residential care.
- 4.9 The sustainability of the Care Home market is an area for focus, and we are ensuring we continue to provide this as set out in the commissioning programme for Care Homes presented and agreed at Adult Health and Social Care Policy Committee in March 2024.
- 4.10 Uplift proposals are modelled to reflect the difference between the wage levels calculated in the fee rate for 23/24 and the new National Living Wage for 24/25 (£11.44) for the staffing element of the fee rate increase, and the Consumer Price

Index (CPI) 6.7% (as at September's CPI – the month used by DWP for calculating pension contributions) for non-staffing costs.

Community based care and support

4.11 Committee are asked to approve an uplift of 9.33% to contract providers of the following services:

- Home Care
- Extra Care
- Mental Health Support & Independence Framework providers
- Enhanced Supported Living
- Supported Living (covering standard and discounted rates)
- Activities outside the home – including Day Activities for Adults with a disability and Dementia.
- Overnight Short Breaks
- Shared Lives

4.12 This proposal is based on an inflationary model, weighting CPI increase and NLW increases proportionally as follows:

Inflation Increases A	24/25	
	Increase	Weighted
75% Front Line Staff at or close to NLW levels	9.79%	7.34%
10% Staff at higher pay levels	9.79%	0.98%
15% non-staffing costs	6.70%	1.01%
		9.33%

4.13 This proposed uplift is consistent with the contracts in the Adults with Disabilities Framework, covering Supported Living, Activities outside the home, and Overnight Short Breaks; the new Care & Wellbeing Service contract (due to go live in April 2024); and the Mental Health Support & Independence Framework.

4.14 Committee are asked to approve an uplift of 8.89% to contract providers of the following services:

- Activities outside the home – including Day Activities for Adults with a disability and Dementia.

4.15 This proposal is based on an inflationary model, weighting CPI increase and NLW increases proportionally as follows:

Inflation Increases A	24/25	
	Increase	Weighted
75% Front Line Staff at or close to NLW levels	9.79%	5.89%
10% Staff at higher pay levels	9.79%	1.08%
15% non-staffing costs	6.70%	1.94%
		8.89%

4.16 This proposed uplift is consistent with the contracts in the Adults with Disabilities Framework Activities outside the home.

Direct Payments

- 4.17 It is proposed that the Council will provide an increase of direct payments of 9.33% for those buying provider support and for PA employers a rate of 9.79% (individually applied and total budget pressure not exceeding budget).
- 4.18 Increasing Direct Payments annually ensures the Council's statutory duties are met. The two increases are for those purchasing support from providers – where the percentage increase is in line with other commissioned services, and for those who employ Personal Assistants – where the percentage increase covers the full employment related expenditure.

Accommodation with Care

- 4.19 Following consultation with Care Homes, it is proposed that the Council will provide an increase of 11.11% for contracted standard rate care homes in the City, taking our standard rate to £700 per week.
- 4.20 This is an above inflation uplift to further close the gap between SCCs current rates and the median output from the Fair Cost of Care exercise in 22/23.

Inflation Increases B	24/25	
	Increase	Weighted
60% Front Line Staff at or close to NLW levels	9.79%	5.89%
11% Staff at higher pay levels	9.79%	1.08%
29% non-staffing costs	6.70%	1.94%
		8.89%
+ 2.22% (MSIF funded)		11.11%

- 4.21 An 11.11% uplift equates to an additional £14 per week over an inflation only uplift and is applied to the in-year uplift given in 2022/23 of £18pw, and the above inflation uplift provided in 23/24 of £10pw. Without these steps, the 24/25 standard rate would be £643pw.
- 4.22 This proposed uplift, an additional 2.22 percentage points above inflation modelled uplifts, would be an additional cost of £840,000 to the Council (based on 60,000 placement weeks per year).
- 4.23 This additional cost pressure will be mitigated in 24/25 by use of the Market Sustainability and Improvement Fund – Workforce Fund. The year-on-year pressure will be mitigated through annual business planning.
- 4.24 It is our intention to work with providers to move towards the Fair Cost of Care and for the care workforce achieving the Foundation Living Wage, whilst continuing to ensure that we maintain a sufficient and stable market, offering choice, quality, and value for money and efficiency in our residential provision by delivering the [Transforming Care Homes](#) programme.

- 4.25 It is recommended that an update on the delivery of the Transforming Care Homes Commissioning and delivery plan come to committee in March 2024, informed by the decision on fee rates for 24/25 and with consideration of how SCC can further move towards the Fair Cost of Care and Foundation Living Wage in the short-term term.

Non-standard rate provision

- 4.26 The Council also has some packages of care that are procured outside of our contracts and frameworks. Often these are at non-standard rates due to the location or nature of the support package.
- 4.27 It is proposed that non-standard rate packages of care are uplifted only up to the rate matching the relevant contracted provision. Where providers wish to request an uplift to take them above SCC agreed rates for the provision offered, they will be invited to submit a business case and complete an open book review of costs.
- 4.28 This will align with the Provider Escalation Framework that is being developed.
- 4.29. It is proposed that Committee delegates authority to the Strategic Director of Adult Care and Wellbeing in consultation with the Chair of the Adult Health and Social Care Policy Committee to agree any appropriate and proportionate fee increases requested by non-standard provision, and by providers outside Sheffield because cost pressures will vary from place to place.

5 HOW DOES THIS DECISION CONTRIBUTE?

- 5.1 Market sustainability, alongside the Care Governance Strategy, and the Care Quality Framework are key to the delivery of the Council's statutory responsibilities for Adult Social Care including the following outcomes for the people of Sheffield:
- promotion of wellbeing
 - protection of (safeguarding) adults at risk of abuse or neglect
 - preventing the need for care and support
 - promoting integration of care and support with health services
 - providing information and advice
 - promoting diversity and quality in providing services
- 5.2 This proposal also meets the 'Efficient and effective' outcome set out in the Adult Social Care Strategy. Effective Market Shaping should ensure that people have a choice of good services that meet their needs and give them a positive experience regardless of their background, ethnicity, disability, sex, sexual orientation, religion, or belief.

6 HAS THERE BEEN ANY CONSULTATION?

- 6.1 Consultation was held with care homes to inform fee rate proposals for 2024/25. A consultation survey was sent out to all care homes in the City. We received responses from 31 different providers representing 44 care homes. Online meetings were also held with 3 of these providers.
- 6.2 It was clear from the response that providers in the city felt that current fee levels were too low and that the Council would need to take larger steps towards the Fair

Cost of Care. More than a quarter of the homes who responded told us they have needed to take exceptional steps to survive in the past 12-18 months. Many homes also told us that low fee rates were suppressing their ability to pay above the National Minimum Wage to staff or caused them to delay improvement work to their buildings.

- 6.3 Whilst low fee rates were by far the biggest concern in care homes many are still concerned about high energy prices and high inflation on other goods and services. Increased interest rates have had a large negative impact on homes with a high exposure to debt.
- 6.4 It is clear that not all care homes are experiencing inflationary pressures equally, many cost increases such as energy, interest rates, insurance costs, IT, maintenance and food vary significantly from home to home.
- 6.5 Recruitment and retention of staff and high agency costs continues to be a significant concern, and providers are keen to work with the Council for support in these areas.

7 RISK ANALYSIS AND IMPLICATIONS OF THE DECISION

7.1 Equality Implications

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

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

7.1.2 The broad ambitions set out above are consistent with The Duty. These include envisaging a range of different types of provision (supported living, extra care, residential care, etc), including support for people with complex needs; aiming for preventative and community-based support, including for people with mental ill health.”

7.1.3 The Equality Impact Assessment can be found at Appendix 4.

7.2 Financial and Commercial Implications

7.2.1 Fee uplifts form part of the Business Planning process, and the budget is subject to approval at Full Council on 6th March 2024.

7.2.2 Following the Autumn Statement on 22nd November 2023, the National Living Wage was confirmed at £11.44 for 24/25. This has increased our planned pressures by £5m. Work is ongoing to identify income and savings to offset this pressure and balance the budget.

7.2.3 As part of this year's Business Planning process, the above inflation increase for standard rate care home placements, costing £840,000, is being funded by the Market Sustainability and Improvement Fund – Workforce Fund. This was announced as two-year funding and is not anticipated to be available in 25/26. Consequently, this will be an on-going pressure which will need to be addressed in future years Business Planning.

7.3 Legal Implications

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

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

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

7.3.4 Variations to existing contracts are subject to and must be in accordance with the terms of those contracts.

7.4 Climate Implications

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

7.4.2 For example:

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

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

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

8 REASONS FOR RECOMMENDATIONS

8.1 In fulfilling our Care Act 2014 duties, local authorities must ensure good oversight and understanding of the local care market, including setting rates that we believe, based on the evidence, will support a quality, flexible and sustainable market, providing choice to those who purchase care.

8.2 Approving use of £840,000 in 2024/25 of the 'Market Sustainability and Improvement Fund: Workforce Fund' announced in August 2023 will further close the gap between the current weekly fee rate and the median Fair Cost of Care output for standard residential care.

8.3 Approving that a further report be brought to March 2023 Committee setting out proposals for how Sheffield City Council can further move towards the Fair Cost of Care and Foundation Living Wage and an update regards Care Homes Transformation will also provide a further step in ensuring a quality, flexible and sustainable market.

Part A

Initial Impact Assessment

Proposal name

ASC Market Sustainability: Commissioning, Quality and Fees 24/25

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

Under the Care Act 2014, Councils have a duty to ensure that there is a sustainable and affordable social care market locally. This includes commissioning activity to shape the market and ensure the delivery of sufficient service provision, quality assurance activity to ensure people have access to a choice of high quality provision, and contract management activity to ensure that the provision of services is efficient and effective. This include the setting of Fee Rates.

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

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

This EIA also provides an overview of potential impacts of the proposed fee uplifts for providers of nursing/residential care, extra care, supported living, home care, respite care and day activities; and the proposed increased rates for personal assistants and to cover direct payment activities.

Proposal type

Budget

If Budget, is it Entered on Q Tier?

If yes what is the Q Tier reference

Year of proposal (s)

<input type="checkbox"/> 21/22	<input type="checkbox"/> 23/23	<input type="checkbox"/> 23/24	<input type="checkbox"/> 24/25 <input checked="" type="checkbox"/>	<input type="checkbox"/> other
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Decision Type

Coop Exec

- Committee (AHSC Policy 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

Councillor Angela Argenzio

Lead Director for Proposal

Alexis Chappell

Person filling in this EIA form

Catherine Buntun

EIA start date

29/11/2023

Equality Lead Officer

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

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

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

Portfolio, Service and Team

Is this Cross-Portfolio Yes **No**

Portfolio:

Adult Care and Wellbeing

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

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

Engagement with providers has also been completed relating to fee setting.

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

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

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

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

Initial Impact

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

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

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

Identify Impacts

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

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

Cumulative Impact

Does the Proposal have a cumulative impact

Yes No

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

If yes, details of impact

Fee rates agreed in 2024-25 provide a baseline for further fee increases in the future.

Proposal has geographical impact across Sheffield

Yes No

If Yes, details of geographical impact across Sheffield

The provision of Adult Care and Wellbeing support is City wide. Some people are also supported out of city.

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?

Fee rate proposals for 2024/25 have been informed by:

- Inflation modelling (applying proportionate increase to staffing costs, to reflect the difference between the wage levels calculated in the fee rate for 23/24 and the new National Living Wage for 24/25 (£11.44), and to non-staffing costs to reflect the Consumer Price Index (as at September's CPI – the month used by DWP for calculating pension contributions)
- Consultation and engagement with providers as part of tendering exercises for Home Care, Supported Living, Enhanced Supported Living, MH Support and Independence
- Consultation with Care Homes, building on the Fair Cost of Care exercise and consultation undertaken in 2022 and 2023.

Setting fees rates is a critical factor in ensuring a sustainable market that enables access to appropriate provision, offers choice and control over the support individuals need to improve and better manage their wellbeing, and contribute to improved experiences and outcomes.

Proposed Fee rates increases in 2023-24 are at least in line with inflation modelling to avoid a situation where fee increases don't keep up with the cost pressures that providers face, as this would be likely to have the following adverse impacts:

- Quality of care – under funding can lead to reduced staff training, lower staffing levels, loss of trained staff to other sectors, and a lack of investment in the care provision.
- Availability and choice of provision – under funding reduces the financial viability of the market increasing the risk of provider exit and reducing the likelihood that new providers will open in the City. This can lead to a reduction in choice and an increased risk of delayed care, unavailable care or – in residential care - increased out of area placements.
- Poorly paid staff – many providers pay national minimum wage or close to it for staff such as carers and support workers. If funding does not at least increase in line with inflationary pressures this situation is unlikely to change and may result in more providers only paying National Minimum wage. This would be of particular concern for people with a learning disability/autism who need continuity of care if there is a significant increase in churn of key workers. In terms of day services, this may have a negative impact on family carers where their son or daughter still lives at home e.g. if it leads to a change in behaviours or means that there is a reduction in services due to low staff levels and as a consequence means that their caring responsibilities increase.
- Private Fee Rates – if council funding does not at least keep up with increased cost pressures, then it is likely that providers will place some of the additional burden onto Private fee payers by increasing their fees.

By proposing fee increases – at least in line with inflation, together with commissioning strategies already in train, we seek to address and mitigate cost pressures providers face, the risk of these adverse impacts is reduced, and there are more opportunities for ongoing improvements and development work to improve outcomes for people, with a particular focus on reducing inequalities and disproportionality.

Those who make contributions to their care will see an increase with Council fee rate increases, and this takes place in a context where many people are impacted by the cost of living crisis, and the impact of this falls disproportionately across protected characteristics.

Where provider costs remain higher than the rate paid, costs may be passed on to private fee payers.

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

Update reviewed and agreed

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

There may be a negative impact on those people who are private fee payers if provider costs that aren't covered by proposed fee levels are passed on to them by providers. This would see their disposable income reducing. This is most likely to impact on people privately paying for homecare or Care Homes. Less is known about private fee payers and any disproportionate impact this may have, though the commissioning strategy for Care Homes will continue to work towards improved provider models to support wider market sustainability and reduce the likelihood of this.

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

Older people represent the vast majority of people who draw on Adult Care and Wellbeing.

The majority of home care and care homes are for older people, 84% of adult care home capacity is for over 65s compared to 16% of working age. The care home population is also ageing with 59.2% being over 85 in 2011, compared to 56.5% in 2001. *Changes in the Older Resident Care Home Population between 2001 and 2011 - Office for National Statistics (ons.gov.uk).*

Ensuring that fee rates are sufficient to sustain a quality market, with choice means that people can expect to receive continuity of care, and high quality support.

Those who pay for their care may see an increase in their contributions, and this is more likely to be the case for older people receiving homecare.

There are also implications for the provider workforce, which includes a large proportion of older workers. As part of the wider commissioning work, and our Workforce Strategy, we will work with providers to develop plans toward achieving the foundation living wage, delivering against the ethical care charter, and promoting Care as a career.

Disability

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

Many people with disabilities have a need to draw on Adult Care and Wellbeing services.

Dementia is especially prominent in the care home population. There has been an increase in the number of beds for residents with dementia in recent years, with 61 extra dementia registered beds in the city compared to a loss of 357 beds not registered for dementia in the past 5 years. The increase in acuity when older residents enter care has been a regular topic of concern in fees consultation. This will in part be due to residents staying at home longer and entering care when older.

The commissioning programme for the adults with disabilities framework included a significant increase for Supported living, and provider-led submissions for activities costs (above the rate set for 1-1 support) in 23/24. This supports the ongoing stability of the market, which has been healthy in recent years, with ongoing work in partnership to develop new ways of working to promote independence and improve outcomes for adults with disabilities.

Pregnancy/Maternity

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

No direct or disproportionate impact is identified at this stage.

Race**Impact on Staff**

Yes No

Impact on Customers

Yes No

Details of impact

People from minoritised communities are underrepresented in the cohort of people drawing on Council arranged social care services, with Direct Payments often being a preferred option. THE SACHMA report into the Caribbean experience of Home Care included several recommendation to address racial disparities in care , including the development of Individual Support Funds. This has been taken forward in 2022 and 2023, alongside the recommissioning of our Care & Wellbeing service, which supports many of the other recommendations in this report.

Market shaping should redcue inequalities experienced due to race and create a better range and quality of services for people to draw on including the engagement of staff from those communities.

The proposed rates of increase for people receiving Direct Payments are in line with inflation modelling, and ongoing DP review and audit supports people with Direct Payments to be able to secure the support they need.

Skills for Care estimate that 24% of staff working in Nursing Homes and 11% of staff in Residential Homes in Sheffield are Black African, Black Caribbean or Asian, this increases to 53% of registered nurses. This compares to 19% in Sheffield’s population in the 2011 census. (Population and Census (sheffield.gov.uk)

Religion/Belief**Impact on Staff**

Yes No

Impact on Customers

Yes No

Details of impact

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

Sex**Impact on Staff**

Yes No

Impact on Customers

Yes No

Details of impact

The proposals will have a disproportionate impact on women, who form most of the Adult Care and Wellbeing customers overall. Similarly, the significant majority of staff are female. Skills for Care estimate most workers in care homes in Sheffield are female (83% Nursing Homes and 85% Residential Homes).

Older people's care homes residents are mostly female. There was a ratio of 2.8 females to every male in the 2011 Census, however this gap is narrowing as there was 3.3 females to every male in 2001.

Sexual Orientation**Impact on Staff**

Yes No

Impact on Customers

Yes No

Details of impact

No direct or disproportionate impact is identified at this stage.

Gender Reassignment (Transgender)**Impact on Staff**

Yes No

Impact on Customers

Yes No

Details of impact

No direct or disproportionate impact is identified at this stage.

Carers**Impact on Staff**

Yes No

Impact on Customers

Yes No

Details of impact

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

There is a risk to carers if services become unsustainable, particularly Short breaks.

Voluntary, Community & Faith sectors

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

We know that, especially in the Care Home sector, different organisational structures can have a significant impact on financial health and delivery costs. It is important to have a varied provider market – including not for profit organisations. The fee rates proposed should be sufficient to ensure our markets continue to be sustainable, and wider work to support occupancy / business levels to continue to secure a varied market will continue.

Partners

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

Health partners and the Voluntary and Community Sector are impacted by the fees rates that the Council sets. Differentials between Health and Council rates may have an adverse impact on the way the market operates. By continuing to work together and seek further integration with our commissioning, we seek to reduce or avoid such adversity.

The fee increases proposed reduce the risk of provider failure.

Cohesion

Staff

Yes No

Customers

Yes No

Details of impact

No direct or disproportionate impact is identified at this stage.

Poverty & Financial Inclusion

Impact on Staff

Yes No

Impact on Customers

Yes No

Please explain the impact

There is some evidence of self-funders subsidising council funded placements within older people's care homes. Self-funders are not evenly distributed throughout the city and are heavily concentrated in wealthier areas. Whilst subsidisation of council funded residents occurs, this is likely to have impacts on care homes or their residents in poorer areas with less self-funding residents.

For example - Lower average fee rates, leading the home to have less money to invest in the home or staffing and reduced financial viability, or private fee rates increasing faster than that of homes in wealthier areas to enable the home to achieve the required level of subsidisation from fewer self-funding residents.

Armed Forces

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

No direct impact likely

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

1. Develop trajectory towards Fair Cost of Care for Care Home (65+) in Sheffield
2. Continue to monitor (and report to CJC) on compliance with Ethical Care Charter
3. Market oversight and sustainability monitoring to draw out equalities information and impacts
4. Further analysis on the self funding market and equalities characteristics
5. Review actions from EIAs relating to commissioning strategies and procurement for care provision
6. Monitor impact on workforce changes in provider markets
7. Update Market Analysis with any equalities data

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

Detail any changes made as a result of the EIA

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

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

Sign Off

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

Yes No

Date agreed

Name of EIA lead officer

Review Date

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Sheffield's Technology Enabled Care & Digital Services Transformation and Tests of Change Update

**Health & Social Care Policy Committee
December 2023**

For noting

Paul Higginbottom

Strategic Commissioning Manager TEC and Digital Services, Sheffield City Council

A vision for the future of Technology Enabled Care (TEC) in Sheffield

Page 176

Sheffield has created a vision of the future of TEC provision in the city that seeks to join health and social care with housing to deliver a more person centric service.

That requires the creation of a new TEC service delivery model that enables the combination of proactive care, reactive care and in-person care.

To access the report please click on the logo



Sheffield's Technology Enabled Care (TEC) Market Position Statement
November 2022

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

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

Our Vision:

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



TEC Marketplace Event May 2023 – bringing together stakeholders from across the whole system



Over 150 attendees visited the event with the opportunity to visit a range of TEC providers throughout the day to learn more about the products which included our Test of Change Partners.

A series of focus groups to help inform our new TEC Services Delivery Model ran throughout the day attended by representatives from health, housing, voluntary sector, and social care, along with people with lived experience.





Sheffield's TEC Transformation and Tests of Change Conference – 14th September 2023



Attended by over 100 senior leaders from health, housing, and social care from across the regions.

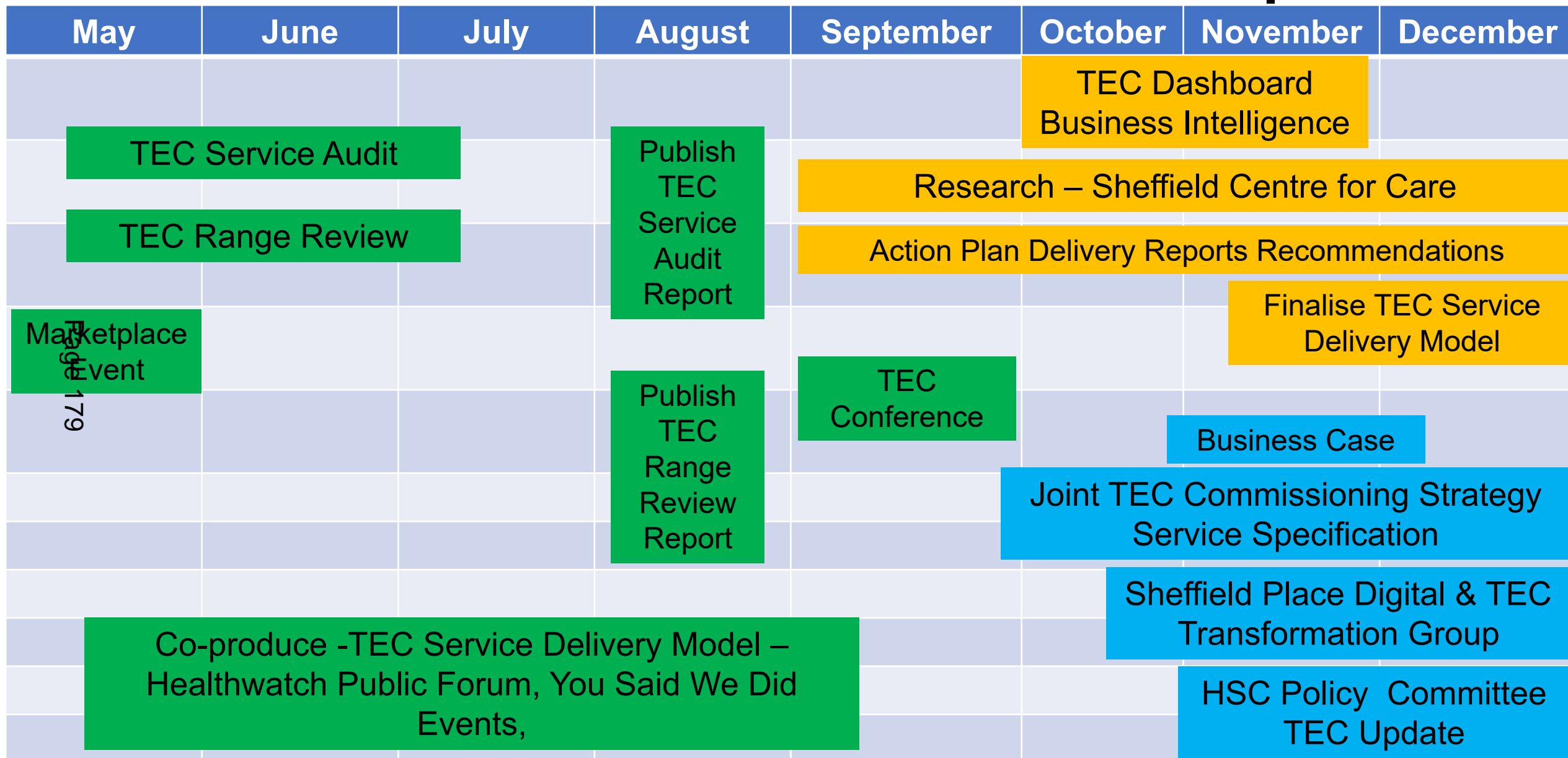
Open the link to the Post Conference Delegates Pack for further details



100% of delegates who responded to the post Conference Survey said that they would attend a follow up Conference in Autumn 2024

www.tunstall.co.uk/sheffield-tec-event

TEC Transformation – Timeline and next steps



Page 179

Key Priorities over next 12 months are to implement: -








- **Technology Enable Care Model** - Learn from our tests of change, feedback as foundations to co-design a future model of technology enabled care with individuals, carers and partners which can be embedded and used across all of adult care provision.
- **Analogue to Digital** - The transition for the switch over from Analogue to Digital by December 2025.
- **Engagement** - Embed co-production, engagement and annual reviews so that individuals and carers can be engaged in technology enabled care developments.
- **Workforce** - A Workforce Programme to so that all staff working across health, social care and housing are empowered to support residents of Sheffield by helping them get access to the right technology for them.
- **Information and Advice** - Update the Council's Website to reflect social care and current offer in place and introduce a TEC advisory function so that staff and individuals can access timely expert support and a range of updated resources to help inform their practice.
- **Technology Delivery** - Commission a review of technology delivery in Adult Care to include assessment, criteria, charging, stock control and management, system processes of technology enabled care to inform delivery priorities.
- **Quality** - Develop Sheffield City Council as a TSA Quality accredited organisation and implement a TEC quality assurance programme, so that all technology considered meets quality standards.
- **Performance** - A performance dashboard and notification systems to enable transparency in uptake, benefit and performance of technology enabled care and inform future developments.

Next Steps



Tests of Change and Research Collaborations

Project schedules

Projects	Number of Deployments	Dates to and from
P1 - Transformation new TEC Service Delivery Model Strategic development 	N/a	April to November 2023
P2 - TSA Workforce Development Strategic development 	N/a	January to December 2024
P3 - Connected Care (short term care) Test of Change 	140 (6 weeks)	September to May 2024
P4 - Connected Care (Long term care) Test of Change Anthropos Pro Home Care – 45 Anthropos Connect (Vayyar) Home Care/Extra Care - 20 	65 (9 months)	September to May 2024
P5 - Medication Management Test of change 	30	April to December 2024
P6 - Virtual Home Care – Komp Test of change 	50	July to May 2024
P7 – Aquarate Digital Hydration Monitoring Care Homes 	90	September to August 2024

TEC Tests of change

howz

 Anthropos

YOURmeds 


AQUARATE



Fosse Healthcare
No Isolation - Komp

Exploring the value of:

- Pro-active and preventative care solutions
- Digital hydration monitoring in Care Homes
- Connected Care
- Digitally enabled medication management
- Virtual Home Care and Community Health Services

Supported by:

- Clearly defined targeted outcomes and metrics to support the research and future economic evaluation

Howz Connected Care

Short term care – 1 to 6 weeks

Service Partners

- Hospital Social Work
- Home First Team
- Acute Therapy Team
- STIT Reablement Service
- Intermediate Care
- Active Support and recovery
- City Wide Care Alarms

Targeted Outcomes

- Individuals discharged earlier once medically fit
- More people are able to stay at home without readmission
- Care packages are 'right sized' to maximise peoples potential for independent living
- Family are reassured and more engaged due to access to information
- Practitioners benefit from better information enabling proactive and preventative care services which deliver better outcomes for people in receipt of care



Anthropos Connected Care – Pro

Long term care – Home Care services

Service Partners

- Intercare Services
- Ease Healthcare Services
- Fosse Healthcare
- Thames Home Care
- City Wide Care Alarms
- Tunstall Healthcare
- Primary Care Sheffield
- Housing
- Other community services as we develop

Targeted Outcomes

- People in receipt of care benefit from early diagnosis of UTIs
- Increased risks of falls are identified with mitigations put in place
- People are less likely to be admitted to hospital
- Monitoring of ADLs in home care services triggers trusted reviews of Care Plans enabling proactive and preventative care
- Care packages are 'right sized' to maximise peoples potential for independent living
- Public sector housing is monitored for Damp and Mould
- Fuel poverty is identified through environmental temperature sensors



Anthropos Connected Care – Detect - in collaboration with Vayyar

Service Partners

- Carewatch Sheffield
- Extra Care, Guildford Grange, Places for People
- Extra Care, White Willows, South Yorkshire Housing
- Buchanan Green, Older Peoples Independent Living

- Appello
- Tunstall Healthcare
- City Wide Care Alarms



Targeted Outcomes

- Improved falls management minimises the time people spend on the floor and prevents long lies and hidden falls
- People are able to stay safe and live independently in their own home for longer
- Practitioners benefit from better information enabling proactive and preventative care services which deliver better outcomes for people in receipt of care



YOURmeds



Service Partners

- Fosse Healthcare
- Wicker Pharmacy
- Adults Care and Wellbeing
- Medication Optimisation Group
- LPC



Targeted Outcomes

- More people in receipt of home care services are able to self-medicate or receive support to remind them to take medication supporting their independence
- People's medication compliance is improved benefitting their health and wellbeing
- The number of home care hours used to deliver medication services is reduced
- Home care system capacity is increased
- Improved the satisfaction for people in receipt of care, families, and carers



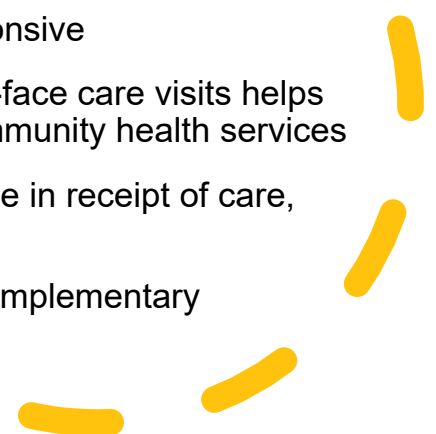
Komp Virtual Home Care and Community Health

Service Partners

- Fosse Healthcare
- Adults Care and Wellbeing
- STH Community Health

Targeted Outcomes

- People receive least restrictive care where appropriate and benefit from greater choice and control in terms of how their care is delivered
- Services are more flexible and responsive
- A reduction in the number of face-to-face care visits helps build capacity in home care and community health services
- Komp is positively received by people in receipt of care, family, and carers
- Workers respond positively to the complementary introduction of virtual care services



Aquarate – Digital Hydration Monitoring

Service Partners

- Springwood Residential Care Home
- Sevenhills EMI Nursing Care Home

Targeted Outcomes

As a result of better hydration residents:

- experience less falls
- have fewer UTIs
- have fewer hospital admissions
- receive a smaller number of unplanned GP visits
- enjoy a better quality of life

- Greater organisational efficiencies are delivered with staff having more time to care
- Greater staff satisfaction due to better tools which deliver better outcomes for people in their care





Research collaboration Sheffield University Centre for Care



Sheffield University Centre for Care - Digital Theme

Technologies are undergoing rapid change and can be used by people who receive and provide care and support: they can be used to help with tasks, to monitor wellbeing, to connect individuals using care services with their friends and family, and to keep records of care.

Sometimes technology exists as a 'thing', like a smartphone or a personal alarm (often this technology relies on infrastructure, such as Wifi networks and telephone lines) but it can also refer to online services and platforms – like messaging sites and programmes used to allocate shifts for care workers – or to Artificial Intelligence (AI) used to analyse data.

We want to investigate how various types of technology may be changing the experience of providing and of receiving care, and how people can alter and shape technologies – for example by using them in ways or for tasks the manufacturer may not have intended.

Research collaboration Sheffield University Centre for Care

Research will focus on:

- ❑ The roll-out of the new Care and Wellbeing home care contract and the Technology Enabled Care (TEC) and Digital Service Transformation to understand how these changes are reshaping care provision across neighbourhoods and the city and contributing to transformation across the South Yorkshire ICS from a Care Eco-systems perspective focusing on:
 1. How are home care markets being shaped and transformed to be more outcome-focused?
 2. How is technology-enabled care driving the transformation process?
- ❑ The research will offer real-time analysis of the new TEC informed approach to home care, working collaboratively to identify how best to feed the learning back into the ongoing transformation process.
- ❑ When developing outputs, we will work collaboratively to agree what formats will be most useful. We expect that the outputs will involve creative media outputs, presentations to stakeholders or reports.

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Adult Care and Wellbeing Quality Assurance and Contract Management: Governance & Oversight

1. Introduction:

Effective contract management supports the Adult Care and Wellbeing vision as set out in our Strategy: [Living the life you want to live](#), and is delivered as part of our overarching [Care Governance Strategy](#) and [Performance Management Framework](#)

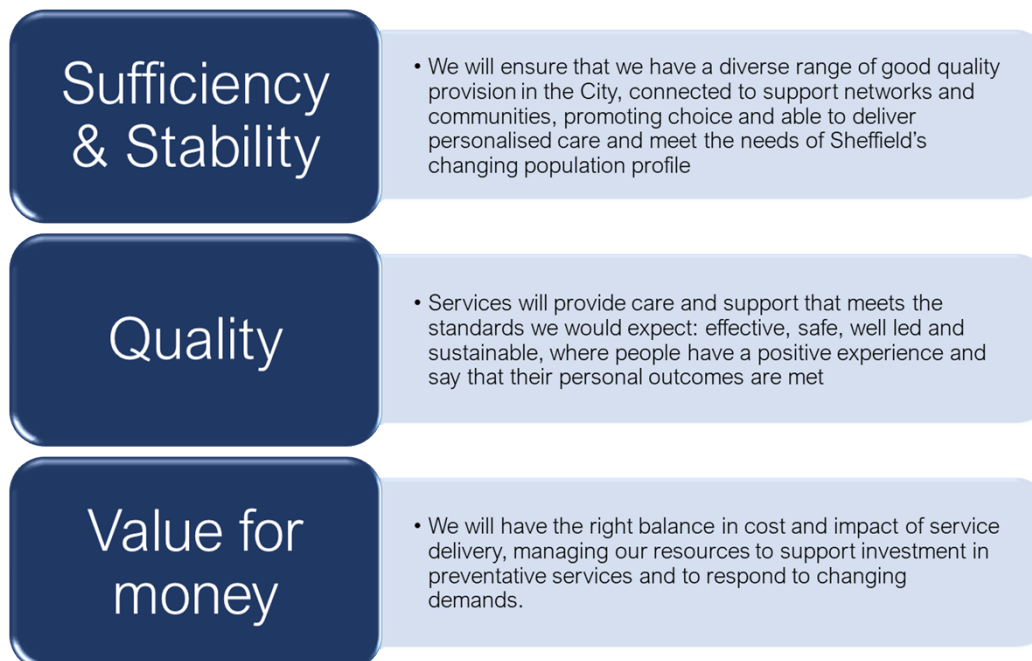
Quality Assurance and Contract Management is overseen by Adult Care and Wellbeing Commissioning and Partnerships Service as a 'whole market approach', i.e. both internal and external provision is measured against the same standards in our [Care Quality Framework](#)

The purpose of our performance monitoring and quality assurance arrangements is to ensure that people in Sheffield are receiving consistently high-quality care across a diverse choice of provisions in a stable and sufficient market.

This document describes the governance and oversight arrangements for Quality Assurance and Contract Management, including reporting requirements for Boards/groups responsible for Market Oversight and Assurance.

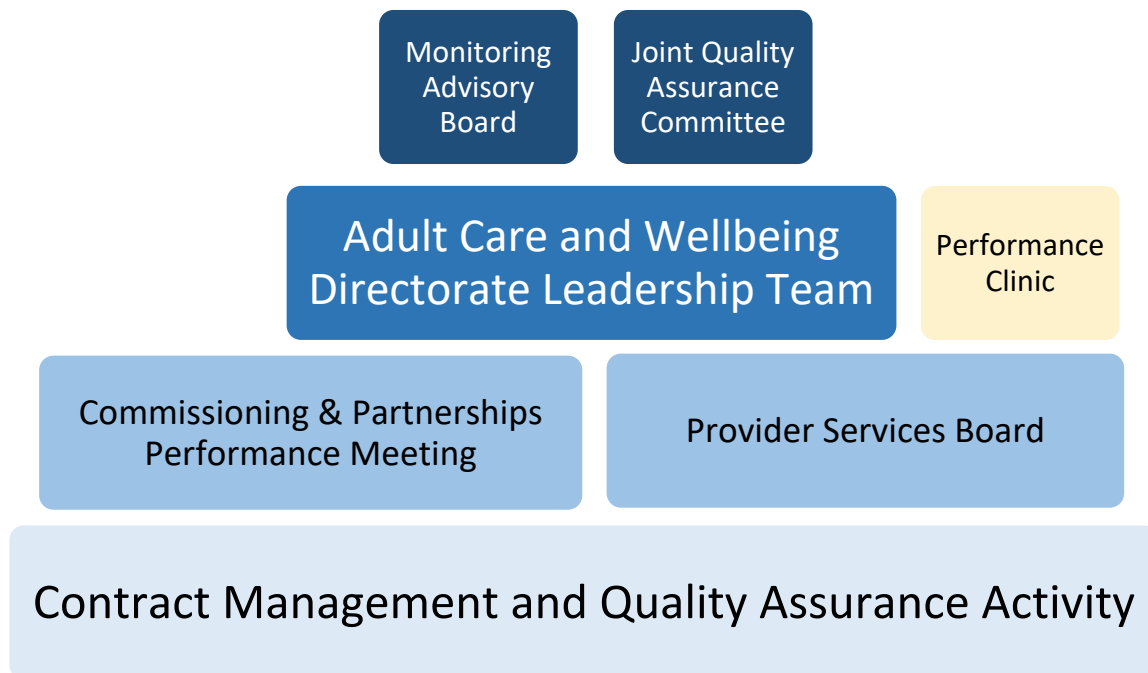
2. Objective of Contract Monitoring

The objective of contract monitoring is to provide assurance on the sufficiency and stability of the market, improve the quality of services commissioned, deliver improved outcomes & experiences for people using services, and ensure value for money and effectiveness. In Sheffield, we deliver this through our [Market Sustainability Delivery Plan](#), which provides assurance across three performance areas:



3. Governance & Oversight Process

The diagram below shows the meetings structure, hierarchy, and escalation processes at different levels by Adult Care and Wellbeing Commissioning & Partnerships Service for the monitoring of quality and performance of services – a whole market approach.



Adult Care and Wellbeing Contracts & Quality Team lead on the contract management and quality assurance of the market, working with Adult Care and Wellbeing, and external partners to ensure effective oversight of care provision in the City.

In order to provide assurance on the stability and quality of our markets, the team undertake regular quality assurance visits, and together with evidence and information gathered from people with lived experience, complaints & compliments, provider feedback, CQC and partners, and contract and performance data, use these to inform regular market oversight reporting. Arrangements have been made as follows:

- The **Commissioning & Partnership Performance Meeting** meets monthly to review quality and performance information. The role of this meeting is to review Quality Assurance activity and priorities, identify early signs of concern for providers, consider themes and learning from Quality Assurance activity and wider information the Council collates on the quality and effectiveness of provision in the City. The meeting will identify key improvement, risks and decisions that need to be escalated to Directorate Leadership Team (DLT).
- The **Provider Services Board** oversees the quality assurance of Sheffield City Council delivered provision against the same quality standards as provision procured from the independent sector.
- **Adult Care and Wellbeing DLT** will receive regular dashboards providing assurance on the sufficiency, stability, quality and value for money of the market(s) in Sheffield. It will monitor progress against our vision and priorities as set out in [Living the life you want to live, Sheffield's adult social care vision and strategy 2022-2030](#)
- The role of **Monitoring Advisory Board** is to review quality, activity & financial performance at provider level, provision type, and whole market level against the Adult Care Strategy and delivery plan / directorate plan including:
 - Ensuring progress against action plans
 - Reviewing quality and performance

- Recommending deep-dives / further action points / themed reviews.

- **Joint Quality Assurance Committee** oversees Quality Assurance for SCC and the ICB and ensures collaborative assurance and contract management of all provision in the City.

4. Timetable of annual contract round - key responsibilities and areas for completion and agreement between Commissioning / Providers

For most contracted provision, the contracting round is set and operationalised locally by Commissioning & Partnerships Teams.

Contract Activities	Leading responsibilities	Agreed at:
Service Specification(s), KPIS, and Quality Assurance measures <i>(see Appendix A for framework)</i>	Commissioning & Partnerships	C&P Partnerships Board
Indicative Annual Activity Plan	Commissioning & ADs	DLT / Monitoring Advisory Board
Local Fees and Contract Values	Commissioning, Governance, Finance	Committee
ACW Care Quality Standards	Quality & Improvement	Committee
Reporting Requirements	Quality & Improvement	Monitoring Advisory Board
Contract Variations	Commissioning, Commercial Services	DLT

5. Information, Audit and Reporting requirements

Good information is essential to enable providers and commissioners to monitor their performance under the contract. It is recommended that reporting includes:

TIER	REPORTING	BOARD/ GOVERNANCE
<ul style="list-style-type: none"> ➤ Tier 1: a detailed list of indicators drawn from individual and carer feedback, on-site QA visits, recent CQC reports, performance information and any measures specific to the service. This information will be gathered per setting, for example “The Sheffield Homecare Company”. 	<ul style="list-style-type: none"> • Individual, detailed reports and information for each provider, produced and held by Quality & Improvement • Provider actions plans, as appropriate. • Provider specific briefings, as appropriate 	<ul style="list-style-type: none"> • Commissioning and Partnership Board • DLT by request • Monitoring Advisory Board and Joint Quality Assurance Committee by request
<ul style="list-style-type: none"> ➤ Tier 2: a summary of the information provided in Tier 1 by provision type basis, for example “Homecare Provision”. 	<ul style="list-style-type: none"> • Weekly Dashboard covering sufficiency measures, quality measures and VfM measures for different markets, produced by Quality & Improvement and held in ACS Manual • Monthly report including themes, escalations, case studies, produced by Quality & Improvement, and held in ACS Manual 	<ul style="list-style-type: none"> • DLT – with cycle of assurance • Joint Quality Assurance Committee

TIER	REPORTING	BOARD/ GOVERNANCE
<p>➤ Tier 3: a summary of the information provided in Tier 2 for the whole care and support provider market.</p>	<ul style="list-style-type: none"> • Quarterly report to AHSC Committee, produced by Quality & improvement and publicly available - provides overview of Sufficiency, Quality and Value for Money • Quarterly Commissioning Update, produced by Commissioning and publicly available – provides oversight of activity and impact • Quarterly review of Contracts Register, produced by Quality & Improvement 	<ul style="list-style-type: none"> • Monitoring Advisory Board • AHSC Policy Committee (for publication)

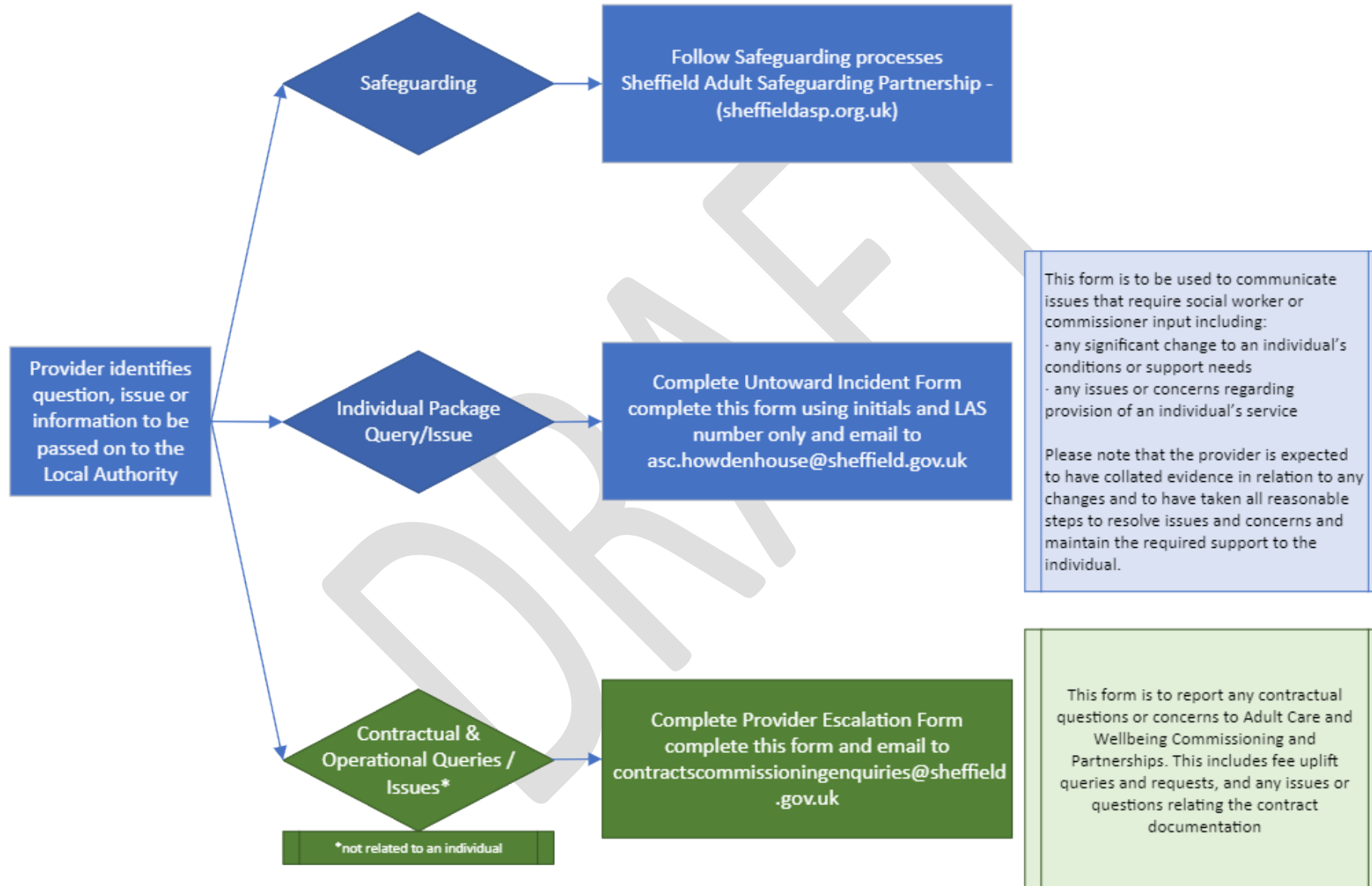
The quality and activity reporting requirements of services might include the following:

- *Quality Schedule* – provision specific tools and methodology for assessing against care quality standards, will be accompanied (as appropriate) by action plans for improvement informed by QA visits and wider intelligence informing a local quality judgement
- *Activity Schedule* – measures to improve understanding of demand and sufficiency of provision
- *Service Audits* – deep dives, and themed audits to provide in depth understanding of key issues and further improvement
- *Service Improvement Plans* - these plans allow commissioners and providers to record actions which the provider will take, or which the parties will take jointly, to deliver specific improvements to the services commissioned. These are generally about developing an aspect of the services beyond the currently agreed standard and may, for instance, include:
 - productivity and efficiency plans agreed as part of the provider’s contribution to local commissioner plans; or
 - any agreed service redesign programmes; or
 - any priority areas for quality improvement (where this is not covered by a Quality Schedule Action Plan).
- *Data Improvement Plans* - allow the commissioner and the provider to agree a plan to improve the capture, quality, and flow of data to support both the commissioning and contract management processes.

Appendix A: ASC Commissioning Performance Management and Quality Assurance Framework

Demand	Activity & Output	Quality	Impact / Outcome	Social Value & Value for Money
<p>Demand measures are those that track volume eg: numbers of children/ young people / families being referred or accessing the service, at what stage and why. Activity measures provide useful information regarding the effective reach and or accessibility of the service, and the needs profile of the target cohort.</p> <p>Demand measures should be disaggregated by equality group.</p>	<p>Activity & Output measures are those that track how many people were actually provided a service, in accordance with the contract specification. The output measures provide useful information on the number of project beneficiaries. This information should be disaggregated by equality group.</p>	<p>Quality measures are those that evidence how well the service is being provided, against contract delivery performance indicators, quality standards, and user feedback.</p> <p>This should include measures that consider service level and individual level evidence</p>	<p>Outcome measures track the actual impact of the service on the beneficiaries and customers. There are many good examples of outcome measures including: satisfaction of users, number of users who do not return to drug treatment, sustainable employment or sustainable housing. Outcomes measures should also be disaggregated by equality group to provide more detailed information of the impact of the service.</p>	<p>Cost measures track how much the service (or each service output) costs to provide.</p> <p>Efficiency measures track the savings or gains achieved because of providing the service. For example, a reduction in the time taken to process complaints because of getting things right first time.</p> <p>Social Value measures should be included here</p>
<p>The service has a good understanding of the demand for services, the profile of people using the service, and the driving factors behind demand.</p> <p>The services uses this information to assess the diversity of those with whom it comes in contact with and, where appropriate, nuances its approach to broaden its reach.</p> <p>The service is able to produce reports that cross-tabulate - e.g. gender by ward, ethnicity by activity etc</p>	<p>Project outputs meet the specification for timeliness and are tailored to the needs of beneficiaries. The service has a low attrition rate as most of those with whom it comes in contact, go on to receive a service. The service is effective at providing services to those most in need.</p>	<p>The service understands the experiences of people receiving help and support, and how well it meets quality standards against local and national frameworks.</p> <p>The service can demonstrate that it performs well, delivering effective support</p>	<p>The service understands the impact of what it does on the families it works with, and the impact this is having at population level.</p> <p>Outcomes are effective and wide ranging and reflect sustained impact on recipients as well as high levels of satisfaction. There is also strong evidence that outcomes are impacting a wide range of target cohorts, further demonstrating the accessibility and impact of the service.</p>	<p>The service delivery costs are managed within budget.</p> <p>There is good evidence of timeliness in the speed of service delivery, all whilst operating within budget.</p>

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Report to Policy Committee

Author/Lead Officer of Report:

Alexis Chappell, Strategic Director Adult Care and Wellbeing

Report of: Strategic Director of Adult Care and Wellbeing

Report to: Adult Health & Social Care Policy Committee

Date of Decision: 13th December 2023

Subject: DASS Update and Adult Health & Social Care Strategy Delivery Plan and Performance 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? 1148				
Has appropriate consultation taken place?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Has a Climate Impact Assessment (CIA) been undertaken?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Does the report contain confidential or exempt information?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
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:

Sheffield's [Adult Health & Social Care Strategy](#) was approved by the Co-operative Executive on 16th March 2022. The Strategy was developed through significant co-production and formal consultation, involving people receiving services, carers, providers, partners, and our social care workforce across the sector. An operating model to deliver on the strategy was subsequently approved by the Adult Care Policy Committee in November 2022.

Following on from the Strategy Delivery Update provided in September 2023, this paper provides a further scheduled update, aligned to our cycle of assurance, setting out our delivery progress and what's been achieved.

The paper also demonstrates how impact is being measured so that we can demonstrate our progress in enabling citizens of Sheffield to live the life they want to live.

Recommendations:

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

1. Notes progress in delivering upon the Adult Care Strategy Living the Life You Want to Live.
2. Notes Adult Care and Wellbeing performance at December 2023 in relation to each of the Adult Care and Wellbeing priorities and our actions in response.

Background Papers:

Appendix 1 – Adult Care Performance Dashboard

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: Alexis Chappell
	<i>Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.</i>	
2	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: Alexis Chappell	Job Title: Strategic Director Adult Care and Wellbeing
	Date: 23 November 2023	

1 PROPOSAL

1.1 As always, this report starts with recognition and gratitude for all those working in the adult social care sector, who continue to work together to support people stay safe, well and independent.

1.2 Sheffield's [Adult Health & Social Care Strategy](#) focuses on five outcomes and makes six commitments as the guiding principles we will follow to deliver upon the outcomes. By focusing on delivery of outcomes and working in partnership with individuals, carers and colleagues and partners we want to achieve positive experiences and outcomes through excellent quality social work and social care in the city for citizens of Sheffield.

1.3 This report provides a further update on delivery of our strategy and performance, following on from the update provided in September 2023. It also provides an update of national and local developments relating to Adult Care as a DASS update.

1.4 Horizon Scanning

1.4.1 Over the past six months, we have continued to progress our delivery on our strategy and target operating but at same time horizon scan, reflect and learn and talk about some of our developments across England. This has included:

- ✓ Adult Social Care Conferences – Presenting on our workforce development programme in October 2023 as well as planning to present on how we are tackling the challenges in Adult Social Care in February 2024.
- ✓ Service Events – A service development event was held on 23rd November as a key next step in promoting wellbeing and compassionate leadership across our workforce. Over 200 of our staff attend and this will be followed up in January and additionally be open to colleagues from across the social care sector to promote wider collaboration.
- ✓ Research - Development of a partnerships with Sheffield University – Centre for Care to look at joint research and areas for development in the social care sector. This will be supported through our Chief Social Work Officer and Principal Occupational Therapist in particular as we go ahead.
- ✓ Innovation - Dedicated reflection time to scope out innovation opportunities centred around our strategy and our shift towards earlier intervention and prevention and independent living. This is including benchmarking, learning from events, and looking at good practice.

1.4.2 It's aimed, that as we embed our new ways of working and model, taking time to look at research, reflect and learn from other areas and look at partnerships in social care will enrich our thinking and with that lay foundations for our plans for next year for Sheffield to flourish and achieve the very best for our citizens of Sheffield and our workforce.

1.4.3 Underpinning all of this is embedding a culture of empowerment, value, trust, and compassion across Adult Care and across all our workforce – both within Sheffield City Council and across all our providers, which enables everyone to feel engaged to lead and deliver excellent quality support which individuals and carers feel is positive. This will continue to be our key focus as an enabler's across all our activities.

1.5 DASS and Directors Assurance

1.5.1 The Director of Adult Social Services (DASS) is a key role in ensuring that the voice of individuals, carers and communities are heard as well as promoting the voice of social care social work and the social model across a range of partnerships is heard.

1.5.2 Responsibilities for professional leadership and operational delivery of adult social services, including for people when they are most disadvantaged and vulnerable, and their families and carers. This will be undertaken within the local care and health (and the wider council, criminal justice, and community and economic) system. These responsibilities were set out in February 2023 to Committee: -

1.5.3 There are seven key aspects included in the DASS's remit as below aligned to statutory guidance's and best practice advice:

- Vision and Delivery
- Accountability for assessing local needs and ensuring availability and delivery of a full range of Adult Social Services.
- Professional leadership, including workforce planning.
- Leading the implementation of standards
- Managing cultural change to promote independence, choice, and control.
- Promoting local access and ownership and driving partnership working
- Delivering an integrated whole systems approach to supporting communities
- Promoting social inclusion and wellbeing

1.5.4 The National Adults and Children's Social Care Conference launched the new DASS Handbook in November 2023 and once this is published it is planned to bring an update of the DASS accountabilities, their implementation in Sheffield in the new year and the assurances to Committee of delivery.

1.5.5 As we look back over the last year, we have brought forward a range of delivery reports which are enabling and supporting delivery on these duties – from our focus on early intervention and prevention, our workforce strategy, our care governance, performance reporting as well as our key partnership strategies developed over this last year.

1.5.6 At Committee today is our focus on equalities, our provision of support and our local account and our strategy delivery. Each of these demonstrate our ongoing commitment to delivering on our outcomes as well as embedding equity across Adult Care. As I look forward to 2024, I look forward to further embedding our strategy and target operating model as well as providing assurances as to our local offer.

1.6 ADASS Update

1.6.1 The [ADASS Autumn Survey Report – Budgets and Waiting Times](#) was launched in November 2023 and the key messages are that Adult social care is facing significant budgetary challenges in 2023/24 which impact on its ability to support people with care and support needs and their carer's.

1.6.2 Looking forward to the next Spending Review period and General Election, ADASS recommends that Government, in partnership with ADASS, key partners and people with lived experience significantly invest in Adult Social Care to enable councils and providers to:

- Recruit and retain staff to deliver increased assessments, person led planning and reviews to address waiting times.

- Stabilise adult social care budgets ahead of the next Spending Review period.
- Reduce waiting times, reduce unmet need, prevent avoidable admissions to hospital and to support people to maintain and access employment.

1.6.3 The Autumn Statement update provides an increase to the National Living Wage as highlighted in the Budget Update today but without an associated income to Adult Social Care to fund National Living Wage increases for the sector.

1.7 Care Quality Commission Update

1.7.1 Following on from the last updates to Committee, CQC have now completed the 5 pilot sites and for assurance, our team are reviewing the learning for adoption into Adult Care preparations.

1.7.2 As of date, the formal framework for the CQC Assurance for Local Authorities has not been approved by Ministers. Once the framework is approved, dates will be set for the initial 20 Local Authorities to be assessed. Updates will be provided as more information is known.

1.7.3 In terms of Sheffield Preparations, our focus has been on a collaborative approach with the following activities are underway, alongside our focus on our delivery upon our strategy noted at section 2, as follows: -

- **Self – Assessment** - Update of our Self-Assessment to reflect our progress made in delivering on our strategy and performance, noted in section 2 of this report, feedback from our workforce held at service events, individuals, and partners. It's aimed that the updated self-assessment will then be shared with Members, Strategic Leadership Team, Workforce to form a final version as a collaborative.
- **Briefings** – Dedicated update briefings with Members, Partners, Workforce building upon previous briefings throughout December and January to support a shared understanding and collaboration towards preparation for CQC.
- **Partnership** – Continuing to build and develop our partnership approach to CQC assurance with both local and South Yorkshire health colleagues. This supports a team approach with shared learning and opportunities for development.
- **Listening, Engagement and Delivery**- Continued focus on engaging and listening to our workforce, individuals, carers, Members, providers, and partners to support our ongoing approach to continuous improvement and delivery upon our strategic ambitions. Our continued approach of you said we did is now embedded as a key approach to acting on what we have heard.
- **Assurance, Performance and Governance** – Continuing our focus on continuous improvement, assurance, and quality through our focus on embedding our performance management framework, Governance Framework and Cycle of Assurance approved at Committee earlier this year. This aims to ensure our focus is maintained on delivery of wellbeing outcomes, our statutory duties and continuous improvement, regardless of any regulatory assurance.

2.0 The Strategy Delivery Plan Update: Impact and Progress Made

2.1 Adult Care Performance and Quality Update

2.1.1 When developing the Strategy and our accompanying future design, it was acknowledged that we needed to improve the outcomes, experiences that people of Sheffield had of care and that we also needed to improve our performance in relation to delivering accessible, timely and effective services. This was set out in reports to Scrutiny Committee and Co-Operative Executive.

2.1.2 In line with the Performance Framework and Cycle of Assurance approved at Committee on 14th June 2023, a performance dashboard has been implemented which aligns together National Adult Care Outcomes (ASCOF Measures), our I statement's set out within our Adult Care Strategy (Our Measure of success of the Strategy), Adult Care and Councils Key Performance Indicators aligned to our legal duties and director assurance, Office of Local Government (OFLOG) Measures for Adult Care and CQC I Statements against the strategic outcomes set out in our Strategy living the life you want to live. The Adult Care Performance Dashboard is attached at Appendix 1.

2.1.3 The highlights from the Dashboard are that Adult Care has key strengths in relation to:

- Our quality, continuity and capacity of care – approximately 8.5 out of 10 Care Homes and Community providers are rated as good or excellent as well as low number of providers handing back contracts or exiting the market. We have increased homecare and care home staff and have a low rate of home care waits.
- Support to Unpaid Carers - Our identification of unpaid carers resulting in referrals to Sheffield Carers Centre have continued to increase. Our local (I Statements) and national outcomes (ASCOF) show a continued positive trajectory towards improving Carers experiences and outcomes. This is also supported by positive satisfaction outlined in the Carers Centre reports.
- Reviews and timescale to put support in place – Our reviews performance has increased whilst our assessment waits over 6 months has continued to decrease. This in turn is enabling timely provision of support being put in place and delivery of person led and strength-based interventions.
- Early Intervention and Prevention – We are continuing to support people to live independently through achieving our goal of 70% people who do not need long term support as well as independence upon discharge from hospital, so it shows that our interventions are enabling independence well.

2.1.4 The areas of continued service focus over next 6 months are to embed our accessibility and responsibility for individuals by reaching a position where: -

- 95% safeguarding contacts are screened in one day and Safeguarding Enquiries are completed in 20 days on a sustained basis.
- Individuals do not have to wait longer than 2 weeks for an occupational Therapy assessment.
- Individuals do not wait longer than 2 weeks for social work assessment.

2.1.5 The areas of Strategic Development aligned to our priorities for the two years are to continue to build our:

- Strength based practice led approaches and in particular roll out and embed a **named worker approach** across adult care, so that people receiving long term support can experience continuity of support and care.
- Placing **citizens, families, and carers voices at the centre of driving change** building upon the foundations built over last year through our coproduction team and through Changing Futures programme.
- Supports, **wellbeing outcomes and access to employment and learning** for people with a Learning Disability, Autistic People and People Experiencing Mental Ill Health using the foundations created through the Learning Disability Strategy, All Age Autism Strategy and the All Age Emotional and Mental Health Strategy and partnerships.
- Approach to increase opportunities for **people to live locally** and with that reduce our Out of Area placements through a partnership approach locally and across Sheffield to build accommodation with care and support.
- **Experiences and satisfaction with Social Care Services** through our approach to coproduction as well as learning from complaints, compliments, our I statement and feedback from individuals and carers as well as continuing to seek internal and external peer and learning feedback to support our continuous improvement. Through learning we will reach our goal where everyone has positive experiences of social care in the City.

2.2 Adult Care Strategic Delivery and Target Operating Model Delivery Plan Update

2.2.1 Good progress has been made in relation to delivering upon the activities set out in the Adult Care Strategy, Council Delivery Plan, and our target operating model both in terms of performance and achievement of milestones. The update highlights the Journey over next two years, including what has been completed.

2.2.2 The update is complimented by the Budget and Commissioning Updates at Committee today. The [Adult Care Roadmap](#) was highlighted to Committee in March 2023 and as the Strategy Refresh is updated for 2024 to 2026 the roadmap will be updated to reflect our next stages and published as part of the next steps. Key highlights of activities completed over last six months are.

Safe and Well	Active and Independent
<ul style="list-style-type: none"> ✓ Continued implementation of the Adult Multi-Agency Screening Hub to promote a partnership approach to safeguarding. ✓ Establishment of a Joint Health and Care Quality Standards to set standards of care we expect in the City. ✓ A review of our capacity to undertake quality improvement across internal and commissioned services, leading to development of a dedicated Quality Service. 	<ul style="list-style-type: none"> ✓ Our Sheffield which is gaining around 50,000 contacts and making it easier to access information. ✓ Development of synergy and an approach towards building our mental health social work offer in the City. ✓ Awarding of our transformational homecare contract to enable implementation of our community connected homecare model. ✓ Approval of our Learning Disabilities Strategy – the Big Plan.

<ul style="list-style-type: none"> ✓ Continued implementation of the new hospital discharge model, including a dedicated focus on people experiencing mental ill health. This is leading to reduction in delays and closer to our ambitions and a dedicated update is planned for 31st January 2024 at Committee. 	<ul style="list-style-type: none"> ✓ Initiation of co-development of a City wide dementia strategy. ✓ Initiation of a City Wide Strategy for Tackling Multiple Disadvantage. ✓ Scoping out an approach to implementing a named worker approach across adult care so that we can really embed person led practice.
<p>Connected and Engaged Aspire and Achieve</p> <p>We established and implemented a</p> <ul style="list-style-type: none"> ✓ Increased referrals to the Carers Centre and a closer working relationship between the Centre and Adult Care. ✓ Our <u>Sheffield Directory</u> (Information and Advice) is reaching around 50,000 hits and is meeting Reach Standards. ✓ Focus on Personal Assistants and our Direct Payments Offer through hosting a summit in December 2023 ✓ Our focus on personalisation through reviewing our programme and approach across Adult Care aligned to our TOM. ✓ Continued co-production of our approach to Changing Futures, which is recognised nationally as a good practice example. ✓ A festival of involvement and citizens involvement hub which provide foundations for embedding people's voices across all of Adult Care 	<p>Efficient and Effective</p> <p>Establishment and implementation of:</p> <ul style="list-style-type: none"> ✓ Successful recruitment campaign which has led to 20 social workers being recruited to. We will continue to embed as part of the approach. ✓ Continued development of our implementation of the LGA Workforce Standards and our workforce strategy, with an update planned for Committee on 31st January 2024. ✓ A dedicated delivery plan focused on equity, diversity, inclusion, and social justice. ✓ A clear recovery plan and best value approach to achieving financial resilience. ✓ Continued improvements and clear focus around our charging implementation

2.2.3 At September Committee, the draft [Strategy Delivery Plan](#) was noted. An engagement plan is in place to engage on the priorities and actions throughout December to February 2024, so that the Plan can be approved in March 2024.

3.0 HOW DOES THIS DECISION CONTRIBUTE

3.1 Organisational Strategy

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

3.1.2 The strategy met the obligation in Our Sheffield One Year Plan 2021/22 to 'Produce a long-term strategic direction and plan for Adult Social Care which sets out how we will improve lives, outcomes and experiences and adults in Sheffield'. The Delivery Plan update augments this with further detail on how the outcomes were achieved.

3.2 Health & Care System Alignment

- 3.2.1 The overall strategy was developed in alignment with the Joint Health & Wellbeing Strategy (2019-2024), developed by Sheffield Health & Wellbeing Board, our Joint Commissioning Intentions with NHS colleagues as well as the South Yorkshire Integrated Care Partnership Strategic Plan.
- 3.2.2 The update to the Delivery Plan and the accompanying Strategy Delivery Plan refresh 2023 – 2025 continues with this alignment and will be delivered working closely with health partners both on a city and regional basis.

4 HAS THERE BEEN ANY CONSULTATION?

- 4.1 A crucial element in the successful delivery of the strategy is the increased involvement in people receiving, and staff directly delivering care, in the development of all key part of the plan. Throughout the sector, we know that involving and coproducing these makes them more likely to be successful.
- 4.2 To enable this, the governance structures include the voices of those receiving care, carers, partners, and care providers so that we ensure we deliver what matters to people of Sheffield. This includes co-developing a mechanism so that people with lived experience are equal partners in the delivery of our strategic plan, which has been taken forward through our festival of involvement undertaken throughout the summer.
- 4.3 An overall approach to coproduction and involvement is also a key element of the delivery plan, ensuring that the voice of citizens is integrated into all major developments ahead. This includes signing up to Think Local Act Personal Making It Real. Our [Involvement Delivery Plan](#) was approved by the Adult Health and Social Care Policy Committee in December 2022 and sets out how we aim to achieve those ambitions,

5 RISK ANALYSIS AND IMPLICATIONS OF THE DECISION

5.1 Equality Implications

- 5.1.1 The strategy was supported by a comprehensive equality impact assessment, which can be found on the Council website [Our Social Care vision and strategy](#)
- 5.1.2 The additional detail in this Strategy Delivery Plan does not alter this assessment, although does add a layer of detail.
- 5.1.3 In the Strategy Delivery Plan Refresh 2023 - 2025 presented at Committee in September 2023, which accompanies this report, there is additional focus on ensuring that we have appropriate attention to equality, diversity, and inclusion and a specific equalities statement has been appended to that report. In particular, we will be looking to incorporate recommendations from the recent findings of the [Sheffield Race Equality Commission report](#) and to ensure that our workforce strategy has a diverse workforce at its heart.
- 5.1.4 Many constituent parts of the Strategy Delivery plan will require their own detailed equality impact assessment, which will be completed to inform plans and decision making.

5.2 Financial and Commercial Implications

- 5.2.1 The strategy was supported by a financial strategy, which can be found on the Council website [Our Adult Social Care vision and strategy \(sheffield.gov.uk\)](https://www.sheffield.gov.uk/our-adult-social-care-vision-and-strategy), and is closely aligned with the budget strategy.
- 5.2.2 The additional detail in this Strategy Delivery plan does not alter this strategy, although does add a layer of detail.
- 5.2.3 All individual components will be assessed for their financial contribution to this finance strategy and the Council's budget. This will be used to inform both plans and decision-making.

5.3 Legal Implications

- 5.3.1 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.
- 5.3.2 The Care Act Statutory Guidance requires at para 4.52 that "... Local authorities should have in place published strategies that include plans that show how their legislative duties, corporate plans, analysis of local needs and requirements (integrated with the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy), thorough engagement with people, carers and families, market and supply analysis, market structuring and interventions, resource allocations and procurement and contract management activities translate (now and in future) into appropriate high quality services that deliver identified outcomes for the people in their area and address any identified gaps.
- 5.3.3 The Living the life you want to live – Adult Social Care Strategy which was approved in March 2022 set out the high-level strategy to ensure these obligations are met. This report demonstrates how we are already delivering on commitments and sets out a clear plan for 2023 and up to 2030.

5.4 Climate Implications

- 5.4.1 The Adult Social Care Strategy and Delivery Plan makes specific reference to ensuring a focus on Climate Change – both in terms of an ambition to contribute to net zero as well as adapt to climate change.
- 5.4.2 Elements of the Strategy Delivery Plan with a significant climate impact, have and will continue to complete a detailed climate impact assessment to inform plans and decision making. The elements with the most significant climate impact to date are linked below and information can be seen in Climate Impact Sections of those reports:
- [Supported living, day services and respite care for working age adults](#)
 - [Approval of new technology enabled care contract extension and strategy](#)
 - [Adults Health and Social Care Digital Strategy](#)

- [Transforming Care Homes for Citizens of Sheffield](#)
- The [Climate Impact Assessment for Recommissioning Homecare Services](#)

5.4.3 A Climate Statement has been drafted on behalf the Committee and its planned that the Statement will be approved at Strategy and Resources Committee on 14th December 2023 along with all Committee statements. Once approved, delivery upon the statement will be provided as core to our strategy delivery and DASS updates for assurances.

5.5 Other Implications

5.5.1 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.

6 ALTERNATIVE OPTIONS CONSIDERED

6.1 Do Not Provide an Update on The Strategy Delivery Plan Progress – When the Strategy Delivery Plan was approved by Committee in June 2022 the was a commitment to review the plan regularly and by not reviewing, we would not be meeting that commitment. Due to the significant amount that has been delivered on the plan, leaving it as it would make it harder to identify the priorities for 2023.

6.2 A different delivery plan - The real options for the delivery plan are around the individual elements, which will be worked through as part of the constituent pieces of work. These will be worked through in different ways, with many of them resulting in their own future reports to the Committee.

7 REASONS FOR RECOMMENDATIONS

7.1 Reasons for Recommendations

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

7.1.2 Noting the performance update, enables Committee to undertake scrutiny of Adult Care performance including strengths and areas for prioritisation.

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Performance Indicator and Outcome				Latest Adult Care Position				Benchmarking (Where Available)							
Strategic Outcome	Performance Indicator	Milestone	Delivery Lead	Direction of Travel	Current Position	Latest Period Available	21/22 Position Baseline	Core Cities Mean	Y & H	CIPFA/OFLOG	England Average				
Safe and Well (Priorities - Safeguarding, Quality of Care, Prevention of Admission/ Timely Discharge)	Priority 1 - Safeguarding														
	Safeguarding concerns per 100,000 adults commenced by the local authority (CQC – NHS Digital)	To Monitor	AD Access, Mental Health and Wellbeing	Decreased	1280	22//23	1354		1694	1415	1313				
	Safeguarding S42 Enquiries per 100,000 adults commenced by the local authority (CQC – NHS Digital)	To Monitor		Decreased	291	22/23	342		550	642	387				
	Proportion of Safeguarding enquiries commenced that were Section 42 enquiries. (CQC – NHS Digital)	To Monitor		Increased	84%	22/23	81%		95	95	91%				
	DoLS Applications received per 100,000 Adults (NHS Digital)	To Monitor		Decreased	481	22/23	584				601				
	Number of DoLS Applications not completed at end of reporting year	To Monitor		Decreased	850	22/23	1365		717	791	829				
	Number of s117 aftercare arrangements (SCC Data)	To Monitor		Increased	795	Oct 23	745		These measures are local to Sheffield and not benchmarked at this time						
	Number of Guardianship Orders (SCC Data)	To Monitor		n/a	0	Oct 23	New measure								
	Number of Compulsory Treatment Orders (SCC Data)	To Monitor		n/a	63	Oct 23	New measure								
	Number of Regulation 28 Reports (SCC Data) (Rolling 12 months)	To Monitor		Same	0	Oct 23	0								
	Number of SAR's (Rolling 12 months) (SCC Data)	To Monitor		Decreased	0	Oct 23	6								
	Number of DoLS Not Completed (new and renewal) (SCC Data)	0		Increased	1294	Oct 23	1079								
	Safeguarding S42: Proportion of individuals lacking capacity who were supported by an advocate, family member or friend (SCC Data)	95%		Same	100%	Oct 23	100%								
	% referrers who received feedback about a safeguarding referral from Adult Care (SCC Data)	95%		Increased	87%	Oct 23	74%								
	% Safeguarding Adults Outcomes Met: % expressed outcomes partially or fully met (S42 enquiries)	95%		Decreased	93%	Oct 23	95%								
	Safeguarding Adults Impact on Risk: % risk removed or reduced (S42 enquiries)	95%		Decreased	91%	Oct 23	93%								
	% of safeguarding referrals screened in one working day	95%		Decreased	63%	Oct 23	80%								
	Median number of days to complete S42 Safeguarding enquiries, noting exceptions where Making Safeguarding Personal principles and circumstances apply.	28		Decreased	47	Oct 23	68								
	Priority 2 – Quality, Continuity and Sustainability of Care														
	ASCOF 1A: Social care-related quality of life score (based on several questions)	20	Assistant Director Commissioning (Quality)	Increased	18.5	22/23	17.5	18.5	18.8	18.8	18.9				
	ASCOF 1J: Adjusted 1A - Social care-related quality of life score - impact of social care services (excluding non-social care related factors) (OFLOG Measure)	0.4	And Chief Social Work Officer	Increased	0.4	22/23	0.32	0.4	0.4	0.4	0.4				
	People who use services who feel safe. (ASCOF 4A)	85%		Increased	66.6%	22/23	56.9%	67.2%	69.3%	68.8%	69.2%				
	People who use services who say that those services have made them feel safe and secure. (ASCOF 4B)	85%		Increased	85.9%	22/23	79.4%	85.6%	85.1%	85.6%	85.6%				
	ASCOF 3A: Overall satisfaction of people who use services with their care and support	85%		Same	58.3%	22/23	58.7%	63.1%	65.1%	63.2%	63.9%				
	% regulated adult social care providers assessed by CQC as good or outstanding under the Safe domain	100%		Increased	85%	Oct 23	83%	79%	78%	81%	81%				
	% of Regulated Care – Care Homes - rated good or outstanding (SCC Data)	100%		Same	86%	Oct 23	87%	80%	79%	82%	81%				
	% of Regulated Care – Community based services – rated good or outstanding (SCC Data)	100%		Increased	86%	Oct 23	84%	81%	84%	85%	85%				
	Home care waiting list (In People) (Based on daily referral rates) (SCC Data)	10		Decreased	36	19/11/23	Mar 21 = 71	These measures are local to Sheffield and not benchmarked at this time							
	% Care Home Bed Occupancy	85%		Increased	87%	Oct 23	85%								
	I deal with people I know and trust that are well trained and love their job, respect my expertise, and can make decisions with me.	New Measure		Increased	72.4%	23/24	61.9% 22/23								
	I feel safe and well.	New Measure		n/a	72.4%	23/24	New measure								
	% of domiciliary care staff with face-to-face contact absent due to Covid-19 – Capacity Tracker	To Monitor		Decreased	0.7%	Oct 23	Oct 21 0.8%					0.3%			0.2%
	Number of domiciliary care staff with face-to-face contact employed – Capacity Tracker	To Monitor		Increased	3,908	Oct 23	Oct 21 - 3,232					2,388			
	% of Care home staff absent due to Covid-19 - Capacity Tracker	To Monitor		Decreased	0.3%	Oct 23	Oct 21 - 0.5%					0.3%			0.2%
	Number of directly employed care home staff - Capacity Tracker	To Monitor		Increased	5217	Oct 23	Oct 21 - 4049					3,574			
	Number of regulated adult social care service providers exiting the market (Rolling 12 months) (SCC Data)	To Monitor		n/a	2	Oct 23	New measure					These measures are local to Sheffield and not benchmarked at this time			
	Contracts handed back early to the local authority by providers (Rolling 12 months) (SCC Data)	To Monitor		n/a	1	Oct 23	New measure								
	Number of Provider Failure and exit (Rolling 12 months) (SCC Data)	To Monitor		n/a	1	Oct 23	New measure								
	Local authority commissioning embargoes (Rolling 12 months) (SCC Data)	To Monitor		n/a	10	Oct 23	New measure								

Performance Indicator and Outcome				Latest Adult Care Position				Benchmarking (Where Available)							
Strategic Outcome	Performance Indicator	Milestone	Delivery Lead	Direction of Travel	Current Position	Latest Period Available	21/22 Position Baseline	Core Cities Mean	Y & H	CIPFA/OFLOG	England Average				
	Priority 3 – Prevention of Admission and Hospital Discharge														
	ASCOF 2B(1): The proportion of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	85%	Operations Director	Increased	85.0%	22/23	80.5%	81.5%	80.4%	82.6%	81.8%				
	ASCOF 2B(2): The proportion of older people (aged 65 and over) who received reablement/rehabilitation services after discharge from hospital.	6%	And	n/a	Not yet available	22/23	6.1%	3.9%	2.2%	3.4%	2.8%				
	% acute hospital beds occupied by those medically fit for discharge for over 7 days (NHS England Data)	10%	Assistant Directors Living and Ageing Well	Decreased	10.3%	19/11/23	19%		11.4%		12.6%				
	% of people who returned home from Hospital (Pathway 0 and Pathway (NHS England Data) – HomeFirst.	95%		New Measure	96%	12/11/23	NA		93%						
	Number of referrals for unpaid carers support by hospital services (STIT/ Social Work). (Rolling 12 month)	250		Increased	362	Oct 23	2022 = 88								
	Number of referrals to Home First service (rolling 12 month)	To Monitor		Increased	688	Oct 23	2022 = 579								
	Number of S42 enquires undertaken in hospital setting (rolling 12 month)	To Monitor		Increased	137	Oct 23	111								
	Proportion of individuals lacking capacity who were supported by an advocate, family member or friend in a hospital setting only (CQC)	100%		Same	100%	Oct 23	100%								
		Priority 4 – Unpaid Carers													
ASCOF 1C(2B): The proportion of carers who receive direct payments		To Monitor	Deputy Dass (Operations)	Increased	36.9%	22/23	18.6%	78.6%	75.6%	76.6%	77.6%				
ASCOF 1C(1B): The proportion of carers who receive self-directed support		100%		Same	100%	22/23	100%	97.2%	83.1%	92.2%	89.3%				
ASCOF 11(2): Proportion of carers who reported that they had as much social contact as they would like		50%	and	Increased	30.9%	21/22	26.6% 18/19	26.7%	31.2%	27.5%	28.0%				
ASCOF 3B: Overall satisfaction of carers with social services		85%	AD Adult Commissioning (Quality)	Increased	34.7%	21/22	26.6% 18/19	33.7%	37.7%	35.1%	36.3%				
ASCOF 1D: Carer-reported quality of life (OFLOG)		7.5		Increased	7.3	21/22	7.0 18/19	7.0	7.4	7.2	7.3				
ASCOF 3C: Proportion of carers who report that they have been included or consulted in discussion about the person they care for		85%		Increased	62.4%	21/22	56.0% 18/19	60.8%	64.7%	65.0%	64.7%				
ASCOF 3D (2): The proportion of carers who find it easy to find information about services. (OFLOG)		80%		Increased	53.3%	21/22	51.2% 18/19	52.3%	56.3%	56.5%	57.7%				
New referrals to the Sheffield Carers Centre		To Monitor		Increased	554	In Q3 2023	2022=1828	These measures are local to Sheffield and not benchmarked at this time							
New referrals to the Sheffield Carers Centre made by adult social care		500		Increased	182	In Q3 2023	2022=458								
No. Assessments by Carers Centre- Tier 1		500		Increased	171	In Q3 2023	2022=442								
No. Assessments by Carers Centre- Tier 2		40		Increased	17	In Q3 2023	2022=29								
No Carers Support Plans in Place		To Monitor		Increased	155	Sep 23	Mar23:133								
I am connected and engaged with my community		New Measure		n/a	41.3%	23/24	New Measure								
I have aspirations in my life and achieve my goals		New Measure		n/a	39.5%	23/24	New Measure								
I have balance in my life, between being a parent, friend, partner, carer, employee.		New Measure		Increased	51.2%	23/24	47.9% 22/23	These measures are local to Sheffield and not benchmarked at this time							
Priority 5 – Citizen Leadership, Involvement and Personalisation															
ASCOF 1B: The proportion of people who use services who have control over their daily life.		85%	AD's Living and Ageing Well Long-Term Support	Increased	75.6%	22/23	68.1%					74.6%	77.2%	75.9%	76.9%
ASCOF 1C(2A): The proportion of people who use services who receive direct payments		33%		Decreased	31.9%	22/23	34.5%					25.0%	26.7%	23.6%	26.7%
ASCOF 1C(1A): The proportion of people who use services who receive self-directed support		100%	AD Access, Mental Health and Wellbeing	Same	100%	22/23	100%					94.7%	95.3%	92.0%	94.5%
ASCOF 1I (1): The proportion of people who use services who reported that they had as much social contact as they would like	40.6%	AD Adult Future Options	Increased	41.1%	22/23	36.5%	39.5%					40.2%	40.7%	40.6%	
I feel that I have a purpose.	New Measure		Increased	56.3%	23/24	54.0% 22/23	These measures are local to Sheffield and not benchmarked at this time								
I am seen as someone who has something to give, with abilities, not disabilities. I get support to help myself.	New Measure	AD Commissioning	Increased	66.7%	23/24	57.8% 22/23									
I am listened to and heard and treated as an individual.	New Measure		Increased	71.8%	23/24	66.5% 22/23									
I know that I have control over my life, which includes planning ahead.	New Measure		Increased	61.8%	23/24	60.8% 22/23									
I know that I have some control over my life and that I will be treated with respect	New Measure		Increased	79.2%	23/24	70.7% 22/23									
I can make a choice on whether I move into a care home, and where and with whom I live.	New Measure		Decreased	64.3%	23/24	65.5% 22/23									
I can manage money easily and use it flexibly.	New Measure		Increased	48.9%	23/24	47.2% 22/23									
When I need support, it looks at my whole situation, not just the one that might be an issue at the time.	New Measure		Increased	61.9%	23/24	52.5% 22/23									
We start with a positive conversation, whatever my age.	New Measure		Increased	72.4%	23/24	63.2% 22/23									

Performance Indicator and Outcome				Latest Adult Care Position				Benchmarking (Where Available)								
Strategic Outcome	Performance Indicator	Milestone	Delivery Lead	Direction of Travel	Current Position	Latest Period Available	21/22 Position Baseline	Core Cities Mean	Y & H	CIPFA/OFLOG	England Average					
Active and Independent – (Priorities – Living & Ageing Well, Disability Friendly City, Mental Health)	I only tell my story once unless there are changes to 'what matters to me'	New Measure			Increased	55.6%	23/24	44.8% 22/23								
	Priority 6 – Early Intervention, Prevention and Community Resilience															
	ASCOF 2D: The outcome of short-term services: % not resulting in long term support (OFLOG)	67%	AD Access, MH and Wellbeing		Increased	50.8%	22/23	48.1%	57.5%	70.5%	69.0%	77.6%				
	ASCOF 3D (1): The proportion of people who use services who find it easy to find information about support. (OFLOG)	64.6%	And		Increased	63.1%	22/23	60.1%	61.9%	64.6%	62.8%	64.6%				
	Number of contacts to First Contact (Rolling 12 Month Total)	To Monitor	AD Living and Ageing Well Short-Term Support		Increased	21,450	To Oct 23	17,452	These measures are local to Sheffield and not benchmarked at this time							
	% increase in referrals to First Contact (Rolling 12 month)	To Monitor			Increased	10%	To Oct 23	27%								
	% of people referred to First Contact who did not require long term support	67%			Increased	67%	Oct 23	58%								
	% of people referred back to Adult Social Care within 3 months (First Contact)	To Monitor			Increased	30%	Oct 23	28%								
	% of people referred back to Adult Social Care within 6 months (First Contact)	To Monitor			Decreased	35%	Oct 23	36%								
	Number of people awaiting an Occupational Therapy Assessment (Based on average referral rate per month and aim that assessment completed within 28 days)	250			Decreased	1247	Oct 23	2115								
	Number of contacts to Occupational Therapy (Rolling 12-month total)	To Monitor			Increased	7050	Oct 23	4229								
	% Increase in referrals to Occupational Therapy Annually	To Monitor			Increased	57%	Oct 23	6% 22/23								
	% equipment provided within timescale once assessment completed (Emergency = same day, Urgent = next day, standard = 5 day)	98%			Increased	99.9%	Oct 23	98.6%								
	The system is easy to navigate. I know how and where I can get the support I need when I need it.	New Measure			Increased	28.3%	23/24	26.3% 22/23								
	I know what services are available and can make informed decisions.	New Measure			Increased	49.6%	23/24	36.4% 22/23								
	I know where to go and get help.	New Measure			Increased	61.6%	23/24	51.1% 22/23								
	I know what services and opportunities are available in my area.	New Measure			Increased	47.4%	23/24	43.4% 22/23								
	I can have fun, be active, and be healthy.	New Measure			Increased	55.6%	23/24	42.5% 22/23								
	I am confident to engage with friends/support services.	New Measure			Increased	66.8%	23/24	64.8% 22/23								
	Priority 7 - Living and Ageing Well (Support to Adults Aged Over 65)															
	ASCOF 2A (2): Long-term support needs of older adults (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population.	710	AD Living and Ageing Well Long Term Support		Increased	707	22/23	659					741	611	682	539
	% Adults aged over 65 receiving services who are living at home.	85%			Same	69%	Oct 23	68%	63%	59%	63%	62%				
	Adults aged over 65 receiving Community Support per 100,000	3000			Increased	3201	22/23	3109	3000	2037	2641	2132				
	I am active and independent	New Measure			n/a	45.7%	23/24	n/a	These measures are local to Sheffield and not benchmarked at this time							
	% Adults aged over 65 receiving long term support who had an annual review.	80%			Increased	74%	Nov 23	42%								
	Number of Adults aged over 65 who had an annual review (rolling 12 months)	4300			Increased	4537	Oct 23	2664								
	Median no. of days to determine if support needed for Adult's aged over 65 noting exceptions where personal circumstances apply.	28			Increased	27	Oct 23	22								
	Median no. of days to put support in place for Adult's aged over 65.	28			Decreased	7	Oct 23	13								
Number of people awaiting an assessment for long term support (Based on average referral rate per month) for Adults aged over 65	150			Decreased	243	Oct 23	421									
Number of people aged over 65 waiting over 6 months for an assessment	0			Decreased	2	Oct 23	7									
Number of people aged over 65 waiting over 3 months for an assessment	0			Decreased	23	Oct 23	74									
Number of out of area placements (out of South Yorkshire and Derbyshire) for Adults aged over 65	To Monitor			Increase	18	Nov 23	16									
Number of out of area placements (out of Sheffield) for Adults aged over 65	To Monitor			Decrease	56	Nov 23	58									
Priority 8 - Wellbeing, Mental Health and Recovery (Support to Adults Aged 18 – 64 with a Mental Health Condition)																
ASCOF 1H: The proportion of adults in contact with secondary mental health services living independently, with or without support.	32%	AD Access, MH and Wellbeing		Decreased	9%	22/23	12%	24%	32%	30%	26%					
ASCOF 1F: The proportion of adults in contact with secondary mental health services in paid employment	6%			Same	4%	22/23	4%	5%	8%	5%	6%					
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.	13.5			Increased	18.8	22/23	17.0	15.4%	17.5	17.7	13.9					
People receiving Community Support per 100,000	666			Increased	716	22/23	695	666	625	696	631					
% adults receiving services who are living at home.	85%			Same	75%	Oct 23	74%									
% adults receiving long term support who had an Annual Review.	80%			tbc	New Measure	Oct 23	New Measure									

Performance Indicator and Outcome				Latest Adult Care Position				Benchmarking (Where Available)							
Strategic Outcome	Performance Indicator	Milestone	Delivery Lead	Direction of Travel	Current Position	Latest Period Available	21/22 Position Baseline	Core Cities Mean	Y & H	CIPFA/OFLOG	England Average				
	Number of Reviews Completed (rolling 12 months)	New Measure		tbc	New Measure	Oct 23	New Measure	These measures are local to Sheffield and not benchmarked at this time							
	Median no. of days to determine if support needed noting exceptions where personal circumstances apply	28		n/a	26	Oct 23	New Measure								
	Median no. of days to put support in place	28		n/a	21	Oct 23	New Measure								
	Number of people awaiting an assessment for long term support (Based on average referral rate per month)	50		n/a	87	Oct 23	New Measure								
	Number of people waiting over 6 months for an assessment	0		n/a	7	Oct 23	New Measure								
	Number of people waiting over 3 months for an assessment	0		n/a	24	Oct 23	New Measure								
	Number of out of area placements (out of South Yorkshire and Derbyshire)	To Monitor		Increase	22	Nov 23	21								
	Number of out of area placements (out of Sheffield)	To Monitor		Decrease	39	Nov 23	40								
	Priority 8 – Adult Future Options/ Disability Friendly City (Support to Adults with a Disability aged 18 – 64)														
	ASCOF 1E: The proportion of adults with a learning disability in paid employment	4.8%		AD Adult Future Options	Decreased	3.3%	22/23					3.6%	3.5%	4.9%	4.1%
	ASCOF 1G: The proportion of adults with a learning disability who live in their own home or with their family.	78%			Decreased	68.9%	22/23	72.9%	78.1%	79.9%	81.3%	78.8%			
	% adults receiving long term support who had an annual review.	80%			Increased	80%	Nov 23	43%	These measures are local to Sheffield and not benchmarked at this time						
	Number of Reviews Completed (rolling 12 months)	2000			Increased	2380	Oct 23	1367							
	Median no. of days to determine if support needed noting exceptions where personal circumstances apply.	28			Increased	41	Oct 23	34							
	Median no. of days to put support in place	28			Increased	24.5	Oct 23	22							
	Number of people awaiting an assessment for long term support (Based on average referral rate per month)	150			Decreased	221	Oct 23	255							
	% adults receiving services who are living at home.	85%			Same	88%	Oct 23	87%							
	Number of people waiting over 6 months for an assessment	0			Decreased	1	Oct 23	2							
	Number of people waiting over 3 months for an assessment	0			Decreased	16	Oct 23	47							
	Number of Out of Area Placements (out of South Yorkshire and Derbyshire)	To Monitor			Decreased	74	Nov 23	82							
Number of Out of Area Placements (out of Sheffield)	To Monitor			Increased	160	Nov 23	157								
Priority 9 – Valued Workforce															
ASC Staff Turnover Rate – Sector Wide	25%		CSWO	Increased	37.0%	22/23	32.6%		29.9%		28.3%				
ASC Sickness Days Lost – Sector Wide	6		AD Commissioning	Decreased	8	22/23	9.9		6.9		5.9				
Number of Posts in Adult Care Across Sector	To Monitor			Increased	17.500	22/23	16.500				1.79m				
% of Posts in Independent Sector Providers	To Monitor			Decreased	77%	22/23	80%								
% of Posts working for direct payment recipients	To Monitor			Decreased	11%	22/23	12%								
Proportion of workforce on zero-hour contracts	20%			Same	25%	22/23	25%		18%		22%				
% workforce Black, Asian, Minority Ethnic Adult Care Workforce – Workforce reflection of population of Sheffield	26%			Increased	25%	22/23	16%		12%		26%				
Economic Contribution of Adult Care Workforce (Gross Value Added)	To Monitor			n/a	NA	22/23	£480m		£331m		£51.5 billion				
Priority 10 – Effective Governance & Financial Resilience															
Gross current expenditure on long- and short-term care for adults aged 65 and over, per adult aged 65 and over	£1120		AD Care Governance	Lower	£1044	22/23	£1129	£1162							
Gross expenditure (long term care £000s) per 100,000 18+ population	To Monitor			Same	£41,716	22/23	£41,895	£38,724	£36,370	£37,579	£37,264				
Gross current expenditure on long- and short-term care for adults aged 18-64, per adult aged 18-64	£265			higher	£277	22/23	£260	£265							



Report to Policy Committee

Author/Lead Officer of Report: Lilly Hoyland & Richard Johnson

Report of: Strategic Director of Adult Care and Wellbeing

Report to: Adult Health and Social Care Policy Committee

Date of Decision: 13th December 2023

Subject: Approval of Emergency Overnight Short Breaks Commissioning Strategy for people with a learning disability, autistic people and people experiencing mental ill health.

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? 2463				
Has appropriate consultation taken place?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Has a Climate Impact Assessment (CIA) been undertaken?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Does the report contain confidential or exempt information?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
If YES, give details as to whether the exemption applies to the full report / part of the report and/or appendices and complete below:-				
<i>"The (report/appendix) is not for publication because it contains exempt information under Paragraph (insert relevant paragraph number) of Schedule 12A of the Local Government Act 1972 (as amended)."</i>				

Purpose of Report:

This report summarises the Council's statutory duties and sets out importance of ensuring continuity of Emergency Overnight Short Breaks (EONSB) services, and our proposals (subject to separate Council approval) to deliver these in a way that meets the needs of the people of Sheffield.

This report goes on to set out the approach to the development of Emergency Overnight Short Breaks provision for the City and the implementation of an Emergency Overnight Short Breaks review group to co-produce our development of short breaks in the City.

Recommendations:

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

- Approves the proposal to develop both Sheffield City Council and Commissioned Services (subject to separate Council approval) to ensure sufficiency of Emergency Overnight Short breaks arrangements in the City.
- Notes that a Commissioning Strategy for the Commissioning of Emergency Overnight Short Breaks will be brought to Committee in March 2024 following soft market testing between December 2023 and February 2024.

Background Papers:

Appendix 1 – Equalities Impact Assessment

Lead Officer to complete: -		
1	I have consulted the relevant departments in respect of any relevant implications indicated on the Statutory and Council Policy Checklist, and comments have been incorporated / additional forms completed / EIA completed, where required.	Finance: Kerry Darlow & Laura Foster
		Legal: Patrick Chisholm/Richard Marik
		Equalities & Consultation: Ed Sexton
		Climate:
	<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:	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: <i>Lilly Hoyland & Richard Johnson</i>	Job Title: <i>Commissioning Officer</i>
	Date: 23/11/2023	

1. PROPOSAL

- 1.1 The purpose of this report is to seek to set out the approach to the development of Emergency Overnight Short Breaks provision for the City and to note the implementation of an Emergency Overnight Short Breaks review group to co-produce our development of short breaks in the city.

Background

- 1.2 On 20th December 2022, Adult Health and Social Care Policy Committee approved the Unpaid Carers Delivery Plan as a commitment to unpaid carers in the City linked to our Strategy Living the Life You Want to Live.
- 1.3 Planned overnight short breaks enable unpaid carers and family members to have a break from their caring role and provides individuals in receipt of support and care to have a break away from home.
- 1.4 Emergency overnight short breaks provide a short to medium term support and accommodation option for individuals in crisis and/or experiencing a breakdown in care and support, where carers are unable to provide support for any reason, or to facilitate hospital discharges with a focus on equipping the individual with the skills to move on to a permanent placement.
- 1.5 On 21st September 2022, Committee approved the recommissioning of the [Working Age Framework](#) which includes provision of Supported Living, Activities Outside the Home (day services) Short Breaks/Respite services. Good progress has been made in relation to enacting the framework for supported living and day activities.
- 1.6 However, Emergency Overnight Short Breaks has been challenging to source from local providers, despite market engagement. The cohort of individuals requiring emergency short breaks often require a robust and safe environment, above and beyond that of a standard respite service, to avoid property damage and injury to self and others.
- 1.7 There may also be restrictions on the location of the service (proximity to schools, roads, etc). Individuals can also often experience behaviours of distress, which may cause individuals to lose the ability to regulate their behaviour. This means that sourcing accommodation and care can be challenging for providers.
- 1.8 This has significant cost implications, with adult care required to fund emergency provision at a significantly higher rate than standard to address the shortfall and keep individuals safe whilst permanent accommodation and appropriate and multi-disciplinary support arrangements are found. Due to this, recommissioning and developing emergency short breaks provision was noted as a key recovery action in the Adults Recovery Plan agreed at Committee on 8th November 2023.

- 1.9 Increasing supply is a complex programme of work and requires a multifaceted approach, working with stakeholders and individuals to take both an immediate and longer-term approach.
- 1.10 Due to this, Members are asked to note that the proposal is to develop both Sheffield City Council and Commissioned Services (subject to separate approval) to ensure both sufficiency of short breaks arrangements and the agility to respond to changes in demand. It is anticipated that this will both improve outcomes and experiences of individuals as well as reduce costs associated with emergency provision.
- 1.11 Whilst it is the intention of the Council to seek separate Council approval for the commissioning of Emergency Overnight Short Breaks, the initial development of the provision will involve two workstreams which will be the focus of development over the next 12 months. These are: -

Workstream 1: Developing a Sheffield City Council provision.

- 1.12 Over the past year, our Transitions Service have developed a new in-house respite provision called Norfolk Lodge, which was launched in October 2023. This has presented a foundation for developing further similar respite provision. Members have been briefed on this model and development.
- 1.13 As a next step, the Adult Future Options Team will implement a dedicated project to build additional Sheffield City Council delivered provision as a partnership with individuals and families, partners, and colleagues across the City. This will include the development of Emergency Overnight Short Breaks personalised to individual's circumstances.
- 1.14 As part of the project, proposals will be brought forward for approval which set out the investment, anticipated outcomes and impact for individuals and value for money efficiencies established through the project. This invest to save will also include provision for a dedicated project manager to coordinate, source and reconfigure the accommodation, including seeking the relevant planning, legal and CQC permissions required for the developments and recruitment.

Workstream 2: Overnight Emergency Short Breaks Commissioning Strategy.

- 1.15 As noted, Adult Care and Wellbeing has established a working age framework in September 2022, which included provision for planned Short Breaks, Supported Living and Day Opportunities and allows for development during the contract term.
- 1.16 However, through the analysis of current provision it's been identified that another commissioning strategy is required for Emergency Overnight Short Breaks in recognition of the specialist and often bespoke provision required.

1.17

To confirm the commissioning strategy required, and thereafter the procurement route, actions will be undertaken over the next 3 months:

- ✓ A soft market test will be undertaken with providers through our Adult Commissioning Team.
- ✓ A stakeholder's event with providers, partners to determine opportunities are available to develop provision locally.
- ✓ Engaging with individuals and unpaid carers through Disability Sheffield's Chance to Choose project to coproduce and design a specialist provision.

1.18

It is anticipated that these actions will then inform the development of a dedicated Emergency Overnight Short Breaks provision and with that a meaningful commissioning strategy for approval.

1.19

Members are therefore asked to note this approach to the development of Emergency Overnight Short Breaks provision for the City and note that any subsequent commissioning strategy will be subject to separate approval.

1.20

This Committee report also serves as an intention and notification to the Market of how Emergency Overnight Short Breaks provision will be developed over the next 12 months across both Council and Commissioned provision.

1.21

Members are also asked to note that a Steering Group, chaired by the Strategic Director will be formed to oversee implementation of the Recovery Actions noted at Committee on 8th November 2023, which includes delivery upon the development of Emergency Overnight Short Breaks.

2. HOW DOES THIS DECISION CONTRIBUTE?

2.1

The Adult Future Options Development Programme is part of the 24/25 Recovery Programme (Adult Health and Social Care Committee November 8th 2023)

2.2

There is a commitment to develop the city's capacity for overnight short breaks, including improving the quality and variety of provision in the market.

2.3

Market sustainability, alongside the Care Governance Strategy, and the Care Quality Framework are key to the delivery of the Council's statutory responsibilities for Adult Social Care including the following outcomes for the people of Sheffield:

- promotion of wellbeing

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

2.4 In line with the Council's Directorate plan and subject to separate approval of any subsequent commissioning strategy for EOSB, this proposal helps address:

- Priority 2 – Quality, Continuity and Sustainability of care - Provision of more short breaks accommodation overall and particularly the availability of this accommodation at the point of crisis will ensure that individuals and unpaid carers have a positive experience of care and support, when they need it.
- Priority 3 – Prevention of admission and timely hospital discharge. The ability to access short breaks accommodation with a focus on upskilling individuals to enable them to live in the community.
- Priority 8 – Wellbeing, Mental health, and Recovery. Providing access to short breaks prevents tense situations becoming 'breaking points' for both paid and unpaid carers. Individuals are supported by staff who are equipped with the skills to keep individuals safe, and to work on increasing independence.
- Priority 10 – Effective governance and financial resilience. Investing in provision for these individuals will avoid costly packages having to be procured when crisis point is reached. By taking a proactive approach, increasing the availability of provision, we can avoid the costs associated with reactive commissioning.

3. HAS THERE BEEN ANY CONSULTATION?

- 3.1 Improving the quality and diversity of overnight short breaks is a priority in the 2023/24 delivery plan for Sheffield's Learning Disability Strategy (Hear Our Voice). Priorities for the delivery plan were determined by the experts by experience with a learning disability who took part in the Chance to Choose Project in 2022 and We Speak You Listen workshops in 2023.
- 3.2 We plan to involve individuals in the design of the in-house provision. Utilising the links forged with Sheffield Voices and the Chance to Choose project, we plan to create a working group with input from Commissioners, Adult Social Care, Housing, Experts by Experience, Providers and the ICB to co-produce new services. The working group will be accountable to the Learning Disability Partnership Board and Autism Partnership Board.

4. RISK ANALYSIS AND IMPLICATIONS OF THE DECISION

4.1 Equality Implications

4.1.1 The proposals are designed to improve the resilience, availability and quality of emergency overnight short breaks delivered to people who display behaviours of distress. The resulting improvements will not impact disproportionately on any section of the population of people who require care and support.

4.1.2 An Equality Impact Assessment has been completed and is summarised as follows:

4.1.3 Improvements to the provision of Emergency Short Break Services will have a positive impact for people using the services and their carers because:

- The commissioning strategy will achieve a range of options that meets people's needs and aspirations.
- Different models of co-production / collaboration will be used in the development of any future services involving the individuals and their families and / or circles of support/advocates. This will ensure people have a voice and their individual needs are considered.

4.1.4 The development plan should have a positive impact across all protected groups and particularly on disabled people with a learning disability and/or autism.

4.1.5 The proposal is an active example of the Council's obligations under the Public Sector Equality Duty to have due regard to the need to reduce inequality between people sharing a protected characteristic (in this instance, learning disability and /or autism) and those who do not, namely to:

- Eliminate discrimination, harassment, and victimisation.
- Advance equality of opportunity
- Foster good relations.

4.2 Financial and Commercial Implications

4.2.1 The intention is that there will not be an increased budgetary pressure as a result of the proposed development. The aim of the development is to improve outcomes for individuals and at the same time reduce costs. However, should a pressure arise, this will need to be addressed through routine Business Planning.

4.3 Legal Implications

4.3.1 Under the Care Act 2014, the council: has a general duty to promote the

health and wellbeing of its constituents; a duty to provide or arrange services, facilities and resources to prevent needs for care and support of its constituents; and a duty to meet needs for care and support.

4.3.2 In terms of meeting these duties, the Act lists (inter alia):

- accommodation in a care home or in premises of some other type.
- care and support at home or in the community; and
- facilities as examples of what may be provided to meet the duties under the Act.

4.3.3 Whilst the proposal in this report is subject to separate approval (which will set out the proposed commissioning strategy for emergency overnight short breaks), the steps taken will go some way to meeting these duties.

4.4 Climate Implications

4.4.1 There are no direct climate implications associated with this report. Where specific commissions are made in the future as a result of this development, climate impacts of delivery will be assessed using the CIA tool and this will be able to inform any tender process.

4.4 Other Implications

4.4.1 There are no other implications.

5. **ALTERNATIVE OPTIONS CONSIDERED**

5.1 The options considered are: -

- Do Nothing – Doing no planned developments would not ensure sufficiency of local provision, leading to poor outcomes for the individual and their families, increasing the considerable distress such emergency situations cause. In addition, Adult Care would require relying on commissioning costly options via a direct payment or via a direct award, delivered by specialist crisis providers due to their urgency and complexity. This would pose an ongoing challenge due to the availability of very few specialist providers in the local market.
- Undertake A Commissioning Strategy Without Engagement – It is likely taking a direct approach would not enable the coproduction with individuals, carers, providers of personalised solutions required.

6. **REASONS FOR RECOMMENDATIONS**

6.1 Increasing supply in EONSB is a complex programme of work and requires a multifaceted approach, likely over a number of years. A combination of options will be explored to potentially provide

short/medium- and longer-term solutions.

6.2 Market sustainability, alongside the Care Governance Strategy, and the Care Quality Framework are key to the delivery of the Council's statutory responsibilities for Adult Social Care including the following outcomes for the people of Sheffield:

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

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Part A

Initial Impact Assessment

Proposal name

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

This is a proposal for a commissioning strategy detailing the provision of emergency overnight short breaks for people over 16 years old with learning disabilities and/or autism, who display behaviours of distress, including those with a mental health condition. Emergency Overnight Short Breaks (EONSB) provision supports people requiring emergency respite due to a placement breakdown, usual carers being unavailable to provide support or to facilitate hospital discharges with a focus on providing the individual with the skills to move on to a permanent placement.

These are individuals who may:

- Display behaviours of distress where the frequency and intensity require highly skilled intervention from support staff or carers.
- Pose substantial current risks to themselves or others. Past risks may have resulted in considerable physical or sexual harm and for example have resulted in hospitalisation of the individuals or others.
- Have a history of offending requiring skilled support to mitigate risk associated behaviours.
- Have experienced multiple placement breakdowns in the community and deemed by social care to require specialist provision.

There are a significant number of high-cost packages for people with a Learning Disability/Autism who exhibit behaviours of distress and/or other co-existing issues. This places the person at a higher level of risk than can be managed in a traditional respite setting. In addition, developing supply to meet needs in an emergency for people who require an enhanced level of support will aid the ASC Future Options Team in finding the most appropriate form of support for people with complex needs and their informal carers.

This commissioning strategy describes how future provision will bring quality and costs under more control and will allow the Council to purchase more precisely specified support services for people with complex needs. This would enable the Council to better meet its statutory duties under the Care Act (2014) by widening the market to meet a range of needs and to meet the current demand.

Proposal type

Budget non-Budget

If Budget, is it Entered on Q Tier?

Yes No

If yes what is the Q Tier reference

Year of proposal (s)

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

Decision Type

- Committee (e.g. Health Committee)
- Leader
- 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

Richard Johnson

EIA start date

23/11/2023

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"/> Rabena Sharif |
| | <input type="radio"/> Richard Bartlett |

Lead Equality Objective

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

Portfolio, Service and Team

Lead Portfolio

People Services

Is this Cross-Portfolio?

- Yes No

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

- Yes No

Please specify

Consultation

Is consultation required?

- Yes No

If consultation is not required please state why

The views of the people receiving emergency overnight short breaks:

The views of this cohort of people were gathered during the Chance to Choose engagement sessions by Healthwatch and Disability Sheffield. The participants highlighted that the current respite offer does not meet their needs. For many people who have had negative experiences they see respite care as somewhere to be 'stuck in' for a while, that isn't fit for what they want or need. People and families report feeling unsafe and that their standard of care drops when using respite.

Existing and Potential Providers

Provider events have been held with enhanced supported living providers to gather their appetite and views regarding setting up an emergency overnight short breaks service. The outcomes of these have fed into the Form 2 and the options appraisal.

Assessment and Care Management

An emergency overnight short breaks steering group has been set up where ASC social workers, team managers and service managers from the Future Options teams and SCC inhouse provider services have been involved in discussing the options outlined in the form 2.

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

Some of the customers may have learning disability, which may impact their ability to understand and make decisions about these proposals. People who will be affected by these proposals will be communicated with at a later stage and will be involved as much as possible. They will be offered the support of their carers, families, and advocates (if appropriate) to gather their views, wishes and feelings about decisions being considered regarding their care.

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 type="radio"/> Pregnancy/Maternity	<input checked="" type="radio"/> Partners
<input checked="" type="radio"/> Race	<input checked="" type="radio"/> Cohesion
<input checked="" type="radio"/> Religion/Belief	<input checked="" type="radio"/> Poverty & Financial Inclusion
<input checked="" type="radio"/> Sex	<input type="radio"/> Armed Forces
<input type="radio"/> Sexual Orientation	<input type="radio"/> Other

Cumulative Impact

Does the proposal have a cumulative impact?

- Yes No

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

If yes, details of impact

The commissioning strategy will enable the Council to work with providers to meet statutory needs under the Care Act. Providers will be required to maximise individuals' wellbeing and ability to meet their outcomes.

Does the proposal have a geographical impact across Sheffield?

- Yes No

If Yes, details of geographical impact across Sheffield

Future services will be delivered across the City.

Local Area Committee Area(s) impacted

- All Specific

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

Future services will be delivered across the City.

Initial Impact Overview

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

This proposal for the provision of emergency overnight short breaks will enable the Council to work with providers to meet statutory needs under the Care Act.

This emergency overnight short breaks commissioning strategy will offer a choice of options that meets people's needs, aspirations and outcomes whilst receiving support in the least restrictive setting. This will enable people to overcome barriers to full participation in their local community. Different models of coproduction / collaboration will be used in the procurement of complex needs support involving the individuals and their families and / or circles of support/advocates. This will ensure that people have a voice, and their individual needs are considered as part of the assessment of needs and support planning of their future care and support services. We will ensure that people are supported to remain in Sheffield rather than looking to place people out of authority with this proposal, where they will be supported to have a connection and feel part of their local community, and where they feel safe and welcome.

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 an Equality lead Officer. Has this been signed off?

Yes No

Date agreed

Name of EIA lead officer

Part B

Full Impact Assessment

Health

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

Yes No *if Yes, complete section below*

Staff

Yes No

Customers

Yes No

Details of impact

This proposal for the provision of emergency overnight short breaks will enable the Council to work with providers to meet statutory needs under the Care Act. The provision of emergency short breaks in a safe place will enable people to baseline and be assessed for any future health needs. The proposal outlines how improvements to the emergency short breaks offer will mean that services are more accessible to people with a learning disability/autism, aiming to improve health & well-being, and redress the current imbalance in health inequalities. Good quality health and social care services with staff trained in learning disabilities/autism and with the correct reasonable adjustments will have a positive outcome for both people 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

Impact on Customers

Yes No Yes No

Details of impact

This proposal for the provision of emergency overnight short breaks will develop the respite offer for people with complex support needs and the quality of person-centred support and outcome based care planning. This will ensure that people aged 16 and over with a learning disability and /or Autism, mental illness and complex needs will increase their chances of accessing suitable provision to meet their needs in Sheffield. This proposal will also look to improve the experience and support young people receive when transitioning from children to adult services.

Disability

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

Emergency overnight short breaks provide a short to medium term support and accommodation option for individuals in crisis and/or experiencing a breakdown in care and support, where carers are unable to provide support for any reason, or to facilitate hospital discharges with a focus on equipping the individual with the skills to move on to a permanent placement.

Emergency overnight short breaks provides people and their carers with the best opportunity to sustain their main support arrangement and continue to develop independence, access social and community networks and achieve positive life and health outcomes. This provision will support people in the least restrictive settings available and increase the chances of receiving this support in Sheffield closer to their support network.

Pregnancy/Maternity

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

These services will not be aimed specifically at people who are pregnant. Providers will be expected to ensure that individuals who are being supported by them are accessing the appropriate health care support. Providers will be expected have the appropriate terms and conditions for their employees. Providers will be expected to have the appropriate regard for employee health and welfare.

Race

Impact on Staff

Impact on Customers

Yes No Yes No

Details of impact

In terms of the demographics who are currently receiving services, most users are White British/other (80%). This broadly reflects the demographic of the Sheffield population (81%) as identified in the 2011 census.

In terms of proportion, the next most significant ethnicity is Asian/British Asian Pakistani (3%). Again, this reflects the demographic of the Sheffield population (4%), as identified in the 2011 census.

Available data on the Sheffield City Council Data Hub in relation to emergency overnight short breaks has significant gaps and is not currently reflective of the actual demand for services. Therefore, it would be difficult to accurately forecast the impact on people of different races prior to the setup of any service provision.

However, as part of the process of developing emergency overnight short breaks provision, this will enable SCC to properly evaluate the capability of providers to deliver culturally appropriate services for people with complex needs. Also, part of this process will include engaging with providers to consider how to engage with people from underrepresented communities and to meet specific needs and outcomes of certain groups of people with complex needs and from different race and ethnicities.

Religion/Belief

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

The process of developing emergency overnight short breaks provision will enable SCC to properly evaluate the capability of providers to deliver appropriate services for people with complex needs in accordance with their religious beliefs. Part of this process will include engaging with providers to consider how best to support peoples religious and cultural beliefs and to meet specific needs and personal outcomes.

Sex

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

According to information on SCC's social care database, the gender profile of people who receiving service varies:

- The population of people who have a Learning Disability are predominantly male. This is particularly in the 25-34 cohort.
- The population of people who have a Mental Health illness are likely to be both male and female
- The population of people who have been defined as having a Physical Disability are predominantly male, particularly in the 45-54 & 55-64 age categories.

Providers will be expected to deliver appropriate care and support to individuals of any gender/sex. If individuals have preferences, for example with the gender of staff who deliver personal care, we expect providers to work with the individual to take this on board.

Sexual Orientation

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

More information needs to be gathered on this issue.

According to the Adult Social Care database, there is a high proportion of service users who have not provided this information (34%) or who have declined to state (7%). Of the service users who have stated a preference, the majority (21%) have stated that they are heterosexual.

According to the ONS Annual Population Survey, the proportion of the UK population over 16 identifying as heterosexual is 93.7% in 2019.

This is an area of work which needs to be further developed.

Providers will be required to deliver care and support in an appropriate manner, in accordance with the wishes of the service user.

Gender Reassignment (Transgender)

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

This is an area where the Council needs to improve its data gathering.

Providers will be expected to deliver care in an appropriate manner in accordance with the wishes of the service user. Providers will be able to develop services to meet demand, for example, ensuring safe spaces.

Providers will be expected to support their staff through any processes.

Carers

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

The procurement will aim to ensure services continue to provide vital respite to carers, as well as good quality support to individuals with complex needs.

The aim is to improve the choice and diversity of care which is offered and increase the quality and supply of emergency overnight short breaks in Sheffield. Providers will be expected to work with the MDT and family/advocates for an individual, as well as with other providers who are involved. The aim is for a more holistic approach to the individual.

Voluntary, Community & Faith sectors

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

Some providers might be from the VCF sector. This would lead to an increase in business as the people affected are likely to be receiving emergency overnight short breaks in Sheffield as the capacity of this provision increases.

All providers can be considered for the provision of emergency overnight short breaks. However, due to the high level of support that this cohort of people require, in addition to the high level of training and skills that staff would require, it may somewhat limit smaller providers due to the increased resource needed.

Partners

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

As part of the development of emergency overnight short breaks provision, we are aiming to strengthen the market, but also develop ways of enabling providers to work more effectively. This will hopefully enable providers to have a more sustainable business and reduce the risk of provider failure.

Providers will be expected to work closely with a Multi-Disciplinary Team and Adult Safeguarding Forums for the individual.

Providers will also be expected to work closely with the other providers and support for the individual (family, friends).

Cohesion

Staff

Yes No

Customers

Yes No

Details of impact

We will encourage providers to promote inclusion as much as possible.

We will encourage providers to make use of existing community locations as much as possible. People with disabilities are part of the wider community and should be included as much as possible.

Providers will be required to make links with groups and activities which are operating in the immediate area, as much as possible. This will help to ensure that people with disabilities can be part of a wider community where possible. It will also help to reduce transport costs, and the environmental impact of travel.

Poverty & Financial Inclusion

Impact on Staff

Yes No

Impact on Customers

Yes No

Please explain the impact

The provision of emergency overnight short breaks will strengthen family resilience and support recovery. The use of the emergency overnight short breaks will ensure fairness as people will get the most from personal budgets and receive support to manage their own budget more flexibly (e.g., Direct Payment or an ISF) as they are supported to plan move on options.

We want to enable people to live as independently as possible. A key part of this is enabling people to manage their finances and housing arrangements as effectively as possible. As part of any move on plans from emergency overnight short breaks, we would expect providers to signpost service users to advice services in Sheffield, to ensure that income is maximised and help people access universal services and community-based support, including opportunities to work.

Armed Forces

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

No direct or significant impact is anticipated.

Other

Please specify

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

Action Plan and Supporting Evidence

What actions do you need to take following this EIA?

The purpose of this report is to seek approval for the commissioning strategy to improve the Emergency Overnight Short Breaks provision in Sheffield.

Health:

To ensure that the providers deliver the appropriate care, they will be required to be registered with the appropriate regulatory body, such as the CQC (if required). These providers will be monitored by the CQC, SCC's Quality and Performance team, and also the relevant case manager.

Age:

To ensure that service providers deliver the appropriate quality of care to adults of all ages, we will be monitoring these services accordingly.

Sex:

To ensure that service providers deliver the appropriate quality of care to adults of all ages, we will be monitoring these services accordingly.

Disability:

We will ensure that providers are delivering care and support to a range of needs. We will ensure providers have the appropriate training plans & procedures in place to deliver this.

Pregnancy and Maternity:

Providers will be expected to have the appropriate contracts in place with their staff. This will form part of the monitoring process.

Race/Ethnicity

Providers will be monitored by the Council's Quality and Performance team. We will work with providers to develop new ways of working to engage with seldom heard groups.

Religion/Belief

Providers will be monitored by the Council's Quality and Performance team.

Sexual Orientation

Providers will be monitored by the Council's Quality and Performance team.

Gender reassignment

Providers will be monitored by the Council's Quality and Performance Team.

Poverty & Financial Inclusions

Providers will be monitored by the Council's Quality and Performance Team

Cohesion

Providers will be monitored by the Council's Quality and Performance Team.

Partners

Providers will be monitored by the Council's Quality and Performance Team.

What evidence have you used to support the info in the EIA?

Detail any changes made as a result of the EIA

SCC recognise the lack of available data regarding this type of service provision. Therefore, SCC will look to address and record the data of people accessing emergency overnight short breaks going forward.

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 an Equality lead Officer. Has this been signed off?

Yes No

Date agreed

Name of EIA lead officer

Review Date



Report to Policy Committee

Author/Lead Officer of Report:

Jonathan McKenna-Moore, Service Manager for Business Planning and Care Governance

Report of: Strategic Director of Adult Care and Wellbeing

Report to: Adult Health and Social Care Policy Committee

Date of Decision: 13th December 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 1444				
Has appropriate consultation taken place?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Has a Climate Impact Assessment (CIA) been undertaken?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Does the report contain confidential or exempt information?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>

Purpose of Report:

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

This update provides:

- Assurance regarding delivery upon our financial recovery plan in 2023/24.
- Updates regarding use of new grant funding.
- Update on care funding decisions and appeals.
- Highlights of ADASS benchmarking on financial performance.
- Update on autumn budget statement and impact on 2024/25 business planning.

Recommendations:

It is recommended 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 the use of grant funding in line with approved allocations.
3. Note the intention to conduct a Best Value audit in response to national benchmarks on financial performance.
4. Request updates on progress with implementation through our Budget Delivery Reports to future Committee.

Background Papers: *none*

Lead Officer to complete:-							
1	<table border="1"> <tr> <td rowspan="4">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 & Laura Foster</td> </tr> <tr> <td>Legal: Patrick Chisholm</td> </tr> <tr> <td>Equalities & Consultation: Ed Sexton</td> </tr> <tr> <td>Climate: Jonathan McKenna-Moore</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 & Laura Foster	Legal: Patrick Chisholm	Equalities & Consultation: Ed Sexton	Climate: Jonathan McKenna-Moore	
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	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	<table border="1"> <tr> <td>SLB member who approved submission:</td> <td>Alexis Chappell</td> </tr> </table>	SLB member who approved submission:	Alexis Chappell				
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3	<table border="1"> <tr> <td>Committee Chair consulted:</td> <td>Councillor Angela Argenzio</td> </tr> </table>	Committee Chair consulted:	Councillor Angela Argenzio				
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4	<table border="1"> <tr> <td colspan="2">I confirm that all necessary approval has been obtained in respect of the implications indicated on the Statutory and Council Policy Checklist and that the report has been approved for submission to the Committee by the SLB member indicated at 2. In addition, any additional forms have been completed and signed off as required at 1.</td> </tr> <tr> <td>Lead Officer Name: Jonathan McKenna-Moore</td> <td>Job Title: Service Manager for Business Planning and Care Governance</td> </tr> <tr> <td colspan="2">Date: 22/11/2023</td> </tr> </table>	I confirm that all necessary approval has been obtained in respect of the implications indicated on the Statutory and Council Policy Checklist and that the report has been approved for submission to the Committee by the SLB member indicated at 2. In addition, any additional forms have been completed and signed off as required at 1.		Lead Officer Name: Jonathan McKenna-Moore	Job Title: Service Manager for Business Planning and Care Governance	Date: 22/11/2023	
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Lead Officer Name: Jonathan McKenna-Moore	Job Title: Service Manager for Business Planning and Care Governance						
Date: 22/11/2023							

1. Adults Care and Wellbeing – Recovery Plan Update

1.1 Adults Care and Wellbeing forecast outturn

- 1.1.1 As at month 7, Adult Care and Wellbeing is reporting an overspend of £3.8m. This is compared to the £3.5m overspend reported in September's update to committee.
- 1.1.2 As detailed in the report to committee in November, there is an underlying pressure on staffing costs and the purchasing budget being mitigated by £15.2m new income and grant funding. Because of this new income and grant funding only £600k of the 2023/24 in-year overspend is currently against purchasing budgets.
- 1.1.3 Half of the £3.8m overspend relates to staffing costs and half relates to third party spend outside of the purchasing budget, for example Advocacy and Community Equipment. These pressures are included in the 2024/25 Budget and 2024/25 Recovery Plan presented to Committee in November.

1.2 Recovery Plan Update

- 1.2.1 £18.9m savings are required as part of the 2023/24 budget. There are a further £5.5m savings which slipped from the 2022/23 budget and which also require delivery in 2024/25 taking the total savings target to £24.4m.
- 1.2.2 Since the September update, there has been a slight improvement to the forecast delivery of savings. We are now forecasting delivery of £19.1m savings against a target of £24.4m (79%), this is compared to £18.6m (76%) in September.
- 1.2.3 The main areas of focus for the remainder of the year will be the completion of recovery reviews. Agency teams are in place until the end of March 2024. The rate of reviews has improved since the summer, increasing confidence that the forecast is accurate and that the full target of £7.2m savings will be recoverable in 2024/25.
- 1.2.4 The report to Committee in November detailed how all pressures carried forward into 2024/25 would be addressed either as part of 2024/25 budget proposals or as part of the parallel Recovery Plan. This included the £5.2m savings which are currently forecast not to be delivered in 2023/24:
- £700k of planned savings that related to staffing costs have been included in staffing pressures for 2024/25 and will be delivered as savings in a different way.
 - £1.2m of planned savings relating to new demand for Learning Disability services will be addressed by the new Enablement Team as part of the Recovery Plan.
 - As noted above, the £2.3m slippage forecast on recovery reviews will be achieved under the Recovery Plan.

- £600k additional income will be recovered as a result of activity that is underway and funded to continue next year.
- The remaining £400k slippage will be resolved through contract arrangements with independent sector providers.

Table 1: 2023/24 Recovery Plan Forecast					
Project Title	Target by 31/03/24 (£000s)	Forecast 31/03/24 (£000s)	% By March 2024	% By March 2025	Action Required to Deliver Savings
Closed Items	-9,826	-10,239	104%	104%	All activity against closed savings is either complete or on schedule.
Living and Aging Well					
Recovery Reviews	-4283	-3069	72%	100%	Invest to save on agency review teams until March 2024
Staffing	-812	-240	30%	100%	Additional grant funding to be allocated until 25/26
Contract Costs - cross cutting	-537	-414	77%	100%	Residential offer – non-standard rates under review
Adults Future Options					
Recovery Reviews	-2894	-1813	63%	100%	Invest to save on agency review teams until March 2024
Enablement	-1629	-46	3%	75%	Enablement team to be recruited to by early 2024
Health Income	-685	-435	64%	64%	Reviewing CHC arrangements. Recharges under review
Care Governance & Financial Inclusion					
Income: reassessments	-1240	-880	71%	100%	Financial reassessments in progress following recruitment
Better Care Fund	-500	-250	50%	50%	Joint commissioning benefits plan in progress
	Total Target	Total Forecast	%		
	£24,359	£19,089	79%		

1.3 New Income and Grant Funding

1.3.1 As noted in the report to committee June 2023, there was a £18.95m (7%) increase to the Adult Social Care budget from 2022/23 to 2023/24, with most (95%) of this increase relating to increased grant and other income. This took the total gross budget to £293.4m.

1.3.2 The increased budget includes:

- £1.3m (1%) increase in the cash limit following increased revenue through the Social Care Precept. One-off use of £6m council reserves in 2022/23 was replaced with permanent budget through this revenue.
- £4.5m (9%) increase in income from fees and charges following an inflation linked increase to contributions and Health income.
- £12.9m (39%) increase in grant, including £6.3m from the Market Sustainability and Improvement Fund (incorporating the 'Fair Cost of Care' Grant) which funded fee increases.

1.3.3 In addition to these amounts noted at the start of the year, Adult Social Care has benefited from additional temporary grants:

- £4.1m of Discharge Grant in conjunction with Health Partners to improve patient pathways for hospital discharge.
- £4.1m Market Sustainability and Improvement Fund - Workforce Fund (MSIF Workforce) to support workforce retention, stability in the provider market and reduced waiting times.

1.3.4 Use of the Market Sustainability and Improvement Fund (incorporating the Fair Cost of Care Grant)

1.3.5 The £6.3m Market Sustainability and Improvement Fund (MSIF) in 2023/24 followed on from a £1.8m Fair Cost of Care (FCOC) grant in 2022/23 and broadly incorporated its objectives.

1.3.6 The 2022/23 Fair Cost of Care grant enabled Sheffield to apply a 20p per hour increase to standard homecare rates and an £18 per week increase to standard residential care rates. This was applied part way through the 2022/23 financial year because of the timing by Government of the grant funding announcement. The 2023/24 MSIF Grant enabled Sheffield to maintain and develop those mid-year fee increases at a rate above inflation.

1.3.7 The conditions attached to the £6.3m MSIF in 2023/24 are the same as for the £4.1m MSIF-*Workforce Fund* which was announced later in the year (28th July '23), but they are two separate amounts of funding.

1.3.8 The MSIF has been allocated as follows:

Table 2: Fair Cost of Care Grant 2023/24		
Service	Extra Cost (£000s)	Notes
Fee Rates		
Standard Residential Care	1,818	£30 per week over inflation
Standard domiciliary care	200	£0.09 per hour over inflation
Non-standard residential	2,785	Costs increased 14.2% over inflation
Supported Living	362	£0.09 per hour over inflation
Day Activities	68	£0.09 per hour over inflation
Workforce		
Workforce Development	382	Additional staff to reduce waiting times for assessment and reviews, and reduce delays to discharge and service start dates.
Mental Health	204	
Business Support	116	
Commissioning	60	
TOTAL	6,000	

1.3.9 Use of Market Sustainability and Improvement Fund – Workforce Fund

As noted in Appendix 4 of the report to Committee in September 2023, the MSIF workforce grant has been allocated to a number of areas to support recruitment and retention and to bolster workforce capacity in the independent sector.

1.3.10 Plans agreed in September are now being implemented as follows:

Table 3: MSIF – Workforce 2023/24		
Project	(£000s)	Progress
Recruitment & Retention grants to providers	£1,500	Grant conditions to be confirmed and to manage payments from Jan 2024
Retention of staff across STIT and Enablement teams to facilitate hospital discharge.	£1,453	Retention of staff in post, delivering approx. 2,000 hours care and support hours per week
Practice Development Staff; Care Friends App; Social Care Heroes; Social Care Academy.	£488	Recruitment of staff in progress; Tendering process initiated
Four agency teams for 3 months to address urgent waiting lists.	£602	3 agency teams have been in place since September, reviewing older people in short term care beds and addressing the backlog of Mental Health assessments following transfer of duties from SHSC.
Business Support CPLI project	£48	To fund two posts. Recruitment has taken place, with start dates to be confirmed.
AVAILABLE GRANT	£4,114	

1.3.11 Use of Discharge Funding

Discharge Funding grant is pooled within the Better Care Fund and therefore governance of the grant is managed jointly between Sheffield City Council and the Integrated Care Board (ICB).

1.3.12 The intention of the funding is to build additional capacity in adult social care and community-based reablement services in order to reduce hospital discharge delays.

1.3.13 A number of approaches have been funded through this specific grant in order to ensure capacity and to support the redesign of discharge pathways and innovative improvements to services.

Table 4: Discharge Funding		
Project	Allocation (£000s)	Spend to Oct (£000s)
Enablement Team, 9 FTE	543	168
Brokerage Team, 2 FTE	82	-
Pharmacist supporting discharge team and TEC team	75	45
Additional Home Care Hours pending new contract	2,584	1,616
Tech Enabled schemes/software for STIT & enablement	165	100
Community Dementia Services and admiral nurses	120	70
Equipment inc. bariatric support and discharge kit boxes	245	114
Additional staff into newly designed discharge hub	50	-
Familial support worker in STIT	45	26
Mental Health Assessors	198	
Total	4,106	2,139

1.3.14 Use of Additional Social Care Grant

The £12.9m noted at paragraph 1.3.2 also included an increase in the Social Care Grant resulting from Government diverting monies from the delayed Social Care Charging Reform policies. The increase in the Social Care Grant which was built into the 2023/24 budget funded the greater than expected increase in the National Living Wage announced in the 2022 Autumn Statement.

1.3.15 £9.9m of additional Social Care Grant was held in reserve and applied in year during 2023/24, with £6.2m to offset the Purchasing Overspend in Adult Future Options, and £2.7m to support Children’s social care. This funding is being incorporated into permanent budgets for 2024/25.

1.4 Care Funding Decisions

- 1.4.1 People in receipt of formal care are assessed to see if they can pay some or all their support costs. £56m of the Adult Social Care budget relates to charges paid by citizens or the NHS as contributions to direct care costs.
- 1.4.2 If an individual wishes to appeal against their assessed contribution, there is a three-step appeal process. In the first instance, they may ask for the assessment to be reconsidered. This request will lead to the assessment being reviewed by a team manager, who may either revise or confirm the original assessment.
- 1.4.3 If the assessed individual is not satisfied with the outcome of the manager's review, they can appeal to the Decision-Making Panel. If they do not agree with the outcome of the Decision-Making Panel they can appeal to the Revisit and Review Panel.
- 1.4.4 As a separate process, and in exceptional circumstances relating to personal safety, a social worker can request a waiver. If agreed by the worker's line manager, this can be requested for review by the Waiver Panel.
- 1.4.5 This calendar year there have been 28 requests for review, not including the initial requests for reconsideration to the team manager.

	Approved	Partially Approved	Rejected	Decision Pending	Grand Total
Decision Making Panel		3	3	6	12
Revisit and Review Panel		1	2	4	7
Waiver Panel	5			4	9
Total	5	4	5	14	28

1.5 ADASS Benchmarking

- 1.5.1 The Association of the Directors of Adult Social Services (ADASS) Spring survey was published May 2023 and collated the views of 153 directors of adult social care across England to assess confidence for delivery of services in the context of financial restrictions.
- 1.5.2 Details of the survey are available online at [ADASS](#)
- 1.5.3 Only 16% of responding local authorities reported their concern that budgets will not be sufficient to meet statutory duties. This reflects the concern raised by Adults Care and Wellbeing in previous reports to committee.
- 1.5.4 52% of Directors were less than confident that their budgets were sufficient to meet legal duties relating to prevention.
- 1.5.5 29% of councils were using non-recurrent funding, such as reserves, to fund adult social care.
- 1.5.6

There has been a 30% increase in the number of homecare hours being delivered nationally, but the number of hours that could not be delivered has halved. This indicates capacity issues in the provider market have improved.

1.5.7

For context, Sheffield has the third highest net budget for adult social care in the Yorkshire and Humber region and the highest proportion of savings relative to that budget.

1.5.8

Conversely, Sheffield's performance on waiting times is one of the best in the region. Almost all of the people waiting over 6 months for an assessment in Sheffield were waiting on a specific team that has since had additional resources allocated to it.

1.5.9

Sheffield also has one of the highest rates of complexity in homecare, as defined by the number of homecare hours delivered per person. This has continued to be the focus for our programme of recovery reviews, and the 2024/25 savings plans include a specific strategy to reduce double handed care through enablement teams.

1.5.10

Adults Care and Wellbeing will continue to seek best value for money in the delivery of our statutory duties, and it is our intention to commission an independent Best Value audit in 2024 to ensure ongoing investment achieves individual's wellbeing outcomes, our strategic outcomes and statutory duties and learning for future years.

1.6 Autumn Statement 2023

1.6.1 The Chancellor of the Exchequer presented his Autumn Statement to Parliament on Wednesday 22 November 2023.

1.6.2 As part of the Autumn Statement the Chancellor announced that the National Living Wage (NLW) will increase by £1.02 in April 2024: from £10.42 per hour for over 23-year-olds to £11.44. The new rate will also apply to 21 and 22-year-olds for the first time.

1.6.3 Alongside inflation, the annual increase to the National Living Wage is a key driver of the Council's annual fee rate increase for care providers.

1.6.4 The recently announced increase to the National Living Wage rate is significantly in excess of the amount assumed by the Council for planning purposes. The effect of this is to increase the financial pressures facing the Adult Health and Care Policy Committee in 2024/25 by a further £5.0m to £37.5m.

1.6.5 The development of further proposals to meet this new budget gap is underway and the proposals will be brought forward for consideration in due course.

2. HOW DOES THIS DECISION CONTRIBUTE?

2.1 Good governance in relation to resource management and financial decision making supports the delivery of the adult social care vision and strategy.

2.2 Our long-term strategy for Adult Health and Social Care, sets out the outcomes we are driving for as a service, and the commitments we will follow to deliver those outcomes.

3. HAS THERE BEEN ANY CONSULTATION?

3.1 The purpose of this report is provided background to the funding of Adult Social Care, an update to the forecast spend position for 2023/24 and progress with the delivery of savings.

3.2 No consultation has been undertaken on these aspects. Consultation is undertaken during the development of proposals for the budget and implementation of proposals for the budget as appropriate.

4. RISK ANALYSIS AND IMPLICATIONS OF THE DECISION

4.1 Equality Implications

4.1.1 As part of the annual budget setting process, an overarching EIA assesses the cumulative impact of budget proposals (EIA 1444), as well as individual EIAs for each proposal that are monitored and maintained as an ongoing process. The Savings Plan referred to in summary was agreed by the Council as part of the 23/24 Budget and the EIAs for each element remain live

4.2 Financial and Commercial Implications

4.2.1 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

4.2.2 This report is part of an improved financial governance framework that aims to improve understanding and provide transparency on the use of public money to the citizens of Sheffield.

4.2.3 Financial governance will be aligned with the adult health and social care strategy to ensure that opportunities for efficiency and improvement are recognised and developed by accountable owners. An emphasis on enablement and less formal support will be embedded through processes that identify a strengths-based practice at the point of assessment and review.

4.2.4 Given the overall financial position of the Council there is a requirement on the Committee to address the overspend position in 2023/24 and support plans to mitigate it.

4.3 Legal Implications

- 4.3.1 As this report is designed to provide information about background to and an update about the financial position rather than set out particular proposals for the budget and implications, there are no specific legal implications arising from the content. The ongoing process will however assist the local authority in meeting its obligations and legal duties. Legal Services can provide advice on specific proposals as and when necessary.

4.4 Climate Implications

- 4.4.1 There are no climate impacts to consider arising directly from this report.

4.4 Other Implications

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

5. ALTERNATIVE OPTIONS CONSIDERED

- 5.1 Not applicable – no decision or change is being proposed.

6. 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 health and social care and the long-term benefit of people in Sheffield.

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Report to Policy Committee

Author/Lead Officer of Report: Philip Gregory,
Director of Finance and Commercial Services

Tel: +44 114 474 1438

Report of: *Philip Gregory, Director of Finance & Commercial Services*

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

Date of Decision: *13th December 2023*

Subject: *2023-24 Q2 Budget Monitoring Report*

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

Purpose of Report:

This report brings the Committee up to date with the Council’s General Fund Revenue outturn position for 2023/24 as at Quarter 2

Recommendations:

The Committee is recommended to:

Note the updated information and management actions on the 2023/24 Revenue Budget Outturn as described in this report.

Background Papers:

[2023/24 Revenue Budget](#)

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: Philip Gregory, <i>Director of Finance and Commercial Services</i>
		Legal: Sarah Bennett, <i>Assistant Director, Legal Services</i>
		Equalities & Consultation: Adele Robinson, <i>Equalities and Engagement Manager, Policy, and Performance.</i>
		Climate: n/a
<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>Philip Gregory, Director of Finance and Commercial Services</i>
3	Committee Chair consulted:	<i>Cllr Zahira Naz, Chair of the Finance Committee</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 EMT member indicated at 2. In addition, any additional forms have been completed and signed off as required at 1.	
	Lead Officer Name: <i>Philip Gregory</i> <i>Jane Wilby</i>	Job Title: <i>Director of Finance and Commercial Services</i> <i>Head of Accounting</i>
	Date: 30 th November 2023	

1. PROPOSAL

1.1. This report provides an update on the current outturn position for Sheffield City Council's revenue budget for 2023/24.

2023-24 Q2 Financial Position by Directorate

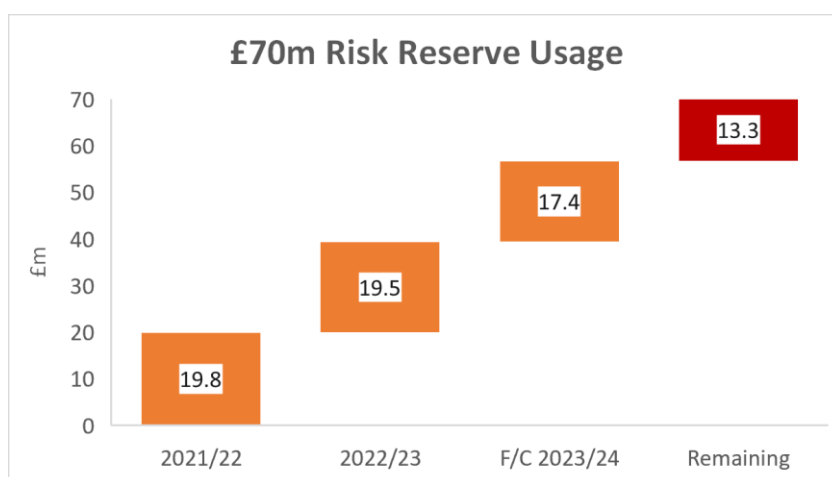
1.2. At the end of the second quarter of 2023-24, the Council's revenue budget shows a forecast overspend of £17.4m. This was a movement of £200k from the previous quarter's outturn position.

Full Year £m	Q2 Outturn	Budget	Q2 Variance	Q1 Variance	Move- ment
Neighbourhood Services	149.2	145.9	3.3	3.2	0.1
Adults	146.8	143.4	3.4	3.5	(0.1)
Children's	138.9	130.1	8.8	8.7	0.0
City Futures	49.1	48.2	1.0	0.6	0.3
Public Health & Integrated Commissioning	14.2	12.4	1.8	(0.2)	2.0
Strategic Support	14.1	9.7	4.4	4.7	(0.3)
Corporate	(494.9)	(489.7)	(5.2)	(3.0)	(2.2)
Total	17.4	(0.0)	17.4	17.6	(0.2)

1.3. This overspend is due to a combination of factors. Agreed Budget Improvement Plans ("BIPs") are not forecast to fully deliver within the year. There are underlying cost and demand pressures faced by services that are partially offset by one-off items. These "one-offs" consist of grant income, draws from specific reserves or provisions and income from central government or external sources.

Full Year Variance £m	One-off	BIPs	Trend	Total Variance
Neighbourhood Services	(4.0)	2.5	4.8	3.3
Adults	(9.9)	2.7	10.7	3.4
Children's	(3.9)	4.0	8.8	8.8
City Futures	0.5	0.4	0.0	1.0
Public Health & Integrated Commissioning	0.0	0.0	1.8	1.8
Strategic Support	(0.2)	0.0	4.6	4.4
Corporate	0.0	0.0	(5.2)	(5.2)
Total	(17.5)	9.6	25.4	17.4

1.4. In 2021/22, the Council set aside £70m of reserves to manage the financial risks associated with delivering a balanced budget position. Overspends against budgets in 2021/22 and 2022/23 have meant we have drawn almost £40m from this reserve already leaving just over £30m to manage any future budget deficits. If we overspent by £17.4m as this current forecast outturn position suggests, just £13m would be left to mitigate future budget pressures.



1.5. 2023-24 Q2 Financial Position by Committee

1.5.1. The major budget risk areas are in Childrens & Adults Social Care and in Homelessness services:

Full Year £m	Q2 Outturn	Budget	Q2 Variance	Q1 Variance	Move- ment
Adult Health & Social Care	155.4	152.3	3.1	3.2	(0.1)
Communities Parks and Leisure	47.4	46.6	0.8	0.3	0.5
Economic Development & Skills	10.9	10.9	(0.0)	0.1	(0.1)
Education, Children & Families	142.9	132.1	10.9	8.9	2.0
Housing	11.2	8.1	3.2	3.2	(0.0)
Strategy & Resources	(459.4)	(460.0)	0.6	3.1	(2.5)
Transport, Regeneration & Climate	43.1	43.1	(0.0)	(0.4)	0.4
Waste & Street Scene	65.8	66.9	(1.1)	(0.8)	(0.3)
Total	17.4	(0.0)	17.4	17.6	(0.2)

1.5.2. In 22/23, the Council's overspend improved by over £14m from the first quarter's forecasts to final outturn. This was mainly due to additional income received rather than underlying improvements in budgets and cost reductions. A big contributor to this was the Government's £500m discharge fund announced in November 2022.

Many underlying budget issues in social care services still remain and this is reflected in the current forecast position. Following the chancellor's Autumn Statement, our expectation is that no further funding will be available for local government. Services must continue to work hard to deliver within the budgets available and work pro-actively to deliver on the savings we have committed to.

1.5.3. Most of the overspend is due to underlying cost and demand pressures in services. We estimate that £26m is embedded in the baseline costs but is somewhat mitigated by one-off income, this includes the in-year social care grant:

Full Year Variance £m	One- off	BIPs	Trend	Total Variance
Adult Health & Social Care	(9.9)	2.7	10.3	3.1
Communities Parks & Leisure	0.0	0.2	0.6	0.8
Economic Dev & Skills	0.0	0.0	(0.0)	(0.0)
Education, Children & Families	(3.9)	4.0	10.9	10.9
Housing	(1.7)	0.2	4.7	3.2
Strategy & Resources	(2.0)	2.2	0.4	0.6

Transport, Regen & Climate	0.0	0.1	(0.2)	(0.0)
Waste & Street Scene	(0.5)	0.3	(0.9)	(1.1)
Total	(18.0)	9.6	25.9	17.4

1.5.4. Balancing the General Fund 2023/24 budget was only possible because the Council identified £47.7m of savings:

General Fund Budget Improvement Plans (in £m)

Committee	Total Savings	Financial Savings Deliverable in Year	In Year Gap	Financial Savings Deliverable Next Year (Slippage)	Undeliverable Savings
Adult Health & Social Care	31.6	28.9	2.7	3.3	0.6
Comm, Parks & Leisure	2.0	1.9	0.2		0.2
Economic Dev & Skills	0.5	0.5	0.0		0.0
Ed, Children & Families	6.9	2.9	4.0	0.3	3.6
Housing	0.6	0.5	0.2		0.2
Strategy & Resources	4.1	1.9	2.2	2.1	0.2
Transport, Regen & Climate	0.8	0.7	0.1		0.1
Waste & Street Scene	1.1	0.8	0.3		0.3
Grand Total	47.7	38.1	9.6	5.7	3.9
Delivery %		80%		12%	8%

The current forecasts show £9.6m savings plans are undeliverable this year. This represents an in-year delivery rate of 80% against target. A further 12% of targeted savings will be made in 24/25 leaving just 8% undeliverable.

In 22/23, less than 65% of savings targets were delivered. Whilst we are improving upon overall delivery performance, we are still falling short of targets meaning further draws could be required from our financial contingency reserve to meet these overspends if they are not proactively managed and mitigated. Delivering in year budgets must be a key focus for all services for the Council to retain financial sustainability.

1.5.5. Inflation is continuing to fall; from April 2023 CPI at 7.8% to 6.3% in September (month 6). This fall in inflation does not mean that our cost base will now reduce, higher costs are now embedded in baseline expenditure. There is an increased demand for services alongside cost pressures in social care, home to school transport and homelessness services.

1.6. Key Committee Overspends:

1.6.1. **Adult Health and Social Care are forecast to overspend by £3.1m** The high cost of packages of care put in place during covid increased our baseline costs and this carries into 23/24. A huge amount of work has been done as part of an investment plan to tackle the underlying issues. One off funding has mitigated the position this year leaving a £0.5m overspend in the purchasing budgets. Work continues on the package reviews to reduce the baseline costs for the future. Recovery work is underway including establishment of Task & Finish groups and the development of business cases around invest to saves including focus on enablement, day services, reviewing high cost 1 to 1 support and maximising income.

The main area of overspend in the service now sits in staffing budgets. Service improvements in the Short -Term Intervention Team (STIT) are underway to deliver a stable position.

-
- 1.6.2. **Education, Children and Families are forecast to overspend by £10.9m** The key overspends in the service relate to placements with external residential placements a particular issue which are forecast to exceed the previous year's costs by £6.6m. The average placement cost is £5,400 per week but due to a limited number of places in the city, placements for the most complex children can cost a much more. Actions are being taken to ensure that the right costs for placements are being met by all elements including education and where possible health. High-cost placements are also being reviewed.

The savings proposal for £1.6m to increase fostering placements this year is forecast to not be delivered. Marketing is taking place, but our number of foster carers remains static. Nationally this has been an issue since the pandemic as older foster carers decided to exit the market and there has not been the like for like recruitment to new foster carers.

Further demand in home to school transport costs are forecast to create a £3m overspend against budgets this year. Whilst not included in the month 6 position, the new school year has increased this overspend with a further 89 children now requiring transportation to school. Sheffield City Council are now supporting over 2,360 children with transportation to school, this has increased by almost 1,000 children in 4 years. An overarching review of this area will commence in 2024.

Integrated Commissioning budgets are forecast to overspend by £2m in recognition of the unachieved saving from 2022/23 relating to leveraging additional funding from Health partners.

-
- 1.6.3. **Homelessness support in temporary and exempt accommodation is forecast to cost the Council £8.4m** The Government does not fully subsidise all housing benefit payments made by the Council even though it sets the rules that determine the amount the Council has to pay. In 2022/23, the Council incurred a loss of £5.9m as a result of the legislation relating to temporary homelessness and supported accommodation. The Council is essentially bridging the gap between the amount the accommodation costs to procure and the amount we are able to recover via housing benefits.

In 2023-24, this is forecast to cost the Council £4.9m for temporary accommodation and £3.5m for supported accommodation. The shortfalls are split between the Housing General Fund and Strategy and Resources budgets respectively.

-
- 1.6.4. This current forecast in-year overspend must be urgently managed and mitigated to avoid the risk that the Council has to look to our available financial contingency reserve (£30m) to balance at year end. Maintenance of a prudent level of contingency reserves is critical to ensure stability and sustainability for 2024/25 onwards.

The Budget Implementation Group

- 1.6.5. **A working group has been set up to drive improvements in budget delivery** A senior officer working group has been established to help drive delivery of the budget. The purpose of the Budget Improvement Group (BIG) is to improve the delivery of the Council's annual Revenue Budget (both General Fund and Housing Revenue Account) and in particular the delivery of the Budget Improvement Plans (BIPs). It will look to facilitate Council wide learning. The group is jointly chaired by the Director of Finance and Commercial Services and the Chief Operating Officer. The group has a nominated core member from each Directorate: Adults, Children's, City Futures, Neighbourhoods and Strategic Support Services.
-

Transformation Funding

- 1.6.6. **The Council identified £4m to support transformation activity** As part of 2023-24 budget setting, the Council identified a £4m fund that would be used to support programmes of change in the organisation, expedite the delivery of savings plans or support where delivery of savings has become "stuck". The "BIG" group has provided advice, challenge, and recommendations for allocation of the transformation funding to the Council's Performance and Delivery Board.

In August 2023, the Performance & Delivery board approved bids to support delivery of programmes in Adult Social Care, Housing, Children's services, ICT, HR, and Organisational Strategy to build upon the Future Sheffield programme. These key projects will help stabilise the organisation and bring budgets back to a steady footing for the future. Each programme of work will be monitored, and progress reported to the Council's Performance & Delivery board to ensure activity remains on track. Overall performance will be reported to S&R committee and finance committee as part of in-year budget monitoring, with relevant policy committees overseeing progress on programmes in their areas.

Medium Term Financial Analysis (MTFA)

- 1.6.7. **The MTFA presented to S&R Committee on 7th September detailed committee budget savings targets** The Council is facing a challenging financial position. The Strategy and Resources Committee on 5th September received the Council's Medium-Term Financial analysis, highlighted the financial pressures facing the Council over the coming 4 years and the potential gap of £61.2m in resources.
- Each Committee was set a target to ensure a balanced budget for 2024/25, which requires them to find mitigations for any service pressures over above the additional resources allocated to them. The purpose of this is to allow the Council to achieve a balanced position for 2024/25 by the time the Strategy and Resources meets on 21st December 2023.
-

Timetable to 2024/25 Budget Setting

- 1.6.8.
- Services have been developing solutions to bridge the budget gap for 2024/25 and brought forward proposals recent policy committee meetings.
 - All Policy Committees will make their final decisions in December.
 - Consultation on the existing proposals and overall budget will need to take place.
 - Further budget balancing options will need to be developed.
 - The impact of the Local Government Financial Settlement to be assessed and reported.
 - On December 21st 2023, Strategy and Resources will be asked to make a recommendation on savings to date to Council.
 - On February the 21st 2024, Strategy and Resources will be asked to recommend the full Budget Report to Council
-

23-24 Q2 Committee Budget Outturn Position

1.7. Adult Health & Social Care- £3.1m overspend

The forecast revenue outturn position for the AHS&C Committee is overspent by £3.1m	Full Year Forecast £m	Outturn	Budget	Variance
ADULTS, CARE AND WELLBEING		146.8	143.4	3.4
INTEGRATED COMMISSIONING (Partnership Funding; Supporting Vulnerable People - Housing Related Support/Drugs and Alcohol Services)		8.6	8.9	(0.3)
Total		155.4	152.3	3.1

1.7.1. The 2023/24 settlement provided additional "one-off" funding for social care	Full Year Variance £m	One-off	BIPs	Trend	Total Variance
ADULTS, CARE AND WELLBEING		(9.9)	2.7	10.7	3.4
INTEGRATED COMMISSIONING (Partnership Funding; Supporting Vulnerable People - Housing Related Support/Drugs and Alcohol Services)		0.0	0.0	(0.3)	(0.3)
Total		(9.9)	2.7	10.3	3.1

In February 2023 the Department for Levelling Up, Housing and Communities (DLUHC) approved the 2023/24 settlement for Local Government. Included within the Settlement were some funding and taxation commitments for 2024/25. These included details of Council Tax thresholds and additional funding for social care.

Beyond 2024/25 the picture is less clear. However, there is a general acknowledgement that due to fiscal constraints, there will be very little, if any, increase in public sector spending in unprotected services such as Local Authorities over the remaining period of the Medium-Term Financial Analysis. This settlement has been treated as "one-off" in year due to future uncertainty.

1.7.2. Of the £31.6m savings targets, £28.9m are on track to be delivered in year with some saving set to outperform budget, leaving a £2.7m in year gap: Of the £31.5m savings, £12.6m relate to additional grant income not a reduction in costs. Of the £2.7m of savings declared unachievable in 23/24, £3.3m are hoped to be delivered in 24/25 and with the remaining £2.1m declared undeliverable offset by £1.4m over delivery on some savings.

Budget Savings (BIPS) £m

Financial RAG	Total Savings	Savings Deliverable in Year	In Year Gap	Savings Deliverable Next Year	Undeliverable Savings
Red	6.8	3.1	3.7	2.9	0.8
Amber	1.7	1.4	0.4	0.3	0.0
Green	23.0	24.5	-1.4	-0.0	-1.4
Total	31.6	28.9	2.7	3.3	-0.6

Savings Description	Total Savings	Savings Deliverable in Year	In Year Gap	Savings Deliverable Next Year	Undeliverable Savings
Driving Improvements in Social Work Practice	1.1		1.1	0.8	0.3
Review of Better Care Fund	0.5	0.3	0.3		0.3
Appropriate use of residential care	0.5	0.3	0.3		0.3
Nursing care costs	0.3	0.2	0.2	0.2	0.0
Direct Payments	0.3	0.2	0.1	0.1	0.0
Contract savings	0.3	0.1	0.1	0.1	0.0
Review of Living & Ageing Well	0.2		0.2	0.2	0.0
Dedicated case management for young adults	0.4		0.4	0.4	0.0
Review significant cost increases	1.1	0.7	0.4	0.4	0.0
Homecare Transformation Project - Strength Based Reviews	0.5	0.3	0.2	0.2	0.0
Reviewing homecare post pandemic	1.0	0.6	0.4	0.4	0.0
Review cost increases	0.3	0.2	0.1	0.1	0.0
Supported Living	0.5	0.3	0.2	0.2	0.0
RED BIPS Total	6.8	3.1	3.7	2.9	0.8

1.7.3.	Purchasing activities are overspent by £0.5m	Full Year £m	Outturn	Budget	Var.
	Learning Disabilities		36.1	32.5	3.5
	Older People		22.5	24.7	(2.2)
	Physical Disabilities		17.5	18.2	(0.7)
	Mental Health		9.0	9.1	(0.1)
	Total Purchasing		85.0	84.6	0.5

Learning Disabilities Purchasing, excluding the Social Care Grant is £9.7m overspent. This is net of £1.7m Continuing Health Care income from 22/23. Recovery work is underway including establishment of task & finish groups and the development of business cases around invest to saves including focus on enablement, day services, reviewing high cost 1 to 1 support and maximising income.

1.7.4.	The recovery plan details how the service will address the budget position in 2023/24	The Adult Social Care recovery plan was presented to committee on 20 th September 2023 detailed how the service intends to address in 2023/24 in 5 key focus areas:
		<ul style="list-style-type: none"> • Recovery reviews • Enablement approach for working age adults, • Staffing costs • Residential care • Disability Facilities Grant

1.7.5. Transformation funding has been approved to support delivery of the BIPs	Funding has been approved to keep agency teams in place until the end of the financial year. This is a short-term investment to reduce long-term costs. Additional governance arrangements have been put in place to manage the performance of agency teams, with monthly reporting to the Council's Performance and Delivery Board.
1.7.6. A delay in housing related support provision is forecast to create a small underspend in 2023/24	A £0.3m underspend in Integrated Commissioning relates to Housing Related Support. Expenditure had been previously agreed for a new complex needs service for vulnerable adults who have accommodation needs. The service is unable to start until a suitable property is found and because it has not been possible to secure anywhere to date, the service will not start until later in the year.
1.7.7. The service is £1.9m overspent on staffing	Staffing is £1.9m overspent mainly in STIT (Short -Term Intervention Team) and Enablement teams which includes £0.2m undeliverable BIPS. Service improvement plans are underway to deliver a stable position.
1.7.8. A reduction in the disabled facilities grant has created an overspend	Community Equipment is £0.5m overspent and City-Wide Care Alarms £0.3m overspent due to no longer having access to Disabled Facilities Grant to fund these services.
1.7.9. Savings delivery remains the biggest challenge to the committee's financial position	<p>The key financial risk for 2023/24 is the pace of savings required and the impact of prior year's savings carrying into 2023/24 on top of current challenges. when significant new additional savings are also required of the service. So far, BIP delivery is positive at</p> <p>As with the other areas of the Council, cost and pay inflation are the major drivers for social care pressures into the medium term. Adults Social Care services are also forecasting increased pressures as a result of fee uplifts, growth and other demographic changes, plus increased transition costs between children's and adult care.</p>

2. HOW DOES THIS DECISION CONTRIBUTE?

- 2.1 The recommendations in this report are that the Policy Committee notes their 2023/24 budget forecast position and takes action on overspends.

3. HAS THERE BEEN ANY CONSULTATION?

- 3.1 There has been no consultation on this report, however, it is anticipated that the budget process itself will involve significant consultation as the Policy Committees develop their budget proposals

4. RISK ANALYSIS AND IMPLICATIONS OF THE DECISION

4.1 Equality Implications

- 4.1.1 There are no direct equality implications arising from this report. It is expected that individual Committees will use equality impact analyses as a basis for the development of their budget proposals in due course.

4.2 Financial and Commercial Implications

- 4.2.1 The primary purpose of this report is to provide Members with information on the City Council's revenue budget monitoring position for 2023/24.

4.3 Legal Implications

- 4.3.1 Under section 25 of the Local Government Act 2003, the Chief Finance Officer of an authority is required to report on the following matters:

- the robustness of the estimates made for the purposes of determining its budget requirement for the forthcoming year; and
- the adequacy of the proposed financial reserves.

- 4.3.2 There is also a requirement for the authority to have regard to the report of the Chief Finance Officer when making decisions on its budget requirement and level of financial reserves.

- 4.3.3 By the law, the Council must set and deliver a balanced budget, which is a financial plan based on sound assumptions which shows how income will equal spend over the short- and medium-term. This can take into account deliverable cost savings and/or local income growth strategies as well as useable reserves. However, a budget will not be balanced where it reduces reserves to unacceptably low levels and regard must be had to any report of the Chief Finance Officer on the required level of reserves under section 25 of the Local Government Act 2003, which sets obligations of adequacy on controlled reserves.

4.4 Climate Implications

- 4.4.1 There are no direct climate implications arising from this report. It is expected that individual Committees will consider climate implications as they develop their budget proposals in due course.

4.4 Other Implications

4.4.1 No direct implication

5. ALTERNATIVE OPTIONS CONSIDERED

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

6. REASONS FOR RECOMMENDATIONS

6.1 To record formally changes to the Revenue Budget.

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